SOUVENIR

XXVI MANIPEDICON, 2022

18th December 2022

Theme :

"Neurodevelopmental disorders:
Importance of early detection & intervention"

Venue :- **IMA Conference Hall, Lamphelpat, Imphal, Manipur**

Organised by:

Pediatric Association of Manipur (PAM)

Published by : **Dr. Ng. Sonamani**
Organising Secretary

Edited by : **Dr. Namganglung Golmei**

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Organising Chairperson	:	Dr. Kameshore Singh
Organising Secretary	:	Dr. Ngangbam Sonamani
Organising Treasurer	:	Dr. Khumanthem John

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		Convenor	:	Dr. Gitaranjan Devi
		Co- Convernor	:	Dr. M. Meenakshi Devi
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	:	Convenor	:	Dr. Chingthang Kshetrimayum

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PEDIATRIC ASSOCIATION OF MANIPUR (PAM)

IMA COMPLEX, LAMPHEL, IMPHAL WEST, MANIPUR, INDIA-795004
PAM REGISTRATION NO.597/M/SR/2013

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		Dr. L. Ranbir Singh
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		Dr. Kh. Ibochouba Singh
		Dr. Shyamkumar Laishram
		Dr. Kh. Ratankumar Singh

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Organising Chairperson

Dr. Ng. Sonamani
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Convenor -Scientific Committee

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Convenor, Reception Committee

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Co-convenor, Reception Committee

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Chairperson, Catering Committee

Dr. P. Arunkumar Singh
Convenor, Catering Committee

Dr. Shyamkumar Laishram
Chairperson Travel &
Accommodation

Dr. Chingthang Kshetrimayum
Convenor, Travel & Accommodation

Awardee

Dr. Annesha Majumdar

Professor. L. Ranbir Singh Meritorious Award for Under Graduate Student.

Advisor Manipedicon 2022

Dr. H. Ibemhal Devi
Advisor

Dr. S. Memma Devi
Advisor

Dr. Ch. Mangi Singh
Advisor

Dr. Kh. Ibochouba Singh
Advisor

Dr. Shyamkumar Laishram
Advisor

Dr. Kh. Ratankumar Singh
Advisor

Activities of PAM

35th IAP UG Pediatric Quiz 2022
(Inter-college Round) at RIMS Pediatric Department

Autism Awarness day Celebration

National Tuberculosis Elimination Program Workshop

Nurturing Care - Early Childhood development
Workshop under CIAP Presidential Action Plan

ORS Day and Week Celebration

Pulmo Star Workshop under CIAP Presidential Action Plan

Activities of PAM

World breastfeeding Week Celebration

World Obesity Day Celebration

Pulmo Star Workshop under CIAP Presidential Action Plan

ORS Day and Week Celebration

ORS Day and Week Celebration

HONORED PEDIATRICIAN OF THE YEAR 2022

PROF. NANDEIBAM KAMESHORE SINGH

Born on 1st March 1962 at Nilakuthi. 2nd son among 3 brothers & 2 sisters

Father: (Late) Nadeibam Anganghal Singh

Mother: (Late) Nandeibam (O) Sanajaobi Devi

Schooling: L.P & High School, respectively at Nilakuthi & Awang Potsangbam High School (Class III to X topper in the class)

HSLC – 1978 (4th Position) Pre-University Examination 1981 MU (6th Position).

Topper Special Competitive Test (MBBS Entrance Examination 1981) MBBS (RMC 1981 – 87)

Manipur Health Services. (1989 February – 2010 November)

M.D. (PGIMER, Chandigarh 1993 – 96)

C.C.T. (Ped. Onco. TMH, Mumbai 2004 – 05)

D.M. Fellow (Clinical Haematology, AIIMS, New Delhi, 2010)

JNIMS (02.12.2010 – till date)

Prof. & HoD (03.05.2019 – till date)

Programme Director, PCoE-JNIMS (01.04.2019 – till date)

Addl. Medical Superintendant (29.05.2021 – till date)

Member cum Faculty of MEU, JNIMS, Imphal (Since 13/12/2018)

External Examiner:

MBBS & MD since December 2015

(Including PGIMER, Chandigarh)

Regular Assessor of MCI then NMC for PG in Pediatrics

Already attended: 8 – International, 57 – National, 30 – Zonal and Numerous State level CMEs / Conferences

Delivered 52 oral presentations as on 31.12.2021 in International, National, Zonal and State level CMEs / Conferences (including FIGO World Congress, Vancouver, Canada, AOFOG, Bali, Indonesia).

Regular Speaker on HIV / AIDS in RDLS by I- Tech India held on 2nd Thursday of every month

Attended numerous workshops / Trainings, National, Zonal & State levels

Chairperson of Scientific Sessions in National, Zonal & State levels CMEs / Conferences

Publications:

5 Original articles as 1st author & 1 ICMR Project.

Awarded Purbanchal IAP Pioneer Award in November 2005

Best Instructor Award IAP, NNF, NRP, FGM in 2014

Life member IMA, IAP, NNF, BPNI, ISHBT, PAI etc

State Secy. IAP, MSB (2008, 2009, 2014, 2015)

Organising Secy. Manipedicon (XII, XIII, XV, XVIII, XIX)

XXII East Zone Pedicon 2015

Jt. Secy. East Zone Academy of Pediatrics 2015

Vice President PAM – 2020, 2021

President PAM 2022

PROF . LAISHARAM IBETOMBI DEVI MEMORIAL ORATION

(Late) Prof. Laishram Ibemtombi Devi
MBBS (Delhi), MD, DCH (Bombay)

Late Professor L. Ibemtombi Devi was born on 1st March, 1939 at Singjamei Chingamathak, Imphal. She had a bright academic career in school and college. She did her MBBS from Lady Harding Medical College, New Delhi and MD (Pediatrics) and DCH from Bombay University. She joined erstwhile Regional Medical College (now RIMS) in 1972 and she was utilized as Demonstrator in basic science subjects. She then became Assistant Professor of Pediatrics Unit in the Medicine Department. Subsequently, Pediatrics was separated from Medicine Department as a separate specialty and a separate Pediatric Department was established and she became the Head of the Pediatrics Department and retired as Professor and Head of Department of Pediatrics in 2002. She was one of the longest serving HOD of Pediatrics in India and contributed to the growth of RIMS and the Department of Pediatrics, RIMS. She underwent WHO fellowship in Child Health and Nutrition in London and worked in various capacities in the implementation of National Child Health Programs like Nutrition and Immunization. She served as Senior Consultant, National ICDS Scheme, New Delhi. She was the President of IAP, Manipur State Branch for 7 Years from 1989 to 1996. She also served RMC as Vice-Principal, and Principal in Charge. During her tenure Post graduate course was opened in RIMS and her students are now serving in different Medical colleges all over the North - Eastern states as Professor and Head of Departments of Medical Colleges and many of them are also renowned practicing Pediatricians. She passed away after a brief illness at her residence on 21st April, 2019 at the age of 80 year.

Dr. Huidrom Jashobanta Singh
ORATOR

Name : Dr Huidrom Jashobanta Singh

Qualification : MD Ped 2001

Service : MHS last 35 years including as Pediatrician 20 years

IAP Manipur/PAM Activities :

- Treasurer 2008 &2009

- Secretary 2012 & 2013

- Vice-President 2018 & 2019

- President 2020 & 2021

EB Member EZAP 2013,2014,2020 & 2021

Editor - EZPEDICON Souvenir 2007

Organising Secretary PAICON 2019

Awards : Purvanchal Pioneer Award 2014

& Shisu Vishesagna Shiromani Award 2021

Trainer : NSSK, RBSK, RKSK etc

La. Ganesan
Governor of Manipur

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MESSAGE

I am very happy to know that the Pediatric Association of Manipur (PAM) is organizing the Annual Conference "XXVI MANIPEDICON" 2022 on 18th December, 2022 and a Souvenir is being brought out to mark the event.

It is, indeed, an onerous task for the PAM to organize such an event, the theme of which is "**Neuro-developmental disorders: Importance of early detection and intervention"** Health care is yet to be provided at optimum satisfaction levels to our people due to various reasons, such as insufficient resources including human resources, lack of awareness, poor infrastructure, etc. The efforts to take care of the children need to have precedence as they are the future of the country. A little extra effort can make a huge difference. There is a need to bring down the Infant Mortality Rate (IMR) to the acceptable levels. In this context, I am glad to add that Manipur has one of the lowest IMR in the country. Emphasis also needs to be given to reduce the impact of communicable disease. I am confident that during the Annual Conference deliberations, the experts will interact and come up with suggestions which can make Manipur achieve the goals including areas where cost cutting without affecting the benefits can be chalked out.

I wish the Conference a grand success.

(La. Ganesan)

सत्यमेव जयते

Imphal
November 09, 2022

CHIEF MINISTER
MANIPUR

MESSAGE

I am delighted to learn that the Pediatric Association of Manipur (PAM) is organizing the annual conference "XXVI MANIPEDICON 2022 and that a souvenir will be published to mark the occasion.

This year's theme "Neuro-developmental disorders: Importance of early detection and intervention" is highly relevant today as developmental and behavioral pediatrics has profound impact on children, caregivers and community at large considering the right to live with self-esteem and dignity. I am confident the conference would engage the participants in thought-provoking deliberations and promote meaningful action in the area.

My best wishes to the Pediatric Association of Manipur (PAM) in their initiative for organizing this conference. I also send my best wishes for the scientific sessions during the conference and for the successful publication of the souvenir.

(N. Biren Singh)

Dr. Sapam Ranjan Singh
Minister
Medical, Health & Family Welfare
Publicity & Information
Manipur

Mobile: +91 8414811333
e-mail: rsapam@yahoo.com

MESSAGE

It gives me immense pleasure to learn that **Paediatric Association of Manipur (PAM)** is organising its annual conference **"XXVI MANIPEDICON 2022"** at IMA hall, Lamphelpat, Imphal.

The commitment of the Association to improve physical, mental, social and spiritual health of children and protection as well as wellbeing of the doctors is indeed commendable.

I hope that PAM will continue to dedicate itself to the improvement of health of children from birth onwards irrespective of diversities and backgrounds.

I also wish the publication of the SOUVENIR a grand success.

(Dr. Sapam Ranjan Singh)
Minister, Health&FW/IPR
Manipur

सत्यमेव जयते

Director,
Family Welfare Services,
Govt. of Manipur.

Imphal
5rth December 2022

GOOS WILL MESSAGE

Warm greetings and best wishes to PAM, the organsiers and all the participants of the "XXVI MANIPEDICON" Conference on the 18th of December, 2022.

The theme of the Conference "Neuro-Development disorders, importance of early detection & intervention" has a very important life changing impact on the family and larger implication for the society as a whole.

May the conference go a long way in tackling the condition in helping the families in need.

(Dr. Dihe Mao)
Director,
Family Welfare Services,
Govt. of Manipur.

OFFICE OF THE
STATE HEALTH SOCIETY, NHM MANIPUR

MESSAGE

The conference's theme is "Neuro-Development Disorders," which, in my opinion, is quite pertinent given the significance of birth defects in early years of life.

The need of the hour is early detection and intervention. The majority of these disorders are preventable if intervened promptly at points of delivery in the healthcare facilities so that lifelong morbidity can be prevented and promotion for a good, healthy life during the childhood period can be ensured.

This conference will provide a venue to deliberate on the issues and ways forward for better practises in regards to the protection and treatment of childhood neuro-development disorders.

I am confident that the medical professionals and teachers will be enriched by the exchange of experience and knowledge and get a boost in their medical fraternity pursuits.

I wish the Paediatric Association of Manipur every success and bring out a better strategy for a future dynamic nation.

(Dr Somorjit Ningombam)
State Mission Director,
State Health Society, NHM,
Manipur

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Prof. L. Ranjit Singh
Director

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drranjitsingh2006@rediffmail.com
Regional Institute of Medical Sciences
Imphal-795004, Manipur, India
Phone: 2414629, 2414750, 2414720 (O)

सत्यमेव जयते

MESSAGE

It gives me immense pleasure to learn that Pediatric Association of Manipur (PAM), will be organizing Annual Conference **"XXVI MANIPEDICON 2022"** on 18th December, 2022 at IMA Conference Hall, Lamphelpat, Imphal with the theme **"Neuro-developmental disorders: Importance of early detection and intervention"** and a Souvenir is also being published to commemorate the Conference.

Such a conference is an exclusive avenue for the Physicians to exchange their views and share knowledge, and thereby help the participants update their knowledge and expertise in the subject.

I am confident that the deliberations and discussions during the conference will give immense benefit to all the participants and thereby improving quality of health care services to the general public.

I heartily wish the conference a 'grand success'.

(Prof. L. Ranjit Singh)
DIRECTOR

JAWAHARLAL NEHRU INSTITUTE OF MEDICAL SCIENCES, IMPHAL

November15, 2022, Imphal

MESSAGE

It gives me immense pleasure to learn that the Pediatric Association of Manipur (PAM) is organizing the annual conference "XXVI MANIPEDICON 2022" with the theme as "Neuro-developmental disorders: Importance of early detection and intervention" on 18th December, 2022 at IMA Conference Hall, Lamphelpat, Imphal.

I am very much confident and sure that the scientific deliberation and discussion during the Conference shall be very fruitful as early treatment is critical to enhancing the quality of life for any child who presents the signs and symptoms of neuro-developmental delay. Early action is the key for helping our child overcome the effects of their disorder into adulthood.

I wish the conference a grand success.

Deben 15.11.22

(Prof. L. Deben Singh)
Director, JNIMS

Honorary Secretary General
Indian Academy of Paediatric (IAP)

Dear Friends from Manipur,

What can be more satisfying and blissful to see the State Branch from Far East, Pediatric Association of Manipur (PAM) which is growing by leaps and bounds, organizing its 26th Annual Conference, the MANIPEDICON 2022 on 18th December 2022.

The Annual State Conference is a perfect opportunity for the Post Graduate students to present their research work, for the budding academicians to hone their skills and get groomed for the bigger platform, for all the Pediatrician friends to exchange their knowledge not only about recent advances but also about the locally prevalent clinical conditions.

The theme 'Neuro-Developmental Disorders-Importance of early detection & intervention' is an excellent one and matches with the vision of IAP. The deliberations on this theme are going to make path breaking changes in the outcome of affected children of this region; I am very sure about it.

I congratulate Dr Ngangbam Sonamani, the Hon. Secretary of PAM for the pivotal role played in the organization of this Conference and applaud the entire Executive Board of PAM and the Organizers for the taking so much pains to uphold the glorious traditions of IAP.

I extend warm Greetings on behalf of Central IAP to all of you and wish the Conference a grand success.

Warm Regards

Dr Vineet Saxena

HSG, IAP 2022 & 2023

MESSAGE

From the desk of the Organising Chairperson.

It gives me immense pleasure and feels honoured to invite all the delegates and faculties to participate the XXVI MANIPEDICON 2022 to be held in the IMA Conference Hall, Lamphel on 18th December 2022.

The Conference with the well chosen theme " Neurodevelopmental Disorders: Importance of early Detection & Intervention" will provide very well planned platform for the Scientific deliberation towards Child Health in general and facing challenges of Neurodevelopmental Disorders in its early detection and intervention in particular.

I wish the XXVI MANIPEDICON 2022 a Grand Success.

Long live IAP

Long live PAM

Prof. N. Kameshore Singh

Organising Chairperson

Message from Organising Secretary MANIPEDICON 2022

Respected teachers and Friends

Warm Greeting ...!

I am honoured and privileged to share that the annual conference of Pediatric Association of Manipur "XXVI MANIPEDICON 2022" will be held on 18th December, 2022 at IMA Hall, Lampelphat. The theme for the year " Neuro-developmental Disorders: Importance of Early Detection and Intervention" reflects our improved understanding of many developmental and behavioral disorders. The sub-speciality of developmental pediatrics requires dedication, empathy and willingness to interact, listen and learn from the caregivers and community at large. Developmental pediatrics is expected to be at the forefront in our endeavour and commitment to improve and promote child health given the rapid pace at which we are witnessing the increase in developmental and behavioural issues with children.

It is with great joy to share that a pre-conference workshop is also being organised this year after a long time on December 17, 2022. The workshop on Basic NRP will benefit many clinicians, para-medical members and nursing community with exhaustive technical sessions as well as hands on training.

I hope that the scientific deliberation and personal interactions will interest, energise us and bring out the best of our scientific temper during the academic extravaganza.

Long Live PAM..
Long Live IAM..

Ng Sonamani

Ngangbam Sonamani
Honorary Secretary, PAM 2022-23

3rd December 2022 Imphal

Message

It gives me immense pleasure to welcome all the academicians, invitees and delegates in the" XXVI MANIPEDICON 2022" the annual conference of Pediatric Association of Manipur (PAM) to be held on 18th December 2022 at IMA Conference hall, Lamphel, Imphal during the most pleasant season of the state. This year, our organizing team choose the theme as "Neurodevelopmental disorders: Importance of early detection and intervention" for the conference which is the burning issues in all over the Globe.

Children are the pillars of nation and responsible for its social and economic development. Failure to detect children with neurodevelopmental disorder may result in life long deficits in their academic performance, personal social maladjustment and emotional difficulties. All the pediatrician plays a crucial role in ensuring that parental and children stress is effectively minimized by proper counseling and empowered to guide them.

The scientific interaction and discussions during the conference will be a golden opportunity for all the pediatricians on enhancing the knowledge to identify "at- risk children" with neurodevelopmental disorders and to initiate early interventions which requires interdisciplinary and individualized level of care for a developing child.

I wish the conference a grand success.

Long live IAP!

Long live PAM !

Dr. Rajkumari Rupabati Devi
Chairperson
Scientific sub-commitee
XXVI MANIPEDICON 2022

From the desk of the Chairman,

Reception Sub-committee

Dear friends and colleagues,

With great delight and pleasure I extend my welcome to you all in the XXVI MANIPEDICON 2022.

The theme of this year's Conference "Neurodevelopmental disorders : Importance of early detection and treatment" is vey apt considering the fact that it is the aspiration of all that each child reaches their full growth potential physically and mentally to be able to lead a fruitful and productive life and contribute their mite to the family, society and the nation. Neurodevelopmental disorders affecting children from an early age can have serious implications in achieving these goals.

Early detection of neurodevelopmental disorders is challenging. However with the rapid strides attained in recent years in the diagnosis and treatment of such disorders in the pediatric population, there has been a sea change towards their better management.

During the conference, many deliberations on the theme and related aspects will be proffered by eminent speakers and experts. It is sincerely hoped that MANIPEDICON 2022 will be a pleasant experience with great educative values for the benefit of all.

I, on behalf of PAM, once again heartily welcome you all and earnestly appeal to you to make it a grand success by your active enthusiastic participation.

Dr. Ch. Shyamsunder Singh
Chairperson,
Reception Sub-Committee

Pediatric Association of Manipur (PAM)

MESSAGE

It gives me immense pleasure and feels honoured to invite all the delegates and faculties to participate the XXVI MANIPEDICON 2022 to be held in the IMA Conference Hall, Lamphel on 18th December 2022.

Neurodevelopmental disorders are impairments of the growth and development of the brain and/or central nervous system affecting the emotion, learning ability, self-control and memory as the child grows. The effects of this disorders tend to last for a person's lifetime. Due to this early indentification and treatment is utmost important in preventing the deleterious effects. This conference will provide an ample opportunities to all the delegates to better understand the neurodevelopmental disorders.

I on behalf of PAM wish the XXVI MANIPEDICON 2022 a Grand Success.

Long live IAP

Long live PAM

Dr. Namganglung Golmei
Convenor
Souvenir Sub-Commitee

SCIENTIFIC PROGARMME
XXVI MANIPECON, 2022

8:30 AM – 09:15 AM: Award Paper session (Dr.A.Naranbabu Hall)

"Kh. Gourakishore and Ibetombi Memorial Award for PG Students "

Sl. No.	Topic	Speakers
01	Assessment of Urinary Tract Infections (UTIs) inInfants and children with Febrile seizures (FS): A Hospital-based Case- Control Study	Dr.Jagadish Patel
02	Clinico-etiological Profile of Pyrexia of unknown origin in children 1-12 years of age in a Tertiary care centre	Dr. Nafisha Surong, PGT (III), Dept of Paediatrics, RIMS
03	Clinical Profile of Japanese Encephalitis in Children in a tertiary care hospital, Imphal.	Dr.Malani Kalyanasundaram PGT (III), Dept of Paediatrics, RIMS
04	Clinical Profile of Neonate with Polycythemia in a Tertiary Care Hospital.	Dr. Punyo Beti PGT (III), Dept of Paediatrics, RIMS

9:00 AM- 10: 00 AM: Poster Walk (Poster arena- First Floor, IMA main conference Hall)

09:15 AM-10:15 AM Session I/CME I: 1 hour (20 mins each)

Sl. No.	TOPIC	SPEAKER	CHAIRPERSON
1	Fetal Alcohol Syndome (FAS): An Overview	Prof. L.Ranbir Singh	1. Dr. Th. Nabachandra. 2. Prof. Kh. Ibochouba Singh
2	Severe Adverse Reaction following Immunization	Dr. Shyamkumar Laishram	
3	Medical Ethic in & Etiquette	Dr. Joymati Oinam.	

10:15AM - 11:15 AM Session II/CME II: 1 hour (20 mins each)

Sl. No.	TOPIC	SPEAKER	CHAIRPERSON
1	Pneumonia: Burden & Strategies to tackle it in India	Dr.RK.Rupabati	1. Prof. L. Ranbir 2. Prof. Ch. Shyamsunder Singh
2	Early dectection of Autism Spectrum Disorders	Dr. Dibin Joseph	
3	Influence of Screentime on childhood behaviour	Dr. Sareet Laxmi Nandeibam	

11:15AM-12:15 PM Session III/CME-III: 1 hour (20 mins each)

Sl. No.	TOPIC	SPEAKER	CHAIRPERSON
1	Approach to first episode of an Unprovoked Seizure	Dr. L. Radhapyari	1. Dr. Shyamkumar Laishram 2.Dr. RK. Rupabati
2	Adenoid induced Sleep Apnoea: A myth or reality	Dr.M. Niteshore.	
3	Surfactant Replacement Therapy in Neonates	Dr.T.Kambiadik	

12:15 AM= 01: 15 PM Inauguration

01:15 PM - 1:45 PM Lunch

1:45 - 2:15 PM Prof. Laishram Ibetombi Memorial Oration.

Sl. No.	TOPIC	SPEAKER	CHAIRPERSON
1	Neurodevelopmental Disorders: Importance of Early Detection & Intervention	Dr. H. Jasobanta	1. Prof. N. Kameshore Singh 2. Dr. Ng. Sonamani

2:15 - 3:15 PM Session IV/CME IV: 1 hour (20 minutes each)

Sl.No.	Topic	Speaker	Chairperson
1	Feeding in Preterm Babies	Dr. Yengkhom Rameshwor	1. Dr. Narendra Laishram 2. Dr. Sunibala Keithellakpam
2	Mental Health & Neurodevelopmental Disorders	Dr. Y. Sana	
3	Approach to arthritis in Children	Dr. N. Johnson	

3:15 - 4:15 PM Session V/CME V: 60 minutes (20 minutes Each)

Sl.No.	Topic	Speaker	Chairperson
1	Basics of Haematopoietic Stem Cell Transplant	Dr. Ng Sonamani	1. Dr. H. Apabi Nonglen 2. Dr. Y. Rameshwor
2	Poisoning in Children	Dr. Kh. John	
3	Seizure mimickers in children	Dr.Angom Kiran	

4:15PM - 4:25 PM Session VI/CME VI: Free Paper Session 10 minutes (10 minutes each)

Sl.No.	Topic	Speaker	Chairperson
1	Febrile Seizure in Children : Waht is new?	Prof. L. Ranbir	1. Dr. P. Arunkumar Singh 2. Dr. Namganglung Golmei

4:30 PM - 5:30 PM AGM (Annual General Body Meeting)

5: 30 PM Cultural Programme followed by Dinner

INDIAN ACADEMY OF PEDIATRICS (IAP)
MANIPUR STATE BRANCH

Year	President	Secretary	Treasurer
1989 - 1992	Dr. L. Ibemtombi Devi	Dr. L. Immo Singh	Dr. L. Ranbir Singh
1992-1996	Dr. L. Ibemtombi Devi	Dr. L. Ranbir Singh	Dr. Shyamkumar Laishram
1996-2001	Dr. Ksh. Chourajit Singh	Dr. Th. Nabachandra	Dr. Shyamkumar Laishram
2001-2003	Dr. H. Kumar Singh	Dr. Th. Nabachandra	Dr. Shyamkumar Laishram
2003-2004	Dr. L. Braja Mohan Singh	Dr. L. Ranbir Singh	Dr. A. Naranbabu Singh
2004 - 2007	Dr. Th. Nabachandra Singh	Dr. Shyamkumar Laishram	Dr. A. Naranbabu Singh
2007 - 2009	Dr. H. Ibemhal Devi	Dr. N. Kameshore Singh	Dr. H. Jasobanta Singh
2009-2012	Dr. A. Naranbabu Singh	Dr. L. Manglem Singh	Dr. Ch. Shyamsunder Singh
2012-2013	Dr. L. Ranbir Singh	Dr. H. Jasobanta Singh	Dr. Ch. Shyamsunder Singh
PEDIATRIC ASSOCIATION OF MANIPUR (PAM)			
2013-2015	Dr. Shyamkumar Laishram	Dr. N. Kameshore Singh	Dr. Ch. Shyamsunder Singh
2015-2016	Dr. Kh. Ibochouba Singh	Dr. Ch. Shyamsunder Singh	Dr. Y. Rameshwar
2016-2017	Dr. Kh. Ibochouba Singh	Dr. Ch. Shyamsunder Singh	Dr. R.K. Rupabati Devi
2017-2018	Dr. Kh. Ratankumar Singh	Dr. R.K. Rupabati Devi	Dr. N. Golmei
2018-2019	Dr. Kh. Ratankumar Singh	Dr. R.K. Rupabati Devi	Dr. N. Golmei
2019-2020	Dr. H. Jasobanta Singh	Dr. Y. Rameshwor Singh	Dr. Ng. Sonamani
2020-2021	Dr. H. Jasobanta Singh	Dr. Y. Rameshwor Singh	Dr. Ng. Sonamani
2021-2022	Dr. N. Kameshore Singh	Dr. Ngangbam Sonamani	Dr. Khumanthem John

ABSTRACTS
AWARD PAPER PRESENTATION

Clinical profile of Japanese Encephalitis in children in a tertiary care hospital, Imphal.

Dr. MALANI KALYANASUNDARAM[1], Dr. SUNILBALA KEITHALAKPAM[2],

Dr. KH. RANJANA DEVI[3]

1 – Post graduate trainee (III), Department of Pediatrics, Regional Institute of Medical Science, Imphal, Manipur.

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- **INTRODUCTION:** Japanese encephalitis (JE) is a mosquito borne encephalitis caused by a group B arbovirus (Flavivirus). JE is the leading cause of viral encephalitis, the disease being endemic in 21 Indian states. In Manipur, quite a number of children with acute encephalitis syndrome are being encountered. However, the exact data about the clinical profile is not well defined. So, this present study is planned to find out the clinical profile of Japanese Encephalitis in children in the age group from 1 to 12 years of age.

- **AIMS AND OBJECTIVES**

  To assess the clinical profile of Japanese encephalitis in children admitted for acute encephalitis syndrome.

- **METHODOLOGY**

  - A Hospital based cross sectional study.
  - Children from 1 to 12 years of age who presented with acute encephalitis syndrome(AES).

- **RESULTS**

  Out of the 86 cases admitted for AES, 17 tested positive for JE[both serum and csf anti-IgM (+ve)].Of the 17 patients, 82%(n=14) was above 6 years of age, with male preponderance of 76% (n=13), mostly hailing from rural areas 70%(n=12) ,59% (n=10) belonged to upper lower class. Fever (n=17) was the common presenting symptom (100%) followed by seizures 41%(n=7), lymphocytosis(70%) and elevated CSF protein (70%) were seen, 20% of cases had MRI findings suggestive of JE. 70% of cases had complete recovery and 30% had recovery with sequelae.

- **CONCLUSION**

  JE vaccine status in all the patients tested positive were either not known or not taken. Hence the need for JE vaccination should be stressed upon in endemic region and high risk population. Further studies with increased sample size are required to determine the long term outcome, sequelae and mortality.

Keywords: JE, AES, anti-JE IgM, male, fever, JE vaccine

Assessment of urinary tract infections (UTIs) in infants and children with febrile seizures (FS): A Hospital - based case – control study.

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· **INTRODUCTION:** Febrile seizures (FS) are one of the most common seizures that occur during infancy and childhood. Finding out the focus of fever becomes essential. Urinary tract infection (UTI) signs and symptoms may be obscure at presentation. Hence the study was conducted to assess UTIs in children presenting with FS and thereby finding significant association between UTIs and febrile seizures.

· **AIMS AND OBJECTIVES**

1. Assessment of UTI in infants and children presenting with FS.
2. Assessment of UTI between simple febrile seizures (SFS) VS complex febrile seizures (CFS).
3. To evaluate significant association between the age, sex and socioeconomic status with FS.

· **METHODOLOGY**

- A Hospital based case control study.
- Cases included 139 children presenting with febrile seizures and controls included 139 febrile children without seizures.

· **RESULTS**

A total 278 children were included in the study. Mean age at presentation was 2.1 ± 1.17 years. Total of 7.2% (n-10) children with FS had culture-positive UTIs compared to the 21.6% (n-30) children in the control group (P value of 0.001). No significant association was found between UTIs and FS subtypes (SFS VS CFS). No significant gender and SES difference found among the febrile seizure cases with UTI. Among the cases, E. coli was the most common organism isolated (100%, n-10). Amikacin was the most sensitive antibiotic and cystitis (57.1%) was the most common USG KUB finding.

· **CONCLUSION**

Significant number of children presenting with FS had UTIs. No significant difference found between UTI and FS subtypes (SFS VS CFS). Further studies with increased sample size are required to confirm the study findings.

Keywords: FS, UTI, SFS, CFS, E. coli, Amikacin, Cystitis.

Clinico – etiological profile of pyrexia of unknown origin in children 1-12 years of age in a tertiary care centre

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- **INTRODUCTION :** Febrile illnesses are one of the leading causes of morbidity and mortality among children worldwide. Pyrexia of unknown origin (PUO) is a grouping of many unrelated medical conditions that share the feature of persistent unexplained fever that does not resolve spontaneously within the period for self-limited infections and whose cause cannot be ascertained despite adequate basic investigation and considerable diagnostic effort. PUO can be caused by a wide group of diseases, including both benign and serious conditions. So far there is no standardized approach for PUO diagnosis. Pyrexia of unknown origin is thus a challenging medical problem. A primary concern of the pediatricians in evaluating a child with PUO should be limited use of investigations that are case-specific especially in developing countries such as India where availability and affordability are the limiting factors. Hence, this study was conducted to evaluate the various etiological factors and the clinical profile of children presenting with PUO in this region, which could also be helpful in formulating suitable regional guidelines

- **AIMS AND OBJECTIVES**

To describe the clinico-etiological profile of pyrexia of unknown origin (PUO) in children between 1-12 years of age

- **METHODOLOGY**

  - A Hospital based cross sectional study.
  - Cases included 200 children presenting with fever i.e. temperature >100.9p F/38.3p C of more than one week duration, with no clear diagnosis after initial investigations

- **RESULTS**

A total of 200 children were included in the study with a mean age of 6.2 ± 1.8 years. Of the participants,104 (52%) were male and 96 (48%) were female with a M:F ratio of 1.08 . Majority (32.5%) of the patients presented with fever of 1-2 weeks duration on admission. Most (62.5%) of the participants had infectious etiology, followed by collagen vascular disorders (10 %) and malignancies (9.5%). Among the participants, 10% remain undiagnosed. Among infectious causes ,the most common was respiratory tract infections (17.5%), followed by scrub typhus (13.5%) and urinary tract infections(10%). There was significant association between the age of the participants and the category of diagnosis. It was seen that majority (88.5%) of the participants recovered without sequelae, 9.5% developed sequelae or went into remission and 2% of the participants expired.

- **CONCLUSION**

Our study was conducted to outline the clinic –etiological profile of pediatric patients with PUO in our region. After proper investigations, a diagnosis could be reached in most patients. The commonest aetiology was infectious, followed by collagen vascular disorders and malignancies. Further studies with a larger sample size are required to confirm the study findings.

Keywords: PUO, fever, infectious, malignancy, collagen vascular disorders, investigations, diagnosis

Clinical Profile of Neonates with Polycythemia in a Tertiary Care Hospital

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- **INTRODUCTION:** Polycythemia and secondary hyperviscosity are common problems in the newborn period with reported incidence ranging from 1%-5% in total newborn population. It is more common in small for gestational (SGA) newborn, large for gestational age (LGA) newborn, twins, those born to diabetic mother, and those with Down syndrome, Trisomy thirteen etc. It presents with nonspecific clinical findings- respiratory problems, feeding problems, lethargy, convulsions, hypotonia, jitteriness, hypoglycemia, hyperbilirubinemia, hypocalcemia, necrotising enterocolitis and thrombocytopenia etc. The consequences of neonatal polycythemia include immediate hemodynamic, gastrointestinal, renal, metabolic and neurologic complications and long-term neurologic sequela. Hence the study was conducted to assess the clinical profile of polycythemia in neonates to prevent the serious acute and long term sequelae of this easy to treat disorder.

- **AIMS AND OBJECTIVES**

  -To assess the Clinical Profile in neonates with polycythemia in a Tertiary Care Hospital

- **METHODOLOGY**

  -A Hospital based Cross Sectional study

  -It included a sample size of 149 neonates

- **RESULTS**

  A total of 149 newborns were included in the study. Newborn with hematocrit value of 65-69% were more (50%) than 70-74% (30%) or 75% and above (20%). The incidence of neonatal polycythemia was higher in LGA and SGA babies, term babies, babies born to diabetic and hypertensive mother and males were more affected than female (1.5:1). Of the total cases 60% were asymptomatic and 40% were symptomatic. The main sign and symptoms were plethora (60%), decreased feeding (60%), lethargy (40%), hypoglycemia (30%), jaundice (29%). Sibling with polycythemia and twin to twin transfusion syndrome was observed in 10% and 40% babies. Almost 50% of the babies cord was clamped delayed during birth. Only 20% of babies developed thrombocytopenia. The study shows that higher the haematocrit value higher the proportion of polycythemic babies to be symptomatic. Partial exchange transfusion was done to 30 cases (20%).

- **CONCLUSION**

  -Males were affected more than females. Plethora and decreased feeding was the main presentation followed by lethargy, hypoglycemia and jaundice. Higher risk in LGA and SGA babies, term babies, babies born to diabetic and hypertensive mother while delivery by caesarian section reduce the risk of polycythemia.

CASE REPORT-
CONGENITAL VERTICAL TALUS PRESENTER - DR. LALDINPUII
PGTI, RIMS, Imphal.

Abstract : **Congenital vertical talus** is a foot deformity characterized by dorsal dislocation of the navicular resulting in equinus and hind foot valgus. The estimated prevalence of congenital vertical talus is 1 in 10,000 live births.Congenital vertical talus is a condition of the foot in which there is plantar flexion of the talus and equinus of the calcaneum bone. There is associated talonavicular dislocation, which is rigid and irreducible. The exact etiology of congenital vertical talus is still debatable.More than 50% of the cases are idiopathic, and the remaining are mainly associated with genetic or neuromuscular conditions. Commonly associated conditions include Marfan syndrome, De Barsy Syndrome, chromosomal abnormalities of 13,15,18,30,31, Multiple pterygium syndrome and Cri du chat syndrome.Classical radiological finding is increased in talocalcaneal angle. The primary aim of managing congenital vertical talus is to resume the normal functioning of the foot by achieving the correct anatomical alignment between the talus, calcaneum, and navicular bone. Non-invasive conservative management options include manipulation followed by serial casting.In cases where conservative treatment fails, surgical intervention is necessary. The prognosis of the condition varies, and it mainly depends on what age group the condition has been diagnosed with and what was the staging at the time of diagnosis.If congenital vertical talus is left untreated, it will result in multiple bony deformities with a rocker-bottom appearance. We reported a male baby delivered in RIMS, Imphal with this condition. A diagnosis was made based on clinical and X ray findings. This report is made based on its rarity.

ABSTRACT FOR POSTER PRESENTATION IN MANIPEDICON 2021

A CASE REPORT OF Oculocutaneous albinism

Presenter: Dr. Bhargava Rama K , PGT -1, Pediatrics , RIMS, Imphal

Abstract: The term, oculocutaneous albinism (OCA), describes a group of inherited disorders of melanin biosynthesis that exhibits congenital hypopigmentation of ocular and cutaneous tissues. The clinical spectrum of OCA ranges from a complete lack of melanin pigmentation to mildly hypopigmented forms. OCA1A is the most severe type with a complete lack of melanin production throughout life; the milder forms OCA1B, OCA2, OCA3 and OCA4 show some pigment accumulation over time. Clinical manifestations include various degrees of congenital nystagmus, iris hypopigmentation and translucency, reduced pigmentation of the retinal pigment epithelium, foveal hypoplasia, reduced visual acuity and refractive errors, color vision impairment, and prominent photophobia. All four types of OCA are inherited as autosomal recessive disorders. At least four genes are responsible for the different types of the disease (TYR, OCA2, TYRP1, and MATP). Diagnosis is based on clinical findings of hypopigmentation of the skin and hair in addition to the characteristic ocular symptoms.

Here we are reporting a case of Oculocutaneous albinism in a 3 day old male child who presented with hypopigmentation of skin and hair. Investigation showed ocular hypopigmentation.

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Infant with unruptured BCG scar and indolent pneumonia: beware of an underlying primary immunodeficiency

Authors: Dr. Monisha Chandrasekaran[1], Dr. Nameirakpam Johnson[2], Dr. Bisheshwor Maibam[1], Dr. Khumanthem Ratan[1]

Affiliation: [1] Mother's Care Children Hospital and Research Centre, Imphal

[2] District Hospital, Thoubal

Abstract: A 6-months male child, born of non consanguinous married couple presented with fever for 2 weeks without any focus of infection. Elder brother succumbed to pneumonia after prolonged hospital stay 2 years back. On examination, he had right cervical lymphadenopathy and unruptured BCG scar. Investigations showed Hb 8.4 g/dl, neutrophilic leucocytosis (total leucocyte count: 22000/cumm, neutrophils 60%, lymphocytes 30%), elevated C-reactive protein (142 mg/L), D dimer (861 ng/ml), NT- pro Brain Natriuretic Peptite (4173 pg/ml). IgM SARS COV serology was positive (1.87). Blood and urine culture were sterile. Echocardiography showed normal ejection fraction with normal coronary arteries. Possibility of Incomplete Kawasaki disease/ multisystem inflammatory syndrome was considered and Intravenous Immunoglobulin (IVIg) 2g/kg and oral prednisolone 2mg/kg/day and iv ceftriaxone were given. Child continued to have fever spikes post IVIg. Further investigations to look for focus of infection revealed consolidation on right middle and upper lobe on chest X ray. Antibiotics were upgraded to iv teicoplanin (14 days) and iv meropenem (14 days). Child became afebrile after 10 days of iv antibiotics. Considering the possibility of Primary Immunodeficiency disease (PID) in view of indolent pneumonia with unruptured BCG scar and history of elder brother died of pneumonia, next generation clinical genome exome sequencing was done. It showed homozygous CYBA gene deficiency at exon 2 c.74G>T (p.Gly25Val), confirming the diagnosis of autosomal recessive Chronic Granulomatous Disease (CGD). Child is currently on oral cotrimoxazole and itraconazole prophylaxis.

Conclusion: Early diagnosis and antibiotic prophylaxis significantly reduces frequency of infections and morbidity in CGD. Family history gives a very good clue for suspicion of PID.

Key Words: Chronic Granulomatous Disease, Primary Immunodeficiency Disease.

ABSTRACT FOR POSTER PRESENTATION IN MANIPEDICON 2022

A CASE REPORT OF GASTROSCHISIS

PRESENTER; DR DINAI LALNGHINGLOVI SOLO

PGT- 1 RIMS

Gastroschisis is a paraumbilical, full-thickness abdominal wall defect associated with protrusion of the bowel through the defect. It is rarely associated with genetic conditions. Gastroschisis occurs in 1 in 4000 live births. The incidence of gastroschisis is increasing worldwide. The incidence of gastroschisis between male infants is similar to that of females, higher incidence in singleton pregnancies, and younger women less than 20 years of age and appears to be associated with environmental factors. By the location of the defect, most often to the right of a normally-inserted umbilical cord. However, the contribution of genetic factors to the overall risk remains unknown. While approximately 10% of infants with gastroschisis have intestinal atresia, extraintestinal anomalies are rare. Prenatal ultrasound scans are useful for early diagnosis and identiûcation of features that predict a high likelihood of associated bowel atresia.

It is critical to protect the herniated bowel by covering it in warm, saline-soaked gauze, placing it in a central position on the abdominal wall and covering with a plastic wrap or a plastic bag to decrease evaporative heat and fluid losses, preferably be positioned in the right lateral decubitus position to prevent vascular damage because of twisting of the mesenteric vascular pedicle. The goals of surgical management of gastroschisis include reduction of the herniated viscera into the peritoneal cavity while avoiding direct trauma to the bowel and excessive intra-abdominal pressure, and closure of the abdominal wall defect staged reduction with silo placement has the theoretical advantage of achieving reduced intra-abdominal pressure at the time of definitive closure, improved splanchnic perfusion, resulting in faster return of bowel function, reduced rates of infection and NEC and decreased risk of long-term bowel dysfunction.

Abstract for paper presentation

Acrodermatitis Enteropathica- A case report

Presenter: Dr.Petevihu Dzuvichu, 1st year PGT

Dept of Pediatric

Introduction: It is a rare, inherited disorder, transmitted as an autosomal recessive trait. Characterized by a phenotypic traid of acral dermatitis, alopecia and diarrhoea. Therapy with zinc gives an excellent clinical response and reduces mortality.

Case report: A 3 year old, male presented with generalized, pruritic, eczematous eruption for duration of 3 months went to PHC was advised steroids ointment and syrup antihistamines. Examination revealed erythematous, scaly, crusted plaques on the face. Scalp hairs were sparse and thin. Crusted lesion on genitalia, gluteal region and thigh. Systemic examination was unremarkable. A complete haemogram, liver and renal function tests were normal. Histopathological revealed intracellular, oedema in the epidermis, parakeratosis, dimunition of granular layer and psoriasifrom hyperplasia. Urine and stool examination was normal. Plasma zinc level was low 51ug/dl (60-120ug/dl). The patient was treated with oral zinc sulphate supplements 2mg/kg/day, topical corticosteroids, warm saline compressions. The skin lesion started healing by 4th day and completely healed by 1 month.

Discussions: The acral and periorificial distribution of the rash is recognized as a virtually pathognomonic cutaneous marker for zinc deficiency. Other features include stomatitis, apathy, irritability, growth retardation, failure to thrive and delayed wound healing. Oral zinc given in a dose of about 2mg/kg/day was found to cure all clinical cases. This case emphasizes the need for early diagnosis and prompt treatment required to reverse the condition, reduce mortality and prevent the long term consequences of zinc deficiency.

FEVER WITH HEPATOSPLENOMEGALY: BEYOND TROPICAL INFECTIONS AND MALIGNANCIES

Authors: Dr. Jagadish Patil[1], Dr. Nameirakpam Johnson[2], Dr. Ngangbam Sonamani[1], Dr. Ibochouba Khaidem[1]

Affiliation: [1] Mother's Care Children Hospital and Research Centre, Imphal

[2] District Hospital, Thoubal

Abstract: A-2 year 5-month-old male child presented with intermittent, high grade fever for 10 days without any focus. On examination, he had massive hepatomegaly (14 cm liver span) and splenomegaly (15 cm under left costal margin). Complete blood hemogram showed pancytopenia (Hb 6.9 g/dl, total leucocyte count 4000 /cumm, absolute neutrophil count 2400 /cumm and platelet 1.0 lakhs/cumm, elevated ESR (105 mm/1st hr), C- reactive protein (54.8 mg/L), D-dimer 1394 ng/ml, serum ferritin 493.1 ng/ml. Blood and urine culture were sterile. Widal, IgM scrub serology, dengue serology and malarial parasite were negative. Child received iv ceftriaxone and iv doxycycline for 10 days. Bone marrow examination showed features of reactive hyperplasia of all cell lines. CMV, Leishmania and Parvovirus B19 serology were negative. IgG serology for EBV was positive. Possibility of EBV induced hemophagocytic lymphohistiocytosis (HLH) was proferred and 2g/kg of Intravenous Immunoglobulin (IVIg) was transfused. Post IVIg, fever subsided and liver and spleen regressed in size along reduction in inflammatory markers. Next Generation Clinical exome sequencing detected heterozygous variants in gene ***PRF 1*** deficiency at Exon 3 c.1349C>T (p.Thr450Met) and Exon 2 c.133G>A (p.Gly45Arg) respectively. Hence a diagnosis of Familial hemophagocytic lymphohistioytosis 2 (FHL 2) was made. Child successfully underwent haplo-identical Hematopoietic Stem Cell Transplantation (HSCT) at other tertiary care centre.

Conclusion: FHL 2 is an autosomal recessive disorder of immune dysregulation due to perforin deficiency. HSCT is the curative treatment of such primary HLH.

KEYWORDS: Hepatosplenomegaly, Clinical exome sequencing, PRF1 deficiency, hemophagocytic lymphohistiocytosis, HSCT

Courtesy: Narayana Health, Majumder Shaw Medical Center, Bangalore, India

ISOVALERIC ACIDEMIA – A CASE REPORT

ABSTRACT-

3rd born neonate from a non consanguineous marriage by elective LSCS with no significant perinatal events and birth weight of 3400 grams was brought to OPD with the chief complaints of lethargy and yellowish discoloration of skin on D 6 of life.

Neonatal examination revealed depressed neonatal reflexes. The baby was being managed conservatively. Despite ruling out the correctable causes, lethargy persisted. An abnormal odour of urine was noted. Inborn Error of Metabolism was suspected. Supplementing this, a history of unexplained death of the first sibling at 15 days of life with the similar complaints was present.

IEM screening panel was sent with DBS showed high levels of ammonia and presumptive positivity for Isovaleryl carnitine. Further confirmatory urine analysis was sent, which showed elevated levels of 3-Hydroxy Butyric acid, 3-Hydroxy Isovaleric acid, Isovaleryl Glycine suggestive of Isovaleric Acidemia(IVA).

IVA caused by deficiency of Isovaleryl CoA dehydrogenase. Baby is being managed conservatively in NICU by Carnitine and Glycine supplements and was discharged.

Hereby we report the first case of IVA from Manipur.

Key Words : Isovaleric Acidemia, Inborn Error of Metabolism.

A CASE REPORT OF BLADDER EXSTROPHY

Presenter: Dr Rahees.V.K

Post Graduate Trainee

RIMS, Imphal

Abstract:

Exstrophy of bladder is a congenital malformation in which lower portion of the abdominal wall and anterior wall of the bladder are missing, so that the bladder everted through the opening and may found on lower abdomen just above the symphysis pubis, with continuous passage of urine to the outside. It occurs in approximately 1 in 35,000-40,000 births. The male: female ratio is 2:1. The severity ranges from simple epispadias (in males) to complete exstrophy of the cloaca involving exposure of the entire hindgut and the bladder (termed cloacal exstrophy). It is associated with number of other congenital anomalies. The consequences of untreated bladder exstrophy are total urinary incontinence and an increased incidence of bladder cancer, usually adenocarcinoma. The external and internal genital deformities cause sexual disability in both sexes, particularly in males. The wide separation of the pubic rami causes a characteristic broad-based gait but no significant disability. In classic bladder exstrophy, the upper urinary tracts usually are normal at birth. Here we are reporting a case of bladder exstrophy in new born male child, who presented with dribbling of urine externally and was managed surgically and other supportive care.

Keywords: Extrophy bladder, congenital anomalies, adenocarcinoma, epispadiasis, urinary incontinence.

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SAANS Campaign under Child Health programme, NHM, Manipur

(Social Awareness and Action to Neutralise Pneumonia Successfully)

The National goal for Pneumonia has been planned to be achieved by 2025, under the integrated India Action Plan for childhood Pneumonia.

- Reduce mortality from Pneumonia to <3 per 1000 live birth.
- Reduce the incidence rate of severe Pneumonia by 75% as compared to 2010 levels.

How to go about:

Protect children- by establishing good health practices from births

- Exclusive breastfeeding.
- Adequate complementary feeding.
- Vitamin A supplement.

Prevent from Pneumonia

- Vaccine Pertussis, Measles, Hib, PCV,
- Hand washing with soap.
- Reduce household air pollution inside and outside the house.
- To keep away from the smokes of different kinds like cigarettes, kitchen smoke etc.

Treat with appropriate treatment

- Improved care seeking attitudes and timely referral.
- Case management at health facility and community level.
- Supplies Antibiotics, Oxygen
- Continued feeding (including breastfeeding for 2 years) and good nutritious balanced diet.

MANAGEMENT OF CHILDHOOD PNEUMONIA UNDER SAANS INITIATIVE

SAANS

निमोनिया नहीं, तो बचपन सही

Management of Pneumonia / Possible Serious Bacterial Infection (PSBI) in a Young Infant (0-2 months)

Check for the following signs in a young infant during home visit:

- Not able to feed, or
- Has convulsions (fits), or
- Fast breathing (60 breaths or more per minute), or
- Severe chest indrawing , or
- Axillary (underarms) temperature 35.5°C (99.5°F) or above (or feels hot to the touch), or
- Axillary (underarms) temperature less than 35.5°C (99.9°F) (or feels cold to the touch), or
- Moves only when stimulated or no movement at all

Management of PSBI by Primary Health Care Providers

Classify as PSBI if one or more of the signs are present.

Give pre-referral dose of oral Amoxicillin.

Counsel the parents/caregiver for urgent referral to a health facility.

Arrange transport using JSSK scheme.

Dosage of Oral Amoxicillin for pneumonia (0-2 months)

Young Infant's Weight	Amount of Amoxicillin to be given orally as Syrup (contains 125 mg./ 5 ml.)		Amount of Amoxicillin to be given per-orally as tablet (contains 250 mg.)	
	Morning	Evening	Morning	Evening
Less than 1.5 Kg	To be referred to higher facility			
Above 1.5 kg – up to 2.0 Kg	2 ml	2 ml	¼	¼
Above 2.0 kg – up to 3.0 Kg	2.5 ml	2.5 ml	½	½
Above 3.0 kg – up to 4.0 Kg	3 ml	3 ml	½	½
Above 4.0 kg – up to 5.0 Kg	4 ml	4 ml	½	½


SUN PHARMA
Making Children Healthier
Pharma Care
a SUN PHARMA division
Prohance Junior
Cepodem Susp. DT
Cefpodoxime 25/50/100 mg Dry Suspension/Dispersible Tablet
Cepodem Drops
Cefpodoxime 25 mg Dry Suspension
Cepodem XP Susp.
Cefpodoxime 50/100 mg + Clavulanic Acid 31.25/62.5 mg Dry Suspension
RICONIA SYRUP
KEFLOR
Cefaclor Drops/Suspension/Redimix
LC433140 8373263
For the use only of a Registered Medical Practitioner or a Hospital or a Laboratory

Raj Medicity is one of Manipur's largest multi-speciality Hospital located in the heart of the city, North A.O.C., Imphal west, Manipur, India. The Hospital has been envisioned with the aim of bringing to Manipur the highest standards of medical care.

Spread across 20,000 sq. ft., located adjacent to National High Way No. 2, in the heart of the city - a destination for Trauma and Accidents. The Hospital gives 24 x 7 services to Trauma and Emergency supported by a Cardiac Ambulance (ICU on wheels). The parking area of 10,000 sq. ft. inside its premises for visitors and patient's attendants gives security to their vehicles.

24 hours Trauma Care & Emergency Services with diagnostic and treatment facilities.

MEDICAL SERVICES AVAILABLE
Emergency & Trauma Care,
Cardiothoracic & Vascular Surgery, ENT, General Medicine, Surgical Oncology, General Surgery, Orthopaedics, Nephrology, Neuro Surgery, Obstetrics & Gynaecology, Paediatrics, Clinical Laboratory, Physiotherapy, Plastic & Cosmetic Surgery, Radiology & Imaging Centre, Urology, Psychiatry, Neuro-Psychiatry and Psychological Counselling.

DIAGNOSTIC FACILITIES: RADIOLOGY & IMAGING CENTRE
Advanced post processing workstation.
Modality of choice for brain & spine imaging.
32 Slice CT Scanner, C-Arm with IITV.
Digital X-RAY with IITV.

DIAGNOSTIC FACILITIES: LABORATORY
Patented Dry Slide Technology.
Cuve Tip.
Micro Sensor.
Micro Tip - Intellicheck
E-Connectivity
Extended Menue: Vitros 5,1 FS provides comprehensive menu:
Routine Chemistries - Electrolytes.
Therapeutic Drug Monitoring (TDM).
Special proteins - Drugs of Abuse - 10 User Defined Assays.
Blood Culture, ECG.

OPERATION FACILITY: 24 x 7 MODULAR OT
Operating microscope, CCTV and Diode & CO_2.
Mobile C-arm with IITV, Harmonic Scalpel.
Laparoscopic/Endoscopic Procedure, Modular OT.

TRAUMA CARE & EMERGENCY SERVICES
Trauma Care & Emergency of Raj Medicity hospital consist of multidisciplinary team ready to extend prompt treatment and care of around 15000 acutely ill and injured patients per year. The Trauma Care & Emergency Services have been running for 7 years in our hospital.

SURGICAL ONCOLOGY
Head & Neck Cancer Surgery, Open & Laparoscopic Gastrointestinal Cancer Surgery, Gynaecological Cancer Surgery, Breast Cancer Surgery, Thyroid Cancer Surgery, Gall Bladder & Pancreatic Cancer Surgery.

SOME SPECIAL SURGERIES DONE AT OUR HOSPITAL: ENT
Rhinoplasty, Micro-surgery of EAR,
Tonsillectomy with Harmonic Scalpel.
Bloodless Tonsillectomy, Coblator.
Endoscopic Procedures.

GENERAL & ADVANCED LAPAROSCOPIC SURGERY
Gall Bladder, Appendectomy, Hernia operation done both open & Laparoscopic Procedure.
Advance Laparoscopic Surgery - Gastro - Intestinal - Stapling Surgery.

NEURSOSURGERY
Micro-Neurosurgery for brain Tumours, Spinal Tumours.
Hydrocephalus, Stroke Management.

OBSTETRICS & GYNAECOLOGY
Normal Delivery - Caesarean Section.
Laparoscopic Surgery.
High Risk Delivery supported & well equipped NICU.

NEPHROLOGY & DIALYSIS
5 imported Haemo Dialysis Machines with experienced Nephrologist, well trained doctors & technicians.

UROLOGY
Endourology Surgery - T.U.R (Trans Urethral Resection) - PCNL
All Laparoscopic Urology Surgery - TURP
URSL (day care) - Laser (RIRS)

PLASTIC SURGERY
Reconstructive Surgery - Burn Surgery
Hand Surgery, Microsurgery

CARDIO-THORACIC SURGERY
VATS (Video Assisted Thoracic Surgery)
Cardiac Pacemaker implantations.
Pericardiotomy, Bullectomy, Decortication.

ICU/ICCU
Centrally air-conditioned ICU with Central Gas Line, bed side monitor,Defibrillator, Ventilator, Multichannel Monitor with round the clock supervision by qualified Doctor & well train staff nurse.

ORTHOPAEDICS
Joint Replacement Surgeries, Spinal injuries, Arthroscopic Surgeries, Sports injury related Surgeries. Complex Orthopaedic trauma surgeries in all limbs including Pelvi-Acetabular fractures and Scapula fractures.


MODULAR OT


X-RAY ROOM


32 SLICE CT SCAN


DIALYSIS


ULTRA SOUND


LABORATORY

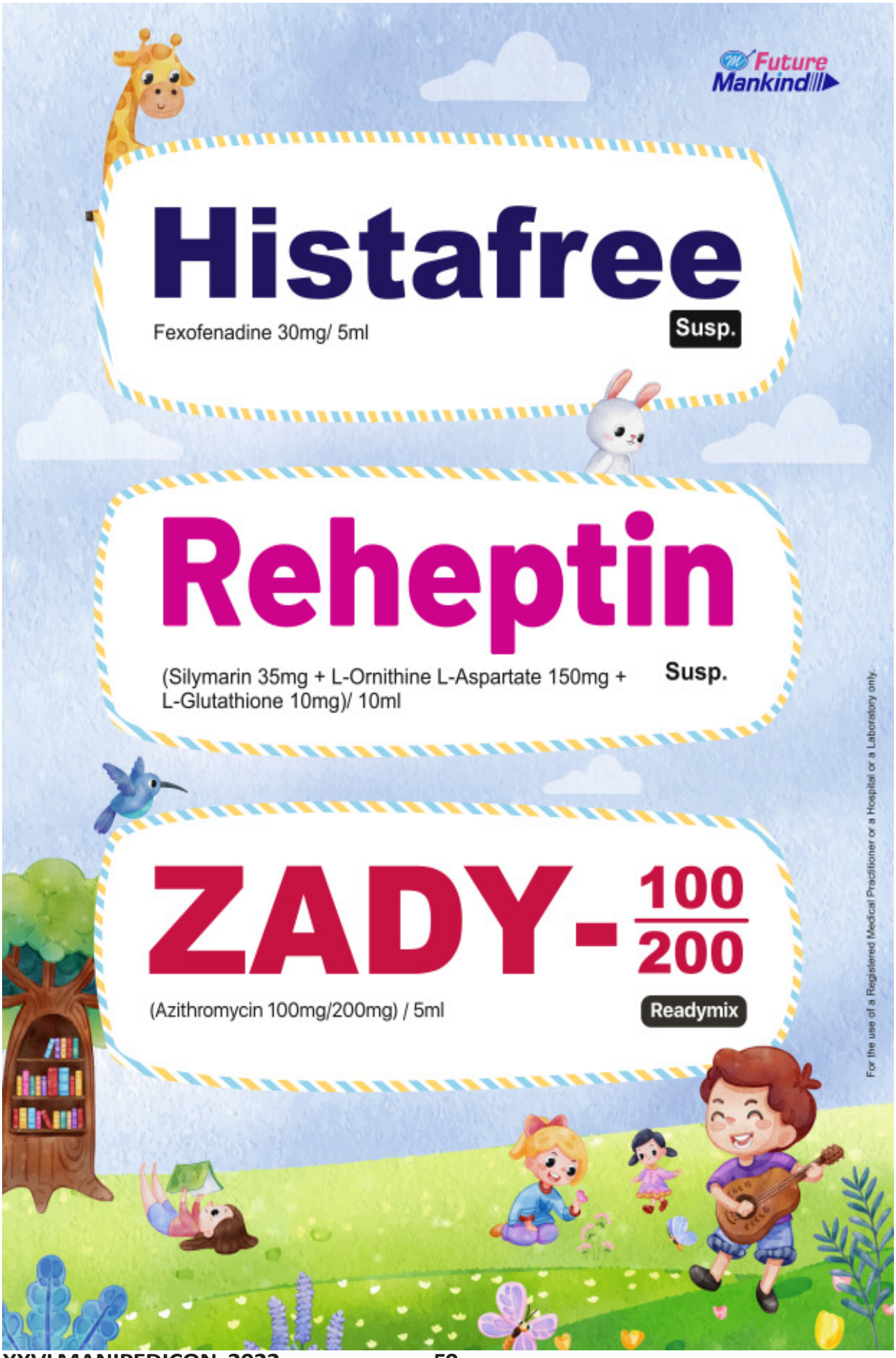

CCD (CRITICAL CARE DEPARTMENT)


NICU


C-ARM MACHINE


CARDIOVASCULAR AMBULANCE

Website: www.rajmedicity.com
North A.O.C, Imphal West-795001, Manipur, India.


Future Mankind
Histafree
Fexofenadine 30mg/ 5ml
Susp.
Reheptin
(Silymarin 35mg + L-Ornithine L-Aspartate 150mg + L-Glutathione 10mg)/ 10ml
Susp.
ZADY - 100/200
(Azithromycin 100mg/200mg) / 5ml
Readymix
For the use of a Registered Medical Practitioner or a Hospital or a Laboratory only.


Don't let Nasal congestion come in the way of a good night's sleep & daytime fun![1]
In Nasal congestion, caused by acute sinusitis, cold flu or allergies
Nasivion®
Each ml contains Oxymetazoline Hydrochloride IP 0.25/0.1 mg
#1 Doctor's Trusted Brand*,^
For free breathing in Babies and Children
In nasal congestion, caused by acute sinusitis, cold flu and allergies
Child and Baby Range
-2 Reduces cold by 2 days[2#]
Good tolerability[3]
25 Seconds Onset of Action 25 Secs[2#]
For Babies below 1 year of age
MRP: INR 68.80
For Children 1-6 years of age
MRP: INR 73.20
Nasivion
Reference:
1. Sujani Kakumanu et al, Am J Respir Med. 2002;1(3):195-200 2. Reinecke S et al, Fortschr. Med. Originalien III/2005 (Vol. 147). 3. T. Wegener et al, J Pharmakol Ther 2012;3:75-80.
#Mean onset of action is 25 sec. In a prospective, double-blind, placebo-controlled clinical trial, Nasivion® 0.05 % demonstrated a statistically significant reducing of the duration of acute rhinitis by 2 days as compared to physiological saline solution.
^ Nasivion is the number 1 prescribed brand amongst the topical Nasal Decongestant Category R01A1+R01AB+R01AA,(Excluding Inhaler Caps) *IQVIA, Medical Audit MAT Mar'20
For the use only of a Registered Medical Practitioner or a Hospital or a Laboratory.


Polybion® Lc
Provides Energy[2]
Stimulates Appetite[1]
Supports Immunity[1]
Polybion
ADVANCED ENERGY RELEASE FORMULA
With delicious Mango Flavor

SERVICES AVAILABLE

- **OPD & IPD**
- **Obstetrics & Gynaecology**
- **Surgery**
  - -General and Cancer Surgery
  - -Neuro-Surgery
  - -Advance Gastro-Enterology Surgery
  - -ENT, Head & Neck Oncosurgery
  - -Urology
  - -CTVS (Heart & Lung)
- **Medicine**
  - -General- Medicine
  - -Chest Medicine
  - -Hepatology (Liver Disease)
  - -Cardiology (Heart Disease
  - -Endocrinology & Diabetology
- **Paediatrics**
- **Orthopaedic & Spine**

FACILITIES AVAILABLE

- Key Hole Surgery
- Operating Microscope
- Bronchoscopy
- Endoscopy
- CT-Scan
- C-Arm
- CUSA
- Ultrasound
- ICU, HDU, NICU (fully equipped)
- Laboratory (24x7)

24X7 EMERGENCY SERVICES
24X7 OT SERVICES
24X7 AMBULANCE SERVICE

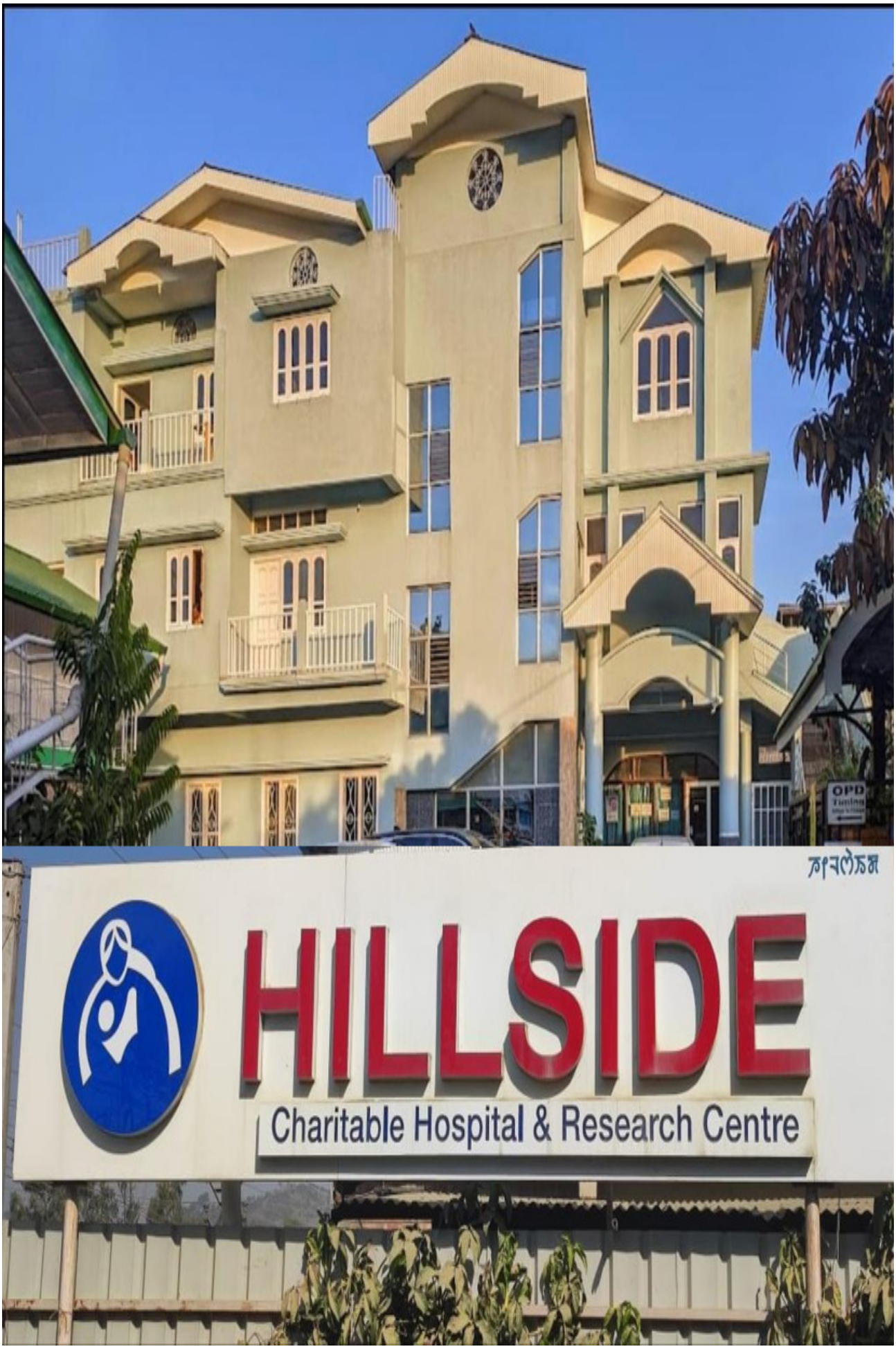
ALL SERVICES AT AFFORDABLE RATE

LITTLE CLINIC

Mission For Healthcare

NAGARAM BLOCK-D DINGKU ROAD IMPHAL EAST

littleclinics@gmail.com


OPD
HILLSIDE
Charitable Hospital & Research Centre

OUR FACILITIES

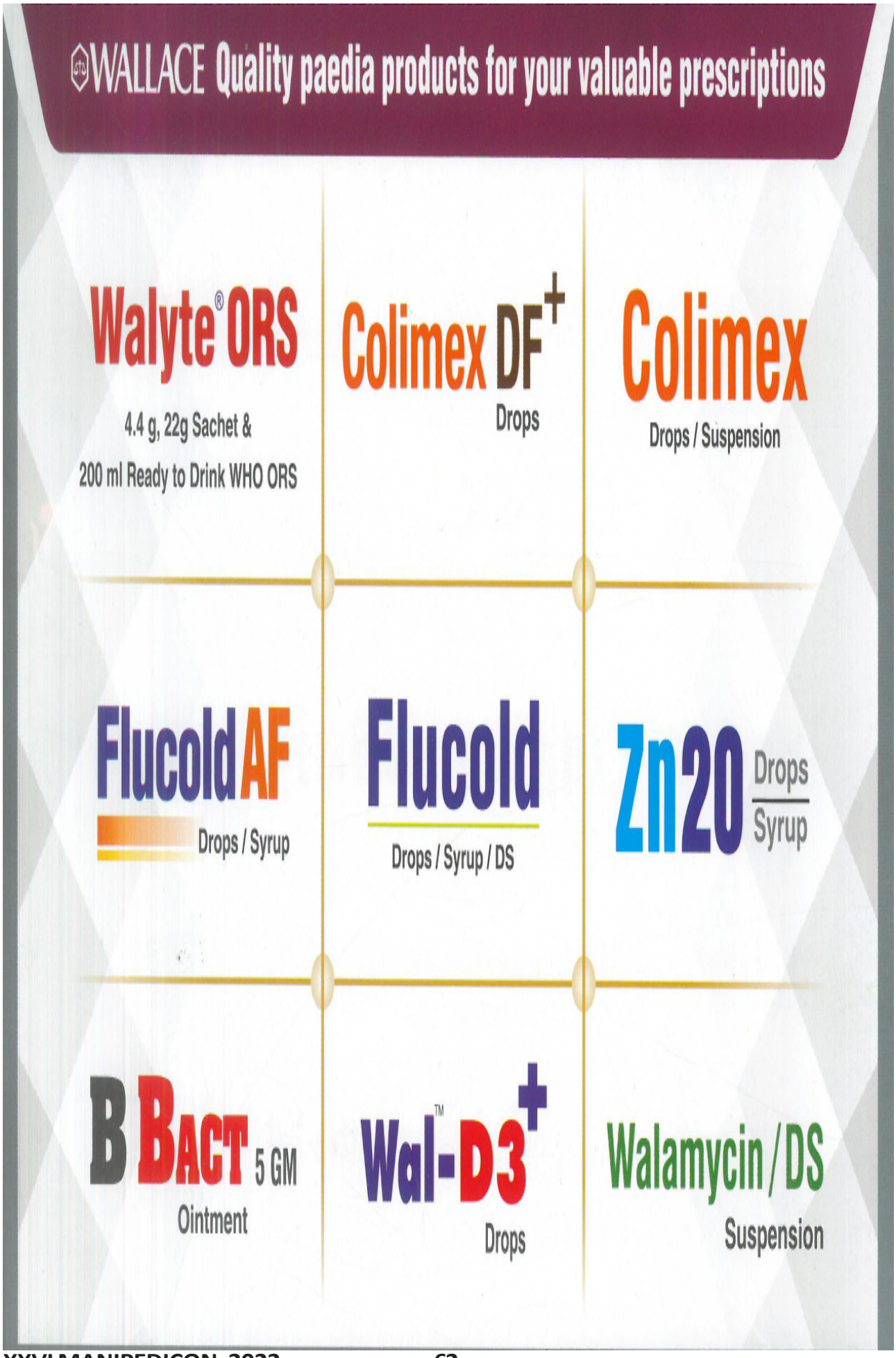
* LABORATORY
* MRI
* CT SCAN
* ULTRASOUND
* X-RAY
* ECHOCARDIOGRAM
* ELECTROCARDIOGRAM
* HOLTER & MONITORING
* SPIROMETRY
* TREAD MILL TEST (TMT)
* PHYSIOTHERAPHY
* UPPER GI ENDOSCOPY
* DENTAL
* DEXA SCAN

SANGAI

Healthcare & Research Centre
Uripok Bachaspati Leikai, Imphal West -795001,
Manipur.

Regd. No. : MNHCR/NO/148/hc/2016


SUN
PHARMA
MOXCLAV® BD/DS
(Amoxicillin + Clavulanic acid)
CHERICOF
Junior
Zofer
(Ondansetron Syrup/MD/Tab/Inj.)
Budefex®
Budesonide Nebuliser Suspension 0.5 mg/ 2 m
Tufpro!
(Bacillus clausii spores 2billion/5ml suspension)
Duoz®
Levosalbutamol 1.25 mg + Ipratropium bromide 500 mcg per 2.5 ml
FARONEM® SYRUP
STANLIFE
a SUN PHARMA division


WALLACE Quality paedia products for your valuable prescriptions
Walyte® ORS
4.4 g, 22g Sachet &
200 ml Ready to Drink WHO ORS
Colimex DF+
Drops
Colimex
Drops / Suspension
Flucold AF
Drops / Syrup
Flucold
Drops / Syrup / DS
Zn20
Drops
Syrup
B BACT 5 GM
Ointment
Wal-D3+
Drops
Walamycin / DS
Suspension