CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
1.	Aaron Sanjith1 , John Mary2 , Arthur Anupriya3 , Alexander Sunithi4 , Kumar Shyam5 and Alexander Mathew5 Hereditary Haemorrhagic Telangiectasia (Osler-Weber-Rendu Syndrome) Presenting With Artery Of Percehron Infarction International Journal of Stroke; 2018, 13 208-208 **Address:** 1 **Christian Medical College** Vellore India, Tamil Nadu 2 **Christian Medical College** vellore, Tamil nadu 3 **Christian Medical College** Vellore, Tamil Nadu 4 **Christian Medical College** Vellore, Tamil Nadu 5 **Christian Medical College** Vellore, Tamil Nadu	**INT**	**JAN TO JUNE**	**NEUROLOGY**	**WOS:**000448113303159 **H Index:** 52 **Impact Factor:** 3.859
2.	Abdel-All, M., Thrift, A. G., Riddell, M., Thankappan, K. R. T., Mini, G. K., Chow, C. K., Maulik, P. K., Mahal, A., Guggilla, R., Kalyanram, K., Kartik, K., Suresh, O., Evans, R. G., Oldenburg, B., Thomas, N. and Joshi, R. Evaluation of a training program of hypertension for accredited social health activists (ASHA) in rural India BMC Health Serv Res; 2018, 18 (1): 320 **Address:** The George Institute for Global Health, et Sydney, PO Box M 201, Missenden Road, Camperdown, New South Wales, 2050, Australia. mabdel-all@georgeinstitute.org.au. Sydney Medical School, University of Sydney, Sydney, New South Wales, Australia. mabdel-all@georgeinstitute.org.au. Department of Medicine, School of Clinical Sciences at Monash Health, Monash University, Melbourne, Victoria, Australia. Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum, Kerala, India. Amrita Institute of Medical Sciences, Kochi, Kerala, India. The George Institute for Global Health, et Sydney, PO Box M 201, Missenden Road, Camperdown, New South Wales, 2050, Australia. Sydney Medical School, University of Sydney, Sydney, New South Wales, Australia. Western Sydney Local Health District, Westmead Hospital, Westmead, Australia. The George Institute for Global Health, New Delhi, India. The George Institute for Global Health, Oxford University, Oxford, UK. Melbourne School of Population and Global Health, University of Melbourne, Melbourne, Victoria, Australia. Nossal Institute for Global Health, Melbourne School of Population	**INT**	**JAN TO JUNE**	**ENDOCRINOLOGY**	**PMID:**29720161 **PMC ID:**5932780 **WOS:**000431923900005 **H Index:** 83 **Impact Factor:** 1.843

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	and Global Health, University of Melbourne, Melbourne, Victoria, Australia. Rishi Valley Rural Health Centre, Rishi Valley, Andhra Pradesh, India. Cardiovascular Disease Program, Biomedicine Discovery Institute and Department of Physiology, Monash University, Melbourne, Victoria, Australia. Department of Endocrinology, Diabetes and Metabolism, **Christian Medical College, Vellore,**Tamil Nadu, India. Faculty of Medicine, University of New South Wales, Sydney, New South Wales, Australia. BACKGROUND: Hypertension is a major risk factor for cardiovascular disease, a leading cause of premature death and disability in India. Since access to health services is poor in rural India and Accredited Social Health Activists (ASHAs) are available throughout India for maternal and child health, a potential solution for improving hypertension control is by utilising this available workforce. We aimed to develop and implement a training package for ASHAs to identify and control hypertension in the community, and evaluate the effectiveness of the training program using the Kirkpatrick Evaluation Model. METHODS: The training program was part of a cluster randomised feasibility trial of a 3-month intervention to improve hypertension outcomes in South India. Training materials incorporated details on managing hypertension, goal setting, facilitating group meetings, and how to measure blood pressure and weight. The 15 ASHAs attended a five-day training workshop that was delivered using interactive instructional strategies. ASHAs then led community-based education support groups for 3 months. Training was evaluated using Kirkpatrick's evaluation model for measuring reactions, learning, behaviour and results using tests on knowledge at baseline, post-training and post-intervention, observation of performance during meetings and post-intervention interviews. RESULTS: The ASHAs' knowledge of hypertension improved from a mean score of 64% at baseline to 76% post-training and 84% after the 3-month intervention. Research officers, who observed the community meetings, reported that ASHAs delivered the self-management content effectively without additional assistance. The ASHAs reported that the training materials were easy to understand and useful in educating community members. CONCLUSION: ASHAs can be trained to lead community-based group educational discussions and support individuals for the management of high blood pressure. TRIAL				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	REGISTRATION: The feasibility trial is registered with the Clinical Trials Registry - India (CTRI) CTRI/2016/02/006678 (25/02/2016).				
3.	Abhilash, K. P. P., Vincent, D., George, A. S., Kalyaniwala, K., Prajapathi, A. and Thomas, S. M. Pattern and outcome of unintentional pediatric trauma in the emergency department of a tertiary care hospital in South India Journal of Medical Sciences (Taiwan); 2018, 38 (6): 258-268 **Address:** Department of Emergency Medicine, **Christian Medical College, Vellore,**Tamil Nadu, 632 004, India Background: Pediatric trauma is a significant cause of morbidity, and few studies on profile and outcome have been done in the emergency departments (EDs) of India. Methodology: This prospective observational study was conducted between October 2014 and December 2014 in the adult and pediatric ED's of **Christian Medical College, Vellore**. All patients younger than 18 years, who presented with unintentional injury, were enrolled in this study. Results: The adult and pediatric ED's attended to a combined 24,482 patients (16,169 adults and 8313 children and adolescents) during the 3-month study with 8.2% (2022/24,482) being trauma incidents. Pediatric and adolescent (<18 years) trauma patients comprised 20% (397) of trauma cases, and adult (>18 years) trauma patients made up the remainder 80% (1624). Falls are the most common mechanism of injury among infants and toddlers with decreasing frequency with age. With increasing age, the place of injury changes from the surroundings of home to playgrounds, schools, and the roads. About 80% of injuries among infants occur at home while only 12% of adolescent injuries occur at home. Road traffic injuries account for 46% of injuries sustained by adolescents. Most of the children and adolescents (63%) were managed conservatively. Minor surgical intervention was required in 20% whereas 11% required major surgical intervention. Majority (77%) was discharged stable from the ED, and 21% were admitted. The in-hospital mortality of pediatric trauma was 1.2% (5/397). Conclusions: Pediatric and adolescent trauma is a significant cause of morbidity and mortality in India, accounting for almost one-fifth of injured patients. There exists a need for injury prevention programs focusing on peridomestic safety among children <12 years and school and road safety among children >12 years and adolescents. © 2018 Journal of Medical Sciences | Published by Wolters Kluwer-Medknow.	**INT**	**JAN TO JUNE**	**EMERGENCY MEDICINE**	**SCOPUS** **H Index:** NA **Impact Factor:** 0.754

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
4.	Abi, M., Chaitra, S., Nabarro, L., George, M. V. and Balaji, V. Hypervirulent, Regulator of Mucoid Phenotype A Positive Klebsiella pneumoniae Liver Abscess J Glob Infect Dis; 2018, 10 (1): 30-31 **Address:** Department of Infectious Diseases, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Clinical Microbiology, **Christian Medical College, Vellore,**Tamil Nadu, India.	**INT**	**JAN TO JUNE**	**MICROBIOLOGY, INFECTIOUS DISEASE, MICROBIOLOGY**	**PMID:**29563724 **PMC ID:**5850764 **SCOPUS** **H Index:** 17 **Impact Factor:** 0.820 (RG)
5.	Abiramalatha, T., Arunachal, G., Muthusamy, K. and Thomas, N. A family with floppy neonates with severe respiratory insufficiency: A lethal phenotype of RFT1-CDG due to a novel mutation Eur J Med Genet; 2018, **Address:** Department of Neonatology, **Christian Medical College, Vellore,**India; Department of Neonatology, Sri Ramachandra Medical College and Research Institute, Chennai, India. Department of Clinical Genetics, **Christian Medical College, Vellore,**India. Department of Pediatric Neurology, **Christian Medical College, Vellore,**India. Department of Neonatology, **Christian Medical College, Vellore,**India. Electronic **Address:** niranjan@cmcvellore.ac.in. Congenital disorders of glycosylation (CDG) are a rapidly expanding group of inborn errors of metabolism with around 100 types described so far. Because of the limited number of reported cases in each type except PMM2-CDG, the complete clinical picture of other types is not known. RFT1-CDG is a rare type, with ten cases reported in the literature. Our patient presented as a floppy neonate with severe respiratory insufficiency and ventilator dependence in the newborn period. He had fetal growth restriction, facial dysmorphism, high arched palate, bilateral cryptorchidism, hypoplastic pons and cerebellum and probable hearing impairment. He succumbed to the illness on day 24 of life. There was a similar history of two previous sibling deaths in the early neonatal period due to respiratory insufficiency and history of multiple neonatal and infant deaths in the extended family. Transferrin iso-electric focusing was normal. Clinical exome sequencing revealed a novel homozygous missense mutation (c.1018G>A) in RFT1 gene [NM_052859; c.1018G>A; p.G340S; ENST00000296292] and the parents were heterozygous for the same (ClinVar SVC000778540). The pathogenic variants so far reported are all missense variants affecting the luminal loops; whereas the variant in our case is in the	**INT**	**JAN TO JUNE**	**NEONATOLOGY, ENDOCRINOLOGY, CLINICAL GENETICS, PEDIATRIC NEUROLOGY**	**PMID:**30071302 **SCOPUS** **H Index:** 47 **Impact Factor:** 2.004

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	trans-membrane helical domain. A strong family history of neonatal deaths and similar presentations in the previous 2 siblings suggests the homogenous phenotype of this mutation. Severe respiratory insuffiency and ventilator dependence shows the lethality of the disease phenotype and incompatibility with survival beyond the neonatal period.				
6.	Abiramalatha, T., Mathew, S. K., Mathew, B. S., Shabeer, M. P., Arulappan, G., Kumar, M., Jayaseelan, V. and Kuruvilla, K. A. Continuous infusion versus intermittent bolus doses of fentanyl for analgesia and sedation in neonates: an open-label randomised controlled trial Arch Dis Child Fetal Neonatal Ed; 2018, **Address:** Department of Neonatology, **Christian Medical College Vellore, Vellore,** Tamil Nadu, India. Department of Neonatology, Sri Ramachandra Medical College and Research Institute, Chennai, Tamil Nadu, India. Department of Pharmacology and Clinical Pharmacology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Clinical Biochemistry, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Biostatistics, **Christian Medical College, Vellore,**Tamil Nadu, India. OBJECTIVE: Adequate data on fentanyl pharmacokinetics in neonates are lacking. The study was performed to compare serum concentrations and clinical outcome between continuous infusion (CI) and intermittent bolus (IB) doses of fentanyl for analgesia and sedation in neonates. METHODS: In this open-label randomised controlled trial, neonates requiring 24-48 hours of mechanical ventilation and fentanyl administration were recruited. In CI regimen, 1 mcg/kg loading dose was followed by 1 mcg/kg/hour infusion. In IB regimen, 1mcg/kg/dose was administered every 4 hours.Maximum six blood samples were collected in 48 hours from each baby at prespecified time points for estimating serum fentanyl concentration. Secondary outcomes were pain scores (Neonatal Infant Pain Scale and Neonatal Pain, Agitation and Sedation Scale for acute and ongoing pain, respectively) and incidence of adverse effects of fentanyl. RESULTS: 100 neonates were recruited, 53 in CI and 47 in IB group. In CI regimen, median (IQR) serum fentanyl concentration was 0.42 (0.35, 0.46) to 0.61 (0.47, 0.89) ng/mL throughout the infusion period. In IB regimen, median (IQR) peak concentration ranged from 2.21 (1.82, 3.55) to 3.61 (2.91, 4.51)	**INT**	**JAN TO JUNE**	**NEONATOLOGY, PHARMACOLOGY, CLINICAL BIOCHEMISTRY, BIOSTATISTICS**	**PMID:**30322973 **SCOPUS** **H Index:** 103 **Impact Factor:** 3.953

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	ng/mL and trough concentration 0.41 (0.33, 0.48) to 0.97 (0.56, 1.25) ng/mL for various doses.Median (IQR) peak concentration (Cmax, 3.06 (1.09, 4.50) vs 0.78 (0.49, 1.73) ng/mL; p<0.001) was significantly higher and area under concentration-time curve (AUC0-24, 19.6 (10.4, 33.5) vs 13.2 (10.8, 22.6) microg.hour/L; p=0.12) was higher (though not statistically significant) in IB than CI regimen. Pain scores and adverse effects were comparable between the two regimens. CONCLUSION: CI regimen of fentanyl produces steady serum concentrations, whereas IB regimen produces wide fluctuations in serum concentration with high-peak concentrations. A serum fentanyl concentration of 0.4-0.6 ng/mL produces adequate analgesia and sedation in neonates. TRIAL REGISTRATION NUMBER: CTRI/2014/11/005190.				
7.	Abiramalatha, T., Thanigainathan, S. and Balakrishnan, U. Re-feeding versus discarding gastric residuals to improve growth in preterm infants Cochrane Database of Systematic Reviews; 2018, 2018 (1): **Address:**1Neonatology, Sri Ramachandra Medical College and Research Institute, Chennai, India.2Neonatology, Christian Medical Coll ege,Vellore, This is a protocol for a Cochrane Review (Intervention). The objectives are as follows: To assess the efficacy and safety of re-feeding compared to discarding gastric residuals to improve growth in preterm infants. The allocation should have been started in the first week of life and should have been continued at least until the baby reaches full enteral feeds. The investigator could choose to discard the gastric residual in the re-feeding group, if the gastric residual quality is not satisfactory. However, the criteria for discarding gastric residual should have been pre-defined. We will undertake subgroup analysis based on the gestational age (≤ 27 weeks, 28 weeks to 31 weeks, ≥ 32 weeks), birth weight (< 1000 g, 1000 g to 1499 g, ≥ 1500 g), type of milk (human milk or formula milk), quality of the gastric residual (fresh milk, curded milk or bile-stained gastric residual), the volume of gastric residual replaced (total volume, 50% of the volume, volume of the next feed or pre-specified volume irrespective of the volume of the aspirate, e.g. 2 mL, 3 mL, etc.), and whether the volume of gastric residual that is re-fed is included in or excluded from the volume of the next feed (Subgroup analysis and investigation of heterogeneity). © 2018 The Cochrane Collaboration. Published by John Wiley & Sons,	**INT**	**JAN TO JUNE**	**NEONATOLOGY**	**SCOPUS** **H Index:** 212 **Impact Factor:** 6.754

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Ltd.				
8.	Abiramalatha, T., Thanigainathan, S. and Ninan, B. Routine monitoring of gastric residual for prevention of necrotising enterocolitis in preterm infants Cochrane Database of Systematic Reviews; 2018, 2018 (1): This is a protocol for a Cochrane Review (Intervention). The objectives are as follows: To assess the efficacy and safety of routine monitoring of gastric residual versus no monitoring of gastric residual on the incidence of necrotising enterocolitis (NEC) in preterm infants. To assess the efficacy and safety of routine monitoring of gastric residual with two different criteria for interrupting feeds or decreasing feed volume on the incidence of NEC in preterm infants. We will undertake subgroup analysis based on the gestational age (≤ 27 weeks, 28 weeks to 31 weeks, ≥ 32 weeks), birth weight (< 1000 g, 1000 g to 1499 g, ≥ 1500 g), small for gestational age versus appropriate for gestational age infants (classified using birth weight relative to the reference population), type of feeds the infant is receiving (human milk or formula milk), and frequency of monitoring of gastric residual (before every feed, before every third feed, etc) (Subgroup analysis and investigation of heterogeneity). © 2018 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.	**INT**	**JAN TO JUNE**	**NEONATOLOGY**	**SCOPUS** **H Index:** 212 **Impact Factor:** 6.754
9.	Aboobacker, Fouzia, Sharma, Vibhor, Korula, Anu, Devasia, Anup, Kulkarni, Uday, Abraham, Aby, Srivastava, Alok, George, Biju and Mathews, Vikram Management of Relapse in Acute Promyelocytic Leukemia Treated with Upfront Arsenic Trioxide Based Regimens Clinical Lymphoma Myeloma & Leukemia; 2018, 18 S210-S211	**INT**	**JAN TO JUNE**	**HEMATOLOGY, GASTROENTEROLOGY**	**WOS:**000444343400119 **H Index:** 43 **Impact Factor:** 2.308
10.	Abraham, A. P., Gandham, E. J., Prabhu, K. and Chacko, A. G. Authors' Reply: In defence of subgaleoatrial shunt! Neurol India; 2018, 66 (1): 286-287 **Address:** Section of Neurosurgery, Department of Neurological Sciences, **Christian Medical College, Vellore,**Tamil Nadu, India.	**NAT**	**JAN TO JUNE**	**NEUROSURGERY**	**PMID:**29323022 **WOS:**000423136200077 **H Index:** 40 **Impact Factor:** 2.166
11.	Abraham, A. S., Chacko, M. P., Fouzia, N. A., Srivastava, A. and Daniel, D. Antibodies to human platelet antigens form a significant proportion of platelet antibodies detected in Indian patients with refractoriness	**INT**	**JAN TO JUNE**	**TRANSFUSION MEDICINE & IMMUNOHEMATOLOGY**	**PMID:**29460307 **SCOPUS** **WOS:**000447312500008 **H Index:** 53

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	to platelet transfusions Transfus Med; 2018, 28 (5): 392-397 **Address:** Department of Transfusion Medicine & Immunohematology, **Christian Medical College, Vellore,**India. Department of Clinical Hematology, **Christian Medical College, Vellore,**India. BACKGROUND: The transfusion of platelets is an important therapeutic strategy in bleeding patients with thrombocytopenia. However, some chronically transfused patients fail to achieve the appropriate platelet count increment following transfusion due to the presence of platelet alloantibodies. OBJECTIVES: The aims of this research were to study the prevalence of platelet alloimmunisation and to characterise the platelet-reactive (PR) antibodies in haematology patients refractory to platelet transfusions in an Indian setting. PATIENTS AND METHODS: A total of 80 patients with a prior history of multiple transfusions (minimum of five cellular transfusions) were included in the study if they did not achieve an adequate corrected count increment within 24 h of the platelet transfusion. Patients with non-immunological causes of platelet refractoriness were excluded from the study. The test was performed on a blood sample of 4 mL of Ethylenediaminetetraacetic acid (EDTA) blood sample in which plasma was separated and stored at -80 degrees C and underwent batch testing in PAK-2LE. RESULTS: The overall prevalence of platelet alloimmunisation in our study was 60%. Of the 48 patients who were detected to have platelet antibodies, the combination of anti-human leucocyte antigen (HLA) and platelet-specific (PS) antibodies together constituted the majority of 54.2%. The overall prevalence of anti-HLA antibodies was 51.25% and of PS antibodies was 41.25% in the total study population of 80. CONCLUSION: The overall prevalence of PS antibodies in our study was greater than that reported by other groups in India and other countries. This needs to be considered, particularly in the management of patients refractory to platelet transfusions, where HLA-matched platelets constitute current best practice.				**Impact Factor:** 1.798
12.	Abraham, Aby and Srivastava, Alok Immune tolerance induction using a recombinant FVIIIFc (Eloctate): A report of early responses from India Haemophilia; 2018, 24 46-46	**INT**	**JAN TO JUNE**	**HEMATOLOGY**	**WOS:**000431993300079 **SCOPUS** **H Index:** 81 **Impact Factor:** 2.768

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
13.	Abraham, Aby, Apte, Shashi, Ross, Cecil, George, Biiju, Mathews, Vikram and Srivastava, Alok Low annual bleeding rate with regular replacement therapy at lower doses in children with severe hemophilia in India: A multi-center study Haemophilia; 2018, 24 15-15	**INT**	**JAN TO JUNE**	**HEMATOLOGY**	**WOS:**000431993300014 **H Index:** 81 **Impact Factor:** 2.768
14.	Abraham, D., Kaliappan, S. P., Walson, J. L. and Rao Ajjampur, S. S. Intervention strategies to reduce the burden of soil-transmitted helminths in India Indian J Med Res; 2018, 147 (6): 533-544 **Address:** Wellcome Trust Research Laboratory, Division of Gastrointestinal Sciences, **Christian Medical College, Vellore,**India. Department of Global Health, Medicine (Infectious Disease), Paediatrics & Epidemiology, University of Washington, Seattle, USA; DeWorm3, Division of Life Sciences, Natural History Museum, London, UK. Soil-transmitted helminth (STH) infections continue to be a major global cause of morbidity, with a large proportion of the burden of STH infections occurring in India. In addition to direct health impacts of these infections, including anaemia and nutritional deficiencies in children, these infections also significantly impact economic development, as a result of delays in early childhood cognitive development and future income earning potential. The current World Health Organization strategy for STH is focused on morbidity control through the application of mass drug administration to all pre-school-aged and school-aged children. In India, the control of STH-related morbidity requires mobilization of significant human and financial resources, placing additional burdens on limited public resources. Infected adults and untreated children in the community act as a reservoir of infection by which treated children get rapidly reinfected. As a result, deworming programmes will need to be sustained indefinitely in the absence of other strategies to reduce reinfection, including water, hygiene and sanitation interventions (WASH). However, WASH interventions require sustained effort by the government or other agencies to build infrastructure and to promote healthy behavioural modifications, and their effectiveness is often limited by deeply entrenched cultural norms and behaviours. Novel strategies must be explored to provide a lasting solution to the problem of STH infections in India other than the indefinite provision of deworming	**NAT**	**JAN TO JUNE**	**WELLCOME TRUST RESEARCH LABORATORY**	**PMID:**30168484 **PMC ID:**6118140 **WOS:**000443203500003 **H Index:** 72 **Impact Factor:** 1.508

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	for morbidity control.				
15.	Abraham, D., Ravindran, V., Rose, V. and Michael, J. S. Effectiveness of chlorhexidine bath, saline bath, and standard bath on bacterial colonization on the skin Asian Journal of Pharmaceutical and Clinical Research; 2018, 11 (10): 330-334 **Address:** Department of Amrita College of Nursing, Amrita Vishwa Vidyapeetham, Kochi, Kerala, India Department of College of Nursing, **Christian Medical College, Vellore,**Tamil Nadu, India Department of Child Health, **Christian Medical College, Vellore,**Tamil Nadu, India Department of Microbiology, **Christian Medical College, Vellore,**Tamil Nadu, India Objective: The main objective of the study was to determine whether bathing with 2% chlorhexidine or 0.9% saline or standard soap and water will reduce the bacterial colony count on skin effectively. Methods: Quantitative approach with experimental design and consecutive sampling was used. The study was conducted among 102 children admitted in pediatric wards of **Christian Medical College, Vellore**. Swabs from axilla and groin were collected at 0 h, 2 h, and 24 h of intervention to determine the bacterial colony count in subjects. Results: The results showed that, of 102 children, 73 (71.56%) of them had high axillary colony count and 69 (67.64%) of them had high groin colony count during admission. Majority 88.2% and 78% of them had colonization with coagulase-negative staphylococcus in the axilla and groin, respectively. There was no significant difference in the bacterial colony count in axilla at 2 and 24 h in all three groups. There was a significant difference in the bacterial colony count in groin at 2 h after the intervention in the chlorhexidine group, and the difference was not significant at 24 h. The colony count was not significantly different at 2 h post-intervention in saline and standard soap and water group but was statistically different in these groups at 24 h after the intervention. Conclusion: Chlorhexidine has shown to be effective for a shorter duration and it can be adopted for children who are undergoing invasive procedures and preoperatively in surgical wards while continuing routine standard bath for all children which is considered to be cost effective too.	**NAT**	**JUL TO DEC**	**NURSING, CHILD HEALTH, MICROBIOLOGY**	**SCOPUS** **H Index:** 23 **Impact Factor:** 0.240 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
16.	Abraham, George, Valmiki, Rajesh, Leelavinodhan, Parvathi, Yogapriya, M. A. and Zachariah, Anand Diagnostic utility of serum phospholipase A2 in systemic envenomation in snake bite - an exploratory study Clinical Toxicology; 2018, 56 (7): 683-683	**INT**	**JAN TO JUNE**	**MEDICINE**	**WOS:**000433193300022 **H Index:** 81 **Impact Factor:** 4.381
17.	Abraham, K., Thomas, E. and Lionel, J. New Evidence to Support Antibiotic Prophylaxis in Meconium-Stained Amniotic Fluid in Low-Risk Women in Labor a Prospective Cohort Study J Obstet Gynaecol India; 2018, 68 (5): 360-365 **Address:** Unit 1, Department of Obstetrics and Gynecology, **Christian Medical College and Hospital, Vellore**, 632004 India.0000 0004 1767 8969grid.11586.3b Purpose of study: To assess the maternal and perinatal complications associated with meconium-stained amniotic fluid (MSAF) in low-risk women in labor. Methods: This prospective cohort study was conducted at CMC Hospital, Vellore, India. Two hundred low-risk women who had artificial or spontaneous rupture of membranes after admission with MSAF were included in the study. Two hundred similar women with clear liquor were taken as controls. The primary outcomes considered were the incidence of chorioamnionitis and endomyometritis in the mothers. The secondary outcomes included postpartum hemorrhage and retained placenta in the mothers and respiratory distress, meconium aspiration, sepsis, and NICU admission in the newborn. Statistical analysis was done using Fischer exact test. Odds ratio, 95% confidence interval, and P value were estimated. Results: Compared to controls, those with MSAF had significantly higher rates of chorioamnionitis (2 vs. 8%, P = 0.006) and endomyometritis (3 vs. 9.5% P = 0.007). Among the secondary end points, only neonatal respiratory distress (8.5 vs. 1.5%; P = 0.001) and meconium aspiration (4 vs. 0%; P = 0.007) were found to be significantly increased in the meconium group. Conclusion: Statistically significant increased incidence of chorioamnionitis and endomyometritis in women with MSAF in labor established in our study strongly supports the use of prophylactic antibiotics in these women to prevent immediate and long-term consequences.	**NAT**	**JAN TO JUNE**	**OBSTETRICS AND GYNECOLOGY**	**PMID:**30224839 **PMC ID:**6133797 **SCOPUS** **H Index:** 9 **Impact Factor:** 0.790 (RG)
18.	Abraham, Lekha, Braganza, Andrew, Simha, Arathi, Dikshit, Smita and Sam, Femi EFFICACY AND SAFETY OF OLOGEN (R) VERSUS MITOMYCIN-C IN	**INT**	**JUL TO DEC**	**OPHTHALMOLOGY**	**PMID:WOS:000450083500133** **H Index:** 63

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	PHACOTRABECULECTOMY: A 5 YEAR STUDY Clinical and Experimental Ophthalmology; 2018, 46 95-96				**Impact Factor:** 3.217
19.	Abraham, M. A., Jose, R. and Paul, M. J. Seesawing end-tidal carbon dioxide: portent of critical carbon dioxide embolism in retroperitoneoscopy BMJ Case Rep; 2018, 2018 **Address:** Department of Anaesthesiology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Endocrine Surgery, **Christian Medical College, Vellore,**Tamil Nadu, India. An abrupt increase in end-tidal CO2 (EtCO2; from 35 to 58 mm Hg) followed by a sudden fall (to 18 mm Hg) was noted during retroperitoneoscopic adrenalectomy under general anaesthesia in a 23-year-old patient with adrenal hyperplasia. This was accompanied by hypotension (systolic blood pressure of 60 mm Hg), desaturation (88% SpO2) and ST depression (3.5 mm). The patient was resuscitated with fluids and vasopressor drugs and about 4 mL of air was aspirated through the central venous catheter, confirming the diagnosis of an intraoperative gas embolism. Later, a rent in the adrenal vein extending into the inferior vena cava was discovered and sutured. The blood pressure, EtCO2, ST segment and pulse oximetry returned to normal after 15 min. This case demonstrates that gas embolism may transpire during retroperitoneoscopic adrenalectomy and an acute rise followed by a sharp fall in EtCO2 should alert the anaesthesiologist to this rare but potentially fatal complication.	**INT**	**JAN TO JUNE**	**ANAESTHESIOLOGY, ENDOCRINE SURGERY**	**PMID:**29367357 **SCOPUS** **H Index:** 17 **Impact Factor:** 0.220 (RG)
20.	Abu Alex, Ansu, Ganesan, Saravanan, Palani, Hamenth Kumar, Balasundaram, Nithya, David, Sachin, Lakshmi, Kavitha M., Kulkarni, Uday P., Nisham, P. N., Korula, Anu, Devasia, Anup J., Janet, Nancy Beryl, Abraham, Aby, Srivastava, Alok, George, Biju, Padua, Rose Ann, Chomienne, Christine, Balasubramanian, Poonkuzhali and Mathews, Vikram Arsenic Trioxide Enhances the NK Cell Cytotoxicity Against Acute Promyelocytic Leukemia While Simultaneously Inhibiting Its Bio-Genesis Frontiers in Immunology; 2018, 9 Natural killer cells (NK) contribute significantly to eradication of cancer cells, and there is increased interest in strategies to enhance it's efficacy. Therapeutic agents used in the treatment of cancer can	**INT**	**JAN TO JUNE**	**HEMATOLOGY**	**WOS:**000435376900001 **H Index:** 69 **Impact Factor:** 3.350 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	impact the immune system in a quantitative and qualitative manner. In this study, we evaluated the impact of arsenic trioxide (ATO) used in the management of acute promyelocytic leukemia (APL) on NK cell reconstitution and function. In patients with APL treated with single agent ATO, there was a significant delay in the reconstitution of circulating NK cells to reach median normal levels from the time of diagnosis (655 days for NK cells vs 145 and 265 days for T cells and B cells, respectively). to vitro experiments demonstrated that ATO significantly reduced the CD34 hematopoietic stem cell (HSC) differentiation to NK cells. Additional experimental data demonstrate that CD34(+) sorted cells when exposed to ATO lead to a significant decrease in the expression of 1KZF2, ETS1, and TOX transcription factors involved in NK cell differentiation and maturation. In contrast, exposure of NK cells and leukemic cells to low doses of ATO modulates NK cell receptors and malignant cell ligand profile in a direction that enhances NK cell mediated cytolytic activity. We have demonstrated that NK cytolytic activity toward NB4 cell line when exposed to ATO was significantly higher when compared with controls. We also validated this beneficial effect in a mouse model of APL were the median survival with ATO alone and ATO + NK was 44 days (range: 33-46) vs 54 days (range: 52-75). In conclusion, ATO has a differential quantitative and qualitative effect on NK cell activity. This information can potentially be exploited in the management of leukemia.				
21.	Agarwal, Aniruddha, Choudhary, Tripti and Gupta, Vishali Optical coherence tomography angiography features of bilateral retinopathy associated with Chikungunya fever Indian Journal of Ophthalmology; 2018, 66 (1): 142-145 A 66-year-old male patient presented with decreased vision in both eyes following episode of Chikungunya fever. Examination revealed bilateral retinal lesions with stippled pigmentary changes at the level of the choriocapillaris, involving the macula in the left eye. The retinopathy consisted of outer retinal disruption and retinochoroidal flow abnormalities detected using with additional imaging, including spectral-domain optical coherence tomography (OCT), autofluorescence, and OCT angiography (OCTA). The index case report describes unique OCTA findings in both eyes of an elderly male secondary to Chikungunya fever. Using the technique of OCTA, insights into the mechanisms of visual damage in viral retinopathies such as Chikungunya fever can be understood.	**NAT**	**JAN TO JUNE**	**OPHTHALMOLOGY**	**WOS:**000426338600033 **H Index:** 41 **Impact Factor:** 0.961

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
22.	Ahikam, D, Karun, S, Abhilash, Kundavaram and Alex, Reginald Emergency department visits of staff and students of a large medical college and hospital in South India Current Medical Issues; 2018, 16 (3): 83-86 Background: The emergency department (ED) is always kept busy by patients requiring urgent health care. A part of the patients is the staff and students of the very institute running the ED. Sick staff and students are a liability as they contribute to economic loss and loss of person-hours of the institute. Materials and Methods: The retrospective cross-sectional study done in **Christian Medical College, Vellore**, included all staff and students who presented to the ED during the period of January 2014–December 2014. Results: During the study period, a total of 54,562 patients presented to the ED with various complaints. A total of 956 staff and students comprised 2.8% (1528/54,562) of all the emergency visits. There were 1350 staff visits and 178 student visits during the 1-year study period. More than half (57.5%) had general medical complaints and only required pharmacological therapy. A quarter of the staff and students (25.5%) presented to the ED with trauma with more than half of those being road traffic accidents. Univariate analysis for risk factors for trauma among staff had been carried out and the results were summarized. Class 3 and 4 employees had a higher incidence of trauma (21.6% vs. 12.6%, < 0.001; odds ratio [OR] = 1.91 [95% confidence interval (CI): 1.43–2.55]) as also males (25.8% vs. 11.8%; < 0.001; OR = 2.6 [95% CI: 1.94–3.48]). Conclusions: A significant number of staff and students present to the ED with trauma with males and class 3 and 4 employees having a higher risk. In addition, acute febrile illness present in specific seasonal patterns through the year and are the most common presentations to the ED.	**NAT**	**JUL TO DEC**	**EMERGENCY MEDICINE**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA
23.	Ahmed, M., Keshava, S. N., Moses, V. and Valson, A. T. Endovascular management of a large retroperitoneal haemorrhage resulting from dual testicular and intra-renal arterial injury after renal biopsy Indian J Radiol Imaging; 2018, 28 (3): 362-365 **Address:** Department of Radiology, **Christian Medical College,**	**NAT**	**JAN TO JUNE**	**RADIOLOGY, NEPHROLOGY**	**PMID:**30319216 **PMC ID:**6176666 **SCOPUS** **H Index:** 18 **Impact Factor:** 0.330 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Vellore,Tamil Nadu, India. Department of Nephrology, **Christian Medical College, Vellore,**Tamil Nadu, India. Percutaneous renal biopsy is a minimally invasive procedure in the work up of a chronic kidney disease patient. However, it is not free from the complications. Hematuria and abdominal haemorrhage due to intra-renal artery injury are the common complications. We report and discuss the management of a rare case of retroperitoneal haemorrhage resulting from dual arterial injury involving left testicular artery and intra-renal artery.				
24.	Ahmed, M., Keshava, S. N., Moses, V., Chiramel, G. K., Mammen, S., Eapen, C. E. and Zachariah, U. G. Transjugular Intrahepatic Portosystemic Shunt Through the Strut of a Previously Placed Stent: Technical Feasibility and Long-Term Follow-Up Results Cardiovasc Intervent Radiol; 2018, 41 (11): 1794-1798 **Address:** Department of Radiology, **Christian Medical College, Vellore,**632004, India. munawwarahmed20@gmail.com. Department of Radiology, **Christian Medical College, Vellore,**632004, India. Department of Hepatology, **Christian Medical College, Vellore,**632004, India. AIMS AND OBJECTIVES: To evaluate technical feasibility, long-term primary patency and clinical outcome of the transjugular intrahepatic portosystemic shunt (TIPS) through the struts of the previously placed stents. MATERIALS AND METHODS: Retrospective evaluation of seven consecutive patients (three male and four female, age range 13-65 years, median 28) out of a total 95 patients, who underwent TIPS through the strut of the previously placed stents of hepatic vein (HV), inferior vena cava (IVC) or TIPS in a single tertiary care hospital. Six of the patients were diagnosed with Budd-Chiari syndrome (BCS) and one with alcohol-induced chronic liver disease (CLD). Kaplan-Meier test was used to calculate 18- and 60-month primary patency rate of TIPS stent. RESULTS: TIPS through the strut of a previously placed stent was technically successful in all the patients (100%). The TIPS was direct intrahepatic portosystemic shunt (DIPS) in 5/7 cases, due to occluded HV. Mean portosystemic pressure gradient (PPG) reduced from 24 mmHg +/- 5.9 (range, pre-TIPS 15-31 mmHg) to 8.57 mmHg +/- 4.4 (range, post-TIPS, 3-14 mmHg). One patient required three sessions of TIPS revisions. Another patient needed TIPS revision after 5 years of TIPS creation. All the patients showed	**INT**	**JAN TO JUNE**	**RADIOLOGY, HEPATOLOGY**	**PMID:**30014251 **SCOPUS** **H Index:** 73 **Impact Factor:** 2.210

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	improvement in clinical symptoms and in mean Child-Turcotte-Pugh (CTP) score and modified end-stage liver disease (MELD) score during mean follow-up period 40.57 month +/- 34.9 (range 3-100 month). Primary patency rates of TIPS stent measured with Kaplan-Meier estimate at 18- and 60-month follow-up were 80% (95% CI, 37-97%) and 40% (95% CI, 10-97%), respectively. CONCLUSION: TIPS through the strut of a previously placed stent is technically feasible with good long-term primary patency and clinical outcome.				
25.	Ajayan, N., Lionel, K. R. and Hrishi, A. P. A Case of Paradoxical Increase in the Bispectral Index with Higher Concentrations of Desflurane: Paradox Unveiled? Turk J Anaesthesiol Reanim. 2018 Dec;46(6):482-483. Address: Department of Anesthesiology, Division of Neuroanesthesia, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum, India. Department of Anesthesia, **Christian Medical College, Vellore**, India.	**INT**	**JUL TO DEC**	**ANESTHESIA**	**PMID:30505614** **PMC ID:6223864** **H Index:** NA **Impact Factor:** NA
26.	Ajayan, N., Thakkar, K., Lionel, K. R. and Hrishi, A. P. Limitations of near infrared spectroscopy (NIRS) in neurosurgical setting: our case experience J Clin Monit Comput; 2018, **Address:** Neuroanesthesia Division, Department of Anaesthesiology, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum, India. Department of Anaesthesiology, **Christian Medical College, Vellore,**India. Neuroanesthesia Division, Department of Anaesthesiology, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum, India. drajay@sctimst.ac.in. One of the primary goals of anaesthesia in neurosurgical procedures is prevention of cerebral hypoxia leading to secondary neurological injury. Cerebral oximetry detects periods of cerebral hypoxemia and allows intervention for prevention of secondary brain injury and its sequelae. This can be achieved by the use of Near Infrared Spectroscopy (NIRS). In this regard, we present two cases where erroneous values of NIRS were shown which hindered monitoring of cerebral oxygenation in the intraoperative setting. In a neurosurgical setting, the erroneous values on the operative side could be attributed to altered tissue boundary conditions resulting in a changed optical path, which is normally held as a constant in NIRS measurements. The altered tissue boundary conditions could be	**INT**	**JAN TO JUNE**	**ANAESTHESIOLOGY**	**PMID:**30315489 **SCOPUS** **H Index:** 43 **Impact Factor:** 2.450

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	due to the presence of air or blood between the myocutaneous flapskull, skull-dura, dura-brain interphases. It could also be that the sensors' penetrating depth was inadequate to compensate for the increased distance between sensor and brain tissue, thereby resulting in inaccurately higher values (> 80%).				
27.	Al-Abadi, B., Al-Abadi, J., Al-Fannah, W., Jeyaseelan, L., Al-Maniri, A. and Al-Mahrezi, A. The Prevalence and Characteristics of Frequent Attenders in Primary Health Care in A'Dakhiliyah Governorate of Oman Oman Med J; 2018, 33 (4): 331-336 **Address:** Directorate of Primary Health Care, Ministry of Health, Muscat, Oman. Department of Outpatient Clinics, Armed Forces Hospital, Salalah, Oman. Department of Biostatistics, **Christian Medical College, Vellore,**India. Department of Research, Oman Medical Specialty Board, Muscat, Oman. Department of Family Medicine and Public Health, College of Medicine and Health Sciences, Sultan Qaboos University, Muscat, Oman. Objectives: Frequent attenders (FAs) in general practice receive significant attention in primary care research due to the financial costs associated with the higher utilization of health care services. The main objective of this study was to determine the prevalence of FAs in Oman by studying the overall rates of adult patient visits to primary health care centers (PHCs) and identify the characteristics of this group of patients. Methods: We conducted a retrospective longitudinal study including all adults aged 18 years and above who visited general practitioner clinics at four selected PHCs in the A'Dakhiliyah governorate of Oman. Sociodemographic data and number of visits were extracted from the electronic medical records system. Results: A total number of 12 902 adult patients contributed to 42 425 patient visits, with the number of visits made by individual patients ranging from 1 to 62. FAs constituted 2.4% (n = 313) of the total subjects and made 5449 (12.8%) visits. The mean rate of visits per patient per year was 3.2, while the median was two visits. The overall rate of visits per day was more than two-times higher in females (79.6 per day) compared to males (36.6 per day) and was about five-times higher in female FA (12.3 vs. 2.6). Conclusions: FAs represent a small proportion of patients	**INT**	**JAN TO JUNE**	**BIOSTATISTICS**	**PMID:**30038733 **PMC ID:**6047176 **SCOPUS** **H Index:** 17 **Impact Factor:** 0.441

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	attending PHCs in Oman. The proportion of females was higher among FAs and they also contributed to a higher number of visits to PHCs.				
28.	Al-Abri, R., Al-Amri, A. S., Al-Dhahli, Z. and Varghese, A. M. Allergic Rhinitis in Relation to Food Allergies: Pointers to future research Sultan Qaboos Univ Med J; 2018, 18 (1): e30-e33 **Address:** Department of Surgery, College of Medicine & Health Sciences, Sultan Qaboos University, Muscat, Oman. Post-Internship Programme, Directorate General of Health Services, Ministry of Health, Muscat, Oman. Otolaryngology Residency Programme, Oman Medical Specialty Board, Muscat, Oman. Department of Ear, Nose & Throat, **Christian Medical College, Vellore,**Tamil Nadu, India. Allergic rhinitis is a ubiquitous type of allergic reaction which results in significant costs to affected patients and their families. Although allergic rhinitis can coexist with other atopic conditions, the role of food allergies in the development of allergic rhinitis has not been well studied. This article explores relevant literature on this subject in order to identify gaps in the available body of knowledge and elucidate scope for further research.	**INT**	**JAN TO JUNE**	**EAR, NOSE & THROAT**	**PMID:**29666678 **PMC ID:**5892810 **SCOPUS** **H Index:** 16 **Impact Factor:** 0.760 (RG)
29.	Alex, A. A., Ganesan, S., Palani, H. K., Balasundaram, N., David, S., Lakshmi, K. M., Kulkarni, U. P., Nisham, P. N., Korula, A., Devasia, A. J., Janet, N. B., Abraham, A., Srivastava, A., George, B., Padua, R. A., Chomienne, C., Balasubramanian, P. and Mathews, V. Arsenic Trioxide Enhances the NK Cell Cytotoxicity Against Acute Promyelocytic Leukemia While Simultaneously Inhibiting Its Bio-Genesis Front Immunol; 2018, 9 1357 **Address:** Department of Hematology, **Christian Medical College, Vellore,**India. UMR-S1131, Hopital Saint Louis, Paris, France. Institut Universitaire d'Hematologie, Universite Paris Diderot, Paris, France. Natural killer cells (NK) contribute significantly to eradication of cancer cells, and there is increased interest in strategies to enhance it's efficacy. Therapeutic agents used in the treatment of cancer can impact the immune system in a quantitative and qualitative manner. In this study, we evaluated the impact of arsenic trioxide	**INT**	**JAN TO JUNE**	**HEMATOLOGY**	**PMID:**29963052 **PMC ID:**6010577 **SCOPUS** **H Index:** 69 **Impact Factor:** 3.350 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	(ATO) used in the management of acute promyelocytic leukemia (APL) on NK cell reconstitution and function. In patients with APL treated with single agent ATO, there was a significant delay in the reconstitution of circulating NK cells to reach median normal levels from the time of diagnosis (655 days for NK cells vs 145 and 265 days for T cells and B cells, respectively). In vitro experiments demonstrated that ATO significantly reduced the CD34 hematopoietic stem cell (HSC) differentiation to NK cells. Additional experimental data demonstrate that CD34(+) sorted cells when exposed to ATO lead to a significant decrease in the expression of IKZF2, ETS1, and TOX transcription factors involved in NK cell differentiation and maturation. In contrast, exposure of NK cells and leukemic cells to low doses of ATO modulates NK cell receptors and malignant cell ligand profile in a direction that enhances NK cell mediated cytolytic activity. We have demonstrated that NK cytolytic activity toward NB4 cell line when exposed to ATO was significantly higher when compared with controls. We also validated this beneficial effect in a mouse model of APL were the median survival with ATO alone and ATO + NK was 44 days (range: 33-46) vs 54 days (range: 52-75). In conclusion, ATO has a differential quantitative and qualitative effect on NK cell activity. This information can potentially be exploited in the management of leukemia.				
30.	Alex, A. G., Lahiri, A., Devika, Geevar, T. and George, O. K. Observational study comparing pharmacoinvasive strategy with primary percutaneous coronary intervention in patients presenting with ST elevation myocardial infarction to a tertiary care centre in India J Postgrad Med. 2018 Apr-Jun;64(2):80-85. doi: 10.4103/jpgm.JPGM_766_16. **Author information** 1.Department of Cardiology, **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 Transfusion Medicine and Immunohaematology, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Objective: The objective was to study whether the incidence of	**NAT**	**JAN TO JUNE**	**CARDIOLOGY, BIOSTATISTICS, TRANSFUSION MEDICINE AND IMMUNOHAEMATOLOGY**	**PMID:** 29067927 **PMCID:** PMC5954818 **WOS:**000430959400005 **SCOPUS** **H Index:** 47 **Impact Factor:** 1.095

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	composite end points (mortality, cardiogenic shock and re-myocardial infarction [re-MI]) in pharmacoinvasive strategy was noninferior to primary percutaneous coronary intervention (PCI) in patients with ST-elevation myocardial infarction (STEMI). Methods: This was an observational study which included 138 patients. The study included patients admitted with a diagnosis of STEMI within 24 h of symptom onset, who underwent primary PCI or pharmacoinvasive therapy in a single center over a 9-month period. Primary end points (death within 30 days, re-MI within 30 days, and cardiogenic shock) and secondary end points (arrhythmias, bleeding manifestations, ischemic stroke, ejection fraction, mechanical complications, and duration of hospital stay) were compared between the two groups at 1 month after intervention. Results: At one month follow-up, the incidence rate for primary end points was 5 events per 43 patients (11.6%) in pharmacoinvasive arm and 18 events per 95 patients (18.9%) in primary PCI arm, a difference of - 7.3% (95% confidence interval: 18.5, 7.1). This finding shows that pharmacoinvasive strategy as compared with primary PCI in the management of STEMI was equivalent in terms of composite primary outcome. There was no significant difference between the secondary outcomes between the two groups. Use of thrombus aspiration device and in turn the thrombus burden was significantly lower in the pharmacoinvasive arm. Conclusion: This observational study showed that pharmacoinvasive strategy was as good as primary PCI in STEMI, in our setting, where primary PCI may be delayed or not possible at all due to financial and logistic constraints. © 2018 Journal of Postgraduate Medicine. **DOI: 10.4103/jpgm.JPGM_766_16**				
31.	Alexander, S., John, G. T., Korula, A., Vijayakumar, T. S., David, V. G., Mohapatra, A., Valson, A. T., Jacob, S., Koshy, P. M., Rajan, G., John, E. E., Matthai, S. M., Jeyaseelan, L., Ponnusamy, B., Cook, T., Pusey, C., Daha, M. R., Feehally, J., Barratt, J. and Varughese, S. Protocol and rationale for the first South Asian 5-year prospective longitudinal observational cohort study and biomarker evaluation investigating the clinical course and risk profile of IgA nephropathy: GRACE IgANI cohort Wellcome Open Res; 2018, 3 91 **Address:** Department of Nephrology, **Christian Medical College, Vellore,**Tamil Nadu, 632004, India. Department of Renal Medicine, Royal Brisbane and Women's Hospital, Queensland, 4029, Australia.	**INT**	**JAN TO JUNE**	**NEPHROLOGY, GENERAL PATHOLOGY, CENTRAL ELECTRON MICROSCOPE UNIT, BIOSTATISTICS,**	**PMID:**30345379 **PMC ID:**6148466 **H Index:** 3 **Impact Factor:** NA

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Department of General Pathology, **Christian Medical College, Vellore,**Tamil Nadu, 632004, India. Central Electron Microscope Unit, **Christian Medical College, Vellore,**Tamil Nadu, 632004, India. Department of Biostatistics, **Christian Medical College, Vellore,**Tamil Nadu, 632004, India. Centre for Cellular and Molecular Platforms, Bengaluru, Karnataka, 560065, India. Centre for Complement and Inflammation Research, Imperial College, London, UK. Department of Medicine, Imperial College Healthcare NHS Trust, London, UK. Rijksuniversiteit Groningen Faculteit Biologie, Groningen, Netherlands. University of Leicester, College of Medicine Biological Sciences and Psychology, Leicester, UK. Background: IgA nephropathy (IgAN) is the most common primary glomerulonephritis and an important cause of end-stage kidney disease. Unlike the slowly progressive course seen among Caucasian and East Asian subjects (actuarial survival 80-85% over 10 years), in India about 30-40% of patients have nephrotic syndrome and renal dysfunction at presentation and a 10-year renal survival of 35%, as reported from a retrospective registry. These observations cannot be entirely attributed to a lack of uniform screening protocols or late referral and attest to the probability that IgAN may not be the same disease in different parts of the world. Methods: We will prospectively recruit 200 patients with IgAN (the GRACE IgANI- Glomerular Research And Clinical Experiments- Ig A Nephropathy in Indians-cohort) and stratify them into low and high risk of progression based on published absolute renal risk scores. We will test the validity of this risk score in an unselected Indian IgAN population over a 5-year follow-up period. In parallel, we will undertake extensive exploratory serum, urine, renal and microbiome biomarker studies, firstly, to determine if the underlying pathogenic pathways are the same in Indian IgAN compared to those reported in Caucasian and East Asian IgAN. Secondly, we will systematically assess the value of measuring selected biomarkers and adding this data to traditional measures of risk in IgAN to predict kidney failure. We ultimately hope to generate a composite IgAN risk score specific for the Indian population. Ethics and data dissemination: Approval was obtained from the Institutional Review Board (Silver, Research and Ethics				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Committee) of the **Christian Medical College, Vellore,**India (Ref. No. IRB Min. No. 8962 [Other] dated 23.07.2014 and IRB Min. No. 9481 [Other] dated 24.06.2015). It is anticipated that results of this study will be presented at national and international meetings, with reports being published from late 2018.				
32.	Amritanand, A., Jasper, S., Paul, P. and Kuriakose, T. Facilitating factors in overcoming barriers to cataract surgical services among the bilaterally cataract blind in Southern India: A cross-sectional study Indian J Ophthalmol; 2018, 66 (7): 963-968 **Address:** Department of Ophthalmology, **Christian Medical College, Vellore,**Tamil Nadu, India. Purpose: To effectively address cataract blindness, increasing sight-restoring surgeries among the bilaterally blind are essential. To improve uptake of surgical services among this group, evidence regarding the problems of access is vital. Barriers in accessing eye care services have previously been reported but not specific to bilaterally cataract blind patients. Further, there is a gap in knowledge regarding factors facilitating access to eye care. Our aims were to (1) report proportion of bilaterally cataract blind patients undergoing surgery and sight restoration rate (SRR) and (2) analyze barriers and factors enabling access to eye care services among bilaterally cataract blind patients. Methods: Retrospective analysis of interview and clinical data of bilaterally cataract blind patients undergoing surgery through outreach services at the base hospital, from June 2015 to May 2016, was performed. Demographic data, vision, postoperative visual outcomes, barriers, and facilitating factors in accessing cataract surgical services were obtained. Results: Bilateral cataract blindness was present in 196/3178 (6.2%, 95% confidence interval 5.4-7.06) patients. SRR was 6.5%. Fear of surgery (24.2%) and lack of family support/escort (22.9%) were the most common barriers. Neighbors and acquaintances (28.6%), general health workers (20.2%), and persons who had undergone cataract surgery (19.6%) were the most common facilitating factors. Conclusion: Proportion of bilaterally cataract blind people undergoing surgery and consequently SRR were low. The most common barriers were at the individual level while facilitating factors at the community level were instrumental in promoting uptake of services. Interventions involving community-based support for the blind may be useful in overcoming barriers to eye care.	**NAT**	**JUL TO DEC**	**OPHTHALMOLOGY**	**PMID:**29941740 **PMC ID:**6032741 **SCOPUS** **WOS:**000437197400016 **H Index:** 41 **Impact Factor:** 0.961

IMPACT FACTORS SOURCE FROM Researchgate / Bioxbio; H -INDEX – Scimago LAB

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
33.	Amritanand, A., Paul, P., Jasper, S., Kumar, S. P. V. and Abraham, V. Incorporating primary eye care into primary health care: Piloting a perceived visual disability questionnaire based model in rural southern India - An observational study Indian J Ophthalmol; 2018, 66 (7): 957-962 **Address:** Department of Ophthalmology, **Christian Medical College, Vellore,**Tamil Nadu, India. Occupational Therapy, **Christian Medical College, Vellore,**Tamil Nadu, India. Community Health, **Christian Medical College, Vellore,**Tamil Nadu, India. Purpose: Over 20% of the world's visually impaired and blind populations live in India. Integration of primary eye care (PEC) into existing primary health care by trained personnel could address access-related barriers. We piloted an unreported, modified WHO disability questionnaire-based model for community health workers (CHWs) to screen and refer persons with perceived visual impairment instead of the traditional visual acuity model. The objective of the study was (1) to determine the prevalence of perceived visual impairment, rate of follow-up postreferral, distribution of ocular morbidity, visual impairment, and proportion of appropriate referrals and (2) to compare results of this intervention with those of existing services. Methods: CHWs were trained in administering a questionnaire for identification and referral of persons with perceived visual impairment in 7 rural villages and 22 tribal hamlets from the institutional database. In this cross-sectional study, patients screened and referred to PEC services from September 2014 to March 2015 underwent comprehensive ocular examination by an optometrist and ophthalmologist. Data collected from their records were analyzed retrospectively. Results: Of 18,534 individuals screened, 3082 (16.64%, 95% confidence interval: 16.06-17.14) complained of perceived visual impairment and were referred; 463 (15%) of these followed up for examination. Correct referrals were noted in 452 (97.6%) cases. Cataract (52.3%) and refractive error (15.8%) were the most common morbidities. There was a 39.6% increase in uptake of eye care services from baseline. Conclusion: The questionnaire-based screening tool administered by CHWs can lead to appropriate identification and referral of persons with ocular morbidity impacting uptake of eye care services.	**NAT**	**JUL TO DEC**	**OPHTHALMOLOGY, OCCUPATIONAL THERAPY, COMMUNITY HEALTH**	**PMID:**29941739 **PMC ID:**6032735 **SCOPUS** **WOS:**000437197400015 **H Index:** 41 **Impact Factor:** 0.961

IMPACT FACTORS SOURCE FROM Researchgate / Bioxbio; H -INDEX – Scimago LAB

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
34.	Amritanand, A., Simha, A. R., Baglari, R., Roselin, J., Michael, J. and Mahasampath, G. Agreement of axial length measurements by three different biometric devices Journal of Clinical and Diagnostic Research; 2018, 12 (6): NC01-NC04 Introduction: Accurate Intraocular Lens (IOL) power calculation is crucial for spectacle independence and patient satisfaction post cataract surgery. Of the various parameters measured to calculate IOL power, Axial Length (AL) is the most crucial. There have been several advances in AL measurement devices with the current gold standard being Optical Biometry (OB). However, OB cannot be used in all cases and hence the earlier Ultrasound (US) biometry continues to be relevant. It is however important to conduct agreement analysis with the gold standard to ensure accuracy of results in all cases. Aim: To compare the AL measurements obtained by Tomey AL 4000 US biometer and pachymeter (Tomey US), built in US biometer of the Nidek AL Scan biometer (Nidek AL US), and the Nidek AL partial coherence interferometry optical biometer (Nidek AL OB). Materials and Methods: This was a non-interventional cross-sectional observational study. Patients with immature cataract satisfying the inclusion criteria scheduled for surgery and undergoing biometry underwent AL measurements by the three methods. AL measurements obtained with the two US devices were compared with OB measurements and agreement analysis was done. Results: A total of 98 eyes of 60 patients were studied. The average AL measured by the three devices were, 22.97±0.79 mm by Tomey US, 23.24±0.89 mm by the built in applanation US of Nidek AL US scan and 23.08±0.81 mm by the Nidek AL OB. The mean inter-device difference in AL between Tomey US and Nidek AL OB was -0.11±0.15 mm and 0.16±0.44 mm between Nidek US and Nidek OB. There was excellent correlation between the Nidek AL OB and the Tomey US, Interclass Correlation (ICC)=0.98, 95% CI (0.95, 0.99). Bland Altman Plot analysis also showed high agreement between these two devices. About 94% of the values were within 0.3 mm difference between these two devices and there were no eyes with ≥1 mm difference. Conclusion: There was excellent correlation of AL as measured by Nidek AL OB and Tomey US.	**NAT**	**JAN TO JUNE**	**MICROBIOLOGY**	**SCOPUS** **H Index:** 22 **Impact Factor:** 0.650 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
35.	Andrews, J. R., Baker, S., Marks, F., Alsan, M., Garrett, D., Gellin, B. G., Saha, S. K., Qamar, F. N., Yousafzai, M. T., Bogoch, Ii, Antillon, M., Pitzer, V. E., Kim, J. H., John, J., Gauld, J., Mogasale, V., Ryan, E. T., Luby, S. P. and Lo, N. C. Typhoid conjugate vaccines: a new tool in the fight against antimicrobial resistance Lancet Infect Dis; 2019, 19 (1): e26-e30 **Address:** Division of Infectious Diseases and Geographic Medicine, Stanford University School of Medicine, Stanford, CA, USA. Electronic **Address:** jandr@stanford.edu. Department of Medicine, University of Cambridge, Cambridge, UK. Department of Medicine, University of Cambridge, Cambridge, UK; Epidemiology Unit, International Vaccine Institute, Seoul, South Korea. Center for Health Policy and the Center for Primary Care and Outcomes Research, Stanford University, Stanford, CA, USA. Sabin Vaccine Institute, Washington, DC, USA. Department of Microbiology, Bangladesh Institute of Child Health, Dhaka Shishu Hospital, Dhaka, Bangladesh. Department of Paediatrics and Child Health, Aga Khan University, Karachi, Pakistan. Department of Medicine, University of Toronto, Toronto, Canada. Center for Health Economics Research and Modeling Infectious Diseases, University of Antwerp, Belgium. Department of Epidemiology of Microbial Diseases, Yale School of Public Health, New Haven, Connecticut, USA. Epidemiology Unit, International Vaccine Institute, Seoul, South Korea. Department of Community Health, **Christian Medical College, Vellore,** Tamil Nadu, India. Institute for Disease Modeling, Bellevue, WA, USA. Policy and Economic Research Department, Development and Delivery Unit, International Vaccine Institute, Seoul, South Korea. Division of Infectious Diseases, Massachusetts General Hospital, Harvard University, Boston, MA, USA. Division of Infectious Diseases and Geographic Medicine, Stanford University School of Medicine, Stanford, CA, USA. Typhoid fever is an acute systemic infectious disease responsible for an estimated 12-20 million illnesses and over 150 000 deaths annually. In March, 2018, a new recommendation was issued by WHO for the programmatic use of typhoid conjugate vaccines in endemic countries. Health economic analyses of typhoid vaccines	**INT**	**JAN TO JUNE**	**COMMUNITY MEDICINE**	**PMID:**30170987 **H Index:** 189 **Impact Factor:** 25.148

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	have informed funding decisions and national policies regarding vaccine rollout. However, by focusing only on averted typhoid cases and their associated costs, traditional cost-effectiveness analyses might underestimate crucial benefits of typhoid vaccination programmes, because the potential effect of typhoid vaccines on the treatment of patients with non-specific acute febrile illnesses is not considered. For every true case of typhoid fever, three to 25 patients without typhoid disease are treated with antimicrobials unnecessarily, conservatively amounting to more than 50 million prescriptions per year. Antimicrobials for suspected typhoid might therefore be an important selective pressure for the emergence and spread of antimicrobial resistance globally. We propose that large-scale, more aggressive typhoid vaccination programmes-including catch-up campaigns in children up to 15 years of age, and vaccination in lower incidence settings-have the potential to reduce the overuse of antimicrobials and thereby reduce antimicrobial resistance in many bacterial pathogens. Funding bodies and national governments must therefore consider the potential for broad reductions in antimicrobial use and resistance in decisions related to the rollout of typhoid conjugate vaccines.				
36.	Antony, G., Kamleshkumar, H., Verma, S., Kapoor, N., Asha, H. S., Peter, D. and Paul, T. V. VISUAL VIGNETTE Endocr Pract; 2018, **Address:** From: 1Departments of Endocrinology, **Christian Medical College & Hospital,Vellore** - 632 004. Radiodiagnosis, **Christian Medical College & Hospital,Vellore** - 632 004. Dermatology; **Christian Medical College & Hospital,Vellore** - 632 004.	**INT**	**JAN TO JUNE**	**ENDOCRINOLOGY, RADIODIAGNOSIS, DERMATOLOGY**	**PMID:**30106634 **H Index:** 71 **Impact Factor:** 3.805
37.	Anura, A., Kazi, A., Pal, M., Paul, R. R., Sengupta, S. and Chatterjee, J. Endorsing cellular competitiveness in aberrant epithelium of oral submucous fibrosis progression: neighbourhood analysis of immunohistochemical attributes Histochem Cell Biol; 2018, 150 (1): 61-75 **Address:** School of Medical Science and Technology, Indian Institute of Technology Kharagpur, Kharagpur, West Bengal, 721 302, India. anji.anura7@gmail.com.	**INT**	**JAN TO JUNE**	**CENTER FOR STEM CELL RESEARCH**	**PMID:**29687243 **WOS:**000436854000006 **H Index:** 90 **Impact Factor:** 2.164

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Center for Stem Cell Research (A Unit of inStem, Bengaluru), **Christian Medical College Campus, Bagayam, Vellore**, Tamil Nadu, 632002, India. anji.anura7@gmail.com. School of Medical Science and Technology, Indian Institute of Technology Kharagpur, Kharagpur, West Bengal, 721 302, India. Chair for Computer Aided Medical Procedures and Augmented Reality, Fakulatfur Informatik, TechnischeUniversitat Munchen, Boltzmannstrasse3, 85748, Garchingbei Munchen, Germany. Guru Nanak Institute of Dental Science and Research, 157/F Nilgunj Road, Panihati, Kolkata, West Bengal, 700114, India. Department of Biochemistry, University of Calcutta, Kolkata, West Bengal, 700073, India. Epithelial abnormality during the transformation of oral submucous fibrosis (OSF) into oral squamous cell carcinoma has been well studied and documented. However, the differential contribution of atrophy and hyperplasia for malignant potentiality of OSF is yet to be resolved. Existing diagnostic conjectures lack precise diagnostic attributes which may be effectively resolved by substantiation of specific molecular pathology signatures. Present study elucidates existence of cellular competitiveness in OSF conditions using computer-assisted neighbourhood analysis in quantitative immunohistochemistry (IHC) framework. The concept of field cancerization was contributory in finding correspondence among neighbouring cells of epithelial layers with reference to differential expression of cardinal cancer-related genes [c-Myc (oncogene), p53 (tumour suppressor), and HIF-1alpha (hypoxia regulator)] which are known to be important sensors in recognizing cellular competitive interface. Our analyses indicate that different states of OSF condition may be associated with different forms of competitiveness within epithelial neighbouring cells which might be responsible to shape the present and future of the pre-malignant condition. Analytical findings indicated association of atrophic epithelium with stress-driven competitive environment having low c-Myc, high-p53, and stable HIF-1alpha (the looser cells) which undergo apoptosis. Whereas, the cells with high c-Myc(+) (winner cells) give rise to hyperplastic epithelium via possible mutation in p53. The epithelial dysplasia plausibly occurs due to clonal expansion of c-Myc and p53 positive supercompetitor cells. Present study proposes quantitative IHC along with neighbourhood analysis which might help us to dig deeper on to the interaction among epithelial cell population to provide a better understanding of field cancerization and malignant transformation of pre-malignancy.				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
38.	Appasamy, P. T., Dan, T. A., Bandyopadhyay, V., Mathew, V., Jeyaseelan, V., Babu, S., Aaron, S. and Alexander, M. Accuracy and reliability of Babinski sign versus finger and foot tapping in the diagnosis of corticospinal tract lesions Neurol India; 2018, 66 (5): 1377-1380 **Address:** Department of Neurology, **Christian Medical College, Vellore,**Tamil Nadu, India. Introduction: The Babinski sign is one of the most important clinical signs for detecting corticospinal tract (CST) lesions. However, due to variations in testing and interpretation, it has been associated with low interobserver agreement rates. In this study, the diagnostic value of finger and foot tapping in detecting CST lesions was compared to that of the Babinski sign. Materials and Methods: Three groups of participants were recruited: Group 1 - individuals having CST lesions diagnosed on the basis of clinical examination as well as neuroimaging; group 2 - individuals having a non-CST neurological illness; group 3 - normal individuals who were relatives of the patients recruited. The sensitivity and specificity of finger tapping, foot tapping, and Babinski sign were calculated. Results: 375 patients, 125 in each group, were included. The overall sensitivity for Babinski sign was 49.6% and specificity was 85.8%. The overall sensitivity for finger and foot tapping was 79.5% and specificity was 88.4%. The interobserver agreement between the medical students and the neurologist was greater for finger and foot tapping (Kappa = 0.83) when compared to Babinski sign (Kappa = 0.45). Conclusion: Finger and foot tapping is a valid and reliable test in the clinical diagnosis of corticospinal lesions. The reliability and validity of Babinski sign is variable and thus its ability to diagnose the manifestations of corticospinal lesions is less when compared to the finger and foot tapping test.	**NAT**	**JAN TO JUNE**	**NEUROLOGY**	**PMID:**30233007 **SCOPUS** **WOS:**000447605100029 **H Index:** 40 **Impact Factor:** 2.166
39.	Arockiaraj, J., Balaji, G. S., Cherian, V. M., T, S. J., Thomas, B. P., Michael, J. S. and Poonnoose, P. M. Drug resistant Skeletal Tuberculosis in a tertiary care centre in South India J Clin Orthop Trauma; 2018, 9 (Suppl 1): S44-S48 **Address:** Spinal Disorder Surgery Unit, Department of Orthopaedics, **Christian Medical College & Hospital,Vellore**, Tamil Nadu, 632004, India. Department of Orthopaedics, JIPMER, Puducherry, India. Department of Orthopaedics, **Christian Medical College & Hospital,Vellore**, Tamil Nadu, 632004, India.	**INT**	**JUL TO DEC**	**SPINAL DISORDER SURGERY, ORTHOPAEDICS, HAND AND LEPROSY RECONSTRUCTIVE SURGERY, MICROBIOLOGY**	**PMID:**29628698 **PMC ID:**5883913 **SCOPUS** **H Index:** 8 **Impact Factor:** 0.350 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Department of Hand and Leprosy Reconstructive and Peripheral Nerve Surgery, **Christian Medical College & Hospital,Vellore**, Tamil Nadu, 632004, India. Department of Microbiology, **Christian Medical College & Hospital,Vellore**, Tamil Nadu, 632004, India. Back ground: Drug resistant tuberculosis is alarmingly on the rise especially in developing countries. Skeletal tuberculosis accounts up to 10% of all extra pulmonary tuberculosis. World Health Organisation (WHO) has not formulated guidelines for the management of Multi-drug resistant skeletal tuberculosis. Results: A retrospective analysis of patients treated for musculoskeletal tuberculosis was done, to study drug resistance patterns. The outcome was assessed both clinically and radiologically.898 patients were treated for skeletal tuberculosis during the period of 2006-2013 (96 months). 478 (53.2%) patients were treated for tubercular spondylitis and 420 (46.8%) for extra-spinal skeletal tuberculosis. Ninety two patients (10.2%) had documented resistance to the anti-tubercular drugs. There were 42 mono resistant tuberculosis cases (4.7%), 13 poly resistant cases (1.4%), 33 multi-drug resistant cases (MDR TB) (3.7%) and 4 (0.4%) extremely drug resistant tuberculosis cases (XDR). All the patients were treated medically as per drug susceptibility patterns and protocols. Surgery was performed when indicated in 59 (66%) cases. 85% completed their course of treatment and were successfully healed as per pre-set clinical, biochemical and radiological criteria. The remaining were lost to follow up. One patient died as a result of post op respiratory infection. Conclusions: The prevalence of Multi-drug resistant tuberculosis patients in our centre was 3.7% and that of Extremely drug resistant tuberculosis cases was 0.4%. A Multi-disciplinary approach with drug susceptibility tests, sensitive drugs, and surgery if required is essential. Health education is essential to improve awareness among health care professionals about the danger of drug resistance in tuberculosis.				
40.	Arockiaraj, J., Robert, M., Rose, W., Amritanand, R., David, K. S. and Krishnan, V. Early Detection and Analysis of Children with Multidrug-Resistant Tuberculosis of the Spine Asian Spine J; 2018, **Address:** Spinal Disorder Surgery Unit, Department of Orthopaedics, **Christian Medical College and Hospital, Vellore**,	**INT**	**JAN TO JUNE**	**SPINAL DISORDER SURGERY, ORTHOPAEDICS, PAEDIATRICS**	**PMID:**30326699 **H Index:** 15 **Impact Factor:** 0.820 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	India. Department of Paediatrics, **Christian Medical College and Hospital, Vellore**, India. Study Design: Retrospective case series. Purpose: The aim of the study is to report the clinical characteristics, early diagnosis, management, and outcome of children with multidrug-resistant (MDR) tubercular spondylodiscitis and to assess the early detection of rifampicin resistance using the Xpert MTB/ RIF assay. Overview of Literature: MDR tuberculosis is on the rise, especially in developing countries. The incidence rate of MDR has been reported as 8.9% in children. Methods: A retrospective study of children aged <15 years of age who were diagnosed and treated for MDR tuberculosis of the spine was conducted. Confirmed cases of MDR tuberculosis and patients who had completed at least 18 months of second-line antituberculous treatment (ATT) were included. Children were treated with ATT for 24 months according to drug-susceptibility-test results. Outcome measures included both clinical and radiological measures. Clinical measures included pain, neurological status, and return to school. Radiological measures included kyphosis correction and healing status. Results: Six children with a mean age of 10 years were enrolled. The mean follow-up period was 12 months. All the children had previous history of treatment with first-line ATT, with an average of 13.6 months before presentation. Clinically, 50% (3/6 children) had psoas abscesses and 50% had spinal deformities. Radiologically, 50% (three of six children) had multicentric involvement. Three children underwent surgical decompression; two needed posterior stabilization with pedicle screws posteriorly followed by anterior column reconstruction. Early diagnosis of MDR was achieved in 83.3% (five of six children) with Xpert MTB/RIF assay. A total of 83.3% of the children were cured of the disease. Conclusions: Xpert MTB/RIF assay confers the advantage of early detection, with initiation of MDR drugs within an average of 10.5 days from presentation. The cost of second-line ATT drugs was 30 times higher than that of first-line ATT.				
41.	Arora, A., Anand, A. C., Kumar, A., Singh, S. P., Aggarwal, R., Dhiman, R. K., Aggarwal, S., Alam, S., Bhaumik, P., Dixit, V. K., Goel, A., Goswami, B., Kumar, M., Madan, K., Murugan, N., Nagral, A., Puri, A. S., Rao, P. N., Saraf, N., Saraswat, V. A., Sehgal, S., Sharma, P., Shenoy, K. T., Wadhawan, M. and Of the Inasl Taskforce on Hepatitis B, Members INASL Guidelines on Management of Hepatitis B Virus Infection in	**INT**	**JAN TO JUNE**	**HEPATOLOGY**	**SCOPUS** **H Index:** 20 **Impact Factor:** 0.380 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Patients receiving Chemotherapy, Biologicals, Immunosupressants, or Corticosteroids J Clin Exp Hepatol; 2018, 8 (4): 403-431 **Address:** A Institute of Liver Gastroenterology & Pancreatico Biliary Sciences, Sir Ganga Ram Hospital, New Delhi, India B Indraprastha Apollo Hospital, New Delhi, India C Department of Gastroenterology, S.C.B. Medical College, Cuttack, India D Department of Gastroenterology, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow, India E Department of Hepatology, Postgraduate Institute of Medical Education and Research, Chandigarh, India F Department of Medical Oncology, Sir Ganga Ram Hospital, New Delhi, India G Department of Pediatric Hepatology, Institute of Liver and Biliary Sciences, New Delhi, India H Department of Medicine, Agartala Govt. Medical College (AGMC), Agartala, India I Department of Gastroenterology, Institute of Medical Sciences Banaras Hindu University, Varanasi, India J Department of Hepatology, **Christian Medical College, Vellore,**India K Department of Gastoenterology, Gauhati Medical College, Guwahati, India L Department of Rheumatology, Fortis Flt Lt Rajan Dhall Hospital, New Delhi, India M Department of Hepatology and Liver Transplantation, Institute of Liver and Biliary Sciences, New Delhi, India N Gastroenterology & Hepatology, Max Smart Super Speciality Hospital, New Delhi, India O Hepatology and Liver transplant, Apollo Hospitals, Chennai, India P Department of Gastroenterology, Jaslok and Apollo Hospitals, Mumbai, India Q Department of Gastroenterology, G.B. Pant Hospital, New Delhi, India R Hepatology, Asian Institute Of Gastroenterology, Hyderabad, India S Hepatology, Medanta - The Medicity, Gurugram, India T Institute of Liver Transplantation and Regenerative Medicine, Medanta - The Medicity, Gurugram, India U Sree Gokulam Medical College and Research Foundation,				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Trivandrum, India V Hepatology & Liver Transplant (Medicine), Fortis Escorts Liver & Digestive Diseases Institute (FELDI), Fortis Escorts Hospital, Delhi, India Hepatitis B Virus (HBV) reactivation in patients receiving chemotherapy, biologicals, immunosupressants, or corticosteroids is emerging to be an important cause of morbidity and mortality in patients with current or prior exposure to HBV infection. These patients suffer a dual onslaught of illness: one from the primary disease for which they are receiving the culprit drug that led to HBV reactivation, and the other from HBV reactivation itself. The HBV reactivation not only leads to a compromised liver function, which may culminate into hepatic failure; it also adversely impacts the treatment outcome of the primary illness. Hence, identification of patients at risk of reactivation before starting these drugs, and starting treatment aimed at prevention of HBV reactivation is the best strategy of managing these patients. There are no Indian guidelines on management of HBV infection in patients receiving chemotherapy, biologicals, immunosupressants, or corticosteroids for the treatment of rheumatologic conditions, malignancies, inflammatory bowel disease, dermatologic conditions, or solid-organ or bone marrow transplantation. The Indian National Association for Study of the Liver (INASL) had set up a taskforce on HBV in 2016, with a mandate to develop consensus guidelines for management of various aspects of HBV infection, relevant to India. In 2017 the taskforce had published the first INASL guidelines on management of HBV infection in India. In the present guidelines, which are in continuation with the previous guidelines, the issues on management of HBV infection in patients receiving chemotherapy, biologicals, immunosupressants, or corticosteroids are addressed. © 2018				
42.	Arora, D., Kate, M. P., Verma, S. J., Sylaja, P. N., Padma, M. V., Bhatia, R., Khurana, D., Aaron, S., Sadiq, M., Kaul, S., Jabeen, S. A., Ojha, P., Kulkarni, G. B., Sharma, A., Ray, B. K., Borah, N. C., Ghosh, M., Sharma, M., Pandian, J. D. and Instruct, I. SECONDARY PREVENTION BY STRUCTURED SEMI-INTERACTIVE STROKE PREVENTION PACKAGE IN INDIA (SPRINT INDIA) STUDY: FORMATIVE, ACCEPTABILITY AND IMPLEMENTATION STAGES OF THE STUDY International Journal of Stroke; 2018, 13 100-100	**INT**	**JAN TO JUNE**	**NEUROLOGY**	**WOS:**000448113301205 **H Index:** 52 **Impact Factor:** 3.859

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
43.	Arora, N. K., Nair, M. K. C., Gulati, S., Deshmukh, V., Mohapatra, A., Mishra, D., Patel, V., Pandey, R. M., Das, B. C., Divan, G., Murthy, G. V. S., Sharma, T. D., Sapra, S., Aneja, S., Juneja, M., Reddy, S. K., Suman, P., Mukherjee, S. B., Dasgupta, R., Tudu, P., Das, M. K., Bhutani, V. K., Durkin, M. S., Pinto-Martin, J., Silberberg, D. H., Sagar, R., Ahmed, F., Babu, N., Bavdekar, S., Chandra, V., Chaudhuri, Z., Dada, T., Dass, R., Gourie-Devi, M., Remadevi, S., Gupta, J. C., Handa, K. K., Kalra, V., Karande, S., Konanki, R., Kulkarni, M., Kumar, R., Maria, A., Masoodi, M. A., Mehta, M., Mohanty, S. K., Nair, H., Natarajan, P., Niswade, A. K., Prasad, A., Rai, S. K., Russell, P. S. S., Saxena, R., Sharma, S., Singh, A. K., Singh, G. B., Sumaraj, L., Suresh, S., Thakar, A., Parthasarathy, S., Vyas, B., Panigrahi, A., Saroch, M. K., Shukla, R., Rao, K. V. R., Silveira, M. P., Singh, S. and Vajaratkar, V. Neurodevelopmental disorders in children aged 2-9 years: Population-based burden estimates across five regions in India PLoS Med; 2018, 15 (7): e1002615 **Address:** The INCLEN Trust International, New Delhi, India. Kerala University of Health Sciences, Medical College PO, Thrissur, Kerala, India. Department of Paediatrics, All India Institute of Medical Sciences, New Delhi, India. Department of Paediatrics, Maulana Azad Medical College, New Delhi, India. Sangath, Bardez, Goa, India. Department of Global Health and Social Medicine, Harvard Medical School, Boston, Massachusetts, United States of America. Department of Biostatistics, All India Institute of Medical Sciences, New Delhi, India. Department of Community Medicine, Kalinga Institute of Medical Sciences, Bhubaneshwar, Odisha, India. Indian Institute of Public Health, Hyderabad, Telangana, India. Himachal Foundation, Dharamshala, Kangra, Himachal Pradesh, India. Department of Paediatrics, Lady Hardinge Medical College, New Delhi, India. Centre for Applied Research and Education on Neurodevelopmental Impairments and Disability related Health Initiatives (CARENIDHI), New Delhi, India. Department of Paediatrics, Sir Ganga Ram Hospital, New Delhi, India. Department of Social Medicine and Community Health, Jawaharlal	**INT**	**JUL TO DEC**	**CHILD & ADOLESCENT PSYCHIATRY**	**PMID:**30040859 **PMC ID:**6057634 **SCOPUS** **WOS:**000440339700022 **H Index:** 184 **Impact Factor:** 11.675

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Nehru University, New Delhi, India. Department of Paediatrics, Stanford University School of Medicine and Lucile Packard Children's Hospital, California, United States of America. Department of Population Health Sciences and Paediatrics, and Waisman Center, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin, United States of America. University of Pennsylvania School of Nursing and School of Medicine, Philadelphia, United States of America. Department of Neurology, Perelman School of Medicine, University of Pennsylvania, Philadelphia, United States of America. Department of Psychiatry, All India Institute of Medical Science, New Delhi, India. Integral Institute of Medical Sciences & Research, Integral University, Lucknow, Uttar Pradesh, India. Department of Psychology, Delhi University, New Delhi, India. Department of Paediatrics, Seth GS Medical College & KEM Hospital, Mumbai, Maharashtra, India. Department of Neurology, Paras Hospital, Gurugram, Haryana, India. Department of Ophthalmology, Lady Hardinge Medical College, New Delhi, India. Dr Rajendra Prasad Centre for Ophthalmic Sciences, All India Institute of Medical Sciences, New Delhi, India. Department of Paediatric Disciplines, Health City Hospital, Guwahati, Assam, India. Department of Neurology, Institute of Human Behaviour and Allied Sciences & Department of Neurophysiology, Sir Ganga Ram Hospital, New Delhi, India. School of Health Policy and Planning, Kerala University of Health Sciences, Thiruvananthapuram, Kerala, India. Ali Yavar Jung National Institute of Speech and Hearing Disabilities, Department of Empowerment of Persons with Disabilities, Kasturba Niketan, New Delhi, India. Department of ENT & Head Neck Surgery, Medanta Medicity, Gurugram, Haryana, India. Department of Paediatrics, Indraprastha Apollo Hospital, New Delhi, India. Department of Paediatric Neurology, Rainbow Children's Hospital, Hyderabad, Telengana, India. Department of Paediatrics, Mumbai Port Trust Hospital, Mumbai, Maharashtra, India.				

IMPACT FACTORS SOURCE FROM Researchgate / Bioxbio; H -INDEX – Scimago LAB

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Department of Paediatrics, King George Medical University, Lucknow, Uttar Pradesh, India. Department of Neonatology, Post Graduate Institute of Medical Education and Research and Dr. Ram Manohar Lohia Hospital, Delhi, India. Department of Community Medicine, Government Medical College, Srinagar, Kashmir, India. National Trust, Department of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment, Government of India, Delhi, India. Vidya Sagar (formerly The Spastics Society of India), Chennai, Tamil Nadu, India. Department of Paediatrics, Government Medical College, Nagpur, Maharashtra, India. Social Welfare Department, Government of Bihar, Patna, India. Department of Community Medicine, All India Institute of Medical Sciences, Ansari Nagar, New Delhi, India. Department of Child & Adolescent Psychiatry and Facility for Children with Intellectual Disability, **Christian Medical College, Vellore,**Tamil Nadu, India. Rashtriya Bal Swasthya Karyakram, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi, India. Department of Otorhinolaryngology and Head and Neck Surgery (ENT), Lady Hardinge Medical College, New Delhi, India. Child Development Centre, Medical College Campus, Thiruvananthapuram, Kerala, India. Samarth, Chennai, Tamil Nadu, India. Department of Otolaryngology & Head-Neck Surgery, All India Institute of Medical Sciences, New Delhi, India. Department of Pediatric Neurology, The Hospital for Sick Children (SickKids), The Peter Gilgan Centre for Research and Learning, Toronto, Ontario, Canada. Department of Paediatrics, M.P. Shah Government Medical College & G.G. Hospital, Jamnagar, Gujarat, India. Department of ENT, Dr. Rajender Prasad Government Medical College, Kangra, Himachal Pradesh, India. RVM Institute of Medical Sciences and Research Center, Laxmakkapally, Telangana, India. Department of Paediatrics, Goa Medical College, Bambolim, Goa, India. Department of Orthopedic Surgery, Goa Medical College, Bambolim, Goa, India.				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	BACKGROUND: Neurodevelopmental disorders (NDDs) compromise the development and attainment of full social and economic potential at individual, family, community, and country levels. Paucity of data on NDDs slows down policy and programmatic action in most developing countries despite perceived high burden. METHODS AND FINDINGS: We assessed 3,964 children (with almost equal number of boys and girls distributed in 2-<6 and 6-9 year age categories) identified from five geographically diverse populations in India using cluster sampling technique (probability proportionate to population size). These were from the North-Central, i.e., Palwal (N = 998; all rural, 16.4% non-Hindu, 25.3% from scheduled caste/tribe [SC-ST] [these are considered underserved communities who are eligible for affirmative action]); North, i.e., Kangra (N = 997; 91.6% rural, 3.7% non-Hindu, 25.3% SC-ST); East, i.e., Dhenkanal (N = 981; 89.8% rural, 1.2% non-Hindu, 38.0% SC-ST); South, i.e., Hyderabad (N = 495; all urban, 25.7% non-Hindu, 27.3% SC-ST) and West, i.e., North Goa (N = 493; 68.0% rural, 11.4% non-Hindu, 18.5% SC-ST). All children were assessed for vision impairment (VI), epilepsy (Epi), neuromotor impairments including cerebral palsy (NMI-CP), hearing impairment (HI), speech and language disorders, autism spectrum disorders (ASDs), and intellectual disability (ID). Furthermore, 6-9-year-old children were also assessed for attention deficit hyperactivity disorder (ADHD) and learning disorders (LDs). We standardized sample characteristics as per Census of India 2011 to arrive at district level and all-sites-pooled estimates. Site-specific prevalence of any of seven NDDs in 2-<6 year olds ranged from 2.9% (95% CI 1.6-5.5) to 18.7% (95% CI 14.7-23.6), and for any of nine NDDs in the 6-9-year-old children, from 6.5% (95% CI 4.6-9.1) to 18.5% (95% CI 15.3-22.3). Two or more NDDs were present in 0.4% (95% CI 0.1-1.7) to 4.3% (95% CI 2.2-8.2) in the younger age category and 0.7% (95% CI 0.2-2.0) to 5.3% (95% CI 3.3-8.2) in the older age category. All-site-pooled estimates for NDDs were 9.2% (95% CI 7.5-11.2) and 13.6% (95% CI 11.3-16.2) in children of 2-<6 and 6-9 year age categories, respectively, without significant difference according to gender, rural/urban residence, or religion; almost one-fifth of these children had more than one NDD. The pooled estimates for prevalence increased by up to three percentage points when these were adjusted for national rates of stunting or low birth weight (LBW). HI, ID, speech and language disorders, Epi, and LDs were the common NDDs across sites. Upon risk modelling, noninstitutional delivery,				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	history of perinatal asphyxia, neonatal illness, postnatal neurological/brain infections, stunting, LBW/prematurity, and older age category (6-9 year) were significantly associated with NDDs. The study sample was underrepresentative of stunting and LBW and had a 15.6% refusal. These factors could be contributing to underestimation of the true NDD burden in our population. CONCLUSIONS: The study identifies NDDs in children aged 2-9 years as a significant public health burden for India. HI was higher than and ASD prevalence comparable to the published global literature. Most risk factors of NDDs were modifiable and amenable to public health interventions.				
44.	Arthur, A., Selvin, S. S. T., Abdulla, H., Regi, S. E., Yadav, B. and Kuriakose, T. Study of pupil dilatation characteristics in patients from southern India with a single drop of topical tropicamide-phenylephrine Journal of Clinical and Diagnostic Research; 2018, 12 (8): NC01-NC04 **Address:** Department of Ophthalmology, **Christian Medical College, Vellore,**Tamil Nadu, India Sankara Nethralaya, Chennai, Tamil Nadu, India Optometrist in GMM Hospital, Mallappally, PathanamthittaKerala, India Department of Biostatistics, **Christian Medical College, Vellore,**Tamil Nadu, India Introduction: Dilatation of the pupil is essential for eye examinations and procedures, and when the characteristics are known it will help the clinical work flow. Tropicamide-Phenylephrine combination is the most commonly used dilating agent in ophthalmic clinical practice. Aim: To study the pupil dynamics and properties on dilatation with Tropicamide (0.8%) + Phenylephrine (5%) combination drops. Materials and Methods: This was a cross sectional observational study conducted on 132 eyes (right eye) from 132 patients. Baseline measurement of the pupil and pupil dynamics were noted after dilatation with a single drop of Tropicamide-Phenylephrine (5%). Pupil Diameter was measured with Optical Biometer at every 2 minutes till 44 minutes or till the patient achieved full dilatation. Data was analysed using t-test, Mann-Whitney U test and ANOVA was used to compare data between groups. Results: The average onset of dilatation in our study population was at 9.02±5.2 minutes (2 to 24 min) from the time of instillation of drops. The mean time taken for full dilatation	**NAT**	**JUL TO DEC**	**OPHTHALMOLOGY, BIOSTATISTICS**	**SCOPUS** **H Index:** 22 **Impact Factor:** 0.650 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	was 33.02±5.09 minutes (22 to 42 min) with mean amplitude of 2.39±0.68 mm (0.9 to 4.2 mm). The rate of dilatation of the pupil was 0.07±0.022 mm/sec (0.03 to 0.14 mm/min). A 98.4% of patients maximally dilated in an average time of 33.03 minutes. Conclusion: Instillation of a single drop of Tropicamide-Phenylephrine combination drop was effective and provides adequate dilatation for all ophthalmological clinical situations. © 2018, Journal of Clinical and Diagnostic Research. All rights reserved				
45.	Aruldhas, B. W., Hoglund, R. M., Ranjalkar, J., Tarning, J., Mathew, S. K., Verghese, V. P., Bose, A. and Mathew, B. S. Optimisation of dosing regimens of isoniazid and rifampicin in children with tuberculosis in India Br J Clin Pharmacol; 2018, Address: Department of Pharmacology & Clinical Pharmacology, **Christian Medical College, Vellore**, Tamil Nadu, India. Mahidol-Oxford Tropical Medicine Research Unit, Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand. Centre for Tropical Medicine and Global Health, Nuffield Department of Medicine, University of Oxford, Oxford, UK. Department of Paediatrics, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. Department of Community Health, **Christian Medical College, Vellore**, Tamil Nadu, India. BACKGROUND: Pharmacokinetic studies in the past have shown inadequate antituberculosis drug levels in children with the currently available dosing regimens. This study attempted to investigate the pharmacokinetics of isoniazid and rifampicin, when used in children, and to optimise their dosing regimens. METHODS: Data were collected from 41 children, aged 2 to 16 years, who were being treated with anti-tuberculosis drugs for at least 2 months. Concentration measurements were done for a 6-hour period and analysed using a non-linear, mixed-effects model. RESULTS: Isoniazid pharmacokinetics was described by a one-compartment disposition model with a transit absorption model (fixed, n=5). A mixture model was used to identify the slow and fast acetylator subgroups. Rifampicin was described by a one-compartment disposition model with a transit absorption model (fixed, n=9). Body weight was added to the clearance and volume of distribution of both the drugs using an allometric function. Simulations with the isoniazid model showed that 84.9% of the population achieved therapeutic peak serum concentration (Cmax) with the planned fixed-dose combination (FDC) regimen. Simulations with the	**INT**	**JUL TO DEC**	**PHARMACOLOGY**	**PMID:30588647** **H Index:** 126 **Impact Factor:** 3.838

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	rifampicin model showed that only about 28.8% of the simulated population achieve the therapeutic Cmax with the FDC regimen. A novel regimen for rifampicin, with an average dose of 35mg/kg, was found to provide adequate drug exposure in most children. CONCLUSIONS: The exposure to isoniazid is adequate with present regimens. For rifampicin, a novel dosing regimen was developed to ensure adequate drug concentrations in children. However, further studies are required to assess the dose-effect relationship of higher doses of rifampicin.				
46.	Arun, A. K., Senthamizhselvi, A., Hemamalini, S., Edison, E. S., Korula, A., Fouzia, N. A., George, B., Mathews, V. and Balasubramanian, P. Spectrum of ELANE mutations in congenital neutropenia: a single-centre study in patients of Indian origin J Clin Pathol; 2018, 71 (12): 1046-1050 **Address:** Department of Haematology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Haematology, **Christian Medical College, Vellore,**Tamil Nadu, India bpoonkuzhali@cmcvellore.ac.in. AIMS: Congenital and cyclical neutropenia are rare inherited diseases that result in recurrent life-threatening bacterial infections due to a deficiency of mature neutrophils. Cyclical neutropenia is usually caused by heterozygous ELANE mutations while congenital neutropenia is genetically heterogeneous with mutations in genes like ELANE, HAX-1, G6PC3 and GFI1. The presence of ELANE mutation aids in the establishment of diagnosis and rules out other secondary causes of neutropenia such as autoimmune cytopenia and evolving aplasia. Further, patients with ELANE mutations are also at a high risk of developing myelodysplasia or acute myeloid leukaemia. Hence it is important to screen for these mutations in patients presenting with neutropenia early in life. METHODS: The study included 52 patients who were evaluated for inherited neutropenia. Genomic DNA was extracted from peripheral blood leucocytes and mutation analysis was done by bidirectional Sanger sequencing. RESULTS: Ten different missense, frameshift or splice site variants in ELANE gene were identified in 11 patients: c.125C>T (p.Pro42Leu), c.164G>A (p.Cys55Tyr), c.169G>A (p.Ala57Thr), c.179T>C (p.Ile60Thr), c.770C>T (p.Pro257Leu), c.367-8C>A, c.597+1G>A along with three novel mutations c.302T>A (p.Val101Glu), c.468G>T (p.Try156Cys) and c.596delT (Phe199Ser	**INT**	**JAN TO JUNE**	**HAEMATOLOGY**	**PMID:**30171085 **SCOPUS** **H Index:** 113 **Impact Factor:** 2.894

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	fs*13). Family studies were available for three patients and, in all three instances, the mutation had a de novo origin. CONCLUSION: The widespread distribution of mutations suggests the need to screen all the exons in ELANE gene for proper characterisation of the genotype.				
47.	Arun, R., Inbakamal, S., Tharyan, A. and Premkumar, P. S. Spousal Caregiver Burden and Its Relation with Disability in Schizophrenia Indian J Psychol Med; 2018, 40 (1): 22-28 **Address:** Department of Psychiatry, Psychosocial Rehabilitation Unit, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Psychiatry, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Biostatistics, **Christian Medical College, Vellore,**Tamil Nadu, India. Background: Schizophrenia, a chronic psychiatric disorder, can affect one's productivity and psychosocial functioning. In Indian context, the responsibility of caring persons with schizophrenia is increasingly on their spouses. Spousal caregiver experience and its relation with disability in schizophrenia need to be studied. Materials and Methods: We conducted a cross-sectional study among 52 outpatients with schizophrenia and their spouses attending a tertiary psychiatric center. The objectives were: (a) to explore spousal caregiver burden in schizophrenia and (b) to assess the relation between disability and spousal caregiver burden. The study adopted recommended ethical principles. Scales such as Burden Assessment Schedule, Indian Disability Evaluation and Assessment Scale (IDEAS), and Positive and Negative Syndrome Scale were used to collect appropriate data. Descriptive analysis, bivariate analysis, and multivariate analysis were done in SPSS software version 16.0. Results: The mean spousal caregiver burden score was 73.5 (standard deviation: 14.0). In bivariate analysis, disability, duration of schizophrenia, severity of schizophrenia, place of residence, and socioeconomic status had statistically significant relation with spousal caregiver burden. Adjusted for spouses' age, gender, and other significant factors in bivariate analysis, the IDEAS global disability score (2.6, [confidence interval 0.5-3.8, P = 0.013]) retained statistically significant association with spousal caregiver burden. Conclusion: Spouses of persons with schizophrenia experience significant caregiver burden. Disability was found to be the most powerful determinant of spousal caregiver	**NAT**	**JAN TO JUNE**	**PSYCHIATRY, BIOSTATISTICS**	**PMID:**29403125 **PMC ID:**5795674 **SCOPUS** **H Index:** 13 **Impact Factor:** 0.740 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	burden in the sample. Focus on disability alleviation in the management of schizophrenia may help reduce spousal caregiver burden.				
48.	Arun, S., Kumar, M., Paul, T., Thomas, N., Mathai, S. and Rebekah, G. An Open-label Randomized Controlled Trial to Compare Weight Gain of Very Low Birth Weight Babies with or without Addition of Coconut Oil to Breast Milk J Trop Pediatr; 2018, **Address:** Department of Neonatology, **Christian Medical College, Vellore,**Tamil Nadu 632004, India. Department of Endocrinology, **Christian Medical College, Vellore,**Tamil Nadu 632004, India. Department of Child health, **Christian Medical College, Vellore,**Tamil Nadu 632004, India. Department of Biostatistics, **Christian Medical College, Vellore,**Tamil Nadu 632004, India. Background: Nutritional guidelines involving the feeding of very low birth weight babies (VLBW) recommend addition of Human Milk Fortifiers to breast milk. Owing to financial constraints, it is a practice in low- and middle-income countries (LMIC) to add coconut oil to aid better weight gain. There are inadequate data on improvement of growth parameters with oral coconut oil supplementation of breast milk. Methods: In this randomized controlled trial, we measured growth parameters and body composition of 60 babies who received either breast milk with coconut oil or breast milk alone. Randomization was stratified according to intrauterine growth appropriate for gestational age (n = 30) and small for gestational age (n = 30). Results: There was no difference in weight gain between the two groups. The weight gain velocity was 15 +/- 3.6 and 14.4 +/- 3.4 g/kg/day (p value = 0.49) in the breast milk alone and in the breast milk with coconut oil group, respectively. There was no difference in increase in head circumference and length. Triceps skinfold thickness (n = 56) was similar in both groups, but subscapular skinfold thickness was significantly more in the coconut oil group. Total body fat percentage did not differ between the groups (25.2 +/- 4.3 vs. 25.5 +/- 4.3%, p = 0.79). Conclusion: Oral supplementation of coconut oil along with breast milk did not increase growth parameters or result in change in body composition in very low birth weight (VLBW) babies.	**INT**	**JAN TO JUNE**	**NEONATOLOGY, ENDOCRINOLOGY, CHILD HEALTH, BIOSTATISTICS**	**PMID:**29584924 **H Index:** 45 **Impact Factor:** 1.187

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
49.	Arunachalam, A. K., Suresh, H., Mathews, V. and Balasubramanian, P. Allele Specific PCR: A Cost Effective Screening Method for MPL Mutations in Myeloproliferative Neoplasms Indian J Hematol Blood Transfus; 2018, 34 (4): 765-767 **Address:** Department of Haematology, **Christian Medical College and Hospital, Vellore**, 632004 India.0000 0004 1767 8969grid.11586.3b extracted from EDTA blood sample that has been collected for routine molecular diagnostic procedures (JAK2, CALR) in patients with myeloproliferative neoplasms in our institution. No additional sample was collected from any patient for this study. All procedures performed in this study involving human participants were in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki declaration and its later amendments	**NAT**	**JAN TO JUNE**	**HAEMATOLOGY**	**PMID:**30369762 **PMC ID:**6186221 **SCOPUS** **H Index:** 10 **Impact Factor:** 0.474
50.	Asbjornsdottir, K. H., Ajjampur, S. S. R., Anderson, R. M., Bailey, R., Gardiner, I., Halliday, K. E., Ibikounle, M., Kalua, K., Kang, G., Littlewood, D. T. J., Luty, A. J. F., Means, A. R., Oswald, W., Pullan, R. L., Sarkar, R., Schar, F., Szpiro, A., Truscott, J. E., Werkman, M., Yard, E. and Walson, J. L. Assessing the feasibility of interrupting the transmission of soil-transmitted helminths through mass drug administration: The DeWorm3 cluster randomized trial protocol PLoS Negl Trop Dis; 2018, 12 (1): e0006166 **Address:** DeWorm3, Division of Life Sciences, Natural History Museum, London, United Kingdom. Department of Global Health, University of Washington, Seattle, United States. Division of Gastrointestinal Sciences, **Christian Medical College, Vellore,**India. London Centre for Neglected Tropical Disease Research, Department of Infectious Disease Epidemiology, School of Public Health, St. Marys Campus, Imperial College London, London, United Kingdom. Clinical Research Department, London School of Hygiene & Tropical Medicine, London, United Kingdom. Faculty of Infectious and Tropical Diseases, London School of Hygiene and Tropical Medicine, London, United Kingdom. Departement de Zoologie, Faculte des Sciences et Techniques, Universite d'Abomey-Calavi 01BP526, Cotonou, Benin. Blantyre Institute for Community Outreach, Lions Sight First Eye	**INT**	**JAN TO JUNE**	**GASTROINTESTINAL SCIENCES**	**PMID:**29346377 **PMC ID:**5773085 **WOS:**000424022700034 **H Index:** 96 **Impact Factor:** 4.367

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Hospital, Blantyre, Malawi. MERIT UMR 216, Institut de Recherche pour le Developpement, Paris, France. Department of Biostatistics, University of Washington, Seattle, United States. Current control strategies for soil-transmitted helminths (STH) emphasize morbidity control through mass drug administration (MDA) targeting preschool- and school-age children, women of childbearing age and adults in certain high-risk occupations such as agricultural laborers or miners. This strategy is effective at reducing morbidity in those treated but, without massive economic development, it is unlikely it will interrupt transmission. MDA will therefore need to continue indefinitely to maintain benefit. Mathematical models suggest that transmission interruption may be achievable through MDA alone, provided that all age groups are targeted with high coverage. The DeWorm3 Project will test the feasibility of interrupting STH transmission using biannual MDA targeting all age groups. Study sites (population >/=80,000) have been identified in Benin, Malawi and India. Each site will be divided into 40 clusters, to be randomized 1:1 to three years of twice-annual community-wide MDA or standard-of-care MDA, typically annual school-based deworming. Community-wide MDA will be delivered door-to-door, while standard-of-care MDA will be delivered according to national guidelines. The primary outcome is transmission interruption of the STH species present at each site, defined as weighted cluster-level prevalence </=2% by quantitative polymerase chain reaction (qPCR), 24 months after the final round of MDA. Secondary outcomes include the endline prevalence of STH, overall and by species, and the endline prevalence of STH among children under five as an indicator of incident infections. Secondary analyses will identify cluster-level factors associated with transmission interruption. Prevalence will be assessed using qPCR of stool samples collected from a random sample of cluster residents at baseline, six months after the final round of MDA and 24 months post-MDA. A smaller number of individuals in each cluster will be followed with annual sampling to monitor trends in prevalence and reinfection throughout the trial. TRIAL REGISTRATION: ClinicalTrials.gov NCT03014167.				
51.	Asha, H Hypocortisolemic crisis: Case scenarios Current Medical Issues; 2018, 16 (2): 69-74	**NAT**	**JAN TO JUN**	**MEDICINE, ENDOCRINOLOGY**	**NOT INDEXED IN PUBMED** **H Index:** NA

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
					Impact Factor: NA
52.	Asif, S., Alahwany, H., Chittawar, P. Bhave, Nigdelis, M. P., Toulis, K. A., Goulis, D. G., Kirubakaran, R., Raine-Fenning, N., Seshadri, S., Child, T. and Granne, I. E. Immune therapies for women with history of unsuccessful implantation undergoing IVF/ICSI treatment - A Cochrane collaboration systematic review Human Reproduction; 2018, 33 85-85 **Address:** 1 Division of Child Health, Obstetrics and Gynaecology, and Nurture Fertility 2 Division of Medical Sciences and Graduate Entry Medicine, School of Medicine, University of Nottingham 3 Department of Reproductive Medicine, Bansal Hospital, Bhopal, India 4 Unit of Reproductive Endocrinology, 1st Department of Obstetrics and Gynecology, Aristotle University of Thessaloniki 5 Department of Endocrinology, 424 General Military Hospital, Thessaloniki, Greece 6 Unit of Reproductive Endocrinology, Aristotle University of Thessaloniki, Thessaloniki, Greece 7 Cochrane South Asia, Prof. BV Moses Center for Evidence-Informed Health Care and Health Policy, **Christian Medical College** 8 The Centre for Reproductive & Genetic Health, London, UK 9 Nuffield Department of Obstetrics & Gynaecology, University of Oxford, Oxford, UK 10Nuffield Department of Obstetrics & Gynaecology, John Radcliffe Hospital, Oxford, UK °Contributed Equally	**INT**	**JAN TO JUNE**	**COCHRANE SOUTH ASIA**	**WOS:**000438519900173 **H Index:** 200 **Impact Factor:** 4.990
53.	Augustin, M., David, S. N. J., Aileen, J. and Devakumar, G. A study on factors influencing competency of pharmacists in a tertiary care hospital Indian Journal of Public Health Research and Development; 2018, 9 (7): 75-79 **Address:** Department of Hospital Administration, Ramaiah University of Applied Sciences, Bangalore, India Head of Department of Staff Training and Development, **Christian Medical College (CMC), Vellore**, India Head-Innovation & Entrepreneurship Development Research Centre, Ramaiah University of Applied Sciences, Bangalore, India Enhancing the performance standards of employees with	**NAT**	**JUL TO DEC**	**STAFF TRAINING AND DEVELOPMENT**	**SCOPUS** **H Index:** 4 **Impact Factor:** 0.050 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	competency assessment has become a cutting-edge development among the industries. It is more vital for the organization to recruit the right people for the right job so as to ensure continued stability and growth. In the recent past, health organizations have stepped forward to map competencies for their nursing department, which is considered to be back bone of health care organizations. Likewise, pharmacists are most often neglected in the healthcare delivery system, but are a key component as they are the sole providers of medications for treatment. Identifying competencies among pharmacists will help provide a better platform for them to grow in their profession with utmost diligence, dedication and patient centered care which eventually contributes towards the organizational goals. The main aim of this study was to identify the factors influencing competency with respect to pharmacists in a tertiary care hospital and provide recommendations for future training needs. The total population size of 153 Pharmacists were considered for this study. Initially, pilot study was conducted to identify the contemporary knowledge, attitude and skills of the pharmacists. This was done through a checklist, so as to understand their roles and responsibilities and identify major competency factors. Based on this input, a survey questionnaire was developed to capture data for further investigation. The analysis was carried out using SPSS tools such as: Descriptive statistics, Correlation and Two-way Analysis of Variance (ANOVA) followed by Hypotheses testing. The result shows that, there is scope for improvement by providing training with respect to technical knowledge and technical skills to the pharmacists. It suggested to incorporate interpersonal relationship training module in vernacular languages, so as to attain superior customer satisfaction.				
54.	Ayyanar, R., Boyanagari, M. and Shankar, M. Enforcement of the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954, in the State of Andhra Pradesh: situational analysis and lessons learnt Journal of Pharmaceutical Health Services Research; 2018, 9 (1): 47-52 **Address:**a Dr. Nandamuri Taraka Rama Rao Vaidya Seva Trust, Government of Andhra Pradesh, b Drugs Control Administration, Government of Andhra Pradesh, Guntur, and c **Christian Medical College, Vellore,**India	**INT**	**JAN TO JUNE**	**PHARMACOLOGY**	**SCOPUS** **H Index:** 11 **Impact Factor:** 0.510 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Objective: The aim of this retrospective study is to systematically examine the cases registered under the Drugs and Magic Remedies (Objectionable Advertisement) Act, 1954 (DMR (OA)), and identify the bottlenecks that hinder the effective implementation of the Act in the state of Andhra Pradesh. Methods: A total of n = 58 court cases that were declared as convicted/acquitted under the DMR (OA) Act, 1954, by the final judgment during the period of January 2014–March 2017 were studied retrospectively. Key findings: Misleading claims advertised for the treatment of fevers in general 36.2% were significantly higher. Diabetes 15.5% and asthma 8.6% were the other diseases. The majority of the cases 77.6% were declared either as convicted or acquitted in the final judgement within a time span of 1 year from the date of court case registration. Most of the convicted companies were in the Himachal Pradesh of India (28%). Ambiguity regarding the regulations of dietary supplements, Indian Systems of Medicine & herbal products, ayurvedic cosmetics, varying regulatory infrastructure across different states and nonuniformity of interpretation with reference to the licensing system was identified as the probable reasons that deter the effective implementation of the Act. Conclusion: The global problem of SF medical products can be tackled only when the governments take radical steps. Considering the recommendations of Dr. R.A. Mashelkar Committee faster and strict implementation of the rules besides improving the coordination at every level is the greatest need of the hour. © 2017 Royal Pharmaceutical Society				
55.	Babji, S., Arumugam, R., Priyahemavathy, R., Sriraman, A., Sarvanabhavan, A., Manickavasagam, P., Simon, A., Aggarwal, I., Moses, P. D., Arora, R. and Kang, G. Genotype distribution of Group A rotavirus from southern India, 2005–2016 Vaccine. 2018 Dec 14;36(51):7816-7819. Address: Division of Gastrointestinal Sciences, **Christian Medical College, Vellore**, India Department of Child Health, **Christian Medical College, Vellore**, India Epidemiology and Communicable Diseases Division, Indian Council of Medical Research, New Delhi, India Diarrheal disease due to Group A rotaviruses remain a leading cause of mortality and morbidity in the less developed parts of the world. India has started a phased roll out of rotavirus vaccine in the national immunization program. This analysis summarizes the rotavirus genotype strain distribution pre-vaccine introduction in	**INT**	**JUL TO DEC**	**ALLERGY AND IMMUNOLOGY, VACCINES**	**PMID: 28844408** **H Index:** 159 **Impact Factor:** 3.285

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Vellore, India from December 2005 to June 2016. Rotavirus was responsible for 32% of all diarrheal admission to the hospital. G2P[4] was the predominant strain in the initial years and was gradually replaced by G1P[8]. The emergence of G9P[4] replacing G9P[8], and the detection of G12 strains over several years were documented. There was no clear seasonality of disease. These data form the baseline to monitor genotype distribution post-vaccine introduction in Tamil Nadu. © 2017 Elsevier Ltd				
56.	Babu, N. M. S., Srinath, S. C., Lahiri, A., Chase, D., John, B. and Roshan, J. Three-dimensional echocardiography with left ventricular strain analyses helps earlier prediction of right ventricular pacing-induced cardiomyopathy J Saudi Heart Assoc; 2018, 30 (2): 102-107 **Address:** Department of Cardiology, **Christian Medical College, Vellore**632004, IndiaaIndia. Background and objectives: Right ventricular (RV) pacing can lead to progressive ventricular dysfunction over a certain period. This pacemaker-induced cardiomyopathy (PiCMP) may be more common than previously reported. Speckle tracking imaging is a recent development in echocardiography that can identify left ventricular (LV) dysfunction even before the LV ejection fraction (LVEF) value decreases. Three-dimensional (3D) echocardiography has made more accurate assessment of LVEF possible. The objectives of this study are to study the incidence of RV PiCMP using 3D echocardiography and LV strain analysis over a follow-up of 6 months, and to identify its predictors. Methods: This is an observational study of consecutive patients without structural heart disease and with a baseline EF of more than 45% who received a permanent pacemaker. They were observed over a 6-month period. PiCMP was defined as a decrease in LVEF by 10 percentage points or a decrease in LV strain by 15% from baseline in the absence of other known causes of cardiomyopathy. PiCMP incidence and its associations were analyzed over a 6-month period. Results: The incidence of PiCMP was not only significant over a period of 6 months but also at 24 hours. Significant drops in 3D EF were noted in one (2.8%) patient at 24 hours and in another four (11.1%) patients at 6 months. A significant decrease in LV global longitudinal strain was noted in 23 (63.9%) patients by 6 months. In seven of these patients, there was significant decrease in global longitudinal strain 24 hours after implantation. In analyzing longitudinal strain,	**INT**	**JAN TO JUNE**	**CARDIOLOGY**	**PMID:**29910580 **PMC ID:**6000885 **SCOPUS** **H Index:** 9 **Impact Factor:** 0.120 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	the parameter significantly influencing a decrease was a pacing percentage of >/=20% (p = 0.023). Conclusions: PiCMP is not uncommon in patients undergoing pacemaker implantation and is associated with RV pacing. PiCMP was associated with a ventricular pacing percentage of >/=20%. 3D echocardiography with LV strain analysis plays a vital role in identifying LV dysfunction at an earlier stage compared to EF. PiCMP, if picked up and intervened upon early, can help impede its progression.				
57.	Bagchi, Abhirup, Velayudhan, Shaji R., Archer, David, Shields, Jordan E., Mccarty, David, Spencer, Harold Trent and Srivastava, Alok Lentiviral Vector Based Gene Therapy for Major Haemoglobin Disorders Molecular Therapy; 2018, 26 (5): 239-239 **Author Information - Addresses:** [1] **Christian Med Coll & Hosp, Ctr Stem Cell Res, Vellore**, Tamil Nadu, India [2] Emory Univ, Sch Med, Aflac Canc & Blood Disorders Ctr, Atlanta, GA USA	**INT**	**JAN TO JUNE**	**CENTRE FOR STEM CELL RESEARCH**	**WOS:**000435342203071 **H Index:** 152 **Impact Factor:** 7.008
58.	Baheti, G., Mehta, V., Ramchandani, M. and Ghosh, G. C. Dengue fever with encephalitis: a rare phenomenon BMJ Case Rep; 2018, 2018 **Address:** Department of Internal Medicine, Seven Hills Hospital, Mumbai, Maharashtra, India. Department of Internal Medicine, MGM Medical College Kamothe, Navi Mumbai, Maharashtra, India. Department of Internal Medicine, Government Medical College, Aurangabad, Maharashtra, India. Department of Cardiology, **Christian Medical College & Hospital,Vellore**, Tamil Nadu, India. The clinical profile and presentation of patients with dengue fever may differ from asymptomatic infection to the dreadful complications like dengue shock syndrome. However, neurological complications are very rare. Dengue encephalitis occurs by a direct involvement of central nervous system by the dengue virus which is an extremely rare complication. A 33-year-old man presented with fever, vomiting and severe headache. He had one episode of generalised tonic-clonic seizure followed by an altered sensorium on the day of admission to the hospital. The diagnosis of dengue fever was confirmed by dengue serology (IgM) and (NS1) antigen assay.	**INT**	**JAN TO JUNE**	**CARDIOLOGY**	**PMID:**29909394 **SCOPUS** **H Index:** 17 **Impact Factor:** 0.220 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	MRI brain was suggestive of encephalitis. Thus, the patient was treated symptomatically and discharged in stable condition with minimal neurological deficit.				
59.	Bajpai, N. K., Bajpayee, A., Charan, J., Pareek, P., Elhence, P. and Kirubakaran, R. Interventions for treating antibody-mediated acute rejection in kidney transplant recipients Cochrane Database of Systematic Reviews; 2018, 2018 (5): **Address:** 1Department of Ne phrology, All India Institute of Medical Sciences (AIIMS), Jodhpur, India. 2Department of Transfusion Medicine& Blood Bank, All India Institute of Medical Sciences (AIIMS), Jodhpur, India. 3Department of Pharmacology, All India Instituteof Medical Sciences (AIIMS), Jodhpur, India. 4Department of Radiation Oncology, All India Institute of Medical Sciences (AIIMS),Jodhpur, India. 5Department of Pathology, All India Institute of Medical Sciences (AIIMS), Jodhpur, India. 6Cochrane South Asia,Prof. BV Moses Centre for Evidence-Informed Health Care and Health Policy, **Christian Medical College, Vellore,**India. This is a protocol for a Cochrane Review (Intervention). The objectives are as follows: This review aims to look at the benefits and harms of a drug or drug combination for the treatment of ABMR in kidney transplant recipients. © 2018 The Cochrane Collaboration.	**INT**	**JAN TO JUNE**	**COCHRANE SOUTH ASIA**	**SCOPUS** **H Index:** 212 **Impact Factor:** 6.754
60.	Bakthavatchalam, Y. D., Ralph, R., Veeraraghavan, B., Babu, P. and Munusamy, E. Evidence from an In Vitro Study: Is Oxacillin Plus Vancomycin a Better Choice for Heteroresistant Vancomycin-Intermediate Staphylococcus aureus? Infect Dis Ther; 2018, Nov 21. Address: Department of Clinical Microbiology, **Christian Medical College, Vellore**, Tamil Nadu, India. Department of Medicine (Unit II), **Christian Medical College, Vellore**, Tamil Nadu, India. Department of Clinical Microbiology, **Christian Medical College, Vellore**, Tamil Nadu, India. vbalaji@cmcvellore.ac.in. INTRODUCTION: Heteroresistant vancomycin-intermediate	**INT**	**JUL TO DEC**	**COMMUNICABLE DISEASES**	**PMID:30460607** **H Index:** 12 **Impact Factor:** 1.230 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Staphylococcus aureus (hVISA) bacteremia may result in clinical failure of vancomycin therapy, together with prolonged infection and hospitalization. This clinical problem has resulted in a search for more effective treatment options. The current study was designed to further investigate the synergistic effect of oxacillin plus vancomycin against methicillin-resistant S. aureus (MRSA) and hVISA using checkerboard and time-kill assays. METHODS: Non-duplicate S. aureus isolates including hVISA (n = 29), MRSA (n = 10) and methicillin susceptible S. aureus (MSSA, n = 11) were used for combinational testing using checkerboard and time-kill assays. RESULTS: Twenty-one isolates, 15 hVISA and 6 MRSA, showed synergy between oxacillin and vancomycin by checkerboard assay with fractional inhibitory concentration indices of </= 0.5. The addition of oxacillin to vancomycin resulted in a reduction in baseline vancomycin MIC from 1-2 to 0.06-0.5 microg/ml against MRSA and hVISA isolates. In the time-kill assay, the combination of oxacillin and vancomycin resulted in synergistic activity against hVISA (n = 23) and MRSA (n = 7) isolates. Regrowth was observed in six hVISA isolates exposed to combination in the time-kill assay, but none of them reached the original inoculum density at 24 h. All re-growth isolates showed a onefold increase in vancomycin MIC (from 1 to 2 microg/ml) and were re-confirmed as hVISA using the population-analysis profile experiment. Overall, for hVISA and MRSA, the combination of oxacillin plus vancomycin had greater antibacterial effect than each individual drug alone. CONCLUSION: The present study showed the potential activity of vancomycin plus oxacillin combination against hVISA and MRSA isolates. Further, continued evaluation of this combination is warranted and may have therapeutic benefits in treating complicated MRSA infections.				
61.	Bakthavatchalam, Y. D., Ramaswamy, B., Janakiraman, R., Steve, R. J. and Veeraraghavan, B. Genomic insights of community-acquired methicillin-resistant Staphylococcus aureus (MRSA) with reduced teicoplanin susceptibility: A case of fatal necrotizing fasciitis J Glob Antimicrob Resist; 2018, 14 242-245 **Address:** Department of Clinical Microbiology, **Christian Medical College, Vellore**632 004, Tamil Nadu, India. Department of Orthopaedics, **Christian Medical College, Vellore**632 004, Tamil Nadu, India. Department of General Surgery, **Christian Medical College, Vellore**632 004, Tamil Nadu, India.	**INT**	**JAN TO JUNE**	**CLINICAL MICRIOBIOLOGY, ORTHOPEDICS, GENERAL SURGERY**	**PMID:**29775787 **SCOPUS** **WOS:**000444519600051 **H Index:** 13 **Impact Factor:** 2.022

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Department of Clinical Microbiology, **Christian Medical College, Vellore**632 004, Tamil Nadu, India. Electronic **Address:** vbalaji@cmcvellore.ac.in. OBJECTIVES: Glycopeptides are increasingly being used to treat multiresistant methicillin-resistant Staphylococcus aureus (MRSA) infections. Here we report an MRSA isolate with low-level teicoplanin resistance (isolate VB26276) recovered from a patient treated with teicoplanin for fatal necrotizing fasciitis. METHODS: Minimum inhibitory concentrations (MICs) of MRSA isolates to vancomycin and teicoplanin were determined by Etest. Reduced glycopeptide susceptibility was screened by Etest GRD (glycopeptide resistance detection) and population analysis profile (PAP) method. Next-generation sequencing (NGS) was also performed to determine the molecular mechanism of antimicrobial resistance and virulence. RESULTS: The teicoplanin MIC of MRSA isolate VB26276 was 4mug/mL. NGS showed the presence of mutations in the tcaA and tcaB genes of the tcaRAB operon that determines the level of teicoplanin resistance. In addition, a mutation in the vraR gene was found to be associated with teicoplanin resistance, but not with vancomycin heteroresistance. CONCLUSION: Teicoplanin resistance may occur due to point mutations in the teicoplanin resistance operon tcaRAB. Further studies are warranted to determine the contribution of point mutations in tcaRAB to reduced teicoplanin susceptibility.				
62.	Bakthavatchalam, Yamuna Devi, Pragasam, Agila Kumari, Biswas, Indranil and Veeraraghavan, Balaji Polymyxin susceptibility testing, interpretative breakpoints and resistance mechanisms: An update Journal of Global Antimicrobial Resistance; 2018, 12 124-136 Emerging multidrug-resistant (MDR) nosocomial pathogens are a great threat. Polymyxins, an old class of cationic polypeptide antibiotic, are considered as last-resort drugs in treating infections caused by MDR Gram-negative bacteria. Increased use of polymyxins in treating critically ill patients necessitates routine polymyxin susceptibility testing. However, susceptibility testing both of colistin and polymyxin B (PMB) is challenging. In this review, currently available susceptibility testing methods are briefly discussed. The multicomponent composition of colistin and PMB significantly influences susceptibility testing. In addition, poor diffusion in the agar medium, adsorption to microtitre plates and the synergistic effect of the surfactant polysorbate 80 with	**INT**	**JUL TO DEC**	**MICROBIOLOGY**	**SCOPUS** **WOS:**000428273500032 **H Index:** 13 **Impact Factor:** 2.022

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	polymyxins have a great impact on the performance of susceptibility testing methods This review also describes recently identified chromosomal resistance mechanisms, including modification of lipopolysaccharide (LPS) with 4-amino-4-deoxy-L-arabinose (L-Ara4-N) and phosphoethanolamine (pEtN) resulting in alteration of the negative charge, as well as the plasmidmediated colistin resistance determinants mcr-1, mcr-1.2, mcr-2 and mcr-3. (C) 2017 International Society for Chemotherapy of Infection and Cancer. Published by Elsevier Ltd. All rights reserved.				
63.	Bakthavatchalam, Yamuna Devi, Veeraraghavan, Balaji, Shankar, Abirami, Thukaram, Bhuvaneswari and Krishnan, Dhanabhagyam Naveena Evaluation of colistin and polymyxin B susceptibility testing methods in Klebsiella pneumoniae and Acinetobacter baumannii Journal of Infection in Developing Countries; 2018, 12 (6): 504-507	**INT**	**JAN TO JUNE**	**CLINICAL MICROBIOLOGY**	**SCOPUS** **WOS:**000437992000014 **H Index:** 38 **Impact Factor:** 1.330
64.	Balaji, V., Kapil, A., Shastri, J., Pragasam, A. K., Gole, G., Choudhari, S., Kang, G. and John, J. Longitudinal Typhoid Fever Trends in India from 2000 to 2015 Am J Trop Med Hyg; 2018, 99 (3_Suppl): 34-40 **Address:Christian Medical College, Vellore,**Tamil Nadu, India. All India Institute of Medical Sciences, New Delhi, India. TN Medical College & B Y L Nair Hospital, Mumbai, Maharashtra, India. Translational Health Sciences Technology Institute, Faridabad, Haryana, India. A very high incidence of typhoid was described in studies conducted in urban locations on the Indian subcontinent at the end of the twentieth century. Despite their availability, licensed immunogenic conjugate typhoid vaccines have not been introduced in the national immunization program, in part, because of a lack of understanding of where and for whom prevention is most necessary. Uncertainty regarding the burden of disease is based on the lack of reliable, recent estimates of culture-confirmed typhoid and an observed trend of low isolations of Salmonella Typhi and fewer complications at large referral hospitals in India. In this article, we examine the trends of S. Typhi isolation at three large tertiary care centers across India over 15 years and describe trends of recognized risk factors for typhoid from published literature. There appears to be a decline in the isolation of S. Typhi in blood cultures, which is more	**INT**	**JAN TO JUNE**	**CLINICAL MICROBIOLOGY, WELLCOME RESEARCH UNIT**	**PMID:**30047367 **PMC ID:**6128365 **H Index:** 132 **Impact Factor:** 2.564

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	apparent in the past 5 years. These trends are temporally related to economic improvement, female literacy, and the use of antibiotics such as cephalosporins and azithromycin. The analysis of trends of culture-confirmed typhoid may not accurately capture the typhoid incidence trends if antibiotic use confounds the burden of disease presenting to larger facilities. Emerging antimicrobial resistance may result in a resurgence of disease if the underlying incidence and transmission of typhoid are not adequately addressed through public health approaches.				
65.	Balaji, V., Perumalla, S., Perumal, R., Inbanathan, F. Y., Rajamani Sekar, S. K., Paul, M. M., Sahni, R. D., Prakash, J. A. J. and Iyadurai, R. Multi locus sequence typing of Burkholderia pseudomallei isolates from India unveils molecular diversity and confers regional association in Southeast Asia PLoS Negl Trop Dis; 2018, 12 (6): e0006558 **Address:** Department of Clinical Microbiology, **Christian Medical College, Vellore,**Tamilnadu, India. Department of Orthopaedics, **Christian Medical College, Vellore,**Tamilnadu, India. Department of Medicine, **Christian Medical College, Vellore,**Tamilnadu, India. OBJECTIVES: Burkholderia pseudomallei, the causative agent for melioidosis, has become a public health problem in India and across the world. Melioidosis can be difficult to diagnose because of the inconsistent clinical presentations of the disease. This study aims to determine the genetic diversity among the clinical isolates of B. pseudomaelli from India in order to establish a molecular epidemiology and elucidate the Southeast Asian association. METHODS: Molecular typing using multi locus sequence typing was performed on thirty one archived B. pseudomallei clinical isolates, previously characterised from specimens obtained from patients admitted to the **Christian Medical College & Hospital,Vellore** from 2015 to 2016. Further investigations into the genetic heterogeneity and evolution at a regional and global level were performed using insilico tools. RESULTS: Multi locus sequence typing (MLST) of the isolates from systemic and localized forms of melioidosis, including blood, pus, tissue, and urine specimens, revealed twenty isolates with novel sequence types and eleven with previously reported sequence types. High genetic diversity was observed using MLST with a strong association within the Southeast Asian region.	**INT**	**JAN TO JUNE**	**CLINICAL MICROBIOLOGY, ORTHOPAEDICS, MEDICINE**	**PMID:**29949580 **PMC ID:**6053238 **SCOPUS** **WOS:**000437442000034 **H Index:** 96 **Impact Factor:** 4.367

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	CONCLUSIONS: Molecular typing of B. pseudomallei clinical isolates using MLST revealed high genetic diversity and provided a baseline molecular epidemiology of the disease in India with a strong Southeast Asian association of the strains. Future studies should focus on whole genome based Single-Nucleotide-Polymorphism (SNP) which has the advantage of a high discriminatory power, to further understand the novel sequence types reported in this study.				
66.	Balakrishnan, Balaji, Mohanan, Ezhilpavai, Illangeswaran, Raveen Stephen Stallon, Srivastava, Alok, Mathews, Vikram and Balasubramanian, Poonkuzhali Differential Toxicity Profile of Busulfan and Treosulfan on Endothelial Cells in Vitro-Relevance to Hematopoietic Stem Cell Transplantation Biology of Blood and Marrow Transplantation; 2018, 24 (3): S313-S314	**INT**	**JAN TO JUNE**	**HAEMATOLOGY**	**WOS:**000425476000453 **H Index:** 103 **Impact Factor:** 4.484
67.	Balasubramanian, S., Garcia, E., Birbaumer, N., Burdet, E. and Ramos, A. Is EMG a viable alternative to BCI for detecting movement intention in severe stroke? IEEE Transactions on Biomedical Engineering; 2018, Objective: In light of the shortcomings of current restorative brain computer interfaces (BCI), this study investigates the possibility of using EMG to detect hand/wrist extension movement intention to trigger robot-assisted training in individuals without residual movements. Methods: We compare an EMG movement intent detector with a sensorimotor rhythm based EEG BCI using only ipsilesional activity. This was carried out on data from 30 severely affected chronic stroke patients from a randomized control trial using a EEG-BCI for robot-assisted training. Results: The results indicate the feasibility of using EMG to detect movement intention in this severely handicapped population; probability of detecting EMG when patients attempted to move was higher (p<0.001) than at rest. Interestingly, 22 of the 30 (or 71%) patients had sufficiently strong EMG signal in their finger/wrist extensors. Furthermore, in patients with detectable EMG, there was poor agreement between the EEG and EMG intent detectors, which indicates that these modalities may be detecting different processes. Conclusion: A substantial segment of severely affected stroke patients may benefit from EMG-based assisted therapy. When compared to EEG, a surface EMG interface requires significantly less preparation time,	**INT**	**JAN TO JUNE**	**BIOENGINEERING**	**SCOPUS** **H Index:** 161 **Impact Factor:** 4.288

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	is easier to don/doff, and is more compact in size. Significance: This study shows that a large proportion of severely affected stroke patients have residual EMG, which yields a direct and practical way to trigger robot-assisted training. IEEE				
68.	Bandyopadhyay, R., Balaji, V., Yadav, B., Jasmine, S., Sathyendra, S. and Rupali, P. Effectiveness of treatment regimens for Typhoid fever in the nalidixic acid-resistant S. typhi (NARST) era in South India Trop Doct; 2018, 48 (3): 182-188 **Address:** 1 Assistant Professor, **Christian Medical College, Vellore,**Tamil Nadu, India. 2 Professor of Microbiology, **Christian Medical College, Vellore,**Tamil Nadu, India. 3 Consultant statistician, Department of Biostatistics, **Christian Medical College, Vellore,**Tamil Nadu, India. 4 Associate Professor, Department of Medicine, **Christian Medical College, Vellore,**Tamil Nadu, India. 5 Professor, Department of Medicine, **Christian Medical College, Vellore,**Tamil Nadu, India. 6 Professor and Head, Department of Infectious Diseases, **Christian Medical College, Vellore,**Tamil Nadu, India. The epidemiology of typhoid fever in South Asia has changed. Multi-drug resistant (MDR) Salmonella typhi (S. typhi) is now frequently resistant to nalidixic acid and thus labelled NARST. Treatment failure with the use of fluoroquinolones has been widely noted, forcing clinicians to adopt alternative treatment strategies. In this observational study, we looked at various treatment regimens and correlated clinical and microbiological outcomes. In 146 hospitalised adults, the median minimum inhibitory concentration (MIC) for ciprofloxacin was 0.38 microg/mL with a median fever clearance time (FCT) of eight days (range = 2-35 days). Of the regimens used, gatifloxacin and azithromycin had a shorter FCT of six days compared to ceftriaxone (ten days; P < 0.001). Though mortality and relapse in our cohort was low, NARST seemed to correlate with mortality (P = 0.006). Gatifloxacin or azithromycin clearly emerge as the drugs of choice for treatment of typhoid in South India.	**INT**	**JAN TO JUNE**	**CLINICAL MICROBIOLOGY, BIOSTATISTICS, MEDICINE, INFECTIOUS DISEASES**	**PMID:**29495943 **SCOPUS** **WOS:**000438672900003 **H Index:** 30 **Impact Factor:** 0.660 (RG)
69.	Bapat, G. M., Ojha, R., Chalageri, P. and Sujatha, S. Gait Kinematics and Energy Expenditure of Users Walking with Semiflexion Knee-Ankle-Foot Orthosis: A Pilot Study	**INT**	**JAN TO JUN**	**PROSTHETICS AND ORTHOTICS**	**PMC Article** **H Index:** 28 **Impact Factor:** 0.230 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Journal of Prosthetics and Orthotics; 2018, 30 (2): 101-107 Address: Department of Mechanical Engineering, IIT Madras, Chennai, 600036, India Department of Bioengineering, **Christian Medical College, Vellore**, India Department of Physical Medicine and Rehabilitation, **Christian Medical College, Vellore**, India Introduction The knee joint of a conventional knee-ankle-foot orthosis (KAFO) is locked during walking. This study aims to evaluate the effects of stance phase knee flexion on the kinematics, spatiotemporal parameters, and energy consumption of KAFO users. Materials and Methods A retrofitting drop lock that allows 12° of stance flexion in a single-axis knee joint was developed (called the semiflexion knee joint). Four subjects with quadriceps weakness volunteered to participate in the study. Gait analysis was conducted for the locked knee and the semiflexion knee orthosis using a calibrated eight-camera three-dimensional motion capture system. Preceding each trial, participants were given 5 days of gait training with the corresponding KAFO. Subjective feedback about the performance of the new KAFO was collected. Results Walking with the semiflexion KAFO did not significantly improve the speed ($p = 0.161$), cadence ($p = 0.232$), and stride length ($p = 0.95$) compared with walking with a locked KAFO. Although not significant ($p = 0.132$), trends of Physiological Cost Index (PCI) seemed to reduce in all subjects while walking with the semiflexion knee. Conclusions Using the KAFO with stance flexion did not significantly improve any of the locked knee gait parameters. However, there was a trend of reduction in the PCI score while walking with the semiflexion KAFO, and it also improved the ease of doing some activities of daily living.				
70.	Barnabas, R., Gauda, B. S., Cherian, K. E., Kapoor, N., Asha, H. S. and Paul, T. V. An uncommon cause of osteoporosis J Family Med Prim Care; 2018, 7 (2): 455-457 **Address:** Department of Endocrinology, Diabetes and Metabolism, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Osteoporosis in the younger age group is an important cause of morbidity. Prolactinoma is an uncommon but reversible cause of osteoporosis. The main mechanisms of osteoporosis in prolactinoma are reduced osteoblast activity and hypogonadism. A high index of suspicion is the key in diagnosis and management of	**NAT**	**JAN TO JUNE**	**ENDOCRINOLOGY**	**PMID:**30090794 **PMC ID:**6060917 **H Index:** NA **Impact Factor:** 0.670 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	this treatable entity.				
71.	Barnabas, R., Singh, A., Paul, M. J. and Paul, T. V. Uncommon cause of hypercalcaemia in metastatic breast carcinoma BMJ Case Rep; 2018, 2018 **Address:** Department of Endocrinology, Diabetes and Metabolism, **Christian Medical College, Vellore,**India. Department of Medical Oncology, **Christian Medical College, Vellore,**India. Department of Endocrine Surgery, **Christian Medical College, Vellore,**India.	**INT**	**JAN TO JUNE**	**ENDOCRINOLOGY, MEDICAL ONCOLOGY, ENDOCRINE SURGERY**	**PMID:**29472426 **SCOPUS** **H Index:** 17 **Impact Factor:** 0.220 (RG)
72.	Basaiawmoit, P., Selvin, S. S. T. and Korah, S. PACK-CXL in Reducing the Time to Heal in Suppurative Corneal Ulcers: Observations of a Pilot Study From South India Cornea; 2018, 37 (11): 1376-1380 **Address:** Department of Ophthalmology, **Christian Medical College, Vellore,**Tamil Nadu, India. Priya Basaiawmoit is now with The Eye Foundation Tirupur, Tamil Nadu, India. PURPOSE: To assess the usefulness of photoactivated chromophore for infectious keratitis-corneal collagen cross-linking in reducing the time to heal in suppurative corneal ulcers in a South Indian tertiary care center. METHODS: This was an observational cohort study with 2 arms. In the prospective arm, 13 patients with suppurative corneal ulcers who presented to the outpatient department were recruited. Their ulcers were exposed to ultraviolet-A with riboflavin (B2) (photoactivated chromophore for infectious keratitis-corneal collagen cross-linking) up to a maximum of 4 sittings at 3-day intervals. Topical antimicrobial therapy was continued as per the standard department protocol. This cohort was compared with a retrospective cohort of 32 consecutive patients who had been admitted and treated at our department for a similar profile of ulcers in the previous 1 year. RESULTS: The ulcers in the prospective arm had an average healing time of 21.6 days, whereas the retrospective arm had an average healing time of 48.8 days. This reduction in the time to heal trends not only toward being statistically significant (P = 0.06) but also highly clinically significant. CONCLUSIONS: CXL reduced the time to heal in suppurative corneal ulcers less than 6 mm in diameter and can be used as an adjuvant to antimicrobial therapy.	**INT**	**JUL TO DEC**	**OPHTHALMOLOGY**	**PMID:**29912042 **SCOPUS** **H Index:** 104 **Impact Factor:** 2.464

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
73.	Bassat, Q., Bose, A., Cartledge, P., Collins, E. M., Jullien, S., Lanaspa, M., Simkiss, D. and Trehan, I. Commitment to Publication Quality and Integrity: A Message from the Journal's Editorial Board J Trop Pediatr; 2018, 64 (5): 355-359 **Address:** ICREA Research Professor, Barcelona Institute of Global Health (ISGlobal), Spain & Centro de Investigacao em Saude de Manhica, Mozambique. Professor of Paediatrics, **Christian Medical College, Vellore,**TN, India. Global Health Paediatrician, Assistant Professor, Rwanda Human Resources for Health (HRH) Program, Yale University, Kigali, Rwanda. Global Health Pediatrician, Jigme Dorji Wangchuck National Referral Hospital, Thimphu, Bhutan. Consultant Paediatrician, Jigme Dorji Wangchuck National Referral Hospital, Thimphu, Bhutan. Global Health and Tropical Medicine, GHTM, Instituto de Higiene e Medicina Tropical, IHMT, Universidade Nova de Lisboa, Portugal. Deputy Medical Director, Birmingham Community Healthcare NHS Foundation Trust, Birmingham, UK. Honorary Associate Clinical Professor in Child Health, Warwick Medical School, Coventry, UK. Medical Director, Lao Friends Hospital for Children, Luang Prabang, Lao PDR Associate Professor of Pediatrics, Washington University, St. Louis, MO, USA.	**INT**	**JAN TO JUNE**	**PAEDIATRICS**	**PMID:**30060246 **SCOPUS** **WOS:**000446114500001 **H Index:** 45 **Impact Factor:** 1.187
74.	Basu, Partha, Mehta, Ajay, Jain, Minish, Gupta, Sudeep, Nagarkar, Rajnish V., John, Subhashini and Petit, Robert A Randomized Phase 2 Study of ADXS11-001 Listeria monocytogenes-Listeriolysin O Immunotherapy With or Without Cisplatin in Treatment of Advanced Cervical Cancer International Journal of Gynecological Cancer; 2018, 28 (4): 764-772 Objectives A global unmet medical need exists for effective treatments for persistent, recurrent, or metastatic cervical cancer, as patients have a short life expectancy. Recently, immunotherapies have shown promising survival benefits for patients with advanced forms of cancer. Axalimogene filolisbac (ADXS11-001), a Listeria monocytogenes immunotherapy with a broad effect on the immune system, is under investigation for treatment of human papillomavirus-associated cancers including cervical cancer. Methods This phase 2 study evaluated the safety	**INT**	**JAN TO JUNE**	**RADIOTHERAPY**	**WOS:**000431413200016 **H Index:** 75 **Impact Factor:** 2.192

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	and efficacy of ADXS11-001, administered with or without cisplatin, in patients with recurrent/refractory cervical cancer following prior chemotherapy and/or radiotherapy. A total of 109 patients were treated, and 69 were evaluable for tumor response at equal to or more than 3 months postbaseline. Results Median overall survival (OS) was comparable between treatment groups (ADXS11-001: 8.28 months; 95% confidence interval [CI], 5.85-10.5 months; ADXS11-001 + cisplatin: 8.78 months; 95% CI, 7.4-13.3 months). The 12- and 18-month milestone OS rates were 30.9% versus 38.9%, and 23.6% versus 25.9% for each group, respectively (34.9% and 24.8% combined). Median progression-free survival (6.10 vs 6.08 months) and the overall response rate (17.1% vs 14.7%) were similar for both groups. ADXS11-001 was generally well tolerated; adverse events were predominantly mild to moderate in severity and not related to treatment. More adverse events were reported in the combination group (429 vs 275). Conclusions These promising safety and efficacy results, including the encouraging 12-month 34.9% combined OS rate, warrant further investigation of ADXS11-001 for treatment of recurrent/refractory cervical cancer.				
75.	Beck, M. M., Rai, E., Vijayaselvi, R., John, M., Picardo, N., Santhanam, S., Kumar, M. and Ross, B. J. Ex Utero Intrapartum Treatment (EXIT) for a Large Fetal Neck Mass J Obstet Gynaecol India; 2018, 68 (2): 142-144 **Address:** 1Department of Obstetrics and Gynecology, Unit 4, **Christian Medical College, Vellore,**Tamil Nadu 632004 India.0000 0004 1767 8969grid.11586.3b 2Department of Anesthesia, **Christian Medical College, Vellore,**Tamil Nadu 632004 India.0000 0004 1767 8969grid.11586.3b 3Department of Paediatric Otolaryngology, **Christian Medical College, Vellore,**Tamil Nadu 632004 India.0000 0004 1767 8969grid.11586.3b 4Department of Neonatology, **Christian Medical College, Vellore,**Tamil Nadu 632004 India.0000 0004 1767 8969grid.11586.3b John, Naina Picardo, Sridhar Santhanam, Maneesh Kumar and Bejamin Ross declare they have no conflict of interest.All procedures performed on our patient were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Declaration of Helsinki and its later	**NAT**	**JAN TO JUNE**	**OBSTETRICS AND GYNECOLOGY, ANESTHESIA, PAEDIATRIC OTOLARYNGOLOGY, NEONATOLOGY**	**PMID:**29662285 **PMC ID:**5895544 **SCOPUS** **H Index:** 9 **Impact Factor:** 0.790 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	amendment or comparable ethical standards.Informed consent was obtained from the patient whose details are included in the case report. Additional consent was obtained for publication of scan images and the photograph of the baby.				
76.	Benjamin, R. N., Aaron, S., Sivadasan, A., Devasahayam, S., Sebastin, A. and Alexander, M. The Spectrum of Autonomic Dysfunction in Myasthenic Crisis Ann Indian Acad Neurol; 2018, 21 (1): 42-48 **Address:** Department of Neurology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Bioengineering, **Christian Medical College, Vellore,**Tamil Nadu, India. Background: Autoimmune autonomic dysfunction is described in Myasthenia Gravis. In myasthenic crisis, the spectrum of autonomic dysfunction is hitherto uncharacterized. Objective: The objective of this study is to describe the spectrum of autonomic dysfunction in myasthenic crises using the composite autonomic symptom scale 31 (COMPASS 31) autonomic symptom questionnaire and power spectral analysis of heart rate variability (HRV), which is a simple way of estimating general autonomic dysfunction. Methods: Adult patients with myasthenic crisis from January 1, 2014 to March 15, 2015, were prospectively included in this study. The COMPASS 31 questionnaire for symptoms of autonomic dysfunction and power spectral analysis of HRV were assessed. These were compared with the patient's demographic and clinical parameters and with previous literature. IRB approval was obtained. Results: Sixteen patients were included (M:F 3:1). 15/16 patents (93%) had autonomic dysfunction on COMPASS 31 questionnaire. The domains of involvement were gastrointestinal (80%), orthostatic (67.7%), pupillomotor (67.7%); sudomotor (33.3%), and vasomotor (13.3%). Parasympathetic dysfunction predominance was suggested by the symptom profile. HRV analysis showed a low frequency (LF) spectral shift suggesting slowed parasympathetic responsiveness (LF normalized unit (nu): high frequency [HF] nu mean 8.35, standard deviation +/- 5.4, 95% confidence interval 2.2-12.5), which significantly exceeded the mean LF nu: HF nu ratios of the majority of previously reported noncrises myasthenic populations. Conclusions: Myasthenic crisis has autonomic dysfunction involving multiple organ systems. Increased latency of parasympathetic reflexes is suggested. A comprehensive management protocol addressing different autonomic domains is	**NAT**	**JAN TO JUNE**	**NEUROLOGY, BIOENGINEERING**	**PMID:**29720797 **PMC ID:**5909145 **SCOPUS** **WOS:**000429102900009 **H Index:** 19 **Impact Factor:** 1.131

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	required for holistic patient care.				
77.	Benjamin, R. N., David, T., Iyadurai, R. and Jacob, K. S. Suicidal Nonorganophosphate Poisoning in a Tertiary Hospital in South India: Nature, Prevalence, Risk Factors Indian J Psychol Med; 2018, 40 (1): 47-51 **Address:** Department of Neurology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Medicine, Unit 2, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Medicine, Unit 5, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Psychiatry, Unit 1, **Christian Medical College, Vellore,**Tamil Nadu, India. Background: People who deliberately ingest poisons commonly present to emergency departments of hospitals in India. However, there is a dearth of information on poisoning using nonorganophosphorus pesticides. Methods: This prospective, hospital-based study attempted to examine the nonorganophosphorus poisons used to attempt suicide. Data on sociodemographic characteristics of patients, site and source of poisons, co-ingested substances, premeditation, and reason for poisoning were collected. A multinomial logistic regression was performed to determine association between poison class and these exposure characteristics. Results: Three hundred and forty-one cases of attempted suicide presented during the 6-month period (1.7% of all emergency room admissions). The majority was predominantly male and was young adults. Poisoning was the most common mode (91.7%), followed by hanging (7.3%) and self-injury (3, 0.9%). Pesticides (44.3%) including organophosphates (25.5%) were the predominant poisons, followed by pharmaceuticals (27.9%), caustics/chemicals (12.0%), and plant poisons (7.0%). One hundred and nine were available for prospective interview as the others who presented were not detained for prolonged observation the emergency department. Most patients who ingested such poisons were women, from rural backgrounds and were educated. The majority sourced the poisons from home, consumed poison at home, and mixed the poison with water; these attempts were impulsive and seemed to be in response to relationship conflicts. In the multivariate analysis, education (P = 0.08) and poison source (outside the home) were significant predictors of pesticide ingestion. Conclusions: Suicidal poisoning	**NAT**	**JAN TO JUNE**	**NEUROLOGY, MEDICINE, PSYCHIATRY**	**PMID:**29403130 **PMC ID:**5795679 **H Index:** 13 **Impact Factor:** 0.740 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	results from a complex synthesis of socioeconomic and psychological factors; certain patterns of poisoning are likely to be more prevalent in demographic niche groups.				
78.	Benjamin, R., David, T., Iyadurai, R. and Jacob, K. Suicidal nonorganophosphate poisoning in a Tertiary Hospital in South India: Nature, Prevalence, Risk Factors Indian Journal of Psychological Medicine; 2018, 40 (1): 47-51 Background: People who deliberately ingest poisons commonly present to emergency departments of hospitals in India. However, there is a dearth of information on poisoning using nonorganophosphorus pesticides. Methods: This prospective, hospital-based study attempted to examine the nonorganophosphorus poisons used to attempt suicide. Data on sociodemographic characteristics of patients, site and source of poisons, co-ingested substances, premeditation, and reason for poisoning were collected. A multinomial logistic regression was performed to determine association between poison class and these exposure characteristics. Results: Three hundred and forty-one cases of attempted suicide presented during the 6-month period (1.7% of all emergency room admissions). The majority was predominantly male and was young adults. Poisoning was the most common mode (91.7%), followed by hanging (7.3%) and self-injury (3, 0.9%). Pesticides (44.3%) including organophosphates (25.5%) were the predominant poisons, followed by pharmaceuticals (27.9%), caustics/chemicals (12.0%), and plant poisons (7.0%). One hundred and nine were available for prospective interview as the others who presented were not detained for prolonged observation the emergency department. Most patients who ingested such poisons were women, from rural backgrounds and were educated. The majority sourced the poisons from home, consumed poison at home, and mixed the poison with water; these attempts were impulsive and seemed to be in response to relationship conflicts. In the multivariate analysis, education (P = 0.08) and poison source (outside the home) were significant predictors of pesticide ingestion. Conclusions: Suicidal poisoning results from a complex synthesis of socioeconomic and psychological factors; certain patterns of poisoning are likely to be more prevalent in demographic niche groups. © 2018 Indian Psychiatric Society - South Zonal Branch Published by Wolters Kluwer - Medknow.	**NAT**	**JAN TO JUNE**	**PSYCHIATRY, INFECTIOUS DISEASES**	**SCOPUS** **H Index:** 13 **Impact Factor:** 0.740 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
79.	Bera, C., Thangaraj, K., Pati, P. K., Ramachandran, J., Balasubramanian, K. A., Ramachandran, A., Zachariah, U., Sajith, K. G., Goel, A. and Eapen, C. E. Raised plasma levels of H2S and nitrate predict intrapulmonary vascular dilations: A preliminary report in patients with cryptogenic cirrhosis Indian J Gastroenterol; 2018, 37 (3): 209-214 **Address:** Department of Hepatology, **Christian Medical College, Vellore,**632 004, India. Wellcome Trust Research Laboratories, **Christian Medical College, Vellore,**632 004, India. Department of Cardiology, **Christian Medical College, Vellore,**632 004, India. Department of Hepatology, **Christian Medical College, Vellore,**632 004, India. eapen@cmcvellore.ac.in. BACKGROUND AND AIMS: The role of vasoactive chemicals in the pathogenesis of hepatopulmonary syndrome (HPS), a disorder characterized by intrapulmonary vascular dilation (IPVD), is only vaguely elucidated. We aimed to study the association between plasma H2S, nitrate levels, and presence and severity of IPVD and HPS. METHODS: Consecutive adult patients with cryptogenic cirrhosis were evaluated for IPVD (by contrast echocardiography) and for hypoxemia (by arterial blood gas analysis). Plasma H2S and nitrate levels were measured in these patients. RESULTS: Fifty-eight patients with cryptogenic cirrhosis (male, 45; median age, range, 45, 16-74 years; Child's class; A, 30; B, 18; C, 10) were enrolled in this study. Thirty-four of the 58 (59%) patients had IPVD and 13 (22%) had HPS (mild, 4; moderate, 5; severe, 2; very severe, 2). Plasma H2S levels were significantly higher in patients with IPVD (19.6, 5.7-83 mumol/L) as compared to patients who had no IPVD (12.3, 0-47 mumol/L; p-value 0.03) with an area under receiver operating characteristic curve of 0.68 (95% CI 0.53-0.84). Plasma H2S levels were higher in patients with IPVD irrespective of liver disease severity. There was a trend for higher plasma nitrate levels in patients with IPVD (47, 15.8-126.4 nmol/mL) as compared to patients who had no IPVD (32.3, 6.9-51.4 nmol/mL; p-value 0.1). Raised plasma H2S and nitrate levels had an additive effect on the presence of IPVD. Neither plasma H2S nor plasma nitrate levels correlated with the degree of hypoxemia. CONCLUSION: Raised plasma H2S and nitrate levels predict the presence of IPVD in patients with cryptogenic cirrhosis.	**NAT**	**JAN TO JUNE**	**HEPATOLOGY, WELLCOME RESEARCH UNIT, CARDIOLOGY, HEPATOLOGY**	**PMID:**29984390 **SCOPUS** **H Index:** 36 **Impact Factor:** 0.690 (RG)

IMPACT FACTORS SOURCE FROM Researchgate / Bioxbio; H -INDEX – Scimago LAB

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
80.	Bhargava, A., Ralph, R., Chatterjee, B. and Bottieau, E. Assessment and initial management of acute undifferentiated fever in tropical and subtropical regions BMJ; 2018 Nov 29;363:k4766. Address: Department of Medicine, Yenepoya Medical College, Mangalore, Karnataka, India. Center for Nutrition Studies, Yenepoya (Deemed to be University), Mangalore, Karnataka, India. Department of Medicine, McGill University, Montreal, Canada. Department of Medicine, **Christian Medical College, Vellore**, Tamil Nadu, India. Department of Microbiology, IQ City Medical College, Durgapur, West Bengal, India. Department of Clinical Sciences, Institute of Tropical Medicine, Antwerp, Belgium.	**INT**	**JUL TO DEC**	**MEDICINE**	**PMID:30498133** **H Index:** 375 **Impact Factor:** 23.259
81.	Bhaskar, A. and Oommen, V. A simple model for demonstrating the factors affecting glomerular filtration rate Adv Physiol Educ; 2018, 42 (2): 380-382 **Address:** Department of Physiology, **Christian Medical College, Vellore,**Tamil Nadu, India.	**INT**	**JAN TO JUNE**	**PHYSIOLOGY**	**PMID:**29761711 **SCOPUS** **WOS:**000432334800018 **H Index:** 46 **Impact Factor:** 1.981
82.	Bhati, P., Samynathan, K., Sebastian, A., Thomas, A., Chandy, R. and Peedicayil, A. Proximal Partial Vaginectomy for Vaginal Intraepithelial Neoplasia Journal of Obstetrics and Gynecology of India; 2018, Objective: The purpose of this study was to evaluate the use of proximal partial vaginectomy for the treatment of VaIN. Study design: Descriptive. Methods: Between May 2009 and December 2017, 20 patients were identified who underwent partial vaginectomy for VaIN. The electronic medical records were reviewed and information collated. Operative technique: A circular incision in mid-vagina, was taken for all these patients and the upper vagina was closed over a gauze pack. The proximal vagina was then excised with the gauze inside. Results: None of the patients had previously been treated for VaIN. The diagnosis was made on cytology/biopsy. Twelve of the 13 patients who were tested, were positive for high-risk HPV DNA, while one was negative. Thirteen (65%) had previous gynaecological surgery for cervical neoplasia (invasive cancer 6 and CIN 7) and the remaining 7 for apparent benign disease. There was one patient who went on to have a cone biopsy, and one had a modified radical hysterectomy at the same sitting. None of the patients had post-operative complications. Median hospital stay was 3 days (range 2–9). Follow-up (median 7 months, range 0–60) was available in 19	**NAT**	**JAN TO JUNE**	**NEUROLOGY, PHARMACOLOGY**	**SCOPUS** **H Index:** 9 **Impact Factor:** 0.790 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	patients out of whom five had abnormal cytology, five were HPV DNA positive, and three had recurrent VaIN on follow-up biopsy and had re-excision for recurrence. One patient had vulvar intraepithelial neoplasia (VIN 3) and underwent excision. Another had CIN 3 and underwent excision of cervical stump. Conclusions: Vaginectomy appears to be a safe and efficacious procedure for treatment of VaIN. Patients have to be followed up with cytology, HPV testing, and biopsy to exclude vagina recurrence and HPV-related lesion at another site. © 2018, Federation of Obstetric & Gynecological Societies of India.				
83.	Bhatt, A., Mehta, S. S., Zaveri, S., Rajan, F., Ray, M., Sethna, K., Katdare, N., Patel, M. D., Kammar, P., Prabhu, R., Sinukumar, S., Mishra, S., Rangarajan, B., Rangole, A., Damodaran, D., Penumadu, P., Ganesh, M., Peedicayil, A., Raj, H. and Seshadri, R. Treading the beaten path with old and new obstacles: a report from the Indian HIPEC registry Int J Hyperthermia; 2018, 1-9 **Address:** a Department of Surgical Oncology , Fortis Hospital , Bangalore , India. b Department of Peritoneal surface oncology , Saifee Hospital , Mumbai , India. c Department of Surgical Oncology , Manipal Hospital , Bangalore , India. d Department of Surgical Oncology , Kovai Medical Center , Coimbatore , India. e Department of Surgical Oncology , All India Institute of Medical Sciences , New Delhi , India. f Department of Surgery , Lokmanya Tilak Municipal medical college and general hospital , Mumbai , India. g Department of Surgical Oncology , SL Raheja hospital , Mumbai , India. h Department of Surgical Oncology , Zydus Hospital , Ahmedabad , India. i Department of Surgical Oncology , Global hospitals , Hyderabad , India. j Department of Surgical oncology , Jehangir Hospital , Pune , India. k Department of Pathology , Fortis Hospital , Bangalore , India. l Department of Medical oncology , Kovai Medical center , Coimbatore , India. m Department of Surgical oncology , CHL, CBCC cancer center , Indore , India.	**INT**	**JAN TO JUNE**	**GYNECOLOGIC ONCOLOGY**	**PMID:**30300029 **SCOPUS** **H Index:** 69 **Impact Factor:** 3.440

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	n Department of Surgical oncology , MVR cancer center and research Institute , Calicut , India. o Department of Surgical oncology , Jawarharlal Institute of Postgraduate Medical Education and Research (JIPMER) , Puducherry , India. p Department of Surgical Oncology , Vaidehi Institute of Medical sciences , Bangalore , India. q Department of Gynecologic Oncology , **Christian Medical College , Vellore ,** India. r Department of Surgical Oncology , Cancer Institute (WIA) , Chennai , India. BACKGROUND: The Indian HIPEC registry is a self-funded registry instituted by a group of Indian surgeons for patients with peritoneal metastases (PM) undergoing surgical treatment. This work was performed to * Evaluate outcomes of cytoreductive surgery +/- HIPEC in patients enrolled in the registry. * Identify operational problems. METHODS: A retrospective analysis of patients enrolled in the registry from March 2016 to September 2017 was performed. An online survey was performed to study the surgeons' attitudes and existing practices pertaining to the registry and identify operational problems. RESULTS: During the study period, 332 patients were enrolled in 8 participating centres. The common indication was ovarian cancer for three centres and pseudomyxoma peritonei for three others. The median PCI ranged from 3 to 23. A CC-0/1 resection was obtained in 94.7%. There was no significant difference in the morbidity (p = .25) and mortality (p = .19) rates between different centres. There was a high rate of failure-to-rescue (19.3%) patients with complications and the survival in patients with colorectal PM was inferior. A lack of dedicated personnel for data collection and entry was the main reason for only 10/43 surgeons contributing data. The other problem was the lack of complete electronic medical record systems at all centres. CONCLUSIONS: These results validate existing practices and identify country-specific problems that need to be addressed. Despite operational problems, the registry is an invaluable tool for audit and research. It shows the feasibility of fruitful collaboration between surgeons in the absence of any regulatory body or funding for the project.				
84.	Bhatt, S., Isaac, R., Finkel, M., Evans, J., Grant, L., Paul, B. and Weller, D. Mobile technology and cancer screening: Lessons from rural India	**INT**	**JUL TO DEC**	**PUBLIC HEALTH**	**PMID: 30603075** **PMCID: PMC6304168** **H Index:** 9

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Journal of global health; 2018 Dec;8(2):020421 Address: Medic Mobile, Mumbai, India RUHSA Department **Christian Medical College, Vellore**, India Weill Cornell Medical CollegeNY, United States Centre for Population Health Sciences, University of Edinburgh, Edinburgh, United Kingdom Background: Rates of cervical and oral cancer in India are unacceptably high. Survival from these cancers is poor, largely due to late presentation and a lack of early diagnosis and screening programmes. Mobile Health ('mHealth') shows promise as a means of supporting screening activity, particularly in rural and remote communities where the required information infrastructure is lacking. Methods: We developed a mHealth prototype and ran training sessions in its use. We then implemented our mHealth-supported screening intervention in 3 sites serving poor, low-health-literacy communities: RUHSA (where cervical screening programmes were already established), Mungeli (Chhattisgarh) and Padhar (Madhya Pradesh). Screening was delivered by community health workers (CHWs - 10 from RUHSA, 8 from Mungeli and 7 from Padhar), supported by nurses (2 in Mungeli and Padhar, 5 in RUHSA): cervical screening was by VIA; oral cancer screening was by mouth inspection with illumination. Our evaluation comprised an analysis of uptake in response to screening and follow-up invitations, complemented by qualitative data from 8 key informant interviews and 2 focus groups. Results: 8686 people were screened through the mHealth intervention - the majority (98%) for oral cancer. Positivity rates were 28% for cervical screening (of whom 37% attended for follow-up) and 5% for oral cancer screening (of whom 31% attended for follow-up). The mHealth prototype was very acceptable to CHWs, who felt it made the task of screening more reliable. A number of barriers to screening and follow-up in test-positive individuals were identified. Use of the mHealth prototype has had a positive effect on the social standing of the CHWs delivering the interventions. Conclusions: mHealth approaches can support cancer screening in poor rural communities with low levels of health literacy. However, they are not sufficient to overcome the range of social, cultural and financial barriers to screening and follow-up. Approaches which combine mHealth with extensive community education, tailored to levels of health literacy in the target population, and well-defined diagnostic and treatment pathways are the most likely to achieve a good response in these communities.				**Impact Factor:** 6.450 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
85.	Bhowmick, K., Gunasekaran, C., Varghese, V. D., Livingston, A., Jepegnanam, T. S., Daniel, A. J. and Boopalan, P. R. J. V. C. Efficacy of antibiotic-loaded poly (Methyl methacrylate) beads in orthopaedic infections Journal of Clinical and Diagnostic Research; 2018, 12 (9): RC01-RC04 **Address:** Department of Orthopaedics, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India Introduction: Bone infections are associated with morbidity and mortality. Infection control is achieved by surgical debridement and microbial-specific antibiotic administration. Antibiotic Loaded Bone Cement (ALBC) has been accepted as a mode of treatment since systemic antibiotics alone are associated with higher recurrence and reoperation rates. Aim: To assess the efficacy of ALBC in the treatment of orthopaedic infections. Materials and Methods: A retrospective case series of 59 patients, treated for chronic musculoskeletal infections between January 2007 to December 2013, were included. They were divided into five groups; 1) Open fractures (21 patients); 2) Closed fractures (5 patients); 3) Infected nonunion (26 patients); 4) Infected implants (6 patients); and 5) Chronic osteomyelitis (1 patient). Results: The median age at presentation was 34.8 years (range, 18.0-58.0). Five patients were lost to follow-up. In the 54 patients analysed, infection was controlled in all patients (100%) with debridement/implant exit and antibiotic beads. 31 patients (57%) united or were infection free with the primary procedure. This included all the patients in Group 4 and 5, six patients in Group 1 and 18 patients in Group 3. 23 patients (43%) underwent additional procedures to achieve bony union after the infection control. Gram-Negative Organisms (GNB) were isolated in 36% (21 cases), whereas Methicillin Resistant Staphylococcus Aureus (MRSA) was found in 12% (7 cases). The average healing time for GNB and MRSA infections was 19.4 months and eight months respectively. Conclusion: The ALBC is effective in controlling infection. Infections caused by gram-negative bacteria are becoming common and they resolve later than MRSA infections. 	**NAT**	**JAN TO JUNE**	**ORTHOPAEDICS**	**SCOPUS** **H Index:** 22 **Impact Factor:** 0.650 (RG)
86.	Bhowmick, R., Agarwal, I., Arumugam, V. and Kumar T, S. Lupus Anticoagulant-Hypoprothrombinemia Syndrome Indian Journal of Pediatrics; 2018, 85 (5): 392-393	**NAT**	**JAN TO JUNE**	**PEDIATRICS**	**SCOPUS** **WOS:**000432219000015 **H Index:** 41 **Impact Factor:** 0.390 (RG)

IMPACT FACTORS SOURCE FROM Researchgate / Bioxbio; H -INDEX – Scimago LAB

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
87.	Bhullar, S. K., Rana, D., Ozsel, B. K., Orhan, M., Jun, M. B. G., Buttar, H. S., Ostrovidov, S. and Ramalingam, M. Development of Silver-Based Bactericidal Composite Nanofibers by Airbrushing J Nanosci Nanotechnol; 2018, 18 (4): 2951-2955 **Address:** Department of Mechanical Engineering, Bursa Technical University, Bursa, 16190, Turkey. Centre for Stem Cell Research (CSCR), A Unit of Institute for Stem Cell Biology and Regenerative Medicine-Bengaluru, **Christian Medical College Campus,** Vellore 632002, India. Department of Chemistry, Bursa Technical University, Bursa, 16190, Turkey. Department of Textile Engineering, Uludag University, Bursa 16059, Turkey. Department of Mechanical Engineering, University of Victoria, Victoria, 3P6 V8W, BC, Canada. Department of Pathology and Laboratory Medicine, Faculty of Medicine, University of Ottawa, Ontario, ON K1N 6N5, Canada. World Premier International Advanced Institute for Materials Research, Tohoku University, Sendai 980-8577, Japan. In this article, we report a simple, cost-effective and eco-friendly method of airbrushing for the fabrication of antibacterial composite nanofibers using Nylon-6 and silver chloride (AgCl). The Nylon-6 is a widely used polymer for various biomedical applications because of its excellent biocompatibility and mechanical properties. Similarly, silver has also been known for their antibacterial, antifungal, antiviral, and anti-inflammatory properties. In order to enhance the antibacterial functionality of the Nylon-6, composite nanofibers in combination with AgCl have been fabricated using airbrush method. The chemical functional groups and morphological studies of the airbrushed Nylon-6/AgCl composite nanofibers were carried out by FTIR and SEM, respectively. The antibacterial activity of airbrushed Nylon-6/AgCl composite nanofibers was evaluated using Gram +ve (Staphylococcus aureus) and Gram -ve (Escherichia coli) bacterial strains. The results showed that the airbrushed Nylon-6/AgCl composite nanofibers have better antibacterial activity against the tested bacterial strains than the airbrushed Nylon-6 nanofibers. Therefore, the airbrushed Nylon-6/AgCl composite nanofibers could be used as a potential antibacterial scaffolding system for tissue engineering and regenerative medicine.	**INT**	**JAN TO JUNE**	**CENTRE FOR STEM CELL RESEARCH**	**PMID:**29442979 **SCOPUS** **WOS:**000426050500088 **H Index:** 93 **Impact Factor:** 1.354

IMPACT FACTORS SOURCE FROM Researchgate / Bioxbio; H -INDEX – Scimago LAB

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
88.	Binu, A. J., Cherian, K. E., Kapoor, N., Thomas, N. and Paul, T. V. Referral pattern for DXA scanning in a tertiary care centre from southern India Arch Osteoporos; 2018 Nov 20;13(1):133. Address: Department of Internal Medicine, **Christian Medical College, Vellore**, Tamil Nadu, 632004, India. Department of Endocrinology, **Christian Medical College, Vellore**, Tamil Nadu, 632004, India. Department of Endocrinology, **Christian Medical College, Vellore**, Tamil Nadu, 632004, India. nitin.endocrine@gmail.com. Referral patterns for bone mineral density testing by dual energy X-ray absorptiometry (DXA) scanning are seldom studied. In our study, the overall proportion of referrals from specialties remained low. This highlights the need for adequate utilisation of DXA by specialties treating subjects at risk for osteoporosis. PURPOSE/OBJECTIVES: The knowledge of referral patterns for DXA scanning (dual energy X-ray absorptiometry) for bone mineral density (BMD) measurement is relevant in a developing country like India. We studied the referral source and clinical and densitometric profile of patients referred for DXA scanning at a south Indian tertiary care centre. METHODS: We conducted a cross-sectional study over 3 months and included subjects referred during this period for BMD assessment (lumbar spine and femoral neck) by DXA scan. Details regarding referring departments and reasons for referral were collected. The number of patients seen in individual departments was obtained during the study period and respective proportions of patients referred were calculated. RESULTS: Of the 1932 subjects included in the study, we observed a definite female preponderance (90.2%), with a mean (SD) age of 51.6 (13.3) years. The greatest number of referrals came from the departments of rheumatology (37%; n = 724) and endocrinology (20%; n = 382). Overall, 36% were referred for inflammatory arthritis or systemic inflammatory disorders (n = 696) and 34% for postmenopausal state screening (n = 657). In relation to the individual outpatient strength, the departments who referred the highest proportion of their patients were rheumatology (6.8%), endocrinology (1.76%) and geriatrics (1.05%). A diagnosis of osteoporosis at any one site was made in 41% (448 of 1107) and the BMD was below the expected range for age in 37% (304 of 825) of the referrals. CONCLUSION: Most referrals for DXA scanning were from rheumatology. Among the referred patients, about two fifth had osteoporosis and over one third had BMD below expected range for age. Although referrals by rheumatology were relatively	**INT**	**JUL TO DEC**	**ORTHOPEDICS**	**PMID:30460412** **PMID:WOS:000450729900001** **H Index:** 19 **Impact Factor:** 2.000 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	higher, overall referrals from all departments remained low. This underscores the need for adequate utilisation of DXA by specialties treating subjects at risk for osteoporosis.				
89.	Binu, Aditya John, Cherian, Kripa Elizabeth, Kapoor, Nitin, Hephzibah, Julie and Paul, Thomas Vizhalil VISUAL VIGNETTE Endocrine Practice; 2018, 24 (5): 501-501	**INT**	**JAN TO JUNE**	**ENDOCRINOLOGY**	**SCOPUS** **WOS:**000433894700017 **H Index:** 71 **Impact Factor:** 3.805
90.	Biswas, A., Varman, M., Yoganathan, S., Subhash, P. K. and Mani, S. Teaching NeuroImages: Autosomal recessive spastic ataxia of Charlevoix-Saguenay: Typical MRI findings Neurology; 2018, 90 (14): e1271-e1272 **Address:** From the Departments of Radiology (A.B., M.V., S.M.) and Neurological Sciences (S.Y., P.K.S.), **Christian Medical College, Vellore,**India. From the Departments of Radiology (A.B., M.V., S.M.) and Neurological Sciences (S.Y., P.K.S.), **Christian Medical College, Vellore,**India. drsunithi@gmail.com.	**INT**	**JAN TO JUNE**	**NEUROLOGY**	**PMID:**29610238 **WOS:**000439108700012 **H Index:** 322 **Impact Factor:** 7.609
91.	Biswas, Asthik, Varman, Mugil, Gunturi, Aditya, Yoganathan, Sangeetha and Gibikote, Sridhar Teaching NeuroImages: Acute necrotizing encephalopathy of childhood: Neuroimaging findings Neurology; 2018, 90 (2): E177-E178	**INT**	**JAN TO JUNE**	**NEUROLOGY**	**WOS:**000427797300012 **H Index:** 322 **Impact Factor:** 7.609
92.	Boaz, R. J., Vig, T., Tirkey, A. J., John, N. T., Kumar, R. M. and Kekre, N. Cutaneous metastasis of renal cell carcinoma masquerading as an infected sebaceous cyst Journal of Stomatology Oral and Maxillofacial Surgery; 2018, 119 (2): 145-147 **Author Information** Reprint **Address:** Vig, T (reprint author) **Christian Med Coll & Hosp,** ASHA Bldg, Vellore 632004, Tamil Nadu, India. Addresses: [1] **Christian Med Coll & Hosp,** Dept Urol, Vellore, Tamil Nadu, India [2] **Christian Med Coll & Hosp,** Dept Pathol, Vellore, Tamil Nadu, India	**INT**	**JAN TO JUNE**	**UROLOGY, PATHOLOGY, HEAD AND NECK SURGERY**	**SCOPUS** **WOS:**000432165400014 **H Index:** 15 **Impact Factor:** 0.387

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	[3] **Christian Med Coll & Hosp,** Dept Head & Neck Surg, Vellore, Tamil Nadu, India E-mail Addresses: medicovig@gmail.com Renal cell carcinoma (RCC) is the third most common genitourinary malignancy with an estimated one third of cases with metastatic disease at the time of diagnosis. Though rare, cutaneous metastasis from RCC is more frequent than any other genitourinary malignancy. Metastasis of RCC to skin carries poor prognosis as coexistent visceral spread is the norm. A 38-year-old man presented one year after radical nephrectomy for clear cell carcinoma of the left kidney with a submental lesion that proved to be metastatic. Clinical appearance of cutaneous RCC metastasis is varied and can closely mimic other skin lesions. It is incumbent on general practitioners, dermatologists and urologists to exercise diligence in clinical diagnosis of skin lesions in the background of previous oncological diagnosis. (C) 2017 Elsevier Masson SAS. All rights reserved.				
93.	Bondu, J. D., Selvakumar, R. and Fleming, J. J. Validating a High Performance Liquid Chromatography-Ion Chromatography (HPLC-IC) Method with Conductivity Detection After Chemical Suppression for Water Fluoride Estimation Indian J Clin Biochem; 2018, 33 (1): 86-90 **Address:** Department of Clinical Biochemistry, **Christian Medical College, Vellore,**Tamil Nadu India.0000 0004 1767 8969grid.11586.3b A variety of methods, including the Ion Selective Electrode (ISE), have been used for estimation of fluoride levels in drinking water. But as these methods suffer many drawbacks, the newer method of IC has replaced many of these methods. The study aimed at (1) validating IC for estimation of fluoride levels in drinking water and (2) to assess drinking water fluoride levels of villages in and around Vellore district using IC. Forty nine paired drinking water samples were measured using ISE and IC method (Metrohm). Water samples from 165 randomly selected villages in and around Vellore district were collected for fluoride estimation over 1 year. Standardization of IC method showed good within run precision, linearity and coefficient of variance with correlation coefficient R(2) = 0.998. The limit of detection was 0.027 ppm and limit of quantification was 0.083 ppm. Among 165 villages, 46.1% of the villages recorded water fluoride levels >1.00 ppm from which 19.4% had levels ranging from 1 to 1.5 ppm, 10.9% had recorded	**NAT**	**JAN TO JUNE**	**CLINICAL BIOCHEMISTRY**	**PMID:**29371775 **PMC ID:**5766461 **SCOPUS** **H Index:** 32 **Impact Factor:** 0.970 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	levels 1.5-2 ppm and about 12.7% had levels of 2.0-3.0 ppm. Three percent of villages had more than 3.0 ppm fluoride in the water tested. Most (44.42%) of these villages belonged to Jolarpet taluk with moderate to high (0.86-3.56 ppm) water fluoride levels. Ion Chromatography method has been validated and is therefore a reliable method in assessment of fluoride levels in the drinking water. While the residents of Jolarpet taluk (Vellore distict) are found to be at a high risk of developing dental and skeletal fluorosis.				
94.	Bose, A. Let Us Talk about Stunting J Trop Pediatr; 2018, 64 (3): 174-175 **Address:** Department of Community Health, **Christian Medical College, Vellore**632002, Tamil Nadu, India.	**INT**	**JAN TO JUNE**	**COMMUNITY HEALTH**	**PMID:**29315413 **WOS:**000434864400002 **H Index:** 45 **Impact Factor:** 1.187
95.	Bright, Heber and Carey, Ronald Intravenous or oral paracetamol: Which is better in the emergency department? Current Medical Issues; 2018, 16 (1): 16-17	**NAT**	**JAN TO JUN**	**MEDICINE, PHARMACY**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA
96.	Bright, Heber and Carey, Ronald Low-Volume cigarette smoking is also harmful: Summary of study Current Medical Issues; 2018, 16 (1): 18-19	**NAT**	**JAN TO JUN**	**MEDICINE, PHARMACY**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA
97.	Brito-Zeron, P., Acar-Denizli, N., Ng, W. F., Zeher, M., Rasmussen, A., Mandl, T., Seror, R., Li, X., Baldini, C., Gottenberg, J. E., Danda, D., Quartuccio, L., Priori, R., Hernandez-Molina, G., Armagan, B., Kruize, A. A., Kwok, S. K., Kvarnstrom, M., Praprotnik, S., Sene, D., Bartoloni, E., Solans, R., Rischmueller, M., Suzuki, Y., Isenberg, D. A., Valim, V., Wiland, P., Nordmark, G., Fraile, G., Bootsma, H., Nakamura, T., Giacomelli, R., Devauchelle-Pensec, V., Knopf, A., Bombardieri, M., Trevisani, V. F., Hammenfors, D., Pasoto, S. G., Retamozo, S., Gheita, T. A., Atzeni, F., Morel, J., Vollenveider, C., Horvath, I. F., Sivils, K. L., Olsson, P., De Vita, S., Sanchez-Guerrero, J., Kilic, L., Wahren-Herlenius, M., Mariette, X. and Ramos-Casals, M. How immunological profile drives clinical phenotype of primary Sjogren's syndrome at diagnosis: analysis of 10,500 patients (Sjogren Big Data Project) Clin Exp Rheumatol; 2018, 36 Suppl 112 (3): 102-112 **Address:** Autoimmune Diseases Unit, Department of Medicine, Hospital CIMA- Sanitas, Barcelona, Spain. Department of Statistics, Faculty of Science and Letters, Mimar	**INT**	**JAN TO JUNE**	**CLINICAL IMMUNOLOGY & RHEUMATOLOGY**	**PMID:**30156539 **WOS:**000446486100015 **SCOPUS** **H Index:** 85 **Impact Factor:** 3.201

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Sinan Fine Arts University, Istanbul, Turkey. Institute of Cellular Medicine, Newcastle University, Newcastle Upon Tyne, UK. Division of Clinical Immunology, Faculty of Medicine, University of Debrecen, Debrecen, Hungary. Arthritis and Clinical Immunology Research Program, Oklahoma Medical Research Foundation, Oklahoma City, OK, USA. Department of Rheumatology, Skane University Hospital Malmo, Lund University, Malmo, Sweden. Center for Immunology of Viral Infections and Autoimmune Diseases, Assistance Publique - Hopitaux de Paris, Hopitaux Universitaires Paris-Sud, Le Kremlin-Bicetre, Universite Paris Sud, INSERM, Paris, France. Department of Rheumatology and Immunology, Anhui Provincial Hospital, Hefei, China. Rheumatology Unit, University of Pisa, Italy. Department of Rheumatology, Strasbourg University Hospital, Universite de Strasbourg, CNRS, Strasbourg, France. Department of Clinical Immunology & Rheumatology, **Christian Medical College & Hospital,Vellore**, India. Clinic of Rheumatology, Department of Medical Area (DAME), University Hospital 'Santa Maria della Misericordia', Udine, Italy. Department of Internal Medicine and Medical Specialties, Rheumatology Clinic, Sapienza University of Rome, Italy. Immunology and Rheumatology Department, Instituto Nacional de Ciencias Medicas y Nutricion Salvador Zubiran. Mexico City, Mexico. Department of Internal Medicine, Hacettepe University, Faculty of Medicine, Ankara, Turkey. Department of Rheumatology and Clinical Immunology, University Medical Center Utrecht, Utrecht, The Netherlands. Seoul St. Mary's Hospital, The Catholic University of Korea, Seoul, South Korea. Department of Medicine, Solna, Unit of Rheumatology, Karolinska Institutet, and Karolinska University Hospital, Stockholm, Sweden. Department of Rheumatology, University Medical Centre, Ljubljana, Slovenia. Department of Internal Medicine, Lariboisiere Hospital, Assistance Publique-Hopitaux de Paris , Paris Diderot University, Paris, France. Rheumatology Unit, Department of Medicine, University of Perugia, Perugia, Italy. Department of Internal Medicine, Hospital Vall d'Hebron, Barcelona, Spain.				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Department of Rheumatology, School of Medicine, The University of Western Australia, Crawley, Australia. Division of Rheumatology , Kanazawa University Hospital, Kanazawa, Ishikawa, Japan. Centre for Rheumatology, Division of Medicine , University College London, London, UK. Department of Medicine, Federal University of Espirito Santo and University Hospital HUCAM/EBSERH, Vitoria, Brazil. Department of Rheumatology and Internal Medicine, Wroclaw Medical Hospital, Wroclaw, Poland. Rheumatology, Department of Medical Sciences, Uppsala University, Uppsala, Sweden. Department of Internal Medicine, Hospital Ramon y Cajal, Madrid, Spain. Department of Rheumatology & Clinical Immunology, University of Groningen, University Medical Center Groningen, The Netherlands. Department of Radiology and Cancer Biology, Nagasaki University Graduate School of Biomedical Sciences, Nagasaki, Japan. Clinical Unit of Rheumatology, University of l'Aquila, School of Medicine, L'Aquila, Italy. Rheumatology Department, Brest University Hospital, Brest, France. Otorhinolaryngology/Head and Neck Surgery, Klinikum rechts der Isar, Technical University Munich, Germany. Centre for Experimental Medicine and Rheumatology, Queen Mary University of London, UK. Federal University of Sao Paulo, Sao Paulo, Brazil. Department of Clinical Science, University of Bergen; and Department of Rheumatology, Haukeland University Hospital, Bergen, Norway. Rheumatology Division, Hospital das Clinicas, Faculdade de Medicina da Universidade de Sao Paulo (HCFMUSP), Sao Paulo, Brazil. Hospital Privado Universitario de Cordoba, Instituto Universitario de Ciencias Biomedicas de Cordoba, Instituto De Investigaciones En Ciencias De La Salud, Univ. Nacional de Cordoba, Consejo Nacional de Investigaciones Cientificas y Tecnicas, Argentina. Rheumatology Department, Kasr Al Ainy School of Medicine, Cairo University, Cairo, Egypt. IRCCS Galeazzi Orthopedic Institute, Milan, and Rheumatology Unit, University of Messina, Italy. Department of Rheumatology, Montpellier University Hospital and				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	University of Montpellier, Montpellier, France. German Hospital, Buenos Aires, Argentina. Division of Clinical Immunology, Faculty of Medicine, University of Debrecen, Hungary. Sjogren Syndrome Research Group (AGAUR), Laboratory of Autoimmune Diseases Josep Font, IDIBAPS-CELLEX, Department of Autoimmune Diseases, ICMiD, University of Barcelona, Hospital Clinic, Barcelona, Spain. mramos@clinic.ub.es. OBJECTIVES: To evaluate the influence of the main immunological markers on the disease phenotype at diagnosis in a large international cohort of patients with primary Sjogren's syndrome (SjS). METHODS: The Big Data Sjogren Project Consortium is an international, multicentre registry created in 2014. As a first step, baseline clinical information from leading centres on clinical research in SjS of the 5 continents was collected. The centres shared a harmonised data architecture and conducted cooperative online efforts in order to refine collected data under the coordination of a big data statistical team. Inclusion criteria were the fulfillment of the 2002 classification criteria. Immunological tests were carried out using standard commercial assays. RESULTS: By January 2018, the participant centres had included 10,500 valid patients from 22 countries. The cohort included 9,806 (93%) women and 694 (7%) men, with a mean age at diagnosis of primary SjS of 53 years, mainly White (78%) and included from European countries (71%). The frequency of positive immunological markers at diagnosis was 79.3% for ANA, 73.2% for anti-Ro, 48.6% for RF, 45.1% for anti-La, 13.4% for low C3 levels, 14.5% for low C4 levels and 7.3% for cryoglobulins. Positive autoantibodies (ANA, Ro, La) correlated with a positive result in salivary gland biopsy, while hypocomplementaemia and especially cryoglo-bulinaemia correlated with systemic activity (mean ESSDAI score of 17.7 for cryoglobulins, 11.3 for low C3 and 9.2 for low C4, in comparison with 3.8 for negative markers). The immunological markers with a great number of statistically-significant associations ($p<0.001$) in the organ-by-organ ESS- DAI evaluation were cryoglobulins (9 domains), low C3 (8 domains), anti-La (7 domains) and low C4 (6 domains). CONCLUSIONS: We confirm the strong influence of immunological markers on the phenotype of primary SjS at diagnosis in the largest multi-ethnic international cohort ever analysed, with a greater influence for cryoglobulinaemic-related markers in comparison with Ro/La autoantibodies and ANA. Immunological patterns play a central role in the phenotypic				

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	expression of the disease already at the time of diagnosis, and may guide physicians to design a specific personalised management during the follow-up of patients with primary SjS.				
98.	Brunstein, C. G., Pasquini, M. C., Kim, S., Fei, M., Adekola, K., Ahmed, I., Aljurf, M., Agrawal, V., Auletta, J. J., Battiwalla, M., Bejanyan, N., Bubalo, J., Cerny, J., Chee, L., Ciurea, S. O., Freytes, C., Gadalla, S. M., Gale, R. P., Ganguly, S., Hashmi, S. K., Hematti, P., Hildebrandt, G., Holmberg, L. A., Lahoud, O. B., Landau, H., Lazarus, H. M., De Lima, M., Mathews, V., Maziarz, R., Nishihori, T., Norkin, M., Olsson, R., Reshef, R., Rotz, S., Savani, B., Schouten, H. C., Seo, S., Wirk, B. M., Yared, J., Mineishi, S., Rogosheske, J. and Perales, M. A. Effect of Conditioning Regimen Dose Reduction in Obese Patients Undergoing Autologous Hematopoietic Cell Transplantation Biol Blood Marrow Transplant; 2018, **Address:** University of Minnesota, Minneapolis, MN. Medical College of WI, Milwaukee, WI. Electronic **Address:** mpasquini@mcw.edu. Medical College of WI, Milwaukee, WI. Northwestern University, Chicago, IL. University of Missouri Kansas City, Kansas City, MO. King Faisal Hospital, Riyadh, Saudi Arabia. Indiana University, Indianapolis, IN. Children's National, Washington, DC. TriStar Bone Marrow Transplant, Nashville, TN. H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL. Oregon Health University and Science University Hospital, Portland, OR. University of Massachusetts, Worcester, MA. The Royal Melbourne Hospital, Melbourne, Australia. University of Texas and MD Anderson Cancer Center, Houston, TX. Methodist Hospital, San Antonio, TX. National Cancer Institute, Bethesda, MD. Imperial College of London, London, UK. University of Kansas Health System, Kansas City, KS. University of Wisconsin, Madison, WI. University Kentucky Health Care, Lexington, KY. Fred Hutchinson Cancer Research Center, Seattle, WA. Memorial Sloan-Kettering Cancer Center, New York, NY. Case Western Reserve University, Cleveland, OH. **Christian Medical College, Vellore,**India.	**INT**	**JAN TO JUNE**	**HAEMATOLOGY**	**PMID:**30423481 **H Index:** 103 **Impact Factor:** 4.484

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	University of Florida College of Medicine, Gainesville, FL. Karolinska Institute, Stockholm, Sweden. Columbia University Medical Center, New York, NY. Cleveland Clinic Children's Hospital, Cleveland, OH. Vanderbilt University, Nashville, TN. Maastricht University Medical Center, Maastricht, Netherlands. Roger Williams Cancer Center, Providence, RI. University of Maryland, Baltimore, MD. Penn State Health Hershey Medical Center, Hershey, PA. There are limited data on whether to adjust high-dose chemotherapy prior to autologous hematopoietic cell transplant (autoHCT) in obese patients. This study explores the effects of dose adjustment on the outcomes of obese patients, defined as body mass index (BMI) >/= 30 kg/m(2). Dose adjustment was defined as a reduction in standard dosing of >/= 20%, based on ideal, reported dosing and actual weights. We included two groups of US patients who had received autoHCT between 2008 and 2014. Specifically, we included patients with multiple myeloma (MM, n=1696) treated with high-dose melphalan; and we included patients with Hodgkin or non-Hodgkin lymphomas (n=781) who received carmustine, etoposide, cytarabine, and melphalan (BEAM) conditioning. Chemotherapy dose was adjusted in 1324 (78%) patients with MM and 608 (78%) patients with lymphoma. Age, sex, BMI, race, performance score, co-morbidity index, and disease features (stage at diagnosis, disease status and time to transplant) were similar between dose groups. In multivariate analyses for MM, adjusting for melphalan dose and for center effect had no impact on overall survival (p=0.894) and treatment-related mortality (TRM) (p=0.62), progression (p=0.12), and progression-free survival (p=0.178). In multivariate analyses for lymphoma, adjusting chemotherapy doses did not affect survival (p=0.176), TRM (p=0.802), relapse (p=0.633) or PFS (p=0.812). No center effect was observed in lymphoma. This study demonstrates that adjusting chemotherapy dose prior to autoHCT in obese patients with MM and lymphoma does not influence mortality. These results do not support adjusting chemotherapy dose in this population.				
99.	Cecilia, Maria, Vijayaselvi, Reeta, Bansal, Ramandeep, Lakshmi, Latha and Jose, Ruby Ten units intravenous oxytocin over 2-4 h is as effective as 30 units over 8-12 h in preventing postpartum hemorrhage after cesarean section: A randomized controlled trial	**NAT**	**JUL TO DEC**	**PHARMACOLOGY**	**PMID: 30636832** **PMCID: PMC6302697** **PMID:WOS:000453596900009** **H Index:** 49

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Indian Journal of Pharmacology; 2018 Sep-Oct;50(5):279-283. OBJECTIVES: Currently, recommended high-dose oxytocin regimen for the prevention of postpartum hemorrhage (PPH) following cesarean delivery (CD) is associated with maternal side effects frequency of which is greater with a higher cumulative dose and rapid administration of oxytocin. Here, we evaluated the efficacy of single-dose intravenous oxytocin over 2-4 h (total = 10 units) with oxytocin maintenance infusion for 8-12 h (total = 30 units) in postoperative CD women for the prevention of PPH. METHODS: The current double-blinded randomized controlled trial was carried out in a tertiary care institute in Southern India. The primary outcome measures included the following: (a) the need for additional uterotonics to control PPH and (b) significant deterioration of vital signs as assessed by pulse rate and blood pressure in the postoperative period. The secondary outcome measures were as follows: (a) significant difference (>= 10% between preoperative and postoperative packed cell volume) and (b) need for blood transfusion. RESULTS AND CONCLUSIONS: Two hundred and seventy-one women were randomized into Group A (oxytocin = 10 units: n = 135) and Group B (oxytocin = 30 units: n = 136). Both the groups were comparable with regard to demographic characteristics. There was no difference in any of primary or secondary outcome measures in the two groups. Thus, low-dose oxytocin regimen is as effective as high-dose oxytocin regimen in the prevention of PPH in postoperative CD women.				**Impact Factor:** 0.902
100.	Chacko, B. R., Karur, G. R., Connelly, K. A., Yan, R. T., Kirpalani, A., Wald, R., Jimenez-Juan, L., Jacob, J. R., Deva, D. P. and Yan, A. T. Left ventricular structure and diastolic function by cardiac magnetic resonance imaging in hypertrophic cardiomyopathy Indian Heart J; 2018, 70 (1): 75-81 **Address:** Department of Medical Imaging, St. Michael's Hospital, Toronto, Canada; Department of Radiology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Medical Imaging, St. Michael's Hospital, Toronto, Canada. Terrence Donnelly Heart Centre, St Michael's Hospital, Toronto, Canada; University of Toronto, Toronto, Canada. University of Toronto, Toronto, Canada. Department of Medical Imaging, St. Michael's Hospital, Toronto, Canada; University of Toronto, Toronto, Canada. University of Toronto, Toronto, Canada; Division of Cardiology,	**NAT**	**JAN TO JUNE**	**RADIOLOGY**	**PMID:**29455792 **PMC ID:**5902823 **SCOPUS** **H Index:** 33 **Impact Factor:** 0.610 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Toronto General Hospital, Toronto, Canada. Department of Medical Imaging, Sunnybrook Health Sciences Centre, Toronto, Canada. Department of Cardiology, **Christian Medical College Hospital, Vellore,** Tamil Nadu, India. Terrence Donnelly Heart Centre, St Michael's Hospital, Toronto, Canada; University of Toronto, Toronto, Canada. Electronic **Address:** yana@smh.ca. OBJECTIVE: Diastolic dysfunction is common in hypertrophic cardiomyopathy (HCM) and hypertensive heart disease (HHD), but its relationships with left ventricular (LV) parameters have not been well studied. Our objective was to assess the relationship of various measures of diastolic function, and maximum left ventricular wall thickness (MLVWT) and left ventricular mass index (LVMI) in HCM, HHD and normal controls using cardiac magnetic resonance imaging (CMR). We also assessed LV parameters and diastolic function in relation to late gadolinium enhancement (LGE) and right ventricular (RV) hypertrophy in HCM. METHODS: 41 patients with HCM, 21 patients with HHD and 20 controls were studied. Peak filling rate (PFR), time to peak filling (TPF), MLVWT and LVMI were measured using CMR. LGE and RV morphology were assessed in HCM patients. RESULTS: MLVWT correlated with TPF in HCM (r=0.38; p=0.02), HHD (r=0.58; p=0.01) and controls (r=0.54; p=0.01); correlation between MLVWT and TPF was weaker in HCM than HHD. LVMI did not correlate with diastolic function. In HCM, LGE extent correlated with MLVWT (tau=0.41; p=0.002) and with TPF (tau=0.29; p=0.02). The HCM patients with RV hypertrophy had higher MLVWT (p<0.001) and TPF (p=0.03) than patients without RV hypertrophy. CONCLUSION: MLVWT correlates with diastolic function (TPF) in HCM, HHD and controls. LVMI did not show significant correlation with TPF. The diastolic dysfunction in HCM is not entirely explained by wall thickening. LGE and RV involvement are associated with worse LV diastolic function, suggesting that these may be markers of more severe underlying myocardial disarray and fibrosis that contribute to diastolic dysfunction.				
101.	Chacko, G. Meningiomas: A continuum of progress in risk-stratification Neurol India; 2018, 66 (1): 161-162 **Address:** Department of Neuropathology, **Christian Medical College, Vellore,**Tamil Nadu, India.	**NAT**	**JAN TO JUNE**	**NEUROPATHOLOGY**	**PMID:**29322979 **SCOPUS** **WOS:**000423136200034 **H Index:** 40 **Impact Factor:** 2.166

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
102.	Chacko, S., Joseph, G., Thomson, V., George, P., George, O. and Danda, D. Carbon dioxide Angiography-Guided Renal-Related Interventions in Patients with Takayasu Arteritis and Renal Insufficiency Cardiovasc Intervent Radiol; 2018, 41 (7): 998-1007 **Address:** Department of Cardiology, **Christian Medical College, Vellore,**632004, India. Department of Cardiology, **Christian Medical College, Vellore,**632004, India. joseph59@gmail.com. Department of Rheumatology, **Christian Medical College, Vellore,**India. BACKGROUND: Use of iodinated contrast agents for angiography in patients with renal insufficiency risks further deterioration of renal function and its adverse sequelae. OBJECTIVE: To study the effectiveness and safety of carbon dioxide (CO2) angiography in guiding percutaneous renal-related interventions in patients with Takayasu arteritis and renal insufficiency. METHODS: Data on CO2 angiography-guided interventions were obtained from a 23-year database of 692 Takayasu arteritis patients who underwent percutaneous interventions and were analyzed retrospectively. Follow-up data were also obtained. The CO2 angiography system used was developed in-house and was pressure-driven. RESULTS: Seven patients (6 female, age 16-59 years, baseline serum creatinine 1.62-4.55 mg/dl, estimated glomerular filtration rate 12.2-36.9 ml/min/1.73 m(2)) underwent CO2 angiography-guided interventions: five underwent angioplasty or stenting to treat six stenotic/occluded renal arteries, one underwent extensive endovascular repair for spontaneous focal abdominal aortic dissection with false lumen aneurysm and aorto-iliac true lumen narrowing, and one underwent balloon dilatation of previously deployed aortic stents used to treat aortic occlusion at two levels. Follow-up (median 5 years, range 2 months-16 years) was obtained in all patients. All the procedures were successful and resulted in relief of symptoms, better blood pressure control, improvement in left ventricular systolic function and recovery or stabilization of renal function. There were no early or late complications related to CO2 angiography. Three renal lesions that had restenosis at follow-up were managed successfully by repeat intervention. CONCLUSION: CO2 angiography-guided renal-related interventions are effective and safe in patients with Takayasu arteritis and renal insufficiency; they significantly improve the care of such patients.	**INT**	**JUL TO DEC**	**CARDIOLOGY, RHEUMATOLOGY**	**PMID:**29549415 **PMC ID:**5976698 **SCOPUS** **WOS:**000433909800002 **H Index:** 73 **Impact Factor:** 2.210

IMPACT FACTORS SOURCE FROM Researchgate / Bioxbio; H -INDEX – Scimago LAB

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
103.	Chakravarthy, N. S., Chandramohan, A., Prabhu, A. J., Gowri, M., Mannam, P., Shyamkumar, N. K., Naik, D., Cherian, A. J., Thomas, N., Paul, M. J. and Abraham, D. Ultrasound-guided Fine-needle Aspiration Cytology along with Clinical and Radiological Features in Predicting Thyroid Malignancy in Nodules >/=1 cm Indian J Endocrinol Metab; 2018, 22 (5): 597-604 **Address:** Department of Endocrine Surgery, **Christian Medical College (CMC), Vellore**, Tamil Nadu, India. Department of Radiology, **Christian Medical College (CMC), Vellore**, Tamil Nadu, India. Department of Pathology, **Christian Medical College (CMC), Vellore**, Tamil Nadu, India. Department of Biostatistics, **Christian Medical College (CMC), Vellore**, Tamil Nadu, India. Department of Endocrinology, **Christian Medical College (CMC), Vellore**, Tamil Nadu, India. Aims and Objectives: The aim of the study is to examine the adequacy and accuracy of ultrasound-guided fine-needle aspiration cytology (US-FNAC) in thyroid nodules >/=1 cm and to analyze the clinical, sonological, and cytological features in predicting thyroid malignancy. Materials and Methods: US-FNAC was done on 290 patients from December 2013 to December 2014 by the radiologist. The Thyroid Imaging Reporting and Data System (TIRADS) was used to record the sonological features. FNAC samples were reported by a dedicated cytopathologist. Accuracy was calculated by comparing US-FNAC, clinical features and ultrasound (US) features for those who had final histopathology till April 2017. Results: The adequacy of US-FNAC in this study was 80.2%. Thyroidectomy was performed in 128/290 (44.1%). The sensitivity and specificity of US-FNAC in this study is 83.9 and 76.3%, respectively, with a positive predictive value of 85.2%, negative predictive value of 74.4%, and an accuracy of 81% in predicting malignancy in thyroid nodules >/=1 cm. The malignancy rate in benign FNAC sample was 25% (10/40), and was 69% (8/13) in those with a follicular lesion of undetermined significance (FLUS). Around 80% of benign and 89% of FLUS had follicular variant of papillary carcinoma of thyroid (FVPTC). US-FNAC, a high TIRADS score, and US features such as marked hypoechogenicity, taller than wide, irregular margins, microcalcification, and clinical features, such as hard in consistency and significant cervical lymph nodes, were important in predicting malignancy (P < 0.001).	**NAT**	**JAN TO JUNE**	**ENDOCRINE SURGERY, RADIOLOGY, PATHOLOGY, BIOSTATISTICS, ENDOCRINOLOGY**	**PMID:**30294566 **PMC ID:**6166559 **H Index:** 15 **Impact Factor:** 0.630 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Conclusions: The accuracy of US-FNAC in this study is 81%. The US-FNAC, a high TIRADS score, a hard thyroid nodule, and significant cervical lymph nodes are important in predicting malignancy. The accuracy rate in benign and atypia undetermined significance categories needs to improve in this study. Further research to help in decreasing false negative rates of FVPTC will help in increasing the accuracy of US-FNAC in the present study.				
104.	Chan, R. J., Yates, P., Li, Q., Komatsu, H., Lopez, V., Thandar, M., Chacko, S. T., So, W. K. W., Pongthavornkamol, K., Yi, M., Pittayapan, P., Butcon, J., Wyld, D. and Molassiotis, A. Correction to: Oncology practitioners' perspectives and practice patterns of post-treatment cancer survivorship care in the Asia-Pacific region: results from the STEP study BMC Cancer; 2018, 18 (1): 240 **Address:** School of Nursing and Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, Australia. raymond.chan@qut.edu.au. Cancer Care Services, Royal Brisbane and Women's Hospital, Brisbane, Australia. raymond.chan@qut.edu.au. School of Nursing and Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, Australia. Cancer Care Services, Royal Brisbane and Women's Hospital, Brisbane, Australia. Wuxi Medical School, Jiangnan University, Wuxi, Jiangsu, China. Faculty of Nursing and Medical Care, Keio University, Tokyo, Japan. Alice Lee Centre for Nursing Studies, Yong Loo Lin School of Medicine, National University of Singapore, Singapore, Singapore. The University of Nursing, Yangon, Myanmar. College of Nursing, **Christian Medical College, Vellore,**India. The Nethersole School of Nursing, The Chinese University of Hong Kong, Hong Kong, China. Faculty of Nursing, Mahidol University, Bangkok, Thailand. College of Nursing and Research Institute of Nursing Science, Seoul National University, Seoul, Republic of Korea. Nursing Department of Siriraj Hospital, Mahidol University, Bangkok, Thailand. College of Medicine, Bicol University, Bicol, Philippines. School of Nursing, Hong Kong Polytechnic University, Hong Kong, China. It has been highlighted that the original manuscript [1] contains a	**INT**	**JAN TO JUNE**	**NURSING**	**PMID:**29495960 **PMC ID:**5833088 **SCOPUS** **WOS:**000427086400008 **H Index:** 104 **Impact Factor:** 3.288

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	typesetting error in the surname of Jesson Butcon. This was incorrectly captured as Jessica Butcon in the original manuscript which has since been updated.				
105.	Chandra Ghosh, G., Bandyopadhyay, D., Ghosh, R. K., Mondal, S. and Herzog, E. Effectiveness and Safety of Inclisiran, A Novel Long-Acting RNA Therapeutic Inhibitor of Proprotein Convertase Subtilisin/Kexin 9 Am J Cardiol; 2018, 122 (7): 1272-1277 Address: Dept of Cardiology, **Christian Medical College, Vellore**, India. Department of Internal Medicine, Mount Sinai St Luke's Roosevelt Hospital, Icahn School of Medicine at Mount Sinai, New York. Electronic Address: dhrubajyoti.bandyopadhyay@mountsinai.org. Division of Cardiovascular Diseases, Metrohealth Medical Center, Case Western Reserve University, Cleveland, Ohio. Dept of Cardiothoracic Anesthesia, Johns Hopkins University Hospital, Baltimore. Cardiac Care Unit, Echocardiography Laboratories, Mount Sinai St Luke's Roosevelt Hospital, Icahn School of Medicine at Mount Sinai, New York. Low-density cholesterol (LDL-C) has a causal association with coronary artery disease and acute coronary syndromes (ACS). Statins have been found to reduce LDL-C, and many randomized trials have documented the significant role of statins in prevention and treatment of ACS. Treatment with statin therapy is associated with few shortcomings. A healthy percentage of patients initiated on statin, discontinue it within a year of initiation predominantly because of its daily dosing schedule. There is considerable variability in treatment response to statins and in some percentage of patients with high risk for ACS, satins are not enough to help reach the LDL-C goal necessitating the development of alternate LDL-C lowering therapies. Inclisiran a small interfering ribonucleic acid molecule inhibitor is helpful in sustained reduction of LDL-C. A single dose can decrease LDL-C for around 6 months, showed promising results in the phase II trials. In conclusion, here we reviewed the possibilities of Inclisiran as LDL-C reducing therapy and compared with currently available newer nonstatin LDL-C lowering therapies.	**INT**	**JUL TO DEC**	**CARDIOLOGY**	**PMID:30075894** **WOS:000449244400026** **SCOPUS** **H Index:** 203 **Impact Factor:** 3.171
106.	Chandramohan, A., Therese, M., Abhraham, D., Paul, T. V. and Mazhuvanchary, P. Jacob	**INT**	**JAN TO JUNE**	**GENERAL PATHOLOGY, ENDOCRNIOLOGY**	**WOS:**000419489200012 **SCOPUS**

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Can ARFI elastography be used to differentiate parathyroid from thyroid lesions? Journal of Endocrinological Investigation; 2018, 41 (1): 111-119 Objectives To assess if elasticity score (ES) and shear wave velocity (SWV) measurement obtained using ARFI elastography can differentiate between parathyroid lesions and thyroid nodules. Materials and methods ARFI elastography was performed on patients with primary hyperparathyroidism or solid thyroid nodules who were being considered for surgery using virtual touch quantification and virtual touch imaging (VTI) software. Only patients with surgical histopathology (47 parathyroid lesions, 38 benign thyroid nodules and 55 malignant thyroid nodules) were included for final analysis. SWV and ES of the parathyroid and thyroid nodules were compared and their ability to differentiate between parathyroid and thyroid was analyzed using receiver operating characteristic curve analysis. Results There were 39 solitary adenomas, 2 double adenomas and 4 parathyroid hyperplasias with mean size of 19.6 +/- 9.7 mm in 44 patients (21 male, 23 females) with primary hyperparathyroidism. The mean SWV of the parathyroid lesion (1.6 +/- 0.78 m/s) was significantly different from benign (2.11 +/- 0.8 m/s) and malignant (4.3 +/- 2.71 m/s) thyroid nodules, $p < 0.05$; so was the ES, Chi square = 51.6, $p < 0.001$. The majority of parathyroid lesions (n = 37, 78.7%) had ES of 2 with speckled (n = 42, 89.3%) appearance, and none showed ES of 4. The diagnostic performance of speckled appearance on VTI, elasticity score and SWV measurements was 0.901, 0.724 and 0.797, respectively, to differentiate between parathyroid and thyroid lesions. Conclusions Parathyroid lesions are softer than thyroid nodules. A shear wave velocity of 1.72 m/s can differentiate between parathyroid lesions and thyroid nodules.				**H Index:** 72 **Impact Factor:** 3.166
107.	Chandramouleeswaran, Susmita and Yalsangi, Mahantu Epidemiology of completed suicides in a remote tribal population in South India Indian Journal of Psychiatry; 2018, 60 (5): 164-164	**NAT**	**JAN TO JUNE**	**PSYCHIATRY**	**WOS:**000424505100549 **H Index:** 23 **Impact Factor:** 1.061
108.	Chandran, S., Kumar, M., Jacob, T. J. K. and Mohamed, F. Intestinal obstruction with a twist: a rare case of congenital portal vein aneurysm causing intestinal obstruction BMJ Case Rep; 2018, 2018 **Address:** Department of Neonatology, **Christian Medical College**	**INT**	**JAN TO JUNE**	**NEONATOLOGY, PEDIATRIC SURGERY**	**PMID:**30244223 **SCOPUS** **H Index:** 17 **Impact Factor:** 0.220 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	and Hospital, Vellore, Tamilnadu, India. Department of Pediatric surgery, **Christian Medical College and Hospital, Vellore**, Tamilnadu, India. Bilious vomiting is often a presenting feature of upper intestinal obstruction in newborn. We present a case of intestinal obstruction in a newborn baby caused by abnormal vascular band arising from portal vein aneurysm in association with a midgut volvulus. Congenital anomalies of portovenous system are very rare, and it usually presents with portal hypertension in late infancy or childhood. In this particular child, the portal vein aneurysm contributed to intestinal obstruction due to both a failure of intestinal rotation and a mechanical band over the transverse colon.				
109.	Charlu, A. P., Kumar, S. and Chacko, R. Qualitative evaluation of 'BIPP dressing' for intraoral mucosal defect Journal of Clinical and Diagnostic Research; 2018, 12 (4): ZC11-ZC14 Introduction: Various biologic and non biologic graft materials are considered in the past as Intraoral wound dressing material. While autografts have issues related to donor site morbidity, allografts like collagen have limited intraoral usage due to allergenicity and ease of adaptability to the mucosal defect. Bismuth sub-nitrate Iodoform Paraffin Paste (BIPP) dressing is prepared by impregnating sterile gauze with a paste containing one part bismuth sub-nitrate, two parts iodoform, one part sterile liquid paraffin by weight. BIPP is well known for its antiseptic and astringent properties, henceforth serves as a good wound dressing material preventing infection and wound contractures. Its use in intraoral mucosal defects though widely acknowledged is rarely been evaluated. Aim: The aim of this study was to assess the qualitative properties of BIPPs as intraoral wound dressing material. Materials and Methods: A total of 10 patients with oral precancerous lesions of the oral mucosa were included in this study. After excision of the oral lesions, BIPP pack was used to cover the defects that were too large to close primarily. Before use, sterile BIPP gauze was cut into a suitable shape of the defect and was placed directly on the wound and stabilised using vicryl sutures. The dressing was removed after two weeks of the operation. The effectiveness and usefulness of the BIPP dressing was evaluated by scoring the following parameters in the intraoperative and postoperative periods: operability, haemostatic status, pain relief, feeding situation, epithelialisation, scar contracture, and safety. Results: Out of the 10 patients, in six	**NAT**	**JAN TO JUNE**	**DENTAL AND ORAL SURGERY**	**SCOPUS** **H Index:** 22 **Impact Factor:** 0.650 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	patients BIPP was used for the buccal mucosal defect, in two patients for labial mucosal defect and in one patient each for tongue and palatal defect. In all the patients the raw wound post resection were covered with BIPP pack and stabilised with vicryl sutures. Postoperatively there was no adverse event, there was no discomfort and all the patients tolerated the BIPP dressing. Conclusion: BIPP use in covering the defect post soft tissue resection of the intraoral precancerous lesion has given a satisfactory result in the present study.				
110.	Chaudhary, K., Mukherjee, P., Monga, E. and Devasia, A. Signet ring cell gastric adenocarcinoma 'Linitis Plastica' Masquerading as retroperitoneal fibrosis: A report of two co-existing uncommon entities Indian Journal of Rheumatology; 2018, 13 (1): 62-63	**NAT**	**JAN TO JUNE**	**GASTROENTEROLOGY, RHEUMATOLOGY, UROLOGY,**	**SCOPUS** **H Index:** 8 **Impact Factor:** 0.110 (RG)
111.	Chaudhary, Kapil, Panda, Arabind and Devasia, Antony Spontaneous irreducible urethral prolapse in a post-menopausal woman: a rare differential diagnosis of an intralabial mass International Urogynecology Journal; 2018, 29 (7): 1067-1068	**INT**	**JAN TO JUNE**	**UROLOGY**	**SCOPUS** **WOS:**000435584200020 **H Index:** 81 **Impact Factor:** 2.078
112.	Chaudhary, N. K., John, R. R., Boddu, D., Mahasampath, G., Nesadeepam, N. and Mathew, L. G. Palonosetron is a Better Choice Compared with Ondansetron for the Prevention of Chemotherapy-induced Nausea and Vomiting (CINV) in a Resource-limited Pediatric Oncology Center: Results from a Randomized Control Trial Journal of Pediatric Hematology/Oncology; 2018, Address: Department of Pediatrics, All India Institute of Medical Sciences, Bhopal, India Pediatric Hematology Oncology Unit, Department of Child Health, India Department of Biostatistics, **Christian Medical College, Vellore**, Tamilnadu, India Palonosetron (PG) is a newer, safe, and effective long-acting 5-HT3 antagonist commonly used in adults, but data in children are limited. A randomized controlled trial was carried out among children with cancer during their first cycle of moderate or highly emetogenic chemotherapy to receive either PG or ondansetron (OG) with the aim of comparing their efficacy, safety, and cost-effectiveness. In total, 200 children (mean age, 8 y, male:female=1.8:1) were recruited, 100 in each arm. Complete response, defined as no vomiting, in acute (<24 h), delayed (24	**INT**	**JUL TO DEC**	**HAEMATOLOGY, NEOPLASMS**	**PMC Article in Press** **H Index:** 69 **Impact Factor:** 1.060

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	to 120 h), and overall phases (0 to 120 h) was observed in 88%, 88%, and 81% of cases, respectively, for PG versus 84%, 79%, and 72%, respectively, for OG (P=0.42, 0.09 and 0.21, respectively). Complete protection rates, defined as no nausea and vomiting in children above 6 years of age, in acute, delayed, and overall phases were 84%, 81%, and 73%, respectively, for PG versus 79%, 67%, and 60%, respectively, for OG (P=0.44, 0.06 and 0.10, respectively). Overall, the efficacy and safety of PG in the prevention of chemotherapy-induced nausea and vomiting was comparable with OG, but PG was a more cost-effective and suitable choice for busy centers in resource-limited countries. © 2018 Wolters Kluwer Health, Inc.				
113.	Cherian, A. G., Thomas, A., Sebastian, A., Sebastian, T., Thomas, V., Chandy, R. G. and Peedicayil, A. Outcomes of carcinosarcoma in a tertiary care institution in India South Asian J Cancer; 2018, 7 (1): 31-33 **Address:** Department of Obstetrics and Gynaecology, **Christian Medical College Hospital, Vellore,** Tamil Nadu, India. Department of Gynaecologic Oncology, **Christian Medical College Hospital, Vellore,** Tamil Nadu, India. Department of Biostatistics, **Christian Medical College Hospital, Vellore,** Tamil Nadu, India. Background: Carcinosarcoma is a rare malignancy, and reports are often mixed along with other sarcomas. The literature on uterine carcinosarcoma per se is sparse. Aims: This study aims to evaluate the demography, survival, and optimal treatment strategy of uterine carcinosarcoma. Settings and Design: A tertiary care center in India. The study design was descriptive with survival analysis. Materials and Methods: The medical records of all 18 patients admitted with uterine carcinosarcoma between January 2011 and December 2015 were reviewed. Baseline characteristics and outcomes were studied. Survival analysis was done using the Kaplan-Meier method and compared between treatment groups using the Log-rank test. Results: The total number of uterine malignancies operated in our center over this time period was 311 of which 18 were carcinosarcomas (5.7%). Median age of presentation was 61 years (36-77 years). Most women (94%) were postmenopausal and 67% of them presented with postmenopausal bleeding. Over half of the patients (56%) presented late (Stage III or IV). Only 11 (61%) had adjuvant treatment and 7 patients had expired at the time of follow-up. The median survival was 284 days	**NAT**	**JAN TO JUNE**	**OBSTETRICS AND GYNECOLOGY, GYNAECOLOGY ONCOLOGY, BIOSTATISTICS**	**PMID:**29600231 **PMC ID:**5865092 **H Index:** 8 **Impact Factor:** 0.730 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	(95% confidence interval 107-461). Patients who received adjuvant therapy did better compared to those who did not (P = 0.036). Conclusions: Carcinosarcomas are aggressive tumors of postmenopausal women who present with bleeding or discharge per vaginum. In spite of adequate surgical staging followed by adjuvant therapy, survival remains poor. Improvements in early detection and optimal therapy need to be made.				
114.	Cherian, A. J., Chakravarthy, S., Muhammed, N., Chinadurai, S., Gowri, M., Paul, M. J. and Abraham, D. T. Thyroidectomy Audit: Effects of Specialised, High Volume Work on Key Performance Indicators Indian Journal of Surgery; 2018, We conducted this audit to assess and improve the quality of care for patients undergoing thyroid surgery at our institution. The audit process began in 2012. Key performance indicators assessed were rates of hypocalcemia (immediate postoperative, temporary and permanent), recurrent laryngeal nerve (RLN) injury, chyle leak rate, re-exploration for chyle leak and post-thyroidectomy haemorrhage. Data of patients undergoing thyroidectomy from 1st January to 31st December 2011 was retrospectively collected from the electronic database. Performance indicators were assessed and compared to international standards. Actions to correct the short falls were implemented and retrospective re-audits were performed on prospectively collected data in subsequent years until 2015. The data was analysed using STATA IC/13.1. There has been a steady increase in the number of thyroidectomies performed/year from 357 in 2011 to 577 in 2015. The most common procedure performed was total thyroidectomy (70%) and histopathology revealed thyroid malignancy in the majority of patients. Over 5 years, a significant improvement in the rates of post-thyroidectomy immediate and temporary hypocalcemia was witnessed ($p < 0.001$) as well as a near significant fall in permanent hypocalcemia and RLN injury rate ($p = 0.06$). In 2014 and 2015, no patients were re-explored for a chyle leak. The rate of post-thyroidectomy haemorrhage (1.2–1.8%) has remained static over 5 years. This audit portrays specialisation in endocrine surgery and high volumes of patients treated have resulted in a significant improvement in outcomes for patients following thyroid surgery that meet international standards. © 2018, Association of Surgeons of India.	**NAT**	**JAN TO JUNE**	**MEDICINE, ENDOCRINE SURGERY**	**SCOPUS** **H Index:** 15 **Impact Factor:** 0.509 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
115.	Cherian, A. J., Ramakant, P., Pai, R., Manipadam, M. T., Elanthenral, S., Chandramohan, A., Hephzibah, J., Mathew, D., Naik, D., Paul, T. V., Rajaratnam, S., Thomas, N., Paul, M. J. and Abraham, D. T. Outcome of Treatment for Medullary Thyroid Carcinoma-a Single Centre Experience Indian J Surg Oncol; 2018, 9 (1): 52-58 **Address:** 1Department of Endocrine Surgery, **Christian Medical College and Hospital,** Paul Brand building (1205), Vellore, Tamil Nadu India.0000 0004 1767 8969grid.11586.3b 2Department of Molecular Pathology, **Christian Medical College and Hospital, Vellore**, India.0000 0004 1767 8969grid.11586.3b 3Department of General Pathology, **Christian Medical College and Hospital, Vellore**, India.0000 0004 1767 8969grid.11586.3b 4Department of Radiology, **Christian Medical College and Hospital, Vellore**, India.0000 0004 1767 8969grid.11586.3b 5Department of Nuclear Medicine, **Christian Medical College and Hospital, Vellore**, India.0000 0004 1767 8969grid.11586.3b 6Department of Endocrinology, **Christian Medical College and Hospital, Vellore**, India.0000 0004 1767 8969grid.11586.3b We conducted this study to evaluate the demography, clinical presentation, management and outcomes of medullary thyroid carcinoma (MTC) from the Indian context. This was a retrospective study of patients with MTC managed between January 2008 and December 2016. All pertinent data was collected and the results were analysed using STATA (v.13.1). MTC accounted for 90/2022 (4.45%) patients managed with thyroid cancer during the study period. The mean age of presentation was 40 years (range 14-70 years) with 47 males and 43 females. The most common presentation included goitre with cervical lymphadenopathy seen in 60 patients (66.7%). There were 11 patients (12.2%) with systemic metastasis at presentation. Rearranged during transfection (RET) testing was performed in 71 patients and was positive in 25 (35.2%). The mutations among these patients were seen in the following codons: 634 (12), 804 (8), 790 (3) and 618 (2). Persistent hypercalcitoninemia (calcitonin > 50 pg/ml) was observed in 62/80 (77.5%) patients. Forty patients underwent a meta-iodo-benzyl-guanidine (MIBG) scan in the postoperative period, 10 were positive. The mean duration of follow-up was 32 months and 10 patients defaulted from follow-up. Sixteen patients developed metastasis during the period of follow-up while eight	**NAT**	**JAN TO JUNE**	**ENDOCRINE SURGERY, MOLECULAR PATHOLOGY, GENERAL PATHOLOGY, RADIOLOGY, NUCLEAR MEDICINE, ENDOCRINOLOGY**	**PMID:**29563735 **PMC ID:**5856701 **SCOPUS** **H Index:** 10 **Impact Factor:** 0.300 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	patients expired. The mean survival was 85.75 months (95% CI 78.7-92.7). MTC accounted for 4.5% of thyroid carcinomas in this cohort among which 35% were hereditary. Persistent hypercalcitoninemia following surgery is seen in more than 70% of patients but this does not affect survival. RET screening should be performed for all patients with MTC as curative surgery can be offered for mutation positive offspring.				
116.	Cherian, K. E., Kapoor, N., Asha, H. S., Thomas, N. and Paul, T. V. Influence of Different Reference Databases on Categorization of Bone Mineral Density: A Study on Rural Postmenopausal Women from Southern India Indian J Endocrinol Metab; 2018, 22 (5): 579-583 **Address:** Department of Endocrinology, **Christian Medical College, Vellore,**Tamil Nadu, India. Background and Objectives: Currently available DXA (Dual energy X-ray Absorptiometry) scanners utilise bone mineral density (BMD) of Caucasian population to calculate T scores and categorise BMD. We studied the influence of various databases on classification of BMD in south-Indian postmenopausal women aged above 50 years. Methodology: This was a cross-sectional study. Hologic DXA scanner was used to estimate BMD at lumbar spine (LS) and femoral neck (FN). T scores of </=-2.5, -2.4 to -1, -0.9 to +1 were diagnostic of osteoporosis, osteopenia and normal respectively. Three reference databases(Italian, Korean and north Indian) were used to recalculate T scores. The agreement (K=kappa) between manufacturer provided database and the other databases was studied. The impact of different databases in diagnosing osteoporosis in subjects with FN fracture was assessed. Results: A total of 1956 postmenopausal women with mean (SD) age of 62 (4.3) years and 211 femoral neck(FN) fracture subjects with mean(SD) age of 68 (7.2) years were recruited. In subjects with fracture, osteoporosis at FN was found in 72% with Caucasian, 88% with North Indian, 56% with Italian, and 45% with Korean database. On comparing manufacturer provided database with the other population-specific reference, there was perfect agreement with north Indian (kappa = 0.81 [FN], kappa = 0.82 [LS]) and good agreement with the Italian database (kappa = 0.78 [FN], kappa = 0.74 [LS]). Conclusion: North-Indian database identified most of the participants with FN fracture as having osteoporosis and had perfect agreement with the manufacturer's database. Follow up studies will further validate the impact of utilizing this database in	**NAT**	**JAN TO JUNE**	**ENDOCRINOLOGY**	**PMID:**30294563 **PMC ID:**6166560 **SCOPUS** **H Index:** 15 **Impact Factor:** 0.630 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	clinical practice.				
117.	Cherian, K. E., Kapoor, N., Shetty, S., Jebasingh, F. K., Asha, H. S., Hephzibah, J., Prabhu, A. J., Rajaratnam, S., Thomas, N. and Paul, T. V. Paget's Disease of Bone: An Entity Still Exists in India Indian J Endocrinol Metab; 2018, 22 (3): 368-372 **Address:** Department of Endocrinology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Nuclear Medicine, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Pathology, **Christian Medical College, Vellore,**Tamil Nadu, India. Background: Paget's disease of bone (PDB) is uncommonly reported from India. We attempted to study the clinical and imaging features and management of participants who presented with PDB. Materials and Methods: In this retrospective study, clinical and imaging profile, biochemistry, and treatment outcomes of participants with PDB (n = 48) were obtained. Results: The mean age was 60 +/- 11.3 years and 35% were women. Twenty percent were asymptomatic. Many (87%) had polyostotic involvement. Sixty percent (n = 29) underwent treatment with zoledronic acid and rest with oral bisphosphonates, and all achieved remission. Conclusion: Most of the pagetic participants had polyostotic disease and one-fifth were asymptomatic. All participants had disease remission following treatment.	**NAT**	**JAN TO JUNE**	**ENDOCRINOLOGY, NUCLEAR MEDICINE, PATHOLOGY**	**PMID:**30090729 **PMC ID:**6063169 **SCOPUS** **H Index:** 15 **Impact Factor:** 0.630 (RG)
118.	Cherian, Kripa Elizabeth, Kapoor, Nitin, Shetty, Sahana, Naik, Dukhabandhu, Thomas, Nihal and Paul, Thomas V. Evaluation of Different Screening Tools for Predicting Femoral Neck Osteoporosis in Rural South Indian Postmenopausal Women Journal of Clinical Densitometry; 2018, 21 (1): 119-124 **Author information:** (1)Department of Endocrinology, **Christian Medical College, Vellore,**India. (2)Department of Endocrinology, **Christian Medical College, Vellore,**India. Electronic **Address:**thomasvpaul@yahoo.com The measurement of bone mineral density by dual-energy X-ray absorptiometry scan is the "gold standard" for the diagnosis of	**INT**	**JAN TO JUNE**	**ENDOCRINOLOGY**	**PMID:** 28958825 **SCOPUS** **WOS:**000422813900016 **H Index:** 58 **Impact Factor:** 3.015

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	osteoporosis, which has limited availability in many parts of India. This study was done to assess the diagnostic performance of 6 internationally validated tools (Simple Calculated Osteoporosis Risk Estimation [SCORE], age, bulk, one or never estrogen [ABONE], Osteoporosis Risk Assessment Instrument [ORAI] and Osteoporosis Self-Assessment Tool for Asians [OSTA], Fracture Risk Assessment Tool [FRAX], and calcaneal quantitative ultrasound [QUS]) for the diagnosis of osteoporosis at the femoral neck (FN). This was a cross-sectional study conducted in 2108 ambulatory South Indian rural postmenopausal women who were assessed with SCORE, ABONE, ORAI, OSTA, and FRAX tools. QUS was performed in 850 subjects. Bone mineral density was estimated by dual-energy X-ray absorptiometry scan at the FN, and sensitivity and specificity were calculated for all tools for predicting FN osteoporosis. The receiver operating characteristic curve was constructed for each tool and the area under the curve (AUC) was calculated. FN osteoporosis was seen in 27%. The sensitivities of SCORE, ABONE, OSTA, ORAI, FRAX, and QUS were 91.3%, 91.0%, 88.5%, 81.0%, 72.7%, and 81.9%, and the specificities were 36.0%, 33.5%, 41.7%, 52.0%, 60.5%, and 50.3%, respectively, for the FN osteoporosis. When the receiver operating characteristics were constructed, the AUC was good only for SCORE (0.806), and the performance of the rest was under fair category (0.713-0.766). In our large cohort of rural postmenopausal women, the SCORE screening tool was found to be useful with good sensitivity and good AUC for predicting FN osteoporosis. Thus, this tool may be used in resource-limited countries to screen the population at risk and to enable treating physicians to make appropriate management decisions.				
119.	Cheriyan, A., Mukherjee, P. and Devasia, A. Emphysematous pyelonephritis mimicking a groin swelling—A rare presentation African Journal of Urology; 2018, 24 (3): 233-235 **Address:** Department of Urology, **Christian Medical College, Vellore,**India Introduction: Emphysematous pyelonephritis is a life threatening infection of the kidney and peri-renal tissues. We present an interesting and rare presentation of this condition which is the first such case to be reported in literature. Observation: A 52-year-old diabetic presented with a right groin swelling. On evaluation and imaging he had right emphysematous pyelonephritis with a peri-renal collection tracking down till the scrotum, mimicking a	**INT**	**JAN TO JUNE**	**UROLOGY**	**SCOPUS** **H Index:** 5 **Impact Factor:** 0.140 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	groin swelling. Management involved broad spectrum antibiotics and aggressive drainage and debridement. Conclusion: Emphysematous pyelonephritis is a rare but important differential diagnosis for a groin swelling where early diagnosis and aggressive management is necessary. © 2018 Pan African Urological Surgeons Association				
120.	Chichra, Abhinav, Chandramouleeswaran, Sushmita and Ramaswamy, Deepa Clinical outcomes in patients with drug resistant schizophrenia receiving antipsychotics other than clozapine Indian Journal of Psychiatry; 2018, 60 (5): 48-48	**NAT**	**JAN TO JUNE**	**PSYCHIATRY**	**WOS:**000424505100127 **H Index:** 23 **Impact Factor:** 1.061
121.	Chopra, S. J., Mathew, A., Maheshwari, A., Bhatla, N., Singh, S., Rai, B., Surappa, S. T., Ghosh, J., Sharma, D., Bhaumik, J., Biswas, M., Deodhar, K., Popat, P., Giri, S., Mahantshetty, U., Tongaonkar, H., Billimaga, R., Engineer, R., Grover, S., Pedicayil, A., Bajpai, J., Rekhi, B., Alihari, A., Babu, G., Thangrajan, R., Menon, S., Shah, S., Palled, S., Kulkarni, Y., Gulia, S., Naidu, L., Thakur, M., Rangrajan, V., Kerkar, R., Gupta, S. and Shrivastava, S. K. National Cancer Grid of India Consensus Guidelines on the Management of Cervical Cancer J Glob Oncol; 2018, (4): 1-15 **Address:** Supriya Chopra, Ashwathy Mathew, Amita Maheshwari, Shylasree T. Surappa, Jaya Ghosh, Kedar Deodhar, Palak Popat, Umesh Mahantshetty, Reena Engineer, Jyoti Bajpai, Bharat Rekhi, Aruna Alihari, Santosh Menon, Sneha Shah, Seema Gulia, Lavanya Naidu, Meenakshi Thakur, Venkatesh Rangrajan, Rajendra Kerkar, Sudeep Gupta, and Shyam K. Shrivastava, Tata Memorial Centre; Hemant Tongaonkar, PD Hinduja Hospital and Research Centre; Yogesh Kulkarni, Kokilaben Dhirubhai Ambani Hospital, Mumbai; Neerja Bhatla and Dayanand Sharma, All India Institute of Medical Oncology, New Delhi; Shalini Singh, Sanjay Gandhi Postgraduate Institute, Lucknow; Bhawana Rai, Postgraduate Institute of Medical Education and Research, Chandigarh; Jaydip Bhaumik, Tata Medical Centre, Kolkata; Manash Biswas, Roorkee Army Hospital, Roorkee; Sushil Giri, Acharya Hariharan Regional Cancer Centre, Cuttack; Ramesh Billimaga, HCG Hospital; Govind Babu, Kidwai Institute of Oncology, Bangalore; Abraham Pedicayil and Sidhanna Palled, **Christian Medical College, Vellore**; Rajkumar Thangrajan, Cancer Institute Adyar, Chennai, India; Surbhi Grover, University of Pennsylvania, Philadelphia, PA; and Surbhi Grover, Princess Marina	**INT**	**JAN TO JUNE**	**OBSTETRICS AND GYNECOLOGY**	**PMID:**30085891 **PMC ID:**6223405 **H Index:** NA **Impact Factor:** 24.008

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Hospital, Gaborone, Botswana. Standard guidelines for the management of early and locally advanced cervical cancer are available from various academic consortiums nationally and internationally. However, implementing standard-of-care treatment poses unique challenges within low- and middle-income countries, such as India, where diverse clinical care practices may exist. The National Cancer Grid, a consortium of 108 institutions in India, aims to homogenize care for patients with cervical cancer by achieving consensus on not only imaging and management, but also in addressing potential solutions to prevalent challenges that affect the homogenous implementation of standard-of-care treatment. These guidelines therefore represent a consensus statement of the National Cancer Grid gynecologic cancer expert group and will assist in homogenization of the therapeutic management of patients with cervical cancer in India.				
122.	Chougule, A., Praharaj, S. K., Bhat, S. M. and Sharma, P. S. V. N. Prevalence and Factors Associated With Clozapine-Related Constipation An Observational Study Journal of Clinical Psychopharmacology; 2018, 38 (1): 42-46 Background Despite being a very effective treatment for resistant schizophrenia and bipolar disorder, use of clozapine is limited by adverse effects. Constipation is a common but potentially life-threatening adverse effect of clozapine that is understudied. The objective was to study the prevalence and factors associated with constipation in those receiving clozapine compared with control subjects. Methods Fifty patients in age group of 18 to 55 years receiving clozapine were compared with 50 patients in the same age group receiving medications other than clozapine. Presence of constipation was ascertained using the World Gastroenterology Organization Practice Guidelines definition. The severity of constipation was assessed using Constipation Assessment Scale and Bristol Stool Form Scale, and anticholinergic burden was assessed using Anticholinergic Burden Scale. Results Among clozapine-treated patients, 28 (56%) had constipation as compared with 11 (22%) in the control subjects ($P < 0.001$); the odds of developing constipation was 4.5 (95% confidence interval, 1.9-10.8). Kaplan-Meier survival analysis showed median time to onset of constipation in clozapine-treated patients was 60 days (SE, 13.1 days; 95% confidence interval, 34.3-85.7 days) and median dose of clozapine was 300 mg/d (interquartile range, 312 mg/d). Clozapine group had high Constipation Assessment Scale scores (P	**INT**	**JAN TO JUNE**	**PHARMACOLOGY**	**WOS:**000419640600008 **SCOPUS** **H Index:** 113 **Impact Factor:** 2.000 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	= 0.005, Cohen d = 1.17) and higher prevalence of types 1 and 2 Bristol stool types (Fisher exact P = 0.005, Cramer V = 0.59). Conclusions Constipation was prevalent in more than half of patients receiving clozapine, which was severe and took longer time for recovery. Limitations include using a hospital-based sample and that dietary habits and lifestyle factors were not studied.				
123.	Christopher, D. J., Ashok, N., Ravivarma, A., Shankar, D., Peterson, E., Dinh, P. T. and Vedanthan, P. K. Low Potency of Indian Dust Mite Allergen Skin Prick Test Extracts Compared to FDA-Approved Extracts: A Double-Blinded Randomized Control Trial Allergy Rhinol (Providence); 2018, 9 2152656718796746 **Address:** Department of Pulmonary Medicine, **Christian Medical College & Hospital,Vellore**, Tamil Nadu, India. Department of Pediatrics, Nalam Medical Centre & Hospital, Vellore, Tamil Nadu, India. U.S. Department of Agriculture, Washington, District of Columbia. Department of Healthcare Administration, University of Colorado, Denver, Colorado. Background: Skin prick testing is the most important diagnostic tool to detect immunoglobulin E-mediated allergic diseases. With increase in the number of allergy tests performed in India, it is imperative to know the potency of indigenous extracts in comparison with U.S. Food and Drug Administration (USFDA)-approved extracts. Methods: A randomized comparison trial of Indian manufactured and USFDA-approved extracts of Dermatophagoides pteronyssinus (DP) and Dermatophagoides farinae (DF) was done at **Christian Medical College & Hospital,Vellore**, India from April 2014 to June 2015, to compare the skin test reactivity of indigenous allergen extracts of dust mites against validated allergen. Study enrollment included 197 patients with allergic disorders that showed sensitivity to dust mite during routine allergy skin testing. Study participants were tested with varying dilutions of DP and DF indigenous extracts along with USFDA-approved allergens in a blinded fashion. Results were recorded, and statistical significance was calculated using the Friedman rank sum test. Results: Using the Friedman rank sum test with a Tukey adjustment for multiple comparisons, we found that the extracts in each dilution were significantly different (P < .0001). The full strength indigenous extracts, B-DF (DF allergen standard extract from Bioproducts and Diagnostics, India) and C-DF (DF	**INT**	**JUL TO DEC**	**PULMONARY MEDICINE**	**PMID:**30263870 **PMC ID:**6156211 **H Index:** NA **Impact Factor:** NA

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	allergen extract from Creative Diagnostics, India) extracts, had mean wheal sizes of 7.69 (standard deviation [SD] 9.91) and 31.01(SD 51.04), respectively. The full strength S-DF (DF allergen extract from Jubilant Hollister Stier, Spokane, WA, USA) had a mean wheal size of 109.97 (SD 162.73), which was significantly higher (P < .0001) than both the indigenous extracts. For each of the dilutions, the S-DF mean wheal size was significantly greater than that of the corresponding B-DF and C-DF wheal sizes. The full strength indigenous C-DP (DP allergen extract from Creative Diagnostics, India) had mean wheal size of 39.37 (SD 51.74). The full strength standard S-DP (DP allergen extract from Jubilant Hollister Stier, Spokane, WA, USA) extract had a mean wheal size of 167.66 (SD 270.80), which was significantly higher (P < .0001) than the indigenous C-DP extract. Similar differences were seen across all dilutions. Conclusion: The indigenous extracts have significantly lower potency compared to USFDA-approved extracts; hence, there is an urgent need for policy makers to institute stringent criteria for standardization of antigens in India.				
124.	Christopher, D. J., Dinakaran, S., Gupta, R., James, P., Isaac, B. and Thangakunam, B. Thoracoscopic pleural biopsy improves yield of Xpert MTB/RIF for diagnosis of pleural tuberculosis Respirology; 2018, 23 (7): 714-717 **Address:** Department of Pulmonary Medicine, **Christian Medical College, Vellore,**Tamil Nadu, India. BACKGROUND AND OBJECTIVE: Extrapulmonary tuberculosis (EPTB) accounts for ~15% of all TB patients, and TB pleural effusion is the second most common site of EPTB. The diagnosis of pleural TB is challenging due to the pauci-bacillary nature of the disease. Histopathology of thoracoscopically obtained pleural biopsy provides the highest diagnostic yield. The Xpert MTB/RIF assay (Xpert) is a PCR test that can identify both Mycobacterium tuberculosis (MTB) and rifampicin resistance. Currently, there is a lack of clarity regarding the value of Xpert on pleural tissue. We report our experience of using Xpert on thoracoscopic pleural biopsy samples. METHODS: We retrospectively reviewed the records of patients who underwent thoracoscopy in our institution over a 1-year period. Relevant clinical details; indications; and results of tests on pleural tissue and fluid, including histopathology, mycobacterial cultures and Xpert, were extracted. RESULTS: Of the 156 patients who underwent thoracoscopy, 73 (47%) had TB, 66	**INT**	**JUL TO DEC**	**PULMONARY MEDICINE**	**PMID:**29486527 **SCOPUS** **WOS:**000435445700013 **H Index:** 68 **Impact Factor:** 4.407

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	(42%) malignancy and 17 (11%) other conditions. Histopathology was diagnostic in all the 73 TB patients (100%). The yields of the microbiological tests against histopathology on thoracoscopic biopsy sample and pleural fluid were: pleural tissue Xpert 45%, pleural tissue culture 39%, pleural fluid culture 17% and pleural fluid Xpert 14%. Pleural tissue provided higher yields than fluid in both Xpert and culture ($P < 0.05$). Pleural tissue Xpert provided a higher yield than culture and substantially improved yield compared with closed pleural biopsy as we previously reported. CONCLUSION: Thoracoscopic pleural biopsy results in increased sensitivity on Xpert testing.				
125.	Christudoss, P., Chacko, G., Selvakumar, R., Fleming, J. J., Pugazhendhi, S. and Mathew, G. Expression of Metallothionein after Administration of Aspirin, Vitamin C or Zinc Supplement in the DMH Induced Colon Carcinoma in Rat Asian Pac J Cancer Prev; 2018 Nov 29;19(11):3237-3244. Address: Department of Clinical Biochemistry, **Christian Medical College, Vellore**, Tamil Nadu, India. Email: pchristudoss@yahoo.com Background: Chemoprevention refers to the use of specificnatural or synthetic chemical agents to suppress the development and progression to carcinoma. The purpose of this study was to assess the effect of aspirin, vitamin C or zinc on the metallothionein (MT) mRNA gene expression as well as MT protein content byimmunohistochemistry andradioimmunoassay (RIA) in 1, 2-dimethyl hydrazine (DMH) induced cancerous colonic tissuein rats. Methods: Rats were randomly divided into three groups, group 1 (aspirin), group 2 (vitamin C) group 3 (zinc), each of which was further sub divided into two groups and given subcutaneous injections of DMH (30 mg/kg body weight) twice a week for 3 months and sacrificed at either 4 months (A-precancer model) or at 6 months (B-cancer model).The control groups were administered 0.5 ml saline subcutaneously. All the 3 groups were simultaneouslyadministered aspirin, vitamin Cor zinc supplement respectively from the beginning till the end of the study. Results: It was observed that rats co-treated with aspirin, vitamin C or zinc resulted in a significant increase in the colonic MT mRNA expression in the precancer and cancer model as compared to the saline only controls. MT protein expression showed a 60%, 64% and 78% immunopositivity in the co-treated groups respectively.The mean MT content in the precancer and the cancer model was restored to	**INT**	**JUL TO DEC**	**NEOPLASMS**	**PMID:30486626** **H Index:** 59 **Impact Factor:** 2.390 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	near normal levels in all the three co-treated groups. Conclusion: These results suggest that co-administration of aspirin, vitamin C or zinc resulted in a significant increase in MT mRNA gene expression, MT protein expression and MT protein content which could possibly be one of the reasons for a chemo protective effect against progression to colonic cancer in a chemically induced DMH model in rat.Zinc supplement had a greater effect on metallothionein expression than aspirin or vitamin C.				
126.	Church, J. A., Parker, E. P., Kosek, M. N., Kang, G., Grassly, N. C., Kelly, P. and Prendergast, A. J. Exploring the relationship between environmental enteric dysfunction and oral vaccine responses Future Microbiol; 2018, 13 1055-1070 **Address:** Zvitambo Institute for Maternal & Child Health Research, Harare, Zimbabwe. Centre for Genomics & Child Health, Blizard Institute, Queen Mary University of London, UK. Department of Infectious Disease Epidemiology, St Mary's Campus, Imperial College London, London, UK. Department of International Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD 21205, USA. Department of Gastrointestinal Sciences, **Christian Medical College, Vellore,**Tamil Nadu, India. Tropical Gastroenterology & Nutrition group, University of Zambia School of Medicine, Lusaka, Zambia. Oral vaccines significantly underperform in low-income countries. One possible contributory factor is environmental enteric dysfunction (EED), a subclinical disorder of small intestinal structure and function among children living in poverty. Here, we review studies describing oral vaccine responses and EED. We identified eight studies evaluating EED and oral vaccine responses. There was substantial heterogeneity in study design and few consistent trends emerged. Four studies reported a negative association between EED and oral vaccine responses; two showed no significant association; and two described a positive correlation. Current evidence is therefore insufficient to determine whether EED contributes to oral vaccine underperformance. We identify roadblocks in the field and future research needs, including carefully designed studies those can investigate this hypothesis further.	**INT**	**JUL TO DEC**	**WELLCOME RESEARCH UNIT, GASTROINTESTINAL SCIENCES**	**PMID:**29926747 **PMC ID:**6136084 **SCOPUS** **WOS:**000444865600010 **H Index:** 64 **Impact Factor:** 3.190

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
127.	Coffin, D., Herr, C., O'hara, J., Diop, S., Hollingsworth, R., Srivastava, A., Lillicrap, D., Van Den Berg, H. M., Iorio, A. and Pierce, G. F. World bleeding disorders registry: The pilot study Haemophilia; 2018, 24 (3): e113-e116 **Address:** World Federation of Hemophilia, Montreal, Canada. HCD Economics, Manchester, UK. Cheikh Anta Diop University, Dakar, Senegal. Medical Data Solutions and Services (MDSAS), Manchester, UK. **Christian Medical College, Vellore,**India. Queen's University, Kingston, Canada. University Medical Center, Utrecht, The Netherlands. McMaster University, Hamilton, Canada.	**INT**	**JAN TO JUNE**	**HAEMATOLOGY**	**PMID:**29388721 **WOS:**000434111800004 **H Index:** 81 **Impact Factor:** 2.768
128.	Colston, J. M., Ahmed, A. M. S., Soofi, S. B., Svensen, E., Haque, R., Shrestha, J., Nshama, R., Bhutta, Z., Lima, I. F. N., Samie, A., Bodhidatta, L., Lima, A. A. M., Bessong, P., Paredes Olortegui, M., Turab, A., Mohan, V. R., Moulton, L. H., Naumova, E. N., Kang, G. and Kosek, M. N. Seasonality and within-subject clustering of rotavirus infections in an eight-site birth cohort study Epidemiol Infect; 2018, 146 (6): 688-697 **Address:** Johns Hopkins Bloomberg School of Public Health,Baltimore, Maryland,USA. Menzies School of Health Research,Casuarina,Australia. Department of Pediatrics and Child Health,Aga Khan University,Karachi,Pakistan. Department of Global Public Health and Primary Care,University of Bergen,Bergen,Norway. icddr,b, Centre for Nutrition and Food Security,Dhaka,Bangladesh. Walter Reed/AFRIMS Research Unit Nepal,Kathmandu,Nepal. Haydom Global Health Institute,Haydom,Tanzania. Universidade Federal do Ceara,Fortaleza, Ceara,Brazil. University of Venda,Thohoyandou, Limpopo,South Africa. Armed Forces Research Institute of Medical Sciences (AFRIMS),Enteric Diseases, Bangkok,Thailand. Asociacion Benefica Prisma,Unidad de Investigaciones Biomedicas,Iquitos,Peru. Interactive Research and Development,Maternal and Child Health Program,Karachi,Pakistan. **Christian Medical College,Vellore,India**. Friedman School of Nutrition Science & Policy,Tufts	**INT**	**JAN TO JUNE**	**WELLCOME RESEARCH UNIT, GASTROINTESTINAL SCIENCES**	**PMID:**29534766 **SCOPUS** **WOS:**000430189500004 **H Index:** 95 **Impact Factor:** 2.540 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	University,Boston, Massachusetts,USA. Improving understanding of the pathogen-specific seasonality of enteric infections is critical to informing policy on the timing of preventive measures and to forecast trends in the burden of diarrhoeal disease. Data obtained from active surveillance of cohorts can capture the underlying infection status as transmission occurs in the community. The purpose of this study was to characterise rotavirus seasonality in eight different locations while adjusting for age, calendar time and within-subject clustering of episodes by applying an adapted Serfling model approach to data from a multi-site cohort study. In the Bangladesh and Peru sites, within-subject clustering was high, with more than half of infants who experienced one rotavirus infection going on to experience a second and more than 20% experiencing a third. In the five sites that are in countries that had not introduced the rotavirus vaccine, the model predicted a primary peak in prevalence during the dry season and, in three of these, a secondary peak during the rainy season. The patterns predicted by this approach are broadly congruent with several emerging hypotheses about rotavirus transmission and are consistent for both symptomatic and asymptomatic rotavirus episodes. These findings have practical implications for programme design, but caution should be exercised in deriving inferences about the underlying pathways driving these trends, particularly when extending the approach to other pathogens.				
129.	Colston, J. M., Ahmed, T., Mahopo, C., Kang, G., Kosek, M., De Sousa Junior, F., Shrestha, P. S., Svensen, E., Turab, A. and Zaitchik, B. Evaluating meteorological data from weather stations, and from satellites and global models for a multi-site epidemiological study Environ Res; 2018, 165 91-109 **Address:** Department of International Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA. Electronic **Address:** josh.colston@jhu.edu. Nutrition & Clinical Services Division, International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), Dhaka, Bangladesh. Electronic **Address:** tahmeed@icddrb.org. Department of Nutrition, University of Venda, South Africa. Electronic **Address:** tjale.mahopo@univen.ac.za. **Christian Medical College, Vellore,**India. Electronic **Address:** gkang@cmcvellore.ac.in.	**INT**	**JAN TO JUNE**	**WELLCOME RESEARCH UNIT, GASTROINTESTINAL SCIENCES**	**PMID:**29684739 **PMC ID:**6024078 **WOS:**000437551200012 **H Index:** 108 **Impact Factor:** 4.732

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Department of International Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA. Electronic **Address:** mkosek@jhu.edu. Universidade Federal do Ceara, Brazil. Electronic **Address:** fjuniior@yahoo.com.br. Department of Child Health, Institute of Medicine of Tribhuvan University, Kathmandu, Nepal. Electronic **Address:** prakashsunder@hotmail.com. Haukeland University Hospital, Norway. Electronic **Address:** erling.svensen@helse-bergen.no. Research and Development, Maternal and Child Health (MCH) Program, Karachi, Pakistan. Electronic **Address:** turab.ali@irdresearch.org. Department of Earth and Planetary Sciences, Johns Hopkins Krieger School of Arts and Sciences, Baltimore, MD, USA. Electronic **Address:** zaitchik@jhu.edu. BACKGROUND: Longitudinal and time series analyses are needed to characterize the associations between hydrometeorological parameters and health outcomes. Earth Observation (EO) climate data products derived from satellites and global model-based reanalysis have the potential to be used as surrogates in situations and locations where weather-station based observations are inadequate or incomplete. However, these products often lack direct evaluation at specific sites of epidemiological interest. METHODS: Standard evaluation metrics of correlation, agreement, bias and error were applied to a set of ten hydrometeorological variables extracted from two quasi-global, commonly used climate data products - the Global Land Data Assimilation System (GLDAS) and Climate Hazards Group InfraRed Precipitation with Stations (CHIRPS) - to evaluate their performance relative to weather-station derived estimates at the specific geographic locations of the eight sites in a multi-site cohort study. These metrics were calculated for both daily estimates and 7-day averages and for a rotavirus-peak-season subset. Then the variables from the two sources were each used as predictors in longitudinal regression models to test their association with rotavirus infection in the cohort after adjusting for covariates. RESULTS: The availability and completeness of station-based validation data varied depending on the variable and study site. The performance of the two gridded climate models varied considerably within the same location and for the same variable across locations, according to different evaluation criteria and for the peak-season compared to the full dataset in				

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	ways that showed no obvious pattern. They also differed in the statistical significance of their association with the rotavirus outcome. For some variables, the station-based records showed a strong association while the EO-derived estimates showed none, while for others, the opposite was true. CONCLUSION: Researchers wishing to utilize publicly available climate data - whether EO-derived or station based - are advised to recognize their specific limitations both in the analysis and the interpretation of the results. Epidemiologists engaged in prospective research into environmentally driven diseases should install their own weather monitoring stations at their study sites whenever possible, in order to circumvent the constraints of choosing between distant or incomplete station data or unverified EO estimates.				
130.	Cunha, Catia, Alexander, Suceena, Ashby, Damien, Lee, Janet, Chusney, Gary, Cairns, Tom D. and Lightstone, Liz Hydroxycloroquine blood concentration in lupus nephritis: a determinant of disease outcome? Nephrology Dialysis Transplantation; 2018, 33 (9): 1604-1610 Background. Hydroxychloroquine (HCQ) is a recommended drug in systemic lupus erythematosus (SLE). It has a long terminal half-life, making it an attractive target for therapeutic drug monitoring. The aim of this study was to establish a relationship between blood HCQ concentration and lupus nephritis activity. Methods. We conducted a retrospective observational study with data collected from clinical and laboratory records. Inclusion criteria were patients followed in the lupus clinic with biopsy-proven International Society of Nephrology/Renal Pathology Society Classes III, IV or V lupus nephritis on HCQ for at least 3 months (200-400 mg daily) and with HCQ levels measured during treatment. Exclusion criteria were patients on renal replacement therapy at baseline or patients lost to follow-up. Results. In 171 patients, the HCQ level was measured in 1282 samples. The mean HCQ blood level was 0.75 +/- 0.54mg/L and it was bimodally distributed. An HCQ level <0.20 mg/L [232 samples (18.1%)] appeared to define a distinct group of abnormally low HCQ levels. For patients in complete or partial remission at baseline compared with those remaining in remission, patients with renal flare during follow-up had a significantly lower average HCQ level (0.59 versus 0.81 mg/L; P= 0.005). Our data suggest an HCQ target level to reduce the likelihood of renal flares >0.6 mg/L (600 ng/mL) in those patients with lupus nephritis. Conclusion. HCQ level monitoring may offer a new approach to identify non-adherent	**INT**	**JAN TO JUNE**	**NEPHROLOGY**	**WOS:**000446862700016 **H Index:** 150 **Impact Factor:** 4.600

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	patients and support them appropriately. We propose an HCQ minimum target level of at least 0.6 mg/L to reduce the renal flare rate, but this will require a prospective study for validation.				
131.	D'sa, S. R., Nair, S., Joe Philip, V., Reji, K. K., Karuppusamy, R. and Joseph, M. Study of the factors at admission predicting the outcome in patients with attempted suicidal hanging Tropical Doctor; 2018, 48 (1): 3-6 **Author information:** (1)Assistant Professor, Department of Critical Care, Medicine 30025 **Christian Medical College, Vellore ,**India. (2)Professor, Department of Neurointensive Care, 30025 **Christian Medical College, Vellore ,**India. (3)Junior Registrar, 30025 **Christian Medical College, Vellore ,**India. (4)Senior Demonstrator, Department of Biostatistics, 30025 **Christian Medical College, Vellore ,**India. (5) Professor and Head, Department of Neurointensive Care, 30025 **Christian Medical College, Vellore ,**India. Our study sought to identify factors at presentation which can predict the outcome after an attempted hanging. A retrospective analysis of patients over a 12-year period was carried out. A poor outcome was found in 17.8% and this could be predicted by the presence of myoclonus, a Glasgow coma motor score of ≤3 or an abnormal chest radiograph. © 2017, © The Author(s) 2017.	**INT**	**JAN TO JUNE**	**CRITICAL CARE MEDICINE, NEUROINTENSIVE CARE, BIOSTATISTICS**	**PMID:**28862515 **SCOPUS** **H Index:** 30 **Impact Factor:** 0.660 (RG)
132.	Dangi, A. D., Kumar, R. M., Kodiatte, T. A., Gowri, M., Kumar, S., Devasia, A. and Kekre, N. Is there a role for second transurethral resection in pTa high-grade urothelial bladder cancer? Cent European J Urol; 2018, 71 (3): 287-294 **Address:** Department of Urology, **Christian Medical College and Hospital, Vellore**, India. Department of Pathology, **Christian Medical College and Hospital, Vellore**, India. Department of Bio-Statistics, **Christian Medical College and Hospital, Vellore**, India. Introduction: Evidence for second transurethral resection of bladder tumour (TURBT) for pTa high-grade lesions is limited. This study aims to examine the role of a second TURBT in the pTa high-grade	**INT**	**JAN TO JUNE**	**UROLOGY, PATHOLOGY, BIOSTATISTICS**	**PMID:**30386649 **PMC ID:**6202620 **H Index:** 13 **Impact Factor:** 0.700 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	group and to generate recurrence and progression data for this group. Material and methods: We retrospectively studied the clinical profiles and outcomes of all patients diagnosed with high-grade pTa lesions at first TURBT, between the years 2006-2015. Firstly, in patients who underwent a complete first TURBT, we calculated the proportion of patients with positive findings on second TURBT. Secondly, we assessed whether those who underwent a second TURBT had a longer recurrence-free survival compared to those who underwent a single TURBT. Results: One hundred and twelve patients had a pTa high-grade urothelial bladder tumor (WHO 2004 classification) at first TURBT, out of whom 43 (38.3%) had a second TURBT. Indications for second TURBT were high-grade lesions (n = 36), absence of detrusor muscle (n = 2), and incomplete resection (n = 5). Out of the 36 patients who had a complete first TURBT and underwent a second look TURBT, 7 patients had positive findings (3 carcinoma in situ, 2 pTa low-grade lesions and 2 pTa high-grade lesions) and there was no upstaging. Of the 5 patients with an incomplete first TURBT, one upstaged to pT1 on second TURBT. Of the 81 patients who followed up with us, 25.9% had a recurrence and 8.6% progressed. The estimated median recurrence free survival was 60 months (95% CI 29.2-90.7) for the whole group and 76 months vs. 45 months for the second and single TURBT group respectively - a difference that was clinically, though not statistically, significant. Multiple (>/=2) tumours had a lower recurrence free survival (HR of 4.60, CI 1.67-12.63, p = 0.003). Conclusions: Of the patients with pTa high-grade tumours who had a second TURBT after a complete first TURBT, 19.4% had a positive finding. Multiple tumours are four times as likely to recur as solitary tumours. The role of a second TURBT in this group needs to be studied in larger patient cohorts before a recommendation regarding its lack of clinical utility can be made conclusively.				
133.	Daniel Sathiya, S. S., Sharma, S. P., Babu, R. and Koshy, S. Tooth Ache to Leprosy! Importance of Revisiting Diagnosis J Maxillofac Oral Surg; 2018, 17 (4): 432-434 **Address:** 1Department of Dental and Oral Surgery, **Christian Medical College,**No. 24, Avvai Nagar 3rd Street, Thorapadi, Vellore, Tamil Nadu 632002 India.0000 0004 1767 8969grid.11586.3b 2Department of Pathology, **Christian Medical College, Vellore,**India.0000 0004 1767 8969grid.11586.3b Atypical facial pain can be dreadful for the patient, and treating it can be an arduous task for the clinician, unless the diagnosis is	**INT**	**JAN TO JUNE**	**DENTAL AND ORAL SURGERY, PATHOLOGY**	**PMID:**30344381 **PMC ID:**6181843 **H Index:** NA **Impact Factor:** 0.450 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	constantly revisited. does not contain any studies with human participants or animals performed by any of the authors.No research was done on the patient but all procedures were done with informed consent of the patient.				
134.	Daniel, Dolly, Varughese, Santosh, Mittal, Siddharth, Aruldoss, Sam, David, Vinoi G., Alexander, Suceena, Mohapatra, Anjali and Jude, John ANTIENDOTHELIAL CELL AND ANTI AT1R ANTIBODIES IN TWO CLUSTERS OF RENAL TRANSPLANT RECIPIENTS WITH ACUTE ANTIBODY MEDIATED REJECTION A STUDY FROM A TERTIARY CENTRE IN INDIA Hla; 2018, 91 (5): 382-382	**INT**	**JAN TO JUNE**	**TRANSFUSION MEDICINE & IMMUNOHAEMATOLOGY**	**WOS:**000430290800126 **H Index:** 92 **Impact Factor:** 2.558
135.	Das, S. and Barnwal, P. The need to train uncertified rural practitioners in India Journal of International Medical Research; 2018, 46 (1): 522-525 Author information: (1) Department of Pharmacology and Clinical Pharmacology, **Christian Medical College, Vellore**, India. (2) Department of Medical Elementology and Toxicology, School of Chemical and Life Sciences, Jamia Hamdard (Hamdard University), New Delhi, India. Uncertified rural practitioners (URPs) without formal medical qualification occupy an indispensable yet dangerous position in the rural health care system in India. The low cost, close proximity, and higher health hazards in rural areas along with the inability of established health-care setups to fulfill existing demands have favored the flourishing trade of URPs. Irrational and dangerous drug prescriptions, unauthorized interventions, improper waste disposal, and several cases of malpractice by URPs are serious threats to the exposed population. However, because of the practical compulsion and real-world necessity of their existence, URPs should be scientifically trained and sensitized to regulate, qualify, and integrate them as a part of the existing health care system in India.	**INT**	**JAN TO JUNE**	**PHARMACOLOGY**	**WOS:**000419863700054 **SCOPUS** **H Index:** 49 **Impact Factor:** 1.023
136.	Das, S., Dey, J. K., Sen, S. and Mukherjee, R. Efficacy and Safety of Patiromer in Hyperkalemia: A Systematic Review and Meta-Analysis Journal of Pharmacy Practice; 2018, 31 (1): 6-17	**INT**	**JAN TO JUNE**	**PHARMACOLOGY, BIOSTATISTICS**	**SCOPUS** **H Index:** 21 **Impact Factor:** 1.160

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Author information: (1) Department of Pharmacology and Clinical Pharmacology, **Christian Medical College, Vellore,**Tamil Nadu, India. (2) Department of Biostatistics, **Christian Medical College, Vellore,**Tamil Nadu, India. Background: Patients at the highest risk of hyperkalemia are those with chronic kidney disease (CKD) stages 3 and 4. Objective: To evaluate the efficacy and safety of patiromer in hyperkalemia in patients with heart failure or CKD. Methods: The Cochrane Renal Group's Specialized Register was searched through contact with the Trials' Search Coordinator. We aimed at including randomized controlled trials with patiromer in patients with developed or risks of developing hyperkalemia, comparing against an active comparator or placebo. Three studies matched our inclusion and exclusion criteria, which we included in the meta-analysis. All-cause mortality, reduction in hospitalization, episodes of hypokalemia or hyperkalemia, and cardiovascular and gastrointestinal adverse events during the treatment period were our primary outcomes. Serial change in serum potassium (K+) until end of treatment or follow-up during the trial period and all other reported adverse reactions during the treatment period were our secondary outcomes. Meta-analysis (RevMan version 5.3.5) and descriptive statistics were used. Results: There was a non-significant improvement in all-cause mortality and serious cardiovascular events with patiromer than placebo. Hospitalization data were unavailable. Although serious gastrointestinal events were more common with placebo, there was a significant reduction (P =.02) in the risk of non-serious gastrointestinal events with placebo. Patiromer lowered serum K+ more than placebo, and there were more patients developing hyperkalemia with placebo. High-dose patiromer was associated with better efficacy in some parameters but with more adverse events. Conclusion: Although patiromer seems promising, more trials with active comparator are essential to finalize its indication and use in hyperkalemia. © 2017, © The Author(s) 2017.				
137.	Dasgupta, R., Venkatesan, P., Goyal, A., Wickramanayake, A., Chaithanya Murthy, K., Inbakumari, M., Hawkins, M. and Thomas, N. The lack of validity of predictive equations for calculating resting energy expenditure in asian indian patients with type 1 and type 2	**INT**	**JAN TO JUNE**	**ENDOCRNIOLOGY**	**SCOPUS** **H Index:** 44 **Impact Factor:** 0.880 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	diabetes mellitus Indian Journal of Physiology and Pharmacology; 2018, 62 (3): 314-319 **Address:** Department of Endocrinology, Diabetes and Metabolism, **Christian Medical College, Vellore,**India Division of Endocrinology, Department of Medicine, Albert Einstein College of Medicine, Bronx, NY, United States Introduction: Predictive equations are used routinely to calculate resting energy expenditure and administer appropriate nutrition to patients. Validity of routinely used equations for calculating resting energy expenditure was not verified in Asian Indian population. In this study we aim to compare the predictive equations with indirectly calorimetry to test their validity in Indian population. Methods: The study included 45 male Indian subjects divided into following groups: 16 patients with Type 1 diabetes mellitus, 13 patients with Type 2 Diabetes mellitus and 16 normoglycemic subjects. All underwent anthropometric measurements, body composition measurement by DEXA scan and indirect calorimetry. REE calculated from routinely used equations and a body composition based equation was compared with REE measured by indirect calorimetry by means of Bland-Altman plot analysis. Total and mean error was also calculated for the predictive equations. Statistical analysis was done in R programming language version 3.2.4. Results: Total error of different predictive equations when compared with indirect calorimetry ranged from 375 kcal/day to 726 kcal/day across the studied groups. Bland-Altman plot analysis showed negative proportional bias i.e. equations overestimate at lower values and underestimate at higher values of measured REE. Conclusion: Routinely used predictive equations and recently introduced body composition based equation were all poor in accuracy as reflected from their high total error for estimating resting energy expenditure in Indian population when compared with indirect calorimetry. We conclude that a predictive equation for estimating resting energy expenditure must be established for use in Indian population.				
138.	David, Kirubah Dr. Ian R McWhinney: The father of academic family medicine Current Medical Issues; 2018, 16 (1): 24-25 Dr. Ian R McWhinney is well known to most family doctors as the	**NAT**	**JAN TO JUN**	**FAMILY MEDICINE**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	father of academic family medicine (FM). He outlined the philosophical basis, principles, and knowledge of this clinical discipline. He started the very first academic department of FM located at the University of Western Ontario in 1968. He was instrumental in transforming FM worldwide by his visionary writings and research. In collaboration with a group of gifted colleagues, he advanced this discipline from an unknown subject into an academic one with a distinct clinical method and undergraduate and graduate courses. He was renowned for this great empathy, patient-centeredness, and inspired teaching.				
139.	David, S. and Mathews, V. Mechanisms and management of coagulopathy in acute promyelocytic leukemia Thromb Res; 2018, 164 Suppl 1 S82-S88 **Address:** Department of Haematology, **Christian Medical College, Vellore,**India. Department of Haematology, **Christian Medical College, Vellore,**India. Electronic **Address:** vikram@cmcvellore.ac.in. Acute promyelocytic leukemia (APL) is a subtype of leukemia which is associated with unique and distinctive coagulopathy. In the absence of treatment it is rapidly fatal and even after initiation of therapy the major cause of early mortality is related to hemorrhagic complications. The coagulopathy can be exacerbated with the start of treatment. In the absence of early hemorrhage related deaths the probability of cure exceeds 90% in low and intermediate risk patients and 80% even in high risk patients, highlighting the importance of understanding the pathophysiology of this complication and instituting prompt and appropriate management strategies. The coagulopathy in APL is complex and results from a combination of thrombocytopenia, disseminated intravascular coagulation and hyperfibronlysis. Recently the effect of all-trans retinioc acid (ATRA) induced ETosis on exacerbating coagulopathy in the first few days after starting therapy with this agent raises the potential for potentially novel strategies to reduce the risk of hemorrhage. Currently management is mainly related to rapid initiation of therapy with ATRA along with appropriate and adequate replacement of blood products to correct the coagulopathy. There is limited role for the use of low dose anti-coagulants and anti-fibrinolytic agents in the initial management of this disease. There is limited data on the use of rFVIIa or the use of global tests of hemostasis in the management of this condition.	**INT**	**JAN TO JUNE**	**HAEMATOLOGY**	**PMID:**29703489 **WOS:**000432889200015 **H Index:** 99 **Impact Factor:** 2.779

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
140.	David, S., Nair, S. C., Singh, G. S., Alex, A. A., Ganesan, S., Palani, H. K., Balasundaram, N., Lakshmi, K. M., Joshi, A., Kannan, S., Korula, A., Nambiatheyil Aboobacker, F., Abraham, A., George, B., Apte, S. J., Srivastava, A. and Mathews, V. Prevalence of FVIII inhibitors in severe haemophilia A patients: Effect of treatment and genetic factors in an Indian population Haemophilia; 2018, **Address:** Department of Haematology, **Christian Medical College, Vellore,**India. Department of Immunohaematology and Transfusion Medicine, **Christian Medical College, Vellore,**India. Sahyadri Speciality Hospital, Pune, India. INTRODUCTION: Factor replacement therapy in treatment of haemophilia A is complicated by the production of neutralising antibodies known as inhibitors. The formation of inhibitors is multifactorial being associated with both genetic and environmental factors. AIM: To document the prevalence of inhibitors in severe haemophilia in the community where most patients receive only infrequent episodic replacement therapy and evaluate the factors which could be contributing to it. METHODS: Community based camps were conducted in different parts of the country. Patients were assessed through a structured questionnaire and blood samples were obtained for laboratory evaluation of inhibitors and defined immunological parameters. RESULTS: Inhibitors were present in 87/447 (19.5%) of the evaluated patients. High-titre inhibitor (>5 Bethesda Units [BU]) was identified in 31 (35.6%) patients. HLA DRB1-13-positive cases (RR = 2.04; 95% CI 1.06-3.911; P = 0.033) had an increased risk of inhibitor formation which was retained in the high-titre subset. A decreased risk of inhibitor formation was noted with heterozygous IL4-590 C/T allele (RR = 0.22; 95% CI 0.108-0.442: P = 0.000). There were no significant correlations between any of the evaluated environmental factors and the development of inhibitors in this study. CONCLUSION: The overall prevalence of inhibitors in patients with severe haemophilia A is similar to that reported among patients receiving regular replacement therapy. The data from this study, limited by its retrospective and cross-sectional study design, would suggest that genetic rather than environmental are more likely to impact the development of inhibitors.	**INT**	**JAN TO JUNE**	**HAEMATOLOGY, TRANSFUSION MEDICINE AND IMMUNOHAEMATOLOGY**	**PMID:**30427567 **H Index:** 81 **Impact Factor:** 2.768

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
141.	D'cunha, A., Ravi Kishore, B. S. S. and Varghese, I. T. A Rare Case of a Common Hepatic Duct Stricture Secondary to an Anteriorly Crossing Right Hepatic Artery in an Infant J Indian Assoc Pediatr Surg; 2018, 23 (3): 161-163 **Address:** Department of Pediatric Surgery, **Christian Medical College, Vellore,**Tamil Nadu, India. A 1-year-old male child presented with progressive jaundice. Investigations were suggestive of an obstructive pathology with a suspected choledochal cyst on imaging. Intraoperative cholangiogram demonstrated runoff of contrast from the cystic duct into the common bile duct with no opacification of the biliary system proximal to this. Intraoperatively, the right hepatic artery was found anteriorly crossing the common hepatic duct (CHD) causing extrinsic compression leading to complete obstruction. Following stricture excision and anastomosis of the dilated bulbous CHD to a Roux-en-Y jejunal loop, the child recovered completely. An anteriorly crossing right hepatic artery causing obstruction to the biliary duct is a rare occurrence, more so in infancy. An excision with a hepaticojejunostomy is straight forward and curative.	**NAT**	**JAN TO JUNE**	**PAEDIATRIC SURGERY**	**PMID:**30050268 **PMC ID:**6042160 **SCOPUS** **H Index:** 12 **Impact Factor:** 0.600 (RG)
142.	De Oliveira, R. S., Viana, D. C., Colli, B. O., Rajshekhar, V. and Salomao, J. F. M. Pediatric neurocysticercosis Childs Nervous System; 2018, 34 (10): 1957-1965 **Address:** Division of Neurosurgery and Pediatric Neurosurgery, Department of Surgery and Anatomy, University Hospital of Ribeirao Preto Medical School, University of Sao Paulo, Sao Paulo, Brazil. Department of Neurological Sciences, **Christian Medical College Hospital, Vellore,** India. Division of Pediatric Neurosurgery, National Institute of Women, Children and Adolescents Health Fernandes Figueira - Oswaldo Cruz Foundation (IFF - Fiocruz), Rio de Janeiro, RJ, Brazil. jfsalomao@terra.com.br. BACKGROUND: Neurocysticercosis (NCC) is an infestation of the nervous system caused by encysted larvae of Taenia solium. NCC is an important acquired cause of epilepsy and other neurological manifestations especially in endemic areas. NCC in children has pleomorphic manifestations depending on the location, number, viability of the cysts, and host response. Even with advancing knowledge of the disease manifestations, many aspects related to diagnosis and treatment, particularly in children, still remain	**INT**	**JAN TO JUNE**	**NEUROSURGERY**	**PMID:**29987374 **WOS:**000442692100019 **SCOPUS** **H Index:** NA **Impact Factor:** 1.235

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	controversial and pose challenges to clinical practice. There is no gold standard test to diagnose NCC and the management recommendations are still emerging. This review provides an overview of diagnosis of NCC in children and its management with special focus on current challenges and future prospects. DISCUSSION: In developing countries, NCC is important not only because of its frequency but also because of high morbidity and mortality rates associated, especially in cases in which it progresses to increased intracranial pressure. Because of its pleomorphic presentation, NCC should be considered in the differential diagnosis of a number of neurological conditions. Treatment with cysticidal therapy leads to reduction in seizure frequency and a faster resolution of lesions. CONCLUSIONS: We have summarized the current approaches to diagnosis and treatment of NCC, recent advances in understanding the biology of NCC, and how one can take advantage of these new insights to formulate the next generation of clinical trials.				
143.	Devanga Ragupathi, N. K. and Veeraraghavan, B. Data on whole genome shotgun sequencing report of clinical S. maltophilia strains from India Data Brief; 2018, 21 263-268 **Address:** Department of Clinical Microbiology, **Christian Medical College, Vellore,**Tamilnadu, India. Stenotrophomonas maltophilia is an important emerging nosocomial pathogen with broad level multi-drug resistance. There is a lack of genomic information on S. maltophilia to understand the antimicrobial resistance (AMR) mechanism behind. The data article reports on whole genome sequence information of 9 clinical S. maltophilia strains isolated from a tertiary care hospital in India. Isolates were sequenced using Ion Torrent PGM platform. Raw reads were assembled and annotated, where the genome size ranged from ~3.2 to ~4.5Mb with average 57.6x coverage. AMR genes blaL1, blaL2, Smqnr, aac(6)-lz and aph(3)-llc were observed among the isolates in addition to multiple virulence factors. Five isolates were identified to be ST15, ST283, ST284, ST285 and ST286.	**INT**	**JAN TO JUNE**	**CLINCAL MICROBIOLOGY**	**PMID:**30364539 **PMC ID:**6197317 **SCOPUS** **H Index:** 8 **Impact Factor:** 1.430 (RG)
144.	Devanga Ragupathi, N. K., Muthuirulandi Sethuvel, D. P., Inbanathan, F. Y. and Veeraraghavan, B. Accurate differentiation of Escherichia coli and Shigella serogroups: challenges and strategies	**INT**	**JUL TO DEC**	**CLINICAL MICROBIOLOGY**	**PMC5711669** **H Index:** 14 **Impact Factor:** NA

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	New Microbes New Infect. 2018 Jan; 21: 58–62. Address: Department of Clinical Microbiology, **Christian Medical College, Vellore**, India Shigella spp. and Escherichia coli are closely related; both belong to the family Enterobacteriaceae. Phenotypically, Shigella spp. and E. coli share many common characteristics, yet they have separate entities in epidemiology and clinical disease, which poses a diagnostic challenge. We collated information for the best possible approach to differentiate clinically relevant E. coli from Shigella spp. We found that a molecular approach is required for confirmation. High discriminatory potential is seen with whole genome sequencing analysed for k-mers and single nucleotide polymorphism. Among these, identification using single nucleotide polymorphism is easy to perform and analyse, and it thus appears more promising. Among the nonmolecular methods, matrix-assisted desorption ionization–time of flight mass spectrometry may be applicable when data analysis is assisted with advanced analytic tools. © 2017 The Authors				
145.	Devasia, A. J., Mammen, S., Korula, A., Abraham, A., Fouzia, N. A., Lakshmi, K. M., Abraham, A. M., Srivastava, A., Mathews, V. and George, B. A Low Incidence of Cytomegalo Virus Infection Following Allogeneic Hematopoietic Stem Cell Transplantation Despite a High Seroprevalence Indian J Hematol Blood Transfus; 2018, 34 (4): 636-642 **Address:** 1Department of Clinical Hematology, **Christian Medical College, Vellore,**India.0000 0004 1767 8969grid.11586.3b 2Department of Clinical Virology, **Christian Medical College, Vellore,**India.0000 0004 1767 8969grid.11586.3b Cytomegalovirus (CMV) infection remains an important cause of morbidity and mortality following allogeneic stem cell transplantation (SCT). We wanted to study if the high sero-prevalence seen in our population translated into a high incidence of CMV infection following SCT. This is a retrospective analysis of patients who underwent allogeneic SCT between January 2008 and December 2012 at our centre. 475 patients underwent allogeneic SCT for malignant (46.5%) and non-malignant (53.5%) haematological disorders. 463 (97.4%) SCT recipients and 403 (84.8%) SCT donors were IgG seropositive for CMV. CMV reactivation within 100 days post SCT was seen in 174 (36.6%) at a median of 41 days (range 10-100) post SCT. Ganciclovir was used	**NAT**	**JAN TO JUNE**	**HAEMATOLOGY**	**PMID:**30369733 **PMC ID:**6186215 **SCOPUS** **H Index:** 10 **Impact Factor:** 0.474

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	in 166 patients (95.4%) for a mean duration of 16 days (range 5-32). 157 patients (90%) responded to therapy. Sixty-six patients (42.3%) had secondary reactivation of the virus. Use of a male donor (p = 0.000), donor and recipient age > 15 (p = 0.005 and 0.000), unrelated donor (p = 0.000), degree of HLA mismatch (p = 0.000), occurrence of acute GVHD (p = 0.000) and steroid refractory acute GVHD (p = 0.026) were identified as risk factors for CMV reactivation while early neutrophil recovery (< 15 days) was found to be protective (p = 0.004). On multivariate analysis, male donor (p = 0.042), degree of HLA mismatch (p = 0.006), the occurrence of acute GVHD (p = 0.000) and steroid refractory acute GVHD (p = 0.031) continued to remain significant. 5-year overall survival was significantly better in patients without CMV reactivation compared to those who developed reactivation of CMV (68.9 +/- 3.7 vs 58.2 +/- 4.9% p = 0.004). The incidence of CMV infection does not seem to be higher despite a high sero-prevalence of CMV. However, patients who developed CMV infection post SCT had inferior outcomes.				
146.	Devasia, Anup, Abraham, Melvin Alex, Nisham, P. N., Kulkarni, Uday, Korula, Ann, Abraham, Aby, Srivastava, Alok, Mathews, Vikram, George, Sajan Philip and George, Biju Peripheral Blood Stem Cell Harvesting Under Anaesthesia in a Day Care Setting is Safe in Paediatric Donors Biology of Blood and Marrow Transplantation; 2018, 24 (3): S320-S320 **PMC**	**INT**	**JAN TO JUNE**	**HAEMATOLOGY**	**WOS:**000425476000463 **H Index:** 103 **Impact Factor:** 4.484
147.	Devasia, Anup, Korula, Anu, Kulkarni, Uday, Fouzia, N. A., Abraham, Aby, Srivastava, Alok, George, Biju, Balasubramaniam, Poonkuzhali and Mathews, Vikram Hairy Cell Leukemia: Long Term Response to Cladribine Clinical Lymphoma Myeloma & Leukemia; 2018, 18 S280-S280	**INT**	**JAN TO JUNE**	**HAEMATOLOGY**	**WOS:**000444343400259 **H Index:** 43 **Impact Factor:** 2.308
148.	Dharmapalan, D., Inbanathan, F. Y., Kharche, S., Patil, A., Joshi, S., Yewale, V., Daniel, J. L. K., Walia, K. and Veeraraghavan, B. Whole genome shotgun sequences of Streptococcus pyogenes causing acute pharyngitis from India Data Brief; 2018, 18 1340-1349 **Address:** Apollo Hospitals, Navi Mumbai, Maharashtra, India. Department of Clinical Microbiology, **Christian Medical College, Vellore,**Tamil Nadu, India.	**INT**	**JAN TO JUNE**	**CLINICAL MICROBIOLOGY**	**PMID:**29900313 **PMC ID:**5996613 **SCOPUS** **H Index:** 8 **Impact Factor:** 1.430 (RG)

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	Dr. Yewale Multispeciality Hospital for Children, Navi Mumbai, Maharashtra, India. Joshi's Laboratory, Navi Mumbai, Maharashtra, India. Indian Council of Medical Research, Ansari Nagar, New Delhi, India. Streptococcus pyogenes, belonging to group A streptococcus (GAS), causes over 600 million infections annually being a predominant human pathogen. Lack of genomic data on GAS from India is one limitation to understand its virulence and antimicrobial resistance determinants. The genome of GAS isolates from clinical samples collected at Navi Mumbai, India was sequenced and annotated. Sequencing was performed on Ion Torrent PGM platform. The size of annotated S. pyogenes genomes ranged from ~1.69 to ~1.85Mb with coverage of 38x to 189x. Most of the isolates had msr(D) and mef(A), and four isolates had erm(B) gene for macrolide resistance. The genome harboured multiple virulence factors including exotoxins in addition to phage elements in all GAS genomes. Four isolates belonged to sequence type ST28, 7 were identified as ST36 and 1 as ST55.				
149.	Dharmaraju, N., Mauleshbhai, S. S., Arulappan, N., Thomas, B., Marconi, D. S., Paul, S. S. and Mohan, V. R. Household food security in an urban slum: Determinants and trends J Family Med Prim Care; 2018, 7 (4): 819-822 **Address:** Department of Community Medicine, **Christian Medical College, Vellore,**Tamil Nadu, India. Pushpagiri Institute of Medical Sciences and Research Centre, Thiruvalla, Kerala, India. Introduction: As we are moving from millennium development goals to sustainable development goals, food insecurity is imposing a formidable challenge to the policymakers, especially in developing countries such as India. A survey conducted in the urban slum areas of Vellore district, 6 years back, had reported food insecurity as high as 75%. The current study was a resurvey to assess the food security status in the aforementioned area. Materials and Methods: A community-based survey was conducted in which data were collected using a self-administered questionnaire from 150 households, selected through multistaged cluster sampling, who had given oral consent to be a part of the survey. The prevalence of food security calculated from this study was compared with the results from a previous survey to look for any significant improvement. Results: Nearly 42.7% of the households were food secure, while 26.7% were food insecure without hunger and 30.6%	**NAT**	**JAN TO JUNE**	**COMMUNITY MEDICINE**	**PMID:**30234060 **PMC ID:**6132004 **H Index:** NA **Impact Factor:** 0.670 (RG)

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	were food insecure with some degree of hunger. Low socioeconomic status (odds ratio [OR]: 3.25, 95% confidence interval [CI]: 1.29-8.16; P < 0.012) and presence of debt (OR: 3.84, 95% CI: 1.90-7.73; P < 0.001) were the major risk factors for food insecurity. A comparison with the findings from the previous study has shown a statistically significant improvement in food security from 25.4% to 42.7% (Chi-square: 27.072, df: 2, P < 0.0001). Conclusion: Although food security levels have shown marked improvement over the years, much needs to be done for India to be free from the shackles of hunger.				
150.	Dholakia, S. Y. Conducting controlled human infection model studies in India is an ethical obligation Indian J Med Ethics; 2018 Nov 8;-(-):1-3. Address: Professor, Department of Psychiatry, **Christian Medical College, Vellore**, Tamil Nadu 632 002 India., dholakiasaumil@cmcvellore.ac.in. Weighing competing obligations and achieving the "greatest balance" of right over wrong guides an individual, an agency or a country in determining what ought to be done in an ethically challenging situation. Conducting controlled human infection model (CHIM) studies in India is one such situation. The ethical challenge in conducting a CHIM study lies in completing the difficult task of introducing standardised, attenuated strains of micro-organisms into normal healthy volunteers, at the same time ensuring the safety of these healthy individuals from potential and completely informed risks in a fashion that is transparent and accountable. The bar is further raised against the background of already fragile public confidence in biomedical research in India; especially when "deliberate" introduction of microbial agents into healthy individuals is involved, with the larger altruistic objective of gain to society as a whole. This paper discusses the uses of CHIM studies with respect to the larger scientific Indian research enterprise of the 21st century. It further explores etic and emic perspectives in conducting such trials in India and seeks to generate an ethical coherence to the justification for conducting CHIM studies in India. The paper deliberates on ethical issues arising out of conducting CHIM studies and reflects on how developing the capacity for CHIM studies in India is likely to strengthen the health research and development sector in the country.	**NAT**	**JUL TO DEC**	**MEDICAL ETHICS**	**PMID:30474610** **H Index:** 13 **Impact Factor:** 0.170 (RG)

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151.	Dicker, Daniel, Nguyen, Grant, Abate, Degu, Abate, Lkidan Hassen, Abay, Solomon M., Abbafati, Cristiana, Abbasi, Nooshin, Abbastabar, Hcdayat, Abd-Allah, Foad, Abdela, Jeinal, Abdelalim, Ahmed, Abdel-Rahman, Omar, Abdi, Alireza, Abdollahpour, Ibrahim, Abdulkader, Rizwan Suliankatchi, Abdurahman, Ahmed Abdulahi, Abebe, Haftom Temesgen, Abebe, Molla, Abebe, Zegeye, Abebo, Teshome Abuka, Aboyans, Victor, Abraha, Haftom Niguse, Abrham, Aklilu Roba, Abu-Raddad, Laith Jamal, Abu-Rmeileh, Niveen Ml, Mbessi, Manfred Mario Kokou Areas, Acharya, Pawan, Adebayo, Oladimeji M., Adedeji, Isaac Akinkimmi, Adedoyin, Rufus Adesoji, Adekanmbi, Victor, Adetokunboh, Olatunji O., Adhena, Beyene Meressa, Adhikari, Tara Banal, Adib, Mina G., Adou, Arsene Kouablan, Adsuar, Jose C., Afaridern, Mohsen, Afshin, Ashkan, Agarwal, Gina, Aggarwal, Rakesh, Aghayan, Sargis Agbasi, Agrawal, Sutapa, Agrawal, Anurag, Ahmadi, Mehdi, Ahmadi, Alireza, Ahmadieh, Hamid, Ahmed, Mohamed Lemine Cheikh Brahim, Ahmed, Sayem, Ahmed, Muktar Beshir, Aichour, Amani Nidhal, Aichour, Ibtihel, Aichour, Miloud Taki Eddine, Akanda, Ali S., Akbari, Mohammad Esmaeil, Akibu, Mohammed, Akinyemi, Rufus Olusola, Akinyemiju, Tomi, Akseer, Nadia, Alandab, Fares, Al-Aly, Ziyad, Alam, Khurshid, Alebel, Animut, Aleman, Alicia V., Alene, Kefyalew Addis, Al-Eyadhy, Ayman, Ali, Raghib, Alijanzadely, Mehran, Alizadeh-Navaei, Reza, Aljunid, Syed Mohamed, Alkerwi, Ala'a, Alla, Francois, Allebeck, Peter, Allen, Christine A., Alonso, Jordi, Al-Raddadi, Rajaa M., Alsharif, Ubai, Altirkawi, Khalid, Alvis-Cituman, Nelson, Amare, Azmeraw T., Amini, Erfan, Ammar, Walid, Amoako, Yaw Ampem, Anber, Nahla Hamed, Andrei, Catalina Liliana, Androudi, Sofia, Animut, Megbani Debalkie, Anjomshoa, Mina, Anlay, Degefaye Zelalem, Ansari, Hossein, Ansariadi, Ansariadi, Ansha, Mustafa Geleto, Antonio, Carl Abelardo T., Appiah, Seth Christopher Yaw, Aremu, Olatunde, Areri, Habtarnu Abera, Arnlov, Johan, Aroma, Megha, Artaman, Al, Aryal, Krishna K., Asadi-Lari, Mohsen, Asayesh, Hamid, Asfaw, Ephrem Tsegay, Asgedom, Solomon Weldegebreal, Assadi, Reza, Ataro, Zerihun, Atey, Tesfay Mehan Mehari, Athari, Seyyed Shamsadin, Atique, Suleman, Atre, Sachin R., Atteraya, Madhu Sudhan, Attia, Engi F., Ausloos, Marcel, Avila-Burgos, Leticia, Avokpaho, Euripide F. G. A., Awasthi, Ash Ish, Awuah, Baffour, Quintanilla, Beatriz Paulina Ayala, Ayele, Henok Tadesse, Ayele, Yohanes, Ayer, Rakesh, Ayuk, Tam Be B., Azzopardi, Peter S., Azzopardi-Muscat, Natasha, Badali, Hamid, Badawi, Alaa, Balakrishnan, Kalpana, Bali, Ayele Geleto, Banach, Maciej, Banstola, Armit, Barac, Aleksandra, Barboza,	**INT**	**JUL TO DEC**	**MEDICINE**	**PMID: 30496102** **PMCID: PMC6227504** **PMID:WOS:000449710900003** **H Index:** 670 **Impact Factor:** 53.254

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	Miguel A., Barquera, Simon, Barrero, Lope H., Basaleem, Huda, Bassat, Quique, Basu, Arindam, Basu, Sanjay, Baune, Bernhard T., Bazargan-Hejazi, Shahrzad, Bedi, Neeraj, Beghi, Ettore, Behzadifar, Masoud, Behzadifar, Meysam, Bejot, Yannick, Bekele, Bayu Begashaw, Belachew, Abate Bekele, Belay, Aregawi Gebreyesus, Belay, Ezra, Belay, Saba Abraham, Belay, Yihalem Abebe, Bell, Michelle L., Bello, Aminu K., Bennett, Derrick A., Bensenor, Isabela M., Berhane, Adugnaw, Berman, Adam E., Bernabe, Eduardo, Bernstein, Robert S., Bertolacci, Gregory J., Beuran, Mircea, Beyranvand, Tina, Bhala, Neeraj, Bhatia, Eesh, Bhatt, Samir, Bhattarai, Suraj, Bhaumik, Soumyadeeep, Bhutta, Zulfiqar A., Biadgo, Belete, Bijani, Ali, Bikbov, Boris, Bililign, Nigus, Bin Sayeed, Muhammad Shandaat, Birlik, Sait Mentes, Birungi, Charles, Bisanzio, Donal, Biswas, Tuhin, Bjorge, Tone, Bleyer, Archie, Basara, Berrak Bora, Bose, Dipan, Bosetti, Cristina, Boufous, Soufiane, Bourne, Rupert, Brady, Oliver J., Bragazzi, Nicola Luigi, Brant, Luisa C., Brazinova, Alexandra, Breitborde, Nicholas J. K., Brenner, Hermann, Britton, Gabrielle, Brugha, Traolach, Burke, Kristin E., Busse, Reinhard, Butt, Zahid A., Cahuana-Hurtado, Lucero, Callender, Charlton S. K. H., Campos-Nonato, Ismael R., Rincon, Julio Cesar Campuzano, Cano, Jorge, Car, Mate, Cardenas, Rosario, Caneras, Giulia, Canero, Juan J., Carter, Austin, Carvalho, Felix, Casaneda-Orjuela, Carlos A., Rivas, Jacqueline Castillo, Castro, Franz, Catala-Lopez, Ferran, Cavlin, Alanur, Cerin, Ester, Chaiah, Yazan, Champs, Ana Paula, Chang, Hsing-Yi, Chang, Jung-Chen, Chattopadhyay, Aparajita, Chaturvedi, Pankaj, Chen, Wanqing, Chiang, Peggy Pei-Chia, Chimed-Ochir, Odgerel, Chin, Ken Lee, Chisumpa, Vesper Hichilombwe, Chitheer, Abchilaal, Choi, Jee-Young J., Christensen, Hanne, Christopher, Devasahayam J., Chung, Sheng-Chia, Cicuttini, Flavia M., Ciobanu, Liliana G., Cirillo, Massimo, Claro, Rafael M., Cohen, Aaron J., Collado-Mateo, Daniel, Constantin, Maria-Magdalena, Conti, Sara, Cooper, Cyrus, Cooper, Leslie Trumbull, Cortesi, Paolo Angelo, Cortinovis, Monica, Cousin, Ewerton, Criqui, Michael H., Cromwell, Elizabeth A., Crowe, Christopher Stephen, Crump, John A., Cucu, Alexandra, Cunningham, Matthew, Daba, Alemneh Kabeta, Dachew, Berihun Assefa, Dadi, Abel Fekaadu, Dandona, Lalit, Dandona, Rakhi, Dang, Anh Kim, Dargan, Paul I., Daryani, Ahmad, Das, Siddharth K., Das Gupta, Rajat, Das Neves, Jose, Dasa, Tamirat Tesfaye, Dash, Aditya Prasad, Weaver, Nicole Davis, Davitoiu, Dragos Virgil, Davletov, Kairat, Dayama, Anand, De Courten, Barbora, De La Hoz, Fernando				

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	Pio, De Leo, Diego, De Neve, Jan-Walter, Degefa, Meaza Ginna, Degenhardt, Louisa, Degfie, Tizta T., Deiparine, Selina, Dellavalle, Robert P., Demoz, Gebre Teklemariam, Demtsu, Balem Betsu, Denova-Gutierrez, Edgar, Deribe, Kebede, Dervenis, Nikolaos, Des Jarlais, Don C., Dessie, Getenet Ayalew, Dey, Subhojit, Dharmaratne, Samath Dhamminda, Dhimal, Meghnath, Ding, Eric L., Djalalinia, Shirin, Doku, David Teye, Dolan, Kate A., Donnelly, Christi A., Dorsey, E. Ray, Douwes-Schultz, Dirk, Doyle, Kerrie E., Drake, Thomas M., Driscoll, Tim Robert, Dubey, Manisha, Dubljanin, Eleonora, Duken, Eyasu Ejeta, Duncan, Bruce B., Duraes, Andre R., Ebrahimi, Hedyeh, Ebrahimpour, Soheil, Edessa, Dumessa, Edvardsson, David, Eggen, Anne Elise, El Bcheraoui, Charbel, Zaki, Maysaa El Sayed, Elfaramawi, Mohammed, El-Khatib, Ziad, Ellingsen, Christian Lycke, Elyazar, Iqbal R. F., Enayati, Ahmadali, Endries, Aman Yesuf Yesuf, Er, Benjamin, Ermakov, Sergey Petrovich, Eshrati, Babak, Eskandarieff, Sharareh, Esmaeili, Reza, Esteghamati, Alireza, Esteghamati, Sadaf, Fakhar, Matadi, Fakhim, Named, Farag, Tamer, Faramarzi, Mahbobelh, Fareed, Mohammad, Farhadi, Farzaneh, Farid, Talha A., Farinha, Carla Sofia E Sa, Farioli, Andrea, Faro, Andre, Farvid, Maryam S., Farzadfar, Farshad, Farzaei, Mohammad Hosein, Farzeli, Mir Sohail, Feigin, Valery L., Feigl, Andrea B., Feizy, Fariba, Fentahum, Netsanet, Fereshtehnejad, Seyed-Mohammad, Fernandes, Eduarda, Fernandes, Joao C., Feyissa, Garumma Tolu, Fijabi, Daniel Obadare, Filip, Irina, Finegold, Samuel, Fischer, Florian, Flor, Luisa Sorio, Foigt, Nataliya A., Ford, John A., Foreman, Kyle J., Harrod, Carla, Frank, Tahvi D., Franklin, Richard Charles, Fukumoto, Takeshi, Fuller, John E., Fullman, Nancy, Furst, Thomas, Furtado, Joao M., Futran, Neal D., Galan, Adriana, Gallus, Silvano, Gambashidze, Ketevan, Gamkrelidze, Amiran, Gankpe, Fortune Gbetoho, Garcia-Basteiro, Alberto L., Garcia-Gordillo, Miguel A., Gebre, Teshome, Gebre, Abadi Kahsu, Gebregergs, Gebremedhin Berne, Gebrehiwot, Tsegaye Tewelde, Gebremedhin, Amanuel Tesfay, Gelano, Tilayie Feto, Gelaw, Yalemzewod Assefa, Geleijnse, Johanna N., Genova-Maleras, Ricard, Gessner, Bradford D., Getachew, Sefonias, Gething, Peter W., Gezae, Kebede Embaye, Ghadami, Mohammad Rasold, Ghadimi, Reza, Falavarjani, Khalil Ghasemi, Ghaserni-Kasman, Maryam, Ghiasvand, Hesam, Ghirnire, Mamata, Ghoshal, Aloke Gopal, Gill, Paramjit Singh, Gill, Tiffany K., Gillum, Richard F., Giussani, Giorgia, Goenka, Shifalika, Coll, Srinivas, Gomez, Ricardo Santiago, Gomez-Cabrera, Mari Carmen, Gomez-Dantes, Hector, Gona, Philimon N., Goodridge, Amador,				

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	Gopalani, Sameer Vali, Goto, Atsushi, Goulart, Alessandra C., Goulart, Barbara Niegia Garcia, Grada, Ayman, Grosso, Giuseppe, Gugnani, Harish Chander, Guimaraes, Andre Luiz Sena, Guo, Yuming, Gupta, Prakash C., Gupta, Rahul, Gupta, Rajeev, Gupta, Tanush, Gyawali, Bishal, Haagsma, Juanita A., Hachinski, Vladimir, Hafezi-Nejad, Nima, Hagos, Tekleberhan B., Hailegiyorgis, Tewodros Tesfa, Hailu, Gessessew Bugssa, Haj-Mirzaian, Arya, Haj-Mirzaian, Arvin, Hamadeh, Randah R., Hamidi, Sarver, Handal, Alexis J., Hankey, Graeme J., Harb, Hilda L., Harikrishnan, Sivadasanpillai, Haririan, Hamidreza, Haro, Josep Maria, Hasan, Mehedi, Hassankhani, Hadi, Hassen, Hamid Yimam, Havmoeller, Rasmus, Hay, Roderick J., Hay, Simon I., He, Yihua, Hedayatizadeh-Omran, Akhar, Hegazy, Mohamed I., Heibati, Behzad, Heidari, Mohsen, Hendrie, Delia, Henok, Andualem, Henry, Nathaniel J., Heredia-Pi, Ileana, Herteliu, Claudiu, Heydarpour, Fatemeh, Heydarpour, Pouria, Heydarpour, Sousan, Hibstu, Desalegn Tsegaw, Hoek, Hans W., Hole, Michael K., Rad, Enayatollah Homaie, Hoogar, Praveen, Horino, Masako, Hosgood, H. Dean, Hosseini, Seyed Mostafa, Hosseinzadeh, Mehdi, Hostiuc, Sorin, Hostiuc, Mihaela, Hotez, Peter J., Hoy, Damian C., Hsairi, Mohamed, Htet, Aung Sae, Hu, Guoqing, Huang, John J., Husseini, Abdullatif, Hussen, Mohammedaman Mama, Hutfless, Susan, Iburg, Kim Moesgaard, Igumbor, Elliman U., Ikeda, Chad Thomas, Illesanmi, Olayinka Stephen, Iqbal, Usman, Irvani, Seyed Sina Naghibi, Isehunwa, Oluwaseyi Oluwakemi, Islam, Sheikh Mohammed Shariful, Islam, Farhad, Jahangiry, Leila, Jahanmehr, Nader, Jain, Rajesh, Jain, Sudhir Kumar, Jakovljevic, Mihail, James, Spencer L., Jayanbakht, Mehdi, Jayaraman, Sudha, Jayatilleke, Achala Upendra, Jee, Sun Ha, Jeemon, Panniyammakal, Jha, Ravi Prakash, Jha, Vivekanand, Ji, John S., Johnson, Sarah Charlotte, Jonas, Jost B., Joshi, Ankur, Jozwiak, Jacek Jerzy, Jungari, Suresh Banayya, Jurisson, Mikk, Madhanraj, K., Kabir, Zubair, Kadel, Rajendra, Kahsay, Amaha, Kahssay, Molla, Kalani, Rizwan, Kapil, Umesh, Karami, Manoochehr, Matin, Behzad Karami, Karch, Andre, Karema, Corine, Karimi, Narges, Karimi, Seyed M., Karimi-Sari, Hamidreza, Kasaeian, Arnir, Kassa, Getachew Mullu, Kassa, Tesfaye Dessale, Kassa, Zemenu Yohannes, Kassebaum, Nicholas J., Katibeh, Marzieh, Katikireddi, Sitinivasa Vittal, Kaul, Anil, Kawakami, Norito, Kazemeini, Hossein, Kazemi, Zhila, Karyani, Ali Kazemi, Prakash, K. C., Kebede, Seifu, Keiyoro, Peter Njenga, Kemp, Grant Rodgers, Kengne, Andre Pascal, Keren, Andre, Keresellidze, Maia, Khader, Yousef Saleh, Khafaie, Morteza				

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	Abdullatif, Khajavi, Alireza, Khalid, Nauman, Khalil, Ibrahim A., Khan, Ejaz Ahmad, Khan, Gulfaraz, Khan, Muhammad Shahzeb, Khan, Muhammad Ali, Khang, Young-Ho, Khanna, Tripti, Khater, Mona M., Khatony, Alireza, Khazaie, Habibolah, Khoja, Abdullah T., Khosravi, Ardeshir, Khosravi, Mohammad Hossein, Khubchandani, Jagdish, Kiadaliri, Aliasghar A., Kibret, Getiye D. Dejenu, Kim, Cho-Il, Kim, Daniel, Kim, Jun Y., Kim, Young-Eun, Kimokoti, Ruth Nv, Kinfu, Yohannes, Kinra, Sanjay, Kisa, Adrian, Kissimova-Skarbek, Katarzyna, Kissoon, Niranjan, Kivimaki, Mika, Kleber, Marcus F., Knibbs, Luke D., Knudsen, Ann Kristin Skrindo, Kochhar, Sonali, Kokubo, Yoshihiro, Kolola, Tufa, Kopec, Jacek A., Kosek, Margaret N., Kosen, Soewarta, Koul, Parvaiz A., Koyanagi, Ai, Kravchenko, Michael A., Kristian, Kewal, Krishnaswami, Sanjay, Defo, Barthelemy Kuate, Bicer, Burcu Kucuk, Kudom, Andreas A., Kuipers, Ernst J., Kulikoff, Xie Rachel, Kumar, G. Anil, Kumar, Manasi, Kumar, Pushpendra, Kumsa, Fekede Asefa, Kutz, Michael J., Lad, Sheetal D., Lafranconi, Alessandra, Lal, Dharmesh Kumar, Lalloo, Ratilal, Lam, Hilton, Lami, Faris Hasan, Lan, Qing, Langan, Sinead M., Lansingh, Van C., Torisky, Sonia, Larson, Heidi Jane, Laryea, Dennis Odai, Lassi, Zohra S., Latifi, Arman, Lavados, Pablo M., Laxmaiah, Anita, Lazarus, Jeffrey V., Lebedev, Georgy, Lee, Paul H., Leigh, James, Leshargie, Cheru Tesema, Leta, Samson, Levi, Miriam, Li, Shanshan, Li, Yichong, Li, Xiaohong, Hang, Juan, Liang, Xiaofeng, Liben, Misgan Legesse, Lim, Lee-Ling, Lim, Stephen S., Limenih, Miteku Andualem, Linn, Shai, Liu, Shiwei, Liu, Yang, Lodha, Rakesh, Logroscino, Giancarlo, Lonsdale, Chris, Lorch, Scott A., Lorkowski, Stefan, Lotufo, Paulo A., Lozano, Rafael, Lucas, Tim C. D., Lunevicius, Raimundas, Lyons, Ronan A., Ma, Stefan, Mabika, Crispin, Macarayam, Erlyn Rachelle King, Mackay, Mark T., Maddison, Emilie R., Maddison, Ralph, Madotto, Fabiana, Abd El Razek, Hassan Magdy, Abd El Razek, Muhammed Magdy, Maghavani, Dhaval P., Majdan, Marek, Majdzadeh, Reza, Majeed, Azeem, Malekzadeh, Reza, Malik, Manzoor Ahmad, Malta, Deborah Carvaho, Mamun, Abdullah A., Manamo, Wondimu Ayele, Manda, Ana-Laura, Mansoumia, Mohammad Ali, Mantovani, Lorenzo Giovanni, Mapoma, Chabila Christopher, Marami, Dadi, Marayilla, Joemer C., Marcenes, Wagner, Marina, Shakhnazarova, Martinez-Raga, Jose, Martins, Sheila C. O., Martins-Melo, Francisco Rogerlandio, Marz, Nxinfried, Marzan, Melvin B., Mashamba-Thompson, Tivani Phosa, Masiye, Felix, Massenburg, Benjamin Ballard, Maulik, Pallab K., Mazidi, Mohsen, Mcgrath, John J., Mckee, Martin, Mehata, Suresh, Mehendale, Sanjay Madhav,				

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	Mehndiratta, Man Mohan, Mehrotra, Ravi, Mehta, Kala M., Mehta, Varshil, Mekonen, Tesfa, Mekonnen, Tefera Chane, Meles, Hagazi Gebre, Meles, Kidanu Gebremariam, Melese, Addisu, Melku, Mulugeta, Memiah, Peter T. N., Memish, Ziad A., Mendoza, Walter, Mengistu, Desalegn Tadese, Ntengistu, Getnet, Mensah, George A., Mereta, Seid Tiku, Meretoja, Atte, Meretoja, Tuomo J., Mestrovic, Tomislav, Mezgebe, Haftay Berhane, Miangotar, Yode, Miazgowski, Bartosz, Miazgowski, Tomasz, Miller, Ted R., Mini, G. K., Mirica, Andreea, Mirrakhimov, Erkin M., Misganaw, Awoke Temesgen, Moazen, Babak, Moges, Nurilign Abebe, Mohammad, Karzan Abdulmuhsin, Mohammadi, Moslem, Mohammadifard, Noushin, Mohammadi-Khanaposhtani, Maryam, Mohammadnia-Afrouzi, Mousa, Mohammed, Shafiu, Mohammed, Mohammed A., Mohan, Viswanathan, Mokdad, Ali H., Molokhia, Mariam, Monasta, Lorenzo, Moradi, Ghobad, Moradi, Mahmoudreza, Moradi-Lakeh, Maziar, Moradinazar, Mehdi, Moraga, Paula, Morawska, Lidia, Velasquez, This Moreno, Morgado-Da-Costa, Joana, Morrison, Shane Douglas, Mosapour, Abbas, Moschos, Marilita M., Mousavi, Seyyed Meysam, Muche, Achenef Asmamaw, Muchie, Kindie Fentahun, Mueller, Ulrich Otto, Mukhopadhyay, Satinath, Mullany, Erin C., Muller, Kate, Murhekar, Manoj, Murphy, Tasha B., Murthy, G. V. S., Murthy, Srinivas, Musa, Jonah, Musa, Kargartil Imran, Mustafa, Ghulam, Muthupandian, Saravanan, Nachega, Jean B., Nagel, Gabriele, Naghavi, Niohsen, Naheed, Aliya, Nahvijou, Azin, Naik, Gurudatta, Nair, Sanjeev, Najafi, Farid, Nangia, Vinay, Nansseu, Jobert Richie, Nascimento, Bruno Ramos, Nawaz, Haseeb, Ncama, Busisiwe P., Neamati, Nahid, Negoi, Ionut, Negoi, Ruxandra Irina, Neupane, Subas, Newton, Charles Richard James, Ngalesoni, Frida N., Ngunjiri, Josephine W., Ha Thu, Nguyen, Huong Thanh, Nguyen, Long Hoang, Nguyen, Michele, Nguyen, Trang Huyen, Nguyen, Ningrum, Dina Nur Anggraini, Nirayo, Yirga Legesse, Nisar, Muhammad Imran, Nixon, Molly R., Nolutshungu, Nomonde, Nomura, Shuhei, Norheim, Ole F., Noroozi, Mehdi, Norrving, Bo, Noubiap, Jean Jacques, Nouri, Hamid Reza, Shiadeh, Malihe Nourollahpour, Nowroozi, Mohammad Reza, Nsoesie, Elaine O., Nyasulu, Peter S., Ofori-Asenso, Richard, Ogah, Okechukwu Samuel, Ogbo, Felix Akpojene, Oh, In-Hwan, Okoro, Anselm, Oladimeji, Olanrewaju, Olagunju, Andrew T., Olagunju, Tinuke O., Olivares, Pedro R., Olusanya, Bolajoko Olubuktmola, Olusanya, Jacob Olusegun, Ong, Sok King, Opio, John Nelson, Oren, Eyal, Ortiz, Justin R., Ortiz, Alberto, Ota, Erika, Otstavnov, Stanislav S., Overland, Simon, Owolabi, Mayowa Ojo, Oyekale, Abayomi Samuel,				

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	Mahesh, P. A., Pacella, Rosana, Pakhale, Smita, Pakhare, Abhijit P., Pana, Adrian, Panda, Basant Kumar, Panda-Jonas, Songhomitu, Pandey, Achyut Raj, Pandian, Jeyaraj Durai, Parisi, Andrea, Park, Eun-Kee, Parry, Charles D. H., Parsian, Hadi, Patel, Shanti, Patle, Ajay, Patten, Scott B., Patton, George C., Paudel, Deepak, Pearce, Neil, Peprah, Emmanuel K., Pereira, Alexandre, Pereira, David M., Perez, Krystle M., Perico, Norberto, Pervaiz, Aslam, Pesudovs, Konrad, Petri, William A., Petzold, Max, Phillips, Michael R., Pigott, David M., Pillay, Julian David, Pirsaheb, Meghdad, Pishgar, Farhad, Plass, Dietrich, Polinder, Suzanne, Pond, Constance Dimity, Popova, Svetlana, Postma, Maarten J., Pourmalek, Farshad, Pourshams, Akram, Poustchi, Hossein, Prabhakaran, Dorairaj, Prakash, V., Prakash, Swayam, Prasad, Narayan, Qorbani, Mostafa, Quistberg, D. Alex, Radfar, Amir, Rafay, Anwar, Rafiei, Alireza, Rahim, Fakher, Rahimi, Kazem, Rahimi-Movaghar, Afarin, Rahimi-Movaghar, Vafa, Rahman, Mahfuzar, Rahman, Mohammad Hi Ur, Rahman, Muhammad Aziz, Rahman, Sajjad Ur, Rai, Rajesh Kumar, Rajati, Patemeh, Rajsic, Sasa, Raju, Sree Bhushan, Ram, Usha, Ranabhat, Chhabi Lal, Ranjan, Prabhat, Ranta, Anna, Rasella, Davide, Rawaf, David Faith, Rawaf, Salman, Ray, Sarah E., Razo-Garcia, Christian, Rego, Maria Albertina Santiago, Rehm, Juergen, Reiner, Robert C., Reinig, Nickolas, Reis, Cesar, Remuzzi, Giuseppe, Renzaho, Andre M. N., Resnikoff, Serge, Rezaei, Satan, Rezaeian, Shahab, Rezai, Mohammad Sadegh, Riahi, Seyed Mohammad, Ribeiro, Antonio Luiz P., Riojas, Horacio, Rios-Blancas, Maria Jesus, Roba, Kedir Teji, Robinson, Stephen R., Roever, Leonardo, Ronfani, Luca, Roshandel, Gholargreza, Roshchin, Denis, Rostami, Ali, Rothenbacher, Dietrich, Rubagotti, Enrico, Ruhago, George Mugambage, Saadat, Soheil, Sabde, Yogesh Damodar, Sachder, Perminder S., Saddik, Basema, Sadeghi, Ehsan, Moghaddam, Sahar Saeedi, Safari, Hosein, Safari, Yahya, Safari-Faramani, Roya, Safdarian, Mandi, Safi, Sane, Safiri, Saeid, Sagar, Rajesh, Sahebkar, Amirhossein, Sahraian, Mohammad Ali, Sajadi, Haniye Sadat, Salahshoor, Mohamadreza, Salam, Nasir, Salama, Joseph S., Salamati, Payman, Saldanha, Raphael De Freitas, Salimi, Yahya, Salimzadeh, Hamideh, Salz, Inbal, Sambala, Evanson Zondani, Samy, Abdallah M., Sanabria, Juan, Nino, Maria Dolores Sanchez, Santos, Itarnar S., Santos, Joao Vasco, Milicevic, Milena M. Santric, Jose, Bruno Piassi Sao, Sardana, Mayank, Sacker, Abdur Razzaque, Sarrafzadegan, Nizal, Sartorius, Benn, Sarvi, Shahabeddin, Sathian, Brijesh, Satpathy, Maheswar, Savic, Miloje, Sawant, Artmdhati R., Sawhney, Monika, Saxena, Sonia, Sayyah, Mehdi, Scaria, Vinod, Schadffner, Fake, Schelonka,				

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	Kathryn, Schmidt, Maria Ines, Schneider, Ione J. C., Schottker, Ben, Schutte, Aletta Elisabeth, Schwebel, David C., Schwendicke, Falk, Scott, James G., Sekerija, Mario, Sepanlou, Sadaf G., Servan-Mori, Edson, Shabaninejad, Hosein, Shackelford, Katya Anne, Shafieesabet, Azadeh, Shaheen, Andra A., Shaikh, Masood Ali, Shakir, Raad A., Shams-Beyranvand, Mehran, Shamsi, Mohammadbagher, Shamsizadeh, Modena, Sharafi, Heidar, Sharafi, Kiomars, Sharit, Mehdi, Sharif-Alhoseini, Mahdi, Sharma, Meenakshi, Sharma, Jayendra, Sharma, Rajesh, She, Jun, Sheikh, Aziz, Sheth, Kevin N., Shi, Peilin, Shibuya, Kenji, Shifa, Gimia Temam, Shiferaw, Mekonnen Sissy, Shigematsu, Mika, Shiri, Rahman, Shirkoohi, Reza, Shiue, Ivy, Shokraneh, Farhad, Shrime, Mark C., Shukla, Sharvari Rahul, Si, Si, Siabani, Soraya, Siddiqi, Tariq J., Sigfusdottir, Inga Dora, Sigurvinsdottir, Rannveig, Silpakit, Nazis, Silva, Diego Augusto Santos, Silva, Joao Pedro, Silveira, Dayane Gabriele Alves, Singam, Narayana Sarma Venkata, Singh, Jasvinder A., Singh, Virendra, Sinha, Anju Pradhan, Sinha, Dhirendra Narain, Sitas, Freddy, Skirbekk, Vegard, Sliwa, Karen, Soares Filho, Adauto Martins, Sobaih, Badr Hasan, Sobhani, Soheila, Soofi, Moslem, Soriano, Joan B., Soyiri, Ireneous N., Sposato, Luciano A., Sreeramareddy, Chandrashekhar T., Srinivasan, Vinay, Srivastava, Rakesh Kumar, Starodubov, Vladimir I., Stathopoulou, Vasiliki, Steel, Nicholas, Stein, Dan J., Steiner, Caitlyn, Stewart, Leo G., Stokes, Mark A., Sudaryanto, Agus, Sufiyan, Mu'awiyyah Babale, Sulo, Gerhard, Sunguya, Bruno F., Sur, Patrick John, Sutradhar, Ipsita, Sykes, Bryan L., Sylaja, P. N., Sylte, Dillon O., Szoeke, Cassandra F. I., Tabares-Seisdedos, Rafael, Tabuchi, Takahiro, Tadakamadla, Santosh Kumar, Takahashi, Ken, Tandon, Nikhil, Tassew, Aberash Abay, Tassew, Segen Gebremeskel, Tavakkoli, Mohammad, Taveira, Nuno, Tawye, Vega Yimer, Tehrani-Banihashemi, Arash, Tekalign, Tigist Gashaw, Tekle, Merhawi Gebremedhin, Temesgen, Habtamu, Temsah, Mohamad-Hani, Temsah, Omar, Terkawi, Abdullah Sulieman, Teshale, Manaye Yihune, Tessema, Belay, Teweldemedhin, Mebrahtu, Thakur, Jarnail Singh, Thankappan, Kavumpurathu Raman, Thinmavukkarasu, Sathish, Thomas, Laura Anne, Thomas, Nihal, Thrift, Amanda G., Tilahun, Binyam, To, Quyen G., Tobe-Gai, Ruoyan, Tonelli, Marcello, Topor-Madry, Roman, Topouzis, Fotis, Torre, Anna E., Tortajada-Girbes, Miguel, Tiavani-Palone, Marcos Roberto, Towbin, Jeffrey A., Bach Xuan, Tran, Khanh Ban, Tran, Tripathi, Suryakant, Tripathy, Srikanth Prasad, Truelsen, Thomas Clement, Nu Thi, Truong, Tsadik, Afewerki Gehremeskel,				

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	Tsilimparis, Nikolaos, Car, Lorainne Tudor, Tuzcu, E. Murat, Tyrovolas, Stefanos, Ukwaja, Kingsley Nnanna, Ullah, Irfan, Usman, Muhammad Shaniq, Uthman, Olalekan A., Uzun, Selen Begun, Vaduganathan, Muthiah, Vaezi, Afsane, Vaidya, Gaurang, Valdez, Pascual R., Varavikova, Elena, Varughese, Santosh, Vasankari, Tommi Juhani, Vasconcelos, Ana Maria Nogales, Venketasubramanian, Narayanaswamy, Vidavalur, Ramesh, Villafaina, Santos, Violante, Francesco S., Vladimirov, Sergey Konstantinovitch, Vlassov, Vasily, Vollset, Stein Emil, Vos, Theo, Vosoughi, Kia, Vujcic, Isidora S., Wagner, Gregory R., Wagnew, Fasil Shiferaw Wagnew, Waheed, Yasir, Wang, Yanping, Wang, Yuan-Pang, Wassie, Molla Mesele, Weiderpass, Elisabete, Weintraub, Robert G., Weiss, Daniel J., Weiss, Jordan, Weldegebreal, Fitsum, Weldegwergs, Kidu Gidey, Werdecker, Andrea, Westerman, Ronny, Whiteford, Harvey A., Widecka, Justyna, Widecka, Katarzyna, Wijeratne, Tissa, Winkler, Andrea Sylvia, Wiysonge, Charles Shey, Wolfe, Charles D. A., Wondemagegn, Sintayehu Ambachew, Wu, Shouling, Wyper, Grant M. A., Xu, Gelin, Yadav, Rajaram, Yakob, Bereket, Yamada, Tomohide, Yan, Lijing L., Yano, Yuichiro, Yaseri, Mehdi, Yasin, Jemal Yasin, Ye, Pengpeng, Yearwood, Jamal A., Yentur, Gokalp Kadri, Yeshaneh, Alex, Yimer, Ebrahim M., Yip, Paul, Yisma, Engida, Yonemoto, Naohiro, Yoon, Seok-Jun, York, Hunter W., Yotebieng, Marcel, Younis, Mustafa Z., Yousefifard, Mahmoud, Yu, Chuanhua, Zachariah, Geevar, Zadnik, Vesna, Zafar, Shamsa, Zaidi, Zoubida, Bin Zaman, Sojib, Zamani, Mohammad, Zare, Zohreh, Zeeb, Hajo, Zeleke, Mulugeta Molla, Zenebe, Zerihun Menlkalew, Zerfu, Taddese Alemu, Zhang, Kai, Zhang, Xueying, Thou, Maigeng, Zhu, Jun, Zodpey, Sanjay, Zucker, Inbar, Zuhlke, Liesl Joanna J., Lopez, Alan D., Gakidou, Emmanuela, Murray, Christopher J. I. and Collaborators, G. B. D. Mortality Global, regional, and national age-sex-specific mortality and life expectancy, 1950-2017: a systematic analysis for the Global Burden of Disease Study 2017 Lancet; 2018 Nov 10; 392(10159):1684-1735. Background Assessments of age-specific mortality and life expectancy have been done by the UN Population Division, Department of Economics and Social Affairs (UNPOP), the United States Census Bureau, WHO, and as part of previous iterations of the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD). Previous iterations of the GBD used population estimates from UNPOP, which were not derived in a way that was internally				

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	consistent with the estimates of the numbers of deaths in the GBD. The present iteration of the GBD, GBD 2017, improves on previous assessments and provides timely estimates of the mortality experience of populations globally. Methods The GBD uses all available data to produce estimates of mortality rates between 1950 and 2017 for 23 age groups, both sexes, and 918 locations, including 195 countries and territories and subnational locations for 16 countries. Data used include vital registration systetns, sample registration systetns, household surveys (complete birth histories, summary birth histories, sibling histories), censuses (summary birth histories, household deaths), and Demographic Surveillance Sites. In total, this analysis used 8259 data sources. Estimates of the probability of death between birth and the age of 5 years and between ages 15 and 60 years are generated and then input into a model life table system to produce complete life tables for all locations and years. Fatal discontinuities and mortality due to HIV/AIDS are analysed separately and then incorporated into the estimation. We analyse the relationship between age-specific mortality and development status using the Socio-demographic Index, a composite measure based on fertility under the age of 25 years, education, and income. There are four main methodological improvements in GBD 2017 compared with GBD 2016: 622 additional data sources have been incorporated; new estimates of population, generated by the GBD study, are used; statistical methods used in different components of the analysis have been further standardised and improved; and the analysis has been extended backwards in time by two decades to start in 1950. Findings Globally, 18.7% (95% uncertainty interval 18.4-19.0) of deaths were registered in 1950 and that proportion has been steadily increasing since, with 58.8% (58.2-59.3) of all deaths being registered in 2015. At the global level, between 1950 and 2017, life expectancy increased from 48.1 years (46.5-49.6) to 70.5 years (70.1-70.8) for men and from 52.9 years (51.7-54.0) to 75.6 years (75.3-75.9) for women. Despite this overall progress, there remains substantial variation in life expectancy at birth in 2017, which ranges from 49.1 years (46.5-51.7) for men in the Central African Republic to 87.6 years (86.9-88.1) among women in Singapore. The greatest progress across age groups was for children younger than 5 years; under-5 mortality dropped from 216.0 deaths (196.3-238.1) per 1000 livebirths in 1950 to 38.9 deaths (35.6-42.83) per 1000 livebirths in 2017, with huge reductions across countries. Nevertheless, there were still 5.4				

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	million (5.2-5.6) deaths among children younger than 5 years in the world in 2017. Progress has been less pronounced and more variable for adults, especially for adult tnales, who had stagnant or increasing mortality rates in several countries. The gap between male and female life expectancy between 1950 and 2017, while relatively stable at the global level, shows distinctive patterns across super-regions and has consistently been the largest in central Europe, eastern Europe, and central Asia, and smallest in south Asia. Performance was also variable across countries and time in observed mortality rates compared with those expected on the basis of development. Interpretation This analysis of age-sex-specific mortality shows that there are remarkably complex patterns in population mortality across countries. The findings of this study highlight global successes, such as the large decline in under-5 mortality, which reflects significant local, national, and global commitment and investment over several decades. However, they also bring attention to mortality patterns that are a cause for concern, particularly among adult men and, to a lesser extent, wotnen, whose mortality rates have stagnated in many countries over the time period of this study, and in some cases are increasing. Copyright C) 2018 The Author(s). Published by Elsevier Ltd.				
152.	Dincy, P. C., Susanne, P. A., Leni, G., T, S., Meera, T. and Aj, P. J. Clinicopathological study on rickettsial spotted fever from south India Trop Doct; 2018, 48 (4): 325-329 **Address:** 1 Department of Dermatology, Venereology and Leprosy, **Christian Medical College, Vellore,**Tamil Nadu, India. 2 Department of Microbiology, **Christian Medical College, Vellore,**Tamil Nadu, India. 3 Department of Pathology, **Christian Medical College, Vellore,**Tamil Nadu, India. In a prospective study conducted between November 2006 and April 2008 of 35 patients (male:female ratio 2:1) with proven rickettsial spotted fever, a generalised rash with involvement of palms and soles were seen in 80% of patients. Vasculitis on histopathology of rash was seen in 54%.	**INT**	**JAN TO JUNE**	**DERMATOLOGY, MICROBIOLOGY, PATHOLOGY**	**PMID:**30139305 **SCOPUS** **H Index:** 30 **Impact Factor:** 0.660 (RG)
153.	Divyashree, S., Karthik, R., Prabhu, K. and Chacko, G. Pituitary aspergillosis - A report and review of the literature Neurology India; 2018, 66 (4): 1176-1178	**NAT**	**JAN TO JUNE**	**INFECTIOUS DISEASES, NEUROSURGERY, PATHOLOGY**	**SCOPUS** **PMID:**30038117 **WOS:**000447540700053

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	Address: Department of Infectious Diseases, **Christian Medical College,**Ida Scudder Road, Vellore, Tamil Nadu, 632 004, India Department of Neurosurgery, **Christian Medical College,**Ida Scudder Road, Vellore, Tamil Nadu, India Department of Pathology, **Christian Medical College,**Ida Scudder Road, Vellore, Tamil Nadu, India				**H Index:** 40 **Impact Factor:** 2.166
154.	Doering, C. B., Denning, G., Shields, J. E., Fine, E. J., Parker, E. T., Srivastava, A., Lollar, P. and Spencer, H. T. Preclinical Development of a Hematopoietic Stem and Progenitor Cell Bioengineered Factor VIII Lentiviral Vector Gene Therapy for Hemophilia A Hum Gene Ther; 2018, 29 (10): 1183-1201 **Address:** 1 Aflac Cancer and Blood Disorders Center, Department of Pediatrics, School of Medicine, Emory University , Atlanta, Georgia; **Christian Medical College , Vellore,** India . 2 Expression Therapeutics, LLC , Tucker, Georgia; **Christian Medical College , Vellore,** India . 3 Centre for Stem Cell Research , inStem, Bengaluru, India; and **Christian Medical College , Vellore,** India . 4 Department of Haematology, **Christian Medical College , Vellore,** India . Genetically modified, autologous hematopoietic stem and progenitor cells (HSPCs) represent a new class of genetic medicine. Following this therapeutic paradigm, we are developing a product candidate, designated CD68-ET3-LV CD34(+), for the treatment of the severe bleeding disorder, hemophilia A. The product consists of autologous CD34(+) cells transduced with a human immunodeficiency virus 1-based, monocyte lineage-restricted, self-inactivating lentiviral vector (LV), termed CD68-ET3-LV, encoding a bioengineered coagulation factor VIII (fVIII) transgene, termed ET3, designed for enhanced expression. This vector was shown capable of high-titer manufacture under clinical scale and Good Manufacturing Practice. Biochemical and immunogenicity testing of recombinant ET3, as well as safety and efficacy testing of CD68-ET3-LV HSPCs, were utilized to demonstrate overall safety and efficacy in murine models. In the first model, administration of CD68-ET3-LV-transduced stem-cell antigen-1(+) cells to hemophilia A mice resulted in sustained plasma fVIII production and hemostatic correction without signs of toxicity. Patient-derived, autologous mobilized peripheral blood (mPB) CD34(+) cells are the	**INT**	**JUL TO DEC**	**CENTRE FOR STEM CELL RESEARCH, HAEMATOLOGY**	**PMID:**30160169 **PMC ID:**6196756 **SCOPUS** **WOS:**000446195500012 **H Index:** 140 **Impact Factor:** 4.241

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	clinical target cells for ex vivo transduction using CD68-ET3-LV, and the resulting genetically modified cells represent the investigational drug candidate. In the second model, CD68-ET3-LV gene transfer into mPB CD34(+) cells isolated from normal human donors was utilized to obtain in vitro and in vivo pharmacology, pharmacokinetic, and toxicology assessment. CD68-ET3-LV demonstrated reproducible and efficient gene transfer into mPB CD34(+) cells, with vector copy numbers in the range of 1 copy per diploid genome equivalent without affecting clonogenic potential. Differentiation of human CD34(+) cells into monocytes was associated with increased fVIII production, supporting the designed function of the CD68 promoter. To assess in vivo pharmacodynamics, CD68-ET3-LV CD34(+) cell product was administered to immunodeficient mice. Treated mice displayed sustained plasma fVIII levels and no signs of product related toxicity. Collectively, the findings of the current study support the preclinical safety and efficacy of CD68-ET3-LV CD34(+).				
155.	Doria, Andrea, Vondrygalski, Annette, Blanchette, Victor, Chang, Eric, Fischer, Kathelijn, Gibikote, Sridhar, Keshava, Shyamkumar, Babyn, Paul, Dover, Saunya and Querol, Felipe Use of ultrasound for assessment of musculoskeletal disease in persons with hemophilia: Results of an International Prophylaxis Study Group (IPSG) survey Haemophilia; 2018, 24 128-129	**INT**	**JAN TO JUNE**	**HAEMATOLOGY**	**WOS:**000431993300234 **H Index:** 81 **Impact Factor:** 2.768
156.	Doss R, Sam A., Mittal, Siddharth, Chacko, Mary P. and Daniel, Dolly COMPARING INFERENCES DRAWN FROM INTERMEDIATE HLA TYPING TO HIGH RESOLUTION TYPING RESULTS - COULD IT BE AN INTERIM SOLUTION? A STUDY FROM A TERTIARY CARE MEDICAL INSTITUTION IN INDIA Hla; 2018, 91 (5): 362-363	**INT**	**JAN TO JUNE**	**TRANSFUSION MEDICINE & IMMUNOHAEMATOLOGY**	**WOS:**000430290800084 **H Index:** 92 **Impact Factor:** 2.558
157.	D'sa, Shilpa Reynal, Nair, Shalini, Philip, Vinu Joe, Reji, Kent Kuzhiyelil, Karuppusamy, Reka and Joseph, Mathew Study of the factors at admission predicting the outcome in patients with attempted suicidal hanging Tropical Doctor; 2018, 48 (1): 3-6 **Author information:** (1) Assistant Professor, Department of Critical Care, Medicine 30025 **Christian Medical College, Vellore ,**India. (2) Professor, Department of Neurointensive Care, 30025 **Christian Medical College, Vellore ,**India.	**INT**	**JAN TO JUNE**	**CRITICAL CARE MEDICINE, NEURINTENSIVE CARE, BIOSTATISTICS**	**WOS:**000419724800002 **H Index:** 30 **Impact Factor:** 0.660 (RG)

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	(3) Junior Registrar, 30025 **Christian Medical College, Vellore ,**India. (4) Senior Demonstrator, Department of Biostatistics, 30025 **Christian Medical College, Vellore ,**India. (5) Professor and Head, Department of Neurointensive Care, 30025 **Christian Medical College, Vellore ,**India. Our study sought to identify factors at presentation which can predict the outcome after an attempted hanging. A retrospective analysis of patients over a 12-year period was carried out. A poor outcome was found in 17.8% and this could be predicted by the presence of myoclonus, a Glasgow coma motor score of 3 or an abnormal chest radiograph.				
158.	Dunkley, S., Lam, J. C. M., John, M. J., Wong, R. S. M., Tran, H., Yang, R., Nair, S. C., Shima, M., Street, A. and Srivastava, A. Principles of haemophilia care: The asia pacific perspective. Response Haemophilia; 2018, 24 (4): e243-e244 **Address:** Haemophilia Treatment Centre, Royal Prince Alfred Hospital, Sydney, Australia Department of Paediatric Subspecialties, KK Women's and Children's Hospital, Singapore Department of Clinical Haematology, **Christian Medical College,**Ludhiana, India Department of Medicine & Therapeutics and Sir Y.K. Pao Centre for Cancer, Prince of Wales Hospital, The Chinese University of Hong Kong, Hong Kong Ronald Sawers Haemophilia Centre, The Alfred Hospital Melbourne, Melbourne, VIC, Australia State Key Laboratory of Experimental Hematology, Institute of Hematology and Hospital of Blood Disease, Chinese Academy of Medical Sciences & Peking Union Medical College, Tianjin, China Department of Immunohematology & Transfusion Medicine, **Christian Medical College, Vellore,**India Department of Paediatrics, Nara Medical University, Kashihara, Nara, Japan Department of Immunology and Pathology, Monash University, Melbourne, VIC, Australia Department of Hematology, **Christian Medical College, Vellore,**India	**INT**	**JAN TO JUNE**	**CLINICAL HAEMATOLOGY, IMMUNOHEMATOLOGY & TRANSFUSION MEDICINE**	**PMID:**29901827 **WOS:**000442583600012 **SCOPUS** **H Index:** 81 **Impact Factor:** 2.768

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
159.	Dunkley, S., Lam, J. C. M., John, M. J., Wong, R. S. M., Tran, H., Yang, R., Nair, S. C., Shima, M., Street, A. and Srivastava, A. Principles of haemophilia care: The Asia-Pacific perspective Haemophilia; 2018, 24 (3): 366-375 **Address:** Haemophilia Treatment Centre, Royal Prince Alfred Hospital, Sydney, NSW, Australia. Department of Paediatric Subspecialties, KK Women's and Children's Hospital, Singapore, Singapore. Department of Clinical Haematology, **Christian Medical College,**Ludhiana, Punjab, India. Department of Medicine & Therapeutics, Sir Y.K. Pao Centre for Cancer, Prince of Wales Hospital, The Chinese University of Hong Kong, Hong Kong, Hong Kong. Ronald Sawers Haemophilia Centre, The Alfred Hospital Melbourne, Melbourne, Vic, Australia. State Key Laboratory of Experimental Hematology, Institute of Hematology and Hospital of Blood Disease, Chinese Academy of Medical Sciences & Peking Union Medical College, Tianjin, China. Department of Immunohematology & Transfusion Medicine, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Paediatrics, Nara Medical University, Kashihara, Japan. Department of Immunology and Pathology, Monash University, Melbourne, Vic, Australia. Department of Hematology, **Christian Medical College, Vellore,**Tamil Nadu, India. Optimal haemophilia care is best established and implemented through a well-coordinated plan guided by clearly defined principles and priorities. A document which enunciates those details is therefore important. A successful example of this approach is the definition of principles of haemophilia care (PHC) outlined by the European Association for Haemophilia and Associated Disorders (EAHAD) and also the World Federation of Hemophilia. A similar document applicable to the Asia-Pacific region must take into account not only the highly varied healthcare systems but also the tremendous socio-economic and cultural diversities which impact provision of such care. The Asia-Pacific Haemophilia Working Group (APHWG), representing the countries in this region, has prepared this perspective of the PHC. While endorsing the overall framework outlined by EAHAD, this APHWG document emphasizes regional priorities on education and training of healthcare personnel in the diagnosis and management of hereditary bleeding disorders.	**INT**	**JAN TO JUNE**	**CLINCAL HAEMATOLOGY**	**PMID:**29465806 **WOS:**000434111800030 **H Index:** 81 **Impact Factor:** 2.768

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Central coordinating agencies with wide stakeholder input, networks of haemophilia treatment centres and national registries as well as robust processes for procurement and distribution of safe and effective clotting factor concentrates (CFCs), implementation of prophylaxis programmes and management of patients with inhibitors should also be developed. The implementation of these strategies should lead to establishment of good comprehensive care programmes. This document should also be an advocacy tool to lobby for improved care for people with haemophilia (PWH) in the region. We urge national healthcare policy makers to consider these principles and initiate strong and decisive action to reach these goals.				
160.	Duraisamy, S. K., Mammen, S., Lakshminarayan, S. K. R., Verghese, S., Moorthy, M., George, B., Kannangai, R., Varghese, S., Srivastava, A. and Abraham, A. M. Performance of an in-house real-time PCR assay for detecting Cytomegalovirus infection among transplant patients from a tertiary care centre Indian J Med Microbiol; 2018, 36 (2): 241-246 **Address:** Department of Clinical Virology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Clinical Haematology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Nephrology, **Christian Medical College, Vellore,**Tamil Nadu, India. Background: Quantitative Cytomegalovirus (CMV) polymerase chain reactions are increasingly being used for monitoring CMV DNAemia in haematopoietic stem cell transplants and solid organ transplants. Objective: In this study, a commercial CMV viral load assay was compared with an in-house viral load assay. Materials and Methods: A total of 176 whole-blood samples were tested for CMV DNAemia using both assays. Results: Our evaluation showed a difference of 1 log10copies/ml between the two assay systems in determining CMV viral loads in the clinical samples. Conclusion: The in-house viral load assay had a better correlation with clinical findings compared to the commercial assay. Quality assessment of these assays was done by the United Kingdom National External Quality Assessment Scheme (UKNEQAS), an external proficiency testing programme, and by the National Institute for Biological Standard and Control (NIBSC) standard. For UKNEQAS and NIBSC standards, the bias between the assays was 0.73 log10and 0.85	**NAT**	**JAN TO JUNE**	**CLINICAL VIROLOGY, CLINICAL HAEMATOLOGY, NEPHROLOGY**	**PMID:**30084418 **SCOPUS** **WOS:**000441827600016 **H Index:** 40 **Impact Factor:** 1.157

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	log10, respectively. This difference is well within the acceptable range already reported in the literature.				
161.	Dutta, A. K., Rebekah, G., Chowdhury, S. D., Gangadharan, S. K., Subramani, Y., Sahu, M. K., Kurien, R. T., David, D., Simon, E. G., Joseph, A. J., Donapati, V. R. and Chacko, A. A Simple Pre-endoscopy Score for Predicting Risk of Malignancy in Patients with Dyspepsia: A 5-Year Prospective Study Dig Dis Sci; 2018, 63 (12): 3442-3447 **Address:** Department of Gastroenterology, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, 632004, India. akdutta1995@gmail.com. Department of Biostatistics, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Gastroenterology, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, 632004, India. Molecular Cardiology Unit, Department of Biochemistry, School of Biological Sciences, Madurai Kamaraj University, Madurai, Tamil Nadu, India. Department of Gastroenterology, IMS and SUM Hospital, Bhubaneswar, India. Department of Gastroenterology, Yashoda Hospital, Secunderabad, India. Institute of Gastroenterology and Liver Diseases, The Madras Medical Mission, Chennai, India. BACKGROUND: The guidelines for performing endoscopy in dyspeptic patients based on clinical parameters alone have shown variable performance, and there is a need for better prediction tools. AIM: We aimed to prospectively develop and validate a simple clinical-cum-laboratory test-based scoring model to identify dyspeptic patients with high risk of upper gastrointestinal malignancy (UGIM). METHODS: Adult patients with dyspeptic symptoms were prospectively recruited over 5 years. Clinical details including alarm features were recorded, and blood tests for hemoglobin and albumin were done before endoscopy. The presence of UGIM was the primary outcome. Risk factors for UGIM were assessed, and based on the OR of significant factors, a predictive scoring model was constructed. ROC curve was plotted to identify optimal cutoff score. The model was validated using bootstrapping technique. RESULTS: The study included 2324 patients (41.9 +/- 12.8 years; 33.4% females). UGIM was noted in 6.8% patients. The final model had following five positive predictors	**INT**	**JUL TO DEC**	**GASTROENTEROLOGY, BIOSTATISTICS**	**PMID:**30109577 **SCOPUS** **H Index:** 110 **Impact Factor:** 2.819

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	for UGIM-age > 40 years (OR 3.3, score 1); albumin </= 3.5 g% (OR 3.4, score 1); Hb </= 11 g% (OR 3.3, score 1); alarm features (OR 5.98, score 2); recent onset of symptoms (OR 8.7, score 3). ROC curve had an impressive AUC of 0.9 (0.88-0.93), and a score of 2 had 92.5% sensitivity in predicting UGIM. Validation by bootstrapping showed zero bias, which further strengthened our model. CONCLUSION: This simple clinical-cum-laboratory test-based model performed very well in identifying dyspeptic patients at risk of UGIM. This can serve as a useful decision-making tool for referral for endoscopy.				
162.	Eapen, C. E. and Kandasamy, S. Improving outcomes with pharmacotherapy to treat acute esophageal variceal bleeding Indian J Gastroenterol; 2018, 37 (4): 279-280 **Address:** Department of Hepatology, **Christian Medical College, Vellore,**632 004, India. eapen@cmcvellore.ac.in. Surgical Intensive Care, **Christian Medical College, Vellore,**632 004, India.	**NAT**	**JAN TO JUNE**	**HEPATOLOGY, SURGICAL INTENSIVE CARE**	**PMID:**30159667 **SCOPUS** **H Index:** 36 **Impact Factor:** 0.690 (RG)
163.	Eapen, C. E., Ramakrishna, B. and Balasubramanian, K. A. Analyzing lipids in the liver & in the red blood cell membrane in liver diseases Indian J Med Res; 2018, 147 (4): 334-336 **Address:** Department of Hepatology, Division of Gastrointestinal Sciences, **Christian Medical College, Vellore**632 004, Tamil Nadu, India. Department of Pathology, SIMS Hospital, Chennai 600 026, Tamil Nadu, India. Wellcome Trust Research Laboratory, Division of Gastrointestinal Sciences, **Christian Medical College, Vellore**632 004, Tamil Nadu, India.	**NAT**	**JAN TO JUNE**	**HEPATOLOGY, WELLCOME RESEARCH UNIT**	**PMID:**29998867 **PMC ID:**6057260 **SCOPUS** **WOS:**000439219400003 **H Index:** 72 **Impact Factor:** 1.508
164.	Ebenezer, Emily D., Benjamin, Santosh J., Sahni, Rani D., Prakash, John A. J., Chelliah, Hepsy and Mathews, Jiji E. A retrospective study of the prevalence and outcomes of syphilis in pregnancy in a 5-year period International Journal of Gynecology & Obstetrics; 2018, 140 (1): 42-46 ObjectiveTo determine the prevalence of syphilis in pregnancy and to assess the effect of syphilis on maternal and perinatal outcomes. MethodsIn a retrospective study, data were reviewed for pregnant	**INT**	**JAN TO JUNE**	**OBSTETRICS AND GYNAECOLOGY**	**SCOPUS** **WOS:**000417171700008 **H Index:** 83 **Impact Factor:** 2.072

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	women who tested positive for syphilis during routine prenatal screening at a center in India between January 2011 and December 2015. Women with both a positive venereal disease research laboratory (VDRL) test and a positive Treponema pallidum hemagglutination assay (TPHA) were considered to have syphilis, and their maternal and fetal outcomes were assessed. ResultsAmong 51164 pregnant women who underwent VDRL testing during the study period, 343 women were VDRL-positive (seropositivity rate 0.7%) and 18 were both VDRL- and TPHA-positive and were considered to have syphilis (seropositivity rate <0.1%). Among these 18 women, there were two stillbirths, four preterm births, and five small-for-gestational-age neonates. ConclusionAlthough the prevalence of syphilis was low in the study population, women who were affected had adverse perinatal outcomes. Routine screening of all pregnant women for syphilis as early as possible in pregnancy, with appropriate treatment and follow-up of affected women and newborns, should be done to reduce adverse pregnancy outcomes. The prevalence of syphilis in pregnancy was low; however, there was a high proportion of adverse fetal effects among women who were affected.				
165.	Elangovan, P., Ramakrishnan, R., Amudha, K., Jalaludeen, A. M., Sagaran, G. K., Babu, F. R. and Pari, L. Beneficial Protective Effect of Troxerutin on Nickel-Induced Renal Dysfunction in Wistar Rats J Environ Pathol Toxicol Oncol; 2018, 37 (1): 1-14 **Address:** Department of Biochemistry and Biotechnology, Faculty of Science, Annamalai University, Annamalai Nagar - 608002, Tamil Nadu, India. Department of Biochemistry, St. Joseph's College of Arts & Science (Autonomous), Cuddalore 607001 Tamil Nadu, India. Department of Biochemistry, Sri Sankara Arts & Science College, Enathur, Kancheepuram, Tamil Nadu, India. Department. of Zoology ENVIS, University of Madras, Guindy, Chennai - 600025, Tamil Nadu, India. Department of Nephrology, Associate Research officer, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Biochemistry and Biotechnology, Faculty of Science, Annamalai University, Annamalai Nagar 608002, Tamil Nadu, India. Nickel (Ni) is an important environmental toxicant that can cause cancer and cardiovascular disease. The aim of this study was to examine the protective effects of troxerutin (Txn) Ni-induced renal	**INT**	**JAN TO JUNE**	**NEPHROLOGY**	**PMID:**29772996 **SCOPUS** **WOS:**000432268200001 **H Index:** 42 **Impact Factor:** 1.530 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	dysfunction in rats using biochemical and histopathological approaches. Nickel (20 mg/kg body weight [b.w.]/day) was administered intraperitoneally (i.p.) for 20 days. Renal damage from Ni toxicity was evident from the changed levels of serum and urinary markers in Ni-treated rats. The levels of lipid peroxidation markers also significantly increased, while the levels of nonenzymatic and enzymatic antioxidants significantly decreased in the kidney of Ni-intoxicated rats. Troxerutin was administered orally (100 mg/kg b.w.) for 20 days along with Ni, resulting in a reversal of Ni-induced biochemical changes in kidney accompanied by a significant decrease in lipid peroxidation and an increase in the level of renal antioxidant defense system. Histopathological studies in the kidneys of rats also showed that troxerutin (100 mg/ kg b.w.) markedly reduced the toxicity of Ni and preserved the normal histological architecture of the renal tissue. The present study results suggest the nephroprotective potential of Txn in Ni toxicity, which might be due to its antioxidant and metal-chelating properties.				
166.	Elayaperumal, S., Fouzia, N. A., Biswas, A., Nair, S. C., Viswabandya, A., George, B., Abraham, A., Oldenburg, J., Edison, E. S. and Srivastava, A. Type-3 von Willebrand disease in India-Clinical spectrum and molecular profile Haemophilia; 2018, 24 (6): 930-940 **Address:** Department of Hematology, **Christian Medical College, Vellore,**Tamil Nadu, India. Institute of Experimental Hematology and Transfusion Medicine, University Clinic Bonn, Bonn, Germany. Department of Immunohaematology & Transfusion Medicine, **Christian Medical College, Vellore,**Tamil Nadu, India. Princess Margaret Cancer Center, Toronto, Ontario, Canada. INTRODUCTION: Type 3 von Willebrand disease (VWD) is the rare and most severe form of VWD which results from a near-complete deficiency of the von Willebrand factor (VWF). This study evaluates in detail the molecular pathology of type-3 VWD in India. One hundred and two patients from 90 families were evaluated. PATIENTS AND METHODS: Phenotypic data, including bleeding scores (BS), were documented using structured questionnaires. Diagnosis of type 3 VWD was based on undetectable VWF antigen levels in the plasma. Genomic DNA from these patients was screened for mutations in VWF gene. Structural modeling and	**INT**	**JAN TO JUNE**	**HAEMATOLOGY, IMMUNOHAEMATOLOGY & TRANSFUSION MEDICINE**	**PMID:**29984440 **SCOPUS** **H Index:** 81 **Impact Factor:** 2.768

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	expression studies were carried out for missense mutations. RESULTS: Out of 102 patients, mutations could be identified in 91% (n = 93). Fifty-five different gene variants were identified. Thirty-four (61.8%) were novel. Mutations could be identified in both the alleles in 90 patients, while no causative mutation could be identified in 9 patients; twenty-four (23.5%) patients had mutations clustered in the propeptide region of VWF. Interestingly, five mutations accounted for the defects in 37/93 (39.8%) patients. Structural analysis and in vitro studies on missense mutations imply impaired processes associated with secretion of VWF. CONCLUSION: This study is one of the largest series to define the molecular basis of type-3 VWD.				
167.	Ella, R., Bobba, R., Muralidhar, S., Babji, S., Vadrevu, K. M. and Bhan, M. K. A Phase 4, multicentre, randomized, single-blind clinical trial to evaluate the immunogenicity of the live, attenuated, oral rotavirus vaccine (116E), ROTAVAC(R), administered simultaneously with or without the buffering agent in healthy infants in India Hum Vaccin Immunother; 2018, 14 (7): 1791-1799 **Address:** a Bharat Biotech International Limited , Genome Valley, Shameerpet, Hyderabad , India. b Division of Gastrointestinal Sciences, **Christian Medical College , Vellore ,** Tamil Nadu , India. c Indian Institute of Technology, Government of India , Delhi , India. BACKGROUND: The World Health Organization recommends that rotavirus vaccines should be included in all national immunization programs. Some currently licensed oral rotavirus vaccines contain a buffering agent (either as part of a ready-to-use liquid formulation or added during reconstitution) to reduce possible degradation of the vaccine virus in the infant gut, which poses several programmatic challenges (the large dose volume or the reconstitution requirement) during vaccine administration. Because ROTAVAC(R), a WHO prequalified vaccine, was derived from the 116E neonatal strain, we evaluated the immunogenicity and safety of ROTAVAC(R) without buffer and ROTAVAC(R) with buffer in a phase 4, multicentre, single-blind, randomized clinical trial in healthy infants in India. METHODS: 900 infants, approximately 6, 10 and 14 weeks of age, were assigned to 3 groups to receive ROTAVAC(R) (0.5 mL dose) orally: (i) 2.5 mL of citrate-bicarbonate	**INT**	**JUL TO DEC**	**GASTROINTESTINAL SCIENCES**	**PMID:**29543547 **PMC ID:**6067888 **SCOPUS** **H Index:** 36 **Impact Factor:** 2.229

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	buffer 5 minutes prior to administration of ROTAVAC(R) (Group I), (ii) ROTAVAC(R), alone, without any buffer (Group II), or (iii) ROTAVAC(R), mixed with buffer immediately before administration (Group III). Non-inferiority was compared among the groups for differences in serological responses (detected by serum anti-rotavirus IgA) and safety. RESULTS: Geometric mean titers post vaccination at day 84 (28 days after dose 3) were 19.6 (95%CI: 17.0, 22.7), 20.7 (95%CI: 17.9, 24) and 19.2 (95%CI: 16.8, 22.1) for groups I, II and III respectively. Further, seroconversion rates and distribution of adverse events were similar among groups. CONCLUSIONS: Administration of ROTAVAC(R) at a 0.5 mL dose volume without buffering agent was shown to be well tolerated and immunogenic. Given the homologous nature of the strain, it is plausible that ROTAVAC(R) replicates well and confers immunity even without buffer administration.				
168.	Feldman, Brian, Zourikian, Nichan, Funk, Sharon, Tilak, Merlyn, Lobet, Sebastien, Manco-Johnson, Marilyn, Srivastava, Alok, Hilliard, Pamela, Tiseo, Laura and St-Louis, Jean Elevated HJHS scores in healthy adult males without hemophilia Haemophilia; 2018, 24 13-13	**INT**	**JAN TO JUNE**	**HAEMATOLOGY**	**WOS:**000431993300012 **H Index:** 81 **Impact Factor:** 2.768
169.	Fitzmaurice, C., Akinyemiju, T. F., Al Lami, F. H., Alam, T., Alizadeh-Navaei, R., Allen, C., Alsharif, U., Alvis-Guzman, N., Amini, E., Anderson, B. O., Aremu, O., Artaman, A., Asgedom, S. W., Assadi, R., Atey, T. M., Avila-Burgos, L., Awasthi, A., Ba Saleem, H. O., Barac, A., Bennett, J. R., Bensenor, I. M., Bhakta, N., Brenner, H., Cahuana-Hurtado, L., Castaneda-Orjuela, C. A., Catala-Lopez, F., Choi, J. J., Christopher, D. J., Chung, S. C., Curado, M. P., Dandona, L., Dandona, R., Das Neves, J., Dey, S., Dharmaratne, S. D., Doku, D. T., Driscoll, T. R., Dubey, M., Ebrahimi, H., Edessa, D., El-Khatib, Z., Endries, A. Y., Fischer, F., Force, L. M., Foreman, K. J., Gebrehiwot, S. W., Gopalani, S. V., Grosso, G., Gupta, R., Gyawali, B., Hamadeh, R. R., Hamidi, S., Harvey, J., Hassen, H. Y., Hay, R. J., Hay, S. I., Heibati, B., Hiluf, M. K., Horita, N., Hosgood, H. D., Ilesanmi, O. S., Innos, K., Islami, F., Jakovljevic, M. B., Johnson, S. C., Jonas, J. B., Kasaeian, A., Kassa, T. D., Khader, Y. S., Khan, E. A., Khan, G., Khang, Y. H., Khosravi, M. H., Khubchandani, J., Kopec, J. A., Kumar, G. A., Kutz, M., Lad, D. P., Lafranconi, A., Lan, Q., Legesse, Y., Leigh, J., Linn, S., Lunevicius, R., Majeed, A., Malekzadeh, R., Malta, D. C., Mantovani, L. G., Mcmahon, B. J., Meier, T., Melaku, Y. A., Melku, M., Memiah,	**INT**	**JAN TO JUNE**	**HAEMATOLOGY**	**PMID:**29860482 **H Index:** 41 **Impact Factor:** 20.871

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	P., Mendoza, W., Meretoja, T. J., Mezgebe, H. B., Miller, T. R., Mohammed, S., Mokdad, A. H., Moosazadeh, M., Moraga, P., Mousavi, S. M., Nangia, V., Nguyen, C. T., Nong, V. M., Ogbo, F. A., Olagunju, A. T., Pa, M., Park, E. K., Patel, T., Pereira, D. M., Pishgar, F., Postma, M. J., Pourmalek, F., Qorbani, M., Rafay, A., Rawaf, S., Rawaf, D. L., Roshandel, G., Safiri, S., Salimzadeh, H., Sanabria, J. R., Santric Milicevic, M. M., Sartorius, B., Satpathy, M., Sepanlou, S. G., Shackelford, K. A., Shaikh, M. A., Sharif-Alhoseini, M., She, J., Shin, M. J., Shiue, I., Shrime, M. G., Sinke, A. H., Sisay, M., Sligar, A., Sufiyan, M. B., Sykes, B. L., Tabares-Seisdedos, R., Tessema, G. A., Topor-Madry, R., Tran, T. T., Tran, B. X., Ukwaja, K. N., Vlassov, V. V., Vollset, S. E., Weiderpass, E., Williams, H. C., Yimer, N. B., Yonemoto, N., Younis, M. Z., Murray, C. J. L. and Naghavi, M. Global, Regional, and National Cancer Incidence, Mortality, Years of Life Lost, Years Lived With Disability, and Disability-Adjusted Life-Years for 29 Cancer Groups, 1990 to 2016: A Systematic Analysis for the Global Burden of Disease Study JAMA Oncol; 2018, 4 (11): 1553-1568 **Address:** Division of Hematology, Department of Medicine, University of Washington, Seattle. Institute for Health Metrics and Evaluation, University of Washington, Seattle. Fred Hutchinson Cancer Research Center, Seattle, Washington. Department of Epidemiology, University of Alabama at Birmingham. Baghdad College of Medicine, Baghdad, Baghdad, Iraq. Gastrointestinal Cancer Research Center, Mazandaran University of Medical Sciences, Sari, Iran. Charite University Medicine Berlin, Charite Universitatsmedizin, Berlin, Berlin, Germany. ALZAK Foundation-Universidad de la Costa, Universidad de Cartagena, Universidad de Cartagena, Cartagena de Indias, Colombia. Endocrinology and Metabolism Population Sciences Institute, Tehran University of Medical Sciences, Tehran, Iran. Uro-Oncology Research Center, Tehran University of Medical Sciences, Tehran, Iran. University of Washington, Seattle. Birmingham City, University Department of Public Health and Therapies, Birmingham, England. University of Manitoba, Winnipeg, Manitoba, Canada. Mekelle University, Mekelle, Ethiopia. Mashhad University of Medical Sciences, Mashhad, Iran.				

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	National Institute of Public Health, Cuernavaca, Morelos, Mexico. Indian Institute of Public Health, Gandhinagar, Gujarat, India. Faculty of Medicine and Health Sciences, Aden University, Aden, Yemen. Faculty of Medicine, University of Belgrade, Belgrade, Belgrade, Serbia. University of Sao Paulo, Sao Paulo, Sao Paulo, Brazil. St Jude Children's Research Hospital, Memphis, Tennessee. German Cancer Research Center, Heidelberg, Germany. Colombian National Health Observatory, Instituto Nacional de Salud, Bogota, Bogota, DC, Colombia. Epidemiology and Public Health Evaluation Group, Public Health Department, Universidad Nacional de Colombia, Bogota, Colombia. Department of Medicine, University of Valencia, INCLIVA Health Research Institute and CIBERSAM, Valencia, Spain. Clinical Epidemiology Program, Ottawa Hospital Research Institute, Ottawa, ON, Canada. Seoul National University Hospital, Seoul, South Korea. Seoul National University Medical Library, Seoul, South Korea. **Christian Medical College, Vellore,**Tamilnadu, India. The Farr Institute of Health Informatics Research, Institute of Health Informatics, University College London, London, England. Accamargo Cancer Center, Sao Paulo, Sao Paulo, Brazil. International Prevention Research Institute, Ecully, France. Public Health Foundation of India, Gurugram, National Capital Region, India. INEB-Instituto de Engenharia Biomedica, University of Porto, Porto, Portugal. i3S-Instituto de Investigacao e Inovacao em Saude, University of Porto, Porto, Portugal. Indian Institute of Public Health, Delhi, India. Department of Community Medicine, Faculty of Medicine, University of Peradeniya, Peradeniya, Sri Lanka. University of Cape Coast, Cape Coast, Ghana. University of Tampere, Tampere, Finland. Sydney School of Public Health, University of Sydney, Sydney, New South Wales, Australia. International Institute for Population Sciences, Mumbai, Maharashtra, India. Liver and Pancreaticobiliary Diseases Research Center, Digestive Disease Research Institute, Shariati Hospital, Tehran University of Medical Sciences, Tehran, Iran.				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Haramaya University, Harar, Ethiopia. Department of Global Health and Social Medicine, Harvard Medical School, Kigali, Rwanda. Department of Public Health Sciences, Karolinska Institutet, Stockholm, Sweden. Arba Minch University, Arba Minch, SNNPR, Ethiopia. School of Public Health, Bielefeld University, Bielefeld, North Rhine-Westphalia, Germany. Imperial College London, London, England. College of Health Sciences, Mekelle University, Mekelle, Ethiopia. Department of Health and Social Affairs, Government of the Federated States of Micronesia, Palikir, Pohnpei, Federated States of Micronesia. University Hospital Policlinico "Vittorio Emanuele," Catania, Italy. NNEdPro Global Centre for Nutrition and Health, Cambridge, England. West Virginia Bureau for Public Health, Charleston. Aarhus University, Aarhus, Denmark. Arabian Gulf University, Manama, Bahrain. Haan Bin Mohammed Smart University, Dubai, United Arab Emirates. Mizan Tepi University, Mizan Teferi, Ethiopia. International Foundation for Dermatology, London, England. King's College London, London, England. Oxford Big Data Institute, Li Ka Shing Centre for Health Information and Discovery, University of Oxford, Oxford, England. Air Pollution Research Center, Iran University of Medical Sciences, Tehran, Iran. Samara University, Samara, Ethiopia. Department of Pulmonology, Yokohama City University Graduate School of Medicine, Yokohama, Kanagawa, Japan. Albert Einstein College of Medicine, Bronx, New York, USA. National Public Health Institute, Monrovia, Monserrado County, Liberia. National Institute for Health Development, Tallinn, Estonia. Surveillance and Health Services Research, American Cancer Society, Atlanta, Georgia. Faculty of Medical Sciences, University of Kragujevac, Kragujevac, Central Serbia, Serbia. Center for Health Trends and Forecasts, University of Washington, Seattle. Department of Ophthalmology, Medical Faculty Mannheim,				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Ruprecht-Karls-University Heidelberg, Mannheim, Germany. Hematologic Malignancies Research Center, Tehran University of Medical Sciences, Tehran, Iran. Hematology-Oncology and Stem Cell Transplantation Research Center, Tehran University of Medical Sciences, Tehran, Iran. Department of Community Medicine, Public Health and Family Medicine, Jordan University of Science and Technology, Irbid, Jordan. Health Services Academy, Islamabad, Punjab, Pakistan. Department of Microbiology and Immunology, College of Medicine & Health Sciences, United Arab Emirates University, Al Ain, Abu Dhabi, United Arab Emirates. Department of Health Policy and Management, Seoul National University College of Medicine, Seoul, South Korea. Institute of Health Policy and Management, Seoul National University Medical Center, Seoul, South Korea. Baqiyatallah University of Medical Sciences, Tehran, Iran. International Otorhinolaryngology Research Association (IORA), Universal Scientific Education and Research Network (USERN), Tehran, Iran. Department of Nutrition and Health Science, Ball State University, Muncie, Indiana. University of British Columbia, Vancouver, British Columbia, Canada. Post Graduate Institute of Medical Education and Research, Chandigarh, India. University of Milano Bicocca, Monza, MB, Italy. National Cancer Institute, Rockville, Maryland. University of Sydney, Sydney, New South Wales, Australia. University of Haifa, Haifa, Israel. Aintree University Hospital National Health Service Foundation Trust, Liverpool, England. School of Medicine, University of Liverpool, Liverpool, England. Department of Primary Care & Public Health, Imperial College London, London, England. Digestive Diseases Research Institute, Tehran University of Medical Sciences, Tehran, Iran. Universidade Federal de Minas Gerais, Belo Horizonte, Minas Gerais, Brazil. Alaska Native Tribal Health Consortium, Anchorage. Competence Cluster for Nutrition and Cardiovascular Health (nutriCARD), Martin Luther University Halle-Wittenberg, Saale,				

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	Germany. School of Medicine, University of Adelaide, Adelaide, South Australia, Australia. School of Public Health, Mekelle University, Mekelle, Ethiopia. University of Gondar, Gondar, Ethiopia. University of West Florida, Pensacola, Florida. United Nations Population Fund, Lima, Peru. Comprehensive Cancer Center, Breast Surgery Unit, Helsinki University Hospital, Helsinki, Finland. University of Helsinki, Helsinki, Finland. Pacific Institute for Research & Evaluation, Calverton, Maryland. School of Public Health, Curtin University, Perth, Western Australia, Australia. Health Systems and Policy Research Unit, Ahmadu Bello University, Zaria, Nigeria. Institute of Public Health, Heidelberg University, Heidelberg, Baden Wuettemberg, Germany. Health Science Research Center, Addiction Institute, Mazandaran University of Medical Sciences, Sari, Iran. Lancaster Medical School, Lancaster University, Lancaster, England. Department of Health Management and Economics, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran. Suraj Eye Institute, Nagpur, Maharashtra, India. Institute for Global Health Innovations, Duy Tan University, Da Nang, Vietnam. Centre for Health Research, Western Sydney University, Sydney, New South Wales, Australia. Department of Psychiatry, College of Medicine, University of Lagos, Lagos, Lagos State, Nigeria. Department of Psychiatry, Lagos University Teaching Hospital, Lagos, Nigeria. Discipline of Psychiatry, University of Adelaide, Adelaide, South Australia, Australia. JSS Medical College (PA), JSS University, Mysore, Karnataka, India. Department of Medical Humanities and Social Medicine, College of Medicine, Kosin University, Busan, South Korea. White Plains Hospital, White Plains, New York. REQUIMTE/LAQV, Laboratorio de Farmacognosia, Departamento de Quimica, Faculdade de Farmacia, Universidade do Porto, Porto, Portugal. Non-Communicable Diseases Research Center, Tehran University of Medical Sciences, Tehran, Iran.				

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	University Medical Center Groningen, Groningen, the Netherlands. University of Groningen, Groningen, the Netherlands. Non-Communicable Diseases Research Center, Alborz University of Medical Sciences, Karaj, Iran. Contech International Health Consultants, Lahore, Pakistan. Contech School of Public Health, Lahore, Pakistan. North Hampshire Hospitals, Basingstroke, England. University College London Hospitals, London, England. WHO Collaborating Centre, Imperial College of London, London, England. Golestan Research Center of Gastroenterology and Hepatology, Golestan University of Medical Sciences, Gorgan, Iran. Managerial Epidemiology Research Center, Department of Public Health, School of Nursing and Midwifery, Maragheh University of Medical Sciences, Maragheh, Iran. Tehran University of Medical Sciences, Tehran, Iran. Joan C. Edwards School of Medicine, Marshall University, Huntington, West Virginia. Case Western Reserve University, Cleveland, Ohio. Centre School of Public Health and Health Management, Faculty of Medicine, University of Belgrade, Belgrade, Belgrade, Serbia. Institute of Social Medicine, Faculty of Medicine, University of Belgrade, Belgrade, Belgrade, Serbia. Public Health Medicine, School of Nursing and Public Health, University of KwaZulu-Natal, Durban, South Africa. UKZN Gastrointestinal Cancer Research Centre, South African Medical Research Council, Durban, South Africa. Centre of Advanced Study in Psychology, Utkal University, Bhubaneswar, India. Independent Consultant, Karachi, Pakistan. Sina Trauma and Surgery Research Center, Tehran University of Medical Sciences, Tehran, Iran. Department of Pulmonary Medicine, Zhongshan Hospital (She), Fudan University, Shanghai, China. Department of Public Health Sciences, Korea University, Seoul, South Korea. Alzheimer Scotland Dementia Research Centre, University of Edinburgh, Edinburgh, Scotland. Institut fur Medizinische Epidemiologie, Biometrie und Informatik, Martin Luther University Halle-Wittenberg, Saale, Germany. Harvard Medical School, Kigali, Rwanda. Ethiopian Medical Association, Addis Ababa, Ethiopia.				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Ahmadu Bello University, Zaria, Nigeria. Departments of Criminology, Law & Society, Sociology, and Public Health, University of California, Irvine. University of Adelaide, Adelaide, South Australia, Australia. Institute of Public Health, Faculty of Health Sciences, Jagiellonian University Medical College, Krakow, Poland. Faculty of Health Sciences, Wroclaw Medical University, Wroclaw, Poland. Johns Hopkins University, Baltimore, Maryland. Hanoi Medical University, Hanoi, Vietnam. Department of Internal Medicine, Federal Teaching Hospital, Abakaliki, Ebonyi State, Nigeria. National Research University Higher School of Economics, Moscow, Russia. Department of Research, Cancer Registry of Norway, Institute of Population-Based Cancer Research, Oslo, Norway. Department of Community Medicine, Faculty of Health Sciences, University of Tromso, The Arctic University of Norway, Tromso, Norway. Genetic Epidemiology Group, Folkhalsan Research Center, Helsinki, Finland. Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden. Centre of Evidence-Based Dermatology, University of Nottingham, Nottingham, England. Woldia University, Woldia, Amhara, Ethiopia. Department of Biostatistics, School of Public Health, Kyoto University, Kyoto, Japan. Jackson State University, Jackson, Mississippi. Importance: The increasing burden due to cancer and other noncommunicable diseases poses a threat to human development, which has resulted in global political commitments reflected in the Sustainable Development Goals as well as the World Health Organization (WHO) Global Action Plan on Non-Communicable Diseases. To determine if these commitments have resulted in improved cancer control, quantitative assessments of the cancer burden are required. Objective: To assess the burden for 29 cancer groups over time to provide a framework for policy discussion, resource allocation, and research focus. Evidence Review: Cancer incidence, mortality, years lived with disability, years of life lost, and disability-adjusted life-years (DALYs) were evaluated for 195 countries and territories by age and sex using the Global Burden of				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Disease study estimation methods. Levels and trends were analyzed over time, as well as by the Sociodemographic Index (SDI). Changes in incident cases were categorized by changes due to epidemiological vs demographic transition. Findings: In 2016, there were 17.2 million cancer cases worldwide and 8.9 million deaths. Cancer cases increased by 28% between 2006 and 2016. The smallest increase was seen in high SDI countries. Globally, population aging contributed 17%; population growth, 12%; and changes in age-specific rates, -1% to this change. The most common incident cancer globally for men was prostate cancer (1.4 million cases). The leading cause of cancer deaths and DALYs was tracheal, bronchus, and lung cancer (1.2 million deaths and 25.4 million DALYs). For women, the most common incident cancer and the leading cause of cancer deaths and DALYs was breast cancer (1.7 million incident cases, 535000 deaths, and 14.9 million DALYs). In 2016, cancer caused 213.2 million DALYs globally for both sexes combined. Between 2006 and 2016, the average annual age-standardized incidence rates for all cancers combined increased in 130 of 195 countries or territories, and the average annual age-standardized death rates decreased within that timeframe in 143 of 195 countries or territories. Conclusions and Relevance: Large disparities exist between countries in cancer incidence, deaths, and associated disability. Scaling up cancer prevention and ensuring universal access to cancer care are required for health equity and to fulfill the global commitments for noncommunicable disease and cancer control.				
170.	Fletcher, G. J., Anantharam, R., Radhakrishnan, K., Singh, U., Karunakaran, A., Jeyaseelan, V. and Abraham, P. Evaluation of reliability and performance of hepatitis B virus-e-antigen assays in tertiary care setting J Immunoassay Immunochem; 2018, 39 (6): 622-635 **Address:** a Departments of Clinical Virology ,**Christian Medical College , Vellore ,** India. b Departments of Clinical Virology, Biostatistics , **Christian Medical College , Vellore ,** India. Hepatitis B virus-e-antigen (HBeAg) is a viral marker to assess hepatitis B virus (HBV) replication. We have evaluated the reliability of three commonly available HBeAg immunoassays using World Health Organization-International Standard and clinical samples. In addition the performance of enzyme immunoassays (EIAs) was assessed by kinetic binding and reagent exchange experiments.	**INT**	**JUL TO DEC**	**CLINICAL VIROLOGY, BIOSTATISTICS**	**PMID:**30362912 **SCOPUS** **H Index:** 24 **Impact Factor:** NA

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Analytical and diagnostic sensitivity were significantly different among HBeAg assays (P < 0.01). The affinity of capture/detector antibodies varied significantly between EIAs (P < 0.01). Our findings suggest that significant difference in the affinity of capture/detector antibodies to HBeAg may impact the overall performance and the reliability of currently available HBeAg assays in HBV diagnosis and management.				
171.	Fletcher, G. J., Raghavendran, A., Sivakumar, J., Samuel, P. and Abraham, P. Diagnostic reliability of Architect anti-HCV assay: Experience of a tertiary care hospital in India J Clin Lab Anal. 2018 Feb;32(2). doi: 10.1002/jcla.22245. Epub 2017 Jun 28. **Author information:** (1)Department of Clinical Virology, **Christian Medical College, Vellore,**India. (2)Department of Bio-statistics, **Christian Medical College, Vellore,**India. Background & AimsAnti-HCV assays are prone to false positive results. Thus, accurate detection of HCV infection is critical for the timely therapeutic management. This study ascertained the reliability of Architect anti-HCV assay (Abbott) and to estimate the agreement of this assay with Ortho HCV 3.0 ELISA Test System with Enhanced SAVe (Ortho), HCV Tri-dot (Tri-dot) and HCV-PCR in a tertiary care setting. MethodsA total of 78788 consecutive sera were routinely screened for anti-HCV antibodies using Architect. All repeatedly reactive anti-HCV sera (n=1000) and anti-HCV negative sera (n=300) were tested in Ortho and in Tri-dot assays. Representative proportions of sera (n=500) with various signal-to-cut-off (S/Co) ratio were also compared with HCV-PCR. ResultsWhen Architect was compared with Ortho, Tri-dot, and HCV-PCR, the level of agreement as assessed by kappa were .26, .16, and .27 respectively. Using Latent class analysis (LCA), we found that sensitivity and specificity were 100% and 36.1% for Architect, 93.8% and 100% for Ortho and 63.8% and 100% for Tri-dot respectively. The median S/CO ratio of Architect and Ortho anti-HCV assays were significantly different between HCV-PCR positive and negative results (P<.0001). Furthermore, Architect S/CO ratio of >8 showed higher accuracy indices in both anti-HCV	**INT**	**JAN TO JUNE**	**CLINICAL VIROLOGY, BIOSTATISTICS**	**PMID:** 28657153 **SCOPUS** **WOS:**000425109100021 **H Index:** 42 **Impact Factor:** 1.303

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	assays. ConclusionsArchitect can be used as a screening assay because of its high sensitivity, high throughput, and short turnaround time. However, S/Co ratios of 1 to <8 in Architect necessitates HCV PCR to identify current infection and or EIA to distinguish true positivity from false biological positivity. DOI: 10.1002/jcla.22245				
172.	Fok, Henry, Victor, Punitha, Bradberry, Sally and Eddleston, Michael Novel methods of self-poisoning: repeated cardenolide poisoning after accessing Cerbera odollam seeds via the internet Clinical Toxicology; 2018, 56 (4): 304-306	**INT**	**JAN TO JUNE**	**PHARMACOLOGY**	**SCOPUS** **WOS:**000425679000011 **H Index:** 81 **Impact Factor:** 4.381
173.	Fouzia, N. A., Edison, E. S., Lakshmi, K. M., Korula, A., Velayudhan, S. R., Balasubramanian, P., Abraham, A., Viswabandya, A., George, B., Mathews, V. and Srivastava, A. Long-term outcome of mixed chimerism after stem cell transplantation for thalassemia major conditioned with busulfan and cyclophosphamide Bone Marrow Transplantation; 2018, 53 (2): 169-174 Mixed chimerism (MC) occurs frequently after allogeneic hematopoietic stem cell transplantation (HSCT) for thalassemia major (TM) and may be associated with rejection. We report the outcome of MC in 132 TM patients conditioned with Busulphan/Cyclophosphamide, who had successful engraftment and had >= 1 year follow-up. Chimerism was first assessed at day +28, then every 3-9 months or more frequently if there was MC. If rejection was suspected, immunosuppression was stopped and donor-lymphocyte infusion (DLI) was given if there was no response. Among 132 patients, aged 7 years (range: 2-24), 46/132 (34.8%) had MC in the first year, 32/46 (69.6%) at day +28 and another 14 (30%) between day +28 and 1 year post HSCT. MC was quantified at level 1 (residual host chimerism (RHC) < 10%) in 20 (43.5%), level II (RHC 10-25%) in 14 (30.4%) and level III (RHC > 25%) in 12 (26.1%). On tapering immunosuppression, 15 (32.6%) developed acute GvHD and 8 (17.4%) had chronic GvHD with reversal to complete chimerism (CC). DLI was administered to 5/46 (10.9%), 1 evolved to CC but 4 rejected the graft. At median follow-up of 60 months (range: 16-172), 20/46 (43.5%) had CC, 18/46 (39.1%) had persistent MC with hemoglobin of 11.5 g/dL (range: 8.4-13.6), whereas 8 (17.4%) rejected the graft. Close monitoring and early intervention is needed with increasing	**INT**	**JAN TO JUNE**	**HAEMATOLOGY**	**SCOPUS** **WOS:**000424358300009 **H Index:** 116 **Impact Factor:** 4.497

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	recipient chimerism. Novel strategies are required for preventing graft rejection.				
174.	Francis, D. V. and Rabi, S. Deplastination: Making plastinates histo-pathologically relevant Journal of the Anatomical Society of India; 2018, 67 (1): 77-79 Introduction: Deplastination is a process that reverses plastination. While the process is in its infancy, this study was designed to see if deplastinated tissues can be used for histopathological studies. Methods: In this study, a slice of liver tissue was split into two parts. The first half was processed, sectioned and stained with routine H&E staining while the other half was plastinated with S10 plastination technique and was deplastinated after 3 months using sodium methoxide as the deplastinating agent. It was latter stained with routine H&E. The slides were assessed qualitatively on parameters like tissue and cell identification, staining property, preservation of tissue architecture, visualisation of intracellular structures like nuclei, nucleoli, fat goblets etc. and presence of artefacts due to the process. Results: Identification of tissue was possible on the deplastinated slides. Intracellular structures like nuclei, nucleoli, fat droplets were identified in the deplastinated slides. Discussion: In this study, we have found that sodium methoxide and methanol form good deplastinating agents for small sections of tissue. Identification of endpoint of deplastination forms a crucial step in the process. (C) 2017 Anatomical Society of India. Published by Elsevier, a division of RELX India, Pvt. Ltd. All rights reserved.	**NAT**	**JAN TO JUNE**	**ANATOMY**	**SCOPUS** **WOS:**000433987700013 **H Index:** 7 **Impact Factor:** 0.210 (RG)
175.	Francis, M. R., Nohynek, H., Larson, H., Balraj, V., Mohan, V. R., Kang, G. and Nuorti, J. P. Factors associated with routine childhood vaccine uptake and reasons for non-vaccination in India: 1998–2008 Vaccine; 2018, 36 (44): 6559-6566 **Address:** Department of Epidemiology, Health Sciences, Faculty of Social Sciences, University of Tampere, Tampere, Finland Department of Health Security, National Institute for Health and Welfare (THL), Helsinki, Finland Department of Infectious Disease Epidemiology, London School of Hygiene and Tropical Medicine, London, United Kingdom Society for Applied Studies, Vellore, Tamil Nadu, India Department of Community Health, **Christian Medical College, Vellore,**Tamil Nadu, India Division of Gastrointestinal Sciences, **Christian Medical College, Vellore,**Tamil Nadu, India	**INT**	**JUL TO DEC**	**COMMUNITY HEALTH, GASTROINTESTINAL SCIENCES**	**SCOPUS** **H Index:** 159 **Impact Factor:** 3.285

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Background: Despite almost three decades of the Universal Immunization Program in India, a little more than half the children aged 12–23 months receive the full schedule of routine vaccinations. We examined socio-demographic factors associated with partial-vaccination and non-vaccination and the reasons for non-vaccination among Indian children during 1998 and 2008. Methods: Data from three consecutive, nationally-representative, District Level Household and Facility Surveys (1998–99, 2002–04 and 2007–08) were pooled. Multinomial logistic regression was used to identify individual and household level socio-demographic variables associated with the child's vaccination status. The mother's reported reasons for non-vaccination were analyzed qualitatively, adapting from a previously published framework. Results: The pooled dataset contained information on 178,473 children 12–23 months of age; 53%, 32% and 15% were fully vaccinated, partially vaccinated and unvaccinated respectively. Compared with the 1998–1999 survey, children in the 2007–2008 survey were less likely to be unvaccinated (Adjusted Prevalence Odds Ratio (aPOR): 0.92, 95%CI = 0.86–0.98) but more likely to be partially vaccinated (aPOR: 1.58, 95%CI = 1.52–1.65). Vaccination status was inversely associated with female gender, Muslim religion, lower caste, urban residence and maternal characteristics such as lower educational attainment, non-institutional delivery, fewer antenatal care visits and non-receipt of maternal tetanus vaccination. The mother's reported reasons for non-vaccination indicated gaps in awareness, acceptance and affordability (financial and non-financial costs) related to routine vaccinations. Conclusions: Persisting socio-demographic disparities related to partial-vaccination and non-vaccination were associated with important childhood, maternal and household characteristics. Further research investigating the causal pathways through which maternal and social characteristics influence decision-making for childhood vaccinations is needed to improve uptake of routine vaccination in India. Also, efforts to increase uptake should address parental fears related to vaccination to improve trust in government health services as part of ongoing social mobilization and communication strategies. © 2017 Elsevier Ltd				
176.	Fullman, Nancy, Yearwood, Jamal, Abay, Solomon M., Abbafati, Cristiana, Abd-Allah, Foad, Abdela, Jemal, Abdelalim, Ahmed, Abebe, Zegeye, Abebo, Teshome Abuka, Aboyans, Victor, Abraha, Haftom Niguse, Abreu, Daisy M. X., Abu-Raddad, Laith J., Adane,	**INT**	**JAN TO JUN**	**MEDICINE**	**PMID: 29893224 PMCID: PMC5986687 PMID:WOS:000433904700029**

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Akilew Awoke, Adedoyin, Rufus Adesoji, Adetokunboh, Olatunji, Adhikari, Tara Ballav, Afarideh, Mohsen, Afshin, Ashkan, Agarwal, Gina, Agius, Dominic, Agrawal, Anurag, Agrawal, Sutapa, Kiadaliri, Aliasghar Ahmad, Aichour, Miloud Taki Eddine, Akibu, Mohammed, Akinyemi, Rufus Olusola, Akinyemiju, Tomi F., Akseer, Nadia, Al Lami, Faris Hasan, Alahdab, Fares, Al-Aly, Ziyad, Alam, Khurshid, Alam, Tahiya, Alasfoor, Deena, Albittar, Mohammed I., Alene, Kefyalew Addis, Al-Eyadhy, Ayman, Ali, Syed Danish, Alijanzadeh, Mehran, Aljunid, Syed M., Alkerwi, Ala'a, Alla, Francois, Allebeck, Peter, Allen, Christine, Alomari, Mahmoud A., Al-Raddadi, Rajaa, Alsharif, Ubai, Altirkawi, Khalid A., Alvis-Guzman, Nelson, Amare, Azmeraw T., Amenu, Kebede, Ammar, Walid, Amoako, Yaw Ampem, Anber, Nahla, Andrei, Catalina Liliana, Androudi, Sofia, Antonio, Carl Abelardo T., Araujo, Valdelaine E. M., Aremu, Olatunde, Arnlov, Johan, Artaman, Al, Aryal, Krishna Kumar, Asayesh, Hamid, Asfaw, Ephrem Tsegay, Asgedom, Solomon Weldegebreal, Asghar, Rana Jawad, Ashebir, Mengistu Mitiku, Asseffa, Netsanet Abera, Atey, Tesfay Mehari, Atre, Sachin R., Atteraya, Madhu S., Avila-Burgos, Leticia, Avokpaho, Euripide Frinel G. Arthur, Awasthi, Ashish, Quintanilla, Beatriz Paulina Ayala, Ayalew, Animut Alebel, Ayele, Henok Tadesse, Ayer, Rakesh, Ayuk, Tambe Betrand, Azzopardi, Peter, Azzopardi-Muscat, Natasha, Babalola, Tesleem Kayode, Badali, Hamid, Badawi, Alaa, Banach, Maciej, Banerjee, Amitava, Banstola, Amrit, Barber, Ryan M., Barboza, Miguel A., Barker-Collo, Suzanne L., Baernighausen, Till, Barquera, Simon, Barrero, Lope H., Bassat, Quique, Basu, Sanjay, Baune, Bernhard T., Bazargan-Hejazi, Shahrzad, Bedi, Neeraj, Beghi, Ettore, Behzadifar, Masoud, Behzadifar, Meysam, Bekele, Bayu Begashaw, Belachew, Abate Bekele, Belay, Saba Abraham, Belay, Yihalem Abebe, Bell, Michelle L., Bello, Aminu K., Bennett, Derrick A., Bennett, James R., Bensenor, Isabela M., Berhe, Derbew Fikadu, Bernabe, Eduardo, Bernstein, Robert Steven, Beuran, Mircea, Bhalla, Ashish, Bhatt, Paurvi, Bhaumik, Soumyadeep, Bhutta, Zulfiqar A., Biadgo, Belete, Bijani, Ali, Bikbov, Boris, Birungi, Charles, Biryukov, Stan, Bizuneh, Hailemichael, Bolliger, Ian W., Bolt, Kaylin, Bou-Orm, Ibrahim R., Bozorgmehr, Kayvan, Brady, Oliver Jerome, Brazinova, Alexandra, Breitborde, Nicholas J. K., Brenner, Hermann, Britton, Gabrielle, Brugha, Traolach S., Butt, Zahid A., Cahuana-Hurtado, Lucero, Campos-Nonato, Ismael Ricardo, Campuzano, Julio Cesar, Car, Josip, Car, Mate, Cardenas, Rosario, Carrero, Juan Jesus, Carvalho, Felix, Castaneda-Orjuela, Carlos A., Rivas, Jacqueline Castillo, Catala-Lopez, Ferran, Cercy,				**H Index:** 670 **Impact Factor:** 53.254

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	Kelly, Chalek, Julian, Chang, Hsing-Yi, Chang, Jung-Chen, Chattopadhyay, Aparajita, Chaturvedi, Pankaj, Chiang, Peggy Pei-Chia, Chisumpa, Vesper Hichilombwe, Choi, Jee-Young J., Christensen, Hanne, Christopher, Devasahayam Jesudas, Chung, Sheng-Chia, Ciobanu, Liliana G., Cirillo, Massimo, Colombara, Danny, Conti, Sara, Cooper, Cyrus, Cornaby, Leslie, Cortesi, Paolo Angelo, Cortinovis, Monica, Pereira, Alexandre Costa, Cousin, Ewerton, Criqui, Michael H., Cromwell, Elizabeth A., Crowe, Christopher Stephen, Crump, John A., Daba, Alemneh Kabeta, Dachew, Berihun Assefa, Dadi, Abel Fekadu, Dandona, Lalit, Dandona, Rakhi, Dargan, Paul I., Daryani, Ahmad, Daryani, Maryam, Das, Jai, Das, Siddharth Kumar, Das Neves, Jose, Weaver, Nicole Davis, Davletov, Kairat, De Courten, Barbora, De Leo, Diego, De Neve, Jan-Walter, Dellavalle, Robert P., Demoz, Gebre, Deribe, Kebede, Des Jarlais, Don C., Dey, Subhojit, Dharmaratne, Samath D., Dhimal, Meghnath, Djalalinia, Shirin, Doku, David Teye, Dolan, Kate, Dorsey, E. Ray, Bender Dos Santos, Kadine Priscila, Doyle, Kerrie E., Driscoll, Tim R., Dubey, Manisha, Dubljanin, Eleonora, Duncan, Bruce Bartholow, Echko, Michelle, Edessa, Dumessa, Edvardsson, David, Ehrlich, Joshua R., Eldrenkamp, Erika, El-Khatib, Ziad, Endres, Matthias, Endries, Aman Yesuf, Eshrati, Babak, Eskandarieh, Sharareh, Esteghamati, Alireza, Fakhar, Mahdi, Farag, Tamer, Faramarzi, Mahbobeh, Faraon, Emerito Jose Aquino, Faro, Andre, Farzadfar, Farshad, Fatusi, Adesegun, Fazeli, Mir Sohail, Feigin, Valery L., Feigl, Andrea B., Fentahun, Netsanet, Fereshtehnejad, Seyed-Mohammad, Fernandes, Eduarda, Fernandes, Joao C., Fijabi, Daniel Obadare, Filip, Irina, Fischer, Florian, Fitzmaurice, Christina, Flaxman, Abraham D., Flor, Luisa Sorio, Foigt, Nataliya, Foreman, Kyle J., Frostad, Joseph J., Fuerst, Thomas, Futran, Neal D., Gakidou, Emmanuela, Gallus, Silvano, Gambashidze, Ketevan, Gamkrelidze, Amiran, Ganji, Morsaleh, Gebre, Abadi Kahsu, Gebrehiwot, Tsegaye Tewelde, Gebremedhin, Amanuel Tesfay, Gelaw, Yalemzewod Assefa, Geleijnse, Johanna M., Geremew, Demeke, Gething, Peter W., Ghadimi, Reza, Falavarjani, Khalil Ghasemi, Ghasemi-Kasman, Maryam, Gill, Paramjit Singh, Giref, Ababi Zergaw, Giroud, Maurice, Gishu, Melkamu Dedefo, Giussani, Giorgia, Godwin, William W., Goli, Srinivas, Gomez-Dantes, Hector, Gona, Philimon N., Goodridge, Amador, Gopalani, Sameer Vali, Goryakin, Yevgeniy, Goulart, Alessandra Carvalho, Grada, Ayman, Griswold, Max, Grosso, Giuseppe, Gugnani, Harish Chander, Guo, Yuming, Gupta, Rahul, Gupta, Rajeev, Gupta, Tanush, Gupta, Tarun, Gupta, Vipin,				

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	Haagsma, Juanita A., Hachinski, Vladimir, Hafezi-Nejad, Nima, Hailu, Gessessew Bugssa, Hamadeh, Randah Ribhi, Hamidi, Samer, Hankey, Graeme J., Harb, Hilda L., Harewood, Heather C., Harikrishnan, Sivadasanpillai, Haro, Josep Maria, Hassen, Hamid Yimam, Havmoeller, Rasmus, Hawley, Caitlin, Hay, Simon I., He, Jiawei, Hearps, Stephen J. C., Hegazy, Mohamed I., Heibati, Behzad, Heidari, Mohsen, Hendrie, Delia, Henry, Nathaniel J., Herrera Ballesteros, Victor Hugo, Herteliu, Claudiu, Hibstu, Desalegn Tsegaw, Hiluf, Molla Kahssay, Hoek, Hans W., Rad, Enayatollah Homaie, Horita, Nobuyuki, Hosgood, H. Dean, Hosseini, Mostafa, Hosseini, Seyed Reza, Hostiuc, Mihaela, Hostiuc, Sorin, Hoy, Damian G., Hsairi, Mohamed, Htet, Aung Soe, Hu, Guoqing, Huang, John J., Iburg, Kim Moesgaard, Idris, Fachmi, Igumbor, Ehimario Uche, Ikeda, Chad, Ileanu, Bogdan Vasile, Ilesanmi, Olayinka S., Innos, Kaire, Irvani, Seyed Sina Naghibi, Irvine, Caleb M. S., Islami, Farhad, Jacobs, Troy A., Jacobsen, Kathryn H., Jahanmehr, Nader, Jain, Rajesh, Jain, Sudhir Kumar, Jakovljevic, Mihajlo M., Jalu, Moti Tolera, Jamal, Amr A., Javanbakht, Mehdi, Jayatilleke, Achala Upendra, Jeemon, Panniyammakal, Jha, Ravi Prakash, Jha, Vivekanand, Jozwiak, Jacek, John, Oommen, Johnson, Sarah Charlotte, Jonas, Jost B., Joshua, Vasna, Juerisson, Mikk, Kabir, Zubair, Kadel, Rajendra, Kahsay, Amaha, Kalani, Rizwan, Kar, Chittaranjan, Karanikolos, Marina, Karch, Andre, Karema, Corine Kakizi, Karimi, Seyed M., Kasaeian, Amir, Kassa, Dessalegn Haile, Kassa, Getachew Mullu, Kassa, Tesfaye Dessale, Kassebaum, Nicholas J., Katikireddi, Srinivasa Vittal, Kaul, Anil, Kawakami, Norito, Kazanjan, Konstantin, Kebede, Seifu, Keiyoro, Peter Njenga, Kemp, Grant Rodgers, Kengne, Andre Pascal, Kereselidze, Maia, Ketema, Ezra Belay, Khader, Yousef Saleh, Khafaie, Morteza Abdullatif, Khajavi, Alireza, Khalil, Ibrahim A., Khan, Ejaz Ahmad, Khan, Gulfaraz, Khan, Md Nuruzzaman, Khan, Muhammad Ali, Khanal, Mukti Nath, Khang, Young-Ho, Khater, Mona M., Khoja, Abdullah Tawfih Abdullah, Khosravi, Ardeshir, Khubchandani, Jagdish, Kibret, Getiye Dejenu, Kiirithio, Daniel Ngari, Kim, Daniel, Kim, Yun Jin, Kimokoti, Ruth W., Kinfu, Yohannes, Kinra, Sanjay, Kisa, Adnan, Kissoon, Niranjan, Kochhar, Sonali, Kokubo, Yoshihiro, Kopec, Jacek A., Kosen, Soewarta, Koul, Parvaiz A., Koyanagi, Ai, Kravchenko, Michael, Krishan, Kewal, Krohn, Kristopher J., Defo, Barthelemy Kuate, Kumar, G. Anil, Kumar, Pushpendra, Kutz, Michael, Kuzin, Igor, Kyu, Hmwe H., Lad, Deepesh Pravinkumar, Lafranconi, Alessandra, Lal, Dharmesh Kumar, Lalloo, Ratilal, Lam, Hilton, Lan, Qing, Lang, Justin J.,				

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	Lansingh, Van C., Lansky, Sonia, Larsson, Anders, Latifi, Arman, Lazarus, Jeffrey Victor, Leasher, Janet L., Lee, Paul H., Legesse, Yirga, Leigh, James, Leshargie, Cheru Tesema, Leta, Samson, Leung, Janni, Leung, Ricky, Levi, Miriam, Li, Yongmei, Liang, Juan, Liben, Misgan Legesse, Lim, Lee-Ling, Lim, Stephen S., Lind, Margaret, Linn, Shai, Listl, Stefan, Liu, Patrick Y., Liu, Shiwei, Lodha, Rakesh, Lopez, Alan D., Lorch, Scott A., Lorkowski, Stefan, Lotufo, Paulo A., Lucas, Timothy C. D., Lunevicius, Raimundas, Lurton, Gregoire, Lyons, Ronan A., Maalouf, Fadi, Macarayan, Erlyn Rachelle King, Mackay, Mark T., Maddison, Emilie R., Madotto, Fabiana, Abd El Razek, Hassan Magdy, Abd El Razek, Mohammed Magdy, Majdan, Marek, Majdzadeh, Reza, Majeed, Azeem, Malekzadeh, Reza, Malhotra, Rajesh, Malta, Deborah Carvalho, Mamun, Abdullah A., Manguerra, Helena, Manhertz, Treh, Mansournia, Mohammad Ali, Mantovani, Lorenzo G., Manyazewal, Tsegahun, Mapoma, Chabila C., Margono, Christopher, Martinez-Raga, Jose, Martins, Sheila Cristina Ouriques, Martins-Melo, Francisco Rogerlandio, Martopullo, Ira, Maerz, Winfried, Massenburg, Benjamin Ballard, Mathur, Manu Raj, Maulik, Pallab K., Mazidi, Mohsen, Mcalinden, Colm, Mcgrath, John J., Mckee, Martin, Mehata, Suresh, Mehrotra, Ravi, Mehta, Kala M., Mehta, Varshil, Meier, Toni, Mejia-Rodriguez, Fabiola, Meles, Kidanu Gebremariam, Melku, Mulugeta, Memiah, Peter, Memish, Ziad A., Mendoza, Walter, Mengiste, Degu Abate, Mengistu, Desalegn Tadese, Menota, Bereket Gebremichael, Mensah, George A., Meretoja, Atte, Meretoja, Tuomo J., Mezgebe, Haftay Berhane, Miazgowski, Tomasz, Micha, Renata, Milam, Robert, Millear, Anoushka, Miller, Ted R., Mini, G. K., Minnig, Shawn, Mirica, Andreea, Mirrakhimov, Erkin M., Misganaw, Awoke, Mitchell, Philip B., Mlashu, Fitsum Weldegebreal, Moazen, Babak, Mohammad, Karzan Abdulmuhsin, Mohammadibakhsh, Roghayeh, Mohammed, Ebrahim, Mohammed, Mohammed A., Mohammed, Shafiu, Mokdad, Ali H., Mola, Glen Liddell D., Molokhia, Mariam, Momeniha, Fatemeh, Monasta, Lorenzo, Montanez Hernandez, Julio Cesar, Moosazadeh, Mahmood, Moradi-Lakeh, Maziar, Moraga, Paula, Morawska, Lidia, Velasquez, Ilais Moreno, Mori, Rintaro, Morrison, Shane D., Moses, Mark, Mousavi, Seyyed Meysam, Mueller, Ulrich O., Murhekar, Manoj, Murthy, Gudlavalleti Venkata Satyanarayana, Murthy, Srinivas, Musa, Jonah, Musa, Kamarul Imran, Mustafa, Ghulam, Muthupandian, Saravanan, Nagata, Chie, Nagel, Gabriele, Naghavi, Mohsen, Naheed, Aliya, Naik, Gurudatta A., Naik, Nitish, Najafi, Farid, Naldi, Luigi, Nangia, Vinay, Nansseu, Jobert Richie				

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	Njingang, Narayan, K. M. Venkat, Nascimento, Bruno Ramos, Negoi, Ionut, Negoi, Ruxandra Irina, Newton, Charles R., Ngunjiri, Josephine Wanjiku, Grant, Nguyen, Long, Nguyen, Trang Huyen, Nguyen, Nichols, Emma, Ningrum, Dina Nur Anggraini, Nolte, Ellen, Vuong Minh, Nong, Norheim, Ole F., Norrving, Bo, Noubiap, Jean Jacques N., Nyandwi, Alypio, Obermeyer, Carla Makhlouf, Ofori-Asenso, Richard, Ogbo, Felix Akpojene, Oh, In-Hwan, Oladimeji, Olanrewaju, Olagunju, Andrew Toyin, Olagunju, Tinuke Oluwasefunmi, Olivares, Pedro R., Vasconcelos De Oliveira, Patricia Pereira, Olsen, Helen E., Olusanya, Bolajoko Olubukunola, Olusanya, Jacob Olusegun, Ong, Kanyin, Opio, John Nelson, Oren, Eyal, Ortega-Altamirano, Doris V., Ortiz, Alberto, Ozdemir, Raziye, Mahesh, P. A., Pain, Amanda W., Palone, Marcos Roberto Tovani, Pana, Adrian, Panda-Jonas, Songhomitra, Pandian, Jeyaraj D., Park, Eun-Kee, Parsian, Hadi, Patel, Tejas, Pati, Sanghamitra, Patil, Snehal T., Patle, Ajay, Patton, George C., Paturi, Vishnupriya Rao, Paudel, Deepak, Pedroso, Marcel De Moares, Pedroza, Sandra P., Pereira, David M., Perico, Norberto, Peterson, Hannah, Petzold, Max, Peykari, Niloofar, Phillips, Michael Robert, Piel, Frederic B., Pigott, David M., Pillay, Julian David, Piradov, Michael A., Polinder, Suzanne, Pond, Constance D., Postma, Maarten J., Pourmalek, Farshad, Prakash, Swayam, Prakash, V., Prasad, Narayan, Prasad, Noela Marie, Purcell, Caroline, Qorbani, Mostafa, Quintana, Hedley Knewjen, Radfar, Amir, Rafay, Anwar, Rafiei, Alireza, Rahimi, Kazem, Rahimi-Movaghar, Afarin, Rahimi-Movaghar, Vafa, Rahman, Mahfuzar, Rahman, Muhammad Aziz, Rahman, Sajjad Ur, Rai, Rajesh Kumar, Raju, Bhushan, Ram, Usha, Rana, Saleem M., Rankin, Zane, Rasella, Davide, Rawaf, David Laith, Rawaf, Salman, Ray, Sarah E., Aspacia Razo-Garcia, Christian, Reddy, Priscilla, Reiner, Robert C., Reis, Cesar, Reitsma, Marissa B., Remuzzi, Giuseppe, Renzaho, Andre M. N., Resnikoff, Serge, Rezaei, Satar, Rezai, Mohammad Sadegh, Ribeiro, Antonio L., Rios Blancas, Maria Jesus, Rivera, Juan A., Roever, Leonardo, Ronfani, Luca, Roshandel, Gholamreza, Rostami, Ali, Roth, Gregory A., Rothenbacher, Dietrich, Roy, Ambuj, Roy, Nobhojit, Ruhago, George Mugambage, Sabde, Yogesh Damodar, Sachdev, Perminder S., Sadat, Nafis, Safdarian, Mahdi, Safiri, Saeid, Sagar, Rajesh, Sahebkar, Amirhossein, Sahraian, Mohammad Ali, Sajadi, Haniye Sadat, Salama, Joseph, Salamati, Payman, Saldanha, Raphael De Freitas, Salimzadeh, Hamideh, Salomon, Joshua A., Samy, Abdallah M., Sanabria, Juan Ramon, Sancheti, Parag K., Sanchez-Nino, Maria Dolores, Santomauro, Damian, Santos, Itamar S., Milicevic, Milena				

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	M. Santric, Sarker, Abdur Razzaque, Sarrafzadegan, Nizal, Sartorius, Benn, Satpathy, Maheswar, Savic, Miloje, Sawhney, Monika, Saxena, Sonia, Saylan, Mete I., Schaeffner, Elke, Schmidhuber, Josef, Schmidt, Maria Ines, Schneider, Ione J. C., Schumacher, Austin E., Schutte, Aletta E., Schwebel, David C., Schwendicke, Falk, Sekerija, Mario, Sepanlou, Sadaf G., Servan-Mori, Edson E., Shafieesabet, Azadeh, Shaikh, Masood Ali, Shakh-Nazarova, Marina, Shams-Beyranvand, Mehran, Sharafi, Heidar, Sharif-Alhoseini, Mahdi, Islam, Sheikh Mohammed Shariful, Sharma, Meenakshi, Sharma, Rajesh, She, Jun, Sheikh, Aziz, Shfare, Mebrahtu Teweldemedhin, Shi, Peilin, Shields, Chloe, Shigematsu, Mika, Shinohara, Yukito, Shiri, Rahman, Shirkoohi, Reza, Shiue, Ivy, Shrime, Mark G., Shukla, Sharvari Rahul, Siabani, Soraya, Sigfusdottir, Inga Dora, Silberberg, Donald H., Santos Silva, Diego Augusto, Silva, Joao Pedro, Alves Silveira, Dayane Gabriele, Singh, Jasvinder A., Singh, Lavanya, Singh, Narinder Pal, Singh, Virendra, Sinha, Dhirendra Narain, Sinke, Abiy Hiruye, Sisay, Mekonnen, Skirbekk, Vegard, Sliwa, Karen, Smith, Alison, Soares Filho, Adauto Martins, Sobaih, Badr H. A., Somai, Melek, Soneji, Samir, Soofi, Moslem, Sorensen, Reed J. D., Soriano, Joan B., Soyiri, Ireneous N., Sposato, Luciano A., Sreeramareddy, Chandrashekhar T., Srinivasan, Vinay, Stanaway, Jeffrey D., Stathopoulou, Vasiliki, Steel, Nicholas, Stein, Dan J., Stokes, Mark Andrew, Sturua, Lela, Sufiyan, Muawiyyah Babale, Suliankatchi, Rizwan Abdulkader, Sunguya, Bruno F., Sur, Patrick J., Sykes, Bryan L., Sylaja, P. N., Szoeke, Cassandra E. I., Tabares-Seisdedos, Rafael, Tadakamadla, Santosh Kumar, Tadesse, Andualem Henok, Taffere, Getachew Redae, Tandon, Nikhil, Tariku, Amare Tariku, Taveira, Nuno, Tehrani-Banihashemi, Arash, Shifa, Girma Temam, Temsah, Mohamad-Hani, Terkawi, Abdullah Sulieman, Tesema, Azeb Gebresilassie, Tesfaye, Dawit Jember, Tessema, Belay, Thakur, J. S., Thomas, Nihal, Thompson, Matthew J., Tillmann, Taavi, To, Quyen G., Tobe-Gai, Ruoyan, Tonelli, Marcello, Topor-Madry, Roman, Topouzis, Fotis, Torre, Anna, Tortajada, Miguel, Tran, Bach Xuan, Khanh Bao, Tran, Tripathi, Avnish, Tripathy, Srikanth Prasad, Troeger, Christopher, Truelsen, Thomas, Tsoi, Derrick, Car, Lorainne Tudor, Tuem, Kald Beshir, Tyrovolas, Stefanos, Uchendu, Uche S., Ukwaja, Kingsley Nnanna, Ullah, Irfan, Updike, Rachel, Uthman, Olalekan A., Uzochukwu, Benjamin S. Chudi, Ruben Valdez, Pascual, Van Boven, Job F. M., Varughese, Santosh, Vasankari, Tommi, Venketasubramanian, Narayanaswamy, Violante, Francesco S., Vladimirov, Sergey K.,				

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	Vlassov, Vasiliy Victorovich, Vollset, Stein Emil, Vos, Theo, Wagnew, Fasil, Waheed, Yasir, Wallin, Mitchell T., Walson, Judd L., Wang, Yafeng, Wang, Yuan-Pang, Wassie, Molla Mesele, Weaver, Marcia R., Weiderpass, Elisabete, Weintraub, Robert G., Weiss, Jordan, Weldegwergs, Kidu Gidey, Werdecker, Andrea, West, T. Eoin, Westerman, Ronny, White, Richard G., Whiteford, Harvey A., Widecka, Justyna, Winkler, Andrea Sylvia, Wiysonge, Charles Shey, Wolfe, Charles D. A., Wondimkun, Yohanes Ayele, Workicho, Abdulhalik, Wyper, Grant M. A., Xavier, Denis, Xu, Gelin, Yan, Lijing L., Yano, Yuichiro, Yaseri, Mehdi, Yimer, Nigus Bililign, Yin, Peng, Yip, Paul, Yirsaw, Biruck Desalegn, Yonemoto, Naohiro, Yonga, Gerald, Yoon, Seok-Jun, Yotebieng, Marcel, Younis, Mustafa Z., Yu, Chuanhua, Zadnik, Vesna, Zaidi, Zoubida, Zaki, Maysaa El Sayed, Bin Zaman, Sojib, Zamani, Mohammad, Zenebe, Zerihun Menlkalew, Zhou, Maigeng, Zhu, Jun, Zimsen, Stephanie R. M., Zipkin, Ben, Zodpey, Sanjay, Zuhlke, Liesl Joanna, Murray, Christopher J. L., Lozano, Rafael, Access, G. B. D. Healthcare and Qua Measuring performance on the Healthcare Access and Quality Index for 195 countries and territories and selected subnational locations: a systematic analysis from the Global Burden of Disease Study 2016 Lancet; 2018 Jun 2;391(10136):2236-2271. Background A key component of achieving universal health coverage is ensuring that all populations have access to quality health care. Examining where gains have occurred or progress has faltered across and within countries is crucial to guiding decisions and strategies for future improvement. We used the Global Burden of Diseases, Injuries, and Risk Factors Study 2016 (GBD 2016) to assess personal health-care access and quality with the Healthcare Access and Quality (HAQ) Index for 195 countries and territories, as well as subnational locations in seven countries, from 1990 to 2016. Methods Drawing from established methods and updated estimates from GBD 2016, we used 32 causes from which death should not occur in the presence of effective care to approximate personal health-care access and quality by location and over time. To better isolate potential effects of personal health-care access and quality from underlying risk factor patterns, we risk-standardised cause-specific deaths due to non-cancers by location-year, replacing the local joint exposure of environmental and behavioural risks with the global level of exposure. Supported by the expansion of cancer registry data in GBD 2016, we used mortality-to-incidence ratios for cancers instead of risk-standardised death rates to				

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	provide a stronger signal of the effects of personal health care and access on cancer survival. We transformed each cause to a scale of 0-100, with 0 as the first percentile (worst) observed between 1990 and 2016, and 100 as the 99th percentile (best); we set these thresholds at the country level, and then applied them to subnational locations. We applied a principal components analysis to construct the HAQ Index using all scaled cause values, providing an overall score of 0-100 of personal health-care access and quality by location over time. We then compared HAQ Index levels and trends by quintiles on the Socio-demographic Index (SDI), a summary measure of overall development. As derived from the broader GBD study and other data sources, we examined relationships between national HAQ Index scores and potential correlates of performance, such as total health spending per capita. Findings In 2016, HAQ Index performance spanned from a high of 97.1 (95% UI 95.8-98.1) in Iceland, followed by 96.6 (94.9-97.9) in Norway and 96.1 (94.5-97.3) in the Netherlands, to values as low as 18.6 (13.1-24.4) in the Central African Republic, 19.0 (14.3-23.7) in Somalia, and 23.4 (20.2-26.8) in Guinea-Bissau. The pace of progress achieved between 1990 and 2016 varied, with markedly faster improvements occurring between 2000 and 2016 for many countries in sub-Saharan Africa and southeast Asia, whereas several countries in Latin America and elsewhere saw progress stagnate after experiencing considerable advances in the HAQ Index between 1990 and 2000. Striking subnational disparities emerged in personal health-care access and quality, with China and India having particularly large gaps between locations with the highest and lowest scores in 2016. In China, performance ranged from 91.5 (89.1-936) in Beijing to 48.0 (43.4-53.2) in Tibet (a 43.5-point difference), while India saw a 30.8-point disparity, from 64.8 (59.6-68.8) in Goa to 34.0 (30.3-38.1) in Assam. Japan recorded the smallest range in subnational HAQ performance in 2016 (a 4.8-point difference), whereas differences between subnational locations with the highest and lowest HAQ Index values were more than two times as high for the USA and three times as high for England. State-level gaps in the HAQ Index in Mexico somewhat narrowed from 1990 to 2016 (from a 20.9-point to 17.0-point difference), whereas in Brazil, disparities slightly increased across states during this time (a 17.2-point to 20.4-point difference). Performance on the HAQ Index showed strong linkages to overall development, with high and high-middle SDI countries generally having higher scores and faster gains for				

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	non-communicable diseases. Nonetheless, countries across the development spectrum saw substantial gains in some key health service areas from 2000 to 2016, most notably vaccine-preventable diseases. Overall, national performance on the HAQ Index was positively associated with higher levels of total health spending per capita, as well as health systems inputs, but these relationships were quite heterogeneous, particularly among low-to-middle SDI countries. Interpretation GBD 2016 provides a more detailed understanding of past success and current challenges in improving personal health-care access and quality worldwide. Despite substantial gains since 2000, many low-SDI and middle-SDI countries face considerable challenges unless heightened policy action and investments focus on advancing access to and quality of health care across key health services, especially non-communicable diseases. Stagnating or minimal improvements experienced by several low-middle to high-middle SDI countries could reflect the complexities of re-orienting both primary and secondary health-care services beyond the more limited foci of the Millennium Development Goals. Alongside initiatives to strengthen public health programmes, the pursuit of universal health coverage upon improving both access and quality worldwide, and thus requires adopting a more comprehensive view and subsequent provision of quality health care for all populations. Copyright (C) 2018 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license.				
177.	Furlan, Andrea D., Irvin, Emma, Munhall, Claire, Giraldo-Prieto, Mario, Fullerton, Laura, Mcmaster, Robert, Danak, Shivang, Costante, Alicia, Pitzul, Kristen B., Bhide, Rohit P., Marchenko, Stanislav, Mahood, Quenby, David, Judy A., Flannery, John F. and Bayley, Mark REHABILITATION SERVICE MODELS FOR PEOPLE WITH PHYSICAL AND/OR MENTAL DISABILITY LIVING IN LOW- AND MIDDLE-INCOME COUNTRIES: A SYSTEMATIC REVIEW Journal of Rehabilitation Medicine; 2018, 50 (6): 487-498 Objective: To compare models of rehabilitation services for people with mental and/or physical disability in order to determine optimal models for therapy and interventions in low-to middle-income countries. Data sources: CINAHL, EMBASE, MEDLINE, CENTRAL, PsycINFO, Business Source Premier, HINARI, CEBHA and PubMed. Study selection: Systematic reviews, randomized control trials and observational studies comparing > 2 models of rehabilitation care in	**INT**	**JAN TO JUNE**	**PHYSICAL REHABILITATION MEDICINE**	**WOS:**000437194300002 **H Index:** 84 **Impact Factor:** 1.802

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	any language. Date extraction: Standardized forms were used. Methodological quality was assessed using AMSTAR and quality of evidence was assessed using GRADE. Data synthesis: Twenty-four systematic reviews which included 578 studies and 202,307 participants were selected. In addition, four primary studies were included to complement the gaps in the systematic reviews. The studies were all done at various countries. Moderate-to high-quality evidence supports the following models of rehabilitation services: psychological intervention in primary care settings for people with major depression, admission into an inpatient, multidisciplinary, specialized rehabilitation unit for those with recent onset of a severe disabling condition; outpatient rehabilitation with multidisciplinary care in the community, hospital or home is recommended for less severe conditions; However, a model of rehabilitation service that includes early discharge is not recommended for elderly patients with severe stroke, chronic obstructive pulmonary disease, hip fracture and total joints. Conclusion: Models of rehabilitation care in inpatient, multidisciplinary and specialized rehabilitation units are recommended for the treatment of severe conditions with recent onset, as they reduce mortality and the need for institutionalized care, especially among elderly patients, stroke patients, or those with chronic back pain. Results are expected to be generalizable for brain/spinal cord injury and complex fractures.				
178.	Ganapati, A., Goel, R., Kabeerdoss, J., Gowri, M., Mathew, J. and Danda, D. Study of clinical utility of antibodies to phosphatidylserine/prothrombin complex in Asian-Indian patients with suspected APS Clin Rheumatol. 2018 Sep 26. doi: 10.1007/s10067-018-4301-1. [Epub ahead of print] **Address:** Department of Clinical Immunology and Rheumatology, **Christian Medical College , Vellore,** India. Department of Biostatistics, **Christian Medical College , Vellore,** India. Department of Clinical Immunology and Rheumatology, **Christian Medical College , Vellore,** India. debashisdandacmc@hotmail.com. Antiphospholipid syndrome (APS) is the most common acquired pro-thrombotic disorder, also associated with obstetric complications. Phosphatidylserine/Prothrombin complex antibody (aPSPT) though associated with various APS manifestations, is not	**INT**	**JUL TO DEC**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY**	**PMID:**30255283 **SCOPUS** **H Index:** 71 **Impact Factor:** 2.141

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	included in the revised Sapporo Criteria. To study the prevalence of aPSPT in Asian-Indian patients with suspected APS and compare its performance with the criteria anti-phospholipid antibodies (APLs). Electronic charts of 372 individuals whose sera was tested for aPSPT in suspected APS between June 2014 and May 2016 were retrieved and analyzed. aPSPT was assayed by ELISA. aPSPT tested individuals were categorized into cases-seropositive and seronegative APS (SNAPS) and controls. aPSPT was positive in 24/58 (41.3%) cases and 17/314 (5.4%) controls ($p < 0.001$). aPSPT positivity was seen in 44.5%, 38.7%, and 58.4% in primary, secondary and SNAPS patients respectively. aPSPT had the best performance among all APLs, in obstetric APS with 31% sensitivity, 97.7% specificity, and an odds ratio of 18.8. It showed 41.4% sensitivity, 94.6% specificity for the classification/diagnosis of primary APS and 38.7% sensitivity, 91.5% specificity for secondary APS. Addition of aPSPT to current APS criteria to SNAPS patients led to reclassification of additional 12.1% patients as APS overall and 42.8% in obstetric APS category. In Asian-Indian patients with suspected APS, aPSPT outperformed all classical APLs in diagnosis/classification of obstetric APS and both isotypes of beta 2-glycoprotein-I antibodies in diagnosis/classification of APS. aPSPT could reclassify additional 12.1 and 42.8% patients as APS overall and obstetric APS respectively, over and above the cases satisfying revised Sapporo criteria.				
179.	Ganapati, A., Pulukool, S., Gowri, M., Antonisamy, B. and Danda, D. TREATMENT OUTCOME WITH COMBINED METHOTREXATE, SULFASALAZINE AND ON-DEMAND NSAIDS IN AXIAL SPONDYLOARTHRITIS IN A RESOURCE-LIMITED REAL WORLD CLINICAL PRACTICE Clinical and Experimental Rheumatology; 2018, 36 (4): 721-722	**INT**	**JAN TO JUNE**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY, BIOSTATISTICS**	**WOS:**000440741300121 **H Index:** 85 **Impact Factor:** 3.201
180.	Ganapati, A., Ravindran, R., David, T., Yadav, B., Jeyaseelan, V., Jeyaseelan, L. and Danda, D. Head to head comparison of adverse effects and efficacy between high dose deflazacort and high dose prednisolone in systemic lupus erythematosus: a prospective cohort study Lupus; 2018, 27 (6): 890-898 Background: Deflazacort (DFZ), an oxazoline derivative of prednisolone (PDN), has a dose equivalence of 1.2:1 (mg) to PDN. No study to date has compared adverse effects and efficacy of high doses of DFZ as against high-dose PDN in systemic lupus	**INT**	**JUL TO DEC**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY, BIOSTATISTICS**	**PMID:**29320974 **WOS:**000432096800003 **H Index:** 91 **Impact Factor:** 2.969

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	erythematosus (SLE). Objectives: To compare adverse effects of high dose DFZ and PDN in SLE patients, especially in terms of cushingoid features and gain in body weight, 3 and 6 months after initiation of these agents. Methods: In both the steroid arms, the following outcome parameters were assessed at 3 and 6 months: (a) cushingoid features by Cushing's Severity Index (CSI) (b) hirsutism by modified Ferriman Gallwey score (c) weight gain by difference (Delta, delta) of weight (in kilograms). Results: Patients on PDN had 1.6 kg (3.2%) and 2 kg (5.1%) higher median weight gain as compared to those on DFZ at 3 and 6 months respectively (p = 0.012 and 0.001). PDN caused 10% and 22.2% higher increment in median hirsutism scores as compared to DFZ at 3 months and 6 months follow-up, respectively (p = 0.004 and 0.002). PDN caused 100% higher increase in median CSI scores than DFZ at 6 months (p = 0.03). There was no significant difference by generalized estimation equation between the groups with respect to changes in SLEDAI, renal SLEDAI, anti-dsDNA titres and C3/C4 levels. There were two serious infections (requiring hospitalization/intravenous antibiotics) in the PDN group, while none in the DFZ group. Conclusion: Comparable intake and tapering of high dose DFZ and PDN in active SLE revealed 2-fold less weight gain, 2.5-fold less hirsutism and 1.5-fold lower cushingoid severity index as well as lower glycaemic elevation in the DFZ group as compared to PDN group. Both had similar efficacy.				
181.	Gandham, E. J., Tyagi, A. and Prabhu, K. An Unusual Cause of Cervical Radicular Pain-Foreign Body in Esophagus Iran J Otorhinolaryngol; 2018, 30 (99): 237-239 **Address:** Department of Neurological Sciences, **Christian Medical College, Vellore,**India. Department of Otolaryngology, **Christian Medical College, Vellore,**India. Introduction: Foreign bodies in the esophagus are considered to be a life-threatening condition in adults and children because of esophageal perforation, chemical pneumonitis, airway obstruction, and development of a fistula, leading to high morbidity and mortality with this condition. Most cases present with immediate symptoms. However, in rare cases, the foreign body can migrate within the tissues and become symptomatic at a later date. Case Report: We report a rare case of a foreign body in the esophagus following fishmeal ingestion. The foreign body had traversed the	**INT**	**JAN TO JUNE**	**NEUROSURGERY, OTOLARYNGOLOGY**	**PMID:**30083531 **PMC ID:**6064759 **SCOPUS** **H Index:** 7 **Impact Factor:** 0.890 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	lumen of the esophagus and migrated into the neural foramina with impingement of the left C6 root with resulting left C6 radicular pain. Radiology and successful surgical management is discussed herein, along with relevant literature. Conclusion: Radiculopathy after foreign body ingestion is very rare. In patients presenting with persistent radicular pain, in particular in close proximity to the neurovascular structures, we advise early surgery to prevent a neurological deficit.				
182.	Ganesan, P., Jegaraj, M. K. A., Kumar, S., Yadav, B., Selva, B. and Tharmaraj, R. G. A. Profile and Outcome of Near-hanging Patients Presenting to Emergency Department in a Tertiary Care Hospital in South India - A Retrospective Descriptive Study Indian J Psychol Med; 2018, 40 (3): 205-209 **Address:** Department of Emergency Medicine, **Christian Medical College, Vellore,**Tamil Nadu, India. Background: Hanging is one of the common modes of deliberate self-harm presenting to emergency departments (EDs) across the world. Early intervention and aggressive resuscitation can decrease the morbidity and mortality associated with near-hanging. Our aim was to study the profile of patients presenting with near-hanging and their outcome to our adult ED. Materials and Methods: Medical records of patients with age more than 15 years presenting with near-hanging to the ED was reviewed retrospectively. The following profile data such as age, gender, marital status, material used for hanging, and type of hanging were collected. The information regarding the outcome of the patients from the hospital also analyzed. The data were analyzed to express the mean (+/-standard deviation) for the quantitative variables and frequency for the qualitative variables (+/-percent) using SPSS statistical software. Results: The analysis of 2 years data from August 2014 to July 2016 revealed 77 patients reached the ED with near-Hanging. The mean age of the patients - 31.1 years. Approximately, 43% were complete hanging, while rest were partial hanging. Majority of the patients used dressing materials for hanging themselves. Out of 77 patients, 64 were discharged alive while 2 patients died in the hospital and 11 were left against medical advice. Conclusions: Hanging is still a major mode of deliberate self-harm in South India both among men and women. The outcome of near-hanging is positively influenced by early admission and active treatment.	**NAT**	**JAN TO JUNE**	**PSYCHIATRY**	**PMID:**29875525 **PMC ID:**5968639 **SCOPUS** **H Index:** 13 **Impact Factor:** 0.740 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
183.	Ganesh, A., Muthu, M. S., Mohan, A. and Kirubakaran, R. Prevalence of Early Childhood Caries in India - A Systematic Review Indian J Pediatr; 2018, **Address:** Department of Public Health Dentistry, Sri Ramachandra Institute of Higher Education and Research, Porur, Chennai, Tamil Nadu, 600116, India. Department of Pedodontics and Preventive Dentistry, Sri Ramachandra Institute of Higher Education and Research, Porur, Chennai, Tamil Nadu, 600116, India. muthumurugan@gmail.com. Department of Pedodontics and Preventive Dentistry, Sri Ramachandra Institute of Higher Education and Research, Porur, Chennai, Tamil Nadu, 600116, India. South Asian Cochrane Centre, **Christian Medical College, Vellore,**Tamil Nadu, India. Early Childhood Caries (ECC) is a serious public health problem in developed as well as developing nations, with high prevalence among children around the world. This systematic review of the national literature was undertaken to document the prevalence of Early Childhood Caries. Studies evaluating the prevalence of Early Childhood Caries (ECC) in the Indian population were investigated. The method under evaluation was the use of a caries experience index to calculate the prevalence of ECC. An extensive literature search was done in the following databases: PubMed, IndMED and Cochrane upto June 2016. A modified version of the Newcastle-Ottawa Scale for cross-sectional studies was used for assessment of the quality of the studies. A systematic literature search yielded 503 publications from the various databases searched. Based on the inclusion and exclusion criteria, the final number of included studies were 54. Among the included studies, 19 studies were carried out in the state of Karnataka. Analysis of all the included studies revealed the overall prevalence of ECC in India to be 49.6%. Andhra Pradesh was found to have the highest prevalence of ECC at 63%, and the lowest prevalence was reported in Sikkim (41.92%). This review has reported a high prevalence of ECC in India. None of the states reported prevalence below 40%. The government should identify ECC as a national priority which requires significant attention.	**NAT**	**JAN TO JUNE**	**SOUTH ASIAN COCHRANE CARE**	**PMID:**30284117 **SCOPUS** **H Index:** 41 **Impact Factor:** 0.390 (RG)
184.	Ganesh, S., Jonathan, G. E., Patel, B. and Prabhu, K. Solitary facet joint osteochondroma of the upper thoracic spine: An unusual cause of cord compression in the pediatric age group	**NAT**	**JAN TO JUNE**	**NEUROLOGICAL SCIENCES**	**PMID:**29547195 **WOS:**000427989900056 **SCOPUS**

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Neurol India; 2018, 66 (2): 555-556 **Address:** Department of Neurological Sciences, **Christian Medical College, Vellore,**Tamil Nadu, India				**H Index:** 40 **Impact Factor:** 2.166
185.	Gao, A. B., Lv, Y. C., Wang, A. P., Zhong, L. Y., Tang, M. L., Thomas, B. P. and Peng, T. H. The zonal pattern of arterial supply to the brachial plexus and its clinical significance Surg Radiol Anat; 2018, 40 (7): 815-822 **Address:** Clinical Anatomy & Reproductive Medicine Application Institute, School of Medicine, University of South China, Hengyang, 421001, China. Department of Anatomy, Wenzhou Medical University, Wenzhou, 325035, China. Dr. Paul Brand Centre for Hand Surgery and Peripheral Nerve Surgery, **Christian Medical College Hospital,** Ida Scudder Road, Vellore, Tamil Nadu, 632004, India. binu@cmcvellore.ac.in. Clinical Anatomy & Reproductive Medicine Application Institute, School of Medicine, University of South China, Hengyang, 421001, China. thpeng67@163.com. PURPOSE: To provide the anatomical basis of blood supply of brachial plexus for the clinical microsurgical treatment of brachial plexus injury. METHODS: Thirteen adult anticorrosive cadaveric specimens (8 males, 5 females) were dissected in this study. 3 fresh cases (2 males, 1 female) were used to observe the zonal pattern of arteries supplying brachial plexus, and 10 cases (6 males, 4 females) were used to observe the source and distribution of the brachial plexus arteries under microscope. RESULTS: The brachial plexus is supplied by branches of the subclavian-axillary axis (SAA), and these branches anastomose each other. According to distribution feature, blood supply of the brachial plexus could be divided into three zones. The first zone was from the nerve roots of intervertebral foramina to its proximal trunks, which was supplied by the vertebral artery and the deep cervical artery. The second zone was from the distal nerve trunks of the brachial plexus, encompassing the divisions to its proximal cords, which was supplied by direct branches of the subclavian artery or by branches originating from the dorsal scapular artery. The third zone was from the distal portion of the cords to terminal branches of the brachial plexus, which was supplied by direct branches of the axillary artery. CONCLUSIONS: The zonal pattern of arterial supply to the brachial plexus is a systematic and comprehensive modality to improve anatomical basis for the clinical microsurgical treatment for brachial	**INT**	**JUL TO DEC**	**HAND SURGERY**	**PMID:**29737380 **WOS:**000434974100012 **SCOPUS** **H Index:** 50 **Impact Factor:** 0.690 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	plexus injury.				
186.	Garg, C. C., Mazumder, S., Taneja, S., Shekhar, M., Mohan, S. B., Bose, A., Iyengar, S. D., Bahl, R., Martines, J. and Bhandari, N. Costing of three feeding regimens for home-based management of children with uncomplicated severe acute malnutrition from a randomised trial in India BMJ Glob Health; 2018, 3 (2): e000702 **Address:** International Consultant and Visiting Professor, Institute for Human Development, New Delhi, India. Centre for Health Research and Development, Society for Applied Studies, New Delhi, India. Department of Community Health, **Christian Medical College, Vellore,**Tamil Nadu, India. Research and Evaluation Department, Action Research and Training for Health, Udaipur, Rajasthan, India. Department of Maternal, Newborn, Child and Adolescent Health, World Health Organization, Geneva, Switzerland. Centre for Intervention Science in Maternal and Child Health, Centre for International Health, University of Bergen, Bergen, Norway. Trial design: Three feeding regimens-centrally produced ready-to-use therapeutic food, locally produced ready-to-use therapeutic food, and augmented, energy-dense, home-prepared food-were provided in a community setting for children with severe acute malnutrition (SAM) in the age group of 6-59 months in an individually randomised multicentre trial that enrolled 906 children. Foods, counselling, feeding support and treatment for mild illnesses were provided until recovery or 16 weeks. Methods: Costs were estimated for 371 children enrolled in Delhi in a semiurban location after active survey and identification, enrolment, diagnosis and treatment for mild illnesses, and finally treatment with one of the three regimens, both under the research and government setting. Direct costs were estimated for human resources using a price times quantity approach, based on their salaries and average time taken for each activity. The cost per week per child for food, medicines and other consumables was estimated based on the total expenditure over the period and children covered. Indirect costs for programme management including training, transport, non-consumables, infrastructure and equipment were estimated per week per child based on total expenditures for research study and making suitable adjustments for estimations under government setting. Results: No significant difference in costs was found across	**INT**	**JAN TO JUNE**	**COMMUNITY HEALTH**	**PMID:**29527358 **PMC ID:**5841493 **H Index:** NA **Impact Factor:** NA

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	the three regimens per covered or per treated child. The average cost per treated child in the government setting was estimated at US$56 (<3500 rupees). Conclusion: Home-based management of SAM with a locally produced ready-to-use therapeutic food is feasible, acceptable, affordable and very cost-effective in terms of the disability-adjusted life years saved and gross national income per capita of the country. The treatment of SAM at home needs serious attention and integration into the existing health system, along with actions to prevent SAM. Trial registration number: NCT01705769; Pre-results.				
187.	Geevar, T., Pai, R., Chacko, G., Malepathi, K., Patel, B., John, J., Chacko, A. G., Balakrishnan, R. and John, S. Molecular profile of tumors with oligodendroglial morphology: Clinical relevance Neurol India; 2018 Nov-Dec;66(6):1726-1731 Address: Department of Pathology, **Christian Medical College, Vellore**, Tamil Nadu, India. Department of Neurosurgery, **Christian Medical College, Vellore**, Tamil Nadu, India. Department of Community Medicine, **Christian Medical College, Vellore**, Tamil Nadu, India. Department of Radiotherapy, **Christian Medical College, Vellore**, Tamil Nadu, India. Background: The plethora of biomarkers available for the diagnosis and prognostication of gliomas has refined the classification of gliomas. The new World Health Organization (WHO) 2016 classification integrates the phenotypic and genotyping features for a more robust diagnosis. Materials and Methods: Fifty gliomas with oligodendroglial morphology according to the WHO 2007 classification were analyzed for isocitrate dehydrogenase 1 and 2 (IDH1/2) mutations by polymerase chain reaction, 1p/19q status by fluorescent in situ hybridization (FISH), and IDH1 and X-linked alpha-thalassemia retardation (ATRX) expression by immunohistochemistry. Tumors were reclassified into oligodendrogliomas, astrocytomas, and glioblastomas (GBMs) according to the new "integrated" diagnostic approach. Results: 30% of previously diagnosed oligodendrogliomas and almost 90% of oligoastrocytomas were reclassified as astrocytomas. Twenty gliomas showed 1p/19q co-deletion, while 18 gliomas showed polysomy of chromosome 1/19. Polysomy of chromosome 1/19 was significantly associated with astrocytic tumors (P </= 0.001). Loss of ATRX expression was seen in 20 of 23 WHO grade II/III astrocytomas and 3 of 7 GBMs. All WHO grade II and III gliomas in	**NAT**	**JUL TO DEC**	**NEUROLOGY, PSYCHIATRY**	**PMID:30504574** **H Index:** 40 **Impact Factor:** 2.166

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	our cohort showed IDH1/2 mutations. Moreover, 4 of 7 GBMs showed the wild-type IDH1/2 mutation, and 2 of 3 GBMs which showed IDH1/2 mutations were secondary GBMs. There was no significant difference in progression-free and overall survival between WHO grade II and III gliomas, possibly because all these tumors showed IDH1/2 mutations. In multivariate analysis, only the WHO grade (grade IV versus II and III combined) was significantly associated with increased risk of recurrence and death (P = 0.016 and 0.02). Conclusion: The new integrated diagnosis provides a more meaningful classification, removing the considerable subjectivity that existed previously.				
188.	George, Biju, Barade, Aruna, Korula, Anu, Nisham, P. N., Lakshmi, Kavitha, Kulkarni, Uday, Devasia, Anup, Abraham, Aby, Srivastava, Alok, Sindhuvi, Eunice and Mathews, Vikram Donor Telomere Length Influences Engraftment and Outcome in Aplastic Anemia Patients Undergoing Matched Related Stem Cell Transplantation Biology of Blood and Marrow Transplantation; 2018, 24 (3): S294-S295	**INT**	**JAN TO JUNE**	**CLINICAL HAEMATOLOGY**	**WOS:**000425476000426 **H Index:** 103 **Impact Factor:** 4.484
189.	George, Biju, Korula, Anu, Devasia, Anup, Nisham, P. N., Kulkarni, Uday, Lakshmi, Kavitha, Abraham, Aby, Srivastava, Alok and Mathews, Vikram Outcomes of Stem Cell Transplantation in Children-Long Term Experience of a Single Centre Biology of Blood and Marrow Transplantation; 2018, 24 (3): S417-S417	**INT**	**JAN TO JUNE**	**CLINICAL HAEMATOLOGY**	**WOS:**000425476000621 **H Index:** 103 **Impact Factor:** 4.484
190.	George, Biju, Nisham, P. N., Devasia, Anup J., Kulkarni, Uday, Korula, Anu, Lakshmi, Kavitha M., Abraham, Aby, Srivastava, Alok and Mathews, Vikram Post-Transplant Cyclophosphamide as Sole Graft-versus-Host Disease Prophylaxis Is Feasible in Patients Undergoing Peripheral Blood Stem Cell Transplantation for Severe Aplastic Anemia Using Matched Sibling Donors Biology of Blood and Marrow Transplantation; 2018, 24 (3): 494-500 High-dose cyclophosphamide (PTCY) after allogeneic hematopoietic cell transplantation (HSCT) has been shown to be effective in preventing graft-versus-host disease (GVHD) after HLA-matched bone marrow transplantation. We performed a phase II study of	**INT**	**JAN TO JUNE**	**CLINICAL HAEMATOLOGY**	**WOS:**000427663000011 **SCOPUS** **H Index:** 103 **Impact Factor:** 4.484

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	PTCY given at 50 mg/kg i.v. on days 3 and 4 as the sole GVHD prophylaxis after HSCT for severe aplastic anemia (SAA) in patients receiving granulocyte colony-stimulating factor-mobilized peripheral blood stern cell (PBSC) grafts from HLA-matched related donors after conditioning with fludarabine, CY, and single-dose total body irradiation. Thirty patients with a median age of 29 years (range, 16 to 49) were enrolled in this study. Engraftment was seen in 27 patients (90%) at a median of 16 days (range, 12 to 21) post-HSCT. None of the patients developed veno-occlusive disease of the liver or hemorrhagic cystitis. Grades II to IV acute GVHD was seen in 22% of patients with grades III to IV GVHD in 11.1%. The 2-year cumulative incidence of chronic GVHD was 22.7%. Fourteen patients (46.6%) did not require any further immunosuppression after receiving PTCY. Comparing with 2 historical cohorts of 30 patients each who received cyclosporine and methotrexate (MTX; at 15 mg/m(2) [MTX15] and 10 mg/m(2) [MTX10]), the incidence of grades II to IV acute GVHD was lower, albeit not significantly, with the use of PTCY (PTCY, 22.2%, vs MTX15, 37.1%, vs MTX10, 53.8%; P=.056), whereas rates of chronic GVHD were significantly reduced (PTCY, 22.7%, vs MTX15, 63.6%, vs MTX10, 76.2%; P=.013). Viral infections including cytomegalovirus were significantly higher with the use of PTCY (60%) compared with cyclosporine and MTX (MTX15, 23.3%, vs MTX10, 33.3%; P=.008). Overall survival was similar between the 3 groups. We conclude that PTCY as the sole GVHD prophylaxis is associated with low rates of acute and chronic GVHD in patients undergoing PBSC transplant for SAA using HLA-matched donors. This trial is registered at CTRI/2010/091/001480. (C) 2017 American Society for Blood and Marrow Transplantation.				
191.	George, D. E., Dholakia, S. and Tharyan, P. Assessing decisional capacity for research participation in psychiatric patients and their relatives Indian journal of medical ethics; 2018, 3 (2): 125-133 A cross-sectional study among adult inpatients with non-organic psychiatric disorders, and among their key relatives, assessed their comprehension and recall of key information in consent forms. It also assessed their capacity to consent to participate in two hypothetical randomised controlled trials (RCTs) with different potential risks and burdens, using structured questionnaires and recorded interviews. Of the 24 participants (12 patient-key relative dyads), seven patients (58%) and three key relatives (25%) were	**NAT**	**JAN TO JUNE**	**PSYCHIATRY**	**SCOPUS** **H Index:** 13 **Impact Factor:** 0.170 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	clinically judged to lack the capacity to consent. Of the remaining 14 participants s, less than half the patients (2/5; 40%) or relatives (3/9; 33%) accurately recalled 50% of the key information on both trials. Among the eight participants (3 patients, 5 relatives) independently assessed on the MacArthur Competence Assessment Tool for Clinical Research, the proportions judged competent for each trial varied with the criteria for defining competence. No one fulfilled the stringent competence criteria for both trials. Routine assessments of the capacity of psychiatric research participants, and of relatives providing proxy consent, appear to be warranted. However, neither suboptimal understanding of consent forms, nor incompetence determined by the use of formal assessment tools, necessarily denote an incapacity to consent to research if detailed clinical assessments indicate otherwise. Research into incorporating participants' health literacy and clinical status in formal assessments may help determine the optimal standards for defining competence.				
192.	George, D. E., Dholakia, S. and Tharyan, P. Participation in randomised controlled trials: perspectives of psychiatric patients and key relatives Indian journal of medical ethics; 2018, 3 (1): 9-15 This study assessed the perspectives of adults who had acute nonorganic psychiatric disorders and were admitted in a private, not for- profit medical college hospital, and also of their key relatives, on randomised controlled trials (RCTs). Structured questionnaires and audio-recorded interviews were used for the purpose. We explored their willingness and motivation to participate in two hypothetical RCTs with different risks and burdens. The transcripts of the interviews were analysed using the principles of grounded theory and framework analysis. Of the 24 consenting participants (12 patient and key-relative dyads), the 20 who completed the interviews had largely positive attitudes towards research and RCTs. However, 50% of those interviewed declined to participate in either of the hypothetical RCTs. The refusal to participate seemed to be influenced by a lack of education; forgetfulness, which impeded the process of making informed decisions; unfavourable benefit-risk-burden ratios; practical difficulties; dependence on treating doctors and relatives for decision-making; and the wish to exercise one's choice regarding treatment options. The factors that motivated the patients and relatives were trust in doctors and organisations, altruism, expectation of personal benefits and	**NAT**	**JAN TO JUNE**	**PSYCHIATRY**	**SCOPUS** **H Index:** 13 **Impact Factor:** 0.170 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	favourable risk-benefit ratios. These observations indicate that while the respondents in this study valued research, they were discerning about whether or not to participate in the trials; their decision-making was influenced by individualised assessments of risks and burdens and pragmatic considerations, rather than only by the benefits they would obtain.				
193.	George, J. T., Mishra, A. K. and Iyadurai, R. Correlation between the outcomes and severity of diabetic ketoacidosis: A retrospective pilot study J Family Med Prim Care; 2018, 7 (4): 787-790 **Address:** Department of General Medicine, **Christian Medical College, Vellore,**Tamil Nadu, India. Introduction: Diabetic ketoacidosis (DKA) is a serious acute metabolic complication of diabetes mellitus (DM). It is classified into mild, moderate, and severe based on severity as per the American Diabetes Association (ADA) guidelines. There are limited data on the correlation between the severity of DKA and its outcomes using this classification system. The aim is to study the correlation between the outcomes and severity of DKA in a tertiary care center in India. Methodology: In this retrospective pilot study, 1527 patients with DM were identified over a span of 3 years, of which 63 had a discharge diagnosis of DKA and 37 fulfilled the ADA criteria for DKA. Following inclusion details on clinical parameters and outcomes of patients with mild, moderate, and severe DKA were compared. Results: Mild, moderate, and severe DKA accounted for 8%, 41%, and 51% of the patients, respectively. Intensive Care Unit (ICU) care was required in 6.7% and 47.4% of those with moderate and severe DKA, respectively. Invasive ventilation (IV) was required in 47% (9) of those with severe DKA only. The mortality rates were 13.3% and 26% among those with moderate and severe DKA. The mean expenditure was 29,000, 30,000, and 64,000 among those with mild, moderate, and severe DKA, respectively. Conclusions: The ADA classification of severity of DKA correlates well with the duration of inhospital stay, costs of care, requirement of ICU care, need for IV or non-IV, and mortality. This suggests that this classification system could be a valuable tool in predicting outcomes.	**NAT**	**JAN TO JUNE**	**GENERAL MEDICINE**	**PMID:**30234054 **PMC ID:**6132019 **H Index:** NA **Impact Factor:** 0.670 (RG)
194.	George, T., Dasgupta, R., Vardhan, H. and Thomas, N. Asymmetric proptosis as a presenting symptom of Hashimoto's thyroiditis with hypothyroidism	**INT**	**JAN TO JUNE**	**MEDICINE, ENDOCRINOLOGY**	**PMID:**29540353 **SCOPUS** **H Index:** 17

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	BMJ Case Rep; 2018, 2018 **Address:** Department of Medicine, **Christian Medical College and Hospital Vellore,** Vellore, India. Department of Endocrinology, Diabetes and Metabolism, **Christian Medical College, Vellore,**India.				**Impact Factor:** 0.220 (RG)
195.	George, T., Rajan, S. J., Peter, J. V., Hansdak, S. G., Prakash, J. A. J., Iyyadurai, R., Mathuram, A., Antonisamy, B., Ramanathan, K. and Sudarsanam, T. D. Risk Factors for Acquiring Scrub Typhus among the Adults J Glob Infect Dis; 2018, 10 (3): 147-151 **Address:** Department of Medicine, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Medical Intensive Care Unit, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Microbiology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Biostatistics, **Christian Medical College, Vellore,**Tamil Nadu, India. Background: Behavioral and geographical factors may play a role in the acquisition of scrub typhus infection. In this prospective case-control study, we studied the factors associated with infection. Patients and Methods: Consecutive adult patients admitted with scrub typhus infection over 10 months were recruited. For every case, a geographical control from the same area and a gender-matched clinical control admitted with acute febrile illness were enrolled. The risk factors, which included sanitation, environment, activity, and protective measures, were compared between cases and controls using univariable and multivariable conditional logistic regression analysis and expressed as odds ratio (OR) with 95% confidence interval (CI). Results: The study cohort (n = 225; 132 female) aged 44 +/- 17 years comprised of 75 cases and 150 controls from mid to low socioeconomic background. When compared with clinical controls, on univariable conditional regression analysis, cases were more likely to be involved in farming or gardening and less likely to have a toilet within the house. On multivariate regression analysis, only involvement in farming or gardening was associated with infection (OR: 4.2, 95% CI: 1.5-11.5). When compared with geographical controls, on univariable conditional regression analysis, cases were less likely to change undergarments or clothes before sleeping (OR: 3.5, 95% CI: 1.3-9.5) and more likely to have rodents in their house (OR:	**INT**	**JAN TO JUNE**	**MEDICINE, MEDICAL INTENSIVE CARE UNIT, MICROBIOLOGY, BIOSTATISTICS**	**PMID:**30166814 **PMC ID:**6100342 **SCOPUS** **H Index:** 17 **Impact Factor:** 0.820 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	2.5, 95% CI: 1-6.4) and rest on grass/mud without a mat (OR: 2.4, 95% CI: 1.1-5.3). On multivariate regression analysis, not changing undergarments or clothes tended to be associated with infection (OR: 2.7, 95% CI: 0.98-7.3). Conclusion: Certain behavioral factors predisposed our cohort to develop scrub typhus infection. Lifestyle changes may reduce the burden of scrub typhus in South India.				
196.	George, Tarun, Vignesh, K., Kavitha, R., Georgi, Abraham and Zachariah, Anand Renal outcomes in snake envenomed acute kidney injury in southern India Clinical Toxicology; 2018, 56 (7): 697-697	**INT**	**JAN TO JUNE**	**MEDICINE, INFECTIOUS DISEASES**	**WOS:**000433193300053 **H Index:** 81 **Impact Factor:** 4.381
197.	Ghafur, A., Shankar, C., Gnanasoundari, P., Venkatesan, M., Thirunarayanan, M. A., Mani, D. and Veeraraghavan, B. Detection of chromosomal and plasmid mediated mechanisms conferring colistin resistance in Escherichia coli and Klebsiella pneumoniae from Indian food samples J Glob Antimicrob Resist; 2018, 16 48-52 **Address:** Apollo Cancer Institute, 320 Anna Salai, Chennai, 600035, India. Electronic **Address:** drghafur@hotmail.com. Department of Clinical Microbiology, **Christian Medical College, Vellore**632004 India. Electronic **Address:** chaitra.strings@gmail.com. Department of Infectious Diseases Apollo Cancer Institute, 320 Anna Salai, Chennai 600035, India. Electronic **Address:** gsibmsmicro@gmail.com. Department of Clinical Microbiology, **Christian Medical College, Vellore**632004 India. Electronic **Address:** vmanigandan2209@gmail.com. Apollo Cancer Institute, 320 Anna Salai, Chennai, 600035, India. Electronic **Address:** thirunarayanma@yahoo.co.in. Department of Clinical Microbiology, **Christian Medical College, Vellore**632004 India. Electronic **Address:** deepamaniaux@gmail.com. Department of Clinical Microbiology, **Christian Medical College, Vellore**632004 India. Electronic **Address:** vbalaji@cmcvellore.ac.in. OBJECTIVES: Multiple earlier publications on detection of mcr-1 in animals and human isolates, strongly suggested an underlying route of food chain transmission of colistin resistance (Col-R). Aim	**INT**	**JAN TO JUNE**	**CLINICAL MICROBIOLOGY**	**PMID:**30244040 **H Index:** 13 **Impact Factor:** 2.022

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	of our study was to investigate the presence of Col-R bacteria in Indian food samples and to identify the underlying mechanisms conferring colistin resistance. METHODS: Raw food materials including poultry meat, mutton meat, fish and vegetables collected from food outlets of Chennai, India, were processed to identify Col-R bacteria using Eosin Methylene Blue agar supplemented with colistin. Colistin MIC (Minimum Inhibitory Concentration) was determined by broth micro dilution method. mcr-1 and mcr-3 PCR were done on Col-R E.coli and K. pneumoniae isolates. Mutations in mgrB were determined in K. pneumoniae isolates. One representative mcr-1 positive E. coli was subjected to Whole Genome Sequencing. RESULTS: Out of 110 food samples tested, 51(46%) were positive for non-intrinsic Col-R Gram negative bacteria. Three E. coli isolates were found to harbour mcr-1 and none positive for mcr-3. Ten K. pneumoniae isolates had alterations in mgrB gene, with mutations in four and insertional inactivation in six. CONCLUSIONS: The presence of Col-R bacteria and mcr-1gene in raw food samples further complicates the antimicrobial resistance scenario in India. To the best of our knowledge, this is the first report in the global literature on mgrB mutation and its insertional inactivation conferring Col-R in K. pneumoniae in food samples.				
198.	Ghosh, G. C., Aparna, S. and George, O. K. Fourteen-year-old boy with decreased appetite and pedal swelling Heart; 2018, Clinical introduction: A 14-year-old boy presented with history of decreased appetite and bilateral swelling of feet for 6 months. He did not give any associated history of orthopnoea or paroxysmal nocturnal dyspnoea. He was born by a normal delivery after a non-consanguineous marriage. He had an unremarkable birth and childhood health history. There was no family history of significant cardiovascular illness or sudden death. Clinical examination showed an average built boy with elevated jugular venous pressure with prominent v wave and bilateral pitting pedal oedema. Cardiovascular examination showed normal first (S1) and second (S2) heart sounds and a short early systolic murmur over tricuspid region. Other systems examination was remarkable for soft tender hepatomegaly. ECG showed sinus rhythm with tall, peaked p waves. Chest X-ray revealed enlargement along the right cardiac border. Transthoracic echocardiographic images are shown infigure 1A(apical four-chamber view) andfigure 1B(tricuspid inflow Doppler). There was no colour Doppler evidence of interatrial shunt. Question: What is the most likely diagnosis of his condition?	**INT**	**JAN TO JUNE**	**CARDIOLOGY**	**SCOPUS** **H Index:** 162 **Impact Factor:** 5.420

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Endomyocardial fibrosis (EMF) Ebstein's anomaly Arrhythmogenic right ventricular dysplasia (ARVD) Idiopathic dilatation of right atrium Restrictive cardiomyopathy. © Author(s) (or their employer(s)) 2018. No commercial re-use. See rights and permissions. Published by BMJ.				
199.	Ghosh, G. C., Rajan, R. J., Leena, R. V. and George, O. K. An unusual case of cerebrovascular accident in a child Eur Heart J Cardiovasc Imaging; 2018, 19 (9): 1071 **Address:** Department of Cardiology, **Christian Medical College,**Hospital, Vellore, Tamil Nadu, India. Department of Paediatrics, **Christian Medical College,**Hospital, Vellore, Tamil Nadu, India. Department of Radiology, **Christian Medical College,**Hospital, Vellore, Tamil Nadu, India.	**INT**	**JUL TO DEC**	**CARDIOLOGY, PAEDIATRICS, RADIOLOGY**	**PMID:**29757388 **WOS:**000449460000017 **H Index:** 71 **Impact Factor:** 8.336
200.	Ghosh, G. C., S, A. and George, O. K. Fourteen-year-old boy with decreased appetite and pedal swelling Heart; 2018, **Address:** Department of Cardiology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Radiology, **Christian Medical College, Vellore,**Tamil Nadu, India. CLINICAL INTRODUCTION: A 14-year-old boy presented with history of decreased appetite and bilateral swelling of feet for 6 months. He did not give any associated history of orthopnoea or paroxysmal nocturnal dyspnoea. He was born by a normal delivery after a non-consanguineous marriage. He had an unremarkable birth and childhood health history. There was no family history of significant cardiovascular illness or sudden death. Clinical examination showed an average built boy with elevated jugular venous pressure with prominent v wave and bilateral pitting pedal oedema. Cardiovascular examination showed normal first (S1) and second (S2) heart sounds and a short early systolic murmur over tricuspid region. Other systems examination was remarkable for soft tender hepatomegaly.ECG showed sinus rhythm with tall, peaked p waves. Chest X-ray revealed enlargement along the right cardiac border. Transthoracic echocardiographic images are shown in figure 1A (apical four-chamber view) and figure 1B (tricuspid inflow Doppler). There was no colour Doppler evidence of interatrial shunt. QUESTION: What is the most likely diagnosis of his condition?Endomyocardial fibrosis (EMF)Ebstein's	**INT**	**JAN TO JUNE**	**CARDIOLOGY, RADIOLOGY**	**PMID:**30242138 **H Index:** 162 **Impact Factor:** 5.420

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	anomalyArrhythmogenic right ventricular dysplasia (ARVD)Idiopathic dilatation of right atriumRestrictive cardiomyopathy.				
201.	Giri, S., Kumar, N., Dhanapal, P., Venkatesan, J., Kasirajan, A., Iturriza-Gomara, M., John, J., Abraham, A. M., Grassly, N. C. and Kang, G. Quantity of Vaccine Poliovirus Shed Determines the Titer of the Serum Neutralizing Antibody Response in Indian Children Who Received Oral Vaccine J Infect Dis; 2018, 217 (9): 1395-1398 **Address:** Division of Gastrointestinal Sciences, **Christian Medical College, Vellore,**India. Department of Clinical Virology, **Christian Medical College, Vellore,**India. Institute of Infection and Global Health, University of Liverpool, Liverpool. Department of Community Health, **Christian Medical College, Vellore,**India. Department of Infectious Disease Epidemiology, Imperial College London, London, United Kingdom. Replication of oral poliovirus vaccine (OPV) in the intestine (ie, vaccine take) is associated with seroconversion and protection against poliomyelitis. We used quantitative polymerase chain reaction analysis to measure vaccine shedding in 300 seronegative infants aged 6-11 months and in 218 children aged 1-4 years 7 days after administration of monovalent or bivalent OPV. We found that the quantity of shedding correlated with the magnitude of the serum neutralizing antibody response measured 21 or 28 days after vaccination. This suggests that the immune response to OPV is on a continuum, rather than an all-or-nothing phenomenon, that depends on efficient vaccine virus replication.	**INT**	**JUL TO DEC**	**GASTROINTESTINAL SCIENCES, CLINICAL VIROLOGY, COMMUNITY HEALTH**	**PMID:**29300947 **PMC ID:**5894085 **WOS:**00043072930000 **H Index:** 227 **Impact Factor:** 5.186
202.	Giri, S., Priya Hemavathy, R., Arumugam, R., Sherchand, J. B., Thu, H. M., Galagoda, G., Myat, T. W., Abeysinghe, N., Gunasekara, M., Janakan, N., Pradhan, R., Bura, V., Wijesinghe, P. and Kang, G. Molecular epidemiology of rotaviruses in the south-east Asian region from 2009 to 2015 Vaccine; 2018, **Address:** Department of Gastrointestinal Sciences, **Christian Medical College, Vellore,**India. Electronic **Address:** sidharthgiri@cmcvellore.ac.in.	**INT**	**JAN TO JUNE**	**GASTROINTESTINAL SCIENCES**	**PMID:**29519592 **SCOPUS** **H Index:** 159 **Impact Factor:** 3.285

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Department of Gastrointestinal Sciences, **Christian Medical College, Vellore,**India. Public Health Research Laboratory, Institute of Medicine, Tribhuvan University, Maharajgunj, Kathmandu, Nepal. Department of Medical Research (Lower Myanmar), Yangon, Myanmar. Medical Research Institute, Colombo, Sri Lanka. Regional Office of WHO for the South East Asia Region, India. Community Medicine, Epidemiology Unit, 231 De Saram Place, Colombo 10, Sri Lanka. WHO Country Office, Colombo, Sri Lanka. WHO Country Office, Nepal. WHO Country Office, Myanmar. BACKGROUND: In Asia, rotavirus accounts for approximately 45% of admissions due to acute gastroenteritis in children <5years, and causes about 145,000 deaths every year. We studied the distribution of rotavirus strains from Myanmar, Sri Lanka, and Nepal during 2009-2015. METHODS: Stool samples collected from children <5years of age hospitalized with acute diarrhea in the three sites and positive for rotavirus antigen by enzyme immunoassay (EIA) were sent to the **Christian Medical College, Vellore**from 2009 to 2015. G and P typing of rotavirus strains were performed using reverse-transcription polymerase chain reaction (RT-PCR). RESULT: Of the 2354 EIA positive samples tested, G12P[8] (36.8%), G1P[8] (30.1%), and G12P[6] (41.3%) were the most common strains isolated from Myanmar, Sri Lanka, and Nepal respectively. CONCLUSION: There was substantial diversity of rotavirus genotypes, and continued surveillance in developing countries of Asia will help in understanding the epidemiology of rotavirus before and after introduction of vaccines.				
203.	Global Burden of Disease Cancer, Collaboration, Fitzmaurice, C., Akinyemiju, T. F., Al Lami, F. H., Alam, T., Alizadeh-Navaei, R., Allen, C., Alsharif, U., Alvis-Guzman, N., Amini, E., Anderson, B. O., Aremu, O., Artaman, A., Asgedom, S. W., Assadi, R., Atey, T. M., Avila-Burgos, L., Awasthi, A., Ba Saleem, H. O., Barac, A., Bennett, J. R., Bensenor, I. M., Bhakta, N., Brenner, H., Cahuana-Hurtado, L., Castañeda-Orjuela, C. A., Catalá-López, F., Choi, J. Y. J., Christopher, D. J., Chung, S. C., Curado, M. P., Dandona, L., Dandona, R., Das Neves, J., Dey, S., Dharmaratne, S. D., Doku, D. T., Driscoll, T. R., Dubey, M., Ebrahimi, H., Edessa, D., El-Khatib, Z., Endries, A. Y., Fischer, F., Force, L. M., Foreman, K. J.,	**INT**	**JAN TO JUNE**	**CLINICAL HAEMATOLOGY**	**SCOPUS** **H Index:** 41 **Impact Factor:** 20.871

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Gebrehiwot, S. W., Gopalani, S. V., Grosso, G., Gupta, R., Gyawali, B., Hamadeh, R. R., Hamidi, S., Harvey, J., Hassen, H. Y., Hay, R. J., Hay, S. I., Heibati, B., Hiluf, M. K., Horita, N., Hosgood, H. D., Ilesanmi, O. S., Innos, K., Islami, F., Jakovljevic, M. B., Johnson, S. C., Jonas, J. B., Kasaeian, A., Kassa, T. D., Khader, Y. S., Khan, E. A., Khan, G., Khang, Y. H., Khosravi, M. H., Khubchandani, J., Kopec, J. A., Kumar, G. A., Kutz, M., Lad, D. P., Lafranconi, A., Lan, Q., Legesse, Y., Leigh, J., Linn, S., Lunevicius, R., Majeed, A., Malekzadeh, R., Malta, D. C., Mantovani, L. G., Mcmahon, B. J., Meier, T., Melaku, Y. A., Melku, M., Memiah, P., Mendoza, W., Meretoja, T. J., Mezgebe, H. B., Miller, T. R., Mohammed, S., Mokdad, A. H., Moosazadeh, M., Moraga, P., Mousavi, S. M., Nangia, V., Nguyen, C. T., Nong, V. M., Ogbo, F. A., Olagunju, A. T., Pa, M., Park, E. K., Patel, T., Pereira, D. M., Pishgar, F., Postma, M. J., Pourmalek, F., Qorbani, M., Rafay, A., Rawaf, S., Rawaf, D. L., Roshandel, G., Safiri, S., Salimzadeh, H., Sanabria, J. R., Santric Milicevic, M. M., Sartorius, B., Satpathy, M., Sepanlou, S. G., Shackelford, K. A., Shaikh, M. A., Sharif-Alhoseini, M., She, J., Shin, M. J., Shiue, I., Shrime, M. G., Sinke, A. H., Sisay, M., Sligar, A., Sufiyan, M. B., Sykes, B. L., Tabarés-Seisdedos, R., Tessema, G. A., Topor-Madry, R., Tran, T. T., Tran, B. X., Ukwaja, K. N., Vlassov, V. V., Vollset, S. E., Weiderpass, E., Williams, H. C., Yimer, N. B., Yonemoto, N., Younis, M. Z., Murray, C. J. L. and Naghavi, M. Global, Regional, and National Cancer Incidence, Mortality, Years of Life Lost, Years Lived With Disability, and Disability-Adjusted Life-Years for 29 Cancer Groups, 1990 to 2016: A Systematic Analysis for the Global Burden of Disease Study JAMA oncology; 2018, 4 (11): 1553-1568 **Address:** Division of Hematology, Department of Medicine, University of Washington, Seattle, United States, Institute for Health Metrics and Evaluation, University of Washington, Seattle, United States, Fred Hutchinson Cancer Research Center, Seattle, WA, United States, Department of Epidemiology, University of Alabama at Birmingham, Bangladesh, Baghdad College of Medicine, Baghdad, Iraq, Mazandaran University of Medical Sciences, Gastrointestinal Cancer Research Center, Sari, Iran, Charite University Medicine Berlin, Charité Universitätsmedizin, Berlin, Germany, ALZAK Foundation-Universidad de la Costa, Universidad de Cartagena, Cartagena de Indias, Colombia Endocrinology and Metabolism Population Sciences Institute, Tehran University of Medical Sciences, Tehran, Iran, Uro-Oncology Research Center, Tehran University of Medical Sciences, Tehran, Iran				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	University of Washington, Seattle, United States, Birmingham City, University Department of Public Health and Therapies, Birmingham, England, University of Manitoba, Winnipeg, MB, Canada, Mekelle University, Mekelle, Ethiopia, Mashhad University of Medical Sciences, Mashhad, Iran, National Institute of Public Health, Cuernavaca, Morelos, Mexico, Indian Institute of Public Health, Gandhinagar, Gujarat, India, Faculty of Medicine and Health Sciences, Aden University, Aden, Yemen, Faculty of Medicine, University of Belgrade, Belgrade, Serbia, University of São Paulo, São Paulo, Brazil, St Jude Children's Research Hospital, Memphis, TN, United States, German Cancer Research Center, Heidelberg, Germany, Colombian National Health Observatory, Instituto Nacional de Salud, Bogota, Bogota, DC, Colombia, Epidemiology and Public Health Evaluation Group, Public Health Department, Universidad Nacional de ColombiaBogota, Colombia, Department of Medicine, University of Valencia, INCLIVA Health Research Institute and CIBERSAM, Valencia, Spain, Clinical Epidemiology Program, Ottawa Hospital Research Institute, Ottawa, ON, Canada, Seoul National University Hospital, Seoul, South Korea, Seoul National University Medical Library, Seoul, South Korea, **Christian Medical College, Vellore,**Tamilnadu, India, Farr Institute of Health Informatics Research, Institute of Health Informatics, University College London, London, United Kingdom, Accamargo Cancer CenterSao Paulo, Brazil, International Prevention Research Institute, Ecully, France, Public Health Foundation of India, National Capital Region, Gurugram, India, ,INEB-Instituto de Engenharia Biomédica, University of PortoPorto, Portugal, i3S-Instituto de Investigação e Inovação em Saúde, University of PortoPorto, Portugal, Indian Institute of Public Health, Delhi, India, Department of Community Medicine, Faculty of Medicine, University of Peradeniya, Peradeniya, Sri Lanka, University of Cape Coast, Cape Coast, Ghana, University of Tampere, Tampere, Finland, Sydney School of Public Health, University of Sydney, Sydney, NSW, Australia, International Institute for Population Sciences, Mumbai, Maharashtra, India, Liver and Pancreaticobiliary Diseases Research Center, Digestive Disease Research Institute, Shariati Hospital, Tehran University of Medical Sciences, Tehran, Iran, Haramaya University, Harar, Ethiopia, Department of Global Health and Social Medicine, Harvard Medical School, Kigali, Rwanda, Department of Public Health Sciences, Karolinska Institutet, Stockholm, Sweden, Arba Minch University, SNNPR, Arba Minch, Ethiopia, School of Public Health, Bielefeld University, North Rhine-Westphalia,				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Bielefeld, Germany, Imperial College London, London, United Kingdom, College of Health Sciences, Mekelle University, Mekelle, Ethiopia, Department of Health and Social Affairs, Government of the Federated States of MicronesiaPohnpei, Federated States of Micronesia, University Hospital Policlinico "Vittorio Emanuele, Catania, Italy, NNEdPro Global Centre for Nutrition and Health, Cambridge, United Kingdom, West Virginia Bureau for Public Health, Charleston, United States, Aarhus University, Aarhus, Denmark, Arabian Gulf University, Manama, Bahrain, Haan Bin Mohammed Smart UniversityDubai, United Arab Emirates, Mizan Tepi University, Mizan Teferi, Ethiopia, International Foundation for Dermatology, London, United Kingdom, King's College London, London, United Kingdom, Oxford Big Data Institute, Li Ka Shing Centre for Health Information and Discovery, University of Oxford, Oxford, United Kingdom, Air Pollution Research Center, Iran University of Medical Sciences, Tehran, Iran, Samara University, Samara, Ethiopia, Department of Pulmonology, Yokohama City University Graduate School of Medicine, Yokohama, Kanagawa, Japan, Albert Einstein College of Medicine, Bronx, NY, United States, National Public Health Institute, Monserrado County, Monrovia, Liberia, National Institute for Health Development, Tallinn, Estonia, Surveillance and Health Services Research, American Cancer Society, Atlanta, Georgia, France, Faculty of Medical Sciences, University of Kragujevac, Central Serbia, Kragujevac, Serbia, Center for Health Trends and Forecasts, University of Washington, Seattle, United States, Department of Ophthalmology, Medical Faculty Mannheim, Ruprecht-Karls-University Heidelberg, Mannheim, Germany, Hematologic Malignancies Research Center, Tehran University of Medical Sciences, Tehran, Iran, Hematology-Oncology and Stem Cell Transplantation Research Center, Tehran University of Medical Sciences, Tehran, Iran, Department of Community Medicine, Public Health and Family Medicine, Jordan University of Science and TechnologyIrbid, Jordan, Health Services Academy, Islamabad, Punjab, Pakistan, Department of Microbiology and Immunology, College of Medicine & Health Sciences, United Arab Emirates University, Al Ain, Abu Dhabi, United Arab Emirates, Department of Health Policy and Management, Seoul National University College of Medicine, Seoul, South Korea, Institute of Health Policy and Management, Seoul National University Medical Center, Seoul, South Korea, Baqiyatallah University of Medical Sciences, Tehran, Iran, International Otorhinolaryngology Research Association				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	(IORA), Universal Scientific Education and Research Network (USERN), Tehran, Iran, Department of Nutrition and Health Science, Ball State University, Muncie, IN, United States, University of British Columbia, Vancouver, BC, Canada, Post Graduate Institute of Medical Education and Research, Chandigarh, India, University of Milano Bicocca, Monza, MB, Italy, National Cancer Institute, Rockville, MD, United States, University of Sydney, Sydney, NSW, Australia, University of Haifa, Haifa, Israel, Aintree University Hospital National Health Service Foundation Trust, Liverpool, United Kingdom, School of Medicine, University of Liverpool, Liverpool, United Kingdom, Department of Primary Care & Public Health, Imperial College London, London, United Kingdom, Digestive Diseases Research Institute, Tehran University of Medical Sciences, Tehran, Iran, Universidade Federal de Minas Gerais, Belo Horizonte, Minas Gerais, Brazil, Alaska Native Tribal Health Consortium, Anchorage, United States, Competence Cluster for Nutrition and Cardiovascular Health (nutriCARD), Martin Luther University Halle-Wittenberg, Germany, School of Medicine, University of Adelaide, Adelaide, SA, Australia, School of Public Health, Mekelle University, Mekelle, Ethiopia, University of Gondar, Gondar, Ethiopia, University of West Florida, Pensacola, FL, United States, United Nations Population FundLima, Peru, Comprehensive Cancer Center, Breast Surgery Unit, Helsinki University Hospital, Helsinki, Finland University of Helsinki, Helsinki, Finland, Pacific Institute for Research & Evaluation, Calverton, MD, United States, School of Public Health, Curtin University, Perth, WA, Australia Health Systems and Policy Research Unit, Ahmadu Bello University, Zaria, Nigeria, Institute of Public Health, Heidelberg University, Heidelberg, Germany, Health Science Research Center, Addiction Institute, Mazandaran University of Medical Sciences, Sari, Iran, Lancaster Medical School, Lancaster University, Lancaster, United Kingdom, Department of Health Management and Economics, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran, Suraj Eye Institute, Nagpur, Maharashtra, India, Institute for Global Health Innovations, Duy Tan University, Da Nang, Viet Nam, Centre for Health Research, Western Sydney University, Sydney, NSW, Australia, Department of Psychiatry, College of Medicine, University of Lagos, Lagos, Nigeria, Department of Psychiatry, Lagos University Teaching Hospital, Lagos, Nigeria, Discipline of Psychiatry, University of Adelaide, Adelaide, SA, Australia, JSS Medical College (PA), JSS University,				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Mysore, Karnataka, India, Department of Medical Humanities and Social Medicine, College of Medicine, Kosin University, Busan, South Korea, White Plains Hospital, White Plains, NY, United States , REQUIMTE/LAQV, Laboratório de Farmacognosia, Departamento de Química, Faculdade de Farmácia, Universidade do PortoPorto, Portugal, Non-Communicable Diseases Research Center, Tehran University of Medical Sciences, Tehran, Iran, University Medical Center Groningen, Groningen, Netherlands, University of Groningen, Groningen, Netherlands, Non-Communicable Diseases Research Center, Alborz University of Medical Sciences, Karaj, Iran, Contech International Health Consultants, Lahore, Pakistan, Contech School of Public Health, Lahore, Pakistan, North Hampshire Hospitals, United Kingdom, University College London Hospitals, London, United Kingdom, WHO Collaborating Centre, Imperial College of London, London, United Kingdom, Golestan Research Center of Gastroenterology and Hepatology, Golestan University of Medical Sciences, Gorgan, Iran, Managerial Epidemiology Research Center, Department of Public Health, School of Nursing and Midwifery, Maragheh University of Medical Sciences, Maragheh, Iran, Tehran University of Medical Sciences, Tehran, Iran, Joan C. Edwards School of Medicine, Marshall University, Huntington, WV, United States, Case Western Reserve University, Cleveland, OH, United States, Centre School of Public Health and Health Management, Faculty of Medicine, University of Belgrade, Belgrade, Serbia, Institute of Social Medicine, Faculty of Medicine, University of Belgrade, Belgrade, Serbia, Public Health Medicine, School of Nursing and Public Health, University of KwaZulu-Natal, Durban, South Africa, South African Medical Research Council, UKZN Gastrointestinal Cancer Research Centre, Durban, South Africa, Centre of Advanced Study in Psychology, Utkal University, Bhubaneswar, India, Independent Consultant, Karachi, Pakistan, Sina Trauma and Surgery Research Center, Tehran University of Medical Sciences, Tehran, Iran, Department of Pulmonary Medicine, Zhongshan Hospital (She), Fudan University, Shanghai, China, Department of Public Health Sciences, Korea University, Seoul, South Korea, Alzheimer Scotland Dementia Research Centre, University of Edinburgh, Edinburgh, United Kingdom, Institut für Medizinische Epidemiologie, Biometrie und Informatik, Martin Luther University Halle-Wittenberg, Germany, Harvard Medical School, Kigali, Rwanda, Ethiopian Medical AssociationAddis Ababa, Ethiopia, Ahmadu Bello University, Zaria, Nigeria , Departments of Criminology, Law & Society, Sociology, Public Health, University of				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	California, Irvine, United Kingdom, University of Adelaide, Adelaide, SA, Australia , Institute of Public Health, Faculty of Health Sciences, Jagiellonian University Medical College, Kraków, Poland, Faculty of Health Sciences, Wroclaw Medical University, Wroclaw, Poland, Johns Hopkins University, Baltimore, MD, United States, Hanoi Medical University, Hanoi, Viet Nam, Department of Internal Medicine, Federal Teaching Hospital, Abakaliki, Ebonyi State, Nigeria, National Research University Higher School of Economics, Moscow, Russian Federation, Department of Research, Cancer Registry of Norway, Institute of Population-Based Cancer ResearchOslo, Norway, Department of Community Medicine, Faculty of Health Sciences, University of Tromsø, Arctic University of Norway, Tromsø, Norway, Genetic Epidemiology Group, Folkhälsan Research Center, Helsinki, Finland, Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden, Centre of Evidence-Based Dermatology, University of Nottingham, Nottingham, United Kingdom, Woldia University, Woldia, Ethiopia, Department of Biostatistics, School of Public Health, Kyoto UniversityKyoto, Japan, Jackson State University, Jackson, MS, United States, **Importance**: The increasing burden due to cancer and other noncommunicable diseases poses a threat to human development, which has resulted in global political commitments reflected in the Sustainable Development Goals as well as the World Health Organization (WHO) Global Action Plan on Non-Communicable Diseases. To determine if these commitments have resulted in improved cancer control, quantitative assessments of the cancer burden are required. Objective: To assess the burden for 29 cancer groups over time to provide a framework for policy discussion, resource allocation, and research focus. Evidence Review: Cancer incidence, mortality, years lived with disability, years of life lost, and disability-adjusted life-years (DALYs) were evaluated for 195 countries and territories by age and sex using the Global Burden of Disease study estimation methods. Levels and trends were analyzed over time, as well as by the Sociodemographic Index (SDI). Changes in incident cases were categorized by changes due to epidemiological vs demographic transition. Findings: In 2016, there were 17.2 million cancer cases worldwide and 8.9 million deaths. Cancer cases increased by 28% between 2006 and 2016. The smallest increase was seen in high SDI countries. Globally, population aging contributed 17%; population growth, 12%; and changes in age-specific rates, -1% to this change. The most				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	common incident cancer globally for men was prostate cancer (1.4 million cases). The leading cause of cancer deaths and DALYs was tracheal, bronchus, and lung cancer (1.2 million deaths and 25.4 million DALYs). For women, the most common incident cancer and the leading cause of cancer deaths and DALYs was breast cancer (1.7 million incident cases, 535 000 deaths, and 14.9 million DALYs). In 2016, cancer caused 213.2 million DALYs globally for both sexes combined. Between 2006 and 2016, the average annual age-standardized incidence rates for all cancers combined increased in 130 of 195 countries or territories, and the average annual age-standardized death rates decreased within that timeframe in 143 of 195 countries or territories. Conclusions and Relevance: Large disparities exist between countries in cancer incidence, deaths, and associated disability. Scaling up cancer prevention and ensuring universal access to cancer care are required for health equity and to fulfill the global commitments for noncommunicable disease and cancer control.				
204.	Godson, H., Manickam, R., Kumar, S., Ponmalar, R., George, S., Ravindran, P. and Singh, R. Dose Delivery Accuracy of Flattening Filter Free Beams at Low Monitor Unit Settings Medical Physics; 2018, 45 (6): E311-E311	**INT**	**JAN TO JUNE**	**RADIOTHERAPY**	**WOS:**000434978001407 **H Index:** 152 **Impact Factor:** 2.884
205.	Goel, R. A., Danda, D., Joseph, G., Nair, A., Ravindran, R. and Jeyaseelan, V. COMPARISON BETWEEN CLINICAL PROFILE AND OUTCOME OF PATIENTS WITH JUVENILE ONSET AND ADULT ONSET TAKAYASU ARTERITIS Annals of the Rheumatic Diseases; 2018, 77 441-441	**INT**	**JUL TO DEC**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY**	**WOS:**000444351001217 **H Index:** 198 **Impact Factor:** 12.350
206.	Goel, R., Danda, D., Joseph, G., Ravindran, R., Kumar, S., Jayaseelan, V., Jayaseelan, L. and Bacon, P. Long-term outcome of 251 patients with Takayasu arteritis on combination immunosuppressant therapy: Single centre experience from a large tertiary care teaching hospital in Southern India Seminars in Arthritis and Rheumatism; 2018, 47 (5): 718-726 Introduction: Long-term outcome studies in Takayasu arteritis (TA) are few and limited by small sample size. In this study, we analysed the outcome of treatment in a large series of TA patients with a minimum follow-up period of >12 months by objective instruments. Materials and methods: Patients with TA satisfying the 1990 ACR,	**INT**	**JUL TO DEC**	**BIOSTATISTICS**	**WOS:**000429082600014 **SCOPUS** **H Index:** 99 **Impact Factor:** 4.356

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Ishikawa's, Sharma's or EULAR/PRESS criteria were recruited from our clinics between 1998 and 2016. Only patients with a minimum follow up of 12 months were studied. Data related to clinical presentation, disease extent (DEI.Tak score), activity [Indian Takayasu arteritis clinical activity score, that is, ITAS-A (CRP)] and damage score [Takayasu arteritis damage score (TADS)], angiography and treatment were collected for all patients. Response to treatment was categorised as complete response (CR), partial response (PR) or refractory disease. Patients with sustained CR on prednisolone dose of <= 5 mg/day were classified as having sustained inactive disease. Appropriate statistical tests were used for parametric and non-parametric data. Relapse free survival was projected by Kaplan-Meir curve. Cox proportional hazards regression plot was used to compare the efficacy of medications. Predictors of sustained response were identified by logistic regression and a prediction model was constructed. Results: Among 503 TA patients examined during study period, 251 had follow-up of >12 months and were included in this study. Median follow-up duration was 42 months (IQR: 24-81, maximum 240 months). Patients (81.7% females, mean age of 29.2 +/- 11.8 years, symptom duration of 24 [6-70] months) were treated by a uniform protocol that included high dose steroids (n = 239) plus concurrent steroid sparing immunosuppressant (n = 235) with mycophenolate in majority. Biological agents (n = 44 patients) and revascularisation procedures were used in symptomatic patients after control of disease activity. At 1st follow-up, CR (ITAS2010 = 0, CRP < 6 mg/L and non-progressive disease on angiography) was observed in 173 (68.9%), partial response (PR) in 42 (16.7%) and no response was seen in only 36 (14%) patients. CR was sustained till the last follow up in 116 (65.9%) of 173 patients with initial CR, while 87 (49.4%) of them achieved sustained inactive disease. Disease activity relapsed at a median duration of 37 (29.9-44.1) months in 56 patients. Cumulative relapse free survival was 93%, 73%, 66% and 52% at 1, 3, 5 and 10 years, respectively. Baseline CRP < 6.2, DEI.Tak < 9 and angiographic type 4 disease predicted sustained inactive disease and a model comprising these parameters showed sensitivity and specificity of 70% and 61.1%. Two fatalities were observed. New vascular lesions during follow up were observed in 50 (19.9%) patients. Overall, 92.8% had at least one period of CR or PR while 7.2% were refractory to treatment till the last follow up. Damage progression (Delta TADS > 1) was arrested in 68% of patients and was lower in patients with sustained				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	inactive disease [0 (0-1)] as compared to the rest [1 (0-2.75)], p = 0.000. Both early response as well as cumulative hazard for relapse were similar between patients initiated on 0.5 and 1 mg/kg/day steroids. Conclusions: Our strategy of upfront combination immunosuppressant therapy stabilised disease activity in 92.8% of patients, while 7.2% had true refractory disease. Relapse free survival was 66% at 5 years and 52% at 10 years. Damage progression was arrested in 68% and only 2 fatalities were observed. Initial steroid dose of 0.5 mg/kg/day had similar efficacy as I mg/kg/day dose. (C) 2018 Elsevier Inc. All rights reserved.				
207.	Goel, Ruchika, Gribbons, Katherine B., Maksimowicz-Mckinnon, Kathleen, Hoffman, Gary S., Kumar, Sathish, Joseph, George, Ravindran, Raheesh, Nair, Aswin, Cuthbertson, David, Carette, Simon, Khalidi, Nader A., Koening, Curry L., Langford, Carol, Mcalcar, Carol A., Monach, Paul A., Moreland, Larry W., Pagnoux, Christian, Seo, Philip, Sreih, Antoine G., Warrington, Kenneth J., Ytterberg, Steven R., Merkel, Peter A., Danda, Debashish and Grayson, Peter C. Discovery and Validation of Novel Disease Subsets in 806 Patients with Takayasu's Arteritis across Four International Cohorts Arthritis & Rheumatology; 2018, 70	**INT**	**JAN TO JUNE**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY**	**WOS:**000447268903084 **H Index:** 281 **Impact Factor:** 6.010 (RG)
208.	Goel, Ruchika, Kabeerdoss, Jayakanthan, Mohan, Hindhumathi, Danda, Sumita, Jayaseelan, Visali, Kumar, T. Sathish, Jude, John, Bacon, Paul, Joseph, George and Danda, Debashish Soluble-HLA-E: A follow up biomarker in Takayasu arteritis, independent of HLA-E genotype International Journal of Rheumatic Diseases; 2018, 21 (2): 532-540 Aim: Disease activity assessment in Takayasu arteritis (TA) is challenging. Human leukocyte antigen E (HLA-E) is shed from endothelium into serum as a soluble molecule (sHLA-E) in response to inflammation. We aimed to study: (i) utility of sHLA-E as a biomarker of disease activity; and (ii) association of HLA-E polymorphism rs1264457 with clinical disease in Asian-Indian TA patients. Materials and Methods: In phase-1, sHLA-E levels were estimated in sera of 50 consecutive TA patients at baseline visit and 27 healthy controls. Serial estimations were performed in 27 of them. In phase-2, DNA of 150 TA patients and 264 healthy controls were genotyped for rs1264457 polymorphism. Results: At baseline visit, disease was classified as active, stable and grumbling in 23, 18	**INT**	**JAN TO JUNE**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY, CLINICAL MICROBIOLOGY**	**WOS:**000423817900021 **H Index:** 30 **Impact Factor:** 2.423

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	and nine patients, respectively. sHLA-E levels were higher in active TA (43; interquartile range [IQR]: 25.3-64.6) pg/mL) than stable disease (12.9; IQR: 7.6-21.6 pg/mL) (P = 0.001). At first follow-up visit, sHLA-E levels were numerically higher in active disease than stable disease (P = 0.06) but this trend was blunted at second follow-up. sHLA-E levels increased in 54% versus 25% of patients with persistently active/relapsing and persistent stable course, respectively. rs1264457 polymorphism was not associated with susceptibility to TA and did not affect sHLA-E levels. Conclusion: sHLA-E level is useful as a biomarker of disease activity and course in TA patients. rs1264457 polymorphism is neither associated with susceptibility nor did it influence sHLA-E levels in TA.				
209.	Goel, Ruchika, Nair, Aswin, Kabeerdoss, Jayakanthan, Mohan, Hindhumathi, Jeyaseelan, Visalakshi, Joseph, George and Danda, Debashish Study of serial serum myeloid-related protein 8/14 as a sensitive biomarker in Takayasu arteritis: a single centre study Rheumatology International; 2018, 38 (4): 623-630 The aim of the study was to explore utility of serial serum myeloid-related protein 8/14 (MRP8/14) as a biomarker of clinical disease activity and angiographic progression in Takayasu arteritis (TA). Serum MRP8/14 levels were assayed by commercial ELISA for 85 TA patients and 24 healthy controls at baseline, and for 56 and 21 TA patients during follow-up visits R1 and R2, respectively. Disease was categorised as active, indeterminate and stable according to Indian Takayasu Arteritis score (ITAS 2010), ITAS-A(CRP) and angiography. Patients were divided into responders and non-responders/relapsers based on treatment response. Non-parametric tests were used for inter-group comparisons at baseline and during follow-up time points. Generalised Estimating Equation was used to study association between changes in serial MRP8/14 levels and disease activity. At baseline, median MRP8/14 levels were higher in patients with TA than healthy controls [7353 (4524 to11283) vs 4896 (3194 to 8474.5) ng/ml, p = 0.011]. Patients with active disease had higher levels [8552 (5463-12488)] than stable disease [5292.5 (3140.5-7310)], p = 0.002, and healthy controls [4896 (3194-8474.5)], p = 0.001. Changes in serial MRP8/14 level were associated with changes in disease activity, independent of steroid dose, p = 0.000. At R1, MRP 8/14 levels were lower than baseline in responders (n = 38) [9146.0 (6296.8-13693.8) vs 6501	**INT**	**JUL TO DEC**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY, BIOSTATISTICS**	**WOS:**000427632700009 **H Index:** 62 **Impact Factor:** 1.952

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	(4314.8-8304.5), p = 0.004], but did not change in non-responders/relapsers (n = 14) [6693.5(4210.8-10516.3) vs 7755.0(5342-10741.0), p = 0.42]. Similar trend was observed at R2. MRP8/14 levels increased during follow-up in 66% and 26.3% of angiographic progressors and non-progressors, respectively. MRP8/14 in TA may act as a novel biomarker with prognostic implications.				
210.	Gohil, A. J., Sahu, S., Lamba, S. and Gupta, A. K. Pneumothorax: A rare or underreported complication following latissimus dorsi muscle flap Indian J Plast Surg; 2018, 51 (1): 105-106 **Address:** Department of Plastic and Reconstructive Surgery, **Christian Medical College, Vellore,**Tamil Nadu, India.	**NAT**	**JAN TO JUNE**	**PLASTIC AND RECONSTRUCTIVE SURGERY**	**PMID:**29928092 **PMC ID:**5992933 **SCOPUS** **H Index:** 20 **Impact Factor:** 0.510 (RG)
211.	Gopinath, K Heat stroke and heat exhaustion: An update Current Medical Issues; 2018, 16 (1): 5-9 Heat-related illnesses are part of a continuum comprising heat cramps, heat exhaustion, heat syncope and heat stroke, and are associated with significant morbidity and mortality, especially in a tropical country like India. Heat stroke, which is the most severe, is caused by failure of thermoregulation with elevation of core temperature to 40°C (104°F) or more, associated with central nervous system dysfunction. The two important principles in management of heat stroke are lowering of core temperature immediately to 38.9°C and supporting organ systems injured by heat, hypotension, inflammation and coagulopathy. It is important to initiate cooling as fast as possible and keep the individual adequately hydrated to prevent complications.	**NAT**	**JAN TO JUN**	**MEDICINE**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA
212.	Gouw, S. C., Timmer, M. A., Srivastava, A., De Kleijn, P., Hilliard, P., Peters, M., Blanchette, V. and Fischer, K. Measurement of joint health in persons with haemophilia: A systematic review of the measurement properties of haemophilia-specific instruments Haemophilia; 2018, 24 122-122 **Address:** Department of Pediatric Hematology, Academic Medical Center, Amsterdam, The Netherlands. Department of Clinical Epidemiology, Leiden University Medical Center, Amsterdam, The Netherlands.	**INT**	**JAN TO JUNE**	**HEMATOLOGY**	**PMID:**30427100 **WOS:**000423774100223 **H Index:** 81 **Impact Factor:** 2.768

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Van Creveldkliniek, Department of Hematology, University Medical Center, Utrecht, The Netherlands. Department of Hematology, **Christian Medical College, Vellore,**India. Department of Rehabilitation, Physical Therapy Science and Sport, Brain Center Rudolf Magnus, University Medical Center Utrecht, Utrecht, the Netherlands. Department of Rehabilitation, Hospital for Sick Children, Toronto, Ontario, Canada. Department of Paediatrics, Division of Hematology/Oncology, Hospital for Sick Children, University of Toronto, Toronto, Ontario, Canada. INTRODUCTION: Accurate assessment of joint health in persons with haemophilia is crucial. Several haemophilia-specific measurement tools are available, but an overview of the measurement properties is lacking. AIM: To provide an overview of the measurement properties of haemophilia-specific measurement tools to assess clinical joint health. METHODS: MEDLINE and EMBASE were searched for reports on reliability, validity or responsiveness of the World Federation of Haemophilia Orthopedic Joint Score (WFH), Colorado Physical Examination Score (CPE), joint examination score by Petrini (PJS) and Hemophilia Joint Health Score (HJHS). Methodological quality of the studies was assessed using an adapted COSMIN checklist. RESULTS: The search yielded 2905 unique hits, and 98 papers were included. The methodological quality of the included studies was limited. The HJHS was studied most extensively, which yielded limited evidence for good internal consistency and structural validity, moderate evidence for hypothesis testing in adults and conflicting evidence for hypothesis testing in children. Reliability, measurement error and responsiveness were rated unknown due to low COSMIN scores. For the CPE and PJS, we found limited to moderate evidence for good responsiveness and conflicting evidence for hypothesis testing. CONCLUSION: Only patchy evidence is available on the quality of measurement properties of all haemophilia-specific joint health scores. Although significant gaps in the evidence for all instruments remain, measurement properties of the HJHS were most extensively studied and show no drawbacks for use in clinical practice. This review forms the basis for further research aimed at the assessment of measurement properties of measurement tools to assess joint health.				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
213.	Govindaswamy, A., Sakthi, D., Pai, R., Jeyaseelan, L. and Michael, J. S. Pyrosequencing: a rapid and effective sequencing method to diagnose drug-resistant tuberculosis J Med Microbiol; 2018, 67 (9): 1212-1216 **Address:** 1Department of Clinical Microbiology, **Christian Medical College, Vellore**632 004, India. 2Department of General Pathology, **Christian Medical College, Vellore**632 004, India. 3Department of Biostatistics, **Christian Medical College, Vellore**632004, India. PURPOSE: This study was undertaken to evaluate the efficiency of the pyrosequencing (PSQ) assay for the rapid detection of resistance to rifampicin (RIF), fluoroquinolones (FQs) and second-line injectables (SLIs) such as capreomycin (CAP) and kanamycin (KAN) in Mycobacterium tuberculosis (Mtb) clinical isolates. METHODOLOGY: Pyrosequencing is a simple and accurate short read DNA sequencing method for genome analysis. DNA extraction from Mtb clinical isolates was performed using Tris-HCl buffer and chloroform. The rpoB (RIF), gyrA (FQs) and rrs (aminoglycosides) genes were amplified, followed by sequencing using the PyroMark Q24 ID system. The PSQ results were compared with the results from the conventional drug susceptibility testing performed in the laboratory. RESULTS: The sensitivity of the PSQ assay for the detection of resistance to RIF, FQ, CAP and KAN was 100 %, 100 %, 40 % and 50 %, respectively. The specificity of the PSQ assay was 100 %. CONCLUSION: The PSQ assay is a rapid and effective method for detecting drug resistance mutations from Mtb clinical isolates in a short period of time.	**INT**	**JAN TO JUNE**	**CLINICAL MICROBIOLOGY, GENERAL PATHOLOGY, BIOSTATISTICS**	**PMID:**30028665 **SCOPUS** **WOS:**000444186500002 **H Index:** 99 **Impact Factor:** 2.112
214.	Graham, R. P., Naini, B. V., Shah, S. S., Arnold, C. A., Kannangai, R., Torbenson, M. S. and Lam-Himlin, D. M. Treponema pallidum Immunohistochemistry is positive in human intestinal Spirochetosis Diagn Pathol; 2018, 13 (1): 7 **Address:** Department of Laboratory Medicine and Pathology, Division of Anatomic Pathology, Mayo Clinic, 200 First Street SW, Rochester, MN, 55905, USA. Department of Pathology and Laboratory Medicine, David Geffen School of Medicine, University of California Los Angeles, 10833 Le Conte Ave. Suite 27-061C7 CHS, Los Angeles, CA, 90095, USA. Department of Pathology, The Ohio State University Wexner	**INT**	**JAN TO JUNE**	**CLINICAL VIROLOGY**	**PMID:**29378606 **SCOPUS** **WOS:**000425815700001 **H Index:** 39 **Impact Factor:** 2.396

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Medical Center, 410 West 10th Avenue, Columbus, OH, 43210, USA. Department of Clinical Virology, **Christian Medical College, Vellore,**632004, India. Department of Laboratory Medicine and Pathology, Division of Anatomic Pathology, Mayo Clinic, Scottsdale, AZ, 85259, USA. LamHimlin.Dora@mayo.edu. BACKGROUND: Human intestinal spirochetosis (IS) has been recognized for decades, but whether it represents commensalism or a pathogenic process remains controversial. IS is diagnosed on routine stains with confirmation by silver stains but these stains are labor intensive and slow to read. We evaluated the Treponema pallidum immunostain as a diagnostic adjunct for IS. METHODS: We retrieved biopsies from 33 patients with IS for this study. Each case was tested by Warthin-Starry (WS) and T. pallidum immunohistochemistry (IHC). Species specific genotyping was performed in 3 cases. RESULTS: Patients with IS ranged from 22 to 82 years without gender predilection. IS involved normal (n = 15), and inflamed (n = 5) mucosa and colonic polyps (n = 13). Warthin-Starry and T. pallidum IHC were positive in all cases including both species of Brachyspira. Six (18%) symptomatic patients were treated for IS, and experienced resolution. In patients diagnosed with incidental IS on cancer screening (n = 5), follow up biopsies, without therapy, were negative for IS. T. pallidum IHC required 75 min less hands-on time than WS for performance and was faster to interpret. CONCLUSIONS: T. pallidum IHC can be used to confirm the diagnosis of IS and is easier to perform and faster to interpret than WS.				
215.	Griswold, Max G., Fullman, Nancy, Hawley, Caitlin, Arian, Nicholas, Zimsen, Stephanie R. M., Tymeson, Hayley D., Venkateswaran, Vidhya, Tapp, Austin Douglas, Forouzanfar, Mohammad H., Salama, Joseph S., Abate, Kalkidan Hassen, Abate, Degu, Abay, Solomon M., Abbafati, Cristiana, Abdulkader, Rizwan Suliankatchi, Abebe, Zegeye, Aboyans, Victor, Abrar, Mohammed Mehdi, Acharya, Pawan, Adetokunboh, Olatunji O., Adhikari, Tara Ballav, Adsuar, Jose C., Afarideh, Mohsen, Agardh, Emilie Elisabet, Agarwal, Gina, Aghayan, Sargis Aghasi, Agrawal, Sutapa, Ahmed, Muktar Beshir, Akibu, Mohammed, Akinyemiju, Tomi, Akseer, Nadia, Al Asfoor, Deena H., Al-Aly, Ziyad, Alahdab, Fares, Alam, Khurshid, Albujeer, Ammar, Alene, Kefyalew Addis, Ali, Raghib, Ali, Syed Danish, Alijanzadeh, Mehran, Aljunid, Syed Mohamed, Alkerwi, Ala'a,	**INT**	**JUL TO DEC**	**CLINICAL HAEMATOLOGY**	**WOS:**000445098800025 **H Index:** 670 **Impact Factor:** 53.254

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Allebeck, Peter, Alvis-Guzman, Nelson, Amare, Azmeraw T., Aminde, Leopold N., Ammar, Walid, Amoako, Yaw Ampem, Amul, Gianna Gayle Herrera, Andrei, Catalina Liliana, Angus, Colin, Ansha, Mustafa Geleto, Antonio, Carl Abelardo T., Aremu, Olatunde, Arnlov, Johan, Artaman, Al, Aryal, Krishna K., Assadi, Reza, Ausloos, Marcel, Avila-Burgos, Leticia, Avokpaho, Euripide F. G. A., Awasthi, Ashish, Ayele, Henok Tadesse, Ayer, Rakesh, Ayuk, Tambe B., Azzopardi, Peter S., Badali, Hamid, Badawi, Alaa, Banach, Maciej, Barker-Collo, Suzanne Lyn, Barrero, Lope H., Basaleem, Huda, Baye, Estifanos, Bazargan-Hejazi, Shahrzad, Bedi, Neeraj, Bejot, Yannick, Belachew, Abate Bekele, Belay, Saba Abraham, Bennett, Derrick A., Bensenor, Isabela M., Bernabe, Eduardo, Bernstein, Robert S., Beyene, Addisu Shunu, Beyranvand, Tina, Bhaumik, Soumyadeeep, Bhutta, Zulfiqar A., Biadgo, Belete, Bijani, Ali, Bililign, Nigus, Birlik, Sait Mentes, Birungi, Charles, Bizuneh, Hailemichael, Bjerregaard, Peter, Bjorge, Tone, Borges, Guilherme, Bosetti, Cristina, Boufous, Soufiane, Bragazzi, Nicola Luigi, Brenner, Hermann, Butt, Zahid A., Cahuana-Hurtado, Lucero, Calabria, Bianca, Campos-Nonato, Ismael R., Campuzano Rincon, Julio Cesar, Carreras, Giulia, Carrero, Juan J., Carvalho, Felix, Castaneda-Orjuela, Carlos A., Castillo Rivas, Jacqueline, Catala-Lopez, Ferran, Chang, Jung-Chen, Charlson, Fiona J., Chattopadhyay, Aparajita, Chaturvedi, Pankaj, Chowdhury, Rajiv, Christopher, Devasahayam J., Chung, Sheng-Chia, Ciobanu, Liliana G., Claro, Rafael M., Conti, Sara, Cousin, Ewerton, Criqui, Michael H., Dachew, Berihun Assefa, Dargan, Paul I., Daryani, Ahmad, Das Neves, Jose, Davletov, Kairat, De Castro, Filipa, De Courten, Barbora, De Neve, Jan-Walter, Degenhardt, Louisa, Demoz, Gebre Teklemariam, Des Jarlais, Don C., Dey, Subhojit, Dhaliwal, Rupinder Singh, Dharmaratne, Samath Dhamminda, Dhimal, Meghnath, Doku, David Teye, Doyle, Kerrie E., Dubey, Manisha, Dubljanin, Eleonora, Duncan, Bruce B., Ebrahimi, Hedyeh, Edessa, Dumessa, Zaki, Maysaa El Sayed, Ermakov, Sergei Petrovich, Erskine, Holly E., Esteghamati, Alireza, Faramarzi, Mahbobeh, Farioli, Andrea, Faro, Andre, Farvid, Maryam S., Farzadfar, Farshad, Feigin, Valery L., Felisbino-Mendes, Mariana Santos, Fernandes, Eduarda, Ferrari, Alize J., Ferri, Cleusa P., Fijabi, Daniel Obadare, Filip, Irina, Finger, Jonas David, Fischer, Florian, Flaxman, Abraham D., Franklin, Richard Charles, Futran, Neal D., Gallus, Silvano, Ganji, Morsaleh, Gankpe, Fortune Gbetoho, Gebregergs, Gebremedhin Berhe, Gebrehiwot, Tsegaye Tewelde, Geleijnse, Johanna M., Ghadimi, Reza, Ghandour, Lilian A., Ghimire, Mamata,				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Gill, Paramjit Singh, Ginawi, Ibrahim Abdelmageed, Giref, Ababi Zergaw Z., Gona, Philimon N., Gopalani, Sameer Vali, Gotay, Carolyn C., Goulart, Alessandra C., Greaves, Felix, Grosso, Giuseppe, Guo, Yuming, Gupta, Rahul, Gupta, Rajeev, Gupta, Vipin, Alma Gutierrez, Reyna, Gvs, Murthy, Hafezi-Nejad, Nima, Hagos, Tekleberhan Beyene, Hailu, Gessessew Bugssa, Hamadeh, Randah R., Hamidi, Samer, Hankey, Graeme J., Harb, Hilda L., Harikrishnan, Sivadasanpillai, Maria Haro, Josep, Hassen, Hamid Yimam, Havmoeller, Rasmus, Hay, Simon I., Heibati, Behzad, Henok, Andualem, Heredia-Pi, Ileana, Francisco Hernandez-Llanes, Norberto, Herteliu, Claudiu, Hibstu, Desalegn Ts Tsegaw, Hoogar, Praveen, Horita, Nobuyuki, Hosgood, H. Dean, Hosseini, Mostafa, Hostiuc, Mihaela, Hu, Guoqing, Huang, Hsiang, Husseini, Abdullatif, Idrisov, Bulat, Ileanu, Bogdan Vasile, Ilesanmi, Olayinka Stephen, Irvani, Seyed Sina Naghibi, Islam, Sheikh Mohammed Shariful, Jackson, Maria D., Jakovljevic, Mihajlo, Jayatilleke, Achala Upendra, Jha, Ravi Prakash, Jonas, Jost B., Jozwiak, Jacek Jerzy, Kabir, Zubair, Kadel, Rajendra, Kahsay, Amaha, Kapil, Umesh, Kasaeian, Amir, Kassa, Tesfaye D. Dessale, Katikireddi, Srinivasa Vittal, Kawakami, Norito, Kebede, Seifu, Kefale, Adane Teshome, Keiyoro, Peter Njenga, Kengne, Andre Pascal, Khader, Yousef, Khafaie, Morteza Abdullatif, Khalil, Ibrahim A., Khan, Md Nuruzzaman, Khang, Young-Ho, Khater, Mona M., Khubchandani, Jagdish, Kim, Cho-Il, Kim, Daniel, Kim, Yun Jin, Kimokoti, Ruth W., Kisa, Adnan, Kivimaki, Mika, Kochhar, Sonali, Kosen, Soewarta, Koul, Parvaiz A., Koyanagi, Ai, Krishan, Kewal, Defo, Barthelemy Kuate, Bicer, Burcu Kucuk, Kulkarni, Veena S., Kumar, Pushpendra, Lafranconi, Alessandra, Balaji, Arjun Lakshmana, Lalloo, Ratilal, Lallukka, Tea, Lam, Hilton, Lami, Faris Hasan, Lan, Qing, Lang, Justin J., Lansky, Sonia, Larsson, Anders O., Latifi, Arman, Leasher, Janet L., Lee, Paul H., Leigh, James, Leinsalu, Mall, Leung, Janni, Levi, Miriam, Li, Yichong, Lim, Lee-Ling, Linn, Shai, Liu, Shiwei, Lobato-Cordero, Andrea, Lotufo, Paulo A., King Macarayan, Erlyn Rachelle, Machado, Isis Eloah, Madotto, Fabiana, Abd El Razek, Hassan Magdy, Abd El Razek, Muhammed Magdy, Majdan, Marek, Majdzadeh, Reza, Majeed, Azeem, Malekzadeh, Reza, Malta, Deborah Carvalho, Mapoma, Chabila Christopher, Martinez-Raga, Jose, Maulik, Pallab K., Mazidi, Mohsen, Mckee, Martin, Mehta, Varshil, Meier, Toni, Mekonen, Tesfa, Meles, Kidanu Gebremariam, Melese, Addisu, Memiah, Peter T. N., Mendoza, Walter, Mengistu, Desalegn Tadese, Mensah, George A., Meretoja, Tuomo J., Mezgebe, Haftay Berhane, Miazgowski, Tomasz, Miller, Ted R., Mini, G. K., Mirica, Andreea,				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Mirrakhimov, Erkin M., Moazen, Babak, Mohammad, Karzan Abdulmuhsin, Mohammadifard, Noushin, Mohammed, Shafiu, Monasta, Lorenzo, Moraga, Paula, Morawska, Lidia, Jalu, Moti Tolera, Mousavi, Seyyed Meysam, Mukhopadhyay, Satinath, Musa, Kamarul Imran, Naheed, Aliya, Naik, Gurudatta, Najafi, Farid, Nangia, Vinay, Nansseu, Jobert Richie, Nayak, Mudavath Siva Durga Prasad, Nejjari, Chakib, Neupane, Subas, Neupane, Sudan Prasad, Ngunjiri, Josephine W., Cuong Tat, Nguyen, Long Hoang, Nguyen, Trang Huyen, Nguyen, Ningrum, Dina Nur Anggraini, Nirayo, Yirga Legesse, Noubiap, Jean Jacques, Ofori-Asenso, Richard, Ogbo, Felix Akpojene, Oh, In-Hwan, Oladimeji, Olanrewaju, Olagunju, Andrew T., Olivares, Pedro R., Olusanya, Bolajoko Olubukunola, Olusanya, Jacob Olusegun, Oommen, Anu Mary, Oren, Eyal, Orpana, Heather M., Ortega-Altamirano, Doris D. V., Ortiz, Justin R., Ota, Erika, Owolabi, Mayowa Ojo, Oyekale, Abayomi Samuel, Mahesh, P. A., Pana, Adrian, Park, Eun-Kee, Parry, Charles D. H., Parsian, Hadi, Patle, Ajay, Patton, George C., Paudel, Deepak, Petzold, Max, Phillips, Michael R., Pillay, Julian David, Postma, Maarten J., Pourmalek, Farshad, Prabhakaran, Dorairaj, Qorbani, Mostafa, Radfar, Amir, Rafay, Anwar, Rafiei, Alireza, Rahim, Fakher, Rahimi-Movaghar, Afarin, Rahman, Mahfuzar, Rahman, Muhammad Aziz, Rai, Rajesh Kumar, Rajsic, Sasa, Raju, Sree Bhushan, Ram, Usha, Rana, Saleem M., Ranabhat, Chhabi Lal, Rawaf, David Laith, Rawaf, Salman, Reiner, Robert C., Reis, Cesar, Renzaho, Andre M. N., Rezai, Mohammad Sadegh, Roever, Leonardo, Ronfani, Luca, Room, Robin, Roshandel, Gholamreza, Rostami, Ali, Roth, Gregory A., Roy, Ambuj, Sabde, Yogesh Damodar, Saddik, Basema, Safiri, Saeid, Sahebkar, Amirhossein, Saleem, Zikria, Salomon, Joshua A., Salvi, Sundeep Santosh, Sanabria, Juan, Dolores Sanchez-Nino, Maria, Santomauro, Damian Francesco, Santos, Itamar S., Milicevic, Milena M. M. Santric, Sarker, Abdur Razzaque, Sarmiento-Suarez, Rodrigo, Sarrafzadegan, Nizal, Sartorius, Benn, Satpathy, Maheswar, Sawhney, Monika, Saxena, Sonia, Saylan, Mete, Schaub, Michael P., Schmidt, Maria Ines, Schneider, Ione J. C., Schoettker, Ben, Schutte, Aletta Elisabeth, Schwendicke, Falk, Sepanlou, Sadaf G., Shaikh, Masood A. Ali, Sharif, Mehdi, She, Jun, Sheikh, Aziz, Shen, Jiabin, Shiferaw, Mekonnen Sisay, Shigematsu, Mika, Shiri, Rahman, Shishani, Kawkab, Shiue, Ivy, Shukla, Sharvari Rahul, Sigfusdottir, Inga Dora, Santos Silva, Diego Augusto, Da Silva, Natacha Torres, Alves Silveira, Dayane Gabriele, Sinha, Dhirendra Narain Narain, Sitas, Freddy, Soares Filho, Adauto				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Martins, Soofi, Moslem, Sorensen, Reed J. D., Soriano, Joan B., Sreeramareddy, Chandrashekhar T., Steckling, Nadine, Stein, Dan J., Sufiyan, Mu'awiyyah Babale, Sur, Patrick J., Sykes, Bryan L., Tabares-Seisdedos, Rafael, Tabuchi, Takahiro, Tavakkoli, Mohammad, Tehrani-Banihashemi, Arash, Tekle, Merhawi Gebremedhin, Thapa, Subash, Thomas, Nihal, Topor-Madry, Roman, Topouzis, Fotis, Tran, Bach Xuan, Troeger, Christopher E., Truelsen, Thomas Clement, Tsilimparis, Nikolaos, Tyrovolas, Stefanos, Ukwaja, Kingsley Nnanna, Ullah, Irfan, Uthman, Olalekan A., Valdez, Pascual R., Van Boven, Job F. M., Vasankari, Tommi Juhani, Venketasubramanian, Narayanaswamy, Violante, Francesco S., Vladimirov, Sergey Konstantinovitch, Vlassov, Vasily, Vollset, Stein Emil, Vos, Theo, Wagnew, Fasil Wagnew Shiferaw, Waheed, Yasir, Wang, Yuan-Pang, Weiderpass, Elisabete, Weldegebreal, Fitsum, Weldegwergs, Kidu Gidey, Werdecker, Andrea, Westerman, Ronny, Whiteford, Harvey A., Widecka, Justyna, Wijeratne, Tissa, Wyper, Grant M. A., Xu, Gelin, Yamada, Tomohide, Yano, Yuichiro, Ye, Pengpeng, Yimer, Ebrahim M., Yip, Paul, Yirsaw, Biruck Desalegn, Yisma, Engida, Yonemoto, Naohiro, Yoon, Seok-Jun, Yotebieng, Marcel, Younis, Mustafa Z., Zachariah, Geevar, Zaidi, Zoubida, Zamani, Mohammad, Zhang, Xueying, Zodpey, Sanjay, Mokdad, Ali H., Naghavi, Mohsen, Murray, Christopher J. L., Gakidou, Emmanuela and Collaborators, G. B. D. Alcohol Alcohol use and burden for 195 countries and territories, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016 Lancet; 2018, 392 (10152): 1015-1035 Background Alcohol use is a leading risk factor for death and disability, but its overall association with health remains complex given the possible protective effects of moderate alcohol consumption on some conditions. With our comprehensive approach to health accounting within the Global Burden of Diseases, Injuries, and Risk Factors Study 2016, we generated improved estimates of alcohol use and alcohol-attributable deaths and disability-adjusted life-years (DALYs) for 195 locations from 1990 to 2016, for both sexes and for 5-year age groups between the ages of 15 years and 95 years and older. Methods Using 694 data sources of individual and population-level alcohol consumption, along with 592 prospective and retrospective studies on the risk of alcohol use, we produced estimates of the prevalence of current drinking, abstention, the distribution of alcohol consumption among current drinkers in standard drinks daily (defined as 10 g of pure ethyl				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	alcohol), and alcohol-attributable deaths and DALYs. We made several methodological improvements compared with previous estimates: first, we adjusted alcohol sales estimates to take into account tourist and unrecorded consumption; second, we did a new meta-analysis of relative risks for 23 health outcomes associated with alcohol use; and third, we developed a new method to quantify the level of alcohol consumption that minimises the overall risk to individual health. Findings Globally, alcohol use was the seventh leading risk factor for both deaths and DALYs in 2016, accounting for 2.2% (95% uncertainty interval [UI] 1.5-3.0) of age-standardised female deaths and 6.8% (5.8-8.0) of age-standardised male deaths. Among the population aged 15-49 years, alcohol use was the leading risk factor globally in 2016, with 3.8% (95% UI 3.2-4-3) of female deaths and 12.2% (10.8-13-6) of male deaths attributable to alcohol use. For the population aged 15-49 years, female attributable DALYs were 2.3% (95% UI 2.0-2.6) and male attributable DALYs were 8.9% (7.8-9.9). The three leading causes of attributable deaths in this age group were tuberculosis (1.4% [95% UI 1. 0-1. 7] of total deaths), road injuries (1.2% [0.7-1.9]), and self-harm (1.1% [0.6-1.5]). For populations aged 50 years and older, cancers accounted for a large proportion of total alcohol-attributable deaths in 2016, constituting 27.1% (95% UI 21.2-33.3) of total alcohol-attributable female deaths and 18.9% (15.3-22.6) of male deaths. The level of alcohol consumption that minimised harm across health outcomes was zero (95% UI 0.0-0.8) standard drinks per week. Interpretation Alcohol use is a leading risk factor for global disease burden and causes substantial health loss. We found that the risk of all-cause mortality, and of cancers specifically, rises with increasing levels of consumption, and the level of consumption that minimises health loss is zero. These results suggest that alcohol control policies might need to be revised worldwide, refocusing on efforts to lower overall population-level consumption.				
216.	Gupta, A. and Rajshekhar, V. Fatty filum terminale (FFT) as a secondary tethering element in children with closed spinal dysraphism Child's Nervous System; 2018, 34 (5): 925-932 Purpose: The purpose of this study was to assess the prevalence of FFT as an additional tethering element in children operated for closed spinal dysraphism, where FFT was not the primary tethering pathology. Methods: This is a retrospective study of 195 children (<	**INT**	**JAN TO JUNE**	**NEUROSURGERY**	**WOS:**000429793400018 **SCOPUS** **H Index:** NA **Impact Factor:** 1.235

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	18 years of age) who underwent surgery for closed spinal dysraphism and did not have FFT as the primary diagnosis. All patients were operated during the period 2005–2017 by a single surgeon. The commonest diagnosis was a lipomyelomeningocele (LMMC, n = 81, 41.5%), followed by split cord malformations (SCM, types I and II, n = 61, 31.3%), dermal sinus (n = 28, 14.4%), and dermoid cyst (n = 10, 5.1%). Factors such as age and sex, presenting symptoms, intraoperative findings, and radiological presence of a FFT on a magnetic resonance imaging (MRI) were documented, and the relationship between the primary diagnoses and presence of FFT was analyzed. Results: FFT as a secondary finding was seen in 63 patients (32.3%). The mean age of the cohort was 54 months (4.5 years) and the sex distribution was relatively even (51.8% girls). The commonest symptom at presentation was a swelling in the back, followed by lower limb weakness. The mean duration of symptoms was nearly 30 months. FFT was seen on the MRI and confirmed intraoperatively in 55 patients (28.2%). There were 8 patients (4.1%) where a FFT was seen intraoperatively, but was not diagnosed on the preoperative MRI. In 16 patients, FFT was seen > 2 segments away from the primary tethering pathology, 8 of which mandated a second skin incision for sectioning of the FFT. Secondary FFT was most commonly associated with a SCM (types I and II combined) and was seen in 42.6% of those patients. It was least commonly associated with intradural dermoid cysts. Conclusion: The presence of a secondary FFT should be considered and actively sought on preoperative thin-slice T1W axial MR images in the sacral region in all patients with spinal dysraphism. Even if a FFT is not seen on preoperative MR images, the filum should be explored and sectioned if it is in the vicinity of the primary surgical field, especially in patients with SCM. © 2017, Springer-Verlag GmbH Germany, part of Springer Nature.				
217.	Gupta, A., George, R., Chaitanya, S., Das, M. and Thomas, M. The role of PCR for mycobacterium leprae in patients with facial granulomatoses: A pilot study Leprosy Review; 2018, 89 (3): 280-288 Address: Department of Dermatology, Venereology and Leprosy, **Christian Medical College, Vellore**, India Department of Molecular Biology and Immunology Division, Schieffelin Institute of Health-Research & Leprosy Centre, Karigiri, Vellore, India	**INT**	**JUL TO DEC**	**LEPROSY, TROPICAL MEDICINE**	**PMC Article** **H Index:** 38 **Impact Factor:** 0.752

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Department of Pathology, **Christian Medical College, Vellore**, India Background: Granulomatous pathology is seen in several facial dermatoses, which are diagnosed based on their characteristic clinical features. However, data on their etiology is sparse. Aims & objectives: To determine the prevalence of Mycobacterium leprae (M. leprae) antigen in patients with facial granulomatous pathology by polymerase chain reaction (PCR) and to put forward postulates for this association. Methods: A 3-year retrospective analysis was done for patients presenting with facial granulomatoses between January 2014 & December 2016. The analysed parameters included clinical manifestations, results of investigations including PCR for M. leprae and the outcome of multidrug anti-leprosy therapy in patients who were PCR positive for M. leprae. Results: A total of nine patients (eight females and one male) were included. Mean age was 34 years (range 6–49 years). The average duration of symptoms was 56 (range 3–168) months. Orofacial granulomatosis (OFG)/granulomatous cheilitis was the most common clinical diagnosis seen in 5/9 (56%) patients. Of the remaining four patients, three (33%) presented with a solitary indurated plaque on the face and one patient (11%) had a nodular swelling with a faint hypopigmented rim over the cheek. There were no skin lesions elsewhere in any of the patients. Gum hypertrophy and palatal nodules were seen in 3/5 (60%) patients, each in patients with OFG. Seven patients (78%) were identified to be positive for M. leprae DNA, using PCR targeting the Rlep gene. All seven patients were initiated on anti-leprosy multidrug regimen for 6–12 months with or without steroids. One patient was lost to follow up after 4 months of therapy. The mean duration of follow up in the remaining six patients was 27 (range 12–40) months. Five patients (83%) showed minimal decrease in the swelling at 3 months, but after the end of the therapy there was worsening of the lesions in 3/6 (50%) patients. The patients with smaller lesions showed resolution whereas none of the patients with OFG benefited from the therapy on short term or extended follow up. Limitations: The main limitations of the current study were its retrospective design, small sample size, short follow up period, and no objective clinical assessment. Conclusion: M. leprae was demonstrable by PCR in 78% (7/9) of patients tested, suggesting that it may have a role in the pathogenesis of facial granulomatous disorders in patients living in endemic areas. Treatment with anti-leprosy MDT does lead to sustained improvement in facial granulomatous lesions other than				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	OFG which are positive to M. leprae on PCR, however, the response in OFG is disappointing; it would be advisable to treat them so as to eradicate the pathogen. © Lepra.				
218.	Gupta, A., Nair, R. R., Moorthy, R. K. and Rajshekhar, V. Effect of Staphylococcal Decolonization Regimen and Change in Antibiotic Prophylaxis Regimen on Incidence of Postcraniotomy Aseptic Meningitis World Neurosurg; 2018, 119 e534-e540 **Address:** Department of Neurological Sciences, **Christian Medical College, Vellore,**Tamilnadu, India. Department of Neurological Sciences, **Christian Medical College, Vellore,**Tamilnadu, India. Electronic **Address:** rajshekhar@cmcvellore.ac.in. OBJECTIVE: To study the effect of a staphylococcal decolonization regimen (SDR) and change in antibiotic prophylaxis regimen on postoperative meningitis (bacterial and aseptic) rates in patients undergoing elective cranial surgery. METHODS: Data on elective craniotomy (supratentorial and infratentorial) were collected retrospectively for a total of 4 years-2 years before (2011-2012; group A) and 2 years after (2014-2015; group B) initiation of a SDR and a change in the antibiotic prophylaxis regimen (from chloramphenicol to ceftriaxone) in a neurosurgical unit of a tertiary care hospital. The SDR consisted of a 4% chlorhexidine scrub bath once a day and 10% betadine ointment application intranasally twice daily for >/=2 days before surgery. RESULTS: A total of 1349 patients (GROUP A, n = 622; group B, n = 727) were included in the present study, of whom 806 (59.7%) were males. Of the 1349 patients, 43 (3.2%) developed postoperative meningitis. Of these 43 patients, 8 (0.6%) had bacterial meningitis (BM) and 35 (2.6%) had aseptic meningitis (AM). A reduction occurred in the incidence of both BM and AM in group B; however, the reduction was statistically significant only for AM (P = 0.48 for BM; P = 0.019 for AM). Multivariate analysis showed that the initiation of an SDR conferred a significant protective effect against developing postoperative AM (relative risk, 0.31; 95% confidence interval, 0.14-0.70; P = 0.005). CONCLUSIONS: Our data showed that the incidence of AM can be reduced with an SDR and appropriate antibiotic prophylaxis. These findings lend support to the suspicion that AM might be a form of low-grade BM possibly due to a staphylococcal infection.	**INT**	**JAN TO JUNE**	**NEUROLOGICAL SCIENCES**	**PMID:**30075267 **WOS:**000447941300064 **SCOPUS** **H Index:** 82 **Impact Factor:** 1.924

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
219.	Gupta, M., Suryawanshi, M., Kumar, R. and Peedicayil, A. Angioleiomyoma of Uterus: A Clinicopathologic Study of 6 Cases International Journal of Surgical Pathology; 2018, 26 (1): 18-23 Background and Objectives. Angioleiomyoma is a benign perivascular neoplasm commonly involving subcutaneous tissue of extremities, head, and trunk region. They rarely involve the female genital tract. This study analyses clinicopathological features of 6 cases of uterine angioleiomyoma. Methods. Routine sections of 6 cases were reviewed and immunohistochemical markers namely muscle-specific actin, h-caldesmon, desmin, CD10, WT-1, HMB-45, and melan-A were done. Results. Of the 6 cases, 4 cases had tumor involving the corpus and 2 cases had tumor in the cervix. Grossly, all tumors had a whorled and congested cut surface. Microscopic examination of all the cases revealed circumscribed neoplasms composed of interlacing fascicles of benign perivascular smooth muscle cells with evenly distributed slit-like blood vessels (solid variant) along with vessels exhibiting thick muscular walls with swirling pattern (venous variant). In only 2 cases many dilated vessels were seen (cavernous variant). Immunohistochemically, all cases were positive for muscle-specific actin, h-caldesmon, and desmin. All cases were negative for CD10 and WT-1 ruling out endometrial stromal tumor and were negative for HMB-45 and melan-A ruling out perivascular epithelioid cell tumor (both endometrial stromal tumor and perivascular epithelioid cell tumor have prominent vessels but have different histomorphology). In all cases, surgical excision was curative and there were no intraoperative or postoperative complications. Follow-up of all the cases has been unremarkable. Conclusion. As the World Health Organization has not included angioleiomyoma in the classification of mesenchymal tumors of uterine corpus and cervix, we recommend that it should be included in the classification. © 2017, © The Author(s) 2017.	**INT**	**JAN TO JUNE**	**OBSTETRICS AND GYNECOLOGY**	**WOS:**000419370400003 **SCOPUS** **H Index:** 44 **Impact Factor:** 1.188
220.	Gupta, N. and Agarwal, A. Management of Uveitis in Spondyloarthropathy: Current Trends Perm J. 2018;22. doi: 10.7812/TPP/17-041. **Author information:** (1)Fellow in Clinical Immunology and Rheumatology at the **Christian Medical College** in Vellore, India. drnikhilguptamamc@gmail.com. (2)Senior Resident in Ophthalmology at Nair Charitable Hospital in	**INT**	**JAN TO JUNE**		**PMID:** 29272246 **PMCID: PMC**5741284 **SCOPUS** **H Index:** 18 **Impact Factor:** 0.760 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Maharashtra,Mumbai, India. aditiagarwal.26888@gmail.com. Spondyloarthritis is a chronic inflammatory disease predominantly affecting joints of the axial skeleton. However, as many as 50% of patients with this disease may have extra-articular manifestations, which include uveitis; psoriasis; inflammatory bowel disease such as Crohn disease or ulcerative colitis; cardiovascular manifestations in the form of conduction abnormalities, atherosclerosis, or valvular heart disease; pulmonary involvement; and rarely renal involvement. Uveitis occurs in 25% to 40% of patients with spondyloarthritis. Management of uveitis is crucial to prevent morbidity caused by vision loss and secondary complications. Treatment ranges from local therapies to systemic drugs and varies depending on the severity and response to treatment. Categories of medical treatment include nonsteroidal anti-inflammatory agents, corticosteroids, and steroid-sparing agents. Biologic therapies such as antitumor necrosis factor agents act early in the disease process and have revolutionized the field of rheumatology, including management of uveitis. This review will focus on the management of ophthalmic manifestations in spondyloarthropathies. DOI: 10.7812/TPP/17-041				
221.	Gupta, N., Kabeerdoss, J., Mohan, H., Goel, R. and Danda, D. High Secretion of Interleukin-6 and Increased MINCLE Receptor Expression Upon Exposure to Mycobacterial Cord Factor Analog Trehalose-6, 6-Dibehenate (TDB) in Patients with Takayasu Arteritis Open Rheumatol J; 2018, 12 30-36 **Address:** Department of Clinical Immunology and Rheumatology, **Christian Medical College, Vellore,**Tamil Nadu, India. Introduction: Suspicion on the association between Takayasu Arteritis (TA) and Tubcerculosis (TB) has been in vogue for years. Prevalence of TB in TA is reported to be higher. We aimed to study innate immune responses in patients with TA on exposure to Trehalose-6,6-dibehenate (TDB), a synthetic analogue of Trehalose-6,6-Dimycolate (TDM, also known as mycobacterial cord factor) in comparison with healthy controls. Materials and Methods: Patients with type V TA, satisfying 1990 ACR criteria, and age and sex matched healthy controls were recruited. PBMCs were cultured with 5microg/ml, 50microg/ml or without any TDB for 48 hours in RPMI medium inside a 5% Co2 incubator. IL-6, TNF-alpha and IL-17 were measured in cell culture supernatant, which was separated from the cells at the end of the incubation period. Gene expressions	**INT**	**JAN TO JUNE**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY**	**PMID:**29643949 **PMC ID:**5876924 **SCOPUS** **H Index:** 20 **Impact Factor:** 1.200 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	of IL-6, IL-8, TNFalpha, IFN-gamma, MINCLE and BCL-10 were quantified in real time PCR using specific primers and SYBR green chemistry. Results: Twenty two TA patients and 21 healthy controls were recruited. Both patients and controls showed response by secreting IL-6 and TNF-alpha upon stimulation by TDB. Relative induction (TDB stimulated TA sample / unstimulated control) of IL-6 was significantly higher in TA [31.88(0.74-168)] patients as compared to healthy controls [1.931(0.644-8.21); p<0.002], when co-cultured with 50microg/ml TDB. The expression of MINCLE, the TDB receptor was higher in TA samples than healthy controls upon TDB stimulation. Conclusion: Stimulation with mycobacterial synthetic analogue led to higher secretion of IL-6 and higher expression of MINCLE in PBMCs of patients with TA as compared to healthy controls.				
222.	Gupta, N., Mathew, J., Mohan, H., Chowdhury, S. D., Kurien, R. T., Christopher, D. J., Thangakunam, B., Alexander, M., Sivadasan, A., Tamilarasi, V., Valson, A. T., Gowri, M., Kabeerdoss, J. and Danda, D. Addition of second-line steroid sparing immunosuppressants like mycophenolate mofetil improves outcome of Immunoglobulin G4-related disease (IgG4-RD): a series from a tertiary care teaching hospital in South India Rheumatology International; 2018, 38 (2): 203-209 IgG4-related disease (IgG4-RD) is a systemic fibro-inflammatory disease. This disease may be associated with elevated serum and tissue IgG4 levels. Early treatment prevents fibrosis and organ damage. We retrospectively studied the clinicopathologic correlation and outcome of treatment in IgG4-RD. This single-center retrospective study was done using electronic records of patients subjected to assay of serum IgG4 levels in our laboratory by nephelometry. There were 473 patients with suspected IgG4-RD. Of them, 41 patients fulfilled comprehensive diagnostic criteria for IgG4-RD and 432 had diseases other than IgG4-RD. Clinical and histopathological data including tissue IgG4/IgG ratio, other relevant laboratory findings as well as management data of 41 patients with IgG4-RD were analyzed. There were 29 males and 12 females with mean age of 44.1 ± 2.19 years. Thirteen patients had definite, 19 had probable and 9 had possible IgG4-RD. Male predominance, multiple organ involvement and IgG4 responder Index were significantly higher in definite IgG4-RD as compared to probable and possible IgG4-RD. Serum IgG4 level was elevated in	**INT**	**JAN TO JUNE**	**NEUROLOGY, NEPHROLOGY, CLINICAL IMMUNOLOGY AND RHEUMATOLOGY, PEDIATRICS**	**WOS:**000422917100004 **SCOPUS** **H Index:** 62 **Impact Factor:** 1.952

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	37 patients (90.2%). Glucocorticoids were used in 35 patients (85.4%) and second-line immunosuppressive agent in 23 patients (65.7%). Of the 21 patients on follow-up, 19 (90.7%) had clinical improvement at the first follow-up visit. Nine (90%) out of the ten patients who were assessed by IgG4 responder index, also had shown improved score with treatment. Patients with IgG4-RD in our series showed favorable responses to treatment with glucocorticoids and addition of steroid sparing immunosuppressive agents (mainly mycophenolate mofetil) helped successful tapering of steroids, while maintaining the improvement. © 2017, Springer-Verlag Berlin Heidelberg.				
223.	Gupta, P., Choksi, M., Goel, A., Zachariah, U., Sajith, K. G., Ramachandran, J., Chandy, G., Kurian, G., Rebekah, G. and Eapen, C. E. Maintenance zinc therapy after initial penicillamine chelation to treat symptomatic hepatic Wilson's disease in resource constrained setting Indian J Gastroenterol; 2018, 37 (1): 31-38 **Address:** Department of Hepatology, **Christian Medical College, Vellore,**632 004, India. docpiyushgupta@gmail.com. Department of Hepatology, **Christian Medical College, Vellore,**632 004, India. Department of Biostatistics, **Christian Medical College, Vellore,**632 004, India. BACKGROUND: Experience with zinc in treating symptomatic hepatic Wilson's disease (WD) is limited. AIM: To study the efficacy of Penicillamine followed by zinc in treating symptomatic hepatic Wilson's disease. METHODS: We retrospectively analyzed case records of 31 symptomatic hepatic WD patients for whom disease severity scores (Child's, model for end-stage liver disease (MELD), Nazer's, and New Wilson Index (NWI) score) and 24-h urinary copper were compared at 3-time points-baseline at presentation, at transition from penicillamine to zinc and at end of follow up. RESULTS: Thirty-one patients (median age 11 [5-24] years) with symptomatic hepatic WD were studied; ten had associated neuropsychiatric manifestations of WD. Penicillamine was changed to zinc sulfate either due to financial constraints (28 patients) or due to adverse effects of penicillamine (3 patients). At presentation (baseline), six patients belonged to Child's class A, five to Child's B, and 17 to Child's C. Duration of initial penicillamine chelation therapy was 134 (2-320) weeks, and of subsequent zinc therapy	**NAT**	**JAN TO JUNE**	**HEPATOLOGY, BIOSTATISTICS**	**PMID:**29457214 **H Index:** 36 **Impact Factor:** 0.690 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	was 363 (35-728) weeks. There was a significant improvement in liver function tests and disease severity scores (Child's, MELD, Nazer's, and NWI score) at the transition from penicillamine to zinc compared to baseline. This improvement was maintained until the end of study period with 90% survival at 10 (2-20) years. Fifteen of the 17 Child's C cirrhotic patients showed significant improvement in disease severity scores from baseline until end of follow up. CONCLUSIONS: Penicillamine followed by zinc may be a safe and effective treatment in resource-constrained setting for symptomatic hepatic WD patients in all grades of baseline disease severity. Some patients with decompensated cirrhosis due to WD may be managed with medical treatment, avoiding liver transplantation.				
224.	Gupta, P., John, D., Rebekah, G. and John, S. S. Role of hyperhomocysteinemia in proliferative diabetic retinopathy: A case-control study Indian J Ophthalmol; 2018, 66 (10): 1435-1440 **Address:** Department of Ophthalmology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Biostatistics, **Christian Medical College, Vellore,**Tamil Nadu, India. Purpose: Hyperhomocysteinemia has been postulated as a potential risk factor for the development and progression of diabetic retinopathy. The aim of this study was to determine the association of hyperhomocysteinemia with proliferative diabetic retinopathy (PDR). Methods: This was a hospital-based, case-control study, conducted at a tertiary care ophthalmic center in South India. Thirty-nine patients with proliferative diabetic retinopathy were enrolled as cases, and 39 age- and gender-matched patients with no diabetic retinopathy (No DR) were enrolled as controls. Fasting serum homocysteine estimation, as well as baseline investigations, were done in all participants. Data regarding demographic profile and risk factors were documented. Data were analyzed using Chi-square test and independent t-test, as appropriate. Results: The prevalence of hyperhomocysteinemia was higher in PDR (59%) compared to "No DR" (48.7%); however, this difference was not statistically significant (P = 0.36). Similarly, the mean serum homocysteine level in cases was higher than in controls, but this was not statistically significant (17.98 + 6.26 mumol/L vs. 17.71 + 8.17 mumol/L; P = 0.87). Longer duration of diabetes, hypertension, anemia, and renal dysfunction were found to be significantly associated with PDR. Conclusion: The prevalence of	**NAT**	**JUL TO DEC**	**OPHTHALMOLOGY, BIOSTATISTICS**	**PMID:**30249828 **PMC ID:**6173030 **SCOPUS** **H Index:** 41 **Impact Factor:** 0.961

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	hyperhomocysteinemia as well as the mean serum levels of homocysteine were found to be higher in the cases with PDR, compared to the controls with No DR, although the difference was not statistically significant. Longer duration of diabetes, hypertension, anemia, and renal dysfunction were significantly associated with PDR.				
225.	Gupta, Riddhi Thyroid disorders in pregnancy Current Medical Issues; 2018, 16 (2): 48-51 There are significant changes that occur in the thyroid gland and its function during pregnancy, thus making the assessment of thyroid functions in pregnancy substantially important. Normal pregnancy is associated with an increase in renal iodine excretion, an increase in T4 binding proteins, an increase in thyroid hormone production, and thyroid stimulatory effects of human chorionic gonadotropin (hCG), and the treatment targets are different from women who are not pregnant. Both hypothyroidism and hyperthyroidism are associated with significant impact on the fetomaternal unit and pregnancy outcomes. Evidence appears to support an association between overt thyroid dysfunction and an increased risk of infertility, and there is strong evidence to recommend treatment for overt hypothyroidism in pregnancy. The recommended treatment of maternal hypothyroidism is the administration of oral LT4	**NAT**	**JAN TO JUN**	**MEDICINE, ENDOCRINOLOGY**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA
226.	Gupta, V., Rebekah, G., Sudhakar, Y., Santhanam, S., Kumar, M. and Thomas, N. A randomized controlled trial comparing the effect of fortification of human milk with an infant formula powder versus unfortified human milk on the growth of preterm very low birth weight infants J Matern Fetal Neonatal Med; 2018 Nov 28:1-171. Address: a Christian Medical College and Hospital Vellore , Vellore , India. OBJECTIVE: To optimize growth in very low birth weight (VLBW) infants, human milk fortification is standard of care in neonatal units of high income countries. However, commercial fortifiers may not be available or it may be too expensive in resource limited settings. As an alternative to using human milk fortifiers, we studied the effects of milk fortification with an infant formula on growth and biochemical parameters of very low birth weight (VLBW) infants	**INT**	**JUL TO DEC**	**PERINATOLOGY**	**PMID:30486700** **H Index:** 65 **Impact Factor:** 1.493

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Methods: We undertook a prospective, randomized controlled trial in the neonatal unit of a tertiary care hospital in south India. Preterm infants weighing < 1500 grams and < 34 weeks of gestation were randomized after stratification according to birth weight into two groups (< 1250 g and 1250 to < 1500 g). One group received fortified human milk while the other received exclusive human milk. Fortification was done with a commercially available infant milk powder added to expressed breast milk (when the infant reached 150 ml/kg/day of feeds) and continued till the infant reached 1800 g. Primary outcome was rate of weight gain/kg/day. Secondary outcome measures were linear growth, head circumference increase, biochemical parameters to assess the adequacy or excess of protein supplementation and comorbidities like feed intolerance, sepsis and necrotizing enterocolitis (NEC). RESULTS: Total of 163 babies were randomized during the study period, of whom 148 babies (73 in the standard arm and 75 in the fortification arm) completed the trial. Baseline demographic data among the two groups were comparable. Weight gain/kg/day (mean difference (MD) 1.98 g/kg/day; 95% CI 1.03 to 2.92; p < 0.001) and linear growth (MD 0.09cm/week; 95% CI 0.02 to 0.2; p = 0.02) was significantly higher in the fortification arm as compared to the control arm. The head growth (head circumference gain in cm/week) was higher and length of hospital stay lesser in the fortification arm, though not statistically significant. Biochemical parameters, rates of sepsis, feed intolerance and necrotizing enterocolitis (NEC) were not different between the two groups. CONCLUSION: Fortification with Infant milk powder achieves better growth parameters than unfortified human milk and can be a useful alternative for feeding preterm VLBW infants in low resource settingsClinical Trial Registration: Clinical trial registry of India. No. CTRI/2013/11/004149 registered (19/11/2013).				
227.	Hanas, J. S., Hocker, J. R., Ramajayam, G., Prabhakaran, V., Rajshekhar, V., Oommen, A., Manoj, J. J., Anderson, M. P., Drevets, D. A. and Carabin, H. Distinguishing neurocysticercosis epilepsy from epilepsy of unknown etiology using a minimal serum mass profiling platform Exp Parasitol; 2018, 192 98-107 **Address:** Dept. of Biochemistry, University of Oklahoma Health Sciences Center (HSC), Oklahoma City, 73104, USA. Dept. of Neurological Sciences, **Christian Medical College, Vellore,**632004, India.	**INT**	**JAN TO JUNE**	**NEUROLOGICAL SCIENCES**	**PMID:**30096291 **PMC ID:**6171118 **WOS:**000444788600015 **SCOPUS** **H Index:** 66 **Impact Factor:** 1.821

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Dept. of Biostatistics and Epidemiology, University of Oklahoma HSC, Oklahoma City, 73104, USA. Dept. of Internal Medicine, University of Oklahoma HSC, And the VA Medical Center, Oklahoma City, 73104, USA. Dept. of Biostatistics and Epidemiology, University of Oklahoma HSC, Oklahoma City, 73104, USA. Electronic **Address:** helene-carabin@ouhsc.edu. Neurocysticercosis is associated with epilepsy in pig-raising communities with poor sanitation. Current internationally recognized diagnostic guidelines for neurocysticercosis rely on brain imaging, a technology that is frequently not available or not accessible in areas endemic for neurocysticercosis. Minimally invasive and low-cost aids for diagnosing neurocysticercosis epilepsy could improve treatment of neurocysticercosis. The goal of this study was to test the extent to which patients with neurocysticercosis epilepsy, epilepsy of unknown etiology, idiopathic headaches and among different types of neurocysticercosis lesions could be distinguished from each other based on serum mass profiling. For this, we collected sera from patients with neurocysticercosis-associated epilepsy, epilepsy of unknown etiology, recovered neurocysticercosis, and idiopathic headaches then performed binary group comparisons among them using electrospray ionization mass spectrometry. A leave one [serum sample] out cross validation procedure was employed to analyze spectral data. Sera from neurocysticercosis patients was distinguished from epilepsy of unknown etiology patients with a p-value of 10(-28). This distinction was lost when samples were randomized to either group (p-value=0.22). Similarly, binary comparisons of patients with neurocysticercosis who has different types of lesions showed that different forms of this disease were also distinguishable from one another. These results suggest neurocysticercosis epilepsy can be distinguished from epilepsy of unknown etiology based on biomolecular differences in sera detected by mass profiling.				
228.	Harikrishnan, S., Sarma, S., Sanjay, G., Jeemon, P., Krishnan, M. N., Venugopal, K., Mohanan, P. P., Jeyaseelan, L., Thankappan, K. R. and Zachariah, G. Prevalence of metabolic syndrome and its risk factors in Kerala, South India: Analysis of a community based cross-sectional study PLoS One; 2018, 13 (3): e0192372 **Address:** Department of Cardiology, Sree Chitra Tirunal Institute for	**INT**	**JAN TO JUNE**	**BIOSTATISTICS**	**PMID:**29584725 **PMC ID:**5870937 **WOS:**000428373000002 **SCOPUS** **H Index:** 241 **Impact Factor:** 2.766

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Medical Sciences and Technology, Thiruvananthapuram, Kerala, India. Department of Preventive Medicine, Feinberg School of Medicine, Northwestern University, Chicago, Illinois, United States of America. Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram, Kerala, India. Department of Cardiology, Government Medical College, Kozhikode, Kerala, India. Department of Cardiology, Pushpagiri Hospital, Tiruvalla, Kottayam, Kerala, India. Department of Cardiology, Westfort High-tech Hospital, Thrissur, Kerala, India. Department of Biostatistics, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Cardiology, Mother Hospital, Thrissur, Kerala, India. BACKGROUND: Coronary Artery Disease (CAD) is a leading cause of death and disability in Kerala, India. Metabolic syndrome (MS) is a constellation of established risk factors for CAD. We aimed to estimate the prevalence of MS and evaluate the association between MS and CAD using a community-based sample population. METHODS: A cross-sectional community based survey was conducted in urban and rural areas of Kerala in 2011. We included 5063 individuals for analysis. Age standardized prevalence of MS, associated diagnoses (hypertension, diabetes and hypercholesterolemia) and other potential risk factors were assessed for men and women in both urban and rural locations. Univariate and multivariate logistic regression models were developed to identify participant characteristics that are associated with MS. RESULTS: After standardization for age and adjustment for sex and urban-rural distribution, the prevalence of metabolic syndrome in Kerala was 24%, 29% and 33% for the NCEP ATP III, IDF and AHA/NHLBI Harmonization definitions, respectively. The mean (SD) age of the participants was 51 (14) years, and 60% were women. Women had a higher prevalence of MS than men (28% versus 20% for ATP III, $p<0.001$). Similarly, participants living in urban areas had higher prevalence of MS than their rural counterparts (26% versus 22%, $p<0.001$). Elevated body mass index, older age, and female sex were associated with MS in an adjusted multivariate model. The propensity for definite CAD was 1.7 times higher in individuals with MS defined based on ATP III				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	criteria compared to those without MS (Adjusted OR = 1.69; 95% CI: 1.3-2.2, p<0.001). CONCLUSIONS: One of four to one of three adult individuals in Kerala have MS based on different criteria. Higher propensity for CAD in individuals with MS in Kerala calls for urgent steps to prevent and control the burden of metabolic conditions.				
229.	Haxaire, C., Hakobyan, N., Pannellini, T., Carballo, C., Mcilwain, D., Mak, T. W., Rodeo, S., Acharya, S., Li, D., Szymonifka, J., Song, X., Monette, S., Srivastava, A., Salmon, J. E. and Blobel, C. P. Blood-induced bone loss in murine hemophilic arthropathy is prevented by blocking the iRhom2/ADAM17/TNF-alpha pathway Blood; 2018, 132 (10): 1064-1074 **Address:** Arthritis and Tissue Degeneration Program and. Autoimmunity and Inflammation Program, Hospital for Special Surgery, New York, NY. Pediatric Hematology/Oncology, Rush University Medical Center, Chicago, IL. Department of Pathology and. Orthopedic Soft Tissue Research Program, Hospital for Special Surgery, New York, NY. Baxter Laboratory in Stem Cell Biology, Department of Microbiology and Immunology, Stanford University, Stanford, CA. Campbell Family Institute for Breast Cancer Research, Princess Margaret Cancer Center, University Health Network, Toronto, ON, Canada. Pediatric Hematology/Oncology, Northwell Health, New Hyde Park, NY. Laboratory of Comparative Pathology, Memorial Sloan Kettering Cancer Center, The Rockefeller University, Weill Cornell Medicine, New York, NY. Department of Hematology, **Christian Medical College, Vellore,**India. Department of Medicine and. Department of Biophysics, Physiology, and Systems Biology, Weill Cornell Medicine, New York, NY; and. Institute for Advanced Studies, Technical University Munich, Garching, Germany. Hemophilic arthropathy (HA) is a debilitating degenerative joint disease that is a major manifestation of the bleeding disorder hemophilia A. HA typically begins with hemophilic synovitis that resembles inflammatory arthritides, such as rheumatoid arthritis,	**INT**	**JUL TO DEC**	**HEMATOLOGY**	**PMID:**29776906 **PMC ID:**6128089 **WOS:**000443840200013 **SCOPUS** **H Index:** 410 **Impact Factor:** 15.132

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	and frequently results in bone loss in patients. A major cause of rheumatoid arthritis is inappropriate release of the proinflammatory cytokine tumor necrosis factor-alpha (TNF-alpha) by the TNF-alpha convertase (TACE; also referred to as ADAM17) and its regulator, iRhom2. Therefore, we hypothesized that iRhom2/ADAM17-dependent shedding of TNF-alpha also has a pivotal role in mediating HA. Here, we show that addition of blood or its components to macrophages activates iRhom2/ADAM17-dependent TNF-alpha shedding, providing the premise to study the activation of this pathway by blood in the joint in vivo. For this, we turned to hemophilic FVIII-deficient mice (F8(-/-) mice), which develop a hemarthrosis following needle puncture injury with synovial inflammation and significant osteopenia adjacent to the affected joint. We found that needle puncture-induced bleeding leads to increased TNF-alpha levels in the affected joint of F8(-/-) mice. Moreover, inactivation of TNF-alpha or iRhom2 in F8(-/-) mice reduced the osteopenia and synovial inflammation that develops in this mouse model for HA. Taken together, our results suggest that blood entering the joint activates the iRhom2/ADAM17/TNF-alpha pathway, thereby contributing to osteopenia and synovitis in mice. Therefore, this proinflammatory signaling pathway could emerge as an attractive new target to prevent osteoporosis and joint damage in HA patients.				
230.	Haxaire, Coline, Hakobyan, Narine, Panellini, Tania, Carballo, Camila, Mcilwain, David, Mak, Tak W., Acharya, Suchitra, Li, Dan, Szymonifka, Jackie, Rodeo, Scott, Song, Xiangqian, Monette, Sebastien, Srivastava, Alok, Salmon, Jane and Blobel, Carl Blood-Induced Bone Loss In A Mouse Model Of Hemophilic Arthropathy Is Prevented By Blocking The iRhom2/ADAM17/TNF alpha Pathway Journal of Bone and Mineral Research; 2018, 33 369-369	**INT**	**JAN TO JUN**	**ORTHOPEDICS, METABOLISM**	**PMID:WOS:000450475401706** **H Index:** 217 **Impact Factor:** 6.314
231.	Hazra, D., Sen, I., Selvaraj, D., Premkumar, P. and Agarwal, S. Arterial thoracic outlet syndrome in Klippel–Feil syndrome Anz Journal of Surgery; 2018, 88 (5): E466-E468	**INT**	**JUL TO DEC**	**VASCULAR SURGERY**	**WOS:**000435517800024 **SCOPUS** **H Index:** 66 **Impact Factor:** 1.586
232.	Herle, K., Jehangir, S. and Thomas, R. J. Stricture Urethra in Children: An Indian Perspective J Indian Assoc Pediatr Surg; 2018, 23 (4): 192-197 **Address:** Department of Pediatric Surgery and Paediatric Urology, **Christian Medical College Hospital, Vellore,** Tamil Nadu, India.	**NAT**	**JAN TO JUNE**	**PEDIATRIC SURGERY AND PAEDIATRIC UROLOGY**	**PMID:**30443113 **PMC ID:**6182950 **SCOPUS** **H Index:** 12 **Impact Factor:** 0.600 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Background: Pediatric urethral stricture and its treatment have functional implications in the growing child. Subjects and Methods: A retrospective study of records on urethral strictures encountered in our institution between January 2005 and May 2016 yielded 23 boys against a backdrop of 19,250 admissions during the same period; stenosis and strictures after hypospadias repair were not included in this study. Demographic data were collected from the charts, and the success of repair was assessed clinically by success of repair was assessed clinically by observing for presence or absence of symptoms such as dribbling, straining at voiding, adequacy of urinary stream and radiologicaly by assessing the micturition phase of voiding cystourethrogram. Success was defined as successful initiation, flow, and completion of voiding with radiological evidence of reestablishment of urethral continuity. Results: The most common cause of urethral stricture was perineal or pelvic trauma (56.5%). Three after surgery for anorectal malformation (13.04%) and 2 (8.6%) followed otherwise unspecified urethritis. Transperineal and transpubic anastomotic routes were used for surgery. Redo surgery was required in 47.8%. The overall success rate was 82%. A self-catheterizable mitrofanoff channel was created as part of the primary procedure in 63.6% (7/11) or after the failure of the first procedure in 36.3% (4/11). Conclusion: The majority of urethral strictures are long-segment strictures or those with complete disruption not amenable to endoscopic techniques. The aim of the surgery is to obtain end-to-end opposition of healthy proximal and distal urethra. The route - transperineal or transpubic - which will give the best access to the ends of the urethra is determined by the location and extent of the stricture and the alteration in anatomy as a consequence of the pelvic fracture. Even after the introduction of laser and endoscopic techniques, surgical repair is required to tackle the majority of urethral strictures in children.				
233.	Inja, R. R., Paul, R. R., Varghese, L., Santosh, S., Sebastian, T. and Mathews, S. S. Voice Change Following Adenotonsillectomy in Pediatric Population: Myth or Reality?—A Pilot Study Indian Journal of Otolaryngology and Head and Neck Surgery; 2018, 1-6 **Address:** Department of ENT, **Christian Medical College, Vellore,**Tamil Nadu, India Modifications in the structure of pharynx following	**NAT**	**JAN TO JUNE**	**ENT**	**SCOPUS** **H Index:** 15 **Impact Factor:** 0.390

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	adenotonsillectomy are presumed to cause changes in the voice characteristics of patients. Data on effect of tonsillectomy/adenotonsillectomy on changes in voice among Indian children are sparse. This study was thus conducted to study the effect of adenotonsillectomy/tonsillectomy on childrens' voice. It was a prospective observational study of children aged 4–15 years undergoing tonsillectomy with or without adenoidectomy. Measures of voice were noted preoperatively, 1 and 3 months post-operatively. Subjective evaluation was done using Paediatric Voice Outcome Survey (PVOS) questionnaire administered to participants' parents. Objective evaluation was done by recording and analyzing using PRAAT voice analysis software which is an open-software tool. Statistical analysis was done using the statistical software SPSS 17.0 version. There were 31 children between 4 and 14 years of age 65% being male. Adenotonsillectomy was done in 83.5%. There was statistically significant difference in the subjective scores (PVOS) pre-operatively and 3 month postoperative score (p value = 0.001). However, there was no statistically significant difference between any other pre op and post op parameters. Though the only significant post tonsillectomy voice changes noted was subjective by parents 3 months later, it does raise concern whether this could be a reality and not a myth. Further studies with larger number of patients, including involving the subjective evaluation (PVOS) by another person in addition to patients' parent need to be undertaken to address this issue. © 2018 Association of Otolaryngologists of India				
234.	Irugu, D. V. K., Singh, A., Ch, S., Panuganti, A., Acharya, A., Varma, H., Thota, R., Falcioni, M. and Reddy, S. Comparison between early and delayed facial nerve decompression in traumatic facial nerve paralysis - A retrospective study CoDAS; 2018, 30 (1): e20170063 **Address:** Department of Otorhinolaryngology and Head & Neck Surgery, All India Institute of Medical Sciences, New Delhi, India. Department of Surgery, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Otorhinolaryngology and Head & Neck Surgery, Osmania Medical College, Hyderabad, India. Department of Otorhinolaryngology and Head & Neck Surgery, Governament Medical College, Nizamabad, India. Department of Otorhinolaryngology and Head & Neck Surgery,	**INT**	**JAN TO JUNE**	**SURGERY**	**PMID:**29451668 **SCOPUS** **H Index:** 17 **Impact Factor:** 0.430 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	University Hospital, Parma, Italy. Purpose To study the intraoperative findings in case of early and delayed decompression of facial nerve paralysis and compare their results. Methods Retrospective data analysis of 23 cases of longitudinal temporal bone fracture with House-Brackmann grade V and VI facial nerve paralysis. All cases were thoroughly evaluated and underwent facial nerve decompression through the transmastoid approach. All cases were under regular follow-up till the date of manuscript submission. Results Clinical improvement of the facial nerve function was observed for early vs. delayed facial nerve decompression. In the early decompression group, facial nerve function improved to grade II in eight cases (80%) and grade III in two cases (20%), whereas in the delayed decompression group it improved to grade II in one case (7.70%), grade III in four cases (30.76%), grade IV in seven cases (53.84%), and grade V in one case (7.70%). Conclusions Early decompression of facial nerve provides better results than delayed decompression because it enables early expansion of the nerve.				
235.	Iyyadurai, Ramya, Satyendra, Sowmya and Chandran, Sudhakar Delayed diaphragmatic rupture an unusual differential diagnosis for a pleural effusion Current Medical Issues; 2018, 16 (1): 10-12 Delayed diaphragmatic rupture is usually seen after blunt trauma. The diagnosis is often missed since the symptoms are often nonspecific.The radiograph findings are also nonspecific, and high index of suspicion is necessary for diagnosis. We report a patient who presented to us 7 years after blunt trauma with delayed diaphragmatic rupture and was successfully diagnosed and treated surgically.	**NAT**	**JAN TO JUN**	**MEDICINE, SURGERY**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA
236.	Iyyadurai, Ramya, Teja, Harsha and Satyendra, Sowmya Hereditary angioedema in mother and son: Challenges in diagnosis for the primary physician Current Medical Issues; 2018, 16 (1): 13-15 Hereditary angioedema is a rare life-threatening disease. Undiagnosed angioedema is associated with high mortality. Diagnosis is often delayed due to lack of clinical suspicion. We report two cases of patients (mother and son) with angioedema who had been wrongly diagnosed as nephrotic syndrome and	**NAT**	**JAN TO JUN**	**MEDICINE**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	hypothyroidism. These case reports highlight the need for a high index of suspicion to diagnose a potentially life-threatening disease which can lead to timely treatment, preventing morbidity and mortality.				
237.	Jacob John, T. World immunization week 2018: What lessons for India? Indian Journal of Medical Research; 2018, 147 (April): 330-333	**NAT**	**JAN TO JUNE**	**CLINICAL MICROBIOLOGY**	**PMID:29998866** **PMC ID:6057261** **WOS:000439219400002** **SCOPUS** **H Index:** 72 **Impact Factor:** 1.508
238.	Jacob, J. A. and Kuruvilla, A. Quality of Life and Explanatory Models of Illness in Patients with Schizophrenia Indian J Psychol Med; 2018, 40 (4): 328-334 **Address:** Department of Psychiatry, **Christian Medical College, Vellore,**Tamil Nadu, India. Background: Patients with schizophrenia hold a variety of explanatory models of illness that influence different aspects of their life including their understanding of the disease, ability to cope and sense of well-being. Aim: To study the association of explanatory models and quality of life in patients with schizophrenia. Materials and Methods: One hundred and thirty consecutive patients with schizophrenia attending a psychiatric outpatient clinic were recruited in the study and administered the Positive and Negative Symptom Scale (PANSS), the modified Short Explanatory Model Interview (SEMI) and the World Health Organization Quality of Life-BREF (WHOQOL-BREF) Scale to assess severity of psychosis, explanatory models of illness, and quality of life. Sociodemographic and clinical details of patients were also recorded. Standard bivariate and multivariable statistics were employed. Results: Higher quality of life scores were associated with better socioeconomic conditions and lower scores on negative and general psychopathology subscales of PANSS. Quality-of-life scores were significantly higher in patients who did not perceive their illness to have negative effects on the different domains of their functioning. Conclusion: Explanatory models of illness are associated with perceived quality of life in patients with schizophrenia. There is a need to focus on attitudes, perceptions and functioning, rather than symptom reduction alone, to enhance the quality of life in schizophrenia.	**NAT**	**JAN TO JUNE**	**PSYCHIATRY**	**PMID:**30093743 **PMC ID:**6065140 **SCOPUS H Index:** 13 **Impact Factor:** 0.740 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
239.	Jacob, J. R., Paul, A. and Alex, A. G. Devil is in the detail BMJ Case Rep; 2018, 2018 **Address:** Department of cardiac electrophysiology, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. A 15-year-old girl of Asian origin, hailing from a rural agrarian background, presented with history of multiple episodes of dizziness for 3 years. The episodes were precipitated mostly by emotional and/or physical stress and relieved on lying down, with a few episodes culminating in transient loss of consciousness. As preliminary cardiac and neurological evaluation were normal, she was being treated by the primary physician as a case of probable psychogenic syncope, supported by the consistent association of the episodes with emotional stress. A detailed review of family history revealed that the premature demise of the patient's siblings which were attributed to snakebite and head trauma by the family could have been in reality sudden cardiac deaths. Treadmill test revealed exercise-induced polymorphic ventricular tachycardia confirmatory for the diagnosis of catecholaminergic polymorphic ventricular tachycardia. She was initiated on beta-blocker therapy to which she showed remarkable response.	**INT**	**JAN TO JUNE**	**CARDIAC ELECTROPHYSIOLOGY**	**PMID:**29666096 **SCOPUS** **H Index:** 17 **Impact Factor:** 0.220 (RG)
240.	Jacob, Manna and Mishra, Ajay Not just skin deep Current Medical Issues; 2018, 16 (1): 20-21	**NAT**	**JAN TO JUN**	**MEDICINE**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA
241.	Jadhav, S. T., Lee, P. and D'souza C, V. Effectiveness of prehemodialysis preparatory program on improving coping among chronic kidney disease patients Saudi J Kidney Dis Transpl; 2018 Nov-Dec;29(6):1342-1349. Address: M. S. Ramaiah Institute of Nursing Education and Research, Bengaluru, Karnataka, India. Department of Surgical Nursing, College of Nursing, **Christian Medical College, Vellore**, Tamil Nadu, India. Diagnosis of chronic kidney disease (CKD) and initiation of dialysis treatment is reported to be stressful for patients. It is essential that patients use effective coping strategies to deal with these stressors, since ineffective coping could have several adverse effects on various treatment-related as well as personal aspects of life, thereby lowering the quality of life in these patients. The study used a quasi-experimental design. The study population comprised 100 adult patients with Stage 3 and Stage 4 CKD whose glomerular	**INT**	**JUL TO DEC**	**NEPHROLOGY, TRANSPLANTATION**	**PMID:30588965** **H Index:** 22 **Impact Factor:** 0.740 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	filtration rate was deteriorating and required to undergo hemodialysis (HD) treatment. Carver's Brief Cope Scale was used to assess coping strategies used. The study was carried out in a tertiary care hospital in Bengaluru, India. Patients in the intervention group received pre-HD preparatory program and those in the control group received standard care. Postassessment for coping strategies used was carried out two weeks after the delivery of intervention. Highly significant statistical differences were observed in the use of certain adaptive coping strategies among the experimental group as compared to the control group after implementation of pre-HD preparatory program. These adaptive coping strategies included self-distraction (P = 0.011), active coping (P = 0.000), planning (P = 0.026), acceptance (P = 0.001), and religion (P = 0.005). The intervention was not found to be significant in reducing use of maladaptive coping strategies (P = 0.095). In India, 61%-66% of patients who present to nephrologists are already in end-stage renal disease. These patients hardly receive any organized education that would prepare them to understand their disease and enable them to manage it to the best of their abilities. An ongoing patient education and counseling program led by trained nurse educator will help patients cope effectively with the diagnosis of CKD and its treatment.				
242.	Jagannath, S., Sachithanandham, J., Ramalingam, V. V., Demosthenes, J. P., Abraham, A. M., Zachariah, A., Varghese, G. M. and Kannangai, R. BK virus characterisation among HIV-1-Infected individuals and its association with immunosuppression Indian J Med Microbiol; 2018, 36 (2): 172-177 **Address:** Department of Clinical Virology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Medicine and Infectious Diseases, **Christian Medical College, Vellore,**Tamil Nadu, India. Purpose: BK virus (BKV) is an opportunistic pathogen which causes significant morbidity and mortality in individuals who are immunodeficient. We aimed to quantitate and characterise BKV and to correlate with the degree of immunosuppression among human immunodeficiency virus (HIV)-1-infected individuals. Methods: BKV DNA detection was carried out using an in-house quantitative real-time polymerase chain reaction on paired whole-blood and urine samples collected from 187 antiretroviral therapy (ART)-naive HIV-1-infected individuals and 93 healthy individuals who served as	**NAT**	**JAN TO JUNE**	**CLINICAL VIROLOGY, INFECTIOUS DISEASES**	**PMID:**30084406 **WOS:**000441827600004 **SCOPUS** **H Index:** 40 **Impact Factor:** 1.157

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	controls. Sequencing was performed for a proportion of high BK viral load (VL) samples to observe non-coding control region (NCCR) rearrangements. Results: BKV positivity in urine was 25.6% among HIV-infected individuals and 10.7% in control individuals (P = 0.03). The BK VL showed a significant negative correlation with CD4+ T-cell counts, a positive correlation with WHO clinical staging and no significant correlation with HIV-1 VL. Of 42 BKVs from urine samples sequenced, two showed rearrangements without clinically severe disease or high VL. Their NCCR and VP1 sequence-based genotyping revealed genotype I. In a small subset of individuals (n = 8) on ART who were being followed up, six individuals showed either decrease or complete clearance of virus with ART. Conclusion: There was a higher frequency of BK viruria in HIV-1-infected individuals than among healthy controls and the positivity correlated with the degree of immunosuppression. There was no association of high VL with NCCR rearrangements in urine.				
243.	Jain, A., Kumar, D., Guleria, A., Misra, D. P., Zanwar, A., Chaurasia, S., Kumar, S., Kumar, U., Mishra, S. K., Goel, R., Danda, D. and Misra, R. NMR-Based Serum Metabolomics of Patients with Takayasu Arteritis: Relationship with Disease Activity Journal of proteome research; 2018, 17 (9): 3317-3324 **Address:** Department of Clinical Immunology , SGPGIMS , Lucknow , Uttar Pradesh 226014 , India. Centre of Biomedical Research , Lucknow , Uttar Pradesh 226014 , India. **Christian Medical College , Vellore ,** Tamil Nadu 632004 , India. Takayasu arteritis (TA) is a large vessel vasculitis of unknown pathogenesis. Assessment of disease activity is a challenge, and there is an unmet need for relevant biomarker(s). In our previous study, NMR based serum metabolomics had revealed distinctive metabolic signatures in TA patients compared with age/sex matched healthy controls and systemic lupus erythematosus (SLE). In this study we investigate whether the metabolites correlate with disease activity. Patients with TA fulfilling American College of Rheumatology (ACR) criteria were enrolled, and disease activity was assessed using Indian Takayasu Clinical Activity Score using acute phase reactant-erythrocyte sedimentation rate [ITAS-A (ESR)]. Sera were analyzed using 800 MHz NMR spectrometer to identify metabolites [based on partial least squares discriminant analysis (PLS-DA) VIP (variable importance in projection) score >	**INT**	**JAN TO JUNE**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY**	**PMID:**30095916 **WOS:**000444364700033 **SCOPUS** **H Index:** 140 **Impact Factor:** 3.950

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	1.0 and permutation test, p-value <0.01]. 45 active and 53 inactive TA patients with median age 27 [(IQR) 22-35 years] and 27 [(IQR) 23-37 years], female to male ratio 3.5:1 and 4.9:1, and median duration of illness 5 [(IQR) 2-9 years] and 3 [(IQR) 1-6 years], respectively, were enrolled. The key metabolites with highest discriminatory potential in active TA (ITAS-A >/= 4) were glutamate and N-acetyl glycoprotein (NAG), both elevated, with area under the curve 0.775 and 0.769 (p-value <0.001). On follow up assessment, metabolic spectra started to differ with change in disease activity. This large cohort of patients revealed metabolic profiles discriminating between clinically active and inactive TA patients. It suggests glutamate and NAG have strong potential as biomarkers for disease activity in TA and may serve as a guide to therapy. We are now working to further validate these results in longitudinal studies.				
244.	Jain, P., Korula, A., Deshpande, P., Pn, N., Abu Alex, A., Abraham, A., Srivastava, A., Janet, N. B., Lakshmi, K. M., Balasubramanian, P., George, B. and Mathews, V. Adult Acute Lymphoblastic Leukemia: Limitations of Intensification of Therapy in a Developing Country J Glob Oncol; 2018, (4): 1-12 **Address:** All authors: **Christian Medical College, Vellore,**India. Purpose Limited data exist on intensifying chemotherapy regimens in the treatment of adult acute lymphoblastic leukemia (ALL) outside the setting of a clinical trial. Materials and Methods Retrospectively, data from 507 consecutive adults (age >/= 15 years) with a diagnosis of ALL treated at our center were analyzed. Standard-risk (SR) patients were offered treatment with a modified German Multicenter ALL (GMALL) regimen, whereas high-risk (HR) patients were offered intensification of therapy with hyperfractionated cyclophosphamide, vincristine, doxorubicin, and dexamethasone (HCVAD). Because of resource constraints, a proportion of HR patients opted to receive the same treatment regimen as used for SR patients. Results There were 344 SR patients (67.8%) and 163 HR patients (32.2%) at diagnosis. Among the HR patients, 53 (32.5%) opted to receive intensification with the HCVAD regimen. The SR cohort showed a superior 5-year event-free survival rate compared with the HR cohort (47.3% v 23.6%, respectively; P < .001). Within the HR subgroup, there was no statistically significant difference in overall survival or event-free survival between patients who received the modified GMALL	**INT**	**JAN TO JUNE**	**CLINICAL HAEMATOLOGY**	**PMID:**30222028 **H Index:** NA **Impact Factor:** 24.008

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	regimen (n = 59) and patients who received HCVAD (n = 53). Conclusion Intensified therapy in the HR subset was associated with a significant increase in early treatment-related mortality and cost of treatment. A modified GMALL regimen was found to be cost-effective with clinical outcomes comparable to those achieved with more intensive regimens.				
245.	Jain, P., Sudhanthirakodi, S., Chowdhury, G., Joshi, S., Anandan, S., Ray, U., Mukhopadhyay, A. and Dutta, S. Antimicrobial resistance, plasmid, virulence, multilocus sequence typing and pulsed-field gel electrophoresis profiles of Salmonella enterica serovar Typhimurium clinical and environmental isolates from India PLoS One; 2018 Dec 12;13(12):e0207954 Address: Division of Bacteriology, Indian Council of Medical Research-National Institute of Cholera and Enteric Diseases, Kolkata, West Bengal, India. Department of Microbiology, All India Institute of Hygiene and Public Health, Kolkata, West Bengal, India. Hospital Infection Control, Manipal Hospital, Bangalore, Karnataka, India. Department of Clinical Microbiology, **Christian Medical College, Vellore**, Tamil Nadu, India. Department of Microbiology, Apollo Gleneagles Hospitals, Kolkata, West Bengal, India. Salmonella enterica serovar Typhimurium (S. Typhimurium) is a common serovar associated with non-typhoidal salmonellosis globally. However, there is insufficient data on molecular characterization of S. Typhimurium isolates from India. This study was undertaken to determine the antimicrobial resistance (AMR), plasmid, virulence profiles and molecular subtypes of S. Typhimurium Indian isolates (n = 70) of clinical and environmental origin isolated during 2010-2017. Antimicrobial susceptibility and minimum inhibitory concentrations were determined by disc diffusion and E-test methods respectively. Plasmid extraction was done following standard protocol. AMR genes, virulence genes and plasmid incompatibility types were detected by PCR; Pulsed-field gel electrophoresis (PFGE) and multi-locus sequence typing (MLST) were used for molecular subtyping. Majority (57%) of the study isolates was pan susceptible; five AMR profiles were observed among the resistant (43%) isolates. AMR was significantly (p = 0.004) associated with extra-intestinal isolates than intestinal isolates.The class 1 integron and plasmid-mediated quinolone resistance genes (qnrB1, qnrS1) in the resistant isolates were transferable by conjugation. Plasmids (>/=1) ranging from 1.9 to	**INT**	**JUL TO DEC**	**MEDICINE**	**PMID:30540810** **PMC ID:6291080** **H Index:** 241 **Impact Factor:** 2.766

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	254kb size and of IncFIIS and/or FIB type were found in most isolates. A total of 39 pulsotypes by PFGE and four sequence types by MLST like ST36 (55.7%), ST19 (32.9%), ST313 (10%) and ST213 (1.4%) were observed. ST36 and ST19 were found circulating in both clinical and environmental host, while ST313 isolates had an exclusive clinical origin. All ST19 isolates (100%) were drug-resistant, while isolates belonging to ST313 (100%), ST213 (100%) and ST36 (82%) were pan susceptible. The virulence plasmid (VP) genes (spvB- spvC) were present in all genotypes except ST36. The VP was significantly ($p<0.001$) associated with extra-intestinal than intestinal isolates. Some environmental and clinical isolates were clonal indicating their zoonotic transmission. Knowledge on the molecular subtypes and AMR profiles of locally prevalent Salmonella serotypes is important for effective control of spread of resistant organisms. The MLST of S. Typhimurium isolates and its association with AMR, virulence profiles was not reported earlier from India.				
246.	James, J. P. and Thampi, S. M. Time spent by patients in a pre-anaesthetic clinic and the factors affecting it: An audit from a tertiary care teaching hospital Indian J Anaesth; 2018, 62 (1): 16-22 **Address:** Department of Anaesthesiology, **Christian Medical College, Vellore,**Tamil Nadu, India. Background and Aims: Patient satisfaction from a pre-anaesthetic clinic (PAC) visit is greatly influenced by time spent there. We aimed to determine time spent in a PAC without an appointment system and the factors affecting the same. Methods: Four hundred and eight patients coming to PAC were tracked using a time-motion study model. Time spent in waiting and consultation was recorded. Independent variables potentially affecting time spent were documented. Patients were grouped based on independent variables, and the groups were compared for significant differences using appropriate statistical tests. Workload pending on physicians was calculated on an hourly basis by counting number of patients waiting and number of physicians in PAC. Results: Non-parametric statistical tests were used for analysis because the data were not normally distributed. The median and inter-quartile range for waiting time, consultation time and total time were 60 (30-90) minutes, 17 (12-26) minutes and 79 (53-111) minutes, respectively. There was considerable variation in all three. Waiting time was significantly lower in patients posted for same-day surgery	**NAT**	**JAN TO JUNE**	**ANAESTHESIOLOGY**	**PMID:**29416146 **PMC ID:**5787885 **SCOPUS** **H Index:** 19 **Impact Factor:** 0.400 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	or those arriving on a stretcher or wheelchair. Consultation time was correlated with American Society of Anesthesiologists physical status and grade of surgery. Most patients arrived in the morning rather than at equal intervals. Waiting time and workload were therefore maximum in the midmorning and dropped rapidly in the afternoon. Conclusion: Large variability in waiting time is linked to lack of an appointment system, and to patients being seen out of turn.				
247.	James, Spencer L. G., Abate, Degu, Abate, Kalkidan Hessen, Abay, Solomon M., Abbafati, Cristiana, Abbasi, Nooshin, Abbastabar, Hedayat, Abd-Allah, Foad, Abdela, Jemal, Abdelalim, Ahmed, Abdollahpour, Ibrahim, Abdulkader, Rizwan Suliankatchi, Abebe, Zegeye, Abera, Semaw F., Abil, Olifan Zewdie, Abraha, Haftom Niguse, Abu-Raddad, Laith Jamal, Abu-Rmeileh, Niveen M. E., Accrombessi, Manfred Mario Kokou, Acharya, Dilaram, Acharya, Pawan, Ackerman, Ilana N., Adamu, Abdu A., Adebayo, Oladimeji M., Adekanmbi, Victor, Adetokunboh, Olatunji O., Adib, Mina G., Adsuar, Jose C., Afanvi, Kossivi Agbelenko, Afarideh, Mohsen, Afshin, Ashkan, Agarwal, Gina, Agesa, Kareha M., Aggarwal, Rakesh, Aghayan, Sargis Aghasi, Agrawal, Sutapa, Ahmadi, Alireza, Ahmadi, Mehdi, Ahmadieh, Hamid, Ahmed, Muktar Beshir, Aichour, Amani Nidhal, Aichour, Ibtihel, Aichour, Miloud Taki Eddine, Akinyemiju, Tomi, Akseer, Nadia, Al-Aly, Ziyad, Al-Eyadhy, Ayman, Al-Mekhlafi, Hesham M., Al-Raddadi, Rajaa M., Alahdab, Fares, Alam, Khurshid, Alam, Tahiya, Alashi, Alaa, Alavian, Seyed Moayed, Alene, Kefyalew Addis, Alijanzadeh, Mehran, Alizadeh-Navaei, Reza, Aljunid, Syed Mohamed, Alkerwi, Ala'a, Alla, Francois, Allebeck, Peter, Alouani, Mohamed M. L., Altirkawi, Khalid, Alvis-Guzman, Nelson, Amare, Azmeraw T., Aminde, Leopold N., Ammar, Walid, Amoako, Yaw Ampem, Anber, Nahla Hamed, Andrei, Catalina Liliana, Androudi, Sofia, Animut, Megbaru Debalkie, Anjomshoa, Mina, Ansha, Mustafa Geleto, Antonio, Carl Abelardo T., Anwari, Palwasha, Arabloo, Jalal, Arauz, Antonio, Aremu, Olatunde, Ariani, Filippo, Armoon, Bahram, Arnlov, Johan, Arora, Amit, Artaman, Al, Aryal, Krishna K., Asayesh, Hamid, Asghar, Rana Jawad, Ataro, Zerihun, Atre, Sachin R., Ausloos, Marcel, Avila-Burgos, Leticia, Avokpaho, Euripide F. G. A., Awasthi, Ashish, Quintanilla, Beanie Paulina Ayala, Ayer, Rakesh, Azzopardi, Peter S., Babazadeh, Arefeh, Badali, Hamid, Badawi, Alaa, Bali, Ayele Geleto, Ballesteros, Katherine E., Ballew, Shoshana H., Banach, Maciej, Banoub, Joseph Adel Matter, Banstola, Amrit, Barac,	**INT**	**JUL TO DEC**	**MEDICINE**	**PMID: 30496104** **PMCID: PMC6227754** **PMID:WOS:000449710900005** **H Index:** 670 **Impact Factor:** 53.254

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Aleksandra, Barboza, Miguel A., Barker-Collo, Suzanne Lyn, Barnighausen, Till Winfried, Barrero, Lope H., Baune, Bernhard T., Bazargan-Hejazi, Shahrzad, Bedi, Neeraj, Beghi, Ettore, Behzadifar, Masoud, Behzadifar, Meysam, Bejot, Yannick, Belachew, Abate Bekele, Belay, Yihalem Abebe, Bel, Michelle L., Bello, Aminu K., Bensenor, Isabela M., Bernabe, Eduardo, Bernstein, Robert S., Beuran, Mircea, Beyranvand, Tina, Bhala, Neeraj, Bhattarai, Suraj, Bhaumik, Soumyadeep, Bhutta, Zulfiqar A., Biadgo, Belete, Bijani, Ali, Bikbov, Boris, Bilano, Ver, Bililign, Nigus, Bin Sayeed, Muhammad Shandaat, Bisanzio, Donal, Blacker, Brigette F., Blyth, Fiona M., Bou-Orm, Ibrahim R., Boufous, Soufiane, Bourne, Rupert, Brady, Oliver J., Brainin, Michael, Brant, Luisa C., Brazinova, Alexandra, Breitborde, Nicholas J. K., Brenner, Hermann, Briant, Paul Svitil, Briggs, Andrew M., Briko, Audrey Nikolaevich, Britton, Gabrielle, Brugha, Traolach, Buchbinder, Rachelle, Busse, Reinhard, Butt, Zahid A., Cahuana-Hurtado, Lucero, Cano, Jorge, Cardenas, Rosario, Carrero, Juan J., Carter, Austin, Carvalho, Felix, Castaneda-Orjuela, Carlos A., Rivas, Jacqueline Castillo, Castro, Franz, Catala-Lopez, Ferran, Cercy, Kelly M., Cerin, Ester, Chaiah, Yazan, Chang, Alex R., Chang, Hsing-Yi, Chang, Jung-Chen, Charlson, Fiona J., Chattopadhyay, Aparajita, Chattu, Vijay Kumar, Chaturvedi, Pankaj, Chiang, Peggy Pei-Chia, Chin, Ken Lee, Chitheer, Abdulaal, Choi, Jee-Young J., Chowdhury, Rajiv, Christensen, Hanne, Christopher, Devasahayam J., Cicuttini, Flavia M., Ciobanu, Liliana G., Cirillo, Massimo, Claro, Rafael M., Collado-Mateo, Daniel, Cooper, Cyrus, Coresh, Josef, Cortesi, Paolo Angelo, Cortinovis, Monica, Costa, Megan, Cousin, Ewerton, Criqui, Michael H., Cromwell, Elizabeth A., Cross, Marita, Crump, John A., Dadi, Abel Fekadu, Dandona, Lalit, Dandona, Rakhi, Dargan, Paul I., Daryani, Ahmad, Das Gupta, Rajat, Das Neves, Jose, Dasa, Tamirat Tesfaye, Davey, Gail, Davis, Adrian C., Davitoiu, Dragos Virgil, De Courten, Barbora, De La Hoz, Fernando Pio, De Leo, Diego, De Neve, Jan-Walter, Degefa, Meaza Girma, Degenhardt, Louisa, Deiparine, Selina, Dellavalle, Robert P., Demoz, Gebre Teklemariam, Deribe, Kebede, Dervenis, Nikolaos, Jarlais, Don C. Des, Dessie, Getenet Ayalew, Dey, Subhojit, Dharmaratne, Samath Dhamminda, Dinberu, Mesfin Tadese, Dirac, M. Ashworth, Djalalinia, Shirin, Doan, Linh, Dokova, Klara, Doku, David Teye, Dorsey, E. Ray, Doyle, Kerrie E., Driscoll, Tim Robert, Dubey, Manisha, Dubljanin, Eleonora, Duken, Eyasu Ejeta, Duncan, Bruce B., Duraes, Andre R., Ebrahimi, Hedyeh, Ebrahimpour, Soheil, Echko, Michelle Marie, Edvardsson, David, Effiong, Andem,				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Ehrlich, Joshua R., El Bcheraoui, Charbel, Zaki, Maysaa El Sayed, El-Khatib, Ziad, Elkout, Hajer, Elvazar, Iqbal R. F., Enayati, Ahmadali, Endries, Aman Yesuf, Er, Benjamin, Erskine, Holly E., Eshrati, Babak, Eskandarieh, Sharareh, Esteghamati, Alireza, Esteghamati, Sadaf, Fakhim, Hamed, Omrani, Vahid Fallah, Faramarzi, Mahbobeh, Fareed, Mohammad, Farhadi, Farzaneh, Farid, Talha A., Farinha, Carla Sofia E. Sa, Farioli, Andrea, Faro, Andre, Farvid, Maryam S., Farzadfar, Farshad, Feigin, Valery L., Fentahun, Netsanet, Fereshtehnejad, Seyed-Mohammad, Fernandes, Eduarda, Fernandes, Joao C., Ferrari, Alice J., Feyissa, Garumma Tolu, Filip, Irina, Fischer, Florian, Fitzmaurice, Christina, Foigt, Nataliya A., Foreman, Kyle J., Fox, Jack, Frank, Tahvi D., Fukumoto, Takeshi, Fullman, Nancy, Furst, Thomas, Furtado, Joao M., Futran, Neal D., Gall, Seana, Ganji, Morsaleh, Gankpe, Fortune Gbetoho, Garcia-Basteiro, Alberto L., Gardner, William M., Gebre, Abadi Kahsu, Gebremedhin, Amanuel Tesfay, Gebremichael, Teklu Gebrehiwo, Gelano, Tilayie Feto, Geleijnse, Johanna M., Genova-Maleras, Ricard, Geramo, Yilma Chisha Dea, Gething, Peter W., Gezae, Kebede Embaye, Ghadiri, Keyghobad, Falavarjani, Khalil Ghasemi, Ghasemi-Kasman, Maryam, Ghimire, Mamata, Ghosh, Rakesh, Ghoshal, Aloke Gopal, Giampaoli, Simona, Gill, Paramjit Singh, Gill, Tiffany K., Ginawi, Ibrahim Abdelmageed, Giussani, Giorgia, Gnedovskaya, Elena V., Goldberg, Ellen M., Goli, Srinivas, Gomez-Dantes, Hector, Gona, Philimon N., Gopalani, Sameer Vali, Gorman, Taren M., Goulart, Alessandra C., Goulart, Barbara Niegia Garcia, Grada, Ayman, Grams, Morgan E., Grosso, Giuseppe, Gugnani, Harish Chander, Guo, Yuming, Gupta, Prakash C., Gupta, Rahul, Gupta, Rajeev, Gupta, Tanush, Gyawali, Bishal, Haagsma, Juanita A., Hachinski, Vladimir, Hafezi-Nejad, Nima, Bidgoli, Hassan Haghparast, Hagos, Tekleberhan B., Hailu, Gessessew Bugssa, Haj-Mirzaian, Arvin, Haj-Mirzaian, Arya, Hamadeh, Randah R., Hamidi, Samer, Handal, Alexis J., Hankey, Graeme J., Hao, Yuantao, Harb, Hilda L., Harikrishnan, Sivadasanpillai, Haro, Josep Maria, Hasan, Mehedi, Hassankhani, Hadi, Hassen, Hamid Yimam, Havmoeller, Rasmus, Hawley, Caitlin N., Hay, Roderick J., Hay, Simon I., Hedayatizadeh-Omran, Akbar, Heibati, Behzad, Hendrie, Delia, Henok, Andualem, Herteliu, Claudiu, Heydarpour, Sousan, Hibstu, Desalegn Tsegaw, Huong Thanh, Hoang, Hoek, Hans W., Hoffman, Howard J., Hole, Michael K., Rad, Enayatollah Homaie, Hoogar, Praveen, Hosgood, H. Dean, Hosseini, Seyed Mostafa, Hosseinzadeh, Mehdi, Hostiuc, Mihaeia, Hostiuc, Sorin, Hotez, Peter J., Hoy, Damian G., Hsairi, Mohamed, Htet, Aung Soe, Hu, Guoqing,				

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	Huang, John J., Humh, Chantal K., Iburg, Kim Moesgaard, Ikeda, Chad Thomas, Ileanu, Bogdan, Ilesanmi, Olayinka Stephen, Iqbal, Usman, Irvani, Seyed Sina Naghibi, Irvine, Caleb Mackay Salpeter, Islam, Sheikh Mohammed Sharifhl, Islami, Farhad, Jacobsen, Kathryn H., Jahangiry, Lena, Jahanmehr, Nader, Jain, Sudhir Kumar, Jalkovnevic, Mihajlo, Javanbakht, Mehdi, Jayatilleke, Achala Upendra, Jeemon, Panniyammakal, Jha, Ravi Prakash, Jha, Vivekanand, Ji, John S., Johnson, Catherine O., Jonas, Jost B., Jozwiak, Jacek Jerzy, Jungari, Suresh Banayya, Jurisson, Mikk, Kabir, Zubair, Kadel, Rajendra, Kahsay, Amaha, Kalani, Rizwan, Kanchan, Tanuj, Karami, Manoochehr, Matin, Behead Karami, Karch, Andre, Karema, Corine, Karimi, Narges, Karimi, Seyed M., Kasaeian, Amir, Kassa, Dessalegn H., Kassa, Getachew Mullu, Kassa, Tesfaye Dessale, Kassebaum, Nicholas J., Katikireddi, Srinivasa Vittal, Kawakami, Norito, Karyani, Ali Kazemi, Keighobadi, Masoud Masoud, Keiyoro, Peter Njenga, Kemmer, Laura, Kemp, Grant Rodgers, Kengne, Andre Pascal, Keren, Andre, Khader, Yousef Saleh, Khafaei, Behzad, Khafaie, Morteza Abdullatif, Khajavi, Alireza, Khalil, Ibrahim A., Khan, Ejaz Ahmad, Khan, Muhammad Shahzeb, Khan, Muhammad Ali, Khang, Young-Ho, Khazaei, Mohammad, Khoja, Abdullah T., Khosravi, Ardeshir, Khosravi, Mohammad Hossein, Kiadaliri, Aliasghar A., Kiirithio, Daniel N., Kim, Cho-Il, Kim, Daniel, Kim, Pauline, Kim, Young-Eun, Kim, Yun Jin, Kimokoti, Ruth W., Kinfu, Yohannes, Kisa, Adnan, Kissimova-Skarbek, Katarzyna, Kivimaki, Mika, Knudsen, Ann Kristin Skrindo, Kocarnik, Jonathan M., Kochhar, Sonali, Kokubo, Yoshihiro, Kolola, Tufa, Kopec, Jacek A., Kosen, Soewarta, Kotsakis, Georgios A., Koul, Pareaiz A., Koyanagi, Ai, Kravchenko, Michael A., Krishan, Kewal, Krohn, Kristopher J., Defo, Barthelemy Kuate, Bicer, Burcu Kucuk, Kumar, G. Anil, Kumar, Manasi, Kyu, Hmwe Hmwe, Lad, Deepesh P., Lad, Sheetal D., Iofranconi, Alessandra, Lalloo, Ratilal, Lallukka, Tea, Lami, Faris Hasan, Lansingh, Van C., Latifi, Arman, Lau, Kathryn Mei-Ming, Lazarus, Jeffrey V., Leasher, Janet L., Ledesma, Jorge R., Lee, Paul H., Leigh, James, Leung, Janni, Levi, Miriam, Lewycka, Sonia, Li, Shanshan, Li, Yichong, Liao, Yu, Liben, Misgan Ingesse, Lim, Lee-Ling, Lim, Stephen S., Liu, Shiwei, Lodha, Rakesh, Looker, Katharine J., Lopez, Alan D., Lorkowski, Stefan, Lotufo, Paulo A., Low, Nicola, Lozano, Rafael, Lucas, Tim C. D., Lucchesi, Lydia R., Lunevicius, Raimundas, Lyons, Ronan A., Ma, Stefan, Macarayan, Erlyn Rachelle King, Mackay, Mark T., Madotto, Fabiana, Abd El Razelk, Hassan Magdy, Abd El Razek, Muhammad Magdy, Maghavani, Dhaval P., Malootra,				

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	Narayan Bahadur, Mai, Hue Tin, Majdan, Marek, Majdzadeh, Reza, Majeed, Azeem, Malekzadeh, Reza, Malta, Deborah Carvalho, Mamun, Abdullah A., Manda, Ana-Laura, Manguerra, Helena, Manhertz, Treh, Mansournia, Mohammad Ali, Mantovani, Lorenzo Giovanni, Mapoma, Chabila Christopher, Maravilla, Joemer C., Marcenes, Wagner, Marks, Ashley, Martins-Melo, Francisco Rogerlandio, Martopullo, Ira, Maerz, Winfried, Marzan, Melvin B., Mashamba-Thompson, Tivani Phosa, Massenburg, Benjamin Ballard, Mathur, Mann Raj, Matsushita, Kunihiro, Maulik, Pallab K., Mazidi, Mohsen, Mcalinden, Cohn, Mcgrath, John J., Mckee, Martin, Mehndiratta, Man Mohan, Mehrotra, Ravi, Mehta, Kala Vi, Mehta, Varshil, Mejia-Rodriguez, Fabiola, Mekonen, Tesfa, Melese, Addisu, Melku, Mulugeta, Meltzer, Michele, Memiah, Peter T. N., Memish, Ziad A., Mendoza, Walter, Mengistu, Desalegn Tadese, Mengistu, Getnet, Mensah, George A., Mereta, Seid Tiku, Meretoja, Atte, Meretoja, Tuomo J., Mestrovic, Tomislav, Mezerji, Naser Mohammad Gholi, Miazgowski, Bartosz, Miazgowski, Tomasz, Millear, Anoushka I., Miller, Ted R., Miltz, Benjamin, Mini, G. K., Mirarefin, Mojde, Minakhimov, Erkin M., Misganaw, Awoke Temesgen, Mitchell, Philip B., Mitiku, Habtamu, Moazen, Babak, Mohajer, Bahram, Mohammad, Karzan Abdulmuhsin, Mohammadifard, Noushin, Mohammadnia-Afrouzi, Mousa, Mohammed, Mohammed A., Mohammed, Shafiu, Mohebi, Farnam, Moitra, Modhurima, Mokdad, Ali H., Molokhia, Mariam, Monasta, Lorenzo, Moodley, Yoshan, Moosazadeh, Mahmood, Moradi, Ghobad, Moradi-Lakeh, Maziar, Moradinazar, Mehdi, Moraga, Paula, Morawska, Lidia, Velasquez, Ilais Moreno, Morgado-Da-Costa, Joana, Morrison, Shane Douglas, Moschos, Marilita M., Mousavi, Seyyed Meysam, Mruts, Kalayu Brhane, Muche, Achenef Asmamaw, Muchie, Kindie Fentahun, Mueller, Ulrich Otto, Mohammed, Oumer Sada, Mukhopadhyay, Satinath, Muller, Kate, Mumford, John Everett, Murhekar, Manoj, Musa, Jonah, Musa, Kamarul Imran, Mustafa, Ghulam, Nabhan, Ashraf F., Nagata, Chie, Naghavi, Mohsen, Naheed, Atiya, Nahvijou, Azin, Naik, Guntdatta, Naik, Nitish, Najah, Farid, Naldi, Luigi, Nam, Hae Sung, Nangia, Vinay, Nansseu, Jobert Richie, Nascimento, Bruno Ramos, Natarajan, Gopalakrishnan, Neamati, Nahid, Negoi, Ionut, Negoi, Ruxandra Irina, Neupane, Subas, Newton, Charles Richard James, Ngunjiri, Josephine W., Anh Quynh, Nguyen, Ha Thu, Nguyen, Huong Lan Thi, Nguyen, Huong Thanh, Nguyen, Long Hoang, Nguyen, Minh, Nguyen, Nam Ba, Nguyen, Son Hoang, Nguyen, Nichols, Emma, Ningrum, Dina Nur Anggraini, Nixon, Molly R., Nolutshungu,				

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	Nomonde, Nomura, Shuhei, Norheim, Ole F., Noroozi, Mehdi, Norrving, Bo, Noubiap, Jean Jacques, Nouri, Hamid Reza, Shiadeh, Malihe Nourollahpour, Nowroozi, Mohammad Reza, Nsoesie, Elaine, Nyasulu, Peter S., Odell, Christopher M., Ofori-Asenso, Richard, Ogbo, Felix Akpojene, Oh, In-Hwan, Oladimeji, Olanrewaju, Olagunju, Andrew T., Olagunju, Tinuke O., Olivares, Pedro R., Olsen, Helen Elizabeth, Olusanya, Bolajoko Olubukunola, Ong, Kanyin L., Ong, Sok King, Oren, Eyal, Ortiz, Alberto, Ota, Erika, Otstavnov, Stanislav S., Overland, Simon, Owolabi, Mayowa Ojo, Mahesh, P. A., Pacella, Rosana, Pakpour, Amin H., Pana, Adrian, Panda-Jonas, Songhomitra, Parisi, Andrea, Park, Eun-Kee, Parry, Charles D. H., Patel, Shanti, Pati, Sanghamitra, Paint, Snehal T., Patle, Ajay, Patton, George C., Paturi, Vishnupriya Rao, Paulson, Katherine R., Pearce, Neil, Pereira, David M., Perico, Norberto, Pesudovs, Konrad, Pham, Hai Quang, Phillips, Michael R., Pigott, David M., Pilly, Julian David, Piradov, Michael A., Pirsaheb, Meghdad, Pishgar, Farhad, Plana-Ripoll, Oleguer, Plass, Dietrich, Polinder, Suzanne, Popova, Svetlana, Postma, Maarten J., Pourshams, Akram, Poustchi, Hossein, Prabhakaran, Dorairaj, Prakash, Swayam, Prakash, V., Purcell, Caroline A., Purwar, Manorama B., Qorbani, Mostafa, Quistberg, D. Alex, Radfar, Amir, Rafay, Anwar, Rafiei, Alireza, Rahim, Fakher, Rahimi, Kazem, Rahimi-Movaghar, Afarin, Rahimi-Movaghar, Vafa, Rahman, Mahfuzar, Rahman, Mohammad Hifz Ur, Rahman, Muhammad Aziz, Rahman, Sajjad Ur, Rai, Rajesh Kumar, Rajati, Fatemeh, Ram, Usha, Ranjan, Prabhat, Ranta, Anna, Rao, Puja C., Rawaf, David Laith, Rawaf, Salman, Reddy, K. Srinath, Reiner, Robert C., Reinig, Nickolas, Reitsma, Marissa Bettay, Remuzzi, Giuseppe, Renzaho, Andre M. N., Resnikoff, Serge, Rezaei, Satar, Rezai, Mohammad Sadegh, Ribeiro, Antonio Luiz P., Robinson, Stephen R., Roever, Leonardo, Ronfani, Luca, Roshandel, Gholamreza, Rostami, Ali, Roth, Gregory A., Roy, Ambuj, Rubagotti, Enrico, Sachdev, Perminder S., Sadat, Nafis, Saddik, Basema, Sadeghi, Ehsan, Moghaddam, Sahar Saeedi, Safari, Hosein, Safari, Yahya, Safari-Faramani, Roya, Safdarian, Mahdi, Safi, Sare, Safiri, Saeid, Sagar, Rajesh, Sahebkar, Amirhossein, Sahraian, Mohammad Ali, Sajadi, Haniye Sadat, Salam, Nasir, Salama, Joseph S., Salamati, Payman, Saleem, Komal, Saleem, Zikria, Salimi, Yahya, Salomon, Joshua A., Salvi, Sundeep Santosh, Sale, Inbal, Samy, Abdallah M., Sanabria, Juan, Sang, Yingying, Santomauro, Damian Francesco, Santos, Itamar S., Santos, Joao Vasco, Milicevic, Milena M. Santric, Jose, Bruno Piassi Sao, Sardana, Mayank, Sarker, Abdur Razzaque,				

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	Sarrafzadegan, Nizal, Sartorius, Benn, Sarvi, Shahabeddin, Sathian, Brijesh, Satpathy, Maheswar, Sawant, Arundhati R., Sawhney, Monika, Saxena, Sonia, Saylan, Mete, Schaeffner, Elke, Schmidt, Maria Ines, Schneider, Ione J. C., Schoettker, Ben, Schwebel, David C., Schwendicke, Falk, Scott, James G., Sekerija, Mario, Sepanlou, Sadaf G., Servan-Mori, Edson, Seyedmousavi, Seyedmojtaba, Shabaninejad, Hosein, Shafieesabet, Azadeh, Shahbazi, Mehdi, Shaheen, Amira A., Shaikh, Masood Ali, Shams-Beyranvand, Mehran, Shamsi, Mohammadbagher, Shamsizadeh, Morteza, Sharafi, Heidar, Sharafi, Kiomars, Sharif, Mehdi, Sharif-Alhoseini, Mahdi, Sharma, Meenakshi, Sharma, Rajesh, She, Jun, Sheikh, Aziz, Shi, Peilin, Shibuya, Kenji, Shigematsu, Mika, Shiri, Rahman, Shirkoohi, Reza, Shishani, Kawkab, Shiue, Ivy, Shokraneh, Farhad, Shoman, Haitham, Shrime, Mark G., Si, Si, Siabani, Soraya, Siddiqi, Tariq J., Sigfusdottir, Inga Dora, Sigurvinsdottir, Rannveig, Silva, Joao Pedro, Silveira, Dayane Gabriele Alves, Singam, Narayana Sarma Venkata, Singh, Jasvinder A., Singh, Narinder Pal, Singh, Virendra, Sinha, Dhirendra Narain, Skiadaresi, Einini, Slepak, Erica Leigh N., Sliwa, Karen, Smith, David L., Smith, Mari, Soares Filho, Adauto Martins, Sobaih, Bade Hasan, Sobhani, Soheila, Sobngwi, Eugene, Soneji, Samir S., Soofi, Moslem, Soosaraei, Masoud, Sorensen, Reed J. D., Soriano, Joan B., Soyiri, Ireneous N., Sposato, Luciano A., Sreeramareddy, Chandrashekhar T., Srinivasan, Vinay, Stanaway, Jeffrey D., Stein, Dan J., Steiner, Caitlyn, Steiner, Timothy J., Stokes, Mark A., Stovner, Lars Jacob, Subart, Michelle L., Sudaryanto, Agus, Sufiyan, Mu'awiyyah Babale, Sunguya, Bruno F., Sur, Patrick John, Sutradhar, Ipsita, Sykes, Bryan L., Sylte, Dillon O., Tabares-Seisdedos, Rafael, Tadakamadla, Santosh Kumar, Tadesse, Birkneh Tilahun, Tandon, Nikhil, Tassew, Segen Gebremeskel, Tavakkoli, Mohammad, Taveira, Nuno, Taylor, Hugh R., Tehrani-Banihashemi, Arash, Tekalign, Tigist Gashaw, Tekelemedhin, Shishay Wahdey, Tekle, Merhawi Gebremedhin, Temesgen, Habtamu, Temsah, Mohamad-Hani, Temsah, Omar, Terkawi, Abdullah Sulieman, Teweldemedhin, Mebrahtu, Thankappan, Kavumpurathu Raman, Thomas, Nihal, Tilahun, Binyam, To, Quyen G., Tonelli, Marcello, Topor-Madry, Roman, Topouzis, Fotis, Torre, Anna F., Tortajada-Girbes, Miguel, Touvier, Mathilde, Tovani-Palone, Marcos Roberto, Towbin, Jeffrey A., Bach Xuan, Tran, Khanh Bao, Tran, Troeger, Christopher E., Truelsen, Thomas Clement, Tsilimbaris, Miltiadis K., Tsoi, Derrick, Car, Lorainne Tudor, Tuzcu, E. Murat, Ukwaja, Kingsley N., Ullah, Irfan,				

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	Undurraga, Eduardo A., Unutzer, Jurgen, Updike, Rachel L., Usman, Muhammad Sharig, Uthman, Olalekan A., Vaduganathan, Muthiah, Vaezi, Afsane, Valdez, Pascual R., Varughese, Santosh, Vasankari, Tommi Juhani, Venketasubramanian, Narayanaswamy, Villafaina, Santos, Violante, Francesco S., Vladimirov, Sergey Konstantinovitch, Vlassov, Vasily, Vollset, Stein Emil, Vosoughi, Kia, Vujcic, Isidora S., Wagnew, Fasil Shiferaw, Waheed, Yasir, Waller, Stephen G., Wang, Yafeng, Wang, Yuan-Pang, Weiderpass, Elisabete, Weintraub, Robert G., Weiss, Daniel J., Weldegebreal, Fitsum, Weldegwergs, Kidu Gidey, Werdecker, Andrea, West, T. Eoin, Whiteford, Harvey A., Widecka, Justyna, Wijeratne, Tissa, Wilner, Lauren B., Wilson, Shadrach, Winkler, Andrea Sylvia, Wiyeh, Alison B., Wiysonge, Charles Shey, Wolfe, Charles D. A., Woolf, Anthony D., Wu, Shouling, Wu, Yun-Chun, Wyper, Grant M. A., Xavier, Denis, Xu, Gelin, Yadgir, Simon, Yadollahpour, Ali, Jabbari, Seyed Hossein Yahyazadeh, Yamada, Tomohide, Yan, Lijing L., Yano, Yuichiro, Yaseri, Mehdi, Yasin, Yasin Jemal, Yeshaneh, Alex, Yimer, Ebrahim M., Yip, Paul, Yisma, Engida, Yonemoto, Naohiro, Yoon, Seok-Jun, Yotebieng, Marcel, Younis, Mustafa Z., Yousefifard, Mahmoud, Yu, Chuanhua, Zadnik, Vesna, Zaidi, Zoubida, Bin Zaman, Sojib, Zamani, Mohammad, Zare, Zohreh, Zeleke, Ayalew Jejaw, Zenebe, Zerihun Menikalew, Zhang, Kai, Zhao, Zheng, Zhou, Maigeng, Zodpey, Sanjay, Zucker, Inbar, Vos, Theo, Murray, Christopher J. L. and Pr, G. B. D. Dis Injury Incidence Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017 The Lancet; 2018, Nov 10; 392 (10159): 1789-1858 Background The Global Burden of Diseases, Injuries, and Risk Factors Study 2017 (GBD 2017) includes a comprehensive assessment of incidence, prevalence, and years lived with disability (YLDs) for 354 causes in 195 countries and territories from 1990 to 2017. Previous GBD studies have shown how the decline of mortality rates from 1990 to 2016 has led to an increase in life expectancy, an ageing global population, and an expansion of the non-fatal burden of disease and injury. These studies have also shown how a substantial portion of the world's population experiences non-fatal health loss with considerable heterogeneity among different causes, locations, ages, and sexes. Ongoing objectives of the GBD study include increasing the level of				

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	estimation detail, improving analytical strategies, and increasing the amount of high-quality data. Methods We estimated incidence and prevalence for 354 diseases and injuries and 3484 sequelae. We used an updated and extensive body of literature studies, survey data, surveillance data, inpatient admission records, outpatient visit records, and health insurance claims, and additionally used results from cause of death models to inform estimates using a total of 68 781 data sources. Newly available clinical data from India, Iran, Japan, Jordan, Nepal, China, Brazil, Norway, and Italy were incorporated, as well as updated claims data from the USA and new claims data from Taiwan (province of China) and Singapore. We used DisMod-MR 2.1, a Bayesian meta-regression tool, as the main method of estimation, ensuring consistency between rates of incidence, prevalence, remission, and cause of death for each condition. YLDs were estimated as the product of a prevalence estimate and a disability weight for health states of each mutually exclusive sequela, adjusted for comorbidity. We updated the Socio-demographic Index (SDI), a summary development indicator of income per capita, years of schooling, and total fertility rate. Additionally, we calculated differences between male and female YLDs to identify divergent trends across sexes. GBD 2017 complies with the Guidelines for Accurate and Transparent Health Estimates Reporting. Findings Globally, for females, the causes with the greatest age-standardised prevalence were oral disorders, headache disorders, and haemoglobinopathies and haemolytic anaemias in both 1990 and 2017. For males, the causes with the greatest age-standardised prevalence were oral disorders, headache disorders, and tuberculosis including latent tuberculosis infection in both 1990 and 2017. In terms of YLDs, low back pain, headache disorders, and dietary iron deficiency were the leading Level 3 causes of YLD counts in 1990, whereas low back pain, headache disorders, and depressive disorders were the leading causes in 2017 for both sexes combined. All-cause age-standardised YLD rates decreased by 39% (95% uncertainty interval [UI] 3.1-4. 6) from 1990 to 2017; however, the all-age YLD rate increased by 7.2% (6.0-8.4) while the total sum of global YLDs increased from 562 million (421-723) to 853 million (642-1100). The increases for males and females were similar, with increases in all-age YLD rates of 7.9% (6 6-9. 2) for males and 6.5% (5.4-7.7) for females. We found significant differences between males and females in terms of age-standardised prevalence estimates for multiple causes. The causes with the greatest relative differences				

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	between sexes in 2017 included substance use disorders (3018 cases [95% UI 2782-3252] per 100 000 in males vs 1400 [1279-1524] per 100 000 in females), transport injuries (3322 [3082-3583] vs 2336 [2154-2535]), and self-hatin and interpersonal violence (3265 [2943-3630] vs 5643 [5057-6302]). Interpretation Global all-cause age-standardised YLD rates have improved only slightly over a period spanning nearly three decades. However, the magnitude of the non-fatal disease burden has expanded globally, with increasing numbers of people who have a wide spectrum of conditions. A subset of conditions has remained globally pervasive since 1990, whereas other conditions have displayed more dynamic trends, with different ages, sexes, and geographies across the globe experiencing varying burdens and trends of health loss. This study emphasises how global improvements in premature mortality for select conditions have led to older populations with complex and potentially expensive diseases, yet also highlights global achievements in certain domains of disease and injury. Copyright (C) 2018 The Author(s). Published by Elsevier Ltd.				
248.	Janardana, R., Irodi, A., Chebbi, P. P., Rv, L., Danda, D. and Mahasampath, G. SCLERODERMA RELATED INTERSTITIAL LUNG DISEASE AND MYCOPHENOLATE : LONG TERM OUTCOMES Annals of the Rheumatic Diseases; 2018, 77 123-124	**INT**	**JAN TO JUNE**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY**	**WOS:**000444351000314 **H Index:** 198 **Impact Factor:** 12.350
249.	Jasper, S. and Philip, S. S. Profile of cerebral visual impairment in children with cerebral palsy at a tertiary care referral center in Southern India Journal of Clinical and Diagnostic Research; 2018, 12 (3): NC01-NC04 Introduction: Cerebral Visual Impairment (CVI) is a complex cognitive-perceptual dysfunction with wide spectrum of clinical manifestations. Perinatal insults like hypoxic ischaemic encephalopathy and neonatal hypoglycaemia are common aetiologies for neurological disorders like Cerebral Palsy (CP) and CVI. Currently there are no published data describing the features of CVI in CP from the Indian subcontinent. Aim: To describe the characteristics of CVI in children with CP at a tertiary care referral center in southern India. Materials and Methods: This was a cross-sectional study of children below the age of 18 years, referred to the CVI clinic of a tertiary care teaching hospital in southern India	**NAT**	**JAN TO JUNE**	**OPHTHALMOLOGY**	**SCOPUS** **H Index:** 22 **Impact Factor:** 0.650 (RG)

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	from March 2011-Feb 2012. All children attending the clinic underwent a complete neuro-ophthalmology examination including functional vision assessment. They were classified into: 1) absent CVI; 2) probable CVI; and 3) definite CVI depending on the clinical examination. Results: A total of 341 children, M:F=1.8:1, age range 3 months-17 years were included in the study. Around 69% (n=236) of the referral had CP with 96% (n=227) having spastic form of CP. Definite CVI was seen in 50% (n=119) of children with CP. In children with CP and definite CVI history of neonatal and perinatal insults was more common and the most common clinical diagnosis was seizure disorder in 52% (n=143) of children. Exotropia, temporal pallor of optic disc, inability to recognise face, impaired visual attention and lower field defect were the common clinical findings. Neuroimaging of children with CP and definite CVI showed occipital gliosis in 51% (n=31) of cases. Conclusion: In our study, CVI was prevalent in children with CP. A detailed neuro-ophthalmological evaluation is a must in all children with special needs and it is important to be aware of the factors that contribute to CVI and initiate habilitative strategies early to improve their quality of life.				
250.	Javadekar, Bakul, Ghosh, Apurba, Kompithra, Rajeev Zachariah, Awasthi, Shally, Perminova, Olga, Romanenko, Viktor, Rodnikova, Vera, Kharit, Susanna, Thollot, Yael, Bosch-Castells, Valerie, Goldstein, Alexander and Dubey, Himanshu Safety and Immunogenicity of Two Doses of a Quadrivalent Meningococcal Polysaccharide Diphtheria Toxoid Conjugate Vaccine in Indian and Russian Children Aged 9 to 17 Months Indian Pediatrics; 2018, Dec; 55 (12): 1050-1055 ObjectiveEvaluation of tolerability, safety and immunogenicity of a two-dose series of a quadrivalent meningococcal polysaccharide diptheria toxoid conjugate (ACYW-D) vaccine in Indian and Russian infants/toddlers.DesignOpen-label, single-arm, phase III multi-national trial.Study participants300 children aged 9-17 months, previously unvaccinated against meningococcal disease from four sites each in India (n=200) and the Russian Federation (n=100).InterventionTwo 0.5 mL doses of ACYW-D by intramuscular injection, 3-6 months apart.Main outcome measuresMeningococcal antibody titers to serogroups A, C, W-135 and Y, determined using a serum bactericidal assay in the presence of human complement before vaccination and 28 days after the	**NAT**	**JUL TO DEC**	**PAEDIATRICS**	**PMID:WOS:000454565200006** **H Index:** 43 **Impact Factor:** 1.145

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	second vaccination. Titers 1:8 against either/all of the A, C, W-135 or Y were considered seroprotective.ResultsAfter dose 2, 95.7-99.5% and 92.9-99.0% of infants/ toddlers achieved seroprotection across the four serogroups in India and the Russian Federation, respectively. No immediate adverse events were reported after any dose of ACYW-D. Solicited reactions were reported in 49.2% of participants, and were mainly of Grade 1 severity, and resolved within three days. Unsolicited adverse events were reported in 19.1% of infants: one event (Grade 3 diarrhea, resolving within one day) was considered related to study vaccine. No non-serious adverse events led to premature withdrawal from the study. Four serious adverse events were reported; none were considered related to study vaccine. No deaths occurred during the study.ConclusionsA two-dose series of ACYW-D vaccine in Indian and Russian children (9-17 month) was well-tolerated with no safety concerns, and induced robust bactericidal antibody responses against the meningococcal serogroups contained in the vaccine.				
251.	Jayachandran, A., Jonathan, G. E., Patel, B. and Prabhu, K. Primary spinal cord glioblastoma metastasizing to the cerebellum: A missed entity Neurol India; 2018, 66 (3): 854-857 **Address:** Department of Neurological Sciences, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Neuropathology, **Christian Medical College, Vellore,**Tamil Nadu, India.	**NAT**	**JAN TO JUNE**	**NEUROLOGICAL SCIENCES, NEUROPATHOLOGY**	**PMID:**29766960 **WOS:**000432404000051 **H Index:** 40 **Impact Factor:** 2.166
252.	Jayakanthan, K., Meera, T., Ruchika, G., Hindumathi, M., Sumita, D., Jeyaseelan, L. and Debashish, D. High expression of S100 calgranulins genes in peripheral blood mononuclear cells in patients with Takayasu arteritis Cytokine; 2018, Jan 26; 114 61-66 Address: Department of Clinical Immunology and Rheumatology, **Christian Medical College, Vellore**, Tamil Nadu, India. Department of Pathology, **Christian Medical College, Vellore**, Tamil Nadu, India. Department of Clinical Genetics, **Christian Medical College, Vellore**, Tamil Nadu, India. Department of Biostatistics, **Christian Medical College, Vellore**, Tamil Nadu, India. Department of Clinical Immunology and Rheumatology, **Christian**	**INT**	**JAN TO JUN**	**ALLERGY AND IMMUNOLOGY**	**PMID:30594066** **H Index:** 99 **Impact Factor:** 3.514

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Medical College, Vellore, Tamil Nadu, India. Electronic address: debashisdandacmc@hotmail.com. BACKGROUND: Toll-like receptors (TLR) 1 to 4 are highly expressed in aorta. Activation of TLR4 causes transmural arteritis in Human temporal artery-SCID chimera model. Neither TLR-4 nor its ligands have been studied in TA patients as yet. Aim of this study was to examine the expression of TLR4 and its endogenous ligands in peripheral blood mononuclear cells (PBMCs) of patients with Takayasu arteritis (TA). METHODS: mRNA expression of TLR4, RAGE and various endogenous TLR4 ligands were quantified in PBMCs of 24 TA patients and 19 sex and age matched healthy controls by real time PCR using specific primers and SYBR Green qPCR master mix. S100A8/A9 and S100A12 were measured in cell culture supernatant of PBMCs from TA patients and healthy controls, both in un-stimulated state as well as, after lipopolysaccharides (LPS) stimulated cultures for 4h. Expression of S100A8/A9 in aortic tissues was assessed by immunohistochemistry. RESULTS: The mRNA expression of S100A8, S100A9, S100A12 and TLR4 were higher, while expression of RAGE and HSP70 were lower in TA as compared to healthy controls. Induction with LPS led to increase in secretion of both S100A8/A9 and S100A12 levels in TA as well as healthy controls. The fold of induction, measured by LPS stimulated/unstimulated control was higher in healthy controls [2.88 (1.7-3.53) fold] as compared to TA [1.345 (1-1.82) fold]; $p<0.05$. Numerically, S100A8/A9 was also higher in healthy controls [2.04 (1.7-5.6) fold] as compared to TA [1.38 (1.09-3.6) fold], but it didn't reach statistical significance; $p=0.129$. Mild to moderate intensity expression of S100A8/A9 protein was noted in aortic tissues from patients with TA. CONCLUSION: mRNA expression of TLR4 and its ligand S100A8, S100A9, and S100A12 in PBMCs of TA patients was higher as compared to healthy controls. LPS stimulation led to higher induction of S100A12 secretion in healthy controls as compared to TA. Expression of S100A8/A9 was detected in inflamed aortic tissues from patients with TA.				
253.	Jayaram, A., Manipadam, M. T. and Jacob, P. M. Anastomosing hemangioma with extensive fatty stroma in the retroperitoneum Indian J Pathol Microbiol; 2018, 61 (1): 120-122 **Address:** Department of Pathology, **Christian Medical College, Vellore,**Tamil Nadu, India.	**NAT**	**JAN TO JUNE**	**PATHOLOGY, ENDOCRINE SURGERY**	**PMID:**29567900 **WOS:**000428438900025 **SCOPUS** **H Index:** 27 **Impact Factor:** 0.529

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Department of Endocrine Surgery, **Christian Medical College, Vellore,**Tamil Nadu, India. Anastomosing hemangiomas are a recently recognized benign vascular neoplasm, first described by Montgomery and Epstein in 2009. A few cases have been described in the genitourinary tract, especially in the renal hilum. These are fairly well-demarcated lesions with lobules of sinusoidal-like capillaries lined by hobnail endothelial cells containing eosinophilic hyaline globules in the cytoplasm. Extramedullary hematopoiesis has been described in a few cases, along with large feeding vessels. A predominant adipocytic component has been described in only one case.([9]) We describe a case of a retroperitoneal anastomosing hemangioma occurring in an extrarenal site in a 53-year-old female, followed by a review of the current literature.				
254.	Jayaraman, R., Varghese, R., Kumar, J. L., Neeravi, A., Shanmugasundaram, D., Ralph, R., Thomas, K. and Veeraraghavan, B. Invasive pneumococcal disease in Indian adults: 11 years' experience J Microbiol Immunol Infect; 2018, **Address:** Department of Clinical Microbiology, **Christian Medical College and Hospital, Vellore** 632004, India. Electronic **Address:** ranjithcmc@gmail.com. Department of Clinical Microbiology, **Christian Medical College and Hospital, Vellore** 632004, India. Electronic **Address:** rosemol.varghese@gmail.com. Department of Clinical Microbiology, **Christian Medical College and Hospital, Vellore** 632004, India. Electronic **Address:** jonedany1208@gmail.com. Department of Clinical Microbiology, **Christian Medical College and Hospital, Vellore** 632004, India. Electronic **Address:** ayyanmicro@gmail.com. Department of Biostatistics, National Institute for Research in Environmental Health (ICMR), Bhopal 462001, India. Electronic **Address:** devika.cmc@gmail.com. Department of General Medicine, **Christian Medical College and Hospital, Vellore** 632004, India. Electronic **Address:** ravikar_ralph@yahoo.com. Department of General Medicine, **Christian Medical College and Hospital, Vellore** 632004, India. Electronic **Address:** kurien123@gmail.com. Department of Clinical Microbiology, **Christian Medical College**	**INT**	**JAN TO JUNE**	**CLINICAL MICROBIOLOGY, GENERAL MEDICINE**	**PMID:**29884448 **H Index:** 45 **Impact Factor:** 2.094

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	and Hospital, Vellore 632004, India. Electronic **Address:** vbalaji@cmcvellore.ac.in. PURPOSE: To investigate the epidemiology of invasive pneumococcal disease (IPD), prevalent serotypes, and pattern of antimicrobial resistance (AMR) in Indian adults. METHODS: Prospective laboratory based surveillance of IPD was carried out in >18 years age group between January 2007 and July 2017, from a tertiary care hospital in South India. All Streptococcus pneumoniae culture positives from blood, CSF and sterile body fluids were characterized to identify the serotypes and AMR. RESULTS: A total of 408 IPD cases were characterized in this study. The overall case fatality rate in this study was 17.8% (95% confidence interval (CI): 14.1, 22.4). Pneumonia (39%), meningitis (24.3%), and septicaemia (18.4%) were the most common clinical conditions associated with IPD. Serotypes 1, 3, 5, 19F, 8, 14, 23F, 4, 19A and 6B were the predominant serotypes in this study. Penicillin non-susceptibility was low with 6.4% CONCLUSION: Serotype data from this study helped in accurate estimation of pneumococcal conjugate vaccine-13 and pneumococcal polysaccharide vaccine-23 protective coverage against serotypes causing IPD in India as 58.7% (95% CI: 53.8, 63.4) and 67.4% (95% CI: 62.7, 71.8) respectively. Penicillin non-susceptibility in meningeal IPD cases is 27.4%. Empirical therapy for meningeal IPD must be cephalosporin in combination with vancomycin since cefotaxime non-susceptibility in meningeal IPD is 9.9.				
255.	Jayaraman, S., Singh, B. P., Ramanathan, B., Pazhaniappan Pillai, M., Macdonald, L. and Kirubakaran, R. Final-impression techniques and materials for making complete and removable partial dentures Cochrane Database of Systematic Reviews; 2018, 2018 (4): **Author Information:** Cochrane South Asia, Prof. BV Moses Center for Evidence-Informed Health Care and Health Policy, **Christian Medical College, Vellore,**India. King George's Medical University, Lucknow, India. Balendra Pratap Singh received salary, IT, library support and travel support to attend "Protocol Development Workshop" at CMC, Vellore.	**INT**	**JAN TO JUNE**	**COCHRANE SOUTH ASIA**	**WOS:**000431105500005 **SCOPUS** **H Index:** 212 **Impact Factor:** 6.754

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	School of Dentistry, The University of Manchester, Manchester Academic Health Sciences Centre (MAHSC) and NIHR Manchester Biomedical Research Centre, UK. Background: Edentulism is relatively common and is often treated with the provision of complete or partial removable dentures. Clinicians make final impressions of complete dentures (CD) and removable partial dentures (RPD) using different techniques and materials. Applying the correct impression technique and material, based on an individual's oral condition, improves the quality of the prosthesis, which may improve quality of life. Objectives: To assess the effects of different final-impression techniques and materials used to make complete dentures, for retention, stability, comfort, and quality of life in completely edentulous people. To assess the effects of different final-impression techniques and materials used to make removable partial dentures, for stability, comfort, overextension, and quality of life in partially edentulous people. Search methods: Cochrane Oral Health's Information Specialist searched the following databases: Cochrane Oral Health's Trials Register (to 22 November 2017), the Cochrane Central Register of Controlled Trials (CENTRAL) (Cochrane Register of Studies, to 22 November 2017), MEDLINE Ovid (1946 to 22 November 2017), and Embase Ovid (21 December 2015 to 22 November 2017). The US National Institutes of Health Trials Registry (ClinicalTrials.gov) and the World Health Organization International Clinical Trials Registry Platform were searched for ongoing trials. No restrictions were placed on language or publication status when searching the electronic databases, however the search of Embase was restricted by date due to the Cochrane Centralised Search Project to identify all clinical trials and add them to CENTRAL. Selection criteria: We included randomised controlled trials (RCTs) comparing different final-impression techniques and materials for treating people with complete dentures (CD) and removable partial dentures (RPD). For CD, we included trials that compared different materials or different techniques or both. In RPD for tooth-supported conditions, we included trials comparing the same material and different techniques, or different materials and the same technique. In tooth- and tissue-supported RPD, we included trials comparing the same material and different dual-impression techniques, and different materials with different dual-impression techniques. Data collection and analysis: Two review authors independently, and in duplicate, screened studies for eligibility, extracted data, and assessed the risk of bias for each included trial. We expressed results as risk				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	ratios (RR) for dichotomous outcomes, and as mean differences (MD) or standardised mean differences (SMD) for continuous outcomes, with 95% confidence intervals (CI), using the random-effects model. We constructed 'Summary of findings' tables for the main comparisons and outcomes (participant-reported oral health-related quality of life, quality of the denture, and denture border adjustments). Main results: We included nine studies in this review. Eight studies involved 485 participants with CD. We assessed six of the studies to be at high risk of bias, and two to be at low risk of bias. We judged one study on RPD with 72 randomised participants to be at high risk of bias. Overall, the quality of the evidence for each comparison and outcome was either low or very low, therefore, results should be interpreted with caution, as future research is likely to change the findings. Complete dentures Two studies compared the same material and different techniques (one study contributed data to a secondary outcome only); two studies compared the same technique and different materials; and four studies compared different materials and techniques. One study (10 participants) evaluated two stage-two step, Biofunctional Prosthetic system (BPS) using additional silicone elastomer compared to conventional methods, and found no evidence of a clear difference for oral health-related quality of life, or quality of the dentures (denture satisfaction). The study reported that BPS required fewer adjustments. We assessed the quality of he evidence as very low. One study (27 participants) compared selective pressure final-impression technique using wax versus polysulfide elastomeric (rubber) material. The study did not measure quality of life or dentures, and found no evidence of a clear difference between interventions in the need for adjustments (RR 0.81, 95% CI 0.38 to 1.70). We assessed the quality of the evidence as very low. One study compared two stage-two step final impression with alginate versus silicone elastomer. Oral health-related quality of life measured by the OHIP-EDENT seemed to be better with silicone (MD 7.20, 95% CI 2.71 to 11.69; 144 participants). The study found no clear differences in participant-reported quality of the denture (comfort) after a two-week 'confirmation' period, but reported that silicone was better for stability and chewing efficiency. We assessed the quality of the evidence as low. Three studies compared single-stage impressions with alginate versus two stage-two step with elastomer (silicone, polysulfide, or polyether) impressions. There was no evidence of a clear difference in the OHIP-EDENT at one month (MD 0.05, 95% CI -2.37 to 2.47; two studies, 98				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	participants). There was no evidence of a clear difference in participant-rated general satisfaction with dentures at six months (MD 0.00, 95% CI -8.23 to 8.23; one study, 105 participants). We assessed the quality of the evidence as very low. One study compared single-stage alginate versus two stage-two step using zinc-oxide eugenol, and found no evidence of a clear difference in OHIP-EDENT (MD 0.50, 95% CI -2.67 to 3.67; 39 participants), or general satisfaction (RR 3.15, 95% CI 0.14 to 72.88; 39 participants) at six months. We assessed the quality of the evidence as very low. Removable partial dentures One study randomised 72 participants and compared altered-cast technique versus one-piece cast technique. The study did not measure quality of life, but reported that most participants were satisfied with the dentures and there was no evidence of any clear difference between groups for general satisfaction at one-year follow-up (low-quality evidence). There was no evidence of a clear difference in number of intaglio adjustments at one year (RR 1.43, 95% CI 0.61 to 3.34) (very low-quality evidence). Authors' conclusions: We conclude that there is no clear evidence that one technique or material has a substantial advantage over another for making complete dentures and removable partial dentures. Available evidence for the relative benefits of different denture fabrication techniques and final-impression materials is limited and is of low or very low quality. More high-quality RCTs are required. © 2018 The Cochrane Collaboration.				
256.	Jayaraman, Y., Mehendale, S., Jayaraman, R., Varghese, R., Chethrapilly Purushothaman, G. K., Rajkumar, P., Sukumar, B., Pillai, R. K., Mohan, G., Radhakrishnan, D. N., Sridharan, S., Babu, N., Ganesapillai, M., Rao, S. P., Kar, S. K., Manchanda, V., Kanga, A., Verghese, V. P. and Veeraraghavan, B. Immunochromatography in CSF improves data on surveillance of S. pneumoniae meningitis in India J Infect Public Health; 2018, 11 (5): 735-738 **Address:** ICMR, National Institute of Epidemiology, Chennai, Tamil Nadu, India. Department of Clinical Microbiology, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Department of pediatrics, Government Medical College, Thiruvananthapuram, Kerala, India. Department of pediatrics, Government Medical College, Alapuzha, Kerala, India.	**INT**	**JAN TO JUNE**	**CLINICAL MICROBIOLOGY, CHILD HEALTH**	**PMID:**29606535 **WOS:**000442781000025 **SCOPUS** **H Index:** 23 **Impact Factor:** 1.350 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Department of Microbiology, Institute of Child Health and Hospital for Children, Chennai, Tamil Nadu, India. Department of Pediatrics, Stanley Medical College, Chennai, Tamil Nadu, India. Department of Pediatrics, Kilpauk Medical College, Chennai, Tamil Nadu, India. Department of Paediatrics, Madurai Medical College, Madurai, Tamil Nadu, India. Department of Microbiology, Kasturba Medical College & Hospital, Manipal, Karnataka, India. Regional Medical Research Centre, Bhubaneswar, India. Department of Microbiology, Chacha Nehru Bal Chikitsalaya Hospital, New Delhi, India. Department of Microbiology, Indira Gandhi Institute of Medical Sciences, Shimla, India. Department of Child Health, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Department of Clinical Microbiology, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Electronic **Address:** vbalaji@cmcvellore.ac.in. INTRODUCTION: Streptococcus pneumoniae is a significant cause of childhood bacterial meningitis in India. The United States Food and Drug Administration has licensed an immunochromatographic (ICT) test, Binax((R))NOW, to detect the C polysaccharide antigen of S. pneumoniae in cerebrospinal fluids (CSF). Accurate etiological diagnosis of bacterial meningitis in India is essential for effective treatment strategies and preventive interventions. MATERIALS AND METHODS: CSF samples from 2081 children admitted, with clinically suspected bacterial meningitis at 11 sentinel sites of hospital based sentinel surveillance network for bacterial meningitis in India between September 2009 and December 2016 were tested with ICT. Concurrent CSF cultures were processed using standard procedures. RESULTS AND DISCUSSION: S. pneumoniae was detected thrice the number of times by ICT than by CSF culture, with a sensitivity and specificity of 100% and 95.3% respectively. This rapid ICT test proves to be of immense use as a diagnostic test for meningitis patients with/without prior antibiotic treatment, especially in facilities with limited laboratory infrastructure in resource limited settings.				
257.	Jayaraman, Y., Veeraraghavan, B., Chethrapilly Purushothaman, G. K., Sukumar, B., Kangusamy, B., Nair Kapoor, A., Gupta, N. and	**INT**	**JAN TO JUNE**	**CLINICAL MICROBIOLOGY**	**PMID:**29768458 **PMC ID:**5955554

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Mehendale, S. M. Burden of bacterial meningitis in India: Preliminary data from a hospital based sentinel surveillance network PLoS One; 2018, 13 (5): e0197198 **Address:** ICMR-National Institute of Epidemiology, Chennai, Tamil Nadu, India. **Christian Medical College, Vellore,**Tamil Nadu, India. Indian Council of Medical Research, New Delhi, India. BACKGROUND: Worldwide, acute bacterial meningitis is a major cause of high morbidity and mortality among under five children, particularly in settings where vaccination for H. influenzae type b, S. pneumoniae and N. meningitidis is yet to be introduced in the national immunization programs. Estimation of disease burden of bacterial meningitis associated with these pathogens can guide the policy makers to consider inclusion of these newer vaccines in the immunization programs. A network of hospital based sentinel surveillance was established to generate baseline data on the burden of bacterial meningitis among children aged less than 5 years in India and to provide a platform for impact assessment following introduction of the Pentavalent and Pneumococcal Conjugate Vaccines (PCV). METHODS: During surveillance carried out in select hospitals across India in 2012-2013, information regarding demographics, immunization history, clinical history, treatment details and laboratory investigations viz. CSF biochemistry, culture, latex agglutination and PCR was collected from children aged 1 to 59 months admitted with suspected bacterial meningitis. RESULTS: A total of 3104 suspected meningitis cases were enrolled from 19,670 children admitted with fever at the surveillance hospitals. Of these, 257 cases were confirmed as cases of meningitis. They were due to S. pneumoniae (82.9%), H. influenzae type b (14.4%) and N. meningitidis (2.7%). Highest prevalence (55.3%) was observed among children 1 to 11 months. Antimicrobial susceptibility testing revealed considerable resistance among S. pneumoniae isolates against commonly used antibiotics such as cotrimoxazole, erythromycin, penicillin, and cefotaxime. More commonly prevalent serotypes of S. pneumoniae in circulation included 6B, 14, 6A and 19F. More than 90% of serotypes identified were covered by Pneumococcal Conjugate Vaccine 13. CONCLUSIONS: We observed that S. pneumoniae was the commonest cause of bacterial meningitis in hospitalized children under five years of age in India. Continued surveillance is expected to provide valuable information and trends in future, to take an				**WOS:**000432329200066 **SCOPUS** **H Index:** 241 **Impact Factor:** 2.766

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	informed decision on introduction of pneumococcal vaccination in Universal Immunization Programme in India and will also eventually help in post-vaccination impact evaluation.				
258.	Jayasimha, S. Apalutamide: A novel therapy for non metastatic castration-resistant carcinoma prostate Indian J Urol; 2018, 34 (4): 305-306 **Address:** Department of Urology, **Christian Medical College, Vellore,**Tamil Nadu, India.	**NAT**	**JAN TO JUNE**	**UROLOGY**	**PMID:**30337791 **PMC ID:**6174721 **SCOPUS** **H Index:** 23 **Impact Factor:** 0.820 (RG)
259.	Jayasree, R., Madhumathi, K., Rana, D., Ramalingam, M., Nankar, R. P., Doble, M. and Kumar, T. S. S. Development of Egg Shell Derived Carbonated Apatite Nanocarrier System for Drug Delivery J Nanosci Nanotechnol; 2018, 18 (4): 2318-2324 **Address:** Medical Materials Laboratory, Department of Metallurgical and Materials Engineering, Indian Institute of Technology Madras, Chennai 600036, India. Centre for Stem Cell Research (CSCR), A Unit of Institute for Stem Cell Biology and Regenerative Medicine-Bengaluru, **Christian Medical College Campus,** Vellore 632002, India. Centre for Stem Cell Research (CSCR), A Unit of Institute for Stem Cell Biology and Regenerative Medicine-Bengaluru, **Christian Medical College Campus,** Vellore 632002, India 3. Department of Biotechnology, Indian Institute of Technology Madras, Chennai 600036, India. Carbonated apatite has a chemical composition quite similar to biological apatite found in native bone. The incorporation of carbonate (CO_3^{2-}) ions groups into the apatitic crystal structure can tailor its crystallinity, solubility and biological activity that benefit the bone repair and regeneration. In this study, we report a simple and elegant method of synthesizing carbonated calcium deficient hydroxyapatite (ECCDHA) nanoparticles from egg shell wastes and its efficacy has been compared with synthetic calcium deficient hydroxyapatite (SCDHA) nanoparticles. Egg shell contains about 94% of calcium carbonate. Fourier transform infrared (FT-IR) spectroscopy results confirmed the carbonate substitution in the apatite as B-type and CHNS/O elemental analysis showed 6 wt.% of carbonate content in ECCDHA. Energy dispersive spectroscopy (EDS) analysis confirmed the presence of biologically relevant elements such as magnesium, strontium, fluoride, potassium etc.,	**INT**	**JUL TO DEC**	**CENTRE FOR STEM CELL RESEARCH (CSCR)**	**PMID:**29442898 **WOS:**000426050500007 **SCOPUS** **H Index:** 93 **Impact Factor:** 1.354

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	in ECCDHA inherited from the egg shell. In vitro cell culture studies confirmed that the ECCDHA is cellular compatible and it has enhanced cell adhesion and proliferation of L6 myoblast cells as compared to SCDHA. The potential of ECCDHA suitable for bone drug applications was tested with an antibiotic drug, doxycycline. The results showed higher drug loading and releasing for ECCDHA as compared to SCDHA during the period of study. Based on these results, the ECCDHA may be considered as a potential bone substitute and drug carrier system.				
260.	Jeba, J., Atreya, S., Chakraborty, S., Pease, N., Thyle, A., Ganesh, A., Palat, G., Matthew, L., Anbarasi, S., Kumar, R., Muckaden, M. A., Barnard, A., Leng, M., Munday, D. and Murray, S. A. Joint position statement Indian Association of Palliative Care and Academy of Family Physicians of India - The way forward for developing community-based palliative care program throughout India: Policy, education, and service delivery considerations J Family Med Prim Care; 2018, 7 (2): 291-302 **Address:** Department of Medical Oncology, **Christian Medical College Hospital, Vellore,** India. Department of Palliative Care and Psycho-oncology, Tata Medical Center, Kolkata, West Bengal, India. Department of Palliative Medicine, AMRI Dhakuria, Kolkata, West Bengal, India. Palliative Medicine, Velindre NHS Trust, Cardiff, Wales, UK. Emmanuel Hospital Association, New Delhi, India. Deptartment of Medicine, G Kuppuswamy Memorial Hospital, Coimbatore, Tamil Nadu, India. MNJ Institute of Oncology and Regional Cancer Center, Hyderabad, Telangana, India. Institute of Palliative Medicine, Kozhikode, Kerala, India. Department of Distance Education, **Christian Medical College Hospital, Vellore,** India. Academy of Family Physicians of India, Mumbai, Maharashtra, India. Department of Palliative Medicine, Tata Memorial Centre, Mumbai, Maharashtra, India. School of Public Health and Family Medicine, University of Cape Town, Cape Town, South Africa. Makerere University, Kampala, Uganda. National Academy of Medical Sciences, Kathmandu, Nepal. St Columba's Hospice Chair of Primary Palliative Care, The Usher	**NAT**	**JAN TO JUNE**	**MEDICAL ONCOLOGY, DISTANCE EDUCATION**	**PMID:**30090767 **PMC ID:**6060921 **H Index:** NA **Impact Factor:** 0.670 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Institute of Population Health Sciences and Informatics, The University of Edinburgh, Edinburgh, Scotland. Purpose: This joint position statement, by the Indian Association of Palliative Care (IAPC) and Academy of Family Physicians of India (AFPI), proposes to address gaps in palliative care provision in the country by developing a community-based palliative care model that will empower primary care physicians to provide basic palliative care. Evidence: India ranks very poorly, 67th of 80 countries in the quality of death index. Two-thirds of patients who die need palliative care and many such patients spend the last hours of life in the Intensive care unit. The Indian National Health Policy (NHP) 2017 and other international bodies endorse palliative care as an essential health-care service component. NHP 2017 also recommends development of distance and continuing education options for general practitioners to upgrade their skills to provide timely interventions and avoid unnecessary referrals. Methods: A taskforce was formed with Indian and International expertise in palliative care and family medicine to develop this paper including an open conference at the IAPC conference 2017, agreement of a formal liaison between IAPC and AFPI and wide consultation leading to the development of this position paper aimed at supporting integration, networking, and joint working between palliative care specialists and generalists. The WHO model of taking a public health approach to palliative care was used as a framework for potential developments; policy support, education and training, service development, and availability of appropriate medicines. Recommendations: This taskforce recommends the following (1) Palliative care should be integrated into all levels of care including primary care with clear referral pathways, networking between palliative care specialist centers and family medicine physicians and generalists in community settings, to support education and clinical services. (2) Implement the recommendations of NHP 2017 to develop services and training programs for upskilling of primary care doctors in public and private sector. (3) Include palliative care as a mandatory component in the undergraduate (MBBS) and postgraduate curriculum of family physicians. (4) Improve access to necessary medications in urban and rural areas. (5) Provide relevant in-service training and support for palliative care to all levels of service providers including primary care and community staff. (6) Generate public awareness about palliative care and empower the community to identify those with chronic disease and provide support for those choosing to die at home.				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
261.	Jeba, J., Cherian, R. M., Thangakunam, B., George, R. and Visalakshi, J. Prognostic Factors of Malignant Pleural Effusion among Palliative Care Outpatients: A Retrospective Study Indian J Palliat Care; 2018, 24 (2): 184-188 **Address:** Department of Medical Oncology, **Christian Medical College Hospital,** Alleppey, Kerala, India. Department of Radiation Oncology, Prathyasa Cancer Hospital, Alleppey, Kerala, India. Department of Pulmonary Medicine, Palliative Care Unit, Vellore, Tamil Nadu, India. Department of Radiotherapy, Palliative Care Unit, Vellore, Tamil Nadu, India. Department of Biostatistics, **Christian Medical College Hospital, Vellore,** Tamil Nadu, India. Background: Malignant pleural effusion (MPE) has varied survival and indicates advanced disease. LENT prognostic score is the first validated score used for MPE. This study assessed the role of LENT among palliative care cancer patients and assessed different patient, tumor, and treatment related factors that may affect survival. Methods: A retrospective study of advanced cancer patients with MPE, seen in palliative care outpatient clinic (2013-2015) until death, was done. LENT prognostic score could be calculated in 15 patients. Patient, tumor, and treatment related factors that affect survival were assessed. Results: The study included 48 patients (70.8% female; 29.2% male) with a median age of 53 years. Lung (41.7%) was the most common primary, and adenocarcinoma (44.7%) was the most common histology. The median overall survival (OS) was 14.5 months (interquartile range [IQR]: 5.25-32.75) and median survival time (ST) was 3 months (IQR: 1-7.75). ST was significantly low with poor Eastern Cooperative Oncology Group (ECOG) performance status ($P = 0.002$), bilateral effusion ($P < 0.001$), and with no oncological treatment after MPE diagnosis ($P < 0.001$). OS and ST were significantly low with lung primary ($P = 0.006$ and 0.02, respectively). Age, gender, breathlessness, tumor histology, lung metastasis, and interventions for MPE did not significantly affect survival. The median ST in the moderate and high risk LENT groups was 6 and 3 months, respectively ($P = 0.16$). Conclusion: ECOG performance status, bilateral effusion, and no oncological treatment after diagnosis of MPE were associated with poor ST. Lung primary	**NAT**	**JAN TO JUNE**	**MEDICAL ONCOLOGY, PULMONARY MEDICINE, PALLIATIVE CARE UNIT, BIOSTATISTICS, RADIOTHERAPY**	**PMID:**29736123 **PMC ID:**5915887 **SCOPUS** **H Index:** 16 **Impact Factor:** 0.550 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	was associated with shorter OS and ST. Small numbers precluded any definitive conclusion on the prognostic value of LENT in our group of patients, and hence larger studies are recommended.				
262.	Jebasingh, K, Naik, Dukhabandhu and Thomas, Nihal Subclinical hypothyroidism Current Medical Issues; 2018, 16 (2): 39-41 Subclinical hypothyroidism (SCH) is defined as an elevated serum thyroid-stimulating hormone level with a normal total and free thyroxine (T4) level. There is a certain degree of debate regarding the risks associated with this condition and whether treatment is beneficial. Individuals with SCH are either asymptomatic or present with milder symptoms than those with overt hypothyroidism. Although SCH does not cause significant clinical abnormalities, there are certain long-term consequences which have been documented. The diagnosis is based purely on biochemical investigations. Treatment of this condition is not indicated in all cases since thyroid function tests tend to normalize in 6%–35% of patients. However, there are specific clinical indications for treatment and oral levothyroxine is the treatment of choice in such situations.	**NAT**	**JAN TO JUN**	**MEDICINE, ENDOCRINOLOGY**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA
263.	Jehangir, S., Nanjundaiah, P., Sigamani, E., Burad, D., Manipadam, M. T., Lea, V., Ly, T. and Holland, A. J. A. Pathological prognostication of paediatric adrenocortical tumours: Is a gold standard emerging? Pediatr Blood Cancer; 2018, Dec 11; e27567 Address: Department of Paediatric Surgery, **Christian Medical College, Vellore**, India. Department of Paediatric Surgery, The Children's Hospital at Westmead, Sydney, Australia. Department of Clinical Pathology, **Christian Medical College, Vellore**, India. Department of Anatomical Pathology, The Children's Hospital at Westmead, Sydney, Australia. University of Sydney School of Medicine, Sydney, Australia. BACKGROUND: Criteria for the pathological classification of adult adrenocortical tumours (ACTs) have been found to overestimate the malignant potential of childhood ACTs. We sought to evaluate the accuracy and utility of criteria developed for paediatric ACT	**INT**	**JUL TO DEC**	**PAEDIATRICS, HAEMATOLOGY, NEPLASMS**	**PMID:30548169** **H Index:** 91 **Impact Factor:** 2.646

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	compared to current criteria for adults. METHODS: ACTs treated between January 2006 and December 2016 in two paediatric institutions were evaluated. Patients classified clinically as malignant (CM) had locally invasive disease at surgery requiring extensive en bloc resection to achieve clear margins, had local recurrence or distant metastasis. Slides were reviewed by pathologists blinded to the clinical outcome. A grade was assigned to each tumor according to the Weiss, Aubert, Wieneke and Dehner-Hill criteria. The pathological grade was compared to the clinical outcome. RESULTS: The median follow-up was 60 months (interquartile range 25-80 months). Based on clinical criteria, of 22 patients 14 (64%) had a benign course and eight (34%) behaved malignant. The malignant potential was overestimated by Weiss criteria in 23% and Aubert criteria in 27%. Wieneke and Dehner-Hill criteria showed good clinicopathological correlation; no child who had a benign course was classified as malignant. The Dehner-Hill criteria, however, classified five (23%) children as intermediate risk of which three had a clinically benign and two a CM course. CONCLUSION: The Wieneke criteria accurately predicts the clinical course in childhood ACTs and could be considered the gold standard in their pathological characterization.				
264.	Jeyakumar, A. K. and Segaran, F. Prevalence and risk factors of low back pain and disability index among operating room nurses Journal of Perioperative Nursing; 2018, 31 (3): 21-24	**INT**	**JAN TO JUNE**	**NURSING**	**SCOPUS** **H Index:** NA **Impact Factor:** NA
265.	Jha, U. M., Dhingra, N., Raj, Y., Rewari, B. B., Jeyaseelan, L., Harvey, P., Chavan, L., Saggurti, N. and Dc, S. Reddy Survival of Children Living with Human Immunodeficiency Virus on Antiretroviral Therapy in Andhra Pradesh, India Indian Pediatr; 2018, 55 (4): 301-305 **Address:** National AIDS Control Organization, New Delhi,India. Correspondence to: Ugra Mohan Jha, National AIDS Control Organization, New Delhi, India. ugramohan@gmail.com. National AIDS Control Organization, New Delhi,India. Independent consultants, New Delhi, India. **Christian Medical College, Vellore,**India. Center for Disease Control and Prevention, Global Health-India, New Delhi, India. World Health Organization, New Delhi, India. Bill and Melinda Gates Foundation, New Delhi; India.	**NAT**	**JAN TO JUNE**	**BIOSTATISTICS**	**PMID:**29428912 **WOS:**000431271400006 **H Index:** 43 **Impact Factor:** 1.145

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	OBJECTIVE: To assess the survival probability and associated factors among children living with human immunodeficiency virus (CLHIV) receiving antiretroviral therapy (ART) in India. METHODS: The data on 5874 children (55% boys) from one of the high HIV burden states of India from the cohort were analyzed. Data were extracted from the computerized management information system of the National AIDS Control Organization (NACO). Children were eligible for inclusion if they had started ART during 2007-2013, and had at least one potential follow-up. Kaplan Meier survival and Cox proportional hazards models were used to measure survival probability. RESULTS: The baseline median (IQR) CD4 count at the start of antiretroviral therapy was 244 (153, 398). Overall, the mortality was 30 per 1000 child years; 39 in the <5 year age group and 25 in 5-9 year age group. Mortality was highest among infants (86 per 1000 child years). Those with CD4 count </= 200 were six times more likely to die (adjusted HR: 6.3, 95% CI 3.5, 11.4) as compared to those with a CD4 count of >/=350/mm3. CONCLUSION: Mortality rates among CLHIV is significantly higher among children less than five years when the CD4 count at the start of ART is above 200. Additionally, lower CD4 count, HIV clinical staging IV, and lack of functional status seems to be associated with high mortality in children who are on ART.				
266.	Jha, Vijoy, Padmaprakash, K and Pandey, Rajesh Diuretic strategies in medical disorders Current Medical Issues; 2018, 16 (2): 60-67 Diuretics are often the cornerstone of treatment for volume overload in the emergency setting. The pharmacokinetic and pharmacodynamic properties of diuretics differ in various clinical scenarios. The choice of a diuretic, its maximum dosage, and spacing of doses are important clinical issues which every medical practitioner needs to be aware of. In this review, we discuss the pharmacokinetic and pharmacodynamic properties of diuretics, their therapeutic implications, and best strategies for use in various clinical conditions.	**NAT**	**JAN TO JUN**	**MEDICINE**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA
267.	Jiwanmall, S. A., Kattula, D., Nandyal, M. B., Devika, S., Kapoor, N., Joseph, M., Paravathareddy, S., Shetty, S., Paul, T. V., Rajaratnam, S., Thomas, N., Abraham, V. and Samarasam, I. Psychiatric Burden in the Morbidly Obese in Multidisciplinary Bariatric Clinic in South India	**NAT**	**JAN TO JUNE**	**PSYCHIATRY, SURGERY**	**PMID:**29962568 **PMC ID:**6009005 **SCOPUS** **H Index:** 13 **Impact Factor:** 0.740 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Indian J Psychol Med; 2018, 40 (2): 129-133 **Address:** Department of Psychiatry, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Epidemiology, ICMR-National Institute for Research in Environmental Health, Madhya Pradesh, India. Department of Endocrinology, Diabetes and Metabolism, **Christian Medical College, Vellore,**Tamil Nadu, India. Non Communicable Diseases Unit, Melbourne School of Population and Global Health, University of Melbourne, Melbourne, Australia. Department of Surgery, **Christian Medical College, Vellore,**Tamil Nadu, India. Background: Obesity is a global epidemic. Bariatric surgery is being considered as the treatment of choice in morbid obesity. Psychiatric comorbidity affects outcomes in this population. There is a dearth of data on psychiatric profile of the morbidly obese from Indian subcontinent. We studied people with morbid obesity to estimate the psychiatric burden among them and to identify factors associated for developing psychiatric disorders. Methodology: This is a cross-sectional study done in a bariatric clinic of a tertiary care teaching hospital in South India. Sixty morbidly obese patients were evaluated by psychiatrists and data from medical records were collected and analyzed. Prevalence of psychiatric disorders was estimated. They were compared with patients without psychiatric disorders using appropriate statistical tests. Results: Nearly 33.33% of the patients had a psychiatric disorder. Depression and dysthymia accounted for about half of those cases. The variables that were associated with psychiatric disorders were current suicidal ideation, past self-injurious behavior, perceived poor social support, and past psychiatric history. Conclusion: One-third of the morbidly obese patients having psychiatric disorder is suggestive of high comorbidity. Considering this active involvement of psychiatrists in bariatric clinic would be useful.				
268.	Job, A., Naina, P., Syed, K. A., Thomas, M., John, M. and Varghese, A. M. Validation of a drooling questionnaire in Indian children with cerebral palsy Int J Pediatr Otorhinolaryngol; 2018, 112 55-60 **Address:** -Department of ENT, **Christian Medical College, Vellore,**632004, India. -Department of ENT, **Christian Medical College, Vellore,**632004, India. Electronic **Address:** drp.naina@hotmail.com.	**INT**	**JAN TO JUNE**	**ENT, NEUROLOGICAL SCIENCES,**	**PMID:**30055740 **WOS:**000441493000010 **SCOPUS** **H Index:** 66 **Impact Factor:** 1.305

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	-Department of Neurological Sciences, **Christian Medical College, Vellore,**632004, India. BACKGROUND: Drooling of saliva is a common problem in children with cerebral palsy. In addition to causing impairment in articulation, drooling also affects socialization, interpersonal relationships and integration into society for these children. There are various methods to assess drooling which measure directly the amount of saliva drooled. However the most convenient and popular method is the use of questionnaires which are mostly western based and need slight modification for the Indian scenario Aim-Validation of a modified questionnaire for the assessment of drooling in children with cerebral palsy. METHOD: The modified questionnaire was administered to parents of children with cerebral palsy willing to participate in the study. The drooling score was compared with objective tests, namely cotton pad test and drooling quotient. Internal consistency was assessed using the Cronbach's alpha, test retest reliability by Intraclass Correlation and sensitivity analysis by the Receiver operating characteristic curve. RESULTS: The modified questionnaire was found to be easy to administer. The Cronbach's alpha coefficient was between 0.867 and 0.879 which implies a high degree on internal consistency. The intraclass correlation and the test retest reliability was found to be statistically significant with a p value<0.001 which show that the questionnaire was highly reliable for repeat administration as well as administration by different investigators. The ROC Area was found to be 0.94 with a standard error of 0.02 with a 95% confidence interval of 0.88-0.99, which suggests that the score has great specificity, closer agreement between specificity and sensitivity and excellent precision. CONCLUSION: Our modified questionnaire was easy to administer, highly reliable and valid with high internal consistency. A score of 24 on the questionnaire was found to be the most sensitive and specific point to discriminate between the mild and severe droolers in children with cerebral palsy.				
269.	John Binu, A., Kumar Mishra, A., Gunasekaran, K. and Iyadurai, R. Cardiovascular manifestations and patient outcomes following snake envenomation: a pilot study Trop Doct; 2018, Nov 28; 49475518814019 Address: Department of General Medicine, Christian Medical College and Hospital, Vellore, Tamil Nadu, India. Cardiotoxicity in snake envenomation has not been adequately explored in the literature. This retrospective, observational study	**NAT**	**JUL TO DEC**	**TROPICAL MEDICINE**	**PMID:30486743** **H Index:** 30 **Impact Factor:** 0.660 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	analysed clinical profiles and cardiovascular effects (CVE), with associated outcomes, in snake envenomation. Thirty-four patients were recruited between April 2014 and October 2017. Cardiovascular involvement was seen in 24 (70.6%) patients. Electrocardiographic changes included prolonged QTc (62.5%), T-wave inversion (37.5%) and tall T-waves (12.5%). Hospital stay was 7.2 (SD = 5.3) days and 4.4 (SD = 2.4) days in CVE and non-CVE groups respectively (P value = 0.04). Mechanical ventilation was required only in nine of the CVE group (37.5%; P value = 0.03). Shock was observed in seven patients (20.6%). Two of the patients in the CVE group (5.9%) died (P value = 1.0); the majority had good outcomes with early administration of anti-venom serum and appropriate supportive measures. Thus, inpatient stay and mechanical ventilation were significantly increased in snake envenomation with CVEs, especially where an underlying co-morbidity existed.				
270.	John, D., Paul, P., Abraham, L., Babu, M., Peravali, V. and Kuriakose, T. Profile and causes of low vision and blindness in children from two schools for the blind in Tamil Nadu, Southern India Journal of Clinical and Diagnostic Research; 2018, 12 (9): NC05-NC07 **Address:** Department of Ophthalmology, **Christian Medical College, Vellore,**Tamil Nadu, India Department of Biostatistics, **Christian Medical College, Vellore,**Tamil Nadu, India Introduction: World Health Organisation's (WHO) "Vision 2020" right to sight programme gives high priority towards control of ChildHood Blindness (CHB). Blind school screening provides data on the causes of CHB to focus on health care programmes towards prevention of CHB. Aim: To determine the causes of CHB seen in local schools for the blind, to compare these with reports from India and focus on changes in the causes of CHB over the years. Materials and Methods: A cross-sectional study was conducted in two schools for the blind in Tamil Nadu, India. Children less than 18 years were included. Best Corrected Visual Acuity (BCVA), anterior segment and dilated fundus examination was done for all children. Information was gathered as per WHO prevention of blindness (WHO/PBL) form. Results: BCVA in the better eye was 6/24 to 3/60 in 31 children (16.8%), <3/60 to no perception of light in 154 children (83.2%). The causes of blindness based on anatomical site	**NAT**	**JUL TO DEC**	**OPHTHALMOLOGY, BIOSTATISTICS**	**SCOPUS** **H Index:** 22 **Impact Factor:** 0.650 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	were retina 77(41.5%), whole globe 59(32%), cornea 14(7.5%), optic nerve 14(7.5%), lens 10(5.7%), refractive error in 7(3.8%) and uvea in 4(2%). Hence, 14(7.5%) of the causes were preventable and 21(11.4%) were treatable; thus 35(18.9%) were avoidable causes of blindness. Conclusion: Retinal dystrophies were the major cause of CHB in our study. Posterior segment anomalies contributed to 50% of the causes for CHB. Our study showed that one-fifth of children had avoidable blindness. Regular screening in well baby clinics, schools and in the community is needed for early identification of avoidable blindness in children.				
271.	John, H. B., Padankatti, S. M., Kuruvilla, K. A., Rebekah, G. and Rajapandian, E. Effectiveness of oral motor stimulation administered by mothers of preterm infants- A pilot study Journal of Neonatal Nursing; 2018, 24 (5): 261-265 **Address:** Department of Neonatology, **Christian Medical College, Vellore,**India Department of Occupational Therapy, **Christian Medical College, Vellore,**India Department of Biostatistics, **Christian Medical College, Vellore,**India Objective: The study evaluated the effectiveness of teaching mothers of very preterm infants, an oral motor stimulation protocol. Design: Single blinded randomized controlled trial. Participants: Twenty one mothers of very premature infants (≤32 weeks) were randomly allocated to the intervention (n = 10) and control groups (n = 11). Methods: Mothers in the intervention group were trained to administer an oral motor stimulation program for their infant. In the control group the intervention was administered by the therapist. The outcome measures and neonatal breastfeeding behaviors were recorded and assessed by a blinded observer. Results: The behavioral state at the start of breastfeeding, the quiet alert state, was significantly better in the intervention group. Outcomes such as length of hospitalization, average weight gain per day and time to transition to complete oral feeds were not significantly different between the groups. Conclusion: As a measure of family centered care, teaching mothers to administer oral motor stimulation for their infants, improves feeding behavior.	**INT**	**JAN TO JUNE**	**NEONATOLOGY, OCCUPATIONAL THERAPY, BIOSTATISTICS**	**SCOPUS** **H Index:** 16 **Impact Factor:** 0.280 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
272.	John, H. B., Philip, R. M., Santhanam, S., Padankatti, S. M., Sebastian, T., Balan, I. and Rajapandian, E. Activity based group therapy reduces maternal anxiety in the Neonatal Intensive Care Unit - a prospective cohort study Early Hum Dev; 2018, 123 17-21 **Address:** Department of Neonatology, **Christian Medical College, Vellore,**India. Electronic **Address:** himajb.cmc@gmail.com. Department of Occupational Therapy, **Christian Medical College, Vellore,**India. Department of Neonatology, **Christian Medical College, Vellore,**India. Department of Biostatistics, **Christian Medical College, Vellore,**India. BACKGROUND: A large proportion of mothers in the Neonatal Intensive Care Unit (NICU) experience psychological distress, which is associated with adverse infant and parenting outcomes. Interventions addressing maternal anxiety in the NICU are scarce. AIMS: To assess the effect of activity based group therapy on maternal anxiety in the NICU when compared to a control group. STUDY DESIGN: The study was a prospective phase lag cohort study. In Phase 1 the control group was recruited and assessed using the State-Trait Anxiety Inventory (STAI-S) once at recruitment and again 4weeks later. In phase 2, mothers were invited to take part in activity-based groups of 1h duration once a week for 4weeks. The STAI-S was administered before and after every group session. SUBJECTS: Mothers of babies admitted in the NICU who consented to participate, had a working knowledge of Tamil or English and were likely to stay for 4weeks for the treatment were included. OUTCOME MEASURES: State anxiety assessed using the STAI-S. RESULTS: Seventeen mothers each in the control and experimental groups completed the study. In the experimental group, there was a significant reduction in the post-test anxiety scores when compared to the pre-test in the first (p=0.005), third (p=0.07) and fourth (p=0.009) sessions. The post-test anxiety scores of the intervention group was significantly lower than that of the control group (p=0.009). CONCLUSION: Activity based group therapy is effective as an intervention in reducing maternal anxiety in the NICU. SUMMARY: Anxiety in mothers of infants admitted in the NICU has been associated with adverse infant and parenting outcomes. This study evaluated the feasibility and effectiveness of an activity based group intervention to reduce anxiety levels in mothers in the NICU. The study was a prospective phase lag cohort	**INT**	**JAN TO JUNE**	**NEONATOLOGY, OCCUPATIONAL THERAPY, BIOSTATISTICS**	**PMID:**30031995 **WOS:**000445986700004 **SCOPUS** **H Index:** 82 **Impact Factor:** 2.025

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	study. Anxiety levels were assessed in mothers in the control group at recruitment and then 4weeks later. In the intervention group, activity based group sessions were conducted once a week for 4weeks. State anxiety was assessed before and after every group session. In the intervention group the anxiety levels were significantly lower in the post-test, when compared to the pre-test. Also the number of mothers suffering from moderate to severe anxiety and the anxiety scores in the post-test were significantly lower in the intervention group when compared to the control group. We conclude that activity based group sessions are effective in reducing the state anxiety in mothers in the NICU. Improving maternal psychological wellbeing may indirectly contribute to better infant outcomes.				
273.	John, H. B., Suraj, C., Padankatti, S. M., Sebastian, T. and Rajapandian, E. Nonnutritive Sucking at the Mother's Breast Facilitates Oral Feeding Skills in Premature Infants: A Pilot Study Adv Neonatal Care; 2018, **Address:** Departments of Neonatology (Ms John), Physical Medicine and Rehabilitation (Ms Suraj), Occupational Therapy (Messrs Padankatti and Rajapandian), and Biostatistics (Ms Sebastian), **Christian Medical College, Vellore,**Tamil Nadu, India. BACKGROUND: Premature infants have difficulties in transitioning from gavage to breastfeeding. Targeted interventions to support breastfeeding in premature infants in the neonatal intensive care unit are scarce. PURPOSE: This pilot study evaluates the effectiveness of nonnutritive sucking at the mother's breast in premature infants to facilitate breastfeeding performance and exclusive breastfeeding. METHODS: The study design constituted a single-blinded randomized control trial, with 9 participants randomly allocated into experimental (n = 4) and control (n = 5) groups. The intervention, nonnutritive sucking at the mother's breast thrice a day for 5 minutes, till nutritive breastfeeding was started, was done in addition to standard care, which was nonnutritive sucking on a finger during gavage feeds. The control group received only standard care. Nonnutritive sucking was assessed using "Stages of Nonnutritive Sucking Scale," and breastfeeding performance was assessed using the "Preterm Infant Breastfeeding Behavior Scale" by a blinded assessor unaware of the infants' allocation. RESULTS: Five infants in the control arm and 4 in the intervention arm completed the study. The infants in the	**INT**	**JAN TO JUNE**	**PHYSICAL MEDICINE AND REHABILITATION, OCCUPATIONAL THERAPY, BIOSTATISTICS**	**PMID:**30102620 **H Index:** 34 **Impact Factor:** 0.480 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	intervention group showed faster transition to mature stages of nonnutritive sucking (P = .05) and had longer sucking bursts during breastfeeding (P = .06) than those in the control group. There was no difference in the rates of exclusive breastfeeding at 6 months in the intervention and control groups. IMPLICATIONS FOR PRACTICE: Early initiation of nonnutritive sucking at the mother's breast in very preterm infants is a safe and effective intervention to facilitate maturation of oral feeding and breastfeeding behavior. IMPLICATIONS FOR RESEARCH: Nonnutritive sucking at the mother's breast can be explored as an intervention, with a larger sample, to facilitate exclusive breastfeeding and to establish intervention fidelity.				
274.	John, J., Bavdekar, A., Rongsen-Chandola, T., Dutta, S. and Kang, G. Estimating the incidence of enteric fever in children in India: a multi-site, active fever surveillance of pediatric cohorts Bmc Public Health; 2018, 18 (1): 594 **Address:Christian Medical College, Vellore,**India. KEM Hospital and Research Centre, Pune, India. Society for Applied Studies, New Delhi, India. National Institute for Cholera and Enteric Diseases, Kolkata, India. **Christian Medical College, Vellore,**India. gkang@cmcvellore.ac.in. BACKGROUND: Salmonella Typhi is responsible for about 20 million episodes of illness and over 140,000 deaths annually globally. South Asia has the highest documented burden of typhoid and is home to the multi-drug resistant H58 strain that makes treatment more challenging. The WHO recommends the use of Typhoid Conjugate Vaccines in typhoid endemic countries. Decisions on the preferred immunization strategy should be based on an analysis of disease burden, availability, affordability, and operational feasibility. Typhoid vaccines have so far remained unimplemented as public health measures because of a perceived decline in typhoid burden in recent years. The apparent decline, based on hospital reports, may be a result of rampant antimicrobial use in the community and therefore estimation of disease incidence at the community is necessary to better measure disease incidence and transmission. METHODS: Age-specific incidence of typhoid fever in children between 6 months and 15 years will be estimated in four community based cohorts in varied settings across India using standardized protocols for active fever surveillance in the	**INT**	**JAN TO JUNE**	**WELLCOME RESEARCH UNIT**	**PMID:**29724223 **PMC ID:**5934828 **WOS:**000431863200007 **H Index:** 103 **Impact Factor:** 2.420

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	community. Data will be collected on secured cloud infrastructure using a combination of android and web-based real-time data collection tools. Blood cultures will be done for children with fever lasting 3 or more consecutive days using automated blood culture systems. Those with blood-culture confirmed typhoid fever will be followed up till 90 days to estimate costs and clinical outcomes of the illness episodes. Environmental factors, access to safe water, sanitation, hygiene, food hygiene, demography, population density and socioeconomic status will be assessed periodically to characterise risk factors and permit extrapolation of burden to similar risk settings. DISCUSSION: With the availability of licensed typhoid conjugated vaccines in India, it is important to consider whether the burden of disease is present and sufficient to require the use of vaccine in addition to other interventions. Active case finding in the community permits the detection of cases that would be missed in facility-based surveillance systems. Understanding the age distribution, burden, cost-of-illness and transmission of disease is essential to plan interventions and predict their potential impact. TRIAL REGISTRATION: The surveillance has been prospectively registered in the Clinical Trial Registry of India (CTRI/2017/09/009719) on 12 September 2017.				
275.	John, J., Varghese, R., Lionell, J., Neeravi, A. and Veeraraghavan, B. Non-vaccine Pneumococcal Serotypes Among Children with Invasive Pneumococcal Disease Indian Pediatr; 2018, 55 (10): 874-876 **Address:** Department of Clinical Microbiology, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Department of Clinical Microbiology, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Correspondence to: Dr Balaji Veeraraghavan, Department of Clinical Microbiology, **Christian Medical College and Hospital, Vellore** 632004, Tamil Nadu, India. vbalaji@cmcvellore.ac.in. OBJECTIVE: To report the percentage of non-vaccine pneumococcal serotypes and their antibiotic susceptibility pattern in children with invasive peumococcal disease. METHODS: Invasive pneumococcal isolates of children <5 years during January 2007 to December 2016 were serotyped by a co-agglutination reaction and sequential multiplex polymerase chain reaction. RESULTS: Among the total 170 S. pneumoniae invasive isolates, 54 (31.8%) and 44 (25.9%) were the serotypes, which are not included in current 10-valent or	**NAT**	**JUL TO DEC**	**CLINICAL MICROBIOLOGY**	**PMID:**30426954 **WOS:**000447807900007 **SCOPUS** **H Index:** 43 **Impact Factor:** 1.145

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	13-valent vaccines, respectively. Very low resistance was observed against penicillin (4.5%) and all isolates were susceptible to cefotaxime. CONCLUSIONS: One-fourth to one-third of the S. pneumoniae serotypes in under-five children with invasive pneumococcal disease are not covered by existing pneumococcal vaccines in India.				
276.	John, K., Gunasekaran, K., Kodiatte, T. A. and Iyyadurai, R. Cutaneous botryomycosis of the foot: A case report and review of literature Indian J Med Microbiol; 2018, 36 (3): 447-449 **Address:** Department of Medicine Unit V, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of General Pathology, **Christian Medical College, Vellore,**Tamil Nadu, India. Botryomycosis is a chronic bacterial infection that manifests clinically as tumours or plaques that are often ulcerated and have discharging sinuses draining small white-coloured granules. Therefore, they closely mimic mycetoma or other fungal infections. It is most commonly caused by Staphylococcus aureus. It can present as cutaneous or visceral disease. The cutaneous form can invade deep tissue leading to extensive destruction and disfigurement. A 31-year-old female presented with progressive swelling of her right foot over a period of 8 years. She had a disfigured right foot with multiple sinuses discharging pus. X-ray and magnetic resonance imaging of the foot showed invasion and destruction of the deep layers of the foot including the bone. Deep biopsy from the foot showed an abscess cavity with Gram-positive cocci within and bacterial culture grew S. aureus establishing the diagnosis of botryomycosis. Botryomycosis is a rare presentation of a common pathogen and needs to be considered while evaluating a chronic invasive subcutaneous infection.	**NAT**	**JAN TO JUNE**	**MEDICINE UNIT V, GENERAL PATHOLOGY**	**PMID:**30429406 **H Index:** 40 **Impact Factor:** 1.157
277.	John, M. J., Mathew, A., Bhat, S., Prabhakaran, A., George, B. and John, J. Post stem cell transplantation revaccination: A survey of the current practices in India Vaccine; 2018, 36 (16): 2176-2180 **Address:** Department of Clinical Haematology, Haemato-Oncology & Bone Marrow (Stem Cell), Transplantation, **Christian Medical College,**Ludhiana 141008, Punjab, India. Electronic **Address:** mjosephjohn@gmail.com.	**INT**	**JUL TO DEC**	**CLINICAL HAEMATOLOGY, COMMUNITY HEALTH AND PREVENTIVE MEDICINE**	**PMID:**29530635 **WOS:**000430525400016 **SCOPUS** **H Index:** 159 **Impact Factor:** 3.285

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Department of Clinical Haematology, Haemato-Oncology & Bone Marrow (Stem Cell), Transplantation, **Christian Medical College,**Ludhiana 141008, Punjab, India. Electronic **Address:** amrithmathew@yahoo.com. Pediatric Hematology, Oncology and Bone Marrow Transplantation, Mazumdar Shaw Cancer Centre, Narayana Health City, Bangalore, India. Electronic **Address:** sunilbhat_9@hotmail.com. Department of Haematology, Deenanath Mangeshkar Hospital, Pune, Maharashtra, India. Electronic **Address:** anu16prabha@live.com. Department of Clinical Haematology, **Christian Medical College, Vellore,**India. Electronic **Address:** biju@cmcvellore.ac.in. Department of Community Health and Preventive Medicine, **Christian Medical College, Vellore,**India. Electronic **Address:** jebu@cmcvellore.ac.in. BACKGROUND: Hematopoietic stem cell transplant (HSCT) recipients are more susceptible to infections from vaccine preventable diseases (VPDs) than the general population. Indian stem cell transplant registry (ISCTR) post-BMT vaccination guidelines were formulated in 2015. The objective of the survey was to assess the compliance to these guidelines among transplant physicians in India. MATERIALS AND METHODS: This is a cross-sectional survey executed as the quantitative research strategy to explore the various aspects of vaccination practices among transplant physicians in India. The 'data collection tool' included 36 predetermined questions related to vaccination of the patients and their close contacts. Theoretical construct of the questionnaire was face-validated and questionnaire survey forms were emailed individually as attachments or by google forms. This study is being reported based on the checklist for reporting results of internet e-surveys statement guidelines. RESULTS: Survey forms were sent to 105 transplant physicians in India, 62% of whom responded representing 78.8% of transplant centers in India. More than 90% of allogeneic transplant physicians and 64% of autologous transplant physicians offered vaccination. Over two third of the physicians responded that they would discontinue vaccination at the onset of cGVHD. Fewer than one third physicians offered vaccination against Hepatitis A, Typhoid or Meningococcal infections. Forty two percent of respondents were unaware of the ISCTR post-BMT vaccination protocol. Only 47% of respondents reported complete adherence to any of the protocols they were following. Immune reconstitution to guide vaccination was available				

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	only to 13.3 percent of respondents. CONCLUSION: There is a need to improve the implementation strategies of vaccination in HSCT recipients to increase the adherence and continuation of it even in the presence of GVHD. There is also a need to extend the vaccination among VPDs especially prevalent in India.				
278.	John, N. T. Bilateral calcified renal artery aneurysms: Not evercalcification is a calculus! Journal of Association of Physicians of India; 2018, 66 (October): 80 **Address:** Department of Urology, **Christian Medical College, Vellore,**Tamil Nadu, India	**NAT**	**JUL TO DEC**	**UROLOGY**	**SCOPUS** **H Index:** 51 **Impact Factor:** 0.370 (RG)
279.	John, R., Kurian, J. J., Sen, S., Gupta, M. K., Jehangir, S., Mathew, L. G. and Mathai, J. Clinical outcomes of children with Wilms tumor treated on a SIOP WT 2001 protocol in a tertiary care hospital in south India J Pediatr Urol; 2018, **Address:** Department of Paediatric Oncology, **Christian Medical College, Vellore,**India. Department of Paediatric Surgery, **Christian Medical College, Vellore,**India. Electronic **Address:** jujjujacobkurian@gmail.com. Department of Paediatric Surgery, **Christian Medical College, Vellore,**India. INTRODUCTION: Wilms tumor is the most common pediatric renal malignancy. While developed countries have had excellent survival, it remains poorer by comparison in developing countries. The aim was to analyze the clinical outcome of children with Wilms tumor managed in a developing country from 2004 to 2014 by the SIOP WT 2001 protocol. METHODS: Fifty-nine children with Wilms tumor managed by a SIOP WT 2001 regimen from 2004 to 2014 were analyzed. RESULTS: The median age at presentation was 36 months, and 59% were boys. The average size of the tumor at presentation was 523 mL. Inferior vena cava thrombus was present in 11, distant metastases in 18, and bilateral tumors in six. Preoperative chemotherapy was given to all children after a diagnostic core needle biopsy. Preoperative chemotherapy reduced the tumor size to a mean of 208 mL and resolved venacaval thrombus in eight. Fifty-five children underwent definitive surgery while two children died during preoperative chemotherapy and two remained inoperable. All surviving children received adjuvant chemotherapy with 17 receiving radiotherapy as well. The overall	**INT**	**JAN TO JUNE**	**PAEDIATRIC ONCOLOGY, PAEDIATRIC SURGERY**	**PMID:**30017606 **SCOPUS** **H Index:** 34 **Impact Factor:** 1.935

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	survival (OS) was 80% and the event-free survival (EFS) was 73% after a mean follow up of 42 months after completion of therapy. DISCUSSION: The tumor volumes at presentation and the incidence of venous tumor thrombosis in our cohort were much higher than those reported from developed countries. The incidence of metastatic disease at diagnosis (30.5%) was significantly higher than the 10-12% reported in Western data, but similar to that reported from various developing countries (14.1-31%). The OS in our cohort was 80% and the EFS was 73% with there being no events after 28 months. Although the survival rate for localized disease is similar to that in developed countries, the OS for metastatic disease was significantly less (50% vs. 75%). We also found that using an upfront posterior flank core biopsy was safe and beneficial for differentiating Wilms tumor from other pediatric renal tumors that are less chemosensitive. CONCLUSION: In a resource-restricted environment such as ours, the SIOP WT 2001 protocol has been found to show excellent results.				
280.	John, T. J. Neonatal Chikungunya: Spotlight on Gaps in Public Health Indian Pediatr; 2018, 55 (8): 659-660 **Address:** Former Professor of Clinical Virology, **Christian Medical College, Vellore,**Tamil Nadu, India. tjacobjohn@yahoo.co.in.	**NAT**	**JAN TO JUNE**	**CLINICAL VIROLOGY**	**PMID:**30218510 **SCOPUS** **WOS:**000442246600028 **H Index:** 43 **Impact Factor:** 1.145
281.	John, T. J. and Dharmapalan, D. An ethical appraisal of the choice of vaccines against Poliomyelitis Indian J Med Ethics; 2018, Sep 21; - (-): 1-4 Address: Retired Professor, **Christian Medical College, Vellore**, Tamil Nadu 632004., tjacobjohn@yahoo.co.in. Consultant in Paediatrics and Paediatric Infectious Diseases, Apollo Hospitals, CBD Belapur, Navi Mumbai 400614., drdhanyaroshan@gmail.com. Medical ethics is invoked for immunisation of children as it involves an interaction between a healthcare professional and the child. Immunisation under the national immunisation programme is a public health intervention and the common belief is that ethics is not relevant. Two vaccines with contrasting safety and efficacy profiles were available against polio before the national immunisation programme was launched: the inactivated poliovirus vaccine (IPV) and the live attenuated oral poliovirus vaccine (OPV). India chose OPV and excluded IPV. We carried out an ethical appraisal of that choice. Principles of medical ethics comprising four	**NAT**	**JUL TO DEC**	**MEDICAL ETHICS**	**PMID:30473498** **H Index:** 13 **Impact Factor:** 0.170 (RG)

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	elements-non-maleficence, beneficence, autonomy and justice-was already in vogue at the time. Applying each of them, a head-to-head comparison between IPV and OPV is made. The results clearly show that the choice of vaccine was made without using ethical principles, resulting in serious adverse effects in hundreds of thousands of children. We recommend that medical ethics must be applied to all choices of public health interventions.				
282.	Jonathan, G. E., Sarkar, S., Singh, G., Mani, S., Thomas, R. and Chacko, A. G. A randomized controlled trial to determine the role of intraoperative lumbar cerebrospinal fluid drainage in patients undergoing endoscopic transsphenoidal surgery for pituitary adenomas Neurol India; 2018, 66 (1): 133-138 **Address:** Department of Neurological Sciences, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Anesthesia, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Radiology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Otolaryngology, **Christian Medical College, Vellore,**Tamil Nadu, India. BACKGROUND: Intraoperative cerebrospinal fluid (CSF) leaks are a frequent cause of morbidity in patients undergoing transsphenoidal surgery. This prospective study was performed to examine the impact of intraoperative lumbar subarachnoid drainage (LSAD) on the incidence of this complication and on the extent of resection in patients undergoing endoscopic transsphenoidal surgery for pituitary adenomas. MATERIALS AND METHODS: This prospective study was conducted in a single large academic medical center. All patients with pituitary adenomas who had not undergone prior transsphenoidal surgery were eligible for inclusion in the study. Patients were randomly assigned to undergo transsphenoidal surgery with intraoperative lumbar drain insertion (LSAD group) or no lumbar drain insertion (no LSAD group). An otolaryngologist independently determined the occurrence of an intraoperative CSF leak. Extent of tumor resection was determined by volumetric analysis of postoperative magnetic resonance images in patients with nonfunctional tumors or functional adenomas with a large suprasellar component. RESULTS: Sixty patients were eligible for inclusion, of which 30 were assigned to the LSAD group and 30 to the no LSAD group. There were no statistically significant	**NAT**	**JAN TO JUNE**	**NEUROLOGICAL SCIENES, ANESTHESIA, RADIOLOGY, OTOLARYNGOLOGY**	**PMID:**29322972 **WOS:**000423136200027 **H Index:** 40 **Impact Factor:** 2.166

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	differences in patient demographics, tumor pathology, or radiology between the two groups. The LSAD catheter was successfully inserted in all patients in the LSAD group. Intraoperative CSF drainage significantly reduced the incidence of CSF leak from 46.7% in the no LSAD group to 3.3% in the LSAD group ($P < 0.001$). However, there were no statistically significant differences in the incidence of postoperative CSF rhinorrhea between the two groups. There were no major catheter-related complications. There was no statistically significant difference in the extent of resection between the two groups. CONCLUSIONS: Controlled intraoperative CSF drainage significantly reduces the incidence of intraoperative CSF leakage in patients undergoing endoscopic transsphenoidal surgery for pituitary adenomas.				
283.	Jones, C. W., George, V. M. and Hong, T. F. The inter-teres approach to glenoid neck fractures: an alternative approach to glenoid fixation J Shoulder Elbow Surg; 2018, 27 (7): 1290-1296 **Address:** Department of Orthopaedics, Waikato Hospital, Hamilton, New Zealand. Electronic **Address:** carlwjones@gmail.com. Department of Orthopaedics, **Christian Medical College, Vellore,**India. Department of Orthopaedics, Waikato Hospital, Hamilton, New Zealand. BACKGROUND: Scapula fractures are rare injuries that are generally treated nonoperatively. When surgery is performed, it is commonly undertaken through the posterior approach, which can be invasive and unforgiving on the soft tissues. We describe an alternative safe approach between teres major and minor that remains deep to a fascial sling formed by the combined infraspinatus and teres minor fasciae and deep to the primary nerve to teres minor, which is a terminal branch of the axillary nerve. METHODS: Between January 2008 and June 2014, there were 22 patients who underwent scapula fixation with this approach who were retrospectively identified and prospectively invited for clinical review by the American Shoulder and Elbow Surgeons (ASES) evaluation form and Constant score. Postoperative external rotation (ER) power in both abduction and adduction was also assessed. RESULTS: Five patients were lost to follow-up. All of the remaining patients were male with a mean age of 44.5 years (28-66 years). Mean follow-up time was 34.7 months (3-72 months). The mean ASES score for the 17 patients was 86.6 (41.6-100); the mean	**INT**	**JUL TO DEC**	**ORTHOPAEDICS**	**PMID:**29305097 **WOS:**000436783100025 **SCOPUS** **H Index:** 116 **Impact Factor:** 2.849

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	Constant score was 89.3 (22-100). The only significant factor affecting the ASES score was an ipsilateral neurologic upper limb injury. ER power was improved or equivalent to the contralateral side in 8 of the 10 patients assessed for ER; it was weaker in 2 patients, both of whom had surgical fixation of the vertebral border of the scapula. CONCLUSION: The inter-teres approach may be a safe alternative approach in glenoid fixation, although the loss of ER strength needs further evaluation.				
284.	Jose, J. J. M., Brahmadathan, K. N., Abraham, V. J., Huang, C. Y., Morens, D., Hoe, N. P., Follmann, D. A. and Krause, R. M. Streptococcal group A, C and G pharyngitis in school children: a prospective cohort study in Southern India Epidemiol Infect; 2018, 146 (7): 848-853 Address: Department of Microbiology, Christian Medical College,Vellore-632 004, Tamil Nadu,India. Microbiological Laboratory,12A Cowley Brown Road, R.S. Puram, Coimbatore-641 002, Tamil Nadu,India. Department of Community Health, Christian Medical College,Vellore-632002, Tamil Nadu,India. UCSF School of Medicine, Department of Epidemiology and Biostatistics, 550 16th Street, San Francisco, CA 94158. NIAID, NIH,Building 3 Room BE16 3 Center Drive Bethesda MD 20892,USA. Division of Occupational Health and Safety,Office of Research Services, Office of the Director, National Institutes of Health,903 South 4th Street, Hamilton, MT 59840,USA. Biostatistics Research Branch,NIAID, NIH,5601 Fishers Lane Room 4C11, Rockville, MD 20852,USA. Diagnosing streptococcal pharyngitis in children on the basis of clinical appearance and throat culture is complicated by high colonisation rates and by the ability of other pathogens to cause clinically similar disease. To characterise the epidemiology of Lancefield Group A, C and G beta-haemolytic streptococcus (GAS, GCS and GGS, respectively) in children, we conducted a 2-year prospective study of 307 school children between 7 and 11 years old. GGS and GAS were commonly identified organisms both for silent streptococcal colonisation and symptomatic sore throat, while GCS was uncommonly found. Streptococcal culture positivity at the time of clinical pharyngitis was estimated to reflect true streptococcal pharyngitis in only 26% of instances, with the frequency varying from 54% for children rarely colonised to 1% for	**INT**	**JUL TO DEC**	**MICROBIOLOGY, COMMUNITY HEALTH**	**PMID:29616606** **PMC ID:5957769** **WOS:000434247700007** **SCOPUS** **H Index:** 95 **Impact Factor:** 2.540 (RG)

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	children frequently colonised. Numerous GAS emm types were identified, including several types previously associated with severe pharyngitis (e.g. emm types 1, 3 and 28). No severe complications were seen in any child. These data suggest that the clinical diagnosis of streptococcal pharyngitis is likely to remain difficult and that treatment decisions will remain clouded by uncertainty. There remains a need for organism-specific rapid point-of-care streptococcal diagnostic tests and tests that can distinguish between streptococcal colonisation and disease.				
285.	Jose, R. Behind the Mask Anesthesiology; 2018, 129 (3): 609-610 **Address:** From **Christian Medical College, Vellore,**India. riyamithun@gmail.com	**INT**	**JAN TO JUNE**	**ANAESTHESIA**	**PMID:**29620568 **WOS:**000441864900033 **H Index:** 205 **Impact Factor:** 6.523
286.	Jose, T. M., Priya, A. and Bhaskar, A. The effect of gymnema sylvestre on taste sensation Biomedicine (India); 2018, 38 (1): 66-69 Introduction and Aim: The effect of Gymnema sylvestre tea (Gymnema tea) on the perceptions of different taste sensations mediated through G protein-coupled receptors (sweet and bitter) and non-G protein-coupled receptors and ion channels (umami, salt and sour) were studied. Materials and Methods: After ethical clearance and informed consent, the appreciation of the five basic taste sensations were elicited on a scale from 0 to 10 on 32 adult healthy volunteers before and after rinsing the mouth with Gymnema tea through the application of vinegar, monosodium glutamate (Aginomoto), honey, artificial sweetener sucralose and paracetamol solutions on the tongue. The pre and post ratings were compared by paired t-test and a p-value less than 0.05 was considered significant. Results: There was a significant reduction in the rating for sweet sensation after rinsing the mouth with Gymnema tea on the application of honey and sucralose respectively. There was a significant increase in the rating for bitter sensation with honey after Gymnema tea. There was also a significant decrease in the salt sensation of monosodium glutamate after Gymnema tea. Conclusion: Gymnema tea had a profound effect on the sweet sensation. It also had effects on the perception of bitter and salt sensation.	**NAT**	**JAN TO JUNE**	**PHYSIOLOGY**	**SCOPUS** **H Index:** 8 **Impact Factor:** 0.200 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
287.	Joseph, C. M. and Jepegnanam, T. S. Head salvage of an infected neck of femur fracture in an adult: a case report Arch Orthop Trauma Surg; 2018, 138 (9): 1235-1239 **Address:** Department of Orthopaedics Unit 3, **Christian Medical College,**Ida Scudder Road, Vellore, Tamil Nadu, 632004, India. Department of Orthopaedics Unit 3, **Christian Medical College,**Ida Scudder Road, Vellore, Tamil Nadu, 632004, India. thilakjepegnanam@yahoo.com. Head preservation of an infected neck of femur fracture appears to be extremely rare with no described cases in literature till date. We present the outcome of head salvage in a young adult with an infected neck of femur nonunion who in addition had chronic osteomyelitic sequelae of his entire femur with reactivation of latent infection in the distal femoral diaphysis. Osteosynthesis was performed by means of cancellous screw fixation augmented with bone substitute following a failed attempt at salvage with a valgus intertrochanteric osteotomy. The patient had an excellent functional outcome with near normal hip range of movements at a follow-up of 5 years after union.	**INT**	**JUL TO DEC**	**ORTHOPAEDICS UNIT 3**	**PMID:**29796820 **WOS:**000441097600006 **SCOPUS** **H Index:** 65 **Impact Factor:** 1.967
288.	Joseph, L., John, R., Ns, H., Boddu, D., Chaudhary, N. and Mathew, L. G. Causes of Mortality Among Children with Wilms Tumour Pediatric Blood & Cancer; 2018, 65 S296-S296	**INT**	**JUL TO DEC**	**PAEDIATRIC ONCOLOGY**	**WOS:**000445195002193 **H Index:** 91 **Impact Factor:** 2.646
289.	Joseph, M., Das Gupta, R., Shetty, S., Ramachandran, R., Antony, G., Mathews, J., Benjamin, S., Anoop, S., Rani, J. V. and Thomas, N. How Adequate are Macro- and Micronutrient Intake in Pregnant Women with Diabetes Mellitus? A Study from South India J Obstet Gynaecol India; 2018, 68 (5): 400-407 **Address:** 1Department of Endocrinology, Diabetes and Metabolism, **Christian Medical College and Hospital, Vellore**, Tamil Nadu 632004 India.0000 0004 1767 8969grid.11586.3b 2Department of Gynaecology and Obstetrics, **Christian Medical College and Hospital, Vellore**, Tamil Nadu 632004 India.0000 0004 1767 8969grid.11586.3b Background: Diabetes is the most common condition in pregnancy with a worldwide prevalence of 16.9%. Aim: To determine the adequacy of the nutrient intake of pregnant women with diabetes mellitus. Methods: This is a cross-sectional study of 85 pregnant women who met the diagnostic inclusion criteria for diabetes	**NAT**	**JUL TO DEC**	**ENDOCRINOLOGY, GYNAECOLOGY AND OBSTETRICS**	**PMID:**30224846 **PMC ID:**6133795 **SCOPUS** **H Index:** 9 **Impact Factor:** 0.790 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	mellitus (gestational and pre-gestational diabetes mellitus) and who were being managed at the outpatient clinic of a tertiary care teaching hospital. Their demography, clinical characteristics (from updated medical records), anthropometric measures (using standard procedures), nutrient intake and meal pattern (obtained using 24 h recall, food frequency and their log diaries) were collected. Results: The mean age of the group was 29.9 + 4.5 years, 54% were in the second trimester of pregnancy with a mean glycosylated haemoglobin level of 6.3 + 1.4%. The mean BMI indicated that 47% of them were in the obese grade 1 category. Insulin was used in one-third of the population. The overall macronutrient and micronutrient intakes of the population were below the recommended daily allowances for Indians (60-70% of RDA). There was a deficit in the intake of calories, fibre, proteins, iron, calcium, carotene, folic acid, thiamine, riboflavin and niacin. Between the two groups, the pre-GDM women had a significantly better nutrient intake and this could be attributed to a greater exposure to nutrition counselling that they have received during the earlier part of their diabetes care. Conclusion: The gestational period should be viewed as a window of opportunity to modify dietary patterns and introduce healthy lifestyle practices for the woman and her family.				
290.	Joshi, A., Kumar, M. and Acharya, A. Bilateral congenital eventration of diaphragm: keep in mind, the other side BMJ Case Rep; 2018, 2018 **Address:** Department of Neonatology, **Christian Medical College, Vellore,**Tamil Nadu, India. Eventration of diaphragm is an uncommon disorder in which diaphragmatic muscle is replaced by fibroelastic tissue, either partially or completely. Bilateral eventration is even rarer. We present a case of bilateral eventration of diaphragm in newborn with a fibroelastic sac on left side and diaphragmatic eventration with good muscular lips on right side. The right-sided diaphragmatic eventration was not evident initially, but manifested after surgical repair of the left-sided eventration.	**INT**	**JAN TO JUNE**	**NEONATOLOGY**	**PMID:**30317202 **SCOPUS** **H Index:** 17 **Impact Factor:** 0.220 (RG)
291.	Kachroo, U., Livingston, A., Vinod, E., Sathishkumar, S. and Boopalan, P. R. J. V. C Comparison of Electrophysiological Properties and Gene Expression between Human Chondrocytes and Chondroprogenitors Derived	**INT**	**JUL TO DEC**	**PHYSIOLOGY, ORTHOPAEDICS, CENTRE FOR STEM CELL RESEARCH,**	**PMID:**30139266 **SCOPUS** **H Index:** 22 **Impact Factor:** 1.000 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	from Normal and Osteoarthritic Cartilage Cartilage; 2018, 1947603518796140 **Address:** 1 Department of Physiology, **Christian Medical College, Vellore,**India. 2 Department of Orthopaedics, **Christian Medical College, Vellore,**India. 3 Centre for Stem Cell Research, **Christian Medical College, Vellore,**India. Objectives Bone-marrow mesenchymal stem cells (MSCs) and chondrocytes are currently used for cell-based therapy in cartilage repair. Chondroprogenitors (CPs), resident cells of articular cartilage, demonstrate likeness to stem cells. Reports suggest that chondrocytes phenotype is altered in culture, thus making differentiation between the two cell populations difficult. Our objectives were to electrophysiologically assess chondrocytes and CPs, compare their mRNA expression with that of ionic channels already reported in MSCs, and to observe the effect of time in culture and osteoarthritic damage on cells. Design and Results Chondrocytes and CPs at passages 0 (p0) and 5 (p5) derived from normal and osteoarthritic (OA) knee joints were used. Ionic currents were recorded by subjecting cells to depolarizing voltage pulses, and reverse transcriptase-polymerase chain reaction (RT-PCR) was used for studying ion channel expression. Our results demonstrated that both chondrocytes and CPs showed the presence of similar currents belonging to voltage-gated potassium channel subfamily, with RT-PCR confirming high mRNA expression of Maxi K, HKv1.1, HKv1.4, HKv4.2, and hEAG1 channels. Our finding also suggested that CPs were comparatively more sensitive to increased time in culture and inflammatory processes as observed in OA, as was evidenced by the significant decrease in mean current density (p0 normal CP: 183.171 +/- 50.80 pA/pF; p5 normal CP: 50.225 +/- 17.63 pA/pF; P = 0.0280) and significant increase in cellular size (p0 normal CP: 21.564 +/- 2.98 pF; p0 OA CP: 37.939 +/- 3.55 pF; P = 0.0057). Conclusion Both cell types appear to be optimal candidates for cell-based therapy although initial seeding density, cell source (normal vs. OA), and time in culture are matters of concern, prior to cell-type selection.				
292.	Kachroo, U., Vinod, E., Balasubramanian, S., W, J. and Prince, N. Red cell indexes made easy using an interactive animation: do students and their scores concur? Adv Physiol Educ; 2018, 42 (1): 50-55	**INT**	**JAN TO JUNE**	**PHYSIOLOGY, BIOENGINEERING**	**PMID:**29341816 **WOS:**000423465600008 **SCOPUS** **H Index:** 46

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Address: Department of Physiology, **Christian Medical College, Vellore,**India. Department of Bioengineering, **Christian Medical College, Vellore,**India. A good understanding of red cell indexes can aid medical students in a considerable manner, serving as a basis to unravel both concepts in red cell physiology and abnormalities associated with the same. In this study, we tried to assess whether an interactive animation was helpful in improving student comprehension and understanding of red cell indexes compared with conventional classroom teaching. Eighty-eight first-year MBBS students participated, of which 44 were assigned to group A and 44 were assigned to group B after randomization. After further creation of smaller groups, students were provided with 45 min to revise red cell indexes, after which they were required to complete a multimodal questionnaire. Group A subgroups used written material for revision, whereas group B subgroups had access to an interactive animation. After completion of the questionnaire, group A students also used the animation after which feedback was collected from all students. Efficacy of the animation to improve learning and retention was demonstrated, as group B students scored significantly higher than group A students on the questionnaire (P = 0.0003). A clear majority of the students agreed/strongly agreed that the animation was easy to operate, conveyed important concepts efficiently, and improved their knowledge of related clinical aspects as well. From the results and feedback, we found that the animation was a simple, well-received model, which, by significantly improving student performance, corroborated our hypothesis that inclusion of interactive animation into student curriculum can advance their academic attainment, compared with didactic teaching alone.				**Impact Factor:** 1.981
293.	Kakarlapudi, S. R., Chacko, A., Samuel, P., Verghese, V. P. and Rose, W. Comparison of Scrub Typhus Meningitis with Acute Bacterial Meningitis and Tuberculous Meningitis Indian Pediatr; 2018, 55 (1): 35-37 **Address:** Departments of Paediatrics, **Christian Medical College, Vellore,**Tamil Nadu, India. Departments of Biostatistics, **Christian Medical College, Vellore,**Tamil Nadu, India. Departments of Paediatrics, **Christian Medical College, Vellore,**Tamil Nadu, India. Correspondence to: Dr. Winsley Rose,	**NAT**	**JAN TO JUNE**	**PAEDIATRICS, BIOSTATISTICS**	**PMID:**29396933 **WOS:**000427607500006 **SCOPUS** **H Index:** 43 **Impact Factor:** 1.145

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Professor, Department of Paediatrics, **Christian Medical College, Vellore**632004, Tamilnadu, India. winsleyrose@cmcvellore.ac.in. OBJECTIVE: To compare scrub typhus meningitis with bacterial and tuberculous meningitis. METHODS: Children aged <15 years admitted with meningitis were screened and those who fit criteria for diagnosis of scrub typhus meningitis (n=48), bacterial meningitis (n=44) and tuberculous meningitis (n=31) were included for analysis. Clinical features, investigations and outcomes were compared between the three types of meningitis. RESULTS: Mean age, duration of fever at presentation, presence of headache and, altered sensorium and presence of hepatomegaly/splenomegaly were statistically significantly different between the groups. Scrub typhus had statistically significant thrombocytopenia, shorter hospital stay and a better neurological and mortality outcome. CONCLUSION: Sub-acute presentation of meningitis in older age group children, and good outcome is associated with scrub typhus when compared to bacterial and tuberculous meningitis.				
294.	Kakde, S., Alexander, S., David, V. G., Jacob, S., Mohapatra, A., Valson, A. T., Gopal, B., Jacob, C. K., Hephzibah, J., Tamilarasi, V. and Varughese, S. Relationship of Creatinine and Cystatin C-based Estimated Glomerular Filtration rates with Measured Glomerular Filtration Rate in Healthy Kidney Donors from South Asia Indian J Nephrol; 2018, 28 (5): 345-350 **Address:** Department of Nephrology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Nephrology, Central Northern Adelaide Renal and Transplant Service, Adelaide, Australia. Department of Nephrology, Bangalore Baptist Hospital, Bengaluru, Karnataka, India. Department of Nuclear Medicine, **Christian Medical College, Vellore,**Tamil Nadu, India. Chronic Kidney Disease-Epidemiology Collaboration (CKD-EPI) equation is currently recommended for the estimation of glomerular filtration rate (GFR). This retrospective study aimed to evaluate the correlation between creatinine and cysC-based estimated GFRs and measured GFR in healthy adults. Consecutive healthy adults who were accepted as voluntary kidney donors at our center between January 2008 and December 2012 were included in the study. The 336 individuals who comprised the study population had a mean	**NAT**	**JAN TO JUNE**	**NEPHROLOGY**	**PMID:**30270994 **PMC ID:**6146736 **SCOPUS** **H Index:** 16 **Impact Factor:** 0.550 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	age of 41.6 +/- 11.8 years, male:female ratio 1:1.7, mean creatinine 0.9 +/- 0.1 mg/dl, and mean cysC 0.8 +/- 0.1 mg/dl. Mean measured GFR by Tc-99m diethylenetriaminepentaacetic acid using Gates method was 98.4 +/- 21.2 ml/min/1.73 m(2). The mean +/- standard deviation of eGFRs by various formulae were as follows: Cockcroft-Gault (CG) = 88.1 +/- 15.9 ml/min/1.73 m(2), Modification of Diet in Renal Disease (MDRD) = 78 +/- 14.7 ml/min/1.73 m(2), CKD-EPI creatinine = 88.1 +/- 15.5 ml/min/1.73 m(2), CKD-EPI cysC = 97 +/- 19.9 ml/min/1.73 m(2), CKD-EPI creatinine-cysC (CKD-EPI cr-cysC) = 92.5 +/- 14.1 ml/min/1.73 m(2). The CKD-EPI cr-cysC equation had the highest accuracy, with 43% and 72% of values lying within +/-10% and +/-20% of the measured GFR, respectively. Bland-Altman analyses for levels of agreement showed least bias with CKD-EPI cysC overall and among females, while among males, CKD-EPI creatinine equation had the least bias. The CKD-EPI equation showed a higher performance than the MDRD and CG equation in GFR estimation of a healthy population. Among CKD-EPI equations, CKD-EPI cr-cysC had the highest accuracy and CKD-EPI cysC the least bias.				
295.	Kalaiarasi, R., Syed, K. A., Vijayakumar, C., Varghese, A. M. and John, M. Clinical Study on Middle Ear Diseases in Children with Orofacial Clefts Cureus; 2018, 10 (2): e2175 **Address:** Otorhinolaryngology, Sri Lakshmi Narayana Institute of Medical Science, Puducherry, India. Otorhinolaryngology, **Christian Medical College Hospital, Vellore,** India. Surgery, Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Puducherry, India. Introduction Orofacial clefts are associated with middle ear diseases, but the magnitude of this problem is not generally well appreciated. The aim of this study was to describe the middle ear findings and audiological profile in children with orofacial clefts. Materials and methods Children with orofacial clefts attending plastic surgery and otorhinolaryngology departments of a tertiary hospital over one-year duration were included in this study. Ninety-six children with orofacial clefts were identified. They were categorized age-wise as zero to five years, more than five years to 10 years, and more than 10 years to 15 years. They underwent a detailed ear, nose, and throat examination followed by audiological	**INT**	**JUL TO DEC**	**OTORHINOLARYNGOLOGY**	**PMID:**29644162 **PMC ID:**5889165 **H Index:** NA **Impact Factor:** NA

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	tests, including brainstem evoked response audiogram (BERA), pure tone audiogram (PTA), and tympanometry. Results Among 96 children with orofacial clefts, only 24 children (25%) had symptomatic ear problems, whereas on ear examination, 56 children (58.3%) had abnormal ear findings. Middle ear effusion (MEE) was the most common ear condition, and it was seen in 94 ears (48.9%). Cholesteatoma was noted in six children (3.1%). Out of 73 children in the zero to five age group, 58 children (79.5%) did not have any history of ear problem but 55.5% (81 ears) had features of MEE such as a dull tympanic membrane (TM). In the age group of more than five years to 10 years, only four children (28.5%) were symptomatic. Five children (55.5%) out of nine in the age group of more than 10 years had a symptomatic ear problem of which four children (44.4%) had chronic otitis media squamosal disease. The earlier age groups showed a trend of ear disease being asymptomatic compared to older children. Normal hearing was present in only 40 children (41.7%) and various degrees of hearing loss were seen in 56 children (58.3%). The mean air conduction threshold in the age group zero to five years, more than five years to 10 years, and more than 10 years were 33+/-8.3 decibels (dB), 25+/-6.2 dB, and 31.5+/-14 dB, respectively. Out of 144 ears (72 children) in the asymptomatic group, 67 ears (46.5%) had normal hearing. Seventy-seven ears (53.5%) had some degree of hearing loss. Mean air conduction hearing loss in the asymptomatic group was 29.8+/-7.3 dB. Conclusion This study highlights the higher incidence of middle ear diseases compared to the presenting symptoms in children with orofacial clefts. This stresses on the need for a detailed otological evaluation to identify any middle ear pathology so that timely intervention can be taken.				
296.	Kalipatnapu, Sasank, Reddipogu, Jonathan, George, Sam, Abraham, Vijay and Samarasam, Inian Corrosive injuries of the upper gastrointestinal tract: A review of management practices Current Medical Issues; 2018, 16 (3): 92-95 Corrosive injuries to the upper gastrointestinal tract can occur by either acid or alkali ingestion. They can lead to significant morbidity and mortality, thus necessitating a rapid assessment and appropriate management. This article aims to provide an overview of corrosive injuries and to provide a management plan for corrosive	**NAT**	**JUL TO DEC**	**HEPATOBILIARY SURGERY**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	injuries.				
297.	Kamath, M. S., Antonisamy, B., Selliah, H. Y. and Sunkara, S. K. Does transfer of multiple embryos affect perinatal outcomes of the resulting singleton live births? Analysis of 113 784 singleton live births following ART Human Reproduction; 2018, 33 33-33	**INT**	**JAN TO JUNE**	**REPRODUCTIVE MEDICINE, BIOSTATISTICS**	**WOS:**000438519900067 **H Index:** 200 **Impact Factor:** 4.990
298.	Kamath, M. S., Antonisamy, B., Selliah, H. Y. and Sunkara, S. K. Perinatal outcomes of singleton live births with and without vanishing twin following transfer of multiple embryos: analysis of 113 784 singleton live births Hum Reprod; 2018, 33 (11): 2018-2022 **Address:** Department of Reproductive Medicine, **Christian Medical College, Vellore,**India. Department of Biostatistics, **Christian Medical College, Vellore,**India. Queen's Hospital, Barking Havering Redbridge University Hospitals NHS Trust, Essex, UK. STUDY QUESTION: Does transfer of multiple embryos affect perinatal outcomes of resulting singleton live births following ART? SUMMARY ANSWER: There is a higher risk of preterm birth (PTB) and low birthweight (LBW) in singleton live births associated with spontaneous reduction of an initial multiple to singleton gestation following transfer of multiple embryos. WHAT IS KNOWN ALREADY: Singleton pregnancies following ART are at a higher risk of adverse perinatal outcomes compared to spontaneous conceptions. Earlier studies have found an increased risk of PTB and LBW in singletons following transfer of multiple embryos versus single embryo transfer (SET). However, these studies did not address the specific role of vanishing twin, i.e. spontaneous reduction of an initial multiple to singleton gestation. STUDY DESIGN, SIZE, DURATION: Anonymised data on all ART cycles performed in the UK were obtained from the Human Fertilization and Embryology Authority. Data from 1991 to 2011 involving 508 410 fresh and 131 157 frozen autologous ART cycles resulting in 95 779 and 18 005 singleton live births, respectively, were analyzed. PARTICIPANTS/MATERIALS, SETTING, METHODS: Fresh and frozen ART cycles were analyzed separately to compare perinatal outcomes of PTB and LBW of singleton live births resulting from transfer of multiple (>/=2) embryos versus SET. Logistic regression analysis was performed adjusting for confounders. Subgroup analyses were carried out for perinatal outcomes of singleton live births with initial multiple or	**INT**	**JUL TO DEC**	**REPRODUCTIVE MEDICINE, BIOSTATISTICS**	**PMID:**30219900 **SCOPUS** **H Index:** 200 **Impact Factor:** 4.990

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	initial single gestational sacs following transfer of multiple embryos versus singleton live births following SET. MAIN RESULTS AND THE ROLE OF CHANCE: In fresh cycles, there was a significantly higher risk of PTB (adjusted odds ratio (aOR) 2.70, CI 2.37-3.05) and LBW (aOR 2.76, CI 2.44-3.13) in singleton live births with initial multiple gestational sacs but there was no significant difference in the risk of PTB (aOR 1.08, CI 1.00-1.16) or LBW (aOR 1.08, CI 1.00-1.16) in singleton live births with an initial single gestational sac following transfer of >/=2 embryos compared to those following SET. In frozen cycles, there was a significantly higher risk of PTB (aOR 2.13, CI: 1.55-2.93) and LBW (aOR 2.61, CI: 1.87-3.64) in singleton live births with initial multiple gestational sacs but there was no significant difference in the risk of PTB (aOR 1.02, CI: 0.88-1.18) or LBW (aOR 0.91, CI: 0.77-1.07) in the singleton live births with an initial single gestational sac following transfer of >/=2 embryos compared to those following SET. LIMITATIONS, REASONS FOR CAUTION: While the analysis was adjusted for a number of known confounders, the dataset had no information for confounders such as smoking, BMI, previous obstetric history and comorbid medical conditions during pregnancy. The lack of information about the timing of occurrence of the vanishing phenomenon is another limitation because poorer perinatal outcomes of a surviving twin have been reported following second trimester fetal demise compared to the first trimester. WIDER IMPLICATIONS OF THE FINDINGS: The study results suggest that the vanishing twin phenomenon is associated with increased risk of PTB and LBW in the resulting singleton live births and there was no increased risk when there was a single gestational sac from the outset following transfer of multiple embryos. STUDY FUNDING/COMPETING INTERESTS: Nil.				
299.	Kamath, M. S., Antonisamy, B., Selliah, H. Y., La Marca, A. and Sunkara, S. K. Perinatal outcomes following IVF with use of donor versus partner sperm Reprod Biomed Online; 2018, 36 (6): 705-710 **Address:Christian Medical College, Vellore,**India. Electronic **Address:** dockamz@gmail.com. **Christian Medical College, Vellore,**India. University of Modena and Reggio Emilia, Modena, Italy. Queen's Hospital, Barking Havering Redbridge University Hospitals NHS Trust, Essex, UK.	**INT**	**JUL TO DEC**	**REPRODUCTIVE MEDICINE, BIOSTATISTICS**	**PMID:**29673729 **WOS:**000433995900015 **SCOPUS** **H Index:** 95 **Impact Factor:** 2.967

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	It is a matter of interest whether pregnancies with the use of donor sperm are associated with a higher risk of adverse perinatal outcomes compared with partner sperm. Anonymized data were obtained from the Human Fertilization & Embryology Authority. Data from 1991 to 2011 involving a total of 95,787 singleton births (4523 with donor sperm and 91,264 with partner sperm) following fresh IVF/intracytoplasmic sperm injection (ICSI) were analysed to compare perinatal outcomes of preterm birth (PTB), low birthweight (LBW) and high birthweight (HBW). The risk of LBW was significantly lower (adjusted odds ratio [aOR] 0.88, 95% confidence interval [CI]: 0.79-0.99) following donor sperm versus partner sperm IVF/ICSI. There was no significant difference in the risk of PTB (aOR 0.93, 95% CI: 0.83-1.04), early PTB (aOR 0.86, 95% CI: 0.67-1.11), very LBW (aOR 0.95, 95% CI: 0.75-1.20), HBW (aOR 1.09, 95% CI: 0.98-1.21) and very HBW (aOR 1.15, 95% CI: 0.90-1.45) following donor sperm versus partner sperm IVF/ICSI. The current study did not demonstrate an increased risk of adverse perinatal outcomes following donor sperm compared with partner sperm IVF/ICSI treatment.				
300.	Kamath, M. S., Maheshwari, A., Bhattacharya, S., Lor, K. Y. and Gibreel, A. Oral medications including clomiphene citrate or aromatase inhibitors with gonadotropins for controlled ovarian stimulation in women undergoing in vitro fertilisation: a systematic review and meta-analysis Bjog-an International Journal of Obstetrics and Gynaecology; 2018, 125 30-30	**INT**	**JUL TO DEC**	**OBSTETRICS & GYNECOLOGY**	**PMID:WOS:000452259900077** **H Index:** 143 **Impact Factor:** 4.876
301.	Kamath, M. S., Mascarenhas, M., Kirubakaran, R., Nair, R. and Kulkarni, A. Use of embryo culture supernatant to improve clinical outcomes in assisted reproductive technology: a systematic review and meta-analysis Human Fertility; 2018, 21 (2): 90-97 We planned a systematic review and meta-analysis of randomized clinical trials (RCTs) to examine the best available evidence regarding the intrauterine instillation of embryo culture supernatant prior to embryo transfer in ART. The outcomes were: (i) live birth; (ii) clinical pregnancy; (iii) multiple pregnancy; and (iv) miscarriage rates. Five RCTs were considered eligible and available for qualitative synthesis. Due to clinical heterogeneity, results from	**INT**	**JAN TO JUNE**	**REPRODUCTIVE MEDICINE, BIOSTATISTICS**	**WOS:**000430717800003 **SCOPUS** **H Index:** 31 **Impact Factor:** 1.438

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	only two trials were combined for the meta-analysis. The live birth rate (risk ratio [RR], 0.47; 95% confidence interval [CI] 0.22–0.98; one study, 60 participants, low-quality evidence) was found to be significantly lower with intrauterine instillation of embryo culture supernatant compared to no intervention. The clinical pregnancy rate was similar between the embryo culture supernatant group and the control group (RR 1.02 RR, 95% CI 0.77–1.36; two trials, 156 participants, I2 = 0%). To conclude, this review did not find any improvement in clinical pregnancy rate with the intrauterine instillation of embryo culture supernatant prior to embryo transfer compared to no intervention in women undergoing ART and we remain uncertain regarding its effect on live birth rate. © 2017 The British Fertility Society.				
302.	Kamath, Mohan Shashikant, Kirubakaran, Richard, Mascarenhas, Mariano and Sunkara, Sesh Kamal Perinatal outcomes after stimulated versus natural cycle IVF: a systematic review and meta-analysis Reproductive Biomedicine Online; 2018, 36 (1): 94-101 Pregnancies resulting from assisted reproductive techniques are at higher risk of adverse perinatal outcomes compared with spontaneous conceptions. Underlying infertility and IVF procedures have been linked to adverse perinatal outcomes. It is important to know if ovarian stimulation influences perinatal outcomes after IVF. A systematic search for relevant studies was conducted up to November 2016 on the following databases: PubMed, EMBASE, DARE and Cochrane Central Register of Controlled Trials. Perinatal outcomes included preterm birth (PTB), low birth weight (LBW), small for gestational age (SGA), large for gestational age (LGA) and congenital anomalies. Data from four studies, which included a total of 96,996 and 704 singleton live births after stimulated IVF and natural or modified natural cycle IVF, were included in the meta-analysis. The risk of PTB (RR 1.27, 95% CI 1.03 to 1.58) and LBW (RR 1.95, 95% CI 1.03 to 3.67) were significantly higher after stimulated compared with natural or modified natural cycle IVF. Data from one study were available for SGA, LGA, congenital anomalies and no significant differences were reported between the groups. This study suggests a higher risk of PTB and LBW after stimulated IVF compared with natural or modified natural IVF, although the absolute increase in risk may be low. (C) 2017 Reproductive Healthcare Ltd. Published by Elsevier Ltd. All rights reserved.	**INT**	**JAN TO JUNE**	**REPRODUCTIVE MEDICINE, BIOSTATISTICS**	**WOS:**000418895700017 **SCOPUS** **H Index:** 95 **Impact Factor:** 2.967

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
303.	Kandaswamy, D., M, M., Alexander, M., Prabhu, K., S, M. G. and Krothapalli, S. B. Quantitative Assessment of Hand Dysfunction in Patients with Early Parkinson's Disease and Focal Hand Dystonia J Mov Disord; 2018, 11 (1): 35-44 **Address:** Neurophysiology Laboratory, Department of Neurological Sciences, **Christian Medical College, Vellore,**India. Neurology Division, Department of Neurological Sciences, **Christian Medical College, Vellore,**India. Neurosurgery Division, Department of Neurological Sciences, **Christian Medical College, Vellore,**India. Department of Biostatistics, **Christian Medical College, Vellore,**India. OBJECTIVE: Motor impairments related to hand function are common symptoms in patients with movement disorders, such as Parkinson's disease (PD) and focal hand dystonia (FHD). However, hand dysfunction has not been quantitatively assessed as a clinical tool for screening patient groups from healthy controls (HCs). The aim of our study was 1) to quantitatively assess hand dysfunction in patients with PD and FHD and its usefulness as a screening tool 2) to grade disease severity in PD and FHD based on hand dysfunction. METHODS: The current case-control study included HCs (n = 50) and patients with known history of PD (n = 25) or FHD (n = 16). Hand function was assessed by a precision grip task while participants lifted objects of 1.3 N and 1.7 N under dry skin conditions, followed by very wet skin conditions (VWSCs). Receiver operating characteristic and summative scoring analyses were performed. RESULTS: In PD, the combination of loading phase duration and lifting phase duration at quantitative cutoffs of 0.36 and 0.74 seconds identified 21/25 patients as diseased and 49/50 subjects as HCs with 1.7 N under VWSCs. In PD, 5/21 was graded as "mild" and 16/21 as "moderate cases." In FHD, slip force at a cutoff of 1.2 N identified 13/16 patients as diseased and 41/50 subjects as HC with 1.7 N under VWSCs, but disease severity could not be graded. CONCLUSION: Our results demonstrate the use of precision grip task as an important clinical tool in assessment of hand dysfunction in movement disorder patients. Use of quantitative cutoffs may improve diagnostic accuracy and serve as a valuable adjunct to existing clinical assessment methods.	**INT**	**JAN TO JUNE**	**NEUROPHYSIOLOGY, NEUROLOGICAL SCIENCES, OF BIOSTATISTICS**	**PMID:**29316781 **PMC ID:**5790625 KJD:ART002311445 **H Index:** 166 **Impact Factor:** NA

IMPACT FACTORS SOURCE FROM Researchgate / Bioxbio; H -INDEX – Scimago LAB

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
304.	Kang, G. Enteric infections in low- and middle-income countries-from research to prevention and the clinic International Journal of Infectious Diseases; 2018, 73 59-60	**INT**	**JAN TO JUNE**	**WELLCOME RESEARCH UNIT**	**WOS:**000440345100126 **H Index:** 70 **Impact Factor:** 3.202
305.	Karthik, G., Sudarsan, T. I., Peter, J. V., Sudarsanam, T., Varghese, G. M., Kundavaram, P., Sathyendra, S., Iyyadurai, R. and Pichamuthu, K. Spectrum of cardiac manifestations and its relationship to outcomes in patients admitted with scrub typhus infection World J Crit Care Med; 2018, 7 (1): 16-23 **Address:** Department of Medicine, **Christian Medical College, Vellore**632004, India. Medical Intensive Care Unit, **Christian Medical College, Vellore**632004, India. Department of Infectious Diseases, **Christian Medical College, Vellore**632004, India. AIM: To study the spectrum of cardiac manifestations in scrub typhus infection and assess its relationship to outcomes. METHODS: Demographic data, electrocardiographic (ECG) changes, left ventricular (LV) systolic and diastolic function, myocardial injury (defined as troponin T > 14 pg/mL), and pericardial effusion were documented. Myocarditis was diagnosed when myocardial injury was associated with global LV systolic dysfunction. The relationship between myocarditis and outcomes was assessed using logistic regression analysis and expressed as odds ratio (OR) with 95%CI. RESULTS: The cohort (n = 81; 35 males) aged 49.4 +/- 16.1 years (mean, SD) presented 8.1 +/- 3.1 d after symptom onset. The APACHE-II score was 15.7 +/- 7.0. Forty-eight (59%) patients were ventilated, and 46 (56%) required vasoactive agents. Mortality was 9.9%. ECG changes were non-specific; sinus tachycardia was the most common finding. Myocardial injury was evident in 61.7% of patients and LV systolic dysfunction in 30.9%. A diagnosis of myocarditis was made in 12.3%. In addition, seven patients with regional wall motion abnormalities had LV systolic dysfunction and elevated cardiac enzymes. Mild diastolic dysfunction was observed in 18 (22%) patients. Mild to moderate pericardial effusion was seen in 51%. On multivariate logistic regression analysis, patients with myocarditis tended to be older (OR = 1.04, 95%CI: 0.99-1.09), had shorter symptom duration (OR = 0.69, 95%CI: 0.49-0.98), and tended to stay longer in hospital (OR = 1.17, 95%CI: 0.98-1.40). Myocarditis was not associated with increased	**INT**	**JAN TO JUNE**	**MEDICINE, MEDICAL INTENSIVE CARE UNIT, INFECTIOUS DISEASES**	**PMID:**29430404 **PMC ID:**5797972 **H Index:** NA **Impact Factor:** NA

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	mortality. CONCLUSION: In scrub typhus infection, cardiac manifestations are frequent and associated with increased morbidity but not mortality.				
306.	Karthikumar, B., Keshava, S. N., Moses, V., Chiramel, G. K., Ahmed, M. and Mammen, S. Percutaneous gastrostomy placement by intervention radiology: Techniques and outcome Indian J Radiol Imaging; 2018, 28 (2): 225-231 **Address:** Department of Radiology, **Christian Medical College, Vellore,**Tamil Nadu, India. Background: Interventional radiology (IR) has played an important role in the technical evolution of gastrostomy, from the first surgical, endoscopical to percutaneous interventional procedures. Aim: This study is done to assess the technical feasibility and outcome of IR-guided percutaneous gastrostomy for patients requiring nutritional support for neuromuscular disorders or head and neck malignancies, as well as to describe simplified and newer technique for pull-type gastrostomy. Materials and Methods: This is a retrospective study including 29 patients who underwent IR-guided percutaneous gastrostomy over a period of 8 years in a tertiary-level institution. Either pull or push-type gastrostomy was performed in these patients as decided by the interventional radiologist. The procedures were assessed by analyzing the indications, technical aspects, and complications. Statistical Analysis: Descriptive summary statistics and frequencies were used to assess the techniques and related complications. Results: The sample consists of 27 patients (93%) with pull technique and 2 patients (7%) with push technique. The technical success rate was 100%. Most of the complications were minor 24% (7/29), including superficial skin infections around the tube site, self-resolving pneumoperitoneum, tube-related complications such as block, leakage, deformation, and dislodgement. Three patients (10.3%) had major complications. One patient (3.4%) developed massive pneumoperitoneum and mild peritonitis due to technical failure in the first attempt and needed re-puncture for successful placement, and other two patients (6.9%) developed peristromal focal abscess. One patient died on the third postoperative day due to type II respiratory failure. Conclusion: IR-guided percutaneous gastrostomy is a safe and effective procedure in selected patients.	**NAT**	**JAN TO JUNE**	**RADIOLOGY**	**PMID:**30050247 **PMC ID:**6038225 **SCOPUS** **H Index:** 18 **Impact Factor:** 0.330 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
307.	Kattula, D. Emergency care in rural settings: no easy solutions Indian J Med Ethics; 2018, - (-): 1-3 **Address:** Assistant Professor of Psychiatry, **Christian Medical College Vellore**, TN 632 002 India, askdheeraj@gmail.com. Bawaskar and Bawaskar in their paper titled "Emergency care in rural settings: Can doctors be ethical and survive?" in this journal have presented a very real problem faced by small private healthcare facilities in rural areas. They raise the important question of whether doctors can be true to ethical principles and yet survive in the marketplace, with particular reference to emergency care. This commentary seeks to examine the problem and suggest solutions.	**NAT**	**JAN TO JUNE**	**PSYCHIATRY**	**PMID:**30156559 **H Index:** 13 **Impact Factor:** 0.170 (RG)
308.	Kattula, D., Ravan, J. R. and Nandyal, M. B. Managing Bipolar Affective Disorder in a Tribal District of Odisha Indian J Psychol Med; 2018, 40 (3): 210-212 **Address:** Department of Psychiatry, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Psychiatry, Graham Staines Memorial Hospital, Baripada, Odisha, India. Department of Psychiatry, Kalinga Institute of Medical Sciences, Bhubaneshwar, Odisha, India. Background: Managing any chronic illness in marginalized communities in resource-poor settings is always a challenge. Lack of facility to monitor lithium and the common morbidity of hypokalemic periodic paralysis and chronic renal failure among tribals of northern part of Odisha pose unique challenges in managing bipolar disorder. Methodology: This is a cross-sectional study done in a district-level hospital catering to predominantly tribal population. A part of the data was collected by a psychiatrist prospectively and analyzed. Historical data were obtained from medical records. Results: Out of 18 patients who had been diagnosed of bipolar/mania, 12 had received treatment with carbamazepine in the range of 400-600 mg. All but one person showed improvement. One person developed rash and had to stop the treatment. Conclusion: Carbamazepine may be used relatively safely in resource-poor settings in high-risk groups.	**NAT**	**JAN TO JUNE**	**PSYCHIATRY**	**PMID:**29875526 **PMC ID:**5968640 **SCOPUS** **H Index:** 13 **Impact Factor:** 0.740 (RG)
309.	Khatib, Mahalaqua Nazli, Shankar, Anuraj H., Kirubakaran, Richard, Gaidhane, Abhay, Gaidhane, Shilpa, Simkhada, Padam and Syed, Zahiruddin Quazi	**INT**	**JAN TO JUNE**	**COCHRANE SOUTH ASIA**	**WOS:**000426476500020 **H Index:** 212 **Impact Factor:** 6.754

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CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Ghrelin for the management of cachexia associated with cancer Cochrane Database of Systematic Reviews; 2018, (2): Background Cancer sufferers are amongst the most malnourished of all the patient groups. Studies have shown that ghrelin, a gut hormone can be a potential therapeutic agent for cachexia (wasting syndrome) associated with cancer. A variety of mechanisms of action of ghrelin in people with cancer cachexia have been proposed. However, safety and efficacy of ghrelin for cancer-associated cachexia have not been systematically reviewed. The aim of this review was to assess whether ghrelin is associated with better food intake, body composition and survival than other options for adults with cancer cachexia. Objectives To assess the efficacy and safety of ghrelin in improving food intake, body composition and survival in people with cachexia associated with cancer. Search methods We searched CENTRAL, MEDLINE and Embase without language restrictions up to July 2017. We also searched for ongoing studies in trials registers, performed handsearching, checked bibliographic references of relevant articles and contacted authors and experts in the field to seek potentially relevant research. We applied no restrictions on language, date, or publication status. Selection criteria We included randomised controlled (parallel-group or cross-over) trials comparing ghrelin (any formulation or route of administration) with placebo or an active comparator in adults (aged 18 years and over) who met any of the international criteria for cancer cachexia. Data collection and analysis Two review authors independently assessed studies for eligibility. Two review authors then extracted data and assessed the risk of bias for individual studies using standard Cochrane methodology. For dichotomous variables, we planned to calculate risk ratio with 95% confidence intervals (CI) and for continuous data, we planned to calculate mean differences (MD) with 95% CI. We assessed the evidence using GRADE and created 'Summary of findings' tables. Main results We screened 926 individual references and identified three studies that satisfied the inclusion criteria. Fifty-nine participants (37 men and 22 women) aged between 54 and 78 years were randomised initially, 47 participants completed the treatment. One study had a parallel design and two had a cross-over design. The studies included people with a variety of cancers and also differed in the dosage, route of administration, frequency and duration of treatment. One trial, which compared ghrelin with placebo, found that ghrelin improved food intake (very low-quality evidence) and had no adverse events (very low-quality evidence). Due to unavailability of				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	data we were unable to report on comparisons for ghrelin versus no treatment or alternative experimental treatment modalities, or ghrelin in combination with other treatments or ghrelin analogues/ ghrelin mimetics/ghrelin potentiators. Two studies compared a higher dose of ghrelin with a lower dose of ghrelin, however due to differences in study designs and great diversity in the treatment provided we did not pool the results. In both trials, food intake did not differ between participants on higher-dose and lower-dose ghrelin. None of the included studies assessed data on body weight. One study reported higher adverse events with a higher dose as compared to a lower dose of ghrelin. All studies were at high risk of attrition bias and bias for size of the study. Risk of bias in other domains was unclear or low. We rated the overall quality of the evidence for primary outcomes (food intake, body weight, adverse events) as very low. We downgraded the quality of the evidence due to lack of data, high or unclear risk of bias of the studies and small study size. Authors' conclusions There is insufficient evidence to be able to support or refute the use of ghrelin in people with cancer cachexia. Adequately powered randomised controlled trials focusing on evaluation of safety and efficacy of ghrelin in people with cancer cachexia is warranted.				
310.	Khiangte, H. L., Vimala, L. R., Eapen, A., Veeraraghavan, B., Karuppusami, R. and Gibikote, S. A Retrospective Case-Control Study to Evaluate the Diagnostic Accuracy of Honeycomb Sign in Melioid Liver Abscess Am J Trop Med Hyg; 2018, 99 (4): 852-857 **Address:** Department of Radiodiagnosis, **Christian Medical College and Hospital, Vellore**, India. Department of Clinical Microbiology, **Christian Medical College and Hospital, Vellore**, India. Department of Biostatistics, **Christian Medical College and Hospital, Vellore**, India. Among pyogenic liver abscesses, melioid etiology is considered in endemic regions in the presence of known health or occupational risk factors. "Honeycomb sign," used to describe an abscess with multiple internal septations dividing the abscess cavity into multiple loculations of comparable sizes on imaging, is a sensitive sign for melioid liver abscess. This is a retrospective case-control study investigating incidence, sensitivity, and specificity of "honeycomb sign" in melioid liver abscess, in a cohort of patients with culture-proven melioidosis infection. Abscesses >/= 2 cm were	**INT**	**JUL TO DEC**	**RADIODIAGNOSIS, CLINICAL MICROBIOLOGY, BIOSTATISTICS**	**PMID:**30141398 **PMC ID:**6159605 **SCOPUS** **H Index:** 132 **Impact Factor:** 2.564

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	analyzed for the honeycomb sign. P value < 0.05 was taken as statistically significant. Interobserver agreement was calculated between two radiologists for the presence of the sign, sensitivity, and specificity. A total of 40 abscesses were analyzed. Thirty-four abscesses (85%) manifested the honeycomb sign with interobserver agreement (kappa = 0.70 and 0.92). Sensitivity of the sign is 85% (95% confidence interval [CI]: 70-94%), specificity is 75% (95% CI: 59-87%), positive predictive value is 77% (95% CI: 62-88%), and negative predictive value is 83% (95% CI: 67-94%). If abscess size is >/= 3 cm, the sensitivity is 91% (95% CI: 77-98%), specificity is 75% (95% CI: 59-87%), positive predictive value is 76% (95% CI: 61-88%), and negative predictive value is 91% (95% CI: 76-98%). Honeycomb sign is a novel imaging marker for melioid liver abscess. Increased awareness and recognition of this imaging feature has the potential to affect patient management.				
311.	Kiran, A. S., Varghese, A. M., Irodi, A., Lepcha, A., Mathew, J. and Jeyaseelan, V. Radiological Evaluation of Cochlear Orientation and Its Implications in Cochlear Implantation Indian J Otolaryngol Head Neck Surg; 2018, 70 (1): 1-9 **Address:** Plot No 41, RTC Colony, Chintalakunta Check Post, RR District, Hyderabad, 500074 India. 2Department of E.N.T., **Christian Medical College and Hospital, Vellore**, Tamil Nadu 632004 India.0000 0004 1767 8969grid.11586.3b 3Department of Radiology, **Christian Medical College and Hospital, Vellore**, Tamil Nadu 632004 India.0000 0004 1767 8969grid.11586.3b 4Department of Biostatistics, **Christian Medical College and Hospital, Vellore**, Tamil Nadu 632004 India.0000 0004 1767 8969grid.11586.3b To test whether there are variations in cochlear orientation with respect to age and sex, and its relevance in cochlear implant surgery. Implant otologists rely upon the anatomic landmarks including the facial recess and round window niche and round window membrane for accessibility and placement of electrode array into scala tympani of basal turn of cochlea. Anecdotally, surgeons note variations in cochlear orientation with respect to age. Cochlear orientation studied radiologically by pre-operative CT scan of temporal bone can guide a Surgeon's approach to cochlear	**NAT**	**JAN TO JUNE**	**ENT, RADIOLOGY, BIOSTATISTICS**	**PMID:**29456935 **PMC ID:**5807286 **SCOPUS** **H Index:** 15 **Impact Factor:** 0.390

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	implantation. To investigate the changes in cochlear orientation with respect to age and sex; and its relevance in cochlear implantation. A retrospective analytical study was performed on CT scans of temporal bones in patients (of our hospital from July 2013 to January 2015 i.e. for a period of 18 months) with no congenital or radiological abnormalities of cochlea. The basal turn angulations of cochlea varied with age and majority of change occurred during early age. The basal turn angulations of cochlea in difficult situations during cochlear implantation were correlated with the data. There is a significant variation in cochlear orientation as measured radiologically by basal turn angulations relative to midsagittal plane. The more obtuse and acute basal turn angulations have implications like difficulty in cochleostomy and electrode placement during cochlear implantation.				
312.	Kiruthiga, K. G., Ramakrishna, B., Saha, S. and Sen, S. Histological and immunohistochemical study of hepatoblastoma: correlation with tumour behaviour and survival J Gastrointest Oncol; 2018, 9 (2): 326-337 **Address:** Departments of Pathology, **Christian Medical College, Vellore,**India. Paediatric Surgery, **Christian Medical College, Vellore,**India. Background: Hepatoblastoma (HB) has different histological subtypes, with varying prognosis. Though the survival has drastically improved, subsets of patients are not responsive to therapy. Therefore, it becomes important to determine the factors which affect the behaviour of the tumour. This study was aimed to look at the histopathological subtypes and compare with immunohistochemical (IHC) expression of CK19, beta-catenin and EpCAM and survival. Methods: This study included 55 cases of HB. IHC expression of CK19, beta-catenin and EpCAM were correlated with histological subtypes, tumour behaviour, response to chemotherapy and survival. Results: Most common epithelial subtype was fetal (43.2%) and mixed epithelial (54.8%) in pre- and post-chemotherapy groups respectively. Microvascular invasion (MVI) was present in 14/33 resected tumours. CK19 expression was seen in 54.2% and 72.2% of embryonal subtype, nuclear beta-catenin expression in 48.7% and 57.1% and EpCAM in 100% and 82.1% of tumours in pre- and post-chemotherapy groups, respectively. Fetal subtype had a lesser chance of MVI, recurrence, metastasis and death. Beta-catenin expression was associated with lower event free survival (EFS) and EpCAM with >/=50% viable	**INT**	**JAN TO JUNE**	**PATHOLOGY, PAEDIATRIC SURGERY**	**PMID:**29755772 **PMC ID:**5934143 **SCOPUS** **H Index:** 22 **Impact Factor:** 1.720 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	tumour following chemotherapy (P=0.04). Age at diagnosis </=2 years, male sex, alpha-fetoprotein <10,000 IU/mL following chemotherapy, solitary tumour (P=0.001), size </=5 cm, pretreatment extent of disease (PRETEXT) I&II, mitosis </=2/10 high power fields (hpf), viable tumour <50% (P=0.04) and absent nuclear expression of beta-catenin, predicted a higher EFS rate. Conclusions: Beta-catenin expression is associated with lower EFS and EpCAM expression with tumour viability. Multifocality and viable tumour >/=50% were significant factors predicting lower EFS. These factors should be included in the prognostication of HBs.				
313.	Kishore, R., Kisku, S. M. C., Thomas, R. J. and Jeenipalli, S. K. Laparoscopic cholangiogram in biliary atresia: a refinement in the gallbladder hitch technique Pediatr Surg Int; 2018, 34 (4): 395-398 **Address:Christian Medical College and Hospital, Vellore**, India. ravikishore96@gmail.com. **Christian Medical College and Hospital, Vellore**, India. INTRODUCTION: The study describes a refinement in the gallbladder hitch stitch and assesses the value of the laparoscopic cholangiogram in children with suspected biliary atresia. METHODS: Twenty children with neonatal jaundice and no drainage as shown on the HIDA scan underwent a diagnostic laparoscopy through an umbilical 5 mm port. A 3 mm laparoscopic needle holder inserted through a 3.5 mm port to the left of the umbilicus was used to hitch the gallbladder to the abdominal wall. The stylet of a large bore 16F IV cannula then was used to penetrate the gallbladder to perform the laparoscopic cholangiogram. RESULTS: There was no need for conversion in all 20 children by this technique. Patent biliary anatomy was demonstrated in 11 children (11/20). These children had no further procedures. In 3 (3/20) children, the common bile duct was demonstrated, while the hepatic ducts were not. These children had a laparotomy for Kasai procedure after an open cholangiogram with a vascular bulldog clamp on the CBD confirmed the finding. Six (6/20) had no demonstrable patency; 3 had it confirmed when the abdomen was opened for the Kasai procedure; only those proceeding to Kasai portoenterostomy (3 hepatic duct atresia, 3 complete biliary atresias) had an epidural catheter placed by the anesthetist. The remaining 3 had no further procedure performed due to the advanced nodular liver with ascites and evidence of portal hypertension. CONCLUSION: The findings of laparoscopic cholangiogram were confirmed in all six children who	**INT**	**JAN TO JUNE**	**PAEDIATRIC SURGERY**	**PMID:**29427256 **WOS:**000427287100004 **SCOPUS** **H Index:** 53 **Impact Factor:** 1.476

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	underwent laparotomy for Kasai procedure. The laparoscopic cholangiogram using gallbladder hitch reliably demonstrates a patent biliary system (11/11) and was valuable in avoiding further invasive procedures in 70% (14/20) of babies.				
314.	Korpe, P. S., Valencia, C., Haque, R., Mahfuz, M., Mcgrath, M., Houpt, E., Kosek, M., Mccormick, B. J. J., Penataro Yori, P., Babji, S., Kang, G., Lang, D., Gottlieb, M., Samie, A., Bessong, P., Faruque, A. S. G., Mduma, E., Nshama, R., Havt, A., Lima, I. F. N., Lima, A. A. M., Bodhidatta, L., Shreshtha, A., Petri, W. A., Jr., Ahmed, T. and Duggal, P. Epidemiology and Risk Factors for Cryptosporidiosis in Children From 8 Low-income Sites: Results From the MAL-ED Study Clin Infect Dis; 2018, 67 (11): 1660-1669 **Address:** Bloomberg School of Public Health, Johns Hopkins University, Baltimore, Maryland. International Centre for Diarrhoeal Disease Research, Bangladesh, Dhaka. Fogarty International Center, Bethesda, Maryland. University of Virginia School of Medicine, Charlottesville. **Christian Medical College, Vellore,**India. Foundation for the National Institutes of Health, Bethesda, Maryland. University of Venda, Thohoyandou, South Africa. Haydom Global Health Institute, Tanzania. Clinical Research Unit and Institute of Biomedicine, Universidade Federal do Ceara, Fortaleza, Brazil. Armed Forces Research Institute of Medicine (AFRIMS), Bangkok, Thailand. Walter Reed AFRIMS Research Unit Nepal, Kathmandu. Background: Cryptosporidium species are enteric protozoa that cause significant morbidity and mortality in children worldwide. We characterized the epidemiology of Cryptosporidium in children from 8 resource-limited sites in Africa, Asia, and South America. Methods: Children were enrolled within 17 days of birth and followed twice weekly for 24 months. Diarrheal and monthly surveillance stool samples were tested for Cryptosporidium by enzyme-linked immunosorbent assay. Socioeconomic data were collected by survey, and anthropometry was measured monthly. Results: Sixty-five percent (962/1486) of children had a Cryptosporidium infection and 54% (802/1486) had at least 1 Cryptosporidium-associated diarrheal episode. Cryptosporidium	**INT**	**JUL TO DEC**	**WELLCOME RESEARCH UNIT**	**PMID:**29701852 **PMC ID:**6233690 **H Index:** 288 **Impact Factor:** 9.117

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	diarrhea was more likely to be associated with dehydration (16.5% vs 8.3%, P < .01). Rates of Cryptosporidium diarrhea were highest in the Peru (10.9%) and Pakistan (9.2%) sites. In multivariable regression analysis, overcrowding at home was a significant risk factor for infection in the Bangladesh site (odds ratio, 2.3 [95% confidence interval {CI}, 1.2-4.6]). Multiple linear regression demonstrated a decreased length-for-age z score at 24 months in Cryptosporidium-positive children in the India (beta = -.26 [95% CI, -.51 to -.01]) and Bangladesh (beta = -.20 [95% CI, -.44 to .05]) sites. Conclusions: This multicountry cohort study confirmed the association of Cryptosporidium infection with stunting in 2 South Asian sites, highlighting the significance of cryptosporidiosis as a risk factor for poor growth. We observed that the rate, age of onset, and number of repeat infections varied per site; future interventions should be targeted per region to maximize success.				
315.	Korula, A., Devasia, A. J., Fouzia, N. A., Nisham, P. N., Kulkarni, U., Lakshmi, K. M., Abraham, A., Srivastava, A., Mathews, V. and George, B. Outcomes Following Allogeneic Stem Cell Transplantation Using Non-sibling Family Donors Indian Journal of Hematology and Blood Transfusion; 2018, For patients requiring allogeneic stem cell transplant, in the absence of a HLA-matched sibling, an extended donor search within the family may yield a suitable donor especially in societies with a high prevalence of consanguinity. We describe outcomes in transplants with non-sibling family donors, and compare outcomes with controls having a sibling donor transplant. Retrospective analysis of all matched related (non-sibling) donor transplants between 1995 and 2015. For comparison, appropriate age, sex and disease-matched patients were chosen from the sibling transplants (MSD) performed during the same time period (± 2 years). Comparison between the fully matched non-sibling donor cohort and age, sex and disease-matched sibling donor transplants showed a significant increase in complications in the family donor group (viral infections, acute GVHD and rejection). Event-free survival and overall survival were significantly lower in the non-sibling donor cohort, and HLA disparity (1–2 antigen) further worsened the adverse impact. Though there was a significantly lower event-free and overall survival at 3 years in the family donor cohort, this did not retain significance in the multivariate analysis. This data on allogeneic transplants using family donors showed	**NAT**	**JAN TO JUNE**	**UROLOGY, HAEMATOLOGY**	**SCOPUS** **H Index:** 10 **Impact Factor:** 0.474

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	higher complication rates and poorer outcomes. However in situations where financial constraints prevent access to matched unrelated donor sources, extended family searches may be fruitful in yielding a donor, and modifications in conditioning regimens and improvement in supportive care may help in improving the outcomes in family donor transplants. © 2018, Indian Society of Hematology and Blood Transfusion.				
316.	Korula, Anu, Devasia, Nisham P. N. Anup, Sindhuvi, Eunice, Lakshmi, Kavitha, Abraham, Aby, George, Biju, Srivastava, Alok and Mathews, Vikram Impact of a Non-Sibling Fully Matched Related Donor on Clinical Outcomes in Thalassemia Major Biology of Blood and Marrow Transplantation; 2018, 24 (3): S349-S350	**INT**	**JAN TO JUNE**	**CLINICAL HAEMATOLOGY**	**WOS:**000425476000509 **H Index:** 103 **Impact Factor:** 4.484
317.	Korula, Anu, Fouzia, N. A., Devasia, Anup J., Kulkarni, Uday, Lakshmi, Kavitha M., Abraham, Aby, Manipadam, Marie Therese, Srivastava, Alok, George, Biju and Mathews, Vikram Impact of Imaging Modality on Clinical Outcome in Hodgkin Lymphoma in a Resource Constrained Setting Clinical Lymphoma Myeloma & Leukemia; 2018, 18 S233-S233	**INT**	**JAN TO JUNE**	**CLINICAL HAEMATOLOGY**	**WOS:**000444343400164 **H Index:** 43 **Impact Factor:** 2.308
318.	Korula, Anu, Nisham, P. N., Devasia, Anup, Lakshmi, Kavitha M., Abraham, Aby, Sindhuvi, Eunice, George, Biju, Srivastava, Alok and Mathews, Vikram Second Hematopoietic Stem Cell Transplant for Thalassemia Major: Improved Clinical Outcomes with a Treosulfan-Based Conditioning Regimen Biology of Blood and Marrow Transplantation; 2018, 24 (1): 103-108 Graft rejection (GR) after allogeneic stem cell transplantation (allo-SCT) occurs in 10% to 20% of patients with P-thalassemia major (TM). There are limited data on the clinical profile and long-term outcome of patients who have had a GR. We undertook a retrospective analysis of patients who had a graft failure after allo-SCT for TM at our center. From October 1991 to June 2016, 55 of 506 patients (11%) transplanted for TM had a graft failure. An additional 7 patients with graft failure after allo-SCf done at other centers were referred to us for a second transplant. The median age was 8 years (range, 1 to 19), and there were 38 males (61.2%). Thirty-two patients (52.4%) were primary graft failures (15 with	**INT**	**JAN TO JUNE**	**CLINICAL HAEMATOLOGY**	**WOS:**000419933800017 **H Index:** 103 **Impact Factor:** 4.484

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	aplasia and 17 with autologous recovery) and 30 (47.6%) were secondary graft failures (5 with aplasia and 25 with autologous recovery). On conventional risk stratification 40 patients (64.5%) were class III. Seventeen patients (53.12%) with primary graft failure and 16 (53.3%) with secondary graft failure did not receive a second transplant. Twenty-nine patients (46%) with GR underwent a second allo-SCT. With the exception of 1 patient (first allo-SCT with an unrelated cord blood product), the donor for the second transplant was the same as the first transplant. Conditioning regimen for the second SCT was busulfan-based myeloablative (MAC) in 7 patients (24%), treosulfan-based MAC in 12 patients (41.3%), and the remaining received non-MAC regimens in view of pancytopenia and perceived inability to tolerate MAC. None of the patients conditioned with a treosulfan-based regimen had a GR, although 1 patient died with complications secondary to chronic graft-versus -host disease. Of the remaining 17 patients, 10 died after the second GR and 3 of regimen-related toxicity. Four are alive, of which 1 has recurrent TM and the rest are well and transfusion independent at 55, 80, and 204 months, respectively, from second transplant (all busulfan-based MAC). On a univariate analysis a nontreosulfan-based conditioning regimen and time from GR to second transplant of <1 year was significantly associated with an adverse impact. However, on a multivariate analysis only a nontreosulfan-based regimen was associated with a significant adverse impact on event-free survival (HR, 11.5; 95% CI, 1.13 to 116.4; P=.039). In conclusion, there has been a significant improvement in clinical outcomes in our experience with the use of a treosulfan-based reduced-toxicity MAC regimen for second allo-SCT for TM. It would be reasonable, where feasible, to defer the second transplant by a year after the first GR. (C) 2017 American Society for Blood and Marrow Transplantation.				
319.	Korula, Anu, Sindhuvi, Eunice, Devasia, Anup, Nisham, P. N., Kulkarni, Uday, Lakshmi, Kavitha, Abraham, Aby, Mathews, Vikram, Srivastava, Alok and George, Biju Challenges of Haematopoietic Stem Cell Transplantation in Primary Immunodeficiency Disorders in a Developing Country Biology of Blood and Marrow Transplantation; 2018, 24 (3): S318-S319	**INT**	**JAN TO JUNE**	**CLINICAL HAEMATOLOGY**	**WOS:**000425476000460 **H Index:** 103 **Impact Factor:** 4.484
320.	Korula, S., Chapla, A., Priyambada, L., Mathai, S. and Simon, A. Sirolimus therapy for congenital hyperinsulinism in an infant with a	**INT**	**JAN TO JUNE**	**PAEDIATRIC ENDOCRINOLOGY,**	**WOS:**000419939200014 **SCOPUS**

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	novel homozygous KCNJ11 mutation Journal of Pediatric Endocrinology and Metabolism; 2018, 31 (1): 87-89 Congenital hyperinsulinism results in refractory hypoglycemia. If a therapy with diazoxide has been unresponsive this has been treated by subtotal pancreatectomy in the past. This therapeutic option poses an increased risk of developing diabetes at a later stage. There have been a few case reports on the use of sirolimus in such situations in the recent past. Our patient was started on sirolimus very early, on day 29 of life and at the age of 14 months is doing well on sirolimus therapy. His growth and development have been good and he has not had any major complications so far. Genetic testing showed a novel KCNJ11 homozygous mutation on next generation sequencing and the parents were heterozygous carriers. We report the successful use of sirolimus in the management of diazoxide unresponsive congenital hyperinsulinism with diffuse pancreatic involvement. We believe this is the youngest patient to be initiated on sirolimus so far. © 2018 Walter de Gruyter GmbH, Berlin/Boston.			**ENDOCRINOLOGY**	**H Index:** 59 **Impact Factor:** 1.086
321.	Koshy, M., Mathew, J., Alex, R., Jude, J. A., Ralph, R., Sudarsanam, T. D., Sathyendra, S., Visalakshi, J. and Peter, J. V. Antinuclear antibodies in scrub typhus: Transient occurrence during acute illness J Vector Borne Dis; 2018, 55 (1): 52-57 **Address:** Department of Medicine, **Christian Medical College & Vellore,** India. Department of Rheumatology, **Christian Medical College & Vellore,** India. Department of Microbiology, **Christian Medical College & Vellore,** India. Department of Biostatistics, **Christian Medical College & Vellore,** India. Department of Critical Care, **Christian Medical College & Vellore,** India. Background & objectives: The pathological hallmark of scrub typhus infection is focal or disseminated vasculitis. As with other infections, antinuclear antibodies (ANA) have been previously described in scrub typhus. However, the underlying mechanisms and implications of this immunological phenomenon is not well understood. In the present work it was assessed whether ANA is associated with illness severity and outcomes. Methods: In this	**INT**	**JAN TO JUNE**	**MEDICINE, RHEUMATOLOGY, MICROBIOLOGY, BIOSTATISTICS, CRITICAL CARE**	**PMID:**29916449 **WOS:**000436551200009 **SCOPUS** **H Index:** 33 **Impact Factor:** 1.140 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	prospective study spanning one year, patients fulfilling the diagnostic criteria for scrub typhus were recruited. Patients with other acute infective febrile illnesses were taken as controls. ANA positivity was compared between the cases and controls. ANA in scrub typhus was assessed for correlation with disease severity, organ dysfunction and outcomes. Results: The cohort comprised of 149 patients (scrub 89; controls 60) with mean age 46.5 (SD=16.9) yr; 48.3% were female. ANA was detected in 48 (53.9%) patients with scrub typhus and 9(15%) controls ($p < 0.001$). The ANA pattern was predominantly speckled (93.8%) in both scrub typhus patients and controls. In patients with scrub typhus, ANA positivity was associated with increasing APACHE-III score [Odds ratio (OR) 1.01; 95% CI 0.99-1.03; $p = 0.09$]. On bivariate analysis, ANA tended to be correlated with acute respiratory distress syndrome (OR 2.32; 95% CI 0.98-5.46; $p = 0.06$), hepatic dysfunction (OR 2.25; 95% CI 0.94-5.39, $p = 0.06$) and aseptic meningitis (OR 6.83; 95% CI 0.80-58.05, $p = 0.08$). The presence of these antibodies did not correlate with duration of hospitalization or mortality. Convalescent sera on 31 ANA positive scrub typhus patients demonstrated persistence of ANA in only 5 (16.1%) patients. Interpretation & conclusion: The disappearance of ANA during the convalescent phase suggests that ANA is expressed during the acute phase of scrub typhus infection. Its association with organ dysfunction warrants further study of the mechanisms and impact of autoantibody formation in scrub typhus.				
322.	Koshy, M., Raj Mani, S. S., Rajan, S. J., Iyyadurai, R. and Sathyendra, S. Vertical integration in the teaching of final year medical students J Adv Med Educ Prof; 2018, 6 (4): 188-189 **Address:** Department of Medicine, **Christian Medical College, Vellore,**India.	**INT**	**JAN TO JUNE**	**MEDICINE**	**PMID:**30349832 **PMC ID:**6191831 **H Index:** NA **Impact Factor:** NA
323.	Koshy, M., Sadanshiv, P. and Sathyendra, S. Genitourinary melioidosis: a descriptive study Trop Doct; 2018, 49475518817416 Address: 1 Assistant Professor, Department of Medicine, **Christian Medical College, Vellore**, India. 2 Post graduate registrar, Department of Medicine, **Christian Medical College, Vellore**, India. 3 Professor, Department of Medicine, **Christian Medical College, Vellore**, India. Melioidosis is the disease caused by the soil and water bacterium, Burkholderia pseudomallei. Our study	**INT**	**JUL TO DEC**	**MEDICINE**	**PMID:30558480** **H Index:** 30 **Impact Factor:** 0.660 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	aimed to delineate its genitourinary manifestations. Over a 10-year period (2006-2016), 20 adults with culture-confirmed genitourinary melioidosis were identified. The patients were all men with a mean age of 45.3 +/- 12.3 years. The common risk factors were diabetes mellitus (65%) and alcoholism (25%); a majority of patients (90%) had chronic melioidosis. Most had disseminated disease (n = 17) and 55% were bacteraemic. The prostate was the organ most frequently involved (60%, n = 12), followed by the kidney, bladder and seminal vesicles. Diagnosis was established by blood and urine cultures and imaging. Patients were successfully treated with ceftazidime intensive therapy followed by eradicative therapy, with surgical debridement and guided aspiration, when deemed necessary. There was one case fatality and no relapses. Melioidosis is an important differential to be considered in chronic genitourinary infections in the appropriate setting.				
324.	Kota, A. A., Hazra, D. and Selvaraj, A. D. Basilic vein haemangioma: an unusual differential diagnosis for cubital fossa mass BMJ Case Rep; 2018, 2018 **Address:** Department of Vascular Surgery, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Subcutaneous masses along the cubital fossa can be a diagnostic dilemma. Most patients are asymptomatic and usually present for a cosmetic reason. Diagnosis can be confirmed by radiological findings and histopathology. We present a case report of a similar mass that turned out to be a haemangioma arising from the basilic vein with brief review of literature.	**INT**	**JUL TO DEC**	**VASCULAR SURGERY**	**PMID:**29599380 **SCOPUS** **H Index:** 17 **Impact Factor:** 0.220 (RG)
325.	Kota, A. A., Stephen, E., Samuel, V., Premkumar, P., Selvaraj, D. and Agarwal, S. Primary great saphenous vein aneurysm in a child J Vasc Surg Venous Lymphat Disord; 2018, 6 (6): 765 **Address:** Department of Vascular Surgery, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Department of Vascular Surgery, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Electronic **Address:**vascular@cmcvellore.ac.in.	**INT**	**JUL TO DEC**	**VASCULAR SURGERY**	**PMID:**30336905 **SCOPUS** **H Index:** 15 **Impact Factor:** 1.619
326.	Krabbe, S., Bird, P., Eshed, I., Foltz, V., Gandjbakhch, F., Glinatsi, D., Jaremko, J. L., Lambert, R. G., Maksymowych, W. P., Mathew, A. J., Pedersen, S. J., Poggenborg, R., Stoenoiu, M. S., Conaghan,	**INT**	**JUL TO DEC**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY**	**WOS:**000444351003360 **H Index:** 198 **Impact Factor:** 12.350

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	P. G., Althoff, C. E., Peterfy, C., Hermann, K. G., Ostergaard, M. and Grp, Omeract Mri Working INITIAL DEVELOPMENT OF A WHOLE-BODY MAGNETIC RESONANCE IMAGING INFLAMMATION INDEX FOR ACTIVE DISEASE OF PERIPHERAL JOINTS AND ENTHESES IN PATIENTS WITH INFLAMMATORY ARTHRITIS Annals of the Rheumatic Diseases; 2018, 77 1183-1184				
327.	Krishanappa, Salian Kiran Kumar, Eachempati, Prashanti, Nagraj, Sumanth Kumbargere, Shetty, Naresh Yedthare, Moe, Soe, Aggarwal, Himanshi and Mathew, Rebecca J. Interventions for treating oro-antral communications and fistulae due to dental procedures Cochrane Database of Systematic Reviews; 2018, (8): Background An oro-antral communication is an unnatural opening between the oral cavity and maxillary sinus. When it fails to close spontaneously, it remains patent and is epithelialized to develop into an oro-antral fistula. Various surgical and non-surgical techniques have been used for treating the condition. Surgical procedures include flaps, grafts and other techniques like re-implantation of third molars. Nonsurgical techniques include allogenic materials and xenografts. This is an update of a review first published in May 2016. Objectives To assess the effectiveness and safety of various interventions for the treatment of oro-antral communications and fistulae due to dental procedures. Search methods Cochrane Oral Health's Information Specialist searched the following databases: Cochrane Oral Health's Trials Register (to 23 May 2018), the Cochrane Central Register of Controlled Trials (CENTRAL) (the Cochrane Library, 2018, Issue 4), MEDLINE Ovid (1946 to 23 May 2018), and Embase Ovid (1980 to 23 May 2018). The US National Institutes of Health Trials Registry (ClinicalTrials.gov) and the World Health Organization International Clinical Trials Registry Platform were searched for ongoing trials. No restrictions were placed on the language or date of publication when searching the electronic databases. We also searched the reference lists of included and excluded trials for any randomised controlled trials (RCTs). Selection criteria We included RCTs evaluating any intervention for treating oro-antral communications or oro-antral fistulae due to dental procedures. We excluded quasi-RCTs and cross-over trials. We excluded studies on participants who had oro-antral communications, fistulae or both related to Caldwell-Luc procedure or surgical excision of tumours. Data collection and	**INT**	**JUL TO DEC**	**COCHRANE SOUTH ASIA**	**WOS:000443635700058** **SCOPUS** **H Index:** 212 **Impact Factor:** 6.754

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	analysis Two review authors independently selected trials. Two review authors assessed trial risk of bias and extracted data independently. We estimated risk ratios (RR) for dichotomous data, with 95% confidence intervals (CI). We assessed the overall quality of the evidence using the GRADE approach. Main results We included only one study in this review, which compared two surgical interventions: pedicled buccal fat pad flap and buccal flap for the treatment of oro-antral communications. The study involved 20 participants. The risk of bias was unclear. The relevant outcome reported in this trial was successful (complete) closure of oro-antral communication. The quality of the evidence for the primary outcome was very low. The study did not find evidence of a difference between interventions for the successful (complete) closure of an oro-antral communication (RR 1.00, 95% Cl 0.83 to 1.20) one month after the surgery. All oro-antral communications in both groups were successfully closed so there were no adverse effects due to treatment failure. We did not find trials evaluating any other intervention for treating oro-antral communications or fistulae due to dental procedures. Authors' conclusions We found very low quality evidence from a single small study that compared pedicled buccal fat pad and buccal flap. The evidence was insufficient to judge whether there is a difference in the effectiveness of these interventions as all oro-antral communications in the study were successfully closed by one month after surgery. Large, well-conducted RCTs investigating different interventions for the treatment of oro-antral communications and fistulae caused by dental procedures are needed to inform clinical practice.				
328.	Kulkarni, N., Rosario, D. P., Beck, M. M., Jose, R. and Yadav, B. A prospective case control study of menstrual and reproductive outcomes after B-Lynch surgery in a tertiary care center in south India Bjog-an International Journal of Obstetrics and Gynaecology; 2018, 125 42-43	**INT**	**JAN TO JUNE**	**OBSTETRICS AND GYNECOLOGY, RMU**	**WOS:**000428013200084 **H Index:** 143 **Impact Factor:** 4.876
329.	Kulkarni, N., Rosario, D. P., David, L. S., Vijayaselvi, R. and Beck, M. M. Decoding stillbirths using the ReCoDe classification: Study from the developing world J Turk Ger Gynecol Assoc; 2018, **Address:** Department of Obstetrics and Gynecology, **Christian Medical College, Vellore,**India	**INT**	**JAN TO JUNE**	**OBSTETRICS AND GYNECOLOGY**	**PMID:**30362339 **H Index:** 10 **Impact Factor:** 0.680 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Professor and Head of Obstetrics and Gynecology, **Christian Medical College, Vellore,**India Objective: 1. To find out the stillbirth rate in the year 2017 at **Christian Medical College,**a tertiary care perinatal center in South India. 2. To find out causes for the various stillbirths that occurred using the ReCoDe classification. Material and Methods: Medical records of the women with stillbirths between 1st January to 31st December 2017 were retrieved and analyzed by SPSS software (IBM, version 23). The study was approved by institutional review board Minute no: 11273 Retro dated 28/3/2018. Results: Of the total 14696 deliveries between 1st January 2017 to 31st December 2017, there were 247 stillbirths, a rate of 16.8 per 1000 births. Maternal factors:156(64.2%) were booked and rest were un-booked. Hypertensive disorders of pregnancy were detected in 27.5%(n=67). A greater number of un-booked women had gestational hypertension as compared to booked women (41% vs 24%, p value 0.005). Fetal characteristics: Still births secondary to lethal congenital anomalies were seen in 18.2%(n=45). Lethal congenital anomalies were diagnosed 10 times more in the booked patients than un-booked ones. (24.7% versus 2.3%, p value 0.001). Obstetric factors: Previous one or two miscarriages were seen in 29.5% cases. Seventeen women (6.9%) had a prior stillbirth. ReCoDe Classification: We were able to successfully classify 84.2% of stillbirths, leaving 15.78% unclassified. Fetal growth restriction secondary to uteroplacental insufficiency was found in 25.9% cases. Of the placental causes, abruption accounted for 10.9% of cases. Medical co-morbidities were seen in 46.5% pregnancies. Conclusion: ReCoDe method of classifying stillbirths is useful in the developing world. It helped to elucidate the cause for stillbirths in 84.2% cases. Majority of cases in our setup were due to fetal growth restriction, hypertensive disorders of pregnancy and uteroplacental insufficiency. Stillbirths can be prevented by a comprehensive antenatal care system, early recognition and close monitoring of high risk pregnancies.				
330.	Kulkarni, U., Devasia, A. J., Korula, A., Fouzia, N. A., Nisham, P. N., Samoon, Y. J., Lakshmi, K. M., Abraham, A., Srivastava, A., Mathews, V. and George, B. Use of Non-Cryopreserved Peripheral Blood Stem Cells Is Associated with Adequate Engraftment in Patients with Multiple Myeloma Undergoing an Autologous Transplant Biol Blood Marrow Transplant; 2018,	**INT**	**JAN TO JUNE**	**CLINICAL HAEMATOLOGY**	**PMID:**30142418 **H Index:** 103 **Impact Factor:** 4.484

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Address: Department of Haematology, **Christian Medical College, Vellore,**India. Department of Haematology, **Christian Medical College, Vellore,**India. Electronic **Address:** bijuhaemat@gmail.com. Autologous transplantation is the standard of care for transplant-eligible patients with multiple myeloma. Toward making this treatment accessible in developing countries, there are significant challenges like resource constraints and access to cryopreservation facilities. We performed a retrospective analysis of patients with multiple myeloma who underwent autologous transplantation using granulocyte colony-stimulating factor (G-CSF)-mobilized non-cryopreserved grafts at our institution from January 1995 to December 2014. Peripheral blood stem cells (PBSCs) were harvested over 1 to 2 days after G-CSF mobilization. After apheresis, PBSCs were stored at 4 degrees C in a blood bank refrigerator for up to 72 hours. During the study period, 224 patients with multiple myeloma underwent autologous transplantation using G-CSF-mobilized non-cryopreserved grafts. The number of days of stem cell harvest was 1 in 91 patients (40.6%) and 2 in 133 patients (59.4%). The median CD34 cell dose was 4.87x10(6)/kg (range, 1.15 to 23.7). All patients except 1 engrafted. The median time to neutrophil engraftment was 12 days (range, 9 to 22). The median time to platelet engraftment was 17 days (range, 10 to 44). In a resource-limited setting, the use of G-CSF-mobilized non-cryopreserved grafts results in adequate engraftment for most patients with multiple myeloma undergoing autologous stem cell transplantation.				
331.	Kulkarni, U., Devasia, A. J., Korula, A., Fouzia, N., Nisham, P., Samoon, Y. J., Lakshmi, K. M., Abraham, A., Srivastava, A., Mathews, V. and George, B. Clinical Outcomes in Multiple Myeloma Post-Autologous Transplantation—A Single Centre Experience Indian Journal of Hematology and Blood Transfusion; 2018, There is paucity of data from developing countries on the clinical outcomes in myeloma post-autologous transplantation. In this retrospective study, we used hospital records to retrieve data of patients with multiple myeloma undergoing autologous stem cell transplantation (ASCT) from January 1995 to December 2014 at our centre. During the study period, 245 patients underwent ASCT for myeloma. Of these, 19%, 37% and 37% were in complete response, very good partial response and partial response	**NAT**	**JAN TO JUNE**	**CLINICAL HAEMATOLOGY**	**SCOPUS** **H Index:** 10 **Impact Factor:** 0.474

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	respectively at the time of ASCT. Only in 14 (5.7%) patients, the stem cells were cryopreserved. The transplant related mortality was 2.86%. The median follow up was 40.7 months (range 0–237.4 months). The 5-year overall survival (OS) and progression-free survival (PFS) for the entire cohort was 61.6% ± 3.8% and 37.2% ± 3.9% respectively. Independent predictors of OS included mononuclear cell dose infused, pre- and post-transplant response; and the use of maintenance therapy. Independent predictors of PFS included age at diagnosis, pre- and post-transplant response; and the use of maintenance therapy. In a resource limited setting, ASCT for myeloma is associated with low transplant related mortality. Pre- and post-transplant response and maintenance therapy are predictors of survival. © 2018, Indian Society of Hematology and Blood Transfusion.				
332.	Kumar, M., Santhanam, S., Thomas, N. and Jana, A. K. A prospective observational study comparing cardiac function of small for gestational age with appropriate for gestational age babies using serial echocardiographic studies J Matern Fetal Neonatal Med; 2018, 1-6 **Address:** a Department of Neonatology ,**Christian Medical College , Vellore ,** India. BACKGROUND: Approximately 30% of babies born in India are low birth weight (LBW) and about 70% of LBW babies are small for gestational age (SGA). Though there are several trials that have evaluated cardiac function of intrauterine growth restricted (IUGR) babies in utero, there is limited data about postnatal cardiac function in SGA babies during early neonatal period. This study was conducted to evaluate the cardiac functions of SGA babies by serial echocardiographic measurements and compare this with appropriate for gestational age (AGA) babies during the early postnatal period. MATERIAL AND METHODS: Seventy babies were enrolled in this prospective observational study with 35 each in the SGA and AGA groups. Echocardiography was performed for all babies on days 1, 2, and 3 of life. Myocardial performance index (MPI) was used as the primary measure to compare cardiac function. MPI was calculated for both ventricles using pulse wave Doppler and tissue Doppler. RESULTS: MPI of the left ventricle was significantly higher in the SGA group as compared to AGA babies during all the three measurement periods with SGA babies having significantly higher MPI of right ventricle on day 1 and day 2 but not on day 3. Left ventricular internal diameter index during diastole	**INT**	**JAN TO JUNE**	**NEONATOLOGY**	**PMID:**29338497 **H Index:** 65 **Impact Factor:** 1.493

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	and systole (LVIDD index and LVIDS index), left atrium: aortic root ratio (LA:AO ratio) were significantly increased in SGA babies on all the occasions. Fractional shortening, ejection fraction, and area shortening were similar in two groups. CONCLUSIONS: Myocardial performance index of left and right ventricle, which evaluates both systolic and diastolic function of ventricles, was significantly increased in SGA babies in comparison to AGA babies during the first 3 days of life except MPI of the right ventricle on day 3. Thus, SGA babies have compromised cardiac function through all phases of the cardiac cycle with the performance improving spontaneously over time.				
333.	Kumar, N., Chaudhary, N., Prabhu, A. J., Robinson Vimala, L., Boddu, D. and Mathew, L. G. Undifferentiated thymic carcinoma with intracranial metastasis in a two-year-old Asian Cardiovasc Thorac Ann; 2018, 26 (3): 239-241 **Address:** 1 Department of Pediatrics, 30025 **Christian Medical College and Hospital ,** Vellore, Tamil Nadu, India. 2 Department of Pathology, 30025 **Christian Medical College and Hospital ,** Vellore, Tamil Nadu, India. 3 Department of Radiology, 30025 **Christian Medical College and Hospital ,** Vellore, Tamil Nadu, India. Thymic carcinoma with central nervous system involvement is very rare in children. A 27-month-old girl presented with a unilateral squint, vomiting, and behavioral changes. Imaging studies showed a silent anterior mediastinal mass and a large metastatic mass at the base of the skull. Biopsy of the anterior mediastinal mass confirmed an undifferentiated tumor consistent with thymic carcinoma. The child died within 3 months of the onset of symptoms, due to progression of the disease. These lethal tumors of unknown histogeneses and etiology are aggressive in nature, resistant to therapy, and have a rapidly fatal course.	**INT**	**JAN TO JUNE**	**PEDIATRICS, PATHOLOGY, RADIOLOGY**	**PMID:**29411634 **SCOPUS** **H Index:** 23 **Impact Factor:** 0.500 (RG)
334.	Kumar, P., Jana, S., Kenchappa, K. and Manik, G. Large submitral aneurysm compressing left main coronary artery: Rare presentation of a rare disease Journal of Association of Physicians of India; 2018, 66 (July): 90-91 **Address:** Department of cardiology, Santokba Durlabhji Memorial hospital, Jaipur, Rajasthan, India Department of Cardiology, **Christian Medical College, Vellore,**Tamil Nadu, India	**INT**	**JUL TO DEC**	**CARDIOLOGY**	**SCOPUS** **H Index:** 51 **Impact Factor:** 0.370 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Department of Cardiology, TMU, Moradabad, Uttar Pradesh, India Submitral left ventricular aneurysm is a rare cardiac anomaly that was first reported from African countries and initially termed as "annular left ventricular aneurysm". Submitral aneurysm (SMA) causes out-pouching of the left ventricular wall, adjacent to the posterior leaflet of the mitral valve. Generally, SMA opens into left ventricle (LV) with a wide mouth and not into left atrium (LA). We report a case of Submitral Aneurysm with two openings: one into LV and the other into LA. This case also highlights the compression of coronary arteries by the submitral aneurysm. Large SMA can cause compression of left main coronary artery rarely. Having a knowledge of this point can help the clinician. SMA generally have an opening in LV but in this case SMA has two openings (One in LV and another in LA). This knowledge can help in proper surgical management.				
335.	Kumar, S. Health-care expenses - A need to be cautious Indian J Urol; 2018, 34 (4): 237-238 **Address:** Department of Urology, **Christian Medical College, Vellore,**Tamil Nadu, India.	**NAT**	**JAN TO JUNE**	**UROLOGY**	**PMID:**30337775 **PMC ID:**6174713 **SCOPUS** **H Index:** 23 **Impact Factor:** 0.820 (RG)
336.	Kumar, S. What's inside Indian J Urol; 2018, 34 (4): 239-240 **Address:** Department of Urology, **Christian Medical College, Vellore,**Tamil Nadu, India.	**NAT**	**JAN TO JUNE**	**UROLOGY**	**PMID:**30337776 **PMC ID:**6174719 **SCOPUS** **H Index:** 23 **Impact Factor:** 0.820 (RG)
337.	Kumar, S. Classification criteria of paediatric Behcet's disease: An evolving area of study Indian Journal of Rheumatology; 2018, 13 (3): 152-153 **Address:** Department of Pediatrics, **Christian Medical College, Vellore,**Tamil Nadu, India	**NAT**	**JAN TO JUNE**	**PEDIATRICS**	**SCOPUS** **H Index:** 8 **Impact Factor:** 0.110 (RG)
338.	Kumar, S. Round up Indian J Urol; 2018, 34 (2): 97-98 **Address:** Department of Urology, **Christian Medical College, Vellore,**Tamil Nadu, India.	**NAT**	**JAN TO JUNE**	**UROLOGY**	**PMID:**29692500 **PMC ID:**5894297 **SCOPUS** **H Index:** 23 **Impact Factor:** 0.820 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
339.	Kumar, S., Chandran, C., Chacko, R., Jesija, J. S. and Paul, A. Osteoradionecrosis of Jaw: An Institutional Experience Contemp Clin Dent; 2018, 9 (2): 242-248 **Address:** Department of Dental and Oral Surgery, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Aims and Objectives: Osteoradionecrosis (ORN) of the jaw is a significant yet rare complication of radiotherapy (RT) associated with the management of head-and-neck malignancies. Recent decrease in the incidence of ORN following RT to the head and neck is being mainly attributed to refinement in RT techniques and improvement in our understanding of this morbid disease. The aim of this study is to assess the patients with ORN following head-and-neck RT to determine the various contributing risk factors involved in the development of ORN. Subjects and Methods: A retrospective data review from 2003 onward was conducted on the cases of ORN which presented to the Department of Dental and Oral Surgery, **Christian Medical College, Vellore**. Details of the patients with regard to the site of primary malignancy, type of treatment provided - RT alone or in combination of surgery and chemotherapy, dose of RT, presenting complaint, duration between the RT and presentation of ORN, and method of management considered were evaluated. Results: A total of 25 patients were evaluated. The average age of the 25 patients in our study was 58 years. Oropharynx (about 50%) was the leading site of primary malignancy. More than half of the patients in the study (52%) had undergone radical RT for the primary malignancy and all the patients were given >60 Gy dose of RT. About 48% of the patients in the study reported with pus discharge as their chief complaint. The average intervening time period from completion of RT to the presentation of ORN was 48 months. The mandibular alveolus was the most common site for ORN. Twelve of the 25 cases in the study were managed conservatively with only 3 patients requiring major resection. Conclusion: Due to its rare presentation, ORN still remains a challenge for the clinician in its management. Our study revealed that radical RT and concurrent chemo-RT for the oropharyngeal and base of the tongue malignancies have a higher risk of developing ORN. Patients subjected to the dose of RT above 60 Gy for head-and-neck malignancies have an increased risk of future ORN; henceforth, newer modality treatment like intensity-modulated RT regimen is recommended for such sites. Most of the patients in the study were satisfactorily managed of the symptoms with conservative modality treatment; hence, it is	**INT**	**JAN TO JUNE**	**DENTAL AND ORAL SURGERY**	**PMID:**29875568 **PMC ID:**5968690 **SCOPUS** **H Index:** 9 **Impact Factor:** 1.652

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	recommended to consider for surgical methods only in severe end-stage form of ORN.				
340.	Kumar, S., Charllu, A. P., Chacko, R. and Porinchu, J. Spontaneous bone regeneration in a large haemophilic pseudotumour of mandible BMJ Case Rep; 2018, 2018 **Address:** CMCH, Vellore, Tamil Nadu, India. Dental Surgery Unit 1, CMCH, Vellore, Tamil Nadu, India. **Christian Medical College and Hospital Vellore,** Vellore, Tamil Nadu, India. Pseudotumours of haemophilia (PTH) are locally expansile destructive haematomas which result in varying morbidity among haemophilic patients. Adequate haematological treatment and prophylaxis helps in preventing these haematomas. Currently, there is no uniform standard management protocol for this entity due to rarity of these lesions. PTH are seen in 1%-2% of the severe haemophilic patients. They may also be seen in moderate cases when adequate factor coverage is not provided or in cases with factor VIII inhibitors. We report a rare case of mandibular pseudotumour in a patient with moderate haemophilia and Glanzmann's thrombasthenia, treated successfully with decompression of the haematoma. Postdecompression, sequential radiography revealed spontaneous bone regeneration at the site of the lesion. With 2 years follow-up, the mandible had no residual lesion. This reveals the role and potential of conservative decompression even in cases with severe osteodestruction secondary to developing haematoma of the mandible in haemophilic patients.	**INT**	**JAN TO JUNE**	**DENTAL SURGERY UNIT I**	**PMID:**30093500 **SCOPUS** **H Index:** 17 **Impact Factor:** 0.220 (RG)
341.	Kumar, S., Singh, R., Ravindran, P., Godson, H. and Ponmalar, R. In Vivo Dose Measurements During MV Portal Imaging Using MOSFET Dosimeters Medical Physics; 2018, 45 (6): E287-E287	**INT**	**JUL TO DEC**	**RADIOTHERAPY**	**WOS:**000434978001302 **H Index:** 152 **Impact Factor:** 2.884
342.	Kuppuswamy, B., Davis, K., Sahajanandan, R. and Ponniah, M. A randomized controlled trial comparing the myocardial protective effects of isoflurane with propofol in patients undergoing elective coronary artery bypass surgery on cardiopulmonary bypass, assessed by changes in N-terminal brain natriuretic peptide Ann Card Anaesth; 2018, 21 (1): 34-40 **Address:** Department of Anaesthesia, **Christian Medical College,**	**INT**	**JAN TO JUNE**	**ANAESTHESIA**	**PMID:**29336389 **PMC ID:**5791484 **SCOPUS** **H Index:** 20 **Impact Factor:** 0.660 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Vellore,Tamil Nadu, India. OBJECTIVE: The objective of the study is to compare the myocardial protective effects of isoflurane with propofol in patients undergoing elective coronary artery bypass surgery on cardiopulmonary bypass (CPB), the cardio protection been assessed by changes in N-terminal brain natriuretic peptide (NT proBNP). Methodology and Design: This study is designed as a participant blinded, prospective randomized clinical trial. SETTING: **Christian Medical College Hospital, Vellore,** India. PARTICIPANTS: Patients undergoing elective coronary artery bypass surgery on CPB. INTERVENTION: Anesthesia was maintained with 0.8-1.2 end tidal concentrations of isoflurane in the isoflurane group and in the propofol group, anesthesia was maintained with propofol infusion as described by Roberts et al. MEASUREMENTS: Hemodynamic data were recorded at frequent intervals during the surgery and up to 24 h in the Intensive Care Unit (ICU). The other variables that were measured include duration of mechanical ventilation, dose and duration of inotropes in ICU, (inotrope score), duration of ICU stay, NT proBNP levels before induction and 24 h postoperatively, creatine kinase-MB levels in the immediate postoperative, first and second day. RESULTS: Mean heart rate was significantly higher in propofol group during sternotomy, (P = 0.021). Propofol group had a significantly more number of patients requiring nitroglycerine in the prebypass period (P = 0.01). The increase in NT proBNP from preoperative to postoperative value was lesser in the isoflurane group compared to propofol even though the difference was not statistically significant. The requirement of phenylephrine to maintain mean arterial pressure within 20% of baseline, mechanical ventilation duration, inotrope use, duration of ICU stay and hospital stay were found to be similar in both groups. CONCLUSION: Propofol exhibit comparable myocardial protective effect like that of isoflurane in patients undergoing coronary artery bypass graft surgery. Considering the unproven mortality benefit of isoflurane and the improved awareness of green OT concept, propofol may be the ideal alternative to volatile anesthetics, at least in patients with good left ventricular function.				
343.	Kuprash, A. D., Shibeko, A. M., Vijay, R., Nair, S. C., Srivastava, A., Ataullakhanov, F. I., Panteleev, M. A. and Balandina, A. N. Sensitivity and Robustness of Spatially Dependent Thrombin Generation and Fibrin Clot Propagation Biophys J; 2018, Dec 18; 115 (12): 2461-2473	**INT**	**JUL TO DEC**	**Biophysics**	**PMID:30514632** **PMC ID:6301986** **H Index:** 239 **Impact Factor:** 3.495

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Address: Center for Theoretical Problems of Physicochemical Pharmacology RAS, Moscow, Russia; Department of Biophysics and Systems Biology, National Center of Pediatric Hematology, Oncology and Immunology, Moscow, Russia. Department of Haematology, **Christian Medical College, Vellore**, India. Center for Theoretical Problems of Physicochemical Pharmacology RAS, Moscow, Russia; Department of Biophysics and Systems Biology, National Center of Pediatric Hematology, Oncology and Immunology, Moscow, Russia; Department of Physics, Lomonosov Moscow State University, Moscow, Russia; Department of Biological and Medical Physics, Moscow Institute of Physics and Technology, Dolgoprudny, Russia. Center for Theoretical Problems of Physicochemical Pharmacology RAS, Moscow, Russia; Department of Biophysics and Systems Biology, National Center of Pediatric Hematology, Oncology and Immunology, Moscow, Russia; Department of Physics, Lomonosov Moscow State University, Moscow, Russia; Department of Biological and Medical Physics, Moscow Institute of Physics and Technology, Dolgoprudny, Russia. Electronic address: mapanteleev@yandex.ru. Blood coagulation is a delicately regulated space- and time-dependent process that leads to the formation of fibrin clots preventing blood loss upon vascular injury. The sensitivity of the coagulation network was previously investigated without accounting for transport processes. To investigate its sensitivity to coagulation factor deficiencies in a spatial reaction-diffusion system, we combined an in vitro experimental design with a computational systems biology model. Clot formation in platelet-free plasma supplemented with phospholipids was activated with identical amounts of tissue factor (TF) either homogeneously distributed (concentration 5 pM, homogeneous model) or immobilized on the surface (surface density 100 pmole/m(2), spatially heterogeneous model). Fibrin clot growth and thrombin concentration dynamic in space were observed using video microscopy in plasma of healthy donors or patients with deficiencies in factors (F) II, FV, FVII, FVIII, FIX, FX, or FXI. In the spatially heterogeneous model, near-activator thrombin generation was decreased in FV-, FVII-, and FX-deficient plasma. In the homogeneous model, clotting was not registered in these samples. The simulation and experiment data showed that the coagulation threshold depended on the TF concentration. Our data indicate that the velocity of spatial clot propagation correlates linearly with the concentration of thrombin at the clot wave front but not with the overall thrombin wave amplitude. Spatial clot growth in				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	normal plasma at early stages was neither reaction nor diffusion limited but became diffusion limited later. In contrast, clot growth was always diffusion limited in FV-, FVII-, and FX-deficient plasma and reaction limited in FVIII-, FIX-, and FXI-deficient plasma. We conclude that robustness of the spatially heterogeneous coagulation system was achieved because of the combination of 1) a local high TF surface density that overcomes activation thresholds, 2) diffusion control being shared between different active factors, and 3) an early saturated stimulus-response dependence of fibrin clot formation by thrombin.				
344.	Kuriakose, T., Jasper, S. and Thomas, S. Pars-plana fluid aspiration for positive vitreous cavity pressure in anterior segment surgeries Indian J Ophthalmol; 2018, 66 (4): 565-567 **Address:** Department of Ophthalmology, **Christian Medical College, Vellore,**Tamil Nadu, India. Positive vitreous pressure due to misdirection of aqueous or choroidal effusion leads to shallowing of the anterior chamber (AC) before or during anterior segment surgeries. This shallow AC if not addressed makes surgery difficult and increases the risk of surgical complications. Methods to prevent and manage this condition described in literature are not without problems. We describe a minimally invasive technique of passing a 30G needle through the pars-plana to aspirate misdirected fluid from vitreous cavity either as a prophylaxis just before surgery or during it, thereby decreasing positive vitreous pressure. This technique, used in 12 eyes, seems to be effective in patients with angle-closure glaucoma, malignant glaucoma, and per-operative sudden increase in vitreous pressure during surgery. Small-incision surgeries are ideally suited for this procedure. This minimally invasive technique is simple to perform and complications are unlikely to be more than what is seen with intravitreal injections. **PMID:**29582821	**NAT**	**JUL TO DEC**	**OPHTHALMOLOGY**	**PMC ID:**5892063 **WOS:**000428858100017 **SCOPUS** **H Index:** 41 **Impact Factor:** 0.961
345.	Kurian, G. P., Korula, P. J. and Gowri, M. S. Feasibility and Accuracy of a Nonmedical Research Person in Assimilation and Calculation of Acute Physiologic Assessment and Chronic Health Evaluation Scores in an Indian Intensive Care Unit Indian J Crit Care Med; 2018, 22 (7): 524-527 **Address:** Division of Critical Care, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India.	**NAT**	**JUL TO DEC**	**CRITICAL CARE UNIT, BIOSTATISTICS**	**PMC ID:**6069310 **SCOPUS** **H Index:** 21 **Impact Factor:** 0.760 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Department of Biostatistics, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Background: The Physiologic Assessment and Chronic Health Evaluation (APACHE) score assimilation and calculation, as well as other demographic data collection, is inherent to research and nonresearch related needs of intensive care. There may be a role for well-trained nonmedical personnel to collect this vital material to enhance research and the standard of care in the Intensive Care Units (ICUs) in countries that are poorly funded and resourced in terms of medical personnel. Aims: The aim of this study is to verify the interrater reliability of a trained nonmedical personnel and ICU trainee in the collection and calculation APACHE scores. Materials and Methods: In a prospective study, two raters who were blinded, one a trained nonmedical ward clerk and another an ICU trainee, assimilated data and calculated APACHE scores for 60 consecutive patients admitted to two tertiary mixed ICUs (with a total of 19 beds). Primary outcomes were to assess interrater and interclass correlation as well as the agreement of scores between the two raters. Results: There was an excellent correlation of APACHE scores (Kappa coefficient of 0.92) and Bland-Altman plot depicted overall good agreement with low bias between raters. Conclusions: A well-trained and supervised nonmedical research person can assimilate and calculate APACHE II scores with good agreement with an ICU trainee. This may help in deriving data from medically understaffed ICUs in India, thus promoting much-needed research from such ICUs. **PMID:**30111928				
346.	Kurian, J. J. and Jacob, T. J. K. An unusual presentation of gall bladder papillomatosis in association with metachromatic leukodystrophy BMJ Case Rep; 2018, 2018 **Address:** Department of Paediatric Surgery, **Christian Medical College, Vellore,**Vellore, Tamil Nadu, India. Department of Paediatric Surgery, **Christian Medical College and Hospital Vellore,** Vellore, Tamil Nadu, India. A 5-year-old boy with metachromatic leukodystrophy, debilitated by spastic quadriparesis presented to us with massive ascites and respiratory distress. A subtotal cholecystectomy was performed on him from another centre for a gall bladder mass a year before he came to us. Imaging revealed a polypoidal frond-like mass arising from the gall bladder fossa which was supplied by a hypertrophied	**INT**	**JAN TO JUNE**	**PAEDIATRIC SURGERY**	**PMID:**30389742 **SCOPUS** **H Index:** 17 **Impact Factor:** 0.220 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	branch of the right hepatic artery. A decision was made to offer surgical resection preceded by embolisation of the feeding vessel. At surgery, a polypoidal frond-like mass in communication with the peritoneal cavity was seen arising from the remnant gall bladder bed with over 4 L of mucoid ascites. The mass along with the remnant gall bladder was removed. Biopsy revealed villous papilloma of the gall bladder. The child is well and asymptomatic at 5-month follow-up.				
347.	Kurian, J. J., Jehangir, S. and Korula, A. Multiloculated Cystic Renal Tumors of Childhood: Has the Final Word Been Spoken J Indian Assoc Pediatr Surg; 2018, 23 (1): 22-26 Address: Department of Paediatric Surgery, **Christian Medical College, Vellore**, Tamil Nadu, India. Department of Pathology, **Christian Medical College, Vellore**, Tamil Nadu, India. Background: Multicystic renal tumors which include cystic nephroma, cystic partially differentiated nephroblastoma (CPDN) and cystic Wilms tumor has been a diagnostic and therapeutic challenge. Histopathological examination has been the only reliable differentiating method. Management of these tumors is still riddled with controversy as a definitive preoperative differentiation between the three has not been possible. Methods: A retrospective evaluation was performed of the treatment strategies employed with nine cases of multicystic renal tumors treated from 2005 to 2015. Results: The median age at presentation was 12 months with all except one being boys. All except two children underwent primary surgery. The median follow-up was 50 months with six children having long-term survival. One child succumbed to the disease process, one died due to an unrelated cause and another was lost to follow-up. Although there was no ambiguity with cases of cystic nephroma (CN) and cystic Wilms tumor, three of the four cases of CPDN had problems. Conclusion: Primary surgery for multicystic renal tumors is safe and should be seriously considered as it prevents overtreatment in cases of CN and early stage CPDN. Further studies are needed to fully understand the biological behavior of CPDN.	**NAT**	**JAN TO JUNE**	**PAEDIATRIC SURGERY, PATHOLOGY**	**PMID:29386760** **PMC ID:5772090** **SCOPUS** **H Index:** 12 **Impact Factor:** 0.600 (RG)
348.	Kurian, J. J., Nongpiur, K. R. L. and Jehangir, S. Use of Pretherapy Core Biopsy in the Diagnosis of Pediatric Renal Tumors	**NAT**	**JAN TO JUNE**	**PAEDIATRIC SURGERY**	**PMID:29681695** **PMC ID:5898206** **SCOPUS**

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	J Indian Assoc Pediatr Surg; 2018, 23 (2): 66-69 Address: Department of Paediatric Surgery, **Christian Medical College, Vellore**, Tamil Nadu, India. Background: Pretreatment core biopsy of pediatric renal tumors has been advocated by United Kingdom Children's Cancer Study Group to circumvent the disadvantage of International Society of Paediatric Oncology protocol, where neoadjuvant chemotherapy initiated without histopathological confirmation can result in over- or under-treatment. Aim: This study aims (a) to assess if pretherapy core biopsy correlates with the nephrectomy biopsy; (b) to assess if neoadjuvant chemotherapy changes Wilms tumor (WT) histology, and (c) to assess the incidence of biopsy site recurrence. Materials and Methods: Seventy-six children from 2005 to 2016 with renal tumors who underwent a pretherapy core biopsy were included in the study. The biopsy was performed through the posterior flank post-ultrasound marking of the renal mass, by administering intravenous anesthesia. Results: Of the 62 children with WT, an accurate diagnosis was possible in 61. Accurate prediction of anaplasia was possible only in 25%. Reduction in blastemal elements was seen in 26 patients with 10 of them showing completely necrotic tumor. Eleven of the 14 children with non-WT were accurately diagnosed. Core biopsy corroborated with the nephrectomy biopsy in all but 4 patients. Two specimens were inadequate and two cases of congenital mesoblastic nephroma were inaccurately diagnosed, one as spindle cell neoplasm and the other as WT. Biopsy site recurrence was seen in 1 child. Conclusion: Pretreatment posterior flank core biopsy in the diagnosis of pediatric renal tumors is safe, simple, and cost-effective with minimal complications.				**H Index:** 12 **Impact Factor:** 0.600 (RG)
349.	Kurian, Mathews and Kapoor, Nitin Interpretation of thyroid function tests Current Medical Issues; 2018, 16 (2): 34-38 Thyroid function tests are one of the most common endocrine panels in general practice because a good understanding of when to order them, interpretation of their results and indications for treatment are important for the optimal treatment of thyroid dysfunction. Thyroid-stimulating hormone (TSH) should be the first test to be performed on any patient with suspected thyroid dysfunction and in follow-up of individuals on treatment. It is useful	**NAT**	**JAN TO JUN**	**MEDICINE, ENDOCRINOLOGY**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA

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	as a first-line test because even small changes in thyroid function are sufficient to cause a significant increase in TSH secretion. Thyroxine levels may be assessed in a patient with hyperthyroidism, to determine the severity of hyperthyroxinemia. Antithyroid peroxidase measurements should be considered while evaluating patients with subclinical hypothyroidism and can facilitate the identification of autoimmune thyroiditis during the evaluation of nodular thyroid disease. The measurement of TSH receptor antibody must be considered when confirmation of Graves' disease is needed and radioactive iodine uptake cannot be done.				
350.	Kuruvilla, S. E., Welch, S. and Ng, Y. Microcornea and bilateral ectopia lentis in an infant: unusual severe ocular presentation of neonatal Marfan syndrome J AAPOS; 2018, **Address:** Department of Ophthalmology, **Christian Medical College Hospital, Vellore,** India. Electronic **Address:** shilpaethomas@gmail.com. Department of Ophthalmology, University of Auckland, Auckland, New Zealand.	**INT**	**JUL TO DEC**	**OPHTHALMOLOGY**	**PMID:**30447425 **H Index:** 57 **Impact Factor:** 0.916
351.	Kuruvilla, Shilpa, Simkin, Samantha, Welch, Sarah and Dai, Shuan OPTIC DISC FEATURES IN PRETERM AND TERM NEONATES Clinical and Experimental Ophthalmology; 2018, Jan; 46 26-27	**INT**	**JAN TO JUN**	**OPHTHALMOLOGY**	**PMID:WOS:000450083500008** **H Index:** 63 **Impact Factor:** 3.217
352.	Kyu, Hmwe Hmwe, Abate, Degu, Abate, Kalkidan Hassen, Abay, Solomon M., Abbafati, Cristiana, Abbasi, Nooshin, Abbastabar, Hedayat, Abd-Allah, Foad, Abdela, Jemal, Abdelalim, Ahmed, Abdollahpour, Ibrahim, Abdulkader, Rizwan Suliankatchi, Abebe, Molla, Abebe, Zegeye, Abil, Olifan Zewdie, Aboyans, Victor, Abrham, Aklilu Roba, Abu-Raddad, Laith Jamal, Abu-Rmeileh, Niveen M. E., Accrombessi, Manfred Mario Kokou, Acharya, Dilaram, Acharya, Pawan, Ackerman, Ilana N., Adamu, Abdu A., Adebayo, Oladimeji M., Adekanmbi, Victor, Ademi, Zanfina, Adetokunboh, Olatunji O., Adib, Mina G., Adsuar, Jose C., Afanvi, Kossivi Agbelenko, Afarideh, Mohsen, Afshin, Ashkan, Agarwal, Gina, Agesa, Kareha M., Aggarwal, Rakesh, Aghayan, Sargis Aghasi, Agrawal, Anurag, Ahmadi, Alireza, Ahmadi, Mehdi, Ahmadieh, Hamid, Ahmed, Muktar Beshir, Ahmed, Sayem, Aichour, Amani Nidhal, Aichour, Ibtihel, Aichour, Miloud Taki Eddine, Akinyemiju, Tomi, Akseer, Nadia, Ayman, Ziyad Al-Aly, Al-Eyadhy, Ayman,	**INT**	**JUL TO DEC**	**MEDICINE**	**PMID: 30415748** **PMCID: PMC6252083** **PMID:WOS:000449710900006** **H Index:** 670 **Impact Factor:** 53.254

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Al-Mekhlafi, Hesham M., Al-Raddadi, Rajaa M., Alahdab, Fares, Alam, Khurshid, Alam, Tahiya, Alashi, Alaa, Alavian, Seyed Moayed, Alene, Kefyalew Addis, Alijanzadeh, Mehran, Alizadeh-Navaei, Reza, Aljunid, Syed Mohamed, Alkerwi, Ala'a, Alla, Francois, Allebeck, Peter, Alonso, Jordi, Alsharif, Ubai, Altirkawi, Khalid, Alvis-Guzman, Nelson, Aminde, Leopold N., Amini, Erfan, Amiresmaili, Mohammadreza, Ammar, Walid, Amoako, Yaw Ampem, Anber, Nahla Hamed, Andrei, Catalina Liliana, Androudi, Sofia, Animut, Megbaru Debalkie, Anjomshoa, Mina, Ansha, Mustafa Geleto, Antonio, Carl Abelardo T., Anwari, Palwasha, Arabloo, Jalal, Aremu, Olatunde, Arnlov, Johan, Arora, Amit, Arora, Megha, Artaman, Al, Aryal, Krishna K., Asayesh, Hamid, Ataro, Zerihun, Ausloos, Marcel, Avila-Burgos, Leticia, Avokpaho, Euripide F. G. A., Awasthi, Ashish, Quintanilla, Beatriz Paulina Ayala, Ayer, Rakesh, Azzopardi, Peter S., Babazadeh, Arefeh, Badali, Hamid, Balakrishnan, Kalpana, Bali, Ayele Geleto, Banach, Maciej, Banoub, Joseph Adel Mattar, Barac, Aleksandra, Barboza, Miguel A., Barker-Collo, Suzanne Lyn, Bamighausen, Till Winfried, Barquera, Simon, Barrero, Lope H., Bazargan-Hejazi, Shahrzad, Bedi, Neeraj, Beghi, Ettore, Behzadifar, Masoud, Behzadifar, Meysam, Bekele, Bayu Begashaw, Bekru, Eyasu Tamru, Belachew, Abate Bekele, Belay, Yihalem Abebe, Bell, Michelle L., Bello, Aminu K., Bennett, Derrick A., Bensenor, Isabela M., Berhane, Adugnaw, Bernabe, Eduardo, Bernstein, Robert S., Beuran, Mircea, Beyranvand, 'Find, Bhala, Neeraj, Bhatt, Samir, Bhaumik, Soumyadeep, Bhutta, Zulfiqar A., Biadgo, Belete, Biehl, Molly H., Bijani, Ali, Bikbov, Boris, Bilano, Ver, Bililign, Nigus, Bin Sayeed, Muhammad Shahdaat, Bisanzio, Donal, Bjorge, Tone, Bleyer, Archie, Bobasa, Eshetu Mulisa, Bou-Orm, Ibrahim R., Boufous, Soufiane, Bourne, Rupert, Brady, Oliver J., Brant, Luisa C., Brayne, Carol, Brazinova, Alexandra, Breitborde, Nicholas J. K., Brenner, Hermann, Briant, Paul Svitil, Briko, Andrey Nikolaevich, Britton, Gabrielle, Brugha, Traolach, Buchbinder, Rachelle, Busse, Reinhard, Butt, Zahid A., Cahuana-Hurtado, Lucero, Rincon, Julio Cesar Campuzano, Cano, Jorge, Cardenas, Rosario, Carrero, Juan J., Carter, Austin, Carvalho, Felix, Castaneda-Orjuela, Carlos A., Rivas, Jacqueline Castillo, Castro, Franz, Catala-Lopez, Ferran, Cercy, Kelly M., Cerin, Ester, Chaiah, Yazan, Chang, Jung-Chen, Charlson, Fiona J., Chattu, Vijay Kumar, Chiang, Peggy Pei-Chia, Chitheer, Abdulaal, Choi, Jee-Young J., Christensen, Hanne, Christopher, Devasahayam J., Chung, Sheng-Chia, Cicuttini, Flavia M., Cirillo, Massimo, Collado-Mateo, Daniel, Cooper, Cyrus, Cortesi, Paolo Angelo,				

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	Cortinovis, Monica, Cousin, Ewerton, Criqui, Michael H., Cromwell, Elizabeth A., Cross, Marita, Crump, John A., Daba, Alemneh Kabeta, Dachew, Berihun Assefa, Dadi, Abel Fekadu, Dandona, Lalit, Dandona, Rakhi, Dargan, Paul I., Daryani, Ahmad, Das Gupta, Rajat, Das Neves, Jose, Dasa, Tamirat Tesfaye, Davitoiu, Dragos Virgil, De La Hoz, Fernando Pio, De Leo, Diego, De Neve, Jan-Walter, De Steur, Hans, Degefa, Meaza Girma, Degenhardt, Louisa, Deiparine, Selina, Demoz, Gebre Teklemariam, Denova-Gutierrez, Edgar, Deribe, Kebede, Dervenis, Nikolaos, Jarlais, Don C. Des, Dey, Subhojit, Dharmaratne, Samath D., Dhimal, Meghnath, Dinberu, Mesfin Tadese, Dirac, M. Ashworth, Djalalinia, Shirin, Doan, Linh, Dokova, Klara, Doku, David Teye, Dorsey, E. Ray, Doyle, Kerrie E., Driscoll, Tim Robert, Dubey, Manisha, Dubljanin, Eleonora, Duken, Eyasu Ejeta, Duncan, Bruce B., Duraes, Andre R., Ebrahimi, Hedyeh, Ebrahimpour, Soheil, Echko, Michelle M., Edessa, Dumessa, Edvardsson, David, Effiong, Andem, Eggen, Anne Elise, Ehrlich, Joshua R., El Bcheraoui, Charbel, El-Khatib, Ziad, Elyazar, Iqbal R. F., Enayati, Ahmadali, Endalifer, Melese Linger, Endries, Aman Yesuf, Er, Benjamin, Erskine, Holly E., Eskandarieh, Sharareh, Esteghamati, Alireza, Esteghamati, Sadaf, Fakhim, Hamed, Faramarzi, Mahbobeh, Fareed, Mohammad, Farhadi, Farzaneh, Farid, Talha A., Farinha, Carla Sofia E. Sa, Farioli, Andrea, Faro, Andre, Farzadfar, Farshad, Fazaeli, Ali Akbar, Feigin, Valery L., Fentahun, Netsanet, Fereshtehnejad, Seyed-Mohammad, Fernandes, Eduarda, Fernandes, Joao C., Ferrari, Alize J., Ferreira, Manuela L., Filip, Irina, Fischer, Florian, Fitzmaurice, Christina, Foigt, Nataliya A., Foreman, Kyle J., Frank, Tahvi D., Fukumoto, Takeshi, Pullman, Nancy, Furst, Thomas, Furtado, Joao M., Gakidou, Emmanuela, Gall, Seana, Gallus, Silvano, Ganji, Morsaleh, Garcia-Basteiro, Alberto L., Gardner, William M., Gebre, Abadi Kahsu, Gebremedhin, Amanuel Tesfay, Gebremichael, Teklu Gebrehiwo, Gelano, Tilayie Feto, Geleijnse, Johanna M., Genova-Maleras, Ricard, Geramo, Yilma Chisha Dea, Gething, Peter W., Gezae, Kebede Embaye, Ghadami, Mohammad Rasoul, Ghadiri, Keyghobad, Ghasemi-Kasman, Maryam, Ghimire, Mamata, Ghoshal, Aloke Gopal, Gill, Paramjit Singh, Gill, Tiffany K., Ginawi, Ibrahim Abdelmageed, Giussani, Giorgia, Gnedovskaya, Elena V., Goldberg, Ellen M., Goli, Srinivas, Gomez-Dantes, Hector, Gona, Philimon N., Gopalani, Sameer Vali, Gorman, Taren M., Goulart, Alessandra C., Goulart, Barbara Niegia Garcia, Grada, Ayman, Grosso, Giuseppe, Gugnani, Harish Chander, Guillemin, Francis, Guo, Yuming, Gupta,				

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	Prakash C., Gupta, Rahul, Gupta, Rajeev, Gupta, Tanush, Gutierrez, Reyna Alma, Gyawali, Bishal, Haagsma, Juanita A., Hachinski, Vladimir, Hafezi-Nejad, Nima, Bidgoli, Hassan Haghparast, Hagos, Tekleberhan B., Hailegiyorgis, Tewodros Tesfa, Haj-Mirzaian, Arvin, Haj-Mirzaian, Arya, Hamadeh, Randah R., Hamidi, Samer, Handal, Alexis J., Hankey, Graeme J., Hao, Yuantao, Harb, Hilda L., Harikrishnan, Sivadasanpillai, Haririan, Hamidreza, Haro, Josep Maria, Hassankhani, Hadi, Hassen, Hamid Yimam, Havmoeller, Rasmus, Hay, Roderick J., Hay, Simon I., Hedayatizadeh-Omran, Akbar, Heibati, Behzad, Hendrie, Delia, Henok, Andualem, Heredia-Pi, Ileana, Herteliu, Claudiu, Heydarpour, Fatemeh, Heydarpour, Pouria, Hibstu, Desalegn Tsegaw, Hoek, Hans W., Hoffman, Howard J., Hole, Michael K., Rad, Enayatollah Homaie, Hoogar, Praveen, Hosgood, H. Dean, Hosseini, Seyed Mostafa, Hosseinzadeh, Mehdi, Hostiuc, Mihaela, Hostiuc, Sorin, Hotez, Peter J., Hoy, Damian G., Hsairi, Mohamed, Htet, Aung Soe, Huang, John J., Iburg, Kim Moesgaard, Ikeda, Chad Thomas, Ilesanmi, Olayinka Stephen, Irvani, Seyed Sina Naghibi, Irvine, Caleb Mackay Salpeter, Islam, Sheikh Mohammed Shariful, Islami, Farhad, Jacobsen, Kathryn H., Jahangiry, Leila, Jahanmehr, Nader, Jain, Sudhir Kumar, Jakovljevic, Mihajlo, James, Spencer L., Jayatilleke, Achala Upendra, Jeemon, Panniyammakal, Jha, Ravi Praikash, Jha, Vivekanand, Ji, John S., Johnson, Catherine O., Jonas, Jost B., Jonnagaddala, Jitendra, Shushtari, Zahra Jorjoran, Joshi, Ankur, Jozwiak, Jacek Jerzy, Jungari, Suresh Banayya, Jurisson, Mikk, Kabir, Zubair, Kadel, Rajendra, Kahsay, Amaha, Kalani, Rizwan, Kanchan, Tanuj, Kar, Chittaranjan, Karami, Manoochehr, Matin, Behzad Karami, Karch, Andre, Karema, Corine, Karimi, Narges, Karimi, Seyed M., Kasaeian, Amir, Kassa, Dessalegn H., Kassa, Getachew Mullu, Kassa, Tesfaye Dessale, Kassebaum, Nicholas J., Katikireddi, Srinivasa Vittal, Kaul, Anil, Kawakami, Norito, Kazemi, Zhila, Karyani, Ali Kazemi, Keighobadi, Masoud Masoud, Keiyoro, Peter Njenga, Kemmer, Laura, Kemp, Grant Rodgers, Kengne, Andre Pascal, Keren, Andre, Khader, Yousef Saleh, Khafaei, Behzad, Khafaie, Morteza Abdullatif, Khajavi, Alireza, Khalid, Nauman, Khalil, Ibrahim A., Khan, Ejaz Ahnead, Khan, Muhammad Shahzeb, Khan, Muhammad Ali, Khang, Young-Ho, Khater, Mona M., Khazaei, Mohammad, Khoja, Abdullah T., Khosravi, Ardeshir, Khosravi, Mohammad Hossein, Kiadaliri, Aliasghar A., Kidanemariam, Zelalem Teklemariam, Kiirithio, Daniel N., Kim, Cho-Il, Kim, Daniel, Kim, Young-Eun, Kim, Yon Jin, Kimokoti, Ruth W., Kinfu, Yohannes, Kisa, Adnan, Kissimova-Skarbek, Katarzyna, Knudsen, Ann Kristin				

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	Skrindo, Kocarnik, Jonathan M., Kochhar, Sonali, Kokubo, Yoshihiro, Kolola, Tufa, Kopec, Jacek A., Kosen, Soewarta, Kotsakis, Georgios A., Koul, Parvaiz A., Koyanagi, Ai, Krishan, Kewal, Krishnaswami, Sanjay, Krohn, Kristopher J., Defo, Barthelemy Kuate, Bicer, Burcu Kucuk, Kumar, G. Anil, Kumar, Manasi, Kuzin, Igor, Lad, Deepesh P., Lad, Sheetal D., Lafranconi, Alessandra, Lalloo, Ratilal, Lallukka, Tea, Lami, Faris Hasan, Lang, Justin J., Langan, Sinead M., Itansingh, Van C., Latifi, Arman, Lau, Kathryn Mei-Ming, Lazarus, Jeffrey V., Leasher, Janet L., Ledesma, Jorge R., Lee, Paul H., Leigh, James, Leili, Mostafa, Leshargie, Cheru Tesema, Leung, Janni, Levi, Miriam, Lewycka, Sonia, Li, Shanshan, Li, Yichong, Liang, Xiaofeng, Liao, Yu, Liben, Misgan Legesse, Lim, Lee-Ling, Lim, Stephen S., Limenih, Miteku Andualem, Linn, Shai, Liu, Shiwei, Looker, Katharine J., Lopez, Alan D., Lorkowski, Stefan, Lotufo, Paulo A., Lozano, Rafael, Lucas, Tim C. D., Lunevicius, Raimundas, Lyons, Ronan A., Ma, Stefan, Macarayan, Erlyn Rachelle King, Mackay, Mark T., Maddison, Emilie R., Madotto, Fabiana, Maghavani, Dhaval P., Hue Thi, Mai, Majdan, Marek, Majdzadeh, Reza, Majeed, Azeem, Malekzadeh, Reza, Malta, Deborah Carvalho, Mamun, Abdullah A., Manda, Ana-Laura, Manguerra, Helena, Mansournia, Mohammad Ali, Herrera, Ana Maria Mantilla, Mantovani, Lorenzo Giovanni, Maravilla, Joemer C., Marcenes, Wagner, Marks, Ashley, Martins-Melo, Francisco Rogerlandio, Martopullo, Ira, Marz, Winfried, Marzan, Melvin B., Massano, Joao, Massenburg, Benjamin Ballard, Mathur, Manu Raj, Maulik, Pallab K., Mazidi, Mohsen, Mcalinden, Colm, Mcgrath, John J., Mckee, Martin, Mcmahon, Brian J., Mehata, Suresh, Mehrotra, Ravi, Mehta, Kala M., Mehta, Varshil, Mejia-Rodriguez, Fabiola, Mekonen, Tesfa, Melese, Addisu, Melku, Mulugeta, Memiah, Peter T. N., Memish, Ziad A., Mendoza, Walter, Mengistu, Getnet, Mensah, George A., Mereta, Seid Tiku, Meretoja, Atte, Meretoja, Tuomo J., Mestrovic, Temislav, Miazgowski, Bartosz, Miazgowski, Tomasz, Millear, Anoushka I., Miller, Ted R., Mini, G. K., Mirarefin, Mojde, Mirica, Andreea, Mirrakhimov, Erkin M., Misganaw, Awoke Temesgen, Mitchell, Philip B., Mitiku, Habtamu, Moazen, Babak, Mohajer, Bahram, Mohammad, Karzan Abdulmuhsin, Mohammadi, Moslem, Mohammadifard, Noushin, Mohammadnia-Afrouzi, Mousa, Mohammed, Mohammed A., Mohammed, Shafiu, Mohebi, Farnam, Mokdad, Ali H., Molokhia, Mariam, Monasta, Lorenzo, Montanez, Julio Cesar, Moosazadeh, Mahmood, Moradi, Ghobad, Moradi, Mahmoudreza, Moradi-Lakeh, Maziar, Moradinazar, Mehdi, Moraga, Paula, Morawska, Lidia, Velasquez, Ilais Moreno,				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Morgado-Da-Costa, Joana, Morrison, Shane Douglas, Moschos, Marilita M., Mousavi, Seyyed Meysam, Mruts, Kalayu Brhane, Muche, Achenef Asmamaw, Muchie, Kindie Fentahun, Mueller, Ulrich Otto, Muhammed, Oumer Sada, Mukhopadhyay, Satinath, Muller, Kate, Mumford, John Everett, Murthy, G. V. S., Musa, Kamarul Imran, Mustafa, Ghulam, Nabhan, Ashraf F., Nagata, Chie, Nagel, Gabriele, Naghavi, Mohsen, Naheed, Aliya, Nahvijou, Azin, Naik, Gurudatta, Najafi, Farid, Hae Sung, Nam, Nangia, Vinay, Nansseu, Jobert Richie, Neamati, Nahid, Negoi, Ionut, Negoi, Ruxandra Irina, Neupane, Subas, Newton, Charles Richard James, Ngunjiri, Josephine W., Anh Quynh, Nguyen, Nguyen, Grant, Ha Thu, Nguyen, Huong Lan Thi, Nguyen, Huong Thanh, Nguyen, Long Hoang, Nguyen, Minh, Nguyen, Nam Ba, Nguyen, Son Hoang, Nguyen, Nichols, Emma, Ningrum, Dina Nur Anggraini, Nixon, Molly R., Nomura, Shuhei, Noroozi, Mehdi, Norrving, Bo, Noubiap, Jean Jacques, Nouri, Hamid Reza, Shiadeh, Malihe Nourollahpour, Nowroozi, Mohammad Reza, Nsoesie, Elaine O., Nyasulu, Peter S., Odell, Christopher M., Ofori-Asenso, Richard, Ogbo, Felix Akpojene, Oh, In-Hwan, Oladimeji, Olanrewaju, Olagunju, Andrew T., Olagunju, Tinuke O., Olivares, Pedro R., Olsen, Helen Elizabeth, Olusanya, Bolajoko Olubukunola, Olusanya, Jacob Olusegun, Ong, Kanyin L., Ong, Sok King, Oren, Eyal, Ortiz, Alberto, Ota, Erika, Otstavnov, Stanislav S., Overland, Simon, Owolabi, Mayowa Ojo, Mahesh, P. A., Pacella, Rosana, Pakhare, Abhijit P., Pakpour, Amir H., Pana, Adrian, Panda-Jonas, Songhomitra, Park, Eun-Kee, Park, James, Parry, Charles D. H., Parsian, Hadi, Pasdar, Yahya, Patel, Shanti, Patil, Snehal T., Patle, Ajay, Patton, George C., Paturi, Vishnupriya Rao, Paudel, Deepak, Paulson, Katherine R., Pearce, Neil, Pereira, Alexandre, Pereira, David M., Perico, Norberto, Pesudovs, Konrad, Petzold, Max, Hai Quang, Pham, Phillips, Michael R., Pigott, David M., Pillay, Julian David, Piradov, Michael A., Pirsaheb, Meghdad, Pishgar, Farhad, Plana-Ripoll, Oleguer, Polinder, Suzanne, Popova, Svetlana, Postma, Maarten J., Pourshams, Akram, Poustchi, Hossein, Prabhakaran, Dorairaj, Prakash, Swayam, Prakash, V., Prasad, Narayan, Purcell, Caroline A., Qorbani, Mostafa, Quistberg, D. Alex, Radfar, Amir, Rafay, Anwar, Rafiei, Alireza, Rahim, Fakher, Rahimi, Kazem, Rahimi, Zohreh, Rahimi-Movaghar, Afarin, Rahimi-Movaghar, Vafa, Rahman, Mahfuzar, Rahman, Mohammad Hifz Ur, Rahman, Muhammad Aziz, Rahman, Sajjad Ur, Rai, Rajesh Kumar, Rajati, Fatemeh, Ranjan, Pnabhat, Rao, Puja C., Rasella, Davide, Rawaf, David Laith, Rawaf, Salman, Reddy, K. Srinath, Reiner, Robert C.,				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Reitsma, Marissa Bettay, Remuzzi, Giuseppe, Renzaho, Andre M. N., Resnikoff, Serge, Rezaei, Satar, Rezai, Mohammad Sadegh, Ribeiro, Antonio Luiz P., Roberts, Nicholas L. S., Robinson, Stephen R., Roever, Leonardo, Ronfani, Luca, Roshandel, Gholamreza, Rostami, Ali, Roth, Gregory A., Rothenbacher, Dietrich, Rubagotti, Enrico, Sachdev, Perminder S., Sadat, Nafis, Sadeghi, Ehsan, Moghaddam, Sahar Saeedi, Safari, Hosein, Safari, Yahya, Safari-Faramani, Roya, Safdarian, Mahdi, Safi, Sare, Safiri, Saeid, Sagar, Rajesh, Sahebkar, Amirhossein, Sahraian, Mohammad Ali, Sajadi, Haniye Sadat, Salam, Nasir, Salama, Joseph S., Salamati, Payman, Saleem, Zikria, Salimi, Yahya, Salimzadeh, Hamideh, Salomon, Joshua A., Salvi, Sundeep Santosh, Salz, Inbal, Samy, Abdallah M., Sanabria, Juan, Sanchez-Nino, Maria Dolores, Santomauro, Damian Francesco, Santos, Itamar S., Santos, Joso Vasco, Milicevic, Milena M. Santric, Jose, Bruno Piassi Sao, Sardana, Mayank, Sarker, Abdur Razzaque, Sarmiento-Suarez, Rodrigo, Sarrafzadegan, Nizal, Sartorius, Benn, Sarvi, Shahabeddin, Sathian, Brijesh, Satpathy, Maheswar, Sawant, Arundhati R., Sawhney, Monika, Saxena, Sonia, Schaeffner, Elke, Schmidt, Maria Ines, Schneider, Ione J. C., Schutte, Aletta Elisabeth, Schwebel, David C., Schwendicke, Falk, Scott, James G., Sekerija, Mario, Sepanlou, Sadaf G., Servan-Mori, Edson, Seyedmousavi, Seyedmojtaba, Shabaninejad, Hosein, Shafieesabet, Azadeh, Shahbazi, Mehdi, Shaheen, Amira A., Shaikh, Masood Ali, Shams-Beyranvand, Mehran, Shamsi, Mohammadbagher, Sharafi, Heidar, Sharafi, Kiomars, Sharif, Mehdi, Sharif-Alhoseini, Mahdi, Sharma, Jayendra, Sharma, Rajesh, She, Jun, Sheikh, Aziz, Shi, Peilin, Shibuya, Kenji, Shiferaw, Mekonnen Sisay, Shigematsu, Mika, Shiri, Rahman, Shirkoohi, Reza, Shiue, Ivy, Shokoohinia, Yalda, Shokraneh, Farhad, Shoman, Haitham, Shrime, Mark G., Si, Si, Siabani, Soraya, Sibai, Abla Mehio, Siddiqi, Tariq J., Sigfusdottir, Inga Dora, Sigurvinsdottir, Rannveig, Silva, Diego Augusto Santos, Silva, Joao Pedro, Silveira, Dayane Gabriele Alves, Singam, Narayana Sarma Venkata, Singh, Jasvinder A., Singh, Narinder Pal, Singh, Virendra, Sinha, Dhirendra Narain, Skiadaresi, Eirini, Skirbekk, Vegard, Sliwa, Karen, Smith, David L., Smith, Mari, Soares Filho, Adauto Martins, Sobaih, Badr Hasan, Sobhani, Soheila, Soofi, Moslem, Sorensen, Reed J. D., Soyiri, Ireneous N., Sposato, Luciano A., Sreeramareddy, Chandrashekhar T., Srinivasan, Vinay, Stanaway, Jeffrey D., Starodubov, Vladimir I., Stein, Dan J., Steiner, Caitlyn, Steiner, Timothy J., Stokes, Mark A., Stovner, Lars Jacob, Subart, Michelle L., Sudaryanto, Agus,				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Sufiyan, Mu'awiyyah Babale, Sulo, Gerhard, Sunguya, Bruno F., Sur, Patrick John, Sykes, Bryan L., Sylaja, P. N., Sylte, Dillon O., Szoeke, Cassandra E. I., Tabares-Seisdedos, Rafael, Tabuchi, Takahiro, Tadakamadla, Santosh Kumar, Tandon, Nikhil, Tassew, Segen Gebremeskel, Tavakkoli, Mohammad, Taveira, Nuno, Taylor, Hugh R., Tehrani-Banihashemi, Arash, Tekalign, Tigist Gashaw, Teikelemedhin, Shishay Wandey, Tekle, Merhawi Gebremedhin, Temsah, Mohamad-Hari, Temsah, Omar, Terkawi, Abdullah Sulieman, Tessema, Belay, Teweldemedhin, Mebrahtu, Thankappan, Kavumpurathu Raman, Theis, Andrew, Thirunavukkarasu, Sathish, Thomas, Nihal, Tilahun, Binyam, To, Quyen G., Tonelli, Marcello, Topor-Madry, Roman, Torre, Anna E., Tortajada-Girbes, Miguel, Touvier, Mathilde, Tovani-Palone, Marcos Roberto, Towbin, Jeffrey A., Bach Xuan, Tran, Khanh Bao, Tran, Troeger, Christopher E., Tsadik, Afewerki Gebremeskel, Tsoi, Derrick, Car, Lorainne Tudor, Tyrovolas, Stefanos, Ukwaja, Kingsley Nnanna, Ullah, Irfan, Undurraga, Eduardo A., Updike, Rachel L., Usman, Muhammad Shariq, Uthman, Olalekan A., Vaduganathan, Muthiah, Vaezi, Afsane, Valdez, Pascual R., Vanavikova, Elena, Varughese, Santosh, Vasankari, Tommi Juhani, Venketasubramanian, Narayanaswamy, Villafaina, Santos, Violante, Francesco S., Vladimirov, Sergey Konstantinovitch, Vlassov, Vasily, Vollset, Stein Emil, Vos, Theo, Vosoughi, Kia, Vujcic, Isidora S., Wagnew, Fasil Shiferaw, Waheed, Yasir, Wang, Yafeng, Wang, Yuan-Pang, Weiderpass, Elisabete, Weintraub, Robert G., Weiss, Daniel J., Weldegebreal, Fitsum, Weldegwergs, Kidu Gidey, Werdecker, Andrea, West, T. Eoin, Westerman, Ronny, Whiteford, Harvey A., Widecka, Justyna, Wijeratne, Tissa, Williams, Hywel C., Wilner, Lauren B., Wilson, Shadrach, Winkler, Andrea Sylvia, Wiyeh, Alison B., Wiysonge, Charles Shey, Wolfe, Charles D. A., Woolf, Anthony D., Wyper, Grant M. A., Xavier, Denis, Xu, Gelin, Yadgir, Simon, Jabbari, Seyed Hossein Yahyazadeh, Yamada, Tomohide, Yan, Lijing L., Yano, Yuichiro, Yaseri, Mehdi, Yasin, Yasin Jemal, Yeshaneh, Alex, Yimer, Ebrahim M., Yip, Paul, Yisma, Engida, Yonemoto, Naohiro, Yoon, Seok-Jun, Yotebieng, Marcel, Younis, Mustafa Z., Yousefifard, Mahmoud, Yu, Chuanhua, Zadnik, Vesna, Zaidi, Zoubida, Bin Zaman, Sojib, Zamani, Mohammad, Zandian, Hamed, Zar, Heather J., Zenebe, Zerihun Menlkalew, Zipkin, Ben, Zhou, Maigeng, Zodpey, Sanjay, Zucker, Inbar, Zuhlke, Liesl Joanna, Murray, Christopher J. L., Dalys, G. B. D. and Coll, Hale Global, regional, and national disability-adjusted life-years (DALYs) for 359 diseases and injuries and healthy life expectancy (HALE) for				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	195 countries and territories, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017 Lancet; 2018, Nov 10; 392 (10159): 1859-1922 Background How long one lives, how many years of life are spent in good and poor health, and how the population's state of health and leading causes of disability change over time all have implications for policy, planning, and provision of services. We comparatively assessed the patterns and trends of healthy life expectancy (HALE), which quantifies the number of years of life expected to be lived in good health, and the complementary measure of disability-adjusted life years (DALYs), a composite measure of disease burden capturing both premature mortality and prevalence and severity of ill health, for 359 diseases and injuries for 195 countries and territories over the past 28 years. Methods We used data for age-specific mortality rates, years of life lost (YLLs) due to premature mortality, and years lived with disability (YLDs) from the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2017 to calculate HALE and DALYs from 1990 to 2017. We calculated HALE using age-specific mortality rates and YLDs per capita for each location, age, sex, and year. We calculated DALYs for 359 causes as the sum of YLLs and YLDs. We assessed how observed HALE and DALYs differed by country and sex from expected trends based on Sociodemographic Index (SDI). We also analysed HALE by decomposing years of life gained into years spent in good health and in poor health, between 1990 and 2017, and extra years lived by females compared with males. Findings Globally, from 1990 to 2017, life expectancy at birth increased by 7.4 years (95% uncertainty interval 74-7.8), from 65.6 years (65.3-65- 8) in 1990 to 73.0 years (72.7-73.3) in 2017. The increase in years of life varied from 5.1 years (5.0-5.3) in high SDI countries to 12.0 years (11.3-12.8) in low SDI countries. Of the additional years of life expected at birth, 26.3% (20.1-33.1) were expected to be spent in poor health in high SDI countries compared with 11.7% (8.8-15.1) in low-middle SDI countries. HALE at birth increased by 6.3 years (5.9-6.7), from 57.0 years (54.6-59.1) in 1990 to 63.3 years (60.5-65.7) in 2017. The increase varied from 3.8 years (3.4-4.1) in high SDI countries to 10.5 years (9.8-11.2) in low SDI countries. Even larger variations in HALE than these were observed between countries, ranging from 1.0 year (0.4-1.7) in Saint Vincent and the Grenadines (62.4 years [59.9-64.7] in 1990 to 63.5 years [60.9-65.8] in 2017) to 23.7 years (21.9-25.6) in Eritrea (30.7 years [28.9-32.2] in 1990 to 54.4 years [51.5-57.1] in				

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	2017). In most countries, the increase in HALE was smaller than the increase in overall life expectancy, indicating more years lived in poor health. In 180 of 195 countries and territories, females were expected to live longer than males in 2017, with extra years lived varying from 1.4 years (0.6-2.3) in Algeria to 11.9 years (10.9-12.9) in Ukraine. Of the extra years gained, the proportion spent in poor health varied largely across countries, with less than 20% of additional years spent in poor health in Bosnia and Herzegovina, Burundi, and Slovakia, whereas in Bahrain all the extra years were spent in poor health. In 2017, the highest estimate of HALE at birth was in Singapore for both females (75.8 years [72.4-78.7]) and males (72.6 years [69 " 8-75.0]) and the lowest estimates were in Central African Republic (47.0 years [43.7-50.2] for females and 42.8 years [40.1-45.6] for males). Globally, in 2017, the five leading causes of DALYs were neonatal disorders, ischaemic heart disease, stroke, lower respiratory infections, and chronic obstructive pulmonary disease. Between 1990 and 2017, age-standardised DALY rates decreased by 41.3% (38.8-43.5) for communicable diseases and by 49"8% (47.9-51.6) for neonatal disorders. For non-communicable diseases, global DALYs increased by 40.1% (36.8-43.0), although age-standardised DALY rates decreased by 18.1% (16.0-20.2). Interpretation With increasing life expectancy in most countries, the question of whether the additional years of life gained are spent in good health or poor health has been increasingly relevant because of the potential policy implications, such as health-care provisions and extending retirement ages. In some locations, a large proportion of those additional years are spent in poor health. Large inequalities in HALE and disease burden exist across countries in different SDI quintiles and between sexes. The burden of disabling conditions has serious implications for health system planning and health-related expenditures. Despite the progress made in reducing the burden of communicable diseases and neonatal disorders in low S DI countries, the speed of this progress could be increased by scaling up proven interventions. The global trends among non-communicable diseases indicate that more effort is needed to maximise HALE, such as risk prevention and attention to upstream determinants of health. Copyright (C) 2018 The Author(s). Published by Elsevier Ltd.				
353.	Kyu, Hmwe Hmwe, Maddison, Emilie R., Henry, Nathaniel J., Ledesma, Jorge R., Wiens, Kirsten E., Reiner, Robert, Jr., Biehl, Molly H., Shields, Chloe, Osgood-Zimmerman, Aaron, Ross,	**INT**	**JUL TO DEC**	**COMMUNICABLE DISEASES**	**PMID: 30507459** **PMCID: PMC6250050** **PMID:WOS:00045089990**

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Jennifer M., Carter, Austin, Frank, Tahvi D., Wang, Haidong, Srinivasan, Vinay, Abebe, Zegeye, Agarwal, Sanjay Kumar, Alahdab, Fares, Alene, Kefyalew Addis, Ali, Beriwan Abdulqadir, Alvis-Guzman, Nelson, Andrews, Jason R., Antonio, Carl Abelardo T., Atique, Suleman, Atre, Sachin R., Awasthi, Ashish, Ayele, Henok Tadesse, Badali, Hamid, Badawi, Alaa, Barac, Aleksandra, Bedi, Neeraj, Behzadifar, Masoud, Behzadifar, Meysam, Bekele, Bayu Begashaw, Belay, Saba Abraham, Bensenor, Isabela M., Butt, Zahid A., Carvalho, Felix, Cercy, Kelly, Christopher, Devasahayam J., Daba, Alemneh Kabeta, Dandona, Lalit, Dandona, Rakhi, Daryani, Ahmad, Demeke, Feleke Mekonnen, Deribe, Kebede, Dharmaratne, Samath Dhamminda, Doku, David Teye, Dubey, Manisha, Edessa, Dumessa, El-Khatib, Ziad, Enany, Shymaa, Fernandes, Eduarda, Fischer, Florian, Garcia-Basteiro, Alberto L., Gebre, Abadi Kahsu, Gebregergs, Gebremedhin Berhe, Gebremichael, Teklu Gebrehiwo, Gelano, Tilayie Feto, Geremew, Demeke, Gona, Philimon N., Goodridge, Amador, Gupta, Rahul, Bidgoli, Hassan Haghparast, Hailu, Gessessew Bugssa, Hassen, Hamid Yimam, Hedayati, Mohammad T. Tadesse, Henok, Andualem, Hostiuc, Sorin, Hussen, Mamusha Aman, Ilesanmi, Olayinka Stephen, Irvani, Seyed Sina Naghibi, Jacobsen, Kathryn H., Johnson, Sarah C., Jonas, Jost B., Kahsay, Amaha, Kant, Surya, Kasaeian, Amir, Kassa, Tesfaye Dessale, Khader, Yousef Saleh, Khafaie, Morteza Abdullatif, Khalil, Ibrahim, Khan, Ejaz Ahmad, Khang, Young-Ho, Kim, Yun Jin, Kochhar, Sonali, Koyanagi, Ai, Krohn, Kristopher J., Kumar, G. Anil, Lakew, Ayenew Molla, Leshargie, Cheru Tesema, Lodha, Rakesh, Macarayan, Erlyn Rachelle King, Majdzadeh, Reza, Martins-Melo, Francisco Rogerlandio, Melese, Addisu, Memish, Ziad A., Mendoza, Walter, Mengistu, Desalegn Tadese, Mengistu, Getnet, Mestrovic, Tomislav, Moazen, Babak, Mohammad, Karzan Abdulmuhsin, Mohammed, Shafiu, Mokdad, Ali H., Moosazadeh, Mahmood, Mousavi, Seyyed Meysam, Mustafa, Ghulam, Nachega, Jean B., Long Hoang, Nguyen, Son Hoang, Nguyen, Trang Huyen, Nguyen, Ningrum, Dina Nur Anggraini, Nirayo, Yirga Legesse, Vuong Minh, Nong, Ofori-Asenso, Richard, Ogbo, Felix Akpojene, Oh, In-Hwan, Oladimeji, Olanrewaju, Olagunju, Andrew T., Oren, Eyal, Pereira, David M., Prakash, Swayam, Qorbani, Mostafa, Rafay, Anwar, Rai, Rajesh Kumar, Ram, Usha, Rubino, Salvatore, Safiri, Saeid, Salomon, Joshua A., Samy, Abdallah M., Sartorius, Benn, Satpathy, Maheswar, Seyedmousavi, Seyedmojtaba, Sharif, Mehdi, Silva, Joao Pedro, Silveira, Dayane Gabriele Alves, Singh, Jasvinder A., Sreeramareddy, Chandrashekhar T., Tran, Bach Xuan, Tsadik,				**0030** **H Index:** 189 **Impact Factor:** 25.148

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Afewerki Gebremeskel, Ukwaja, Kingsley Nnanna, Ullah, Irfan, Uthman, Olalekan A., Vlassov, Vasily, Vollset, Stein Emil, Vu, Giang, Weldegebreal, Fitsum, Werdecker, Andrea, Yimer, Ebrahim M., Yonemoto, Naohiro, Yotebieng, Marcel, Naghavi, Mohsen, Theo, Vos, Hay, Simon I., Murray, Christopher J. L. and Collaborators, Gbd Tb Global, regional, and national burden of tuberculosis, 1990-2016: results from the Global Burden of Diseases, Injuries, and Risk Factors 2016 Study Lancet Infectious Diseases; 2018, Dec; 18 (12): 1329-1349 Background Although a preventable and treatable disease, tuberculosis causes more than a million deaths each year. As countries work towards achieving the Sustainable Development Goal (SDG) target to end the tuberculosis epidemic by 2030, robust assessments of the levels and trends of the burden of tuberculosis are crucial to inform policy and programme decision making. We assessed the levels and trends in the fatal and non-fatal burden of tuberculosis by drug resistance and HIV status for 195 countries and territories from 1990 to 2016. Methods We analysed 15 943 site-years of vital registration data, 1710 site-years of verbal autopsy data, 764 site-years of sample-based vital registration data, and 361 site-years of mortality surveillance data to estimate mortality due to tuberculosis using the Cause of Death Ensemble model. We analysed all available data sources, including annual case notifications, prevalence surveys, population-based tuberculin surveys, and estimated tuberculosis cause-specific mortality to generate internally consistent estimates of incidence, prevalence, and mortality using DisMod-MR 2.1, a Bayesian meta-regression tool. We assessed how the burden of tuberculosis differed from the burden predicted by the Socio-demographic Index (SDI), a composite indicator of income per capita, average years of schooling, and total fertility rate. Findings Globally in 2016, among HIV-negative individuals, the number of incident cases of tuberculosis was 9.02 million (95% uncertainty interval [UI] 8.05-10.16) and the number of tuberculosis deaths was 1.21 million (1.16-1.27). Among HIV-positive individuals, the number of incident cases was 1.40 million (1.01-1.89) and the number of tuberculosis deaths was 0.24 million (0.16-0.31). Globally, among HIV-negative individuals the agestandardised incidence of tuberculosis decreased annually at a slower rate (-1.3% [-1.5 to-1.2]) than mortality did (-4.5% [-5.0 to-4.1]) from 2006 to 2016. Among HIV-positive individuals during the same period, the				

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	rate of change in annualised age-standardised incidence was-4.0% (-4.5 to -3.7) and mortality was-8.9% (-9.5 to-8.4). Several regions had higher rates of age-standardised incidence and mortality than expected on the basis of their SDI levels in 2016. For drug-susceptible tuberculosis, the highest observed-to-expected ratios were in southern sub-Saharan Africa (13.7 for incidence and 14.9 for mortality), and the lowest ratios were in high-income North America (0.4 for incidence) and Oceania (0.3 for mortality). For multidrug-resistant tuberculosis, eastern Europe had the highest observed-to-expected ratios (67.3 for incidence and 73.0 for mortality), and high-income North America had the lowest ratios (0.4 for incidence and 0.5 for mortality). Interpretation If current trends in tuberculosis incidence continue, few countries are likely to meet the SDG target to end the tuberculosis epidemic by 2030. Progress needs to be accelerated by improving the quality of and access to tuberculosis diagnosis and care, by developing new tools, scaling up interventions to prevent risk factors for tuberculosis, and integrating control programmes for tuberculosis and HIV. Copyright 2018 (c) The Author(s). Published by Elsevier Ltd.				
354.	Lahiri, A., Alex, A. G. and George, P. V. Estimating the prevalence of elevated plasma neutrophil gelatinase associated lipocalin level in patients with acute coronary syndromes and its association with outcomes Indian Heart J; 2018, 70 (2): 220-224 **Address:** Department of Cardiology, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Electronic **Address:** anandaroop_lahiri@yahoo.com. Department of Cardiology, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Electronic **Address:** alexanoop@gmail.com. Department of Cardiology, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Electronic **Address:** paulgeorgev@hotmail.com. OBJECTIVES: The principal objective of this study was to estimate the plasma levels of neutrophil gelatinase associated lipocalin (NGAL) in a cohort of patients with acute coronary syndromes (ACS) across their entire spectrum, and to correlate them with outcomes. METHODS: 87 patients with acute coronary syndromes were included in the study. Apart from the routine work up and management, all patients underwent determination of plasma NGAL and serum high sensitivity C reactive protein (HSCRP) levels at	**NAT**	**JAN TO JUNE**	**CARDIOLOGY**	**PMID:**29716698 **PMC ID:**5993888 **SCOPUS** **H Index:** 33 **Impact Factor:** 0.610 (RG)

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	admission. The patients were followed up through the hospital stay as well as for one month after discharge for clinical outcomes, and echocardiographic parameters of left ventricular function. Plasma NGAL was studied for its predictive power for various defined outcomes. RESULTS: Plasma NGAL levels were detectably elevated in 67% of patients with ACS without any significant proportion with renal dysfunction, sepsis or overt infection. Plasma NGAL was the strongest independent predictor of all cause hospital mortality in Cox regression multivariate analysis with an odds ratio of 8.353, p=0.0237. Plasma NGAL did not correlate with HSCRP, or severity of coronary artery disease (CAD). CONCLUSION: This is a small study that shows that plasma NGAL in patients admitted with ACS can predict hospital mortality and forms the basis for consideration of this molecule as a possible new risk marker in ACS meriting further and more extensive investigation.				
355.	Lazarus, Robin P., John, Jacob, Shanmugasundaram, E., Rajan, Anand K., Thiagarajan, S., Giri, Sidhartha, Babji, Sudhir, Sarkar, Rajiv, Kaliappan, P. Saravankumar, Venugopal, Srinivasan, Praharaj, Ira, Raman, Uma, Paranjpe, Meghana, Grassly, Nicholas C., Parker, Edward P. K., Parashar, Umesh D., Tate, Jacqueline E., Fleming, Jessica A., Steele, A. Duncan, Muliyil, Jayaprakash, Abraham, Asha M. and Kang, Gagandeep The effect of probiotics and zinc supplementation on the immune response to oral rotavirus vaccine: A randomized, factorial design, placebo-controlled study among Indian infants Vaccine; 2018, 36 (2): 273-279 Background: Strategies are needed to improve oral rotavirus vaccine (RV), which provides suboptimal protection in developing countries. Probiotics and zinc supplementation could improve RV immunogenicity by altering the intestinal microbiota and immune function. Methods: Infants 5 weeks old living in urban Vellore, India were enrolled in a randomized, double-blind, placebo-controlled trial with a 4-arm factorial design to assess the effects of daily zinc (5 mg), probiotic (10(10) Lactobacillus rhamnosus GG) or placebo on the immunogenicity of two doses of RV (Rotarix (R), GlaxoSmithKline Biologicals) given at 6 and 10 weeks of age. Infants were eligible for participation if healthy, available for the study duration and without prior receipt of RV or oral poliovirus vaccine other than the birth dose. The primary outcome was seroconversion to rotavirus at 14 weeks of age based on detection of VP6-specific IgA at >= 20 U/ml in previously seronegative infants	**INT**	**JAN TO JUNE**	**CLINICAL VIROLOGY, COMMUNITY HEALTH, CLINICAL MICROBIOLOGY, WELLCOME RESEARCH UNIT**	**WOS:**000423647800015 **H Index:** 159 **Impact Factor:** 3.285

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	or a fourfold rise in concentration. Results: The study took place during July 2012 to February 2013. 620 infants were randomized equally between study arms and 551 (88.9%) completed per protocol. Seroconversion was recorded in 54/137 (39.4%), 42/136 (30.9%), 40/143 (28.0%), and 37/135 (27.4%) infants receiving (1) probiotic and zinc, (2) probiotic and placebo, (3) placebo and zinc, (4) two placebos. Seroconversion showed a modest improvement among infants receiving probiotic (difference between groups 1, 2 and 3, 4 was 7.5% (97.5% Confidence Interval (CI): -1.4%, 16.2%), p = 0.066) but not zinc (difference between groups 1, 3 and 2, 4 was 4.4% (97.5% CI: -4,4%, 13.2%), p = 0.272). 16 serious adverse events were recorded, none related to study interventions. Conclusions: Zinc or probiotic supplementation did not significantly improve the low immunogenicity of rotavirus vaccine given to infants in a poor urban community in India. A modest effect of combined supplementation deserves further investigation. (C) 2017 The Author(s). Published by Elsevier Ltd.				
356.	Liesner, R. J., Abashidze, M., Aleinikova, O., Altisent, C., Belletrutti, M. J., Borel-Derlon, A., Carcao, M., Chambost, H., Chan, A. K. C., Dubey, L., Ducore, J., Fouzia, N. A., Gattens, M., Gruel, Y., Guillet, B., Kavardakova, N., El Khorassani, M., Klukowska, A., Lambert, T., Lohade, S., Sigaud, M., Turea, V., Wu, J. K. M., Vdovin, V., Pavlova, A., Jansen, M., Belyanskaya, L., Walter, O., Knaub, S. and Neufeld, E. J. Immunogenicity, efficacy and safety of Nuwiq((R)) (human-cl rhFVIII) in previously untreated patients with severe haemophilia A-Interim results from the NuProtect Study Haemophilia; 2018, 24 (2): 211-220 Haemophilia. 2018 Mar;24(2):211-220. doi: 10.1111/hae.13320. Epub 2017 Aug 16. **Author information:** (1)Great Ormond Hospital for Children NHS Trust Haemophilia Centre, London, UK. (2)JSC Institute of Haematology and Transfusiology, Tbilisi, Georgia. (3)Republican Scientific and Practical Centre of Children Oncology, Hematology and Immunology, Minsk, Belarus. (4)Unitat d'Hemofilia, Hospital Vall D'Hebron, Barcelona, Spain.	**INT**	**JUL TO DEC**	**BIOSTATISTICS,**	**PMID:** 28815880 **WOS:**000428795000019 **H Index:** 81 **Impact Factor:** 2.768

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	(5)Pediatric Hematology, Department of Pediatrics, University of Alberta, Edmonton, AB, Canada. (6)Hôpital de la Côte de Nacre, Caen, France. (7)Hospital for Sick Children, Toronto, ON, Canada. (8)Department of Pediatric Hematology Oncology, Children Hospital La Timone, APHM and Inserm, UMR 1062, Aix Marseille University, Marseille, France. (9)Division of Pediatric Hematology/Oncology, McMaster University, Hamilton, ON, Canada. (10)Western Ukrainian Specialized Children's Medical Centre, Lviv, Ukraine. (11)Department of Pediatrics, UC Davis Medical Center, Sacramento, CA, USA. (12)**Christian Medical College Vellore, Vellore,** India. (13)Cambridge University Hospital NHS Foundation Trust, Cambridge, UK. (14)Hôpital Trousseau, Centre Régional de Traitement de l'Hémophilie, Tours, France. (15)Haemophilia Treatment Centre of Rennes-Brittany, University Hospital of Rennes, Rennes, France. (16)National Children's Specialized Clinic "OHMATDET", Kiev, Ukraine. (17)Centre de traitement de l'hémophilie, University Mohamed V, Rabat, Morocco. (18)Warsaw Medical University, Warsaw, Poland. (19)CRTH Hôpital Universitaire Bicêtre APHP, Le Kremlin Bicêtre, France. (20)Sahyadri Speciality Hospital, Pune, India. (21)Centre Régional de Traitement de I'Hémophilie, University Hospital of Nantes, Nantes, France. (22)Scientific Research Institute of Mother and Child Health Care, Chişinău, Moldova. (23)B.C. Children's Hospital, Vancouver, BC, Canada. (24)Morozovskaya Children's Hospital, Moscow, Russia. (25)Institute of Experimental Haematology and Transfusion Medicine, University				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Clinic Bonn, Bonn, Germany. (26)Octapharma Pharmazeutika Produktionsges.mbH, Vienna, Austria. (27)Octapharma AG, Lachen, Switzerland. (28)St. Jude Children's Research Hospital, Memphis, TN, USA. INTRODUCTION: Nuwiq® (Human-cl rhFVIII) is a fourth generation recombinant FVIII,produced in a human cell line, without chemical modification or protein fusion.No inhibitors developed in studies with Nuwiq® in 201 previously treated patientswith haemophilia A (HA). The immunogenicity, efficacy and safety of Nuwiq® inpreviously untreated patients (PUPs) with severe HA are being assessed in the ongoing NuProtect study.METHODS: The study, conducted across 38 centres worldwide, is evaluating 110 truePUPs of all ages and ethnicities enrolled for study up to 100 exposure days (EDs)or 5 years maximum. The primary objective is to assess the immunogenicity of Nuwiq® (inhibitor activity ≥0.6 BU) using the Nijmegen-modified Bethesda assay ata central laboratory.RESULTS: Data for 66 PUPs with ≥20 EDs from a preplanned interim analysis wereanalysed. High-titre (HT) inhibitors developed in 8 of 66 patients after a median of 11.5 EDs (range 6-24). Five patients developed low-titre inhibitors (4transient). The cumulative incidence (95% confidence interval) was 12.8% (4.5%,21.2%) for HT inhibitors and 20.8% (10.7%, 31.0%) for all inhibitors. Duringinhibitor-free periods, median annualized bleeding rates during prophylaxis were 0 for spontaneous bleeds and 2.40 for all bleeds. Efficacy was rated as"excellent" or "good" in treating 91.8% of bleeds. Efficacy of surgicalprophylaxis was "excellent" or "good" for 8 (89%) procedures and "moderate" for 1(11%). No tolerability concerns were evident.CONCLUSION: These interim data show a cumulative incidence of 12.8% for HTinhibitors and convincing efficacy and tolerability in PUPs treated with Nuwiq® . © 2017 The Authors. Haemophilia published by John Wiley & Sons Ltd.DOI: 10.1111/hae.13320				
357.	Lim, S. G., Phyo, W. W., Shah, S. R., Win, K. M., Hamid, S., Piratvisuth, T., Tan, S. S., Dan, Y. Y., Lee, Y. M., Ahmed, T., Yang, W. L., Chen, K. P., Kamat, M., Wadhawan, M., Madan, K., Mehta, R., Shukla, A., Dhore, P., Eapen, C. E., Abraham, P., Tyagi, S., Koshy, A., Bwa, A. H., Jafri, W., Abid, S., Arisar, F. A. Q., Tanwandee, T.,	**INT**	**JAN TO JUNE**	**HEPATHOLOGY**	**PMID:**30141214 **SCOPUS** **H Index:** 91 **Impact Factor:** 4.237

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Yin, T. P., Tee, H. P., Hj Md Said, R. B., Goh, K. L., Ho, S. H., Mohamed, R. and Abu Bakar, N. Findings from a large Asian chronic hepatitis C real-life study J Viral Hepat; 2018, 25 (12): 1533-1542 **Address:** National University Health System, Singapore, Singapore. Yong Loo Lin School of Medicine, National University of Singapore, Singapore, Singapore. Global Hospital- Super Speciality and Transplant Center, Mumbai, India. Yangon GI & Liver Centre, Yangon, Myanmar. Aga Khan University, Karachi, Pakistan. NKC Institute of Gastroenterology and Hepatology, Faculty of Medicine, Prince of Songkla University, Hat Yai, Thailand. Selayang Hospital, Selangor, Malaysia. Khoo Teck Puat Hospital, Singapore, Singapore. Tan Tock Seng Hospital, Singapore, Singapore. Fortis Escorts Hospital, Dehli, India. Artemis Health Institute, Gurgaon, India. Surat Institute of Digestive Sciences (SIDS), Surat, India. Lokmanya Tilak Municipal Medical College and General Hospital, Mumbai, India. **Christian Medical College, Vellore,**India. Kailashi Superspeciality Hospital, Meerut, India. Lakeshore Hospital, Kochi, India. Faculty of Medicine Siriraj Hospital, Mahidol University. Sime Darby Medical Centre Subang Jaya, Subang Jaya, Malaysia. Hospital Tengku Ampuan Afzan, Kuantan, Malaysia. Hospital Ampang, Selangor, Malaysia. University of Malaya Medical Centre, Kuala Lumpur, Malaysia. Hospital Raja Perempuan Zainab II, Kota Bharu, Malaysia. There is a paucity of information on chronic hepatitis C (CHC) patients treated with direct antiviral agents (DAAs) in Asia. We invited Asia-Pacific physicians to collate databases of patients enrolled for CHC treatment, recording baseline clinical, virologic and biochemical characteristics, sustained virologic response at week 12 (SVR12) and virologic failure. SVR12 outcome was based on intention to treat (ITT). Multivariate analysis was used to assess independent risk factors for SVR12 using SPSS version 20. A total of 2171 patients from India (n = 977), Myanmar (n = 552), Pakistan (n = 406), Thailand (n = 139), Singapore (n = 72) and Malaysia (n = 25) were collected. At baseline, mean age was 49 years, 50.2% were males, and 41.8% had cirrhosis. Overall, SVR12 was 89.5% and by genotype (GT) based on ITT and treatment completion, respectively, was 91% and 92% for GT1, 100% and 100% for GT2, 91% and 97% for GT3, 64% and 95% for GT4, 87% and 87% for GT6 and 79% and 91% for GT untested. Patients with cirrhosis had SVR12 of 85% vs 93% for noncirrhosis (P < 0.001) (RR 2.1, 95% CI 1.4-3.1, P = 0.0002). Patients with GT1 and GT3 treated with				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	sofosbuvir/ribavirin (SR) had 88% and 89% SVR12, respectively, but those GT6 treated with sofosbuvir/ledipasvir (SL) had only 77.6% SVR12. Multivariate analysis showed absence of cirrhosis was associated with higher SVR12 (OR 2.0, 95% CI 1.3-3.1, P = 0.002). In conclusion, patients with GT1 and GT3 with/without cirrhosis had surprisingly high efficacy using SR, suggesting that Asians may respond better to some DAAs. However, poor GT6 response to SL suggests this regimen is suboptimal for this genotype.				
358.	Lima, A. A. M., Soares, A. M., Filho, J. Q. S., Havt, A., Lima, I. F. N., Lima, N. L., Abreu, C. B., Junior, F. S., Mota, R. M. S., Pan, W. K., Troeger, C., Medeiros, Phqs, Veras, H. N., Prata, M. A., Mccormick, B. J. J., Mcgrath, M., Rogawski, E. T., Houpt, E. R., Platts-Mills, J. A., Gratz, J., Samie, A., Bessong, P., Babji, S., Kang, G., Qureshi, S., Shakoor, S., Bhutta, Z. A., Haque, R., Ahmed, T., Mduma, E. R., Svensen, E., Kosek, M., Yori, P. P., Bodhidatta, L., Jasmin, S., Mason, C. J., Lang, D., Gottlieb, M. and Guerrant, R. L. Enteroaggregative Escherichia coli Subclinical Infection and Coinfections and Impaired Child Growth in the MAL-ED Cohort Study J Pediatr Gastroenterol Nutr; 2018, 66 (2): 325-333 **Address:** Clinical Research Unit and Institute of Biomedicine, Universidade Federal do Ceara, Fortaleza, Ceara, Brazil. Duke Global Health Institute, Duke University, Durham, NC. Institute for Health Metrics and Evaluation, Seattle, WA. National Institutes of Health, Fogarty International Center, Bethesda, MD. Division of Infectious Diseases and International Health, University of Virginia, Charlottesville, VA. Department of Microbiology, University of Venda. Division of Gastrointestinal Sciences, **Christian Medical College and Hospital Vellore,** Vellore, India. Department of Gastrointestinal Sciences **Christian Medical College**. Aga Khan University. Department of Pediatrics, Aga Khan University, Naushahro Feroze, Pakistan. International Centre for Diarrhoeal Disease Research, ICDDR-B, Dhaka, Bangladesh. Haydom Lutheran Hospital, Moshi, Tanzania. Haukeland University Hospital, Haydom, Tanzania.	**INT**	**JAN TO JUNE**	**GASTROINTESTINAL SCIENCES,**	**PMID:**29356769 **WOS:**000424047200035 **H Index:** 114 **Impact Factor:** 2.752

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Johns Hopkins University, Baltimore, MD. Walter Reed AFRIMS Research Unit Nepal. Armed Forces Research Institute of Medical Sciences, Kathmandu, Nepal. Foundation for the National Institutes of Health, Baltimore, MD. OBJECTIVE: We evaluated the impact of subclinical enteroaggregative Escherichia coli (EAEC) infection alone and in combination with other pathogens in the first 6 months of life on child growth. METHODS: Nondiarrheal samples from 1684 children across 8 Multisite Birth Cohort Study, Malnutrition and Enteric Diseases (MAL-ED) sites in Asia, Africa, and Latin America were tested monthly; more than 90% of children were followed-up twice weekly for the first 6 months of life. RESULTS: Children with subclinical EAEC infection did not show altered growth between enrollment and 6 months. Conversely, EAEC coinfection with any other pathogen was negatively associated with delta weight-for-length ($P < 0.05$) and weight-for-age ($P > 0.05$) z scores between 0 and 6 months. The presence of 2 or more pathogens without EAEC was not significantly associated with delta weight-for-length and weight-for-age. The most frequent EAEC coinfections included Campylobacter spp, heat-labile toxin-producing enterotoxigenic E coli, Cryptosporidium spp, and atypical enteropathogenic E coli. Myeloperoxidase levels were increased with EAEC coinfection ($P < 0.05$). EAEC pathogen codetection was associated with lower neopterin levels compared to those of no-pathogen control children ($P < 0.05$). Mothers of children with EAEC coinfections had lower levels of education, poorer hygiene and sanitation, lower socioeconomic status, and lower breast-feeding rates compared to mothers of children in whom no pathogen was detected ($P < 0.05$). CONCLUSIONS: These data emphasize the public health importance of subclinical EAEC infection in early infancy in association with other pathogens and the need for improved maternal and child care, hygiene, sanitation, and socioeconomic factors.				
359.	Linster, M., Do, L. A. H., Minh, N. N. Q., Chen, Y., Zhe, Z., Tuan, T. A., Tuan, H. M., Su, Y. C. F., Van Doorn, H. R., Moorthy, M. and Smith, G. J. D. Clinical and Molecular Epidemiology of Human Parainfluenza Viruses 1-4 in Children from Viet Nam Sci Rep; 2018, 8 (1): 6833 **Address:** Programme in Emerging Infectious Diseases, Duke-NUS	**INT**	**JUL TO DEC**	**CLINICAL VIROLOGY**	**PMID:**29717150 **PMC ID:**5931535 **WOS:**000431114200012 **SCOPUS** **H Index:** 122 **Impact Factor:** 4.122

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Medical School, Singapore, Singapore. Oxford University Clinical Research Unit-Viet Nam, Ho Chi Minh City, Vietnam. Murdoch's Children Research Institute, Melbourne, Australia. Children's Hospital 1, Ho Chi Minh City, Vietnam. Children's Hospital 2, Ho Chi Minh City, Vietnam. Centre for Tropical Medicine and Global Health, Nuffield Department of Clinical Medicine, University of Oxford, Oxford, UK. Programme in Emerging Infectious Diseases, Duke-NUS Medical School, Singapore, Singapore. maheshmoorthy@cmcvellore.ac.in. Department of Clinical Virology, **Christian Medical College, Vellore,**India. maheshmoorthy@cmcvellore.ac.in. Duke Global Health Institute, Duke University, Durham, North Carolina, USA. HPIVs are serologically and genetically grouped into four species that account for up to 10% of all hospitalizations due to acute respiratory infection in children under the age of five. Genetic and epidemiological data for the four HPIVs derived from two pediatric cohorts in Viet Nam are presented. Respiratory samples were screened for HPIV1-4 by real-time PCR. Demographic and clinical data of patients infected with different HPIV were compared. We used a hemi-nested PCR approach to generate viral genome sequences from HPIV-positive samples and conducted a comprehensive phylogenetic analysis. In total, 170 samples tested positive for HPIV. HPIV3 was most commonly detected in our cohort and 80 co-detections of HPIV with other respiratory viruses were found. Phylogenetic analyses suggest local endemic circulation as well as punctuated introductions of new HPIV lineages. Viral gene flow analysis revealed that Viet Nam is a net importer of viral genetic diversity. Epidemiological analyses imply similar disease severity for all HPIV species. HPIV sequences from Viet Nam formed local clusters and were interspersed with sequences from diverse geographic regions. Combined, this new knowledge will help to investigate global HPIV circulation patterns in more detail and ultimately define more suitable vaccine strains.				
360.	Livingstone, R. S. and Varghese, A. A simple quality control tool for assessing integrity of lead equivalent aprons Indian J Radiol Imaging; 2018, 28 (2): 258-262 **Address:** Department of Radiology, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India.	**NAT**	**JAN TO JUNE**	**RADIOLOGY**	**PMID:**30050253 **PMC ID:**6038217 **SCOPUS** **H Index:** 18 **Impact Factor:** 0.330 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Background: Protective lead or lead-equivalent (Pbeq) aprons play a key role in providing necessary shielding from secondary radiation to occupational workers. Knowledge on the integrity of these shielding apparels during purchase is necessary to maintain adequate radiation safety. Aim: The aim of the study was to evaluate the lead equivalence in aprons based on simple quality assessment tool. Materials and Methods: 0.25 mm and 0.5 mm lead and lead-free aprons from 6 manufacturers were assessed using a calibrated digital X-ray unit. The percentage attenuation values of the aprons were determined at 100 kVp using an ionization chamber and the pixel intensities were analyzed using digital radiographic images of lead apron, copper step wedge tool, and 2 mm thick lead. Results: Mean radiation attenuation of 90% and 97% was achieved in 0.25 mm and 0.5 mm lead or lead-free aprons respectively. The pixel intensities from 0.25 mm Pbeq apron correspond to 0.8-1.2 mm thickness of Cu while 0.5 mm Pbeq aprons correspond to 2.0-2.8 mm of Cu. Conclusion: Pixel intensity increased with increase in the thickness of copper step wedge indicating a corresponding increase in lead equivalence in aprons. It is suggestive that aprons should be screened for its integrity from the time of purchase using computed tomography (CT), fluoroscopy, or radiography. It is recommended that this simple test tool could be used for checking lead equivalence if any variation in contrast is seen in the image during screening.				
361.	Livingstone, R. S., Varghese, A. and Keshava, S. N. A Study on the Use of Radiation-Protective Apron among Interventionists in Radiology J Clin Imaging Sci; 2018, 8 34 **Address:** Department of Radiology, **Christian Medical College, Vellore,**Tamil Nadu, India. Objective: Radiation-protective aprons are commonly used by interventionists to protect against the harmful effects of ionizing radiation. Choice of appropriate aprons with respect to lead equivalence and weight is necessary for effective protection and reduced physical strain. This study evaluates the knowledge and practice of using radiation-protective aprons by interventionists. Materials and Methods: Ninety-one interventional radiologists who attended an annual interventional conference were provided with a questionnaire which included age, years of experience, area of expertise, type and weight of apron used, and physical strain caused due to the use of apron. Results: About 14.3% of the	**INT**	**JAN TO JUNE**	**RADIOLOGY**	**PMID:**30197825 **PMC ID:**6118106 **H Index:** 12 **Impact Factor:** 0.990 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	interventionists practiced in an angiographic suite for less than an hour a day, 45% for 2-4 h, 21% for 4-6 h, 10% for 6-10 h, and the rest above 10 h/day. About 68% of the interventionists wore 0.5 mm lead-equivalent (Pbeq) aprons; 15.4% with 0.25 mm Pbeq; about 5.5% with 0.35 mm Pbeq aprons, and the remaining were not aware of the lead equivalence. About 47% reported that they had body aches due to wearing single-sided aprons. Interventionists working more than 10 h/day wearing single-sided lead apron predominantly complained of shoulder pain and back pain. Conclusion: A large fraction of interventionists reported that they had physical strain. It is suggestive for interventionists to wear correct fit and light-weight aprons with appropriate lead equivalence.				
362.	Llibre Rodriguez, J. J., Prina, A. M., Acosta, D., Guerra, M., Huang, Y., Jacob, K. S., Jimenez-Velasquez, I. Z., Salas, A., Sosa, A. L., Williams, J. D., Jotheeswaran, A. T., Acosta, I., Liu, Z. and Prince, M. J. The Prevalence and Correlates of Frailty in Urban and Rural Populations in Latin America, China, and India: A 10/66 Population-Based Survey J Am Med Dir Assoc; 2018, 19 (4): 287-295 e4 **Address:** Facultad de Medicina Finlay-Albarran, Medical University of Havana, Havana, Cuba. Health Service and Population Research Department, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, United Kingdom. Universidad Nacional Pedro Henriquez Urena (UNPHU), Internal Medicine Department, Geriatric Section, Santo Domingo, Dominican Republic. Instituto de la Memoria Depresion y Enfermedades de Riesgo IMEDER, Lima, Peru. Social Psychiatry and Behavioral Medicine, Institute of Mental Health, Peking University, Beijing, China. **Christian Medical College, Vellore,**India. Internal Medicine Department, Geriatrics Program, School of Medicine, Medical Sciences Campus, University of Puerto Rico, San Juan, Puerto Rico. Medicine Department, Caracas University Hospital, Faculty of Medicine, Universidad Central de Venezuela, Caracas, Venezuela. Laboratory of the Dementias, National Institute of Neurology and Neurosurgery of Mexico, National Autonomous University of Mexico,	**INT**	**JAN TO JUNE**	**PSYCHIATRY**	**PMID:**29306607 **WOS:**000428248900003 **SCOPUS** **H Index:** 67 **Impact Factor:** 5.325

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Mexico City, Mexico. Department of Community Health, Voluntary Health Services, Chennai, India. Department of Aging and Life Course, World Health Organization, Geneva, Switzerland. Health Service and Population Research Department, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, United Kingdom. Electronic **Address:** martin.prince@kcl.ac.uk. BACKGROUND: There have been few cross-national studies of the prevalence of the frailty phenotype conducted among low or middle income countries. We aimed to study the variation in prevalence and correlates of frailty in rural and urban sites in Latin America, India, and China. METHODS: Cross-sectional population-based catchment area surveys conducted in 8 urban and 4 rural catchment areas in 8 countries; Cuba, Dominican Republic, Puerto Rico, Venezuela, Peru, Mexico, China, and India. We assessed weight loss, exhaustion, slow walking speed, and low energy consumption, but not hand grip strength. Therefore, frailty phenotype was defined on 2 or more of 4 of the usual 5 criteria. RESULTS: We surveyed 17,031 adults aged 65 years and over. Overall frailty prevalence was 15.2% (95% confidence inteval 14.6%-15.7%). Prevalence was low in rural (5.4%) and urban China (9.1%) and varied between 12.6% and 21.5% in other sites. A similar pattern of variation was apparent after direct standardization for age and sex. Cross-site variation in prevalence of frailty indicators varied across the 4 indicators. Controlling for age, sex, and education, frailty was positively associated with older age, female sex, lower socioeconomic status, physical impairments, stroke, depression, dementia, disability and dependence, and high healthcare costs. DISCUSSION: There was substantial variation in the prevalence of frailty and its indicators across sites in Latin America, India, and China. Culture and other contextual factors may impact significantly on the assessment of frailty using questionnaire and physical performance-based measures, and achieving cross-cultural measurement invariance remains a challenge. CONCLUSIONS: A consistent pattern of correlates was identified, suggesting that in all sites, the frailty screen could identify older adults with multiple physical, mental, and cognitive morbidities, disability and needs for care, compounded by socioeconomic disadvantage and catastrophic healthcare spending.				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
363.	Loganathan, S. and Kumar, S. Diagnostic value of procalcitonin for differentiation between bacterial infection and noninfectious inflammation in febrile children with systemic autoimmune diseases Indian Journal of Rheumatology; 2018, 13 (3): 173-177 **Address:** Department of Pediatrics Unit II, **Christian Medical College, Vellore,**Tamil Nadu 632004, India Objectives: The objective of this study is to determine the diagnostic value of procalcitonin (PCT) for differentiation between bacterial infection and noninfectious inflammation in febrile children with systemic autoimmune disease. Methods: It was a cross-sectional study and children with systemic autoimmune disease such as systemic lupus erythematosus (SLE) and juvenile idiopathic arthritis (JIA) presenting with fever (>38°C) were recruited. Results: Out of 24 children included, 16 had SLE (11 in disease flare group and 5 in infection group) and 8 had disease flare of Systemic JIA. Two children in SLE infection group died. Mean PCT was 92.2 ng/ml in SLE infectious group and 3.50 ng/ml in SLE flare group which was statistically significant (P = 0.009). However, the mean C-reactive protein was 98 mg/dl in SLE infectious group and 52 mg/dl in SLE flare group which was not statistically significant (P = 0.25). PCT concentration cutoff value >1.2 ng/ml has the sensitivity of 83% (95% confidence interval [CI] 43.6-0.97) and specificity of 72% (95% CI 49.1-87.5), positive predictive value of 50% (95% CI 23.6-76.3) and negative predictive value 93% (95% CI 68.5-98.7). Conclusions: PCT levels >1.2 ng/ml in febrile SLE patients should point to a bacterial infection, whereas PCT levels <1.2 ng/ml might indicate disease flare that could reduce unnecessary antibiotic use. PCT may serve as a useful marker for the detection of systemic bacterial infection in patients with the systemic autoimmune disease. © 2018 Indian Journal of Rheumatology.	**NAT**	**JAN TO JUNE**	**PEDIATRICS UNIT II**	**SCOPUS** **H Index:** 8 **Impact Factor:** 0.110 (RG)
364.	Lozano, Rafael, Fullman, Nancy, Abate, Degu, Abay, Solomon M., Abbafati, Cristiana, Abbasi, Nooshin, Abbastabar, Hedayat, Abd-Allah, Foad, Abdela, Jemal, Abdelalim, Ahmed, Abdel-Rahman, Omar, Abdi, Alireza, Abdollahpour, Ibrahim, Abdulkader, Rizwan Suliankatchi, Abebe, Nebiyu Dereje, Abebe, Zegeye, Abejie, Ayenew Negesse, Abera, Semaw P., Abil, Olifan Zewdie, Aboyans, Victor, Abraha, Haftom Niguse, Abrham, Aklilu Rota, Abu-Raddad, Laith Jamal, Abu-Rmeileh, Niveen Me, Abyu, Gebre Y., Accrombessi, Manfred Mario Kokou, Acharya, Dilaram, Acharya, Pawan, Adamu,	**INT**	**JUL TO DEC**	**COMMUNICABLE DISEASES**	**PMID:WOS:000449710900010** **H Index:** 670 **Impact Factor:** 53.254

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Abdu A., Adebayo, Oladinieji M., Adedeji, Isaac Akinkumui, Adedoyin, Rufus Adesoji, Adekanmbi, Victor, Adetokunboh, Olatunji, Adhena, Beyene Meressa, Adhikari, Tara Rattan, Adib, Mine G., Adou, Arsene Kouablan, Adsuar, Jose C., Afarideh, Mohsen, Afshari, Mandi, Afshin, Ashkan, Agarwal, Gina, Aghayan, Sargis Aghasi, Agius, Dominic, Agrawal, Anurag, Agrawal, Sutapa, Ahmadi, Alireza, Ahmadi, Meltdi, Ahmadieh, Flamid, Ahmed, Muktar Beshir, Ahmed, Sayem, Akalu, Temesgen Yihunie, Akanda, Ali S., Akbari, Mohammad Esmaeil, Akibu, Mohammed, Akinyemi, Rufus Olusola, Akinyemiju, Tomi, Akseer, Nadia, Alandab, Tares, Al-Aly, Ziyad, Alam, Khurshid, Alam, Tahiya, Abujeer, Ammar, Alebel, Animut, Alene, Kefyalew Addis, Al-Eyadhy, Ayman, Athabib, Samia, Ali, Raghib, Alijanzadeh, Mehran, Alizadeh-Nayaei, Reza, Aljunid, Syed Mohamed, Alkerwi, Ala'a, Alla, Francois, Allebeck, Peter, Allen, Christine A., Almasi, Ali, Al-Maskari, Fatma, Al-Mekhlafi, Hesham M., Alonso, Jordi, Al-Raddadi, Rajaa M., Alsharif, Ubai, Altirkawi, Khalid, Alvis-Guzman, Nelson, Amare, Azmeraw T., Amenu, Kebede, Amini, Erfan, Ammar, Walid, Anber, Nahla Hamed, Anderson, Jason A., Andrei, Catalina Liliana, Androudi, Sofia, Animut, Megbaru Debalkie, Anjomshoa, Mina, Ansari, Hossein, Ansariadi, Ansariadi, Ansha, Mustafa Geleto, Antonio, Carl Abelardo T., Anwari, Palwasha, Appiah, Lambert Tetteh, Aremu, Olatunde, Areri, Habtamu Abera, Arnlov, Johan, Arora, Monika, Aryal, Krishna K., Asayesh, Hamid, Asfaw, Ephrem Tsegay, Asgedom, Solomon Weldegebreal, Asghar, Rana Jawad, Assadi, Reza, Ataro, Zerihun, Atique, Suleman, Atre, Sachin R., Atteraya, Madhu Sudhan, Ausloos, Marcel, Avila-Burgos, Leticia, Avokpaho, Euripide F. G. A., Awasthi, Ashish, Quintanilla, Beatriz Paulina Ayala, Ayele, Henok Tadesse, Ayele, Yohanes, Ayer, Rakesh, Azarpazhooh, Mahmoud Reza, Azzopardi, Peter S., Azzopardi-Muscat, Natasha, Babalola, Tesleem Kayode, Babazadeh, Arefeh, Badali, Hamid, Badawi, Alaa, Balakrishnan, Kalpana, Bali, Ayele Geleto, Banach, Maciej, Banerjee, Amitava, Banoub, Joseph Adel Mattar, Banstola, Amrit, Barac, Aleksandra, Barboza, Miguel A., Barker-Collo, Suzanne Lyn, Barnighausen, Till Winfried, Barrero, Lope H., Barthelemy, Celine M., Bassat, Quique, Basu, Arindam, Basu, Sanjay, Battista, Robert J., Baune, Bernhard T., Baynes, Habtamu Wondifraw, Bazargan-Hejazi, Shahrzad, Bedi, Neeraj, Beghi, Ettore, Behzadifar, Masoud, Behzadifar, Meysam, Bejot, Yannick, Bekele, Bayu Begashaw, Belachew, Abate Bekele, Belay, Aregawi Gebreyesus, Belay, Saba Abraham, Belay, Yihalem Abebe, Bell, Michelle L., Bello, Aminu K., Bennett, Derrick A., Bensenor, Isabela				

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	M., Benzian, Habib, Berhane, Adugnaw, Berhe, Abadi Kidanemariam, Berman, Adam E., Bernabe, Eduardo, Bernstein, Robert S., Bertolacci, Gregory J., Beuran, Mircea, Beyranvand, Tina, Bhala, Neeraj, Bhalla, Ashish, Bhansali, Anil, Bhattarai, Suraj, Bhaumik, Somnyadeep, Bhutta, Zulfiqar A., Biadgo, Belete, Biehl, Molly H., Bijani, Ali, Rikbov, Boris, Bililign, Nigus, Bin Sayeed, Muhammad Shandaat, Birlik, Sait Mentes, Birungi, Charles, Bisanzio, Donal, Biswas, Tuhin, Bitew, Helen, Bizuneh, Hailemichael, Bjertness, Espen, Bobasa, Eshetu Mulisa, Boufous, Soufiane, Bourne, Rupert, Bozorgmehr, Kayvan, Bragazzi, Nicola Luigi, Brainin, Michael, Brant, Luisa C., Brauer, Michael, Brazinova, Alexandra, Breitborde, Nicholas J. K., Briant, Paul Svitil, Britton, Gabrielle, Brugha, Traolach, Bukhman, Gene, Busse, Reinhard, Butt, Zahid A., Cahuana-Hurtado, Lucero, Callender, Charlton S. K. H., Campos-Nonato, Ismael R., Rincon, Julio Cesar Campuzano, Cano, Jorge, Car, Josip, Car, Mate, Cardenas, Rosario, Carrero, Juan J., Carter, Austin, Carvalho, Felix, Castaneda-Oduela, Carlos A., Rivas, Jacqueline Castillo, Castro, Franz, Causey, Kate, Cavlin, Alanur, Cercy, Kelly M., Cerin, Ester, Chaiah, Yazan, Chalek, Julian, Chang, Hsing-Yi, Chang, Jung-Chen, Chattopadhyay, Aparajita, Chattu, Vijay Kumar, Chaturvedi, Pankaj, Chiang, Peggy Pei-Chia, Chin, Ken Lee, Chisumpa, Vesper Hichilombwe, Chitheer, Abdulaal, Choi, Jee-Young J., Chowdhury, Rajiv, Christensen, Hanne, Christopher, Devasahayam J., Chung, Sheng-Chia, Cicuttini, Flavia M., Ciobanu, Liliana G., Ciriilo, Massimo, Claro, Rafael M., Classen, Thomas Khaled Dwayne, Cohen, Aaron J., Collado-Mateo, Daniel, Cooper, Cyrus, Cooper, Leslie Trumbull, Cornaby, Leslie, Cortinovis, Monica, Costa, Megan, Cousin, Ewerton, Cromwell, Elizabeth A., Crowe, Christopher Stephen, Cunningham, Matthew, Daba, Alemneh Kabeta, Dadi, Abel Fekadu, Dandona, Lalit, Dandona, Rakhi, Hang, Anh Kim, Dargan, Paul I., Daryani, Ahmad, Das, Siddharth K., Das Gupta, Rajat, Das Neves, Jose, Dasa, Tamira Tesfaye, Dash, Aditya Prasad, Davis, Adrian C., Davitoiu, Dragos Virgil, Davletov, Kairat, Dayama, Arland, De Courten, Barbora, De Leo, Diego, De Neve, Jan-Walter, De Steur, Hans, Degefa, Meaza Girma, Degenhardt, Louisa, Degfie, Tizta Tilahun, Deiparine, Selina, Dellavalle, Robert P., Demoz, Gebre Teklemariam, Demtsu, Balem, Denova-Gutierrez, Edgar, Deribe, Kebede, Dervenis, Nikolaos, Dessie, Getenet Ayalew, Dey, Subhojit, Dharmaratne, Samath D., Dhimal, Meghnath, Dicker, Daniel, Dinberu, Mesfin Tadese, Ding, Eric I., Djalalinia, Shirin, Huyen Phuc, Do, Dokova, Klara, Doku, David Teye, Douwes-Schultz, Dirk, Driscoll, Tim Robert, Duan,				

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	Leilei, Dubey, Manisha, Dubljanin, Eleonora, Duken, Eyasu Ejeta, Duncan, Bruce B., Duraes, Andre R., Ebrahimpour, Soheil, Edvardsson, David, El Bcheraoui, Charbel, Eldrenkamp, Erika, El-Khatib, Ziad, Elyazar, Iqbal R. F., Enayati, Ahmadali, Endries, Aman Yesuf, Eshrati, Babak, Eskandanieh, Sharareh, Esteghamati, Alireza, Esteghamati, Sadaf, Estep, Kara, Fakhar, Mahadi, Fakhim, Hamed, Fanzo, Jessica, Faramarzi, Mahbobeh, Fareed, Mohammad, Farhadi, Farzaneh, Farid, Talha A., Farinha, Carla Sofia E Sa, Tarioli, Andrea, Faro, Andre, Farvid, Maryam S., Farzadfar, Farshad, Farzaei, Mohammad Hosein, Tarzam, Hossein, Fazaeli, Ali Akbar, Fazeli, Mir Sohail, Feigin, Valery L., Feigl, Andrea B., Fekadu, Wubalem, Feldman, Rachel, Fentahun, Netsanet, Fereshtehnejad, Seyed-Mohammad, Fernandes, Eduarda, Fernandes, Joao C., Feyissa, Garumma Tolu, Fijabi, Daniel Obadare, Filip, Irina, Finegold, Samuel, Finger, Jonas David, Tischer, Florian, Fitzmaurice, Christina, Flor, Luisa Sorio, Foigt, Nataliya A., Foreman, Kyle J., Frank, Tahvi D., Franklin, Richard Charles, Fukumoto, Takeshi, Fukutaki, Kai, Fuller, John E., Furst, Thomas, Furtado, Joao M., Gakidou, Ernmanuela, Gallus, Silvan, Gankpe, Fortune Gbetoho, Gansevoort, Ron T., Garcia, Ana Cristina, Garcia-Basteiro, Alberto L., Garcia-Gordillo, Miguel A., Gardner, William M., Gebre, Abadi Kahsu, Gebre, Teshome, Gebregergs, Gebremedhin Berhe, Gebrehiwot, Tsegaye Tewelde, Gebremedhin, Amanuel Tesfay, Gebremichael, Bereket, Gebremichael, Teklu Gebrehiwo, Gelano, Tilayie Feto, Geleijnse, Johanna M., Geramo, Yilma Chisha Dea, Getachew, Sefonias, Gething, Peter W., Gezae, Kebede Embaye, Ghadami, Mohammad Rasoul, Ghadimi, Reza, Ghadiri, Keyghobad, Ghasemi-Kasman, Maryarn, Ghiasvand, Hesam, Ghimire, Mamata, Choshal, Aloke Gopal, Giampaoli, Simona, Gill, Parannjit Singh, Gill, Tiffany K., Giussani, Giorgia, Gnedovskaya, Elena V., Goldberg, Ellen M., Goli, Srinivas, Gona, Philimon N., Goodridge, Amador, Gopalani, Sameer Vali, Gorman, Taren M., Goto, Atsushi, Coulart, Alessandra C., Coulart, Barbara Niegia Garcia, Grada, Ayman, Griswold, Max G., Grosso, Giuseppe, Gugnani, Harish Chander C., Guillemin, Francis, Guimaraes, Andre Luiz Sena, Guo, Yuming, Gupta, Prakash C., Gupta, Rahul, Gupta, Rajeev, Gupta, Tanush, Ha, Giang Hai, Haagsma, Juanita A., Hachinski, Vladimir, Hafezi-Nejad, Nima, Bidgoli, Hassan Haghparast, Hagos, Tekleberhan B., Haile, Michael Tamene, Hailegiyorgis, Tewodros Tesfa, Hailu, Gessessew Bugssa, Haj-Mirzaian, Arvin, Haj-Mirzaian, Arya, Hamadeh, Randah R., Hamidi, Samer, Hankey, Graerne J., Harb, Hilda L., Harikrishnan,				

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	Kim, Daniel, Kim, Jun Y., Kim, Young-Eun, Kim, Yun Jin, Kimokoti, Ruth W., Kinfu, Yohannes, Kinra, Sanjay, Kisa, Adrian, Kissimova-Skarbek, Katarzyna, Kissoon, Niranjan, Kivimaki, Mika, Kocamik, Jonathan M., Kochhar, Sonali, Kokubo, Yoshihiro, Kolola, Tufa, Kopec, Jacek A., Kosek, Margaret N., Kosen, Soewarta, Koul, Parvaiz A., Koyanagi, Ai, Kravchenko, Michael A., Krishan, Kewal, Krohn, Kristopher J., Defo, Barthelemy Kuate, Bicer, Burcu Kucuk, Kudom, Andreas A., Kulikoff, Xie Rachel, Kumar, G. Anil, Kumar, Manasi, Kumar, Pushpendra, Kutz, Michael J., Kyu, Hmwe Hmwe, Lachat, Carl, Lad, Deepesh P., Lad, Sheetal D., Lafranconi, Alessandra, Lagat, Abraham K., Lal, Dharmesh Kumar, Lalloo, Ratilal, Lam, Hilton, Lami, Faris Hasan, Lamichhane, Prabhat, Lan, Qing, Lang, Justin J., Lansingh, Van C., Lansky, Sonia, Larson, Heidi J., Larsson, Anders, Laryea, Dennis Odai, Lassi, Zohra S., Latifi, Arman, Lau, Kathryn Mei-Ming, Laxmaiah, Avula, Lazarus, Jeffrey V., Leasher, Janet L., Lebedev, Georgy, Ledesma, Jorge R., Lee, James B., Lee, Paul H., Leever, Andrew T., Leigh, James, Leinsalu, Mall, Leshargie, Chem Tesema, Leung, Janni, Lewycka, Sonia, Li, Shanshan, Li, Xiaohong, Li, Yichong, Liang, Juan, Hang, Xiaofeng, Liben, Misgan Legesse, Lim, Lee-Ling, Limenih, Miteku Andualem, Linn, Shai, Liu, Shiwei, Liu, Yang, Lodha, Rakesh, Logroscino, Giancarlo, Lopez, Alan D., Lorkowski, Stefan, Lotufo, Paulo A., Lucchesi, Lydia R., Lyons, Ronan A., Macarayan, Ellyn Rachelle King, Mackay, Mark T., Maddison, Emilie R., Madotto, Fabiana, Maghavani, Dhaval P., Magis-Rodriguez, Carlos, Mahotra, Narayan Bahadur, Majdan, Marek, Majdzadeh, Reza, Majeed, Azeern, Malekzadeh, Reza, Malta, Deborah Carvallo, Mamun, Abdullah A., Manda, Ana-Laura, Rano-Filho, Luiz Garcia Manda, Mangalam, Srikanth, Manguerra, Helena, Mansournia, Mohammad Ali, Mapoma, Chabila Christopher, Maravilla, Joemer C., Marcenes, Wagner, Marks, Ashley, Martin, Randall V., Martins, Sheila C. O., Martins-Melo, Francisco Rogerlandio, Madopullo, Ira, Mashamba-Thompson, Tivani Phosa, Massenburg, Benjamin Ballard, Mathin, Mann Raj, Maulik, Pallab K., Mazidi, Mohsen, Mcalinden, Colm, Mcgrath, John J., Mckee, Martin, Mcmahon, Brian J., Mehata, Suresh, Mehndiratta, Man Mohan, Mehrotra, Ravi, Mehta, Kala M., Mehta, Varshil, Mejia-Rodriguez, Fabiola, Mekonen, Tesfa, Mekonnen, Tefera C. Chaise, Meles, Hagazi Gebre, Melese, Addisu, Melku, Mulugeta, Memiah, Peter T. N., Memish, Ziad A., Mendoza, Walter, Mengistu, Desalegn Tadese, Mengistu, Getnet, Mensah, George A., Mensink, Gert B. M., Mereta, Seid Tiku, Meretoja, Atte, Meretoja, Tuomo J., Mestrovic, Tomislav, Mezgebe,				

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	Savic, Miloje, Sawant, Arundhati R., Sawhney, Monika, Saxena, Sonia, Saylan, Mete, Sayyah, Mehdi, Schaeffner, Elke, Schmidt, Maria Ines, Schneider, Ione J. C., Schotffer, Ben, Schutte, Aletta Elisabeth, Schwebel, David C., Schwendicke, Falk, Seedat, Soraya, Sekerija, Mario, Sepanlou, Sadaf G., Servan-Mori, Edson, Seyedmousavi, Seyedrnojtaba, Shabaninejad, Hosein, Shackelford, Katya Anne, Shafieesabet, Azadeh, Shaheen, Amira A., Shaikh, Masood Ali, Shams-Beyranvand, Mehran, Shamsi, Mohammad Bagher, Shamsizadeff, Morteza, Sharafi, Heidar, Sharaff, Kiomars, Sharif, Mehdi, Sharif-Alhoseini, Mandi, Sharma, Jayendra, Sharma, Rajesh, Sharma, Sharad Kumar, She, Jun, Sheikh, Aziz, Shey, Muki Shehu, Shi, Peilin, Shibuya, Kenji, Shields, Chloe, Shifa, Ghana Temm, Shiferaw, Mekonnen Sisay, Shigematsu, Mika, Shin, Rahman, Shirkoohi, Reza, Shirude, Shreya, Shishani, Kawkab, Shiue, Ivy, Shokraneh, Farhad, Shoman, Haitham, Shrime, Mark G., Shukla, Sharvari Rahul, Si, Si, Siabani, Soraya, Sibai, Abla Mehio, Siddiqi, Tariq J., Sigfusdottir, Toga Dora, Silpakit, Naris, Silva, Diego Augusto Santos, Silva, Joao Pedro, Da Silva, Natacha Torres, Silveira, Dayane Gabriele Alves, Singh, Jasvinder A., Singh, Narinder Pal, Singh, Om Prakash, Singh, Prashant Kumar, Singh, Virendra, Sinha, Dhirendra Narain, Skiadaresi, Eirini, Sliwa, Karen, Smith, Amanda E., Smith, Mari, Soares Filho, Adauto Martins, Sobaih, Badr Hasan, Sobhani, Soheila, Soljak, Michael, Sooff, Moslem, Soosaraei, Masoud, Sorensen, Reed J. D., Soriano, Joan B., Soshnikov, Sergey, Soyiri, Ireneous N., Spinelli, Angela, Sposato, Luciano A., Sreeramareddy, Chandrashekhar T., Srinivasan, Raghavendra Guru, Srinivasan, Vinay, Stanaway, Jeffrey D., Starodubov, Vladimir I., Stathopoulou, Vasiliki, Steckling, Nadine, Stein, Dan J., Stewart, Leo G., Stockfelt, Leo, Stokes, Mark A., Straif, Kurt, Sudaryanto, Agus, Sufiyan, Mu'awiyyah Babale, Sunguya, Bruno F., Sur, Patrick John, Sutradhar, Ipsita, Sykes, Bryan L., Sylaja, P. N., Sylte, Dillon, Szoeke, Cassandra E. I., Tabares-Seisdedos, Rafael, Tabuchi, Takahiro, Tadakamatha, Santosh Kumar, Tamirat, Koku Sisay, Tandon, Nikhil, Tanser, Frank C., Tassew, Aberash Abay, Tassew, Segen Gebremeskel, Tavakkoli, Mohammad, Taveira, Nuno, Tawye, Nega Timer, Tehrani-Banihashemi, Arash, Tekalign, Tigist Gashaw, Tekle, Merhawi Gebremedhin, Temesgen, Habtamu, Temsah, Mohamad-Hani, Temsah, Omar, Terkawi, Abdullah Sulieman, Teshale, Manaye Yihune, Teshome, Destaw Fetene, Tessema, Belay, Teweldemedhin, Mebrahtu, Thakur, Jamail Singh, Thankappan, Kavumpurathu Raman, Theis, Andrew,				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Thintnavukkarasu, Sathish, Thomas, Laura Anne, Thomas, Nihal, Thomson, Alan J., Thrift, Amanda C., Tilahun, Binyam, To, Quyen G., Tobe-Gai, Ruoyan, Tonelli, Marcello, Topor-Madry, Roman, Torre, Anna E., Tortajada-Girbes, Miguel, Tovani-Palone, Marcos Roberto, Towbin, Jeffrey A., Bach Xuan, Tran, Khanh Bao, Tran, Tung Thanh, Tran, Tripathy, Srikanth Prasad, Troeger, Christopher E., Truelsen, Thomas Clement, Tsadik, Afewerki Gebremeskel, Car, Lorainne Tudor, Tuzcu, E. Murat, Tymeson, Hayley D., Ukwaja, Kingsley N., Ullah, Irfan, Updike, Rachel I., Usman, Muhammad Shariq, Uthman, Olalekan A., Vaduganathan, Muthiah, Vaezi, Afsane, Vaidya, Gaurang, Valdez, Pascual R., Van Donkelaar, Aaron, Varavikova, Elena, Vasankari, Tommi Juhani, Venketasubramanian, Narayanaswamy, Vidavalur, Ramesh, Villafaina, Santos, Violante, Francesco S., Vladimirov, Sergey Konstantinovitch, Vlassov, Vasily, Vollmer, Sebastian, Vollset, Stein Emil, Vbs, Theo, Vosoughi, Kia, Vujcic, Isidora S., Wagner, Gregory R., Wagnew, Fasil Shiferaw, Waheed, Yasir, Watson, Judd I., Wang, Yanping, Wang, Yuan-Pang, Wassie, Molla Mesele, Weiderpass, Elisabete, Weintraub, Robert G., Weiss, Jordan, Weldegebreal, Fitsum, Weldegwergs, Kidu Gidey, Werdecker, Andrea, Ayaliew, Adhena, West, Werkneff T. Loin, Westerman, Ronny, Whisnant, Joanna L., Whiteford, Harvey A., Widecka, Justyna, Widecka, Katarzyna, Wijeratne, Tissa, Wither, Lauren B., Winkler, Andrea Sylvia, Wiyeh, Alison B., Wiysonge, Charles Shey, Wolde, Haileab Fekadu, Wolfe, Charles D. A., Wu, Shouling, Xavier, Denis, Xu, Gelin, Xu, Rising, Yadollahpour, Ali, Jabbari, Seyed Hossein Yahyazadeh, Yakob, Bereket, Yamada, Tomohide, Tan, Lijing L., Yano, Yuichiro, Yaseri, Mehdi, Yasin, Yasin Jemal, Ye, Pengpeng, Tearwood, Jamal A., Yeshaneh, Alex, Yimer, Ebrahirn M., Yip, Paul, Yirsaw, Biruck Desalegn, Yisma, Engida, Yonemoto, Naohiro, Tonga, Gerald, Toon, Seok-Jun, Yotebieng, Marcel, Younis, Mustafa Z., Yousefifard, Mahmoud, Yu, Chuanhua, Bin Zaman, Sojib, Zamani, Mohammad, Zara, Zohreh, Zavala-Arciniega, Luis, Zegeye, Desalegn Tegabu, Zegeye, Elias Asfaw, Zeleke, Ayalew Jejaw, Zendehdel, Kazem, Zerfit, Taddese Alemu, Zhang, Anthony Lin, Zhang, Xiteying, Zhou, Maigeng, Zhu, Jun, Zimsen, Stephanie R. M., Zodpey, Sanjay, Zoeckler, Leo, Zucker, Inbar, Zuhlke, Liesel Joanna J., Lim, Stephen S., Murray, Christopher J. L. and Collaborators, Gbd Sdg Measuring progress from 1990 to 2017 and projecting attainment to 2030 of the health-related Sustainable Development Goals for 195 countries and territories: a systematic analysis for the Global				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Burden of Disease Study 2017 Lancet; 2018, 392 (10159): 2091-2138 Background Efforts to establish the 2015 baseline and monitor early implementation of the UN Sustainable Development Goals (SDGs) highlight both great potential for and threats to improving health by 2030. To fully deliver on the SDG aim of "leaving no one behind", it is increasingly important to examine the health-related SDGs beyond national-level estimates. As part of the Global Burden of Diseases, Injuries, and Risk Factors Study 2017 (GBD 2017), we measured progress on 41 of 52 health -related SDG indicators and estimated the health-related SDG index for 195 countries and territories for the period 1990-2017, projected indicators to 2030, and analysed global attainment. Methods We measured progress on 41 health-related S DG indicators from 1990 to 2017, an increase of four indicators since GBD 2016 (new indicators were health worker density, sexual violence by non-intimate partners, population census status, and prevalence of physical and sexual violence [reported separately]). We also improved the measurement of several previously reported indicators. We constructed national-level estimates and, for a subset of health-related SDGs, examined indicator-level differences by sex and Socio-demographic Index (SDI) quintile. We also did subnational assessments of performance for selected countries. To construct the health related SDG index, we transformed the value for each indicator on a scale of 0-100, with 0 as the 2.5th percentile and 100 as the 97.5th percentile of 1000 draws calculated from 1990 to 2030, and took the geometric mean of the scaled indicators by target. To generate projections through 2030, we used a forecasting framework that drew estimates from the broader GBD study and used weighted averages of indicator-specific and country-specific annualised rates of change from 1990 to 2017 to inform future estimates. We assessed attainment of indicators with defined targets in two ways: first, using mean values projected for 2030, and then using the probability of attainment in 2030 calculated from 1000 draws. We also did a global attainment analysis of the feasibility of attaining SDG targets on the basis of past trends. Using 2015 global averages of indicators with defined SDG targets, we calculated the global annualised rates of change required from 2015 to 2030 to meet these targets, and then identified in what percentiles the required global annualised rates of change fell in the distribution of country-level rates of change from 1990 to 2015. We took the mean of these global percentile values across indicators and applied the				

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	past rate of change at this mean global percentile to all health-related SDG indicators, irrespective of target definition, to estimate the equivalent 2030 global average value and percentage change from 2015 to 2030 for each indicator. Findings The global median health-related SDG index in 2017 was 59.4 (IQR 35.4-67.3), ranging from a low of 11.6 (95% uncertainty interval 9.6-14.0) to a high of 84.9 (83.1-86.7). SDG index values in countries assessed at the subnational level varied substantially particularly in China and India, although scores in Japan and the UK were more homogeneous. Indicators also varied by SDI quintile and sex, with males having worse outcomes than females for non-communicable disease (NCD) mortality, alcohol use, and smoking, among others. Most countries were projected to have a higher health-related SDG index in 2030 than in 2017, while country-level probabilities of attainment by 2030 varied widely by indicator. Under-5 mortality, neonatal mortality, maternal mortality ratio, and malaria indicators had the most countries with at least 95% probability of target attainment. Other indicators, including NCD mortality and suicide mortality, had no countries projected to meet corresponding SDG targets on the basis of projected mean values for 2030 but showed some probability of attaimnent by 2030. For some indicators, including child malnutrition, several infectious diseases, and most violence measures, the annualised rates of change required to meet SDG targets far exceeded the pace of progress achieved by any country in the recent past. We found that applying the mean global annualised rate of change to indicators without defined targets would equate to about 19% and 22% reductions in global smoking and alcohol consumption, respectively; a 47% decline in adolescent birth rates; and a more than 85% increase in health worker density per 1000 population by 2030. Interpretation The GBD study offers a unique, robust platform for monitoring the health -related SDGs across demographic and geographic dimensions. Our findings underscore the importance of increased collection and analysis of disaggregated data and highlight where more deliberate design or targeting of interventions could accelerate progress in attaining the SDGs. Current projections show that many health -related SDG indicators, NCDs, NCD-related risks, and violence -related indicators will require a concerted shift away from what might have driven past gains curative interventions in the case of NCDs towards multisectoral, prevention -oriented policy action and investments to achieve SDG aims. Notably, several targets, if they are to be met by				

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	2030, demand a pace of progress that no country has achieved in the recent past. The future is fundamentally uncertain, and no model can fully predict what breakthroughs or events might alter the course of the S DGs. What is clear is that our actions or inaction today will ultimately dictate how close the world, collectively, can get to leaving no one behind by 2030. Copyright (C) 2018 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license.				
365.	Lukka, V. K., Jacob, T. M., Jeyaseelan, V. and Rupa, V. Do turbinate reduction procedures restore epithelial integrity in patients with turbinate hypertrophy secondary to allergic rhinitis? A histopathological study Eur Arch Otorhinolaryngol; 2018, 275 (6): 1457-1467 **Address:** Department of ENT, **Christian Medical College, Vellore,**India. Department of Anatomy, **Christian Medical College, Vellore,**India. triptimj@gmail.com. Department of Anatomy, School of Medical Sciences, UNSW, Sydney, Australia. triptimj@gmail.com. Department of Biostatistics, **Christian Medical College, Vellore,**India. PURPOSE: Consensus has not been reached regarding the optimal reduction procedure for inferior turbinate hypertrophy in allergic rhinitis and whether such procedures result in improvement in mucosal architecture. METHODS: Twenty-nine patients aged 18-45 years (mean 26.8 years), with allergic rhinitis and inferior turbinate hypertrophy not responsive to medical therapy who underwent endoscopic submucosal diathermy (ESMD) (14 patients) or endoscopic submucosal resection (ESMR) (15 patients) with intraoperative and 3-6 months postoperative inferior turbinate biopsies, were included in the study. Epithelial and mucosal architecture was compared between the two groups. RESULTS: Both groups showed a significant decrease in epithelial denudation ($p < 0.001$), reversal of basement membrane thickening ($p < 0.001$) and increase in density of cilia ($p < 0.001$). The degree of improvement in histological characteristics between ESMD and ESMR groups was not significant. CONCLUSIONS: Surgical intervention for inferior turbinate hypertrophy by both ESMD and ESMR results in significant restoration of nasal mucosal epithelium in patients with allergic rhinitis as early as 3-month postoperatively. There was, however, no significant difference in the histological	**INT**	**JUL TO DEC**	**ENT, ANATOMY, BIOSTATISTICS**	**PMID:**29600318 **WOS:**000432207000011 **SCOPUS** **H Index:** NA **Impact Factor:** 1.546

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	changes between those who underwent ESMD and ESMR. CLINICAL TRIALS OF INDIA, REGISTRY NUMBER: CTRI/2015/01/005373.				
366.	Lukka, V. K., Kurien, R., Varghese, L. and Rupa, V. Endoscopic Submucosal Resection Versus Endoscopic Submucosal Diathermy for Inferior Turbinate Hypertrophy Indian Journal of Otolaryngology and Head and Neck Surgery; 2018, 1-10 Endoscopic submucous resection and endoscopic submucous diathermy of the inferior turbinate are two different surgical methods of reducing size in turbinate hypertrophy. We aimed to compare the efficacy of both methods in reducing the nasal symptoms and improving nasal airway. This is a prospective randomized controlled trial conducted in a tertiary hospital, involving fifty patients with inferior turbinate hypertrophy not relieved by medications. After preoperative airway grading using a subjective symptom score, objective airway score and endoscopic score, patients were randomized to undergo either endoscopic submucous diathermy or endoscopic submucous resection. The primary outcome was postoperative improvement of airway and reduction of nasal symptoms. Secondary outcomes were postoperative bleeding and pain. All 24 patients who underwent endoscopic submucous diathermy and 26 who underwent endoscopic submucous resection showed statistically significant reduction in nasal symptoms both in the immediate and late postoperative periods. Patients who underwent endoscopic submucous resection showed greater improvement of airway at 1 week than those who had endoscopic submucous diathermy ($p = 0.001$). This difference however equalized at the 3–6 months postoperative period. Postoperative bleeding ($p = 0.02$) and pain ($p = 0.04$) were significantly more in patients who underwent endoscopic submucous resection. Both endoscopic submucous diathermy and endoscopic submucous resection are equally effective in improving airway in inferior turbinate hypertrophy with a slight advantage of endoscopic submucous resection in the early postoperative period. Reduced postoperative bleeding and pain may make endoscopic submucous diathermy a more attractive option overall. © 2018 Association of Otolaryngologists of India	**NAT**	**JAN TO JUNE**	**ENT**	**SCOPUS** **H Index:** 15 **Impact Factor:** 0.390
367.	Luthra, A., Harini, A., Rajesh, K. N., Aaron, S. and Purushotham, A. CONSTITUTION (PRAKRITI) AS DEFINED BY TRADITIONAL INDIAN MEDICINE IS A RISK FACTOR FOR STROKE	**INT**	**JAN TO JUNE**	**NEUROLOGY**	**WOS:**000448113302091 **H Index:** 52 **Impact Factor:** 3.859

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	International Journal of Stroke; 2018, 13 137-137				
368.	Maddirevula, S., Alsahli, S., Alhabeeb, L., Patel, N., Alzahrani, F., Shamseldin, H. E., Anazi, S., Ewida, N., Alsaif, H. S., Mohamed, J. Y., Alazami, A. M., Ibrahim, N., Abdulwahab, F., Hashem, M., Abouelhoda, M., Monies, D., Al Tassan, N., Alshammari, M., Alsagheir, A., Seidahmed, M. Z., Sogati, S., Aglan, M. S., Hamad, M. H., Salih, M. A., Hamed, A. A., Alhashmi, N., Nabil, A., Alfadli, F., Abdel-Salam, G. M. H., Alkuraya, H., Peitee, W. O., Keng, W. T., Qasem, A., Mushiba, A. M., Zaki, M. S., Fassad, M. R., Alfadhel, M., Alexander, S., Sabr, Y., Temtamy, S., Ekbote, A. V., Ismail, S., Hosny, G. A., Otaify, G. A., Amr, K., Al Tala, S., Khan, A. O., Rizk, T., Alaqeel, A., Alsiddiky, A., Singh, A., Kapoor, S., Alhashem, A., Faqeih, E., Shaheen, R. and Alkuraya, F. S. Expanding the phenome and variome of skeletal dysplasia Genet Med; 2018, **Address:** Department of Genetics, King Faisal Specialist Hospital and Research Center, Riyadh, Saudi Arabia. Saudi Human Genome Program, King Abdulaziz City for Science and Technology, Riyadh, Saudi Arabia. Department of Pediatrics, College of Medicine, King Saud University, Riyadh, Saudi Arabia. Department of Pediatrics, King Faisal Specialist Hospital and Research Center, Riyadh, Saudi Arabia. Pediatric Department, Security Forces Hospital, Riyadh, Saudi Arabia. Department of Medical Genetics, King Fahad General Hospital, Jeddah, Saudi Arabia. Clinical Genetics Department, Human Genetics & Genome Research Division, Center of Excellence of Human Genetics, National Research Centre, Cairo, Egypt. Department of Pediatrics and Child Health, Faculty of Medicine, University of Khartoum, Khartoum, Sudan. Department of Pediatrics, Royal Hospital, Muscat, Oman. Human Genetics Department, Medical Research Institute, Alexandria University, Alexandria, Egypt. Department of Pediatrics, Maternity and Children's Hospital, Medina, Saudi Arabia. Global Eye Care, Specialized Medical Center Hospital, Riyadh, Saudi Arabia. Clinical Genetics, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia. Department of Pediatric, Prince Sultan Medical Military City, Riyadh,	**INT**	**JAN TO JUNE**	**CLINICAL GENETICS**	**PMID:**29620724 **H Index:** 101 **Impact Factor:** 9.937

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Saudi Arabia. Department of Pediatric Subspecialties, Children's Hospital, King Fahad Medical City, Riyadh, Saudi Arabia. The Human Genetics Department, Medical Research Institute, Alexandria University, Alexandria, Egypt. King Abdullah International Medical Research Centre, King Saud bin Abdulaziz University for Health Sciences, Genetics Division, Department of Pediatrics, King Abdulaziz Medical City, MNGHA, Riyadh, Saudi Arabia. Department of Paediatric Endocrinology and Diabetes, Chelsea and Westminster Hospital NHS Foundation Trust, London, UK. Department of Obstetrics and Gynecology, College of Medicine, King Saud University, Riyadh, Saudi Arabia. Clinical Genetics Unit, **Christian Medical College, Vellore,**India. Department of Orthopedic Surgery, Banha University, Banha, Egypt. Department of Pediatrics, Armed Forces Hospital Program Southwest Region, Khamis Mushait, Saudi Arabia. Eye Institute, Cleveland Clinic Abu Dhabi, Abu Dhabi United Arab Emirates. Department of Pediatric Neurology, Dr. Sulaiman Al Habib Hospital, Riyadh, Saudi Arabia. Department of Orthopedics, College of Medicine, King Saud University, Riyadh, Saudi Arabia. Department of Pediatrics, Genetic Clinic, Institute of Medical Sciences, Banaras Hindu University, Varanasi, India. Department of Pediatrics, Maulana Azad Medical College, New Delhi, India. Department of Anatomy and Cell Biology, College of Medicine, Alfaisal University, Riyadh, Saudi Arabia. PurposeTo describe our experience with a large cohort (411 patients from 288 families) of various forms of skeletal dysplasia who were molecularly characterized.MethodsDetailed phenotyping and next-generation sequencing (panel and exome).ResultsOur analysis revealed 224 pathogenic/likely pathogenic variants (54 (24%) of which are novel) in 123 genes with established or tentative links to skeletal dysplasia. In addition, we propose 5 genes as candidate disease genes with suggestive biological links (WNT3A, SUCO, RIN1, DIP2C, and PAN2). Phenotypically, we note that our cohort spans 36 established phenotypic categories by the International Skeletal Dysplasia Nosology, as well as 18 novel skeletal dysplasia phenotypes that could not be classified under these categories, e.g.,				

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	the novel C3orf17-related skeletal dysplasia. We also describe novel phenotypic aspects of well-known disease genes, e.g., PGAP3-related Toriello-Carey syndrome-like phenotype. We note a strong founder effect for many genes in our cohort, which allowed us to calculate a minimum disease burden for the autosomal recessive forms of skeletal dysplasia in our population (7.16E-04), which is much higher than the global average.ConclusionBy expanding the phenotypic, allelic, and locus heterogeneity of skeletal dysplasia in humans, we hope our study will improve the diagnostic rate of patients with these conditions.GENETICS in MEDICINE advance online publication, 5 April 2018; doi:10.1038/gim.2018.50.				
369.	Madhiyazhagan, Mamta, Abhilash, Kundavaram, Chandy, Gina and Mathew, Divya Gas in the Abdomen Current Medical Issues; 2018, 16 (1): 22-23	**NAT**	**JAN TO JUN**	**MEDICINE, GASTROENTEROLOGY**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA
370.	Mahabal, G. D., George, L., Peter, D., Bindra, M., Thomas, M., Srivastava, A., Mathews, V., George, B. and Pulimood, S. A. Utility of tissue elafin as an immunohistochemical marker for diagnosis of acute skin graft-versus-host disease: a pilot study Clin Exp Dermatol; 2018, **Address:** Department of Dermatology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Pathology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Haematology, **Christian Medical College, Vellore,**Tamil Nadu, India. BACKGROUND: The skin is the most common organ involved in acute graft-versus-host disease (GvHD). Because histopathology has limited utility in ruling out clinical mimics of acute skin GvHD, more accurate diagnostic techniques are required. AIM: To evaluate the utility of elafin expression in skin by immunohistochemistry (IHC) for accurate diagnosis of acute skin GvHD. METHODS: Consecutive allogeneic haematopoietic stem cell transplant (HSCT) recipients during a 6-month period who developed rash within the first 100 days post-transplant were recruited. Skin biopsies were taken on the day the rash developed. IHC for epidermal elafin was performed and interpreted by a pathologist blinded to the histopathological diagnosis. Staining of >/= 50% of epidermis was considered positive. Final diagnosis of the rash was assigned using clinical features supported by histopathology. The accuracy of elafin	**INT**	**JAN TO JUNE**	**DERMATOLOGY, PATHOLOGY, HAEMATOLOGY**	**PMID:**29882232 **H Index:** 69 **Impact Factor:** 1.484

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	IHC in predicting the final diagnosis of acute GvHD was evaluated. RESULTS: In total, 23 patients (20 male, 3 female; median age 16 years, range 3-53 years) with 27 episodes of skin rash were recruited. Skin rash post-HSCT occurred at a median of 20 days (range 5-45 days). A diagnosis of GvHD was made in 16 episodes (59.26%) while the remaining 11 episodes (40.74%) were judged to be non-GvHD rash. Elafin IHC was positive in all patients with GvHD. Of the 11 episodes of non-GvHD rash, elafin was negative in 8. Thus, the sensitivity and specificity of elafin IHC for predicting acute skin GvHD was 100% and 75%, respectively. CONCLUSION: Tissue elafin is a useful immunohistochemical marker for acute skin GvHD. However, larger studies are needed to validate these results.				
371.	Mahajan, S., Ghosh, G. C. and George, O. K. Red colour venous flow in the suprasternal view: a red flag sign BMJ Case Rep; 2018, 2018 **Address:** Department of Cardiology, **Christian Medical College and Hospital Vellore,** Vellore, Tamil Nadu, India.	**INT**	**JAN TO JUNE**	**CARDIOLOGY**	**PMID:**30275029 **SCOPUS** **H Index:** 17 **Impact Factor:** 0.220 (RG)
372.	Mahlangu, J., Cerquiera, M. and Srivastava, A. Emerging therapies for haemophilia - Global perspective Haemophilia; 2018, 24 Suppl 6 15-21 **Address:** Faculty of Health Science, Charlotte Maxeke Johannesburg Academic Hospital, University of the Witwatersrand and NHLS, Johannesburg, South Africa. Centro de Pesquisa Clinica, HEMORIO - Instituto Estadual de Hematologia Arthur de Siqueira Cavalcanti, Rio de Janeiro, Brazil. Department of Haematology & Centre for Stem Cell Research, **Christian Medical College, Vellore,**India. The therapeutic options for people with haemophilia (PWH) have rapidly evolved in the last 5 years. Moving on from conventional plasma-derived and recombinant clotting factor concentrates (CFC), there now are extended half-life CFCs (~1.8x for FVIII and ~4.5x for FIX) to as well as several novel haemostasis agents administered subcutaneously (weekly to monthly) such as bispecific antibody which brings together FIXa with FX like FVIII, a liver-targeted siRNA against antithrombin which can reduce its levels enough to allow significant haemostasis and an antibody against tissue factor pathway inhibitor which then also enhances haemostasis. Successful gene therapy for both haemophilia A and haemophilia B has been demonstrated by gene transfer using adeno-associated virus vectors. Sustained clinically significant	**INT**	**JAN TO JUNE**	**HAEMATOLOGY & CENTRE FOR STEM CELL RESEARCH**	**PMID:**29878661 **WOS:**000434111900003 **H Index:** 81 **Impact Factor:** 2.768

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	elevation (>5%) to normal factor levels has been demonstrated. Some of these products have already obtained market authorization whilst others are at various stages of development. The choices of products for the treatment of haemophilia have never been better. Whilst the immediate superiority of all these products providing better haemostasis and convenience than conventional CFCs, their exact position in the clinical algorithm will need to be defined based on the long-term safety and efficacy data. However, most of these products are likely to remain out of reach of >70% of PWH in the world. The biggest challenge will be to find and establish mechanisms for wider access to these transformational haemostasis products for all PWH around the world.				
373.	Maji, S., Paul, M. J. and Sen, S. Dermatofibrosarcoma Protuberans of the Breast-a Rare Entity Indian J Surg Oncol; 2018, 9 (3): 351-354 **Address:** 1DNB Surgical Oncology, Chittaranjan National Cancer Institute, 37 SP Mukherjee Road, Kolkata, West Bengal 700026 India.grid.418573.c 2**Christian Medical College Vellore**, Tamil Nadu, 632004 India.0000 0004 1767 8969grid.11586.3b 3Department Of Endocrine Surgery, **Christian Medical College Vellore**, Tamil Nadu, 632004 India.0000 0004 1767 8969grid.11586.3b Dermatofibrosarcoma protuberans (DFSP) represents about 1% of soft-tissue sarcomas with an estimated incidence of 0.8 to 5.0 cases per million per year. This lesion may occur anywhere in the body but more than 50% occur on the trunk, 20% on the head and neck and 30% on the extremities. DFSP of the breast is an extremely uncommon site of presentation. Data regarding DFSP of the breast is limited and mostly in the form of case reports. Clinical presentation is not uniform and may mimic benign skin lesions [1]. However, it typically presents as a nodular cutaneous mass in early or mid-adult life. We herein report a case of DFSP of the breast in a 33-year-old lady who was managed successfully in our institute and review the literature associated with it.	**NAT**	**JAN TO JUNE**	**ENDOCRINE SURGERY**	**PMID:**30287997 **PMC ID:**6154368 **SCOPUS** **H Index:** 10 **Impact Factor:** 0.300 (RG)
374.	Majithia, R. A., George, L., Thomas, M. and Fouzia, N. A. Acquired Cutis Laxa Associated with Light and Heavy Chain Deposition Disease Indian Dermatol Online J; 2018, 9 (1): 44-46 **Address:** Department of Dermatology, **Christian Medical College,**	**NAT**	**JAN TO JUNE**	**DERMATOLOGY**	**PMID:**29441298 **PMC ID:**5803942 **H Index:** NA **Impact Factor:** NA

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Vellore,Tamil Nadu, India. Acquired cutis laxa (ACL) is a rare connective tissue disorder characterized by pendulous and coarsely wrinkled skin. There have been few cases of its association to monoclonal immunoglobulin deposition disease (MIDD), which constitutes the light chain (LCDD), heavy chain (HCDD), and light and heavy chain (LHCDD) deposition disease. MIDD predominantly involves the kidney. Skin is the next common organ to be affected by HCDD, which presents as ACL. We report the case of a 40-year-old male who presented with ACL associated with LHCDD. The clinical features of ACL in the present case appeared prior to the development of clinical features related to LHCDD.				
375.	Mammen, J., Choudhuri, J., Paul, J., Sudarsan, T. I., Josephine, T., Mahasampath, G., Jeyaseelan, V., Nair, S. C. and Peter, J. V. Cytomorphometric Neutrophil and Monocyte Markers May Strengthen the Diagnosis of Sepsis Journal of intensive care medicine; 2018, 33 (12): 656-662 **Address:** 1 Department of Transfusion Medicine and Immunohaematology, **Christian Medical College, Vellore,**Tamil Nadu, India. 2 Medical Intensive Care Unit, **Christian Medical College, Vellore,**Tamil Nadu, India. 3 Department of Biostatistics, **Christian Medical College, Vellore,**Tamil Nadu, India. BACKGROUND:: The diagnosis of sepsis is challenging in the absence of a gold standard test. Recent studies have explored the role of neutrophil and monocyte volume, conductivity, and scatter (VCS), derived from automated hematology analyzers, in diagnosing sepsis. We assessed the diagnostic accuracy of VCS parameters in critically ill patients with sepsis. METHODOLOGY:: In this prospective study, VCS parameters, procalcitonin, and C-reactive protein (CRP) were assessed in patients with proven sepsis (cases) and 2 control groups (intensive care unit [ICU] patients without sepsis and healthy blood donors). The diagnostic property of each test was explored by calculating sensitivity, specificity, negative and positive predictive values, and area under the curve (AUC). RESULTS:: The study included 65 patients with sepsis, 58 nonseptic ICU controls, and 98 blood donors. Procalcitonin and CRP were not significantly different (P> .06) between patients with sepsis and nonseptic patients. Mean (95% confidence interval [CI]) neutrophil volume (MNV) was significantly	**INT**	**JUL TO DEC**	**TRANSFUSION MEDICINE AND IMMUNOHAEMATOLOGY, MEDICAL INTENSIVE CARE UNIT, BIOSTATISTICS**	**PMID:**30411670 **H Index:** 50 **Impact Factor:** 0.600 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	higher (P< .001) in patients with sepsis (165.5; 95%CI 161.6-169.4) than in nonseptic (157.3; 95%CI 154.6-160.1) patients and donors (148.9; 95%CI 147.9-150). A similar pattern was seen with mean monocyte volume (MMoV). Neutrophil and monocyte conductivity and scatter parameters were variably associated. The AUC was highest for MMoV (0.74) and lowest for CRP (0.62). Among all parameters, MNV and MMoV had the highest specificity of 85% and 80%, respectively. CONCLUSION:: In critically ill patients with suspected sepsis, VCS parameters may help strengthen the diagnostic probability of sepsis. Future studies may explore the role of serial monitoring of VCS to track response to antimicrobial therapy.				
376.	Mammen, Joy, Nair, Sukesh, Srivastava, Alok, Singh, Surender, Bala, Soumya, John, Stanley and Kavita, M. A model for national proficiency testing programs in resource restricted countries and its impact on quality of haemostasis tests Haemophilia; 2018, 24 51-52	**INT**	**JAN TO JUNE**	**CLINICAL HAEMATOLOGY**	**WOS:**000431993300089 **H Index:** 81 **Impact Factor:** 2.768
377.	Mammen, P. M., Asokan, M. K., Russell, S., Tsheringla, S., Shankar, S., Mk, C. Nair and Sudhakar Russell, P. S. The Confirmatory Factor Analysis of the Original Brief Intellectual Disability Scale and Alternative Models Indian J Psychol Med; 2018, 40 (1): 29-32 **Address:** Department of Psychiatry, Child and Adolescent Psychiatry Unit, **Christian Medical College, Vellore,**Tamil Nadu, India. Child Development Centre, Thiruvananthapuram Medical College, Thiruvananthapuram, Kerala, India. Objective: Brief Intellectual Disability Scale (BIDS) is a measure validated for identification of children with intellectual disabilities (IDs) in countries with low disability resources. Following the publication of the exploratory factor analysis of BIDS, the authors have documented the confirmatory factor analysis (CFA) of BIDS in this study. Materials and Methods: A prospective cross-sectional study was conducted to document the CFA of the BIDS. Primary caregivers (N = 124) of children with ID were recruited and rated the BIDS. We used alternative fit indices for the evaluation of comparative fit index (CFI) and root mean square error of approximation (RMSEA) to evaluate the model fit. The 2-index fit strategy was used to select the best factor model. Results: The model fit index for the original 3-factor model and alternative 2-factor and 1-factor models with 9 items of the BIDS was under	**NAT**	**JAN TO JUNE**	**PSYCHIATRY, CHILD AND ADOLESCENT PSYCHIATRY**	**PMC ID:**5795675 **SCOPUS** **H Index:** 13 **Impact Factor:** 0.740 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	identified along with another 3-factor, 7-item model. Another 1-factor, 7-item model was identified but did not satisfy the 2-index fit strategy. A short version of the scale with a 2-factor and 7-item model of BIDS presented the best fit indices of CFI = 0.952 and RMSEA = 0.069. Conclusion: Although the original factor structure of BIDS was not confirmed in this study, another alternative a priori model for the construct validity of BIDS was confirmed. Therefore, the BIDS factor structure has been revised, refined, and trimmed to the final 2-factor, 7-item shorter version. Further documentation of the diagnostic accuracy, validity, and reliability of this shorter version of BDI is recommended. **PMID:**29403126				
378.	Mandal, S. K., Sandhya, P., Kabeerdoss, J., Ramya, J., Mahasampath, G. and Danda, D. CXCL13 levels in serum but not in saliva are elevated in Asian Indian patients with primary Sjogren's syndrome Rheumatol Int; 2018, 38 (5): 831-836 **Address:** Department of Clinical Immunology and Rheumatology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Rheumatology, Rabindranath Tagore international institute of cardiac sciences, Kolkata, West Bengal, India. St. Stephens Hospital, Tis Hazari, New Delhi, 110054, India. St. John's Medical College, Sarjapur Road, John Nagar, Koramangala, Bengaluru, Karnataka, 560034, India. Department of Biostatistics, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Clinical Immunology and Rheumatology, **Christian Medical College, Vellore,**Tamil Nadu, India. debashisdandacmc@hotmail.com. Human and animal model studies suggest CXCL13 is a potential biomarker in primary Sjogren's syndrome (pSS). CXCL13 has not been studied in Indian patients with pSS. pSS cases classified by American European Consensus Group (AECG) or American college of Rheumatology(ACR) 2012 criteria, attending rheumatology clinic between July 2014 and July 2015 were included. Hospital staff and healthy, non-blood related family members of patients constituted the control group. pSS cases underwent clinical evaluation, laboratory investigations, ESSDAI and ESSPRI scoring. Unstimulated saliva was collected by the spitting method. Salivary and serum CXCL13 were quantified by indirect ELISA. CXCL13 positivity was determined using Receiver Operator Characteristic	**INT**	**JAN TO JUNE**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY, BIOSTATISTICS**	**PMID:**29541901 **WOS:**000430547600013 **H Index:** 62 **Impact Factor:** 1.952

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	(ROC) curve. STATA13.1 (StataCorpLP,Texas,USA) software was used for statistical analysis. In this study, 45 pSS cases and 42 healthy controls were recruited. In pSS, median levels of serum CXCL13, but not salivary CXCL13 was significantly higher as compared to the corresponding levels in healthy controls ($p < 0.001$). Using cutoff of 43.03 pg/ml obtained by ROC, serum CXCL13 positivity was seen in 31/43(72.1%) cases and 10/34 (29.4%) controls, respectively. Serum CXCL13 levels among pSS patients on treatment, treatment naive patients and healthy controls were statistically different. Serum CXCL13 positivity was associated with oral symptoms ($p = 0.02$), ocular signs ($p = 0.03$) and hyperglobulinemia ($p = 0.01$). There was no association of salivary CXCL13 level with any of the clinical variables. While serum CXCL13 was elevated in pSS, salivary CXCL13 was not. In conclusion, serum CXCL13 positivity was found to be associated with oral symptoms, ocular signs and hyperglobulinemia in pSS.				
379.	Manesh, A., Mani, R. S., Pichamuthu, K., Jagannati, M., Mathew, V., Karthik, R., Abraham, O. C., Chacko, G. and Varghese, G. M. Case Report: Failure of therapeutic coma in rabies encephalitis American Journal of Tropical Medicine and Hygiene; 2018, 98 (1): 207-210 Rabies encephalitis is a fulminant, almost universally fatal infection involving the central nervous system. A unique treatment protocol, including anti-exicitotoxic therapy and induced coma was credited with the survival of a vaccinated teenager with bat rabies encephalitis in 2005. However, multiple efforts to replicate this expensive and intense protocol have not been successful. In this article, we report the failure of the protocol in Indian patients with canineacquired rabies and elucidate the potential explanations for the failure of the protocol in our patients. © 2018 by The American Society of Tropical Medicine and Hygiene.	**INT**	**JAN TO JUNE**	**INFECTIOUS DISEASES, MEDICINE**	**WOS:**000430950900039 **SCOPUS** **H Index:** 132 **Impact Factor:** 2.564
380.	Mani, R. S., Damodar, T., S, D., Domala, S., Gurung, B., Jadhav, V., Konanki, R., Lingappa, L., Loganathan, S. K., Salagare, R. and Tambi, P. Case Report: Survival from Rabies: Case Series from India Am J Trop Med Hyg; 2018, **Address:** Department of Neurovirology, WHO Collaborating Centre for Reference and Research in Rabies, National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, India. Department of Infectious Diseases, MGM New Bombay Hospital,	**INT**	**JAN TO JUNE**	**CHILD HEALTH**	**PMID:**30398147 **H Index:** 132 **Impact Factor:** 2.564

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Mumbai, India. Department of Pediatric Neurology and Neurorehabilitation, Rainbow Children's Hospital, Hyderabad and Secunderabad, India. Department of Pediatrics, District Hospital Namchi, Namchi, India. Arya Child Epilepsy and Neurology Clinic, Kolhapur, India. Department of Child Health, **Christian Medical College and Hospital, Vellore**, India. Salagare Children and Eye Hospital, Chikodi, India. Department of Pediatrics and Pediatric Intensive Care Unit, Seth G.S. Medical College and KEM Hospital, Mumbai, India. Rabies, a zoonotic viral encephalitis, continues to be a serious public health problem in India and several other countries in Asia and Africa. Survival is rarely reported in rabies, which is considered to be almost universally fatal. We report the clinical and radiological findings of eight patients with laboratory-confirmed rabies who survived the illness. With the exception of one patient who recovered with mild sequelae, all survivors had poor functional outcomes. The reported survival from rabies in recent years may reflect an increased awareness of the disease and greater access to better critical care facilities in rabies-endemic countries. Nonetheless, there is an urgent need to focus on preventive strategies to reduce the burden of this dreadful disease in rabies-endemic countries.				
381.	Mani, S. S. R., Gunasekaran, K., Iyyadurai, R., Prakash, J. A. J., Veeraraghavan, B., Mishra, A. K., Sabnis, K., Victor, P. J., Martin, S., Chandiraseharan, V. K., Hansdak, S. G. and Varghese, G. M. Clinical spectrum, susceptibility profile, treatment and outcome of culture-confirmed brucellosis from South India Indian J Med Microbiol; 2018, 36 (2): 289-292 **Address:** Department of Medicine, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Microbiology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Infectious Diseases, **Christian Medical College, Vellore,**Tamil Nadu, India. Brucellosis, a common zoonosis, is under reported in India despite its endemicity and increased exposure to livestock among the population. This study was conducted to determine the clinical manifestations, antibiotic susceptibility pattern, treatment and outcome of culture confirmed brucellosis. Adult patients with culture confirmed brucellosis who presented to a large teaching hospital in	**NAT**	**JAN TO JUNE**	**MEDICINE, MICROBIOLOGY, INFECTIOUS DISEASES**	**PMID:**30084427 **WOS:**000441827600025 **SCOPUS** **H Index:** 40 **Impact Factor:** 1.157

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	South India between 2009 and 2015 were included. A diagnosis of brucellosis was confirmed on automated culture. Clinical profile, laboratory parameters, drug susceptibility, treatment and outcome were documented by reviewing the medical records. The cohort comprised of 22 patients with mean +/- SD age of 42 +/- 13 years. Twenty one (95.5%) was male. Thirteen (59%) patients were from rural area and risk of acquisition of brucellosis including occupational exposure or consumption of unpasteurized milk was evident in 16 (72.7%) patients. The mean duration of symptoms before presentation was 54.5 +/- 52 days. The commonest clinical presentation was prolonged fever without a definite focus in 18 patients (82%), whereas 2 (9%) patients had osteoarticular involvement and one patient (4.5%) each had genital involvement and endocarditis. Eighteen patients (82%) with uncomplicated brucellosis were treated with aminoglycoside and doxycycline for 6 weeks. There was no relapse or mortality at 18 +/- 9 months of follow up. Brucellosis in this cohort had acute or subacute presentation with prolonged fever and bacteremia. High index of clinical suspicion based on significant epidemiological history along with automated blood culture improves the efficiency of diagnosis. Cure with lack of relapse among these cases suggests a combination therapy with doxycycline and aminoglycoside is highly effective for the treatment.				
382.	Manian, K. V., Bharathan, S. P., Maddali, M., Srivastava, V. M., Srivastava, A. and Velayudhan, S. R. Generation of an integration-free iPSC line (CSCRi005-A) from erythroid progenitor cells of a healthy Indian male individual Stem Cell Res; 2018, 29 148-151 **Address:** Centre for Stem Cell Research, **Christian Medical College, Vellore,**India. Department of Haematology, **Christian Medical College, Vellore,**India. Department of Clinical Cytogenetics, **Christian Medical College, Vellore,**India. Centre for Stem Cell Research, **Christian Medical College, Vellore,**India; Department of Haematology, **Christian Medical College, Vellore,**India. Centre for Stem Cell Research, **Christian Medical College, Vellore,**India; Department of Haematology, **Christian Medical College, Vellore,**India. Electronic **Address:** rvshaji.cscr@cmcvellore.ac.in.	**INT**	**JAN TO JUNE**	**CENTRE FOR STEM CELL RESEARCH, HAEMATOLOGY, CLINICAL CYTOGENETICS**	**PMID:**29665501 **WOS:**000434978900024 **H Index:** 48 **Impact Factor:** 1.829

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Reprogramming of somatic cells with higher genome integrity, and use of non-integrating gene delivery methods and xeno-free cell culture conditions aid in the generation of iPSCs which are more suitable for disease modelling and clinical applications. We describe here an iPSC line generated using such conditions, which expressed all the pluripotency markers, retained normal karyotype and exhibited the potential for tri-lineage differentiation, both in-vitro and in-vivo. This is the first iPSC line available from a healthy Indian individual for researchers.				
383.	Manjila, S., Bazil, T., Thomas, M., Mani, S., Kay, M. and Udayasankar, U. A review of extraaxial developmental venous anomalies of the brain involving dural venous flow or sinuses: persistent embryonic sinuses, sinus pericranii, venous varices or aneurysmal malformations, and enlarged emissary veins Neurosurg Focus; 2018, 45 (1): E9 Address: Department of Neurosurgery, McLaren Bay Region Medical Center, Bay City, Michigan. Department of Radiology, **Christian Medical College, Vellore**, Tamil Nadu, India; and. Department of Medical Imaging, University of Arizona College of Medicine, Tucson, Arizona. This paper is a narrative review of extraaxial developmental venous anomalies (eDVAs) of the brain involving dural venous flow or sinuses: persistent embryonic sinuses, sinus pericranii, enlarged emissary veins, and venous varices or aneurysmal malformations. The article highlights the natural history, anatomy, embryology, imaging, clinical implications, and neurosurgical significance of these lesions, which the authors believe represent a continuum, with different entities characterized by distinct embryopathologic features. The indications and surgical management options are discussed for these individual intracranial pathologies with relevant illustrations, and a novel classification is proposed for persistent falcine sinus (PFS). The role of neurointervention and/or microsurgery in specific cases such as sinus pericranii and enlarged emissary veins of the skull is highlighted. A better understanding of the pathophysiology and developmental anatomy of these lesions can reduce treatment morbidity and mortality. Some patients, including those with vein of Galen malformations (VOGMs), can present with the added systemic morbidity of a high-output cardiac failure. Although VOGM is the most studied and classified of the	**INT**	**JAN TO JUNE**	**RADIOLOGY**	**PMID:29961384** **WOS:000437427300019** **SCOPUS** **H Index:** 75 **Impact Factor:** 2.647

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	above-mentioned eDVAs, the authors believe that grouping the former with the other venous anomalies/abnormalities listed above would enable the clinician to convey the exact morphophysiological configuration of these lesions, predict their natural history with respect to evolving venous hypertension or stroke, and extrapolate invaluable insights from VOGM treatment to the treatment of other eDVAs. In recent years, many of these symptomatic venous malformations have been treated with endovascular interventions, although these techniques are still being refined. The authors highlight the broad concept of eDVAs and hope that this work will serve as a basis for future studies investigating the role of evolving focal venous hypertension/global intracranial hypertension and possibilities of fetal surgical intervention in these cases.				
384.	Manuel, D., Ghosh, G., Joseph, G., Lahiri, A. and George, P. V. Criss-cross heart: Transthoracic echocardiographic features Indian Heart J; 2018, 70 (1): 71-74 **Address:** Department of Cardiology, **Christian Medical College, Vellore,**India. Department of Cardiology, **Christian Medical College, Vellore,**India. Electronic **Address:** joseph59@gmail.com. OBJECTIVE: To study the echocardiographic features of criss-cross heart (CCH), a congenital cardiac anomaly characterized by crossed ventricular inflow streams, in Indian patients. METHODS: In this retrospective observational study, all pediatric echocardiograms performed in a single tertiary care institution in South India over a three-year period were scrutinized for a diagnosis of CCH. Demographic, clinical and echocardiographic data were collected from patients' medical records and echocardiographic database. Crossed ventricular inflow streams was identified when there was inability to visualize both atrio-ventricular valves in a single imaging plane in cardiac four chamber view. RESULTS: CCH was diagnosed in five patients from 10,500 pediatric echocardiographic studies. The age at diagnosis ranged from one month to 8 years. Cyanosis was present in all but one of the five cases. Crossed ventricular inflow streams was present by definition in all cases, whereas superior-inferior ventricular relationship was present in only three cases. All cases were associated with ventricular septal defects. Atrio-ventricular discordance was seen in three cases and concordance in two. Ventriculo-arterial discordance was seen in three cases, concordance in one and double outlet right ventricle in one. Three cases had pulmonary stenosis and the other two had	**NAT**	**JAN TO JUNE**	**CARDIOLOGY**	**PMID:**29455791 **PMC ID:**5902827 **H Index:** 33 **Impact Factor:** 0.610 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	pulmonary arterial hypertension. Straddling of AV valve was observed in four cases and hypoplastic aortic arch in one case. CONCLUSION: CCH is an extremely rare congenital cardiac anomaly. Superior-inferior ventricular relationship often co-exists with CCH, but is not necessarily present in all cases. CCH requires early diagnosis because of its common association with diverse cardiac anomalies.				
385.	Mariappan, R., Philip, A., Gandham, E. J. and Raju, K. Simultaneous Surgical Decompression of Bilateral Subdural Hematoma and an Administration of Epidural Blood Patch for Spontaneous Intracranial Hypotension Journal of Neurosurgical Anesthesiology; 2018, 30 (4): 376-379 **Address:** Departments of Anesthesia, **Christian Medical College, Vellore,**TN, India Departments of Neurological Sciences, **Christian Medical College, Vellore,**TN, India	**INT**	**JAN TO JUNE**	**ANESTHESIA, NEUROLOGICAL SCIENCES**	**WOS:**000445752500016 **SCOPUS** **H Index:** 55 **Impact Factor:** 3.238
386.	Mathew, A. J., Chandrasekaran, N. and Oommen, V. All play and no work: skits and models in teaching skeletal muscle physiology Adv Physiol Educ; 2018, 42 (2): 242-246 **Address:** Department of Physiology, **Christian Medical College, Vellore,**Tamil Nadu, India.	**INT**	**JAN TO JUNE**	**PHYSIOLOGY**	**PMID:**29616579 **WOS:**000429537400013 **SCOPUS** **H Index:** 46 **Impact Factor:** 1.981
387.	Mathew, A. J., Krabbe, S., Gandjbakhch, F., Lambert, R. G., Hermann, K. G., Eshed, I., Bird, P., Maksymowych, W. P., Laredo, J. D., Pedersen, S. J., Stoenoiu, M. S., Glinatsi, D., Haugen, I., Foltz, V., Jaremko, J., Poggenberg, R. P., Conaghan, P. G., Ostergaard, M. and Grp, Omeract Mri Arthritis Working DEVELOPMENT AND PRELIMINARY VALIDATION OF AN OMERACT MRI ENTHESITIS SCORING SYSTEM FOR THE ANKLE IN SPONDYLOARTHRITIS Annals of the Rheumatic Diseases; 2018, 77 1690-1690	**INT**	**JAN TO JUNE**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY**	**WOS:**000444351005165 **H Index:** 198 **Impact Factor:** 12.350
388.	Mathew, Ashish J., Bird, Paul, Gupta, Ankan, George, Renu and Danda, Debashish Magnetic resonance imaging (MRI) of feet demonstrates subclinical inflammatory joint disease in cutaneous psoriasis patients without clinical arthritis Clinical Rheumatology; 2018, 37 (2): 383-388 We evaluated inflammation at the small joints of feet in psoriasis	**INT**	**JAN TO JUNE**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY, DERMATOLOGY**	**WOS:**000423034600012 **H Index:** 71 **Impact Factor:** 2.141

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	patients without clinical arthritis (PsO) as against clinically overt psoriatic arthritis (PsA) patients, using a low field magnet extremity MRI (eMRI). Patients with psoriasis recruited from dermatology and rheumatology clinics of a tertiary care institution in southern India were divided into PsO and PsA groups. Demographic and physical examination details were recorded. Consenting patients underwent non-contrast eMRI of the right foot. Two trained readers scored the MRI parameters of inflammation (synovitis, tenosynovitis, osteitis) using a modification of the PsA magnetic resonance imaging score (PsAMRIS). Proportion of patients with any sign of MRI inflammation was noted. Clinical variables were compared with inflammation scores for any association. A total of 83 patients (30 PsA and 53 PsO), with 75% males and mean age of 42.2 +/- 11.6 years were included. There was no statistical difference between the median eMRI inflammatory scores in PsA and PsO patients (p = 0.493). Evidence of inflammation was present in 33.9% and 50% patients in the PsO and PsA groups, respectively. Early arthritis for psoriatic patients screening questionnaire (EARP) score of >= 3 was significantly associated with imaging features of inflammation in PsO group (p = 0.044). This study corroborates a high proportion of subclinical inflammation in small joints of foot in PsO patients, which needs to be reproduced in larger, longitudinal cohorts to predict risk factors for progression to future PsA development.				
389.	Mathew, Ashish J., Krabbe, Simon, Eshed, Iris, Gandjbakhch, Frederique, Lambert, Robert G., Bird, Paul, Hermann, Kay-Geert, Pedersen, Susanne J., Stoenoiu, Maria, Foltz, Violaine, Maksymowych, Walter P., Glinatsi, Daniel, Haugen, Ida K., Jaremko, Jacob L., Poggenborg, Rene P., Paschke, Joel, Laredo, Jean Denis, Conaghan, Philip G. and Ostergaard, Mikkel Development and Preliminary Validation of an Omeract Magnetic Resonance Imaging (MRI) Scoring System for Ankle Enthesitis in Spondyloarthritis Arthritis & Rheumatology; 2018, 70	**INT**	**JAN TO JUNE**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY**	**WOS:**000447268900315 **H Index:** 281 **Impact Factor:** 6.010 (RG)
390.	Mathew, G., Arumugam, V., Murugesan, S., Duhli, N. and Agarwal, I. Renal Mucormycosis: A Rare Cause of Urinary Tract Infection Leading to End-stage Renal Disease (ESRD) J Trop Pediatr; 2018, **Address:** Division of Pediatric Nephrology, **Christian Medical College, Vellore,**Tamil Nadu, India.	**INT**	**JAN TO JUNE**	**PEDIATRIC NEPHROLOGY, PATHOLOGY, PEDIATRICS UNIT II**	**PMID:**30252109 **H Index:** 45 **Impact Factor:** 1.187

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Fellowship Pediatric Nephrology, Division of Pediatric Nephrology, **Christian Medical College, Vellore,**Tamil Nadu, India. Fellow in Pediatric Nephrology, Division of Pediatric Nephrology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Pathology, **Christian Medical College, Vellore,**Tamil Nadu, India. Division of Pediatric Nephrology and Pediatrics Unit II, **Christian Medical College, Vellore,**Tamil Nadu, India. Mucormycosis is a rare fungal infection often seen in immunocompromised hosts. Isolated renal mucormycosis may however present in immunocompetent children as renal failure and has a uniformly poor prognosis if not detected and treated early into the course of illness. We present a 3-year-old boy with unrelenting pyelonephritis in whom serial urine cultures done were negative. A final diagnosis of isolated renal mucormycosis was made by magnetic resonance imaging and renal biopsy.				
391.	Mathew, G., Gupta, V., Santhanam, S. and Rebekah, G. Postnatal weight gain patterns in preterm very-low-birth-weight infants born in a tertiary care center in South India Journal of Tropical Pediatrics; 2018, 64 (2): 126-131 Background: Extrauterine growth retardation is a common problem in preterm, very-low-birthweight (VLBW) babies, as well as paucity of growth charts that follow their postnatal growth. Aim: To evaluate and plot postnatal weight gain patterns of preterm VLBW babies of < 34 weeks' gestation born at a tertiary care neonatal unit in South India. Methods: Weight gain patterns of all preterm (27 to < 34 weeks' gestation) and VLBW (< 1500 g) neonates were used for plotting the centile curves by retrospective review of electronic medical records. The growth velocity was calculated from birth and from the time baby regained their birth weight. Results: Mean growth rate (±SD) of these babies was 16.2±2.4 g/kg/day and average time to regain birth weight was 14.2 days (range 12.0-17.6). Conclusion: The recommended growth velocity of 10-15 g/kg/day can be achieved using unfortified expressed breast milk, though at higher feeding volumes of 200 ml/kg/day. These centile curves can be useful for monitoring postnatal growth. © The Author [2017]. Published by Oxford University Press. All rights reserved.	**INT**	**JAN TO JUNE**	**NEONATOLOGY**	**WOS:**000429484200007 **SCOPUS** **H Index:** 45 **Impact Factor:** 1.187
392.	Mathew, L., Robert, M., John, R. and Jeyaseelan, L. Change in Nutritional Status of Children During Treatment of Acute	**INT**	**JAN TO JUNE**	**CLINICAL HAEMATOLOGY,**	**WOS:**000445195001079 **H Index:** 91

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Lymphoblastic Leukaemia Pediatric Blood & Cancer; 2018, 65 S139-S140			**BIOSTATISTICS**	**Impact Factor:** 2.646
393.	Mathur, P., Veeraraghavan, B., Devanga Ragupathi, N. K., Inbanathan, F. Y., Khurana, S., Bhardwaj, N., Kumar, S., Sagar, S. and Gupta, A. Multiple mutations in lipid-A modification pathway & novel fosA variants in colistin-resistant Klebsiella pneumoniae Future Sci OA; 2018, 4 (7): FSO319 **Address:** Department of Laboratory Medicine, All India Institute of Medical Sciences, New Delhi, 110 029, India. Department of Clinical Microbiology, **Christian Medical College, Vellore,**632 004, India. Aim: To investigate antimicrobial resistance mechanisms in a cluster of colistin-resistant Klebsiella pneumoniae. Methods: Antimicrobial susceptibility was tested by disk diffusion and broth microdilution. Whole-genome sequencing and genome analysis were performed. Results: The eight colistin-resistant K. pneumoniae isolates belonged to three different clones (ST11, 14 and 231). The eptA and arnT genes from lipid modification pathway had novel (R157S in arnT and Q319R in eptA) and rare mutations (V39L, R152H, S260L and A279G in eptA). Several substitutions were also identified in mgrB, pmrB, phoP and phoQ genes. The mcr genes were absent in all isolates. Isolates had variants from existing classes of fosA gene. Conclusion: Complex combination of mutations might have led to colistin resistance, which suggests that continuous surveillance of molecular mechanisms is required.	**INT**	**JAN TO JUNE**	**CLINICAL MICROBIOLOGY**	**PMID:**30112189 **PMC ID:**6088269 **H Index:** NA **Impact Factor:** NA
394.	Mathuram, A. J., Michael, J. S., Turaka, V. P., Jasmine, S., Carey, R. and Ramya, I. Mycobacterial blood culture as the only means of diagnosis of disseminated tuberculosis in advanced HIV infection Tropical Doctor; 2018, 48 (2): 100-102 The diagnosis of disseminated tuberculosis (TB) in advanced HIV infection is often delayed because of difficulty in obtaining suitable specimens for culture. A total of 32 such patients from South India with positive mycobacterial blood cultures were studied over ten years. Almost all (90%) had a febrile illness and the majority (68.7%) had clinical lung involvement, but only 27.3% had positive sputum smears. Liver biopsy yielded a positive diagnosis in only 1/7. Cytopenia was almost universal (96.9%). Bone marrow cultures were, however, positive in 54.8%, of whom one-quarter	**INT**	**JAN TO JUNE**	**MEDICINE, INFECTIOUS DISEASES**	**WOS:**000429972900004 **H Index:** 30 **Impact Factor:** 0.660 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	grew atypical mycobacteria. Mycobacterial blood culture is therefore a useful adjunct test to diagnose TB in advanced HIV. © 2017, © The Author(s) 2017.				
395.	Mathuram, A. J., Singh, S., Abraham, O. C., Zachariah, A., Rupali, P., Varghese, G. M., Karthik, R. and Clarence, P. Antiretroviral therapy under the national program: Experience of a single large centre in Southern India Journal of Clinical and Diagnostic Research; 2018, 12 (3): OC05-OC07 Introduction: The National Aids Control Organization (NACO) has been providing free Antiretroviral Therapy (ART) in India since 2004. Several concerns exist regarding functional outcome, possible low rates of treatment adherence, treatment failure, mortality and high drug toxicity with the provision of large scale free ART. Aim: This study was done to evaluate the outcomes of ability to return to work, lost to follow up rates, treatment failure and drug toxicity requiring regimen change from the ART centre located in **Christian Medical College, Vellore,**Tamil Nadu, India, which is a large tertiary care centre attached to an academic Infectious Disease and medical unit in Southern India. Materials and Methods: A prospective longitudinal follow up study on patients enrolled in the NACO ART centre at a large tertiary care hospital in Southern India between April 2008 and April 2012 were followed up for a minimum of two years. Outcomes assessed were WHO clinical stage and functional status at the end of the follow up period, rate of lost to follow up, failure of ART, mortality rate and drug toxicity requiring change of regimen. Results: There were 963 patients included in the study with a mean follow up period of 39.78 months (SD 11.34). At the end of the follow up period, 914 (94.9%) of the patients were asymptomatic (WHO clinical stage 1T) and 92.3% of all patients on treatment were able to return to work after ART initiation. We found low rates of lost to follow up (3.2%), drug toxicity and mortality (5.8%) compared to data from other centres in India. A total of 136 adverse events were recorded, the most common being Zidovudine induced anaemia (7.2%). There was also a very low rate of treatment failure in our cohort. Conclusion: This data shows the overall success of the program and the feasibility of having low rates of lost to follow up because of rigorous methods used in follow up of patients and support offered by attachment to an academic infectious disease unit. © 2018, Journal of Clinical and Diagnostic Research. All rights reserved.	**NAT**	**JAN TO JUNE**	**MEDICINE, INFECTIOUS DISEASES**	**SCOPUS** **H Index:** 22 **Impact Factor:** 0.650 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
396.	Matthai, S. M., Jacob, S., Devasia, A. J., Bindra, M., David, V. G. and Varughese, S. Unmasking and successful management of light chain deposition disease of kidney in pregnancy: a complex case, mirroring the complex needs of pregnancy with kidney disease in India J Nephrol; 2018, 31 (5): 785-791 **Address:** Central Electron Microscopy Facility, Wellcome Trust Research Laboratory, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, 632004, India. Department of Nephrology, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, 632004, India. jacobshibu@gmail.com. Department of Haematology, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, 632004, India. Department of General Pathology, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, 632004, India. Department of Nephrology, **Christian Medical College and Hospital,Vellore**, Tamil Nadu, 632004, India. Pregnancy offers a precious window of opportunity to diagnose previously undetected or new onset kidney diseases in emerging countries like India, where access to medical, educational and health care facilities are not equitably distributed across varied sections of society. We report a case of a 33 year-old primi gravida who had a successful pregnancy following what was initially considered to represent preeclampsia at 38 weeks of gestation, in whom a subsequent kidney biopsy for persistence of pregnancy-related acute kidney injury (Pr-AKI) revealed light chain deposition disease (LCDD). The etiological evaluation of LCDD led to the detection of an underlying plasma cell dyscrasia which was treated effectively with chemotherapy and autologous stem cell transplant. In this report, we explore the hitherto uncharted pathophysiological relationship between LCDD and pregnancy-related kidney injury by transmission electron microscopic (TEM) studies of endothelial injury in this setting, and underscore the benefits of medical care in a multidisciplinary environment which yielded gratifying results in preservation of maternal kidney health and fetal outcome.	**INT**	**JAN TO JUNE**	**WELLCOME TRUST RESEARCH LABORATORY, NEPHROLOGY, HAEMATOLOGY, GENERAL PATHOLOGY**	**PMID:**30187379 **WOS:**000446407100018 **SCOPUS** **H Index:** 62 **Impact Factor:** 2.290 (RG)
397.	Matthai, S. M., Mohapatra, A., Mathew, A. J., Roy, S., Varughese, S., Danda, D. and Tamilarasi, V. Podocyte Infolding Glomerulopathy (PIG) in a Patient With	**INT**	**JAN TO JUNE**	**WELLCOME TRUST RESEARCH LABORATORY, NEPHROLOGY,**	**PMID:**29395482 **WOS:**000436821400019 **SCOPUS**

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Undifferentiated Connective Tissue Disease: A Case Report Am J Kidney Dis; 2018, 72 (1): 149-153 **Address:** Central Electron Microscopy Facility, Wellcome Trust Research Laboratory, Vellore, Tamil Nadu, India. Department of Nephrology, **Christian Medical College, Vellore,**Tamil Nadu, India. Electronic **Address:** auroanjali@gmail.com. Department of Rheumatology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Pathology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Nephrology, **Christian Medical College, Vellore,**Tamil Nadu, India. Podocyte infolding glomerulopathy (PIG) is a recently described pathologic entity characterized by diffuse podocyte infolding into the glomerular basement membrane (GBM) associated with ultrastructurally demonstrable microspherular aggregates. The clinical features, significance, and pathogenesis of this condition are still not well delineated because only a few cases have been documented to date, all from Japan. We report a case of PIG associated with undifferentiated connective tissue disease in an Indian woman who presented with nephrotic syndrome while undergoing treatment for an autoimmune disorder. Ultrastructural analysis of the kidney biopsy specimen revealed unusual subepithelial aggregates of microspherules admixed with few microtubules alongside extensive infolding of podocyte foot processes into the underlying GBMs. Characteristic clustering of these microparticles near the invaginated tips of podocyte foot processes in the GBM was observed on transmission electron microscopy. The patient's clinical condition responded favorably to immunosuppressive therapy. The clinical, light microscopic, and diagnostic electron microscopic features of this condition are highlighted in this report in an attempt to contribute some insights into the possible pathogenetic mechanisms of this obscure entity.			**HAEMATOLOGY, GENERAL PATHOLOGY, NEPHROLOGY**	**H Index:** 188 **Impact Factor:** 7.129
398.	Matthai, S. M., Valson, A. T., Duhli, N., Rupali, P., Pulimood, A. B. and Varughese, S. Fibrillary glomerulonephritis in a human immunodeficiency virus-positive, hepatitis C-negative Indian patient: Expanding the profile of renal involvement in human immunodeficiency virus infection Indian J Pathol Microbiol; 2018, 61 (4): 610-613	**NAT**	**JAN TO JUNE**	**PATHOLOGY, NEPHROLOGY, INFECTIOUS DISEASES**	**PMID:**30303165 **WOS:**000447182900035 **SCOPUS** **H Index:** 27 **Impact Factor:** 0.529

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Address: Department of Pathology, Central Electron Microscopy Facility, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Nephrology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of General Pathology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Infectious Diseases, **Christian Medical College, Vellore,**Tamil Nadu, India. Highly active anti retroviral therapy (HAART) has dramatically improved life expectancy of human immunodeficiency virus (HIV) infected patients, converting HIV infection into a chronic illness with associated changes in its attendant renal complications. The past two decades have witnessed a decrease in the prevalence of HIV associated nephropathy (HIVAN), traditionally considered to be the hall mark of renal involvement in HIV infection. Simultaneously a host of other glomerular and tubulo-interstitial diseases have emerged, expanding the spectrum of HIV associated renal diseases, predominant among which is HIV associated immune complex mediated kidney diseases (HIVICK). Of the diverse glomerular diseases constituting HIVICK, fibrillary glomerulonephritis (FGN) remains a rarity, with only two existing reports to date, confined to patients co-infected with Hepatitis C virus (HCV). The pathogenetic role of HIV in these patients remains under a cloud because of previously well established association of HCV infection and FGN. We report a case of FGN in a HIV seropositive, HCV negative Indian patient, highlighting the diagnostic electron microscopy (EM) findings of FGN and strengthening the causal association of HIV with FGN. In view of increasing heterogeneity of renal complications in HIV infection, the diagnostic utility of a comprehensive renal biopsy evaluation inclusive of EM is emphasized for appropriate selection of treatment modalities.				
399.	Matthai, T., George, V. M., Rao, A. S., Oommen, A. T., Korula, R. J., Devasahayam, S. and Poonnoose, P. M. Biomechanical assessment of an alternative method of staple fixation for anchoring the Bone Patellar Tendon Bone graft to the tibia J Clin Orthop Trauma; 2018, 9 (2): 157-162 **Address:** Department of Orthopaedics, **Christian Medical College, Vellore,**Tamil Nadu, 632004, India. Department of Biomedical Engineering, **Christian Medical College, Vellore,**Tamil Nadu, 632004, India.	**INT**	**JAN TO JUNE**	**ORTHOPAEDICS, BIOMEDICAL ENGINEERING**	**PMID:**29896020 **PMC ID:**5995006 **SCOPUS** **H Index:** 8 **Impact Factor:** 0.350 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Introduction: The Anterior cruciate ligament (ACL) is the most commonly injured ligament around the knee and is best reconstructed with a biological graft. For ideal graft fixation, there should be sufficient initial strength to avoid failure of fixation and sufficient stiffness to restore the stability of the knee and to avoid gradual loosening in the post-operative period.When considering fixation of Bone Patellar Tendon Bone (BPTB) grafts to the tibia, the interference screw is considered to be the gold standard. As an alternative, we have used of staples and stainless steel (SS) wire to anchor the BPTB graft to the tibia and femur. The aim of this study was to assess the biomechanical efficacy of this fixation technique for anchoring the BPTB graft to the proximal tibia. We used a bovine model to compare three fixation techniques -interference screw, braided polyester sutures tied to a screw post and SS wire tied to a staple. Materials and methods: Fifteen fresh bovine knees specimens were used for the study. The patella was fixed to a load cell and the construct was pre-tensioned to 40N to allow for creep of the tendon. The BPTB graft was fixed to the tibia using the three fixation techniques - the interference screw, polyester suture tied to a post, and SS wire anchored to a staple. After fixation, the graft was subjected to a single load to failure test, and the forces generated were recorded. The ultimate failure load (the pullout strength), stiffness, and mode of failure were noted. Results: In the single load-to-failure biomechanical testing, the ultimate failure load and stiffness for Staple with SS wire were 726.40N and 61.9N/mm respectively. For the screw post and polyester suture, it was 733.20N and 53.22N/mm, and for Interference screw - 594.00N and 79.50 N/mm respectively. There was no statistically significant difference in the stiffness or ultimate failure load between the three fixation techniques. The graft fixation using interference screws failed at the bone- tunnel interface by slippage of the bone block from the tunnel in all 5 specimens. In all 5 of the specimens fixed with polyester suture and the screw post, the fixation failed when the polyester suture snapped. When the SS wire and staple construct was stressed, the graft failed as the SS wire cut through the graft in 4 specimens, and in the fifth construct, the knot over the staple unraveled as the load was applied. Conclusion: The biomechanical properties of BPTB graft fixation with SS wire tied to a staple is similar to that of other fixation devices like the interference screw and suture post. This technique provides a simple, yet effective fixation for the graft - but needs further clinical assessment.				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
400.	Means, A. R., Ajjampur, S. S. R., Bailey, R., Galactionova, K., Gwayi-Chore, M. C., Halliday, K., Ibikounle, M., Juvekar, S., Kalua, K., Kang, G., Lele, P., Luty, A. J. F., Pullan, R., Sarkar, R., Schar, F., Tediosi, F., Weiner, B. J., Yard, E. and Walson, J. Evaluating the sustainability, scalability, and replicability of an STH transmission interruption intervention: The DeWorm3 implementation science protocol PLoS Negl Trop Dis; 2018, 12 (1): e0005988 **Address:** Department of Global Health, University of Washington, Seattle, United States. Division of Life Sciences, Natural History Museum, London, United Kingdom. Division of Gastrointestinal Sciences, **Christian Medical College, Vellore,**India. Faculty of Infectious and Tropical Diseases, London School of Hygiene & Tropical Medicine, London, United Kingdom. Department of Epidemiology and Public Health, Swiss Tropical and Public Health Institute, Basel, Switzerland. University of Basel, Basel, Switzerland. Departement de Zoologie, Faculte des Sciences et Techniques, Universite d'Abomey-Calavi, Cotonou, Benin. Vadu Rural Health Program, KEM Hospital Research Centre, Pune, India. Blantyre Institute for Community Outreach, Lions Sight First Eye Hospital, Blantyre, Malawi. MERIT, IRD, Universite Paris, Paris, France. Hybrid trials that include both clinical and implementation science outcomes are increasingly relevant for public health researchers that aim to rapidly translate study findings into evidence-based practice. The DeWorm3 Project is a series of hybrid trials testing the feasibility of interrupting the transmission of soil transmitted helminths (STH), while conducting implementation science research that contextualizes clinical research findings and provides guidance on opportunities to optimize delivery of STH interventions. The purpose of DeWorm3 implementation science studies is to ensure rapid and efficient translation of evidence into practice. DeWorm3 will use stakeholder mapping to identify individuals who influence or are influenced by school-based or community-wide mass drug administration (MDA) for STH and to evaluate network dynamics that may affect study outcomes and future policy development. Individual interviews and focus groups will generate the qualitative	**INT**	**JAN TO JUNE**	**GASTROINTESTINAL SCIENCES**	**PMID:**29346376 **PMC ID:**5773078 **SCOPUS** **WOS:**000424022700008 **H Index:** 96 **Impact Factor:** 4.367

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	data needed to identify factors that shape, contextualize, and explain DeWorm3 trial outputs and outcomes. Structural readiness surveys will be used to evaluate the factors that drive health system readiness to implement novel interventions, such as community-wide MDA for STH, in order to target change management activities and identify opportunities for sustaining or scaling the intervention. Process mapping will be used to understand what aspects of the intervention are adaptable across heterogeneous implementation settings and to identify contextually-relevant modifiable bottlenecks that may be addressed to improve the intervention delivery process and to achieve intervention outputs. Lastly, intervention costs and incremental cost-effectiveness will be evaluated to compare the efficiency of community-wide MDA to standard-of-care targeted MDA both over the duration of the trial and over a longer elimination time horizon.				
401.	Mertz, P., Belot, A., Cervera, R., Chuah, T. Y., Dagna, L., Damian, L., Danda, D., D'cruz, D., Espinosa, G., Frances, C., Jayne, D., Ooi, K. K., Kucharz, E. J., Lebovics, R., Marie, I., Moulis, G., Peng, S., Sharma, A., Suzuki, N., Tanaka, T., Van Vollenhoven, R., Sibilia, J., Gottenberg, J. E., Chasset, F. and Arnaud, L. The Relapsing Polychondritis Damage Index (RPDAM): development of a disease-specific damage score for relapsing polychondritis Joint Bone Spine; 2018, **Address:** Service de rhumatologie, Centre de Reference des Maladies Autoimmunes Systemiques Rares Est Sud-Ouest (RESO), Hopital de Hautepierre, 1 Avenue Moliere BP 83049, 67098 Strasbourg Cedex, France; INSERM UMR-S1109, 67098 Strasbourg Cedex, France. Department of Paediatric Nephrology, Rheumatology, Dermatology, Hopital Femme-Mere Enfant, Bron. France. Department of Autoimmune Diseases, Institut Clinic de Medicina i Dermatologia, Hospital Clinic, Barcelona, Spain. Department of Rheumatology and Immunology, Singapore General Hospital, Singapore. Unit of Immunology, Rheumatology, Allergy and Rare Diseases (UnIRAR), IRCCS San Raffaele Scientific Institute, Vita-Salute San Raffaele University, 20132 Milan, Italy. Rheumatology Department, Spitalul clunic Judetean de Urgenta Cluj. Cluj-Napoca, Romania. Department of Clinical Immunology and Rheumatology, **Christian Medical College, Vellore,**India.	**INT**	**JAN TO JUNE**		**PMID:**30448476 **H Index:** 68 **Impact Factor:** 3.304

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Louise Coote Lupus Unit, Guy's Hospital, London, UK. Dermatology Department, Hopital Tenon - Paris, France. Department of Medicine, University of Cambridge, Cambridge, UK. Division of Rheumatology, National University Hospital, Singapore City, Singapore; Yong Loo Lin School of Medicine, National University, Singapore City, Singapore. Department of Internal Medicine and Rheumatology, Medical University of Silesia, Katowice, Poland. Department of Otolaryngology, From Mount Sinai St. Luke's and Mount Sinai Roosevelt affiliated with the Icahn School of Medicine at Mount Sinai, New York, NY, United States. Department of Internal Medicine, CHU Rouen-Bois Guillaume, Rouen cedex, France. Department of Internal Medicine, CHU de Toulouse, Toulouse, France; UMR 1027 Inserm-University of Toulouse, Toulouse, France, CIC 1436, CHU de Toulouse, Toulouse, France. Swedish Medical Center, Seattle, Washington, USA. Clinical Immunology and Rheumatology Services, Department of Internal Medicine, Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, 160012, India. Institute of Medical Science and Department of Immunology and Medicine, St. Marianna University School of Medicine, Kawasaki, 216-8511, Japan. Department of Clinical Application of Biologics, Osaka University Graduate School of Medicine, Osaka University, Osaka 565-0871, Japan. Department of Clinical Immunology and Rheumatology, Academic Medical Center, Amsterdam, The Netherlands. Division of Rheumatology, National University Hospital, Singapore City, Singapore. Division of Rheumatology, National University Hospital, Singapore City, Singapore. Electronic **Address:** Laurent.arnaud@chru-strasbourg.fr. OBJECTIVES: Relapsing polychondritis is a rare, multi-systemic and inflammatory condition of unknown origin. We currently lack a core set of measures to assess and follow damage in patients suffering from this condition. Our primary aim was to derive a disease-specific damage measuring tool for relapsing polychondritis, the Relapsing Polychondritis Damage Index (RPDAM). METHODS: We performed an international 4-round multicenter Delphi study during which experts were asked to rate the relevance of potential damage items for relapsing polychondritis				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	(141 items were obtained from a literature review and 12 from expert suggestion), using a Likert scale. The selection of items for each subsequent round was based on the median rating of each item. RESULTS: Twenty-four experts from 11 nationalities participated in round 1 and 22 in rounds 2, 3 and 4. From the initial 153 potential damage items, 44 items were selected during round 1, 30 items during round 2 and 16 during round 3. During round 4, we refined the index to a total of 17 items referring to ear nose and throat, eye, respiratory, cardiovascular and hematological systems as well as to treatment-related specific damage items. CONCLUSION: We have developed by international consensus a scoring system to assess damage in patients with relapsing polychondritis. Following its validation, the RPDAM may contribute to improve the care of patients suffering from this rare condition as well as to standardize data collection for future clinical trials.				
402.	Miraclin, A. T., Perumalla, S. K., Prasad, J. D. and Sudarsanam, T. D. Septicemic listeriosis: An emerging food-borne illness in India? Indian J Med Microbiol; 2018, 36 (1): 145-146 **Address:** Department of Medicine - 2, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Clinical Microbiology, **Christian Medical College, Vellore,**Tamil Nadu, India. Listeriosis is a food borne illness of significant public health concern, caused by consumption of food contaminated by gram negative bacilli, Listeria monocytogenes. Clinical listeriosis is relatively rare and it has varying spectrum of presentation, ranging from severe sepsis in immune-compromised individuals, febrile gastroenteritis and meningo-encephalitis in infants and adults. This disease is under reported in developing nations due to the lack of awareness and inadequate laboratory facilities to promptly isolate and identify the organism. We report a case of sporadic food-borne listeriosis, in an otherwise healthy individual presenting with meningo-encephalitis. Prompt identification and appropriate antibiotic therapy led to a favorable outcome.	**INT**	**JAN TO JUNE**		**PMID:**29735848 **WOS:**000431851400030 **SCOPUS** **H Index:** 40 **Impact Factor:** 1.157
403.	Miranda, B., Aaron, S., Arauz, A., Barinagarrementeria, F., Borhani-Haghighi, A., Carvalho, M., Conforto, A. B., Coutinho, J. M., Stam, J., Canhao, P. and Ferro, J. M. The benefit of EXtending oral antiCOAgulation treatment (EXCOA) after acute cerebral vein thrombosis (CVT): EXCOA-CVT cluster	**INT**	**JAN TO JUNE**		**PMID:**29771211 **WOS:**000446484400016 **SCOPUS** **H Index:** 52 **Impact Factor:** 3.859

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	randomized trial protocol Int J Stroke; 2018, 13 (7): 771-774 **Address:** 1 Department of Neurosciences and Mental Health, Neurology, Hospital de Santa Maria-CHLN, Lisbon, Portugal. 2 Instituto de Medicina Molecular, Faculty of Medicine - University of Lisbon, Lisbon, Portugal. 3 Department of Neurological Sciences, **Christian Medical College and Hospital, Vellore**, India. 4 Department of Neurology, Instituto Nacional de Neurologia y Neurocirurgia Manuel Velasco Suarez, Mexico City, Mexico. 5 Hospital H+, Department of Neurology, Queretaro, Mexico. 6 Clinical Neurology Research Center, Shiraz University of Medical Sciences, Shiraz, Islamic Republic of Iran. 7 Neurology Department, Hospital de Sao Joao - Centro Hospitalar Sao Joao, Porto, Portugal. 8 Department of Clinical Neurosciences and Mental Health, Faculty of Medicine - University of Porto, Porto, Portugal. 9 Neurology Clinical Division, Hospital das Clinicas - Sao Paulo University, Sao Paulo, Brazil. 10 Department of Neurology, Hospital Israelita Albert Einstein, Sao Paulo, Brazil. 11 Department of Neurology, Academic Medical Center, Amsterdam, The Netherlands. Rationale After a cerebral vein thrombosis, there is an increased risk of further venous thromboembolic events. The optimal duration of anticoagulation after cerebral vein thrombosis is unknown. Aim To compare efficacy and safety of a policy of short- (3-6 months) versus long-term (12 months) anticoagulation (any type venous thromboembolic events) after cerebral vein thrombosis for the prevention of venous thromboembolic events. Sample size estimates A sample of 1428 patients (749 per arm) allows detecting a reduction from 10 to 5% in the risk of venous thromboembolic event recurrence with 80% power at 5% significance, with 3% dropout rate. Methods and design An international multicenter, prospective cluster-randomized trial with equal allocation between both interventions (ISRCTN25644448). Each cluster is a participating center, which accepted to be randomly allocated to one of the anticoagulation policies. Eligible patients are adults with radiologically confirmed cerebral vein thrombosis within 30 days, and stable to initiate post-acute anticoagulation. Patients judged by the investigator to be an absolute indication for permanent anticoagulation are excluded. Follow-up is at 6, 12 and 24 months.				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Study outcomes Primary efficacy outcome is any symptomatic and confirmed fatal/nonfatal venous thromboembolic event (recurrent-cerebral vein thrombosis or non-cerebral venous thromboembolic event). Primary safety outcomes include bleeding events during treatment periods and death from any cause. Discussion This study responds to a knowledge gap in the post-acute management of cerebral vein thrombosis patients by comparing short- versus long-term anticoagulation for the prevention of venous thromboembolic event recurrence.				
404.	Mirza, H., Roberts, E., Al-Belushi, M., Al-Salti, H., Al-Hosni, A., Jeyaseelan, L. and Al-Adawi, S. School dropout and associated factors among omani children with attention-deficit hyperactivity disorder: A cross-sectional study Journal of Developmental and Behavioral Pediatrics; 2018, 39 (2): 109-115 Objective: Despite the rising incidence of attention-deficit hyperactivity disorder (ADHD), there is a dearth of studies examining the rate of school dropout and its correlates in non-Western populations. Methods: Medical records were scrutinized to identify Omani children diagnosed with ADHD from 2006 to 2014 in a tertiary care hospital in Oman. The persistence of ADHD symptoms, school performance and dropout, as well as sociodemographic characteristics were examined. Results: Three hundred sixty-seven children fulfilled the diagnosis of ADHD based on Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) (DSM-IV) criteria and 16.6% of them had dropped out of school. School dropout was associated with poor school performance, comorbid conduct disorder, and parental divorce. Conclusion: This study from Oman concurs with existing literature that school dropout is common among children with ADHD. Concerted efforts are needed to mitigate this trend. Management strategies should incorporate the treatment of comorbid conduct disorder. © 2017 Wolters Kluwer Health, Inc.	**INT**	**JAN TO JUNE**		**WOS:**000429375100077 **SCOPUS** **H Index:** 91 **Impact Factor:** 2.300 (RG)
405.	Misale, P. and Lepcha, A. Congenital Cholesteatoma in Adults-Interesting Presentations and Management Indian Journal of Otolaryngology and Head and Neck Surgery; 2018, 70 (4): 578-582 **Address:Christian Medical College, Vellore,**632004, India To report a series of adult patients diagnosed with congenital	**INT**	**JAN TO JUNE**		**SCOPUS** **H Index:** 15 **Impact Factor:** 0.390

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	cholesteatoma (CC) with respect to symptoms, different varieties of presentation, surgical findings and approach used, complications and the postoperative results. A retrospective chart review of adult cases of CC who were treated in the period from January 2014–2017 was carried out in a tertiary care center. Levenson's criteria were used for diagnosis. Diagnosis was confirmed by imaging and intraoperatively. Postoperative results and complications were also analyzed. Six adult cases of CC were studied with a mean follow up of 10 months. Interesting presentations included otitis media with effusion, non-resolving facial nerve palsy, post aural discharge and meningitis. It included 3 cases of petrous apex cholesteatoma, 2 patients with cholesteatoma involving both the middle ear and mastoid and 1 patient with mastoid cholesteatoma. The operative procedures included canal wall up mastoidectomy (1 patient), atticotomy (1 patient), canal wall down mastoidectomy (1 patient), translabyrinthine and transotic excision of mass with blind sac closure (2 patients) and partial labyrinthectomy (1 patient). Complications encountered during surgery were cerebrospinal fluid leak and worsening of hearing in 2 patients and 1 patient respectively. CC can have variety of interesting presentations in adult population and they may or may not have the classical white mass behind the tympanic membrane. Appropriate individualized surgical planning and intervention gives good results. © 2018, Association of Otolaryngologists of India.				
406.	Misale, P., Lepcha, A. and Tyagi, A. Glomus tympanicum: Clinical presentation, management and outcomes Indian Journal of Otology; 2018, 24 (1): 56-59 Objective: The objective of the study is to describe the clinical presentation, management, and outcomes of glomus tympanicum (GT) Grade 1-3 (based on Glasscock Jackson staging). Materials and Methods: This is a retrospective chart review of five patients who presented with GT (Grade 1-3) over a period of 4 years to a tertiary hospital. All of them had undergone tumor excision without preoperative embolization. Details of clinical features, diagnostic protocol, surgical approach based on grade of tumor, tumor control, treatment complications, and follow-up results were noted and analyzed. Results: All five patients presented with unilateral hearing loss and tinnitus. Imaging done was magnetic resonance imaging with gadolinium of the brain and high-resolution temporal bone	**INT**	**JAN TO JUNE**		**SCOPUS** **H Index:** 7 **Impact Factor:** 0.070 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	computed tomography. Three patients had transmastoid facial recess approach and one had transcanal approach for tumor removal. One patient had canal wall down mastoidectomy. The average follow-up was 34.8 months. Symptomatic improvement in pulsatile tinnitus was observed in all patients. Hearing remained the same in 1 patient and improved in 4 patients. One patient presented with cholesteatoma 1 year postsurgery. None of the patients had recurrence/residual tumor. Conclusions: GT Grades 1-3 can be managed successfully without preoperative embolization. This gives satisfactory results with respect to hearing improvement and recurrence rates. © 2018 Medknow Publications. All rights reserved.				
407.	Mishra, A. K., Arvind, V. H., Muliyil, D., Kuriakose, C. K., George, A. A., Karuppusami, R., Benton Carey, R. A., Mani, S. and Hansdak, S. G. Cerebrovascular injury in cryptococcal meningitis International Journal of Stroke; 2018, 13 (1): 57-65 Background: Cryptococcal meningitis continues to be one of the common causes of chronic central nervous system infection worldwide. Individuals with cryptococcal meningitis can occasionally present with small vessel vasculitis causing infarcts primarily in the basal ganglia, internal capsule, and thalamus. Literature regarding patterns of cerebrovascular injury among patients with cryptococcal meningitis is scanty, and outcome following these vascular involvements is unknown. Aim: To study the clinical profile, imaging findings, and details of vascular territory involved among patients admitted with cryptococcal meningitis and central nervous system infarct in a tertiary care center from India. And to compare the outcomes of patients of cryptococcal meningitis with or without central nervous system infarcts in terms of mortality and morbidity, Methodology: A total of 151 patients with microbiologically proven cryptococcal meningitis over a time span of 11 years were retrospectively enrolled into the study. Of these, 66 patients met the inclusion criteria of having appropriate imaging of the brain. The presence of infarct in the imaging was analyzed by two independent radiologists. Patterns of central nervous system involvement and types of vascular injury were ascertained based on radiological parameters. Clinical parameters and outcomes of patients with and without infarcts were compared. Results: Twenty (13%) of these patients had evidence of central nervous system infarcts on imaging. The mean age of patients with and without	**INT**	**JAN TO JUNE**		**WOS:**000417868600008 **SCOPUS** **H Index:** 52 **Impact Factor:** 3.859

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	infarcts was 41 years and 38 years, respectively. Male predominance was present among both the groups. The presence of fever, neck stiffness, positive blood culture, and hydrocephalus in central nervous system imaging was similar among patients with or without infarct. Longer duration of illness, low sensorium at the time of presentation, low Glasgow Coma Scale score, presence of meningeal inflammation, cryptococcomas, and basal exudates in imaging were higher in patients with infarct. All the infarcts were of the lacunar type. Sixty percent of the cerebrovascular infarcts were acute in nature, 50% of these being multiple. Unilateral infarcts were seen in 70% of the patients. The most common site of infarct was the basal ganglia, others being distributed over the thalamus, frontal, temporal, parieto-occipital regions in the descending order. The presence of neurovascular involvement in the form of infarcts to the risk of morbidity and mortality had an odds ratio of 9.1 and 2.6, respectively. Conclusion: Neurovascular involvement in chronic cryptococcal meningitis is a rare entity. These tend to present as multiple lacunar infarcts. Mortality and morbidity associated with these patients is higher when compared to patients who do not have infarcts. This result suggests that vascular injury plays a role in predicting outcome of patients with cryptococcal meningitis. Future studies are needed to understand the mechanism by which vascular events (infarcts) occur and result in poor outcome. © 2017 World Stroke Organization.				
408.	Mishra, A., Binu, A., Abraham, G., Vanjare, H., George, T. and Iyadurai, R. Cerebrovascular Injury Following Scorpion Sting and Snake Envenomation: A Case Series Can J Neurol Sci; 2018, 45 (6): 669-674 **Address:** 1Unit V,Department of Internal Medicine,**Christian Medical College,Vellore**,Tamil Nadu,India. 2Unit III,Department of Internal Medicine,**Christian Medical College,Vellore**,Tamil Nadu,India. 3Unit I,Department of Internal Medicine,**Christian Medical College,Vellore**,Tamil Nadu,India. 4Department of Radiology,**Christian Medical College,Vellore**,Tamil Nadu,India. 5Unit II,Department of Internal Medicine,**Christian Medical College,Vellore**,Tamil Nadu,India. BACKGROUND: Neurological complications following snake and scorpion bite are diverse. Literature regarding patterns of	**INT**	**JAN TO JUNE**		**PMID:**30289088 **H Index:** 59 **Impact Factor:** 2.006

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	cerebrovascular injury (CVI) and outcomes among these patients is scarce. This is a descriptive study of the clinical profile, brain imaging findings, mechanisms of injury, vascular territory involvement and outcomes of CVI following scorpion and snake envenomation, in a tertiary care center in South India.MethodologyPatients with scorpion sting- and snake envenomation-related complications were retrospectively enrolled. Neuroimaging was performed on five patients with each envenomation, and they were found to have neurological involvement. On imaging, three patients were found to have a CVI. Clinical, radiological parameters and outcomes of these patients were studied. We also performed a review of the literature and analyzed the finding of all the cases.ResultIn all, three patients each had evidence of CVI in imaging. An additional 32 reports of scorpion sting-related CVI and 35 reports of snake envenomation-related CVI were identified from the literature. There was a male predominance among these patients. Mean age of the patients with scorpion sting was 42.8 years as compared with 33 years for the patients with snake envenomation. Features of severe envenomation were present in all patients. Persistently depressed sensorium and new-onset focal neurological deficits were seen in 70% of all patients. Infarcts were seen in 88% of patients with snake envenomation and 53% of patients with a scorpion sting. Mortality was 28% among patients with a scorpion sting as compared with 8% with snake envenomation. CONCLUSION: Cerebrovascular injuries are uncommon neurological manifestations following scorpion and snake envenomation. These tend to occur in younger patients. Infarcts are more common than bleeds.				
409.	Mishra, Ajay and Mahesh, D Precipitation of Sheehan's syndrome following severe dengue infection Current Medical Issues; 2018, 16 (3): 96-98 Sheehan's syndrome as described by Sheehan refers to necrosis of pituitary gland due to severe postpartum hemorrhage. Although its incidence is decreasing in developed countries, it still continues to be one of the most common causes of hypopituitarism in the underdeveloped and developing countries. The clinical presentation can be variable, and emphasis must be on adequate obstetric	**NAT**	**JUL TO DEC**	**MEDICINE**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	history to avoid undue delay in diagnosis. We report a 42-year-old female with the unmasking of Sheehan's syndrome who had lactation failure and amenorrhea for 9 years, developing panhypopituitarism following an episode of severe dengue infection.				
410.	Mishra, Ajay, Sugdeb, Vivek, Lahiri, Anandaroop and Ramya, I Outcomes related to acute decompensated heart failure admissions: A pilot study Current Medical Issues; 2018, 16 (2): 52-55 Objectives: In this pilot study we aimed to study the various outcomes related to treatment, morbidity and mortality in patients presenting with acute decompensated heart failure (ADHF). Materials and Methods: In this retrospective, pilot study all patients discharged with the diagnosis of acute decompensated heart failure [ADHF] were included over a span of 6 month of the year 2016. We analysed the details of requirements of oxygen, ventilation, requirements of infusion of diuretics, inotropic agents, duration of stay, cost of treatment and outcomes for these patients. Results: Twenty eight consecutive patients with ADHF were enrolled. Mean age of the patients were 53 years and 64% of these were females. The mean ejection fraction of these patients was 39.4. Most common aetiology of heart failure was ischemia [40%]. In 93% of patients the trigger for acute worsening was identified. Respiratory tract infection was the commonest precipitator {39%]. Only 36% of patients received supplemental oxygen and almost every one received diuretics. The mean duration of hospital stay was 8 days, and the in hospital mortality was 14%. Conclusions: In conclusion this pilot study looked at the outcome details in patients admitted with acute decompensated heart failure. Our patients with ADHF were younger and ha higher prevalence of Ischaemic cardiomyopathy. Most had an identified precipitator, and the most common trigger of heart failure was respiratory infections.	**NAT**	**JAN TO JUN**	**MEDICINE**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA
411.	Mishra, K. and David, J. A. Misdiagnosis of central motor dysfunction in a child with craniovertebral junction anomaly-a case report Journal of Clinical and Diagnostic Research; 2018, 12 (5): SD05-SD06	**INT**	**JAN TO JUNE**		**SCOPUS** **H Index:** 22 **Impact Factor:** 0.650 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Congenital anomalies of the Craniovertebral Junction (CVJ), though clinically significant, have often been misdiagnosed especially in the paediatric age group. Timely diagnosis and interventions can improve clinical outcome and prevent complications. Better understanding of the regional anatomy and pathophysiology of anomalies along with a strong clinical suspicion, accurate examination of clinical signs and better clinical correlation can aid in early diagnosis. We illustrate the above by exploring the clinical scenario of an 11-year-old female child with multiple CVJ anomalies resulting in spastic qaudriparesis and thereby, discuss what could have prevented the delay in diagnosis.				
412.	Mistry, P. K., Balwani, M., Baris, H. N., Turkia, H. B., Burrow, T. A., Charrow, J., Cox, G. F., Danda, S., Dragosky, M., Drelichman, G., El-Beshlawy, A., Fraga, C., Freisens, S., Gaemers, S., Hadjiev, E., Kishnani, P. S., Lukina, E., Maison-Blanche, P., Martins, A. M., Pastores, G., Petakov, M., Peterschmitt, M. J., Rosenbaum, H., Rosenbloom, B., Underhill, L. H. and Cox, T. M. Safety, efficacy, and authorization of eliglustat as a first-line therapy in Gaucher disease type 1 Blood Cells Mol Dis; 2018, 71 71-74 **Address:** Yale University School of Medicine, New Haven, CT, USA. Icahn School of Medicine at Mount Sinai, New York, NY, USA. The Genetics Institute, Rambam Health Care Campus, The Ruth and Bruce Rappaport Faculty of Medicine, Technion, - Israel Institute of Technology, Haifa, Israel. Hopital La Rabta, Tunis, Tunisia. College of Medicine, University of Arkansas for Medical Sciences, Little Rock, Arkansas, USA. Northwestern University Feinberg School of Medicine, Ann and Robert H. Lurie Children's Hospital of Chicago, Chicago, Illinois, USA. Editas, Cambridge, MA, USA (formerly Sanofi Genzyme, Cambridge, MA, USA). **Christian Medical College, Vellore,**India. IMAI-Research, Buenos Aires, Argentina. Hospital de Ninos Ricardo Gutierrez, Buenos Aires, Argentina. Pediatric Hematology, Cairo University, Egypt. HDES Hospital, Ponta Delgada, Acores, Portugal. Sanofi Genzyme, Cambridge, MA, USA. University Hospital Alexandrovska, Sofia, Bulgaria.	**INT**	**JAN TO JUNE**		**PMID:**29680197 **WOS:**000432496500013 **SCOPUS** **H Index:** 80 **Impact Factor:** 1.836

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Duke University School of Medicine, Department of Pediatrics, Durham, NC, USA. National Research Center for Hematology, Moscow, Russia. Bichat University Hospital, Paris, France. Universidade Federal de Sao Paulo, Sao Paulo, SP, Brazil. New York University School of Medicine, New York, NY, USA. Clinical Center of Serbia, University of Belgrade School of Medicine, Belgrade, Serbia. Rambam Medical Center, Haifa, Israel. Cedars-Sinai, Tower Hematology Oncology, Beverly Hills, CA, USA. University of Cambridge, Department of Medicine, Box 157, Level 5, Addenbrooke's Hospital, Cambridge CB2 0QQ, UK. Electronic **Address:** tmc12@medschl.cam.ac.uk.				
413.	Mittal, M., Bondre, V., Murhekar, M., Deval, H., Rose, W., Verghese, V. P., Patil, G., Sabarinathan, R., Vivian Thangaraj, J. W., Kanagasabai, K., Prakash, J. A. J., Gupta, N., Gupte, M. M. and Gupte, M. D. Acute Encephalitis Syndrome in Gorakhpur, Uttar Pradesh, 2016: Clinical and Laboratory Findings Pediatr Infect Dis J; 2018, 37 (11): 1101-1106 **Address:** From the BRD Medical College. ICMR-National Institute of Virology, Gorakhpur Unit, Gorakhpur, Uttar Pradesh, India. ICMR-National Institute of Epidemiology, Chennai, Tamil Nadu, India. **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Indian Council of Medical Research, New Delhi, India. Freelance Scientist. BACKGROUND: Seasonal outbreaks of acute encephalitis syndrome (AES) with high fatality have been occurring in Gorakhpur, Uttar Pradesh, India, for several years. We conducted investigations during the 2016 outbreak to identify the etiology. METHODS: We included 407 hospitalized AES patients with cerebrospinal fluid pleocytosis (>5 cells/mm) in our study. These patients were clinically examined; their blood and cerebrospinal fluid samples were collected and investigated for scrub typhus (ST), Japanese encephalitis virus (JEV), dengue virus and spotted fever group of Rickettsia by serology and/or polymerase chain reaction. RESULTS: Of the 407 AES patients, 266 (65.4%), 42 (10.3%) and 29 (7.1%) were diagnosed to have ST, JEV and dengue infection, respectively.	**INT**	**JAN TO JUNE**		**PMID:**29746378 **WOS:**000447975400017 **SCOPUS** **H Index:** 131 **Impact Factor:** 2.305

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Four patients were diagnosed to have spotted fever group of Rickettsia infection. A significantly higher proportion of ST patients with AES had hepatomegaly, splenomegaly and facial edema. The common hematologic and biochemical abnormalities among ST-positive patients include thrombocytopenia, raised liver enzymes and bilirubin levels. The case fatality ratio was significantly higher among ST-negative AES patients (36.2% vs. 15.2%; P < 0.05). CONCLUSIONS: ST accounted for approximately two third of the AES case-patients. Efforts are required to identify the etiology of AES case-patients who are negative for ST, JEV and dengue fever.				
414.	Mittal, R., Peter, J., Mani, T. and David, S. Visual outcome and patient satisfaction after cataract surgery: A pragmatic study Clinical Epidemiology and Global Health; 2018, Introduction: Cataract is a leading cause of blindness globally. This study compared the best corrected visual acuity (BCVA), surgically induced astigmatism (SIA), endothelial cell loss, and patient satisfaction between corneal section phacoemulsification (CSP) and Blumenthal manual small incision cataract surgery (MSICS). Methods: In this pragmatic study, following pre-operative assessment, patients made a choice to undergo either CSP or MSICS after the options were explained by the ophthalmologist. Pre- and post-operative (Day 1, 1-week, 6-weeks) refraction, keratometry and specular microscopy were performed. Subjective improvement in visual function was assessed before surgery and at 6-weeks post-surgery using the 7-item VF-7 scale that assesses functional status and quality-of-life changes. Results: Of the 178 eyes, 99 had CSP and 79 MSICS. At 6-weeks, BCVA of <6/18 was achieved in 100% in CSP and 96.2% in MSICS (p = 0.27). The mean (SD) SIA was significantly lower (p = 0.003) with CSP (1.29 ± 0.71 D) than MSICS (1.01 ± 0.49 D). Endothelial loss was lower (p = 0.008) with MSICS (271 ± 280 vs. 527 ± 475 cells/mm2). Subjective improvement in visual function was better after MSICS than with CSP. Conclusion: Despite similar visual acuity with CSP and MSICS, subjective improvement was better with MSICS. SIA was lower with CSP while endothelial loss was lower with MSICS. © 2018	**INT**	**JAN TO JUNE**		**SCOPUS** **H Index:** 4 **Impact Factor:** NA
415.	Mogili, K. D., Karuppusami, R., Thomas, S., Chandy, A., Kamath, M. S. and Tk, A. Prevalence of vitamin D deficiency in infertile women with polycystic	**INT**	**JAN TO JUNE**		**PMID:**30096464 **WOS:**000447557200003 **SCOPUS**

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	ovarian syndrome and its association with metabolic syndrome - A prospective observational study Eur J Obstet Gynecol Reprod Biol; 2018, 229 15-19 **Address:** Reproductive Medicine Unit, **Christian Medical College Hospital, Vellore,** India. Department of Biostatistics, **Christian Medical College Hospital, Vellore,** India. Reproductive Medicine Unit, **Christian Medical College Hospital, Vellore,** India. Electronic **Address:** dockamz@gmail.com. OBJECTIVE: The main purpose of this study was to determine the prevalence of vitamin D deficiency in infertile women with polycystic ovarian syndrome (PCOS) and to explore the association of hypovitaminosis D with metabolic syndrome in women with PCOS. STUDY DESIGN: A prospective observational study was conducted in a tertiary care, infertility centre from March 2016 to March 2017. The primary outcome was estimation of the prevalence of vitamin D deficiency in infertile PCOS women. Secondary outcomes were to study the association of hypovitaminosis D with metabolic syndrome, obesity and hypercholesterolemia in PCOS patients. RESULTS: A total of 256 infertile women with PCOS were included in the study. Vitamin D deficiency was observed in 70.3% women, 20.3% were vitamin D insufficient and only 9.4% were vitamin D sufficient. Metabolic syndrome was seen in 80/256 (31.25%) women. There was no evidence of an association between hypovitaminosis D and metabolic syndrome, obesity or hyperlipidemia. There was a strong evidence of an association between waist circumference of >80 cm and vitamin D deficiency (p = 0.02). CONCLUSION: Vitamin D deficiency is highly prevalent in infertile PCOS women and there seems to be no association between hypovitaminosis D and the metabolic syndrome in the same population.				**H Index:** 88 **Impact Factor:** 1.809
416.	Mogili, K. D., Selliah, H. Y., Chandy, A., Kunjummen, A. T. and Kamath, M. S. Do poor responders have poor perinatal outcomes? A retrospective analysis of 1386 assisted reproductive technology cycles Middle East Fertility Society Journal; 2018, 23 (2): 93-97 Objective: The purpose of this study was to evaluate whether poor responder women have adverse perinatal outcomes compared to normo responders following assisted reproductive technology (ART). Methods: A retrospective cohort study was conducted in a university level infertility unit between January 2010 to December	**INT**	**JAN TO JUNE**		**SCOPUS** **H Index:** 12 **Impact Factor:** 0.330 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	2015. Women undergoing fresh IVF cycles were included. Poor responders (≤3 oocytes) and normo responders (4–15 oocytes) were analyzed. Perinatal outcomes such as preterm birth (PTB), low birth weight (LBW), early preterm birth (early PTB) and very low birth weight (very LBW) were recorded. Results: A total of 1386 ART cycles were analyzed. Final analysis included 40 and 318 live births in poor and normo responders respectively. The risk of PTB (30.3% vs. 24.8%; OR 1.32, 95% CI: 0.59–2.9), LBW (33.3% vs. 20.1%; OR 1.99, 95% CI 0.90–4.4), early PTB (3% vs. 2.2%; OR 1.40, 95% CI 0.16–12.4) and very LBW (3% vs. 1.8%: OR 1.72, 95% CI 0.19–15.9) were not significantly different between poor and normo responders. The subgroup analysis within poor responders did not show any significant difference in perinatal outcomes in women aged less and more than 35 years. Conclusion: The current study findings suggest no increased risk of adverse perinatal outcomes in poor responders compared to normo responders following ART. These findings need to be further validated by larger studies. © 2017 Middle East Fertility Society				
417.	Mohamad, G., Amritanand, R., David, K. S., Krishnan, V. and Arockiaraj, J. Treatment Strategy and Outcomes in Patients with Hematogenous Culture-Negative Pyogenic Vertebral Osteomyelitis Asian Spine J; 2018, **Address:** Spinal Disorders Surgery Unit, Department of Orthopaedics, **Christian Medical College, Vellore,**India. Study Design: Retrospective case series. Purpose: The aim of this study was to analyze functional and radiological outcomes in patients with culture-negative pyogenic vertebral osteomyelitis (PVO). Overview of Literature: There were only few literature available for these group of patients. Methods: Patients with biopsy-positive but culture-negative PVO were included. We analyzed records for data on demography, comorbidities, coexisting infections, neurological status, prior antibiotic therapy, pre- and postoperative erythrocyte sedimentation rate, C-reactive protein levels, and Oswestry Disability Index, and Japanese Orthopedics Association scores. Results: Sixty-one patients were included, of which data of 45 patients were available for follow-up. The patients were predominantly males (71%), with a mean age of 53.2 years. Seventy-seven percent patients had comorbidities. Echocardiography, blood culture, and urine culture were performed on 8%, 24%, and 18% of patients, respectively. Thirty-one percent	**INT**	**JAN TO JUNE**	**SPINAL DISORDERS SURGERY**	**PMID:**30326685 **H Index:** 15 **Impact Factor:** 0.820 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	patients had neurological deficits. Computed tomography-guided biopsy was performed on 67% patients. Fifty-two percent patients were treated surgically, and 48% were treated non-surgically. Nineteen percent patients were treated according to the results of cultures from other foci, and the rest were treated empirically. For the initial 2 weeks, all patients were treated with intravenous antibiotics empirically or based on culture from other foci. This treatment was followed by 10 weeks of oral cloxacillin/cephalexin for gram-positive organisms or ciprofloxacin for gram-negative organisms. The mean follow-up time was 18 months (range, 12-120 months). All patients had improvement in Japanese Orthopedics Association, Oswestry Disability Index, and Visual Analog Scale scores ($p<0.001$). Conclusions: Treatment with empirical antibiotics for 12 weeks with watchful clinical and radiological follow-up yields good resolution of the disease. Further multicenter clinical research needs to be performed for obtaining an algorithmic treatment plan for these patients.				
418.	Mohamed, D. S., Ahmed, E. F., Mahmoud, A. M., El-Baky, R. M. A. and John, J. Isolation and evaluation of cocktail phages for the control of multidrug-resistant Escherichia coli serotype O104: H4 and E. coli O157: H7 isolates causing diarrhea FEMS Microbiology Letters; 2018, 365 (2): Escherichia coli serotype O157: H7 and E. coli O104: H4 are well known foodborne pathogens causing sever enteric illness. Using bacteriophages as biocontrol agents of some foodborne pathogens and multidrug-resistant (MDR) bacteria has a great attention nowadays. This study aims to test the effect of cocktail phages on the growth of some foodborne pathogens and MDR E. coli. Routine conventional PCR was used to confirm the identification of E. coli isolates. Double-layered culture technique was used to isolate phages from sewage water. Morphology of bacteriophage was described using transmission electron microscopy, and spot test was performed to determine host range of the phage cocktail. Phage cocktail of Siphoviridae and Podoviridae family infecting E. coli O157: H7, E. coli O104: H4 and untypeable E. coli (neither O157 nor O104) has been isolated from sewage water. Phage cocktail showed both lytic and lysogenic activity. Lytic activity was observed against E. coli O157: H7, E. coli O104: H4 isolates, Staphylococcus. aureus ATCC6538 and Pseudomonas aeruginosa ATCC 10145, while the lysogenic activity was observed against the untypeable strain.	**INT**	**JAN TO JUNE**	**CLINICAL MICROBIOLOGY**	**WOS:**000429310300010 **SCOPUS** **H Index:** 131 **Impact Factor:** 1.735

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	The tested phage cocktail showed a promising inhibitory action on E. coli O157: H7 and O104: H4, S. aureus ATCC6538 and P. aeruginosa ATCC 10145, suggesting the possibility of its use as a biocontrol tool or as natural food preservatives for many food products. © FEMS 2017. All rights reserved.				
419.	Mohan, A., Tharion, G., Kumar, R. K. and Devasahayam, S. R. An instrumented glove for monitoring hand function Rev Sci Instrum; 2018, 89 (10): 105001 **Address:** Department of Bioengineering, **Christian Medical College Vellore, Vellore,** India. Department of Physical Medicine and Rehabilitation, **Christian Medical College Vellore, Vellore,** India. Department of Engineering Design, Indian Institute of Technology Madras, Chennai, India. The measurement of hand kinematics is important for the assessment and rehabilitation of the paralysed hand. The traditional method of hand function assessment uses a mechanical or electronic goniometer placed across the joint of interest to measure the range of joint movement. Mechanical goniometers are imprecise and lack the ability to provide a dynamic measurement; electronic goniometers are expensive and cumbersome to use during therapy. An alternative to the goniometric based assessment is to use inertial motion sensors to monitor the hand movement-these can be incorporated in a glove. In this paper, we present the design of an instrumented glove equipped with Magnetic, Angular Rate and Gravity (MARG) sensors for the objective evaluation of hand function. The instrumented glove presented in this paper is designed to assess the range of movement of the hand and also monitor the hand function during the course of hand rehabilitation. Static and dynamic calibrations were performed for the Euler angles calculated from the MARG sensors. The results are also presented for physiological flexion/extension of the wrist (relative roll), flexion/extension of elbow (relative pitch), and internal rotation/external rotation (relative yaw). The static calibration results gave mean absolute errors of 4.1 degrees for roll, 4.0 degrees for pitch, and 4.6 degrees for yaw. From the dynamic calibration, the speed of response to a step change gave a convergence time of 0.4 s; sinusoidally oscillating movement gave good tracking at 0.2 Hz but exhibits overshoot errors at higher frequencies which were tested to be 1 Hz. We present the results of the calibration of the instrumented glove (one sensor pair	**INT**	**JUL TO DEC**	**BIOENGINEERING, PHYSICAL MEDICINE AND REHABILITATION**	**PMID:**30399736 **WOS:**000449144500310 **SCOPUS** **H Index:** 140 **Impact Factor:** 1.428

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	measuring one joint angle) measuring anatomical joint angles-mean absolute errors during static calibration: 6.3 degrees for a relative roll (wrist flexion/extension), 5.0 degrees for relative pitch (elbow flexion/extension), and 4.5 degrees for relative yaw (shoulder internal rotation/external rotation). The experimental results from the instrumented glove are promising, and it can be used as an alternative to the traditional goniometer based hand function assessments.				
420.	Mohan, A., Tharion, G., Kumar, R. K. and Devasahayam, S. R. An instrumented object for hand exercise and assessment using a pneumatic pressure sensor Rev Sci Instrum; 2018, 89 (5): 055004 **Address:** Department of Bioengineering, **Christian Medical College Vellore, Vellore,** India. Department of Physical Medicine and Rehabilitation, **Christian Medical College Vellore, Vellore,** India. Department of Engineering Design, Indian Institute of Technology Madras, Madras, India. Measurement of grip force is important for both exercise training and assessment of the hand during physical rehabilitation. The standard method uses a grip dynamometer which measures the force between the fingers and opposing thumb. The primary limitation of the grip dynamometer is the restriction of measurement to cylindrical grasps. Any deformation of the hand due to muscular or skeletal disease makes the grip dynamometer difficult or impossible to use. An alternative to the grip dynamometer is a sealed pneumatic object that can be gripped by the hand. Measurement of the internal pressure in the object can be related to the grip force. In this paper, we analyze such a pneumatic pressure sensing object for hand grip assessment and also describe an easy fabrication of the grip sensor. The instrumented object presented in this paper is designed to assess both the maximal voluntary grip forces and continuous grip force to monitor control of hand function during exercise under instruction from a therapist. Potential uses of such a pneumatic pressure sensing object for hand grip are in physical rehabilitation of patients following paralysing illnesses like stroke and spinal cord injury.	**INT**	**JUL TO DEC**	**BIOENGINEERING, PHYSICAL MEDICINE AND REHABILITATION**	**PMID:**29864878 **WOS:**000433962700069 **H Index:** 140 **Impact Factor:** 1.428
421.	Mohanan, E., Panetta, J. C., Lakshmi, K. M., Edison, E. S., Korula, A., Fouzia, N. A., Abraham, A., Viswabandya, A., George, B., Mathews, V., Srivastava, A. and Balasubramanian, P.	**INT**	**JAN TO JUNE**	**CLINICAL HAEMATOLOGY**	**WOS:**000442734000022 **H Index:** 169 **Impact Factor:** 6.544

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Pharmacokinetics and Pharmacodynamics of Treosulfan in Patients With Thalassemia Major Undergoing Allogeneic Hematopoietic Stem Cell Transplantation Clinical Pharmacology and Therapeutics; 2018, 104 (3): 575-583 **Address:Christian Medical College, Vellore,**India St. Jude Children's Research Hospital, Memphis, TN, United States A treosulfan (Treo)-based conditioning regimen prior to hematopoietic stem cell transplantation (HSCT) has been successfully used in treating hematological malignant and nonmalignant diseases. We report Treo pharmacokinetics (PK) in patients with thalassemia major undergoing HSCT (n = 87), receiving Treo at a dose of 14 g/m2/day. Median Treo AUC and clearance (CL) was 1,326 mg*h/L and 10.8 L/h/m2, respectively. There was wide interindividual variability in Treo AUC and CL (64 and 68%) which was not explained by any of the variables tested. None of the Treo PK parameters were significantly associated with graft rejection or toxicity; however, Treo CL <7.97 L/h/m2 was significantly associated with poor overall (hazard ratio (HR) 2.7, confidence interval (CI) (1.09–6.76), P = 0.032) and event-free survival (HR 2.4, CI (0.98–5.73), P = 0.055). Further studies in a larger cohort are warranted to identify the factors explaining the variation in Treo PK as well as to establish a therapeutic range of Treo for targeted dose adjustment to improve HSCT outcome. © 2017 American Society for Clinical Pharmacology and Therapeutics				
422.	Mohanan, E., Panetta, J. C., Lakshmi, K. M., Edison, E. S., Korula, A., Fouzia, N. A., Abraham, A., Viswabandya, A., Mathews, V., George, B., Srivastava, A. and Balasubramanian, P. Correction: Population pharmacokinetics of fludarabine in patients with aplastic anemia and Fanconi anemia undergoing allogeneic hematopoietic stem cell transplantation Bone Marrow Transplant; 2018, 53 (11): 1490 **Address:** Department of Hematology, **Christian Medical College, Vellore,**India. Department of Pharmaceutical Sciences, St. Jude Children's Research Hospital, Memphis, TN, USA. Department of Hematology, **Christian Medical College, Vellore,**India. bpoonkuzhali@cmcvellore.ac.in. This article was originally published under a CC BY-NC-ND 4.0 license, but has now been made available under a CC BY 4.0 license. The PDF and HTML versions of the article have been modified accordingly.	**INT**	**JAN TO JUNE**	**CLINICAL HAEMATOLOGY**	**PMID:**30135463 **H Index:** 116 **Impact Factor:** 4.497

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
423.	Mohapatra, A., Kakde, S., Annapandian, V. M., Valson, A. T., Duhli, N., Korula, A., Matthai, S. M., Pulimood, A. B., David, V. G., Alexander, S., Jacob, S., Varughese, S., Basu, G., Tamilarasi, V. and John, G. T. Spectrum of biopsy proven renal disease in South Asian children: Two decades at a tropical tertiary care centre Nephrology; 2018, 23 (11): 1013-1022 **Address:** Department of Nephrology, **Christian Medical College and Hospital, Vellore**, India Department of Pathology, **Christian Medical College and Hospital, Vellore**, India Central Electron Microscopy Unit, **Christian Medical College and Hospital, Vellore**, India Academic Research Department, Narayana Hrudayalaya Foundations, Bangalore, India Department of Nephrology, Central Northern Adelaide Renal and Transplant Service, Adelaide, SA, Australia Department of Renal Medicine, Royal Brisbane and Women's Hospital, Brisbane, QLD, Australia Aim: We report findings from a large single centre paediatric renal biopsy cohort in South Asia. Methods: We analyzed all renal biopsies performed on children aged ≤18 years between 1996 and 2015 at our centre. The clinical characteristics and histological diagnosis pertaining to each case, distribution of renal diseases in children with various clinical presentations, and changes in the pattern of kidney disease during the study period were analyzed. Results: A total of 1740 paediatric kidney biopsies were performed during the study period. The mean age was 12.8 ± 4.9 years (8 months to 18 years) and the male: female ratio was 1.5:1. The most common indication for renal biopsy was nephrotic syndrome (63.2%) followed by acute nephritic syndrome (13%). Minimal change disease was the most common cause of nephrotic syndrome while endocapillary proliferative glomerulonephritis (65.7% infection related), remained the commonest cause of acute nephritic syndrome. IgA nephropathy was the commonest cause of chronic kidney disease. Contrary to trends in European paediatric cohorts, the frequency of lupus nephritis increased over the two decades of the study, while that of endocapillary proliferative glomerulonephritis did not show any appreciable decline. Conclusion: This study provides the largest data on biopsy proven renal disease in children from South Asia published till date and	**INT**	**JAN TO JUNE**	**NEPHROLOGY, PATHOLOGY, CENTRAL ELECTRON MICROSCOPY UNIT**	**WOS:**000448866600006 **SCOPUS** **H Index:** 51 **Impact Factor:** 2.178

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	highlights important differences in the spectrum and trends of kidney disease compared to data from other regions. © 2017 Asian Pacific Society of Nephrology				
424.	Mohapatra, A., Valson, A. T., Gopal, B., Singh, S., Nair, S. C., Viswabandya, A., Varughese, S., Tamilarasi, V. and John, G. T. Hemostatic Abnormalities in Severe Renal Failure: Do They Bark or Bite? Indian J Nephrol; 2018, 28 (2): 135-142 **Address:** Department of Nephrology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Nephrology, Central Northern Adelaide Renal and Transplant Service, Adelaide, Australia. Department of Transfusion Medicine and Immunohaematology, **Christian Medical College, Vellore,**Tamil Nadu, India. Division of Medical Oncology and Hematology, Princess Margaret Cancer Centre, University of Toronto, Toronto, Canada. Department of Renal Medicine, Royal Brisbane and Women's Hospital, Queensland, Australia. Abnormal primary hemostasis is believed to be the most significant contributor to uremic bleeding. This study aimed to describe the prevalence and profile of primary and secondary hemostatic disorders in patients with chronic kidney disease (CKD) Stages 4 and 5 and to determine their association if any, with degree of uremia. Stages 4 and 5 predialysis CKD patients attending nephrology outpatient clinic were prospectively recruited and the following bleeding parameters were measured in all patients: platelet count, bleeding time (BT), Factor VIII assay, von Willebrand factor antigen (vWF:Ag), vWF:ristocetin cofactor activity (vWF:RCo), ratio of vWF:ristocetin cofactor activity to vWF antigen (vWF:RCo/vWF:Ag), prothrombin time (PT), and activated partial thromboplastin time (aPTT). Forty-five patients (80%, males) with a mean age of 39.4 years, 82% (n = 37) in Stage 5 CKD, were recruited for the study. The prevalence of thrombocytopenia was significantly higher among patients from West Bengal (15/26, 57.7%) compared to other study patients (2/19, 10.5%; P = 0.001); however, all had macrothrombocytes with normal BT, suggestive of the Harris syndrome. Factor VIII, vWF:Ag, vWF:RCo, vWF:RCo/vWF:Ag ratio, BT, PT, and aPTT were abnormal in 0 (0%), 0 (0%), 0 (0%), 4 (8.8%), 1 (2.2%), 7 (15.6%), and 5 (11.1%) patients, respectively. Except for thrombocytopenia, the prevalence of hemostatic abnormalities did not differ between CKD Stages 4	**NAT**	**JAN TO JUNE**	**NEPHROLOGY, TRANSFUSION MEDICINE AND IMMUNOHAEMATOLOGY**	**PMID:**29861564 **PMC ID:**5952452 **SCOPUS** **H Index:** 16 **Impact Factor:** 0.550 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	and 5. Hemostatic abnormalities are uncommon in Stages 4-5 CKD and except for thrombocytopenia, are not associated with degree of uremia. Constitutional macrothrombocytopenia is associated with normal BT even in CKD.				
425.	Moideen, S. P., Mytheenkunju, R., Govindan Nair, A., Mogarnad, M. and Afroze, M. K. H. Role of Adenoid-Nasopharyngeal Ratio in Assessing Adenoid Hypertrophy Indian Journal of Otolaryngology and Head and Neck Surgery; 2018, 1-5 Most of the time, pediatrician is the first to see children with adenotonsillar hypertrophy (AH) and they mostly rely on clinical assessment with or without some investigation to refer these children to otorhinolaryngologist. Numerous methods have been described for evaluation of AH, but many of these methods are not possible to follow in busy pediatric outpatient unit either because of lack of cooperation from child or due to limited availability of test or due to cost constraints. This study has been conducted to determine the diagnostic accuracy of lateral neck X-ray (LNX) for assessing AH and to assess the correlation between adenoid size in LNX and clinical symptoms in a pediatric unit. Prospective study conducted in Department of ENT, Pathmavathy Medical Foundation, Kollam, Kerala, India from January 2015 to March 2016. 60 consecutive children of both genders, between the age group of 5 to 14 years, attending Department of Pediatrics with a provisional diagnosis of AH were included in the study. The symptom scores, radiographic ratio of adenoid to nasopharynx and endoscopic scorings were calculated. Lateral neck X-ray with calculation of adenoid-to-nasopharynx ratio is found to have significant correlation with patient reported symptoms and findings in nasal endoscopic examination (NE). LNX can be considered as a useful objective tool in evaluation of children with adenoid hypertrophy. Primary care physicians or pediatricians can confidently use lateral neck X-ray for making clinical decisions and can consider nasopharyngoscopy when clinical picture remains unclear or more evaluation is needed. © 2018 Association of Otolaryngologists of India	**NAT**	**JAN TO JUNE**	**HEAD AND NECK SURGERY**	**SCOPUS** **H Index:** 15 **Impact Factor:** 0.390
426.	Mukhopadhyay, C., Shaw, T., Varghese, G. M. and Dance, D. A. B. Melioidosis in South Asia (India, Nepal, Pakistan, Bhutan and Afghanistan)	**INT**	**JAN TO JUNE**	**INFECTIOUS DISEASES**	**PMID:**30274447 **PMC ID:**6073985 **H Index:** NA

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Trop Med Infect Dis; 2018, 3 (2): **Address:** Department of Microbiology, Kasturba Medical College, Manipal Academy of Higher Education, Manipal 576104, India. chiranjay.m@manipal.edu. Center for Emerging and Tropical Diseases, Manipal Academy of Higher Education, Manipal 576104, India. chiranjay.m@manipal.edu. Department of Microbiology, Kasturba Medical College, Manipal Academy of Higher Education, Manipal 576104, India. tusharshaw1990@gmail.com. Department of Infectious Diseases, **Christian Medical College, Vellore**632004, India. georgemvarghese@hotmail.com. Lao-Oxford-Mahosot Hospital-Wellcome Trust Research Unit, Vientiane, Laos. David.d@tropmedres.ac. Centre for Tropical Medicine and Global Health, University of Oxford, Oxford OX1 2JD, UK. David.d@tropmedres.ac. Faculty of Infectious and Tropical Diseases, London School of Hygiene and Tropical Medicine, London WC1E 7HT, UK. David.d@tropmedres.ac. Despite the fact that South Asia is predicted to have the highest number of cases worldwide, melioidosis is a little-known entity in South Asian countries. It has never been heard of by the majority of doctors and has as yet failed to gain the attention of national Ministries of Health and country offices of the World Health Organization (WHO). Although a few centers are diagnosing increasing numbers of cases, and the mortality documented from these institutions is relatively high (nearly 20%), the true burden of the disease remains unknown. In India, most cases have been reported from southwestern coastal Karnataka and northeastern Tamil Nadu, although this probably simply reflects the presence of centers of excellence and researchers with an interest in the disease. As elsewhere, the majority of cases have type 2 diabetes mellitus and occupational exposure to the environment. Most present with community-acquired pneumonia and/or bacteremia, especially during heavy rainfall. The high seropositivity rate (29%) in Karnataka and isolation of B. pseudomallei from the environment in Tamil Nadu and Kerala confirm India as melioidosis-endemic, although the full extent of the distribution of the organism across the country is unknown. There are limited molecular epidemiological data, but, thus far, the majority of Indian isolates have appeared distinct from those from South East Asia and Australia. Among other South Asian countries, Sri Lanka and				**Impact Factor:** 1.610 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Bangladesh are known to be melioidosis-endemic, but there are no cases that have conclusively proved to have been acquired in Nepal, Bhutan, Afghanistan or Pakistan. There are no surveillance systems in place for melioidosis in South Asian countries. However, over the past two years, researchers at the Center for Emerging and Tropical Diseases of Kasturba Medical College, University of Manipal, have established the Indian Melioidosis Research Forum (IMRF), held the first South Asian Melioidosis Congress, and have been working to connect researchers, microbiologists and physicians in India and elsewhere in South Asia to raise awareness through training initiatives, the media, workshops, and conferences, with the hope that more patients with melioidosis will be diagnosed and treated appropriately. However, much more work needs to be done before we will know the true burden and distribution of melioidosis across South Asia.				
427.	Muliyil, D. E., Singh, P., Jois, S. K., Otiv, S., Suri, V., Varma, V., Abraham, A. M., Raut, C., Gupta, M., Singh, M. P., Viswanathan, R., Naik, S., Nag, V., Benakappa, A., Bavdekar, A., Sapkal, G., Singh, K., Gupta, N., Verma, S., Santhanam, S., Mishra, S., Bhatnagar, A., Prasad, G. R. V., Kolekar, J., Raj, N., Sabarinathan, R., Sachdeva, R. K., George, S., Chaudhary, S., Verghese, V. P., Jagtap, V., Bharadwaj, M. and Murhekar, M. Sero-prevalence of rubella among pregnant women in India, 2017 Vaccine; 2018, 36 (52): 7909-7912 **Address:Christian Medical College, Vellore,**Tamil Nadu, India. All India Institute of Medical Sciences, Jodhpur, India. Bangalore Medical College and Research Institute, Vanivilas Women and Children's Hospital, Bengaluru, Karnataka, India. KEM Hospital, Pune, India. Postgraduate Institute of Medical Education and Research, Chandigarh, India. Tata Main Hospital, Jamshedpur, Jharkhand, India. National Institute of Virology, Bengaluru Unit, Bengaluru, India. National Institute of Virology, Pune, India. Indira Gandhi Institute of Child Health, Bengaluru, India. Indian Council of Medical Research, New Delhi, India. National Institute of Epidemiology, Chennai, India. National Institute of Epidemiology, Chennai, India. Electronic **Address:** mmurhekar@nieicmr.org.in. BACKGROUND: We conducted a sero-survey among pregnant women attending antenatal clinics of six hospitals which also	**INT**	**JAN TO JUNE**	**COMMUNITY HEALTH, NEONATOLOGY**	**PMID:**30448333 **H Index:** 159 **Impact Factor:** 3.285

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	function as sentinel sites for CRS surveillance, to estimate the prevalence of IgG antibodies against rubella. METHODS: We systematically sampled 1800 pregnant women attending antenatal clinics and tested their sera for IgG antibodies against rubella. We classified sera as seropositive (titre >/=10IU/ml), sero-negative (titre <8IU/ml) or indeterminate (titre 8-9.9IU/ml) per manufacturer's instructions. In a sub-sample, we estimated the titers of IgG antibodies against rubella. IgG titer of >/=10IU/mL was considered protective. RESULTS: Of 1800 sera tested, 1502 (83.4%) were seropositive and 24 (1.3%) were indeterminate and 274 (15.2%) were sero-negative. Rubella sero-positivity did not differ by age group, educational status or place of residence. Three hundred and eighty three (87.8%) of the 436 sera had IgG concentrations >/=10IU/mL. CONCLUSION: The results of the serosurvey indicate high levels of rubella sero-positivity in pregnant women. High sero-prevalence in the absence of routine childhood immunization indicates continued transmission of rubella virus in cities where sentinel sites are located.				
428.	Muniswami, D. M. and Tharion, G. Functional Recovery Following the Transplantation of Olfactory Ensheathing Cells in Rat Spinal Cord Injury Model Asian Spine J; 2018, 12 (6): 998-1009 **Address:** Department of Physical Medicine and Rehabilitation, **Christian Medical College, Vellore,**India. Study Design: Olfactory ensheathing cells (OECs) from rat olfactory mucosa were cultured, characterized, and transplanted into a rat model of spinal cord injury (SCI). Purpose: To evaluate different doses of OECs in a rat model of SCI. Overview of Literature: SCI causes permanent functional deficit because the central nervous system lacks the ability to perform spontaneous repair. Cell therapy strategies are being explored globally. The clinical use of human embryonic stem cell is hampered by ethical controversies. Alternatively, OECs are a promising cell source for neurotransplantation. This study aimed to evaluate the efficacy of different doses of allogenic OEC transplantation in a rat model of SCI. Methods: OECs were cultured from the olfactory mucosa of Albino Wistar rats; these cells were characterized using immunohistochemistry and flow cytometry. Rats were divided into five groups (n=6 rats each). In each group, different dosage (2x105, 5x105, 10x105, and >10x105) of cultured cells were transplanted into experimentally injured spinal cords of rat models.	**INT**	**JAN TO JUNE**	**PHYSICAL MEDICINE AND REHABILITATION,**	**PMID:**30322257 **H Index:** 15 **Impact Factor:** 0.820 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	However, in the SCI group, only DMEM (Dulbecco's modified Eagle's medium) was injected. Rats were followed up upto 8 weeks post-transplantation. The outcome of transplantation was assessed using the Basso, Beattie, Bresnahan (BBB) scale; motor-evoked potential studies; and histological examination. Results: Cultured cells expressed 41% of p75NTR, a marker for OEC, and 35% of anti-fibronectin, a marker for olfactory nerve fibroblast. These cells also expressed S100beta and glial fibrillary acid protein of approximately 75% and 83%, respectively. All the transplanted groups showed promising BBB scores for hind-limb motor recovery compared with the SCI group ($p<0.05$). A motor-evoked potential study showed increased amplitude in all the treated groups compared with the SCI. Green fluorescent protein-labeled cells survived in the injured cord, suggesting their role in the transplantation-mediated repair. Transplantation of 5x105 cells showed the best motor outcomes among all the doses. Conclusions: OECs demonstrated a therapeutic effect in rat models with the potential for future clinical applications.				
429.	Muniswami, D. M., Ahmed, B. and Tharion, G. Therapeutic effect of fibroblast growth factor and olfactory ensheathing cells in rat models of spinal cord injury Journal of Pharmacology and Pharmacotherapeutics; 2018, 9 (1): 32-39 Objective: To compare the efficacy of individual and combined treatment of olfactory ensheathing cells (OECs) and acidic fibroblast growth factor (aFGF) in a rat model of spinal cord injury (SCI). Materials and Methods: Adult female Albino Wistar rats were anesthetized with ketamine (90 mg/kg) and xylazine (10 mg/kg) by intraperitoneal injection and T10 laminectomy was performed to expose the spinal cord, before drop-weight injury. Following injury, 2 μg of aFGF was administered at the site of injury and cultured rat olfactory mucosal OEC were transplanted as a single dose of 1 × 106 cells on the 9th day after SCI, used individually as well as in combination therapy. The outcome of the treatments was assessed using the hind-limb motor recovery-Basso, Beattie, Bresnahan (BBB) scale, transcranial motor-evoked potential, and histological studies. Results: All the treated groups showed improvement in hind-limb motor recovery when compared to the control group in BBB (P < 0.05). There was increased electromyography amplitude in treated rats as compared to controls (P < 0.05). Retrograde and anterograde tract tracing showed an increase of	**INT**	**JAN TO JUNE**	**PHYSICAL MEDICINE AND REHABLITATION**	**SCOPUS** **H Index:** 21 **Impact Factor:** 1.280

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	preserved axons and possible regeneration. Combination of aFGF with OEC transplantation demonstrated more beneficial effects following SCI than with individual therapy. Conclusion: aFGF and OEC transplantation have neuroprotective and regenerative therapeutic potentials for the future clinical application. © 2018 Journal of Postgraduate Medicine | Published by Wolters Kluwer - Medknow.				
430.	Muniswami, D. M., Kanthakumar, P., Kanakasabapathy, I. and Tharion, G. Motor Recovery after Transplantation of Bone Marrow Mesenchymal Stem Cells in Rat Models of Spinal Cord Injury Annals of Neurosciences; 2018, 64-78 Background: Neuronal tissue has a limited potential to self-renew or get repaired after damage. Cell therapies using stem cells are promising approaches for the treatment of central nervous system (CNS) injuries. However, the clinical use of embryonic stem cells is limited by ethical concerns and other scientific consequences. Bone marrow mesenchymal stromal cells (BM-MSC) could represent an alternative source of stem cells for replacement therapy. Indeed, many studies have demonstrated that MSCs can give rise to neuronal cells as well as many tissue-specific cell phenotypes. Purpose: Motor recovery by transplantation of bone marrow MSCs in rat models of spinal cord injury (SCI). Methods: Bone marrow was collected from the femur of albino Wistar rats. MSCs were separated using the Ficoll-Paque density gradient method and cultured in Dulbecco's Modified Eagle Medium supplemented with 20% fetal bovine serum. Cultured MSC was characterized by immunohistochemistry and flow cytometry and neuronal-induced cells were further characterized for neural markers. Cultured MSCs were transplanted into the experimentally injured spinal cord of Wistar rats. Control (injured, but without cell transplantation) and transplanted rats were followed up to 8 weeks, analyzed using the Basso, Beattie, Bresnahan (BBB) scale and electromyography (EMG) for behavioral and physiological status of the injured spinal cord. Finally, the tissue was evaluated histologically. Results: Rat MSCs expressed positivity for a panel of MSC markers CD29, CD54, CD90, CD73, and CD105, and negativity for hematopoietic markers CD34, CD14, and CD45. In vitro neuronal transdifferentiated MSCs express positivity for β III tubulin, MAP2, NF, NeuN, Nav1.1, oligodendrocyte (O4), and negativity for glial fibrillary acid protein. All the treated groups show promising hind-limb motor recovery	**INT**	**JAN TO JUNE**	**PHYSICAL MEDICINE AND REHABLITATION**	**SCOPUS** **H Index:** 11 **Impact Factor:** 0.970 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	BBB score, except the control group. There was increased EMG amplitude in treated groups as compared to the control group. Green fluorescent protein (GFP)-labeled MSC survived and differentiated into neurons in the injured spinal cord, which is responsible for functional recovery. Conclusion: Our results demonstrate that BM-MSC has the potential to repair the injured cord in rat models of SCI. Thus, BM-MSC appears to be a promising candidate for cell-based therapy in CNS injury. © 2018 S. Karger AG, Basel				
431.	Muralidharan, V., Swaminathan, G., Devadhas, D. and Joseph, B. V. Patient-specific interactive software module for virtual preoperative planning and visualization of pedicle screw entry point and trajectories in spine surgery Neurol India; 2018, 66 (6): 1766-1770 Address: Department of Neurological Sciences, **Christian Medical College, Vellore**, Tamil Nadu, India. Department of Nuclear Medicine, **Christian Medical College, Vellore**, Tamil Nadu, India. Background: Lumbar pedicle screw insertion involves a steep learning curve for novice spine surgeons and requires image guidance or navigation. Small volume centers may be handicapped by the lack of cost-effective user-friendly tools for preoperative planning, guidance, and decision making. Objective: We describe a patient-specific interactive software module, pedicle screw simulator (PSS), for virtual preoperative planning to determine the entry point and visualize the trajectories of pedicle screws. Materials and Methods: The PSS was coded in Python for use in an open source image processing software, 3D Slicer. Preoperative computed tomography (CT) data of each subject was loaded into this module. The entry-target (ET) mode calculates the ideal angle from the entry point through the widest section of the pedicle to the desired target in the vertebral body. The entry-angle (EA) mode projects the screw trajectory from the desired entry point at a desired angle. The performance of this software was tested using CT data from four subjects. Results: PSS provided a quantitative and qualitative feedback preoperatively to the surgeon about the entry point and trajectories of pedicle screws. It also enabled the surgeons to visualize and predict the pedicle breach with various trajectories. Conclusion: This interactive software module aids in understanding and correcting the orientation of each vertebra in three-dimensions, to identify the ideal entry points, angles of	**NAT**	**JUL TO DEC**	**NEUROLGOY**	**PMID:30504578** **PMID:WOS:000452798000041** **H Index:** 40 **Impact Factor:** 2.166

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	insertion and trajectories for pedicle screw insertion to suit the local anatomy.				
432.	Murhekar, M., Bavdekar, A., Benakappa, A., Santhanam, S., Singh, K., Verma, S., Sapkal, G. N., Gupta, N., Verghese, V. P., Viswanathan, R., Abraham, A. M., Choudhary, S., Deshpande, G. N., George, S., Goyal, G., Gupta, P. C., Jhamb, I., John, D., Philip, S., Kadam, S., Sachdeva, R. K., Kumar, P., Lepcha, A., Mahantesh, S., Manasa, S., Nehra, U., Munjal, S. K., Nag, V. L., Naik, S., Raj, N., Ram, J., Ratho, R. K., Raut, C. G., Rohit, M. K., Sabarinathan, R., Shah, S., Singh, P., Singh, M. P., Tiwari, A. and Vaid, N. Sentinel surveillance for congenital rubella syndrome — India, 2016–2017 Send to MMWR Morb Mortal Wkly Rep. 2018 Sep 14;67(36):1012-1016. doi: 10.15585/mmwr.mm6736a4. **Address:** National Institute of Epidemiology, Chennai, India KEM Hospital Research Centre, Pune, India Indira Gandhi Institute for Child Health, Bengaluru, India **Christian Medical College, Vellore,**India All India Institute of Medical Sciences, Jodhpur, India Postgraduate Institute of Medical Education and Research, Chandigarh, India National Institute of Virology, Pune, India Indian Council of Medical Research, New Delhi, India National Institute of Virology, Bengaluru Unit, Bengaluru, India	**INT**	**JUL TO DEC**	**NEONATOLOGY**	**PMID:** 30212443 **PMCID:PMC6146948** **WOS:**000444728500003 **SCOPUS** **H Index:** NA **Impact Factor:** 7.820 (RG)
433.	Muripiti, V., Mujahid, T. Y., Boddeda, V. H. V., Tiwari, S., Marepally, S. K., Patri, S. V. and Gopal, V. Structure-activity relationship of serotonin derived tocopherol lipids Int J Pharm; 2018, 554 134-148 **Address:** National Institute of Technology, Warangal 506004, Telangana, India. CSIR-Centre for Cellular and Molecular Biology, Uppal Road, Hyderabad 500007, Telangana, India. Center for Stem Cell Research (CSCR), **Christian Medical College Campus, Bagayam, Vellore** 632002, TN, India. National Institute of Technology, Warangal 506004, Telangana, India. Electronic **Address:** patrisrilakshmi@nitw.ac.in. CSIR-Centre for Cellular and Molecular Biology, Uppal Road, Hyderabad 500007, Telangana, India. Electronic **Address:** vg562000@gmail.com.	**INT**	**JAN TO JUNE**	**CENTER FOR STEM CELL RESEARCH (CSCR)**	**PMID:**30389474 **H Index:** 179 **Impact Factor:** 3.862

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Tocopherol-based lipids are widely used for nucleic acid delivery. Using tocopherol molecules, we designed and synthesized 5-HT functionalized lipids by tethering 5-hydroxytryptamine (5-HT), a small molecule ligand as the head group to a natural amphiphilic molecule namely alpha-tocopherol (Vitamin E). This is with the aim of delivering nucleic acids specifically into cells expressing the serotonin receptors (5-hydroxytryptamine[5-HT]) which are abundant in the central nervous system. In order to achieve target recognition, we adopted an approach wherein two structurally different lipid molecules having serotonin as the head group was conjugated to tocopherol via different linkers thus generating lipids with either free -NH2 or -OH moiety. The corresponding lipids designated as Lipid A (Tocopheryl carbonate serotonin-NH2) and Lipid B (Tocopheryl 2-hydroxy propyl ammonium serotonin-OH), were formulated with co-lipids 1,2-dioleoyl-sn-glycero-3-phosphatidyl-ethanolamine (DOPE) and 1,2-dioleoyl-sn-glycero-sn-3-phosphatidylcholine (DOPC) and evaluated for their ability to deliver plasmid DNA through reporter gene expression assays in vitro. Furthermore, the physicochemical characteristics and cellular interactions of the formulations were examined using serotonin-receptor enriched cells in order to distinguish the structural and functional attributes of both lipids. Cell-based gene expression studies reveal that in comparison to Lipid A, a formulation of Lipid B prepared with DOPE as the co-lipid, contributes to efficient uptake leading to significant enhancement in transfection. Specific interactions explored by molecular docking studies suggests the role of the hydroxyl moiety and the enantiospecific significance of serotonin- conjugated tocopherol lipids in recognizing these receptors thus signifying a promising lipid-based approach to target the serotonin receptors in the central nervous system.				
434.	Murray, Christopher J. L., Callender, Charlton S. K. H., Kulikoff, Xie Rachel, Srinivasan, Vinay, Abate, Degu, Abate, Kalkidan Hassen, Abay, Solomon M., Abbasi, Nooshin, Abbastabar, Hedayat, Abdela, Jental, Abdelalim, Ahmed, Abdel-Rahman, Omar, Abdi, Alireza, Abdoli, Nasrin, Abdollahpour, Ibrahim, Abdulkader, Rizwan Suliankatchi, Abebe, Haftom Temesgen, Abebe, Molla, Abebe, Zegeye, Abebo, Teshome Abuka, Abejie, Ayenew Negesse, Aboyans, Victor, Abraha, Haftom Niguse, Abreu, Daisy Maria Xavier, Abrham, Aklilu Roba, Abu-Raddad, Laith Jamal, Abu-Rmeileh, Niveen M. E., Accrombessi, Manfred Mario Kolkou, Acharya, Pawan,	**INT**	**JUL TO DEC**	**MEDICINE**	**PMID:WOS:000449710900008** **H Index:** 670 **Impact Factor:** 53.254

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Adamu, Abdu A., Adebayo, Oladimeji M., Adedeji, Isaac Akinkunmi, Adekanmbi, Victor, Adetokunboh, Olatunji O., Adhena, Beyene Meressa, Adhikari, Tara Ballav, Adib, Mina C., Adou, Arsene Kouablan, Adsuar, Jose C., Afarideh, Mohsen, Afshin, Ashkan, Agarwal, Gina, Agesa, Kareha M., Aghayan, Sargis Aghasi, Agrawal, Sutapa, Ahmadi, Alireza, Ahmadi, Mehdi, Ahmed, Muktar Beshir, Ahmed, Sayem, Aichour, Amani Nidhal, Aichour, Ibtihel, Aichour, Miloud Taki Eddine, Akanda, Ali S., Akbari, Mohammad Esmaeil, Akibu, Mohammed, Akinyemi, Rufus Olusola, Akinyemiju, Tomi, Akseer, Nadia, Alahdab, Fares, Al-Aly, Ziyad, Alam, Khurshid, Alebel, Animut, Aleman, Alicia V., Alene, Kefyalew Addis, Al-Eyadhy, Ayman, Ali, Raghib, Alijanzadeh, Mehran, Alizadeh-Navaei, Reza, Aljunid, Syed Mohamed, Alkerwi, Ala'a, Alla, Francois, Allebeck, Peter, Almasi, Ali, Alonso, Jordi, Al-Raddadi, Rajaa M., Alsharif, Ubai, Altirkawi, Khalid, Alvis-Guzman, Nelson, Amare, Azmeraw T., Ammar, Walid, Anber, Nahla Flamed, Andrei, Catalina Liliatta, Androudi, Sofia, Animut, Megbant Delialkie, Ansari, Hossein, Ansha, Mustafa Geleto, Antonio, Carl Abelardo T., Appiah, Seth Christopher Yaw, Aremu, Olatunde, Areri, Habtamu Abera, Arian, Nicholas, Arnlov, Johan, Artaman, Al, Aryal, Krishna K., Asayesh, Hamid, Asfaw, Ephrem Tsegay, Asgedom, Solomon Weldegebreal, Assadi, Reza, Atey, Tesfay Mehari Mehari, Afique, Suleman, Atteraya, Madhu Sudhan, Ausloos, Marcel, Avokpaho, Euripide F. C. A., Awasthi, Ashish, Quintanilla, Beatriz Paulina Ayala, Ayele, Yohanes, Ayer, Rakesh, Ayuk, Tambe B., Azzopardi, Peter S., Babalola, Tesleem Kayode, Babazadeh, Arefeh, Radali, Hamid, Badawi, Alaa, Bali, Ayele Geleto, Ranach, Maciej, Barker-Collo, Suzanne Lyn, Barnighausen, Till Winfried, Barrero, Lope H., Basaleem, Huda, Bassat, Quique, Basu, Arindam, Baune, Bernhard T., Baynes, Habtamu Wondifraw, Beghi, Ettore, Behzadifar, Masoud, Belazadifar, Meysam, Bekele, Bayu Begashaw, Belachew, Abate Bekele, Belay, Aregawi Gebreyesus, Belay, Ezra, Belay, Saba Abrahant, Belay, Yihalem Abebe, Bell, Michelle L., Bello, Aminu K., Bennett, Derrick A., Bensenor, Isabela M., Bergeron, Gilles, Berhane, Adugnaw, Berman, Adam E., Bernabe, Eduardo, Bernstein, Robert S., Bertolacci, Gregory J., Beuran, Mircea, Bhattarai, Suraj, Bhaumik, Soumyadeep, Bhutia, Zulltiqar A., Biadgo, Belete, Bijani, Ali, Rikbov, Boris, Bililign, Nigus, Bin Sayeed, Muhammad Shandaat, Birlik, Sait Mentes, Birungi, Charles, Diswas, Tuhin, Bizuneh, Hailemichael, Bleyer, Archie, Basara, Berrak Bora, Bosetti, Cristina, Boufous, Soufiane, Brady, Oliver J., Bragazzi, Nicola Luigi, Brainin, Michael, Brazinova, Alexandra, Breitborde,				

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	Nicholas J. K., Brenner, Hermann, Brewer, Jetty D., Briant, Paul Svitil, Britton, Gabrielle, Burstein, Roy, Busse, Reinhard, Riff, Zahid A., Cahuana-Hurtado, Lucero, Campos-Nonato, Ismael R., Rincon, Julio Cesar Campuzano, Cano, Jorge, Car, Mate, Cardenas, Rosario, Carrero, Juan J., Carvalho, Felix, Castaneda-Orjuela, Carlos A., Rivas, Jacqueline Castillo, Castro, Franz, Catala-Lopez, Ferran, Cavin, Alanur, Cerin, Ester, Chalek, Julian, Chang, Hsing-Yi, Chang, Jung-Chen, Chattopadhyay, Aparajita, Chaturvedi, Pankaj, Chiang, Peggy Pei-Chia, Chin, Ken Lee, Chisumpa, Vesper Hichilombwe, Chitheer, Abdulaal, Choi, Jee-Young J., Chowdhury, Rajiv, Christopher, Devasahayam J., Cicuttini, Flavia M., Ciobanu, Liliana G., Cirillo, Massimo, Claro, Rafael M., Collado-Mateo, Daniel, Constantin, Maria-Magdalena, Conti, Sara, Cooper, Cyrus, Cooper, Leslie Trumbull, Cornaby, Leslie, Cortesi, Paolo Angelo, Cortinovis, Monica, Costa, Megan, Cromwell, Elizabeth A., Crowe, Christopher Stephen, Cukelj, Petra, Cunningham, Matthew, Daba, Alemneh Kabeta, Dachew, Berihun Assefa, Dandona, Lalit, Dandona, Rakhi, Dargan, Paul I., Daryani, Ahmad, Das Gupta, Raja T., Das Neves, Jose, Dasa, Tamirat Tesfaye, Dash, Aditya Prasad, Weaver, Nicole Davis, Davitoiu, Dragos Virgil, Davletov, Kairat, De Leo, Diego, De Neve, Jan Walter, Degefa, Meaza Ginna, Degenhardt, Louisa, Degfie, Tizta Tilahun, Deiparine, Selina, Demoz, Gebre Teklemariam, Demtsu, Eakin, Denova-Gutierrez, Edgar, Deribe, Kebede, Dervenis, Nikolaos, Des Jarlais, Don C., Dessie, Getenet Ayalew, Dharniaratne, Samath D., Dhimal, Meghnath, Dicker, Daniel, Ding, Eric L., Dinsa, Ginnaye Deye, Djalalinia, Shirin, Huyen Phuc, Do, Dokova, Klara, Doku, David Teye, Dolan, Kate A., Doyle, Kerrie E., Driscoll, Tint R., Dubey, Manisha, Dubljanin, Eleonora, Duken, Eyasu Neff, Duraes, Andre R., Ebrahimpour, Soheil, Edvardsson, David, El Bcheraoui, Charbel, El-Khatib, Ziad, Elyazar, Iqbal Rf, Enayati, Ahmadali, Endries, Aman Yesuf, Ermakov, Sergey Petrovich, Eshrati, Babak, Eskandarieh, Sharareh, Esmaeili, Reza, Esteghamati, Alireza, Esteghamati, Sadaf, Estep, Kara, Fakhim, Hamed, Farag, Tamer, Faramarzi, Mahbobeh, Fareed, Mohammad, Farinha, Carla Sofia E. Sa, Faro, Andre, Farvid, Maryam S., Farzadfar, Farshad, Farzaei, Mohammad Hosein, Fay, Kairsten A., Fazeli, Mir Sohail, Feigin, Valery I., Feigl, Andrea B., Feizy, Fariba, Fenny, Ama P., Fentahun, Netsanet, Fereshtehnejad, Seyed-Mohammad, Femandes, Eduarda, Feyissa, Garumma Tolu, Filip, Irina, Finegold, Samuel, Fischer, Florian, Flor, Luisa Sorio, Foigt, Nataliya A., Foreman, Kyle J., Fornari, Carla, Furst, Thomas, Fukumoto, Takeshi, Fuller, John E., Fullman, Nancy, Gakidou,				

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	Emmanuela, Gallus, Silvano, Gamkrelidze, Amiran, Ganji, Morsaleh, Gankpe, Fortune Gbetoho, Garcia, Gregory N., Garcia-Gordillo, Miguel A., Gebre, Abadi Kahsu, Gebre, Teshome, Gebregergs, Gebremedhin Berhe, Gebrehiwot, Tsegaye Tewelde, Gebremedhin, Amanttel Tesfay, Gelano, Tilayie Feto, Gelaw, Yalemzewod Assefa, Geleijnse, 'Johanna N., Genova-Maleras, Ricard, Gething, Peter, Gezae, Kebede Embaye, Ghadami, Mohammad Rasoul, Ghadimi, Reza, Ghadiri, Keyghobad, Falavarjani, Khalil Ghasemi, Ghasemi-Kasman, Maryam, Ghiasvand, Hesam, Ghimire, Mamata, Ghoshal, Aloke Gopal, Gill, Paramjit Singh, Gill, Tiffany K., Giussani, Giorgia, Gnedovskaya, Elena V., Goli, Srinivas, Gomez, Ricardo Santiago, Gomez-Dantes, Hector, Gona, Philimon N., Goodridge, Amador, Gopalani, Sameer Vali, Goulart, Alessandra C., Niegia, Barbara, Goulart, Garcia, Grada, Ayman, Grosso, Giuseppe, Gugnani, Harish Chander C., Guo, Jingwen, Guo, Yuming, Gupta, Prakash C., Gupta, Rahul, Gupta, Rajeev, Gupta, Tanush, Haagsma, Juanita A., Hachinski, Vladimir, Hafezi-Nejad, Nima, Hagos, Tekleberhan B., Hailegiyorgis, Tewodros Tesfa, Hailu, Gessessew Bugssa, Haj-Mirzaian, Arvin, Haj-Mirzaian, Arya, Hamadeh, Randah R., Hamidi, Sarver, Handal, Alexis J., Hankey, Graeme J., Hao, Yuantao, Harb, Hilda I., Haririan, Hamidreza, Haro, Josep Maria, Hasan, Mehedi, Hassankhani, Hadi, Hassen, Hamid Yimam, Havrnoeller, Rasmus, Hay, Simon I., He, Yihua, Hedayatizadeh-Omran, Akbar, Hegazy, Mohamed I., Heibati, Behzad, Heidari, Behnam, Hendrie, Delia, Henok, Andualem, Henry, Nathaniel J., Herteliu, Claudiu, Heydarpour, Fatemeh, Hibstu, Desalegn T., Hole, Michael K., Rad, Enayatollah Homaie, Hoogar, Praveen, Hosgood, H. Dean, Hosseini, Seyed Mostafa, Chavoshi, Meimanat M. Hosseini, Hosseinzadeh, Mehdi, Hostiuc, Mihaela, Hostiuc, Sorin, Hsairi, Mohamed, Hsiao, Thomas, Hu, Guoqing, Huang, John J., Iburg, Kim Moesgaard, Igumbor, Ehimario U., Ikeda, Chad Thomas, Ilesanmi, Olayinka Stephen, Iqbal, Usman, Irenso, Asnake Ararsa, Irvani, Seyed Sina Naghibi, Isehunwa, Oluwaseyi Oluwakemi, Islam, Sheikh Mohammed Sharifhl, Jahangiry, Leila, Jahanmehr, Nader, Jam, Sudhir Kumar, Jakovljevic, Mihajlo, Jalu, Moti Tolera, James, Spencer L., Jassal, Simerjot K., Javanbakht, Mehdi, Jayatilleke, Achala Upendra, Jeemon, Panniyammakal, Jha, Ravi Prakash, Jha, Vivekanand, Ji, John S., Jonas, Jost B., Jozwiak, Jacek Jerzy, Jungari, Suresh Banayya, Jurisson, Mikk, Kabir, Zubair, Kadel, Rajendra, Kahsay, Amaha, Kalani, Rizwan, Kapil, Umesh, Karami, Manoochehr, Martin, Behead Karami, Karch, Andre, Karema, Corine, Karimi, Seyed M.,				

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	Kasacian, Amir, Kassa, Dessalegn H., Kassa, Getachew Muilu, Kassa, Tesfaye Dessale, Kassa, Zemenu Yohannes, Kassebaum, Nicholas J., Kastor, Anshul, Katikireddi, Srinivasa Vittal, Kaul, Anil, Kawakami, Norito, Karyani, Ali Kazemi, Kebede, Seifu, Keiyoro, Peter Njenga, Kemp, Grant Rodgers, Kengne, Andre Pascal, Keren, Andre, Kereselidze, Maia, Khader, Yousef Saleh, Khafaie, Morteza Abdullatif, Khajavi, Alireza, Khalid, Nauman, Khalil, Ibrahim A., Khan, Ejaz Ahmad, Khan, Muhammad Shahzeb, Hang, Young-Ho K., Khanna, Tripti, Khater, Mona M., Khatony, Alireza, Khazaeipour, Zahra, Khazaie, Habibolah, Khoja, Abdullah T., Khosravi, Ardeshir, Khosravi, Mohammad Hossein, Kibret, Getiye D., Kidenemariam, Zelalem Teklemariam, Kiirithio, Daniel N., Kilgore, Paul Evan, Kim, Daniel, Kim, Jun Y., Kim, Young-Eun, Kim, Yun Jin, Kimokoti, Ruth W., Kinfu, Yohannes, Kinra, Sanjay, Kisa, Adnan, Kivimaki, Mika, Kochhar, Sonli, Kokubo, Yoshihiro, Kolola, Tufa, Kopec, Jacek A., Kosek, Margaret N., Kosen, Soewarta, Koul, Parvaiz A., Koyanagi, Ai, Krishan, Kewal, Krishnaswami, Sanjay, Krohn, Kristopher J., Defo, Barthelemy Kuate, Bicer, Burcu Kucuk, Kumar, G. Anil, Kumar, Manasi, Kumar, Pushpendra, Kumsa, Fekede Asefa, Kutz, Michael J., Lad, Sheetal D., Lafranconi, Alessandra, Lal, Dharmesh Kumar, Lalloo, Ratilal, Lam, Hilton, Lami, Faris Hasan, Lang, Justin J., Lansky, Sonia, Lansingh, Van C., Laryea, Dennis Odai, Lassi, Zohra S., Latifi, Arman, Laxmaiah, Avula, Lazarus, Jeffrey V., Lee, James B., Lee, Paul H., Leigh, James, Leshargie, Cheru Tesema, Leta, Samson, Levi, Miriam, Li, Shanshan, Li, Xiaohong, Li, Yichong, Liang, Juan, Liang, Xiaofeng, Liben, Misgan Iegesse, Lim, Lee-Ling, Limenih, Miteku Andualem, Linn, Shai, Liu, Shiwei, Lorkowski, Stefan, Lotufo, Paulo A., Lozano, Rafael, Lunevicius, Raimundas, Mabika, Crispin Mabika, Macarayan, Erlyn Rachelle King, Mackay, Mark T., Madotto, Fabiana, Mahmood, Tarek Abd Elaziz, Mahotra, Narayan Bahadur, Majdan, Marek, Majdzadeh, Reza, Majeed, Azeem, Malekzadeh, Reza, Malik, Manzoor Ahmad, Mamun, Abdullah A., Mariano, Wondimu Ayele, Manda, Ana-Laura, Mangalam, Srikanth, Mansournia, Mohammad Ali, Mantovani, Lorenzo Giovanni, Mapoma, Chabila Christopher, Marami, Dadi, Maravilla, Joemer C., Marcenes, Wagner, Marina, Shakhnazarova, Martins-Melo, Francisco Rogerlandio, Martz, Winfried, Marzan, Melvin B., Mashamba-Thompson, Tivani Phosa, Masiye, Felix, Mason-Jones, Amanda J., Massenburg, Benjamin Ballard, Mathur, Mann Raj, Main, Pallab K., Mazidi, Mohsen, Mcgrath, John J., Mehata, Suresh, Mehendale, Sanjay Madhav, Mehndiratta, Man Mohan, Mehrotra, Ravi, Mehrzadi, Saeed, Mehta, Kala M., Mehta,				

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	Varshil, Mekonnen, Tefera C., Meles, Hagazi Gebre, Meles, Kidanu Gebremariam, Melese, Addisu, Melku, Mulugeta, Memiah, Peter T. N., Memish, Ziad A., Mendoza, Walter, Mengesha, Melkamu Merid, Mengistu, Desalegn Tadese, Mengistu, Getnet, Mensah, George A., Mereta, Seid Tiku, Meretoja, Atte, Meretoja, Tuomo J., Mestrovic, Tomislav, Mezgebe, Haftay Berhane, Miangotar, Yode, Miazgowski, Bartosz, Miazgowski, Tomasz, Miller, Ted R., Miller-Petrie, Molly Katherine, Mini, G. K., Mirabi, Parvaneh, Mirica, Andreea, Mirrakhimov, Erkin M., Misganaw, Awoke Temesgen, Moazen, Bahak, Mohammad, Karzan Abduhmuhsin, Mohammadi, Moslem, Mohammadifard, Noushin, Mohanmmdi-Khanaposhtani, Marysm, Mohammed, A. Mohammed, Mohammed, Shafiu, Mokdad, Ali H., Mola, Glen Dl, Molokhia, Mariam, Monasta, Lorenzo, Montanez, Julio Cesar, Moradi, Ghobad, Moradi, Mahmoudreza, Moradi-Lakeh, Maziar, Moradinazar, Mehdi, Moraga, Paula, Morgado-Da-Costa, Joana, Mori, Rintaro, Morrison, Shane Douglas, Mosapour, Abbas, Moschos, Marilita M., Mousavi, Seyyed Meysam, Muche, Achenef Asmamaw, Muchie, Kindle Fentahun, Mueller, Ulrich Otto, Mukhopadhyay, Satinath, Murphy, Tasha B., Muller, Kate, Murthy, G. V. S., Musa, Jonah, Musa, Kamarul Imran, Mustafa, Ghulam, Muthupandian, Saravanan, Nachega, Jean B., Nagel, Gabriele, Naghavi, Mohsen, Naheed, Aliya, Nahnjou, Azin, Naik, Gurudatta, Naik, Paulami, Najafi, Farid, Naldi, Luigi, Nangia, Vinay, Nansseu, Jobert Richie, Naschnento, Bruno Ramos, Nawaz, Haseeb, Ncama, Busisiwe P., Neamati, Nahid, Negoi, Ionut, Negoi, Ruxandra Irina, Neupane, Subas, Newton, Charles Richard James, Ngalesoni, Frida N., Ngunjiri, Josephine W., Nguyen, Grant, Long Hoang, Nguyen, Trang Huyen, Nguyen, Ningrum, Dina Nur Anggraini, Nirayo, Yirga Legesse, Nisar, Muhammad Miran, Nixon, Molly R., Nomura, Shuhei, Noroozi, Mehdi, Noubiap, Jean Jacques, Nouri, Hamid Reza, Shiadeh, Malihe Nourollahpour, Nowroozi, Mohammad Reza, Nyandwi, Alypio, Nyasulu, Peter S., Odell, Christopher M., Ofori-Asenso, Richard, Ogah, Okechukwu Samuel, Ogbo, Felix Akpojene, Oh, In-Hwan, Okoro, Anselm, Oladimeji, Olanrewaju, Olagunju, Andrew T., Olagunju, Tinuke O., Olivares, Pedro R., Olusanya, Bolajoko Olubukunola, Olusanya, Jacob Olusegun, Ong, Sok King, Ortiz, Alberto, Osgood-Zimmerman, Aaron, Ota, Erika, Otieno, Brenda Achieng, Otstavnov, Stanislav S., Owolabi, Mayowa Ojo, Oyekale, Abayomi Samuel, Pakhale, Mahesh P. A. Smita, Pakhare, Abhijtt P., Pana, Adrian, Panda, Basant Kumar, Panda-Jonas, Songhomina, Pandey, Achyut Raj, Park, Eun-Kee, Parsian, Hadi, Patel, Shanti, Patil, Snehal T., Patle, Ajay, Patton,				

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	George C., Paturi, Vishnupriya Rao, Paudel, Deepak, Pedroso, Marcel Moraes, Peprah, Emmanuel K., Pereira, David M., Perico, Norberto, Pesudovs, Konrad, Petri, William A., Petzold, Max, Pierce, Maxwell, Pigott, David M., Pillay, Julian David, Pirsaheb, Meghdad, Polanczyk, Guilherme V., Postma, Maarten J., Pourmalek, Farshad, Pourshams, Akram, Poustchi, Hossein, Prakash, Swayam, Prasad, Narayan, Purcell, Caroline A., Purwar, Manorama B., Qorbani, Mostafa, Quansah, Reginald, Radfar, Arnir, Rafay, Anwar, Rafiei, Alireza, Rahim, Fakher, Rahimi-Movaghar, Afarin, Rahimi-Movaghah, Vafa, Rahman, Mahfuzar, Rahman, Md Shafiur, Rahman, Mohammad Hifz Ur, Rahman, Muhammad Aziz, Rahman, Sajjad Ur, Rai, Rajesh Kumar, Rajati, Fatemeh, Rajsic, Sasa, Ram, Usha, Ranabhat, Chhabi Lal, Ranjan, Prabhat, Rawaf, David Laith, Rawaf, Salman, Ray, Sarah E., Razo-Garcia, Christian, Reiner, Robert C., Reis, Cesar, Remuzzi, Giuseppe, Renzaho, Andre M. N., Resnikoff, Serge, Rezaei, Satar, Rezaeian, Shahab, Rezai, Mohammad Sadegh, Riahi, Seyed Mohammad, Rios-Blancas, Maria Jesus, Roba, Kedir Teji, Roberts, Nicholas L. S., Roever, Leonardo, Ronfani, Luca, Roshandel, Gholamreza, Rostami, Ali, Rubagotti, Enrico, Ruhago, George Mugambage, Sabde, Yogesh Damodar, Sachdev, Perminder S., Saddik, Basema, Moghaddam, Sahar Saeedi, Safari, Hosein, Safari, Yahya, Safari-Faramani, Roya, Safdarian, Mandi, Safi, Sare, Safiri, Saeid, Sagan, Rajesh, Sahebkar, Amirhossein, Sahraian, Mohammad Ali, Sajadi, Haniye Sadat, Salahshoor, Mohamadreza, Salam, Nasir, Salama, Joseph S., Salamati, Payman, Saldanha, Raphael De Freitas, Sateen, Zikria, Salimi, Yahya, Salimzadeh, Hamideh, Salomon, Joshua A., Santosh, Sundeep Salvi, Salz, Inbal, Sanibala, Evanson Zondani, Samy, Abdallah M., Sanabria, Juan, Sanchez-Nino, Maria Dolores, Santos, Itamar S., Milicevic, Milena M. Santric, Jose, Bruno Piassi Sao, Sardana, Mayank, Sarker, Abdur Razzaque, Sanniento-Suarez, Rodrigo, Saroshe, Satish, Sarrafradegan, Nizal, Sartorius, Berm, Sarvi, Shahabeddin, Sathian, Brijesh, Satpathy, Maheswar, Sawant, Arundhati R., Sawhney, Monika, Saxena, Sonia, Schaeffner, Elke, Schelonka, Kathryn, Schneider, Ione J. C., Schwebel, David C., Schwendicke, Falk, Seedat, Soraya, Sekerija, Mario, Sepanlou, Sadaf G., Servan-Mori, Edson, Shabaninejad, Hosein, Shackelford, Katya Anne, Shafieesabet, Azadeh, Shaheen, Amira A., Shaikh, Masood Ali, Shakir, Raad A., Shams-Beyranvand, Mehran, Shamsi, Mohammadbagher, Sharnsizadeh, Morteza, Sharafi, Heidar, Sharafi, Kiomars, Sharif, Mehdi, Sharif-Alhoseini, Mahdi, Sharma, Jayendra, Sharma, Rajesh, She, Jun, Sheikh, Ariz,				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Shi, Pailin, Shibuya, Kenji, Shigematsu, Mika, Shiri, Rahman, Shirkoohi, Reza, Shiue, Ivy, Shokraneh, Farhad, Shukla, Sharvari Rahul, Si, Si, Siabani, Soraya, Sibai, Abla Mehio, Siddiqi, Tariq J., Sigfusdottir, Inga Dora, Sigurvinsdottir, Rannveig, Silpakit, Naris, Silva, Diego Augusto Santos, Silva, Joao Pedro, Silveira, Dayane Gabriele Alves, Singam, Narayana Sarma Venkata, Singh, Jasvinder A., Singh, Narinder Pal, Singh, Virendra, Sinha, Dhirendra Narain, Sliwa, Karen, Soares Filho, Adauto Martins, Sobaih, Badr Hasan, Sobhani, Soheila, Soofi, Moslem, Soriano, Joan B., Soyiri, Ineneous N., Sreeramareddy, Chandrashekhar T., Starodubov, Vladimir I., Steiner, Cartlyn, Stewart, Leo G., Stokes, Mark A., Strong, Mark, Subart, Michelle L., Sufiyan, Mu'awiyyah Babale, Sulo, Gerhard, Sunguya, Bruno F., Sur, Patrick John, Sutradhar, Ipsita, Sykes, Bryan L., Sylaja, P. N., Sylte, Dillon O., Szoeke, Cassandra E. I., Tabares-Seisdedos, Rafael, Tabb, Karen M., Tadakamadla, Santos Kumar, Tandon, Nikhil, Tassew, Aberash Abay, Tassew, Segen Gebremeskel, Taveira, Nuno, Tawye, Nega Yimer, Tehrani-Banihashemi, Arash, Tekalign, Tigist Gashaw, Tekle, Merhawi Gebremedhin, Temsah, Mohamad-Hani, Terkawi, Abdullah Sulieman, Teshale, Manaye Yihune, Tessema, Belay, Teweldemedhin, Mebrahtu, Thakur, Jarnail Singh, Thankappan, Kavumpurathu Raman, Thirunavukkarasu, Sathish, Thomas, Nihal, Thomson, Alan J., Tilahun, Binyam, To, Quyen G., Tonelli, Marcello, Topor-Madry, Roman, Torre, Anna E., Tortajada-Girbes, Miguel, Tovani-Palone, Marcos Roberto, Toyoshima, Hideaki, Bach Xuan, Tran, Khan Bao, Tran, Tripathy, Srikanth Prasad, Truelsen, Thomas Clement, Nu Thi, Truong, Tsadik, Afewerki Gebremeskel, Tsegay, Amanuel, Tsilimparis, Nikolaos, Car, Lorainne Tudor, Ukwaja, Kingsley N., Ullah, Irfan, Usman, Muhammad Shariq, Uthman, Olalekan A., Uzun, Selen Begum, Vaduganathan, Muthiah, Vaezi, Afsane, Vaidya, Gaurang, Valdez, Pascual R., Varavikova, Elena, Varughese, Santosh, Vasankari, Tommi Juhani, Vasconcelos, Ana Maria Nogales, Venketasubramanian, Narayanaswamy, Villafaina, Santos, Violante, Francesco S., Vladimirov, Sergey Konstantinovitch, Vlassov, Vasily, Vollset, Stein Emil, Vos, Theo, Vosoughi, Kia, Vujcic, Isidora S., Wagnew, Fasil Shiferaw, Waheed, Yasir, Walson, Judd L., Wang, Yanping, Wang, Yuan-Pang, Weiderpass, Elisabete, Weintraub, Robert G., Weldegwergs, Kidu Gidey, Werdecker, Andrea, Westerman, Ronny, Whiteford, Harvey, Widecka, Justyna, Widecka, Katarzyna, Wijeratne, Tissa, Winkler, Andrea Sylvia, Wiysonge, Charles Shey, Wolfe, Charles D. A., Wu, Shouling, Wyper, Grant M. A., Xu, Gelin, Yamada, Tomohide, Yano,				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Yuichiro, Yaseri, Mehdi, Yasin, Yasin Jemal, Ye, Pengpeng, Yentur, Gokalp Kadri, Yeshaneh, Alex, Yimer, Ebrahim M., Yip, Paul, Yisma, Engida, Yonemoto, Naohiro, Yoon, Seok-Jun, Yotebieng, Marcel, Younis, Mustafa Z., Yousefifard, Mahmoud, Yu, Chuanhua, Zadnik, Vesna, Zaidi, Zoubida, Bin Zaman, Sojib, Zamani, Mohammad, Zare, Zohreh, Zeleke, Mulugeta Mona, Zenebe, Zerihun Menlkalew, Zerfu, Taddese Alemu, Zhang, Xueying, Zhao, Xiu-Ju, Zhou, Maigeng, Zhu, Jun, Zimsen, Stephanie R. M., Zodpey, Sanjay, Zoeckler, Leo, Lopez, Alan D., Lim, Stephen S. and Coll, G. B. D. Population Fertility Population and fertility by age and sex for 195 countries and territories, 1950-2017: a systematic analysis for the Global Burden of Disease Study 2017 The Lancet; 2018, 392 (10159): 1995-2051 Background Population estimates underpin demographic and epidemiological research and are used to track progress on numerous international indicators of health and development. To date, internationally available estimates of population and fertility, although useful, have not been produced with transparent and replicable methods and do not use standardised estimates of mortality. We present single-calendar year and single-year of age estimates of fertility and population by sex with standardised and replicable methods. Methods We estimated population in 195 locations by single year of age and single calendar year from 1950 to 2017 with standardised and replicable methods. We based the estimates on the demographic balancing equation, with inputs of fertility, mortality, population, and migration data. Fertility data came from 7817 location-years of vital registration data, 429 surveys reporting complete birth histories, and 977 surveys and censuses reporting summary birth histories. We estimated age-specific fertility rates (ASFRs; the annual number of livebirths to women of a specified age group per 1000 women in that age group) by use of spatiotemporal Gaussian process regression and used the ASFRs to estimate total fertility rates (TFRs; the average number of children a woman would bear if she survived through the end of the reproductive age span [age 10-54 years] and experienced at each age a particular set of ASFRs observed in the year of interest). Because of sparse data, fertility at ages 10-14 years and 50-54 years was estimated from data on fertility in women aged 15-19 years and 45-49 years, through use of linear regression. Age-specific mortality data came from the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2017				

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	estimates. Data on population came from 1257 censuses and 761 population registry location-years and were adjusted for underenumeration and age misreporting with standard demographic methods. Migration was estimated with the GBD Bayesian demographic balancing model, after incorporating information about refugee migration into the model prior. Final population estimates used the cohort-cotnponent method of population projection, with inputs of fertility, mortality, and migration data. Population uncertainty was estimated by use of out-of-sample predictive validity testing. With these data, we estimated the trends in population by age and sex and in fertility by age between 1950 and 2017 in 195 countries and territories. Findings From 1950 to 2017, TFRs decreased by 49.4% (95% uncertainty interval [UI] 46.4-52.0). The TFR decreased from 4.7 livebirths (4.5-4.9) to 2.4 livebirths (2.2-2.5), and the ASFR of mothers aged 10-19 years decreased from 37 livebirths (34-40) to 22 livebirths (19-24) per 1000 women. Despite reductions in the TFR, the global population has been increasing by an average of 83.8 million people per year since 1985. The global population increased by 197-2% (193.3-200.8) since 1950, from 2.6 billion (2.5-2.6) to 7.6 billion (7.4-7.9) people in 2017; much of this increase was in the proportion of the global population in south Asia and sub-Saharan Africa. The global annual rate of population growth increased between 1950 and 1964, when it peaked at 2.0%; this rate then remained nearly constant until 1970 and then decreased to 1.1% in 2017. Population growth rates in the southeast Asia, east Asia, and Oceania GBD super-region decreased from 2.5% in 1963 to O7% in 2017, whereas in sub-Saharan Africa, population growth rates were almost at the highest reported levels ever in 2017, when they were at 2.7%. The global average age increased from 26.6 years in 1950 to 32.1 years in 2017, and the proportion of the population that is of working age (age 15-64 years) increased from 59.9% to 65.3%. At the national level, the TFR decreased in all countries and territories between 1950 and 2017; in 2017, TFRs ranged from a low of 1.0 livebirths (95% UI 0. 9-1.2) in Cyprus to a high of 7.1 livebirths (6.8-7.4) in Niger. The TFR under age 25 years (TFU25; number of livebirths expected by age 25 years for a hypothetical woman who survived the age group and was exposed to current ASFRs) in 2017 ranged from 0.08 livebirths (0.07-0.09) in South Korea to 2.4 livebirths (2.2-2.6) in Niger, and the TFR over age 30 years (I F030; number of livebirths expected for a hypothetical woman ageing from 30 to 54 years who				

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	survived the age group and was exposed to current ASFRs) ranged from a low of 0.3 livebirths (0.3-0-4) in Puerto Rico to a high of 3.1 livebirths (3.0-3.2) in Niger. TF030 was higher than TFU25 in 145 countries and territories in 2017.33 countries had a negative population growth rate from 2010 to 2017, most of which were located in central, eastern, and western Europe, whereas population growth rates of more than 2.0% were seen in 33 of 46 countries in sub-Saharan Africa. In 2017, less than 65% of the national population was of working age in 12 of 34 high-income countries, and less than 50% of the national population was of working age in Mali, Chad, and Niger. Interpretation Population trends create demographic dividends and headwinds (ie, economic benefits and detriments) that affect national economies and determine national planning needs. Although TFRs are decreasing, the global population continues to grow as mortality declines, with diverse patterns at the national level and across age groups. To our knowledge, this is the first study to provide transparent and replicable estimates of population and fertility, which can be used to inform decision making and to monitor progress. Copyright (C) 2018 The Author(s). Published by Elsevier Ltd.				
435.	Murray, Christopher J. L., Kyu, Hmwe H., Maddison, Emilie R., Henry, Nathaniel J., Mumford, John Everett, Barber, Ryan, Shields, Chloe, Brown, Jonathan C., Nguyen, Grant, Carter, Austin, Wolock, Timothy M., Wang, Haidong, Liu, Patrick Y., Reitsma, Marissa, Ross, Jennifer M., Abajobir, Amanuel Alemu, Abate, Kalkidan Hassen, Abbas, Kaja, Abera, Mubarek, Abera, Semaw Ferede, Hareri, Habtamu Abera, Ahmed, Muktar, Alene, Kefyalew Addis, Alvis-Guzman, Nelson, Amo-Adjei, Joshua, Andrews, Jason, Ansari, Hossein, Antonio, Carl Abelardo, Anwari, Palwasha, Asayesh, Hamid, Atey, Tesfay Mehari, Atre, Sachin, Barac, Aleksandra, Beardsley, Justin, Bedi, Neeraj, Bensenor, Isabela, Beyene, Addisu Shunu, Butt, Zahid Ahmad, Cardona, Pere-Joan, Christopher, Devasahayam, Dandona, Lalit, Dandona, Rakhi, Deribe, Kebede, Deribew, Amare, Ehrenkranz, Rebecca, Zaki, Maysaa El Sayed, Endries, Aman, Feyissa, Tesfaye R., Fischer, Florian, Gai, Ruoyan, Garcia-Basteiro, Alberto L., Gebrehiwot, Tsegaye Tewelde, Gesesew, Hailay, Getahun, Belete, Gona, Philimon, Goodridge, Amador, Gugnani, Harish, Haghparast-Bidgoli, Hassan, Hailu, Gessessew Bugssa, Hassen, Hamid Yimam, Hilawe, Esayas, Horita, Nobuyuki, Jacobsen, Kathryn H., Jonas, Jost B., Kasaeian, Amir, Kedir, Muktar Sano, Kemmer, Laura, Khader, Yousef, Khan, Ejaz,	**INT**	**JAN TO JUNE**	**CLINICAL MICROBIOLOGY**	**WOS:**000425938000035 **H Index:** 189 **Impact Factor:** 25.148

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Khang, Young-Ho, Khoja, Abdullah T., Kim, Yun Jin, Koul, Parvaiz, Koyanagi, Ai, Krohn, Kristopher J., Kumar, G. Anil, Kutz, Michael, Lodha, Rakesh, Magdy, Hassan, El Razek, Abd, Majdzadeh, Reza, Manyazewal, Tsegahun, Memish, Ziad, Mendoza, Walter, Mezgebe, Haftay Berhane, Mohammed, Shafiu, Ogbo, Felix Akpojene, Oh, In-Hwan, Oren, Eyal, Osgood-Zimmerman, Aaron, Pereira, David, Plass, Dietrich, Pourmalek, Farshad, Qorbani, Mostafa, Rafay, Anwar, Rahman, Mahfuzar, Rai, Rajesh Kumar, Rao, Puja C., Ray, Sarah E., Reiner, Robert, Reinig, Nickolas, Safiri, Saeid, Salomon, Joshua A., Sandar, Logan, Sartorius, Benn, Shamsizadeh, Morteza, Shey, Muki, Shifti, Desalegn Markos, Shore, Hirbo, Singh, Jasvinder, Sreeramareddy, Chandrashekhar T., Swaminathan, Soumya, Swartz, Scott J., Tadese, Fentaw, Tedla, Bemnet Amare, Tegegne, Balewgizie Sileshi, Tessema, Belay, Topor-Madry, Roman, Ukwaja, Kingsley Nnanna, Uthman, Olalekan A., Vlassov, Vasiliy, Vollset, Stein Emil, Wakayo, Tolassa, Weldegebreal, Solomon, Westerman, Ronny, Workicho, Abdulhalik, Yonemoto, Naohiro, Yoon, Seok-Jun, Yotebieng, Marcel, Naghavi, Mohsen, Hay, Simon I., Vos, Theo and Collaborators, G. B. D. Tuberculosis The global burden of tuberculosis: results from the Global Burden of Disease Study 2015' Lancet Infectious Diseases; 2018, 18 (3): 261-284 Background An understanding of the trends in tuberculosis incidence, prevalence, and mortality is crucial to tracking of the success of tuberculosis control programmes and identification of remaining challenges. We assessed trends in the fatal and non-fatal burden of tuberculosis over the past 25 years for 195 countries and territories. Methods We analysed 10 691 site-years of vital registration data, 768 site-years of verbal autopsy data, and 361 site-years of mortality surveillance data using the Cause of Death Ensemble model to estimate tuberculosis mortality rates. We analysed all available age-specific and sex-specific data sources, including annual case notifications, prevalence surveys, and estimated cause-specific mortality, to generate internally consistent estimates of incidence, prevalence, and mortality using DisMod-MR 2.1, a Bayesian meta-regression tool. We assessed how observed tuberculosis incidence, prevalence, and mortality differed from expected trends as predicted by the Socio-demographic Index (SDI), a composite indicator based on income per capita, average years of schooling, and total fertility rate. We also estimated tuberculosis mortality and disability-adjusted life-years attributable to the independent effects of risk factors including smoking, alcohol				

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	use, and diabetes. Findings Globally, in 2015, the number of tuberculosis incident cases (including new and relapse cases) was 10.2 million (95% uncertainty interval 9.2 million to 11.5 million), the number of prevalent cases was 10.1 million (9.2 million to 11.1 million), and the number of deaths was 1.3 million (1.1 million to 1.6 million). Among individuals who were HIV negative, the number of incident cases was 8.8 million (8.0 million to 9.9 million), the number of prevalent cases was 8.9 million (8.1 million to 9.7 million), and the number of deaths was 1.1 million (0.9 million to 1.4 million). Annualised rates of change from 2005 to 2015 showed a faster decline in mortality (-4.1% [-5.0 to -3.4]) than in incidence (-1.6% [-1.9 to -1.2]) and prevalence (-0.7% [-1.0 to -0.5]) among HIV-negative individuals. The SDI was inversely associated with HIV-negative mortality rates but did not show a clear gradient for incidence and prevalence. Most of Asia, eastern Europe, and sub-Saharan Africa had higher rates of HIV-negative tuberculosis burden than expected given their SDI. Alcohol use accounted for 11.4% (9.3-13.0) of global tuberculosis deaths among HIV-negative individuals in 2015, diabetes accounted for 10.6% (6.8-14.8), and smoking accounted for 7.8% (3.8-12.0). Interpretation Despite a concerted global effort to reduce the burden of tuberculosis, it still causes a large disease burden globally. Strengthening of health systems for early detection of tuberculosis and improvement of the quality of tuberculosis care, including prompt and accurate diagnosis, early initiation of treatment, and regular follow-up, are priorities. Countries with higher than expected tuberculosis rates for their level of sociodemographic development should investigate the reasons for lagging behind and take remedial action. Efforts to prevent smoking, alcohol use, and diabetes could also substantially reduce the burden of tuberculosis. Copyright (c) The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY-NC-ND 4.0 license.				
436.	Muthuirulandi Sethuvel, D. P., Anandan, S., Devanga Ragupathi, N. K., Gajendiran, R., Kuroda, M., Shibayama, K. and Veeraraghavan, B. IncFII plasmid carrying antimicrobial resistance genes in Shigella flexneri: Vehicle for dissemination J Glob Antimicrob Resist; 2018, **Address:** Department of Clinical Microbiology, **Christian Medical College, Vellore,**632 004, India.	**INT**	**JAN TO JUNE**	**CLINICAL MICROBIOLOGY,**	**PMID:**30342929 **H Index:** 13 **Impact Factor:** 2.022

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	National Institute of Infectious Diseases, Tokyo, Japan. Department of Clinical Microbiology, **Christian Medical College, Vellore,**632 004, India. Electronic **Address:** vbalaji@cmcvellore.ac.in. OBJECTIVES: Plasmids harboring antimicrobial resistance determinants in clinical strains are the significant public health concern worldwide. The present study investigated for such plasmids in clinical Shigella flexneri isolates. METHODS: Totally, 162 Shigella isolates were obtained from stool specimen for the year 2015. Of the 70 multi-drug resistant Shigella spp., 27S. flexneri isolates were randomly selected for further characterization. Antimicrobial resistance genes and incompatibility plasmid types were analysed. RESULTS: On analysis, IncFII plasmids were found in 63% of studied S. flexneri isolates (17/27). Resistance genes such as dhfr1a (81%), sulII (74%), blaOXA (74%), blaTEM (33%), blaAmpC (30%), qnrS (15%) and qnrB (4%) were identified by PCR, whereas blaCTX-M was not detected. Further next-generation sequencing of a representative S. flexneri plasmid (pSF470) of IncFII type, revealed the presence of blaTEM1B, blaDHA1, qnrB10, mphA, sulI, sulII, strA, strB and tetR resistance genes along with intI1 integrase gene. In addition, the pMLST analysis showed that the replicon belongs to F2:A-:B- type. CONCLUSIONS: This study helps to know the prevalent plasmid types in multi-drug resistant Shigella and will improve our understanding of resistance dissemination among enteric bacteria. Resistance genes in plasmid further highlights the importance of such studies in enteric bacteria.				
437.	Muthukumar, S., Ravikumar, K., Dhalapathy, S., Gomathy, T., Umadevi, S. and Maruthupandian, D. A Prospective Comparative Study on Improvement of Hyperthyroid Cardiovascular Dysfunction in Patients Undergoing Total Thyroidectomy Versus Medical Management World J Surg; 2018, 42 (5): 1408-1414 **Address:** Department of Endocrine Surgery, Madurai Medical College, Madurai, India. docmuthukumar@yahoo.com. Department of Endocrine Surgery, Madras Medical College, Chennai, India. docmuthukumar@yahoo.com. Department of Endocrine Surgery, Madras Medical College, Chennai, India. Department of Endocrine Surgery, **Christian Medical College, Vellore,**India.	**INT**	**JUL TO DEC**	**ENDOCRINE SURGERY**	**PMID:**29532140 **WOS:**000429808200026 **SCOPUS** **H Index:** 131 **Impact Factor:** 2.766

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Department of Endocrine and Speciality Clinic, Endocrine Surgery, Chennai, India. Department of Cardiology, Madras Medical College, Chennai, India. Department of Cardiology, Thanjavur Medical College, Thanjavur, India. Department of Endocrine Surgery, Madurai Medical College, Madurai, India. INTRODUCTION: Cardiovascular dysfunction (CVD) is a well-recognized complication in patients with hyperthyroidism and is the major cause of mortality. Very few studies have compared the outcome of CVD following different treatment modalities. In this study we intended to compare treatment modalities (antithyroid drugs vs surgery) for reversal of CVD. MATERIALS AND METHODS: Patients with newly detected hyperthyroidism were grouped into, Group I [n = 123, age <60 years, undergoing total thyroidectomy], Group II [n = 42, age <60 years, treated with antithyroid medications] were evaluated with 2D echocardiography, serum N terminal pro brain natriuretic peptide (NT-pro-BNP) at the time of diagnosis (Point A), after achieving euthyroidism (Point B) with antithyroid drugs and 6 months after surgery/continuation of antithyroid medications (Point C). Forty patients (Group III), age < 60 years, undergoing total thyroidectomy for nontoxic benign thyroid nodules served as controls. RESULTS: All groups were age and sex matched. At Point A, CVD was evident in 80/123 (65%) in Group I and 28/42 (66.7%) in Group II. At Point B improvement in CVD occurred in 84/123 (68.3%) in Group and 29/42 (69.04%) in Group II. At Point C dramatic improvement in CVD occurred in 118/123 (95.9%) in Group I, whereas only 33/42 (78.5%) improved in Group II. CVD were comparable between Groups I and II at Point A and Point B ($p > 0.05$). At Point C there was a significant decrease in all the diastolic dysfunction parameters in Group I, whereas the same was not observed in Group II patients. Systolic dysfunction between Groups II and II had no statistical significance at Point C. CONCLUSION: Total thyroidectomy seems to be the definitive treatment of choice for hyperthyroid cardiac dysfunction with diastolic dysfunction completely reversing at 6 months after TT.				
438.	Muzumdar, D., Vedantam, R. and Chandrashekhar, D. Tuberculosis of the central nervous system in children Childs Nerv Syst; 2018, 34 (10): 1925-1935 **Address:** Department of Neurosurgery, King Edward VII Memorial	**INT**	**JUL TO DEC**	**NEUROLOGICAL SCIENCES**	**PMID:**29978252 **WOS:**000442692100016 **SCOPUS** **H Index:** NA

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Hospital, Parel, Mumbai, 400012, India. dmuzumdar@hotmail.com. Department of Neurological Sciences, **Christian Medical College Hospital, Vellore,** India. Department of Neurosurgery, Bombay Hospital Institute of Medical Sciences, Marine Lines, Mumbai, India. BACKGROUND: Central nervous system tuberculosis (CNS TB) in children is still a socioeconomic problem in developing countries. It has varied manifestations, symptoms are nonspecific, diagnosis can be challenging, and treatment may be difficult. It is often missed or overlooked. Among the various pathological entities, tuberculous meningitis is the most common and devastating manifestation. The resultant vasculitis, infarction, and hydrocephalus can be life-threatening. It can have grave cognitive, intellectual, and endocrine sequelae if not treated in time resulting in handicap, especially in resource constraint countries. Early diagnosis and treatment of tuberculous meningitis is the single most important factor determining outcome. Tuberculous hydrocephalus needs to be recognized early, and cerebrospinal fluid diversion procedure needs to be performed in adequate time to prevent morbidity or mortality in some cases. Tuberculous pachymeningitis and arachnoiditis are rare in children. Tuberculous abscess can mimic pyogenic abscess and requires high index of suspicion. Calvarial tuberculosis is seen in children and responds well to antituberculous chemotherapy. Drug-resistant tuberculosis is a formidable problem, and alternate chemotherapy should be promptly instituted. AIM: The pathogenesis, clinical features, diagnosis, and management of central nervous system tuberculosis in children are summarized. CONCLUSION: Heightened clinical suspicion, early diagnosis, appropriate antituberculous treatment, and surgery in relevant situation are essential for a gratifying outcome and preventing complications.				**Impact Factor:** 1.235
439.	Na, Fouzia, Abraham, Aby and Srivastava, Alok A prospective randomized double-blind trial of celecoxib versus acetaminophen in haemophilic arthropathy Haemophilia; 2018, 24 22-22	**INT**	**JAN TO JUNE**	**CLINICAL HAEMATOLOGY**	**WOS:**000431993300029 **H Index:** 81 **Impact Factor:** 2.768
440.	Nadarajan, A. R., Rymbai, M. L., Chase, S. and Nayak, S. Jejunal Diverticulosis Presenting as an Obscure Gastrointestinal Bleed—a Challenge in Diagnosis and Management Indian Journal of Surgery; 2018, 1-3 **Address:** Surgery Unit IV, Department of General Surgery, **Christian**	**NAT**	**JAN TO JUNE**	**SURGERY UNIT IV,**	**SCOPUS** **H Index:** 15 **Impact Factor:** 0.509 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Medical College and Hospital, Surgery 4 Office, Paulbrand Building 2nd Floor, Vellore, 632004, India Obscure gastrointestinal bleeding is defined as persistent or recurrent bleeding without an obvious cause after endoscopic and radiological evaluation. Obscure gastrointestinal bleeding originates most commonly from the small intestine. Jejunal diverticulosis is an uncommon diagnosis in which multiple mucosal herniations are present in the mesenteric border of jejunum. There is always a delay in diagnosis as it is a rare clinical entity. This is a case report of a 35-year-old male who presented with overt gastrointestinal bleeding and was managed at another center with surgery and embolization. He was evaluated, and a bleeding jejunal diverticulum was identified as the source of bleed during on-table enteroscopy after exhausting other investigation modalities and having delay in definitive management due to difficulty in localizing the source of bleed. Awareness of jejunal diverticulosis and its complications is very important in obscure gastrointestinal hemorrhage to prevent the diagnostic delay. A stepwise approach is very important to identify the source of obscure gastrointestinal bleed. © 2018 Association of Surgeons of India				
441.	Nag, R., Raza, H., Kumar, S., Seal, R., Banerjee, A., Paul, R. R., Pal, M., Chatterjee, J. and Das, R. K. Detection and analysis of abnormal nuclear changes in oral cytological smears by Papanicolaou staining Cytopathology. 2018 Feb;29(1):112-114. doi: 10.1111/cyt.12504. Epub 2017 Dec 5. **Author information:** (1)Centre for Biomaterials, Cellular, and Molecular Theranostics, VIT University,Vellore, India. (2)School of Biosciences and Technology, VIT University, Vellore, India. (3)Department of Dental and Oral Surgery, **Christian Medical College & Hospital,**Vellore, India. (4)Guru Nanak Institute of Dental Sciences and Research, Kolkata, India. (5)School of Medical Science and Technology, Indian Institute of Technology, Kharagpur, India. DOI: 10.1111/cyt.12504	**INT**	**JAN TO JUNE**	**DENTAL AND ORAL SURGERY**	**PMID:** 29205596 **WOS:**000419968600018 **SCOPUS** **H Index:** 41 **Impact Factor:** 1.376

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
442.	Nagral, A., Sarma, M. S., Matthai, J., Kukkle, P. L., Devarbhavi, H., Sinha, S., Alam, S., Bavdekar, A., Dhiman, R. K., Eapen, C., Goyal, V., Mohan, N., Kandadai, R. M., Sathiyasekaran, M., Poddar, U., Sibal, A., Sankaranarayanan, S., Srivastava, A., Thapa, B. R., Wadia, P., Yachha, S. K. and Dhawan, A. Wilson's Disease: Clinical Practice Guidelines of the Indian National Association for Study of the Liver, the Indian Society of Pediatric Gastroenterology, Hepatology and Nutrition, and the Movement Disorders Society of India Journal of Clinical and Experimental Hepatology; 2018, Clinical practice guidelines for Wilson's disease (WD) have been published by the American Association for the Study of Liver Diseases and European Association for the Study of the Liver in 2008 and 2012, respectively. Their focus was on the hepatic aspects of the disease. Recently, a position paper on pediatric WD was published by the European Society of Pediatric Gastroenterology Hepatology and Nutrition. A need was felt to harmonize guidelines for the hepatic, pediatric, and neurological aspects of the disease and contextualize them to the resource-constrained settings. Therefore, experts from national societies from India representing 3 disciplines, hepatology (Indian National Association for Study of the Liver), pediatric hepatology (Indian Society of Pediatric Gastroenterology, Hepatology and Nutrition), and neurology (Movement Disorders Society of India) got together to evolve fresh guidelines. A literature search on retrospective and prospective studies of WD using MEDLINE (PubMed) was performed. Members voted on each recommendation, using the nominal voting technique. The Grades of Recommendation, Assessment, Development and Evaluation system was used to determine the quality of evidence. Questions related to diagnostic tests, scoring system, and its modification to a version suitable for resource-constrained settings were posed. While ceruloplasmin and 24-h urine copper continue to be important, there is little role of serum copper and penicillamine challenge test in the diagnostic algorithm. A new scoring system – Modified Leipzig score has been suggested with extra points being added for family history and serum ceruloplasmin lower than 5 mg/dl. Liver dry copper estimation and penicillamine challenge test have been removed from the scoring system. Differences in pharmacological approach to neurological and hepatic disease and global monitoring scales have been included. Rising bilirubin and worsening encephalopathy are suggested as indicators predicting need for liver transplant but need to be validated. The clinical	**INT**	**JAN TO JUNE**	**CLINICAL HEPATOLOGY AND GASTROENTEROLOGY**	**SCOPUS** **H Index:** 20 **Impact Factor:** 0.380 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	practice guidelines provide recommendations for a comprehensive management of WD which will be of value to all specialties. © 2018 Indian National Association for Study of the Liver				
443.	Naik, D., Jebasingh, F. K., Prabhu, K. and Thomas, N. Isolated solitary recurrent skull metastasis in papillary thyroid carcinoma BMJ Case Rep; 2018, 2018 **Address:** Department of Endocrinology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Neurosurgery, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Endocrinology, Diabetes and Metabolism, **Christian Medical College, Vellore,**Tamil Nadu, India.	**INT**	**JAN TO JUNE**	**ENDOCRINOLOGY, NEUROSURGERY,**	**PMID:**29700219 **SCOPUS** **H Index:** 17 **Impact Factor:** 0.220 (RG)
444.	Naik, Dukhabandhu, Jebasingh, K and Thomas, Nihal Management of thyroid nodules in adults Current Medical Issues; 2018, 16 (2): 42-47 Thyroid nodule is an abnormal growth of thyroid cells that form a lump in the thyroid gland. The prevalence rate is dependent on the mode of diagnosis and increases with use of ultrasound. A thyroid nodule may be either single or multiple and the majority are asymptomatic and benign in nature. The clinical features of thyrotoxicosis are seen in those with a toxic thyroid nodule. Thyroid ultrasound is the imaging of choice for assessing the location, numbers, and size of the thyroid nodules and also the background of thyroid parenchyma. Ultrasound elastography, fine needle aspiration biopsy and molecular tests further aid in diagnosis and planning of treatment. Surgical excision is the therapeutic intervention of choice.	**NAT**	**JAN TO JUN**	**MEDICINE, ENDOCRINOLOGY**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA
445.	Naik, G. S., Kodagali, R., Tyagi, M. G., Ernest, K., Shanthi, M., Mathew, S. K. and Peedicayil, J. Inhibition of Spontaneous Contractility of Isolated Caprine Ureter by Flupirtine Int J Appl Basic Med Res; 2018, 8 (2): 116-119 **Address:** Department of Pharmacology and Clinical Pharmacology, **Christian Medical College, Vellore,**Tamil Nadu, India. Context: Kv7 potassium channels are expressed in several types of smooth muscles and could mediate physiological responses in the tissues expressed. Flupirtine is an analgesic that acts by opening	**INT**	**JAN TO JUNE**	**PHARMACOLOGY AND CLINICAL PHARMACOLOGY**	**PMID:**29744325 **PMC ID:**5932919 **H Index:** NA **Impact Factor:** NA

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Kv7 potassium channels. It has been shown to inhibit the contractility of several types of isolated smooth muscle. Aims: This study investigated the ability of flupirtine to inhibit the spontaneous contractility of isolated distal caprine (goat) ureter. Settings and Design: Spontaneous contractility of the isolated goat ureter was recorded using a physiograph. Materials and Methods: The ability of 1, 3, 10, 30, and 90 muM concentrations of flupirtine maleate to inhibit the spontaneous contractility of isolated distal goat ureter was investigated. The ability of the nonspecific potassium channel blocker 4-aminopyridine (4-AP; 1 mM) and the specific Kv7 channel blocker XE-991 (100 muM) to reverse the inhibitory effect of flupirtine on ureteric contractility was also investigated. Statistical Analysis Used: Both parametric and nonparametric statistical tests were used. Results: At 10, 30, and 90 muM concentrations, flupirtine significantly inhibited the spontaneous contractility of the isolated goat ureter. The EC50 of flupirtine for a contact period of 10 min was 17.7 muM. The inhibitory effect of flupirtine on ureteric contractility was significantly reversed by 4-AP and XE-991. Conclusions: Flupirtine inhibits the spontaneous contractility of the isolated goat ureter by opening Kv7 channels.				
446.	Naina, P., John, M., Kathar, M. A. and Kumar, M. Tracheal agenesis in a new born: lessons learnt BMJ Case Rep; 2018, 2018 **Address:** Department of ENT, **Christian Medical College and Hospital Vellore,** Vellore, Tamil Nadu, India. Department of Neonatology, **Christian Medical College, Vellore,**Tamilnadu, India. Tracheal agenesis is a rare but fatal congenital tracheal malformation. Lack of prenatal symptom and a typical clinical presentation lead to failure to arrive at a correct diagnosis and confusion during resuscitation. We report a case of a newborn male child with type 2 tracheal agenesis. Despite a typical presentation, diagnosis was delayed after unsuccessful intubation, examination under anaesthesia and emergency tracheostomy. The embryology, diagnostic criteria and potential treatment options are discussed. This case report is valuable in increasing awareness of this rare condition and will help us in being better prepared in managing these children. Future studies should aim to find the optimal replacement for the tracheal.	**INT**	**JAN TO JUNE**	**ENT, NEONATOLOGY**	**PMID:**29914900 **SCOPUS** **H Index:** 17 **Impact Factor:** 0.220 (RG)
447.	Nair, Aswin M., Goel, Ruchika, Hindhumati, Mohan, Shah, Krati, Chandana, Puneet, Jayaseelan, Visalakshi, Jayakanthan,	**INT**	**JAN TO JUNE**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY**	**WOS:**000426508200018 **H Index:** 30

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Kabeerdoss, Joseph, George, Danda, Sumita and Danda, Debashish C-reactive protein gene polymorphisms (rs1205) in Asian Indian patients with Takayasu arteritis: Associations and phenotype correlations International Journal of Rheumatic Diseases; 2018, 21 (3): 732-739 Background/PurposeNormal C-reactive protein (CRP) in active Takayasu arteritis (TA) is a dilemma. We attempted to validate our pilot study finding of rs1205 in CRP gene being protective against TA. MethodsGenomic DNA of 104 patients and 185 sex-matched healthy controls were genotyped for rs1205 by Taqman assay. Clinical details, demography, angiographic and activity scores (Indian Takayasu arteritis score 2010) were recorded prospectively at baseline and during follow-up visits for 12 months. Minor allele frequency (MAF) and genotype distribution between patients and controls as well as patient subgroups were compared using (2) test with Bonferroni correction (p(c)) and logistic regression was performed to determine independent associations. ResultsThe majority of patients (n = 84) and controls (n = 166) were females. MAF of T allele of rs1205 was less frequent in patients (27%) as compared to controls (37.6%), P = 0.013, p(c) = 0.026 with an odds ratio of 0.632 irrespective of gender. Frequency of CC genotype was higher in cases (53.8%) than controls (37.3%), P = 0.006, p(c) = 0.018. A dominant model of genotype-phenotype association revealed CC to be associated with more frequent coronary arterial and ascending aorta involvement than the other genotypes clubbed together (P = 0.01 and P = 0.014, respectively). Blunted CRP response seems to be less frequent in patients with CC genotype (P = 0.064). ConclusionT allele of rs1205 in CRP gene was less frequent in TA. CC genotype was associated with involvement of coronary arteries and ascending aorta. CC genotype was less commonly associated with blunted CRP response (CT + TT > CC).				**Impact Factor:** 2.423
448.	Nair, R., Kakroo, A., Bapna, A., Gogia, A., Vora, A., Pathak, A., Korula, A., Chakrapani, A., Doval, D., Prakash, G., Biswas, G., Menon, H., Bhattacharya, M., Chandy, M., Parihar, M., Vamshi Krishna, M., Arora, N., Gadhyalpatil, N., Malhotra, P., Narayanan, P., Basu, R., Shah, S., Bhave, S., Bondarde, S., Bhartiya, S., Nityanand, S., Gujral, S., Tilak, T. V. S. and Radhakrishnan, V. Management of Lymphomas: Consensus Document 2018 by an Indian Expert Group Indian Journal of Hematology and Blood Transfusion; 2018, 34 (3):	**NAT**	**JAN TO JUNE**	**CLINICAL HAEMATOLOGY**	**SCOPUS** **H Index:** 10 **Impact Factor:** 0.474

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	398-421 **Address:** Department of Clinical Hematology, Tata Medical Center (TMC), New Town, Rajarhat, Kolkata, West Bengal 700 160, India Vedant Institute of Medical Sciences, Ahmedabad, India Bhagwan Mahavir Cancer Hospital Research Center (BMCHRC), Jaipur, India All India Institute of Medical Sciences (AIIMS), New Delhi, India Pratiksha Hospital, Gurgaon, India National Cancer Institute (NCI), Nagpur, India **Christian Medical College (CMC), Vellore**, India Apollo Gleneagles Hospital, Kolkata, India Rajiv Gandhi Cancer Institute and Research Centre (RGCI), New Delhi, Delhi, India Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, India Sparsh Hospital American Oncology Institute (AOI), Bhubaneswar, India Cytecare Cancer Hospitals, Bangalore, India Calcutta Medical College, Kolkata, India Apollo Hospital, Hyderabad, India Yashoda Hospitals (Somajiguda), Hyderabad, India Regional Cancer Centre (RCC), Thiruvananthapuram, India Shatabdi Super Speciality Hospital, Nasik, India Sanjay Gandhi Post Graduate Institute of Medical Sciences (SGPGIMS), Lucknow, India Tata Memorial Hospital, Mumbai, India Command Hospital, Air Force Bangalore, Bangalore, India The clinical course of lymphoma depends on the indolent or aggressive nature of the disease. Hence, the optimal management of lymphoma needs a correct diagnosis and classification as B cell, T-cell or natural killer (NK)/T-cell as well as indolent or high-grade type lymphoma. The current consensus statement, developed by experts in the field across India, is intended to help healthcare professionals manage lymphomas in adults over 18 years of age. However, it should be noted that the information provided may not be appropriate to all patients and individual patient circumstances may dictate alternative approaches. The consensus statement discusses the diagnosis, staging and prognosis applicable to all subtypes of lymphoma, and detailed treatment regimens for specific entities of lymphoma including diffuse large B-cell lymphoma, Hodgkin's lymphoma, follicular lymphoma, T-cell lymphoma, chronic lymphocytic leukemia/small lymphocytic lymphoma,				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Burkitt's lymphoma, and anaplastic large cell lymphoma. © 2018, The Author(s).				
449.	Nair, S. and Joseph, M. Is buffered crystalloid safer than normal saline in neurosurgery? Neurol India; 2018, 66 (5): 1301-1302 **Address:** Neuro-Intensive Care Unit, Department of Neurological Sciences, **Christian Medical College, Vellore,**Tamil Nadu, India.	**NAT**	**JUL TO DEC**	**NEURO-INTENSIVE CARE UNIT**	**PMID:**30232992 **WOS:**000447605100014 **SCOPUS** **H Index:** 40 **Impact Factor:** 2.166
450.	Natarajan, K., Abraham, P., Kota, R. and Isaac, B. NF-kappaB-iNOS-COX2-TNF alpha inflammatory signaling pathway plays an important role in methotrexate induced small intestinal injury in rats Food Chem Toxicol; 2018, 118 766-783 **Address:** Department of Biochemistry, **Christian Medical College,**Bagayam, Vellore, 632002, Tamil Nadu, India. Department of Biochemistry, **Christian Medical College,**Bagayam, Vellore, 632002, Tamil Nadu, India. Electronic **Address:** premilaabraham@cmcvellore.ac.in. Department of Pathology, Madha Medical College, Thandalam, Kovur, Chennnai, Tamil Nadu, India. Department of Anatomy, **Christian Medical College,**Bagayam, Vellore, 632002, Tamil Nadu, India. Although methotrexate is widely used in clinics as an anticancer agent, it's utility is limited by its gastrointestinal toxicity, the mechanism of which is unclear. The role of NFkappaB inflammatory pathway in MTX induced mucositis was investigated in the present study. GI injury was induced in adult Wistar rats by the administration of 3 consecutive i.p .injections of MTX. On the fourth day, the rats were sacrificed and the small intestine was removed; A piece was used for light microscopy, immunohistochemistry, immunofluorescence studies . The mucosa was collected and used for the analysis of protein and mRNA expressions of NFkappaB and its target genes by the western blot, RT-PCR respectively. MTX treatment resulted in NFkappaB activation and nuclear translocation as evidenced by immunofluorescence, immunohistochemistry , and western blot. NFkappaB mRNA was also increased. There was increased protein and mRNA expressions of NFkappaB target genes, TNF-alpha, iNOS, COX-2, PLA2, HO-1, HSP70, MMPs 2 and 9 . Aminoguanidine pretreatment (30mg/ 50mg /kg body wt.) attenuated MTX induced activation of NFkappaB and its proinflammatory target genes and improved MTX induced	**INT**	**JUL TO DEC**	**BIOCHEMISTRY**	**PMID:**29935243 **WOS:**000442714300079 **SCOPUS** **H Index:** 139 **Impact Factor:** 3.977

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	morphological changes. Aminoguanidine has protective effects against MTX induced gastrointestinal mucositis in rats.				
451.	Natesan, V. Adrenergic blockade inhibits bacterial quorum sensing and reverses Warburg effect in septic shock Br J Anaesth; 2018, 120 (2): 412-413 **Address:** Department of Physiology, **Christian Medical College, Vellore,**India. Electronic **Address:** vasanth.dr@gmail.com.	**INT**	**JAN TO JUNE**	**PHYSIOLOGY**	**PMID:**29406196 **WOS:**000438189100031 **H Index:** 153 **Impact Factor:** 6.499
452.	Nayak, R., Patel, B. and Raju, K. Chronic pachymenigitis with dural venous sinus thrombosis: An unusual presentation of cranial melioidosis Neurol India; 2018, 66 (4): 1185-1187 **Address:** Department of Neurological Sciences, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Pathology, **Christian Medical College, Vellore,**Tamil Nadu, India.	**NAT**	**JUL TO DEC**	**NEUROLOGICAL SCIENCES, PATHOLOGY,**	**PMID:**30038121 **WOS:**000447540700057 **SCOPUS** **H Index:** 40 **Impact Factor:** 2.166
453.	Nemani, S., Korula, A., Agrawal, B., Kavitha, M. L., Manipadam, M. T., Sigamani, E., George, B., Srivastava, A., Viswabandya, A. and Mathews, V. Peripheral T cell lymphoma: Clinico-pathological characteristics & outcome from a tertiary care centre in south India Indian J Med Res; 2018, 147 (5): 464-470 **Address:** Department of Clinical Hematology, **Christian Medical College & Hospital,Vellore**, India. Department of Pathology, **Christian Medical College & Hospital,Vellore**, India. Background & objectives: Peripheral T cell lymphomas (PTCLs) are a heterogeneous group of non-Hodgkin's lymphomas (NHLs), with universally poor outcome. This study was undertaken to provide data on demographics and outcomes of patients with PTCL who underwent treatment in a single tertiary care centre in southern India. Methods: Retrospective study was done on all patients (age >/=18 yr) diagnosed with PTCL from January 2007 to December 2012. The diagnosis of PTCL was made according to the WHO Classification of Tumors of Hematopoietic and Lymphoid Tissues. Results: A total of 244 adult patients were diagnosed with PTCL (non-cutaneous). The most common subtype was PTCL-not otherwise specified (35.7%), followed by anaplastic large cell lymphoma (ALCL), ALK negative (21.3%), natural killer/T cell	**NAT**	**JAN TO JUNE**	**CLINICAL HEMATOLOGY, PATHOLOGY,**	**PMID:**30082570 **PMC ID:**6094517 **WOS:**000441091900006 **SCOPUS** **H Index:** 72 **Impact Factor:** 1.508

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	lymphoma, angioimmunoblastic T-cell lymphoma (AITL), ALCL, ALK positive, hepatosplenic T cell lymphoma (HSTCL) and adult T cell leukaemia/lymphoma followed in frequency with 13.1, 11.5, 8.6, 8.2 and 1.6 per cent cases, respectively. The three-year Kaplan-Meier overall survival (OS) and event-free survival (EFS) for the patients who received chemotherapy (n=122) were 33.8+/-5.0 and 29.3+/-4.7 per cent, respectively. Various prognostic indices developed for T cell lymphomas were found to be useful. Interpretation & conclusions: Except for ALCL, ALK positive, all other PTCLs showed poor long-term outcome with CHOP-based chemotherapy. Novel therapies are needed to improve the outcome.				
454.	Ninan, F., Mishra, A. K., John, A. O. and Iyadurai, R. Splenic granuloma: Melioidosis or Tuberculosis? J Family Med Prim Care; 2018, 7 (1): 271-273 **Address:** Department of General Medicine, **Christian Medical College, Vellore,**Tamil Nadu, India. Melioidosis well known as a 'great mimicker' is caused by Burkholderia pseudomallei. Even though majority of the patients present with acute infection, around 18 % can present as chronic infection. These latent foci of infection may reactivate to cause fulminant infection at a later date. Due to lack of clinical suspicion and good laboratory facility latent infections are often misdiagnosed and treated as tuberculosis. Chronic splenic granuloma is a rare manifestation of Melioidosis . Deep seated abscess requires atleast 4 weeks of intensive treatment with intravenous antibiotics. Ceftazidime , the drug of choice for melioidosis can cause drug induced thrombocytopenia. Simultaneous use of diclofenac may potentiate this phenomenon. Treatment with meropenem may be life saving in such situitations.	**NAT**	**JAN TO JUNE**	**GENERAL MEDICINE**	**PMID:**29915776 **PMC ID:**5958587 **H Index:** NA **Impact Factor:** 0.670 (RG)
455.	Nirmal, B. Use of Filters in Dermatoscopy to Capture Better Images Indian Dermatol Online J; 2018, 9 (2): 137-138 **Address:** Department of Dermatology, **Christian Medical College, Vellore,**Tamil Nadu, India.	**NAT**	**JAN TO JUN**	**DERMATOLOGY**	**PMID:**29644209 **PMC ID:**5885628 **H Index:** NA **Impact Factor:** NA
456.	Nirmal, B. Utility of a Multispectral Dermatoscope in onychomycosis Indian J Dermatol; 2018, 63 (1): 87-88 **Address:** Department of Dermatology, DVL-2, **Christian Medical**	**NAT**	**JAN TO JUNE**	**DERMATOLOGY**	**PMID:**29527038 **PMC ID:**5838767 **WOS:**000425465000021 **SCOPUS**

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	College, Vellore,Tamil Nadu, India. E-mail: nimu2swash@yahoo.co.in.				**H Index:** 24 **Impact Factor:** 1.338
457.	Nirmal, B., George, R. and Bindra, M. S. Acquired cutis laxa associated with inflammatory bowel disease, inflammatory arthritis and IgA nephropathy Indian J Dermatol Venereol Leprol; 2018, 84 (6): 763 **Address:** Department of Dermatology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Pathology, **Christian Medical College, Vellore,**Tamil Nadu, India.	**NAT**	**JAN TO JUNE**	**DERMATOLOGY, PATHOLOGY**	**PMID:**29536978 **SCOPUS** **H Index:** 37 **Impact Factor:** 2.229
458.	Nirmal, B., George, R. and Telugu, R. B. Polymorphous Cutaneous Sarcoidosis Associated with Peripheral Vascular Disease and its Dermatoscopic Findings Indian Dermatol Online J; 2018, 9 (4): 256-258 **Address:** Department of Dermatology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Pathology, **Christian Medical College, Vellore,**Tamil Nadu, India. Sarcoidosis is a multisystem disorder with cutaneous involvement with myriad of morphological presentations, often leading to diagnostic dilemma. We report a case of 31-year-old male with peripheral arterial disease who presented with three morphological forms of sarcoidosis simultaneously, namely, papular, psoriasiform, and pigmented purpuric dermatosis-like lesions. Dermatoscopy of cutaneous lesions showed yellow-orange globules, red dots, linear vessels, and white crystalline structures depending on the clinical forms. Histopathology of all three morphological types of skin lesions demonstrated sarcoidal naked granulomas. Sarcoid specific lesions of more than one morphological type presenting in a same patient is rare. Association of peripheral vascular disease with sarcoidosis is also seen rarely.	**NAT**	**JAN TO JUNE**	**DERMATOLOGY, PATHOLOGY**	**PMID:**30050815 **PMC ID:**6042178 **H Index:** NA **Impact Factor:** NA
459.	Nirmal, B., Santhikiran, B. and Mukhopadhyay, S. Multispectral Dermatoscopic Features of Chemical Leucoderma with Pigmented Contact Dermatitis Indian Dermatol Online J; 2018, 9 (2): 107-109 **Address:** Department of Dermatology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of General Pathology, **Christian Medical College, Vellore,**Tamil Nadu, India. Chemical leukoderma is characterized by pigment loss on constant	**NAT**	**JAN TO JUNE**	**DERMATOLOGY, PATHOLOGY**	**PMID:**29644196 **PMC ID:**5885615 **H Index:** NA **Impact Factor:** NA

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	exposure to chemical agents. Its association with pigmented contact dermatitis is rare. Here, we report a 40-year-old female presenting with depigmented macule with surrounding hyperpigmentation over the upper forehead. We used a multispectral dermatoscope by which decreased pigment network was better visualized with blue light, and gray granular dots were better appreciated with yellow light. Shorter wavelengths delineate epidermal features better whereas longer wavelengths highlight dermal features in multispectral dermatoscopy.				
460.	Nirmal, Balakrishnan, George, Renu and Bindra, Mandeep Singh Acquired cutis laxa associated with inflammatory bowel disease, inflammatory arthritis and IgA nephropathy Indian Journal of Dermatology Venereology & Leprology; 2018, 84 (6):	**NAT**	**JAN TO JUNE**	**DERMATOLOGY**	**WOS:**000448226700032 **H Index:** 37 **Impact Factor:** 2.229
461.	Nirmal, Balakrishnan, George, Renu and Kodiatte, Thomas A. Dermatoscopy of palmar wart with falooda seed appearance Australasian Journal of Dermatology; 2018, 59 (2): 155-156	**INT**	**JAN TO JUNE**	**DERMATOLOGY**	**WOS:**000434059000045 **SCOPUS** **H Index:** 46 **Impact Factor:** 1.602
462.	Norkin, M., Shaw, B. E., Brazauskas, R., Tecca, H. R., Leather, H. L., Gea-Banacloche, J., R, T. Kamble, Defilipp, Z., Jacobsohn, D. A., Ringden, O., Inamoto, Y., K, A. Kasow, Buchbinder, D., Shaw, P., Hematti, P., Schears, R., Badawy, S. M., Lazarus, H. M., Bhatt, N., Horn, B., Chhabra, S., K, M. Page, Hamilton, B., Hildebrandt, G. C., Yared, J. A., Agrawal, V., A, M. Beitinjaneh, Majhail, N., Kindwall-Keller, T., Olsson, R. F., Schoemans, H., Gale, R. P., Ganguly, S., I, A. Ahmed, Schouten, H. C., J, L. Liesveld, Khera, N., Steinberg, A., Shah, A. J., Solh, M., Marks, D. I., Rybka, W., Aljurf, M., Dietz, A. C., Gergis, U., George, B., Seo, S., Flowers, M. E. D., Battiwalla, M., Savani, B. N., Riches, M. L. and Wingard, J. R. Characteristics of Late Fatal Infections after Allogeneic Hematopoietic Cell Transplantation Biol Blood Marrow Transplant; 2018, **Address:** Division of Hematology/Oncology, University Florida College of Medicine, Gainesville, Florida. Center for International Blood and Marrow Transplant Research, Department of Medicine, Medical College of Wisconsin, Milwaukee, Wisconsin. Electronic **Address:** beshaw@mcw.edu. Center for International Blood and Marrow Transplant Research, Department of Medicine, Medical College of Wisconsin, Milwaukee, Wisconsin; Division of Biostatistics, Institute for Health and Society,	**INT**	**JAN TO JUNE**	**CLINICAL HAEMATOLOGY**	**PMID:**30287390 **H Index:** 103 **Impact Factor:** 4.484

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Medical College of Wisconsin, Milwaukee, Wisconsin. Center for International Blood and Marrow Transplant Research, Department of Medicine, Medical College of Wisconsin, Milwaukee, Wisconsin. Experimental Transplantation and Immunology Branch, National Cancer Institute. Bethesda, Maryland. Division of Hematology and Oncology, Center for Cell and Gene Therapy, Baylor College of Medicine, Houston, Texas. Blood and Marrow Transplant Program, Massachusetts General Hospital, Boston, Massachusetts. Division of Blood and Marrow Transplantation, Center for Cancer and Blood Disorders, Children's National Health System, Washington, DC. Division of Therapeutic Immunology, Department of Laboratory Medicine, Karolinska Institute, Stockholm, Sweden. Division of Hematopoietic Stem Cell Transplantation, National Cancer Center Hospital, Tokyo, Japan. Division of Hematology-Oncology, Department of Pediatrics, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina. Division of Pediatrics Hematology, Children's Hospital of Orange County, Orange, California. The Children's Hospital at Westmead, Westmead, New South Wales, Australia. Division of Hematology/Oncology/Bone Marrow Transplantation, Department of Medicine, University of Wisconsin Hospital and Clinics, Madison, Wisconsin. Mayo Clinic Rochester, Rochester, Minnesota. Ann and Robert H. Lurie Children's Hospital of Chicago, Chicago, Illinois. Seidman Cancer Center, University Hospitals Cleveland Medical Center, Case Western Reserve University, Cleveland, Ohio. University of Florida, Gainesville, Florida. Medical College of Wisconsin, Milwaukee, Wisconsin. Division of Pediatric Blood and Marrow Transplantation, Duke University Medical Center, Durham, North Carolina. Blood and Marrow Transplant Program, Cleveland Clinic Taussig Cancer Institute, Cleveland, Ohio. Markey Cancer Center, University of Kentucky, Lexington, Kentucky. Blood and Marrow Transplantation Program, Division of Hematology/Oncology, Department of Medicine, Greenebaum				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Cancer Center, University of Maryland, Baltimore, Maryland. Indiana University Simon Cancer Center, Indianapolis, Indiana. University of Miami, Miami, Florida. Division of Hematology/Oncology, University of Virginia Health System, Charlottesville, Virginia. Division of Therapeutic Immunology, Department of Laboratory Medicine, Karolinska Institute, Stockholm, Sweden; Centre for Clinical Research Sormland, Uppsala University, Uppsala, Sweden. University Hospital of Leuven, Leuven, Belgium. Hematology Research Centre, Division of Experimental Medicine, Department of Medicine, Imperial College London, London, United Kingdom. Division of Hematological Malignancy and Cellular Therapeutics, University of Kansas Health System, Kansas City, Kansas. Department of Hematology Oncology and Bone Marrow Transplantation, The Children's Mercy Hospitals and Clinics, Kansas City, Missouri. Department of Hematology, Academische Ziekenhuis, Maastricht, The Netherlands. Department of Medicine, University of Rochester Medical Center, Rochester, New York. Department of Hematology/Oncology, Mayo Clinic, Phoenix, Arizona. Department of Hematology-Oncology, Mount Sinai Hospital, New York, New York. Division of Stem Cell Transplantation and Regenerative Medicine, Lucille Packard Children's Hospital, Stanford School of Medicine, Palo Alto, California. The Blood and Marrow Transplant Group of Georgia, Northside Hospital, Atlanta, Georgia. Adult Bone Marrow Transplant, University Hospitals Bristol NHS Trust, Bristol, United Kingdom. Penn State Hershey Medical Center, Hershey, Pennsylvania. Department of Oncology, King Faisal Specialist Hospital & Research Center, Riyadh, Saudi Arabia. Division of Hematology, Oncology and Blood and Marrow Transplantation, Children's Hospital Los Angeles, University of Southern California, Los Angeles, California. Hematologic Malignancies and Bone Marrow Transplant, Department of Medical Oncology, New York Presbyterian Hospital/Weill Cornell Medical Center, New York, New York. **Christian Medical College, Vellore,**India.				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Department of Hematology and Oncology, National Cancer Research Center East, Chiba, Japan. Medical Research Division, Fred Hutchinson Cancer Research Center, Seattle, Washington. Hematology Branch, Sarah Cannon, Nashville, Tennessee. Division of Hematology/Oncology, Department of Medicine, Vanderbilt University Medical Center, Nashville, Tennessee. Division of Hematology/Oncology, The University of North Carolina at Chapel Hill, Chapel Hill, North Carolina. We analyzed late fatal infections (LFIs) in allogeneic stem cell transplantation (HCT) recipients reported to the Center for International Blood and Marrow Transplant Research. We analyzed the incidence, infection types, and risk factors contributing to LFI in 10,336 adult and 5088 pediatric subjects surviving for >/=2 years after first HCT without relapse. Among 2245 adult and 377 pediatric patients who died, infections were a primary or contributory cause of death in 687 (31%) and 110 (29%), respectively. At 12 years post-HCT, the cumulative incidence of LFIs was 6.4% (95% confidence interval [CI], 5.8% to 7.0%) in adults, compared with 1.8% (95% CI, 1.4% to 2.3%) in pediatric subjects; P < .001). In adults, the 2 most significant risks for developing LFI were increasing age (20 to 39, 40 to 54, and >/=55 years versus 18 to 19 years) with hazard ratios (HRs) of 3.12 (95% CI, 1.33 to 7.32), 3.86 (95% CI, 1.66 to 8.95), and 5.49 (95% CI, 2.32 to 12.99) and a history of chronic graft-versus-host disease GVHD (cGVHD) with ongoing immunosuppression at 2 years post-HCT compared with no history of GVHD with (HR, 3.87; 95% CI, 2.59 to 5.78). In pediatric subjects, the 3 most significant risks for developing LFI were a history of cGVHD with ongoing immunosuppression (HR, 9.49; 95% CI, 4.39 to 20.51) or without ongoing immunosuppression (HR, 2.7; 95% CI, 1.05 to 7.43) at 2 years post-HCT compared with no history of GVHD, diagnosis of inherited abnormalities of erythrocyte function compared with diagnosis of acute myelogenous leukemia (HR, 2.30; 95% CI, 1.19 to 4.42), and age >10 years (HR, 1.92; 95% CI, 1.15 to 3.2). This study emphasizes the importance of continued vigilance for late infections after HCT and institution of support strategies aimed at decreasing the risk of cGVHD.				
463.	Oldenburg, J., Kulkarni, R., Srivastava, A., Mahlangu, J. N., Blanchette, V. S., Tsao, E., Winding, B., Dumont, J. and Jain, N. Improved joint health in subjects with severe haemophilia A treated prophylactically with recombinant factor VIII Fc fusion protein	**INT**	**JAN TO JUNE**	**CLINICAL HAEMATOLOGY**	**WOS:**000422692200021 **H Index:** 81 **Impact Factor:** 2.768

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Haemophilia; 2018, 24 (1): 77-84 IntroductionJoint arthropathy is the long-term consequence of joint bleeding in people with severe haemophilia. AimThis study assessed change in joint health over time in subjects receiving recombinant factor VIII Fc fusion protein (rFVIIIFc) prophylaxis. MethodsALONG is the phase 3 pivotal study in which the benefit of rFVIIIFc as a prophylactic treatment for bleeding control was shown in previously treated severe haemophilia patients 12years of age (arm 1: 25-65 IU/kg every 3-5 days, arm 2: 65 IU/kg weekly and arm 3: episodic). After completing ALONG, subjects had the option to enrol into the extension study (ASPIRE). This interim, post hoc analysis assessed changes in joint health over 2.8years in these patients. ResultsForty-seven subjects had modified Haemophilia Joint Health Score (mHJHS) data at A-LONG baseline, ASPIRE baseline and ASPIRE Year 1 and Year 2. Compared with A-LONG baseline (23.4), mean improvement at ASPIRE Year 2 was -4.1 (95% confidence interval [CI], -6.5, -1.8; P=.001). Regardless of prestudy treatment regimen, subjects showed continuous improvement in mHJHS from A-LONG baseline through ASPIRE Year 2 (prestudy prophylaxis: -2.4, P=.09; prestudy episodic treatment: -7.2, P=.003). Benefits were seen in subjects with target joints (-5.6, P=.005) as well as those with severe arthropathy (-8.8, P=.02). The mHJHS components with the greatest improvement at ASPIRE Year 2 were swelling (-1.4, P=.008), range of motion (-1.1, P=.03) and strength (-0.8, P=.04). ConclusionsProphylaxis with rFVIIIFc may improve joint health over time regardless of prestudy prophylaxis or episodic treatment regimens.				
464.	Olenski, S., Scuderi, C., Choo, A., Singh, A. K. Bhagat, Way, M., Pelecanos, A., Jeyaseelan, L. and John, G. CLINICAL AUDIT OF URINARY TRACT INFECTIONS IN RENAL TRANSPLANT PATIENTS AT THE ROYAL BRISBANE AND WOMEN'S HOSPITAL Nephrology; 2018, 23 19-19	**INT**	**JAN TO JUNE**	**NEPHROLOGY, BIOSTATISTICS**	**WOS:**000443138700029 **H Index:** 51 **Impact Factor:** 2.178
465.	Olortegui, Maribel Paredes, Rouhani, Saba, Yori, Pablo Penataro, Salas, Mery Siguas, Trigoso, Dixner Rengifo, Mondal, Dinesh, Bodhidatta, Ladaporn, Platts-Mills, James, Samie, Amidou, Kabir, Furqan, Lima, Aldo, Babji, Sudhir, Shrestha, Sanjaya Kumar, Mason, Carl J., Kalam, Adil, Bessong, Pascal, Ahmed, Tahmeed, Mduma, Estomih, Bhutta, Zulfiqar A., Lima, Ila, Ramdass, Rakhi, Moulton, Lawrence H., Lang, Dennis, George, Ajila, Zaidi, Anita K.	**INT**	**JAN TO JUNE**	**WELLCOME RESEARCH UNIT**	**WOS:**000419003300015 **H Index:** 297 **Impact Factor:** 5.515

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	M., Kang, Gagandeep, Houpt, Eric R., Kosek, Margaret N. and Network, Mal-Ed Astrovirus Infection and Diarrhea in 8 Countries Pediatrics; 2018, 141 (1): BACKGROUND AND OBJECTIVES: Astroviruses are important drivers of viral gastroenteritis but remain understudied in community settings and low-and middle-income countries. We present data from 8 countries with high prevalence of diarrhea and undernutrition to describe astrovirus epidemiology and assess evidence for protective immunity among children 0 to 2 years of age. METHODS: We used 25 898 surveillance stools and 7077 diarrheal stools contributed by 2082 children for enteropathogen testing, and longitudinal statistical analysis to describe incidence, risk factors, and protective immunity. RESULTS: Thirty-five percent of children experienced astrovirus infections. Prevalence in diarrheal stools was 5.6%, and severity exceeded all enteropathogens except rotavirus. Incidence of infection and diarrhea were 2.12 and 0.88 episodes per 100 child-months, respectively. Children with astrovirus infection had 2.30 times the odds of experiencing diarrhea after adjustment for covariates (95% confidence interval [CI], 2.01-2.62; P < .001). Undernutrition was a risk factor: odds of infection and diarrhea were reduced by 10% and 13%, respectively, per increase in length-for-age z score (infection: odds ratio, 0.90 [95% CI, 0.85-0.96]; P < .001; diarrhea: odds ratio, 0.87 [95% CI, 0.79-0.96]; P = .006). Some evidence of protective immunity to infection was detected (hazard ratio, 0.84 [95% CI, 0.71-1.00], P = .052), although this was heterogeneous between sites and significant in India and Peru. CONCLUSIONS: Astrovirus is an overlooked cause of diarrhea among vulnerable children worldwide. With the evidence presented here, we highlight the need for future research as well as the potential for astrovirus to be a target for vaccine development.				
466.	Olson, J. D., Jennings, I., Meijer, P., Bon, C., Bonar, R., Favaloro, E. J., Higgins, R. A., Keeney, M., Mammen, J., Marlar, R. A., Meley, R., Nair, S. C., Nichols, W. L., Raby, A., Reverter, J. C., Srivastava, A. and Walker, I. Lack of grading agreement among international hemostasis external quality assessment programs Blood Coagulation and Fibrinolysis; 2018, 29 (1): 111-119 Laboratory quality programs rely on internal quality control and external quality assessment (EQA). EQA programs provide	**INT**	**JAN TO JUNE**	**CLINICAL HAEMATOLOGY**	**WOS:**000424032500017 **SCOPUS** **H Index:** 66 **Impact Factor:** 1.119

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	unknown specimens for the laboratory to test. The laboratory's result is compared with other (peer) laboratories performing the same test. EQA programs assign target values using a variety of methods statistical tools and performance assessment of 'pass' or 'fail' is made. EQA provider members of the international organization, external quality assurance in thrombosis and hemostasis, took part in a study to compare outcome of performance analysis using the same data set of laboratory results. Eleven EQA organizations using eight different analytical approaches participated. Data for a normal and prolonged activated partial thromboplastin time (aPTT) and a normal and reduced factor VIII (FVIII) from 218 laboratories were sent to the EQA providers who analyzed the data set using their method of evaluation for aPTT and FVIII, determining the performance for each laboratory record in the data set. Providers also summarized their statistical approach to assignment of target values and laboratory performance. Each laboratory record in the data set was graded pass/fail by all EQA providers for each of the four analytes. There was a lack of agreement of pass/fail grading among EQA programs. Discordance in the grading was 17.9 and 11% of normal and prolonged aPTT results, respectively, and 20.2 and 17.4% of normal and reduced FVIII results, respectively. All EQA programs in this study employed statistical methods compliant with the International Standardization Organization (ISO), ISO 13528, yet the evaluation of laboratory results for all four analytes showed remarkable grading discordance. © 2018 The Author(s). Published by Wolters Kluwer Health, Inc.				
467.	P, S., Jose, J. and George, O. K. Contemporary outcomes of percutaneous closure of patent ductus arteriosus in adolescents and adults Indian Heart J; 2018, 70 (2): 308-315 **Address:** Department of Cardiology, **Christian Medical College Hospital, Vellore,** India. Electronic **Address:** sudhipgowda@gmail.com. Department of Cardiology, **Christian Medical College Hospital, Vellore,** India. BACKGROUND: Catheter based treatment has gained wide acceptance for management of patent ductus arteriosus (PDA) ever since its introduction. Percutaneous closure in adults can be challenging because of anatomical factors including large sizes, associated pulmonary arterial hypertension (PAH) and	**NAT**	**JAN TO JUNE**	**CARDIOLOGY**	**PMID:**29716712 **PMC ID:**5993916 **H Index:** 33 **Impact Factor:** 0.610 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	co-morbidities. This study aimed to provide comprehensive contemporary data on the safety and efficacy of percutaneous device closure of PDA in adult and adolescent population at a large referral center. METHODS: This single-center retrospective analysis included 70 patients (33 adolescents and 37 adults) who underwent successful percutaneous device closure of PDA between January 2011 and February 2017.Baseline patient demographics, clinical characteristics, procedural and device related variables, and immediate outcomes during hospital stay were recorded. Patients were followed up for residual shunt and complications. RESULTS: Of 70 PDA device closure cases, 71.4% were females; the mean age was 23 years (range:10-58years). Devices used were 4-Cook's detachable coils, 64-occluders (ADO-I and II, Lifetech, Cardi-O-Fix), 1-vascular plug and 1-ventricular septal occluder device. Device success was achieved in all including those with very large PDAs. At 24-h post-procedure, the success rate of transcatheter intervention was 95.7%. At 6-months follow up, complete closure was observed in all (mean follow up duration-531days). In patients with severe PAH, significant immediate and sustained reduction of the mean pulmonary pressure was observed(77mmHg to 33mmHg;P=0.014). No procedure-related complications including death, device embolization and stenosis of aorta or pulmonary artery occurred. CONCLUSIONS: In contemporary practice, percutaneous device closure is an effective and safe treatment option for adolescent and adult PDA patients.				
468.	Padhan, P., Agarwal, S. and Danda, D. Clinical predictors of outcome in buerger's disease using BVAS and DEI.Tak scoring systems Journal of Clinical and Diagnostic Research; 2018, 12 (8): OC08-OC10 **Address:** Department of Rheumatology, Kalinga Institute of Medical Sciences, KIIT University, Bhubaneswar, Odisha, India Department of Vascular Surgery, **Christian Medical College, Vellore,**Tamil Nadu, India Department of Clinical Immunology and Rheumatology, **Christian Medical College, Vellore,**Tamil Nadu, India Introduction: Buerger's disease is an unclassifiable vasculitis of the small and medium-sized distal arteries and superficial veins. BVAS (Birmingham Vasculitis Activity Score) is a validated disease activity index for vasculitis of different types. DEI.Tak (Disease Extent	**NAT**	**JUL TO DEC**	**VASCULAR SURGERY, CLINICAL IMMUNOLOGY AND RHEUMATOLOGY**	**SCOPUS** **H Index:** 22 **Impact Factor:** 0.650 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Index. Takayasu's arteritis) scoring system is a validated disease extent Index used for Takayasu arteritis. Aim: The aim of this study was to assess outcome in patients with Buerger's disease using various clinical features, laboratory parameters, BVAS and DEI.Tak scoring system. Materials and Methods: Case records of 136 patients diagnosed with Buerger's disease in our hospital between August 1996 and July 2006 were studied retrospectively. Various clinical features (smoking history, claudication pain, loss of pulse), laboratory parameters, treatment modalities and outcome measures were recorded in a defined proforma. BVAS and DEI.Tak scoring was done using the data from medical records documented during the patients' last visit to the hospital. Outcome of any patient requiring amputation was considered as bad outcome. Others, who could be managed by antiplatelet drugs, sympathectomy and revascularization procedures without any amputation were classified within the good outcome subset. Statistical analysis was done using Chi-square test and Non parametric Mann-Whitney test was performed to correlate outcome with all the recorded parameters including those embedded in BVAS and DEI.Tak scoring systems. Results: Sixty eight patients were in each group, namely the good outcome and bad outcome subsets. The mean BVAS score were 10.29±1.26 and 10.88±2.57 and mean DEI.Tak score were 5.29±1.75 and 7.93±2.43 and these scores were observed to be significantly different (p=0.038, p=0.014 respectively) among the good outcome subsets and bad outcome patients with respectively. Proportion of patients with claudication pain and absent upper limb pulse were observed significantly higher in the bad outcome group. Conclusion: Buerger's disease with higher DEI.Tak score has significantly higher risk of bad outcome. DEI.Tak score can be used as an important predictor of outcome in Buerger's disease.				
469.	Padmapriyadarsini, C., Das, M., Burugina Nagaraja, S., Rajendran, M., Kirubakaran, R., Chadha, S. and Tharyan, P. Is Chemoprophylaxis for Child Contacts of Drug-Resistant TB Patients Beneficial? A Systematic Review Tuberc Res Treat; 2018, 2018 3905890 **Address:** National Institute for Research and Tuberculosis, Chennai, India. Medecins Sans Frontieres, New Delhi, India. ESIC Medical College and PGIMSR, Bangalore, India. **Christian Medical College, Vellore,**India.	**INT**	**JAN TO JUNE**	**PSYCHIATRY, COCHRANE SOUTH ASIA**	**PMID:**29808119 **PMC ID:**5901830 **H Index:** NA **Impact Factor:** NA

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	The International Union Against TB and Lung Disease, New Delhi, India. Background: Preventive therapy for child contacts of multidrug-resistant tuberculosis (MDR-TB) patients is poorly studied, and no consensus about the role and the rationale of chemoprophylaxis has been reached. Objective: To conduct systematic review with an aim to determine the effectiveness of TB preventive therapy in reducing the incidence of TB disease in pediatric contacts of MDR-TB patients. Methods: We conducted a literature search for randomized control trials, cohort studies, and case reports of chemoprophylaxis for pediatric contacts of MDR-TB patients in PubMed, EMBASE, Cochrane Databases of Systematic Reviews, metaRegister of Controlled Trials, and other clinical registries through March 2017, using appropriate search strategy. In addition we searched abstracts from international conferences and references of published articles and reviews. Results: Of the 153 references assessed from various databases, seven studies were identified as relevant after adaption of eligibility criteria and assessed for systematic review. Of these, only two studies contributed data for the pooled meta-analysis. Conclusions: Though the available evidences suggest that the chemoprophylaxis for child contacts of MDR-TB patients is beneficial, data to support or reject preventive therapy is very limited. Further clinical research, in Tb endemic settings like India, needs to be performed to prove the beneficial effect of chemoprophylaxis for pediatric contacts of MDR-TB.				
470.	Pahuja, K. B., Nguyen, T. T., Jaiswal, B. S., Prabhash, K., Thaker, T. M., Senger, K., Chaudhuri, S., Kljavin, N. M., Antony, A., Phalke, S., Kumar, P., Mravic, M., Stawiski, E. W., Vargas, D., Durinck, S., Gupta, R., Khanna-Gupta, A., Trabucco, S. E., Sokol, E. S., Hartmaier, R. J., Singh, A., Chougule, A., Trivedi, V., Dutt, A., Patil, V., Joshi, A., Noronha, V., Ziai, J., Banavali, S. D., Ramprasad, V., Degrado, W. F., Bueno, R., Jura, N. and Seshagiri, S. Actionable Activating Oncogenic ERBB2/HER2 Transmembrane and Juxtamembrane Domain Mutations Cancer Cell; 2018, 34 (5): 792-806 e5 **Address:** Molecular Biology Department, Genentech Inc., South San Francisco, CA 94080, USA. Tata Memorial Hospital, Parel, Mumbai 400012, India. Cardiovascular Research Institute, University of California San Francisco, San Francisco, CA 94158, USA.	**INT**	**JUL TO DEC**	**MEDICAL ONCOLOGY**	**PMID:**30449325 **H Index:** 284 **Impact Factor:** 22.844

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Molecular Oncology Department, Genentech Inc., South San Francisco, CA 94080, USA. Department of Molecular Biology, SciGenom Labs, Cochin, Kerala 682037, India. Research Division, MedGenome Labs Pvt. Ltd., Bangalore, Karnataka 560099, India. Department of Pharmaceutical Chemistry, University of California San Francisco, San Francisco, CA 94158, USA. Molecular Biology Department, Genentech Inc., South San Francisco, CA 94080, USA; Bioinformatics and Computational Biology Department, Genentech Inc., South San Francisco, CA 94080, USA. Research and Development Department, MedGenome Inc., Foster City, CA 94404, USA. Bioinformatics Department, MeGenome Labs Pvt. Ltd., Bangalore, Karnataka 560099, India. Foundation Medicine Inc., 150 Second Street, Cambridge, MA 02141, USA. Department of Medical Oncology, **Christian Medical College and Hospital, Vellore** 632004, India. ACTREC, Tata Memorial Centre, Navi Mumbai 410210, India; Homi Bhaba National Institute, Training School Complex, Anushakti Nagar, Mumbai 400094, India. Pathology Department, Genentech Inc., South San Francisco, CA 94080, USA. Division of Thoracic Surgery, The Lung Center and the International Mesothelioma Program, Brigham and Women's Hospital and Harvard Medical School, Boston, MA 02115, USA. Cardiovascular Research Institute, University of California San Francisco, San Francisco, CA 94158, USA; Department of Cellular and Molecular Pharmacology, University of California San Francisco, San Francisco, CA 94158, USA. Molecular Biology Department, Genentech Inc., South San Francisco, CA 94080, USA. Electronic **Address:** sekar@gene.com. Deregulated HER2 is a target of many approved cancer drugs. We analyzed 111,176 patient tumors and identified recurrent mutations in HER2 transmembrane domain (TMD) and juxtamembrane domain (JMD) that include G660D, R678Q, E693K, and Q709L. Using a saturation mutagenesis screen and testing of patient-derived mutations we found several activating TMD and JMD mutations. Structural modeling and analysis showed that the TMD/JMD mutations function by improving the active dimer				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	interface or stabilizing an activating conformation. Further, we found that HER2 G660D employed asymmetric kinase dimerization for activation and signaling. Importantly, anti-HER2 antibodies and small-molecule kinase inhibitors blocked the activity of TMD/JMD mutants. Consistent with this, a G660D germline mutant lung cancer patient showed remarkable clinical response to HER2 blockade.				
471.	Pai, Aswin Anand, Mohanan, Ezhilpavai, Balakrishnan, Balaji, Amirthavani, G., Illangeswaran, Raveen Stephen Stallon, Panetta, John Carl, George, Biju, Mathews, Vikram, Srivastava, Alok and Balasubramanian, Poonkuzhali Genetic Variants in Drug Metabolizing and Transporter Genes Explain Variability in Fludarabine Pharmacokinetics in Patients Undergoing HSCT Biology of Blood and Marrow Transplantation; 2018, 24 (3): S53-S53	**INT**	**JAN TO JUNE**	**CLINICAL HAEMATOLOGY**	**WOS:**000425476000049 **H Index:** 103 **Impact Factor:** 4.484
472.	Palocaren, T. Femoral Neck Fractures in Children: A Review Indian J Orthop; 2018, 52 (5): 501-506 **Address:** Department of Orthopaedics, **Christian Medical College, Vellore,**Tamil Nadu, India. Paediatric femoral neck fractures are uncommon injuries and are usually caused by high-energy trauma. Low-energy trauma can result in pathologic neck fractures and stress fractures of the neck, due to repetitive activity. Surgical options can vary based on age, Delbet classification and displacement of the fracture. Treatment for displaced fractures is by closed or open reduction and smooth/cancellous screw fixation. Compression screw and side plate fixation is indicated for basal fractures. Fixation should be supplemented by spica cast immobilization in younger children. The high rate of complications occurs due to the vascular anatomy of the hip and proximal femur. Avascular necrosis, coxa vara, premature physeal closure, and nonunion are the most common and these often result in poor outcome.	**NAT**	**JUL TO DEC**	**ORTHOPAEDICS**	**PMID:**30237607 **PMC ID:**6142798 **WOS:**000445829900008 **SCOPUS** **H Index:** 22 **Impact Factor:** 0.980
473.	Pandey, S., Srivanitchapoom, P., Kirubakaran, R. and Berman, B. D. Botulinum toxin for motor and phonic tics in Tourette's syndrome Cochrane Database of Systematic Reviews; 2018, 2018 (1): Background: Gilles de la Tourette syndrome, or Tourette's syndrome, is defined as the presence of both motor and vocal (phonic) tics for more than 12 months, that manifest before the age	**INT**	**JAN TO JUNE**	**COCHRANE SOUTH ASIA**	**WOS:**000423977300018 **H Index:** 212 **Impact Factor:** 6.754

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	of 18 years, in the absence of secondary causes. Treatment of motor and phonic tics is difficult and challenging. Objectives: To determine the safety and effectiveness of botulinum toxin in treating motor and phonic tics in people with Tourette's syndrome, and to analyse the effect of botulinum toxin on premonitory urge and sensory tics. Search methods: We searched the Cochrane Movement Disorders Group Trials Register, CENTRAL, MEDLINE, and two trials registers to 25 October 2017. We reviewed reference lists of relevant articles for additional trials. Selection criteria: We considered all randomised, controlled, double-blind studies comparing botulinum toxin to placebo or other medications for the treatment of motor and phonic tics in Tourette's syndrome for this review. We sought both parallel group and cross-over studies of children or adults, at any dose, and for any duration. Data collection and analysis: We followed standard Cochrane methods to select studies, assess risk of bias, extract and analyse data. All authors independently abstracted data onto standardized forms; disagreements were resolved by mutual discussion. Main results: Only one randomised placebo-controlled, double-blind cross-over study met our selection criteria. In this study, 20 participants with motor tics were enrolled over a three-year recruitment period; 18 (14 of whom had a diagnosis of Tourette's syndrome) completed the study; in total, 21 focal motor tics were treated. Although we considered most bias domains to be at low risk of bias, the study recruited a small number of participants with relatively mild tics and provided limited data for our key outcomes. The effects of botulinum toxin injections on tic frequency, measured by videotape or rated subjectively, and on premonitory urge, are uncertain (very low-quality evidence). The quality of evidence for adverse events following botulinum toxin was very low. Nine people had muscle weakness following the injection, which could have led to unblinding of treatment group assignment. No data were available to evaluate whether botulinum injections led to immunoresistance to botulinum. Authors' conclusions: We are uncertain about botulinum toxin effects in the treatment of focal motor and phonic tics in select cases, as we assessed the quality of the evidence as very low. Additional randomised controlled studies are needed to demonstrate the benefits and harms of botulinum toxin therapy for the treatment of motor and phonic tics in patients with Tourette's syndrome. © 2018 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
474.	Pant Pai, N., Daher, J., Prashanth, H. R., Shetty, A., Sahni, R. D., Kannangai, R., Abraham, P. and Isaac, R. Will an innovative connected AideSmart! app-based multiplex, point-of-care screening strategy for HIV and related coinfections affect timely quality antenatal screening of rural Indian women? Results from a cross-sectional study in India Sex Transm Infect; 2018, **Address:** Department of Medicine, McGill University, Montreal, Quebec, Canada nitika.pai@mcgill.ca. Division of Clinical Epidemiology, Research Institute of the McGill University Health Centre, Montreal, Canada. Rural Unit for Health and Social Affairs (RUHSA), **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Clinical Microbiology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Clinical Virology, **Christian Medical College, Vellore,**Tamil Nadu, India. OBJECTIVES: In rural pregnant Indian women, multiple missed antenatal screening opportunities due to inadequate public health facility-based screening result in undiagnosed HIV and sexually transmitted bloodborne infections (STBBIs) and conditions (anaemia). Untreated infections complicate pregnancy management, precipitate adverse outcomes and risk mother-to-child transmission. Additionally, a shortage of trained doctors, rural women's preference for home delivery and health illiteracy affect health service delivery. To address these issues, we developed AideSmart!, an innovative, app-based, cloud-connected, rapid screening strategy that offers multiplex screening for STBBIs and anaemia at the point of care. It offers connectivity, integration, expedited communications and linkages to clinical care throughout pregnancy. METHODS: In a cross-sectional study, we evaluated the AideSmart! strategy for feasibility, acceptability, preference and impact. We trained 15 healthcare professionals (HCPs) to offer the AideSmart! strategy to 510 pregnant women presenting for care to outreach rural service units of **Christian Medical College, Vellore,**India. RESULTS: With the AideSmart! screening strategy, we recorded an acceptability of 100% (510/510), feasibility (completion rate) of 91.6% (466/510) and preference of 73%. We detected 239 infections/conditions (239/510, 46.8%) at the point-of-care, of which 168 (168/239; 70%) were lab confirmed, staged and treated rapidly. Of the 168 confirmed infections/conditions, 127 were anaemia, 11 Trichomonas and 30	**INT**	**JAN TO JUNE**	**RURAL UNIT FOR HEALTH AND SOCIAL AFFAIRS (RUHSA), CLINICAL MICROBIOLOGY, CLINICAL VIROLOGY**	**PMID:**30322858 **SCOPUS** **H Index:** 87 **Impact Factor:** 3.346

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	hepatitis B virus (HBV) (25 resolved naturally, 5 active infections). Four infants (4/5; 80%) were prophylaxed for HBV and were declared disease-free at 9 months. Recruited participants were young; mean age was 24 years (range: 17-40) and 74% (376/510) were in their second trimester. Furthermore, 95% of the participants were retained throughout their pregnancy. CONCLUSION: The AideSmart! strategy was deemed feasible to operationalise by HCPs. It was accepted and preferred by participants, resulting in timely screening and treatment of HIV/STIs and anaemia, preventing mother-to-child transmission. The strategy could be reverse-innovated to any context to maximise its health impact.				
475.	Panwar, J., Sandhya, P., Kandagaddala, M., Nair, A., Jeyaseelan, V. and Danda, D. Utility of CT imaging in differentiating sacroiliitis associated with spondyloarthritis from gouty sacroiliitis: a retrospective study Clinical Rheumatology; 2018, 37 (3): 779-788 Sacroiliitis is one of the criteria for classification as spondyloarthritis (SpA), though not unique to SpA. Other conditions including gout may be erroneously diagnosed as SpA due to sacroiliitis. The objective was to identify specific CT findings in sacroiliitis associated with SpA and gout. In this retrospective study, CT images of patients with sacroiliitis and clinical diagnosis of gout or SpA from 2010 to 2015 were independently reviewed by two radiologists, blinded to diagnosis. Axial and coronal oblique images were analyzed for characteristics of erosions. The receiver operator characteristic curve was constructed to analyze the discriminating ability of radiological findings. CT SI joint images of 11 patients with gout and 224 patients with SpA were re-analyzed. There was excellent agreement between the radiologists (ICC from 0.78 to 1). Erosions were more numerous in SpA. Erosions in gout were associated with tophi in 65.7% (73/111). Erosions in gout were para-articular and had sclerotic margins, overhanging edges, and multilobulated base (P OpenSPiltSPi 0.0001 for all). Length and depth of erosions were more in gout as compared to SpA. AUCs for length, depth of erosions, and subchondral sclerosis were 0.665, 0.694, and 0.991, respectively. Subchondral sclerosis ≤ 4.5 mm had a sensitivity and specificity of 100 and 96%, respectively, for diagnosis of gout. In addition to known radiological features of gout, multilobulated base of erosions and absence of subchondral sclerosis could possibly distinguish sacroiliitis in SpA from gout. Our	**INT**	**JAN TO JUNE**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY, BIOSTATISTICS**	**WOS:**000426714500026 **SCOPUS** **H Index:** 71 **Impact Factor:** 2.141

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	limited analysis suggests that CT imaging could help in differentiating the two. © 2017, International League of Associations for Rheumatology (ILAR).				
476.	Parker, E. P. K., Whitfield, H., Baskar, C., Giri, S., John, J., Grassly, N. C., Kang, G. and Praharaj, I. FUT2 secretor status is not associated with oral poliovirus vaccine immunogenicity in south Indian infants J Infect Dis; 2018, **Address:** Department of Infectious Disease Epidemiology, St Mary's Campus, Imperial College London, UK. Wellcome Trust Research Laboratory, Division of Gastrointestinal Sciences, **Christian Medical College, Vellore,**India. The FUT2 gene determines whether histo-blood group antigens are secreted at mucosal surfaces. Secretor status influences susceptibility to enteric viruses, potentially including oral poliovirus vaccine (OPV). We performed a nested case-control study to determine the association between FUT2 genotype (SNPs G428A, C302T, and A385T) and seroconversion among Indian infants who received a single dose of monovalent type 3 OPV. Secretor prevalence was 89/118 (75%) in infants who seroconverted and 97/122 (80%) in infants who failed to seroconvert (odds ratio 0.79, 95% CI 0.43-1.45). Our findings suggest that FUT2 genotype is not a key determinant of variation in OPV immunogenicity.	**INT**	**JAN TO JUNE**	**INFECTIOUS DISEASES, WELLCOME RESEARCH UNIT**	**PMID:**30239830 **H Index:** 227 **Impact Factor:** 5.186
477.	Parker, Edward P. K., Praharaj, Ira, Zekavati, Anna, Lazarus, Robin P., Giri, Sidhartha, Operario, Darwin J., Liu, Jie, Houpt, Eric, Iturriza-Gomara, Miren, Kampmann, Beate, John, Jacob, Kang, Gagandeep and Grassly, Nicholas C. Influence of the intestinal microbiota on the immunogenicity of oral rotavirus vaccine given to infants in south India Vaccine; 2018, 36 (2): 264-272 Oral rotavirus vaccines have consistently proven to be less immunogenic among infants in developing countries. Discrepancies in the intestinal microbiota, including a greater burden of enteropathogens and an altered commensal community composition, may contribute to this trend by inhibiting the replication of vaccine viruses. To test this possibility, we performed a nested case-control study in Vellore, India, in which we compared the intestinal microbiota of infants who responded serologically or not after two doses of Rotarix delivered at 6 and 10 weeks of age as part of a clinical trial (CTRI/2012/05/002677). The prevalence of 40	**INT**	**JAN TO JUNE**	**WELLCOME RESEARCH UNIT**	**WOS:**000423647800014 **H Index:** 159 **Impact Factor:** 3.285

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	bacterial, viral, and eukaryotic pathogen targets was assessed in pre-vaccination stool samples from 325 infants using singleplex real-time PCR on a Taqman array card (TAC). In a subset of 170 infants, we assessed bacterial microbiota composition by sequencing the 16S rRNA gene V4 region. Contrary to expectations, responders were more likely than non-responders to harbor >= 1 bacterial enteropathogen at dose I (26% [40/156] vs 13% [21/157] of infants with TAC results who completed the study per protocol; chi(2), P = .006), although this was not apparent at dose 2 (24% [38/158] vs 23% [36/158]; P = .790). Rotavirus shedding after dose 1 was negatively correlated with the replication of co-administered oral poliovirus vaccine (OPV). We observed no consistent differences in composition or diversity of the 16S bacterial microbiota according to serological response, although rotavirus shedding was associated with slightly more bacterial taxa pre-vaccination. Overall, our findings demonstrate an inhibitory effect of co-administered OPV on the first dose of Rotarix, consistent with previous studies, but in the context of OPV co-administration we did not find a strong association between other components of the intestinal microbiota at the time of vaccination and Rotarix immunogenicity. (C) 2017 The Author(s). Published by Elsevier Ltd.				
478.	Pathrose, G., Dangi, A. D., Gupta, M., Kumar, R. M. and Kekre, N. S. Hemangiopericytoma: A rare mass arising in the kidney Journal of Clinical and Diagnostic Research; 2018, 12 (3): PD07-PD09 Hemangiopericytoma, a tumour arising from pericytes is an unusually rare kidney neoplasm. It is difficult to establish a preoperative diagnosis. Here, we present a case report of a 47-year-old gentleman who presented with haematuria and underwent left radical nephrectomy as preoperative imaging was suggestive of Renal Cell Carcinoma (RCC). The final histopathological diagnosis was hemangiopericytoma of the left kidney. © 2018, Journal of Clinical and Diagnostic Research. All rights reserved.	**NAT**	**JUL TO DEC**	**UROLOGY, SURGERY**	**SCOPUS** **H Index:** 22 **Impact Factor:** 0.650 (RG)
479.	Paul, A. and Lahiri, A. 'Toxic' ST elevation BMJ Case Rep; 2018, 2018 **Address:** Department of Cardiology, Christain Medical College and Hospital, Vellore, Tamil Nadu, India. Department of Cardiac Electrophysiology and Pacing, **Christian**	**INT**	**JAN TO JUNE**	**CARDIOLOGY, CARDIAC ELECTROPHYSIOLOGY AND PACING**	**PMID:**29950357 **H Index:** 17 **Impact Factor:** 0.220 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Medical College and Hospital, Vellore, Tamil Nadu, India.				
480.	Peedicayil, J. The relevance of epigenetics to seasonal affective disorder J Affect Disord; 2018, 239 201-202 **Address:** Department of Pharmacology & Clinical Pharmacology, **Christian Medical College, Vellore,**India. Electronic **Address:** jpeedi@cmcvellore.ac.in.	**INT**	**JAN TO JUNE**	**PHARMACOLOGY & CLINICAL PHARMACOLOGY**	**PMID:**30014960 **WOS:**000441280500026 **SCOPUS** **H Index:** 158 **Impact Factor:** 3.786
481.	Peedicayil, J. Folic acid and its congeners in the treatment of schizophrenia Psychopharmacology (Berl); 2018, **Address:** Department of Pharmacology and Clinical Pharmacology, **Christian Medical College, Vellore,**India. jpeedi@cmcvellore.ac.in.	**INT**	**JAN TO JUNE**	**PHARMACOLOGY & CLINICAL PHARMACOLOGY**	**PMID:**30382355 **SCOPUS** **H Index:** 175 **Impact Factor:** 3.222
482.	Peedicayil, J. An epigenetic role for ascorbic acid in neurodegenerative diseases Cns Neuroscience & Therapeutics; 2018, 24 (9): 841-841 **Address:** Department of Pharmacology & Clinical Pharmacology, **Christian Medical College, Vellore,**India.	**INT**	**JAN TO JUNE**	**PHARMACOLOGY & CLINICAL PHARMACOLOGY**	**PMID:**29804320 **WOS:**000441545800011 **SCOPUS** **H Index:** 53 **Impact Factor:** 3.495
483.	Peedicayil, J. Pharmacoepigenetics and pharmacoepigenomics: An overview Curr Drug Discov Technol; 2018, **Address:** Department of Pharmacology & Clinical Pharmacology **Christian Medical College Vellore**. India. The rapid and major advances being made in epigenetics is impacting pharmacology, giving rise to new sub-disciplines in pharmacology, pharmacoepigenetics, the study of the epigenetic basis of variation in response to drugs; and pharmacoepigenomics, the application of pharmacoepigenetics on a genome-wide scale. This article gives an overview of the current state of knowledge of pharmacoepigenetics and pharmacoepigenomics. The article highlights the following areas: epigenetic therapy, the role of epigenetics in pharmacokinetics, the relevance of epigenetics to adverse drug reactions, personalized medicine, drug addiction, and drug resistance, and the use of epigenetic biomarkers in drug therapy.	**INT**	**JAN TO JUNE**	**PHARMACOLOGY & CLINICAL PHARMACOLOGY**	**PMID:**29676232 **H Index:** 36 **Impact Factor:** 4.770 (RG)
484.	Peedicayil, J. The role of epigenetics in seasonal changes in mood disorders	**INT**	**JUL TO DEC**	**PHARMACOLOGY & CLINICAL**	**PMID:**30259620 **WOS:**000448841100012

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Bipolar Disord; 2018, 20 (7): 668 **Address:** Department of Pharmacology & Clinical Pharmacology, **Christian Medical College, Vellore,**India.			**PHARMACOLOGY**	**SCOPUS** **H Index:** 113 **Impact Factor:** 4.490
485.	Peedicayil, J. L-Acetylcarnitine as a histone acetylation modulator in psychiatric disorders Psychopharmacology (Berl); 2018, 235 (11): 3361-3362 **Address:** Department of Pharmacology and Clinical Pharmacology, **Christian Medical College, Vellore,**India. jpeedi@cmcvellore.ac.in.	**INT**	**JUL TO DEC**	**PHARMACOLOGY & CLINICAL PHARMACOLOGY**	**PMID:**30251161 **WOS:**000448485500025 **SCOPUS** **H Index:** 175 **Impact Factor:** 3.222
486.	Peedicayil, J. and Grayson, D. R. Some implications of an epigenetic-based omnigenic model of psychiatric disorders J Theor Biol; 2018, 452 81-84 **Address:** Department of Pharmacology and Clinical Pharmacology, **Christian Medical College, Vellore,**India. Electronic **Address:** jpeedi@cmcvellore.ac.in. Center for Alcohol Research in Epigenetics, The Psychiatric Institute, Department of Psychiatry, College of Medicine, University of Illinois, Chicago, USA. Electronic **Address:** dgrayson@psych.uic.edu.	**INT**	**JAN TO JUNE**	**PHARMACOLOGY & CLINICAL PHARMACOLOGY**	**PMID:**29775682 **WOS:**000436385100009 **SCOPUS** **H Index:** 136 **Impact Factor:** 1.833
487.	Peedicayil, J. and Grayson, D. R. An epigenetic basis for an omnigenic model of psychiatric disorders J Theor Biol; 2018, 443 52-55 **Address:** Department of Pharmacology and Clinical Pharmacology, **Christian Medical College, Vellore,**India. Electronic **Address:** jpeedi@cmcvellore.ac.in. Department of Psychiatry, Center for Alcohol Research in Epigenetics, The Psychiatric Institute, College of Medicine, University of Illinois, Chicago 60612, USA. Electronic **Address:** dgrayson@psych.uic.edu.	**INT**	**JAN TO JUNE**	**PHARMACOLOGY & CLINICAL PHARMACOLOGY**	**PMID:**29378208 **WOS:**000427663800006 **H Index:** 136 **Impact Factor:** 1.833
488.	Peedicayil, J. and Kumar, A. Epigenetic Drugs for Mood Disorders Prog Mol Biol Transl Sci; 2018, 157 151-174 **Address:Christian Medical College, Vellore,**India. Electronic **Address:** jpeedi@cmcvellore.ac.in. **Christian Medical College, Vellore,**India. There is increasing evidence that changes in epigenetic mechanisms	**INT**	**JAN TO JUNE**	**PHARMACOLOGY & CLINICAL PHARMACOLOGY**	**PMID:**29933949 **SCOPUS** **H Index:** 85 **Impact Factor:** 3.074

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	of gene expression are involved in the pathogenesis of mood disorders. Such evidence stems from studies conducted on postmortem brain tissues and peripheral cells or tissues of patients with mood disorders. This article describes and discusses the epigenetic changes in the mood disorders (major depressive disorder and bipolar disorder) found to date. The article also describes and discusses preclinical drug trials of epigenetic drugs for treating mood disorders. In addition, nonrandomized and randomized controlled trials of nutritional drugs with effects on epigenetic mechanisms of gene expression in patients with major depressive disorder and bipolar disorder are discussed. Trials of epigenetic drugs and nutritional drugs with epigenetic effects are showing promising results for the treatment of mood disorders. Thus, epigenetic drugs and nutritional drugs with epigenetic effects could be useful in the treatment of patients with these disorders.				
489.	Pendergast, L. L., Schaefer, B. A., Murray-Kolb, L. E., Svensen, E., Shrestha, R., Rasheed, M. A., Scharf, R. J., Kosek, M., Vasquez, A. O., Maphula, A., Costa, H., Rasmussen, Z. A., Yousafzai, A., Tofail, F., Seidman, J. C., Acosta, A. M., De Burga, R. R., Chavez, C. B., Flores, J. T., Olotegui, M. P., Pinedo, S. R., Salas, M. S., Trigoso, D. R., Ahmed, I., Alam, D., Ali, A., Bhutta, Z. A., Qureshi, S., Rasheed, M., Soofi, S., Turab, A., Zaidi, A. K. M., Bodhidatta, L., Ammu, G., Babji, S., Bose, A., George, A. T., Hariraju, D., Jennifer, M. S., John, S., Kaki, S., Kang, G., Karunakaran, P., Koshy, B., Lazarus, R. P., Muliyil, J., Ragasudha, P., Raghava, M. V., Raju, S., Ramachandran, A., Ramadas, R., Ramanujam, K., Rose, A., Roshan, R., Sharma, S. L., Shanmuga Sundaram, E., Thomas, R. J., Pan, W. K., Ambikapathi, R., Carreon, J. D., Doan, V., Hoest, C., Knobler, S., Mccormick, B. J. J., Mcgrath, M., Miller, M. A., Psaki, S., Rasmussen, Z., Richard, S. A., Gottlieb, M., Lang, D. R., Tountas, K. H., Amour, C., Bayyo, E., Mduma, E. R., Mvungi, R., Nshama, R., Pascal, J., Swema, B. M., Yarrot, L., Mason, C. J., Ahmed, T., Ahmed, A. M. S., Haque, R., Haque, U., Hossain, M. I., Islam, M., Mahfuz, M., Mondal, D., Nahar, B., Chandyo, R. K., Shrestha, P. S., Ulak, M., Bauck, A., Black, R., Caulfield, L., Checkley, W., Kosek, M. N., Lee, G., Schulze, K., Yori, P. P., Scott, S., Ross, A. C., Schaefer, B., Simons, S., Pendergast, L., Abreu, C. B., Di Moura, A., Filho, J. Q., Havt, A., Leite, Á M., Lima, A. A. M., Lima, N. L., Lima, I. F., Maciel, B. L. L., Medeiros, P. H. Q. S., Moraes, M., Mota, F. S., Oriá, R. B., Quetz, J., Soares, A. M., Mota, R. M. S., Patil, C. L., Bessong, P., Mahopo, C., Nyathi, E., Samie, A., Barrett, L., Dillingham, R., Gratz, J.,	**INT**	**JAN TO JUN**	**PSYCHOLOGY EDUCATION**	**PMID: 3050236** **H Index:** 57 **Impact Factor:** 1.680 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Guerrant, R. L., Houpt, E., Petri, W. A., Jr., Platts-Mills, J., Rogawski, E., Scharf, R., Shrestha, B., Rayamajhi, B. B., Shrestha, S. K. and Strand, T. Assessing development across cultures: Invariance of the Bayley-III scales across seven international MAL-ED sites School Psychology Quarterly; 2018, 33 (4): 604-614 Address: Department of Psychological Studies in Education, Temple University, United States Department of Educational Psychology, Counseling, United States Special Education and Department of Nutritional Sciences, The Pennsylvania State University, University Park, PA, United States Haukeland University Hospital, Bergen, Norway Central Department of Psychology, Tribhuvan University, Kathmandu, Nepal Aga Khan University, Karachi, Pakistan Center for Global Health, University of Virginia, Charlottesville, VA, United States Bloomberg School of Public Health, Johns Hopkins University, United States Asociacion Benefica PRISMA, Iquitos, Peru Department of Psychology, University of Venda, Thohoyandou, South Africa Federal University of Ceará, Brazil Fogarty International Center, National Institutes of Health, Bethesda, MD, United States icddr-b, Dhaka, Bangladesh Armed Forces Research Institute of Medical Sciences, Bangkok, Thailand **Christian Medical College, Vellore**, India Duke University, Durham, NC, United States Foundation for the National Institutes of Health, Bethesda, MD, United States Haydom Lutheran Hospital, Haydom, Tanzania Henry M Jackson Foundation for the Advancement of Military Medicine, Bethesda, MD, United States Institute of Medicine, Tribhuvan University, Kathmandu, Nepal Johns Hopkins University, Baltimore, MD, United States Poverty Health and Nutrition Division, International Food Policy Research Institute, Washington, DC, United States Purdue University, Department of Nutrition ScienceIN, United States The Pennsylvania State University, University Park, PA, United				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	States Temple University, Philadelphia, PA, United States Universidade Federal do Ceara, Fortaleza, Brazil University of Bergen, Norway University of Illinois at ChicagoIL, United States University of Michigan, Department of EpidemiologyMI, United States University of Venda, Thohoyandou, South Africa University of Virginia, Charlottesville, VA, United States Walter Reed/AFRIMS Research Unit, Kathmandu, Nepal The Bayley's Scales of Infant and Toddler Development-Third Edition (Bayley-III) were used to measure the development of 24-month-old children (N = 1,452) in the Interactions of Malnutrition and Enteric Infections: Consequences for Child Health and Development (MAL-ED) study (an international, multisite study on many aspects of child development). This study examined the factor structure and measurement equivalence/invariance of Bayley-III scores across 7 international research sites located in Bangladesh, Brazil, India, Nepal, Pakistan, Peru, and South Africa. Exploratory and confirmatory factor analyses were used to identify the factor structure of Bayley-III scores. Subsequently, reliability analyses and item response theory analyses were applied, and invariance was examined using multiple-indicator, multiple-cause modeling. The findings supported the validity, but not invariance, of Bayley-III language scores at all seven sites and of the cognitive and motor scores at six sites. These findings provide support for the use of scores for research purposes, but mean comparison between sites is not recommended. © 2018 American Psychological Association.				
490.	Perumal, G., Ramasamy, B., A, M. N. and Doble, M. Nanostructure coated AZ31 magnesium cylindrical mesh cage for potential long bone segmental defect repair applications Colloids Surf B Biointerfaces; 2018, 172 690-698 **Address:** Department of Biotechnology, Bhupat and Jyoti Mehta School of Biosciences, Indian Institute of Technology Madras, Chennai, 600 036, India. Department of Orthopedics, Centre for Stem Cell Research, **Christian Medical College, Vellore,**632004, India. Division of Microbial Technology, Biomedical Technology Wing, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram, 695012, India.	**INT**	**JUL TO DEC**	**CENTRE FOR STEM CELL RESEARCH**	**PMID:**30243223 **SCOPUS** **H Index:** 118 **Impact Factor:** 3.997

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Department of Biotechnology, Bhupat and Jyoti Mehta School of Biosciences, Indian Institute of Technology Madras, Chennai, 600 036, India. Electronic **Address:** mukeshd@iitm.ac.in. This current study is aimed towards the fabrication of AZ31 magnesium cylindrical mesh cage implant with circular holes for orthopedic applications. This mesh cage is coated with nanocomposite material containing polycaprolactone (PCL), pluronic F127 and nano hydroxyapatite (nHA) by electrospinning process. Morphology and composition were analyzed by various characterization techniques. Controlled degradation and weight loss of the nanocomposite coated samples in 28 days were observed when compared with uncoated samples in SBF (simulated body fluid). The nanocomposite coated material was not cytotoxic to MG63 osteosarcoma cells. The cell viability, morphology, ALP activity, calcium mineralization and collagen deposition were also better on this when compared to uncoated. Smooth and randomly deposited nanofibers on the mesh cage was observed and the contact angle indicated that the surface is hydrophilic with (initial contact angle of 55 +/- 1 degrees and after 10 s 0 degrees) when compared to PCL (99 degrees) coated surface. 2-5 fold higher mRNA expression levels of osteogenic genes namely ALP, BMP2, COL1 and RUNX2 was observed with nanocomposite coated scaffolds than uncoated and PCL coated samples in 14 days. These results indicate the potential use of the nanocomposite coated AZ31 cylindrical mesh cage for segmental bone defect repair and can be used as a degradable implant for orthopedic applications.				
491.	Perumal, G., Ramasamy, B., Nandkumar, A. M. and Doble, M. Influence of magnesium particles and Pluronic F127 on compressive strength and cytocompatibility of nanocomposite injectable and moldable beads for bone regeneration J Mech Behav Biomed Mater; 2018, 88 453-462 **Address:** Department of Biotechnology, Bhupat and Jyoti Mehta School of Biosciences, Indian Institute of Technology Madras, Chennai 600036, India. Department of Orthopedics/Centre for Stem Cell Research, **Christian Medical College, Vellore**632004, India. Division of Microbial Technology, Biomedical Technology Wing, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram 695012, India. Department of Biotechnology, Bhupat and Jyoti Mehta School of Biosciences, Indian Institute of Technology Madras, Chennai	**INT**	**JUL TO DEC**	**ORTHOPEDICS/CENTRE FOR STEM CELL RESEARCH**	**PMID:**30218974 **WOS:**000448090700050 **SCOPUS** **H Index:** 57 **Impact Factor:** 3.239

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	600036, India.. Electronic **Address:** mukeshd@iitm.ac.in. A novel one-step preparation of magnesium particles and Pluronic F127 incorporated with calcium sulfate hemihydrate (CSH) and nano-hydroxyapatite (nHA) ready to use injectable or moldable beads was developed for bone tissue regeneration applications. The nanocomposite showed setting time less than 15min, very good injectability (75-85%) and good mechanical strength (52-80MPa). Samples immersed in SBF showed controlled degradation (40-45% reduction in weight) in 28 days. The nanocomposite bone graft was cytocompatible against MG63 osteosarcoma cells and increased the osteogenic gene expression by 2-3 folds. These results indicate that it can be a potential defect filling biomaterial for bone tissue regeneration at the fracture site.				
492.	Perumal, R., Gunasekaran, C., Jacob, M. and Jepegnanam, T. S. Alternate Method of Arthroscopically Confirming Femoral Button Deployment for Knee Anterior Cruciate Ligament Graft Suspensory Cortical Fixation Arthrosc Tech; 2018, 7 (12): e1295-e1298 Address: Department of Orthopaedics Unit 3, **Christian Medical College, Vellore**, India. Accurate deployment of the femoral button on the lateral aspect of the lateral femoral condyle when using a suspensory fixation device for anterior cruciate ligament reconstruction is ideal. Direct visualization would be the most appropriate method of visualization in the lateral gutter. A previously described technique is performed with the knee in flexion. In this position, maneuverability of the arthroscope in the lateral gutter may be difficult in small knees because of tight lateral structures. We describe a simple technique in which visualization is performed with the knee in extension, which is especially useful in small knees.	**INT**	**JUL TO DEC**	**ORTHOPAEDICS**	**PMID:**30591877 **PMC ID:**6305945 **H Index:** 17 **Impact Factor:** 1.350 (RG)
493.	Peter, D. C. V., Thomas, A. L., Pulimood, S. A. and Thomas, M. Setting sun pattern in dermoscopy of a scalp nodule Australas J Dermatol; 2018, **Address:** Department of Dermatology, Venereology and Leprosy, **Christian Medical College, Vellore,**India. Department of Pathology, **Christian Medical College, Vellore,**India.	**INT**	**JAN TO JUNE**	**DERMATOLOGY, VENEREOLOGY AND LEPROSY, PATHOLOGY**	**PMID:**30175842 **SCOPUS** **H Index:** 46 **Impact Factor:** 1.602
494.	Peter, D. C. V., Thomas, M., Wilson, N. J. and Smith, F. J. D. Skin fragility, woolly hair syndrome with a desmoplakin mutation - a	**INT**	**JUL TO DEC**	**DERMATOLOGY, VENEREOLOGY AND**	**PMID:**30133754 **WOS:**000440828000008

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	case from India Int J Dermatol; 2018, 57 (9): e73-e75 **Address:** Department of Dermatology, Venereology and Leprosy, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Pathology, **Christian Medical College, Vellore,**Tamil Nadu, India. Centre for Dermatology and Genetic Medicine, Division of Biological Chemistry and Drug Discovery, School of Life Sciences, University of Dundee, Dundee, UK. Pachyonychia Congenita Project, Holladay, UT, USA.			**LEPROSY, PATHOLOGY**	**SCOPUS** **H Index:** 80 **Impact Factor:** 1.541
495.	Peyron, I., Dimitrov, J. D., Delignat, S., Gangadharan, B., Srivastava, A., Kaveri, S. V. and Lacroix-Desmazes, S. Oxidation of factor VIII increases its immunogenicity in mice with severe hemophilia A Cell Immunol; 2018, 325 64-68 **Address:** INSERM, UMR S 1138, Centre de recherche des Cordeliers, Paris F-75006, France; Universite Pierre et Marie Curie-Paris6, UMR S 1138, Centre de recherche des Cordeliers, Paris F-75006, France; Universite Paris Descartes, UMR S 1138, Centre de recherche des Cordeliers, Paris F-75006, France. Department of Haematology, **Christian Medical College, Vellore,**India. INSERM, UMR S 1138, Centre de recherche des Cordeliers, Paris F-75006, France; Universite Pierre et Marie Curie-Paris6, UMR S 1138, Centre de recherche des Cordeliers, Paris F-75006, France; Universite Paris Descartes, UMR S 1138, Centre de recherche des Cordeliers, Paris F-75006, France. Electronic **Address:** sebastien.lacroix-desmazes@crc.jussieu.fr. The development of antibodies against therapeutic factor VIII (FVIII) represents the major complication of replacement therapy in patients with severe hemophilia A. Amongst the environmental risk factors that influence the anti-FVIII immune response, the presence of active bleeding or hemarthrosis has been evoked. Endothelium damage is typically associated with the release of oxidative compounds. Here, we addressed whether oxidation contributes to FVIII immunogenicity. The control with N-acetyl cysteine of the oxidative status in FVIII-deficient mice, a model of severe hemophilia A, reduced the immune response to exogenous FVIII. Ex vivo exposure of therapeutic FVIII to HOCl induced a mild oxidation of the molecule as evidenced by the loss of free amines and resulted in increased FVIII immunogenicity in vivo when compared to native	**INT**	**JAN TO JUNE**	**HAEMATOLOGY**	**PMID:**29395036 **WOS:**000425862700008 **H Index:** 81 **Impact Factor:** 2.995

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	FVIII. The increased immunogenicity of oxidized FVIII was not reverted by treatment of mice with N-acetyl cysteine, and did not implicate an increased maturation of professional antigen-presenting cells. Our data document that oxidation influences the immunogenicity of therapeutic FVIII.				
496.	Picardo, Naina and John, Mary Otitis media in children Current Medical Issues; 2018, 16 (1): 1-4 Otitis media is a spectrum of diseases associated with middle ear infection. Acute otitis media is one of the most common acute infections in childhood, with a peak incidence in the second half of infancy. A diagnosis of acute otitis media is often challenging and requires three criteria to be met - acute onset of symptoms, signs of middle ear inflammation, and effusion. Otitis media with effusion is the presence of middle ear effusion without signs or symptoms of ear inflammation such as pain and fever as a result of impaired middle ear ventilation. Features of middle ear effusion in the absence of features of inflammation helps to make the diagnosis of otitis media with effusion. Most cases are self-resolving with 75%–90% showing complete resolution within 3 months.	**NAT**	**JAN TO JUN**	**MEDICINE, ENT**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA
497.	Pierce, G., Iorio, A., O'hara, J., Diop, S., Hollingsworth, R., Srivastava, A., Lillicrap, D., Van Den Berg, H. M., Soucie, M., Hermans, C., Upshaw, C., Naccache, M., Herr, C. and Coffin, D. The WFH world bleeding disorders registry Haemophilia; 2018, 24 67-67	**INT**	**JAN TO JUNE**	**HAEMATOLOGY**	**WOS:**000423774100112 **H Index:** 81 **Impact Factor:** 2.768
498.	Pierce, Glenn, Iorio, Alfonso, Diop, Saliou, O'hara, Jamie, Hollingsworth, Rob, Srivastava, Alok, Lillicrap, David, Van Den Berg, H. M., Soucie, Mike and Coffin, Donna The WFH World Bleeding Disorders Registry Haemophilia; 2018, 24 37-37	**INT**	**JAN TO JUNE**	**HAEMATOLOGY**	**WOS:**000431993300060 **H Index:** 81 **Impact Factor:** 2.768
499.	Pillai, R., Kumaran, S., Jeyaseelan, L., George, S. P. and Sahajanandan, R. Usefulness of ultrasound-guided measurement of minimal transverse diameter of subglottic airway in determining the endotracheal tube size in children with congenital heart disease: A	**INT**	**JAN TO JUNE**	**ANAESTHESIA**	**PMID:**30333331 **SCOPUS** **H Index:** 20 **Impact Factor:** 0.660 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	prospective observational study Ann Card Anaesth; 2018, 21 (4): 382-387 **Address:** Department of Anesthesia, **Christian Medical College, Vellore,**Tamil Nadu, India. Introduction: The search for an accurate and predictable method to estimate the endotracheal tube (ETT) size in pediatric population had led to derivation of many formulae. Of this, age-based formulae are the most commonly used. Studies have shown that minimal transverse diameter of subglottic airway (MTDSA) measurements using a high-frequency probe improves the success rate of predicting the airway diameter to about 90%. We did a prospective observational study using MTDSA as the criteria to select the size of ETT in children with congenital heart disease. Methods: In this prospective observational study, 51 children aged from 1 day to 5 years, scheduled for cardiac surgery, were enrolled for this study. The ETT size was guided solely based on the MTDSA. Leak test was used to determine the best-fit ETT size. Results: Data from 49 patients were analyzed. Agreement between the ETT determined by MTDSA and that predicted by Cole's age-based formulas with the best-fit ETT size was analyzed using a Bland-Altman plot. Conclusion: Age-based formula showed poor correlation (27.5%) compared to MTDSA (87.8%) in predicting the best-fit ETT. We observed that pediatric patients with congenital heart disease need a larger sized ETT as compared to what was predicted by age-based formula. Using ultrasound MTDSA measurements to guide selection of ETT size is a safe and accurate method in pediatric cardiac population.				
500.	Pincha, N., Hajam, E. Y., Badarinath, K., Batta, S. P. R., Masudi, T., Dey, R., Andreasen, P., Kawakami, T., Samuel, R., George, R., Danda, D., Jacob, P. M. and Jamora, C. PAI1 mediates fibroblast-mast cell interactions in skin fibrosis J Clin Invest; 2018, 128 (5): 1807-1819 **Address:** IFOM-inStem Joint Research Laboratory, Institute for Stem Cell Biology and Regenerative Medicine, Bangalore, Karnataka, India. Manipal Academy of Higher Education, Manipal, Karnataka, India. Shanmugha Arts, Science, Technology and Research Academy (SASTRA) University, Thanjavur, Tamil Nadu, India. National Centre for Biological Sciences (NCBS), GKVK post, Bangalore, Karnataka, India. Department of Molecular Biology and Genetics, Aarhus University,	**INT**	**JAN TO JUNE**	**PATHOLOGY, CENTER FOR STEM CELL RESEARCH, DERMATOLOGY, VENEREOLOGY AND LEPROSY, RHEUMATOLOGY, SURGERY**	**PMID:**29584619 **PMC ID:**5919880 **WOS:**000431959100013 **H Index:** 438 **Impact Factor:** 13.251

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Aarhus, Denmark. Division of Cell Biology, La Jolla Institute for Allergy and Immunology, La Jolla, California, USA. Laboratory for Allergic Disease, RIKEN Center for Integrative Medical Sciences, Research Center for Allergy and Immunology (IMS-RCAI), Yokohama, Japan. Department of Pathology, Center for Stem Cell Research. Department of Dermatology, Venereology and Leprosy. Department of Rheumatology, and. Department of Surgery, **Christian Medical College (CMC), Vellore**, Tamil Nadu, India. Fibrosis is a prevalent pathological condition arising from the chronic activation of fibroblasts. This activation results from the extensive intercellular crosstalk mediated by both soluble factors and direct cell-cell connections. Prominent among these are the interactions of fibroblasts with immune cells, in which the fibroblast-mast cell connection, although acknowledged, is relatively unexplored. We have used a Tg mouse model of skin fibrosis, based on expression of the transcription factor Snail in the epidermis, to probe the mechanisms regulating mast cell activity and the contribution of these cells to this pathology. We have discovered that Snail-expressing keratinocytes secrete plasminogen activator inhibitor type 1 (PAI1), which functions as a chemotactic factor to increase mast cell infiltration into the skin. Moreover, we have determined that PAI1 upregulates intercellular adhesion molecule type 1 (ICAM1) expression on dermal fibroblasts, rendering them competent to bind to mast cells. This heterotypic cell-cell adhesion, also observed in the skin fibrotic disorder scleroderma, culminates in the reciprocal activation of both mast cells and fibroblasts, leading to the cascade of events that promote fibrogenesis. Thus, we have identified roles for PAI1 in the multifactorial program of fibrogenesis that expand its functional repertoire beyond its canonical role in plasmin-dependent processes.				
501.	Platts-Mills, J. A., Liu, J., Rogawski, E. T., Kabir, F., Lertsethtakarn, P., Siguas, M., Khan, S. S., Praharaj, I., Murei, A., Nshama, R., Mujaga, B., Havt, A., Maciel, I. A., Mcmurry, T. L., Operario, D. J., Taniuchi, M., Gratz, J., Stroup, S. E., Roberts, J. H., Kalam, A., Aziz, F., Qureshi, S., Islam, M. O., Sakpaisal, P., Silapong, S., Yori, P. P., Rajendiran, R., Benny, B., Mcgrath, M., Mccormick, B. J. J., Seidman, J. C., Lang, D., Gottlieb, M., Guerrant, R. L., Lima, A. A.	**INT**	**JUL TO DEC**	**WELLCOME RESEARCH UNIT**	**PMID:**30287127 **PMC ID:**6227251 **SCOPUS** **H Index:** 43 **Impact Factor:** 3.610 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	M., Leite, J. P., Samie, A., Bessong, P. O., Page, N., Bodhidatta, L., Mason, C., Shrestha, S., Kiwelu, I., Mduma, E. R., Iqbal, N. T., Bhutta, Z. A., Ahmed, T., Haque, R., Kang, G., Kosek, M. N. and Houpt, E. R. Use of quantitative molecular diagnostic methods to assess the aetiology, burden, and clinical characteristics of diarrhoea in children in low-resource settings: a reanalysis of the MAL-ED cohort study Lancet Glob Health; 2018, 6 (12): e1309-e1318 **Address:** Division of Infectious Diseases and International Health, University of Virginia, Charlottesville, VA, USA. Electronic **Address:** jp5t@virginia.edu. Division of Infectious Diseases and International Health, University of Virginia, Charlottesville, VA, USA. Division of Infectious Diseases and International Health, University of Virginia, Charlottesville, VA, USA; Department of Public Health Sciences, University of Virginia, Charlottesville, VA, USA. Aga Khan University, Karachi, Pakistan. Armed Forces Research Institute of Medical Sciences (AFRIMS), Bangkok, Thailand. Asociacion Benefica PRISMA, Iquitos, Peru. International Centre for Diarrhoeal Disease Research, Dhaka, Bangladesh. **Christian Medical College, Vellore,**India. University of Venda, Thohoyandou, South Africa. Haydom Global Health Institute, Haydom, Tanzania. Kilimanjaro Clinical Research Institute, Moshi, Tanzania. Federal University of Ceara, Fortaleza, Brazil. Fundacao Oswaldo Cruz (Fiocruz), Rio de Janeiro, Brazil. Department of Public Health Sciences, University of Virginia, Charlottesville, VA, USA. Asociacion Benefica PRISMA, Iquitos, Peru; Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD, USA. Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD, USA; Fogarty International Center, National Institutes of Health, Bethesda, MD, USA. Fogarty International Center, National Institutes of Health, Bethesda, MD, USA. Foundation for the National Institutes of Health, Bethesda, MD, USA. National Institute for Communicable Diseases, Johannesburg, South Africa.				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Walter Reed/AFRIMS Research Unit, Nepal, Kathmandu, Nepal; University of Bergen, Bergen, Norway. BACKGROUND: Optimum management of childhood diarrhoea in low-resource settings has been hampered by insufficient data on aetiology, burden, and associated clinical characteristics. We used quantitative diagnostic methods to reassess and refine estimates of diarrhoea aetiology from the Etiology, Risk Factors, and Interactions of Enteric Infections and Malnutrition and the Consequences for Child Health and Development (MAL-ED) cohort study. METHODS: We re-analysed stool specimens from the multisite MAL-ED cohort study of children aged 0-2 years done at eight locations (Dhaka, Bangladesh; Vellore, India; Bhaktapur, Nepal; Naushero Feroze, Pakistan; Venda, South Africa; Haydom, Tanzania; Fortaleza, Brazil; and Loreto, Peru), which included active surveillance for diarrhoea and routine non-diarrhoeal stool collection. We used quantitative PCR to test for 29 enteropathogens, calculated population-level pathogen-specific attributable burdens, derived stringent quantitative cutoffs to identify aetiology for individual episodes, and created aetiology prediction scores using clinical characteristics. FINDINGS: We analysed 6625 diarrhoeal and 30 968 non-diarrhoeal surveillance stools from 1715 children. Overall, 64.9% of diarrhoea episodes (95% CI 62.6-71.2) could be attributed to an aetiology by quantitative PCR compared with 32.8% (30.8-38.7) using the original study microbiology. Viral diarrhoea (36.4% of overall incidence, 95% CI 33.6-39.5) was more common than bacterial (25.0%, 23.4-28.4) and parasitic diarrhoea (3.5%, 3.0-5.2). Ten pathogens accounted for 95.7% of attributable diarrhoea: Shigella (26.1 attributable episodes per 100 child-years, 95% CI 23.8-29.9), sapovirus (22.8, 18.9-27.5), rotavirus (20.7, 18.8-23.0), adenovirus 40/41 (19.0, 16.8-23.0), enterotoxigenic Escherichia coli (18.8, 16.5-23.8), norovirus (15.4, 13.5-20.1), astrovirus (15.0, 12.0-19.5), Campylobacter jejuni or C coli (12.1, 8.5-17.2), Cryptosporidium (5.8, 4.3-8.3), and typical enteropathogenic E coli (5.4, 2.8-9.3). 86.2% of the attributable incidence for Shigella was non-dysenteric. A prediction score for shigellosis was more accurate (sensitivity 50.4% [95% CI 46.7-54.1], specificity 84.0% [83.0-84.9]) than current guidelines, which recommend treatment only of bloody diarrhoea to cover Shigella (sensitivity 14.5% [95% CI 12.1-17.3], specificity 96.5% [96.0-97.0]). INTERPRETATION: Quantitative molecular diagnostics improved estimates of pathogen-specific burdens of childhood diarrhoea in the community				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	setting. Viral causes predominated, including a substantial burden of sapovirus; however, Shigella had the highest overall burden with a high incidence in the second year of life. These data could improve the management of diarrhoea in these low-resource settings. FUNDING: Bill & Melinda Gates Foundation.				
502.	Ponmalar, R., Manickam, R., Godson, H., Saminathan, S., Kadirampatti, G. and Raman, A. Peripheral Dose Assessment Using NanoDot OSLD with Megavoltage Photon Beams Medical Physics; 2018, 45 (6): E287-E287	**INT**	**JAN TO JUNE**	**RADIOTHERAPY, NUCLEAR MEDICINE**	**WOS:**000434978001303 **H Index:** 152 **Impact Factor:** 2.884
503.	Ponmalar, R., Manickam, R., Saminathan, S., Ganesh, K. M., Raman, A. and Godson, H. F. Evaluation of optically stimulated luminescence dosimeter for exit dose in vivo dosimetry in radiation therapy J Cancer Res Ther; 2018, 14 (6): 1341-1349 Address: Department of Radiation Physics, Kidwai Memorial Institute of Oncology, Bengaluru, Karnataka; Department of Radiotherapy, **Christian Medical College, Vellore**, Tamil Nadu, India. Department of Radiation Physics, Kidwai Memorial Institute of Oncology, Bengaluru, Karnataka, India. Aim: The aim of this study was to assess and analyze the exit dose in radiotherapy using optically stimulated luminescence dosimeter (OSLD) with therapeutic photon beams. Materials and Methods: Measurements were carried out with OSLD to estimate the exit dose in phantom for different field sizes, various phantom thicknesses, and with added backscatter material. The data obtained were validated with ionization chamber data where applicable. A correction factor was found to determine the actual dose delivered at the exit surface using measured and theoretical dose. Results: The exit dose factor with Co-60, 6 MV, and 18 MV beams for 10 cm phantom thickness was found to be 0.752 +/- 0.38%, 0.808 +/- 0.34%, and 0.882 +/- 0.42%. The dose enhancement factor with field size was ranging from 3% to 7.7% for Co-60 beam, from 2.6% to 6.6% for 6 MV, and from 2.5% to 4.7% for 18 MV beams at 10 cm depth of the phantom with 20 cm backscatter. The percentage reduction in exit dose with no backscatter material at 25 cm depth with field size of 10 cm x 10 cm was 5.6%, 4.4%, and 4.0%, less than the dose with full backscatter thickness of 20 cm for Co-60 beam, 6 MV, and 18 MV beam. Conclusions: The promising results	**INT**	**JUL TO DEC**	**RADIOTHERAPY**	**PMID:30488854** **H Index:** 28 **Impact Factor:** 0.842

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	confirm that accurate in vivo exit dose measurements are possible with this potential dosimeter. This technique could be implemented as a part of quality assurance to achieve quality treatment in radiotherapy.				
504.	Ponmudi, N. J., Beryl, S., Santhanam, S. and Beck, M. Tumour lysis in newborn: spontaneous or secondary to antenatal steroids? BMJ Case Rep; 2018, 2018 **Address:** Department of Neonatology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Obstetrics, **Christian Medical College, Vellore,**Tamil Nadu, India. Malignancies are rare in the early neonatal period. Common congenital tumours include malignant teratoma and neuroblastomas. Tumour lysis syndrome is a serious condition usually seen after commencement of chemotherapy for a malignancy. Rare case reports of spontaneous tumour lysis have been reported though not in the newborn period. We report here an instance of tumour lysis syndrome in a newborn with congenital rhabdoid tumour, where the cause was either spontaneous or related to antenatal steroid exposure.	**INT**	**JAN TO JUNE**	**NEONATOLOGY, OBSTETRICS**	**PMID:**29618468 **SCOPUS** **H Index:** 17 **Impact Factor:** 0.220 (RG)
505.	Prabhakar, A. T., Shaikh, A. I., Vijayaraghavan, A. and Rynjah, G. Thalamic hypophonia and the neural control of phonation Neurol India; 2018, 66 (6): 1815-1817 Address: Department of Neurological Sciences, **Christian Medical College, Vellore**, Tamil Nadu, India.	**NAT**	**JUL TO DEC**	**NEUROLOGY**	**PMID:30504589** **H Index:** 40 **Impact Factor:** 2.166
506.	Prabhakaran, Dorairaj, Jeemon, Panniyammakal, Sharma, Meenakshi, Roth, Gregory A., Johnson, Catherine, Harikrishnan, Sivadasanpillai, Gupta, Rajeev, Pandian, Jeyaraj D., Naik, Nitish, Roy, Ambuj, Dhaliwal, R. S., Xavier, Denis, Kumar, Raman K., Tandon, Nikhil, Mathur, Prashant, Shukla, D. K., Mehrotra, Ravi, Venugopal, K., Kumar, G. Anil, Varghese, Chris M., Furtado, Melissa, Muraleedharan, Pallavi, Abdulkader, Rizwan S., Alam, Tahiya, Anjana, Ranjit M., Arora, Monika, Bhansali, Anil, Bhardwaj, Deeksha, Bhatia, Eesh, Chakma, Joy K., Chaturvedi, Pankaj, Dutta, Eliza, Glenn, Scott, Gupta, Prakash C., Johnson, Sarah C., Kaur, Tanvir, Kinra, Sanjay, Krishnan, Anand, Kutz, Michael, Mathur, Manu R., Mohan, Viswanathan, Mukhopadhyay, Satinath, Minh, Nguyen, Odell, Christopher M., Oommen, Anu M., Pati,	**INT**	**JUL TO DEC**	**PUBLIC HEALTH**	**PMID:WOS:000449748200028** **H Index:** 43 **Impact Factor:** 3.610 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Sanghamitra, Pletcher, Martin, Prasad, Kameshwar, Rao, Paturi V., Shekhar, Chander, Sinha, Dhirendra N., Sylaja, P. N., Thakur, J. S., Thankappan, Kavumpurathu R., Thomas, Nihal, Yadgir, Simon, Yajnik, Chittaranjan S., Zacharia, Geevar, Zipkin, Ben, Lim, Stephen S., Naghavi, Mohsen, Dandona, Rakhi, Vos, Theo, Murray, Christopher J. L., Reddy, K. Srinath, Swaminathan, Soumya, Dandona, Lalit and India State Level Dis Burden, Initi The changing patterns of cardiovascular diseases and their risk factors in the states of India: the Global Burden of Disease Study 1990-2016 The Lancet Global Health; 2018, 6 (12): E1339-E1351 Background The burden of cardiovascular diseases is increasing in India, but a systematic understanding of its distribution and time trends across all the states is not readily available. In this report, we present a detailed analysis of how the patterns of cardiovascular diseases and major risk factors have changed across the states of India between 1990 and 2016. Methods We analysed the prevalence and disability-adjusted life-years (DALYs) due to cardiovascular diseases and the major component causes in the states of India from 1990 to 2016, using all accessible data sources as part of the Global Burden of Diseases, Injuries, and Risk Factors Study 2016. We placed states into four groups based on epidemiological transition level (ETL), defined using the ratio of DALYs from communicable diseases to those from non-communicable diseases and injuries combined, with a low ratio denoting high ETL and vice versa. We assessed heterogeneity in the burden of major cardiovascular diseases across the states of India, and the contribution of risk factors to cardiovascular diseases. We calculated 95% uncertainty intervals (UIs) for the point estimates. Findings Overall, cardiovascular diseases contributed 28.1% (95% UI 26.5-29.1) of the total deaths and 14.1% (12.9-15.3) of the total DALYs in India in 2016, compared with 15.2% (13.7-16.2) and 6.9% (6.3-7.4), respectively, in 1990. In 2016, there was a nine times difference between states in the DALY rate for ischaemic heart disease, a six times difference for stroke, and a four times difference for rheumatic heart disease. 23.8 million (95% UI 22.6-25.0) prevalent cases of ischaemic heart disease were estimated in India in 2016, and 6.5 million (6.3-6.8) prevalent cases of stroke, a 2.3 times increase in both disorders from 1990. The age-standardised prevalence of both ischaemic heart disease and stroke increased in all ETL state groups between 1990 and 2016, whereas that of rheumatic heart disease decreased; the increase for ischaemic				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	heart disease was highest in the low ETL state group. 53.4% (95% UI 52.6-54.6) of crude deaths due to cardiovascular diseases in India in 2016 were among people younger than 70 years, with a higher proportion in the low Ell state group. The leading overlapping risk factors for cardiovascular diseases in 2016 included dietary risks (56.4% [95% CI 48.5-63.9] of cardiovascular disease DALYs), high systolic blood pressure (54.6% [49.0-59.8]), air pollution (31.1% [29.0-33.4]), high total cholesterol (29.4% [24.3-34.8]), tobacco use (18.9% [16.6-21.3]), high fasting plasma glucose (16.7% [11.4-23.5]), and high body-mass index (14.7% [8.3-22.0]). The prevalence of high systolic blood pressure, high total cholesterol, and high fasting plasma glucose increased generally across all ETL state groups from 1990 to 2016, but this increase was variable across the states; the prevalence of smoking decreased during this period in all ETL state groups. Interpretation The burden from the leading cardiovascular diseases in India-ischaemic heart disease and stroke- varies widely between the states. Their increasing prevalence and that of several major risk factors in every part of India, especially the highest increase in the prevalence of ischaemic heart disease in the less developed low ETL states, indicates the need for urgent policy and health system response appropriate for the situation in each state. Copyright (C) 2018 The Author(s). Published by Elsevier Ltd.				
507.	Prabhash, K., Parikh, P. M., Rajappa, S. J., Noronha, V., Joshi, A., Aggarwal, S., Bondarde, S., Patil, S., Desai, C., Dattatreya, P. S., Naik, R., Anand, S., Chacko, R. T., Biswas, G., Sahoo, T. P., Dabkara, D., Patil, V., Chandrakant, M. V., Das, P. K., Vaid, A. K. and Doval, D. C. Patterns of epidermal growth factor receptor testing across 111 tertiary care centers in India: Result of a questionnaire-based survey South Asian J Cancer; 2018, 7 (3): 203-206 **Address:** Department of Medical Oncology, Tata Memorial Hosptial, Mumbai, Maharashtra, India. Department of Medical Oncology, Asian Institute of Oncology, Mumbai, Maharashtra, India. Department of Medical Oncology, Indo American Hospital, Hyderabad, Telangana, India. Department of Medical Oncology, Sir Ganga Ram Hospital, New Delhi, India. Department of Medical Oncology, Shatabdi Hospital, Nasik,	**INT**	**JAN TO JUNE**	**MEDICAL ONCOLOGY**	**PMID:**30112342 **PMC ID:**6069335 **H Index:** 8 **Impact Factor:** 0.730 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Maharashtra, India. Department of Medical Oncology, HCG Hospital, Bengaluru, Karnataka, India. Department of Medical Oncology, Vendant Hospital, Ahmedabad, Gujarat, India. Department of Medical Oncology, Omega Hospital, Hyderabad, Telangana, India. Department of Oncology/Respiratory Medical Affairs Boehringer Ingelheim India Pvt. Ltd., Mumbai, Maharashtra, India. Department of Medical Oncology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Medical Oncology, Sparsh Hospital, Bhubaneswar, Odisha, India. Department of Medical Oncology, Chirayu Hospital, Bhopal, Madhya Pradesh, India. Department of Medical Oncology, Tata Medical Centre, Kolkata, West Bengal, India. Department of Medical Oncology, Narayana Superspeciality Hospital, Kolkata, West Bengal, India. Department of Medical Oncology, Apollo Hospitals, New Delhi, India. Department of Medical Oncology, Medanta - The Medicity, Gurugram, Haryana, India. Department of Medical Oncology, RGCI, New Delhi, India. Background: We conducted a survey of 111 medical oncologists across India to understand the current pattern of epidermal growth factor receptor (EGFR) mutation testing at their respective centers. Methods: Medical oncologists from 111 institutes across India were interviewed face to face using a structured questionnaire. They were divided into two groups - Group 1 with in-house EGFR testing and Group 2 who send samples to central/commercial laboratories outside their institutions. Answers of the two groups were analyzed to see the prevailing patterns of EGFR testing and differences between the two groups if any. Results: Ninety-five percent (105/111) of medical oncologists recommended testing for EGFR mutations in patients with adenocarcinoma histology and 40% (44/111) recommended EGFR testing in squamous cell histology. The average time duration to get EGFR test results was 10 days in Group 1 centers versus 18 days in Group 2 centers. Ninety-six percent (106/111) of the medical oncologists from Group 1 centers requested for factoring additional sample for biomarker testing compared to 69% (77/111) of the oncologists from Group 2 centers.				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Sixty-nine percent (77/111) of medical oncologists in Group 1 centers would prefer to wait for the test results before initiating treatment compared to 46% (51/111) in Group 2. EGFR tyrosine-kinase inhibitors were used in only approximately 60% of patients with diagnosed EGFR mutation in the first line. For patients in whom chemotherapy was initiated while waiting for test results, 50% (56/111) of medical oncologists would prefer to complete 4-6 cycles before switching to targeted therapy. At the time of progression, rebiopsy was possible in approximately 25% of the patients. Conclusions: Turnaround time for molecular testing should improve so that eligible patients can benefit from targeted therapies in the first line. There is a need to increase the awareness among pulmonologists, oncologists, and interventional radiologists regarding the importance of adequate samples required for molecular tests.				
508.	Pragasam, A. K., Veeraraghavan, B., Anandan, S., Narasiman, V., Sistla, S., Kapil, A., Mathur, P., Ray, P., Wattal, C., Bhattacharya, S., Deotale, V., Subramani, K., Peter, J. V., Hariharan, T. D., Ramya, I., Iniyan, S., Walia, K. and Ohri, V. C. Dominance of international high-risk clones in carbapenemase-producing Pseudomonas aeruginosa: Multicentric molecular epidemiology report from India Indian J Med Microbiol; 2018, 36 (3): 344-351 **Address:** Department of Clinical Microbiology, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Microbiology, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India. Department of Microbiology, All India Institute of Medical Science, New Delhi, India. Department of Microbiology, Postgraduate Institute of Medical Education and Research, Chandigarh, India. Department of Microbiology, Sir Ganga Ram Hospital, New Delhi, India. Department of Microbiology, Tata Medical Centre, Kolkatta, West Bengal, India. Department of Microbiology, Mahatma Gandhi Institute of Medical Science, Sevagram, Maharashtra, India. Department of Critical Care, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Orthopaedic Surgery, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Medicine (Unit-5), **Christian Medical College,**	**NAT**	**JAN TO JUNE**	**CLINICAL MICROBIOLOGY, CRITICAL CARE, ORTHOPAEDIC SURGERY, MEDICINE (UNIT-5), SURGERY,**	**PMID:**30429385 **H Index:** 40 **Impact Factor:** 1.157

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Vellore,Tamil Nadu, India. Department of Surgery, **Christian Medical College, Vellore,**Tamil Nadu, India. Division of Epidemiology and Communicable Disease, Department of Microbiology, Indian Council of Medical Research, New Delhi, India. Background: Pseudomonas aeruginosa is one of the most common opportunistic pathogens that cause severe infections in humans. The burden of carbapenem resistance is particularly high and is on the rise. Very little information is available on the molecular mechanisms and its clonal types of carbapenem-resistant P. aeruginosa seen in Indian hospitals. This study was undertaken to monitor the beta-lactamase profile and to investigate the genetic relatedness of the carbapenemase-producing (CP) P. aeruginosa collected across different hospitals from India. Materials and Methods: A total of 507 non-duplicate, carbapenem-resistant P. aeruginosa isolated from various clinical specimens collected during 2014-2017 across seven Indian hospitals were included. Conventional multiplex polymerase chain reaction for the genes encoding beta-lactamases such as extended-spectrum beta-lactamase (ESBL) and carbapenemase were screened. A subset of isolates (n = 133) of CP P. aeruginosa were genotyped by multilocus sequence typing (MLST) scheme. Results: Of the total 507 isolates, 15%, 40% and 20% were positive for genes encoding ESBLs, carbapenemases and ESBLs + carbapenemases, respectively, whilst 25% were negative for the beta-lactamases screened. Amongst the ESBL genes, blaVEB is the most predominant, followed by blaPER and blaTEM, whilst blaVIM and blaNDM were the most predominant carbapenemases seen. However, regional differences were noted in the beta-lactamases profile across the study sites. Genotyping by MLST revealed 54 different sequence types (STs). The most common are ST357, ST235, ST233 and ST244. Six clonal complexes were found (CC357, CC235, CC244, CC1047, CC664 and CC308). About 24% of total STs are of novel types and these were found to emerge from the high-risk clones. Conclusion: This is the first large study from India to report the baseline data on the molecular resistance mechanisms and its association with genetic relatedness of CP P. aeruginosa circulating in Indian hospitals. blaVIM- and blaNDM-producing P. aeruginosa is the most prevalent carbapenemase seen in India. Majority of the isolates belongs to the high-risk international clones ST235, ST357 and ST664 which is a concern.				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
509.	Pragasam, A. K., Veeraraghavan, B., Nalini, E., Anandan, S. and Kaye, K. S. An update on antimicrobial resistance and the role of newer antimicrobial agents for Pseudomonas aeruginosa Indian J Med Microbiol; 2018, 36 (3): 303-316 **Address:** Department of Clinical Microbiology, **Christian Medical College, Vellore,**Tamil Nadu, India. Division of Infectious Diseases, University of Michigan Medical School, Ann Arbor, MI, USA. Infections due to Pseudomonas aeruginosa is a major health concern, especially hospital-acquired infections, in critically ill individuals. Antimicrobial resistance (AMR) increases the morbidity and mortality rates associated with pseudomonal infections. In this review, we aim to address two major aspects of P. aeruginosa. The first part of the review will focus on the burden of AMR and its prevailing mechanisms seen in India, while the second part will focus on the challenges and approaches in the management with special emphasis on the role of newer antimicrobial agents.	**NAT**	**JAN TO JUNE**	**CLINICAL MICROBIOLOGY**	**PMID:**30429381 **H Index:** 40 **Impact Factor:** 1.157
510.	Pragsam, A. K., Kumar, D. T., Doss, C. G. P., Iyadurai, R., Satyendra, S., Rodrigues, C., Joshi, S., Roy, I., Chaudhuri, B. N., Chitnis, D. S., Tapan, D. and Veeraraghavan, B. In silico and In vitro activity of ceftolozane/tazobactam against pseudomonas aeruginosa collected across Indian hospitals Indian J Med Microbiol; 2018, 36 (1): 127-130 **Address:** Department of Clinical Microbiology, **Christian Medical College, Vellore,**Tamil Nadu, India. School of Bioscience and Technology, Vellore Institute of Technology, Vellore, Tamil Nadu, India. Department of Medicine, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Microbiology, PD Hinduja Hospital and Medical Research Centre, Mumbai, Maharashtra, India. Department of Microbiology, Manipal Hospital, Bengaluru, Karnataka, India. Department of Microbiology, Calcutta Medical Research Institute, Kolkata, West Bengal, India. Department of Microbiology, Fortis Hospital, Anandapur, Kolkata, West Bengal, India. Department of Microbiology and Immunology, Choithram Hospital, Indore, Madhya Pradesh, India.	**NAT**	**JAN TO JUNE**	**CLINICAL MICROBIOLOGY, MEDICINE**	**PMID:**29735843 **WOS:**000431851400025 **SCOPUS** **H Index:** 40 **Impact Factor:** 1.157

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Department of Microbiology, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, Uttar Pradesh, India. Ceftolozane/tazobactam is a novel antimicrobial agent with activity against Pseudomonas aeruginosa and other common Gram-negative pathogens. In this study, we determined the antimicrobial susceptibility for a total of 149 clinical isolates of P. aeruginosa for the most commonly used antimicrobials including the new agent ceftolozane/tazobactam (C/T). Broth microdilution was performed to determine the minimum inhibitory concentration against various antimicrobials including C/T. Among the beta-lactam/beta-lactamase inhibitor, overall susceptibility was 67%, 55% and 51% for C/T, Piperacillin/Tazobactam (P/T) and Cefoperazone/Sulbactam, respectively. The variations in the susceptibility rates were noted among the three different beta-lactam/beta-lactamase inhibitors. Interestingly, 33% susceptibility was noted for C/T against isolates that were resistant to P/T, indicating the higher activity of C/T. This finding suggests about 33% of the P/T-resistant isolates can still be treated effectively with C/T. C/T could be a better alternative for the treatment of ESBL-producing organism, and thereby usage of higher antimicrobials can be minimised.				
511.	Praharaj, I., Parker, E. P. K., Giri, S., Allen, D. J., Silas, S., Revathi, R., Kaliappan, S. P., John, J., Prasad, J. H., Kampmann, B., Iturriza-Gomara, M., Grassly, N. C. and Kang, G. Influence of non-polio enteroviruses and the bacterial gut microbiota on oral poliovirus vaccine response: a study from south India J Infect Dis; 2018, **Address:** Division of Gastrointestinal Sciences, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Infectious Disease Epidemiology, Imperial College London, London. Department of Pathogen Molecular Biology, Faculty of Infectious and Tropical Diseases, London School of Hygiene and Tropical Medicine, London, UK. Enteric Virus Unit, Virus Reference Department, Microbiology Services, Public Health England, London, UK. Department of Community Health, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Paediatrics, St Mary's Campus, Imperial College London, London, UK.	**INT**	**JAN TO JUNE**	**GASTROINTESTINAL SCIENCES,**	**PMID:**30247561 **H Index:** 227 **Impact Factor:** 5.186

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Centre for Global Vaccine Research, Institute of Infection and Global Health, and NIHR Health Protection Research Unit in Gastrointestinal Infection, University of Liverpool, Liverpool UK. Background: Oral poliovirus vaccine (OPV) is less immunogenic in LMIC countries. We tested whether bacterial and viral components of the intestinal microbiota are associated with this phenomenon. Methods: We assessed prevalence of enteropathogens using TaqMan array cards 14 days before and at vaccination in 704 Indian infants (6-11 months) receiving monovalent type3 OPV (CTRI/2014/05/004588). Non-polio enterovirus (NPEV) serotypes were identified by VP1 sequencing. In 120 infants, pre-vaccination bacterial microbiota was characterised by 16S rRNA sequencing. Results: We detected 56 NPEV serotypes on the day of vaccination. Concurrent NPEVs were associated with a reduction in OPV seroconversion, consistent across species (odds ratios and 95% CIs of 0.57[0.36-0.90], 0.61[0.43-0.86], and 0.69[0.41-1.16] for species A, B, and C, respectively). Recently acquired enterovirus infections,detected at vaccination, but not 14 days earlier had greater interfering effect on mOPV3 sero-response compared to persistent infections,with enterovirus detected at both time points (44/127[35%] vs 63/129[49%] seroconversion,p=0.021). Abundance of specific bacterial taxa did not differ significantly according to OPV response, although microbiota diversity was higher in non-responders at the time of vaccination. Conclusion: Enteric viruses have greater impact on OPV response than the bacterial microbiota with recent enterovirus infections having greater inhibitory effect than persistent infections.				
512.	Praharaj, I., Platts-Mills, J. A., Taneja, S., Antony, K., Yuhas, K., Flores, J., Cho, I., Bhandari, N., Revathy, R., Bavdekar, A., Rongsen-Chandola, T., Mcmurry, T., Houpt, E. R. and Kang, G. Diarrheal etiology and impact of co-infections on rotavirus vaccine efficacy estimates in a clinical trial of a monovalent human-bovine (116E) oral rotavirus vaccine, Rotavac, India Clin Infect Dis; 2018, **Address:** Division of Gastrointestinal Sciences, **Christian Medical College, Vellore,**Tamil Nadu, India. Division of Infectious Diseases and International Health, University of Virginia, Charlottesville, VA, USA. Centre for Health Research and Development, Society for Applied Studies, New Delhi, India. PATH, New Delhi, India.	**INT**	**JAN TO JUNE**	**GASTROINTESTINAL SCIENCES,**	**PMID:**30335135 **H Index:** 288 **Impact Factor:** 9.117

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	PATH, Seattle, Washington, USA. KEM Hospital and Research Centre, Pune, Maharashtra, India. Department of Public Health Sciences, University of Virginia, Charlottesville, VA, USA. Background: Rotavirus vaccine (RV) efficacy estimates in low-resource settings are lower than in developed countries. We detected co-infections in cases of severe rotavirus diarrhea in a RV efficacy trial to determine whether these negatively impacted RV efficacy estimates. Methods: We performed TaqMan Array Card assays for enteropathogens on stools from rotavirus EIA positive diarrhea episodes and all severe episodes (Vesikari score >= 11), from a phase III vaccine efficacy trial of Rotavac(R), a monovalent human-bovine (116E) rotavirus vaccine, carried out across three sites in India. We estimated pathogen-specific etiologies of diarrhea, described associated clinical characteristics, and estimated the impact of co-infections on RV efficacy using the test-negative design. Results: 1507 specimens from 1169 infants were tested for the presence of co-infections. Rotavirus was the leading cause of severe diarrhea even among vaccinated children, followed by adenovirus 40/41, Shigella/EIEC, norovirus GII, sapovirus, and Cryptosporidium spp. Bacterial co-infections in rotavirus positive diarrhea were associated with a longer duration of diarrhea and protozoal co-infections with increased odds of hospitalization. Using the test-negative design, RV efficacy against severe rotavirus gastroenteritis increased from 49.3% to 60.6% in the absence of co-infections (difference 11.3%; 95% CI: -10.3, 30.2). Conclusion: While rotavirus was the dominant etiology of severe diarrhea, even in vaccinated children, a broad range of other etiologies was identified. Accounting for co-infections led to an 11.3% increase in the vaccine efficacy estimate. Although not statistically significant, an 11.3% decrease in vaccine efficacy due to presence of co-infections would explain an important fraction of the low RV efficacy in this setting.				
513.	Praharaj, I., Revathy, R., Bandyopadhyay, R., Benny, B., Mohammed, A. K. O., Liu, J., Houpt, E. R. and Kang, G. Enteropathogens and gut inflammation in asymptomatic infants and children in different environments in Southern India American Journal of Tropical Medicine and Hygiene; 2018, 98 (2): 576-580 Children in poor environmental conditions are exposed early and often to enteric pathogens, but within developing countries,	**INT**	**JAN TO JUNE**	**WELLCOME RESEARCH UNIT**	**WOS:**000430950800036 **SCOPUS** **H Index:** 132 **Impact Factor:** 2.564

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	heterogeneity in enteropathogen exposure in different settings and communities is rarely addressed. We tested fecal samples from healthy infants and children from two different environments in the same Indian town for gut enteropathogens and biomarkers of gut inflammation. A significantly higher proportion of infants and children from a poor semi-urban neighborhood (93%) had one or more enteropathogens than those from a medical college campus (71.7%). Infants and children from the poor neighborhood had an average of 3.3 (95% confidence interval [CI]: 2.9-3.7) enteropathogens compared with an average of 1.4 (95% CI: 1.0-1.7) enteropathogens in campus infants/ children. Viral and bacterial infections, including enteroviruses, adenoviruses, Campylobacter spp., and diarrhegenic Escherichia coli were more common and fecal biomarkers of inflammation were higher in the poor neighborhood. The findings demonstrate significant difference in the asymptomatic carriage of gut enteropathogens and gut inflammatory biomarkers in infants and children from two different environments within the same town in south India. Copyright © 2018 by The American Society of Tropical Medicine and Hygiene.				
514.	Prakash, S. S. Models that Explain the Cause of Obesity Indian J Endocrinol Metab; 2018, 22 (4): 569-570 **Address:** Department of Biochemistry, **Christian Medical College, Vellore,**Tamil Nadu, India.	**NAT**	**JAN TO JUNE**	**BIOCHEMISTRY**	**PMID:**30148109 **PMC ID:**6085960 **SCOPUS** **H Index:** 15 **Impact Factor:** 0.630 (RG)
515.	Prasad, Ann Aspirin may be related to an increased death rate, especially from cancer-related deaths Current Medical Issues; 2018, 16 (3): 99-100	**NAT**	**JUL TO DEC**	**MEDICINE**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA
516.	Prasad, Ann Is transcatheter mitral-valve repair a safe and effective treatment option for secondary mitral regurgitation? Current Medical Issues; 2018, 16 (3): 101-102	**NAT**	**JUL TO DEC**	**MEDICINE**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA
517.	Prathapadas, U., Gomathiamma, M., Arulvelan, A., Lionel, K. R. and Hrishi, A. P. A Study Comparing Propofol Auto-coinduction and Standard Propofol Induction in Patients Undergoing General Anesthesia	**INT**	**JUL TO DEC**	**ANAESTHESIOLOGY**	**PMID:**30283177 **PMC ID:**6157219 **H Index:** NA **Impact Factor:** NA

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Without Midazolam Pretreatment: A Prospective Randomized Control Trial Anesth Essays Res; 2018, 12 (3): 690-694 **Address:** Department of Anaesthesiology, Neuroanesthesia Division, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum, Kerala, India. Department of Anaesthesiology, Government Medical College, Thrissur, Kerala, India. Department of Anesthesiology, Institute of Neuro Sciences, SIMS Hospital, Chennai, India. Department of Anaesthesiology, **Christian Medical College, Vellore,**Tamil Nadu, India. Background: Propofol has emerged as an induction agent of choice over the past two decades due to its quick, smooth induction and rapid recovery. The main concern for an anesthesiologist is the hemodynamic instability caused by the standard induction dose of propofol (2-3 mg/kg). Aim: We aim to study the efficacy of propofol auto-coinduction technique in comparison to the standard propofol induction technique in terms of the total induction dose requirement of propofol, the incidence of hemodynamic side effects and pain on injection, and the incidence of fentanyl-induced cough (FIC) in the absence of a synergistic agent like midazolam. Materials and Methods: This was a prospective, observer-blinded, randomized controlled trial. The study was initiated after obtaining the institutional ethics committee approval and is registered in the Clinical Trials Registry India. Eighty American Society of Anesthesiology Physical Status I and II patients, of either sex, aged between 18 and 55 years, and scheduled for elective surgeries under general anesthesia were randomized into two equal groups. Patients allocated to Group I (auto-coinduction) received 20% of the calculated dose of injection propofol 2 mg/kg (i.e., 0.4 mg/kg) as the priming dose followed by injection fentanyl 1 mug/kg after 1 min and the remaining propofol was administered in titrated doses till loss of verbal response after 2 min. In Group II (control), patients received injection fentanyl 1 mug/kg followed by single bolus dose of injection propofol up to 2 mg/kg till loss of verbal response. Midazolam was not used for premedication or induction. Intubation was carried out only after ensuring achievement of optimum depth of anesthesia using bispectral index scale. The total dose of propofol administrated for induction, occurrence of pain on injection, severity of cough after fentanyl administration, hemodynamic parameters, and apneic episodes were recorded.				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Statistical Analysis: All data were expressed as mean +/- 2 standard deviation. For statistical analysis, SPSS software version 16 (SPSS Inc., 2007, Chicago, IL, USA) was used. Results: The mean dose of injection propofol required for induction was significantly lower in Group I (67.0 +/- 17.9 mg) when compared with Group II (111.3 +/- 17.6 mg) ($P < 0.01$). The mean heart rate was significantly higher ($P < 0.01$) and the mean blood pressure was significantly lower in Group II ($P < 0.01$) when compared to Group I at 1 min postinduction, immediately after intubation, and 5 min after induction. The incidence of complications such as hypotension, pain on injection, and FIC was higher in Group II (50%) as compared to Group I (18%). Conclusion: In our study, we found that the induction dose requirement of propofol was significantly lower in the auto-coinduction group when compared to the conventional induction group. The auto-coinduction technique offered a stable hemodynamic profile, reduced pain on injection, and less incidence of FIC as compared to the conventional propofol induction technique.				
518.	Premkumar, K., Vinod, E., Sathishkumar, S., Pulimood, A. B., Umaefulam, V., Prasanna Samuel, P. and John, T. A. Self-directed learning readiness of Indian medical students: a mixed method study BMC Med Educ; 2018, 18 (1): 134 **Address:** HSC E-wing 3226 Department of Community Health and Epidemiology, College of Medicine, University of Saskatchewan, Saskatoon, SK, Canada. kalyani.premkumar@usask.ca. **Christian Medical College, Vellore,**India. HSC E-wing 3226 Department of Community Health and Epidemiology, College of Medicine, University of Saskatchewan, Saskatoon, SK, Canada. BACKGROUND: Self-directed learning (SDL) is defined as learning on one's own initiative, with the learner having primary responsibility for planning, implementing, and evaluating the effort. Medical education institutions promote SDL, since physicians need to be self-directed learners to maintain lifelong learning in the ever-changing world of medicine and to obtain essential knowledge for professional growth. The purpose of the study was to measure the self-directed learning readiness of medical students across the training years, to determine the perceptions of students and faculty on factors that promote and deter SDL and to identify the role of culture and curriculum on SDL at the **Christian Medical College,**	**INT**	**JAN TO JUNE**	**GENERAL PATHOLOGY, BIOSTATISTICS**	**PMID:**29884155 **PMC ID:**5994133 **WOS:**000435020900004 **H Index:** 48 **Impact Factor:** 1.511

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Vellore,India. METHODS: Guglielmino's SDL Readiness Scale (SDLRS) was administered in 2015 to six student cohorts (452 students) at admission, end of 1st, 2nd, 3rd and 4th year of training, and at the beginning of internship in the undergraduate medicine (MBBS) program. Analysis of variance (ANOVA) was used to compare SDL scores between years of training. 5 student focus groups and 7 interviews with instructors captured perceptions of self-direction. Transcripts were coded and analyzed thematically. RESULTS: The overall mean SDLRS score was 212.91. There was no significant effect of gender and age on SDLR scores. There was a significant drop in SDLRS scores on comparing students at admission with students at subsequent years of training. Qualitative analysis showed the prominent role of culture and curriculum on SDL readiness. CONCLUSIONS: Given the importance of SDL in medicine, the current curriculum may require an increase in learning activities that promote SDL. Strategies to change the learning environment that facilitates SDL have to be considered.				
519.	Price, A., Vasanthan, L., Clarke, M., Liew, S. M., Brice, A. and Burls, A. SMOOTH: Self-Management of Open Online Trials in Health analysis found improvements were needed for reporting methods of internet-based trials J Clin Epidemiol; 2019, 105 27-39 Address: Evidence Based Heath Care, Department of Continuing Education, University of Oxford, Oxford, United Kingdom. Electronic address: healingjia@msn.com. PMC Department, Christian Medical College Vellore, Tamil Nadu, India. Northern Ireland Methodology Hub, Centre for Public Health, School of Medicine, Dentistry and Biomedical Sciences, Queen's University, Belfast, Ireland. Department of Primary Care Medicine, University of Malaya, Malaya. Evidence Based Heath Care, Department of Continuing Education, University of Oxford, Oxford, United Kingdom. University of London, London, United Kingdom. BACKGROUND AND OBJECTIVES: The growth of trials conducted over the internet has increased, but with little practical guidance for their conduct, and it is sometimes challenging for researchers to adapt the conventions used in face-to-face trials and maintain the validity of the work. The aim of the study is to systematically explore existing self-recruited online randomized trials of	**INT**	**JAN TO JUN**	**EPIDEMIOLOGY**	**PMID:30171901** **H Index:** 182 **Impact Factor:** 4.245

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	self-management interventions and analyze the trials to assess their strengths and weaknesses, the quality of reporting, and the involvement of lay persons as collaborators in the research process. STUDY DESIGN AND SETTINGS: The Online Randomized Controlled Trials of Health Information Database was used as the sampling frame to identify a subset of self-recruited online trials of self-management interventions. The authors cataloged what these online trials were assessing, appraised study quality, extracted information on how trials were run, and assessed the potential for bias. We searched out how public and patient participation was integrated into online trial design and how this was reported. We recorded patterns of use for registration, reporting, settings, informed consent, public involvement, supplementary materials, and dissemination planning. RESULTS: The sample included 41 online trials published from 2002 to 2015. The barriers to replicability and risk of bias in online trials included inadequate reporting of blinding in 28/41 (68%) studies; high attrition rates with incomplete or unreported data in 30/41 (73%) of trials; and 26/41 (63%) of studies were at high risk for selection bias as trial registrations were unreported. The methods for (23/41, 56%) trials contained insufficient information to replicate the trial, 19/41 did not report piloting the intervention. Only 2/41 studies were cross-platform compatible. Public involvement was most common for advisory roles (n = 9, 22%), and in the design, usability testing, and piloting of user materials (n = 9, 22%). CONCLUSION: This study catalogs the state of online trials of self-management in the early 21st century and provides insights for online trials development as early as the protocol planning stage. Reporting of trials was generally poor and, in addition to recommending that authors report their trials in accordance with CONSORT guidelines, we make recommendations for researchers writing protocols, reporting on and evaluating online trials. The research highlights considerable room for improvement in trial registration, reporting of methods, data management plans, and public and patient involvement in self-recruited online trials of self-management interventions.				
520.	Price, A., Vasanthan, L., Clarke, M., Liew, S. M., Brice, A. and Burls, A. SMOOTH (Self-Management of Open Online Trials in Health) analysis found improvements were needed for reporting methods of internet-based trials	**INT**	**JAN TO JUNE**	**PHYSICAL MEDICINE AND REHABILITATION**	**PMID:**30171901 **H Index:** 182 **Impact Factor:** 4.245

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	J Clin Epidemiol; 2018, **Address:** University of Oxford and The BMJ Editorial. Electronic **Address:** healingjia@msn.com. **Christian Medical College Vellore**, Tamil Nadu, India. Queen's University Belfast. Department of Primary Care Medicine and Julius Center UM, University of Malaya, Malaya. University of Oxford City. University of London. BACKGROUND: The growth of trials conducted over the internet has increased, but with little practical guidance for their conduct and it is sometimes challenging for researchers to adapt the conventions used in face-to-face trials and maintain the validity of the work. AIM: To systematically explore existing self-recruited online randomized trials of self-management interventions and analyze the trials to assess their strengths and weaknesses, the quality of reporting and the involvement of lay persons as collaborators in the research process. METHODS: The Online Randomized Controlled Trials of Health Information Database (ORCHID) was used as the sampling frame to identify a subset of self-recruited online trials of self-management interventions. The authors cataloged what these online trials were assessing, appraised study quality, extracted information on how trials were run and assessed the potential for bias. We searched out how public and patient participation was integrated into online trial design and how this was reported. We recorded patterns of use for registration, reporting, settings, informed consent, public involvement, supplementary materials, and dissemination planning. RESULTS: The sample included 41 online trials published from 2002-2015. The barriers to replicability and risk of bias in online trials included inadequate reporting of blinding in 28/41 (68%) studies; high attrition rates with incomplete or unreported data in 30/41 (73%) of trials; and 26/41 (63%) of studies were at high risk for selection bias as trial registrations were unreported. The methods for (23/41, 56%) trials contained insufficient information to replicate the trial, 19/41 did not report piloting the intervention. Only 2/41 studies were cross-platform compatible. Public involvement was most common for advisory roles (n=9, 22%), and in the design, usability testing and piloting of user materials (n=9, 22%) CONCLUSIONS: This study catalogs the state of online trials of self-management in the early 21(st) century and provides insights for online trials development as early as the protocol planning stage. Reporting of trials was generally poor and, in addition to recommending that				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	authors report their trials in accordance with CONSORT guidelines, we make recommendations for researchers writing protocols, reporting on and evaluating online trials. The research highlights considerable room for improvement in trial registration, reporting of methods, data management plans, and public and patient involvement in self-recruited online trials of self-management interventions.				
521.	Pricilla, R. A., Brown, M., Wexler, C., Maloba, M., Gautney, B. J. and Finocchario-Kessler, S. Progress Toward Eliminating Mother to Child Transmission of HIV in Kenya: Review of Treatment Guidelines Uptake and Pediatric Transmission Between 2013 and 2016-A Follow Up Matern Child Health J; 2018, 22 (12): 1685-1692 **Address:** Department of Community Medicine, Low Cost Effective Care Unit, **Christian Medical College,**Schell Eye Hospital Campus, Vellore, Tamil Nadu, India. rubykarl@yahoo.com. Department of Family Medicine, University of Kansas Medical Center, Kansas City, KS, USA. Global Health Innovations, Kansas City, USA. Background Prevention of mother to child transmission of HIV (PMTCT) services are critical to achieve national and global targets of 90% antiretroviral therapy (ART) coverage in PMTCT, and mother to child transmission rates less than 5%. In 2012, Kenya adopted WHO's recommended ART regimen for PMTCT "Option B+". Aims This study assesses progress made in adopting these new guidelines and associated outcomes. Methods We analysed programmatic data of 2604 mother-infant pairs enrolled in the HIV Infant Tracking System (HITSystem) at four government hospitals in Kenya between January, 2013 and December, 2016. We then compared PMTCT trends between 2010 and 2012 and 2013-2016 for the same four government hospitals. Results A total of 2,371 (91.1%) received some ART regimen, however; only 911 (56.2%) mothers received ART regimens compliant with WHO Option B+. From 2013 to 2016, the percent of mothers on WHO Option B + doubled from 42 to 84% ($p < 0.001$), the mean week of ART initiation decreased from 19.0 to 9.7 weeks ($p < 0.001$), the percent of pregnant women who were already on ART at the time of PMTCT enrolment increased from 5.8 to 31.7% ($p < 0.001$), and the paediatric transmission rate decreased from 5.9 to 2.5% ($p = 0.002$). Conclusion Comparing data at these four Kenyan hospitals indicates significant progress has been made from 2010 to 2016. To	**INT**	**JUL TO DEC**	**COMMUNITY MEDICINE, LOW COST EFFECTIVE CARE UNIT**	**PMID:**30047080 **H Index:** 68 **Impact Factor:** 1.821

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	continue these positive gains, concerted focus will be needed to target and improve the integration of new guidelines into clinical practice at the facility level, adherence to treatment and retention in care.				
522.	Prince, N., Oommen, V. and Bhaskar, A. Chicken intestine: an alternative to the mammalian intestine for physiology experimentation Adv Physiol Educ; 2018, 42 (2): 387-389 Address: Department of Physiology, **Christian Medical College, Vellore**, Tamil Nadu, India.	**INT**	**JAN TO JUN**	**PHYSIOLOGY**	**PMID:29761719** **WOS:000432334800020** **SCOPUS** **H Index:** 46 **Impact Factor:** 1.981
523.	Priya, M. and Rabi, S. An anatomical landmark to identify the neurovascular bundle in the dorsum of foot - A cadaveric study in South Indian population Journal of Clinical and Diagnostic Research; 2018, 12 (7): AC10-AC12 **Address:** Department of Anatomy, Madras Medical College, Chennai, Tamil Nadu, India Department of Anatomy, **Christian Medical College, Vellore,** Tamil Nadu, India Introduction: The Neurovascular Bundle (NVB) in the dorsum of the foot is likely to get injured during midfoot surgeries. Finding an anatomical landmark to identify this NVB is essential to prevent iatrogenic injury. Aim: To identify an anatomical landmark to locate the Dorsalis Pedis Artery (DPA) and Deep Peroneal Nerve (DPN) in the dorsum of foot. Materials and Methods: The relationship of this NVB to Extensor Hallucis Brevis Musculotendinous (EHBMT) junction was noted in dorsum of seventy feet. Correlation between the foot length and EHBMT junction length was determined. Result: In 30 feet (42.85%), the DPN was medial to DPA and in 40 (57.14%), it was lateral to DPA. In two feet, the medial branch of DPN pierced the EHB proximal to the musculotendinous junction and in the remaining feet it passed behind EHBMT junction. There was a positive correlation between the foot length and the EHBMT junction length. Conclusion: The EHBMT junction can be used as a reliable landmark to identify the DPN during the mid-foot surgical approaches. © 2018, Journal of Clinical and Diagnostic Research. All rights reserved.	**NAT**	**JUL TO DEC**	**ANATOMY**	**SCOPUS** **H Index:** 22 **Impact Factor:** 0.650 (RG)
524.	Priyadarshini, A., George, R., Daniel, D., Varughese, S. and Jayaseelan, V.	**NAT**	**JAN TO JUN**	**DERMATOLOGY, VENEREOLOGY AND**	**PMID:29582787** **WOS:000430432800005**

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Association between human leukocyte antigen-DRB1 and human leukocyte antigen-DQB1 alleles and pemphigus vulgaris in Indian patients: A case-control study Indian J Dermatol Venereol Leprol; 2018, 84 (3): 280-284 **Address:** Department of Dermatology, Venereology and Leprosy, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Transfusion Medicine and Immunohematology, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Nephrology, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Biostatistics, **Christian Medical College, Vellore,** Tamil Nadu, India. Background: HLA-DRB1*04, -DRB1*08, -DRB1*14, -DQB1*03 and -DQB1*05 are reported to have significant association with pemphigus vulgaris; however, this is partially dependent on ethnicity. This study was done to determine the HLA-DR and -DQ types prevalent in Indian patients with pemphigus vulgaris. Methods: A prospective case-control study was done for a period of 9 months in **Christian Medical College** Vellore, India. HLA typing was done by PCR-SSOP method in 50 cases and 50 healthy controls. Allele frequencies in cases and controls were compared and odds ratios with 95% confidence interval were calculated. Results: The mean age of the patients (29 females, 21 males) and that of controls (36 males, 14 females) were 41.3 +/- 13.65 and 35.42 +/- 11.09 years, respectively. HLA-DRB1*14 was present in 47 patients and 18 controls (OR, 27.85; 95% CI, 7.57-102.42) and HLA-DQB1*05 was seen in 47 patients and 24 controls (OR, 16.97; 95% CI, 4.66-61.80). The haplotype DRB1*14, DQB1*05 was present in 44 patients and 14 controls (OR, 18.86; 95% CI, 6.58-54.05). DRB1*15 was present in 7 cases and 16 controls (OR, 0.35; 95% CI, 0.13-0.94) and DQB1*06 was present in 8 cases and 19 controls (OR, 0.31; 95% CI, 0.12-0.80). HLA-DQB1*03 was associated with significantly higher pemphigus disease area index scores. Limitations: The main limitations were that the numbers studied were small as the study was conducted at a single center, and the haplotype analysis was limited only to the proband. PDAI scores could have been influenced by prior treatment. Conclusion: There was a significant association between HLA-DRB1*14 and HLA-DQB1*05 and pemphigus vulgaris in our patients. A negative association was seen with DRB1*15 and DQB1*06.			**LEPROSY, TRANSFUSION MEDICINE AND IMMUNOHEMATOLOGY, NEPHROLOGY, BIOSTATISTICS,**	**SCOPUS** **H Index:** 37 **Impact Factor:** 2.229

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
525.	Putta, T., John, R. A., Eapen, A., Chandramohan, A., Simon, B., Rymbai, M. L. and Joseph, P. Computed Tomography Evaluation of the Arterial Supply to Segment 4 of the Liver J Clin Imaging Sci; 2018, 8 31 **Address:** Departments of Radiodiagnosis and Hepatopancreaticobiliary Surgery, **Christian Medical College Hospital, Vellore,** Tamil Nadu, India. Introduction: In a setting of living-donor liver transplant and patients undergoing extended hepatic resections for both primary and metastatic liver tumors, preoperative assessment of hepatic arterial anatomy is very important because of the risk of ischemic complications in the event of inadvertent injury to the arterial supply. Anatomical variations in hepatic arterial supply to the liver are very common and seen in nearly half the population. Identifying anomalous origin of segment 4 hepatic artery is vital since this vessel can cross the transection plane and can result in liver ischemia and liver failure. The purpose of our study is to study the variations in hepatic arterial anatomy to segment 4 of the liver in the Indian population. Materials and Methods: A retrospective evaluation of 637 consecutive computed tomography (CT) angiograms over a period of 1 year was performed, and we analyzed the arterial supply to segment 4 of the liver. Results: We found that the arterial supply to segment 4 of the liver originated from left hepatic artery (LHA) in majority of cases, 76.3%. LHA along with the accessory LHA supplied this segment in 6.4%, whereas the accessory LHA solely supplied this segment in 0.4%. The right hepatic artery (RHA) was seen to supply this segment in 10.2%. Dual supply with branches from the RHA and LHA was seen in 6.6% of patients. Conclusion: Preoperative mapping of segment 4 hepatic arterial supply using CT angiography will act as a roadmap to surgeons as they attempt to carefully dissect and preserve this segments' arterial supply. Depending on the anatomical variation, surgical techniques will vary to ensure safety of segment 4 arterial supply.	**INT**	**JAN TO JUN**	**RADIODIAGNOSIS AND HEPATOPANCREATICOBILIARY SURGERY,**	**PMID:30197822** **PMC ID:6118111** **H Index:** 12 **Impact Factor:** 0.990 (RG)
526.	Radhakrishna, V. N. and Madhuri, V. Management of pediatric open tibia fractures with supracutaneous locked plates Journal of Pediatric Orthopaedics Part B; 2018, 27 (1): 13-16 We evaluated the novel application of supracutaneous locked plates in pediatric open tibia fractures. Pediatric open tibia fractures	**INT**	**JAN TO JUN**	**PAEDIATRIC ORTHOPAEDICS**	**WOS:000429687800003** **SCOPUS** **H Index:** 47 **Impact Factor:** 0.610

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	stabilized with a locked supracutaneous plate from January 2011 to December 2014 were reviewed. Twenty-eight children, mean age 8.9 years, with 29 open tibia fractures were included. Nine of these children who had metaphyseal or metadiaphyseal fractures did not require joint spanning. The mean follow-up duration was 13.5 months. The mean time to uneventful union was 11.46 weeks, with no unacceptable malunion. Supracutaneous locked plates showed early union and no refractures. They could favorably replace tubular external fixators in stabilizing pediatric open tibia fractures.				
527.	Radhakrishna, V. N., Madhuri, V. and Palocaren, T. Optimizing the use of fibula in type II tibial hemimelia: early results J Pediatr Orthop B; 2018, **Address:** Pediatric Orthopaedic Unit, **Christian Medical College,** Ida Scudder Road, Vellore, Tamil Nadu, India. We describe a technique for optimal use of fibula in reconstruction of type II tibial hemimelia. Six affected children with mean age of 1.4 years and treated over a 5-year period were reviewed. All underwent staged reconstruction by lowering the fibula to below knee level using Ilizarov soft tissue distraction, transfer of distal fibula under proximal tibia, and foot centralization. Mean follow-up period was 3.6 years (range: 1.6-6.05 years). Mean age at follow-up was 4.4 years, and increase in length was 4.08 cm. Tibiofibular union and foot centralization were universally achieved. Mild residual equinovarus deformity was present in three children and braced. Our technique allowed significant length gain and foot centralization in toddlers without distraction osteogenesis.	**INT**	**JAN TO JUN**	**PAEDIATRIC ORTHOPAEDICS**	**PMID:30234726** **H Index:** 47 **Impact Factor:** 0.610
528.	Radhakrishnan, R. C., Gopal, B., Zachariah, U. G., Abraham, P., Mohapatra, A., Valson, A. T., Alexander, S., Jacob, S., Tulsidas, K. S., David, V. G. and Varughese, S. The long-term impact of hepatitis C infection in kidney transplantation in the pre-direct acting antiviral era Saudi J Kidney Dis Transpl; 2018, 29 (5): 1092-1099 **Address:** Department of Pediatric Nephrology, Government Medical College, Thiruvananthapuram, Kerala, India. Central Northern Adelaide Renal and Transplant Service, Royal Adelaide Hospital, Adelaide, Australia. Department of Hepatology, **Christian Medical College, Vellore,** India. Department of Clinical Virology, **Christian Medical College,**	**INT**	**JUL TO DEC**	**HEPATOLOGY, CLINICAL VIROLOGY, NEPHROLOGY,**	**PMID:30381505** **SCOPUS** **H Index:** 22 **Impact Factor:** 0.740 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Vellore, India. Department of Nephrology, **Christian Medical College, Vellore,** India. Hepatitis C virus (HCV) infection in kidney transplantation is an important issue with effects on patient and graft survival. The current standard of care involves using oral Direct Acting Antiviral drugs. Till recently, pre-transplant treatment with interferon was the only option for treatment. We studied 677 consecutive kidney transplant recipients with HCV infection. 5.2% patients had evidence of HCV infection. 2.0% were newly detected to have HCV infection after transplant (de novo HCV group). Nearly 28.6% had negative antibody tests but positive Nucleic Acid Test at the time of diagnosis. Eighty-five percent of pre-transplant HCV-positive patients were treated with interferon-based regimens. Early virologic response was seen in 66.6%. End of treatment response was achieved by 94.1%. Sustained virologic response was seen in 81.2%. Overall, patient and graft survival were not different between HCV and control groups (log-rank P = 0.154). Comparing HCV and control groups, there was a tendency toward increased fungal (11.4% vs. 5.6%, P = 0.144) and CMV infections (25.7% vs. 17.1%, P = 0.191) in the HCV group, though it did not reach statistical significance. Eighty-percent of the interferon-treated patients suffered side effects. On comparing, the pre-transplant HCV-positive group (85% treated) with the de novo HCV group (none treated), the de novo group had significantly reduced patient survival (P = 0.020) and NODAT (35.7 vs 4.8%, P = 0.028), and a tendency toward higher CMV infections (35.7% vs 19%, P = 0.432). In addition, death and hepatic complications (decompensated liver disease, fibrosing cholestatic hepatitis) occurred only in de novo HCV group. These results highlight the need for continued post-transplant treatment of HCV positive patients. The newer anti-HCV drugs are expected to fulfill this felt-need in kidney transplantation but long-term results are awaited. This study can serve as a benchmark for future studies to compare the long-term effect of Direct Acting Antiviral drugs.				
529.	Rafic, K. M., Amalan, S., Timothy Peace, B. S. and Ravindran, B. P. Extended localization and adaptive dose calculation using HU corrected cone beam CT: Phantom study Rep Pract Oncol Radiother; 2018, 23 (2): 126-135 **Address:** Department of Radiotherapy, **Christian Medical College, Vellore**632004, Tamil Nadu, India.	**INT**	**JAN TO JUN**	**RADIOTHERAPY**	**PMID:**29556141 **PMCID: PMC5856675** **H Index:** 15 **Impact Factor:** 0.680 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Background and aim: The practicability of computing dose calculation on cone beam CT (CBCT) has been widely investigated. In most clinical scenarios, the craniocaudal scanning length of CBCT is found to be inadequate for localization. This study aims to explore extended tomographic localization and adaptive dose calculation strategies using Hounsfield unit (HU) corrected CBCT image sets. Materials and methods: Planning CT (pCT) images of the Rando phantom (T12-to-midthigh) were acquired with pelvic-protocol using Biograph CT-scanner. Similarly, half-fan CBCT were acquired with fixed parameters using Clinac2100C/D linear accelerator integrated with an on-board imager with 2-longitudinal positions of the table. For extended localization and dose calculation, two stitching strategies viz., one with "penumbral-overlap" (S1) and the other with "no-overlap" (S2) and a local HU-correction technique were performed using custom-developed MATLAB scripts. Fluence modulated treatment plans computed on pCT were mapped with stitched CBCT and the dosimetric analyses such as dose-profile comparison, 3D-gamma (gamma) evaluation and dose-volume histogram (DVH) comparison were performed. Results: Localizing scanning length of CBCT was extended by up to 15 cm and 16 cm in S1 and S2 strategies, respectively. Treatment plan mapping resulted in minor variations in the volumes of delineated structures and the beam centre co-ordinates. While the former showed maximum variations of -1.4% and -1.6%, the latter showed maximum of 1.4 mm and 2.7 mm differences in anteroposterior direction in S1 and S2 protocols, respectively. Dosimetric evaluations viz., dose profile and DVH comparisons were found to be in agreement with one another. In addition, gamma-evaluation results showed superior pass-rates (>/=98.5%) for both 3%/3 mm dose-difference (DD) and distance-to-agreement (DTA) and 2%/2 mm DD/DTA criteria with desirable dosimetric accuracy. Conclusion: Cone beam tomographic stitching and local HU-correction strategies developed to facilitate extended localization and dose calculation enables routine adaptive re-planning while circumventing the need for repeated pCT.				
530.	Rai, E. Ultrasonography can unfold many Mysteries! J Anaesthesiol Clin Pharmacol; 2018, 34 (2): 282-283 **Address:** Department of Anesthesia, **Christian Medical College, Vellore,** Tamil Nadu, India.	**INT**	**JAN TO JUN**	**ANESTHESIA**	**PMID:30104860** **PMC ID:6066902** **SCOPUS** **H Index:** 23 **Impact Factor:** 0.902

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
531.	Raj, J. P., Hansdak, S. G., Naik, D., Mahendri, N. V. and Thomas, N. SLEep among diabetic patients and their GlycaEmic control (SLEDGE): A pilot observational study J Diabetes; 2018, **Address:** Church of South India Hospital, Erode, India. Department of Pharmacology, St. John's Medical College, Bangalore, India. Department of General Medicine, **Christian Medical College, Vellore,** India. Department of Endocrinology, **Christian Medical College, Vellore,** India. Department of Dietetics and Nutrition, **Christian Medical College, Vellore,** India. BACKGROUND: Recent cohort studies have proven the association between sleep deprivation and adverse glycemic control (GC). The aim of this study was to assess the prevalence of excessive daytime sleepiness (EDS), a subjective measure of sleep deprivation, among type 2 diabetic mellitus (T2DM) patients and its association with GC. METHODS: This cross-sectional study was conducted between July 2015 and June 2016 in five diabetes clinics in the district of Erode, Tamil Nadu, India. An equal number of consenting patients with T2DM was recruited consecutively from each of the centers, and EDS was measured subjectively using the Epworth sleepiness scale (ESS), whereas GC was assessed using HbA1c levels. RESULTS: In all, 126 patients were screened and 102 were found eligible for the study. The prevalence of EDS was 17.5% (95% confidence interval 10.13-24.87). The association between ESS scores and HbA1c levels was analyzed using linear regression after adjusting for age, dietary intake, inflammatory markers (erythrocyte sedimentation rate), depression (Patient Health Questionnaire-9 score) and stress (Perceived Stress Scale score): for every unit increase in the ESS score, HbA1c increased by 0.143 g/dL ($P < 0.001$). CONCLUSION: Subjective EDS was seen in approximately one-quarter of patients with diabetes in our population. There was a positive association between EDS and glycemic control. Screening of patients with diabetes for EDS should be part of routine diabetes management.	**INT**	**JAN TO JUN**	**GENERAL MEDICINE, ENDOCRINOLOGY, DIETETICS AND NUTRITION**	**PMID:30003709** **SCOPUS** **H Index:** 32 **Impact Factor:** 3.213
532.	Rajagopal, Veera M., Rajkumar, Anto P., Jacob, Kuruthukulangara S. and Jacob, Molly Gene-gene interaction between DRD4 and COMT modulates clinical response to clozapine in treatment-resistant schizophrenia Pharmacogenetics and Genomics; 2018, 28 (1): 31-35	**INT**	**JAN TO JUN**	**PHARMACOLOGY**	**WOS:000418460700005** **H Index:** 131 **Impact Factor:** 1.900 (RG)

IMPACT FACTORS SOURCE FROM Researchgate / Bioxbio; H -INDEX – Scimago LAB

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Clozapine is the drug of choice for treatment-resistant schizophrenia. However, its use is associated with variable clinical responses and serious adverse effects. Polymorphisms in genes encoding proteins involved in synaptic neurotransmission may account for such variability. Here, we studied independent and epistatic genetic associations of polymorphisms in DRD4 (120-bp duplication) and COMT (Val158Met) with clinical response to clozapine in people with treatment-resistant schizophrenia. We studied 93 participants who were on stable doses of clozapine for at least 12 weeks. A total score of less than or equal to 35 on the Brief Psychiatric Rating Scale was defined as a clinical response. The genetic associations were tested using logistic regression analyses. Neither polymorphism studied was found to be independently associated with response to clozapine. However, a statistically significant gene-gene interaction was observed between the polymorphisms. Participants with the COMT Val/Met or Met/Met genotype, who also had one or two DRD4 120-bp alleles (120/240 and 120/120), showed significantly better clinical response to clozapine. Our results highlight the importance of investigating gene-gene interactions, while studying the pharmacogenetics of clozapine.				
533.	Rajaian, S., Ramani, M. K. and Kekre, N. S. Adult teratoid Wilm's tumor - a diagnostic dilemma J Postgrad Med; 2018, 64 (4): 258-259 **Address:** Department of Urology, **Christian Medical College Hospital, Vellore,** Tamil Nadu, India. Department of Pathology, **Christian Medical College Hospital, Vellore,** Tamil Nadu, India.	**NAT**	**JUL TO DEC**	**UROLOGY, PATHOLOGY**	**PMID:30226479** **PMC ID:6198687** **WOS:000447184200017** **SCOPUS** **H Index:** 47 **Impact Factor:** 1.095
534.	Rajalakshmi, R., Amirtham, S. M., Abirami, V., Subramani, S. and Kanthakumar, P. Effect of cleistanthin a on voltage gated proton channels of human neutrophils Journal of Clinical and Diagnostic Research; 2018, 12 (1): CC05-CC08 Introduction: Cleistanthus collinus (C. collinus), a well known plant toxin, contains active principles like Cleistanthin A, Cleistanthin B, Cleistanthin C and Diphyllin. Previous human case reports and animal studies have revealed that C. collinus poisoning leads to type I Distal renal tubular acidosis and type II respiratory failure. However, the mechanism of toxicity of this plant is still uncertain.	**NAT**	**JAN TO JUN**	**PHYSIOLOGY**	**SCOPUS** **H Index:** 22 **Impact Factor:** 0.650 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Based on the hypothesis that blockade of proton channels could result in type II respiratory failure, patch clamp experiments were done to see if Cleistanthin A blocked the proton channels. Aim: To record and compare the changes in the magnitude of voltage-gated proton currents in human neutrophils, before and after addition of Cleistanthin A (test) and control solution. Materials and Methods: The test compound Cleistanthin A was isolated by partition chromatography and characterised using thin layer chromatography. Neutrophils were isolated by density gradient centrifugation method. Using voltage clamp protocol, proton currents were recorded before (pre-intervention currents) and after (post-intervention currents) the addition of Cleistanthin A or control solution. The pre and post-intervention current densities for different voltages were compared within the groups (control and test) by Wilcoxon signed-rank test and the percentage current remaining in both the groups were compared using Mann-Whitney U test, $p<0.05$ was considered significant. Results: Normal proton currents were recorded in human neutrophils. Comparison of the pre and post-intervention current densities within the control and test group revealed a significant depletion effect in the control group but not in the test group. However, comparison of the percentage current remaining after intervention across the groups did not show any significant difference between the control and test groups. Conclusion: Cleistanthin A does not seem to have any significant effect on the voltage-gated proton channels of human neutrophils.				
535.	Rajaratnam, Simon and Rajshekhar, Vedantam Delayed hyponatremia following transsphenoidal surgery for pituitary adenomas Clinical Endocrinology; 2018, 89 41-42	**INT**	**JAN TO JUN**	**ENDOCRINOLOGY, NEUROSURGERY**	**WOS:000436537900098** **H Index:** 132 **Impact Factor:** 3.077
536.	Rajasekaran, S., Thatte, J., Periasamy, J., Javali, A., Jayaram, M., Sen, D., Krishnagopal, A., Jayandharan, G. R. and Sambasivan, R. Infectivity of adeno-associated virus serotypes in mouse testis BMC Biotechnol; 2018, 18 (1): 70 **Address:** Institute for Stem Cell Biology and Regenerative Medicine, GKVK Campus, Bellary Road, Bengaluru, 560065, India. National Centre for Biological Sciences, TIFR, GKVK Campus, Bellary Road, Bengaluru, 560065, India. Department of Haematology and Centre for Stem Cell Research,	**INT**	**JAN TO JUN**	**HAEMATOLOGY AND CENTRE FOR STEM CELL RESEARCH**	**PMID:30384832** **PMC ID:6211462** **WOS:000449120700001** **SCOPUS** **H Index:** 65 **Impact Factor:** 2.605

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Christian Medical College, Vellore, 632004, India. Cellular and Molecular Therapeutics Laboratory, Centre for Biomaterials, Cellular and Molecular Theranostics (CBCMT), Vellore Institute of Technology (VIT), Vellore, 632014, India. Department of Biological Sciences and Bioengineering, Indian Institute of Technology, Kanpur, 208016, India. Institute for Stem Cell Biology and Regenerative Medicine, GKVK Campus, Bellary Road, Bengaluru, 560065, India. ramkumars@instem.res.in. BACKGROUND: Recombinant adeno-associated viruses (AAVs) are emerging as favoured transgene delivery vectors for both research applications and gene therapy. In this context, a thorough investigation of the potential of various AAV serotypes to transduce specific cell types is valuable. Here, we rigorously tested the infectivity of a number of AAV serotypes in murine testis by direct testicular injection. RESULTS: We report the tropism of serotypes AAV2, 5, 8, 9 and AAVrh10 in mouse testis. We reveal unique infectivity of AAV2 and AAV9, which preferentially target intertubular testosterone-producing Leydig cells. Remarkably, AAV2 TM, a mutant for capsid designed to increase transduction, displayed a dramatic alteration in tropism; it infiltrated seminiferous tubules unlike wildtype AAV2 and transduced Sertoli cells. However, none of the AAVs tested infected spermatogonial cells. CONCLUSIONS: In spite of direct testicular injection, none of the tested AAVs appeared to infect sperm progenitors as assayed by reporter expression. This lends support to the current view that AAVs are safe gene-therapy vehicles. However, testing the presence of rAAV genomic DNA in germ cells is necessary to assess the risk of individual serotypes.				
537.	Rajendra, A., Devasia, A. J., Francis, N. R. and Turaka, V. P. Antenatal chemotherapy in a case of diffuse large B-cell lymphoma BMJ Case Rep; 2018, 2018 **Address:** Department of Internal Medicine, **Christian Medical College, Vellore,** Tamilnadu, India. Department of Haematology, **Christian Medical College, Vellore,** Tamilnadu, India. A 28-year-old pregnant woman in the sixth month of gestation presented with complaints of altered bowel habit for a month, on examination found to have generalised lymphadenopathy, pedal oedema and locally infiltrating ano-rectal growth. Rectal growth biopsy was reported as high-grade B-cell lymphoma. After a	**INT**	**JAN TO JUN**	**INTERNAL MEDICINE, HAEMATOLOGY,**	**PMID:29386214** **SCOPUS** **H Index:** 17 **Impact Factor:** 0.220 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	discussion in a multidisciplinary panel consisting of haemato-oncologists, obstetricians and physicians, she was planned to receive antenatal chemotherapy. She delivered a live baby of 1.86 kg at 36 weeks of gestational age by normal vaginal delivery. After 6 cycles of chemotherapy she had complete regression of the disease.				
538.	Rajkohila, J., Daniel, P., Ambikaipakan, S. and Rabi, S. Morphological and morphometric analysis of accessory mental foramen in dry human mandibles of south indian population Indian J Dent Res; 2018, 29 (1): 56-60 **Address:** Department of Anatomy, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Anatomy, University of Jaffna, Jaffna, Sri Lanka, India. Background: Mental foramen (MF) is an important landmark for administration of local anesthesia in surgical procedures involving the mandible. Additional mental foramina, called accessory mental foramina (AMF) transmitting branches of mental nerve, have been reported. Detection of AMFs in presurgical imaging may reduce postoperative pain in dental surgical procedures. Aim: The aim of the study was to study the incidence and morphometric analysis of accessory MF in the dry human mandibles of South Indian population. Materials and Methods: Two hundred and sixty dry human mandibles were studied for the presence, location, shape of AMF, and its relation to MF. The horizontal diameter of AMF, and its distance from symphysis menti, the posterior border of mandible and from the base of mandible were measured and statistically analyzed. Results and Conclusions: In our study, AMF were present in 8.85% mandibles (unilateral - 7.6% [4.6% - left, 2.69% - right] and bilateral 1.6%). The most common position was below the second premolar (48.1%). AMF were round in shape (74%) and was often located either superomedial or inferolateral to MF. Their transverse diameter ranged from 0.5 to 1 mm. The AMF were situated at a mean distance of 2.96 mm from MF, 23.47 mm from symphysis menti, 11.24 mm from the lower border of the body of the mandible, and 57.35 mm from the posterior border of ramus of mandible. The knowledge of the presence of AMF and its dimensions would enable the clinicians to do mandibular procedures carefully and avoid injury to the branches of mental nerve that may be passing through it.	**NAT**	**JAN TO JUN**	**ANATOMY**	**PMID:29442088** **H Index:** 31 **Impact Factor:** 0.330 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
539.	Rajkumar, A. P., Petit, C. P., Rachana, A., Deinde, F., Shyamsundar, G., Thangadurai, P. and Jacob, K. S. Correlates of self-reported, autobiographical, and mini-mental status examination defined memory deficits following electroconvulsive therapy in South India Asian J Psychiatr; 2018, 34 47-53 **Address:** Department of Old Age Psychiatry, Institute of Psychiatry, Psychology, & Neuroscience, King's College London, 16, De Crespigny Park, London, SE5 8AF, United Kingdom; South London and Maudsley NHS foundation Trust, Bethlem Royal Hospital, Monks Orchard Road, Beckenham, BR3 3BX, United Kingdom; Department of Psychiatry, **Christian Medical College, Vellore,** 632002, India. Electronic **Address:** Anto.Rajamani@kcl.ac.uk. Department of Psychiatry, **Christian Medical College, Vellore,** 632002, India. South London and Maudsley NHS foundation Trust, Bethlem Royal Hospital, Monks Orchard Road, Beckenham, BR3 3BX, United Kingdom. BACKGROUND: Cognitive deficits, self-reported or found following electroconvulsive therapy (ECT), and their correlates are diverse. Despite the characteristics of people receiving ECT in Asia differ widely from the west, pertinent research from Asia remains sparse. METHODS: We investigated the correlates of self-reported, mini-mental status examination (MMSE) defined, and autobiographical memory deficits in a cohort that received ECT in a south Indian tertiary-care setting. 76 consecutive consenting people were recruited within seven days of completing their ECT course. Memory was assessed by a subjective Likert scale, MMSE, and an autobiographical memory scale (AMS). Psychopathology was assessed by brief psychiatric rating scale, and serum cortisol levels were estimated by chemi-luminescence immunoassays. Relevant sociodemographic and clinical data were collected from the participants, and their medical records. The correlates were analysed using generalised linear models after adjusting for the effects of potential confounders. RESULTS: Self-reported, MMSE-defined, and autobiographical memory deficits were present in 27.6% (95%CI 17.6-37.7%), 42.1% (95%CI 31.0-53.2%), and 36.8% (95%CI 26.0-47.7%) of participants, respectively. Agreement between the memory deficits was poor. Age, less education, duration of illness, hypothyroidism, and past history of another ECT course were significantly associated with MMSE-defined deficits. Age, anaemia, past ECT course, and pre-ECT	**INT**	**JAN TO JUN**	**PSYCHIATRY**	**PMID:29635223** **SCOPUS** **H Index:** 20 **Impact Factor:** 1.080 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	blood pressure were significantly associated with autobiographical memory deficits, while residual psychopathology and cortisol levels were significantly associated with self-reported memory deficits. CONCLUSION: Self-reported, MMSE-defined, and autobiographical memory deficits are common at the completion of ECT course, and their correlates differ. All service users receiving ECT need periodic cognitive assessments evaluating multiple cognitive domains.				
540.	Rajshekhar, V. Widening the circle of service: The gift of academic neurosurgery Neurol India; 2018, 66 (3): 637-641 **Address:** Department of Neurological Sciences, **Christian Medical College Hospital, Vellore,** Tamil Nadu, India.	**NAT**	**JUL TO DEC**	**NEUROLOGICAL SCIENCES**	**PMID:29766912** **WOS:000432404000004** **H Index:** 40 **Impact Factor:** 2.166
541.	Rajshekhar, V. Evolution of concepts in the management of cysticercosis of the brain: Then (1970) and now (2018) Neurol India; 2018, 66 (4): 919-927 **Address:** Department of Neurological Sciences, **Christian Medical College Hospital, Vellore,** Tamil Nadu, India.	**NAT**	**JUL TO DEC**	**NEUROLOGICAL SCIENCES**	**PMID:30038069** **WOS:000447540700005** **SCOPUS** **H Index:** 40 **Impact Factor:** 2.166
542.	Ramalingam, V. V., Demosthenes, J. P., Ghale, B. C., Rupali, P., Varghese, G. M., Abraham, O. C. and Kannangai, R. Frequency of cross-resistance to rilpivirine and etravirine among HIV-1 subtype C infected individuals failing nevirapine/efavirenz based ART regimen Infect Dis (Lond); 2018, 1-4 **Address:** a Department of Clinical Virology, **Christian Medical College, Vellore** , India. b Department of Infectious Diseases, **Christian Medical College, Vellore** , India. c Department of Medicine, **Christian Medical College, Vellore** , India.	**INT**	**JAN TO JUN**	**CLINICAL VIROLOGY, INFECTIOUS DISEASES, MEDICINE**	**PMID:30371136** **SCOPUS** **H Index:** 66 **Impact Factor:** 1.230 (RG)
543.	Ramamoorthy, H., Abraham, P., Isaac, B. and Selvakumar, D. Mitochondrial pathway of apoptosis and necrosis contribute to tenofovir disoproxil fumarate-induced renal damage in rats Hum Exp Toxicol; 2018, 960327118802619 **Address:** 1 Department of Biochemistry, **Christian Medical College,** Bagayam, Vellore, Tamil Nadu, India. 2 Department of Anatomy, **Christian Medical College,** Bagayam, Vellore, Tamil Nadu, India.	**INT**	**JAN TO JUN**	**BIOCHEMISTRY, ANATOMY,**	**PMID:30326737** **H Index:** 69 **Impact Factor:** 1.840

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Tenofovir disoproxil fumarate (TDF) is currently the only nucleotide analogue reverse-transcriptase inhibitor that is approved by the Food and Drug administration (FDA), USA, for the treatment of human immunodeficiency virus (HIV) infection. In recent days, renal toxicity is becoming common i HIV patients treated with TDF. However, the mechanism of tenofovir nephrotoxicity is not clear. We hypothesized that mitochondrial pathway of apoptosis, poly [ADP-ribose] polymerase (PARP) overactivation and neutrophil infiltration may contribute to tenofovir-induced renal damage. Renal damage was induced in adult male Wistar rats by the oral administration of 600 mg/kg body weight daily for five consecutive weeks. Kidneys were removed and used for histological and biochemical analyses. Apoptosis was detected by terminal deoxynucleotidyl transferase biotin-deoxyuridine triphosphate nick end-labelling (TUNEL) assay and caspase 3 activity and protein expression; mitochondrial pathway of apoptosis by cyt c release; and PARP activation by immunofluorescence, immunohistochemistry and Western blot techniques. Myeloperoxidase (MPO) activity was measured as a marker of neutrophil infiltration. TDF administration resulted in increased number of TUNEL-positive cells, activation of caspase 3 and release of cyt c from mitochondria into the cytosol in the kidneys. There was increased nuclear localization of PARP as well as increase in its protein level in the TDF-treated rat kidneys. In addition, renal MPO activity was increased ninefold as compared to controls. The results of the present study show that mitochondrial apoptotic pathway, PARP overactivation and neutrophil infiltration contribute to tenofovir-induced renal damage in rats.				
544.	Ramani, S., Stewart, C. J., Laucirica, D. R., Ajami, N. J., Robertson, B., Autran, C. A., Shinge, D., Rani, S., Anandan, S., Hu, L., Ferreon, J. C., Kuruvilla, K. A., Petrosino, J. F., Venkataram Prasad, B. V., Bode, L., Kang, G. and Estes, M. K. Human milk oligosaccharides, milk microbiome and infant gut microbiome modulate neonatal rotavirus infection Nat Commun; 2018, 9 (1): 5010 Address: Department of Molecular Virology and Microbiology, Baylor College of Medicine, Houston, 77030, TX, USA. ramani@bcm.edu. Alkek Center for Metagenomics and Microbiome Research, Department of Molecular Virology and Microbiology, Baylor College of Medicine, Houston, 77030, TX, USA.	**INT**	**JUL TO DEC**	**BIOLOGICAL SCIENCE**	**PMID:30479342** **PMC ID:6258677** **PMID:WOS:000451310400015** **H Index:** 198 **Impact Factor:** 12.353

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Institute of Cellular Medicine, Newcastle University, Newcastle upon Tyne, NE2 4HH, UK. Department of Molecular Virology and Microbiology, Baylor College of Medicine, Houston, 77030, TX, USA. Department of Pediatrics and Larsson-Rosenquist Foundation Mother-Milk-Infant Center of Research Excellence, University of California, San Diego, La Jolla, 92093, CA, USA. Division of Gastrointestinal Sciences, **Christian Medical College, Vellore**, 632004, India. Verna and Marrs McLean Department of Biochemistry and Molecular Biology, Baylor College of Medicine, Houston, 77030, TX, USA. Department of Pharmacology and Chemical Biology, Baylor College of Medicine, Houston, 77030, TX, USA. Department of Neonatology, **Christian Medical College, Vellore**, 632004, India. Translational Health Science and Technology Institute, Faridabad, 121001, India. Department of Medicine - Gastroenterology and Hepatology, Baylor College of Medicine, Houston, 77030, TX, USA. Neonatal rotavirus infections are predominantly asymptomatic. While an association with gastrointestinal symptoms has been described in some settings, factors influencing differences in clinical presentation are not well understood. Using multidisciplinary approaches, we show that a complex interplay between human milk oligosaccharides (HMOs), milk microbiome, and infant gut microbiome impacts neonatal rotavirus infections. Validating in vitro studies where HMOs are not decoy receptors for neonatal strain G10P[11], population studies show significantly higher levels of Lacto-N-tetraose (LNT), 2'-fucosyllactose (2'FL), and 6'-siallylactose (6'SL) in milk from mothers of rotavirus-positive neonates with gastrointestinal symptoms. Further, these HMOs correlate with abundance of Enterobacter/Klebsiella in maternal milk and infant stool. Specific HMOs also improve the infectivity of a neonatal strain-derived rotavirus vaccine. This study provides molecular and translational insight into host factors influencing neonatal rotavirus infections and identifies maternal components that could promote the performance of live, attenuated rotavirus vaccines.				
545.	Ramani, Sasirekha, Stewart, Christopher J., Laucirica, Daniel R., Ajami, Nadim J., Hu, Liya, Prasad, B. V. Venkataram, Bode, Lars, Kang, Gagandeep and Estes, Mary K.	**INT**	**JUL TO DEC**		**PMID:WOS:000452746700058** **H Index:** 112

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	New Frontiers in Rotavirus and Human Milk Oligosaccharide Interactions Glycobiology; 2018, 28 (12): 1022-1023				**Impact Factor:** 3.664
546.	Ramasamy, A., Jothivel, N., Das, S., Swapna, A., Albert, A. P., Barnwal, P. and Babu, D. Evaluation of the Protective Role of Glycine max Seed Extract (Soybean Oil) in Drug-Induced Nephrotoxicity in Experimental Rats Journal of Dietary Supplements; 2018, 15 (5): 583-595 **Address:** Department of Pharmacology, GIET School of Pharmacy, Rajahmundry, India Department of Pharmacy Practice, The Erode College of Pharmacy and Research Institute, Erode, India Department of Pharmacology and Clinical Pharmacology, **Christian Medical College, Vellore,** India Department of Pharmacology, MNR College of Pharmacy, Hyderabad, India Department of Biotechnology, Faculty of Technology, Mahasarakham University, Maha Sarakham, Thailand Department of Medical Elementology and Toxicology, School of Chemical and Life Sciences, Jamia Hamdard (Hamdard University), New Delhi, India Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta, Edmonton, Canada This study was conducted to evaluate the nephroprotective effect of Glycine max seed extract (soybean oil) against gentamicin- and rifampicin-induced nephrotoxicity in Sprague-Dawley rats and to compare its effects with those of vitamin E, which has well-established antioxidant and nephroprotective effects. Sixty male Sprague-Dawley rats (body weight 150–210 g) were divided into 10 groups. The first five groups were treated for 14 consecutive days with normal saline (5 ml/kg, by mouth [p.o.]); gentamicin (80 mg/kg intraperitoneally [i.p.]); gentamicin (80 mg/kg, i.p.) + vitamin E (250 mg/kg p.o.); gentamicin (80 mg/kg i.p.) + soybean oil (2.5 ml/kg p.o.); and gentamicin (80 mg/kg, i.p.) + soybean oil (5 ml/kg p.o.), respectively. For the next five groups, the same group allocation was done, but gentamicin was replaced with rifampicin (1 g/kg i.p.). Various biomarkers for nephrotoxicity in serum and urine were evaluated along with histopathological examination of kidneys. Analysis of variance (ANOVA) was done following Tukey's multiple comparison test; $p < .05$ was considered significant. Soybean oil in both doses significantly ($p < .005$)	**INT**	**JUL TO DEC**	**PHARMACOLOGY AND CLINICAL PHARMACOLOGY**	**SCOPUS** **H Index:** 17 **Impact Factor:** 1.050 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	decreased serum blood urea nitrogen, creatinine, urea, uric acid and urine volume, kidney weight, urinary sodium, urinary potassium, and total protein and significantly ($p < .005$) increased serum total protein and urine creatinine in gentamicin- and rifampicin-treated animals, exhibiting nephroprotective effects. Soybean oil also showed strong antioxidant effects, causing significant ($p < .005$) increase in kidney homogenate catalases, glutathione peroxidase, and superoxide dismutase and significant ($p < .005$) decrease in lipid peroxidase in gentamicin- and rifampicin-treated animals. Soybean oil demonstrated good nephroprotective activity due to antioxidant effects. © 2018, © 2018 Taylor & Francis Group, LLC.				
547.	Ramassamy, S., Agrawal, P., Sathishkumar, D., Mathew, L., Peter, J. V., Mani, T. and George, R. Clinical, immunological profile and follow up of patients with pemphigus: A study from India Indian J Dermatol Venereol Leprol; 2018, 84 (4): 408-413 **Address:** Department of Dermatology, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Department of Medicine, **Christian Medical College and Hospital,**Vellore, Tamil Nadu, India. Department of Biostatistics, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Background: Pemphigus has a protracted course and multiple factors influence its prognosis. The objective of this study was to describe the epidemiology and clinical profile of pemphigus patients and to study its influence on treatment end points. Methods: : This was a retrospective chart review done in an Indian tertiary care hospital from December 1991 to December 2013. Patients with less than 3 months' follow up and those who had paraneoplastic pemphigus were excluded. Results: : There were 132 patients with pemphigus, of which 118 (89.4%) had pemphigus vulgaris and 14 (10.6%) had pemphigus foliaceous. The time to disease control (TDC) was available for 100 patients (n = 100, 75.7%); patients with a minimum follow up of 3 months (n = 80) were included for studying the end points like time to first disease remission (TDR) and time to first disease relapse (TDRe). The median period of follow up was 23 months (range 3-245). Out of the 100 patients, 61.9% were on oral steroids with adjuvant therapy. The steroid dose required for disease control for n = 100, ranged from 0.2 to 1.5 mg/kg body weight. Of these, 60% were treated with steroid dose	**NAT**	**JAN TO JUN**	**DERMATOLOGY, MEDICINE, BIOSTATISTICS**	**PMID:29536971** **WOS:000436616500005** **SCOPUS** **H Index:** 37 **Impact Factor:** 2.229

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	of 1 mg/kg, 22% with >1 mg/kg, and 18% with <1 mg/kg. The mean time to disease control (in months) in the group which received <1 mg/kg steroid was 1.02 +/- 0.68, 1 mg/kg was 0.72 +/- 0.51, and >1 mg/kg was 1.02 +/- 0.62 (P = 0.017); with a significant difference between the groups 2 and 3 (P = 0.007), implying a faster disease control in those who received 1 mg/kg dose. This difference was significant after adjusting for the steroid sparing drugs taken at baseline (P = 0.009, C.I. - 1.44-13.59). The mean time to first disease remission (TDR) was 11.46 +/- 2.06 months. Out of the 80 patients with a minimum follow up of 3 months, 75% had achieved either partial or complete remission. None of the other epidemiological, clinical or immunological parameters had an impact on the TDC or TDR. Conclusions: The epidemiological, clinical or immunological parameters had no impact on the treatment end points like time to disease control and time to first disease remission. The dose of steroids required for disease control higher than 1 mg/kg offered no advantage in the time to disease control as compared to 1 mg/kg. Limitations: The study was retrospective and disease severity scores were not applied. In view of the shorter follow up period, long term prognostic end points and mortality could not be well represented. The median period of follow up was 23 months. The serum anti-desmoglein antibody titres were not available at various treatment end points for correlation at different time intervals.				
548.	Ramchandran, R., Verma, S., Dasgupta, R. and Thomas, N. Bitter experience with liquorice sweetening agent resulting in apparent mineralocorticoid excess with periodic paralysis BMJ Case Rep; 2018, 2018 **Address:** Department of Endocrinology, Diabetes and Metabolism, **Christian Medical College, Vellore,** Tamil Nadu, India. Chronic liquorice ingestion is a rare cause of secondary hypertension and hypokalaemia with periodic paralysis. We report the case of a middle-aged Indian man who presented with hypertension and hypokalaemic alkalosis with recurrent bouts of periodic paralysis. Biochemical investigations revealed suppressed plasma renin and aldosterone concentrations with normal cortisol concentration. A detailed history revealed that he was addicted for the last 5 years to a form of chewing tobacco mixed with herbal preparations as a sweetening agent which on analysis revealed active principles of glycyrrhizin using the thin liquid chromatography method. The hypokalaemia resolved and	**INT**	**JAN TO JUN**	**ENDOCRINOLOGY**	**PMID:30097547** **SCOPUS** **H Index:** 17 **Impact Factor:** 0.220 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	hypertension control improved significantly after discontinuing liquorice consumption, and the patient was asymptomatic at 1-year follow-up. Long-term liquorice ingestion should be kept in mind as a reversible cause of hypokalaemic periodic paralysis, with a meticulous history and biochemical evaluation helping in identifying this recognisable and curable medical disorder.				
549.	Ramesh, Sowmya, Zaman, Farasat, Madhuri, Vrisha and Savendahl, Lars Radial ESWT Stimulates Longitudinal Bone Growth in Cultured Rat Fetal Metatarsal Bones Hormone Research in Paediatrics; 2018, 90 32-32	**INT**	**JUL TO DEC**	**PAEDIATRICS ORTHOPEDICS**	**PMID:WOS:000445204100070** **H Index:** 79 **Impact Factor:** 2.103
550.	Rana, D., Wang, X., Webster, T. J. and Ramalingam, M. Biomimetic Nanohydroxyapatite Synthesized With/Without Tris-Buffered Simulated Body Fluid: A Comparative Analysis J Nanosci Nanotechnol; 2018, 18 (6): 4423-4427 **Address:** Centre for Stem Cell Research (CSCR), A Unit of the Institute for Stem Cell Biology and Regenerative Medicine-Bengaluru, **Christian Medical College** Campus, Vellore 632002, India. State Key Laboratory of New Ceramics and Fine Processing, School of Materials Science and Engineering, Tsinghua University, Beijing 100084, China. Department of Chemical Engineering, Northeastern University, Boston, MA 02115, USA. Nano hydroxyapatite (nHAp) mimics the inorganic phase of hard tissue such as bone and teeth and, thus, has a wide range of clinical applications. The present study reports on the biomimetic synthesis of nHAp with and without Tris-buffered simulated body fluid (SBF) and investigated the role of buffering conditions on nHAp formation. The hypothesis of this study was that the nucleation and growth rate of nHAp may depend on buffering conditions during the precipitation process. The results of this study suggest that both of the above methods effectively synthesized carbonated "bone-like" nHAp. However, an increased incubation period of 8 hrs was necessary for nHAp synthesized using non Tris-buffered SBF as compared to Tris-buffered SBF which synthesized nHAp in just 3 hrs. Interestingly, there was no change in the chemical functionality for both samples. XRD and TGA analysis confirmed that Tris-buffered SBF facilitated more carbonate ion substitution than the non-Tris-buffered SBF approach. Therefore, this study	**INT**	**JUL TO DEC**	**CENTRE FOR STEM CELL RESEARCH**	**PMID:29442799** **WOS:000426041100093** **H Index:** 93 **Impact Factor:** 1.354

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	concluded for the first time that the addition of Tris in SBF accelerates nHAp formation with more carbonate ion substitution. Nevertheless, carbonate ion substituted nHAp could also be synthesized using non Tris-buffered SBF, but would require longer incubation periods. This analysis highlights the importance of pH stability in the SBF for biomimetic nHAp synthesis which is useful for the synthesis of nHAp for a wide range of biomedical applications.				
551.	Rane, S. Y., Lamba, S., Gohil, A. J. and Gupta, A. K. Compendium of scalp arteriovenous malformation (AVM) cases—a retrospective study and review European Journal of Plastic Surgery; 2018, 41 (2): 223-228 Background: Arteriovenous malformations (AVMs) are abnormal connections between arterial feeding vessels and draining veins, devoid of a normal capillary bed. Treatment options include complete surgical excision or eradication. Following surgical excision, the defect can be closed primarily or covered with the preplanned local flap or skin graft. We aimed to assess various cases of AVMs and review the current literature to determine a treatment rationale and improve surgical outcomes. Methods: A retrospective study including data of 21 patients with extra cranial scalp AVMs was carried out at our institute between 2010 and 2016. Fourteen patients underwent digital subtraction angiography; remaining patients were evaluated by MR/CT angiography. Eighteen patients underwent direct excision. Three patients with large AVMs (> 10 cm) underwent preoperative embolization followed by surgical excision. Results: Of the 21 patients with extra cranial scalp AVMs, there were 11 males and 10 females with mean age of 24 years ranging from 3 to 41 years. The mean duration of symptom was 6.7 years. Superficial temporal artery (62%) was the most commonly involved feeder vessel. Eighteen patients underwent direct excision while three underwent embolization followed by excision. Two patients had recurrence of symptoms. There was partial flap necrosis in three patients which were managed with dressings and skin graft. Conclusions: Surgical excision of AVMs, which includes ligation of all arterial feeders near the nidus and excision of nidus, is a safe option with lesser complications and gives good results. Preoperative embolization reduces vascularity and helps in easy identification of AVMs during surgery thus achieving complete excision and improving the prognosis of treatment especially in the large AVM. Level of Evidence: Level IV, therapeutic study. © 2017, Springer-Verlag	**INT**	**JAN TO JUN**	**PLASTIC SURGERY**	**SCOPUS** **H Index:** 18 **Impact Factor:** 0.290 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	GmbH Germany.				
552.	Rani, P. P., Charles, H., Sudhakar Russell, P. S., Selvaraj, K. G., Mammen, P. M., Russell, S. and Mk, C. Nair Dysfunction among Families of Children with Intellectual Disability in India Using Systems Model: Prevalence, Pattern, and Severity of Impairment Indian J Psychol Med; 2018, 40 (1): 33-37 **Address:** Department of Psychiatric Nursing, College of Nursing, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Psychiatry, Child and Adolescent Psychiatry Unit, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Biostatistics, **Christian Medical College, Vellore,** Tamil Nadu, India. Child Development Centre, Thiruvananthapuram Medical College, Thiruvananthapuram, Kerala, India. Objectives: Family dysfunction is observed in families with children with intellectual disability (ID). We study the prevalence, pattern of dysfunction, and severity of impairment in these special families using Systems approach. Methods: Sixty-two special families (a child with ID) and 62 typical families (all children with typical development) were included in the present study. The presence of ID was confirmed and quantified with the Binet-Kamat Scale of intelligence or Gesell's Developmental Schedule and Vineland Social Maturity Scales among the special families. In the typical families, brief ID scale was used to rule out ID. Prevalence, pattern, and severity of family dysfunction were assessed using Family Apgar Scale, Chicago Youth Development Study Family Assessment Scale and Global Assessment of Relational Functioning Scale, respectively. Appropriate bivariate analyses were used. Results: About 53% of special families and 19% of typical families had family dysfunction. About 21% of special families and 71% of typical families had the satisfactory relational unit. Areas of adaptability, partnership, growth, affection, resolve, beliefs about family, beliefs about development, beliefs about purpose, cohesion, deviant beliefs, support, organization, and communication were significantly different between special and typical families. The functional impairment was significantly more in the special families. Conclusion: Family dysfunction is more prevalent among special families in India using systems approach. These families should be screened for dysfunction, and family therapy be prescribed when required.	**NAT**	**JAN TO JUN**	**PSYCHIATRIC NURSING, PSYCHIATRY, CHILD AND ADOLESCENT PSYCHIATRY UNIT, BIOSTATISTICS,**	**PMID:29403127** **PMC ID:5795676** **SCOPUS** **H Index:** 13 **Impact Factor:** 0.740 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
553.	Ranjalkar, Jaya, Mathew, Sumith K., Verghese, Valsan Philip, Bose, Anuradha, Rose, Winsley, Gupta, Dulari, Fleming, Denise H. and Mathew, Binu Susan Isoniazid and rifampicin concentrations in children with tuberculosis with either a daily or intermittent regimen: implications for the revised RNTCP 2012 doses in India International Journal of Antimicrobial Agents; 2018, 51 (5): 663-669 Suboptimal plasma drug concentrations in antitubercular therapy (ATT) may lead to delayed treatment response and the emergence of acquired drug resistance. This study aimed (i) to determine and compare plasma concentrations of isoniazid (INH) and rifampicin (RIF) in children treated for tuberculosis receiving a daily or intermittent ATT regimen and (ii) to study the effect of INH and RIF exposure on clinical outcome at the end of therapy (EOT). A total of 41 children aged 2-16 years initiated on either a daily or three-times weekly (intermittent) ATT regimen were recruited into the study. Towards the end of the intensive phase, blood specimens were collected pre-dose and at 0.5, 1, 1.5, 2, 2.5, 4 and 6 h post-dose. Concentrations of INH and RIF were analysed using validated liquid chromatography-tandem mass spectrometry and high-performance liquid chromatography assays, respectively. The maximum plasma concentration (C-max), the area under the concentration-time curve from 0-6 h (AUC(0-6h)) and treatment outcome were determined. Ninety-two percent of patients had an INH C-max > 3 mu g/mL. Seventy-seven percent of patients had a RIF C-max < 8 mu g/mL and 28% of patients had a RIF AUC(0-24h) < 13 mg center dot h/L. INH and RIF exposure did not differ between daily and intermittent ATT regimens on the day of administration. All children had a favourable outcome at EOT. Since 77% of children had low RIF exposure, we recommend routine use of therapeutic drug monitoring to prevent relapse and to support implementation of the revised RNTCP 2012 doses. (c) 2017 Elsevier B.V. and International Society of Chemotherapy. All rights reserved.	**INT**	**JUL TO DEC**	**COMMUNITY HEALTH, CHILD HEALTH**	**WOS:000432150700001** **H Index:** 107 **Impact Factor:** 4.253
554.	Ranjan, J. and Prakash, J. A. J. Scrub typhus re-emergence in India: Contributing factors and way forward Med Hypotheses; 2018, 115 61-64 **Address:** Department of Clinical Microbiology, **Christian Medical College, Vellore,** India.	**INT**	**JAN TO JUN**	**CLINICAL MICROBIOLOGY**	**PMID:29685200** **WOS:000432762500015** **SCOPUS** **H Index:** 75 **Impact Factor:** 1.120

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Immunology Laboratories, Department of Clinical Microbiology, **Christian Medical College, Vellore,** India. Electronic **Address:** prakjaj@cmcvellore.ac.in. Scrub typhus is a mite borne infectious disease which has re-emerged in India in the 3rd millennium after years of quiescence. In this review, the authors hypothesize the various factors responsible for resurgence of this disease. The main drivers that could have contributed to the upsurge in scrub typhus cases in past two decades are changes in land use land cover (LULC) and urbanisation which are; as a result of the population explosion, causing a strain on sanitation and also increased diversion of forest land for agricultural use. In addition, the availability of better tests, changes in antimicrobial use, climate change also could have impacted the epidemiology, which is showing an upward trend as is evidenced by increasing reports and concomitant publications from India on scrub typhus. Scrub typhus cases are supposed to increase in the coming years as factors like global warming, urbanisation, changes in LULC and rise in AMR (anti-microbial resistance) will be difficult or impossible to control. Therefore, increasing awareness of public and health care professionals regarding scrub typhus coupled with availability of rapid diagnostic assays and implementation of appropriate treatment protocols for control of AFI (acute febrile illness) especially at the community level will help mitigate the scenario in the long run.				
555.	Rao, P. B., Mangaraj, M., Mahajan, P., Tripathy, S., Singh, N., Mani, T. and Nayak, S. The Carrico index is the parameter that guides the requirement of oxygen in the postoperative period in patients undergoing head and neck surgery under general anaesthesia: a cross-sectional study Rom J Anaesth Intensive Care; 2018, 25 (1): 49-54 **Address:** Department of Anaesthesiology and Critical Care, AIIMS, Patrapada, Bhubaneswar-751019, Odisha, India. Department of Biochemistry, AIIMS, Patrapada, Bhubaneswar-751019, Odisha, India. Department of Community & Family medicine, AIIMS, Patrapada, Bhubaneswar-751019, Odisha, India. Department of Biostatistics, **Christian Medical College, Vellore,** Tamil Nadu, India. Background & aims: Altered lung function and consequent decrease in oxygenation has been linked to the duration of anaesthesia. This necessitates oxygen monitoring and supplementation in the	**INT**	**JAN TO JUN**	**BIOSTATISTICS**	**PMID:29756063** **PMC ID:5931183** **SCOPUS** **H Index:** 4 **Impact Factor:** NA

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	perioperative period. But, evidence is lacking regarding the parameter that guides best the oxygen supplementation in the postoperative period and the parameter that correlates best with the duration of anaesthesia. Methods: Adult patients scheduled for head & neck surgery under general anaesthesia were recruited. Two radial arterial blood samples one at pre-induction and the other at one hour after extubation were obtained. Primary outcome measures were partial pressure of oxygen (PaO2), saturation (SpO2), arterial oxygen content (CaO2) and Carrico index (PaO2/FiO2) and their relation with duration of anaesthesia. Results: Data from 112 patients showed a hypoxaemia incidence of 11.6%. We observed a drop in the mean CaO2 and haemoglobin concentration but a rise in the mean PaO2 at recovery. The mean PaO2/FiO2 deteriorated by 225.65 +/- 72.46 (95% CI 367.66, 83.64, p = 0.000) at recovery and there was a significant correlation (r = 0.2, p = 0.03) between duration of anaesthesia and decrease in PaO2/FiO2 at recovery with a regression coefficient of 0.27 (95% CI 0.02, 0.50). Conclusions: The Carrico index was proven to be the best parameter which needs to be monitored perioperatively to detect the alteration in the gaseous exchange in patients undergoing general anaesthesia for head and neck surgery. There is a positive correlation between the decrease in the Carrico index and the duration of anaesthesia especially when it is prolonged beyond 150 minutes.				
556.	Rathi, N., Desai, S., Kawade, A., Venkatramanan, P., Kundu, R., Lalwani, S. K., Dubey, A. P., Venkateswara Rao, J., Narayanappa, D., Ghildiyal, R., Gogtay, N., Venugopal, P., Palkar, S., Munshi, R., Kang, G., Babji, S., Bavdekar, A., Juvekar, S., Ganguly, N., Niyogi, P., Ghosh Uttam, K., Rajani, H. S., Kondekar, A., Kumbhar, D., Mohanlal, S., Agarwal, M. C., Shetty, P., Antony, K., Gunale, B., Dharmadhikari, A., Tang, Y., Kulkarni, P. S. and Flores, J. A Phase III open-label, randomized, active controlled clinical study to assess safety, immunogenicity and lot-to-lot consistency of a bovine-human reassortant pentavalent rotavirus vaccine in Indian infants Vaccine; 2018, 36 (52): 7943-7949 **Address:** PATH, India. Serum Institute of India Pvt. Ltd., Pune, India. Vadu Rural Health Program KEM Hospital Research Centre, Vadu, Pune, India. Sri Ramachandra Medical Centre, Chennai, India.	**INT**	**JAN TO JUN**	**WELLCOME TRUST RESEARCH LABORATORY**	**PMID:30420116** **H Index:** 159 **Impact Factor:** 3.285

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Institute of Child Health, Kolkata, India. Bharati Vidyapeeth Medical College & Hospital, Pune, India. Maulana Azad Medical College, New Delhi, India. Gandhi Medical College & Gandhi Hospital, Secunderabad, India. JSS Medical College & Hospital, Mysore, India. T.N. Medical College & B.Y.L. Nair Charitable Hospital, Mumbai, India. Seth GS Medical College & KEM Hospital, Mumbai, India. Andhra Medical College, Visakhapatnam, India. The Wellcome Trust Research Laboratory **Christian Medical College, Vellore,** India. Path, usa. Serum Institute of India Pvt. Ltd., Pune, India. Electronic **Address:** drpsk@seruminstitute.com. BACKGROUND: A heat-stable bovine-human rotavirus reassortant pentavalent vaccine (BRV-PV, ROTASIIL(R)) was developed in India. In this study, the vaccine was tested for safety, immunogenicity and clinical lot-to-lot consistency. METHODS: This was a Phase III, open label, randomized, equivalence design study. The primary objective was to demonstrate lot-to-lot consistency of BRV-PV. Subjects were randomized into four arms, three arms received Lots A, B, and C of BRV-PV and the control arm, received Rotarix(R). Three doses of BRV-PV or two doses of Rotarix(R) and one dose of placebo were given at 6, 10, and 14weeks of age. Blood samples were collected four weeks after the third dose to assess rotavirus IgA antibody levels. The three lots of BRV-PV were equivalent if the 95% Confidence Intervals (CIs) of the geometric mean concentration (GMC) ratios were between 0.5 and 2. Solicited reactions were collected by using diary cards. RESULTS: The study was conducted in 1500 randomized infants, of which 1341 infants completed the study. The IgA GMC ratios among the three lots were around 1 (Lot A versus Lot B: 1.07; Lot A versus Lot C: 1.06; and Lot B versus Lot C: 0.99). The 95% CIs for the GMC ratios were between 0.78 and 1.36. The IgA GMCs were: BRV-PV group 19.16 (95% CI 17.37-21.14) and Rotarix(R) group 10.92 (95% CI 9.36-12.74) (GMC ratio 1.75; 90% CI 1.51-2.04). Seropositivity rates were 46.98% (95% CI 43.86-50.11) and 31.12% (95% CI 26.17-36.41). The incidence of solicited reactions was comparable across the four arms. No serious adverse events were associated with the study vaccines, except two gastroenteritis events in the BRV-PV groups. CONCLUSION: Lot-to-lot consistency of BRV-PV was demonstrated in terms of GMC ratios of IgA antibodies. The				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	vaccine safety and immunogenicity profiles were similar to those of Rotarix(R). Clinical Trials.Gov [NCT02584816] and Clinical Trial Registry of India [CTRI/2015/07/006034].				
557.	Ratnakumari, M. E., Manavalan, N., Sathyanath, D., Ayda, Y. R. and Reka, K. Study to Evaluate the Changes in Polycystic Ovarian Morphology after Naturopathic and Yogic Interventions Int J Yoga; 2018, 11 (2): 139-147 **Address:** Department of Naturopathy, Government Yoga and Naturopathy Medical College, Arumbakkam, Chennai, India. Department of Biostatistics, **Christian Medical College, Vellore,** Tamil Nadu, India. Background: Polycystic ovarian syndrome (PCOS) is one of the commonest endocrine disorders in women, with a prevalence ranging from 2.2% to 26% in India. Patients with PCOS face challenges including irregular menstrual cycles, hirsutism, acne, acanthosis nigricans, obesity and infertility. 9.13% of South Indian adolescent girls are estimated to suffer from PCOS. The efficacy of Yoga & Naturopathy (Y&N) in the management of polycystic ovarian syndrome requires to be investigated. Aims: The aim of the present study is to observe the morphological changes in polycystic ovaries of patients following 12 weeks of Y&N intervention. Settings and Design: The study was conducted at the Government Yoga and Naturopathy Medical College and Hospital, Chennai, India. The study was a single blinded prospective, pre-post clinical trial. Methods and Material: Fifty PCOS patients of age between 18 and 35 years who satisfied the Rotterdam criteria were recruited for the study. According to their immediate participation in the study they were either allocated to the intervention group (n=25) or in the wait listed control group (n=25). The intervention group underwent Y&N therapy for 12 weeks. Change in polycystic ovarian morphology, anthropometric measurements and frequency of menstrual cycle were studied before and after the intervention. Results: Significant improvement was observed in the ovarian morphology ($P<0.001$) and the anthropometric measurements ($P<0.001$) between the two groups. Conclusions: The findings of the study indicate that Y&N interventions are efficient in bringing about beneficial changes in polycystic ovarian morphology. We speculate that a longer intervention might be required to regulate the frequency of menstrual cycle.	**INT**	**JAN TO JUN**	**BIOSTATISTICS**	**PMID:29755223** **PMC ID:5934949** **H Index:** NA **Impact Factor:** 1.500 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
558.	Raveendran, S., Kota, A. A., Stephen, E., Pallapati, S. C. R. and Thomas, B. P. Synovial sarcoma of the brachial plexus - a rare tumor in a rare area: a case report J Med Case Rep; 2018, 12 (1): 334 **Address:** Dr. Paul Brand Centre for Hand and Peripheral Nerve Surgery, Vellore, India. Department of Vascular Surgery, **Christian Medical College, Vellore,** 632004, India. albertkota@cmcvellore.ac.in. Department of Vascular Surgery, **Christian Medical College, Vellore,** 632004, India. BACKGROUND: Synovial cell sarcomas are usually seen in a juxta-articular location. However, they occur rarely in the head and neck region. CASE PRESENTATION: We report a rare case of brachial plexus synovial sarcoma in a 24-year old South Asian man treated successfully with surgical excision followed by radiotherapy. CONCLUSIONS: Synovial sarcoma arising from the brachial plexus is rare. The treatment is multimodal with complete excision (often challenging owing to the proximity of the neurovascular structures) and adjuvant therapy.	**INT**	**JAN TO JUN**	**HAND AND PERIPHERAL NERVE SURGERY, VASCULAR SURGERY**	**PMID:30409199** **PMC ID:6225558** **SCOPUS** **H Index:** 26 **Impact Factor:** 0.580 (RG)
559.	Raveendran, S., Rajendra Benny, K., Monica, S., Pallapati, S. R., Keshava, S. N. and Thomas, B. P. Multiple Stab Incisions and Evacuation Technique for Contrast Extravasation of the Hand and Forearm J Hand Surg Am; 2019, 44 (1): 71 e1-71 e5 **Address:** Paul Brand Centre for Hand Surgery, **Christian Medical College & Hospital,** Vellore, Tamil Nadu, India; Department of Radiology, **Christian Medical College & Hospital,** Vellore, Tamil Nadu, India. Paul Brand Centre for Hand Surgery, **Christian Medical College & Hospital,** Vellore, Tamil Nadu, India; Department of Radiology, **Christian Medical College & Hospital,** Vellore, Tamil Nadu, India. Electronic **Address:** binu@cmcvellore.ac.in. Extravasation of intravenous contrast agents in the hand and forearm during computed tomography scanning is rising with the use of automated pressure injectors. The main concern in such a situation is progression to acute compartment syndrome and necrosis of the overlying skin. Management has been mainly nonsurgical comprising upper limb elevation and orthosis, with surgical techniques such as liposuction and saline evacuation mainly used for large volume (>50 mL) extravasations. We have developed	**INT**	**JAN TO JUN**	**HAND AND PERIPHERAL NERVE SURGERY, RADIOLOGY**	**PMID:30292713** **SCOPUS** **H Index:** 99 **Impact Factor:** 1.776

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	a technique of multiple stab incisions and drainage for the treatment of contrast extravasations.				
560.	Ravi, N. S., Anandan, S., Vijayakumar, S., Gopi, R., Lopes, B. S. and Veeraraghavan, B. The potential of different molecular biology methods in tracking clones of Acinetobacter baumannii in an ICU setting J Med Microbiol; 2018, 67 (9): 1340-1347 **Address:** 1Department of Clinical Microbiology, **Christian Medical College, Vellore,** Tamil Nadu, India. 2School of Medicine, Medical Sciences and Nutrition, Medical Microbiology, University of Aberdeen, Aberdeen, UK. PURPOSE: This study aimed to characterize A. baumannii strains isolated from patients in an intensive care unit (ICU) setting. Molecular techniques were used to study clonal relatedness and determine a fast, efficient and cost-effective way of detecting persistent clones. METHODOLOGY: A. baumannii (n=17) were obtained in June and November 2015 from a single ICU setting in South India. DNA typing methods such as multilocus sequence typing (MLST), single-locus sequence-based typing (SBT) and DNA fingerprinting PCRs (M13, DAF4 and ERIC2) were employed to understand the association of clones. PCRs were performed for the antimicrobial resistance genes ISAba1-blaOXA-51-like, ISAba1-blaOXA-23-like, blaNDM-1, blaPER-7 and blaTEM-1, and the virulence genes cpa 1, cpa2 and pkf. RESULTS: The MLST showed some degree of corroboration with the other DNA typing methods. The M13 PCR was found to give better results than the other fingerprinting methods. ST848 (CC92) was the dominant strain isolated in both June and November. All isolates were blaOXA-51-like-positive, with 16 having ISAba1 upstream of the blaOXA-51-like and blaOXA-23-like genes. Genes such as blaNDM-1 (23 %, n=4), blaPER-7 (58.8 %, n=10), pkf (82 %, n=14), blaTEM-1 (5.8 %, n=1), cpa1 (5.8 %, n=1) and cpa2 (5.8 %, n=1) were also detected. CONCLUSION: M13 PCR can be used in routine environmental surveillance for the detection of persistent antibiotic resistant clones in an ICU setting because of its reliability and simplicity. Further studies based on greater sample size, conducted at the multi-centre level, can give us a better understanding of the reliability of the molecular methods that can be used for the detection of persistent clones in the hospital setting.	**INT**	**JUL TO DEC**	**CLINICAL MICROBIOLOGY**	**PMID:30016226** **WOS:000444186500021** **SCOPUS** **H Index:** 99 **Impact Factor:** 2.112

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
561.	Ravi, P. Y., Sigamani, E., Jeelani, Y. and Manipadam, M. T. Methotrexate-associated Epstein-Barr virus mucocutaneous ulcer: A case report and review of literature Indian J Pathol Microbiol; 2018, 61 (2): 255-257 **Address:** Department of General Pathology, **Christian Medical College, Vellore,** Tamil Nadu, India. Epstein-Barr virus-positive mucocutaneous ulcer (EBVMCU) comprises part of the spectrum of B-cell lymphoproliferative disorders, reported in settings of immunosenescence and iatrogenic immunosuppression, affecting the oropharyngeal mucosa, skin, and gastrointestinal tract. We report a case of a 59-year-old female, known case of rheumatoid arthritis on methotrexate (MTX) for 15 years, who presented with an ulcer in the inner aspect of her cheek region for 2 years. Clinical examination revealed an infiltrative lesion involving the lower gingivobuccal sulcus of size 2 cm x 3 cm extending to the alveolus with level I lymph nodes, suspicious for carcinoma buccal mucosa. Anti-EBV-capsid antigen-immunoglobulin M and qualitative EBV polymerase chain reaction of peripheral blood were negative. Histopathological examination revealed atypical lymphoid cells with enlarged vesicular nuclei, prominent nucleoli, and moderate eosinophilic cytoplasm, few with binucleation (CD20 focally positive, CD79a focally positive, CD30+, EBV LMP-1+, MIB-I 60%) consistent with EBVMCU, MTX-associated. This is the first case report from India.	**NAT**	**JAN TO JUN**	**GENERAL PATHOLOGY**	**PMID:29676371** **WOS:000430851900022** **SCOPUS** **H Index:** 27 **Impact Factor:** 0.529
562.	Ravikumar, K., Muthukumar, S., Sadacharan, D., Suresh, U., Sundarram, T. and Periyasamy, S. The Impact of Thyroiditis on Morbidity and Safety in Patients Undergoing Total Thyroidectomy Indian J Endocrinol Metab; 2018, 22 (4): 494-498 **Address:** Department of Endocrine Surgery, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Endocrine Surgery, Madurai Medical College, Madurai, Tamil Nadu, India. Department of Endocrine Surgery, Madras Medical College, Chennai, Tamil Nadu, India. Background: The indications for surgery in thyroiditis vary from compressive symptoms to cosmesis. We analyzed the complications in patients who underwent total thyroidectomy (TT) in goiters associated with thyroiditis. Materials and Methods: This retrospective study was done in an endocrine surgical center over 4 years. A total of 724 patients, who underwent TT for benign thyroid	**NAT**	**JUL TO DEC**	**ENDOCRINE SURGERY**	**PMID:30148096** **PMC ID:6085970** **SCOPUS** **H Index:** 15 **Impact Factor:** 0.630 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	disorders, were included in the study. Patients were divided into two groups based on histopathology into Group A (nonthyroiditis cases) and Group B (thyroiditis cases); Group B is subdivided into Group B1 (nodular goiter with associated thyroiditis) and Group B2 (Hashimoto's thyroiditis). The preoperative parameters analyzed were serum calcium, serum Vitamin D, serum parathyroid hormone (PTH), and vocal cord status. The intraoperative parameters observed were operating time, parathyroid preservation, and autotransplantation and course of recurrent laryngeal nerve (RLN). Postoperative parameters monitored were serum calcium, serum PTH, serum magnesium, signs and symptoms of hypocalcemia, and vocal cord status. Follow-up was done at 6 months with serum calcium, serum PTH, and video laryngoscopy. Results: Both groups were age and sex matched. All preoperative and intraoperative parameters were comparable among groups. Both transient complications (<6 months) were higher in Group B than A. Transient hypocalcemia was higher in Group B (39.70%) than Group A (24.77%) (P = 0.001). Transient hypocalcemia was higher in Group B1 (36.58%) than Group B2 (44.44%) (P = 0.014). Transient RLN palsy was higher in Group B (9.55%) than Group A (7.52%) (P = 0.040). Transient RLN palsy was higher in Group B1 (8.53%) than Group B2 (11.11%) (P = 0.039). Permanent hypoparathyroidism and permanent RLN palsy were comparable between the Groups A and B and between Groups B1 and B2. Conclusion: The incidences of transient complications are higher in patients with thyroiditis. Careful analysis of surgical indications will avoid unnecessary surgery in thyroiditis cases.				
563.	Ravindran, P., Balasingh, T., Raj, J. and Woon, W. A Study on Gantry Position Accuracy Using Delivered Dose Distributions for Gated Volumetric Modulated Arc Therapy Medical Physics; 2018, 45 (6): E590-E590	**INT**	**JAN TO JUN**	**MEDICAL PHYSICS**	**WOS:000434978004250** **H Index:** 152 **Impact Factor:** 2.884
564.	Rebecca, B., Chacko, A., Verghese, V. and Rose, W. Spectrum of Pediatric Tuberculosis in a Tertiary Care Setting in South India J Trop Pediatr; 2018, **Address:** Department of Pediatrics, **Christian Medical College, Vellore,** 632004, India. Background: Pediatric tuberculosis (TB) is often underdiagnosed with poor estimate of its true burden. Availability of Xpert MTB/RIF assay enhances diagnostic capacity of pediatric TB. Methods: A 3-year retrospective review of hospital records was done for all	**INT**	**JAN TO JUN**	**PEDIATRICS**	**PMID:29447374** **H Index:** 45 **Impact Factor:** 1.187

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	children diagnosed with confirmed and unconfirmed TB. Comparison was made between intrathoracic, single-site extrathoracic and disseminated TB. Results: In total, 274 children had TB with 130 (47.4%) having confirmed TB. Pulmonary (23.4%), lymph node (23%) and central nervous system (12.8%) TB were the three commonest forms. HIV TB coinfection was 2.9%. Mycobacterial culture was positive in 90 (32.8%) and XPert MTB/RIF in 85 patients (31%). Mycobacterial confirmation was obtained in 45 (56.3%) intrathoracic TB, 69 (45.4%) extrathoracic TB and 16 (38.1%) disseminated TB. Correlation between positive Xpert and mycobacterial culture was poor (kappa 0.38). Rifampicin resistance was present in 25 (19.2%) of the 130 microbiologically confirmed TB. Conclusion: Extrathoracic TB is common in children. Mycobacterial confirmation in pediatric TB is improved with use of Xpert.				
565.	Reddy, B., Nehra, A., Kirubakaran, R., Sindhwani, P., Tharyan, P. and Jung, J. H. Extracorporeal shockwave therapy for the treatment of erectile dysfunction Cochrane Database of Systematic Reviews; 2018, 2018 (11): **Address:** University of Toledo, Department of Urology, Toledo, OH 43614, United States Massachusetts General Hospital, Department of Urology, Boston, MA 02114, United States **Christian Medical College,** Cochrane South Asia, Prof. BV Moses Centre for Evidence-Informed Healthcare and Health Policy, Carman Block II Floor, CMC Campus, Bagayam, Vellore, 632002, India Yonsei University Wonju College of Medicine, Department of Urology, 20 Ilsan-ro, Wonju, Gangwon, 26426, South Korea Yonsei University Wonju College of Medicine, Institute of Evidence Based Medicine, 20 Ilsan-ro, Wonju, Gangwon, 26426, South Korea This is a protocol for a Cochrane Review (Intervention). The objectives are as follows: To assess the effects of extracorporeal shockwave therapy (ESWT) as a treatment option for men with erectile dysfunction (ED). © 2018 The Cochrane Collaboration.	**INT**	**JUL TO DEC**	**COCHRANE SOUTH ASIA**	**SCOPUS** **H Index:** 212 **Impact Factor:** 6.754
566.	Reddy, S., Nair, N. P., Giri, S., Mohan, V. R., Tate, J. E., Parashar, U. D., Gupte, M. D., Arora, R. and Kang, G. Safety monitoring of ROTAVAC vaccine and etiological investigation of intussusception in India: study protocol	**INT**	**JUL TO DEC**	**WELLCOME TRUST RESEARCH LABORATORY, COMMUNITY HEALTH**	**PMID:30029630** **PMC ID:6053826** **WOS:000439349400003** **SCOPUS**

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Bmc Public Health; 2018, 18 (1): 898 **Address:** The Wellcome Trust Research Laboratory, Division of Gastrointestinal Sciences, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Community Health, **Christian Medical College, Vellore,** Tamil Nadu, India. Centers for Disease Control and Prevention, Atlanta, GA, USA. Indian Council of Medical Research, New Delhi, India. Translational Health Science and Technology Institute, Faridabad, India. The Wellcome Trust Research Laboratory, Division of Gastrointestinal Sciences, **Christian Medical College, Vellore,** Tamil Nadu, India. gkang@cmcvellore.ac.in. Translational Health Science and Technology Institute, Faridabad, India. gkang@cmcvellore.ac.in. BACKGROUND: ROTAVAC, an indigenous rotavirus vaccine, was introduced in the universal immunization program of India in four states in 2016 and expanded to five more states in 2017. The clinical trial on efficacy of ROTAVAC did not detect an increased risk of intussusception, but the trial was not large enough to detect a small risk. This protocol paper describes the establishment and implementation of a surveillance system to monitor the safety of rotavirus vaccine and investigate the potential infectious etiologies of intussusception. METHODS: This is a multi-centric hospital-based active surveillance being conducted at 28 hospitals in nine states of India. Data gathered from surveillance will be used to assess the risk of intussusception after ROTAVAC administration and to determine the infectious etiologies of intussusception. For safety assessment of ROTAVAC vaccine, children aged less than two years with intussusception admitted at the sentinel hospitals are enrolled into surveillance, a case report form completed, and a copy of the vaccination card obtained. The risk of intussusception following rotavirus vaccination will be assessed using a self-controlled case-series design. The investigation for potential infectious etiologies of intussusception is through a matched case-control design. Children enrolled for the safety assessment serve as cases and for each case, an age, gender and location matched control is enrolled within 30 days of case enrollment. Stool specimens are obtained from cases and controls. All forms and specimens are sent to the referral laboratory for data entry, analysis, multiplexed molecular testing, and storage. DISCUSSION: Anticipated public health benefits of this surveillance				**H Index:** 103 **Impact Factor:** 2.420

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	include the generation of information useful to national government on safety of vaccine and to make future decisions on vaccine use through risk-benefit analysis. Investigating infectious agents may help to determine the potential infectious etiologies of intussusception.				
567.	Reinius, M., Rao, D., Manhart, L. E., Wiklander, M., Svedhem, V., Pryor, J., Mayer, R., Gaddist, B., Kumar, S., Mohanraj, R., Jeyaseelan, L., Wettergren, L. and Eriksson, L. E. Differential item functioning for items in Berger's HIV Stigma Scale: an analysis of cohorts from the Indian, Swedish, and US contexts Qual Life Res; 2018, 27 (6): 1647-1659 **Address:** Department of Learning, Informatics, Management and Ethics, Karolinska Institutet, SE-171 77, Solna, Sweden. maria.reinius@ki.se. Department of Global Health and Department of Psychiatry and Behavioral Sciences, Harborview Medical Center, University of Washington, 325 9th Ave, UW Campus Mailbox Number 359931, Seattle, WA, 98104, USA. Department of Epidemiology, Harborview Medical Center, University of Washington, 325 9th Ave, UW Campus Mailbox Number 35993, Seattle, WA, 98104, USA. Department of Neurobiology, Care Sciences and Society, Karolinska Institutet, SE-141 83, Huddinge, Sweden. Department of Infectious Diseases, Karolinska University Hospital, SE-141 86, Huddinge, Sweden. Department of Medicine, Huddinge, Unit of Infectious Diseases, Karolinska Institutet, 141 86, Huddinge, Sweden. Department of Psychology, Illinois State University, Normal, IL, USA. Iowa Department of Public Health, 321 E. 12th St, Des Moines, IA, 50319-0075, USA. Joseph H. Neal Wellness Center Dba SC HIV Council, 1813 Laurel Street, Columbia, SC, 29201, USA. Department of Social Sciences, Samarth, Chennai, India. Department of Biostatistics, **Christian Medical College, Vellore,** India. Department of Women's and Children's Health, Karolinska Institutet, SE-171 77, Stockholm, Sweden. Department of Learning, Informatics, Management and Ethics, Karolinska Institutet, SE-171 77, Solna, Sweden. School of Health Sciences, City, University of London, London, EC1V	**INT**	**JUL TO DEC**	**BIOSTATISTICS**	**PMID:29574526** **PMC ID:5951887** **WOS:000432222400024** **H Index:** 123 **Impact Factor:** 2.392

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	0HB, UK. PURPOSE: To examine whether items in Berger's HIV Stigma Scale function differently with persons of different age, gender, and cultural backgrounds. METHODS: Secondary data from cohorts, collected in South India (n = 250), Sweden (n = 193), and the US (n = 603) were reanalyzed to evaluate DIF within, between, and across these cohorts. All participants had answered the revised version of the HIV stigma scale consisting of 32 items forming the subscales Personalized stigma, Disclosure concerns, Concerns about public attitudes, and Negative self-image. Differential Item Functioning (DIF) for these items was assessed using hybrid ordinal regression-IRT technique. When DIF was detected, the cumulative impact of DIF on individual subscale scores was evaluated. RESULTS: DIF was detected for 9 items within, between, or across cohorts, but the DIF was negligible in general. Detected DIF between the Swedish and Indian cohorts had a cumulative salient impact on individual scores for the subscale Disclosure Concerns; Disclosure concerns were overestimated in the Swedish cohort and both over- and underestimated in the Indian cohort. CONCLUSIONS: The items in the 32-item version of the HIV stigma scale did not seem to be particularly prone to present DIF. The DIF between the Indian and Swedish cohort for items in the subscale Disclosure Concerns could, however, result in both type I and type II errors if scores should be compared between the Indian and Swedish cohort.				
568.	Retamozo, S., Acar-Denizli, N., Ng, W. Fai, Zeher, M., Rasmussen, A., Seror, R., Li, X., Baldini, C., Gottenberg, J. E., Danda, D., Quartuccio, L., Priori, R., Hernandez-Molina, G., Armagan, B., Kruize, A. A., Kwok, S. K., Wahren-Herlenius, M., Praprotnik, S., Sene, D., Bartoloni, E., Solans, R., Rischmueller, M., Mandl, T., Suzuki, Y., Isenberg, D., Valim, V., Wiland, P., Nordmark, G., Fraile, G., Bootsma, H., Nakamura, T., Giacomelli, R., Devauchelle-Pensee, V., Hofauer, B., Bombardieri, M., Fernandes Moca Trevisani, V., Hammenfors, D., Pasoto, S. G., Gheita, T. A., Atzeni, F., Morel, J., Vollenveider, C., Brito-Zeron, P., Ramos-Casals, M. and Sjogren Big Data, Consortium INFLUENCE OF EPIDEMIOLOGY AND ETHNICITY ON SYSTEMIC EXPRESSION OF PRIMARY SJOGREN SYNDROME IN 9974 PATIENTS Annals of the Rheumatic Diseases; 2018, 77 110-110	**INT**	**JAN TO JUN**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY**	**WOS:000444351000289** **H Index:** 198 **Impact Factor:** 12.350

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
569.	Retamozo, S., Acar-Denizli, N., Ng, W. Fai, Zeher, M., Rasmussen, A., Seror, R., Li, X., Baldini, C., Gottenberg, J. E., Danda, D., Quartuccio, L., Priori, R., Hernandez-Molina, G., Armagan, B., Kruize, A. A., Kwok, S. K., Wahren-Herlenius, M., Praprotnik, S., Sene, D., Bartoloni, E., Solans, R., Rischmueller, M., Mandi, T., Suzuki, Y., Isenberg, D., Valim, V., Wiland, P., Nordmark, G., Fraile, G., Bootsma, H., Nakamura, T., Giacomelli, R., Devauchelle-Pensec, V., Hofauer, B., Bombardieri, M., Fernandes Moca Trevisani, V., Hammenfors, D., Pasoto, S. G., Gheita, T. A., Atzeni, F., Morel, J., Vollenveider, C., Brito-Zeron, P., Ramos-Casals, M. and Sjogren Big Data, Consortium A NORTH-SOUTH WORLDWIDE GRADIENT IN SYSTEMIC ACTIVITY OF PRIMARY SJOGREN SYNDROME: INCREASED SEVERE DISEASE IN PATIENTS FROM SOUTHERN COUNTRIES Annals of the Rheumatic Diseases; 2018, 77 1190-1190	**INT**	**JAN TO JUN**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY**	**WOS:000444351003372** **H Index:** 198 **Impact Factor:** 12.350
570.	Retamozo, Soledad, Acar-Denizli, Nihan, Ng, Wan-Fai, Zeher, Margit, Rasmussen, Astrid, Mandl, Thomas, Seror, Raphaele, Li, Xiaomei, Baldini, Chiara, Gottenberg, Jacques-Eric, Danda, Debashish, Quartuccio, Luca, Priori, Roberta, Hernandez-Molina, Gabriela, Armagan, Berkan, Kruize, Aike A., Kwok, Seung-Ki, Kvarnstrom, Marika, Praprotnik, Sonja, Sene, Damien, Bartoloni, Elena, Solans, Roser, Rischmueller, Maureen, Suzuki, Yasunori, Isenberg, David A., Valim, Valeria, Wiland, Piotr, Nordmark, Gunnel, Fraile, Guadalupe, Bootsma, Hendrika, Nakamura, Takashi, Giacomelli, Roberto, Devauchelle-Pensec, Valerie, Knopf, Andreas, Bombardieri, Michele, Trevisani, Virginia Fernandes, Hammenfors, Daniel S., Pasoto, Sandra G., Gheita, Tamer A., Atzeni, Fabiola, Morel, Jacques, Vollenveider, Cristina, Horvath, Ildiko-Fanny, Sivils, Kathy L., Olsson, Peter, De Vita, Salvatore, Sanchez-Guerrero, Jorge, Kilic, Levent, Wahren-Herlenius, Marie, Mariette, Xavier, Ramos-Casals, Manuel and Brito-Zeron, Pilar How Immunological Profile Drives Clinical Phenotype of Primary Sjogren's Syndrome at Diagnosis: Analysis of 10.500 Patients (Sjogren Big Data Project) Arthritis & Rheumatology; 2018, 70	**INT**	**JUL TO DEC**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY**	**WOS:000447268905203** **H Index:** 281 **Impact Factor:** 6.010 (RG)
571.	Retamozo, Soledad, Acar-Denizli, Nihan, Zeher, Margit, Sivils, Kathy, Mandl, Thomas, Seror, Raphaele, Li, Xiaomei, Baldini, Chiara, Mariette, Xavier, Gottenberg, Jacques-Eric, Danda, Debashish, Priori, Roberta, Quartuccio, Luca, Hernandez-Molina, Gabriela, Armagan, Berkan, Kruize, Aike A., Kwok, Seung-Ki,	**INT**	**JUL TO DEC**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY**	**WOS:000446486100098** **H Index:** 85 **Impact Factor:** 3.201

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Wahren-Herlenius, Marie, Praprotnik, Sonja, Sene, Damien, Bartoloni, Elena, Rischmueller, Maureen, Solans, Roser, Suzuki, Yasunori, Isenberg, David, Valim, Valeria, Wiland, Piotr, Nordmark, Gunnel, Fraile, Guadalupe, Bootsma, Hendrika, Nakamura, Takashi, Giacomelli, Roberto, Devauchelle-Pensec, Valerie, Hofauer, Benedikt, Bombardieri, Michele, Moca Trevisani, Virginia Fernandes, Hammenfors, Daniel, Pasoto, Sandra G., Carsons, Steven E., Gheita, Tamer A., Atzeni, Fabiola, Morel, Jacques, Vollenveider, Cristina, Brito-Zeron, Pilar, Ramos-Casals, Manuel and Sjogren Big Data, Consortium Systemic Sjogren presenting without sicca syndrome: characterization of 240 patients according to the new 2017 ACR/EULAR Classification Criteria Clinical and Experimental Rheumatology; 2018, 36 (3): S268-S269				
572.	Retamozo, Soledad, Kostov, Belchin, Zeher, Margit, Sivils, Kathy, Mandl, Thomas, Seror, Raphaele, Li, Xiaomei, Baldini, Chiara, Mariette, Xavier, Gottenberg, Jacques-Eric, Danda, Debashish, Priori, Roberta, Quartuccio, Luca, Hernandez-Molina, Gabriela, Armagan, Berkan, Kruize, Aike A., Kwok, Seung-Ki, Wahren-Herlenius, Marie, Praprotnik, Sonja, Sene, Damien, Bartoloni, Elena, Rischmueller, Maureen, Solans, Roser, Suzuki, Yasunori, Isenberg, David, Valim, Valeria, Wiland, Piotr, Nordmark, Gunnel, Fraile, Guadalupe, Bootsma, Hendrika, Nakamura, Takashi, Giacomelli, Roberto, Devauchelle-Pensec, Valerie, Hofauer, Benedikt, Bombardieri, Michele, Moca Trevisani, Virginia Fernandes, Hammenfors, Daniel, Pasoto, Sandra G., Carsons, Steven E., Gheite, Tamer A., Atzeni, Fabiola, Morel, Jacques, Vollenveider, Cristina, Brito-Zeron, Pilar, Ramos-Casals, Manuel and Sjogren Big Data, Consortium How the different systemic organ involvements are overlapped in patients with primary Sjogren syndrome: analysis using a mathematical model Clinical and Experimental Rheumatology; 2018, 36 (3): S316-S317	**INT**	**JAN TO JUN**		**WOS:000446486100214** **H Index:** 85 **Impact Factor:** 3.201
573.	Retamozo, Soledad, Kostov, Belchin, Zeher, Margit, Sivils, Kathy, Mandl, Thomas, Seror, Raphaele, Li, Xiaomei, Baldini, Chiara, Mariette, Xavier, Gottenberg, Jacques-Eric, Danda, Debashish, Priori, Roberta, Quartuccio, Luca, Hernandez-Molina, Gabriela, Armagan, Berkan, Kruize, Aike A., Kwok, Seung-Ki, Wahren-Herlenius, Marie, Praprotnik, Sonja, Sene, Damien, Bartoloni, Elena, Rischmueller, Maureen, Solans, Roser, Suzuki,	**INT**	**JUL TO DEC**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY**	**WOS:000446486100100** **H Index:** 85 **Impact Factor:** 3.201

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Yasunori, Isenberg, David, Valim, Valeria, Wiland, Piotr, Nordmark, Gunnel, Fraile, Guadalupe, Bootsma, Hendrika, Nakamura, Takashi, Giacomelli, Roberto, Devauchelle-Pensec, Valerie, Hofauer, Benedikt, Bombardieri, Michele, Moca Trevisani, Virginia Fernandes, Hammenfors, Daniel, Pasoto, Sandra G., Carsons, Steven E., Gheita, Tamer A., Atzeni, Fabiola, Morel, Jacques, Vollenveider, Cristina, Brito-Zeron, Pilar, Ramos-Casals, Manuel and Sjogren Big Data, Consortium How ethnicity modifies systemic activity of primary Sjogren syndrome: analysis of baseline ESSDAI scores in a multi-ethnic international cohort Clinical and Experimental Rheumatology; 2018, 36 (3): S270-S270				
574.	Retamozo, Soledad, Kostov, Belchin, Zeher, Margit, Sivils, Kathy, Mandl, Thomas, Seror, Raphaele, Li, Xiaomei, Baldini, Chiara, Mariette, Xavier, Gottenberg, Jacques-Eric, Danda, Debashish, Priori, Roberta, Quartuccio, Luca, Hernandez-Molina, Gabriela, Armagan, Berkan, Kruize, Aike A., Kwok, Seung-Ki, Wahren-Herlenius, Marie, Praprotnik, Sonja, Sene, Damien, Bartoloni, Elena, Rischmueller, Maureen, Solans, Roser, Suzuki, Yasunori, Isenberg, David, Valim, Valeria, Wiland, Piotr, Nordmark, Gunnel, Fraile, Guadalupe, Bootsma, Hendrika, Nakamura, Takashi, Giacomelli, Roberto, Devauchelle-Pensec, Valerie, Hofauer, Benedikt, Bombardieri, Michele, Moca Trevisani, Virginia Fernandes, Hammenfors, Daniel, Pasoto, Sandra G., Carsons, Steven E., Gheita, Tamer A., Atzeni, Fabiola, Morel, Jacques, Vollenveider, Cristina, Brito-Zeron, Pilar, Ramos-Casals, Manuel and Sjogren Big Data, Consortium Clinical and immunological disease patterns of primary Sjogren syndrome driven by gender and age at diagnosis Clinical and Experimental Rheumatology; 2018, 36 (3): S269-S270	**INT**	**JUL TO DEC**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY**	**WOS:000446486100099** **H Index:** 85 **Impact Factor:** 3.201
575.	Rice, C., Eikema, D. J., Marsh, J. C. W., Knol, C., Hebert, K., Putter, H., Peterson, E., Deeg, H. J., Halkes, S., Pidala, J., Anderlini, P., Tischer, J., Kroger, N., Mcdonald, A., Antin, J. H., Schaap, N. P., Hallek, M., Einsele, H., Mathews, V., Kapoor, N., Boelens, J. J., Mufti, G. J., Potter, V., Pefault De La Tour, R., Eapen, M. and Dufour, C. Allogeneic Hematopoietic Cell Transplantation in Patients Aged 50Years or Older with Severe Aplastic Anemia Biol Blood Marrow Transplant; 2018, **Address:** Department of Haematology, King's College Hospital,	**INT**	**JAN TO JUN**	**CLINICAL HAEMATOLOGY**	**PMID:30194027** **H Index:** 103 **Impact Factor:** 4.484

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	London, United Kingdom. EBMT Statistical Unit, Leiden, Netherlands. Department of Haematology, King's College Hospital, London, United Kingdom; Department of Haematology, King's College London, London, United Kingdom. Electronic **Address:** Judith.marsh@nhs.net. EBMT Data Office, Leiden, Netherlands. Center for International Blood and Marrow Transplant Research, Department of Medicine, Medical College of Wisconsin, Milwaukee, Wisconsin. Department of Biomedical Data Sciences, Leiden University Medical Center, Leiden, the Netherlands. University Medical Center Utrecht, Utrecht, Netherlands. Fred Hutchinson Cancer Center, Seattle, Washinton. Leiden University Medical Centre, Leiden, Netherlands. H. Lee Moffitt Cancer Center, Tampa, Florida. MD Anderson Cancer Center, Houston, Texas. Klinikum Grosshadern, Munich, Germany. University Hospital Eppendorf, Hamburg, Germany. Albert Stem Cell Transplantation Centre, Pretoria Gauteng, South Africa. Dana Farber Cancer Institute, Boston, Massachusetts. Radboud University, Nijmegen Medical Centre, Netherlands. University of Cologne, Cologne, Germany. Universitatsklinikum Wurzburg, Wurzburg, Germany. **Christian Medical College Hospital, Vellore,** India. Children's Hospital of Los Angeles, Los Angeles, California. Department of Haematology, King's College Hospital, London, United Kingdom; Department of Haematology, King's College London, London, United Kingdom. Hopital St. Louis, Paris, France. Instituto Giannina Gaslini, Genova, Italy. We report on 499 patients with severe aplastic anemia aged >/= 50years who underwent hematopoietic cell transplantation (HCT) from HLA-matched sibling (n=275, 55%) or HLA-matched (8/8) unrelated donors (n=187, 37%) between 2005 and 2016. The median age at HCT was 57.8 years; 16% of patients were 65 to 77years old. Multivariable analysis confirmed higher mortality risks for patients with performance score less than 90% (hazard ratio [HR], 1.41; 95% confidence interval [CI], 1.03 to 1.92; P=.03) and after unrelated donor transplantation (HR, 1.47; 95% CI, 1 to 2.16; P=.05). The 3-year probabilities of survival for patients with				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	performance scores of 90 to 100 and less than 90 after HLA-matched sibling transplant were 66% (range, 57% to 75%) and 57% (range, 47% to 76%), respectively. The corresponding probabilities after HLA-matched unrelated donor transplantation were 57% (range, 48% to 67%) and 48% (range, 36% to 59%). Age at transplantation was not associated with survival, but grades II to IV acute graft-versus-host disease (GVHD) risks were higher for patients aged 65years or older (subdistribution HR [sHR], 1.7; 95% confidence interval, 1.07 to 2.72; P=.026). Chronic GVHD was lower with the GVHD prophylaxis regimens calcineurin inhibitor (CNI)+methotrexate (sHR, .52; 95% CI, .33 to .81; P=.004) and CNI alone or with other agents (sHR, .27; 95% CI, .14 to .53; P < .001) compared with CNI+mycophenolate. Although donor availability is modifiable only to a limited extent, choice of GVHD prophylaxis and selection of patients with good performance scores are key for improved outcomes.				
576.	Richard, S. A., Mccormick, B. J. J., Seidman, J. C., Rasmussen, Z., Kosek, M. N., Rogawski, E. T., Petri, W., Bose, A., Mduma, E., Maciel, B. L. L., Chandyo, R. K., Bhutta, Z., Turab, A., Bessong, P., Mahfuz, M., Caulfield, L. E. and On Behalf of the Mal-Ed Network, Investigators Relationships among Common Illness Symptoms and the Protective Effect of Breastfeeding in Early Childhood in MAL-ED: An Eight-Country Cohort Study Am J Trop Med Hyg; 2018, 98 (3): 904-912 **Address:** Fogarty International Center/National Institutes of Health, Bethesda, Maryland. Johns Hopkins University, Baltimore, Maryland. University of Virginia, Charlottesville, Virginia. **Christian Medical College, Vellore,** India. Haydom Lutheran Hospital, Haydom, Tanzania. Federal University of Ceara, Fortaleza, Brazil. Tribhuvan University, Kathmandu, Nepal. Aga Khan University, Karachi, Pakistan. University of Venda, Thohoyandou, South Africa. icddr,b, Dhaka, Bangladesh. Children in low-income countries experience multiple illness symptoms in early childhood. Breastfeeding is protective against diarrhea and respiratory infections, and these illnesses are thought to be risk factors of one another, but these relationships have not been explored simultaneously. In the eight-site MAL-ED study,	**INT**	**JUL TO DEC**	**PAEDIATRICS**	**PMID:29380724** **PMC ID:5930868** **WOS:000430952800048** **H Index:** 132 **Impact Factor:** 2.564

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	1,731 infants were enrolled near birth and followed for 2 years. We collected symptoms and diet information through twice-weekly household visits. Poisson regression was used to determine if recent illness history was associated with incidence of diarrhea or acute lower respiratory infections (ALRI), accounting for exclusive breastfeeding. Recent diarrhea was associated with higher risk of incident diarrhea after the first 6 months of life (relative risk [RR] 1.10, 95% confidence interval [CI] 1.04, 1.16) and with higher risk of incident ALRI in the 3- to 5-month period (RR 1.23, 95% CI 1.03, 1.47). Fever was a consistent risk factor for both diarrhea and ALRI. Exclusive breastfeeding 0-6 months was protective against diarrhea (0-2 months: RR 0.39, 95% CI 0.32, 0.49; 3-5 months: RR 0.83, 95% CI 0.75, 0.93) and ALRI (3-5 months: RR 0.81, 95% CI 0.68, 0.98). Children with recent illness who were exclusively breastfed were half as likely as those not exclusively breastfed to experience diarrhea in the first 3 months of life. Recent illness was associated with greater risk of new illness, causing illnesses to cluster within children, indicating that specific illness-prevention programs may have benefits for preventing other childhood illnesses. The results also underscore the importance of exclusive breastfeeding in the first 6 months of life for disease prevention.				
577.	Rini, D., Senthilvelkumar, T., Noble, K. and Magimairaj, H. Test–retest reliability of the 10-meter walk test in ambulatory adults with motor-complete spinal cord injury International Journal of Therapy and Rehabilitation; 2018, 25 (7): 335-339 Background/Aims: To verify the test retest reliability of 10-meter walk test for ambulatory adults with motor complete spinal cord injury. Methods: This study was conducted in the department of Physical Medicine and Rehabilitation, **Christian Medical College,** India. We studied 25 (22 males and 3 females) adults with lower thoracic level of spinal cord injury who were trained to walk with bilateral solid polypropylene knee ankle foot orthoses and elbow crutches. Their median age was 27 years and the median time since injury was 5.5 years. Participants underwent two trials of 10-meter walk test at their self-selected walking speed. They were tested for static and dynamic 10-meter walk test start methods separately. Findings: There was an excellent test retest reliability found in both the testing methods with the intra-class correlation coefficient of 0.99 (95% CI 0.98 to 0.99)] with a standard error of measure of 0.01. The minimum detectable change of static and dynamic start	**INT**	**JUL TO DEC**	**PHYSICAL MEDICINE AND REHABILITATION**	**SCOPUS** **H Index:** 20 **Impact Factor:** 0.220 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	method was 0.02 sec and 0.03 seconds respectively. Bland Altman graphs showed excellent agreement between the trials. The comparison between static and dynamic testing methods showed that both the methods are highly comparable. (ICC 1 [95% CI 0.99–1]). Conclusions: The 10-meter walk test has excellent test retest reliability in assessing walking speed of ambulatory adults with complete spinal cord injury who use knee ankle foot orthoses for walking. Static and dynamic testing methods of the 10-meter walk test are comparable. © 2018 MA Healthcare Limited.				
578.	Rissardo, Jamir and Fornari Caprara, Ana Trigeminal Neuralgia Secondary to Basilar Artery Dolichoectasia Current Medical Issues; 2018, 16 (3): 103-104	**NAT**	**JUL TO DEC**	**MEDICINE**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA
579.	Rogawski, E. T., Liu, J., Platts-Mills, J. A., Kabir, F., Lertsethtakarn, P., Siguas, M., Khan, S. S., Praharaj, I., Murei, A., Nshama, R., Mujaga, B., Havt, A., Maciel, I. A., Operario, D. J., Taniuchi, M., Gratz, J., Stroup, S. E., Roberts, J. H., Kalam, A., Aziz, F., Qureshi, S., Islam, M. O., Sakpaisal, P., Silapong, S., Yori, P. P., Rajendiran, R., Benny, B., Mcgrath, M., Seidman, J. C., Lang, D., Gottlieb, M., Guerrant, R. L., Lima, A. A. M., Leite, J. P., Samie, A., Bessong, P. O., Page, N., Bodhidatta, L., Mason, C., Shrestha, S., Kiwelu, I., Mduma, E. R., Iqbal, N. T., Bhutta, Z. A., Ahmed, T., Haque, R., Kang, G., Kosek, M. N. and Houpt, E. R. Use of quantitative molecular diagnostic methods to investigate the effect of enteropathogen infections on linear growth in children in low-resource settings: longitudinal analysis of results from the MAL-ED cohort study Lancet Glob Health; 2018, 6 (12): e1319-e1328 **Address:** Division of Infectious Diseases and International Health, University of Virginia, Charlottesville, VA, USA; Department of Public Health Sciences, University of Virginia, Charlottesville, VA, USA. Division of Infectious Diseases and International Health, University of Virginia, Charlottesville, VA, USA. Aga Khan University, Karachi, Pakistan. Armed Forces Research Institute of Medical Sciences (AFRIMS), Bangkok, Thailand. Asociacion Benefica PRISMA, Iquitos, Peru. International Centre for Diarrhoeal Disease Research, Dhaka, Bangladesh.	**INT**	**JUL TO DEC**	**INFECTIOUS DISEASES**	**PMID:30287125** **PMC ID:6227248** **H Index:** 43 **Impact Factor:** 3.610 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Christian Medical College, Vellore, India. University of Venda, Thohoyandou, South Africa. Haydom Global Health Institute, Haydom, Tanzania. Kilimanjaro Clinical Research Institute, Moshi, Tanzania. Federal University of Ceara, Fortaleza, Brazil. Fundacao Oswaldo Cruz (Fiocruz), Rio de Janeiro, Brazil. Department of Public Health Sciences, University of Virginia, Charlottesville, VA, USA. Asociacion Benefica PRISMA, Iquitos, Peru; Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD, USA. Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD, USA; Fogarty International Center, National Institutes of Health, Bethesda, MD, USA. Fogarty International Center, National Institutes of Health, Bethesda, MD, USA. Foundation for the National Institutes of Health, Bethesda, MD, USA. National Institute for Communicable Diseases, Johannesburg, South Africa. Walter Reed/AFRIMS Research Unit, Nepal, Kathmandu, Nepal; University of Bergen, Bergen, Norway. Division of Infectious Diseases and International Health, University of Virginia, Charlottesville, VA, USA. Electronic **Address:** erh6k@hscmail.mcc.virginia.edu. BACKGROUND: Enteropathogen infections in early childhood not only cause diarrhoea but contribute to poor growth. We used molecular diagnostics to assess whether particular enteropathogens were associated with linear growth across seven low-resource settings. METHODS: We used quantitative PCR to detect 29 enteropathogens in diarrhoeal and non-diarrhoeal stools collected from children in the first 2 years of life obtained during the Etiology, Risk Factors, and Interactions of Enteric Infections and Malnutrition and the Consequences for Child Health and Development (MAL-ED) multisite cohort study. Length was measured monthly. We estimated associations between aetiology-specific diarrhoea and subclinical enteropathogen infection and quantity and attained length in 3 month intervals, at age 2 and 5 years, and used a longitudinal model to account for temporality and time-dependent confounding. FINDINGS: Among 1469 children who completed 2 year follow-up, 35 622 stool samples were tested and yielded valid results. Diarrhoeal episodes attributed to bacteria and parasites, but not viruses, were associated with small decreases in length after				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	3 months and at age 2 years. Substantial decrements in length at 2 years were associated with subclinical, non-diarrhoeal, infection with Shigella (length-for-age Z score [LAZ] reduction -0.14, 95% CI -0.27 to -0.01), enteroaggregative Escherichia coli (-0.21, -0.37 to -0.05), Campylobacter (-0.17, -0.32 to -0.01), and Giardia (-0.17, -0.30 to -0.05). Norovirus, Cryptosporidium, typical enteropathogenic E coli, and Enterocytozoon bieneusi were also associated with small decrements in LAZ. Shigella and E bieneusi were associated with the largest decreases in LAZ per log increase in quantity per g of stool (-0.13 LAZ, 95% CI -0.22 to -0.03 for Shigella; -0.14, -0.26 to -0.02 for E bieneusi). Based on these models, interventions that successfully decrease exposure to Shigella, enteroaggregative E coli, Campylobacter, and Giardia could increase mean length of children by 0.12-0.37 LAZ (0.4-1.2 cm) at the MAL-ED sites. INTERPRETATION: Subclinical infection and quantity of pathogens, particularly Shigella, enteroaggregative E coli, Campylobacter, and Giardia, had a substantial negative association with linear growth, which was sustained during the first 2 years of life, and in some cases, to 5 years. Successfully reducing exposure to certain pathogens might reduce global stunting. FUNDING: Bill & Melinda Gates Foundation.				
580.	Rosario, D. P., David, L. S., Kulkarni, N. and Beck, M. M. Risk factors associated with major neonatal birth injuries during caesarean section in a tertiary care hospital in southern India Journal of Clinical and Diagnostic Research; 2018, 12 (9): QC14-QC17 **Address:** Department of Obstetrics and Gynaecology, **Christian Medical College, Vellore,** Tamil Nadu, India Introduction: Neonatal birth injuries are commonly associated with instrumental vaginal deliveries, but have also been known to occur at uncomplicated vaginal or caesarean deliveries. Caesarean section confers some amount of protection against injuries at birth, but these can still occur with an incidence of 1.1%. Most common injury noted has been scalp lacerations followed by cephalohaematoma; others are fractures, brachial plexus injury, etc. Aim: This study was carried out to find the incidence of and risk factors associated with major neonatal injuries sustained during Lower Segment Caesarean Section (LSCS) done in the Department of Obstetrics and Gynecology, **Christian Medical College, Vellore,** a tertiary level hospital in Southern India, over a period of one year. Materials and Methods: The hospital numbers of babies	**NAT**	**JUL TO DEC**	**OBSTETRICS AND GYNAECOLOGY**	**SCOPUS** **H Index:** 22 **Impact Factor:** 0.650 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	who had sustained major birth injuries during LSCS from June 1st 2015 to May 31st 2016 were retrieved from the sentinel events register, being maintained by the charge nurse in the operation theatre. The details of the mothers, including details of LSCS, intraoperative findings, and their babies were then retrieved from the medical records. Major birth injuries were defined as lacerations or cuts requiring suturing; fracture of bones; intracranial haemorrhage; skull fracture, facial nerve injury and intra-abdominal injury. The data was entered into clinical proforma and analysed using SPSS software (IBM, version 23). Descriptive measures like mean, median and standard deviation were computed for all continuous variables. Results: There were a total of 12,430 deliveries in the period from June 1st 2015 to May 31st 2016, out of which 35% (4,375) were caesarean deliveries. Out of 4,375 caesarean deliveries, there were six cases of major neonatal birth injuries, incidence being 0.13%. Of the six birth injuries, 66.6% were lacerations and remaining were femoral fractures (33.3%). We found that primiparous women carrying singleton pregnancies in cephalic presentation, undergoing LSCS following onset of labour were at increased risk of having major neonatal birth injuries. Presence of oligohydramnios intraoperatively, incision to delivery interval <5 minutes and surgery carried out by surgeons with mid-level expertise during "risk hours" (12am-8am) were also at risk. We did not find an increased risk with J or U shaped uterotomy incisions. Neonatal risk factors included prematurity and female gender. We did not find any correlation with very low birth weight and/or macrosomia. The average birth weight in this cohort was 2.35 kg. Conclusion: Presence of risk factors like foetal prematurity, presence of oligohydramnios intraoperatively; incision to delivery interval <5 minutes and delivery during the "risk hours" increases the risk of major birth trauma at LSCS. However, our numbers are small to measure the exact correlation. Hence, prospective studies with larger sample size are needed to study the risk factors. © 2018, Journal of Clinical and Diagnostic Research. All rights reserved.				
581.	Rose, J. S., Eldrina, J., Joshua, A., Amalan, S., Sebastian, T., Solomon, S. and Korah, S. Objective quantification of corneal haziness using anterior segment optical coherence tomography J Curr Ophthalmol; 2018, 30 (1): 54-57 **Address:** Department of Ophthalmology, **Christian Medical**	**INT**	**JAN TO JUN**	**OPHTHALMOLOGY, CENTER FOR STEM CELL RESEARCH, BIOENGINEERING, BIOSTATISTICS**	**PMID:29564409** **PMC ID:5859339** **SCOPUS** **H Index:** 8 **Impact Factor:** NA

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	College, Vellore, India. Center for Stem Cell Research, **Christian Medical College, Vellore,** India. Department of Bioengineering, **Christian Medical College, Vellore,** India. Department of Biostatistics, **Christian Medical College, Vellore,** India. Purpose: To quantify normal corneal transparency by anterior segment optical coherence tomography (AS-OCT) by measuring the average pixel intensity. To analyze the variation in the average pixel intensity in mild and severe grades of corneal opacities. Methods: This is an observational, cross-sectional study of 38 eyes from 19 patients with mild or severe grades of corneal opacities greater than 3 mm and a normal contralateral cornea. AS-OCT was performed centered on the opacity with a 3 mm cruciate protocol. A similar image is taken of the contralateral clear cornea in the same quadrant. The average pixel intensity was calculated in a standardized manner using MATLAB software. Result: The average pixel intensity of the normal cornea was 99.6 +/- 10.9 [standard deviation (SD)]. The average pixel intensity of the mild and severe corneal opacities was 115.5 +/- 9.1 and 141.1 +/- 10.3, respectively. The differences were statistically significant. Conclusions: AS-OCT images can be used to quantify corneal transparency. Average pixel intensity is a measure that varies significantly with varying corneal opacification.				
582.	Rose, Jeyanth, Joshua, Aarwin, Korah, Sanita, Kuriakose, Thomas, Thambaiah, Augustine and Chacko, Geetha A RANDOMIZED COMPARATIVE EXPERIMENTAL STUDY TO TEST THE EFFICACY OF PLACENTA DERIVED MESENCHYMAL STEM CELLS IN REDUCING CORNEAL SCARRING, IN AN EX-VIVO ORGAN CULTURE MODEL OF POST MORTEM HUMAN CORNEAS Clinical and Experimental Ophthalmology; 2018, 46 89-89	**INT**	**JUL TO DEC**	**OPHTHALMOLOGY**	**PMID:WOS:000450083500117** **H Index:** 63 **Impact Factor:** 3.217
583.	Ross, C., Rangarajan, S., Karimi, M., Toogeh, G., Apte, S., Lissitchkov, T., Acharya, S., Manco-Johnson, M. J., Srivastava, A., Brand, B., Schwartz, B. A., Knaub, S. and Peyvandi, F. Pharmacokinetics, clot strength and safety of a new fibrinogen concentrate: randomized comparison with active control in congenital fibrinogen deficiency Journal of Thrombosis and Haemostasis; 2018, 16 (2): 253-261 Background: Human fibrinogen concentrate (HFC) corrects	**INT**	**JAN TO JUN**	**CLINICAL HAEMATOLOGY**	**WOS:000424909700009** **H Index:** 150 **Impact Factor:** 4.899

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	fibrinogen deficiency in congenital a-/hypofibrinogenemia. Objectives: To assess pharmacokinetics (PK), effects on thromboelastometry maximum clot firmness (MCF), and safety of a new double virusinactivated/eliminated, highly purified HFC vs. active control. Patients/Methods: In this multinational, randomized, phase II, open-label, crossover study in 22 congenital afibrinogenemia patients aged >= 12 years, 70 mg kg(-1) of new HFC (FIBRYGA, Octapharma AG) or control (Haemocomplettan (R) P/RiaSTAP (TM), CSL Behring GmbH) were administered, followed by crossover to the other concentrate. Fibrinogen activity, PK and MCF in plasma were assessed. Results: The concentrates were not bioequivalent for the primary endpoint, AUC(norm) (mean ratio, 1.196; 90% confidence interval [CI], 1.117, 1.281). Remaining PK parameters (C-maxnorm, IVR, t(1/2), MRT) reflected bioequivalence between concentrates, except for clearance (mean ratio, 0.836; 90% CI, 0.781, 0.895) and V-ss (mean ratio, 0.886; 90% CI, 0.791, 0.994). Mean AUC(norm) was significantly larger for the new HFC (1.62 +/- 0.45 vs. 1.38 +/- 0.47 h kg g L-1 mg(-1), P = 0.0001) and mean clearance was significantly slower (0.665 +/- 0.197 vs. 0.804 +/- 0.255 mL h(-1) kg(-1), P = 0.0002). Mean MCF increased from 0 mm to 9.68 mm (new HFC) and 10.00 mm (control) 1-hour post-infusion (mean difference, -0.32 mm; 95% CI, -1.70, 1.07, n.s.). No deaths, thromboses, viral seroconversions or serious related adverse events occurred. Conclusions: Bioequivalence was not demonstrated for AUC(norm), clearance and V-ss. Larger AUC(norm) and slower clearance were observed for the new HFC. Remaining pharmacokinetic parameters reflected bioequivalence to control. Safety profiles and increases in clot strength were comparable between concentrates.				
584.	Roth, Gregory A., Collaborotors, G. B. D. Causes Death, Abate, Degu, Abate, Kalkidan Hassen, Abay, Solomon M., Abbafati, Cristiana, Abbasi, Nooshin, Abbastabar, Hedayat, Abd-Allah, Load, Abdela, Jemal, Abdelalim, Ahmed, Abdollahpour, Ibrahim, Abdulkader, Rizwan Suliankatchi, Abebe, Haftom Temesgen, Abebe, Molla, Abebe, Zegeye, Abejie, Ayenew Negesse, Abera, Semaw F., Abil, Olifan Zewdie, Abraha, Haftom Niguse, Abrham, Aklilu Roba, Abu-Raddad, Laith Jamal, Accrombessi, Manfred Mario Kokou, Acharya, Dilaram, Adamu, Abdu A., Adebayo, Oladimeji, Adedoyin, Rufus Adesoji, Adekanmbi, Victor, Adookunboh, Olatunii, Adhena, Beyene Meressa, Adib, Mina G., Admasie, Aniha, Afshin, Ashkan, Agarwal, Gina, Agesa, Karelia M., Agrawal, Anurag,	**INT**	**JUL TO DEC**	**PULMONARY MEDICINE**	**PMID:WOS:000449710900004** **H Index:** 670 **Impact Factor:** 53.254

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Agrawal, Sutapa, Ahmadi, Alireza, Ahmadi, Melidi, Ahmed, Muktar Beshir, Ahmed, Sayent, Aichour, Amani Nidhal, Aichour, Ibtihel, Aichour, Miloud Taki Fddine, Akbari, Mohammad Esmaeil, Akinyeniti, Rufus Olusola, Akseer, Nadia, Al-Aly, Ziyad, Al-Eyadhy, Ayman, Al-Raddadi, Rajaa M., Alandab, Fares, Alam, Khurshid, Alam, Tahiya, Alebel, Animut, Alene, Kefyalew Addis, Alijanzadeh, Mehran, Alizadeh-Navaei, Reza, Aljunid, Syed Mohamed, Alkerwi, Ala'a, Alla, Francois, Allebeck, Peter, Alonso, Jordi, Altirkawi, Khalid, Alvis-Guzman, Nelson, Amare, Azmeraw T., Aminde, Leopold N., Amini, Erfan, Ammar, Walid, Amoako, Yaw Ampern, Anber, Nahla Hamed, Andrei, Catalina Liliana, Androudi, Sofia, Animut, Megbaru Debalkie, Anjomshoa, Mina, Ansari, Hossein, Aniha, Mustafa Geleto, Antonio, Carl Abelardo T., Anwari, Palwasha, Aremu, Olatunde, Arnlov, Johan, Arora, Amit, Arora, Monika, Artaman, Al, Aryal, Krishna K., Asayesh, Hamid, Asfaw, Ephremi Tsegay, Ataro, Zerihun, Atique, Suleman, Atre, Sachin R., Ausloos, Marcel, Avokpaho, Euripide F. G. A., Awasthi, Ashish, Quintattilla, Beatriz Paulina Ayala, Ayele, Yohanes, Ayer, Rakesh, Azzopardi, Peter S., Babazadeh, Arefeh, Bacha, Umar, Badali, Hamid, Badawi, Alaa, Bali, Ayele Geleto, Ballesteros, Katherine E., Banach, Maciej, Banerjee, Kajori, Bannick, Marlena S., Banoub, Joseph Adel Mattar, Barboza, Miguel A., Barker-Collo, Suzanne Lyu, Barnighausen, Till Winfried, Barquera, Simon, Barrero, Lope, Bassat, Quique, Base, Sanjay, Baune, Bernhard T., Baynes, Habtamu Wondifraw, Bazargan-Hejazi, Shahrzad, Beth, Neeraj, Beghi, Ettore, Behzadifar, Masoud, Behzadifar, Mcysam, Bejot, Yannick, Bekele, Bayu Begashaw, Belacliew, Abate Bekele, Belay, Ezra, Belay, Yihalem Abebe, Bell, Michelle L., Bello, Aminu K., Bennett, Derrick A., Bensenor, Isabela M., Berman, Adam F., Bernabe, Eduardo, Bernstein, Robert S., Bertolacci, Gregory J., Beuran, Mircea, Beyranvand, Tina, Bhalla, Ashish, Bhattarai, Suraj, Bhaumik, Sounayadeeep, Bhutta, Zulfiqar A., Biadgo, Belete, Biehl, Molly H., Bijani, Ali, Bikbov, Boris, Bilano, Ver, Bililign, Nigus, Bin Sayeed, Muhammad Shandaat, Bisanzio, Donal, Biswas, Tuhin, Blacker, Brigitte F., Basara, Berrak Bora, Borschmann, Rohan, Bosetti, Cristina, Bozorgmehr, Kayvan, Brady, Oliver J., Brant, Luisa C., Brayne, Carol, Brazinova, Alexandra, Breitborde, Nicholas J. K., Brenner, Hermann, Briant, Paul Svitil, Britton, Gabrielle, Brugha, Traolach, Busse, Reinhard, Butt, Zahid A., Callender, Charlton S. K. H., Campos-Nonato, Ismael R., Rincon, Julio Cesar Canapuzano, Cano, Jorge, Car, Mate, Cardenas, Rosario, Carreras, Giulia, Carrero, Juan J., Carter, Austin, Carvalho, Felix, Castaneda-Orjuela,				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Carlos A., Rivas, Jacqueline Castillo, Castle, Chris D., Castro, Clara, Castro, Franz, Catala-Lopez, Ferran, Cerin, Ester, Chaiah, Yazan, Chang, Jung Chen, Chanson, Fiona J., Chaturvedi, Pankaj, Chiang, Peggy Pei-Chia, Chimed-Ochir, Odgerel, Chisumpa, Vesper Hichilombwe, Chitheet, Abdulaal, Chowdhury, Rajiv, Christensen, Hanne, Christopher, Devasahayam J., Chiang, Sheng-Chia, Cicuttini, Flavia M., Ciobanu, Liliana G., Cirillo, Massimo, Cohen, Aaron J., Cooper, Leslie Trumbull, Cortesi, Paolo Angelo, Cortinovis, Monica, Cousin, Ewerton, Cowie, Benjamin C., Criqui, Michael H., Cromwell, Elizabeth A., Crowe, Christopher Stephen, Crump, John A., Cunningham, Matthew, Daba, Alemneh Kabeta, Dadi, Abel Fekadu, Dandona, Lalit, Dandona, Rakhi, Dang, Anh Kim, Dargan, Paul I., Daryani, Ahmad, Das, Siddharth K., Das Gupta, Rajat, Das Neves, Jose, Dasa, Tamirat Tesfaye, Dash, Aditya Prasad, Davis, Adrian C., Weaver, Nicole Davis, Davitoiu, Dragos Virgil, Davletov, Kairat, De La Hoz, Fernando Pio, De Neve, Jan-Walter, Degefa, Meaza Girma, Degenhardt, Louisa, Degfie, Tizta T., Deiparine, Selina, Demoz, Gebre Teklemariam, Demtsu, Baleen Betsu, Denova-Gutierrez, Edgar, Deribe, Kebede, Dervenis, Nikolaos, Jarlais, Don C. Des, Dessie, Getenet Ayalew, Dey, Subhojit, Dhannaratne, Samath D., Dicker, Daniel, Dinberu, Mesfin Tadese, Ding, Eric L., Dirac, M. Ashworth, Djalalinia, Shirin, Dokova, Klara, Ter Doku, David, Donnelly, Christl A., Dorsey, E. Ray, Doshi, Pratik P., Douwes-Schultz, Dirk, Doyle, Kerrie E., Driscoll, Tim R., Dubey, Manisha, Dubljanin, Eleonora, Duken, Eyasu Ejeta, Duncan, Bruce B., Duraes, Andre R., Ebrahimi, Hedyeh, Ebrahimpour, Soheil, Edessa, Dumessa, Edvardsson, David, Eggen, Anne Elise, El Bcheraoui, Charbel, Zaki, Maysaa El Sayed, El-Khatib, Ziad, Elkout, Hajer, Eltinsel, Christian Lycke, Endres, Matthias, Endries, Aman Yesuf, Er, Benjamin, Erskine, Holly E., Eshrati, Babak, Eskandarieh, Sharareh, Esmaeili, Reza, Esteghamati, Alireza, Fakhar, Mahdi, Fakhim, Hamed, Faramarzi, Mahbobeh, Fareed, Mohammad, Farhadi, Farzaneh, Faninha, Carla Sofia E. Sa, Faro, Andre, Farvid, Maryam S., Farzadfar, Farshad, Farzaei, Mohammad Hosein, Feign, Valery L., Feigl, Andrea B., Fentahun, Netsanet, Eereshtehnejad, Seyed-Mohammad, Fernandes, Eduarda, Fernandes, Joao C., Ferrari, Alice J., Feyissa, Garumma Tolu, Filip, Irina, Finegold, Samuel, Fischer, Florian, Eitzmaurice, Christina, Foigt, Nataliya A., Foreman, Kyle J., Fornari, Carla, Frank, Tahvi D., Fukumoto, Takeshi, Fuller, John E., Fullman, Nancy, Furst, Thomas, Furtado, Joao M., Futran, Neal D., Gallus, Silvano, Garcia-Basteiro, Alberto L., Garcia-Gordillo, Miguel A., Gardner, William M., Gebre, Abadi				

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	Kahsu, Gebrehiwol, Tsegaye Tewelde, Gebremedhin, Amanuel Tesfay, Gebremichael, Bereket, Gebremichael, Teklu Gebrehiwo, Gelano, Tilayie Feto, Geleijinse, Johanna M., Genova-Maleras, Ricard, Geramo, Yilma Chisha Dea, Gething, Peter W., Gezae, Kebede Embaye, Ghadami, Mohammad Rasoul, Ghadimi, Reza, Falavarjani, Khalil Ghasemi, Ghasemi-Kasman, Maryam, Ghimire, Mamata, Gibney, Katherine B., Gill, Paramjit Singh, Gill, Tiffany K., Gillum, Richard F., Ginawi, Ibrahim Abdelmageed, Giroud, Maurice, Giussani, Giorgia, Goenka, Shifalika, Goldberg, Ellen M., Goli, Srinivas, Gomez-Dantes, Hector, Gona, Philimon N., Gopalani, Sameer Vali, Gorman, Taren M., Goto, Atsushi, Goulart, Alessandra C., Gnedovskaya, Elena V., Grada, Aymara, Grosso, Giuseppe, Gugnani, Hanish Chander, Guimaraes, Andre Luiz Sena, Gun, Nailing, Gupta, Prakash C., Gupta, Rahid, Gupta, Rajenv, Gupta, Tanush, Gutierrez, Reyna Alma, Gyawali, Bishal, Haagsma, Juanita A., Hafezi-Nejad, Nima, Hagos, Tekleberhan B., Hailegiyorgis, Tewodros Tesfa, Hailu, Gessessew Bugssa, Haj-Mirzaian, Arvin, Haj-Mirzaian, Arya, Hamadeh, Randall R., Hamidi, Sinner, Handal, Meads J., Hankey, Graeme J., Harb, Hilda L., Harikrishnan, Sivadasanpillai, Haro, Josep Maria, Hasan, Mehedi, Hassankhani, Hadi, Hassen, Hamid Yimam, Havmoeller, Rasmus, Hay, Roderick J., Hay, Simon I., He, Yihua, Hedayatizadeh-Omran, Akbar, Hegazy, Mohamed I., Heibati, Behzad, Heidari, Mohsen, Hendrie, Delia, Henok, Andualem, Henry, Nathaniel J., Herteliu, Claudiu, Heydarpour, Fatemeh, Heydarpour, Pouria, Heydarpour, Sousan, Hibstu, Desalegn Tsegaw, Hoek, Hans W., Hole, Michael K., Red, Enayatollah Homaie, Hoogar, Praveen, Hosgood, H. Dean, Hosseini, Seyed Mostafa, Hosseinzadeh, Mehdi, Hostiuc, Mihaela, Hostiuc, Sorin, Hotez, Peter J., Hoy, Damian C., Hsiao, Thomas, Hu, Guoqing, Huang, John J., Husseini, Abdullatif, Hussen, Mohammedaman Mama, Hutfless, Susan, Idrisov, Bulat, Ilesanmi, Olayinka Stephen, Iqbal, Usman, Irvani, Seyed Sina Naghibi, Irvine, Caleb Mackay Salpeter, Islam, Nazrul, Islam, Sheikh Mohammed Shariful, Islami, Farhad, Jacobsen, Kathryn H., Jahangiry, Leila, Jahanmehr, Nader, Jain, Sudhir Kumar, Jakovlievic, Mihajlo, Jalu, Moti Tolera, James, Spencer L., Javanbakht, Mehdi, Jayatilleke, Achala Upendra, Jeemon, Panniyammakal, Jenkins, Kathy J., Jha, Ravi Prakash, Jha, Vivekanand, Johnson, Catherine O., Johnson, Sarah C., Jonas, Jost B., Joshi, Ankur, Jozwiak, Jacek Jerzy, Jungari, Suresh Banayya, Jurisson, Mikk, Kabir, Zubair, Kadel, Rajendra, Kahsay, Amaha, Kalani, Rizwan, Karami, Manoochehr, Matin, Behzad Karami, Karch, Andre, Karema, Corine, Karimi-Sari,				

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	Hamidreza, Kasaeian, Amir, Kassa, Dessalegn H., Kassa, Getachew Mullu, Kassa, Tesfaye Dessale, Kassebaum, Nicholas J., Katikireddi, Srinivasa Vittal, Kaul, Anil, Kazemi, Zhila, Karyani, Ali Kazemi, Kazi, Dhruv Satish, Kefale, Adane Teshome, Keiyoro, Peter Njenga, Kemp, Grant Rodgers, Kengne, Andre Pascal, Keren, Andre, Kesavachandran, Chandrasekharan Nair, Khader, Yousef Saleh, Khafaei, Behzad, Khafaie, Morteza Abdullatif, Khajavi, Alireza, Khalid, Nauman, Khalil, Ibrahim A., Khan, Ejaz Ahmad, Khan, Muhammad Shahzeb, Khan, Muhammad Ali, Khang, Young-Ho, Khater, Mona M., Khoja, Abdullah T., Khosravi, Ardeshir, Khosravi, Mohammad Hossein, Khubchandani, Jagdish, Kiadaliri, Aliasghar A., Kibret, Getiye D., Kidanemariam, Zelalem Teklemariam, Kiirithio, Daniel N., Kim, Daniel, Kim, Young-Eun, Kim, Yun Jin, Kimokoti, Ruth W., Kinfu, Yohannes, Kisa, Adnan, Kissimova-Skarbek, Katarzyna, Kivimaki, Mika, Knudsen, Ann Kristin Skrindo, Kocarnik, Jonathan M., Kochhar, Sonali, Kokubo, Yoshihiro, Kolola, Tufa, Kopec, Jacek A., Koul, Parvaiz A., Koyanagi, Ai, Kravchenko, Michael A., Krishan, Kewal, Defo, Barthelemy Kuate, Bicer, Burcu Kinuk, Kumar, G. Anil, Kumar, Manasi, Kumar, Pushpendra, Kutz, Michael J., Kuzin, Igor, Kyu, Hmwe Hmwe, Lad, Deepesh P., Lad, Sheetal D., Lafranconi, Alessandra, Lal, Dharmesh Kumar, Lalloo, Ratilal, Lallukka, Tea, Lam, Jennifer O., Lami, Faris Hasan, Lansingh, Van C., Lansky, Sonia, Larson, Heidi J., Latifi, Amman, Lau, Kathryn Mei-Ming, Lazarus, Jeffrey V., Lebedev, Georgy, Lee, Paul H., Leigh, James, Leili, Mostafa, Leshargie, Cheru Tesema, Li, Shanshan, Li, Yichong, Liang, Juan, Lim, Lee-Ling, Lim, Stephen S., Limenih, Miteku Andualem, Linn, Shai, Liu, Shiwei, Liu, Yang, Lodha, Rakesh, Lansdale, Chris, Lopez, Alan D., Lorkowski, Stefan, Lotufo, Paulo A., Lozano, Rafael, Lunevicius, Raimundas, Ma, Stefan, Macarayan, Erlyn Rachelle King, Mackay, Mark T., Maclachlan, Jennifer H., Maddison, Emilie R., Nadotto, Fabiana, Abd El Razek, Hassan Magdy, Abd El Razek, Muhammed Magdy, Maghavani, Dhaval P., Majdan, Marek, Majdzadeh, Reza, Majeed, Azeem, Malekzadeh, Reza, Malta, Deborah Carvalho, Manda, Ana-Laura, Mandarano-Filho, Luiz Garcia, Manguerra, Helena, Mansournia, Mohammad Ali, Mapoma, Chabila Christopher, Marami, Dadi, Maravilla, Joemer C., Marcenes, Wagner, Marczak, Laurie, Marks, Ashley, Marks, Guy B., Martinez, Gabriel, Martins-Melo, Francisco Rogerlandio, Martopullo, Ira, Marz, Winfried, Marron, Melvin B., Masci, Joseph R., Lylassenburg, Benjamin Ballard, Mathur, Manu Raj, Mathur, Prashant, Matzopoulos, Richard, Maulik, Pallab K., Mazidi, Mohsen, Mcalinden,				

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	Cohn, Mcgrath, John J., Mckee, Martin, Mcmahon, Brian J., Mehata, Suiiesh, Mehndiratta, Man Mohan, Mehrotra, Ravi, Mehta, Kala M., Mehta, Varshil, Mekonnen, Tefera C., Melese, Addisu, Melku, Mulugeta, Memiah, Peter T. N., Memish, Ziad A., Mendoza, Walter, Mengistu, Desalegn Tadese, Mengistu, Getnet, Mensah, George A., Mereta, Seid Tiku, Meretoja, Atte, Meretoja, Tuomo J., Meshovic, Tbmislav, Mezgebe, Haftay Berhane, Miazgowski, Bartosz, Miazgowski, Tomasz, Millear, Anoushka I., Miller, Ted R., Katherine, Molly, Petrie, Miller, Mini, G. K., Mirabi, Parvaneh, Mirarefin, Mojde, Mirica, Andreea, Mirrakhimov, Erkin M., Misganaw, Awoke Temesgen, Mitiku, Habtamu, Moazen, Babak, Mohammad, Karzan Abdulmuhsin, Mohammad, Moslem, Mohammadifard, Noushin, Mohammed, A. Mohammed, Mohammed, Shafiu, Mohan, Viswanathan, Mokdad, Ali H., Molokhia, Mariam, Monasta, Lorenzo, Moradi, Ghobad, Moradi-Lakeh, Maziar, Moradinazar, Mehdi, Moraga, Paula, Morawska, Lidia, Velasquez, Ilais Moreno, Morgado-Da-Costa, Joana, Morrison, Shane Douglas, Moschos, Marilita M., Mouodi, Simin, Mousavi, Seyyed Meysam, Muchie, Kindie Eentahun, Mueller, Ulrich Otto, Mukhopadhyay, Satinath, Muller, Kate, Mumford, John Everett, Musa, Jonah, Musa, Kamand Imran, Mustafa, Ghulam, Muthupandian, Saravanan, Nachega, Jean B., Nagel, Gabriele, Naheed, Aliya, Nahvijou, Azin, Naik, Gunidatta, Nair, Sanjeev, Najafi, Farid, Naldi, Luigi, Nam, Hae Sung, Nangia, Vinay, Nansseu, Jobert Richie, Nascirnento, Bruno Ramos, Natarajan, Gopalakrishnan, Nearnati, Nahid, Negoi, Ionut, Negoi, Ruxcandra Irina, Nettpane, Subas, Newton, Charles R. J., Ngalesoni, Frida N., Ngunjiri, Josephine W., Anh Quynh, Nguyen, Nguyen, Grant, Ha Thu, Nguyen, Luong Thanh, Nguyen, Long Hoang, Nguyen, Minh, Nguyen, Trang Huyen, Nguyen, Nichols, Emma, Ningnun, Dina Nur Anggraini, Nirayo, Yirga Legesse, Nixon, Molly R., Nolutshungu, Nomonde, Nomura, Shhhei, Norhelin, Ole F., Noroozi, Mehdi, Norrving, Bo, Noubiap, Jean Jacques, Nouri, Hamid Reza, Shiadeh, Malihe Nourollahpour, Nowroozi, Mohammad Reza, Nyasulu, Peter S., Odell, Christopher M., Ofori-Asenso, Richard, Ogbo, Felix Akpojene, Oh, In-Hwan, Oladimeji, Olanrewaju, Olagunju, Andrew T., Olivares, Pedro R., Olsen, Helen Elizabeth, Olusanya, Bolajoko Olubukunola, Olusanya, Jacob Olusegun, Ong, Kanyin L., Ong, Sok King Sk, Oren, Eyal, Orpana, Heather M., Ortiz, Alberto, Ortiz, Justin R., Otstavnov, Stanislav S., Overland, Simon, Owolabi, Mayowa Ojo, Ozdemir, Raziye, Mahesh, P. A., Pacella, Rosana, Pakhale, Smita, Pakhare, Abhijit P., Pakpour, Amir H., Pana, Adrian, Panda-Jonas, Songhomitra, Pandian, Jeyaraj Durai,				

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	Parisi, Andrea, Park, Eun-Kee, Parry, Charles D. H., Parsian, Hadi, Patel, Shanti, Pati, Sanghamitra, Patton, George C., Paturi, Vishnupriya Rao, Paulson, Katherine R., Pereira, Alexandre, Pereira, David M., Perico, Norberto, Pesudovs, Konrad, Petzold, Max, Phillips, Michael R., Piel, Frederic B., Pigott, David M., Pillay, Julian David, Pirsaheb, Meghdad, Pishgar, Farhad, Polinder, Suzanne, Postma, Maarten J., Pourshams, Akram, Poustchi, Hossein, Pujar, Ashwini, Prakash, Swayam, Prasad, Narayan, Purcell, Caroline A., Qorbani, Mostafa, Quintana, Hedley, Quistberg, D. Alex, Rade, Kirankumar Waman, Radfah, Amir, Rafay, Anwar, Rafiei, Alireza, Rahim, Fakher, Rahimi, Kazem, Rahimi-Movaghar, Afarin, Rahman, Mahfuzar, Rahman, Mohammad Hifz Ur, Rahman, Muhammad Aziz, Rai, Rajesh Kumar, Rajsic, Sasa, Ram, Usha, Ranabhat, Chhabi Lal, Ranjan, Prabhat, Rao, Puja C., Rawaf, David Laith, Rawaf, Salman, Razo-Garcia, Christian, Reddy, K. Srinath, Reiner, Robert C., Reitsma, Marissa B., Remuzzi, Giuseppe, Renzaho, Andre M. N., Resnikoff, Serge, Rezaei, Satar, Rezaeian, Shahab, Rezai, Mohammad Sadegh, Riahi, Seyed Mohammad, Ribeiro, Antonio Luiz P., Rios-Blancas, Maria Jesus, Roba, Kedir Teji, Roberts, Nicholas L. S., Robinson, Stephen R., Roever, Leonardo, Ronfani, Luca, Roshandel, Gholamreza, Rostami, Ali, Rothenbacher, Dietrich, Roy, Ambuj, Rubagotti, Enrico, Sachdev, Perminder S., Saddik, Basema, Sadeghi, Ehsan, Safari, Hosein, Safdarian, Mahdi, Safi, Sare, Safiri, Saeid, Sagar, Rajesh, Sahebkar, Amirhossein, Sahraian, Mohammad Ali, Salam, Nasir, Salama, Joseph S., Salamati, Payman, Saldanha, Raphael De Freitas, Saleem, Zikria, Salimi, Yahya, Salvi, Sundeep Santosh, Salz, Inbal, Sambala, Evanson Zondani, Samy, Abdatiah M., Sanabria, Juan, Sanchez-Nino, Maria Dolores, Santomauro, Damian Francesco, Santos, Itamar S., Santos, Joao Vasco, Milicevic, Milena M. Santric, Jose, Bruno Piassi Sao, Sarker, Abdur Razzaque, Sarmiento-Suarez, Rodrigo, Sarrafzadegan, Nizal, Sartorius, Benn, Sarvi, Shahabeddin, Sathian, Brijesh, Satpathy, Maheswar, Sawant, Arundhati R., Sawhney, Monika, Saxena, Sonia, Sayyah, Mehdi, Schaeffher, Elke, Schmidt, Maria Ines, Schneider, Ione J. C., Schottker, Ben, Schutte, Aletta Elisabeth, Schwebel, David C., Schwendicke, Falk, Scott, James G., Sekerija, Mario, Sepanlou, Sadaf G., Servan-Mori, Edson, Seyedmousavi, Seyedmojtaba, Shabaninejad, Hosein, Shackelford, Katya Anne, Shafieesabet, Azadeh, Shahbazi, Mehdi, Shaheen, Amira A., Shaikh, Masood Ali, Shams-Beyranvand, Mehran, Shamsi, Mohammadbagher, Shamsizadeh, Morteza, Sharafi, Kiomars, Sharif, Mehdi, Sharif-Alhoseini, Mandi, Sharma, Rajesh, She, Jun,				

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	Sheikh, Aziz, Shi, Peilin, Shiferaw, Mekonnen Sisav, Shigematsu, Mika, Shiri, Rahman, Shirkoohi, Reza, Shiue, Ivy, Shokraneh, Farhad, Shrine, Mark G., Si, Si, Siabani, Soraya, Siddiqi, Tariq J., Sigfusdottir, Inga Dora, Sigurvinsdottir, Rannveig, Silberberg, Donald H., Silva, Diego Augusto Santos, Silva, Joao Pedro, Da Silva, Natacha Torres, Silveira, Dayane Bride Alves, Singh, Jasvinder A., Singh, Narinder Pal, Singh, Prashant Kumar, Singh, Virendra, Sinha, Dhirendra Narain, Sliwa, Karen, Smith, Mari, Sobaih, Badr Hasan, Sobhani, Soheila, Solangwi, Eugene, Soneji, Samir S., Soofi, Moslem, Sorensen, Reed J. D., Soriano, Joan B., Soyiri, Ireneous N., Sposato, Luciano A., Sreeramareddy, Chandrashekhar F., Srinivasan, Vinay, Stanaway, Jeffrey D., Starodubov, Vladimir I., Stathopoulou, Vasiliki, Stein, Dan J., Steiner, Caitlyn, Stewart, Leo G., Stokes, Mark A., Subart, Michelle L., Sudaryanto, Agus, Sufiyan, Mu'awiyyah Babale, Sur, Patrick John, Sutradhar, Ipsita, Sykes, Bryan L., Sylaja, P. N., Sylte, Dillon O., Szoeke, Cassandra E. I., Tabares-Seisdedos, Rafael, Tabuchi, Takahiro, Tadakamadla, Santosh Kumar, Takahashi, Ken, Tandon, Nikhil, Tassew, Segen Gebremeskel, Taveira, Nuno, Tehrani-Banihashemi, Arash, Tekalign, Tigist Gashaw, Tekle, Merhawi Gebremedhin, Temsah, Mohamad-Hani, Temsah, Omar, Terkawi, Abdullah Sulieman, Teshale, Manaye Yihune, Tesserna, Belay, Tessema, Gizachew Assefa, Thankappan, Kavumpurathu Raman, Thirinavukkarasu, Sathish, Thomas, Nihal, Thrift, Amanda G., Thurston, George D., Tilahun, Binyam, To, Quyen G., Tobe-Gai, Ruoyan, Tonellli, Marcello, Topor-Madry, Roman, Torre, Anna E., Tortajada-Cirbes, Miguel, Touvier, Mathilde, Tovani-Palone, Marcos Roberto, Bach Xuan, Tran, Khah Bao, Tran, Tripathi, Suryakant, Troeger, Christopher E., Truelsen, Thomas Clement, Nu Thi, Truong, Tsadik, Afewerki Gebremeskel, Tsoi, Derrick, Car, Lorainne Tudor, Tuzcu, E. Murat, Tyrovolas, Stefanos, Ukwaja, Kingsley N., Whiff, Irfan, Undurraga, Eduardo A., Updike, Rachel L., Usman, Muhammad Shariq, Uthman, Olalekan A., Uzun, Selen Begum, Vaduganathan, Muthiah, Vaezi, Afsane, Vaidya, Gaurang, Valdez, Pascual R., Varavikova, Elena, Vasankari, Tommi Juhani, Venketasubramanian, Narayanaswamy, Villafaina, Santos, Violante, Francesco S., Vladimirov, Sergey Konstantinovitch, Vlassov, Vasily, Vollset, Stein Email, Vos, Theo, Wagner, Gregory R., Wagnew, Fasil Shiferaw, Waheed, Yasir, Wallin, Mitchell Taylor, Watson, Judd L., Wang, Yanping, Wang, Yuan-Pang, Wassie, Molla Mesele, Weiderpass, Elisabete, Weintraub, Robert G., Weldegebreal, Eitsum, Weldegwergs, Kidu Gidey, Werdecker, Andrea, Werkneh, Adhena				

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	Ayaliew, West, T. Eoin, Westerman, Ronny, Whiteford, Harvey A., Widecka, Justyna, Wilner, Lauren B., Wilson, Shadrach, Winkler, Andrea Sylvia, Wiysonge, Charles Shey, Wolfe, Charles D. A., Wu, Shouling, Wu, Yun-Chun, Wyper, Grant M. A., Xavier, Denis, Xu, Gelin, Yadgir, Simon, Yadollahpour, Ali, Jabbari, Seyed Hossein Yahyazadeh, Yakob, Bereket, Yan, Lijing L., Yano, Yuichiro, Yaseri, Mehdi, Yasin, Yasin Jemal, Yentur, Gokalp Kadri, Yeshaneh, Alex, Yimer, Ebrahim M., Yip, Paul, Yirsaw, Biruck Desalegn, Yisma, Engida, Yonemoto, Naohiro, Yonga, Gerald, Yoon, Seok-Jun, Yotebieng, Marcel, Younis, Mustafa Z., Yousefifard, Mahmoud, Yu, Chuanhua, Zadnik, Vesna, Zaidi, Zoubida, Bin Zaman, Sojib, Zamani, Mohammad, Zare, Zohreh, Zeleke, Ayalew Jejaw, Zenebe, Zerihun Menlkalew, Zhang, Anthony Lin, Zhang, Kai, Zhou, Maigeng, Zodpey, Sanjay, Zuhlke, Liesl Joanna, Naghavi, Ntishsen and Murray, Christopher J. L. Global, regional, and national age-sex-specific mortality for 282 causes of death in 195 countries and territories, 1980-2017: a systematic analysis for the Global Burden of Disease Study 2017 The Lancet; 2018, 392 (10159): 1736-1788 Background Global development goals increasingly rely on country-specific estimates for benchmarking a nation's progress. To meet this need, the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2016 estimated global, regional, national, and, for selected locations, subnational cause-specific mortality beginning in the year 1980. Here we report an update to that study, making use of newly available data and improved methods. GBD 2017 provides a comprehensive assessment of cause-specific mortality for 282 causes in 195 countries and territories from 1980 to 2017. Methods The causes of death database is composed of vital registration (VR), verbal autopsy (VA), registry, survey, police, and surveillance data. GBD 2017 added ten VA studies, 127 country-years of VR data, 502 cancer-registry country-years, and an additional surveillance country-year. Expansions of the GBD cause of death hierarchy resulted in 18 additional causes estimated for GBD 2017. Newly available data led to subnational estimates for five additional countries Ethiopia, Iran, New Zealand, Norway, and Russia. Deaths assigned International Classification of Diseases (ICD) codes for non-specific, implausible, or intermediate causes of death were reassigned to underlying causes by redistribution algorithms that were incorporated into uncertainty estimation. We used statistical modelling tools developed for GBD, including the Cause of Death Ensemble model (CODErn), to generate cause				

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	fractions and cause specific death rates for each location, year, age, and sex. Instead of using UN estimates as in previous versions, GBD 2017 independently estimated population size and fertility rate for all locations. Years of life lost (YLLs) were then calculated as the sum of each death multiplied by the standard life expectancy at each age. All rates reported here are age-standardised. Findings At the broadest grouping of causes of death (Level 1), non-communicable diseases (NC Ds) comprised the greatest fraction of deaths, contributing to 73.4% (95% uncertainty interval [UI] 72.5-74.1) of total deaths in 2017, while communicable, maternal, neonatal, and nutritional (CMNN) causes accounted for 186% (17.9-19.6), and injuries 8.0% (7.7-8.2). Total numbers of deaths from NCD causes increased from 2007 to 2017 by 22.7% (21.5-23.9), representing an additional 7.61 million (7. 20-8.01) deaths estimated in 2017 versus 2007. The death rate from NCDs decreased globally by 7.9% (7.08.8). The number of deaths for CMNN causes decreased by 222% (20.0-24.0) and the death rate by 31.8% (30.1-33.3). Total deaths from injuries increased by 2.3% (0-5-4-0) between 2007 and 2017, and the death rate from injuries decreased by 13.7% (12.2-15.1) to 57.9 deaths (55.9-59.2) per 100 000 in 2017. Deaths from substance use disorders also increased, rising from 284 000 deaths (268 000-289 000) globally in 2007 to 352 000 (334 000-363 000) in 2017. Between 2007 and 2017, total deaths from conflict and terrorism increased by 118.0% (88.8-148.6). A greater reduction in total deaths and death rates was observed for some CMNN causes among children younger than 5 years than for older adults, such as a 36.4% (32.2-40.6) reduction in deaths from lower respiratory infections for children younger than 5 years compared with a 33.6% (31.2-36.1) increase in adults older than 70 years. Globally, the number of deaths was greater for men than for women at most ages in 2017, except at ages older than 85 years. Trends in global YLLs reflect an epidemiological transition, with decreases in total YLLs from enteric infections, respirator}, infections and tuberculosis, and maternal and neonatal disorders between 1990 and 2017; these were generally greater in magnitude at the lowest levels of the Socio-demographic Index (SDI). At the same time, there were large increases in YLLs from neoplasms and cardiovascular diseases. YLL rates decreased across the five leading Level 2 causes in all SDI quintiles. The leading causes of YLLs in 1990 neonatal disorders, lower respiratory infections, and diarrhoeal diseases were ranked second, fourth, and fifth, in 2017. Meanwhile, estimated YLLs				

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	increased for ischaemic heart disease (ranked first in 2017) and stroke (ranked third), even though YLL rates decreased. Population growth contributed to increased total deaths across the 20 leading Level 2 causes of mortality between 2007 and 2017. Decreases in the cause-specific mortality rate reduced the effect of population growth for all but three causes: substance use disorders, neurological disorders, and skin and subcutaneous diseases. Interpretation Improvements in global health have been unevenly distributed among populations. Deaths due to injuries, substance use disorders, armed conflict and terrorism, neoplasms, and cardiovascular disease are expanding threats to global health. For causes of death such as lower respiratory and enteric infections, more rapid progress occurred for children than for the oldest adults, and there is continuing disparity in mortality rates by sex across age groups. Reductions in the death rate of some common diseases are themselves slowing or have ceased, primarily for NCDs, and the death rate for selected causes has increased in the past decade. Copyright (C) 2018 The Author(s). Published by Elsevier Ltd.				
585.	Ruban, A. and Somi Sankaran, P. A proposal based on a review of reforms for improving medical education in India Postgraduate Medical Journal; 2018, 94 (1109): 187-188	**INT**	**JAN TO JUN**	**MEDICAL EDUCATION**	**WOS:000428926100012** **SCOPUS** **H Index:** 84 **Impact Factor:** 2.078
586.	Ruediger, C. D., John, B., Kumar, S., Lim, H. S., Rangnekar, G., Roberts-Thomson, K. C., Young, G. D., Chase, D., Sanders, P. and Willoughby, S. R. Influence of ethnic background on left atrial markers of inflammation, endothelial function and tissue remodelling Indian Pacing Electrophysiol J; 2018, 18 (1): 1-5 **Address:** Centre for Heart Rhythm Disorders, South Australian Health and Medical Research Institute, University of Adelaide and Royal Adelaide Hospital, Adelaide, Australia. Department of Cardiology, **Christian Medical College, Vellore,** India. Centre for Heart Rhythm Disorders, South Australian Health and Medical Research Institute, University of Adelaide and Royal Adelaide Hospital, Adelaide, Australia. Electronic **Address:** scott.willoughby@adelaide.edu.au. BACKGROUND: It has been suggested that ethnicity can make a significant difference to the likelihood of thromboembolic stroke related to atrial fibrillation. Ethnic differences have been shown to	**NAT**	**JAN TO JUN**	**CARDIOLOGY**	**PMID:29477215** **PMC ID:5840760** **H Index:** 21 **Impact Factor:** 0.320 (RG)

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	alter inflammatory and haemostatic factors; however, this may all be confounded by differences in cardiovascular risk factors between different ethnicity. The impact of different ethnicities on the thrombogenic profile is not known. The aim of this study was to investigate differences in markers of inflammation, endothelial function and tissue remodelling between Caucasian and Indian populations with supraventricular tachycardia (SVT). METHODS: Patients with structurally normal hearts undergoing catheter ablation for SVT were studied. This study included 23 Australian (Caucasian) patients from the Royal Adelaide Hospital, Adelaide, Australia and 24 Indian (Indian) patients from the **Christian Medical College, Vellore,** India. Blood samples were collected from the femoral vein, and right and left atria. Blood samples were analysed for the markers of endothelial function (ADMA, ET-1), inflammation (CD40L, VCAM-1, ICAM-1), and tissue remodelling (MMP-9, TIMP-1) using ELISA. RESULTS: The study populations were well matched for cardiovascular risk factors and the absence of structural heart disease. No difference in the echocardiographic measurements between the two ethnicities was found. In this context, there was no difference in markers of inflammation, endothelial function or tissue remodelling between the two SVT populations. CONCLUSION: Caucasian and Indian populations demonstrate similar inflammatory, endothelial function or tissue remodelling profiles. This study suggests a lack of an impact of different ethnicity in these populations in terms of thrombogenic risk.				
587.	Rupa, V., Mani, S. E., Backianathan, S. and Rajshekhar, V. Management and Outcome in Patients with Advanced Juvenile Nasopharyngeal Angiofibroma J Neurol Surg B Skull Base; 2018, 79 (4): 353-360 **Address:** Department of ENT, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Radiodiagnosis, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Radiation Therapy, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Neurological Sciences, **Christian Medical College, Vellore,** Tamil Nadu, India. Objective To report the management outcome in a series of patients with advanced juvenile nasopharyngeal angiofibroma (JNA). Design Retrospective study. Setting Tertiary care teaching hospital.	**INT**	**JAN TO JUN**	**ENT, RADIODIAGNOSIS, RADIATION THERAPY, NEUROLOGICAL SCIENCES,**	**PMID:30009116** **PMC ID:6043168** **WOS:000438412900007** **SCOPUS** **H Index:** 33 **Impact Factor:** 1.068

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	Participants Forty-five patients classified as Radkowski stage IIIA or IIIB who presented to us over the past 10 years. Main Outcome Measures Surgical approaches used and disease free outcomes in patients with advanced JNA. Results Surgical access for the extracranial component included open (41.9%) and expanded endonasal approaches (58.1%). Craniotomy (16.3%), endoscopy-assisted open approach (7%), or expanded endonasal approach (20.9%) was performed to excise the skull base or intracranial component. Follow up ranged from 4 to 96 months (mean, 20.3 months). Of 35 patients who underwent imaging at the first postoperative follow up, 25 (71.4%) had negative scans. Three symptomatic patients with residual disease underwent endoscopic excision and had negative scans thereafter. Of two others who had radiation therapy, one was disease free and the other lost to follow up. Five others had stable, residual disease. Three patients (8.6%) with recurrent disease underwent surgical excision, of whom two had minimal, stable residual disease. At the last follow-up, 27 (77.1%) patients had negative scans, and 7 (20%) had stable residual disease with one (2.9%) patient lost to follow-up. Conclusions Advanced JNA may be successfully treated in most cases with expanded endonasal/endoscopy assisted +/- craniotomy approach after appropriate preoperative evaluation. At follow-up, only symptomatic patients or those with enlarging residue require treatment; periodic imaging surveillance is adequate for those with stable disease.				
588.	S, P., Jose, J. and George, O. K. Contemporary outcomes of percutaneous closure of patent ductus arteriosus in adolescents and adults Indian Heart Journal; 2018, 70 (2): 308-315 Background: Catheter based treatment has gained wide acceptance for management of patent ductus arteriosus (PDA) ever since its introduction. Percutaneous closure in adults can be challenging because of anatomical factors including large sizes, associated pulmonary arterial hypertension (PAH) and co-morbidities. This study aimed to provide comprehensive contemporary data on the safety and efficacy of percutaneous device closure of PDA in adult and adolescent population at a large referral center. Methods: This single-center retrospective analysis included 70 patients (33 adolescents and 37 adults) who underwent successful percutaneous device closure of PDA between January 2011 and February 2017.Baseline patient demographics, clinical characteristics,	**NAT**	**JAN TO JUN**	**CARDIOLOGY**	**SCOPUS** **H Index:** 33 **Impact Factor:** 0.610 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	procedural and device related variables, and immediate outcomes during hospital stay were recorded. Patients were followed up for residual shunt and complications. Results: Of 70 PDA device closure cases, 71.4% were females; the mean age was 23 years (range:10-58years). Devices used were 4-Cook's detachable coils, 64-occluders (ADO-I and II, Lifetech, Cardi-O-Fix), 1-vascular plug and 1-ventricular septal occluder device. Device success was achieved in all including those with very large PDAs. At 24-h post-procedure, the success rate of transcatheter intervention was 95.7%. At 6-months follow up, complete closure was observed in all (mean follow up duration-531 days). In patients with severe PAH, significant immediate and sustained reduction of the mean pulmonary pressure was observed(77 mmHg to 33 mmHg;P = 0.014). No procedure-related complications including death, device embolization and stenosis of aorta or pulmonary artery occurred. Conclusions: In contemporary practice, percutaneous device closure is an effective and safe treatment option for adolescent and adult PDA patients. © 2017				
589.	Sadanshiv, M., George, A. A., Mishra, A. K. and Kuriakose, C. K. Rifampicin-induced immune allergic reaction Tropical Doctor; 2018, 48 (2): 156-159	**INT**	**JAN TO JUN**	**ENDOCRINOLOGY, MEDICINE**	**WOS:000429972900020** **SCOPUS** **H Index:** 30 **Impact Factor:** 0.660 (RG)
590.	Sagili, K. D., Muniyandi, M., Nilgiriwala, K. S., Shringarpure, K. S., Satyanarayana, S., Kirubakaran, R., Chadha, S. S. and Tharyan, P. Cost-effectiveness of GeneXpert and LED-FM for diagnosis of pulmonary tuberculosis: A systematic review PLoS One; 2018, 13 (10): e0205233 **Address:** International Union against Tuberculosis and Lung Disease, South East Asia Regional office, New Delhi, India. National Institute for Research in Tuberculosis, ICMR, Chennai, India. Tuberculosis Division, The Foundation for Medical Research, Mumbai, India. Department of Preventive and Social Medicine, Medical College Baroda, Baroda, India. Prof BV Moses Centre for Evidence- Informed Health Care, **Christian Medical College, Vellore,** India. BACKGROUND: Early and accurate diagnosis of tuberculosis is a priority for TB programs globally to initiate treatment early and improve treatment outcomes. Currently, Ziehl-Neelsen (ZN) stain-based microscopy, GeneXpert and Light Emitting	**INT**	**JUL TO DEC**	**CENTRE FOR EVIDENCE-INFORMED HEALTH CARE**	**PMID:30372436** **PMC ID:6205591** **WOS:000448641200007** **SCOPUS** **H Index:** 241 **Impact Factor:** 2.766

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Diode-Fluorescence Microscopy (LED-FM) are used for diagnosing pulmonary drug sensitive tuberculosis. Published evidence synthesising the cost-effectiveness of these diagnostic tools is scarce. METHODOLOGY: PubMed, EMBASE and Cost-effectiveness analysis registry were searched for studies that reported on the cost-effectiveness of GeneXpert and LED-FM, compared to ZN microscopy for diagnosing pulmonary TB. Risk of bias was assessed independently by four authors using the Consensus Health Economic Criteria (CHEC) extended checklist. The data variables included the study settings, population, type of intervention, type of comparator, year of study, duration of study, type of study design, costs for the test and the comparator and effectiveness indicators. Incremental cost-effectiveness ratio (ICER) was used for assessing the relative cost-effectiveness in this review. RESULTS: Of the 496 studies identified by the search, thirteen studies were included after removing duplicates and studies that did not fulfil inclusion criteria. Four studies compared LED-FM with ZN and nine studies compared GeneXpert with ZN. Three studies used patient cohorts and eight were modelling studies with hypothetical cohorts used to evaluate cost-effectiveness. All these studies were conducted from a health system perspective, with four studies utilising cost utility analysis. There were considerable variations in costing parameters and effectiveness indicators that precluded meta-analysis. The key findings from the included studies suggest that LED-FM and GeneXpert may be cost effective for pulmonary TB diagnosis from a health system perspective. CONCLUSION: Our review identifies a consistent trend of the cost effectiveness of LED-FM and GeneXpert for pulmonary TB diagnosis in different countries with diverse context of socio-economic condition, HIV burden and geographical distribution. However, all the studies used different parameters to estimate the impact of these tools and this underscores the need for improving the methodological issues related to the conduct and reporting of cost-effectiveness studies.				
591.	Saha, S. K., Schrag, S. J., El Arifeen, S., Mullany, L. C., Shahidul Islam, M., Shang, N., Qazi, S. A., Zaidi, A. K. M., Bhutta, Z. A., Bose, A., Panigrahi, P., Soofi, S. B., Connor, N. E., Mitra, D. K., Isaac, R., Winchell, J. M., Arvay, M. L., Islam, M., Shafiq, Y., Nisar, I., Baloch, B., Kabir, F., Ali, M., Diaz, M. H., Satpathy, R., Nanda, P., Padhi, B. K., Parida, S., Hotwani, A., Hasanuzzaman, M., Ahmed, S., Belal Hossain, M., Ariff, S., Ahmed, I., Ibne Moin, S. M., Mahmud, A., Waller, J. L., Rafiqullah, I., Quaiyum, M. A., Begum, N., Balaji,	**INT**	**JAN TO JUN**	**CLINICAL MICROBIOLOGY**	**PMID:30025808** **PMC ID:6053599** **WOS:000438501300029** **SCOPUS** **H Index:** 670 **Impact Factor:** 53.254

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	V., Halen, J., Nawshad Uddin Ahmed, A. S. M., Weber, M. W., Hamer, D. H., Hibberd, P. L., Sadeq-Ur Rahman, Q., Mogan, V. R., Hossain, T., Mcgee, L., Anandan, S., Liu, A., Panigrahi, K., Abraham, A. M. and Baqui, A. H. Causes and incidence of community-acquired serious infections among young children in south Asia (ANISA): an observational cohort study Lancet; 2018, 392 (10142): 145-159 **Address:** Department of Microbiology, Child Health Research Foundation, Dhaka Shishu Hospital, Sher-E-Bangla Nagar, Dhaka, Bangladesh. Electronic **Address:** samirk.sks@gmail.com. Centers for Disease Control and Prevention, Respiratory Diseases Branch, Atlanta, GA, USA. Department of Paediatrics and Child Health, Aga Khan University, Karachi, Pakistan. Johns Hopkins Bloomberg, School of Public Health, Johns Hopkins University, Baltimore, MD, USA. Department of Microbiology, Child Health Research Foundation, Dhaka Shishu Hospital, Sher-E-Bangla Nagar, Dhaka, Bangladesh. Department of Child and Adolescent Health and Development, World Health Organization, Geneva, Switzerland. **Christian Medical College,** Bagayam, Vellore, India. Center for Global Health and Development, College of Public Health, University of Nebraska Medical Center, Omaha, NE, USA. Maternal and Child Health Division, icddr,b, Dhaka, Bangladesh. Asian Institute of Public Health, Bhubaneswar, India. Ramachandra Bhanj Medical College, Manglabag, Cuttack, Odisha, India. Child and Adolescent Health and Development Division, World Health Organization Regional Office for Europe, Copenhagen, Denmark. Department of Global Health and Center for Global Health and Development, Boston University School of Public Health, Boston, MA, USA. BACKGROUND: More than 500 000 neonatal deaths per year result from possible serious bacterial infections (pSBIs), but the causes are largely unknown. We investigated the incidence of community-acquired infections caused by specific organisms among neonates in south Asia. METHODS: From 2011 to 2014, we identified babies through population-based pregnancy surveillance at five sites in Bangladesh, India, and Pakistan. Babies were visited at home by community health workers up to ten times from age 0 to				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	59 days. Illness meeting the WHO definition of pSBI and randomly selected healthy babies were referred to study physicians. The primary objective was to estimate proportions of specific infectious causes by blood culture and Custom TaqMan Array Cards molecular assay (Thermo Fisher, Bartlesville, OK, USA) of blood and respiratory samples. FINDINGS: 6022 pSBI episodes were identified among 63 114 babies (95.4 per 1000 livebirths). Causes were attributed in 28% of episodes (16% bacterial and 12% viral). Mean incidence of bacterial infections was 13.2 (95% credible interval [CrI] 11.2-15.6) per 1000 livebirths and of viral infections was 10.1 (9.4-11.6) per 1000 livebirths. The leading pathogen was respiratory syncytial virus (5.4, 95% CrI 4.8-6.3 episodes per 1000 livebirths), followed by Ureaplasma spp (2.4, 1.6-3.2 episodes per 1000 livebirths). Among babies who died, causes were attributed to 46% of pSBI episodes, among which 92% were bacterial. 85 (83%) of 102 blood culture isolates were susceptible to penicillin, ampicillin, gentamicin, or a combination of these drugs. INTERPRETATION: Non-attribution of a cause in a high proportion of patients suggests that a substantial proportion of pSBI episodes might not have been due to infection. The predominance of bacterial causes among babies who died, however, indicates that appropriate prevention measures and management could substantially affect neonatal mortality. Susceptibility of bacterial isolates to first-line antibiotics emphasises the need for prudent and limited use of newer-generation antibiotics. Furthermore, the predominance of atypical bacteria we found and high incidence of respiratory syncytial virus indicated that changes in management strategies for treatment and prevention are needed. Given the burden of disease, prevention of respiratory syncytial virus would have a notable effect on the overall health system and achievement of Sustainable Development Goal. FUNDING: Bill & Melinda Gates Foundation.				
592.	Sahni, R. D., Mathai, D., Sudarsanam, T. D., Balaji, V., Brahamadathan, K. N., Jesudasan, M. V. and Lalitha, M. K. Extended-Spectrum Beta-lactamase Producers: Detection for the Diagnostic Laboratory J Glob Infect Dis; 2018, 10 (3): 140-146 **Address:** Department of Clinical Microbiology, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Medicine, **Christian Medical College, Vellore,** Tamil Nadu, India. Background and Objectives: Discovered in 1983, Extended	**INT**	**JAN TO JUN**	**CLINICAL MICROBIOLOGY, MEDICINE**	**PMID:30166813** **PMC ID:6100337** **SCOPUS** **H Index:** 17 **Impact Factor:** 0.820 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	spectrum beta-lactamase (ESBL) producers are still the leading cause of infections in India. Its prompt detection is crucial to the clinical management. The Clinical Laboratory Standards Institute (CLSI) recommends phenotypic screening and confirmatory tests to identify the ESBL producer making it cost and time consuming for the diagnostic laboratory. We compare here the screening and confirmatory tests offering a solution to the CLSI recommendation. Methods: Nosocomial isolates E. coli (71) and K. pneumoniae (25) resistant to cefotaxime and ceftazidime were included. CLSI recommended testing with cefotaxime, ceftazidime and in combination with clavulanic acid by disk diffusion and agar dilution methods were performed. E-test was performed on discrepant results. To determine the genetic relatedness of the organisms, 22 Medical and Surgical ICU isolates were genotyped by PFGE. Dendrogram was constructed using dice co-efficient, UPGMA method with diversity database software. Results and Conclusions: Phenotypic screening disk diffusion test versus the confirmatory agar dilution MIC tests with cefotaxime and ceftazidime correlated well with the final ESBL status (kappa 0.852 and 0.905 P < 0.001) and (kappa 0.911 and 0.822 P < 0.001). The tests show 99-100% sensitivity, 75-83.3% specificity, and positive likelihood ratios between 4.0 -5.9. E-test confirmed 6 of 12 discordant results as ESBLs. Of the 96 nosocomial isolates screened as possible ESBL producers by the Kirby-Bauer disk diffusion test, 86.5% were confirmed ESBL producers. Genotyping on the ICU isolates by PFGE revealed a genetically diverse population suggesting no transmission of phenotypically similar ESBL strains within the ICUs.				
593.	Saini, R. and Maiti, T. Critical Comment on Depression in Main Caregivers of Dementia Patients: Prevalence and Predictors Adv Biomed Res; 2018, 7 105 **Address:** Faculty of Nursing, College of Medicine and Allied Health Sciences (COMAHS), Sierra Leone, West Africa. Department of Child and Adolescent Psychiatry, **Christian Medical College** and Hospital (CMCH), Vellore, Tamil Nadu, India.	**INT**	**JAN TO JUN**	**CHILD AND ADOLESCENT PSYCHIATRY**	**PMID:30050893** **PMC ID:6036779** **H Index:** NA **Impact Factor:** NA
594.	Saini, R., Narula, P., Rani, B. and Maiti, T. Mothers and Low Birth Weight Infants: A Holistic Perspective Iran J Nurs Midwifery Res; 2018, 23 (5): 410 **Address:** Faculty of Nursing, College of Medicine and Allied Health Sciences, Freetown, Sierra Leone, Africa.	**INT**	**JAN TO JUN**	**CHILD AND ADOLESCENT PSYCHIATRY**	**PMID:30186349** **PMC ID:6111653** **H Index:** NA **Impact Factor:** 0.690 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Department of Obstetrics and Gynaecology, Gian Sagar College of Nursing, Patiala, Punjab, India. Mai Bhago College of Nursing, Tarn Taran, Punjab, India. Deptartment of Child and Adolescent Psychiatry, **Christian Medical College** and Hospital (CMCH), Vellore, Tamil Nadu, India.				
595.	Sajith, K. G., Kapoor, N., Shetty, S., Goel, A., Zachariah, U., Eapen, C. E. and Paul, T. V. Bone Health and Impact of Tenofovir Treatment in Men with Hepatitis-B Related Chronic Liver Disease J Clin Exp Hepatol; 2018, 8 (1): 23-27 **Address:** Professor, Department of Hepatology, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Associate Professor, Department of Endocrinology, Diabetes and Metabolism, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Assistant Professor, Department of Endocrinology, Diabetes and Metabolism, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Professor & Head, Department of Hepatology, **Christian Medical College and Hospital,** Tamil Nadu, India. Professor, Department of Endocrinology, Diabetes and Metabolism, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Background: Chronic Liver Disease (CLD) has been shown to have an adverse impact on bone health. Hepatitis-B related CLD and its treatment with tenofovir may have additional effects on skeleton. Objective: To study the impact of HBV related CLD and its treatment with Tenofovir on bone health in Indian subjects. Methods: This cross sectional study included men (18-60 years) and comprised of three groups: Group-1 was treatment naive HBV related CLD (n = 79), Group-2 those with HBV related CLD on tenofovir for at least 1 year (n = 136), Group-3 age, sex and Body Mass Index (BMI) matched healthy controls (n = 58). Bone biochemistry and Bone Mineral Density (BMD) at spine, Femoral Neck (FN) and forearm were studied. Independent t-test or ANOVA was used to compare the means of continuous variables and chi-square test for categorical variables. Multiple logistic regression was used to assess the factors causing Low Bone Mass (LBM) at FN. Results: A significantly greater proportion (P < 0.05) of patients (40%) with CLD (group 1 and group 2) had vitamin D deficiency (<20 ng/ml) in comparison with control group (22%). The mean serum C-Terminal	**INT**	**JAN TO JUN**	**HEPATOLOGY, ENDOCRINOLOGY, DIABETES AND METABOLISM,**	**PMID:29743793** **PMC ID:5938523** **SCOPUS** **H Index:** 20 **Impact Factor:** 0.380 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	telopeptide was significantly higher (P < 0.05) and the mean BMD was significantly lower (P < 0.05) in subjects with HBV related CLD than controls. The prevalence of LBM was higher in group 1 at the spine (31%) and forearm (18.4%) when compared to controls (8.1% and 7.8% respectively) (P < 0.05). The proportion of patients with LBM at FN was highest in group 2 (12.3%) compared to those in group 1 (8%) and group 3 (4%) (P < 0.05). Advanced age, low BMI, and high viral load (>10,000 IU/ml) emerged as significant risk factors for LBM at FN. Conclusion: The impact of hepatitis-B related CLD as well as its treatment on bone health is significant. Bone health need to be periodically evaluated in these subjects especially in older men who are lean and have a higher viral load.				
596.	Sakthivel, M. S., Prabha, R., Singh, O., Kekre, N. S. and Kumar, S. The effect of phosphodiesterase-5 inhibitor, tadalafil, on in vitro potassium chloride-induced contractions of isolated human ureteral tissue Indian J Urol; 2018, 34 (4): 287-291 **Address:** Department of Urology, **Christian Medical College, Vellore,** Tamil Nadu, India. Consultant Urologist, Kalyani Kidney Care Centre, Erode, Tamil Nadu, India. Department of Clinical Pharmacology, **Christian Medical College, Vellore,** Tamil Nadu, India. Consultant Urologist, Department of Urology, Shrimann Superspeciality Hospital, Jalandhar, India. Introduction: Drugs causing ureteral relaxation are used for medical expulsive therapy (MET) for stones. We investigated the in vitro ability of tadalafil to cause relaxation of potassium chloride (KCl)-induced contractions of isolated human ureteral tissue. Materials and Methods: Eight grossly normal proximal ureteral tissues were collected from the radical and donor nephrectomy specimen. The standard organ bath protocol was followed. Ureteral contractions were induced with 80 mM KCl before and after exposure to tadalafil. Results: The median amplitude and frequency of KCl-induced contractions and the median area under the contractility curve (AUCC) after exposure to 20 muM tadalafil showed significant reductions compared to that of before exposure to tadalafil (7.87 cm, 3.79/min, and 2.98 cm(2), respectively, versus 9.37 cm, 4.48/min, and 4.50 cm(2), respectively; P = 0,026, 0.008, and 0.008, respectively). After exposure to 40 muM tadalafil,	**NAT**	**JAN TO JUN**	**UROLOGY, CLINICAL PHARMACOLOGY**	**PMID:30337785** **PMC ID:6174708** **SCOPUS** **H Index:** 23 **Impact Factor:** 0.820 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	the median amplitude and frequency of KCl-induced contractions and AUCC (4.50 cm, 2.56/min, and 0.92 cm(2), respectively) showed significant reductions compared to that of before exposure to tadalafil (7.62 cm, 3.88/min, and 3.32 cm(2), respectively; P = 0.008, 0.016, and 0.008, respectively). However, reductions in the parameters after exposure to 20 muM and 40 muM tadalafil were similar (P = 0.065, 0.195, and 0.130, respectively, for median amplitude, frequency, and AUCC). Conclusion: Tadalafil reduces KCl-induced contractions of isolated human ureteral tissue in vitro. No incremental relaxations in contractions occurred by increasing the dose of tadalafil from 20 muM to 40 muM.				
597.	Saleem, M. S., Aljurf, M., Srivastava, A., Shamsi, T., Lu, P. H., Hamidieh, A. A., El Haddad, A. and Hashmi, S. K. Challenges in managing graft-versus-host disease in developing countries: a perspective Bone Marrow Transplant; 2018, **Address:** Shifa College of Medicine, Islamabad, Pakistan. Oncology Center, King Faisal Specialist Hospital and Research Center, Riyadh, Saudi Arabia. Department of Hematology, **Christian Medical College, Vellore,** India. Department of Hematology, National Institutes of Blood Diseases, Karachi, Pakistan. Department of Hematology, Dao Pei Lu Hospital, Beijing, China. Department of Pediatric Hematology/Oncology, Tehran University of Medical Sciences, Tehran, Iran. National Cancer Institute, Cairo University, Cairo, Egypt. Oncology Center, King Faisal Specialist Hospital and Research Center, Riyadh, Saudi Arabia. hashmi.shahrukh@mayo.edu. Department of Internal Medicine, Mayo Clinic, Rochester, NY, USA. hashmi.shahrukh@mayo.edu. Hematopoietic cell transplant (HCT) activity is increasing worldwide due to safer techniques, widening indications, and more availability of donors. New HCT centers have recently been established in many developing countries including Asian and African countries. Due to limited resources, logistic, political, and social issues in developing countries, the treatment of orphan diseases like graft-versus-host disease (GVHD) can be challenging. We intended to delineate the current issues that institutions and clinicians face in managing GVHD. We conducted a comprehensive systematic electronic review of peer-reviewed published articles on GVHD management in	**INT**	**JUL TO DEC**	**CLINICAL HAEMATOLOGY**	**PMID:30237541** **SCOPUS** **H Index:** 116 **Impact Factor:** 4.497

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	developing countries. We used PubMed, Cochrane, and Embase databases as our primary source of data. Studies that were included described the treatments for both acute and chronic GVHD. Consensus on the use of high-dose methyl-prednisone and prednisolone as the initial therapy was widely accepted and used in practice. Socio-economic factors were found to be the major factor involved in GVHD management in lower income patients. Delayed diagnosis and treatment, lack of availability of healthcare professionals, lack of knowledge among cancer patients, and poverty are major concerns in the developing world. For optimal management, HCT programs should develop systems in place for long-term follow-up of HCT survivors and have a low threshold to initiate treatments for GVHD early. Awareness and health policy programs must be initiated at the grass-root level for long-term management of these survivors in developing countries.				
598.	Salvi, Sundeep, Kumar, G. Anil, Dhaliwal, R. S., Paulson, Katherine, Agrawal, Anurag, Koul, Parvaiz A., Mahesh, P. A., Nair, Sanjeev, Singh, Virendra, Aggarwal, Ashutosh N., Christopher, D. J., Guleria, Randeep, Mohan, B. V. Murali, Tripathi, Surya K., Ghoshal, Aloke G., Kumar, R. Vijai, Mehrotra, Ravi, Shukla, D. K., Dutta, Eliza, Furtado, Melissa, Bhardwaj, Deeksha, Smith, Mari, Abdulkader, Rizwan S., Arora, Monika, Balakrishnan, Kalpana, Chakma, Joy K., Chaturvedi, Pankaj, Dey, Sagnik, Ghorpade, Deesha, Glenn, Scott, Gupta, Prakash C., Gupta, Tarun, Johnson, Sarah C., Joshi, Tushar K., Kutz, Michael, Mathur, Mane R., Mathur, Prashant, Muraleedharan, Pallavi, Odell, Christopher M., Pati, Sanghamitra, Sabde, Yogesh, Sinha, Dhirendra N., Thankappan, K. R., Varghese, Chris M., Yadav, Geetika, Lim, Stephen S., Naghavi, Mohsen, Dandona, Rakhi, Reddy, K. Srinath, Vos, Theo, Murray, Christopher J. L., Swaminathan, Soumya, Dandona, Lalit and India State Level Dis Burden, Initi The burden of chronic respiratory diseases and their heterogeneity across the states of India: the Global Burden of Disease Study 1990-2016 The Lancet Global Health; 2018, 6 (12): E1363-E1374 Background India has 18% of the global population and an increasing burden of chronic respiratory diseases. However, a systematic understanding of the distribution of chronic respiratory diseases and their trends over time is not readily available for all of the states of India. Our aim was to report the trends in the burden of chronic respiratory diseases and the heterogeneity in their	**INT**	**JUL TO DEC**	**PULMONARY MEDICINE**	**PMID:WOS:000449748200030** **H Index:** 43 **Impact Factor:** 3.610 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	distribution in all states of India between 1990 and 2016. Methods Using all accessible data from multiple sources, we estimated the prevalence of major chronic respiratory diseases and the deaths and disability-adjusted life-years (DALYs) caused by them for every state of India from 1990 to 2016 as part of the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2016. We assessed heterogeneity in the burden of chronic obstructive pulmonary disease (COPD) and asthma across the states of India. The states were categorised into four groups based on their epidemiological transition level (EII). ETL was defined as the ratio of DALYs from communicable diseases to those from non-communicable diseases and injuries combined, with a low ratio denoting high ETL and vice versa. We also assessed the contribution of risk factors to DALYs due to COPD. We compared the burden of chronic respiratory diseases in India against the global average in GBD 2016. We calculated 95% uncertainty intervals (UIs) for the point estimates. Findings The contribution of chronic respiratory diseases to the total DALYs in India increased from 4.5% (95% UI 4.0-4.9) in 1990 to 6.4% (5.8-7.0) in 2016. Of the total global DALYs due to chronic respiratory diseases in 2016, 32.0% occurred in India. COPD and asthma were responsible for 75.6% and 20.0% of the chronic respiratory disease DALYs, respectively, in India in 2016. The number of cases of COPD in India increased from 28.1 million (27.0-29.2) in 1990 to 55.3 million (53.1-57.6) in 2016, an increase in prevalence from 3.3% (3.1-3.4) to 4.2% (4.0-4.4). The age-standardised COPD prevalence and DALY rates in 2016 were highest in the less developed low Ell state group. There were 37.9 million (35.7-40.2) cases of asthma in India in 2016, with similar prevalence in the four ETL state groups, but the highest DALY rate was in the low ETL state group. The highest DALY rates for both COPD and asthma in 2016 were in the low ETL states of Rajasthan and Uttar Pradesh. The DALYs per case of COPD and asthma were 1.7 and 2.4 times higher in India than the global average in 2016, respectively; most states had higher rates compared with other locations worldwide at similar levels of Socio-demographic Index. Of the DALYs due to COPD in India in 2016, 53.7% (43.1-65.0) were attributable to air pollution, 25.4% (19.5-31.7) to tobacco use, and 16.5% (14.1-19.2) to occupational risks, making these the leading risk factors for COPD. Interpretation India has a disproportionately high burden of chronic respiratory diseases. The increasing contribution of these diseases to the overall disease burden across India and the high rate of health loss from them, especially in the				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	less developed low ETL states, highlights the need for focused policy interventions to address this significant cause of disease burden in India. Copyright (C) 2018 The Author(s). Published by Elsevier Ltd.				
599.	Samuel, B. P., Michael, J. S., Chandrasingh, J., Kumar, S., Devasia, A. and Kekre, N. S. Efficacy and role of Xpert((R)) Mycobacterium tuberculosis/rifampicin assay in urinary tuberculosis Indian J Urol; 2018, 34 (4): 268-272 **Address:** Department of Urology, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Microbiology, **Christian Medical College, Vellore,** Tamil Nadu, India. Introduction: The aim was to study the accuracy of Xpert((R)) (Cepheid Inc., Sunnyvale, CA, USA) Mycobacterium tuberculosis/rifampicin (MTB/RIF) assay as compared to a composite gold standard (urine culture, imaging, and biopsy) and to asses its utility as the initial test compared to smear microscopy to diagnose urinary tuberculosis. Methods: This prospective study included adult patients suspected to have urinary tuberculosis from March 2014 to December 2017. Three urine samples were collected from each patient and were subjected to Xpert MTB/RIF assay, acid-fast bacillus (AFB) smear microscopy, and liquid media (BACTEC Mycobacteria Growth Indicator Tube [MGIT] 960) culture. Imaging and tissue biopsies were performed as clinically indicated. Sensitivity, specificity, positive predictive value, and negative predictive value were calculated using the bootstrap method for 95% confidence intervals for the Xpert assay. Results: Xpert MTB/RIF assay was found to be superior to the currently best available light-emitting diode fluorescent smear microscopy as the initial test for urinary tuberculosis (sensitivity of 69.09% vs. 32.72%). The Xpert MTB/RIF polymerase chain reaction test was found to have a moderate sensitivity (69.09%) and high specificity (100%) as compared to the composite reference standard. The sensitivity of liquid AFB culture MGIT 960 as compared to the reference standard was 90.32%. Conclusions: Xpert MTB/RIF assay on an early morning first void urine specimen can replace smear microscopy as the initial diagnostic test for urinary tuberculosis.	**NAT**	**JUL TO DEC**	**UROLOGY, MICROBIOLOGY**	**PMID:30337781** **PMC ID:6174720** **SCOPUS** **H Index:** 23 **Impact Factor:** 0.820 (RG)
600.	Samuel, R. and Jacob, K. S. Empowering People with Disabilities Indian J Psychol Med; 2018, 40 (4): 381-384	**NAT**	**JUL TO DEC**	**PSYCHIATRY**	**PMID:30093753** **PMC ID:6065127** **SCOPUS**

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Address: Department of Occupational Therapy, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Psychiatry, **Christian Medical College, Vellore,** Tamil Nadu, India E-mail: ksjacob@cmcvellore.ac.in.				**H Index:** 13 **Impact Factor:** 0.740 (RG)
601.	Samuel, R., Thomas, E. and Jacob, K. S. Instrumental Activities of Daily Living Dysfunction among People with Schizophrenia Indian J Psychol Med; 2018, 40 (2): 134-138 **Address:** Department of Psychiatry, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Occupational Therapy, **Christian Medical College, Vellore,** Tamil Nadu, India. Background: Life skills are the basic skills that are needed to live independently and that support meaningful, productive roles. The negative symptoms and cognitive dysfunction seen in schizophrenia may lead to deterioration in the life skills of the patient. The assessment of current life skills of the patient and subsequent intervention becomes necessary for comprehensive rehabilitation of people with mental illness. This study attempted to assess the instrumental activities of daily living among people with schizophrenia in India. Methods: One hundred consecutive patients with schizophrenia, between 18 and 60 years, who presented to a tertiary psychiatric facility were assessed using (i) Lawton instrumental activities of daily living scale (LIADL), (ii) positive and negative symptom scale (PANSS), (iii) pro forma for sociodemographic and clinical characteristics. Results: The majority of the patients were male, young adults, married, with secondary school education, middle socioeconomic status, from nuclear families, unemployed and were diagnosed to have paranoid schizophrenia. The reported IADL dysfunction included difficulties in handling medications (86%), preparing food (85%), shopping (78%), handling finances (61%), doing laundry (52%), housekeeping (47%), using public transport (32%), and using telephones (5%). The dysfunction documented differs from that reported in the west. Total PANSS score (P = 0.015) and its general psychopathology subscale (P = 0.005) correlated inversely with the total LIADL score; PANSS scores and sociodemographic variables were associated with some subscales of LIADL. Conclusions: IADL dysfunction, common in people with schizophrenia, demands detailed assessment, and tailored training to ensure optimum functioning.	**NAT**	**JAN TO JUN**	**PSYCHIATRY, OCCUPATIONAL THERAPY**	**PMID:29962569** **PMC ID:6008996** **SCOPUS** **H Index:** 13 **Impact Factor:** 0.740 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
602.	Samuel, S. S., Ross, B. J., Rebekah, G. and Koshy, S. Natal and Neonatal Teeth: A Tertiary Care Experience Contemp Clin Dent; 2018, 9 (2): 218-222 **Address:** Department of Dental and Oral Surgery, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Department of Neonatology, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Department of Biostatistics, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. Background: Presence of teeth in a neonate is a rare occurrence due to the disturbance in the biological chronology of teeth. Although uncommon, these teeth if present are found to have several clinical implications. Aims: This study aimed to describe the clinical characteristics and the treatment outcome of natal and neonatal teeth from a hospital setting. Materials and Methods: This retrospective study was carried out by reviewing the hospital records of babies with natal or neonatal teeth in a tertiary hospital in Tamil Nadu between January 1, 2012, and December 31, 2014. Babies with complete clinical data along with their follow-up records were selected and results were analyzed. Results: Complete clinical data of 33 babies with a total of 52 teeth were included, of which 28 teeth were natal and 24 teeth were neonatal. All the teeth were located in the mandibular primary incisor region and majority were in pairs. A positive family history was present in eight cases. Extractions were carried out only in cases where the teeth were found to be extremely loose or interfering with feeding. The only local complication noted in this study was Riga-Fede disease. Conclusions: The findings of this study suggest that natal and neonatal teeth may have a possible hereditary basis. All the teeth were noted to be prematurely erupted primary teeth rather than supernumerary teeth. Both dentists and pediatricians need to be aware of the clinical implications of these teeth and that they should be retained unless they are symptomatic.	**INT**	**JAN TO JUN**	**DENTAL AND ORAL SURGERY, NEONATOLOGY, BIOSTATISTICS**	**PMID:29875564** **PMC ID:5968686** **SCOPUS** **H Index:** 9 **Impact Factor:** 1.652
603.	Samuel, S. S., Selvaraj, D. S. S., Ebenezer, J., Rebekah, G. and Koshy, S. Nature and pattern of primary teeth extractions in a tertiary care hospital setting in South India Indian J Dent Res; 2018, 29 (2): 186-189 **Address:** Department of Dental and Oral Surgery, Unit-II, **Christian Medical College Hospital, Vellore,** Tamil Nadu, India.	**NAT**	**JAN TO JUN**	**DENTAL AND ORAL SURGERY UNIT II**	**PMID:29652012** **H Index:** 31 **Impact Factor:** 0.330 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Background: Many studies have been carried out on the prevalence of dental diseases in children although not much information is available regarding its outcome among Indian children. Aim: The aim of the present study was to analyze the type of primary tooth extracted and the reasons for the extraction among children attending a tertiary care hospital in the Southern part of India. Materials and Methods: The dental records of pediatric patients who had visited the dental clinic of a tertiary care hospital located in Tamil Nadu, South India from December 2013 to November 2016 were reviewed. Patients who underwent extraction of at least one primary tooth under local or general anesthesia were included in the study. Results: A total of 943 primary teeth were extracted from 447 patients over 3 years. The most commonly extracted tooth type was the first primary molar followed by the primary central incisor. Grouping by age, the most frequently extracted tooth type between 2 and 5 years was the primary central incisor, the first primary molar among the 6-9-year-old and the second primary molar among 10-15-year-old. The majority of primary teeth extractions were performed in the age group of 6-9 years. No significant gender differences were noted. The most common reason for extraction of primary teeth in children was dental caries. Conclusions: This study demonstrates a high prevalence of untimely primary teeth extractions in young children and dental caries continues to be the leading cause. It clearly reflects on the lack of infant oral health care, the inadequacy of awareness and underutilization of oral health services among children in India.				
604.	Sandhya, P., Danda, D., Rajaratnam, S. and Thomas, N. Corrigendum: Sjögren's, renal tubular acidosis and osteomalacia - An Asian Indian series (The Open Rheumatology Journal, (2014), 8, (103-109), 10.2174/1874312901408010103) Open Rheumatology Journal; 2018, 12 (1): 114-114 Sjögren's, Renal Tubular Acidosis And Osteomalacia-An Asian Indian Series The Open Rheumatology Journal, 2014, 8: 103-109 The correct keywords which are mentioned below: Osteomalacia, Pseudofractures, Renal Tubular Acidosis, Sjögren's syndrome, Vitamin D. The original keywords provided were: Osteomalacia, Pseudofractures, Renal Tubular Acidosis, Sj gren s syndrome, Vitamin D. © 2018 Sandhya et al.	**INT**	**JAN TO JUN**	**ENDOCRINOLOGY**	**SCOPUS** **H Index:** 20 **Impact Factor:** 1.200 (RG)
605.	Santhanam, S., Arun, S., Rebekah, G., Ponmudi, N. J., Chandran, J., Jose, R. and Jana, A. K.	**INT**	**JAN TO JUN**	**NEONATOLOGY**	**WOS:000440993500009** **SCOPUS**

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Perinatal risk factors for neonatal early-onset group b streptococcal sepsis after initiation of risk-based maternal intrapartum antibiotic prophylaxis-a case control study Journal of Tropical Pediatrics; 2018, 64 (4): 312-316 Objectives: To identify the perinatal risk factors for early-onset Group B Streptococcus (EOGBS) sepsis in neonates after inception of a risk-based maternal intrapartum antibiotic prophylaxis strategy in 2004. Design: Case control study. Methods: All newborn with early onset GBS sepsis (born between 2004 and 2013) were deemed to be "cases" and controls were selected in a 1:4 ratio. Results: More than three per vaginal (PV) examinations [odds ratio (OR) 8.57, 95% confidence interval (CI) 3.10-23.6] was a significant risk factors. Peripartum fever (OR 3.54, 95% CI 1.3-9.67), urinary tract infection (OR 2.88, 95% CI 1.08-7.63), meconium-stained amniotic fluid (MSAF) (OR 2.52, 95% CI 1.18-5.37) and caesarean section (OR 1.99, 95% CI 1.16-3.43) were also found to be associated with EOGBS sepsis. Conclusion: Multiple vaginal examinations are the strongest risk factors for peripartum Group B Streptococcal (GBS) sepsis. The association of MSAF and caesarean section indicates that foetal distress is an early symptom of perinatal GBS infection. © The Author [2017]. Published by Oxford University Press. All rights reserved.				**H Index:** 45 **Impact Factor:** 1.187
606.	Sarkar, S. and Rajshekhar, V. Long-Term Sustainability of Functional Improvement Following Central Corpectomy for Cervical Spondylotic Myelopathy and Ossification of Posterior Longitudinal Ligament Spine; 2018, 43 (12): E703-E711 **Address:** Department of Neurological Sciences, **Christian Medical College, Vellore,** 632004, India Study Design. Retrospective study. Objective. To examine predictors of long-term outcome and sustainability of initial functional improvement in patients undergoing corpectomy for cervical spondylotic myelopathy (CSM) or ossification of the posterior longitudinal ligament (OPLL). Summary of Background Data. There are limited data on the predictors of outcome and sustainability of initial functional improvement on long-term follow-up after cervical corpectomy. Methods. We studied the functional outcome at more than 1-year follow-up after central corpectomy in 352 patients with CSM or OPLL. Functional status was evaluated with the Nurick grading system. Analysis was directed at identifying factors associated with both improvement in functional status and the achievement of a "cure" (improvement to a follow-up	**INT**	**JUL TO DEC**	**NEUROLOGICAL SCIENCES**	**WOS:000440525600005** **SCOPUS** **H Index:** 224 **Impact Factor:** 2.792

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Nurick grade of 0 or 1). A survival analysis was performed to identify factors associated with sustained functional improvement in patients with serial follow-up evaluations. Results. Nurick grade improved from 3.2±0.1 to 1.9±0.1 over a mean follow-up period of 57.1 months (range 12-228 mo). On multivariate analysis, age ≥50 years (P=0.008) and symptom duration ≥1 year (P<0.001) were negatively associated with functional improvement by ≥1 Nurick grade. Independent factors negatively associated with "cure" after surgery included age 50 years or older (P=0.005), preoperative Nurick grade of 4 or higher (P<0.001) and symptom duration of 1 or more years (P<0.001). Early improvement in functional status was maintained in 90.5% and 76.3% of patients at 5 and 10 years follow-up, respectively. On survival analysis, patients with shorter preoperative symptom duration (<1 yr) were more likely to demonstrate sustained improvement in functional status after surgery (P=0.022). Conclusion. Initial gains in functional status after central corpectomy for CSM and OPLL are maintained in more than 75% of patients at 10 years after surgery. Overall, the most favorable long-term outcomes are achieved in younger patients who present early and with good preoperative functional status.				
607.	Satayraddi, A., Cherian, K. E., Kapoor, N., Rupali, P. and Paul, T. V. Multiple visceral abscesses in a patient with diabetes mellitus: a rare yet corrigible infection: melioidosis Tropical Doctor; 2018, 48 (1): 54-56	**INT**	**JAN TO JUN**	**ENDOCRINOLOGY**	**WOS:000419724800018** **SCOPUS** **H Index:** 30 **Impact Factor:** 0.660 (RG)
608.	Schaffer, A. E., Breuss, M. W., Caglayan, A. O., Al-Sanaa, N., Al-Abdulwahed, H. Y., Kaymakcalan, H., Yilmaz, C., Zaki, M. S., Rosti, R. O., Copeland, B., Baek, S. T., Musaev, D., Scott, E. C., Ben-Omran, T., Kariminejad, A., Kayserili, H., Mojahedi, F., Kara, M., Cai, N., Silhavy, J. L., Elsharif, S., Fenercioglu, E., Barshop, B. A., Kara, B., Wang, R., Stanley, V., James, K. N., Nachnani, R., Kalur, A., Megahed, H., Incecik, F., Danda, S., Alanay, Y., Faqeih, E., Melikishvili, G., Mansour, L., Miller, I., Sukhudyan, B., Chelly, J., Dobyns, W. B., Bilguvar, K., Jamra, R. A., Gunel, M. and Gleeson, J. G. Biallelic loss of human CTNNA2, encoding alphaN-catenin, leads to ARP2/3 complex overactivity and disordered cortical neuronal migration Nat Genet; 2018, 50 (8): 1093-1101 **Address:** Department of Neuroscience, Rady Children's Institute for	**INT**	**JUL TO DEC**	**CLINICAL GENETICS**	**PMID:30013181** **PMC ID:6072555** **WOS:000440423400008** **SCOPUS** **H Index:** 511 **Impact Factor:** 27.125

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Genomic Medicine, Howard Hughes Medical Institute, University of California, San Diego, San Diego, CA, USA. ashleigh.schaffer@case.edu. Department of Genetics and Genome Sciences, Case Western Reserve University, Cleveland, OH, USA. ashleigh.schaffer@case.edu. Department of Neuroscience, Rady Children's Institute for Genomic Medicine, Howard Hughes Medical Institute, University of California, San Diego, San Diego, CA, USA. Departments of Neurosurgery, Neurobiology, and Genetics, Yale University School of Medicine, New Haven, CT, USA. Department of Medical Genetics, Istanbul Bilim University, Istanbul, Turkey. Department of Pediatrics, Johns Hopkins Aramco Healthcare, Dhahran, Saudi Arabia. Department of Pediatrics, Istanbul Bilim University, Istanbul, Turkey. Department of Pediatrics, Yildirim Beyazit University, Ankara, Turkey. Clinical Genetics Department, Human Genetics and Genome Research Division, National Research Centre, Cairo, Egypt. Clinical and Metabolic Genetics Section, Department of Pediatrics, Hamad Medical Corporation, Doha, Qatar. Kariminejad-Najmabadi Pathology and Genetic Center, Tehran, Iran. Department of Medical Genetics, Koc University School of Medicine, Istanbul, Turkey. Mashhad Medical Genetic Counseling Center, Mashhad, Iran. University of Tripoli, Tripoli Children's Hospital, Tripoli, Libya. L.E.S. Mikrogen Genetic Diseases Diagnosis Center, Istanbul, Turkey. Department of Pediatrics, Biochemical Genetics Program, University of California, San Diego, San Diego, CA, USA. Department of Pediatric Neurology, Kocaeli University, Kocaeli, Turkey. Department of Genetics and Genome Sciences, Case Western Reserve University, Cleveland, OH, USA. Department of Pediatric Neurology, Cukurova University, Adana, Turkey. Department of Clinical Genetics, **Christian Medical College and Hospital, Vellore**, India. Pediatric Genetics Unit, Department of Pediatrics, Acibadem				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Mehmet Ali Aydinlar University, Istanbul, Turkey. Section of Medical Genetics, Department of Pediatrics, King Fahad Medical City, Children's Hospital, Riyadh, Saudi Arabia. Department of Pediatrics, MediClubGeorgia, Tbilisi, Georgia. Pediatric Department, Neuropediatric Unit, Cairo University Children's Hospital, Cairo, Egypt. Neurology Department, Nicklaus Children's Hospital, Miami, FL, USA. Arabkir Joint Medical Center and Institute of Child and Adolescent Health, Yerevan, Armenia. Institut Cochin, Universite Paris-Descartes, CNRS (UMR 8104), Paris, France. Departments of Pediatrics and Neurology, University of Washington, Seattle, WA, USA. Institute of Human Genetics, University of Leipzig Hospitals and Clinics, Leipzig, Germany. Department of Neuroscience, Rady Children's Institute for Genomic Medicine, Howard Hughes Medical Institute, University of California, San Diego, San Diego, CA, USA. jogleeson@ucsd.edu. Neuronal migration defects, including pachygyria, are among the most severe developmental brain defects in humans. Here, we identify biallelic truncating mutations in CTNNA2, encoding alphaN-catenin, in patients with a distinct recessive form of pachygyria. CTNNA2 was expressed in human cerebral cortex, and its loss in neurons led to defects in neurite stability and migration. The alphaN-catenin paralog, alphaE-catenin, acts as a switch regulating the balance between beta-catenin and Arp2/3 actin filament activities(1). Loss of alphaN-catenin did not affect beta-catenin signaling, but recombinant alphaN-catenin interacted with purified actin and repressed ARP2/3 actin-branching activity. The actin-binding domain of alphaN-catenin or ARP2/3 inhibitors rescued the neuronal phenotype associated with CTNNA2 loss, suggesting ARP2/3 de-repression as a potential disease mechanism. Our findings identify CTNNA2 as the first catenin family member with biallelic mutations in humans, causing a new pachygyria syndrome linked to actin regulation, and uncover a key factor involved in ARP2/3 repression in neurons.				
609.	Scharf, R. J., Rogawski, E. T., Murray-Kolb, L. E., Maphula, A., Svensen, E., Tofail, F., Rasheed, M., Abreu, C., Vasquez, A. O., Shrestha, R., Pendergast, L., Mduma, E., Koshy, B., Conaway, M. R., Platts-Mills, J. A., Guerrant, R. L. and Deboer, M. D.	**INT**	**JUL TO DEC**	**DEVELOPMENTAL PEDIATRICS**	**PMID:29392824** **WOS:000436544400008** **SCOPUS** **H Index:** 44

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Early childhood growth and cognitive outcomes: Findings from the MAL-ED study Matern Child Nutr; 2018, 14 (3): e12584 **Address:** Department of Pediatrics, University of Virginia, Charlottesville, Virginia, USA. Center for Global Health, Department of Medicine, University of Virginia, Charlottesville, Virginia, USA. Department of Public Health Sciences, University of Virginia, Charlottesville, Virginia, USA. Department of Nutrition Sciences, Penn State University, University Park, Pennsylvania, USA. Department of Psychology, University of Venda, Thohoyandou, South Africa. Department of Global Health and Primary Care, University of Bergen, Bergen, Norway. Center for Nutrition and Food Security, icddr-b, Dhaka, Bangladesh. Department of Paediatrics and Child Health, Aga Khan University, Karachi, Pakistan. Department of Microbiology, Federal University of Ceara, Fortaleza, Brazil. Department of Psychology, PRISMA, Iquitos, Peru. Department of Psychology, Siddhi Memorial Hospital, Bhaktapur, Nepal. Department of Psychology, Temple University, Philadelphia, Pennsylvania, USA. Haydom Global Health Research Centre, Haydom, Tanzania. Department of Developmental Pediatrics, **Christian Medical College, Vellore,** India. Although many studies around the world hope to measure or improve developmental progress in children to promote community flourishing and productivity, growth is sometimes used as a surrogate because cognitive skills are more difficult to measure. Our objective was to assess how childhood measures of anthropometry correlate with measures of child development in low-income settings with high prevalence of poor nutrition and enteric disease, to inform studies considering growth outcomes in the absence of direct child developmental skill assessment. Children from the MAL-ED study were followed from birth to 24 months of age in field sites in 8 low- and middle-income countries across 3 continents. Monthly weight, length, and head circumference measurements were performed. At 24 months, the Bayley Scales of Infant and Toddler Development was administered. We correlated cognitive				**Impact Factor:** 3.233

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	measures at 24 months with anthropometric measurements from birth to 2 years comparing 3 constructs: absolute attained monthly measures, summative difference in measures from the mean growth curve, and rate of change in measures. Growth faltering at multiple time periods is related to Bayley cognitive outcomes at 24 months. Birthweight, overall growth by 18-24 months, and rate of growth in the 6- to 18-month period were most associated with 24-month developmental scores. In this study, head circumference measurements, compared with length, was more closely linked to cognitive scores at 24 months. Notably, all studies between growth and cognitive outcomes exhibited low r(2) values (0.001-0.049). Anthropometric measures, particularly head circumference, were related to cognitive development, although explaining a low percent of variance. When feasible, direct measures of child development may be more useful.				
610.	Sebastian, P., Siddique, S. K., Varghese, S. S., Prabhu, A. J., Titus, V. T. K., Backianathan, S. and Nayak, S. Dermatofibrosarcoma protuberans - The impact of radiation therapy: A single institution series Journal of Radiotherapy in Practice; 2018, 17 (4): 441-446 BackgroundDermatofibrosarcoma protuberans (DFSP) is a locally aggressive intermediate malignancy.ObjectiveThe purpose of this retrospective analysis is to determine the efficacy of radiation therapy (RT) in local control of DFSP.Patients and methodsThe recurrence-free survival (RFS) for 45 patients treated for DFSP at our institution was estimated and compared between surgery alone and postoperative RT groups.ResultsAge range of the patients were in the third and fourth decades; males:females=2:1; most common site: anterior abdominal wall; tumours >5 cm in size in 75%; low grade in 77·8%; margins positive in 31·8% and <5 mm margins in 45·5%. Two-thirds of patients had at least one recurrence before presentation to our institution. RT dose was >50 Gy in 88% of patients. The patients treated with postoperative RT had poorer prognostic factors compared with surgery alone: they were males (17 versus 13 patients), and presented with high-grade tumours (5 versus 1 patients), multiple recurrences prior to presentation (25 versus 20 patients) and positive or <5 mm margins (22 versus 12 patients). Median follow-up for surgery alone group was 17 (1-152) months and for postoperative RT group, this was 54 (5-121) months. RFS at 5 years was 77·1% for surgery alone and 87·9% for postoperative RT group but was not statistically significant. The	**INT**	**JUL TO DEC**	**RADIOTHERAPY**	**SCOPUS** **H Index:** 12 **Impact Factor:** 0.130 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	median time to recurrence was 4 years.ConclusionRT delays the time to recurrence in DFSP. RT improves the outcome of DFSP for recurrent tumours and with positive margins. © Cambridge University Press 2018.				
611.	Sebastian, T., Jeyaseelan, V., Jeyaseelan, L., Anandan, S., George, S. and Bangdiwala, S. I. Decoding and modelling of time series count data using Poisson hidden Markov model and Markov ordinal logistic regression models Stat Methods Med Res; 2018, 962280218766964 **Address:** 1 Department of Biostatistics, 30025 **Christian Medical College, Vellore**, India. 2 Department of Clinical Microbiology, 30025 **Christian Medical College, Vellore**, India. 3 Department of Statistics, St Thomas College, Pala, India. 4 Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, Canada. Hidden Markov models are stochastic models in which the observations are assumed to follow a mixture distribution, but the parameters of the components are governed by a Markov chain which is unobservable. The issues related to the estimation of Poisson-hidden Markov models in which the observations are coming from mixture of Poisson distributions and the parameters of the component Poisson distributions are governed by an m-state Markov chain with an unknown transition probability matrix are explained here. These methods were applied to the data on Vibrio cholerae counts reported every month for 11-year span at **Christian Medical College, Vellore,** India. Using Viterbi algorithm, the best estimate of the state sequence was obtained and hence the transition probability matrix. The mean passage time between the states were estimated. The 95% confidence interval for the mean passage time was estimated via Monte Carlo simulation. The three hidden states of the estimated Markov chain are labelled as 'Low', 'Moderate' and 'High' with the mean counts of 1.4, 6.6 and 20.2 and the estimated average duration of stay of 3, 3 and 4 months, respectively. Environmental risk factors were studied using Markov ordinal logistic regression analysis. No significant association was found between disease severity levels and climate components.	**INT**	**JAN TO JUN**	**BIOSTATISTICS, CLINICAL MICROBIOLOGY**	**PMID:29616596** **SCOPUS** **H Index:** 67 **Impact Factor:** 2.284
612.	Selvam, P., Arunachal, G., Danda, S., Chapla, A., Sivadasan, A., Alexander, M., Thomas, M. M. and Thomas, N. J.	**INT**	**JAN TO JUN**	**MEDICAL GENETICS, ENDOCRINOLOGY,**	**PMID:30124556** **H Index:** 21

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Congenital Myasthenic Syndrome: Spectrum of Mutations in an Indian Cohort J Clin Neuromuscul Dis; 2018, 20 (1): 14-27 **Address:** Department of Medical Genetics, **Christian Medical College, Vellore,** India. Department of Endocrinology, Diabetes and Metabolism, **Christian Medical College, Vellore,** India. Department of Neurological Sciences, **Christian Medical College, Vellore,** India. OBJECTIVES: To investigate the mutational spectrum and genotype-phenotype correlation in Indian patients with congenital myasthenic syndrome (CMS), using next-generation sequencing of 5 genes. METHODS: CHRNE, COLQ, DOK7, RAPSN, and GFPT1 were sequenced in 25 affected patients. RESULTS: We found clinically significant variants in 18 patients, of which variants in CHRNE were the most common, and 9 were novel. A common pathogenic COLQ variant was also detected in 4 patients with isolated limb-girdle congenital myasthenia. CONCLUSIONS: Targeted screening of 5 genes is an effective alternate test for CMS, and an affordable one even in a developing country such as India. In addition, we recommend that patients with isolated limb-girdle congenital myasthenia be screened initially for the common COLQ pathogenic variant. This study throws the first light on the genetic landscape of CMSs in India.			**DIABETES AND METABOLISM, NEUROLOGICAL SCIENCES**	**Impact Factor:** 0.550
613.	Sen, I., Agarwal, S., Tharyan, P. and Forster, R. Lumbar sympathectomy versus prostanoids for critical limb ischaemia due to non-reconstructable peripheral arterial disease Cochrane Database Syst Rev; 2018, 4 CD009366 **Address:** Vascular Surgery, **Christian Medical College, Vellore,** Tamil Nadu, India, 632004. BACKGROUND: Peripheral arterial disease (PAD) is a common circulatory problem that can lead to reduced blood flow to the limbs, which may result in critical limb ischaemia (CLI), a painful manifestation that occurs when a person is at rest. The mainstay of treatment for CLI is surgical or endovascular repair. However, when these means of treatment are not suitable, due to anatomical reasons or comorbidities, treatment for pain is limited. Lumbar sympathectomy and prostanoids have both been shown to reduce pain from CLI in people who suffer from non-reconstructable PAD, but there is currently insufficient evidence to determine if one treatment is superior. Due to the severity of the rest pain caused by	**INT**	**JAN TO JUN**	**VASCULAR SURGERY**	**PMID:29658630** **WOS:000431105500009** **SCOPUS** **H Index:** 212 **Impact Factor:** 6.754

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	CLI, and its impact on quality of life, it is important that people are receiving the best pain relief treatment available, therefore interest in this area of research is high. OBJECTIVES: To compare the efficacy of lumbar sympathectomy with prostanoid infusion in improving symptoms and function and avoiding amputation in people with critical limb ischaemia (CLI) due to non-reconstructable peripheral arterial disease (PAD). SEARCH METHODS: The Cochrane Vascular Information Specialist (CIS) searched the Specialised Register (last searched 29 March 2017) and CENTRAL (2017, Issue 2). The CIS also searched clinical trials databases for ongoing or unpublished studies. SELECTION CRITERIA: Randomised controlled trials (RCTs), with parallel treatment groups, that compared lumbar sympathectomy (surgical or chemical) with prostanoids (any type and dosage) in people with CLI due to non-reconstructable PAD. DATA COLLECTION AND ANALYSIS: Three review authors independently selected trials, extracted data and assessed risk of bias. Any disagreements were resolved by discussion. We performed fixed-effect model meta-analyses, when there was no overt sign of heterogeneity, with risk ratios (RRs) and 95% confidence intervals (CIs). We graded the quality of evidence according to GRADE. MAIN RESULTS: We included a single study in this review comparing lumbar sympathectomy with prostanoids for the treatment of CLI in people with non-reconstructable PAD. The single study included 200 participants with Buerger's disease, a form of PAD, 100 in each treatment group, but only 162 were actually included in the analyses. The study compared an open surgical technique for lumbar sympathectomy with the prostanoid, iloprost, and followed participants for 24 weeks.Risk of bias was low for most evaluated domains. Due to the nature of the treatment, blinding of the participants and those providing the treatment would be impossible as a surgical procedure was compared with intravenous injections. It was not mentioned if blinded assessors evaluated the study outcomes, therefore, we judged subjective outcomes (i.e. pain reduction) to be at unclear risk of detection bias and objective outcomes (i.e. ulcer healing, amputation and mortality) at low risk of detection bias. We also rated the risk of attrition bias as unclear; 38 out of 200 (19%) participants were not included in the analysis without clear explanation (16 of 100 in the iloprost arm and 22 of 100 in the sympathectomy arm). The quality of evidence was low due to serious imprecision because the study numbers were low and there was only one study included.The single included study				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	reported on the outcome of complete healing without pain or major amputation, which fell under three separate outcomes for our review: relief of rest pain, complete ulcer healing and avoidance of major amputation. We chose to keep the outcome as a singularly reported outcome in order to not introduce bias into the outcomes, which may have been the case if reported separately. The limited evidence suggests participants who received prostaglandins had improved complete ulcer healing without rest pain or major amputation when compared with those who received lumbar sympathectomy (RR 1.63, 95% CI 1.30 to 2.05), but as it was the only included study, we rated the data as low-quality and could not draw any overall conclusions. The study authors stated that more participants who received prostaglandins reported adverse effects, such as headache, flushing, nausea and abdominal discomfort, but only one participant experienced severe enough adverse effects to drop out. Five participants who underwent lumbar sympathectomy reported minor wound infection (low-quality evidence). There was no reported mortality in either of the treatment groups (low-quality evidence).The included study did not report on claudication distances, quality of life or functional status, ankle brachial pressure index (ABPI), tissue oxygenation or toe pressures, or progression to minor amputation, complications or provide any cost-effectiveness data. AUTHORS' CONCLUSIONS: Low-quality evidence from a single study in a select group of participants (people with Buerger's disease) suggests that prostaglandins are superior to open surgical lumbar sympathectomy for complete ulcer healing without rest pain or major amputation, but possibly incur more adverse effects. Further studies are needed to better understand if prostaglandins truly are more efficacious than open surgical lumbar sympathectomy and if there are any concerns with adverse effects. It would be of great importance for future studies to include other forms of PAD (as Buerger's disease is a select type of PAD), other methods of sympathectomy as well as data on quality of life, complications and cost-effectiveness.				
614.	Shabeer, M. P., Abiramalatha, T., Devakirubai, D., Rebekah, G. and Thomas, N. Standard care with plastic bag or portable thermal nest to prevent hypothermia at birth: a three-armed randomized controlled trial J Perinatol; 2018, 38 (10): 1324-1330 **Address:** Department of Neonatology, **Christian Medical College, Vellore,** Tamil Nadu, India.	**INT**	**JUL TO DEC**	**NEONATOLOGY, MATERNITY NURSING, BIOSTATISTICS**	**PMID:30054587** **WOS:000446499400007** **SCOPUS** **H Index:** 78 **Impact Factor:** 2.183

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Department of Maternity Nursing, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Biostatistics, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Neonatology, **Christian Medical College, Vellore,** Tamil Nadu, India. niranjan@cmcvellore.ac.in. OBJECTIVE: To assess the efficacy of adding plastic bag or portable thermal nest (PTN) to standard care in preventing hypothermia soon after birth in 1500-2499 g infants. METHODS: Infants were randomized into standard thermal care alone, plastic bag with standard care or PTN with standard care. Axillary temperature was measured at admission and every 30 min till euthermia. All babies were followed-up till day 7. RESULTS: We recruited 300 infants: plastic bag (101), PTN (99) and standard care group (100). Admission temperature was 36.4 degrees C (0.52) in plastic bag group, 36.3 degrees C (0.50) in PTN and 36.1 degrees C (0.59) in standard care group ($p < 0.001$). Incidence of hypothermia was lowest in plastic bag group (44.6%), followed by PTN (60%) and standard care (67%). Secondary outcomes were comparable. CONCLUSION: Addition of plastic bag or PTN to standard care significantly reduces incidence and duration of hypothermia soon after birth. Plastic bag is more effective than PTN.				
615.	Shah, H., Joseph, B., Nair, B. V. S., Kotian, D. B., Choi, I. H., Richards, B. S., Johnston, C., Madhuri, V., Dobbs, M. B. and Dahl, M. What Factors Influence Union and Refracture of Congenital Pseudarthrosis of the Tibia? A Multicenter Long-term Study J Pediatr Orthop; 2018, 38 (6): e332-e337 **Address:** Paediatric Orthopaedic Service, Kasturba Medical College. Aster Medcity, Kuttisahib Road, South Chittoor, Kochi, Kerala. Department of Statistics, Prasanna School of Public Health, Manipal University, Manipal, Karnataka. Division of Pediatric Orthopaedics, Seoul National University Children's Hospital, Seoul, Republic of Korea. Department of Orthopaedic Surgery, University Texas, Southwestern Medical Center and Texas Scottish Rite Hospital for Children. Department of Orthopedic Surgery, University of Texas, Southwestern Medical School and Texas Scottish Rite Hospital for Children, Dallas, TX. Paediatric Orthopaedic Unit, **Christian Medical College and**	**INT**	**JAN TO JUN**	**PAEDIATRIC ORTHOPAEDICS**	**PMID:29664876** **WOS:000437264000006** **SCOPUS** **H Index:** 80 **Impact Factor:** 1.290 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Hospital, Vellore, Tamilnadu, India. Washington University School of Medicine, Saint Louis, MO. Limb Length and Deformity Correction, Gillette Children's Specialty Healthcare, St. Paul, MN. OBJECTIVE: To identify factors influencing union of congenital pseudarthrosis of the tibia (CPT), refractures, and integrity of the tibia at maturity. METHODS: Data of 119 children operated for Crawford-type IV CPT and followed-up till skeletal maturity were analyzed. Logistic regression and recursive partitioning analyses were used to test associations between several variables and the outcome. RESULTS: Primary union occurred in 86% of children. At maturity, 69% remained soundly united. The odds ratio for failure of primary union was 3.89 (95% confidence interval, 1.05-14.40; P=0.042) when bone morphogenetic protein was used, and children who had a combination of the Ilizarov technique and intramedullary nailing were at risk for unsound union at maturity (odds ratio, 6.19; 95% confidence interval, 1.24-30.83; P=0.026). No other association reached statistical significance. On recursive partitioning, use of the Ilizarov technique, transfixing the ankle and subtalar joints, use of cortical graft and not operating on the fibula were associated with a better outcome; use of bone morphogenetic protein and combining intramedullary nailing with the Ilizarov technique were associated with poor results. CONCLUSIONS: A larger sample is needed to confirm which factors truly influence the outcome of CPT. This may be feasible if data are collected prospectively through a multicenter registry.				
616.	Shamim, Thorakkal Generic drug prescription: What next? Current Medical Issues; 2018, 16 (2): 68-68	**NAT**	**JAN TO JUN**	**MEDICINE, PHARMACOLOGY**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA
617.	Shankar, C., Karunasree, S., Manesh, A. and Veeraraghavan, B. First Report of Whole-Genome Sequence of Colistin-Resistant Klebsiella quasipneumoniae subsp. similipneumoniae Producing KPC-9 in India Microb Drug Resist; 2018, **Address:** 1 Department of Clinical Microbiology, **Christian Medical College** , Vellore, India . 2 Department of Infectious Diseases, **Christian Medical College** , Vellore, India . AIM: Klebsiella pneumoniae carbapenemase (KPC) is a class A carbapenemase endemic in the United States, China, South	**INT**	**JUL TO DEC**	**CLINICAL MICROBIOLOGY, INFECTIOUS DISEASES**	**PMID:30427763** **H Index:** 60 **Impact Factor:** 2.344

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	America, and Europe but is rarely reported from India. A single report of KPC-9 from K. pneumoniae in Israel has been published. K. pneumoniae has been classified into three phylogenetic groups: group 1 consists of K. pneumoniae and its subspecies, group 2 consists of Klebsiella quasipneumoniae and its subspecies, and group 3 consists of Klebsiella variicola. This is the first report of whole-genome sequencing of colistin-resistant K. quasipneumoniae subsp. similipneumoniae harboring blaKPC-9 gene. RESULTS: The isolate was obtained from the culture of a respiratory catheter tip from a 41-year-old woman with traumatic brain injury. Whole-genome sequencing showed the presence of blaOKP-B-3 gene and hence it was identified as K. quasipneumoniae subsp. similipneumoniae. The isolate was resistant to all antimicrobials except tigecycline. Colistin resistance was chromosomally mediated; mcr-1 to mcr-5 genes and their variants were not identified. The isolate belonged to the novel clonal type ST2957. CONCLUSION: The isolation of KPC-9 from India, a nonendemic region, and in an isolate of K. quasipneumoniae highlights the importance of accurate identification of Klebsiella species and determination of mechanism of resistance. The novel sequence type obtained indicates evolution of the organism and acquisition of plasmid-mediated resistance. The occurrence of KPC in India is a potential public health threat.				
618.	Shankar, C., Kumar, M., Baskaran, A., Paul, M. M., Ponmudi, N., Santhanam, S., Michael, J. S. and Veeraraghavan, B. Molecular characterisation for clonality and transmission dynamics of an outbreak of Klebsiella pneumoniae amongst neonates in a tertiary care centre in South India Indian J Med Microbiol; 2018, 36 (1): 54-60 **Address:** Department of Clinical Microbiology, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Neonatology, **Christian Medical College, Vellore,** Tamil Nadu, India. Purpose:: Sepsis is a significant cause of morbidity and mortality amongst neonates. Klebsiella pneumoniae is a common cause of nosocomial outbreaks causing bacteraemia and having potential of acquiring plasmids enhancing antimicrobial resistance. In the present study, we investigate K. pneumoniae outbreak causing bacteraemia amongst neonates over a span of 2 months. Isolates were characterised for antimicrobial resistance, virulence, molecular typing for clonality and plasmid typing for transmission	**NAT**	**JAN TO JUN**	**CLINICAL MICROBIOLOGY AND NEONATOLOGY**	**PMID:29735827** **WOS:000431851400009** **SCOPUS** **H Index:** 40 **Impact Factor:** 1.157

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	dynamics, and patient outcome was investigated. Methods: Thirteen isolates of K. pneumoniae were obtained during October-November 2016. Antimicrobial susceptibility testing was performed, and multiplex polymerase chain reaction (PCR) for beta-lactamases and PCR for ompK35 and ompK36 were performed. To study hypervirulence, string test and PCR for rmpA and rmpA2 were performed. Multilocus sequence typing and Inc plasmid typing were carried out to study transmission dynamics. Results: Amongst 13 isolates, all isolates harboured blaSHVand blaTEM; 12 isolates carried blaCTX-M-1. ompK35 was present in all, but ompK36 was absent in 12 isolates. Ten isolates belonged to ST48, 6 amongst which contained IncFII (K) plasmid. One isolate each belonged to ST29, ST111 and ST2647 (novel clone). None of the isolates was hypervirulent. Conclusion: Extended-spectrum beta-lactamase K. pneumoniae is commonly seen in Indian hospitals and main mechanisms being production of SHV, TEM and CTX-M enzymes as seen in the present study. Outer membrane porins contribute significantly to antimicrobial resistance. Emergence of new clones such as ST2647 implies continuous evolution of the organism and also potential for rapid genetic recombination leading to multidrug resistance. Outbreaks amongst neonates lead to fatal outcome, and stringent hospital infection control is necessary.				
619.	Shankar, C., Shankar, B. A., Manesh, A. and Veeraraghavan, B. KPC-2 producing ST101 Klebsiella pneumoniae from bloodstream infection in India J Med Microbiol; 2018, 67 (7): 927-930 **Address:** 1Department of Clinical Microbiology, **Christian Medical College, Vellore,** India. 2Department of Infectious Disease, **Christian Medical College, Vellore,** India. This study characterizes KPC-2 producing Klebsiella pneumoniae belonging to ST101. Whole genome sequencing using the Ion Torrent PGM platform with 400 bp chemistry was performed. blaKPC-2 was found on an IncFIIK plasmid associated with ISKpn6 and ISKpn7 without Tn4401. This is the first report of KPC-2 K. pneumoniae from bacteremia in India. The isolate also coded for other resistance genes such as aadA1, aadA2, armA, aac(3)-Ild, aac(6')-Ild for aminoglycoside; blaSHV-11, blaTEM-1B, blaOXA-9, for beta-lactams and aac(6')-Ild, oqxA, oqxB, qnrB1 for fluoroquinolones. It belonged to the K17 capsular type. India is	**INT**	**JUL TO DEC**	**CLINICAL MICROBIOLOGY, INFECTIOUS DISEASES**	**PMID:29787365** **WOS:000437235000004** **SCOPUS** **H Index:** 99 **Impact Factor:** 2.112

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	endemic to New Delhi metallo-beta-lactamase and OXA48-like carbapenemases and K. pneumoniae carbapenemase (KPC) is seldom reported. With high rates of carbapenem resistance, emergence of KPC in India will challenge patient management. The isolate was susceptible to colistin. The patient had a fatal outcome.				
620.	Shankar, C., Veeraraghavan, B., Nabarro, L. E. B., Ravi, R., Ragupathi, N. K. D. and Rupali, P. Whole genome analysis of hypervirulent Klebsiella pneumoniae isolates from community and hospital acquired bloodstream infection BMC Microbiol; 2018, 18 (1): 6 **Address:** Department of Clinical Microbiology, **Christian Medical College, Vellore,** Tamilnadu, 632004, India. Department of Clinical Microbiology, **Christian Medical College, Vellore,** Tamilnadu, 632004, India. vbalaji@cmcvellore.ac.in. Department of Infectious Diseases, **Christian Medical College, Vellore,** Tamil Nadu, India. BACKGROUND: Hypervirulent K. pneumoniae (hvKp) causes severe community acquired infections, predominantly in Asia. Though initially isolated from liver abscesses, they are now prevalent among invasive infections such as bacteraemia. There have been no studies reported till date on the prevalence and characterisation of hvKp in India. The objective of this study is to characterise the hypervirulent strains isolated from bacteraemic patients for determination of various virulence genes and resistance genes and also to investigate the difference between healthcare associated and community acquired hvKp with respect to clinical profile, antibiogram, clinical outcome and molecular epidemiology. RESULTS: Seven isolates that were susceptible to all of the first and second line antimicrobials and phenotypically identified by positive string test were included in the study. They were then confirmed genotypically by presence of rmpA and rmpA2 by PCR. Among the study isolates, four were from patients with healthcare associated infections; none were fatal. All patients with community acquired infection possessed chronic liver disease with fatal outcome. Genes encoding for siderophores such as aerobactin, enterobactin, yersiniabactin, allantoin metabolism and iron uptake were identified by whole genome sequencing. Five isolates belonged to K1 capsular type including one K. quasipneumoniae. None belonged to K2 capsular type. Four isolates belonged to the international clone ST23 among which three were health-care associated and	**INT**	**JAN TO JUN**	**CLINICAL MICROBIOLOGY, INFECTIOUS DISEASES**	**PMID:29433440** **PMC ID:5809863** **WOS:000425125100001** **H Index:** 88 **Impact Factor:** 2.829

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	possessed increased virulence genes. Two novel sequence types were identified in the study; K. pneumoniae belonging to ST2319 and K. quasipneumoniae belonging to ST2320. Seventh isolate belonged to ST420. CONCLUSION: This is the first report on whole genome analysis of hypervirulent K. pneumoniae from India. The novel sequence types described in this study indicate that these strains are evolving and hvKp is now spread across various clonal types. Studies to monitor the prevalence of hvKp is needed since there is a potential for the community acquired isolates to develop multidrug resistance in hospital environment and may pose a major challenge for clinical management.				
621.	Shankar, S., Boyanagari, M., Boyanagari, V. K., Shankar, M. and Ayyanar, R. S. Profile of breast cancer patients receiving government sponsored free treatment and the associated economic costs Clinical Epidemiology and Global Health; 2018, 6 (4): 203-207 **Address:** Department of Plastic Surgery, Guntur Medical College, Guntur DistrictAndhra Pradesh, India Dr. NTR Vaidya Seva Trust, Govt of Andhra Pradesh, India **Christian Medical College, Vellore,** TamilNadu, India Background: Incidence of breast cancer in India is on raise and shows a 3–4 fold variation across the country. Materials and methods: In this retrospective study, a total of n = 181 histopathologically confirmed breast cancer cases who visited the tertiary Government hospitals during the period March 2016 to March 2017 were studied. Results: Majority of the patients (n = 108) are of the age group 40 to 59 years. Most of the women (n = 112, 61.9%) belong to the Socio-economic class of Backward caste. Right breast is the common site of occurrence of breast cancer. Histological Grade II (n = 95, 59.0%) is highly predominant. Invasive carcinoma of no special type (NST), is the most common histological type of breast tumor in 173 (95.6%) patients. Clinical stages of T2 (n = 76, 42%), N1 (n = 68, 37.6%) and M0 (n = 163, 90.1%) were the most common stages. Triple negative breast cancer was noticed in (n = 24, 28.9%) out of 83 patients analysed. Modified radical mastectomy (n = 134, 74.0%) is the common surgical procedure followed in treating breast cancer. The total claim amount paid ranged from Rs. 10000 to 49999/- (US$ 154.98 -US $ 774.88) with the Mean cost incurred being Rs. 48,477/- (± Rs. 29,082 SD) which equals to US$ 748.97. Conclusion: Majority of the patients are diagnosed at a later stage due to lack of awareness	**INT**	**JAN TO JUN**	**PLASTIC SURGERY**	**SCOPUS** **H Index:** 4 **Impact Factor:** NA

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	and access to preventive diagnostic services. Region specific research and planning evidence based preventive programs is the need of the hour. © 2018				
622.	Shanthamurthy, D., Manesh, A., Zacchaeus, N. G., Roy, L. R. and Rupali, P. Perioperative outcomes in human immunodeficiency virus-infected patients - the PRO HIV study Int J STD AIDS; 2018, 29 (10): 968-973 **Address:** Department of Infectious Diseases, **Christian Medical College, Vellore,** India. It is estimated that a quarter of patients with HIV/AIDS undergo at least one surgical procedure in their life time. Surgical outcomes in these patients from developing countries are poorly characterized and surgeons are often concerned about poor surgical outcomes, especially when their CD4 cell counts are less than 200 cells/microl. This study evaluated the surgical outcomes of HIV-infected patients undergoing various surgical procedures over a six-year period in a large tertiary care hospital from South India. Two hundred and ninety-three patients underwent 374 surgical procedures during the study period. The median duration of HIV prior to surgery was 1.9 years (range 0-18.8 years). Two-thirds (58%) were on highly active antiretroviral therapy (HAART) at the time of surgery with the median duration of this treatment being 38 months (n = 194). About one-third (35%) of surgical procedures were performed as an emergency. Abdomino-pelvic surgeries were the most common (225, 60%). Adverse surgical outcome defined as death or post-operative infection was seen in 25 (6.6%). The post-operative infection rate was 5% (20/374). The most common of these was surgical site infection observed in nine (60%) followed by pneumonia in five patients (33%) and urinary tract infection in one patient. Day 30 mortality was 2% (n = 8) and a quarter of these were reported to be related to post-operative infectious complications. On multivariate analysis, only preoperative haemoglobin of less than 10 g/dl was significantly associated with a poor surgical outcome. HIV-related parameters such as CD4 cell counts, duration of HIV infection and HAART regimen did not seem to contribute towards an adverse surgical outcome.	**INT**	**JUL TO DEC**	**INFECTIOUS DISEASES**	**PMID:29669485** **WOS:000444406000003** **SCOPUS** **H Index:** 67 **Impact Factor:** 1.494
623.	Sharath Babu, N. M., Chacko, S. T., Chacko, B. R. and Irodi, A. Recurrent takotsubo cardiomyopathy in a postmenopausal Indian lady: Is there a pattern?	**NAT**	**JAN TO JUN**	**CARDIOLOGY, RADIOLOGY**	**PMID:30117480** **H Index:** 47 **Impact Factor:** 1.095

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	J Postgrad Med; 2018, **Address:** Department of Cardiology, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Radiology, **Christian Medical College, Vellore,** Tamil Nadu, India. Takotsubo cardiomyopathy (TTC) is a syndrome of acute left ventricular dysfunction with a clinical presentation often mimicking acute coronary syndrome. Without a high index of suspicion, this clinical entity often goes unrecognized. Although initially categorized as a benign completely reversible condition, it is no longer considered to be so. Recurrence of this condition, though rare, has been reported in a non-Indian population. We present a case of recurrent TTC in a postmenopausal Indian lady who had a similar clinical presentation both at the index event and at recurrence.				
624.	Sharma, A., Gupta, N. and Srivastava, D. Carotid intima-media thickness, flow-mediated dilatation and proteinuria in patients of human immunodeficiency virus-positive patients: A case-control study J Family Med Prim Care; 2018, 7 (2): 362-367 **Address:** Department of Rheumatology, King George Medical University, Lucknow, Uttar Pradesh, India. Department of Rheumatology, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Internal Medicine, Max Super Specialty Hospital, New Delhi, India. Introduction: Endothelium-dysfunction (ED) is a surrogate marker of coronary atherosclerotic disease. Carotid intima-media thickness (CIMT), flow-mediated dilatation (FMD), and proteinuria are surrogate markers of ED. Few studies have shown that patients with HIV have impaired endothelial function and are thus at risk of accelerated atherosclerosis. Materials and Methods: The present study assessed ED in HIV patients by various biophysical parameters as brachial artery FMD, CIMT, and proteinuria. A total of 43 HIV-infected patients were compared with 25 healthy controls who were healthy. Results: Mean age of patients with HIV was 33.84 +/- 5.61 years while that of healthy controls was 31.48 +/- 5.40 years. Male to female ratio among cases was 24:19 while among controls was 17:8. Mean CIMT was significantly higher among cases than control (0.513 +/- 0.079, 0.452 +/- 0.050 mm, respectively, P = 0.001). Percentage change in FMD was	**NAT**	**JAN TO JUN**	**RHEUMATOLOGY**	**PMID:30090778** **PMC ID:6060914** **H Index:** NA **Impact Factor:** 0.670 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	significantly lower among cases than control (3.27 +/- 2.01, 6.96 +/- 1.28, respectively, P = 0.001). Urine protein grading was significantly different between cases and controls (P = 0.007), with stable HIV cases having significantly higher urine protein grading compared to healthy controls. However, no correlation was seen between CIMT, FMD, and proteinuria overall among cases and controls. Conclusions: HIV-infected patients have significant impairment of endothelial function, in the form of increased CIMT, impaired FMD, and more proteinuria as compared to healthy controls.				
625.	Sharma, M. K., Ete, G., Chaturvedi, G., Barreto, E. and Doss, K. P. M. Prospective analysis of flap perfusion by measuring capillary glucose level in flaps European Journal of Plastic Surgery; 2018, Background: Post-operative monitoring of flap is equally important as harvesting of a flap. Early diagnosis of flap failure can salvage the flap by appropriate intervention. The monitoring methods used should be rapid, inexpensive, and accurate. The purpose of this study is to evaluate the usefulness of blood glucose monitoring (BGM) of the flap as our monitoring modality. Methods: This study includes 60 flaps which were monitored by measuring their capillary glucose level by pricking the distal end of the flap. Out of the 60 flaps, 18 were free flaps, 23 were pedicled, and 19 were of the random variety. Quantitative data was expressed in frequency, percentage, mean value, and standard deviation for capillary glucose levels of the flap. Result: Out of the 60 flaps, 44 survived well, 10 flaps were having minor distal necrosis (< 10% of flap area), major flap necrosis occurred in 3 flaps while 3 flaps failed completely. Failed flaps have shown lower glucose levels. Using the receiver operating characteristic curve (ROC), the cutoff value for BGM was 61 mg/dl, with a sensitivity of 93% and a specificity of 80%. Conclusion: Blood glucose monitoring reveals the state of perfusion of the flap in the postoperative period. Flap capillary glucose levels less than 61 mg/dl is suggestive of ischemia of the flap with a sensitivity and a specificity of 93% and 80%, respectively. It has prognostic value as it allows early detection of vascular compromise and also defines the forthcoming line of demarcation in partial necrosis. Level of Evidence: Type IV, diagnostic study. © 2018, Springer-Verlag GmbH Germany, part of	**INT**	**JUL TO DEC**	**PLASTIC SURGERY**	**SCOPUS** **H Index:** 18 **Impact Factor:** 0.290 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Springer Nature.				
626.	Sharma, S. L., Reddy, N. S., Ramanujam, K., Jennifer, M. S., Gunasekaran, A., Rose, A., John, S. M., Bose, A. and Mohan, V. R. Unintentional injuries among children aged 1-5 years: understanding the burden, risk factors and severity in urban slums of southern India Inj Epidemiol; 2018, 5 (1): 41 **Address:** Department of General Surgery, **Christian Medical College, Vellore,** Tamil Nadu, 632004, India. The Wellcome Trust Research Laboratory, Division of Gastrointestinal sciences, **Christian Medical College, Vellore,** Tamil Nadu, 632004, India. Department of Community Health, **Christian Medical College, Vellore,** Tamil Nadu, 632004, India. Low Cost Effective Care Unit, **Christian Medical College, Vellore,** Tamil Nadu, 632001, India. Department of Community Health, **Christian Medical College, Vellore,** Tamil Nadu, 632004, India. venkat@cmcvellore.ac.in. BACKGROUND: Globally, 5.82 million deaths occurred among children under the age of five years in 2015 and injury specific mortality rate was 73 per 100,000 population. In India, injury specific mortality rate is around 2.1 per 1000 live births contributing to 4% of the total under 5 mortality rate. This study aims to estimate the burden and understand factors associated with unintentional injuries among children aged 1-5 years residing in urban slums of Vellore, southern India. We also attempted to assess the hazards posed by the living environment of these children and study their association with unintentional injury patterns. METHODS: This cross-sectional study was conducted in eight urban slums of Vellore, southern India and primary caregivers of children aged 1-5 years were interviewed with a questionnaire to obtain the details of injuries sustained in the past three months. Environmental hazard risk assessment was conducted at places frequented by these children and their scores calculated. Baseline prevalence and incidence rates of unintentional injuries were estimated. Multivariate logistic regression and poisson regression analysis were performed to examine factors associated with unintentional injuries and repeated injuries respectively. Association between environmental hazard risk and unintentional injuries was estimated. RESULTS: Prevalence of unintentional injuries was 39.1% (95% CI 35.4-42.9%) and incidence rate was	**INT**	**JAN TO JUN**	**GENERAL SURGERY, WELLCOME TRUST RESEARCH LABORATORY, DIVISION OF GASTROINTESTINAL SCIENCES, COMMUNITY HEALTH, LOW COST EFFECTIVE CARE UNIT**	**PMID:30393832** **PMC ID:6215788** **H Index:** NA **Impact Factor:** NA

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	16.5 (95% CI 14.7-18.3) per 100 child months (N = 662). Bivariate analysis revealed that children of working mothers (OR 1.48; 1.01-2.18) and children from overcrowded families (OR 1.78; 1.22-2.60) had increased odds of sustaining unintentional injuries. Multivariate regression analysis revealed that children from overcrowded families had increased odds of sustaining unintentional injuries (AOR 1.66, 95% CI 1.14-2.41). Boys (IRR 1.33, 95% CI 1.07-1.66) and children from overcrowded families (IRR 1.50; 1.14-1.98) were at increased risk of having repeated injuries. There is an increase in incidence rate of injuries with an increased environmental hazard risk, although not statistically significant. CONCLUSIONS: The burden of unintentional injuries was very high among study children when compared to studies in other urban slums in India. Environment plays an important role in the epidemiology of unintentional injuries; providing safe play environment and adequate supervision of children is important to reduce its burden.				
627.	Sharma, Srujan Lam, Reddy, Samarasimha N., Ramanujam, Karthik, Jennifer, Mats Steffi, Gunasekaran, Annai, Rose, Anuradha, John, Sushil Mathew, Bose, Anuradha and Mohan, Venkata Raghava PREVALENCE AND RISK FACTORS OF UNINTENTIONAL INJURIES AMONG CHILDREN AGED 1-5 YEARS IN URBAN SLUMS OF VELLORE, SOUTH INDIA Injury Prevention; 2018, 24 A139-A139	**INT**	**JAN TO JUN**	**COMMUNITY HEALTH**	**WOS:000446617400387** **H Index:** 68 **Impact Factor:** 2.420
628.	Sheikh, A., Campbell, H., Balharry, D., Baqui, A. H., Bogaert, D., Cresswell, K., Cunningham, S., Dockerell, D., El Arifeen, S., Fletcher, M., Grant, L., Ghazali, S. S., Habib, M., Hazir, T., Isaac, R., Juvekar, S., Khoo, E. M., Mckinstry, B., Morris, A. D., Nair, H., Norrie, J., Nwaru, B. I., Pinnock, H., Robertson, D., Saha, S., Salvi, S., Schwarze, J., Simpson, C., Sridhar, D., Stoddart, A., Weller, D., Whyte, M., Worth, A., Williams, S., Yusuf, O., Zumla, A., Rudan, I. and Collaboration, Respire RESPIRE: The National Institute for Health Research's (NIHR) Global Respiratory Health Unit Journal of global health; 2018, 8 (2): 020101 Address: Usher Institute, University of Edinburgh, Edinburgh, United Kingdom Projahnmo Research Foundation, Dhaka, Bangladesh MRC Centre for Inflammation Research, University of Edinburgh, Edinburgh, United Kingdom	**INT**	**JUL TO DEC**	**RUHSA, COMMUNITY MEDICINE**	**PMC Editorial** **H Index:** 9 **Impact Factor:** 6.450 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Child Life and Health, University of Edinburgh, United Kingdom Maternal and Child Health Division (MCHD), International Centre for Diarrhoeal Disease Research (icddr, Dhaka, Bangladesh Global Health Academy, University of Edinburgh, Edinburgh, United Kingdom Department of Family Medicine, University Putra MalaysiaSelangor, Malaysia Bangladesh Primary Care Respiratory Society, Khulna, Bangladesh Pakistan Institute of Medical SciencesIslamabad, Pakistan Maternal Neonatal and Child Health Research Network (MNCHRN), Pakistan Rural Unit for Health and Social Affairs, **Christian Medical College, Vellore**, India Vadu Rural Health Program, King Edward Memorial Hospital Research Centre (KEMHRC) Pune, India Department of Primary Care Medicine, Faculty of Medicine, University of Malaya, Malaysia Krefting Research Centre, Institute Of Medicine, Gothenburg, Sweden College of Science and Engineering, University of Edinburgh, Edinburgh, United Kingdom Child Health Research Foundation, Dhaka, Bangladesh Chest Research Foundation, Pune, India Faculty of Health, Victoria University of Wellington, New Zealand Edinburgh Clinical Research Facility, University of Edinburgh, Edinburgh, United Kingdom International Primary Care Respiratory Group, Edinburgh, United Kingdom Allergy and Asthma InstituteIslamabad, Pakistan Division of Infection and Immunity, University College London, London, United Kingdom NIHR Biomedical Research Centre, UCL Hospitals NHS Foundation Trust, London, United Kingdom				
629.	Sherin Susan Paul, N., Ramamurthy, P. H., Paul, B., Saravanan, M., Santhosh, S. R., Fernandes, D. and Isaac, R. Depression among geriatric population; the need for community awareness Clinical Epidemiology and Global Health; 2018, Objectives: To measure the prevalence of depression among the rural elderly population of North Tamilnadu in India and to identify the associated social factors. Methods: A community based cross	**INT**	**JAN TO JUN**	**PSYCHIATRY**	**SCOPUS** **H Index:** 4 **Impact Factor:** NA

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	sectional study was carried out among those aged 60 years and above. The data was collected from 162 consenting participants, who were selected through a multi staged cluster sampling, using a structured interviewer administered questionnaire and Geriatric depression scale (short form) and prevalence was calculated. A binary logistic regression was done to identify the independent association of risk factors with depression. Results: The study found the prevalence of old age depression as 52.5% (95% CI: 44.7-60.3) with factors low socio economic status, increasing age and single status posing strong independent risk. Conclusion: The authors advocate community based support systems in rural areas which will increase the social interaction and inclusiveness of the aged. © 2018.				
630.	Shrestha, A. L., Bal, H. S., Kisku, S. M. C. and Sen, S. Outcome of end cutaneous ureterostomy (ECU) as a non conservative option in the management of primary obstructive megaureters (POM) Journal of Pediatric Urology; 2018, 14 (6): 541.e1-541.e5 **Address:** Department of Pediatric Surgery, **Christian Medical College, Vellore,** India. Electronic **Address:** butchgrunty@yahoo.com. Department of Pediatric Surgery, **Christian Medical College, Vellore,** India. Department of Pediatric Surgery, PSG Institute of Medical Sciences and Research, Coimbatore, India. INTRODUCTION: Primary obstructive megaureters (POM) can be treated with one of the following options: conservative management with antibiotic chemoprophylaxis and active observation of the hydroureteronephrosis (HUN) until suspicion of renal deterioration; refluxing/non-refluxing ureteric reimplantation with antibiotic suppression; temporary double-J stenting; endoscopic balloon dilatation; endoureterotomy; and end cutaneous ureterostomy (ECU). OBJECTIVE: To study the profile of patients with POM and assess the efficacy, safety and outcome of ECU as an interim procedure. METHODS: A retrospective review was performed of patients who underwent ECU for POM between January 2004 and December 2014. Demographics, surgical details, and outcomes were studied. RESULTS: A total of 25 patients (19 males, six females) underwent ECU of 25 renal units for POM at a mean age of 7 months (range 23 days to 2.5 years). Of these, nine had presented with radiological worsening of antenatally detected	**INT**	**JUL TO DEC**	**PEDIATRIC SURGERY**	**PMID:29937413** **SCOPUS** **H Index:** 34 **Impact Factor:** 1.935

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	HUN, 12 had symptoms (urosepsis in nine and palpable hydronephrosis in three), three had a solitary kidney in renal failure, and one had incidentally diagnosed renal cortical thinning as shown in Table below. Following diversion, renal failure had resolved in all, and febrile urinary tract infection (UTI) developed in one while awaiting reimplantation. Undiversion was performed in 21/25 patients at a mean duration of 12 months after diversion and a mean age of 19 months. In these, the ureteric size had decreased significantly at reimplantation. In 4/25, undiversion was not performed due to loss of follow-up in two and a subsequent nephrectomy in two. Two out of 21 developed febrile UTI after undiversion. The overall mean follow-up period was 34.2 months (n = 25), while the mean follow-up after undiversion was 41.5 months (n = 21). There was no incidence of stomal complications. CONCLUSIONS: End cutaneous ureterostomy was a safe and effective temporary procedure for the treatment of progressive primary obstructive megaureters.				
631.	Siddhartha Chakravarthy, N., Chandramohan, A., Prabhu, A. J., Gowri, M., Mannam, P., Shyamkumar, N. K., Naik, D., Cherian, A. J., Thomas, N., Paul, M. J. and Abraham, D. Ultrasound-guided fine-needle aspiration cytology along with clinical and radiological features in predicting thyroid malignancy in nodules ≥1 cm Indian journal of endocrinology and metabolism; 2018, 22 (5): 597-604 **Address:** Department of Endocrine Surgery, **Christian Medical College** Hospital Campus, Endocrine Surgery Office, Paul Brand Building, Vellore, Tamil Nadu, India Department of Radiology, **Christian Medical College** (CMC), Vellore, Tamil Nadu, India Department of Pathology, **Christian Medical College** (CMC), Vellore, Tamil Nadu, India Department of Biostatistics, **Christian Medical College** (CMC), Vellore, Tamil Nadu, India Department of Endocrinology, **Christian Medical College** (CMC), Vellore, Tamil Nadu, India Aims and Objectives: The aim of the study is to examine the adequacy and accuracy of ultrasound-guided fine-needle aspiration cytology (US-FNAC) in thyroid nodules ≥1 cm and to analyze the clinical, sonological, and cytological features in predicting thyroid malignancy. Materials and Methods: US-FNAC was done on 290	**NAT**	**JUL TO DEC**	**ENDOCRINE SURGERY. ENDOCRINOLOGY, PATHOLOGY, BIOSTATISTICS**	**SCOPUS** **H Index:** 15 **Impact Factor:** 0.630 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	patients from December 2013 to December 2014 by the radiologist. The Thyroid Imaging Reporting and Data System (TIRADS) was used to record the sonological features. FNAC samples were reported by a dedicated cytopathologist. Accuracy was calculated by comparing US-FNAC, clinical features and ultrasound (US) features for those who had final histopathology till April 2017. Results: The adequacy of US-FNAC in this study was 80.2%. Thyroidectomy was performed in 128/290 (44.1%). The sensitivity and specificity of US-FNAC in this study is 83.9 and 76.3%, respectively, with a positive predictive value of 85.2%, negative predictive value of 74.4%, and an accuracy of 81% in predicting malignancy in thyroid nodules ≥1 cm. The malignancy rate in benign FNAC sample was 25% (10/40), and was 69% (8/13) in those with a follicular lesion of undetermined significance (FLUS). Around 80% of benign and 89% of FLUS had follicular variant of papillary carcinoma of thyroid (FVPTC). US-FNAC, a high TIRADS score, and US features such as marked hypoechogenicity, taller than wide, irregular margins, microcalcification, and clinical features, such as hard in consistency and significant cervical lymph nodes, were important in predicting malignancy ($P < 0.001$). Conclusions: The accuracy of US-FNAC in this study is 81%. The US-FNAC, a high TIRADS score, a hard thyroid nodule, and significant cervical lymph nodes are important in predicting malignancy. The accuracy rate in benign and atypia undetermined significance categories needs to improve in this study. Further research to help in decreasing false negative rates of FVPTC will help in increasing the accuracy of US-FNAC in the present study. © 2018 Indian Journal of Endocrinology and Metabolism Published by Wolters Kluwer - Medknow.				
632.	Sigamani, E., Chandramohan, J., Nair, S., Chacko, G., Thomas, M., Mathew, L. G., Pulimood, S. and Manipadam, M. T. Lymphomatoid granulomatosis: A case series from South India Indian J Pathol Microbiol; 2018, 61 (2): 228-232 **Address:** Department of Pathology, **Christian Medical College Hospital, Vellore,** Tamil Nadu, India. Department of Pediatric Oncology, **Christian Medical College Hospital, Vellore,** Tamil Nadu, India. Department of Dermatology, **Christian Medical College Hospital, Vellore,** Tamil Nadu, India. Context: Lymphomatoid granulomatosis (LYG) is a rare B-lymphoproliferative disorder characterised by an angiocentric and	**NAT**	**JAN TO JUN**	**PATHOLOGY, PEDIATRIC ONCOLOGY, DERMATOLOGY**	**PMID:29676363** **WOS:000430851900014** **H Index:** 27 **Impact Factor:** 0.529

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	angiodestructive pattern along with Epstein - Barr virus (EBV) association. It is one of the diagnostic challenges in lymphoma pathology. Deregulation of EBV immune surveillance is one of the narrated hypotheses in the literature. Extrapulmonary manifestations are rare with LYG. Morphological grading is done based on the number of EBV-positive B cells, which is useful to strategize treatment protocol. Aims: We report here a series of nine cases of LYG to discuss the clinical, histological, and immunohistochemistry findings. Settings and Design: This is the first case series from India in published literature. Subjects and Methods: We reviewed cases of LYG diagnosed at our center for the past 11 years (2006-2016). A total of nine cases were included in this study. Histomorphology was studied in conjunction with immunohistochemistry and clinical details. Cases without classical morphology and negative for EBV immunostain were excluded from the study. Results: There were nine patients in our study (7 males and 2 female; M:F ratio 3.5:1). The age of these patients ranged from 4 years to 57 years (mean age: 30 years). The most common site involved was the lung (4, 44%), followed by the skin (2, 22%), central nervous system (2, 22%) and lymph node (1, 11%). One patient had primary immunodeficiency. Another patient had undergone renal transplant 11 years before the development of the lesion. Angiocentricity and angioinvasion were appreciated in all nine cases (9/9) with necrosis in four cases (44%) and ill-defined histiocytic aggregates in three cases (33%). The histological features were as follows: Grade 1(4 cases, 44%), Grade 2(2 cases, 22%), and Grade 3(3 cases, 33%). Conclusion: LYG is a rare EBV driven angiodestructive disease with predominantly lung involvement as well as isolated extrapulmonary sites as seen in our study. It is often progressive and ultimately fatal in the absence of appropriate treatment. Grading of the lesion helps to initiate the appropriate treatment of choice.				
633.	Silver, Z. A., Kaliappan, S. P., Samuel, P., Venugopal, S., Kang, G., Sarkar, R. and Ajjampur, S. S. R. Geographical distribution of soil transmitted helminths and the effects of community type in South Asia and South East Asia - A systematic review PLoS Negl Trop Dis; 2018, 12 (1): e0006153 **Address:** Division of Geographic Medicine and Infectious Diseases, Tufts University School of Medicine, Boston, MA, United States of America.	**INT**	**JAN TO JUN**	**GASTROINTESTINAL SCIENCES, BIOSTATISTICS**	**PMID:29346440** **PMC ID:5773013** **WOS:000424022700026** **SCOPUS** **H Index:** 96 **Impact Factor:** 4.367

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Division of Gastrointestinal Sciences, **Christian Medical College, Vellore,** India. Department of Biostatistics, **Christian Medical College, Vellore,** India. BACKGROUND: Soil-transmitted helminth (STH) infections are among the most prevalent neglected tropical diseases (NTD) worldwide. Since the publication of the WHO road map to combat NTD in 2012, there has been a renewed commitment to control STH. In this study, we analysed the geographical distribution and effect of community type on prevalence of hookworm, Trichuris and Ascaris in south Asia and south east Asia. METHODOLOGY: We conducted a systematic review of open-access literature published in PubMed Central and the Global Atlas of Helminth Infection. A total of 4182 articles were available and after applying selection criteria, 174 studies from the region were retained for analysis. PRINCIPAL FINDINGS: Ascaris was the commonest STH identified with an overall prevalence of 18% (95% CI, 14-23%) followed by Trichuris (14%, 9-19%) and hookworm (12%, 9-15%). Hookworm prevalence was highest in Laos, Vietnam and Cambodia. We found a geographical overlap in countries with high prevalence rates for Trichuris and Ascaris (Malaysia, Philippines, Myanmar, Vietnam and Bangladesh). When the effect of community type was examined, prevalence rates of hookworm was comparable in rural (19%, 14-24%) and tribal communities (14%, 10-19%). Tribal communities, however, showed higher prevalence of Trichuris (38%, 18-63%) and Ascaris (32%, 23-43%) than rural communities (13%, 9-20% and 14%, 9-20% respectively). Considerable between and within country heterogeneity in the distribution of STH (I2 >90%) was also noted. When available data from school aged children (SAC) were analysed, prevalence of Ascaris (25% 16-31%) and Trichuris (22%, 14-34%) were higher than among the general population while that of hookworm (10%, 7-16%) was comparable. CONCLUSIONS/SIGNIFICANCE: Our analysis showed significant variation in prevalence rates between and within countries in the region. Highlighting the importance of community type in prevalence and species mix, we showed that tribal and rural communities had higher hookworm infections than urban communities and for ascariasis and trichuriasis, tribal populations had higher levels of infection than rural populations. We also found a higher prevalence of ascariasis and trichuriasis in SAC compared to the general population but comparable levels of hookworm infections. These key findings need to be taken into				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	account in planning future MDA and other interventions.				
634.	Simon, B., Mani, S. E., Keshava, S. N., Alexander, M. and Aaron, S. Role of Noninvasive Imaging of Cerebral Arterial System in Ischemic Stroke: Comparison of Transcranial Color-coded Doppler Sonography with Magnetic Resonance Angiography J Clin Imaging Sci; 2018, 8 19 **Address:** Department of Radiodiagnosis, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Neurology, **Christian Medical College, Vellore,** Tamil Nadu, India. Aim: To determine the accuracy of transcranial color-coded Doppler sonography (TCCS) in the evaluation of cerebral arterial system in patients with ischemic stroke attending a tertiary care hospital in South India. Objectives: (1) To describe the topographical distribution of atherosclerotic lesions in the cerebral circulation in patients presenting with ischemic stroke from the Indian subcontinent and (2) to determine the accuracy of TCCS for detection and quantification of intracranial stenoses in various segments of the intracerebral arterial system in comparison with magnetic resonance angiography (MRA). Materials and Methods: The demographic profile and risk factors of consecutive patients who presented to neurology outpatient department with cerebral ischemia and scheduled for MRA were determined. These patients had undergone neck Doppler, TCCS, and MRA. The agreement between the MRA and TCCS was assessed using kappa statistics. The sensitivity, specificity, and positive and negative predictive values of TCCS as compared to MRA were calculated. Results: Ninety patients were included in the final analysis. Intracranial atherosclerosis was found in 35.6% of cases. The agreement between TCCS and MRA in detecting lesions for the different arterial segments in the intracranial circulation was 0.83 for anterior cerebral artery (ACA), 0.66 for M1 segment of middle cerebral artery (MCA), 0.45 for M2 segment of MCA, 0.86 for terminal internal carotid artery (TICA), 0.46 for posterior cerebral artery (PCA), and 0.81 for vertebral artery (VA). The sensitivity for the detection of hemodynamically significant arterial lesions in different vascular segments was 100%, 70%, 33.3%, 90.9%, 33.3%, and 72.7% for ACA, M1, M2, TICA, PCA, and VA, respectively. Conclusion: Intracranial atherosclerosis was found to be the predominant distribution of cerebral atherosclerosis. TCCS is a safe method for evaluation of proximal basal cerebral arteries in the	**INT**	**JAN TO JUN**	**RADIODIAGNOSIS, NEUROLOGY**	**PMID:29770267** **PMC ID:5939038** **H Index:** 12 **Impact Factor:** 0.990 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	intracranial circulation with relatively better sensitivity in the anterior circulation.				
635.	Sindhu, K. N., Bondu, J. D., Ganesan, S. K., Syed, C., Kang, G. and Mohan, V. R. Blood Lead Levels in Mother-Infant Pairs Indian J Pediatr; 2018, 85 (12): 1143-1144 **Address:** Wellcome Trust Research Laboratory, Division of Gastrointestinal Sciences, **Christian Medical College, Vellore,**Tamil Nadu, India. Department of Clinical Biochemistry, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Community Health, **Christian Medical College, Vellore,** Tamil Nadu, 632002, India. venkat@cmcvellore.ac.in.	**NAT**	**JAN TO JUN**	**GASTROINTESTINAL SCIENCES, CLINICAL BIOCHEMISTRY, COMMUNITY HEALTH**	**PMID:30076519** **SCOPUS** **H Index:** 41 **Impact Factor:** 0.390 (RG)
636.	Singh, G., Mariappan, R. and Gautham, A. K. Buttressing the Pediatric Endotracheal Tube in Neonates: A Simple but Useful Technique Journal of Neurosurgical Anesthesiology; 2018, 30 (1): 83-84	**INT**	**JAN TO JUN**	**NEUROSURGERY**	**WOS:000428161600020** **SCOPUS** **H Index:** 55 **Impact Factor:** 3.238
637.	Singh, O., Nirmal, T. J., Mukha, R. P., Mahasampath, G., Chandrasingh, J., Devasia, A., Kumar, S. and Kekre, N. S. Positive ureteric margins at radical cystectomy: Can it be predicted at initial transurethral resection of bladder tumour? Arab J Urol; 2018, 16 (4): 386-390 Objective: To identify primary tumour-related factors at transurethral resection of bladder tumour (TURBT) that may predict positive distal ureteric margins (PUM) at the time of radical cystectomy (RC). Patients and methods: A retrospective, cohort study was conducted using our institution's data from June 2007 to June 2016. Patients who underwent TURBT followed by RC for non-metastatic urothelial carcinoma (UC) of the bladder were identified. In all, 211 patients underwent RC for UC during the study period. The patients were divided into two groups: Group-I (n = 17) with PUM and Group-II (n = 194) with negative ureteric margins. Univariate and multivariate analyses were performed to determine the predictors of PUM. Results: On univariate analysis, multifocality, tumours involving the ureteric orifice, trigonal tumours, presence of carcinoma in situ (CIS), and lymphovascular invasion at TURBT, were significantly more common in Group-I. On multivariate analysis, tumour involvement in the ureteric orifice(s) and presence of associated CIS significantly predicted PUM. Conclusions: Primary	**INT**	**JUL TO DEC**	**UROLOGY**	**SCOPUS** **H Index:** 10 **Impact Factor:** 0.480 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	tumour-related factors on initial TURBT that predicted PUM (at RC) were involvement of the ureteric orifice(s) and presence of associated CIS. These results may help to select patients who can be selectively offered intraoperative frozen section analysis. © 2018 Arab Association of Urology				
638.	Singh, P. T., Burad, D., Hephzibah, J. and Paul, T. V. Uncommon cause for chest pain BMJ Case Rep; 2018, 2018 **Address:Christian Medical College, Vellore,**Tamil Nadu, India. Department of Pathology, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Nuclear Medicine, **Christian Medical College, Vellore,** Tamil Nadu, India.	**INT**	**JUL TO DEC**	**PATHOLOGY, NUCLEAR MEDICINE**	**PMID:29507027** **SCOPUS** **H Index:** 17 **Impact Factor:** 0.220 (RG)
639.	Singh, Pratibha, Rathore, Yashika, Thakur, Ratna and Singh, Kuldeep Neonatal outcome in women receiving vaginal progesterone for prevention of preterm birth Current Medical Issues; 2018, 16 (3): 87-91 Background: Preterm birth (PTB) may be caused by several etiological factors and there is some evidence that administration of progesterone has an effect in the prevention of preterm birth, however its role is not well defined. Study Design: This study was planned to know the effect of vaginal progesterone on women with a history of PTB on pregnancy and neonatal outcome. A total of 64 women with a singleton pregnancy (between 14-28 weeks gestation), with at least one previous preterm delivery were prospectively studied and received vaginal micronized progesterone 100 mg twice daily starting at 14–28 weeks [recruitment period] and continued till 34 weeks of pregnancy. Results: In the study, 1.66% women delivered before 34 weeks, 14 (23.33%) women delivered between 34 and 36 + 6 weeks period of gestation. Overall 15/60 (25%) patients delivered before 37 weeks and 45/60 (75%) delivered after 37 weeks. Mean gestation of delivery was 37.31 ± 1.58 (Range: 33–39 weeks). Conclusions: This study provides some evidence that vaginal administration of progesterone in high-risk women for PTB starting in the second trimester and	**NAT**	**JUL TO DEC**	**MEDICINE**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	continued till 34 weeks can lower the PTB and improve the neonatal prognosis, without causing any adverse effect to the neonate.				
640.	Singh, S. C., Bhaskar, A. and Oommen, V. Pumping the pulse: a bicycle pump to simulate the arterial pulse waveform Adv Physiol Educ; 2018, 42 (2): 256-259 **Address:** Department of Physiology, **Christian Medical College, Vellore,** Tamil Nadu, India.	**INT**	**JAN TO JUN**	**PHYSIOLOGY**	**PMID:29616565** **WOS:000429537400016** **SCOPUS** **H Index:** 46 **Impact Factor:** 1.981
641.	Sinha, A., Kanungo, S., Kim, D. R., Manna, B., Song, M., Park, J. Y., Haldar, B., Sharma, P., Mallick, A. H., Kim, S. A., Babji, S., Sur, D., Kang, G., Ali, M., Petri, W. A., Jr., Wierzba, T. F., Czerkinsky, C., Nandy, R. K. and Dey, A. Antibody secreting B cells and plasma antibody response to rotavirus vaccination in infants from Kolkata India Heliyon; 2018, 4 (1): e00519 **Address:** National Institute of Cholera and Enteric Diseases, Kolkata, India. International Vaccine Institute, Seoul, South Korea. Department of Microbiology and Immunology, Seoul National University. Division of Gastrointestinal Sciences, **Christian Medical College, Vellore,** India. Johns Hopkins Bloomberg School of Public Health, Baltimore, USA. The University of Virginia, Charlottesville, VA, USA. PATH, Washington, DC, USA. Institut de Pharmacologie Moleculaire & Cellulaire, CNRS-INSERM-University of Nice-Sophia Antipolis, Valbonne, France. Background: Assessing immune response after rotavirus vaccination consists in measuring serum or plasma IgA and IgG antibodies, but these assays provide very little information about the mucosal immune response. Thus the development of assays for detection of mucosal immune response following rotavirus vaccination is essential. We evaluate to assess circulating antibody-secreting cells (ASCs) as a potential means to evaluate mucosal immune responses to rotavirus vaccine. Methods: 372 subjects, aged 6 weeks, were enrolled in the study. All the subjects were assigned to receive two doses of Rotarix((R)) vaccine. Using a micro-modified whole blood-based ELISPOT assay, circulating rotavirus type-specific IgA- and IgG-ASCs, including gut homing	**INT**	**JAN TO JUN**	**GASTROINTESTINAL SCIENCES**	**PMID:29560435** **PMC ID:5857522** **H Index:** 7 **Impact Factor:** 0.840 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	beta7+ ASCs, were enumerated on week 6 before the first dose of Rotarix vaccination at 7 weeks of age and week 18 after the second vaccination at 17 weeks of age. Plasma samples collected before vaccination, and after two doses of Rotarix((R)) vaccination were tested for plasma rotavirus IgA titers. Results: Two doses of Rotarix((R)) provided to induce sero-protective titer of >/= 20 Units in 35% of subjects. Total blood IgA- ASC responses were detected in 26.4% of subjects who were non-responder before vaccination. Among responders, 47% of the subjects also have sero-protective plasma IgA titers. Discussion: Our results suggest that virus-specific blood gut homing ASCs were detected and provide insight into mucosal immune response after rotavirus vaccination. Further studies are needed to evaluate the duration of such immune responses and to assess the programmatic utility of this whole blood-based mucosal ASC testing for the rotavirus immunization program.				
642.	Sivakumar, R., Balakrishnan, V., Gowri, P. and Visalakshi, J. Leptospiral Uveitis: Usefulness of Clinical Signs as Diagnostic Predictors Ocular Immunology and Inflammation; 2018, 26 (4): 569-576 Purpose: To analyze the diagnostic predictive ability of clinical variables. 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. 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. 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. © Taylor & Francis Group, LLC.	**INT**	**JUL TO DEC**	**OPHTHALMOLOGY, BIOSTATISTICS**	**WOS:000432556700014** **SCOPUS** **H Index:** 46 **Impact Factor:** 3.348
643.	Sivaraju, L., Moorthy, R. K., Jeyaseelan, V. and Rajshekhar, V. Routine placement of subdural drain after burr hole evacuation of chronic and subacute subdural hematoma: a contrarian evidence based approach Neurosurgical Review; 2018, 41 (1): 165-171	**INT**	**JAN TO JUN**	**NEUROSURGERY, BIOSTATISTICS**	**WOS:000419166400017** **SCOPUS** **H Index:** 52 **Impact Factor:** 2.255

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	The objective of this paper was to evaluate whether available evidence supporting placement of subdural drain placement after evacuation of chronic subdural haematoma (CSDH) is applicable to a cohort of patients managed by us. In this observational cohort study, clinical follow-up was obtained in 166 patients who underwent burr hole evacuation of CSDH without placement of subdural drain followed by 3 days of bed rest. The primary outcome studied was recurrence requiring reoperation. Factors predicting recurrence were also analysed. We compared the patient characteristics and management protocols in our cohort with that in reports supporting drain placement to determine whether such evidence is relevant to our patient group. The mean age of our patients was 58 ± 17 years (range, 1 to 89 years). Sixteen of the 166 (9.6%) patients presented with symptomatic recurrence. The median time to reoperation for recurrence (15 of 16 patients) after the primary procedure was 17 days (range, 2 to 68 days). Antiplatelet and anticoagulant therapy was the only factor that was significantly associated with recurrence ($p = 0.01$). There were no infective or non-infective complications in our patient cohort. Our patient cohort and outcomes differed from those reporting drain placements in the following parameters: they were a decade younger, all patients received bed rest for 3 days after surgery and the recurrence rate was similar to that reported in the drained groups but significantly less than that reported in the non-drained groups. Routine placement of drain following burr hole evacuation of CSDH should only be done after careful comparison of the patient cohort under consideration and those reporting superior outcomes with drains. Evidence-based medicine supports such an approach. © 2017, Springer-Verlag Berlin Heidelberg.				
644.	Sneddon, J., Barlow, G., Bradley, S., Brink, A., Chandy, S. J. and Nathwani, D. Development and impact of a massive open online course (MOOC) for antimicrobial stewardship J Antimicrob Chemother; 2018, 73 (4): 1091-1097 **Address:** Scottish Antimicrobial Prescribing Group, Healthcare Improvement Scotland, 50 West Nile Street, Glasgow, Scotland. Department of Infection, Hull & East Yorkshire Hospitals NHS Trust, Anlaby Road, Hull, England. British Society for Antimicrobial Chemotherapy, 53 Regent Place, Birmingham, England. Ampath National Laboratory Services, Milpark Hospital,	**INT**	**JUL TO DEC**	**PHARMACOLOGY & CLINICAL PHARMACOLOGY**	**PMID:29340600** **WOS:000429019600035** **SCOPUS** **H Index:** 166 **Impact Factor:** 5.217

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Johannesburg, South Africa. Division of Infectious Diseases and HIV Medicine, Groote Schuur Hospital and Faculty of Health Sciences, University of Cape Town, Cape Town, South Africa. Department of Pharmacology & Clinical Pharmacology, **Christian Medical College, Vellore,** India. University of Dundee Medical School, Dundee, Scotland. Background: The University of Dundee and the BSAC developed a massive open online course (MOOC) to address the global need for education to support antimicrobial stewardship in low- and middle-income countries. Methods: An interactive course, Antimicrobial Stewardship: Managing Antibiotic Resistance, was developed and delivered via the FutureLearn(c) platform. The course ran over four 6 week periods during 2015 and 2016 supported by educators and was evaluated via data on uptake and feedback from learners on impact on clinical practice. Results: In total, 32944 people, 70% of them healthcare professionals, from 163 countries joined the course from Europe (49%), Asia (16%), Africa (13%), North America (9%), Australia (8%) and South America (5%). Between 33% and 37% of joiners in each run completed at least one step in any week of the course and 219 participants responded to a post-course survey. The course was rated good or excellent by 208 (95%) of the participants, and 83 (38%) intended to implement stewardship interventions in their own setting. A follow-up survey 6 months later suggested that 49% had implemented such interventions. Conclusions: The MOOC has addressed a global learning need by providing education free at the point of access, and learning from its development will help others embarking upon similar educational solutions. Initial quantitative and qualitative feedback suggests it has engaged participants and complements traditional educational methods. Measuring its real impact on clinical practice remains a challenge. The FutureLearn(c) platform offers flexibility for MOOCs to be sustainable through modification to remove educator facilitation but maintain active participant discussion.				
645.	Sohliya, L., Mathew, J., Ishitha, G., Panwar, J. and Jacob, K. M. Myopericytoma-An Alternate Cause of Persistent Knee Pain in Rheumatoid Arthritis J Assoc Physicians India; 2018, 66 (3): 83-85 **Address:** Department of Rheumatology. Department of Pathology. Department of Radiology. Department of	**NAT**	**JAN TO JUN**	**RHEUMATOLOGY, PATHOLOGY, RADIOLOGY, ORTHOPEDICS**	**PMID:30341880** **SCOPUS** **H Index:** 51 **Impact Factor:** 0.370 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Orthopaedics, **Christian Medical College, Vellore,** Tamil Nadu. Rheumatoid Arthritis can present with consistent pain over peripheral joints. The manner of presentation of a subcutaneous tumour such as Myopericytoma may be very similar to that of an inflamed joint leading to the high frequency of it being overlooked and inadequately treated. Knowing the radiological and pathological differences will direct us in the right road to timely and adequate treatment.				
646.	Son, S., Thamlikitkul, V., Chokephaibulkit, K., Perera, J., Jayatilleke, K., Hsueh, P. R., Lu, C. Y., Balaji, V., Moriuchi, H., Nakashima, Y., Lu, M., Yang, Y., Yao, K., Kim, S. H., Song, J. H., Kim, S., Kim, M. J., Heininger, U., Chiu, C. H. and Kim, Y. J. Prospective multinational serosurveillance study of Bordetella pertussis infection among 10- to 18-year-old Asian children and adolescents Clin Microbiol Infect; 2018, **Address:** Samsung Medical Center, Sungkyunkwan University, Department of Pediatrics, Seoul, South Korea. Faculty of Medicine Siriraj Hospital, Mahidol University, Department of Medicine, Bangkok, Thailand. University of Colombo, Department of Microbiology, Colombo, Sri Lanka. Sri Jayewardenepura General Hospital, Department of Microbiology, Nugegoda, Sri Lanka. National Taiwan University Hospital, Departments of Laboratory Medicine and Internal Medicine, Taipei, Taiwan. National Taiwan University Hospital, Department of Pediatrics, Taipei, Taiwan. **Christian Medical College & Hospital,** Department of Clinical Microbiology, Vellore, India. Graduate School of Biomedical Sciences, Nagasaki University, Department of Molecular Microbiology and Immunology, Nagasaki, Japan. Shanghai Children's Hospital, Department of Pulmonary Medicine, Shanghai, China. Beijing Children's Hospital, Capital Medical University, Department of Microbiology and Immunology, Beijing, China. Asia Pacific Foundation for Infectious Diseases (APFID), Division of Infectious Disease, Seoul, South Korea. Samsung Medical Center, Statistics and Data Center, Seoul, South Korea.	**INT**	**JAN TO JUN**	**CLINICAL MICROBIOLOGY**	**PMID:29689428** **H Index:** 122 **Impact Factor:** 5.394

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	University of Basel Children's Hospital, Pediatric Infectious Diseases and Vaccinology, Basel, Switzerland. Chang Gung Children's Hospital, Chang Gung University, Department of Pediatrics, Taoyuan, Taiwan. Electronic **Address:** chchiu@cgmh.org.tw. Samsung Medical Center, Sungkyunkwan University, Department of Pediatrics, Seoul, South Korea. Electronic **Address:** yaejeankim@skku.edu. OBJECTIVES: Bordetella pertussis continues to cause outbreaks worldwide. To assess the role of children and adolescent in transmission of pertussis in Asia, we performed a multinational serosurveillance study. METHODS: From July 2013 to June 2016, individuals aged 10 to 18 years who had not received any pertussis-containing vaccine within the prior year were recruited in 10 centres in Asia. Serum anti-pertussis toxin (PT) IgG was measured by ELISA. Demographic data and medical histories were obtained. In the absence of pertussis immunization, anti-PT IgG >/=62.5 IU/mL was interpreted as B. pertussis infection within 12 months prior, among them levels >/=125 IU/mL were further identified as infection within 6 months. RESULTS: A total of 1802 individuals were enrolled. Anti-PT IgG geometric mean concentration was 4.5, and 87 (4.8%) individuals had levels >/=62.5 IU/mL; among them, 73 (83.9%) had received three or more doses of pertussis vaccine before age 6 years. Of 30 participants with persistent cough during the past 6 months, one (3.3%) had level >/=125 IU/mL. There was no significant difference in proportions with anti-PT IgG >/=62.5 IU/mL among age groups (13-15 vs. 10-12 years, 16-18 vs. 10-12 years), between types of diphtheria, pertussis and tetanus (DTP; whole cell vs. acellular), number of doses before age 6 years within the DTP whole-cell pertussis vaccine (five vs. four doses) or acellular pertussis vaccine (five vs. four doses) and history of persistent cough during the past 6 months (yes vs. no). CONCLUSIONS: There is significant circulation of B. pertussis amongst Asian children and adolescents, with one in 20 having serologic evidence of recent infection regardless of vaccination background.				
647.	Sonbare, D. J., Abraham, D. T., Rajaratnam, S., Thomas, N., Manipadam, M. T., Pai, R. and Jacob, P. M. Re-operative Surgery for Pheochromocytoma-Paraganglioma: Analysis of 13 Cases from a Single Institution Indian J Surg; 2018, 80 (2): 123-127	**NAT**	**JAN TO JUN**	**ENDOCRINE SURGERY, ENDOCRINOLOGY, PATHOLOGY**	**PMID:29915477** **PMC ID:5991023** **WOS:000434724900005** **SCOPUS** **H Index:** 15

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Address: 1Department of Endocrine Surgery, **Christian Medical College, Vellore,** Tamil Nadu 632004 India.0000 0004 1767 8969grid.11586.3b 2Department of Endocrinology, **Christian Medical College, Vellore,** India.0000 0004 1767 8969grid.11586.3b 3Department of Pathology, **Christian Medical College, Vellore,** India.0000 0004 1767 8969grid.11586.3b Re-operative adrenal surgery for recurrent pheochromocytoma/paraganglioma (PCC/PGL) is a therapeutic situation not commonly encountered. The recurrence rate of pheochromocytoma is estimated to be 6.1-16.5% of patients from published retrospective series; there are no reports from the Asian continent. A retrospective analysis of the departmental database was performed on patients who had undergone surgery for PCC/PGL from January 2004 to December 2014 at the **Christian Medical College Hospital, Vellore,** India. Among 99 patients identified during the study period, there were 14 recurrent tumours and 13 patients underwent re-operative surgery. We located eight recurrences on the right side, three on the left side and three in the midline. All 14 recurrences were functioning, and the biochemical analysis as well as imaging studies were positive in 13 of them. The mean duration to recurrence from the time of the primary surgery was 76.3 months (range 6-180 months). Of the 89 patients who underwent their first operation at our centre, 67.4% reported for follow-up for a mean period of 25 months (range 4-132 months). Four of these required re-operation with a recurrence rate of 4.5% (4/89). The open approach was used for all but one of the recurrent tumours. Recurrence following surgery for PCC/PGL is a rarely studied though significant problem. Right adrenal tumour recurrences were most common, and all these recurrences were in the retrocaval region; this typical phenomenon may be dubbed the 'right retrocaval trap'. The reason for this was presumably due to difficult access and inadequate exposure of this area in open and laparoscopic surgery, resulting in incomplete dissection.				**Impact Factor:** 0.509 (RG)
648.	Srampickal, G. M., Jacob, K. M., Kandoth, J. J., Yadev, B. K., Palraj, T., Oommen, A. T., George, S. P. and Poonnoose, P. M. How effective is periarticular drug infiltration in providing pain relief and early functional outcome following total hip arthroplasty? Journal of Clinical Orthopaedics and Trauma; 2018, Address: Department of Orthopedics Unit II, **Christian Medical College, Vellore**, TN 632004, India	**INT**	**JUL TO DEC**	**ORTHOPEDICS, BIOSTATISTICS, PHYSICAL MEDICINE AND REHABILITATION, ANAESTHESIA**	**PMC Article in Press** **H Index:** 8 **Impact Factor:** 0.350 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Department of Biostatistics, **Christian Medical College, Vellore**, 632004, India Department of Physical Medicine and Rehabilitation, **Christian Medical College, Vellore**, 632004, India Department of Anaesthesia, **Christian Medical College, Vellore**, TN 632004, India The aim of the study was to compare the efficacy of periarticular injection of a cocktail of analgesic drugs (PIC) with epidural infiltration (EA), in providing postoperative pain relief and early functional improvement following Total Hip Arthroplasty (THA). Methods: 50 patients undergoing unilateral THA were randomized to receive either EA or PIC for postoperative pain control. Postoperative pain relief, as determined by the visual analogue scale (VAS), functional recovery and side effects related to EA and PIC were assessed. Results: PIC resulted in significantly lower VAS scores [0.48(0.71) vs 3.04(2.07)] in the first 24 h after surgery [mean (SD)], when compared to EA. The pain relief continued to be significantly lower even on the 10th postoperative day. Functional recovery was significantly better in the PIC group, with patients being able to walk longer distances and climb steps more quickly following THA. EA, unlike PIC was associated with side effects like nausea, vomiting, motor weakness, back pain and urinary retention. The overall satisfaction rate with treatment was significantly better in PIC group (9.04/10) than those who received EA (7.76/10). Conclusion: PIC provides significantly better pain control and functional recovery in the early postoperative period, with less side effects when compared with EA. PIC should be the choice for pain control following THA. © 2018				
649.	Srinivasan, R., Girish Kumar, C. P., Naaraayan, S. A., Jehangir, S., Thangaraj, J. W. V., Venkatasubramanian, S. and Kang, G. Intussusception hospitalizations before rotavirus vaccine introduction: Retrospective data from two referral hospitals in Tamil Nadu, India Vaccine; 2018, 36 (51): 7820-7825 Address: Division of Gastrointestinal Sciences, **Christian Medical College, Vellore**, India ICMR – National Institute of Epidemiology, Chennai, India Institute of Child Health and Hospital for Children, Chennai, India Department of Pediatric Surgery, **Christian Medical College, Vellore**, India Background: The indigenous oral rotavirus vaccine Rotavac® was	**INT**	**JUL TO DEC**	**GASTROINTESTINAL SCIENCES, PEDIATRIC SURGERY**	**PMC Article** **H Index:** 159 **Impact Factor:** 3.285

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	introduced into the public immunization system in India in 2016 and will be expanded in phases. This data will describe the epidemiology of intussusception in India in absence of rotavirus vaccination and will help in setting up or designing a safety monitoring system. Methods: Medical records of intussusception cases between 2013 and 2016 in two major referral hospitals in Tamil Nadu, India were reviewed, and data on clinical presentation and management and outcome were collated. Results: A total of 284 cases of intussusception were diagnosed and managed at the two centers of which 280/284 could be classified as level 1 by the Brighton criteria. Median age at presentation was 8 months (Inter Quartile Range, IQR 6–17.2) with a male to female ratio of 2.1:1. Over half (57.7%) required surgical intervention while the rest underwent non-surgical or conservative management. Conclusions: Retrospective data from referral hospitals is sufficient to classify cases of intussusception by the Brighton criteria. These baseline data will be useful for monitoring when rotavirus vaccination is introduced. © 2017 The Authors				
650.	Ss, P. Immune class regulation as an integrated response of factors related to host, stimulus and context Scand J Immunol; 2018, 87 (4): e12656 **Address:** Department of Biochemistry, **Christian Medical College, Vellore,** India.	**INT**	**JUL TO DEC**	**BIOCHEMISTRY**	**PMID:29486051** **WOS:000428463100008** **SCOPUS** **H Index:** 79 **Impact Factor:** 2.314
651.	Stanaway, Jeffrey D., Afshin, Ashkan, Gakidou, Emmanuela, Lim, Stephen S., Abate, Degu, Abate, Kalkidan Hassell, Abbafati, Cristiana, Abbasi, Nooshin, Abbastabar, Hedayat, Abd-Allah, Foad, Abdela, Jemal, Abdelalim, Ahmed, Abdollahpour, Ibrahim, Abdulkader, Rizwan Suliankatchi, Abebe, Molla, Abebe, Zegeye, Abera, Semaw F., Abil, Olifan Zewdie, Abraha, Haftom Niguse, Abrham, Aklilu Roba, Abu-Raddad, Laith Jamal, Abu-Rmeileh, Niveen M. E., Accrombessi, Manfred Mario Kokou, Acharya, Dilaram, Acharya, Pawan, Adamu, Abdu A., Adane, Akikw Awoke, Adebayo, Oladimeji M., Adedoyin, Rufus Adesoji, Adekanmbi, Victor, Ademi, Zanfina, Adetokunboh, Olatunji, Adib, Mina G., Admasie, Amha, Adsuar, Jose C., Afanvi, Kossivi Agbelenko, Afarideh, Mohsen, Agarwal, Gina, Aggarwal, Anju, Aghayan, Sargis Aghast, Agrawal, Anurag, Agrawal, Sutapa, Ahmadi, Alireza, Ahmadi, Mehdi, Ahmadieh, Hamid, Ahmed, Muktar Beshir, Aichour, Amani Nidhal, Aichour, Ibtihel, Aichour, Miloud Taki Eddine, Akbari, Mohammad	**INT**	**JUL TO DEC**	**MEDICINE**	**PMID:WOS:000449710900007** **H Index:** 670 **Impact Factor:** 53.254

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Esmaeil, Akinyemiju, Tomi, Akseer, Nadia, Al-Aly, Ziyad, Al-Eyadhy, Ayman, Al-Mekhlafi, Hesham M., Alandab, Fares, Alam, Khurshid, Alam, Samiah, Alam, Tahiya, Alashi, Alaa, Alavian, Seyed Moayed, Alene, Kefyalew Addis, Ali, Komal, Ali, Syed Mustafa, Alijanzadeh, Mehran, Alizadeh-Navaei, Reza, Aljunid, Syed Mohamed, Alkerwi, Ala'a, Alla, Francois, Alsharif, Ubai, Altirkawi, Khalid, Alvis-Guzman, Nelson, Amare, Azmeraw T., Ammar, Walid, Anber, Nahla Hamed, Anderson, Jason A., Andrei, Catalina Liliana, Androudi, Sofia, Animut, Megbaru Debalkie, Anjomshoa, Mina, Ansha, Mustafa Geleto, Anto, Josep M., Antonio, Carl Abelardo T., Anwari, Palwasha, Appiah, Lambert Tetteh, Appiah, Seth Christopher Yaw, Arabloo, Jalal, Aremu, Olatunde, Amlov, Johan, Artaman, Al, Aryal, Krishna K., Asayesh, Hamid, Ataro, Zerihun, Ausloos, Marcel, Avokpaho, Euripide F. G. A., Awasthi, Ashish, Quintanilla, Beatriz Paulina Ayala, Ayer, Rakesh, Ayuk, Tanabe B., Azzopardi, Peter S., Babazadeff, Arefeh, Badali, Hamid, Badawi, Alaa, Balakrishnan, Kalpana, Bali, Ayele Geleto, Ball, Kylie, Bellew, Shoshana H., Banach, Maciej, Banoub, Joseph Adel Mattar, Barac, Aleksandra, Barker-Collo, Suzanne Lyn, Bamighausen, Till Winfried, Barrero, Lope H., Basu, Sanjay, Baune, Bernhard T., Bazargan-Hejazi, Shahrzad, Bedi, Neeraj, Beghi, Ettore, Behzadifar, Masoud, Behzadifar, Meysam, Bejoy, Yannick, Bekele, Bayu Begashaw, Bekru, Fyasu Tamru, Belay, Ezra, Belay, Yilhalem Abebe, Bell, Michelle L., Bello, Aminu K., Bennett, Derrick A., Bensenor, Isabela M., Bergeron, Gilles, Berhane, Adugnaw, Bemabe, Eduardo, Bemstein, Robert S., Beuran, Mircea, Beyranvand, Tina, Bhala, Neeraj, Bhalla, Ashish, Bhattarai, Suraj, Bhutta, Zulfiqar A., Biadgo, Belete, Bijani, Ali, Bikbov, Boris, Bilano, Ver, Bililign, Nigus, Bin Sayeed, Muhamad Shandaat, Bisanzio, Donal, Biswas, Tuhin, Bjorge, Tone, Blacker, Brigette F., Bleyer, Archie, Borschmann, Rohan, Bou-Orm, Ibrahim R., Boufous, Soufiane, Bourne, Rupert, Brady, Oliver J., Brauer, Michael, Brazinova, Alexandra, Breitborde, Nicholas J. K., Brenner, Hermann, Briko, Andrey Nikolaevich, Britton, Gabrielle, Brugha, Traolach, Buchbindet, Rachelle, Burnett, Richard T., Busse, Reinhard, Butt, Zahid A., Cahill, Leah E., Cahuana-Hurtado, Lucero, Campos-Nonato, Ismael R., Cardenas, Rosario, Carreras, Giulia, Carrero, Juan J., Carvalho, Felix, Castaneda-Orjuela, Carlos A., Rivas, Jacqueline Castillo, Castro, Franz, Catala-Lopez, Ferran, Causey, Kate, Cercy, Kelly M., Cerin, Ester, Chaiah, Yazan, Chang, Hying-Ti, Chang, Jung-Chen, Chang, Kai-Lan, Charlson, Fiona J., Chattopadhyay, Aparajita, Chattu, Vijay Kumar, Chee, Miao Li,				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Cheng, Ching-Yu, Chew, Adrienne, Chiang, Peggy Pei-Chia, Chimed-Ochir, Odgerel, Chin, Ken Lee, Chitheer, Abdulaal, Choi, Jee-Young J., Chowdhury, Rajiv, Christensen, Hanne, Christopher, Devasahayam J., Chung, Sheng-Chia, Cicuttini, Flavia M., Grillo, Massimo, Cohen, Aaron J., Collado-Mateo, Daniel, Cooper, Cyrus, Cooper, Owen R., Coresh, Josef, Cornaby, Leslie, Cortesi, Paolo Angelo, Cortinovis, Monica, Costa, Megan, Cousin, Ewerton, Criqui, Michael H., Cromwell, Elizabeth A., Cundiff, David K., Daba, Alenmeh Kabeta, Dachew, Berihun Assefa, Dadi, Abel Fekadu, Damasceno, Alberti Antonio Moura, Dandona, Lalit, Dandona, Rakhi, Darby, Sarah C., Dargan, Paul I., Daryani, Ahmed, Das Gupta, Rajat, Das Neves, Jose, Dasa, Tamirat Tesfaye, Dash, Aditya Prasad, Davitoiu, Dragos Virgil, Davletov, Kairat, De La Cruz-Gongora, Vanessa, De La Hoz, Fernando Pio, De Leo, Diego, De Neve, Jan-Walter, Degenhardt, Louisa, Deiparine, Selina, Dellavalle, Robert P., Demoz, Gebre Teklemariam, Denova-Gutierrez, Edgar, Deribe, Kebede, Dervenis, Nikolaos, Deshpande, Aniruddha, Jarlais, Don C. Des, Dessie, Getenet Ayalew, Deveber, Gabrielle Aline, Dey, Subhojit, Dharmaratne, Samath Dhamminda, Dhimal, Meghnath, Dinberu, Mesfin Tadese, Ding, Eric L., Diro, Helen Derara, Djalalinia, Shirin, Huyen Phoc, Do, Dokova, Klara, Doku, David Teye, La Doyle, Kerrie, Driscoll, Tim R., Dubey, Manisha, Dubljanin, Eleonora, Duken, Eyasu Ejeta, Duncan, Bruce B., Duraes, Andre R., Ebert, Natalie, Ebrahimi, Hedyeh, Ebrahimpour, Soheil, Edvardsson, David, Elfiong, Andem, Eggen, Anne Elise, El Bcheraoui, Charbel, El-Khatib, Iad, Elyazar, Iqbal Rf, Enayati, Ahmadali, Endries, Aman Yesuf, Er, Benjamin, Erskine, Holly E., Eskandarieh, Sharareh, Esteghamati, Alireza, Estep, Kara, Fakhim, Hamed, Faramarzi, Mahbobeh, Fareed, Mohammad, Farid, Talha A., Farinha, Carla Sofia E. Sa, Farioli, Andrea, Faro, Andre, Farvid, Maryam S., Farzaei, Mohammad Hosein, Fatima, Batool, Fay, Kairsten A., Fazaeli, Ali Akbar, Feigin, Valery L., Feigl, Andrea B., Fereshtehnejad, Seyed-Mohammad, Fernandes, Eduarda, Fernandes, Joao C., Ferrara, Giannina, Ferrari, Alize J., Ferreira, Manuela L., Filip, Irina, Finger, Jonas David, Fischer, Florian, Foigt, Nataliya A., Foreman, Kyle J., Fukumoto, Takeshi, Fullman, Nancy, Furst, Thomas, Furtado, Joao M., Futran, Neal D., Gall, Seana, Gallus, Silvan, Gamkrelidze, Amiran, Ganji, Morsaleh, Garcia-Basteiro, Alberto L., Gardner, William Ni, Gebre, Abadi Kahsu, Gebremedhin, Amanuel Tesfay, Gebremichael, Teklu Gebrehiwo, Gelano, Tilayie Feto, Geleijnse, Johanna M., Geramo, Yilma Chisha Dea, Gething, Peter W., Geese, Kebede Embaye,				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Ghadimi, Reza, Ghadiri, Keyghobad, Falavarjani, Khalil Ghasemi, Ghasemi-Kasman, Maryam, Ghimire, Mamata, Ghosh, Rakesh, Ghoshal, Aloke Gopal, Giampaoli, Simona, Gill, Paramjit Singh, Gill, Tiffany K., Gillum, Richard F., Ginawi, Ibrahim Abdelmageed, Giussani, Giorgia, Gnedovskaya, Elena V., Godwin, William W., Goli, Srinivas, Gomez-Dantes, Hector, Gona, Philimon N., Gopalani, Sameer Vali, Goulart, Alessandra C., Grada, Ayman, Grams, Morgan E., Grosso, Giuseppe, Gugnani, Hanish Chander, Guo, Yuming, Gupta, Rahul, Gupta, Rajeev, Gupta, Tanush, Gutierrez, Reyna Alma, Gutierrez-Torres, Daniela S., Haagsma, Juanita A., Habtewold, Tesfa Dejenie, Hachinski, Vladimir, Hafezi-Nejad, Nima, Hagos, Tekleberhan B., Hailegiyorgis, Tewodros Tesfa, Hailu, Gessessew Bugssa, Haj-Mirzaian, Arvin, Haj-Mirzaian, Arya, Hamadeh, Randah R., Hamidi, Samer, Handal, Alexis J., Hankey, Graeme J., Liao, Yuantao, Harb, Hilda L., Harikrishnan, Sivadasanpillai, Haro, Josep Maria, Hassankhani, Hadi, Hassen, Hamid Yimam, Havmoeller, Rasmus, Hawley, Caitlin N., Hay, Simon I., Hedayatizadeh-Omran, Akbar, Heibati, Behzad, Heidari, Behnam, Heidari, Mohsen, Hendrie, Delia, Henok, Andualem, Heredia-Pi, Ileana, Herteliu, Claudiu, Heydarpour, Fatemeh, Heydarpour, Sousan, Hibstu, Desalegn T., Higazi, Tarig B., Hilawe, Esayas Haregot, Hoek, Hans W., Hoffiman, Howard J., Hole, Michael K., Rad, Enayatollah Homaie, Hoogar, Praveen, Hosgood, H. Dean, Hosseini, Seyed Mostafa, Hosseinzadeh, Mehdi, Hostiuc, Mihaela, Hostiuc, Sorin, Hoy, Damian G., Hsairi, Mohamed, Hsiao, Thomas, Hu, Guoqing, Ha, Howard, Huang, John J., Hussen, Mamusha Aman, Huynh, Chantal K., Iburg, Kim Moesgaard, Ikeda, Nayu, Ilesanmi, Olayinka Stephen, Iqbal, Usman, Irvani, Seyed Sina Naghibi, Irvine, Caleb Mackay Salpeter, Islam, Sheikh Mohammed Shariful, Islami, Farhad, Jackson, Maria D., Jacobsen, Kathryn H., Jahangiry, Leila, Jahanmehr, Nader, Jain, Sudhir Kumar, Jakovljevic, Mihajlo, James, Spencer L., Jassal, Simerjot K., Jayatilleke, Achala Upendra, Jeemon, Panniyammakal, Jha, Ravi Prakash, Jha, Vivekanand, Ji, John S., Jonas, Jost B., Jonnagaddala, Jitendra, Shushtari, Zahra Jorjoran, Joshi, Ankur, Jozwiak, Jacek Jerzy, Jurisson, Mikk, Kabir, Zubair, Kahsay, Amaha, Kalani, Rizwan, Kanchan, Tanuj, Kant, Surya, Kar, Chittaranjan, Karami, Manoochehr, Matin, Behzad Karami, Karch, Andre, Karema, Corine, Karimi, Narges, Karimi, Seyed M., Kasaeian, Amir, Kassa, Dessalegn H., Kassa, Getachew Mullu, Kassa, Tesfaye Dessale, Kassebaum, Nicholas J., Katikireddi, Srinivasa Vittal, Kaul, Anil, Kawakami, Norito, Kazemi, Zhila, Karyani, Ali Kazemi, Kefale, Adane Teshome, Keiyoro, Peter Njenga,				

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	Kemp, Grant Rodgers, Kengne, Andre Pascal, Keren, Andre, Kesavachandran, Chandrasekharan Nair, Khader, Yousef Saleh, Khafaei, Behzad, Khafaie, Morteza Abdullatif, Khajavi, Alireza, Khalid, Nauman, Khalil, Ibrahim A., Khan, Gulfaraz, Khan, Muhammad Shahzeb, Khan, Muhammad Ali, Khang, Young-Ho, Khater, Mona M., Khazaei, Mohammad, Khazaie, Habibolah, Khoja, Abdullah T., Khosravi, Ardeshir, Khosravi, Mohammad Hossein, Kiadaliri, Aliasghar A., Kiirithio, Daniel N., Kim, Cho-Il, Kim, Daniel, Kim, Young-Eun, Kim, Yun Jin, Kimokoti, Ruth W., Kinfh, Yohannes, Kisa, Adnan, Kissimova-Skarbek, Katarzyna, Kivimaki, Mika, Knibbs, Luke D., Knudsen, Ann Kristin Skrindo, Kochhar, Sonali, Kokubo, Yoshihiro, Kolola, Tufa, Kopec, Jacek A., Kosen, Soewarta, Koul, Parvaiz A., Koyanagi, Ai, Kravchenko, Michael A., Krishan, Kewal, Krohn, Kristopher J., Kromhout, Hans, Defo, Barthelemy Kuate, Bicer, Burcu Kucuk, Kumar, G. Anil, Kumar, Manasi, Kuzin, Igor, Kyu, Hmwe Hmwe, Lachat, Carl, Lad, Deepesh P., Lad, Sheetal D., Lafranconi, Alessandra, Lalloo, Ratilal, Lallukka, Tea, Lami, Faris Hasan, Lang, Justin J., Lansingh, Van C., Larson, Samantha Leigh, Latifi, Arman, Lazarus, Jeffrey V., Lee, Paul H., Leigh, James, Leili, Mostafa, Leshargie, Chem Tesema, Leung, Janni, Levi, Miriam, Lewycka, Sonia, Li, Shanshan, Li, Yichong, Liang, Juan, Liang, Xiaofeng, Lian, Yu, Liben, Misgan Legesse, Lim, Lee-Ling, Linn, Shai, Liu, Shiwei, Lodha, Rakesh, Logroscino, Giancarlo, Lopez, Alan D., Lorkowski, Stefan, Lotufo, Paulo A., Lozano, Rafael, Lucas, Tim C. D., Lunevicius, Raimundas, Ma, Stefan, Macarayan, Erlyn Rachele King, Machado, Isis Eloah, Madotto, Fabiana, Mai, Hue Thi, Majdan, Marek, Majdzadeh, Reza, Majeed, Azeem, Malekzadeh, Reza, Malta, Deborah Carvalho, Mamum, Abdullah A., Manda, Ana-Laura, Manguerra, Helena, Mansournia, Mohammad Ali, Mantovani, Lorenzo Giovanni, Maravilla, Joemer C., Marcenes, Wagner, Marks, Ashley, Martin, Randall V., Martins, Sheila C., Martins-Melo, Francisco Rogerlandio, Marz, Winfried, Marzan, Melvin B., Massenburg, Benjamin Ballard, Mathur, Manu Rai, Mathur, Prashant, Matsushita, Kunihiro, Maulik, Pallab K., Mazidi, Mohsen, Mcalinden, Cohn, Mcgrath, John J., Mckee, Martin, Mehrotra, Ravi, Mehta, Kala M., Mehta, Varshil, Meier, Toni, Mekonnen, Fantahun Ayenew, Melaku, Yohannes A., Melese, Addisu, Melku, Mulugeta, Memiah, Peter T. N., Memish, Ziad A., Mendoza, Walter, Mengistu, Desalegn Tadese, Mensah, George A., Mensink, Gert B. M., Mereta, Seid Tiku, Meretola, Atte, Meretoja, Tuomo J., Mestrovic, Tomislav, Mezgebe, Haftay Berhane, Miazgowski, Bartosz, Miazgowski, Tomasz, Millear, Anoushka I.,				

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	Miller, Ted R., Miller-Petrie, Molly Katherine, Mini, G. K., Mirarefin, Mojde, Mirica, Andreea, Mirrakhimov, Erkin M., Misganaw, Awoke Temesgen, Mitiku, Habtamu, Moazen, Babak, Mohajer, Bahram, Mohammad, Karzan Abdulmuhsin, Mohammadi, Moslem, Mohammadifard, Noushin, Mohammadnia-Afrouzi, Mousa, Mohammed, Shafiu, Mohebi, Farnam, Mokdad, Ali H., Molokhia, Mariam, Momeniha, Fatemeh, Monasta, Lorenzo, Moodley, Yoshan, Moradi, Ghobad, Moradi-Lakeh, Maziar, Moradinazar, Mehdi, Moraga, Paula, Morawska, Lidia, Morgado-Da-Costa, Joana, Morrison, Shane Douglas, Moschos, Marilita M., Mouodi, Simin, Mousavi, Seyyed Meysam, Mozaffarian, Dariush, Mruts, Kalayu Brhane, Muche, Achenef Asmamaw, Muchie, Kindle Fentahun, Mueller, Ulrich Otto, Muhammed, Oumer Sada, Mukhopadhyay, Satinath, Muller, Kate, Musa, Kamarul Imran, Mustafa, Ghulam, Nabhan, Ashraf F., Naghavi, Mohsen, Naheed, Aliya, Nahvijou, Azin, Naik, Gurudatta, Naik, Nitish, Najafi, Land, Nangia, Vinay, Nansseu, Jobert Richie, Nascimento, Bruno Ramos, Neal, Bruce, Neamati, Nahid, Negoi, Iona T., Negoi, Ruxandra Irina, Neupane, Subas, Newton, Charles Richard James, Ngunjiri, Josephine V., Anh Quynh, Nguyen, Nguyen, Grant, Ha Thu, Nguyen, Huong Lan Thi, Nguyen, Huong Thanh, Nguyen, Minh, Nguyen, Nam Ba, Nguyen, Nichols, Emma, Nie, Jing, Ningrum, Dina Nur Anggraini, Nirayo, Yirga Legesse, Nishi, Nobuo, Nixon, Molly R., Nojomi, Marzieh, Nomura, Shuhei, Norheim, Ole F., Noroozi, Mehdi, Norrving, Bo, Noubiap, Jean Jacques, Nouri, Hamid Reza, Shiadeh, Malihe Nourollahpour, Nowroozi, Mohammad Reza, Nsoesie, Elaine O., Nyasulu, Peter S., Obermeyer, Carla M., Odell, Christopher M., Ofori-Asenso, Richard, Ogbo, Felix Akpojene, Oh, In-Hwan, Oladimeji, Olanrewaju, Olagunju, Andrew T., Olagunju, Tinuke O., Olivares, Pedro R., Olsen, Helen Elizabeth, Olusanya, Bolajoko Olubukunola, Olusanya, Jacob Olusegun, Ong, Kanyin L., Ong, Sok King, Oren, Eyal, Orpana, Heather M., Ortiz, Alberto, Ota, Erika, Otstavnov, Stanislav S., Overland, Simon, Owolabi, Mayowa Ojo, Pacella, Mahesh P. A. Rosana, Pakhare, Abhijit P., Pakpour, Amir H., Pana, Adrian, Panda-Jonas, Songhomitra, Park, Eun-Kee, Parry, Charles D. H., Parisian, Hadi, Patel, Shanti, Pati, Sanghamitra, Patil, Snehal T., Patle, Ajay, Patton, George C., Paudel, Deepak, Paulson, Katherine R., Ballesteros, Wayra Citlali Paz, Pearce, Neil, Pereira, Alexandre, Pereira, David M., Perico, Norberto, Pesudovs, Konrad, Petzold, Max, Hai Quang, Pham, Phillips, Michael R., Pillay, Julian David, Piradov, Michael A., Pirsaheb, Meghdad, Pischon, Tobias, Pishgar, Farhad, Plana-Ripoll, Oleguer, Plass, Dietrich, Polinder, Suzanne,				

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	Polkinghorne, Kevan R., Postma, Maarten J., Poulton, Richie, Pourshams, Akram, Poustchi, Hossein, Prabhakaran, Dorairal, Prakash, Swayam, Prasad, Narayan, Purcell, Caroline A., Purwar, Manorama B., Qorbani, Mostafa, Radfar, Amir, Rafay, Anwar, Rafiei, Alireza, Rahim, Fakher, Rahimi, Zohreh, Rahimi-Movaghar, Afarin, Rahimi-Movaghar, Vafa, Rahman, Mahfuzar, Rahman, Mohammad Hifz Ur, Rahman, Muhammad Aziz, Rai, Rajesh Kumar, Rajati, Fatemeh, Rajsic, Sasa, Raju, Sree Bhushan, Ram, Usha, Ranabhat, Chhabi Lal, Ranjan, Prabhat, Rath, Goura Kishor, Rawaf, David Laith, Rawaf, Salman, Reddy, K. Srinath, Rehm, Colin D., Rehm, Jurgen, Reiner, Robert C., Reitsma, Marissa B., Remuzzi, Giuseppe, Renzaho, Andre M. N., Resnikoff, Serge, Reynales-Shigematsu, Luz Myriam, Rezaei, Satar, Ribeiro, Antonio Luiz P., Rivera, Juan A., Roba, Kedir Teji, Rodrigues-Ramirez, Sonia, Roever, Leonardo, Roman, Yesenia, Ronfani, Luca, Roshandel, Gholamreza, Rostami, Ali, Roth, Gregory A., Rothenbacher, Dietrich, Roy, Ambuj, Rubagotti, Enrico, Rushton, Lesley, Sabanayagam, Charumathi, Sachdev, Perminder S., Saddik, Basema, Sadeghi, Ehsan, Moghaddam, Sahar Saeedi, Safari, Hosein, Safari, Yahya, Safari-Faramani, Roya, Safdarian, Mandi, Safi, Sare, Safiri, Saeid, Sagar, Rajesh, Sahebkar, Amirhossein, Sahraian, Mohammad Ali, Sajadi, Haniye Sadat, Salam, Nasir, Salamati, Payman, Saleem, Zikria, Salimi, Yahya, Salimeadeh, Hamideh, Salomon, Joshua A., Salvi, Devashri Digvijay, Satz, Inbal, Samy, Abdullah M., Sanabria, Juan, Sanchez-Nino, Maria Dolores, Sanchez-Pimienta, Tania G., Sanders, Taren, Sang, Yingying, Santomauro, Damian Francesco, Santos, Itamar S., Santos, Joao Vasco, Milicevic, Milena M. Santric, Jose, Bruno Piassi Sao, Sardana, Mayank, Sacker, Abdur Razzaque, Sarmiento-Suarez, Rodrigo, Sarrafzadegan, Nizal, Sartorius, Benn, Sarvi, Shahabeddin, Sathian, Brifesh, Satpathy, Maheswar, Sawant, Arundhati R., Sawhney, Monika, Saylan, Mete, Sayyah, Mehdi, Schaeffner, Elke, Schmidt, Maria Ines, Schneider, Ione J. C., Schottker, Ben, Schutte, Aletta Elisabeth, Schwehel, David C., Schwendicke, Falk, Scott, James G., Seedat, Soraya, Sekerija, Mario, Sepanlou, Sadaf G., Serre, Marc L., Servan-Mori, Edson, Seyedmousavi, Seyedmojtaba, Shabaninejad, Hosein, Shaddick, Gavin, Shafieesabet, Azadeh, Shahbazi, Mehdi, Shaheen, Amira A., Shaikh, Masood Ali, Levy, Teresa Slaamah, Shams-Beyranvand, Mehran, Shamsi, Mohammadbagher, Sharafi, Heidar, Sharafi, Kiomairs, Sharif, Mehdi, Sharif-Alhoseini, Matadi, Sharifi, Hamid, Sharma, Jayendra, Sharma, Meenakshi, Sharma, Rajesh, She, Jun, Sheikh, Aziz, Shi, Peilin, Shibuya, Kenji, Shiferaw, Mekonnen Sisay,				

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	Shigematsu, Mika, Shin, Min-Jeong, Shirt, Rahman, Shirkoohi, Reza, Shiue, Ivy, Shokraneh, Farhad, Shoman, Haitham, Shrime, Mark G., Shupler, Matthew S., Si, Si, Siabani, Soraya, Sibai, Abla Mehio, Siddiqi, Tariq J., Sigfusdottir, Inga Dora, Sigurvinsdottir, Rannveig, Silva, Diego Augusto Santos, Silva, Joao Pedro, Silveira, Dayane Gabriele Alves, Singh, Jasvinder A., Singh, Narinder Pal, Singh, Virendra, Sinha, Dhirendra Narain, Skiadaresi, Eirini, Skirbekk, Vegard, Smith, David L., Smith, Mari, Sobaih, Badr Hasan, Sobhani, Soheila, Somayaji, Ranjani, Soofi, Moslem, Sorensen, Reed J. D., Soriano, Joan B., Soyiri, Ireneous N., Spinelli, Angela, Sposato, Luciano A., Sreeramareddy, Chandrashekhar T., Srinivasan, Vinay, Starodubow, Vladimir I., Steckling, Nadine, Stein, Dan J., Stein, Murray B., Stevanovic, Goran, Stockfelt, Leo, Stokes, Mark A., Sturua, Lela, Subart, Michelle L., Sudaryanto, Agus, Sufiyan, Mu'awiyyah Babale, Sulo, Gerhard, Sunguya, Bruno F., Sur, Patrick John, Sykes, Bryan I., Szoeke, Cassandra E. I., Tabares-Seisdedos, Rafael, Tabuchi, Takahiro, Tadakamadla, Santosh Kumar, Takahashi, Ken, Tandon, Nikhil, Tassew, Segen Gebremeskel, Tavakkoli, Mohammad, Taveira, Nuno, Tehrani-Banihashemi, Arash, Tekalign, Tigist Gashaw, Tekelemedhin, Shishay Wandey, Tekle, Merhawi Gebremedhin, Temesgen, Habtamu, Temsah, Mohamad-Rani, Temsah, Omar, Terkawi, Abdullah Sulieman, Tessema, Belay, Teweldemedhin, Mebrahtu, Thankappan, Kavumpurathu Raman, Theis, Andrew, Thirunavukkarasu, Sathish, Thomas, Hannah J., Thomas, Matthew Lloyd, Thomas, Nihal, Thurston, George D., Tilahun, Binyam, Tillmana, Taavi, To, Quyen G., Tobollik, Myriarn, Tonelli, Marcello, Topor-Madry, Roman, Torre, Anna E., Tortajada-Girbes, Miguel, Touvier, Mathilde, Tovani-Palone, Marcos Roberto, Towbin, Jeffrey A., Tran, Bach Xuan, Tran, Khanh Baca, Truelsen, Thomas Clement, Nu Thi, Truong, Tsadik, Afewerki Gebremeskel, Car, Lorainne Tudor, Tuzcu, E. Murat, Tymeson, Hayley D., Tyrovolas, Stefanos, Ukwaja, Kingsley N., Ullah, Irfan, Updike, Rachel L., Usman, Muhammad Shariq, Uthman, Olalekan A., Vaduganathan, Mutblab, Vaezi, Afsane, Valdez, Pascual R., Van Donkelaar, Aaron, Varavikova, Elena, Varughese, Santosh, Vasankari, Tommi Juhani, Venkateswaran, Vidhya, Venketasubramanian, Narayanaswamy, Villafaina, Santos, Violante, Francesco S., Vladimirov, Sergey Konstantinovitch, Vlassov, Vasily, Vollset, Stein Emil, Vos, Theo, Vbsoughi, Kia, Vu, Giang Thu, Vujcic, Isidora S., Wagnew, Fasil Shiferaw, Waheed, Yasir, Waller, Stephen G., Walson, Judd L., Wang, Yafeng, Wang, Yanping, Wang, Yuan-Pang, Weiderpass,				

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	Elisabete, Weintraub, Robert G., Weldegebreal, Fitsum, Werdecker, Andrea, Weiknah, Adhena Ayaliew, West, J. Jason, Westerman, Ronny, Whiteford, Harvey A., Widecka, Justyna, Wijeratne, Tissa, Winkler, Andrea Sylvia, Wiyeh, Alison B., Wiysonge, Charles Shey, Wolfe, Charles D. A., Wong, Tien Yin, Wu, Shoaling, Xavier, Denis, Xu, Gelin, Yadgir, Simon, Yadollahpour, Ali, Jabbari, Seyed Hossein Yahyazadeh, Yamada, Tomohide, Yan, Lijing L., Yano, Yuichiro, Yaseri, Mehdi, Yasin, Jemal Yasin, Yeshanely, Alex, Yimer, Ebrahim M., Yip, Paul, Yisma, Engida, Yonemoto, Naohiro, Yoon, Seok-Jun, Yotebieng, Marcel, Younis, Mustafa Z., Yousefifard, Mahmoud, Yu, Chuanhua, Zaidi, Zoubida, Bin Zaman, Sojib, Zamani, Mohammad, Zavala-Arciniega, Luis, Zhang, Anthony Lin, Zhang, Hao, Zhang, Kai, Thou, Maigeng, Zimsen, Stephanie M., Zodpey, Sanjay and Murray, Christopher J. L. Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks for 195 countries and territories, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017 The Lancet; 2018, 392 (10159): 1923-1994 Background The Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2017 comparative risk assessment (CRA) is a comprehensive approach to risk factor quantification that offers a useful tool for synthesising evidence on risks and risk outcome associations. With each annual GBD study, we update the GBD CRA to incorporate improved methods, new risks and risk outcome pairs, and new data on risk exposure levels and risk outcome associations. Methods We used the CRA framework developed for previous iterations of GBD to estimate levels and trends in exposure, attributable deaths, and attributable disability-adjusted life-years (DALYs), by age group, sex, year, and location for 84 behavioural, environmental and occupational, and metabolic risks or groups of risks from 1990 to 2017. This study included 476 risk outcome pairs that met the GBD study criteria for convincing or probable evidence of causation. We extracted relative risk and exposure estimates from 46 749 randomised controlled trials, cohort studies, household surveys, census data, satellite data, and other sources. We used statistical models to pool data, adjust for bias, and incorporate covariates. Using the counterfactual scenario of theoretical minimum risk exposure level (TMREL), we estimated the portion of deaths and DALYs that could be attributed to a given risk. We explored the relationship between development and risk exposure by modelling the relationship between the Socio-demographic				

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	Index (SDI) and risk-weighted exposure prevalence and estimated expected levels of exposure and risk-attributable burden by SDI. Finally, we explored temporal changes in risk-attributable DALYs by decomposing those changes into six main component drivers of change as follows: (1) population growth; (2) changes in population age structures; (3) changes in exposure to environmental and occupational risks; (4) changes in exposure to behavioural risks; (5) changes in exposure to metabolic risks; and (6) changes due to all other factors, approximated as the risk-deleted death and DALY rates, where the risk-deleted rate is the rate that would be observed had we reduced the exposure levels to the TMREL for all risk factors included in GBD 2017. Findings In 2017,34.1 million (95% uncertainty interval [UI] 33.3-35.0) deaths and 121 billion (144-1.28) DALYs were attributable to GBD risk factors. Globally, 61.0% (59.6-62.4) of deaths and 48.3% (46.3-50.2) of DALYs were attributed to the GBD 2017 risk factors. When ranked by risk-attributable DALYs, high systolic blood pressure (SBP) was the leading risk factor, accounting for 10.4 million (9.39-11.5) deaths and 218 million (198-237) DALYs, followed by smoking (7.10 million [6.83-7.37] deaths and 182 million [173-193] DALYs), high fasting plasma glucose (6.53 million [5.23-8.23] deaths and 171 million [144-201] DALYs), high body-mass index (BMI; 4.72 million [2.99-6.70] deaths and 148 million [98.6-202] DALYs), and short gestation for birthweight (1.43 million [1.36-1.51] deaths and 139 million [131-147] DALYs). In total, risk-attributable DALYs declined by 4.9% (3.3-6.5) between 2007 and 2017. In the absence of demographic changes (ie, population growth and ageing), changes in risk exposure and risk-deleted DALYs would have led to a 23.5% decline in DALYs during that period. Conversely, in the absence of changes in risk exposure and risk-deleted DALYs, demographic changes would have led to an 18.6% increase in DALYs during that period. The ratios of observed risk exposure levels to exposure levels expected based on SDI (O/E ratios) increased globally for unsafe drinking water and household air pollution between 1990 and 2017. This result suggests that development is occurring more rapidly than are changes in the underlying risk structure in a population. Conversely, nearly universal declines in O/E ratios for smoking and alcohol use indicate that, for a given SDI, exposure to these risks is declining. In 2017, the leading Level 4 risk factor for age-standardised DALY rates was high SBP in four super-regions: central Europe, eastern Europe, and central Asia; north Africa and Middle East; south Asia; and southeast Asia, east Asia, and Oceania.				

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	The leading risk factor in the high-income super-region was smoking, in Latin America and Caribbean was high BMI, and in sub-Saharan Africa was unsafe sex. O/E ratios for unsafe sex in sub-Saharan Africa were notably high, and those for alcohol use in north Africa and the Middle East were notably low. Interpretation By quantifying levels and trends in exposures to risk factors and the resulting disease burden, this assessment offers insight into where past policy and programme efforts might have been successful and highlights current priorities for public health action. Decreases in behavioural, environmental, and occupational risks have largely offset the effects of population growth and ageing, in relation to trends in absolute burden. Conversely, the combination of increasing metabolic risks and population ageing will probably continue to drive the increasing trends in non-communicable diseases at the global level, which presents both a public health challenge and opportunity. We see considerable spatiotemporal heterogeneity in levels of risk exposure and risk-attributable burden. Although levels of development underlie some of this heterogeneity, O/E ratios show risks for which countries are overperforming or underperforming relative to their level of development. As such, these ratios provide a benchmarking tool to help to focus local decision making. Our findings reinforce the importance of both risk exposure monitoring and epidemiological research to assess causal connections between risks and health outcomes, and they highlight the usefulness of the GBD study in synthesising data to draw comprehensive and robust conclusions that help to inform good policy and strategic health planning. Copyright (C) 2018 The Author(s). Published by Elsevier Ltd.				
652.	Steve, R. J., Gnanadurai, F. J., Anantharam, R., Jeyaseelan, V., Zachariah, U. G., Goel, A., Chundamannil, E. E. and Abraham, P. Expanded diagnostic approach to hepatitis E virus detection in patients with acute-on-chronic liver failure: A pilot study Indian J Med Microbiol; 2018, 36 (3): 391-396 **Address:** Department of Clinical Virology, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Biostatistics, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Hepatology, **Christian Medical College, Vellore,** Tamil Nadu, India. Introduction: Acute decompensation of pre-existing chronic liver disease (CLD), known as acute-on-chronic liver failure (ACLF), is	**NAT**	**JAN TO JUN**	**CLINICAL VIROLOGY, BIOSTATISTICS, HEPATOLOGY**	**PMID:30429393** **H Index:** 40 **Impact Factor:** 1.157

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	associated with high mortality. Hepatitis E virus (HEV) as a potential cause was studied. Objectives: The objectives of this study are to evaluate the role of HEV in ACLF patients using an IgM anti-HEV antibody enzyme-linked immunosorbent assay (ELISA), HEV antigen ELISA, and a quantitative HEV polymerase chain reaction (PCR). Materials and Methods: In this prospective cross-sectional study, blood samples were collected from 50 ACLF (cases) as defined by the standard guidelines (APASL, 2014) and 50 patients with stable CLD (controls) from January 2015 to August 2016, after obtaining informed consent. Two IgM ELISAs (MP Diagnostics HEV IgM ELISA 3.0, Singapore and Wantai HEV IgM ELISA, Beijing, China) were compared using plasma from cases and controls. In addition, an HEV antigen detection by ELISA (Wantai, Beijing, China) and a real-time PCR for quantification of HEV RNA in plasma and stool were employed. Results: Ethanol was the leading cause of acute insult in ACLF (54%) cases. HEV infection accounted for 20% of cases. Ten ACLF patients (20%) had 1-3 markers of HEV versus two (4%) among controls (P = 0.0138). Among ACLF cases, one had HEV viraemia (403 IU/ml), faecal shedding (2790 IU/ml) and detectable HEV antigenaemia. Agreement between the two anti-HEV IgM ELISAs was 0.638 (kappa value). Conclusion: This study shows that alcohol is a major contributing factor for both underlying CLD and ACLF while HEV is the most common infectious cause for ACLF, suggesting a need for a vaccination in such patients, whenever made available.				
653.	Storebø, O. J., Pedersen, N., Ramstad, E., Kielsholm, M. L., Nielsen, S. S., Krogh, H. B., Moreira-Maia, C. R., Magnusson, F. L., Holmskov, M., Gerner, T., Skoog, M., Rosendal, S., Groth, C., Gillies, D., Buch Rasmussen, K., Gauci, D., Zwi, M., Kirubakaran, R., Håkonsen, S. J., Aagaard, L., Simonsen, E. and Gluud, C. Methylphenidate for attention deficit hyperactivity disorder (ADHD) in children and adolescents - assessment of adverse events in non-randomised studies Cochrane Database of Systematic Reviews; 2018, 2018 (5): Background: Attention deficit hyperactivity disorder (ADHD) is a common neurodevelopmental disorder in childhood. The psychostimulant methylphenidate is the most frequently used medication to treat it. Several studies have investigated the benefits of methylphenidate, showing possible favourable effects on ADHD symptoms, but the true magnitude of the effect is unknown. Concerning adverse events associated with the treatment, our	**INT**	**JUL TO DEC**	**COCHRANE SOUTH ASIA**	**WOS:000433887900025** **SCOPUS** **H Index:** 212 **Impact Factor:** 6.754

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	systematic review of randomised clinical trials (RCTs) demonstrated no increase in serious adverse events, but a high proportion of participants suffered a range of non-serious adverse events. Objectives: To assess the adverse events associated with methylphenidate treatment for children and adolescents with ADHD in non-randomised studies. Search methods: In January 2016, we searched CENTRAL, MEDLINE, Embase, PsycINFO, CINAHL, 12 other databases and two trials registers. We also checked reference lists and contacted authors and pharmaceutical companies to identify additional studies. Selection criteria: We included non-randomised study designs. These comprised comparative and non-comparative cohort studies, patient-control studies, patient reports/series and cross-sectional studies of methylphenidate administered at any dosage or formulation. We also included methylphenidate groups from RCTs assessing methylphenidate versus other interventions for ADHD as well as data from follow-up periods in RCTs. Participants had to have an ADHD diagnosis (from the 3rd to the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders or the 9th or 10th edition of theInternational Classification of Diseases, with or without comorbid diagnoses. We required that at least 75% of participants had a normal intellectual capacity (intelligence quotient of more than 70 points) and were aged below 20 years. We excluded studies that used another ADHD drug as a co-intervention. Data collection and analysis: Fourteen review authors selected studies independently. Two review authors assessed risk of bias independently using the ROBINS-I tool for assessing risk of bias in non-randomised studies of interventions. All review authors extracted data. We defined serious adverse events according to the International Committee of Harmonization as any lethal, life-threatening or life-changing event. We considered all other adverse events to be non-serious adverse events and conducted meta-analyses of data from comparative studies. We calculated meta-analytic estimates of prevalence from non-comparative cohorts studies and synthesised data from patient reports/series qualitatively. We investigated heterogeneity by conducting subgroup analyses, and we also conducted sensitivity analyses. Main results: We included a total of 260 studies: 7 comparative cohort studies, 6 of which compared 968 patients who were exposed to methylphenidate to 166 controls, and 1 which assessed 1224 patients that were exposed or not exposed to methylphenidate during different time periods; 4 patient-control studies (53,192 exposed to methylphenidate and 19,906 controls);				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	177 non-comparative cohort studies (2,207,751 participants); 2 cross-sectional studies (96 participants) and 70 patient reports/series (206 participants). Participants' ages ranged from 3 years to 20 years. Risk of bias in the included comparative studies ranged from moderate to critical, with most studies showing critical risk of bias. We evaluated all non-comparative studies at critical risk of bias. The GRADE quality rating of the evidence was very low. Primary outcomes In the comparative studies, methylphenidate increased the risk ratio (RR) of serious adverse events (RR 1.36, 95% confidence interval (CI) 1.17 to 1.57; 2 studies, 72,005 participants); any psychotic disorder (RR 1.36, 95% CI 1.17 to 1.57; 1 study, 71,771 participants); and arrhythmia (RR 1.61, 95% CI 1.48 to 1.74; 1 study, 1224 participants) compared to no intervention. In the non-comparative cohort studies, the proportion of participants on methylphenidate experiencing any serious adverse event was 1. 0% (95% CI 0.70% to 2.00%; 50 studies, 162,422 participants). Withdrawal from methylphenidate due to any serious adverse events occurred in 1.20% (95% CI 0.60% to 2.30%; 7 studies, 1173 participants) and adverse events of unknown severity led to withdrawal in 7.30% of participants (95% CI 5.30% to 10.0%; 22 studies, 3708 participants). Secondary outcomes In the comparative studies, methylphenidate, compared to no intervention, increased the RR of insomnia and sleep problems (RR 2.58, 95% CI 1.24 to 5.34; 3 studies, 425 participants) and decreased appetite (RR 15.06, 95% CI 2.12 to 106.83; 1 study, 335 participants). With non-comparative cohort studies, the proportion of participants on methylphenidate with any non-serious adverse events was 51.2% (95% CI 41.2% to 61.1%; 49 studies, 13,978 participants). These included difficulty falling asleep, 17.9% (95% CI 14.7% to 21.6%; 82 studies, 11,507 participants); headache, 14.4% (95% CI 11.3% to 18.3%; 90 studies, 13,469 participants); abdominal pain, 10.7% (95% CI 8.60% to 13.3%; 79 studies, 11,750 participants); and decreased appetite, 31.1% (95% CI 26.5% to 36.2%; 84 studies, 11,594 participants). Withdrawal of methylphenidate due to non-serious adverse events occurred in 6.20% (95% CI 4.80% to 7.90%; 37 studies, 7142 participants), and 16.2% were withdrawn for unknown reasons (95% CI 13.0% to 19.9%; 57 studies, 8340 participants). Authors' conclusions: Our findings suggest that methylphenidate may be associated with a number of serious adverse events as well as a large number of non-serious adverse events in children and adolescents, which often lead to withdrawal of methylphenidate. Our certainty in the				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	evidence is very low, and accordingly, it is not possible to accurately estimate the actual risk of adverse events. It might be higher than reported here. Given the possible association between methylphenidate and the adverse events identified, it may be important to identify people who are most susceptible to adverse events. To do this we must undertake large-scale, high-quality RCTs, along with studies aimed at identifying responders and non-responders. © 2018 The Cochrane Collaboration.				
654.	Subramanian, D., Pralong, E., Daniel, R. T., Chacko, A. G., Stoop, R. and Babu, K. S. Gamma oscillatory activity in vitro: a model system to assess pathophysiological mechanisms of comorbidity between autism and epilepsy Transl Psychiatry; 2018, 8 (1): 16 **Address:** Department of Neurological Sciences, **Christian Medical College, Vellore,** India. Department of Clinical Neurosciences, Lausanne University Hospital, Lausanne, Switzerland. Department of Psychiatry, Center for Psychiatric Neuroscience, Lausanne University Hospital, Lausanne, Switzerland. rstoop@unil.ch. Autism spectrum disorder (ASD) and temporal lobe epilepsy exhibit remarkable comorbidity, but for reasons not clearly understood. To reveal a common pathophysiological mechanism, we here describe and characterize an in vitro epileptiform activity in the rat hippocampus that exhibits common features with in vivo activity in rodent ASD models. We discovered the development of this activity in the CA1 region of horizontal slices after prolonged interictal-like epileptiform activity in the CA3 region that was provoked by incubation in high potassium artificial cerebrospinal fluid. The CA1 epileptiform bursts were insensitive to blockers of glutamatergic transmission, and were carried by synaptic as well as extrasynaptic, tonically activated gamma-aminobutyric acid type A (GABA(A)) receptors. The bursts bear resemblance to in vivo gamma-oscillatory activity found in rat ASD models with respect to their gamma frequency spectrum, their origin (in the CA1), and their sensitivity to blockers of cation-chloride pumps (NKCC1 and KCC2), as well as to oxytocin. Considering this bursting activity as an in vitro model for studying comorbidity between epilepsy and ASD may help to disentangle the intricate interactions that underlie the comorbidity between both diseases and suggests that	**INT**	**JAN TO JUN**	**NEUROLOGICAL SCIENCES**	**PMID:29317612** **PMC ID:5802508** **WOS:000424024100016** **SCOPUS** **H Index:** 53 **Impact Factor:** 4.691

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	extrasynaptic tonic GABAergic transmission could represent a potential target for ASD.				
655.	Subramanian, S., Jonathan, G. E., Patel, B. and Prabhu, K. Synovial sarcoma mimicking a thoracic dumbell schwannoma- a case report Br J Neurosurg; 2018, 1-4 **Address:** a Department of Neurological Sciences ,**Christian Medical College** , Vellore , India. b Department of Neuropathology , **Christian Medical College** , Vellore , India. INTRODUCTION: Synovial sarcoma is a rare mesenchymal malignant neoplasm that accounts for less than 10% of soft tissue sarcomas. About 95% of the sarcomas occur in the extremities. Primary synovial sarcomas of the spine are a rare tumor arising from the paravertebral regions, paraspinal muscles or epidural spaces. PURPOSE: To report an atypical radiological presentation of synovial sarcoma of the thoracic spine mimicking a nerve sheath tumor in an elderly adult and describe the management with review of the literature. CLINICAL PRESENTATION: A forty-six-year-old lady presented with clinical features of a thoracic intradural extramedullary cord compression at T7 level. She was Nurick grade 4 at presentation. MRI of the Thoracic spine with whole spine screening showed a contrast enhancing intradural extramedullary tumor at the T7-8 level; the tumor was exiting out through the left T7-8 neural foramina with foraminal widening. The possibility of a schwannoma was considered. INTERVENTION: She underwent a T7-8 laminectomy and total excision of the tumor followed by posterior fusion. The biopsy was reported as synovial sarcoma. She subsequently underwent radiation and chemotherapy. She had marked improvement in her Neurological status and remained disease free at six months follow-up. CONCLUSION: Synovial sarcoma of the spine is a rare mesenchymal malignant neoplasm. One needs to consider Synovial sarcoma as one of the differential diagnosis of intradural tumors of the spine.	**INT**	**JAN TO JUN**	**NEUROLOGICAL SCIENCES, NEURPHATOLOGY**	**PMID:29446979** **SCOPUS** **H Index:** 57 **Impact Factor:** 1.238
656.	Sudeep, G., Sanjoy, C., Jagdish, N., Shyam, A., Manish, S., Alurkar, S. S., Anil, K., Smruti, B. K., Shona, N., Amit, A., Vijay, A., Chacko, R. T., Chirag, D., Chanchal, G., Pavithran, K., Poonam, P., Krishna, P., Rejiv, R., Rao, R. R., Sahoo, T. P., Ashish, S., Randeep, S., Sankar, S., Arun, W., Binay, S., Priyanka, B. and Advani, S. H. Current treatment options for human epidermal growth factor	**NAT**	**JAN TO JUN**	**MEDICAL ONCOLOGY**	**SCOPUS** **H Index:** 14 **Impact Factor:** 1.070 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	receptor 2-directed therapy in metastatic breast cancer: An Indian perspective Indian Journal of Medical and Paediatric Oncology; 2018, 39 (3): 368-379 **Address:** Department of Medical Oncology, Tata Memorial Centre, ACTREC, Paymaster Shodhika, Navi Mumbai, Maharashtra, 410 210, India Department of Radiation Oncology, Tata Medical Center, Kolkata, West Bengal, India Medical, Roche Products (India) Pvt. Ltd., Mumbai, Maharashtra, India Department of Medical Oncology, Sir Ganga Ram Hospital, India Department of Medical Oncology, Indraprastha Apollo Hospitals, New Delhi, India Department of Oncology, Apollo Hospitals, Ahmedabad, Gujarat, India Department of Medical Oncology, Bombay Hospital, Mumbai, India Department of Oncology, Jehangir Hospital, Pune, Maharashtra, India Department of Medical Oncology, BL Kapoor Hospital, Delhi, India Department of Medical Oncology, Healthcare Global, Bengaluru, Karnataka, India Department of Medical Oncology, **Christian Medical College, Vellore,** Tamil Nadu, India Hemato-Oncology Clinic, Vedanta Super Speciality Hospital, Ahmedabad, India Department of Oncology, Medica Superspecialty Hospital, Kolkata, West Bengal, India Department of Medical Oncology, Amrita Institute of Medical Sciences, Kochi, Kerala, India Department of Medical Oncology, Manipal Hospital, Bengaluru, India Department of Medical Oncology, Kasturba Medical College, Mangalore, Karnataka, India Department of Medical Oncology, Apollo Speciality Hospital, Chennai, Tamil Nadu, India Department of Medical Oncology, Max Super Speciality Hospital, Delhi, India Department of Medicine, Chirayu Medical College, Bhopal, Madhya Pradesh, India Department of Oncology, Artemis Hospital, Gurgaon, Haryana, India				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Department of Medical Oncology, Aster Medicity Hospital, Kochi, Kerala, India Medical Roche Products (India), India Medical Oncology, Mumbai, Maharashtra, India Human epidermal growth factor receptor 2 (HER2)-positive is an aggressive subtype of breast cancer and has historically been associated with poor outcomes. The availability of various anti-HER2 therapies, including trastuzumab, lapatinib, pertuzumab, and trastuzumab emtansine (TDM-1), has remarkably improved the clinical outcomes in patients with HER2-positive metastatic breast cancer (mBC). However, there is a need to optimize treatment within this population, given the wide variability in clinical presentation. Additionally, geographical and socio-economic considerations too need to be taken into account. To clarify and collate evidence pertaining to HER2-positive metastatic breast cancer, a panel of medical and clinical oncologists from across India developed representative clinical scenarios commonly encountered in clinical practice in the country. This was followed by two meetings wherein each clinical scenario was discussed in detail and relevant evidence appraised. The result of this process is presented in this manuscript as evidence followed by therapeutic recommendations of this panel for management of HER2-positive mBC in the Indian population. © 2018 Indian Journal of Medical and Paediatric Oncology | Published by Wolters Kluwer - Medknow.				
657.	Sudrania, M. K., Dangi, A. D., Kumar, S., Kumar, B. and Kekre, N. S. Urodynamic outcomes of tamsulosin in the treatment of primary bladder neck obstruction in men Indian J Urol; 2018, 34 (1): 34-38 **Address:** Department of Surgery, IQ City Medical College, Durgapur, West Bengal, India. Department of Urology, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Biostatistics, **Christian Medical College, Vellore,** Tamil Nadu, India. Introduction: Alpha blockers are widely used in the treatment of primary bladder neck obstruction; however, evidence for objective urodynamic efficacy is scarce. We studied the effect of the uroselective alpha1-blocker tamsulosin on urodynamic parameters in male patients with type I primary bladder neck obstruction. Methods: A single center prospective observational study was	**NAT**	**JAN TO JUN**	**UROLOGY, BIOSTATISTICS**	**PMID:29343910** **PMC ID:5769247** **SCOPUS** **H Index:** 23 **Impact Factor:** 0.820 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	carried out from July 2013 to February 2015. Male patients (18-50 years) with type 1 primary bladder neck obstruction were recruited. Selected patients were started on tablet tamsulosin 0.4 mg once daily for 3 months. International prostate symptom score (IPSS), uroflow and urodynamic studies were done pre- and post-treatment. Primary outcome was decreased in minimum detrusor pressure at maximum flow rate by 15%. Wilcoxon-matched pair signed-rank test was used. Results: Of 39 patients recruited, 21 patients completed the follow-up as per protocol and were analyzed. Mean age was 41 years. 57% patients achieved the primary outcome (median detrusor pressure pre- and post-treatment were 71 and 56 cm of water, P < 0.001). Similarly, median values for bladder outlet obstruction index (BOOI) and IPSS decreased from 59 to 38 (P < 0.001) and 22 to 12 (P < 0.001), respectively. Median maximum flow rate increased from 8 to 10 ml (P = 0.05). Pretreatment BOOI of >60 was associated with poor outcomes. Conclusions: Tamsulosin 0.4 mg once a day is effective in reducing bladder outlet obstruction on pressure flow studies in patients with primary bladder neck obstruction type 1.				
658.	Sullivan, S., Stacey, G. N., Akazawa, C., Aoyama, N., Baptista, R., Bedford, P., Bennaceur Griscelli, A., Chandra, A., Elwood, N., Girard, M., Kawamata, S., Hanatani, T., Latsis, T., Lin, S., Ludwig, T. E., Malygina, T., Mack, A., Mountford, J. C., Noggle, S., Pereira, L. V., Price, J., Sheldon, M., Srivastava, A., Stachelscheid, H., Velayudhan, S. R., Ward, N. J., Turner, M. L., Barry, J. and Song, J. Quality control guidelines for clinical-grade human induced pluripotent stem cell lines Regen Med; 2018, 13 (7): 859-866 **Address:** Global Alliance for iPSC Therapies (GAiT), The Jack Copland Centre, Edinburgh, UK. International Stem Cell Banking Initiative, 2 High St, Barley, Hertfordshire, UK. Department of Biochemistry and Biophysics, Graduate School of Health Care Sciences, Tokyo Medical and Dental University (TMDU), Tokyo, Japan. Japan Agency for Medical Research and Development (AMED), Chiyoda-ku, Tokyo, Japan. Cell & Gene Therapy Catapult, 12th Floor Tower Wing, Guy's Hospital, London, UK. Centre for Commercialization of Regenerative Medicine (CCRM), Toronto, ON, Canada.	**INT**	**JAN TO JUN**	**CENTRE FOR STEM CELL RESEARCH, HAEMATOLOGY**	**PMID:30205750** **WOS:000449035100008** **SCOPUS** **H Index:** 51 **Impact Factor:** 2.992

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	APHP-Hopital Paul Brousse Universite Paris Sud/ESteam Paris Inserm UMR 935, Villejuif, France. Centre for Biological Engineering, Loughborough University, Holywell Park, Loughborough, UK. Cord Blood Research, Murdoch Children's Research Institute, Melbourne, VIC 3052, Australia. Department of Paediatrics, University of Melbourne, Parkville, Victoria 3052, Australia. Yposkesi, 2 Rue Henri Auguste Desbrueres, 91100 Corbeil-Essonnes, France. Foundation Biomedical Research and Innovation (FBRI), Research and Development Center for Cell Therapy, Chuo-ku, Kobe, Japan. Center for iPS Cell Research and Application (CiRA), Kyoto University, Kyoto, Japan. California Institute for Regenerative Medicine (CIRM), Lake Merritt Plaza, 1999 Harrison Street STE 1650, Oakland, CA, USA. WiCell Research Institute (WiCell Stem Cell Bank), Madison, WI 53719, USA. Optec LLC, Inzhenernaya Str., 28 Novosibirsk, 630090, Russia. Fujifilm Cellular Dynamics International, 525 Science Dr., Madison, WI 53711, USA. Advanced Therapeutics, Scottish National Blood Transfusion Service, Edinburgh, UK. New York Stem Cell Foundation Laboratories, New York, NY 10032, USA. Department of Genetics and Evolutionary Biology, Institute of Biosciences, University of Sao Paulo, Sao Paulo, Brazil. UK Stem Cell Bank, National Institute for Biological Standards and Control, Hertfordshire, UK. Department of Genetics, Rutgers, The State University of New Jersey, Piscataway, NJ 08854-8009, USA. Department of Haematology, **Christian Medical College, Vellore**- 632004, Tamil Nadu, India. Centre for Stem Cell Research, **Christian Medical College, Vellore**- 632004, Tamil Nadu, India. Charite - Universita tsmedizin Berlin, Berlin Institute of Health and Berlin-Brandenburg Center for Regenerative Therapies, Berlin 13353, Germany. Department of Biomedical Science, CHA Stem Cell Institute, CHA University, Seongnam-si, Gyeonggi-do, Republic of Korea. Use of clinical-grade human induced pluripotent stem cell (iPSC) lines as a starting material for the generation of cellular				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	therapeutics requires demonstration of comparability of lines derived from different individuals and in different facilities. This requires agreement on the critical quality attributes of such lines and the assays that should be used. Working from established recommendations and guidance from the International Stem Cell Banking Initiative for human embryonic stem cell banking, and concentrating on those issues more relevant to iPSCs, a series of consensus workshops has made initial recommendations on the minimum dataset required to consider an iPSC line of clinical grade, which are outlined in this report. Continued evolution of this field will likely lead to revision of these guidelines on a regular basis.				
659.	Sundar, S., Sasidharan, B. K., Varghese, S. S., Jeyakumar, E. S. Sam, Annamalai, S., Premkumar, P. S., Singh, R. R. and Backianathan, S. A Within Subject Study Comparing Utility and Comfort of Breast Board Immobilization with Vacuum Bag for Radiation Therapy in Breast Cancer International Journal of Radiation Oncology Biology Physics; 2018, 102 (3): E605-E605	**INT**	**JUL TO DEC**	**RADIATION ONCOLOGY**	**PMID:WOS:000447811601673** **H Index:** 221 **Impact Factor:** 5.554
660.	Sundaravadanan, S., Mathew, M., Ram, T. S. and Joseph, P. Haemostatic radiation therapy for a bleeding intraductal papillary neoplasm of the biliary tree BMJ Case Rep; 2018, 11 (1): Address: Department of Hepatopancreaticobiliary Surgery, Christian Medical College and Hospital, Vellore, Tamil nadu, India. Department of Radiation Oncology, Christian Medical College and Hospital, Vellore, Tamil nadu, India. Haemostatic radiation was effectively used as a novel rescue therapy in a 60-year-old man who presented with recurrent melaena refractory to all conventional medical and surgical measures. He needed multiple transfusions and was diagnosed to be bleeding from an intraductal papillary biliary neoplasm which was not amenable to surgical resection in view of the background liver disease. He received conventional radiation therapy (RT) of a dose of 3 Gy per fraction for 3 consecutive days after which he stabilised. After cessation of the RT, he did not require transfusion for the next 2 months. His quality of life improved and it gave us time to evaluate for other definitive measures.	**INT**	**JUL TO DEC**	**MEDICINE**	**PMID:30567258** **H Index:** 17 **Impact Factor:** 0.220 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
661.	Sunny, S. S., Hephzibah, J., Mathew, D., Bondu, J. D., Shanthly, N. and Oommen, R. Stimulated Serum Thyroglobulin Levels versus Unstimulated Serum Thyroglobulin in the Follow-up of Patients with Papillary Thyroid Carcinoma World J Nucl Med; 2018, 17 (1): 41-45 **Address:** Department of Nuclear Medicine, **Christian Medical College, Vellore,** Tamil Nadu, India. Serum thyroglobulin (Tg) and thyroid whole-body radioiodine scintigraphy (TWBS) are used in the follow-up of patients with papillary thyroid carcinoma (PTC) after total thyroidectomy. Symptoms of hypothyroidism are frequent as patients discontinue levothyroxine 1 month before visit, favoring the use of unstimulated serum Tg (uSTg) only. This study was done to determine the reliability of stimulated serum Tg levels (sSTg) over uSTg. A total of 650 patients with PTC came for follow-up between June 2011 and 2016. In those who had levels of uSTg and sSTg months measured within an interval of median of 3 months (range from 1 to 8 months), risk stratification was done as per the American Thyroid Association guidelines 2015. Intervention was based on a cutoff value of sSTg >10 ng/ml in our institution and the same was used for data analysis. Out of 650 patients, 106 had paired Tg values. Low-, intermediate-, and high-risk groups comprised 40, 31, and 35 patients, respectively. The sSTg >10 ng/ml with uSTg <10 ng/ml in the same patient was noted in 22.5% (9/40) of the low-risk, 41.9% (13/31) of the intermediate-risk, and 14.2% (5/35) of the high-risk groups. The levels were corroborated with tumor burden as determined by additional clinical, ultrasonography neck, and TWBS findings. Our study highlights the superiority of sSTg over uSTg in the follow-up of PTC patients. Follow-up with uSTg alone may result in underestimating the tumor burden.	**INT**	**JAN TO JUN**	**NUCLEAR MEDICINE**	**PMID:29398964** **PMC ID:5778713** **H Index:** NA **Impact Factor:** NA
662.	Suzana, S., Shanmugam, S., Latha P.N, S. and Michael, J. S. Molecular genotyping to differentiate endogenous reactivation and exogenous reinfection of recurrent tuberculosis Journal of Clinical Tuberculosis and Other Mycobacterial Diseases; 2018, 13 17-21 **Address:Christian Medical College** and Hospital VelloreTamil Nadu 632004, India National Institute for Research in TuberculosisChennai, India	**INT**	**JAN TO JUN**	**CLINICAL MICROBIOLOGY, INFECTIOUS DISEAESES, MEDICINE**	**SCOPUS** **H Index:** 3 **Impact Factor:** NA

IMPACT FACTORS SOURCE FROM Researchgate / Bioxbio; H -INDEX – Scimago LAB

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
663.	Syed, K. A., Naina, P., Pokharel, A., John, M. and Varghese, A. M. Paediatric tracheostomy: A modified technique and its outcomes, results from a South Indian tertiary care Int J Pediatr Otorhinolaryngol; 2018, 118 6-10 Address: Department of ENT, **Christian Medical College, Vellore**, India. Department of ENT, **Christian Medical College, Vellore**, India. Electronic address: drp.naina@hotmail.com. Former Fellow in Pediatric Otolaryngology, **Christian Medical College, Vellore**, India. STUDY OBJECTIVES: To review the key parameters related to the proposed modified pediatric tracheostomy technique with to determine the efficacy, safety and outcomes in a tertiary hospital in south India. Patients and Methods A retrospective chart review of all children aged below 16 years who underwent tracheostomy at a tertiary hospital in south India during the period of August 2014 to August 2016. Data on age, gender, indication for tracheostomy, primary disease condition, duration of intubation, complications and decannulation rate were recorded. RESULTS: Fifty children aged below 16 years underwent tracheostomy between August 2014 and August 2016. The average of the children was 5.35 years. (Range14 days to 14 years). The male female ratio was 1.6:1. In our study prolonged intubation was the most common indication (62%). None of the children had early post-operative complications such as bleeding, pneumothorax, surgical emphysema or accidental decannulation. Peristomal granulations (24%) was the most common complication although none was severe to warrant operative intervention. One child had a lifethreatening tube block requiring cardiopulmonary resuscitation. None of the children had accidental decannulation during the period of the study. Tracheocutaneous fistula was seen in 2 children (4%) and was the only long-term complication. These children required surgical decannulation. There was no clinical evidence of tracheal stenosis or tracheomalacia in any child. CONCLUSION: Pediatric tracheostomy is challenging for both the surgeon and the care-giver specially in the early post-operative period. Our proposed modified technique addresses these concerns and without any significant complications.	**INT**	**JAN TO JUN**	**PEDIATRIC**	**PMID:30578997** **H Index:** 66 **Impact Factor:** 1.305
664.	Syed, K. A., Naina, P., Sebastian, S. and Varghese, A. M. A Case–Control Study on the Association Between Endoscopic ACE Grade of Adenoid Hypertrophy and Hearing Loss in Children and Its Impact on Speech and Language Development Indian Journal of Otolaryngology and Head and Neck Surgery;	**NAT**	**JUL TO DEC**	**ENT**	**SCOPUS** **H Index:** 15 **Impact Factor:** 0.390

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	2018, To establish an association between adenoid hypertrophy and hearing loss and its impact on speech and language in pediatric age group. A prospective case control study done in a tertiary hospital in South India. Twenty children with hearing loss were recruited in the study group and twenty-four children as controls. These groups underwent at detailed otorhinolaryngologic examination, hearing and speech evaluation. The size of the adenoids was graded endoscopically. Findings between the two groups were compared and analysed. Our study found statistically significant association between adenoid hypertrophy with choanal obstruction and abutment of eustachian tube opening seen on endoscopy with hearing loss (p = 0.025). The children with hearing loss also had speech and language delay (p = 0.004). Children with enlarged adenoids obstructing the > 50% of the choanae or abutting the eustachian tube opening are more likely to have hearing loss and may develop speech and language delay. The ACE endoscopic adenoid grading system is consistent and reliable in evaluation of adenoids. © 2018, Association of Otolaryngologists of India.				
665.	Tandon, Nikhil, Anjana, Ranjit M., Mohan, Viswanathan, Kaur, Tanvir, Afshin, Ashkan, Ong, Kanyin, Mukhopadhyay, Satinath, Thomas, Nihal, Bhatia, Eesh, Krishnan, Anand, Mathur, Prashant, Dhaliwal, R. S., Shukla, D. K., Bhansali, Anil, Prabhakaran, Dorairaj, Rao, Paturi V., Yajnik, Chittaranjan S., Kumar, G. Anil, Varghese, Chris M., Furtado, Melissa, Agarwal, Sanjay K., Arora, Megha, Bhardwaj, Deeksha, Chakma, Joy K., Cornaby, Leslie, Dutta, Eliza, Glenn, Scott, Gopalakrishnan, N., Gupta, Rajeev, Jeemon, Panniyammakal, Johnson, Sarah C., Khanna, Tripti, Kinra, Sanjay, Kutz, Michael, Muraleedharan, Pallavi, Naik, Nitish, Odell, Chrisopher M., Oommen, Anu M., Pandian, Jeyaraj D., Parameswaran, Sreejith, Pati, Sanghamitra, Prasad, Narayan, Raju, D. Sreebhushan, Roy, Ambuj, Sharma, Meenakshi, Shekhar, Chander, Shukla, Sharvari R., Singh, Narinder P., Thakur, J. S., Unnikrishnan, Ranjit, Varughese, Santosh, Xavier, Denis, Zachariah, Geevar, Lim, Stephen S., Naghavi, Mohsen, Dandona, Rakhi, Vos, Theo, Murray, Christopher J. L., Reddy, K. Srinath, Swaminathan, Soumya, Dandona, Lalit and India State-Level Dis Burden, Initi The increasing burden of diabetes and variations among the states of India: the Global Burden of Disease Study 1990-2016 The Lancet Global Health; 2018, 6 (12): E1352-E1362 Background The burden of diabetes is increasing rapidly in India but	**INT**	**JUL TO DEC**	**MEDICINE**	**PMID:WOS:000449748200029** **H Index:** 43 **Impact Factor:** 3.610 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	a systematic understanding of its distribution and time trends is not available for every state of India. We present a comprehensive analysis of the time trends and heterogeneity in the distribution of diabetes burden across all states of India between 1990 and 2016. Methods We analysed the prevalence and disability-adjusted life-years (DALYs) of diabetes in the states of India from 1990 to 2016 using all available data sources that could be accessed as part of the Global Burden of Diseases, Injuries, and Risk Factors Study 2016, and assessed heterogeneity across the states. The states were placed in four groups based on epidemiological transition level (ETL), defined on the basis of the ratio of DALYs from communicable diseases to those from non-communicable diseases and injuries combined, with a low ratio denoting high ETL and vice versa. We assessed the contribution of risk factors to diabetes DALYs and the relation of overweight (body-mass index 25 kg/m(2) or more) with diabetes prevalence. We calculated 95% uncertainty intervals (UIs) for the point estimates. Findings The number of people with diabetes in India increased from 26.0 million (95% UI 23-4-28.6) in 1990 to 65.0 million (58.7-71.1) in 2016. The prevalence of diabetes in adults aged 20 years or older in India increased from 5.5% (4.9-6.1) in 1990 to 7.7% (6.9-8.4) in 2016. The prevalence in 2016 was highest in Tamil Nadu and Kerala (high ETL) and Delhi (higher-middle ETL), followed by Punjab and Goa (high ETL) and Karnataka (higher-middle ETL). The age-standardised DALY rate for diabetes increased in India by 39.6% (32.1-46.7) from 1990 to 2016, which was the highest increase among major non-communicable diseases. The age-standardised diabetes prevalence and DALYs increased in every state, with the percentage increase among the highest in several states in the low and lower-middle ETL state groups. The most important risk factor for diabetes in India was overweight to which 36.0% (22.6-49.2) of the diabetes DALYs in 2016 could be attributed. The prevalence of overweight in adults in India increased from 9.0% (8.7-9.3) in 1990 to 20.4% (19.9-20.8) in 2016; this prevalence increased in every state of the country. For every 100 overweight adults aged 20 years or older in India, there were 38 adults (34-42) with diabetes, compared with the global average of 19 adults (17-21) in 2016. Interpretation The increase in health loss from diabetes since 1990 in India is the highest among major non-communicable diseases. With this increase observed in every state of the country, and the relative rate of increase highest in several less developed low ETL states, policy action that takes these state-level differences into				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	account is needed urgently to control this potentially explosive public health situation. Copyright (C) 2018 The Author(s). Published by Elsevier Ltd.				
666.	Tandur, R., Irodi, A., Chacko, B. R., Vimala, L. R., Christopher, D. J. and Gnanamuthu, B. R. Magnetic resonance imaging as an adjunct to computed tomography in the diagnosis of pulmonary Hydatid cysts Indian J Radiol Imaging; 2018, 28 (3): 342-349 **Address:** Department of Radiodiagnosis, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Pulmonary Medicine, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Cardiothoracic Surgery, **Christian Medical College, Vellore,** Tamil Nadu, India. Introduction: Although pulmonary hydatid cysts can be diagnosed on computed tomography (CT), sometimes findings can be atypical. Other hypodense infective or neoplastic lesions may mimic hydatid cysts. We proposed that magnetic resonance imaging (MRI) may act as a problem-solving tool, aiding the definite diagnosis of hydatid cysts and differentiating it from its mimics. The aim of this study is to assess the findings of pulmonary hydatid cysts on CT and MRI and the additional contribution of MRI in doubtful cases. Materials and Methods: This is a retrospective study of 90 patients with suspected hydatid cysts. CT and MRI findings were noted and role of MRI in diagnosing hydatid cysts and its mimics was studied. Descriptive statistics for CT findings and sensitivity and specificity of MRI were calculated using surgery or histopathology as gold standard. Results: Of the 90 patients with suspected pulmonary hydatid cysts, there were 52 true-positive and 7 false-positive cases on CT. Commonest CT finding was unilocular thick-walled cyst. In the 26 patients who had additional MRI, based on T2-weighted hypointense rim or folded membranes, accurate preoperative differentiation of 14 patients with hydatid cysts from 10 patients with alternate diagnosis was possible. There was one false-positive and one false-negative case on MRI. Conclusion: Although hydatid cyst can be diagnosed on CT on most occasions, sometimes there are challenges with certain mimics and atypical appearances. T2-weighted MRI can act as a problem solving tool to conclusively diagnose hydatid cyst or suggest an alternate diagnosis.	**NAT**	**JAN TO JUN**	**RADIODIAGNOSIS, PULMONARY MEDICINE, CARDIOTHORACIC SURGERY**	**PMID:30319213** **PMC ID:6176659** **SCOPUS** **H Index:** 18 **Impact Factor:** 0.330 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
667.	Tergestina, M., Ross, B. J., Manipadam, M. T. and Kumar, M. Malignant rhabdoid tumour of the neck in a neonate BMJ Case Rep; 2018, 2018 **Address:** Department of Neonatology, **Christian Medical College &Hospital,** Vellore, Tamil Nadu, India. Department of Pathology, **Christian Medical College & Hospital,** Vellore, Tamil Nadu, India. Fetal neck masses are rare, and present a challenge antenatally, during delivery and in making a diagnosis. In this report, we detail the presentation of a neonate with a neck mass diagnosed in the third trimester. The baby was delivered by ex utero intrapartum therapy (EXIT). Investigations sent included an MRI with limited CT cuts, and a biopsy, which lead to the diagnosis of a malignant rhabdoid tumour. This is rare and the overall survival is low.	**INT**	**JUL TO DEC**	**NEONATOLOGY, PATHOLOGY**	**PMID:29654100** **SCOPUS** **H Index:** 17 **Impact Factor:** 0.220 (RG)
668.	Thakar, S., Sivaraju, L., Jacob, K. S., Arun, A. A., Aryan, S., Mohan, D., Kiran, N. A. S. and Hegde, A. S. A points-based algorithm for prognosticating clinical outcome of Chiari malformation Type i with syringomyelia: Results from a predictive model analysis of 82 surgically managed adult patients Journal of Neurosurgery: Spine; 2018, 28 (1): 23-32 OBJECTIVE Although various predictors of postoperative outcome have been previously identifed in patients with Chiari malformation Type I (CMI) with syringomyelia, there is no known algorithm for predicting a multifactorial outcome measure in this widely studied disorder. Using one of the largest preoperative variable arrays used so far in CMI research, the authors attempted to generate a formula for predicting postoperative outcome. METHODS Data from the clinical records of 82 symptomatic adult patients with CMI and altered hindbrain CSF flow who were managed with foramen magnum decompression, C-1 laminectomy, and duraplasty over an 8-year period were collected and analyzed. Various preoperative clinical and radiological variables in the 57 patients who formed the study cohort were assessed in a bivariate analysis to determine their ability to predict clinical outcome (as measured on the Chicago Chiari Outcome Scale [CCOS]) and the resolution of syrinx at the last follow-up. The variables that were signifcant in the bivariate analysis were further analyzed in a multiple linear regression analysis. Different regression models were tested, and the model with the best prediction of CCOS was identifed and internally validated in a subcohort of 25 patients. RESULTS There was no correlation between CCOS score and syrinx resolution (p = 0.24) at	**INT**	**JAN TO JUN**	**NEUROSURGERY, PSYCHIATRY**	**WOS:000418927300003** **SCOPUS** **H Index:** 78 **Impact Factor:** 2.761

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	a mean ±SD follow-up of 40.29 ±10.36 months. Multiple linear regression analysis revealed that the presence of gait instability, obex position, and the M-line-fourth ventricle vertex (FVV) distance correlated with CCOS score, while the presence of motor defcits was associated with poor syrinx resolution (p = 0.05). The algorithm generated from the regression model demonstrated good diagnostic accuracy (area under curve 0.81), with a score of more than 128 points demonstrating 100% specifcity for clinical improvement (CCOS score of 11 or greater). The model had excellent reliability (k = 0.85) and was validated with fair accuracy in the validation cohort (area under the curve 0.75). CONCLUSIONS The presence of gait imbalance and motor defcits independently predict worse clinical and radiological outcomes, respectively, after decompressive surgery for CMI with altered hindbrain CSF flow. Caudal displacement of the obex and a shorter M-line-FVV distance correlated with good CCOS scores, indicating that patients with a greater degree of hindbrain pathology respond better to surgery. The proposed points-based algorithm has good predictive value for postoperative multifactorial outcome in these patients. © AANS 2018, except where prohibited by US copyright law.				
669.	Thampi, S. M., Srinivasan, C., George, G. and Davis, K. Anesthetic management of a patient with MELAS J Anaesthesiol Clin Pharmacol; 2018, 34 (2): 269-271 **Address:** Department of Anaesthesia, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India.	**INT**	**JAN TO JUN**	**ANAESTHESIA**	**PMID:30104853** **PMC ID:6066873** **SCOPUS** **H Index:** 23 **Impact Factor:** 0.902
670.	Thampi, S. M., Thomas, S. and Rai, E. Intra-operative accidental extubation- An unexpected complication of the flexo-metallic tube J Anaesthesiol Clin Pharmacol; 2018, 34 (3): 414-415 **Address:** Department of Anaesthesia, **Christian Medical College Hospital, Vellore,** Tamil Nadu, India.	**INT**	**JAN TO JUN**	**ANAESTHESIA**	**PMID:30386036** **PMC ID:6194853** **SCOPUS** **H Index:** 23 **Impact Factor:** 0.902
671.	Thangakunam, B. and Christopher, D. J. Allogeneic Human Mesenchymal Stem Cells in Patients With Idiopathic Pulmonary Fibrosis: Well Done, but Subsequent Doses May Be Vital Chest; 2018, 153 (1): 287 **Address:** Department of Pulmonary Medicine, **Christian Medical College, Vellore,** Tamil Nadu, India. Electronic **Address:** drbalamugesh@yahoo.com.	**INT**	**JAN TO JUN**	**PULMONARY MEDICINE**	**PMID:29307425** **SCOPUS** **WOS:000422771600044** **H Index:** 261 **Impact Factor:** 7.652

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Department of Pulmonary Medicine, **Christian Medical College, Vellore,** Tamil Nadu, India.				
672.	Thanooja, C. V., Augustine, A. M., Lepcha, A., Sandhya, P., Tyagi, A. K., Danda, D. and Balraj, A. Audiological Profile in Primary Sjogren's Syndrome in a Tertiary Care Setting and its Clinical Implications Indian J Otolaryngol Head Neck Surg; 2018, 70 (1): 59-65 **Address:** 1Department of ENT, **Christian Medical College, Vellore,** India.0000 0004 1767 8969grid.11586.3b 2Department of Rheumatology, **Christian Medical College, Vellore,** India.0000 0004 1767 8969grid.11586.3b This study aims to assess the frequency and the profile of hearing loss among patients with primary Sjogren's syndrome in a tertiary care hospital in India and to look for an association between hearing loss and immunological parameters (anti-SSA antibody, anti-SSB antibody, anticardiolipin antibodies, complements C3 and C4). This prospective observational study was done from January 2011 to October 2011 on consecutive patients diagnosed with primary Sjogren's syndrome in our tertiary care hospital. All patients underwent a puretone audiogram, tympanogram and acoustic reflex testing. The results of the tests were correlated with clinical and immunological findings. The frequency of audiometrically confirmed hearing loss in primary Sjogren's syndrome was estimated to be 78.38 %, though only 17.24 % complained of hearing loss; minimal to mild sensorineural hearing loss were the most common varieties. The commonest finding on tympanometry was 'A' type curve and acoustic reflex was absent in 18.92 % of cases. There was no association between hearing loss and age, sicca symptoms, systemic symptoms or immunological test results in primary Sjogren's syndrome. There was a high prevalence of hearing loss among patients with primary Sjogren's syndrome, but most patients were unaware of this. Hearing assessment and regular monitoring of hearing thresholds is advisable for all patients with primary Sjogren's syndrome.	**INT**	**JAN TO JUN**		**PMID:29456945** **PMC ID:5807275** **SCOPUS** **H Index:** 15 **Impact Factor:** 0.390
673.	Theodare, B., Nissy, V. V., Sahajanandan, R. and Mariappan, R. Anesthetic challenges of a patient with the communicating bulla coming for nonthoracic surgery Ann Card Anaesth; 2018, 21 (2): 200-202 **Address:** Department of Anaesthesia, **Christian Medical College, Vellore,** Tamil Nadu, India.	**INT**	**JAN TO JUN**		**PMID:29652286** **PMC ID:5914225** **SCOPUS** **H Index:** 20 **Impact Factor:** 0.660 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Management of a patient with a giant bulla coming for a nonthoracic surgery is rare, and its anesthetic management is very challenging. It is imperative to isolate only the subsegmental bronchus, in which the bulla communicates to avoid respiratory morbidities such as pneumothorax, emphysema or atelectasis of the surrounding lung parenchyma, and postoperative respiratory failure. Herewith, we want to report the anesthetic challenges of a patient with giant bulla communicating into one of the subsegmental right upper lobe bronchus for splenectomy.				
674.	Therakathu, J., Panwala, H. K., Bhargava, S., Eapen, A., Keshava, S. N. and David, D. Contrast-enhanced Computed Tomography Imaging of Splenic Artery Aneurysms and Pseudoaneurysms: A Single-center Experience J Clin Imaging Sci; 2018, 8 37 **Address:** Department of Radiology, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Gastroenterology, **Christian Medical College, Vellore,** Tamil Nadu, India. Aim: The aim of our study was to evaluate the computed tomography (CT) imaging features of splenic artery aneurysm and pseudoaneurysm and to identify the disease conditions related to the same. We also wanted to ascertain any relationship between these associated disease conditions and the imaging features of the aneurysms. Materials and Methods: This retrospective study included patients diagnosed to have splenic artery aneurysms on contrast-enhanced CT examination between January 2001 and January 2016. Data were obtained from the picture archiving and communication system. The size, number, location, morphology, the presence of thrombosis, calcification, and rupture of the aneurysms were evaluated. Results: A total of 45 patients were identified with a mean age of 45 years. Splenic artery aneurysms were idiopathic in 12 (26.6%) patients. In the remaining patients, the main associated disease conditions included pancreatitis 15 (33%), chronic liver disease with portal hypertension 8 (18%), and extrahepatic portal vein obstruction (EHPVO) 6 (13%). Statistically significant findings included the relationship between EHPVO and multiple aneurysms (P = 0.002), chronic liver disease and fusiform aneurysm (P = 0.008), and smaller size of idiopathic aneurysms (P < 0.001). Conclusion: Based on this study, splenic artery aneurysms were associated with a variety of etiologies. The	**INT**	**JAN TO JUN**		**PMID:30197828** **PMC ID:6118105** **H Index:** 12 **Impact Factor:** 0.990 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	characteristics of the aneurysms such as size, location, and morphology vary with the associated disease conditions. These variations may have implications for the management.				
675.	Therakathu, J., Prabhu, S., Irodi, A., Sudhakar, S. V., Yadav, V. K. and Rupa, V. Imaging features of rhinocerebral mucormycosis: A study of 43 patients Egyptian Journal of Radiology and Nuclear Medicine; 2018, 49 (2): 447-452 Background: Rhinocerebral mucormycosis is a life-threatening infection caused by saprophytic fungi seen almost exclusively in immunocompromised patients.The objective of this study was to describe the imaging findings in patients with rhinocerebral mucormycosis. Materials and methods: The case records of patients with biopsy/culture proven invasive rhinocerebral mucormycosis were reviewed. Computed Tomography (CT) and/or Magnetic Resonance Imaging (MRI) images were retrieved from the Picture Archiving and Communication System (PACS) and analyzed. Statistical analysis was performed using descriptive statistics. Results: CT and MR imaging of 43 patients showed predominant involvement of the ethmoid (37, 86%) and maxillary (34, 79%) sinuses. Extension to the orbit (32, 76%) and face (24, 57%) preceded involvement of the deep skull base (5, 12%) and brain (13, 31%). CT showed minimally enhancing hypodense soft tissue thickening as the predominant finding in involved areas, while MRI showed T2 isointense to mildly hypointense soft tissue thickening and heterogeneous post contrast enhancement as the main finding. Bone erosion was seen less often (17, 40%), with rest (26, 60%) of the patients showing extrasinus extension across grossly intact appearing bones on imaging. Conclusion: CT and MRI shows a spectrum of findings in rhinocerebral mucormycosis. Imaging plays a major role in assessing the extent of involvement and complications. © 2018 Egyptian Society of Radiology and Nuclear Medicine	**INT**	**JAN TO JUN**		**SCOPUS** **H Index:** 7 **Impact Factor:** 0.150 (RG)
676.	Thomas, B. P., Fouzia, N. A., Raveendran, S., Pallapati, S. R., Abraham, A. and Srivastava, A. Management of Hemophilic Cysts and Pseudotumors of the Hand in Bleeding Disorders: A Case Series Journal of Hand Surgery; 2018, 43 (5): 486.e1-486.e9 Purpose: Hemophilic cysts and pseudotumors (HCPTs) of the hand	**INT**	**JAN TO JUN**		**WOS:000432437100015** **SCOPUS** **H Index:** 99 **Impact Factor:** 1.776

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	are rare and are secondary to bleeding disorders such as hemophilia A and B. This is a report of our experience in the management of this rare condition. Patients and Methods: Seven male patients with hemophilia A presenting with progressive swelling of the hand were treated between 2004 and 2013 at a tertiary referral hospital. All patients had clotting factor replacement based on our previously reported protocol. The age of the patients ranged from 3 to 49 years (median age, 19 years). Results: Four patients had soft tissue hemophilic cysts and 3 had bony hemophilic pseudotumors. Two patients had traumatic pseudoaneurysm of the ulnar artery in addition to the cysts. The soft tissue cysts required surgical excision in 3 patients under factor cover as per the protocol. The bony lesions were initially managed nonsurgically by factor replacement, but 2 patients failed to respond and required amputation of the fingers. The ulnar artery aneurysm was excised and artery ligated in 1 patient and the artery was vein grafted owing to poor hand perfusion in 1. Conclusions: Based on our observations in the management of HCPTs of the hand and the existing literature, we conclude that the soft tissue cysts require surgical excision along with factor replacement and distal bony lesions smaller than 3 cm respond to factor replacement. Larger bony lesions require surgical treatment. Treatment of hemophilic cysts and pseudotumors should be undertaken only in centers with a major hematology backup. Type of study/level of evidence: Therapeutic V. © 2018 American Society for Surgery of the Hand				
677.	Thomas, H., Zeng, J., Lee, H., Sasidharan, B., Kinahan, P., Miyaoka, R., Vesselle, H., Rengan, R. and Bowen, S. Comparison of Regional Lung Perfusion Response on Longitudinal MAA SPECT/CT in Lung Cancer Patients Treated with and Without Functional Lung Avoidance Radiation Therapy Medical Physics; 2018, 45 (6): E581-E581	**INT**	**JAN TO JUN**		**WOS:000434978004216** **H Index:** 152 **Impact Factor:** 2.884
678.	Thomas, H., Zeng, J., Sasidharan, B., Kinahan, P., Miyaoka, R., Vesselle, H., Rengan, R. and Bowen, S. Multiparametric Regional Radiation Dose-Response of Normal Lung on Longitudinal MAA-SPECT/CT and FDG-PET/CT Imaging of FLARE-RT Protocol Patients Medical Physics; 2018, 45 (6): E580-E581	**INT**	**JAN TO JUN**		**WOS:000434978004214** **H Index:** 152 **Impact Factor:** 2.884
679.	Thomas, N., Abiramalatha, T., Bhat, V., Varanattu, M., Rao, S., Wazir, S., Lewis, L., Balakrishnan, U., Murki, S., Mittal, J., Dongara,	**INT**	**JAN TO JUN**		**WOS:000435869400004** **H Index:** 43

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	A., Prashantha, Y. N. and Nimbalkar, S. Phase Changing Material for Therapeutic Hypothermia in Neonates with Hypoxic Ischemic Encephalopathy — A Multi-centric Study Indian Pediatrics; 2018, 55 (3): 201-205 Objective: To assess the feasibility and safety of cooling asphyxiated neonates using phase changing material based device across different neonatal intensive care units in India. Design: Multi-centric uncontrolled clinical trial. Setting: 11 level 3 neonatal units in India from November 2014 to December 2015. Participants: 103 newborn infants with perinatal asphyxia, satisfying pre-defined criteria for therapeutic hypothermia. Intervention: Therapeutic hypothermia was provided using phase changing material based device to a target temperature of 33.5±0.5ºC, with a standard protocol. Core body temperature was monitored continuously using a rectal probe during the cooling and rewarming phase and for 12 hours after the rewarming was complete. Outcome measures: Feasibility measure - Time taken to reach target temperature, fluctuation of the core body temperature during the cooling phase and proportion of temperature recordings outside the target range. Safety measure - adverse events during cooling Results: The median (IQR) of time taken to reach target temperature was 90 (45, 120) minutes. The mean (SD) deviation of temperature during cooling phase was 33.5 (0.39) ºC. Temperature readings were outside the target range in 10.8% (5.1% of the readings were <33°C and 5.7% were >34°C). Mean (SD) of rate of rewarming was 0.28 (0.13)°C per hour. The common adverse events were shock/hypotension (18%), coagulopathy (21.4%), sepsis/probable sepsis (20.4%) and thrombocytopenia (10.7%). Cooling was discontinued before 72 hours in 18 (17.5%) babies due to reasons such as hemodynamic instability/refractory shock, persistent pulmonary hypertension or bleeding. 7 (6.8%) babies died during hospitalization. Conclusion: Using phase changing material based cooling device and a standard protocol, it was feasible and safe to provide therapeutic hypothermia to asphyxiated neonates across different neonatal units in India. Maintenance of target temperature was comparable to standard servo-controlled equipment. © 2017, Indian Academy of Pediatrics.				**Impact Factor:** 1.145
680.	Thomas, S., Acharya, M., Muthukumar, K., Chandy, A., Kamath, M. S. and Aleyamma, T. K. Effectiveness of Anti-Mullerian Hormone-tailored Protocol Compared to Conventional Protocol in Women Undergoing In vitro	**INT**	**JAN TO JUN**		**PMID:29681712** **PMC ID:5892099** **H Index:** 20 **Impact Factor:** 1.590 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Fertilization: A Randomized Controlled Trial J Hum Reprod Sci; 2018, 11 (1): 24-28 **Address:** Department of Reproductive Medicine, **Christian Medical College, Vellore,** Tamil Nadu, India. Background: Assessment of ovarian reserve before an in vitro fertilization cycle (IVF) is one among the many factors that predicts a successful cycle. Individualized protocol based on ovarian reserve is designed to optimize the pregnancy outcome without compromising the patient safety. Although authors have shown that anti-Mullerian hormone-tailored (AMH) protocols have reduced the treatment burden and improved pregnancy rates, a few others have questioned its efficacy. Aims: The aim of this study was to decide whether the AMH-tailored protocol or the conventional protocol better decides IVF outcomes. Setting and Design: Prospective randomized controlled trial conducted at a tertiary level university hospital. Materials and Methods: Patients undergoing theirfirst IVF cycle who fulfilled the inclusion criteria were recruited and randomized to each group. Serum follicle-stimulating hormone was done for the patients on day 2 or 3 of a prior menstrual cycle, and serum AMH was done in the preceding cycle. Statistical Analysis: Analysis was performed using SPSS software version 16. Results and Conclusion: There were 100 patients in each group. A total of 83 patients underwent embryo transfer in the conventional group and 78 patients in the AMH group. The clinical pregnancy rates per initiated cycle (36.4% vs. 33.3%) and per embryo transfer (45.1% vs. 41.3%) were similar in both the groups. There was no statistical difference in the number of cycles cancelled due to poor response or the risk of ovarian hyperstimulation syndrome in both the groups. Hence, this study showed the similar effectiveness of AMH-tailored protocol and conventional protocol in women undergoing IVF.				
681.	Thomas, S., Patel, B., Varghese, S. S. and Backianathan, S. Neurocutaneous Melanosis with Leptomeningeal Melanoma Involving Supratentorium and Infratentorium Cureus; 2018, 10 (9): e3275 **Address:** Radiation Oncology, **Christian Medical College, Vellore,**IND. Pathology, **Christian Medical College Hospital, Vellore,** IND. Radiation Oncology, **Christian Medical College Hospital, Vellore,** IND. Radiotherapy, **Christian Medical College, Vellore,** IND. Neurocutaneous melanoma is a rare congenital syndrome	**INT**	**JAN TO JUN**		**PMID:30443446** **PMC ID:6235644** **H Index:** NA **Impact Factor:** NA

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	associated with congenital melanocytic nevi with meningeal melanosis or melanoma. The disease is aggressive and has a high propensity for leptomeningeal metastases. We present the case history of a man with neurocutaneous melanoma managed with radical excision followed by hypofractionated adjuvant radiotherapy. One year, eight months later, he had a recurrence of the condition with leptomeningeal spread and was managed with re-excision of the recurrent lesion. Although our patient was disease-free for 20 months after the initial surgery, he survived only approximately five months after the second surgery, which reflects the associated poor prognosis of the disease.				
682.	Thomas, V., Thomas, A., Sebastian, A., Chandy, R. and Peedicayil, A. Inadequately Staged Endometrial Cancer: a Clinical Dilemma Indian J Surg Oncol; 2018, 9 (2): 166-170 **Address:** Department of Gynaec Oncology, **Christian Medical College & Hospital,** Tamil nadu, Vellore, 632004 India.0000 0004 1767 8969grid.11586.3b Incidental diagnosis of carcinoma endometrium following hysterectomy requires clinical expertise from a gynecologic oncologist, with regard to subsequent management. We report our experience with completion staging in endometrial cancer, to determine the benefits and risks of completion staging in women with posthysterectomy diagnosis of endometrial cancer. DESIGN: A retrospective case series of 20 women with postoperative diagnosis of endometrial cancer, who had undergone completion staging. SETTING: A gynaecologic oncology unit in a tertiary level hospital in Tamil Nadu, India. PATIENTS: Electronic medical records of patients who underwent completion staging between January 2011 and December 2014 for endometrial cancer were reviewed. Two hundred and sixty four women with endometrial cancer were evaluated during this period. Twenty women with carcinoma endometrium, with a mean age of 53 (range 31-67) who were previously inadequately staged, were found to be at risk of extrauterine disease, following histopathological review, consented to undergo completion staging over an average of 57 days (range 30-91) following the initial surgery. Forty-five percent (9/20) had a BMI of more than 30, and 40% (8/20) had metabolic syndrome. The most common indications for the initial surgery were perimenopausal abnormal uterine bleeding and postmenopausal bleeding. Only eight patients had a pre-hysterectomy endometrial	**INT**	**JAN TO JUN**		**PMID:29887695** **PMC ID:5984841** **SCOPUS** **H Index:** 10 **Impact Factor:** 0.300 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	sampling/biopsy (40%) of whom, one had a pre-operative diagnosis of carcinoma endometrium. Sixteen (80%) had pathological risk factors for lymph nodal involvement and in the others, besides histological grading, surgicopathological details for risk assessment were unavailable. Adnexae were retained in 11, and uterus was bisected/cored during surgery in three women. Following completion staging, 5/20 (25%) patients were upstaged, 9 (45%) required no adjuvant treatment, 5 required vaginal brachytherapy therapy alone and 5 were advised chemotherapy and radiation. Two patients during the study period of 48 months had disease recurrence, and two women died of disease progression. Complications of surgery included the following: iliac vein injury (1) and bladder injury (1). Patients with incidental diagnosis of endometrial cancer following hysterectomy after clinical and radiological assessment and histopathological review, should be offered completion staging, if at risk for extrauterine disease. Completion staging permits appropriate prognostication of disease and thereby allows tailoring of adjuvant treatment, avoiding risks of overtreatment and undertreatment.				
683.	Timmer, M. A., Gouw, S. C., Feldman, B. M., Zwagemaker, A., De Kleijn, P., Pisters, M. F., Schutgens, R. E. G., Blanchette, V., Srivastava, A., David, J. A., Fischer, K. and Van Der Net, J. Measuring activities and participation in persons with haemophilia: A systematic review of commonly used instruments Haemophilia; 2018, 24 (2): e33-e49 Introduction: Monitoring clinical outcome in persons with haemophilia (PWH) is essential in order to provide optimal treatment for individual patients and compare effectiveness of treatment strategies. Experience with measurement of activities and participation in haemophilia is limited and consensus on preferred tools is lacking. Aim: The aim of this study was to give a comprehensive overview of the measurement properties of a selection of commonly used tools developed to assess activities and participation in PWH. Methods: Electronic databases were searched for articles that reported on reliability, validity or responsiveness of predetermined measurement tools (5 self-reported and 4 performance based measurement tools). Methodological quality of the studies was assessed according to the COSMIN checklist. Best evidence synthesis was used to summarize evidence on the measurement properties. Results: The search resulted in 3453 unique hits. Forty-two articles were included. The self-reported	**INT**	**JAN TO JUN**		**WOS:000428795000001** **H Index:** 81 **Impact Factor:** 2.768

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Haemophilia Acitivity List (HAL), Pediatric HAL (PedHAL) and the performance based Functional Independence Score in Haemophilia (FISH) were studied most extensively. Methodological quality of the studies was limited. Measurement error, cross-cultural validity and responsiveness have been insufficiently evaluated. Conclusion: Albeit based on limited evidence, the measurement properties of the PedHAL, HAL and FISH are currently considered most satisfactory. Further research needs to focus on measurement error, responsiveness, interpretability and cross-cultural validity of the self-reported tools and validity of performance based tools which are able to assess limitations in sports and leisure activities. © 2018 The Authors. Haemophilia Published by John Wiley & Sons Ltd.				
684.	Tobin, G., Chacko, A. G. and Simon, R. Evaluation of NT-ProBNP as a marker of the volume status of neurosurgical patients developing hyponatremia and natriuresis: A pilot study Neurol India; 2018, 66 (5): 1383-1388 **Address:** Department of Neurosurgery, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Endocrinology, **Christian Medical College, Vellore,** Tamil Nadu, India. Objective: Post-operative hyponatremia (serum sodium <130 mEq/L) contributes to morbidity and prolongs the hospital stay of patients undergoing neurosurgical procedures. Syndrome of inappropriate anti-diuretic hormone secretion (SIADH) and cerebral salt wasting (CSW) commonly occur in the post-operative setting. While patients with SIADH are either euvolemic or hypervolemic, patients with CSW are always hypovolemic. The treatment of these two conditions is radically different. Patients with SIADH need fluid restriction, while patients with CSW need fluid replacement. As current diagnostic methods do not clearly distinguish between SIADH and CSW, we looked at N-terminal prohormone of brain natriuretic peptide (NT-proBNP) and uric acid as biochemical markers for estimating the volume status of patients developing hyponatremia in the postoperative period. Materials and Methods: In this study, we used a cohort design and carried it out in two phases over a period of 30 months (August 2011-February 2014). Thirty-one patients with hyponatremia were recruited into the study. In Phase1, 10 patients were diagnosed to have either SIADH or CSW based on their central venous pressure (CVP). In all of	**INT**	**JAN TO JUN**		**PMID:30233009** **WOS:000447605100031** **SCOPUS** **H Index:** 40 **Impact Factor:** 2.166

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	them, blood for NT-proBNP was collected prior to starting treatment. At a later stage, the NT-proBNP results were compared with central venous pressure (CVP) and the clinical diagnosis. Patients diagnosed to have SIADH (CVP >5cm) had NT-proBNP levels <125pg/ml and those with a diagnosis of CSW (CVP <5cm) had NT-proBNP levels >125pg/ml. In Phase2, 21 patients were categorized and treated according to their NT-proBNP levels. Those with NT-proBNP levels <125 pg/ml were treated as SIADH, and those with NT-proBNP levels >125 pg/ml were treated as CSW. Results: In Phase 1, NT-proBNP could detect hypovolemia in patients with CSW with 100% sensitivity and 66.7% specificity (P < 0.07). In Phase 2, NT-proBNP could detect hypovolemia in patients with CSW with 90% sensitivity and 100% specificity (P < 0.001). Combining the results of Phase 1 and Phase 2, NT-proBNP could diagnose CSW with 87.50% sensitivity and 93.33% specificity (P < 0.001). The positive predictive value was 93.33% and the negative predictive value was 87.50%. Conclusion: NT Pro-BNP is a quick and convenient assay to differentiate SIADH and CSW. We need a larger sample size to correctly characterize the cut off value. Uric acid cannot be used to distinguish between SIADH and CSW.				
685.	Toews, I., George, A. T., Peter, J. V., Kirubakaran, R., Fontes, L. E. S., Ezekiel, J. P. B. and Meerpohl, J. J. Interventions for preventing upper gastrointestinal bleeding in people admitted to intensive care units Cochrane Database of Systematic Reviews; 2018, 2018 (6): Background: Upper gastrointestinal (GI) bleeding due to stress ulcers contributes to increased morbidity and mortality in people admitted to intensive care units (ICUs). Stress ulceration refers to GI mucosal injury related to the stress of being critically ill. ICU patients with major bleeding as a result of stress ulceration might have mortality rates approaching 48.5% to 65%. However, the incidence of stress-induced GI bleeding in ICUs has decreased, and not all critically ill patients need prophylaxis. Stress ulcer prophylaxis can result in adverse events such as ventilator-associated pneumonia; therefore, it is necessary to evaluate strategies that safely decrease the incidence of GI bleeding. Objectives: To assess the effect and risk-benefit profile of interventions for preventing upper GI bleeding in people admitted to ICUs. Search methods: We searched the following databases up to 23 August 2017, using relevant search terms: MEDLINE; Embase; the Cochrane Central Register of Controlled Trials; Latin American	**INT**	**JAN TO JUN**		**WOS:000436781300008** **SCOPUS** **H Index:** 212 **Impact Factor:** 6.754

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Caribbean Health Sciences Literature; and the Cochrane Upper Gastrointestinal and Pancreatic Disease Group Specialised Register, as published in the Cochrane Library (2017, Issue 8). We searched the reference lists of all included studies and those from relevant systematic reviews and meta-analyses to identify additional studies. We also searched the World Health Organization International Clinical Trials Registry Platform search portal and contacted individual researchers working in this field, as well as organisations and pharmaceutical companies, to identify unpublished and ongoing studies. Selection criteria: We included randomised controlled trials (RCTs) and quasi-RCTs with participants of any age and gender admitted to ICUs for longer than 48 hours. We excluded studies in which participants were admitted to ICUs primarily for the management of GI bleeding and studies that compared different doses, routes, and regimens of one drug in the same class because we were not interested in intraclass effects of drugs. Data collection and analysis: We used standard methodological procedures as recommended by Cochrane. Main results: We identified 2292 unique records.We included 129 records reporting on 121 studies, including 12 ongoing studies and two studies awaiting classification. We judged the overall risk of bias of two studies as low. Selection bias was the most relevant risk of bias domain across the included studies, with 78 studies not clearly reporting the method used for random sequence generation. Reporting bias was the domain with least risk of bias, with 12 studies not reporting all outcomes that researchers intended to investigate. Any intervention versus placebo or no prophylaxis In comparison with placebo, any intervention seems to have a beneficial effect on the occurrence of upper GI bleeding (risk ratio (RR) 0.47, 95% confidence interval (CI) 0.39 to 0.57; moderate certainty of evidence). The use of any intervention reduced the risk of upper GI bleeding by 10% (95% CI -12.0% to -7%). The effect estimate of any intervention versus placebo or no prophylaxis with respect to the occurrence of nosocomial pneumonia, all-cause mortality in the ICU, duration of ICU stay, duration of intubation (all with low certainty of evidence), the number of participants requiring blood transfusions (moderate certainty of evidence), and the units of blood transfused was consistent with benefits and harms. None of the included studies explicitly reported on serious adverse events. Individual interventions versus placebo or no prophylaxis In comparison with placebo or no prophylaxis, antacids, H2 receptor antagonists, and sucralfate were effective in preventing upper GI				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	bleeding in ICU patients. Researchers found that with H2 receptor antagonists compared with placebo or no prophylaxis, 11% less developed upper GI bleeding (95% CI -0.16 to -0.06; RR 0.50, 95% CI 0.36 to 0.70; 24 studies; 2149 participants; moderate certainty of evidence). Of ICU patients taking antacids versus placebo or no prophylaxis, 9% less eveloped upper GI bleeding (95% CI -0.17 to -0.00; RR 0.49, 95% CI 0.25 to 0.99; eight studies; 774 participants; low certainty of evidence). Among ICU patients taking sucralfate versus placebo or no prophylaxis, 5% less had upper GI bleeding (95% CI -0.10 to -0.01; RR 0.53, 95% CI 0.32 to 0.88; seven studies; 598 participants; moderate certainty of evidence). The remaining interventions including proton pump inhibitors did not show a significant effect in preventing upper GI bleeding in ICU patients when compared with placebo or no prophylaxis. Regarding the occurrence of nosocomial pneumonia, the effects of H2 receptor antagonists (RR 1.12, 95% CI 0.85 to 1.48; eight studies; 945 participants; low certainty of evidence) and of sucralfate (RR 1.33, 95% CI 0.86 to 2.04; four studies; 450 participants; low certainty of evidence) were consistent with benefits and harms when compared with placebo or no prophylaxis. None of the studies comparing antacids versus placebo or no prophylaxis provided data regarding nosocomial pneumonia. H2 receptor antagonists versus proton pump inhibitors H2 receptor antagonists and proton pump inhibitors are most commonly used in practice to prevent upper GI bleeding in ICU patients. Proton pump inhibitors significantly more often prevented upper GI bleeding in ICU patients compared with H2 receptor antagonists (RR 2.90, 95% CI 1.83 to 4.58; 18 studies; 1636 participants; low certainty of evidence). When taking H2 receptor antagonists, 4.8% more patients might experience upper GI bleeding (95% CI 2.1% to 9%). Nosocomial pneumonia occurred in similar proportions of participants taking H2 receptor antagonists and participants taking proton pump inhibitors (RR 1.02, 95% CI 0.77 to 1.35; 10 studies; 1256 participants; low certainty of evidence). Authors' conclusions: This review shows that antacids, sucralfate, and H2 receptor antagonists might be more effective in preventing upper GI bleeding in ICU patients compared with placebo or no prophylaxis. The effect estimates of any treatment versus no prophylaxis on nosocomial pneumonia were consistent with benefits and harms. Evidence of low certainty suggests that proton pump inhibitors might be more effective than H2 receptor antagonists. Therefore, patient-relevant benefits and especially harms of H2 receptor antagonists compared with proton pump				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	inhibitors need to be assessed by larger, high-quality RCTs to confirm the results of previously conducted, smaller, and older studies. © 2018 The Cochrane Collaboration.				
686.	Troeger, Christopher, Blacker, Brigette F., Khalil, Ibrahim A., Rao, Puja C., Cao, Shujin, Zimsen, Stephanie R. M., Albertson, Sam, Stanaway, Jeffery D., Deshpande, Aniruddha, Brown, Alexandria, Abebe, Zegeye, Alvis-Guzman, Nelson, Amare, Azmeraw T., Asgedom, Solomon Weldegebreal, Alamrew Anteneh, Zelalem, Antonio, Carl Abelardo T., Aremu, Olatunde, Asfaw, Ephrem Tsegay, Atey, Tesfay Mehari, Atique, Suleman, Avokpaho, Euripide Frinel G. Arthur, Awasthi, Ashish, Ayele, Henok Tadesse, Barac, Aleksandra, Barreto, Mauricio L., Bassat, Quique, Belay, Saba Abraham, Bensenor, Isabela M., Bhutta, Zulfiqar A., Bijani, Ali, Bizuneh, Hailemichael, Castaneda-Orjuela, Carlos A., Dadi, Abel Fekadu, Dandona, Lalit, Dandona, Rakhi, Huyen Phuc, Do, Dubey, Manisha, Dubljanin, Eleonora, Edessa, Dumessa, Endries, Aman Yesuf, Eshrati, Babak, Farag, Tamer, Feyissa, Garumma Tolu, Foreman, Kyle J., Forouzanfar, Mohammad H., Fullman, Nancy, Gething, Peter W., Gishu, Melkamu Dedefo, Godwin, William W., Gugnani, Harish Chander, Gupta, Rahul, Hailu, Gessessew Bugssa, Hassen, Hamid Yimam, Hibstu, Desalegn Tsegaw, Ilesanmi, Olayinka S., Jonas, Jost B., Kahsay, Amaha, Kang, Gagandeep, Kasaeian, Amir, Khader, Yousef Saleh, Khan, Ejaz Ahmad, Khan, Muhammad Ali, Khang, Young-Ho, Kissoon, Niranjan, Kochhar, Sonali, Kotloff, Karen L., Koyanagi, Ai, Kumar, G. Anil, Abd El Razek, Hassan Magdy, Malekzadeh, Reza, Malta, Deborah Carvalho, Mehata, Suresh, Mendoza, Walter, Mengistu, Desalegn Tadese, Menota, Bereket Gebremichael, Mezgebe, Haftay Berhane, Mlashu, Fitsum Weldegebreal, Murthy, Srinivas, Naik, Gurudatta A., Cuong Tat, Nguyen, Trang Huyen, Nguyen, Ningrum, Dina Nur Anggraini, Ogbo, Felix Akpojene, Olagunju, Andrew Toyin, Paudel, Deepak, Platts-Mills, James A., Qorbani, Mostafa, Rafay, Anwar, Rai, Rajesh Kumar, Rana, Saleem M., Ranabhat, Chhabi Lal, Rasella, Davide, Ray, Sarah E., Reis, Cesar, Renzaho, Andre M. N., Rezai, Mohammad Sadegh, Ruhago, George Mugambage, Safiri, Saeid, Salomon, Joshua A., Sanabria, Juan Ramon, Sartorius, Benn, Sawhney, Monika, Sepanlou, Sadaf G., Shigematsu, Mika, Sisay, Mekonnen, Somayaji, Ranjani, Sreeramareddy, Chandrashekhar T., Sykes, Bryan L., Taffere, Getachew Redae, Topor-Madry, Roman, Bach Xuan, Tran, Tuem, Kald Beshir, Ukwaja, Kingsley Nnanna, Vollset, Stein Emil, Walson, Judd L., Weaver, Marcia R.,	**INT**	**JAN TO JUN**		**WOS:000448325300031** **H Index:** 189 **Impact Factor:** 25.148

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Weldegwergs, Kidu Gidey, Werdecker, Andrea, Workicho, Abdulhalik, Yenesew, Muluken, Yirsaw, Biruck Desalegn, Yonemoto, Naohiro, Zaki, Maysaa El Sayed, Vos, Theo, Lim, Stephen S., Naghavi, Mohsen, Murray, Christopher J. L., Mokdad, Ali H., Hay, Simon I., Reiner, Robert C., Jr. and Collabora, G. B. D. Diarrhoeal Dis Estimates of the global, regional, and national morbidity, mortality, and aetiologies of diarrhoea in 195 countries: a systematic analysis for the Global Burden of Disease Study 2016 Lancet Infectious Diseases; 2018, 18 (11): 1211-1228 Background The Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2016 provides an up-to-date analysis of the burden of diarrhoea in 195 countries. This study assesses cases, deaths, and aetiologies in 1990-2016 and assesses how the burden of diarrhoea has changed in people of all ages. Methods We modelled diarrhoea mortality with a Bayesian hierarchical modelling platform that evaluates a wide range of covariates and model types on the basis of vital registration and verbal autopsy data. We modelled diarrhoea incidence with a compartmental meta-regression tool that enforces an association between incidence and prevalence, and relies on scientific literature, population representative surveys, and health-care data. Diarrhoea deaths and episodes were attributed to 13 pathogens by use of a counterfactual population attributable fraction approach. Diarrhoea risk factors are also based on counterfactual estimates of risk exposure and the association between the risk and diarrhoea. Each modelled estimate accounted for uncertainty. Findings In 2016, diarrhoea was the eighth leading cause of death among all ages (1655 944 deaths, 95% uncertainty interval [UI] 1 244 073-2 366 552) and the fifth leading cause of death among children younger than 5 years (446 000 deaths, 390 894-504 613). Rotavirus was the leading aetiology for diarrhoea mortality among children younger than 5 years (128 515 deaths, 105 138-155 133) and among all ages (228 047 deaths, 183 526-292 737). Childhood wasting (low weight-for-height score), unsafe water, and unsafe sanitation were the leading risk factors for diarrhoea, responsible for 80.4% (95% UI 68 2-85 .0), 72.1% (34 0-91. 4), and 56.4% (49 .3-62. 7) of diarrhoea deaths in children younger than 5 years, respectively. Prevention of wasting in 1762 children (95% UI 1521-2170) could avert one death from diarrhoea. Interpretation Substantial progress has been made globally in reducing the burden of diarrhoeal diseases, driven by decreases in several primary risk factors.				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	However, this reduction has not been equal across locations, and burden among adults older than 70 years requires attention. Copyright (C) 2018 The Author(s). Published by Elsevier Ltd.				
687.	Trupthi, M. C., John, M., Subbaraj, R. and Varghese, A. M. Multicentric inverted papilloma of sinonasal region and the temporal bone Otorhinolaryngology Clinics; 2018, 10 (1): 35-38 Address: Department of ENT, **Christian Medical College, Vellore**, Tamil Nadu, India Inverted papilloma is a benign but a locally aggressive sinonasal tumor. Inverted papilloma of the temporal bone, though rare, has been reported to occur either primarily or secondarily. Here we present a case of recurrent sinonasal inverted papilloma with synchronous lesion of the middle ear, having no connection through the eustachian tube. © 2018, Jaypee Brothers Medical Publishers (P) Ltd. All rights reserved.	**INT**	**JAN TO JUN**	**OTORHINOLARYNGOLOGY**	**PMC Article** **H Index:** 3 **Impact Factor:** 0.160 (RG)
688.	Turel, M. K. and Chacko, A. G. Endoscopic partial cervical corpectomy - Opening a new door to create a wider window Neurol India; 2018, 66 (2): 452-453 **Address:** Department of Neurosurgery, Wockhardt Hospitals, Mumbai, Maharashtra, India. Division of Neurosurgery, **Christian Medical College** and Hospitals, Vellore, Tamil Nadu, India.	**INT**	**JAN TO JUN**		**PMID:29547170** **WOS:000427989900031** **SCOPUS** **H Index:** 40 **Impact Factor:** 2.166
689.	Valson, A. T., Asad, R. A., Radhakrishnan, R. C., Sinha, S., Jacob, S., Varughese, S. and Tamilarasi, V. "Why I Chose Hemodialysis Over Peritoneal Dialysis": An Opinion Survey Among In-Center Hemodialysis Patients Perit Dial Int; 2018, 38 (4): 305-308 **Address:** Department of Nephrology, **Christian Medical College, Vellore,** Tamil Nadu, India annavalson@cmcvellore.ac.in. Department of Nephrology, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Palliative Care, Royal North Shore Hospital, Sydney, New South Wales, Australia. Peritoneal dialysis (PD) penetration in India remains low despite the huge chronic kidney disease burden and unmet need for renal replacement therapy (RRT). In order to understand the socioeconomic reasons that govern patients' preference for	**INT**	**JAN TO JUN**		**PMID:29987067** **WOS:000438971900013** **SCOPUS** **H Index:** 76 **Impact Factor:** 1.130 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	hemodialysis (HD), we carried out an opinion survey among prevalent in-center HD patients at our institution using a multiple response questionnaire that was verbally administered to them at the dialysis facility by the investigators. Close to 80% were self-financed and 49.5% were on twice weekly HD. Despite the majority (95%) receiving RRT education from a nephrologist, 43.4% were not aware of PD as an RRT modality. The treating nephrologist's recommendation was the most important reason given for choosing HD (77.8%) and not choosing PD (69.7%). Other reasons for not choosing PD included lack of a dedicated caregiver or "clean area" at home (15.1%), fear of infection (15.1%), disruption of work (14.1%), and the high cost of PD (7%). The perceived advantages of HD over PD were greater convenience because of need for only twice or thrice weekly sessions (61%), supervised care received in a hospital setting (28.8%), and less disruption of the patient's and family's routine (22%). We discuss the implications of these findings and what policy makers and nephrologists in India and other developing countries can do to improve PD penetration and utilization.				
690.	Van Der Heijden, Y. F., Abdullah, F., Andrade, B. B., Andrews, J. R., Christopher, D. J., Croda, J., Ewing, H., Haas, D. W., Hatherill, M., Horsburgh, C. R., Jr., Mave, V., Nakaya, H. I., Rolla, V., Srinivasan, S., Sugiyono, R. I., Ugarte-Gil, C. and Hamilton, C. Building capacity for advances in tuberculosis research; proceedings of the third RePORT international meeting Tuberculosis; 2018, 113 153-162 **Address:** Vanderbilt Tuberculosis Center, Vanderbilt University School of Medicine, Nashville, TN, United States Division of Infectious Diseases, Department of Medicine, Vanderbilt University School of Medicine, Nashville, TN, United States Office of AIDS and TB Research, South African Medical Research Council, Pretoria, South Africa Instituto Gonçalo Moniz, Fundação Oswaldo Cruz, Salvador, Bahia 40296-710, Brazil Multinational Organization Network Sponsoring Translational and Epidemiological Research (MONSTER) Initiative, José Silveira Foundation, Salvador, 45204-040, Brazil Wellcome Centre for Infectious Disease Research in Africa, Institute of Infectious Disease and Molecular Medicine, University of Cape Town, Cape Town, 7925, South Africa Division of Infectious Diseases, Department of Medicine, Vanderbilt	**INT**	**JAN TO JUN**		**SCOPUS** **H Index:** 77 **Impact Factor:** 2.727

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	University School of Medicine, Nashville, TN 37232, United States Universidade Salvador (UNIFACS), Laureate University, Salvador, Bahia 41720-200, Brazil Escola Bahiana de Medicina e Saúde Pública, Salvador, Bahia 40290-000, Brazil Division of Infectious Diseases and Geographic Medicine, Department of Medicine, Stanford University School of Medicine, Stanford, CA, United States Department of Pulmonary Medicine, **Christian Medical College, Vellore,** Tamilnadu, India School of Medicine, Federal University of Mato Grosso do Sul, Campo Grande, Brazil, Oswaldo Cruz Foundation, Campo Grande, Brazil Vanderbilt University School of Medicine, Nashville, TN, United States Departments of Medicine, Pharmacology, Pathology, Microbiology & Immunology, Vanderbilt University School of Medicine, Nashville, TN, United States Department of Internal Medicine, Meharry Medical College, Nashville, TN, United States South African Tuberculosis Vaccine Initiative, Institute of Infectious Disease & Molecular Medicine and Division of Immunology, Department of Pathology, University of Cape Town, South Africa Department of Epidemiology, Boston University School of Public Health, Boston, MA, United States Section of Infectious Diseases, Department of Medicine, Boston University School of Medicine, Boston, MA, United States Byramjee-Jeejeebhoy Government Medical College-Johns Hopkins University Clinical Research Site, Pune, India Johns Hopkins University School of Medicine, Baltimore, MD, United States Department of Clinical and Toxicological Analyses, School of Pharmaceutical Sciences, University of São Paulo, São Paulo, Brazil Clinical Research Laboratory on Mycobacteria, National Institute of Infectious Diseases Evandro Chagas, Fiocruz, Brazil Division of AIDS, National Institute of Allergy and Infectious Diseases at the National Institutes of Health, Bethesda, MD, United States INA-RESPOND, National Institute of Health Research and Development, Ministry of Health, Indonesia Instituto de Medicina Tropical Alexander von Humboldt, Universidad Peruana Cayetano Heredia, Lima, Peru				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	School of Medicine, Universidad Peruana Cayetano Heredia, Lima, Peru TB Centre, London School of Hygiene and Tropical Medicina, London, United Kingdom Department of International Health, Johns Hopkins Bloomberg School of Public HealthMD, United States FHI 360 and Duke University, Durham, NC, United States RePORT International is a global network of research sites in India, Brazil, Indonesia, South Africa, China, and the Philippines dedicated to collaborative tuberculosis research in the context of HIV. A standardized research protocol (the Common Protocol) guides the enrollment of participants with active pulmonary tuberculosis and contacts into observational cohorts. The establishment of harmonized clinical data and bio-repositories will allow cutting-edge, large-scale advances in the understanding of tuberculosis, including identification of novel biomarkers for progression to active tuberculosis and relapse after treatment. The RePORT International infrastructure aims to support research capacity development through enabling globally-diverse collaborations. To that end, representatives from the RePORT International network sites, funding agencies, and other stakeholders gathered together in Brazil in September 2017 to present updates on relevant research findings and discuss ideas for collaboration. Presenters emphasized research involving biomarker identification for incipient tuberculosis, host immunity and pharmacogenomics, co-morbidities such as HIV and type 2 diabetes mellitus, and tuberculosis transmission in vulnerable and high-risk populations. Currently, 962 active TB participants and 670 household contacts have contributed blood, sputum, urine and microbes to in-country biorepositories. Cross-consortium collaborations have begun sharing data and specimens to analyze molecular and cytokine predictive patterns. © 2018				
691.	Vanjare, H. A. and Mani, S. REPLY AJNR Am J Neuroradiol; 2018, 39 (7): E85 **Address:** Department of Radiology **Christian Medical College** Vellore, India.	**INT**	**JAN TO JUN**		**PMID:29674418** **WOS:000437283900004** **SCOPUS** **H Index:** 158 **Impact Factor:** 3.653
692.	Vanjare, H. A., Mannam, P., Mishra, A. K., Karuppusami, R., Carey, R. A. B., Abraham, A. M., Rose, W., Iyyadurai, R. and Mani, S. Brain imaging in cases with positive serology for dengue with	**INT**	**JAN TO JUN**		**WOS:000429745500016** **SCOPUS** **H Index:** 158

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	neurologic symptoms: A clinicoradiologic correlation American Journal of Neuroradiology; 2018, 39 (4): 699-703 BACKGROUND AND PURPOSE: Dengue is a common arboviral disease, which uncommonly involves the brain. There has been a recent surge in dengue cases and dengue-related deaths in tropical countries. The aim of this study was to describe brain imaging findings in patients with dengue infection having neurologic symptoms. MATERIALS AND METHODS: Thirty-five patients with positive serology for dengue with CNS symptoms undergoing imaging of the brain were included in the study. Clinical, laboratory, and imaging parameters were assessed and correlated to poor outcome. RESULTS: A Glasgow Coma Scale score of ≤12 at presentation, clinical classification of severe-type dengue, and the presence of acute renal failure were associated with poor outcome. Imaging parameters associated with poor outcome were involvement of the thalami and cerebellar peduncles and the presence of diffusion restriction and hemorrhagic foci in the brain parenchyma. CONCLUSIONS: Although not specific, dengue infection has imaging findings that can be used to narrow down the differential list and help in prognostication. © 2018 American Society of Neuroradiology. All rights reserved.				**Impact Factor:** 3.653
693.	Vanlalhruaii, Dasgupta, R., Ramachandran, R., Mathews, J. E., Regi, A., Thomas, N., Gupta, V., Visalakshi, P., Asha, H. S. and Paul, T. How safe is metformin when initiated in early pregnancy? A retrospective 5-year study of pregnant women with gestational diabetes mellitus from India Diabetes Res Clin Pract; 2018, 137 47-55 **Address:** Department of Endocrinology, Diabetes and Metabolism, **Christian Medical College** (CMC) Vellore, India. Department of Endocrinology, Diabetes and Metabolism, **Christian Medical College** (CMC) Vellore, India. Electronic **Address:** riddhi_dg@rediffmail.com. Department of Obstetrics and Gynecology, **Christian Medical College** (CMC) Vellore, India. Department of Neonatology, **Christian Medical College** (CMC) Vellore, India. Department of Statistics, **Christian Medical College** (CMC) Vellore, India. BACKGROUND: The initiation of metformin in early pregnancy in Gestational Diabetes mellitus (GDM) remains controversial. The aim of our study was to assess the influence of Metformin on maternal	**INT**	**JAN TO JUN**		**PMID:29325773** **WOS:000429901700006** **SCOPUS** **H Index:** 95 **Impact Factor:** 2.548

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	and fetal outcomes when initiated within the first trimester of pregnancy in GDM. METHODS AND MATERIALS: A retrospective analysis of 540 women with diabetes complicating pregnancy (IADPSG criteria) over five years (January 2011 to May 2016) was done. The study population comprised of patients initiated on (a) metformin within the first trimester (Group A:n=186), (b) metformin after the first trimester (Group B:n=203) and (c) insulin at any time during their pregnancy (Group C:n=151). The primary outcomes compared were prematurity, respiratory distress, birth trauma, 5-min APGAR score, neonatal hypoglycaemia and need for phototherapy, while secondary outcomes compared were neonatal anthropometric measurements, maternal glycemic control, maternal hypertensive complications, postpartum glucose tolerance. RESULTS: Individual and composite primary or secondary outcomes in group A were similar to Groups B and C, though numerically higher premature births were seen in Group A. There was a 1.3% overall incidence of stillbirths/IUD, while 1.11% congenital anomalies were noted of which 2.15% were in group A and 1.32% were in Group C (p=.16). CONCLUSIONS: The initiation of metformin within the first trimester of pregnancy has no significant adverse maternal or fetal outcomes. However, vigilance for premature births is recommended in women exposed to metformin in early pregnancy.				
694.	Varghese, A. P., Prasad, J. and Jacob, K. S. Mild cognitive impairment and dementia in older patients attending a general hospital in south India: DSM-5 standards and correlates Int Psychogeriatr; 2018, 1-6 **Address:** Department of Psychiatry,**Christian Medical College,Vellore**,Tamil Nadu,India. Department of Community Health,**Christian Medical College,Vellore**,Tamil Nadu,India. ABSTRACTBackground and Aims:The changes in DSM-5 diagnostic criteria for dementia (Major neurocognitive disorder (NCD)) and mild cognitive impairment (mild NCD) mandate a re-evaluation of screening instruments. This study attempted to validate screening instruments, identify optimum threshold, and describe their indices of efficacy. METHOD: Consecutive people above the age of 65 years attending the outpatient department of a general hospital were recruited. They were assessed using the Mini-Mental State Examination and the Vellore Screening Instruments for Dementia and were evaluated against the DSM-5 standard. Bivariate and	**INT**	**JAN TO JUN**		**PMID:29798738** **SCOPUS** **H Index:** 78 **Impact Factor:** 2.261

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	multivariate statistics were obtained. Receiver-operating-characteristic curves were drawn, optimum thresholds obtained, sensitivity, specificity, and predictive values calculated. RESULTS: One hundred and thirty four older people were recruited. The majority were women, married, with low levels of education, not employed, living with family, and had medical co-morbidity. A minority satisfied DSM-5 criteria for major (1.5%) and mild NCD (36.5%). The factors associated with NCD were older age, fewer years of education, and lower socio-economic status. MMSE, VSID patient, and VSID informant scores were significantly associated with NCD. The indices of efficacy for the MMSE and VSID patient version were modest for identifying Mild NCD. However, their performance in identifying major NCD was better. Nevertheless, optimal thresholds for recognition differed markedly from their originally recommended cut-offs. CONCLUSIONS: The DSM-5 standards, with new and different cognitive domains, mandate a revaluation and recalibration of existing screening instruments. Ideally, new screening instruments, which match the cognitive domains and DSM-5 standard should be developed.				
695.	Varghese, A., Livingstone, R. S., Varghese, L., Dey, S., Jose, J., Thomson, V. S., George, O. K. and George, P. V. Radiation dose from percutaneous transluminal coronary angioplasty procedure performed using a flat detector for different clinical angiographic projections J Radiol Prot; 2018, 38 (2): 511-524 **Address:** Department of Radiology, **Christian Medical College and Hospital, Vellore** 632004, Tamil Nadu, South India. The radiation dose from complex cardiac procedures is of concern due to the lengthy fluoroscopic screening time and vessel complexities. This study intends to assess radiation dose based on angiographic projection and vessel complexities for clinical protocols used in the performance of percutaneous transluminal coronary angioplasty (PTCA). Dose-area product (DAP), reference air kerma (K a,r) and real-time monitoring of tube potentials and tube current for each angiographic projection and dose setting were evaluated for 66 patients who underwent PTCA using a flat detector system. The mean DAP and cumulative K a,r were 32.71 Gy cm(2) (0.57 Gy), 51.24 Gy cm(2) (0.9 Gy) and 102.03 Gy cm(2) (1.77 Gy) for single-, double- and triple-vessel PTCA, respectively. Among commonly used angiographic projections, left anterior oblique 45 degrees -caudal 35 degrees reached 2 Gy in 55 min using a	**INT**	**JAN TO JUN**		**PMID:29380743** **WOS:000427382700003** **SCOPUS** **H Index:** 37 **Impact Factor:** 1.274

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	low-dose fluoroscopy setting and 21 min for a medium-dose setting. Use of a low-dose setting for fluoroscopic screening showed a radiation dose reduction of 39% compared with a medium-dose setting.				
696.	Varghese, G. Feasibility and Efficacy of Using Hem-o-lok Polymeric Clips in Appendicular Stump Closure in Laparoscopic Appendectomy Cureus; 2018, 10 (6): e2871 **Address:** Surgery, **Christian Medical College, Vellore,** IND. Laparoscopic appendectomy is becoming the gold standard for the management of acute appendicitis. Appendicular stump closure is a critical step in this procedure, and several methods have been used to secure the appendicular stump during laparoscopic appendectomy. We highlight the feasibility and efficacy of 'Hem-o-lok' polymeric clips in securing the base of the appendix. We selected 20 consecutive patients who underwent laparoscopic appendectomy using a single or double 'Hem-o-lok' clip to secure the base of the appendix for acute appendicitis from October 2011 to August 2013. Thirteen study participants were men, and seven were women. There were no instances of clip slippage, obstruction due to adhesion to the clip or postoperative collections. Laparoscopic appendectomy using polymeric 'Hem-o-lok' clips to secure the base of the appendix is a feasible and efficacious option.	**INT**	**JAN TO JUN**		**PMID:30148023** **PMC ID:6107325** **H Index:** NA **Impact Factor:** NA
697.	Varghese, G. M., Rajagopal, V. M., Trowbridge, P., Purushothaman, D. and Martin, S. J. Kinetics of IgM and IgG antibodies after scrub typhus infection and the clinical implications Int J Infect Dis; 2018, 71 53-55 **Address:** Department of Infectious Diseases, **Christian Medical College, Vellore**632004, Tamil Nadu, India. Electronic **Address:** georgemvarghese@hotmail.com. Department of Infectious Diseases, **Christian Medical College, Vellore**632004, Tamil Nadu, India. OBJECTIVES: The serological detection of IgM antibodies is the most widely used test to diagnose scrub typhus infection. However, the kinetics of IgM and IgG antibodies post-infection remain elusive, which could contribute to false positivity. The objective of this study was to document the nature of the evolution of these antibody titres after infection. METHODS: Adult patients previously confirmed to have scrub typhus by IgM ELISA, positive PCR, or both, were	**INT**	**JAN TO JUN**		**PMID:29653201** **PMC ID:5985369** **WOS:000434306300011** **SCOPUS** **H Index:** 70 **Impact Factor:** 3.202

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	included in this cross-sectional study. The levels of IgM and IgG antibodies in serum samples were tested using an ELISA and the distribution curve was plotted. RESULTS: Two hundred and three patients were included in this study. Post-infection serum sampling was done between 1 month and 46 months after documented infection. IgM levels declined gradually but remained elevated above the diagnostic cut-off for up to 12 months post-infection. However, IgG levels continued to rise reaching a peak at 10 months, followed by a gradual decline over several months. In the majority of cases, the IgG levels remained above the cut-off threshold for more than 36 months. CONCLUSIONS: Clinicians need to be cautious in using a single serum sample for the detection of IgM to diagnose scrub typhus, as it remains elevated for up to 12 months after the infection, whereas the serum IgG level could be used as an indicator of past infection.				
698.	Varghese, J., James, J., Vaulont, S., Mckie, A. and Jacob, M. Increased intracellular iron in mouse primary hepatocytes in vitro causes activation of the Akt pathway but decreases its response to insulin Biochim Biophys Acta Gen Subj; 2018, 1862 (9): 1870-1882 **Address:** Department of Biochemistry, **Christian Medical College, Vellore**632002, India(1). Electronic **Address:** joevarghese@cmcvellore.ac.in. Department of Biochemistry, **Christian Medical College, Vellore**632002, India(1). INSERM U1016, Paris, France. Diabetes and Nutritional Sciences Division, School of Medicine, King's College, London, UK. BACKGROUND: An iron-overloaded state has been reported to be associated with insulin resistance. On the other hand, conditions such as classical hemochromatosis (where iron overload occurs primarily in the liver) have been reported to be associated with increased insulin sensitivity. The reasons for these contradictory findings are unclear. In this context, the effects of increased intracellular iron per se on insulin signaling in hepatocytes are not known. METHODS: Mouse primary hepatocytes were loaded with iron in vitro by incubation with ferric ammonium citrate (FAC). Intracellular events related to insulin signaling, as well as changes in gene expression and hepatocyte glucose production (HGP), were studied in the presence and absence of insulin and/or forskolin (a glucagon mimetic). RESULTS: In vitro iron-loading of hepatocytes	**INT**	**JUL TO DEC**	**BIOCHEMISTRY**	**PMID:29859963** **PMC ID:6029669** **WOS:000440389800004** **SCOPUS** **H Index:** 135 **Impact Factor:** 3.679

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	resulted in phosphorylation-mediated activation of Akt and AMP-activated protein kinase. This was associated with decreased basal and forskolin-stimulated HGP. Iron attenuated forskolin-mediated induction of the key gluconeogenic enzyme, glucose-6-phosphatase. It also attenuated activation of the Akt pathway in response to insulin, which was associated with decreased protein levels of insulin receptor substrates 1 and 2, constituting insulin resistance. CONCLUSIONS: Increased intracellular iron has dual effects on insulin sensitivity in hepatocytes. It increased basal activation of the Akt pathway, but decreased activation of this pathway in response to insulin. GENERAL SIGNIFICANCE: These findings may help explain why both insulin resistance and increased sensitivity have been observed in iron-overloaded states. They are of relevance to a variety of disease conditions characterized by hepatic iron overload and increased risk of diabetes.				
699.	Varghese, L., Mathews, S. S., Antony Jude Prakash, J. and Rupa, V. Deep head and neck infections: outcome following empirical therapy with early generation antibiotics Trop Doct; 2018, 48 (3): 179-182 **Address:** 1 Associate Professor, Department of Otorhinolaryngology, **Christian Medical College, Vellore**. 2 Professor, Department of Otorhinolaryngology, **Christian Medical College, Vellore**. 3 Professor, Department of Microbiology, **Christian Medical College, Vellore**. 4 Professor, Department of Otorhinolaryngology, **Christian Medical College, Vellore**. In order to study the bacteriological profile, antibiotic sensitivity and outcome following empirical therapy with early generation antibiotics in patients with deep head and neck infection, a retrospective review of 42 patients admitted for drainage and intravenous antibiotic therapy was performed. Ludwig's angina was the commonest infection, with the most common organisms isolated being Group F ss-haemolytic (15%) and non-haemolytic (12.5%) streptococcus. All streptococci and anaerobic gram-positive cocci were susceptible to penicillin. S. aureus isolates were oxacillin-sensitive and enterococcus isolates were ampicillin-sensitive. All 42 patients received empirical therapy with either intravenous penicillin or its derivatives. In only three patients was a change of antibiotic required based on culture and sensitivity	**INT**	**JAN TO JUN**	**OTORHINOLARYNGOLOGY, MICROBIOLOGY**	**PMID:29759037** **WOS:000438672900002** **SCOPUS** **H Index:** 30 **Impact Factor:** 0.660 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	results. Early generation antibiotics appear ideal as empirical therapy for deep head and neck infection.				
700.	Varghese, L., Mukhopadhyay, S., Mehan, R., Kurien, R., Thomas, M. and Rupa, V. Sinonasal organising haematoma - a little known entity Braz J Otorhinolaryngol; 2018, **Address:Christian Medical College,** Department of Otorhinolaryngology, Vellore, India. Electronic **Address:** laleevarghese@yahoo.co.in. **Christian Medical College,** Department of Pathology, Vellore, India. **Christian Medical College,** Department of Otorhinolaryngology, Vellore, India. INTRODUCTION: Sinonasal organising haematoma is a recently described, rare, benign inflammatory condition, which closely resembles malignancy in its clinical presentation. OBJECTIVE: To describe the clinical features of organising haematoma and to review the evolution of surgical options successfully used. METHODS: A retrospective review of charts of all patients with a histopathological diagnosis of sinonasal organising haematoma was performed. RESULTS: Six (60%) of the 10 patients were male with a mean age of 47.4 years. All patients had unilateral disease with recurrent epistaxis as the presenting symptom. Maxillary sinus was the most commonly involved sinus. There was no history of trauma in any of the patients. Hypertension (80%) was the most commonly associated comorbidity. Contrast-enhanced CT scan of the paranasal sinuses showed heterogeneous sinus opacification with/without bone erosion. Histopathological examination was diagnostic. Complete endoscopic excision was done in all patients resulting in resolution of the disease. CONCLUSION: Awareness of this relatively new clinical entity and its evaluation and treatment is important for otolaryngologists, maxillofacial surgeons and pathologists alike. Despite the clinical picture of malignancy, histopathological features of benign disease can safely dispel such a diagnosis.	**INT**	**JUL TO DEC**	**OTORHINOLARYNGOLOGY, PATHOLOGY**	**PMID:30060926** **H Index:** NA **Impact Factor:** 1.412
701.	Varghese, S. S., Goudar, G., Abraham, S., Peace, T., Singh, R. R. and Backianathan, S. A dosimetric comparison of linac-based stereotactic fractionated radiotherapy techniques for pituitary adenoma and craniopharyngioma	**INT**	**JAN TO JUN**	**RADIOTHERAPY**	**SCOPUS** **H Index:** 12 **Impact Factor:** 0.130 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Journal of Radiotherapy in Practice; 2018, 17 (3): 313-318 **Address:Christian Medical College** and Hospital Vellore, Vellore, Tamil Nadu, 632004, India Aim To compare the dosimetric outcomes of linear accelerator-based stereotactic radiotherapy (SRT) techniques - static conformal field (SCF), static conformal arc (SCA) and dynamic conformal arc (DCA), for treating pituitary adenoma and craniopharyngioma.Materials and methods Computer image sets of 20 patients with pituitary adenoma or craniopharyngioma and treated with post-operative SRT were selected for this study. For each dataset, three SRT plans, with SCF, SCA and DCA techniques were generated using Brain LAB, iPlan RT V.4.5.3, TPS software. The conformity index (CI), homogeneity index (HI), quality of coverage of the target, dose-volume histograms for the target and organs at risk (OARs) and the time taken to deliver treatment was compared across three sets of plan.Results There were 12 patients with pituitary adenoma and eight with craniopharyngioma. The CI and HI were comparable across three techniques. The quality of coverage was superior in DCA technique. OARs were better spared in SCF and DCA techniques. Time taken to deliver treatment was least in SCF technique.Conclusions The linac-based SRT techniques SCF, SCA and DCA are efficient in delivering highly conformal and homogenous dose to the target in pituitary adenoma and craniopharyngioma. Among these three techniques, SCF and DCA had acceptable quality of coverage. The dose received by OARs was least in the SCF technique. © Cambridge University Press 2018.				
702.	Varghese, Sunitha Fatehpur – transformation through community health work Current Medical Issues; 2018, 16 (3): 105-109	**NAT**	**JUL TO DEC**	**COMMUNITY MEDICINE**	**NOT INDEXED IN PUBMED** **H Index:** NA **Impact Factor:** NA
703.	Varghese, V., Krishnan, V. and Kumar, G. S. Evaluating Pedicle-Screw Instrumentation Using Decision-Tree Analysis Based on Pullout Strength Asian Spine J; 2018, 12 (4): 611-621 Address: Division of Biomedical Devices and Technology, Department of Biotechnology, Indian Institute of Technology Madras, Chennai, India. Spinal Disorder Surgery Unit, Department of Orthopedics, **Christian Medical College, Vellore**, India. Department of Engineering Design, Indian Institute of Technology Madras, Chennai, India.	**INT**	**JAN TO JUN**	**SPINE DISORDER SURGERY, ORTHOPAEDICS**	**PMID:30060368** **PMC ID:6068417** **KJD:ART002374002** **H Index:** 15 **Impact Factor:** 0.820 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	STUDY DESIGN: A biomechanical study of pedicle-screw pullout strength. PURPOSE: To develop a decision tree based on pullout strength for evaluating pedicle-screw instrumentation. OVERVIEW OF LITERATURE: Clinically, a surgeon's understanding of the holding power of a pedicle screw is based on perioperative intuition (which is like insertion torque) while inserting the screw. This is a subjective feeling that depends on the skill and experience of the surgeon. With the advent of robotic surgery, there is an urgent need for the creation of a patient-specific surgical planning system. A learning-based predictive model is needed to understand the sensitivity of pedicle-screw holding power to various factors. METHODS: Pullout studies were carried out on rigid polyurethane foam, representing extremely osteoporotic to normal bone for different insertion depths and angles of a pedicle screw. The results of these experimental studies were used to build a pullout-strength predictor and a decision tree using a machine-learning approach. RESULTS: Based on analysis of variance, it was found that all the factors under study had a significant effect (p <0.05) on the holding power of a pedicle screw. Of the various machine-learning techniques, the random forest regression model performed well in predicting the pullout strength and in creating a decision tree. Performance was evaluated, and a correlation coefficient of 0.99 was obtained between the observed and predicted values. The mean and standard deviation of the normalized predicted pullout strength for the confirmation experiment using the current model was 1.01+/-0.04. CONCLUSIONS: The random forest regression model was used to build a pullout-strength predictor and decision tree. The model was able to predict the holding power of a pedicle screw for any combination of density, insertion depth, and insertion angle for the chosen range. The decision-tree model can be applied in patient-specific surgical planning and a decision-support system for spine-fusion surgery.				
704.	Varghese, V., Krishnan, V. and Saravana Kumar, G. Testing Pullout Strength of Pedicle Screw Using Synthetic Bone Models: Is a Bilayer Foam Model a Better Representation of Vertebra? Asian Spine J; 2018, 12 (3): 398-406 **Address:** Division of Biomedical Devices and Technology, Department of Biotechnology, Indian Institute of Technology Madras, Chennai, India. Spinal Disorder Surgery Unit, Department of Orthopedics,	**INT**	**JAN TO JUN**	**SPINE DISORDER SURGERY, ORTHOPAEDICS**	**PMID:29879765** **PMC ID:6002167** **SCOPUS** **H Index:** 15 **Impact Factor:** 0.820 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Christian Medical College, Vellore, India. Department of Engineering Design, Indian Institute of Technology Madras, Chennai, India. STUDY DESIGN: A biomechanical study. PURPOSE: A new biomechanical model of the vertebra has been developed that accounts for the inhomogeneity of bone and the contribution of the pedicle toward the holding strength of a pedicle screw. OVERVIEW OF LITERATURE: Pullout strength studies are typically carried out on rigid polyurethane foams that represent the homogeneous vertebral framework of the spine. However, the contribution of the pedicle region, which contributes to the inhomogeneity in this framework, has not been considered in previous investigations. Therefore, we propose a new biomechanical model that can account for the vertebral inhomogeneity, especially the contribution of the pedicles toward the pullout strength of the pedicle screw. METHODS: A bilayer foam model was developed by joining two foams representing the pedicle and the vertebra. The results of the pullout strength tests performed on the foam models were compared with those from the tests performed on the cadaver lumbar vertebra. RESULTS: Significant differences ($p < 0.05$) were observed between the pullout strength of the pedicle screw in extremely osteoporotic (0.18+/-0.11 kN), osteoporotic (0.37+/-0.14 kN), and normal (0.97+/-0.4 kN) cadaver vertebra. In the monolayer model, significant differences ($p < 0.05$) were observed in pullout strength between extremely osteoporotic (0.3+/-0.02 kN), osteoporotic (0.65+/-0.12 kN), and normal (0.99+/-0.04 kN) bone model. However, the bilayer foam model exhibited no significant differences ($p > 0.05$) in the pullout strength of pedicle screws between osteoporotic (0.85+/-0.08 kN) and extremely osteoporotic bone models (0.94+/-0.08 kN), but there was a significant difference ($p < 0.05$) between osteoporotic (0.94+/-0.08 kN) and normal bone models (1.19+/-0.05 kN). There were no significant differences ($p > 0.05$) in pullout strength between cadaver and bilayer foam model in normal bones. CONCLUSIONS: The new synthetic bone model that reflects the contribution of the pedicles to the pullout strength of the pedicle screws could provide a more efficacious means of testing pedicle-screw pullout strength. The bilayer model can match the pullout strength value of normal lumbar vertebra bone whereas the monolayer foam model was able to match that of the extremely osteoporotic lumbar vertebra.				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
705.	Varughese, S. and Abraham, G. Chronic Kidney Disease in India: A Clarion Call for Change Clin J Am Soc Nephrol; 2018, 13 (5): 802-804 **Address:** Nephrology, **Christian Medical College, Vellore,** Tamil Nadu, India; santosh@cmcvellore.ac.in. Nephrology, Madras Medical Mission, Chennai, Tamil Nadu, India; and. Nephrology, Pondicherry Institute of Medical Sciences, Pondicherry, Puducherry, India.	**INT**	**JUL TO DEC**	**NEPHROLOGY**	**PMID:29382651** **PMC ID:5969474** **WOS:000432174800024** **SCOPUS** **H Index:** 122 **Impact Factor:** 5.835
706.	Vasan, S. K., Roy, A., Samuel, V. T., Antonisamy, B., Bhargava, S. K., Alex, A. G., Singh, B., Osmond, C., Geethanjali, F. S., Karpe, F., Sachdev, H., Agrawal, K., Ramakrishnan, L., Tandon, N., Thomas, N., Premkumar, P. S., Asaithambi, P., Princy, S. F. X., Sinha, S., Paul, T. V., Prabhakaran, D. and Fall, C. H. D. IndEcho study: cohort study investigating birth size, childhood growth and young adult cardiovascular risk factors as predictors of midlife myocardial structure and function in South Asians BMJ Open; 2018, 8 (4): e019675 **Address:** MRC Lifecourse Epidemiology Unit, University of Southampton, Southampton General Hospital, Southampton, UK. Oxford Center for Diabetes, Endocrinology and Metabolism, Radcliffe Department of Medicine, University of Oxford, Oxford, UK. Centre for Chronic Disease Control, New Delhi, India. Department of Cardiology, All-India Institute of Medical Sciences, New Delhi, India. Departments of Cardiology, Biostatistics, Endocrinology and Clinical Biochemistry, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Paediatrics, Sunder Lal Jain Hospital, New Delhi, India. Department of Paediatrics, Sitaram Bhartia Institute of Science and Research, New Delhi, India. Public Health Foundation of India, New Delhi, India. INTRODUCTION: South Asians have high rates of cardiovascular disease (CVD) and its risk factors (hypertension, diabetes, dyslipidaemia and central obesity). Left ventricular (LV) hypertrophy and dysfunction are features of these disorders and important predictors of CVD mortality. Lower birth and infant weight and greater childhood weight gain are associated with increased adult CVD mortality, but there are few data on their relationship to LV function. The IndEcho study will examine associations of birth	**INT**	**JAN TO JUN**	**ENDOCRINOLOGY, BIOCHEMISTRY, CARDIOLOGY**	**PMID:29643156** **PMC ID:5898335** **WOS:000435176700084** **H Index:** 57 **Impact Factor:** 2.413

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	size, growth during infancy, childhood and adolescence and CVD risk factors in young adulthood with midlife cardiac structure and function in South Asian Indians. METHODS AND ANALYSIS: We propose to study approximately 3000 men and women aged 43-50 years from two birth cohorts established in 1969-1973: the New Delhi Birth Cohort (n=1508) and Vellore Birth Cohort (n=2156). They had serial measurements of weight and height from birth to early adulthood. CVD risk markers (body composition, blood pressure, glucose tolerance and lipids) and lifestyle characteristics (tobacco and alcohol consumption, physical activity, socioeconomic status) were assessed at age ~30 years. Clinical measurements in IndEcho will include anthropometry, blood pressure, biochemistry (glucose, fasting insulin and lipids, urinary albumin/creatinine ratio) and body composition by dual energy X-ray absorptiometry and bioelectrical impedance. Outcomes are LV mass and indices of LV systolic and diastolic function assessed by two-dimensional and Doppler echocardiography, carotid intimal-media thickness and ECG indicators of ischaemia. Regression and conditional growth models, adjusted for potential confounders, will be used to study associations of childhood and young adult exposures with these cardiovascular outcomes. ETHICS AND DISSEMINATION: The study has been approved by the Health Ministry Steering Committee, Government of India and institutional ethics committees of participating centres in India and the University of Southampton, UK. Results will be disseminated through scientific meetings and peer-reviewed journals. TRIAL REGISTRATION NUMBER: ISRCTN13432279; Pre-results.				
707.	Vashum, S., Singh, R. R. I., Das, S., Azharuddin Ko, M. and Vasudevan, P. Quantification of DNA double-strand break induced by radiation in cervix cancer cells: In vitro study Journal of Radiotherapy in Practice; 2018, AimDNA double-strand break (DSB) results in the phosphorylation of the protein, H.2AX histone. In this study, the effect of radiotherapy and chemotherapy on DNA DSB in cervical cancer cells is analysed by the phosphorylation of the protein.MethodsThe cervical cancer cells (HeLa cells) were cultured and exposed to ionising radiation. Radiation sensitivity was measured by clonogenic survival fraction after exposing to ionising radiation. Since the phosphorylation of H.2AX declines with time, the DNA damage was quantified at different time points: 1 hour, 3 hours and 1 week after	**INT**	**JAN TO JUN**	**RADIOTHERAPY**	**SCOPUS** **H Index:** 12 **Impact Factor:** 0.130 (RG)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	exposed to the radiation. The analysis of γ-H.2AX was done by Western-blot technique. The protein expression was observed at different dose of radiation and combination of both radiation and paclitaxel.ResultsLow-dose hypersensitivity was observed. By 1 week after radiation at 0·5, 0·8 and 2 Gy, there was no expression of phosphorylated H.2AX. Previous experiments on the expression of phosphorylated H.2AX (γ-H.2AX) in terms of foci analysis was found to peak at 1 hour and subsequently decline with time. In cells treated with the DNA damaging agents, the expression of phosphorylated H.2AX decreases in a dose-dependent manner when treated with radiation alone. However, when combined with paclitaxel, at 0·5 Gy, the expression peaked and reduces at 0·8 Gy and slightly elevated at 2 Gy.FindingsIn this study, the peak phosphorylation was observed at 3 hour post irradiation indicating that DSBs are still left unrepaired. © Cambridge University Press 2018.				
708.	Veeraraghavan, B., Jesudason, M. R., Prakasah, J. A. J., Anandan, S., Sahni, R. D., Pragasam, A. K., Bakthavatchalam, Y. D., Selvakumar, R. J., Dhole, T. N., Rodrigues, C., Roy, I., Joshi, S., Chaudhuri, B. N. and Chitnis, D. S. Antimicrobial susceptibility profiles of gram-negative bacteria causing infections collected across India during 2014-2016: Study for monitoring antimicrobial resistance trend report Indian J Med Microbiol; 2018, 36 (1): 32-36 **Address:** Department of Clinical Microbiology, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of General Surgery, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Microbiology, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, Uttar Pradesh, India. Department of Microbiology, PD Hinduja Hospital and Medical Research Centre, Mumbai, Maharashtra, India. Department of Microbiology, Calcutta Medical Research Institute, Kolkata, West Bengal, India. Department of Microbiology, Manipal Hospital, Bengaluru, Karnataka, India. Department of Microbiology, Fortis Hospital, Anandapur, Kolkata, West Bengal, India. Department of Microbiology and Immunology, Choithram Hospital, Indore, Madhya Pradesh, India. Background: The emergence of antibiotic resistance among	**NAT**	**JAN TO JUN**	**CLINICAL MICROBIOLOGY, GENERAL SURGERY**	**PMID:29735823** **WOS:000431851400005** **SCOPUS** **H Index:** 40 **Impact Factor:** 1.157

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	bacterial pathogens in the hospital and community has increased the concern to the health-care providers due to the limited treatment options. Surveillance of antimicrobial resistance (AMR) in frequently isolated bacterial pathogens causing severe infections is of great importance. The data generated will be useful for the clinicians to decide empiric therapy on the local epidemiological resistance profile of the antimicrobial agents. This study aims to monitor the distribution of bacterial pathogen and their susceptibility pattern to the commonly used antimicrobial agents. Materials and Methods: This study includes Gram-negative bacilli collected from intra-abdominal, urinary tract and respiratory tract infections during 2014-2016. Isolates were collected from seven hospitals across India. All the study isolates were characterised up to species level, and minimum inhibitory concentration was determined for a wide range of antimicrobials included in the study panel. The test results were interpreted as per standard Clinical Laboratory Standards Institute guidelines. Results: A total of 2731 isolates of gram-negative bacteria were tested during study period. The most frequently isolated pathogens were 44% of Escherichia coli (n = 1205) followed by 25% of Klebsiella pneumoniae (n = 676) and 11% of Pseudomonas aeruginosa (n = 308). Among the antimicrobials tested, carbapenems were the most active, followed by amikacin and piperacillin/tazobactam. The rate of extended-spectrum beta-lactamase (ESBL)-positive isolates were ranged from 66%-77% in E. coli to 61%-72% in K. pneumoniae, respectively. Overall, colistin retains its activity in > 90% of the isolates tested and appear promising. Conclusion: Increasing rates of ESBL producers have been noted, which is alarming. Further, carbapenem resistance was also gradually increasing, which needs much attention. Overall, this study data show that carbapenems, amikacin and colistin continue to be the best agents available to treat drug-resistant infections. Thus continuous monitoring of susceptibility profile of the clinically important Gram-negative pathogens is of great importance to guide effective antimicrobial therapy.				
709.	Veeraraghavan, B., Lal, B., Devanga Ragupathi, N. K., Neeravi, I. R., Jeyaraman, R., Varghese, R., Paul, M. M., Baskaran, A. and Ranjan, R. First genome report on novel sequence types of Neisseria meningitidis: ST12777 and ST12778 Journal of Global Antimicrobial Resistance; 2018, 12 117-118	**INT**	**JAN TO JUN**	**CLINICAL MICROBIOLOGY**	**WOS:000428273500030** **SCOPUS** **H Index:** 13 **Impact Factor:** 2.022

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Objectives: Neisseria meningitidis is an important causative agent of meningitis and/or sepsis with high morbidity and mortality. Baseline genome data on N. meningitidis, especially from developing countries such as India, are lacking. This study aimed to investigate the whole genome sequences of N. meningitidis isolates from a tertiary care centre in India. Methods: Whole-genome sequencing was performed using an Ion Torrent™ Personal Genome Machine™ (PGM) with 400-bp chemistry. Data were assembled de novo using SPAdes Genome Assembler v.5.0.0.0. Sequence annotation was performed through PATRIC, RAST and the NCBI PGAAP server. Downstream analysis of the isolates was performed using the Center for Genomic Epidemiology databases for antimicrobial resistance genes and sequence types. Virulence factors and CRISPR were analysed using the PubMLST database and CRISPRFinder, respectively. Results: This study reports the whole genome shotgun sequences of eight N. meningitidis isolates from bloodstream infections. The genome data revealed two novel sequence types (ST12777 and ST12778), along with ST11, ST437 and ST6928. The virulence profile of the isolates matched their sequence types. All isolates were negative for plasmid-mediated resistance genes. Conclusions: To the best of our knowledge, this is the first report of ST11 and ST437 N. meningitidis isolates in India along with two novel sequence types (ST12777 and ST12778). These results indicate that the sequence types circulating in India are diverse and require continuous monitoring. Further studies strengthening the genome data on N. meningitidis are required to understand the prevalence, spread, exact resistance and virulence mechanisms along with serotypes. © 2017 International Society for Chemotherapy of Infection and Cancer				
710.	Veeraraghavan, B., Pragasam, A. K., Bakthavatchalam, Y. D. and Ralph, R. Typhoid fever: issues in laboratory detection, treatment options & concerns in management in developing countries Future Sci OA; 2018, 4 (6): FSO312 **Address:** Department of Clinical Microbiology, **Christian Medical College, Vellore**632004, Tamil Nadu, India. Department of Medicine, **Christian Medical College, Vellore**632004, Tamil Nadu, India. Multidrug-resistant Salmonella enterica subsp. enterica serovar Typhi (resistant to ampicillin, chloramphenicol and cotrimoxazole), was significantly reduced with the increased usage of	**INT**	**JAN TO JUN**	**CLINICAL MICROBIOLOGY, MEDICINE**	**PMID:30057789** **PMC ID:6060388** **H Index:** NA **Impact Factor:** NA

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	fluoroquinolones and azithromycin. This has led to declining multidrug resistance rates in India with increasing ciprofloxacin nonsusceptibility rates and clinical failures due to azithromycin. However, for the available agents such as ceftriaxone, azithromycin and fluoroquinolones, the dose and duration for treatment is undefined. The ongoing clinical trials for typhoid management are expected to recommend the defined dose and duration for better clinical outcome. We made an attempt to summarize the issues in laboratory detection, treatment options and responses, and the concerns in clinical practice seen in the developing countries.				
711.	Veeraraghavan, B., Pragasam, A. K., Bakthavatchalam, Y. D., Anandan, S., Ramasubramanian, V., Swaminathan, S., Gopalakrishnan, R., Soman, R., Abraham, O. C., Ohri, V. C. and Walia, K. Newer beta-Lactam/beta-Lactamase inhibitor for multidrug-resistant gram-negative infections: Challenges, implications and surveillance strategy for India Indian J Med Microbiol; 2018, 36 (3): 334-343 **Address:** Department of Clinical Microbiology, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Infectious Diseases, Apollo Hospital, Chennai, Tamil Nadu, India. Department of Infectious Diseases, Global Hospital, Chennai, Tamil Nadu, India. Department of Infectious Diseases, PD Hinduja Hospital, Mumbai, Maharashtra, India. Department of Medicine (Unit -1), **Christian Medical College, Vellore,** Tamil Nadu, India. Division of Epidemiology and Communicable Diseases, Indian Council of Medical Research, New Delhi, India. Antimicrobial resistance (AMR) is a major public health concern across the globe, and it is increasing at an alarming rate. Multiple classes of antimicrobials have been used for the treatment of infectious diseases. Rise in the AMR limits its use and hence the prerequisite for the newer agents to combat drug resistance. Among the infections caused by Gram-negative organisms, beta-lactams are one of the most commonly used agents. However, the presence of diverse beta-lactamases hinders its use for therapy. To overcome these enzymes, beta-lactamase inhibitors are being discovered. The aim of this document is to address the burden of AMR in India and interventions to fight against this battle. This	**NAT**	**JAN TO JUN**	**CLINICAL MICROBIOLOGY, MEDICINE UNIT I**	**PMID:30429384** **H Index:** 40 **Impact Factor:** 1.157

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	document addresses and summarises the following: The current scenario of AMR in India (antimicrobial susceptibility, resistance mechanisms and molecular epidemiology of common pathogens); contentious issues in the use of beta-lactam/beta-lactamase inhibitor as an carbapenem sparing agent; role of newer beta-lactam/beta-lactamase inhibitor agents with its appropriateness to Indian scenario and; the Indian Council of Medical Research interventions to combat drug resistance in terms of surveillance and infection control as a national response to AMR. This document evidences the need for improved national surveillance system and country-specific newer agents to fight against the AMR.				
712.	Veerasubramanian, P. K., Kabeerdoss, J., Sandhya, P., Devasahayam, S. and Danda, D. Design and evaluation of cryodevice, an easy to use apparatus for maintenance of optimum temperature during cryoglobulin assay International Journal of Rheumatic Diseases; 2018, 21 (1): 230-232 Introduction: Maintenance of temperature during collection and transport of blood is an important pre-requisite for cryoglobulin assays. In this manuscript, we describe 'cryodevice', a low-cost device for transportation and/or incubation of vials of whole blood at 37°C. Such a device would reduce false negatives in cryoglobulin assays. Method: The 'cryodevice' takes the embodiment of a portable, light, insulated water bath, which can be used as an incubator in a plugged-in state, or as a transport container after it is set up and disconnected from the power supply. The design of the cryodevice is described here, with focus on its construction and electronic control circuit. Computer simulations and in vitro trials were performed to study the temperature drop in the blood samples placed in the device. Subsequently, the cryodevice was also used with actual patient blood samples. Results: Thermal simulations and in vitro testing of the cryodevice predicted that the design would meet the temperature maintenance goals. When the cryodevice was put in to use for screening 45 patient blood samples, it helped identify positive cryoglobulinemia in three of the samples. Conclusion: The description of the cryodevice envisions enabling the construction of a low-cost device in resource-limited healthcare settings in India created with locally available resources. On testing, the device was found to be satisfactory in performance and is expected to bring down incidences of false negatives in cryoglobulin	**INT**	**JAN TO JUN**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY**	**WOS:000423052500037** **SCOPUS** **H Index:** 30 **Impact Factor:** 2.423

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	tests. © 2017 Asia Pacific League of Associations for Rheumatology and John Wiley & Sons Australia, Ltd				
713.	Veesa, K. S., John, K. R., Moonan, P. K., Kaliappan, S. P., Manjunath, K., Sagili, K. D., Ravichandra, C., Menon, P. A., Dolla, C., Luke, N., Munshi, K., George, K. and Minz, S. Diagnostic pathways and direct medical costs incurred by new adult pulmonary tuberculosis patients prior to anti-tuberculosis treatment - Tamil Nadu, India PLoS One; 2018, 13 (2): e0191591 **Address:** Department of Community Health, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Community Medicine, Apollo Institute of Medical Sciences, Chittoor, Andhra Pradesh, India. Division of Global HIV and Tuberculosis, United States Centers for Disease Control and Prevention, Atlanta, Georgia, United States of America. International Union against Tuberculosis and Lung Disease, The Union South-East Asia Office, New Delhi, India. National Tuberculosis Institute, Bangalore, Karnataka, India. National Institute for Research in Tuberculosis, Chennai, Tamil Nadu, India. Department of Sociology and Criminology, Population Research Institute, The Pennsylvania State University, Pennsylvania, United States of America. Department of Economics, University of Cambridge, Cambridge, United Kingdom. BACKGROUND: Tuberculosis (TB) patients face substantial delays prior to treatment initiation, and out of pocket (OOP) expenditures often surpass the economic productivity of the household. We evaluated the pre-diagnostic cost and health seeking behaviour of new adult pulmonary TB patients registered at Primary Health Centres (PHCs) in Vellore district, Tamil Nadu, India. METHODS: This descriptive study, part of a randomised controlled trial conducted in three rural Tuberculosis Units from Dec 2012 to Dec 2015, collected data on number of health facilities, dates of visits prior to the initiation of anti-tuberculosis treatment, and direct OOP medical costs associated with TB diagnosis. Logistic regression analysis examined the factors associated with delays in treatment initiation and OOP expenditures. RESULTS: Of 880 TB patients interviewed, 34.7% presented to public health facilities and 65% patients sought private health facilities as their first point of care.	**INT**	**JUL TO DEC**	**COMMUNITY HEALTH**	**PMID:29414980** **PMC ID:5802859** **WOS:000424325300034** **H Index:** 241 **Impact Factor:** 2.766

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	The average monthly individual income was $77.79 (SD 57.14). About 69% incurred some pre-treatment costs at an average of $39.74. Overall, patients experienced a median of 6 days (3-11 IQR) of time to treatment initiation and 21 days (10-30 IQR) of health systems delay. Age </= 40 years (aOR: 1.73; CI: 1.22-2.44), diabetes (aOR: 1.63; CI: 1.08-2.44) and first visit to a private health facility (aOR: 17.2; CI: 11.1-26.4) were associated with higher direct OOP medical costs, while age </= 40 years (aOR: 0.64; CI: 0.48-0.85) and first visit to private health facility (aOR: 1.79, CI: 1.34-2.39) were associated with health systems delay. CONCLUSION: The majority of rural TB patients registering at PHCs visited private health facilities first and incurred substantial direct OOP medical costs and delays prior to diagnosis and anti-tuberculosis treatment initiation. This study highlights the need for PHCs to be made as the preferred choice for first point of contact, to combat TB more efficiently.				
714.	Verghese, Valsan P., Hendson, Leonora, Singh, Ameeta, Guenette, Tamara, Gratrix, Jennifer and Robinson, Joan L. Early Childhood Neurodevelopmental Outcomes in Infants Exposed to Infectious Syphilis In Utero Pediatric Infectious Disease Journal; 2018, 37 (6): 576-579 Background: There are minimal neurodevelopmental follow-up data for infants exposed to syphilis in utero. Methods: This is an inception cohort study of infants exposed to syphilis in utero. We reviewed women with reactive syphilis serology in pregnancy or at delivery in Edmonton (Canada), 2002 through 2010 and describe the neurodevelopmental outcomes of children with and without congenital syphilis. Results: There were 39 births to women with reactive syphilis serology, 9 of whom had late latent syphilis (n = 4), stillbirths (n = 2) or early neonatal deaths (n = 3), leaving 30 survivors of which 11 with and 7 without congenital syphilis had neurodevelopmental assessment. Those with congenital syphilis were all born to women with inadequate syphilis treatment before delivery. Neurodevelopmental impairment was documented in 3 of 11 (27%) infants with congenital syphilis and one of 7 (14%) without congenital syphilis with speech language delays in 4 of 11 (36%) with congenital syphilis and 3 of 7 (42%) without congenital syphilis. Conclusions: Infants born to mothers with reactive syphilis serology during pregnancy are at high risk for neurodevelopmental impairment, whether or not they have congenital syphilis, so should all be offered neurodevelopmental assessments and early referral	**INT**	**JUL TO DEC**	**PEDIATRIC INFECTIOUS DISEASES**	**WOS:000433255600023** **H Index:** 131 **Impact Factor:** 2.305

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	for services as required.				
715.	Verma, S. Jain, Kate, M., Arora, D., Padma, V., Bhatia, R., Khurana, D., Reddy, Y. M., Gorthi, S. P., Aarondr, S., Sarma, S., Roy, J., Madhusudhan, B. K., Kumaravelu, S., Nagarjunakonda, S., Mathew, T., Huded, V., Sharma, M., Pandian, J. D. and Instruct, I. ESTABLISHMENT OF THE INDIAN STROKE CLINICAL TRIAL NETWORK (INSTRUCT) International Journal of Stroke; 2018, 13 105-105	**INT**	**JAN TO JUN**	**NEUROSURGERY**	**WOS:000448113301229** **H Index:** 52 **Impact Factor:** 3.859
716.	Vig, T., Kodiatte, T. A., Manipadam, M. T. and Aboobacker, F. N. A rare case of splenic diffuse red pulp small B-cell lymphoma (SDRPL): a review of the literature on primary splenic lymphoma with hairy cells Blood Res; 2018, 53 (1): 74-78 **Address:** Department of Pathology, **Christian Medical College and Hospital, Vellore**, India. Department of Clinical Hematology, **Christian Medical College and Hospital, Vellore**, India. **PMC ID:5898999 of interest relevant to this article were reported.**	**INT**	**JAN TO JUN**	**PATHOLOGY, CLINICAL HAEMATOLOGY**	**PMID:29662866** **PMC ID:5898999** **KJD:ART002325813** **SCOPUS** **H Index:** 14 **Impact Factor:** 0.940 (RG)
717.	Vig, T., Thomas, M., Pai, R., Tirkey, A. J. and Janakiraman, R. Primary Synovial Sarcoma arising from gingivo-buccal sulcus harbouring SS18-SSX2 positive fusion transcript: The 1st reported case in English literature J Stomatol Oral Maxillofac Surg; 2018, 119 (3): 220-223 **Address:** Department of pathology, **Christian Medical College and Hospital,** 632004 Vellore, Tamil Nadu, India. Electronic **Address:** medicovig@gmail.com. Department of pathology, **Christian Medical College and Hospital,** 632004 Vellore, Tamil Nadu, India. Electronic **Address:** Thomasmeera2@gmail.com. Molecular pathology laboratory, department of pathology, **Christian Medical College and Hospital,** 632004 Vellore, Tamil Nadu, India. Electronic **Address:** rekhapai@cmcvellore.ac.in. Head and neck surgery, **Christian Medical College and Hospital,** 632004 Vellore, Tamil Nadu, India. Electronic **Address:** ajtirkey@yahoo.com. Head and neck surgery, **Christian Medical College and Hospital,** 632004 Vellore, Tamil Nadu, India. Electronic **Address:** Rajnikanth_j@cmcvellore.ac.in. Synovial sarcoma (SS) is a mesenchymal tumour of uncertain	**INT**	**JAN TO JUN**	**PATHOLOGY, HED AND NECK SURGERY**	**PMID:29325767** **WOS:000438172700013** **SCOPUS** **H Index:** 15 **Impact Factor:** 0.387

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	histiogenesis that can show dual epithelial and mesenchymal differentiation. Thought to arise predominantly in deep soft tissue of extremities, these sarcomas have shown that they can affect a wide variety of organs and sites, however intraoral mucosal SS is rarely encountered and herein the authors present possibly the second reported case of a young lady presenting with a slow growing tumour arising in the gingivo-buccal sulcus that was reported as Synovial sarcoma on biopsy and subsequently confirmed using molecular studies, tumour demonstrating SS18-SSX2 fusion transcript. Review of the published literature revealed no documented case with molecular fusion transcript making this case the first reported case. This case also highlights the imperative role of immunohistochemistry in tandem with molecular studies to confirm the diagnosis of spindle cell tumours of oral cavity, since squamous cell carcinoma, by far remains the commonest malignancy arising in mucosa lined oral cavity.				
718.	Vijayakumar, S., S, B. A., Kanthan, K. and Veeraraghavan, B. Whole-genome shotgun sequences of seven colistin-resistant Acinetobacter baumannii isolates from bacteraemia J Glob Antimicrob Resist; 2018, 12 155-156 **Address:** Department of Clinical Microbiology, **Christian Medical College, Vellore**632 004, Tamil Nadu, India. Department of Clinical Microbiology, **Christian Medical College, Vellore**632 004, Tamil Nadu, India. Electronic **Address:** vbalaji@cmcvellore.ac.in. OBJECTIVES: Acinetobacter baumannii is a nosocomial pathogen responsible for various infections, including bloodstream infections, meningitis and ventilator-associated pneumonia. It is resistant to most antimicrobial agents, including colistin, and the development of colistin-resistant A. baumannii is of serious concern in the hospital setting. In this study, the whole-genome shotgun sequences of seven colistin-resistant A. baumannii isolates from bloodstream infections were characterised. METHODS: Colistin susceptibility testing was performed by broth microdilution. Whole genomes of all seven isolates were sequenced using an Ion Torrent PGM platform with 400-bp chemistry. RESULTS: All seven isolates were confirmed to be resistant to colistin, with minimum inhibitory concentrations (MICs) ranging from 8mug/mL to 64mug/mL. Various antimicrobial resistance genes were present. The mcr1-5 genes were absent in all seven isolates. Chromosomal mutations that could be responsible for colistin resistance were observed. Six	**INT**	**JAN TO JUN**	**CLINICAL MICROBIOLOGY**	**PMID:29410025** **WOS:000428273500039** **H Index:** 13 **Impact Factor:** 2.022

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	isolates belonged to ST848 and one isolate belonged to ST451. CONCLUSION: Increased colistin resistance among clinical isolates of A. baumannii is alarming. Several mutations that could be responsible for colistin resistance were observed in all seven isolates. However, the significant contribution of these mutations requires further confirmation. However, genome information for these colistin-resistant A. baumannii isolates will be helpful for further comparative analysis.				
719.	Vincent, B., Balasingh, T. P., Raj, J. S. L., Singh, R. R., Sebastian, T., Isiah, R., Pavamani, S. P. and Sasidharan, B. K. Standardizing Serial Exit Fluence Mapping and Implementing its Clinical use to Predict the Need for Adaptive Re-Planning in Head and Neck IMRT International Journal of Radiation Oncology Biology Physics; 2018, 102 (3): E540-E541	**INT**	**JUL TO DEC**	**RADIATION ONCOLOGY**	**PMID:WOS:000447811601528** **H Index:** 221 **Impact Factor:** 5.554
720.	Vinod, E., Boopalan, P. R. J. V. C. and Sathishkumar, S. Reserve or Resident Progenitors in Cartilage? Comparative Analysis of Chondrocytes versus Chondroprogenitors and Their Role in Cartilage Repair Cartilage; 2018, 9 (2): 171-182 Introduction: Articular cartilage is made up of hyaline tissue embodying chondrocytes, which arise from mesenchymal stromal cells (MSCs) and specialized extracellular matrix. Despite possessing resident progenitors in and around the joint primed for chondrogenesis, cartilage has limited intrinsic capacity of repair and cell turnover. Advances in isolation, culture, and characterization of these progenitors have raised the possibility for their use in cell-based cartilage repair. Chondroprogenitors (CPCs) have been classified as MSCs and have been postulated to play a vital role in injury response and are identified by their colony forming ability, proliferative potential, telomere dynamics, multipotency, and expression of stem cell markers. The combined presence of CPCs and chondrocytes within the same tissue compartments and the ability of chondrocytes to dedifferentiate and acquire stemness during culture expansion has obscured our ability to define and provide clear-cut differences between these 2 cell populations. Objective: This review aims to evaluate and summarize the available literature on CPCs in terms of their origin, growth kinetics, molecular characteristics, and differential and therapeutic potential with emphasis on their difference from daughter chondrocytes.	**INT**	**JAN TO JUN**	**ORTHOPAEDICS**	**WOS:000430790400007** **SCOPUS** **H Index:** 22 **Impact Factor:** 1.000 (RG)

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Design: For this systematic review, a comprehensive electronic search was performed on PubMed and Google Scholar using relevant terms such as chondrocytes, chondroprogenitors, and surface marker expression. Results and Conclusion: Our comparative analysis shows that there is an ill-defined distinction between CPCs and chondrocytes with respect to their cell surface expression (MSC markers and CPC-specific markers) and differentiation potential. Accumulating evidence indicates that the 2 subpopulations may be distinguished based on their growth kinetics and chondrogenic marker. © 2017, © The Author(s) 2017.				
721.	Vinod, E., Boopalan, Prjvc, Arumugam, S. and Sathishkumar, S. Creation of monosodium iodoacetate-induced model of osteoarthritis in rabbit knee joint Indian J Med Res; 2018, 147 (3): 312-314 **Address:** Department of Physiology, **Christian Medical College, Vellore,** Tamil Nadu, India. Department of Orthopaedics; Centre for Stem Cell Research, **Christian Medical College, Vellore,** Tamil Nadu, India. Division of Experimental Pathology, Biomedical Technology Wing, Sree Chitra Tirunal Institute for Medical Sciences & Technology, Thiruvananthapuram, Kerala, India.	**NAT**	**JAN TO JUN**	**PHYSIOLOGY, ORTHOPAEDICS; CENTRE FOR STEM CELL RESEARCH**	**PMID:29923522** **PMC ID:6022388** **WOS:000436501200016** **SCOPUS** **H Index:** 72 **Impact Factor:** 1.508
722.	Vinod, E., James, J. V., Sabareeswaran, A., Amirtham, S. M., Thomas, G., Sathishkumar, S., Ozbey, O. and Boopalan, P. R. J. V. C. Intraarticular injection of allogenic chondroprogenitors for treatment of osteoarthritis in rabbit knee model Journal of Clinical Orthopaedics and Trauma; 2018, Address: Department of Physiology/Centre for Stem Cell Research, **Christian Medical College, Vellore**, 632002, India Department of Biochemistry, **Christian Medical College, Vellore**, 632002, India Division of Experimental Pathology, Biomedical Technology Wing, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram, 695 012, India St. Isabel's Hospital, Mylapore, Chennai, 600004, India Department of Histology and Embryology Campus, School of Medicine, Akdeniz University, Antalya, 07070, Turkey Department of Orthopaedics/Centre for Stem Cell Research, **Christian Medical College, Vellore**, 632004, India	**INT**	**JUL TO DEC**	**PHYSIOLOGY, CENTRE FOR STEM CELL RESEARCH, BIOCHEMISTRY**	**PMC Article in Press** **H Index:** 8 **Impact Factor:** 0.350 (RG)

IMPACT FACTORS SOURCE FROM Researchgate / Bioxbio; H -INDEX – Scimago LAB

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
723.	Vitagliano, A., Di Spiezio Sardo, A., Saccone, G., Valenti, G., Sapia, F., Kamath, M. S., Blaganje, M., Andrisani, A. and Ambrosini, G. Endometrial scratch injury for women with one or more previous failed embryo transfers: a systematic review and meta-analysis of randomized controlled trials Fertil Steril; 2018, 110 (4): 687-702 e2 **Address:** Department of Women and Children's Health, Unit of Gynecology and Obstetrics, University of Padua, Padua, Italy. Electronic **Address:** amerigovitagliano.md@gmail.com. Department of Public Health, School of Medicine, University of Naples Federico II, Naples, Italy. Department of Neuroscience Reproductive Sciences and Dentistry, School of Medicine, University of Naples Federico II, Naples, Italy. Department of General Surgery and Medical Surgical Specialties, University of Catania, Catania, Italy. Reproductive Medicine Unit, **Christian Medical College Hospital, Vellore,** India. Department of Gynecology, University Medical Centre Ljubljana, Ljubljana, Slovenia. Department of Women and Children's Health, Unit of Gynecology and Obstetrics, University of Padua, Padua, Italy. OBJECTIVE: To investigate endometrial scratch injury (ESI) as an intervention to improve IVF outcome in women with a history of ET failure. DESIGN: Systematic review and meta-analysis. SETTING: Not applicable. PATIENT(S): Infertile women undergoing IVF after one or more failed ET. INTERVENTION(S): We included all randomized controlled trials of women undergoing IVF after one or more failed ET, where the intervention group received ESI and controls received placebo or no intervention. Pooled results were expressed as relative risk (RR) with a 95% confidence interval (95% CI). The review protocol was registered in PROSPERO before starting the data extraction (CRD42017082777). MAIN OUTCOME MEASURE(S): Live birth rate (LBR), clinical pregnancy rate (PR), multiple PR, miscarriage rate, ectopic pregnancy (EP) PR. RESULT(S): Ten studies were included (1,468 participants). The intervention group showed higher LBR (RR 1.38, 95% CI 1.05-1.80) and clinical PR (RR 1.34, 95% CI 1.07-1.67) in comparison to controls, without difference in terms of multiple PR, miscarriage rate, and EP PR. Double luteal ESI with pipelle was associated with the greatest effect on LBR (RR 1.54, 95% CI 1.10-2.16) and clinical PR (RR 1.30, 95% CI 1.03-1.65). The ESI was beneficial for patients with two or more previous ET failure, but not for women with a	**INT**	**JUL TO DEC**	**REPRODUCTIVE MEDICINE UNIT**	**PMID:30196966** **WOS:000444001300030** **SCOPUS** **H Index:** 182 **Impact Factor:** 4.803

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	single previous failed ET. No effect was found in women undergoing frozen-thawed ET cycles. CONCLUSION(S): The ESI may improve IVF success in patients with two or more previous ET failures undergoing fresh ET. The ESI timing and technique seem to play a crucial role in determining its effect on embryo implantation.				
724.	Vyasam, S. P., Abiramalatha, T., Hema, N. S. and Thomas, N. Cytomegalovirus Enterocolitis in a Term Neonate Indian Pediatr; 2018, 55 (2): 163-164 **Address:** Departments of Neonatology, **Christian Medical College, Vellore,** Tamil Nadu, India. Departments of Pediatrics, **Christian Medical College, Vellore,** Tamil Nadu, India. Departments of Neonatology, **Christian Medical College, Vellore,** Tamil Nadu, India. Correspondence to: Prof. Niranjan Thomas, Department of Neonatology, 3rd floor, ISSCC Building, CMC, Vellore, Tamil Nadu, India. niranjan@cmcvellore.ac.in. BACKGROUND: Cytomegalovirus (CMV) enterocolitis is rare in term neonates. CASE CHARACTERISTICS: A term newborn with persistent pneumonia from birth developed enterocolitis on day 18 of life. OUTCOME: Polymerase chain reaction (PCR) for CMV DNA was positive in urine sample. Antiviral therapy for six weeks resulted in successful treatment without any stricture formation. MESSAGE: CMV enterocolitis should be considered as a differential diagnosis in atypical cases of necrotizing enterocolitis in neonates.	**NAT**	**JAN TO JUN**	**NEONATOLOGY, PEDIATRICS**	**PMID:29503274** **WOS:000433049500016** **SCOPUS** **H Index:** 43 **Impact Factor:** 1.145
725.	White, A. C., Coyle, C. M., Rajshekhar, V., Singh, G., Hauser, W. A., Mohanty, A., Garcia, H. H. and Nash, T. E. Diagnosis and Treatment of Neurocysticercosis: 2017 Clinical Practice Guidelines by the Infectious Diseases Society of America (IDSA) and the American Society of Tropical Medicine and Hygiene (ASTMH) Am J Trop Med Hyg; 2018, 98 (4): 945-966 **Address:** University of Texas Medical Branch, Galveston, Texas. Albert Einstein College of Medicine, Bronx, New York. **Christian Medical College, Vellore,** India. Dayanand Medical College, Ludhiana, India. Columbia University, New York, New York. Universidad Peruana Cayetano Heredia, Lima, Peru. Instituto Nacional de Ciencias Neurologicas, Lima, Peru. National Institutes of Health, Bethesda, Maryland.	**INT**	**JUL TO DEC**	**NEUROSURGERY**	**PMID:29644966** **PMC ID:5928844** **WOS:000430958200004** **H Index:** 132 **Impact Factor:** 2.564

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
726.	White, A. C., Jr., Coyle, C. M., Rajshekhar, V., Singh, G., Hauser, W. A., Mohanty, A., Garcia, H. H. and Nash, T. E. Reply to Garg et al, Smith et al, and Persichino and Miller Clin Infect Dis; 2018, 67 (11): 1798 **Address:** University of Texas Medical Branch, Galveston. Albert Einstein College of Medicine, Bronx, New York. **Christian Medical College, Vellore**. Dayanand Medical College, Ludhiana, India. Columbia University, New York, New York. Instituto Nacional de Ciencias Neurologicas and Universidad Peruana Cayetano Heredia, Lima, Peru. National Institutes of Health, Bethesda, Maryland.	**INT**	**JUL TO DEC**	**NEUROSURGERY**	**PMID:29790917** **H Index:** 288 **Impact Factor:** 9.117
727.	White, A. C., Jr., Coyle, C. M., Rajshekhar, V., Singh, G., Hauser, W. A., Mohanty, A., Garcia, H. H. and Nash, T. E. Diagnosis and Treatment of Neurocysticercosis: 2017 Clinical Practice Guidelines by the Infectious Diseases Society of America (IDSA) and the American Society of Tropical Medicine and Hygiene (ASTMH) Clin Infect Dis; 2018, 66 (8): 1159-1163 **Address:** University of Texas Medical Branch, Galveston. Albert Einstein College of Medicine, Bronx, New York. **Christian Medical College, Vellore,** India. Dayanand Medical College, Ludhiana, India. Columbia University, New York, New York. Instituto Nacional de Ciencias Neurologicas and Universidad Peruana Cayetano Heredia, Lima, Peru. National Institutes of Health, Bethesda, Maryland.	**INT**	**JUL TO DEC**	**NEUROSURGERY**	**PMID:29617787** **PMC ID:5889044** **WOS:000429441600009** **H Index:** 288 **Impact Factor:** 9.117
728.	White, A. C., Jr., Coyle, C. M., Rajshekhar, V., Singh, G., Hauser, W. A., Mohanty, A., Garcia, H. H. and Nash, T. E. Diagnosis and Treatment of Neurocysticercosis: 2017 Clinical Practice Guidelines by the Infectious Diseases Society of America (IDSA) and the American Society of Tropical Medicine and Hygiene (ASTMH) Clin Infect Dis; 2018, 66 (8): e49-e75 **Address:** University of Texas Medical Branch, Galveston. Albert Einstein College of Medicine, Bronx, New York. **Christian Medical College, Vellore,** India. Dayanand Medical College, Ludhiana, India. Columbia University, New York, New York. Instituto Nacional de Ciencias Neurologicas and Universidad	**INT**	**JUL TO DEC**	**NEUROSURGERY**	**PMID:29481580** **WOS:000429441600008** **H Index:** 288 **Impact Factor:** 9.117

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Peruana Cayetano Heredia, Lima, Peru. National Institutes of Health, Bethesda, Maryland.				
729.	White, A. Clinton, Jr., Coyle, Christina M., Rajshekhar, Vedantam, Singh, Gagandeep, Hauser, W. Allen, Mohanty, Aaron, Garcia, Hector H. and Nash, Theodore E. Pregnancy Screening and Monitoring of Albendazole Therapy for Neurocysticercosis Reply Clinical Infectious Diseases; 2018, 67 (11): 1798-1798	**INT**	**JUL TO DEC**	**INFECTIOUS DISEASES**	**PMID:WOS:000453367200026** **H Index:** 288 **Impact Factor:** 9.117
730.	Wilkinson, J., Bhattacharya, S., Duffy, J., Kamath, M. S., Marjoribanks, J., Repping, S., Vail, A., Van Wely, M. and Farquhar, C. M. Reproductive medicine: still more ART than science? BJOG; 2018, **Address:** Centre for Biostatistics, University of Manchester, Manchester, UK. College of Biomedical and Life Sciences, Cardiff University School of Medicine, Cardiff, UK. Primary Care Health Sciences, University of Oxford, Oxford, UK. Balliol College, University of Oxford, Oxford, UK. Reproductive Medicine Unit, **Christian Medical College, Vellore,** India. Cochrane Gynecology and Fertility Group, University of Auckland, Auckland, New Zealand. Centre for Reproductive Medicine, Academic Medical Centre, University of Amsterdam, Amsterdam, the Netherlands.	**INT**	**JAN TO JUN**	**REPRODUCTIVE MEDICINE UNIT**	**PMID:30009579** **WOS:000426841200005** **H Index:** 143 **Impact Factor:** 4.876
731.	Wood, W. A., Brazauskas, R., Hu, Z. H., Abdel-Azim, H., Ahmed, I. A., Aljurf, M., Badawy, S., Beitinjaneh, A., George, B., Buchbinder, D., Cerny, J., Dedeken, L., Diaz, M. A., Freytes, C. O., Ganguly, S., Gergis, U., Almaguer, D. G., Gupta, A., Hale, G., Hashmi, S. K., Inamoto, Y., Kamble, R. T., Adekola, K., Kindwall-Keller, T., Knight, J., Kumar, L., Kuwatsuka, Y., Law, J., Lazarus, H. M., Lemaistre, C., Olsson, R. F., Pulsipher, M. A., Savani, B. N., Schultz, K. R., Saad, A. A., Seftel, M., Seo, S., Shea, T. C., Steinberg, A., Sullivan, K., Szwajcer, D., Wirk, B., Yared, J., Yong, A., Dalal, J., Hahn, T., Khera, N., Bonfim, C., Atsuta, Y. and Saber, W. Country-Level Macroeconomic Indicators Predict Early Post-Allogeneic Hematopoietic Cell Transplantation Survival in Acute Lymphoblastic Leukemia: A CIBMTR Analysis Biol Blood Marrow Transplant; 2018, 24 (9): 1928-1935	**INT**	**JUL TO DEC**	**HEMATOLOGY**	**PMID:29567340** **PMC ID:6146070** **WOS:000446644300026** **SCOPUS** **H Index:** 103 **Impact Factor:** 4.484

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Address: Division of Hematology/Oncology, Department of Medicine, University of North Carolina, Chapel Hill, North Carolina. Electronic **Address:** wawood@med.unc.edu. Center for International 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. Center for International Blood and Marrow Transplant Research, Department of Medicine, Medical College of Wisconsin, Milwaukee, Wisconsin. Division of Hematology, Oncology, and Blood & Marrow Transplantation, Children's Hospital Los Angeles, University of Southern California Keck School of Medicine, Los Angeles, California. Department of Hematology, Oncology, and Bone Marrow Transplantation, The Children's Mercy Hospitals and Clinics, Kansas City, Missouri. Department of Oncology, King Faisal Specialist Hospital & Research Centre, Riyadh, Saudi Arabia. Division of Hematology, Oncology and Stem Cell Transplantation, Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, Illinois. Department of Hematology/Oncology, University of Miami, Miami, Florida. **Christian Medical College, Vellore,** India. Division of Pediatric Hematology, Children's Hospital of Orange County, Orange, California. Division of Hematology/Oncology, UMass Memorial Medical Center, Worcester, Massachusetts. Department of Hematology Oncology, Hopital Universitaire des Enfants Reine Fabiola, Brussels, Belgium. Department of Hematology/Oncology, Hospital Infantil Universitario Nino Jesus, Madrid, Spain. Texas Transplant Institute, San Antonio, Texas. Blood and Marrow Transplantation, Division of Hematology and Oncology, University of Kansas Medical Center, Kansas City, Kansas. Hematolgic Malignancies & Bone Marrow Transplant, Department of Medical Oncology, Presbyterian Hospital/Weill Cornell Medical Center, New York, New York. Hospital Universidad Autonoma de Nuevo Leon, Monterrey, Mexico. Seidman Cancer Center, University Hospitals Cleveland Medical				

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Center, Cleveland, Ohio. Department of Hematology/Oncology, Johns Hopkins All Children's Hospital, St. Petersburg, Florida. Department of Internal Medicine, Mayo Clinic, Rochester, Minnesota; Oncology Center, King Faisal Specialist Hospital & Research Centre, Riyadh, Saudi Arabia. Division of Hematopoietic Stem Cell Transplantation, National Cancer Center Hospital, Tokyo, Japan. Division of Hematology and Oncology, Center for Cell and Gene Therapy, Baylor College of Medicine, Houston, Texas. Division of Hematology/Oncology, Department of Medicine and Robert H. Lurie Comprehensive Cancer Center, Feinberg School of Medicine, Northwestern University, Chicago, Illinois. Division of Hematology/Oncology, University of Virginia Health System, Charlottesville, Virginia. Department of Psychology, Medical College of Wisconsin, Milwaukee, Wisconsin. Department of Medical Oncology, Institute Rotary Cancer Hospital, All India Institute of Medical Sciences, New Delhi, India. Center for Advanced Medicine and Clinical Research, Nagoya University Graduate School of Medicine, Nagoya, Japan. Department of Pediatrics, Floating Hospital for Children, Tufts Medical Center, Boston, Massachusetts. Hematology and Bone Marrow Transplant, Sarah Cannon, Nashville, Tennessee. Division of Therapeutic Immunology, Department of Laboratory Medicine, Karolinska Institutet, Stockholm, Sweden; Centre for Clinical Research Sormland, Uppsala University, Uppsala, Sweden. Division of Hematology, Oncology, and Blood and Marrow Transplantation, Children's Hospital Los Angeles, University of Southern California Keck School of Medicine, Los Angeles, California. Division of Hematology/Oncology, Department of Medicine, Vanderbilt University Medical Center, Nashville, Tennessee. Department of Pediatric Hematology, Oncology and Bone Marrow Transplant, British Columbia's Children's Hospital, The University of British Columbia, Vancouver, British Columbia, Canada. Division of Hematology/Oncology, Department of Medicine, University of Alabama at Birmingham, Birmingham, Alabama. Department of Medical Oncology and Hematology, CancerCare Manitoba, Winnipeg, Canada. Department of Hematology and Oncology, National Cancer				

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Research Center East, Chiba, Japan. Division of Hematology/Oncology, Department of Medicine, University of North Carolina, Chapel Hill, North Carolina. Department of Hematology-Oncology, Mount Sinai Hospital, New York, New York. Duke University Medical Center, Durham, North Carolina. Division of Bone Marrow Transplant, Seattle Cancer Care Alliance, Seattle, Washington. Blood & Marrow Transplantation Program, Division of Hematology/Oncology, Department of Medicine, Greenebaum Cancer Center, University of Maryland, Baltimore, Maryland. Royal Adelaide Hospital/SA Pathology and School of Medicine, University of Adelaide, Adelaide, Australia. Department of Medicine, Roswell Park Cancer Institute, Buffalo, New York. Department of Hematology/Oncology, Mayo Clinic, Phoenix, Arizona. Hospital de Clinicas-Federal University of Parana, Curitiba, Brazil. For patients with acute lymphoblastic leukemia (ALL), allogeneic hematopoietic cell transplantation (alloHCT) offers a potential cure. Life-threatening complications can arise from alloHCT that require the application of sophisticated health care delivery. The impact of country-level economic conditions on post-transplantation outcomes is not known. Our objective was to assess whether these variables were associated with outcomes for patients transplanted for ALL. Using data from the Center for Blood and Marrow Transplant Research, we included 11,261 patients who received a first alloHCT for ALL from 303 centers across 38 countries between the years of 2005 and 2013. Cox regression models were constructed using the following macroeconomic indicators as main effects: Gross national income per capita, health expenditure per capita, and Human Development Index (HDI). The outcome was overall survival at 100 days following transplantation. In each model, transplants performed within lower resourced environments were associated with inferior overall survival. In the model with the HDI as the main effect, transplants performed in the lowest HDI quartile (n = 697) were associated with increased hazard for mortality (hazard ratio, 2.42; 95% confidence interval, 1.64 to 3.57; P < .001) in comparison with transplants performed in the countries with the highest HDI quartile. This translated into an 11% survival difference at 100 days (77% for lowest HDI quartile versus 88% for all other quartiles). Country-level macroeconomic indices				

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	were associated with lower survival at 100 days after alloHCT for ALL. The reasons for this disparity require further investigation.				
732.	Woon, W. A., Ravindran, P. B., Ekayanake, P. and Lim, Y. Y. F. Validation of Delivery Consistency for Intensity-Modulated Radiation Therapy and Volumetric-Modulated Arc Therapy Plans J Med Phys; 2018, 43 (2): 119-128 **Address:** Department of Radiation Oncology, The Brunei Cancer Center, Bandar Seri Begawan, Brunei Darussalam. Applied Physics Program, Faculty of Science, Universiti Brunei Darussalam, Bandar Seri Begawan, Brunei Darussalam. Department of Radiation Oncology, **Christian Medical College and Hospital, Vellore**, Tamil Nadu, India. The delivery consistency of a Varian Edge linear accelerator over the entire course of treatment for nasopharynx carcinoma (NPC) and prostate cancer intensity-modulated radiation therapy (IMRT) and volumetric-modulated arc therapy (VMAT) treatment plans was investigated using four different approaches. Three NPCs and three prostate plans were delivered in 34 and 29 consecutive days, respectively, using a Varian Edge equipped with a 120 high-definition (HD) multileaf collimator (MLC). All deliveries were measured with an electronic portal imaging device (EPID), and MapCheck2 and ArcCheck commercial systems with gamma analysis used to compare the results of all daily measurements against the pretreatment patient-specific quality assurance. The daily log files generated were also assessed for differences between the actual and planned doses using an in-house program to replace the original values in the DICOM plan files with the delivered parameter values from the log file, and then exporting the plans back to the treatment planning system for reconstruction of the actual dose delivered. The trajectory log file and EPID methods showed very good agreement, with minimal deviations between the daily delivered and reference doses. However, comparisons of the MapCheck2 and ArcCheck with the EPID revealed statistically significant differences ($P < 0.001$, one-tailed) with greater daily fluctuations, raising concerns over the performance, and reliability of the MapCheck2 and ArcCheck systems when being used to identify IMRT and VMAT plans with poor dosimetric accuracy. We conclude that the Varian Edge linear accelerator equipped with a 120 HD MLC can consistently deliver IMRT and VMAT plans over the entire treatment course.	**INT**	**JAN TO JUN**	**RADIATION ONCOLOGY**	**PMID:29962690** **PMC ID:6020617** **SCOPUS** **H Index:** 17 **Impact Factor:** 0.980 (RG)

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
733.	Woon, W. A., Ravindran, P. B., Ekayanake, P., Vikraman, S., Amirah, S., Lim, Y. Y. F., Vun, C. H. S. and Khalid, J. Trajectory log file sensitivity: A critical analysis using DVH and EPID Rep Pract Oncol Radiother; 2018, 23 (5): 346-359 **Address:** Department of Radiation Oncology, The Brunei Cancer Center, Bandar Seri Begawan BG3122, Brunei Darussalam. Faculty of Science, Universiti Brunei Darussalam, Bandar Seri Begawan BE1410, Brunei Darussalam. Department of Radiation Oncology, **Christian Medical College & Hospital,** Vellore 632004, India. Aim: The aim of this study was to investigate the sensitivity of the trajectory log file based quality assurance to detect potential errors such as MLC positioning and gantry positioning by comparing it with EPID measurement using the most commonly used criteria of 3%/3 mm. Materials and methods: An in-house program was used to modified plans using information from log files, which can then be used to recalculate a new dose distribution. The recalculated dose volume histograms (DVH) were compared with the originals to assess differences in target and critical organ dose. The dose according to the differences in DVH was also compared with dosimetry from an electronic portal imaging device. Results: In all organs at risk (OARs) and planning target volumes (PTVs), there was a strong positive linear relationship between MLC positioning and dose error, in both IMRT and VMAT plans. However, gantry positioning errors exhibited little impact in VMAT delivery. For the ten clinical cases, no significant correlations were found between gamma passing rates under the criteria of 3%/3 mm for the composite dose and the mean dose error in DVH ($r < 0.3$, $P > 0.05$); however, a significant positive correlation was found between the gamma passing rate of 3%/3 mm (%) averaged over all fields and the mean dose error in the DVH of the VMAT plans ($r = 0.59$, $P < 0.001$). Conclusions: This study has successfully shown the sensitivity of the trajectory log file to detect the impact of systematic MLC errors and random errors in dose delivery and analyzed the correlation of gamma passing rates with DVH.	**INT**	**JUL TO DEC**	**RADIATION ONCOLOGY**	**PMID:30127675** **PMC ID:6097403** **SCOPUS** **H Index:** 15 **Impact Factor:** 0.680 (RG)
734.	Woon, W., Ravindran, P. B., Ekayanake, P., S, V., Lim, Y. Y. and Khalid, J. A study on the effect of detector resolution on gamma index passing rate for VMAT and IMRT QA J Appl Clin Med Phys; 2018, 19 (2): 230-248 **Address:** Department of Radiation Oncology, The Brunei Cancer	**INT**	**JAN TO JUN**	**RADIATION ONCOLOGY**	**PMID:29460465** **PMC ID:5849818** **WOS:000427482500033** **SCOPUS** **H Index:** 38 **Impact Factor:** 1.301

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Center, Bandar Seri Begawan, Brunei Darussalam. Faculty of Science, Universiti Brunei Darussalam, Bandar Seri Begawan, Brunei Darussalam. Department of Radiation Oncology, **Christian Medical College& Hospital,** Vellore, India. The main objectives of this study are to (1) analyze the sensitivity of various gamma index passing rates using different types of detectors having different resolutions and (2) investigate the sensitivity of various gamma criteria in intensity-modulated radiation therapy (IMRT) and volumetrically modulated arc therapy (VMAT) quality assurance (QA) for the detection of systematic multileaf collimator (MLC) errors using an electronic portal imaging device (EPID) and planar (MapCheck2) and cylindrical (ArcCheck) diode arrays. We also evaluated whether the correlation between the gamma passing rate (%GP) and the percentage dose error (%DE) of the dose-volume histogram (DVH) metrics was affected by the finite spatial resolution of the array detectors. We deliberately simulated systematic MLC errors of 0.25 mm, 0.50 mm, 0.75 mm, and 1 mm in five clinical nasopharyngeal carcinoma cases, thus creating 40 plans with systematic MLC errors. All measurements were analyzed field by field using gamma criteria of 3%/3 mm, 3%/2 mm, 3%/1 mm, and 2%/2 mm, with a passing rate of 90% applied as the action level. Our results showed that 3%/1 mm is the most sensitive criterion for the detection of systematic MLC errors when using EPID, with the steepest slope from the best-fit line and an area under the receiver operating characteristic (ROC) curve >0.95. With respect to the 3%/1 mm criterion, a strong correlation between %GP and %DE of the DVH metrics was observed only when using the EPID. However, with respect to the same criteria, a 0.75 mm systematic MLC error can go undetected when using MapCheck2 and ArcCheck, with an area under the ROC curve <0.75. Furthermore, a lack of correlation between %GP and %DE of the DVH metrics was observed in MapCheck2 and ArcCheck. In conclusion, low-spatial resolution detectors can affect the results of a per-field gamma analysis and render the analysis unable to accurately separate erroneous and non-erroneous plans. Meeting these new sensitive criteria is expected to ensure clinically acceptable dose errors.				
735.	Yadav, S. P. and John, T. J. Editorial Indian Pediatrics; 2018, 55 (8): 657-660	**NAT**	**JUL TO DEC**	**CLINICAL VIROLOGY**	**SCOPUS** **H Index:** 43 **Impact Factor:** 1.145

CMC SCIENTIFIC RESEARCH PUBLICATION FOR THE YEAR 2018(JANUARY TO DECEMBER)

S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Address: Department of Pediatric Hematology Oncology and Bone Marrow Transplantation, Cancer Institute, Medanta the Medicity, Gurgaon, Haryana, India Former Professor of Clinical Virology, **Christian Medical College, Vellore,** Tamil Nadu, India				
736.	Yoganathan, S., Valsa Sudhakar, S., Thomas, M., Kumar Dutta, A., Danda, S. and Chandran, M. Novel imaging finding and novel mutation in an infant with molybdenum cofactor deficiency, a mimicker of hypoxic-ischaemic encephalopathy Iranian Journal of Child Neurology; 2018, 12 (2): 107-112 Molybdenum cofactor deficiency is a rare metabolic disorder manifesting with early onset seizures, developmental delay, microcephaly, and spasticity.In this report, we describe a three-month-old infant with poorly controlled seizures of neonatal onset, developmental delay, microcephaly, spastic quadriparesis and cortical visual impairment. Magnetic resonance imaging of brain had shown cystic encephalomalacia involving bilateral parieto-occipital lobe and elevated lactate in magnetic resonance spectroscopy. Restricted diffusion noted along the corticospinal tract in our case is a novel imaging finding in patients with molybdenum cofactor deficiency. Low serum uric acid and elevated urine sulfite excretion were observed. A novel homozygous mutation was detected in exon 4 of molybdenum cofactor synthesis 2 (MOCS2) gene. Early infantile or neonatal onset seizures, developmental delay, microcephaly and cystic encephalomalacia in neuroimaging mimicking hypoxic-ischaemic encephalopathy should raise the suspect for molybdenum cofactor deficiency. Screening of all neonates for urinary sulfite metabolites would help in early diagnosis and management. Early diagnosis and treatment with cyclic pyranopterin monophosphate could arrest the progression of molybdenum cofactor deficiency type A. More research is needed to explore further treatment options in this otherwise lethal disorder. 	**INT**	**JAN TO JUN**	**CLINICAL IMMUNOLOGY AND RHEUMATOLOGY**	**SCOPUS** **H Index:** 8 **Impact Factor:** 0.170 (RG)
737.	Zachariah, U., Goel, A., Balasubramanian, K. A. and Eapen, C. E. The Hibernating Bear-A Good Analogy to Explain Why Acute Fatty Liver of Pregnancy Manifests in Late Pregnancy Am J Gastroenterol; 2018, 113 (2): 307-308 **Address:** Department of Hepatology, **Christian Medical College, Vellore,** India. Wellcome Trust Research laboratory, Division of Gastrointestinal Sciences, **Christian Medical College, Vellore,** India.	**INT**	**JAN TO JUN**	**WELLCOME TRUST RESEARCH LABORATORY, DIVISION OF GASTROINTESTINAL SCIENCES, HEPATOLOGY**	**PMID:29467534** **WOS:000425936500025** **SCOPUS** **H Index:** 225 **Impact Factor:** 10.231

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
738.	Zunt, Joseph Raymond, Kassebaum, Nicholas J., Blake, Natacha, Glennie, Linda, Wright, Claire, Nichols, Emma, Abd-Allah, Foad, Abdela, Jemal, Abdelalim, Ahmed, Adamu, Abdu A., Adib, Mina G., Ahmadi, Alireza, Ahmed, Muktar Beshir, Aichour, Amani Nidhal, Aichour, Ibtihel, Aichour, Miloud Taki Eddine, Akseer, Nadia, Al-Raddadi, Rajaa M., Alahdab, Fares, Alene, Kefyalew Addis, Aljunid, Syed Mohamed, Almazora, Mohammad A., Khalid, Alvis-Guzman, Nelson, Animut, Megbaru Debalkie, Anjomshoa, Mina, Ansha, Mustafa Geleto, Asghar, Rana Jawad, Avokpaho, Euripide F. G. A., Awasthi, Ashish, Badali, Hamid, Barac, Aleksandra, Baernighausen, Till Winfried, Bassat, Quique, Bedi, Neeraj, Belachew, Abate Bekele, Bhattacharyya, Krittika, Bhutta, Zulfiqar A., Bijani, Ali, Butt, Zahid A., Carvalho, Felix, Castaneda-Orjuela, Carlos A., Chitheer, Abdulaal, Choi, Jee-Young J., Christopher, Devasahayam J., Dang, Anh Kim, Daryani, Ahmad, Demoz, Gebre Teklemariam, Djalalinia, Shirin, Huyen Phuc, Do, Dubey, Manisha, Dubljanin, Eleonora, Duken, Eyasu Ejeta, Zaki, Maysaa El Sayed, Elyazar, Iqbal Rf, Fakhim, Hamed, Fernandes, Eduarda, Fischer, Florian, Fukumoto, Takeshi, Ganji, Morsaleh, Gebre, Abadi Kahsu, Gebremeskel, Afewerki, Gessner, Bradford D., Gopalani, Sameer Vali, Guo, Yuming, Gupta, Rahul, Hailu, Gessessew Bugssa, Haj-Mirzaian, Arvin, Hamidi, Samer, Hay, Simon I., Henok, Andualem, Irvani, Seyed Sina Naghibi, Jha, Ravi Prakash, Jurisson, Mikk, Kahsay, Amaha, Karami, Manoochehr, Karch, Andre, Kasaeian, Amir, Kassa, Tesfaye Dessale, Kefale, Adane Teshome, Khader, Yousef Saleh, Khalil, Ibrahim A., Khan, Ejaz Ahmad, Khang, Young-Ho, Khubchandani, Jagdish, Kimokoti, Ruth W., Kisa, Adnan, Lami, Faris Hasan, Levi, Miriam, Li, Shanshan, Loy, Clement T., Majdan, Marek, Majeed, Azeem, Mantovani, Lorenzo Giovanni, Martins-Melo, Francisco Rogerlandio, Mcalinden, Colm, Mehta, Varshil, Melese, Addisu, Memish, Ziad A., Mengistu, Getnet, Mestrovic, Tomislav, Mezgebe, Haftay Berhane, Miazgowski, Bartosz, Milosevic, Branko, Mokdad, Ali H., Monasta, Lorenzo, Moradi, Ghobad, Moraga, Paula, Mousavi, Seyyed Meysam, Mueller, Ulrich Otto, Murthy, Srinivas, Mustafa, Ghulam, Naheed, Aliya, Naik, Gurudatta, Newton, Charles Richard James, Nirayo, Yirga Legesse, Nixon, Molly R., Ofori-Asenso, Richard, Ogbo, Felix Akpojene, Olagunju, Tinuke O., Olusanya, Bolajoko Olubukunola, Ortiz, Justin R., Owolabi, Mayowa Ojo, Patel, Shanti, Pinilla-Monsalve, Gabriel D., Postma, Maarten J., Qorbani, Mostafa, Rafiei, Alireza, Rahimi-Movaghar, Vafa, Reiner, Robert C., Renzaho, Andre M. N., Rezai, Mohammad Sadegh, Roba, Kedir Teji, Ronfani,	**INT**	**JUL TO DEC**	**NEUROLOGY**	**PMID:WOS:000450119300016** **H Index:** 240 **Impact Factor:** 27.138

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S.No	AUTHOR, TITLE, SOURCE, AUTHOR AFFILIATION, ABSTRACT	NAT / INT	MONTH	DEPT	PMID
	Luca, Roshandel, Gholamreza, Rostami, Ali, Safari, Saeed, Safiri, Saeid, Sagar, Rajesh, Samy, Abdallah M., Milicevic, Milena M. Santric, Sartorius, Benn, Sarvi, Shahabeddin, Sawhney, Monika, Saxena, Sonia, Shafieesabet, Azadeh, Shaikh, Masood Ali, Sharif, Mehdi, Shigematsu, Mika, Si, Si, Skiadaresi, Eirini, Smith, Mari, Somayaji, Ranjani, Sufiyan, Mu'awiyyah Babale, Tawye, Nega Yimer, Temsah, Mohamad-Hani, Tortajada-Girbes, Miguel, Khanh Bao, Tran, Ukwaja, Kingsley Nnanna, Ullah, Irfan, Vujcic, Isidora S., Wagnew, Fasil, Waheed, Yasir, Weldegwergs, Kidu Gidey, Winkler, Andrea Sylvia, Wiyeh, Alison B., Wiysonge, Charles Shey, Wyper, Grant M. A., Yimer, Ebrahim M., Yonemoto, Naohiro, Zaidi, Zoubida, Zenebe, Zerihun Menlkalew, Feigin, Valery L., Vos, Theo, Murray, Christopher J. L. and Collaborators, G. B. D. Meningitis Global, regional, and national burden of meningitis, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016 Lancet Neurology; 2018, 17 (12): 1061-1082 Background Acute meningitis has a high case-fatality rate and survivors can have severe lifelong disability. We aimed to provide a comprehensive assessment of the levels and trends of global meningitis burden that could help to guide introduction, continuation, and ongoing development of vaccines and treatment programmes. Methods The Global Burden of Diseases, Injuries, and Risk Factors (GBD) 2016 study estimated meningitis burden due to one of four types of cause: pneumococcal, meningococcal, Haemophilus influenzae type b, and a residual category of other causes. Cause-specific mortality estimates were generated via cause of death ensemble modelling of vital registration and verbal autopsy data that were subject to standardised data processing algorithms. Deaths were multiplied by the GBD standard life expectancy at age of death to estimate years of life lost, the mortality component of disability-adjusted life-years (DALYs). A systematic analysis of relevant publications and hospital and daims data was used to estimate meningitis incidence via a Bayesian meta-regression tool. Meningitis deaths and cases were split between causes with meta-regressions of aetiological proportions of mortality and incidence, respectively. Probabilities of long-term impairment by cause of meningitis were applied to survivors and used to estimate years of life lived with disability (YLDs). We assessed the relationship between burden metrics and Socio-demographic Index (SDI), a composite measure of development based on fertility, income, and education. Findings Global meningitis deaths decreased by 21.0% from 1990 to 2016,				

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	from 403 012 (95% uncertainty interval [UI] 319426-458 514) to 318 400 (265 218-408 705). Incident cases globally increased from 2.50 million (95% UI 2.19-2.91) in 1990 to 2.82 million (2.46-3.31) in 2016. Meningitis mortality and incidence were dosely related to SDI. The highest mortality rates and incidence rates were found in the peri-Sahelian countries that comprise the African meningitis belt, with six of the ten countries with the largest number of cases and deaths being located within this region. Haemophilus influenzae type b was the most common cause of incident meningitis in 1990, at 780 070 cases (95% UI 613 585-978 219) globally, but decreased the most (-494%) to become the least common cause in 2016, with 397 297 cases (291076-533 662). Meningococcus was the leading cause of meningitis mortality in 1990 (192833 deaths [95% UI 153 358-221 503] globally), whereas other meningitis was the leading cause for both deaths (136 423 [112 682-178 022]) and incident cases (1.25 million [1.06-1.49]) in 2016. Pneumococcus caused the largest number of YLDs (634458 [444 787-839 749]) in 2016, owing to its more severe long-term effects on survivors. Globally in 2016, 1.48 million (1.04-1.96) YLDs were due to meningitis compared with 21.87 million (18.20-28.28) DALYs, indicating that the contribution of mortality to meningitis burden is far greater than the contribution of disabling outcomes. Interpretation Meningitis burden remains high and progress lags substantially behind that of other vaccine-preventable diseases. Particular attention should be given to developing vaccines with broader coverage against the causes of meningitis, making these vaccines affordable in the most affected countries, improving vaccine uptake, improving access to low-cost diagnostics and therapeutics, and improving support for disabled survivors. Substantial uncertainty remains around pathogenic causes and risk factors for meningitis. Ongoing, active cause-specific surveillance of meningitis is crucial to continue and to improve monitoring of meningitis burdens and trends throughout the world. Copyright (C) The Author(s). Published by Elsevier Ltd.				

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ORIGIN	JANUARY TO JUNE	JULY TO DECEMBER	TOTAL
INTERNATIONAL	**389**	**155**	**544**

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NATIONAL	**151**	**43**	**194**
TOTAL =	**540**	**198**	**738**

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