



**SOUVENIR**  
**XXVII MANIPEDICON, 2023**  
**17<sup>th</sup> December 2023**

*Theme :*  
***"Nurturing Psychological Health in  
Children : A Way Forward"***

*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**  
**Dr. Amarjit Moirangthem**

Cover designed by: **Dr. Namganglung Golmei**

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**Organising Secretary : Dr. Ngangbam Sonamani**  
**Organising Treasurer : Dr. Khumanthem John**

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## GROUP PHOTO OF P.A.M MEMBERS



## **PEDIATRIC ASSOCIATION OF MANIPUR (PAM)**

IMA COMPLEX, LAMPHEL, IMPHAL WEST, MANIPUR, INDIA-795004

PAM REGISTRATION NO.597/M/SR/2013

Patron	Dr. L. Braja Mohan Singh Dr. Ksh. Chourjit Singh Dr. Th. Nabachandra Singh Dr. L. Ranbir Singh
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Advisors	Dr. H. Ibemhal Devi Dr. S. Memma Devi Dr. Ch. Mangi Singh Dr. Kh. Ibochouba Singh Dr. Shyamkumar Laishram Dr. Kh. Ratankumar Singh

# Organising Committee



**Dr. N. Kameshore Singh**  
Organising Chairperson



**Dr. Ng. Sonamani**  
Organising Secretary



**Dr. Kh. John**  
Organising Treasurer &  
Scientific Convenor



**Dr. Ch. Shyamsunder Singh**  
Chairperson Reception  
Committee



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Convenor, Reception Committee



**Dr. L. Radhapyari Devi**  
Co- Convenor, Reception Committee



**Dr. Rajkumari Rupabati Devi**  
Chairperson Scientific sub-committee



**Dr. M. Meenakshi Devi**  
Co-convenor, Reception Committee



**Dr. N. Johnson**  
Co-Convenor, Scientific Committee



**Dr. Namganglung Golmei**  
Chairperson, Souvenir Committee



**Dr. Amarjit Moirangthem**  
Convenor, Souvenir Committee



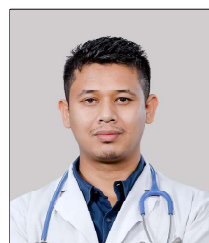
**Dr. Kh. Ibochouba Singh**  
Chairperson, Cultural Committee



**Dr. L. Basanta Singh**  
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**Dr. Narendra Laishram**  
Convenor, Cultural Committee



**Dr. Sanasam Manimukta**  
Convenor, Souvenir Committee



**Dr. Ch. Mangi Singh**  
Chairperson, Catering Committee



**Dr. P. Arunkumar Singh**  
Convenor, Catering Committee



**Dr. Kh. Sachikumar Singh**  
Co-convenor, Catering Committee



**Dr. Shyamkumar Laishram**  
Chairperson Travel &



**Dr. Chingthang Kshetrimayum**  
Convenor, Travel & Accommodation



# Awardee

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**Dr. Siddharth Mairembam**  
RIMS



**Dr. Isha Kumari**  
JNIMS

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

# Advisor *Manipedicon 2023*

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**Dr. H. Ibemhal Devi**  
Advisor



**Dr. S. Memma Devi**  
Advisor



**Dr. Ch. Mangi Singh**  
Advisor



**Dr. Kh. Ibochouba Siingh**  
Advisor



**Dr. Shyamkumar Laishram**  
Advisor



**Dr. Kh. Ratankumar Singh**  
Advisor

# *Honored* **Pediatrician of the year 2023**



## **Dr. Rajkumari Rupabati Devi**

MBBS RIMS, Imphal

DNB Pediatrics ICH - SGRH, New Delhi

- Professional Experience** : Pediatrician MHS for 14 years, Teaching UG/PG Pediatrics till date JNIMS, Examiner of UG/PG Manipur University and Guwahati University , Reviewer of national medical index journals
- Awards** : International - Albert Schweitzer Peace Achievement Award, Sweden June 1991 . National - Purbanchal Pioneer Award , East
- Zone IAP Shillong 2009 FPAI** : Fellow for rendering excellent academic services , Mumbai Jan 2023  
Pioneer in establishing Nutrition Rehabilitation Centre ,the only NRC of Manipur State at JNIMS, Imphal in the year February 2018
- IAP activities** : First lady secretary of Pediatric Association of Manipur. Received recommendation from CIAP for “Excellent Activities “as Convenor Women’s wing. Awarded 8 best branch IAP prizes (5 first prize) during tenure of PAM secretary 2018-19

Published more than 20 research articles in national & international medical journals and presented many papers specially during 15<sup>th</sup> Asia Pacific Pediatrics conference 2016 Hyderabad and National PAICON 2023, Mumbai Provided editorial services & published articles in Scientific bulletins Souvenir and Newsletters of PAM, BPAM and JNIMS Academic Society Organizes conferences , CME, Workshop, Seminar in the capacity of Secretary, treasurer, Joint secretary, chairperson Sc. committee of PAM National Master Trainer on 6 IAP modules including Neurodevelopmental disorder & Prevention of Violence Against Children(P-VAC) State trainer on F-IMNCI, NSSK, SAM- M , IYCF, Pediatric Covid -19 and Autism Contributed in the National / Zonal/ State Conferences as Chairperson , Resource person in CMEs & Preconference Workshops , Guest lecture, Panel members & Judges of Award Papers for Post graduates in zonal conferences

- Member Expert Committee** : State Task Force on Immunization, Intensified Diarrhea Control Fortnight ,Adoption Regulation and Institutional Ethics Committee & Antibiotic Resistance Implementation Committee JNIMS Regularly contributing health talks in AIR, ISTV & DDKI for more than 10 years
- Life member** : CIAP, IPSGHAN, AHA, NNF, BPAM, IMA, JAS

# Memorial ORATION

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**(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. CH SHYAMSUNDER SINGH ORATOR

- Qualification :** MBBS (NERMC, Gold Medallist)  
MD (Pediatrics, AIIMS, New Delhi)
- Designation :** Professor & Head, Department of Pediatrics, RIMS, Imphal
- Experience :** More than 20 years UG & PG teaching experience
- Publication :** More than 30 papers
- Membership :** IAP, NNF, IYCF, PAM
- Misc. :** Involved in IMNCI, FBNC, NSSK, JSSK, NRP training programs  
Co-Guide & Guide for PG students  
Examiner for UG & PG examinations  
Recipient of IAP Pioneer Award Purbanchal 2012  
Treasurer, IAP MSB 2009 – 2015  
Secretary, IAP MSB 2015 – 2017  
Vice President, Pediatric Association of Manipur 2022-23



सुश्री अनुसुईया उइके  
राज्यपाल मणिपुर  
**Miss Anusuiya Uikey**  
Governor of Manipur  
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Imphal (Manipur),  
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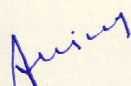
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Fax : +91-0385-2450278/ 2442478

### MESSAGE

I am happy to learn that the Pediatric Association of Manipur (PAM) is organizing its Annual Conference **"XXVII MANIPEDICON 2023"** on 17<sup>th</sup> December, 2023 and a Souvenir is also being brought out to mark the occasion. Most importantly, the theme of the Conference this time - **"Nurturing Psychological Health in Children: A Way Forward"** is, indeed, quite relevant at this juncture.

It is really an arduous task for the Pediatric Association of Manipur to organize such an event at this difficult time. Manipur has been passing through a trying time for the last more than five months. At this critical juncture, health is more important than anything else, especially children. 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 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, particularly those children who have been taking shelter at various relief camps of both Hills and Valley Districts. I am confident that during the Conference, the experts from different parts of the State will interact and come up with suggestions which can make the Association achieve their goals.

I wish the Conference all success.

  
(Miss Anusuiya Uikey)

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



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e-mail: rsapam@yahoo.com



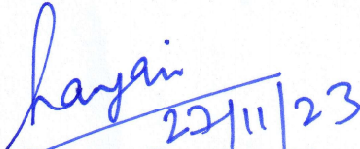
### **MESSAGE**

*I am glad to learn that the Pediatric Association of Manipur (PAM), is bringing out a Souvenir to mark its **"XXVII MENIPEDICON 2023"** which will be held on 17<sup>th</sup> December, 2023 at IMA Conference Hall, Lamphelpat Imphal.*

*The role being played by the paediatricians to bring a respectable health care of the children is really commendable. The commitment of the Pediatric Association of Manipur towards the improvement of physical, mental, social and spiritual health of children and also the wellbeing of the doctors is worth appreciation.*

*I hope that Pediatric Association of Manipur (PAM) continues to work for the welfare of the children with a holistic approach and reached its service to a new height.*

*I extend my best wishes to all the members of PAM on the occasion of its **"XXVII MENIPEDICON 2023"** and also wish the publication of the Souvenir a grand success.*

  
**Dr. Sapam Ranjan Singh**





**Dr. L. Tomcha Khuman**  
**Director,**  
Family Welfare Services,  
Government of Manipur



## **MESSAGE**

I am happy to learn that the Paediatric Association of Manipur is going to organize the Annual Conference "XXVII MANIPEDICON2023" on 17<sup>th</sup> December, 2023 at IMA Conference Hall, Lamphelpat under the theme "Nurturing Psychological Health in Children: A way Forward". On this occasion a Souvenir is also being published.

Much improvement has been achieved in ensuring accessible health services including child health care services at home, through community outreach and through health facilities at various levels ( primary, first referral units, tertiary care health facilities) including both in public and private health sectors in Manipur and this has considerably contributed to bringing down the (i) Neonatal Mortality Rate, (ii) Infant Mortality Rate, and (iii) Under 5 Mortality Rate of Manipur much below the National Figures. However, morbidity among children due to Psycho- Social factors especially in Manipur in the wake of the current violence which has brought untold deaths and displacements will be a great challenge to all health workers of the State in sustaining the hard earned achievements.

I believe the Conference will serve as a platform for redressing some of the core issues surrounding the Psychological Health of the children in Manipur in the present context. I wish the Conference and the Souvenir a grand success.

**Imphal, the 6<sup>th</sup> December, 2023**



**OFFICE OF THE  
STATE HEALTH SOCIETY, NHM MANIPUR**

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**MESSAGE**

I am very happy that the Pediatric Association of Manipur (PAM) is organising the Annual Conference “XXVII MANIPEDICON 2023” with the theme “Nurturing Psychological Health in Children: A way Forward”.

The importance of a child’s mental health cannot be overstated. It directly impacts their emotional, social and cognitive development. Crises and stressful situations take a toll on children and adolescents in the same way as they do on adults.

Good mental health enables children to navigate challenges, develop positive relationships and perform well academically. Moreover, it enhances a youngster’s ability to regulate emotions, effectively solve problems and helps them cope with stressful situations.

I am confident that this conference will be an enriching experience by sharing of knowledge among the medical professionals and teachers.

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



डॉ० गुरुअरिबम सुनिल कुमार शर्मा  
**Dr. Guruaribam Sunil Kumar Sharma**  
निदेशक / Director  
आर.आई.एम.एस., इम्फाल, मणिपुर  
**RIMS, Imphal, Manipur**

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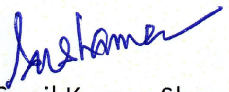
### MESSAGE

It gives me immense pleasure to learn that Pediatric Association of Manipur (PAM), will be organizing Annual Conference “**XXVII MANIPEDICON 2023**” on 17<sup>th</sup> December, 2023 at IMA Conference Hall, Lamphelpat, Imphal with the theme “**Nurturing Psychological Health in Children : A Way Forward**” and a Souvenir is also being published to commemorate the Conference.

I am confident that the deliberations and discussions during the conference will benefit the participants and thereby helping in spreading public awareness about quality mental health which is a fundamental part of overall health and well being. Nurturing and loving care will build a strong foundation, help the child to develop the social and emotional skill to lead a happy, healthy and fulfilled life.

I wish the conference a ‘**grand success**’.

Imphal,  
The 4<sup>th</sup> Dec., 2023.

  
(Prof. G. Sunil Kumar Sharma)  
DIRECTOR





## Jawaharlal Nehru Institute of Medical Sciences

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Prof. L. Deben Singh  
Director, JNIMS  
Porompat, Imphal


### MESSAGE

From the desk of **Director, JNIMS**

It is extremely satisfying to learn that the Paediatric Association of Manipur (PAM) is organizing its Annual Conference, “**XXVII MANIPEDICON 2023**” on **17<sup>th</sup> December, 2023** under the theme “*Nurturing Psychological Health in Children: A Way Forward*” at IMA Conference Hall, Lamphelpat, Imphal.

Nurturing psychological health in children requires a holistic approach that focuses on emotional expression, open communication, a secure environment, healthy coping skills, social connections, and stress reduction. Investing in a child’s mental health from an early age sets a foundation for lifelong well-being and resilience.

I wish my warm greeting and best wishes to the organizers and all the delegates a grand success.

  
6.12.23

(Prof. Dr. L. Deben Singh)  
Director, JNIMS  
Porompat, Imphal- East



**National President  
Indian Academy of Paediatric (IAP)**



Dear friends,

It's festival and conference time all over the country. As we approach the end of fantastic year 2023, we are also going to witness some of the most exciting scientific meets which are about to happen very soon. One of which is annual conference of IAP Manipur state. Amongst the different festivals Christmas definitely has a special place, I must say that Manipur Pedicon i.e. the annual conference of Manipur state branch to be held on 17-12-23 at IMA conference hall Lamphel Imphal definitely has a special place for the pediatricians amongst various conferences.

The theme of the conference is 'Nurturing psychological health in children a way forward'. Social and emotional well-being of every person and in particular children is extremely important which helps them understand connection to land, spirituality, ancestry and culture, which also provide foundations for mental health. Mental health and well-being are integral to children's overall health. Those with good mental health and well-being are healthier, more socially connected and more productive. Good mental health and well-being are associated with better school engagement, increased attendance and better academic performance. Strengthening learners' social and emotional skills, such as problem-solving and emotional regulation, is associated with better coping and resilience, reduced symptoms of depression and anxiety and less substance use and I'm particularly happy to know that considering the current situation in the state the organizing team has focused on this often-overlooked part of child's mental health

The scientific team led by Dr R K Rupabati Devi, Dr Khumanthem John, Dr N Johnson have planned a scientific feast for the delegates which will take care of the needs and interests of pediatricians in public as well as private sector.

Org Chairperson N Kameshore singh, dynamic Org Sec Dr Ngangbam Sonamani, and their extremely enthusiastic team are all geared up to welcome the delegates and faculty from across the region. Though I will miss the opportunity to meet and greet you all during the event, I will certainly try to be there in 2024 for the Manipur state conference.

I'm sure this mega event is going to be hugely successful and my best wishes for the same.

Happy Learning!

**Dr Upendra Kinjawadekar**  
National President  
Indian Academy of Pediatrics



## **MESSAGE**

It is indeed a privilege and honour being the Chairperson of the Organising team XXVII MANIPEDICON 2023, the annual Conference of the Paediatric Association of Manipur (PAM), the State branch of Indian Academy of Paediatrics (IAP). This year amidst this critical period of conflict situation, PAM is taking up Social responsibilities of Child Health Services in various aspects, the Scientific agenda including various discussion, presentation etc. during this conference updating the knowledge of the Child health Caregivers being a part of it.

The theme of the Conference “Nurturing Psychological Health in Children: A Way Forward” is very appropriate looking timely into the Psychological Health of the Children during this crisis time in particular.

I wish the Conference a Grand Success.

Happy, Peaceful & Prosperous New Year 2024

Long live IAP

Long live PAM

**Prof. N. Kameshore Singh**

Organising Chairperson





## Message from Organising Secretary MANIPEDICON 2023

Respected Teachers and friends

Warm Greeting ...!

It is my privilege to share that the annual conference of Pediatric Association of Manipur “XXVII MANIPEDICON 2023” will be held on 17th December, 2023 at IMA Hall, Lamphelpat. The theme for the year is “Nurturing Psychological Health in Children: A Way Forward”. The theme of the year has been chosen to reflect the immensely damaging and deep scar on psychological and social health of vulnerable section of the population, given the unfortunate circumstances affecting all of us. The very foundation of young children realising their potential in future life depends on protecting and nurturing their psychological health from the very young age. Pediatricians have a huge and important role in identifying and detecting psycho-social issues concerning the young children and providing holistic care. Despite the challenging circumstances, PAM celebrated World Breastfeeding Week across different venues emphasising the importance of promoting and protecting breastfeeding. The highlight of the celebration was the priceless interaction with pregnant women and lactating mothers at community homes.

The scientific committee has prepared an excellent scientific session including a panel discussion involving stalwarts in the field.

I hope that the scientific deliberations and personal interactions will bring out the best of our scientific temper during the academic extravaganza.

Long Live PAM.

Long Live IAP..

*Ng Sonamani*

Ngangbam Sonamani  
Honorary Secretary, PAM 2022-23



**From the desk of the Chairman,  
Reception Sub-committee**

Dear friends and colleagues,

Dear friends,

It is with extreme delight that on the occasion of celebration of the XXVII MANIPEDICON 2023, I , on behalf of the Organizing Committee welcome all the distinguished guests, delegates, academicians, invitees and well wishers to this annual Pediatric conference.

This year's theme "Nurturing psychological health in children : A way forward" has been aptly chosen in view of the prevailing times, as not only the physical aspects, children are also equally affected mentally thereby hindering their potential for growing up as a responsible adult and citizen. In this Conference, many eminent academicians will deliberating on the topic and discussing ways to bring about fruitful and positive change.

We will be most obliged for your active participation in this one day scientific extravaganza and make it a grand success.

Wishing all of you the very best in the coming New Year 2024.

Long live PAM

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



## Pediatric Association of Manipur (PAM)



### MESSAGE

It gives me immense pleasure to welcome all the academicians, invitees and delegates in the "27 MANIPEDICON 2023" the annual conference of Pediatric Association of Manipur (PAM) to be held on 17<sup>th</sup> December 2023 at the IMA Conference Hall, Lamphel. This year, our organizing team choose the theme as "Nurturing Psychological Health in Children: A Way Forward" for the conference. Psychologically healthy children have a positive quality of life and can function well at home, in school and in their communities. The emotional and cognitive health in children can be affected by trauma, abuse and neglect including nutrition, leading to anxiety, depression, eating disorders and post-traumatic stress disorder. It is need of the hour to promote healthy psychological environment in all sphere of life for a child.

The scientific interaction and discussions during the conference will be a golden opportunity for all the health professionals on understanding the Psychological health in children and provide child friendly environment. I take this opportunity to thank all the organizing committee members of Pediatric association of Manipur whose tireless efforts and unconditional support in organizing this conference a memorable one. I on behalf of scientific committee "MANIPEDICON 2023" also thank all invitees, speakers and delegates in making the conference a beautiful journey of service to humanity.

I wish "MANIPEDICON 2023" a grand success .

**Dr. Rajkumari Rupabati Devi**  
Chairperson  
Scientific sub-committee  
XXVI MANIPEDICON 2023



## **Pediatric Association of Manipur (PAM)**

### MESSAGE



It gives me a great pleasure to share a message for the XXVII MANIPEDICON 2023 being organized by the Pediatric Association of Manipur (PAM) on 17th December, 2023 at IMA Conference Hall, Lamphel, Imphal.

The theme of this year conference “Nurturing Psychological Health in Children: A Way Forward” is aptly chosen considering the present turmoil our state is going through. I hope this conference will shed a light in everyone’s mind while dealing with our patients in our day to day clinical practice and do something in this aspect.

“I wish this conference I grand success.

“Long live IAP.

“Long live PAM.

**Dr. Namganglung Golmei**

Convenor

Souvenir Sub-Committee

# SCIENTIFIC PROGRAMME

## XXVII MANIPEDICON, 2023

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
1	Health-seeking behaviour among primary caregivers of under-five children in two districts of Manipur - A cross-sectional study	<b>Dr. O. Gunapriya</b>
2	Mortality profile of children in a Tertiary care centre in North East India: A cross sectional study	<b>Dr. Vivek Ahanthem</b>
3	Antimicrobial Resistance Patterns in the bacterial isolates of Urinary Tract Infection in Children in a Tertiary Care Centre in North East of India	<b>Dr. Monisha Chandrasekaran</b>

9:00 AM - 09: 30 AM: Poster Walk (Poster Arena- B Hall)

09:20 AM -10:30 AM Session I: 1 hour (18+2 mins each)

Sl. No.	TOPIC	SPEAKER	CHAIRPERSON
1	Micronutrients: Food for Psychological Health in Children	<b>Dr. RK. Rupabati Devi</b>	<b>Prof. Kh. Ibochouba</b> <b>Dr. H. Jashobanta</b>
2	Demystifying Demyelinating Disorders of CNS	<b>Dr. L Radhapyari</b>	
3	Principles of Medical Ethics	<b>Prof. Memchoubi Phanjoubam</b>	
4	Generic Medicines in Jan Aushadhi Kendras (10 mins)	<b>June Heikrujam</b>	

10:20 AM-11:40 AM Session II: Recent Updates 1 hour 20 mins (18+2 mins each)

Sl. No.	TOPIC	SPEAKER	CHAIRPERSON
1.	Antenatal Magnesium sulfate: Does it prevent cerebral palsy?	<b>Dr. Y Rameshwar</b>	<b>Dr. RK. Rupabati</b> <b>Dr. Shyamkumar Laishram</b>
2.	Calming the Cytokine Storm	<b>Dr. N. Johnson</b>	
3.	Cellular Therapy in Pediatric Malignancies: From BiTEs, TRUCKS to CARs	<b>Dr. Ng. Sonamani</b>	
4.	Uncertainties and ecstasies in Pediatric surgical emergencies	<b>Dr. Toijam Soni Lyngdoh</b>	

11:40 AM- 12: 10 PM: Session III: Panel discussion (30 mins)

TOPIC	PANELISTS	MODERATOR	CHAIRPERSON
Challenges in diagnosis and management of under 5 wheezers	<b>Dr. L. Shyamkumar</b> <b>Prof. Ibochouba</b> <b>Prof. N. Kameshore</b> <b>Prof. Shyamsunder</b>	<b>Dr. Kh. Ratankumar</b>	<b>Dr. Th. Nabachandra Singh</b> <b>Prof. L. Ranbir Singh</b>

12:10 PM- 01:10 PM: **Inauguration**

01:10 PM- 01:40 PM: **Lunch**

01:40 PM- 02:00 PM: **Prof. Laishram Ibetombi Memorial Oration**

TOPIC	SPEAKER	CHAIRPERSON
Pediatric Environmental Health: Safeguarding the future Generation	<b>Prof. Ch. Shyamsunder Singh</b>	<b>Prof. N. Kameshore</b> <b>Dr. Ng. Sonamani</b>

02:10 PM – 3.10 PM: Session IV Mental health in children 1 hour (18+2 mins each)

Sl. No.	TOPIC	SPEAKER	CHAIRPERSON
1	Nurturing Psychological Health in children	<b>Dr. Y. Sana Devi</b>	<b>Dr. H. Apabi</b> <b>Dr. Sunibala K.</b>
2	Developmental Delay	<b>Dr. A. Kiran Devi</b>	
3	Role of child psychologist in management of autism	<b>Priyanka K.</b>	

3.10 PM – 4.30 PM: Session V: 1 hour 20 min (18+2 mins each)

Sl. No.	TOPIC	SPEAKER	CHAIRPERSON
1.	ARDS in children	<b>Dr. Kh. John</b>	<b>Prof. Ch. Shyamsunder</b> <b>Dr. Y. Rameshore</b>
4.	Probiotics in diarrhoea	<b>Dr. Sareetkumari N.</b>	
3.	Inborn errors of metabolism: Not so rare	<b>Dr. S. Manimukta</b>	
4.	Stridor in children: Approach and management	<b>Dr. Anilbala</b>	

04:30 PM- 05:00 PM: Session VI: Free Paper Session (8+2 mins each)

05:00 PM- 05:30 PM: AGM (Annual General Body Meeting)

05:30 PM- 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
<b>PEDIATRIC ASSOCIATION OF MANIPUR (PAM)</b>			
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
2022-2023	Dr. N. Kameshore Singh	Dr. Ngangbam Sonamani	Dr. Khumanthem John

# **ABSTRACTS**

## **AWARD PAPER PRESENTATION**



# Health-Seeking Behaviour Among Primary Caregivers of Under-Five Children In Two Districts of Manipur - A Cross-Sectional Study

**Presenter:** Dr. O. Gunipriya

*PGT 3<sup>rd</sup> year*

**Dr. H. Kulabidhu Singh**

*Professor*

**Dr. Th Kayia Priscilla Kayina**

*Assistant Professor*

## Abstract

**Background:** Children are susceptible to infections and undernutrition and are entirely dependent on their caregivers to obtain necessary medical attention. Appropriate health-seeking behaviour by caregivers for their children can reduce morbidity and mortality resulting from most acute illnesses in childhood.

**Objectives:** To assess health-seeking behaviour of primary caregivers having under-five children during acute illness and to determine association between important socio-demographic variables and health-seeking behaviour of primary caregivers having under-five children.

**Materials and methods:** A community-based cross-sectional study was conducted using pre-tested, semi-structured questionnaire among primary caregivers of under-five children. Thoubal and Imphal East districts in Manipur were selected by simple random sampling. From each selected districts multistage stratified sampling was done to select one ward/village. Descriptive statistics and analytical statistics like Chi-square test was used. A p-value of < 0.05 taken as significance.

**Results:** A total of 407 under five children were included in the study. Majority of the children 92.4% had suffered from at least one morbidity. Educational status of the mother/primary caregiver, district of residence, religion and perceived illness were found to significantly associated with favourable health-seeking behaviour of the caregivers' during childhood illnesses.

**Conclusion:** Although two third participants 261 (69.4%) have favourable health seeking behaviour, one third of the participants 115 (30.65) follow unfavourable health seeking behaviour. Awareness about adherence to immunization schedule among primary caregivers and promotion of seeking healthcare from a formal health care facility during a child's illness can be recommended.

# Mortality Profile of Children in A Tertiary Care Centre in North-East India: A Cross-Sectional Study

**Authors:** Dr. Ahanthem Vivek Singh<sup>1</sup>  
Dr. Nandeibam Kameshore Singh<sup>2</sup>  
Dr. Hijam Apabi Singh<sup>3</sup>  
Dr. Laishram Narendra Singh<sup>3</sup>  
Dr. Yengkhom Rameshwor Singh<sup>3</sup>  
Dr. Nameirakpam Johnson<sup>4</sup>

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<sup>2</sup>Professor and Head of Department, Department of Paediatrics, JNIMS, Imphal

<sup>3</sup>Associate Professor, Department of Paediatrics, JNIMS, Imphal

<sup>4</sup>Consultant Pediatric Rheumatology, Department of Paediatrics, JNIMS, Imphal

## Abstract:

**Objective:** To assess the mortality profile in children below 12 years of age in a tertiary care centre in North-East India. **Methods:** A cross-sectional study was conducted in the Department of Paediatrics, Jawaharlal Nehru Institute of Medical Sciences (JNIMS), Imphal reviewing hospital records over a period of one year from 1st October, 2022 to 30<sup>th</sup> September, 2023. The inclusion criteria of the study were children aged up to 12 years who expired during the study period. **Results:** A total of 2649 children (621 neonates and 2028 children between the age of 1 month and 12 years) were admitted in the department during the study period. 59 children (28 neonates and 31 children between the age of 1 month and 12 years) expired. The median age was 2 (0.5, 6) years. The median duration of hospital stay was 24 (4, 72) hours. Sepsis was the most common diagnosis (13, 46.4%) and immediate causes of death (8, 28.6%), while the most common co-morbidity was perinatal asphyxia (6, 21.4%) in neonates. Among the older children, pneumonia and sepsis (9, 29%) were the two most common immediate causes of death. Down's syndrome and congenital heart disease (4, 12.9%) were the two most common co-morbidities. **Conclusion:** We described the mortality profile of children admitted in our department over a period of 1 year.

**Keywords:** Mortality, Pneumonia, Sepsis, Congenital Heart Disease, Down's Syndrome, Perinatal Asphyxia

## Correspondence address:

Dr. Ahanthem Vivek Singh, PGT, Department of Paediatrics, JNIMS, Imphal

**Contact number:** 9862722359, **e-mail address:** [ahanthemvivek@gmail.com](mailto:ahanthemvivek@gmail.com)

# Antimicrobial Resistance Patterns in the Bacterial Isolates of Urinary Tract Infection in Children in a Tertiary Care Centre in North East of India

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**Dr. KH. IBOCHOUBA SINGH**

Professor and HOD, Department of Pediatrics, Mother's Care Children Hospital & Research Centre, Imphal, Manipur.

**Dr. KH. RATANKUMAR SINGH**

Head of Institute and Senior Consultant, Department of Pediatrics, Mother's Care Children Hospital & Research Centre, Imphal, Manipur.

**Dr. N. LAKSHMEE DEVI**

Consultant, Department of Pediatrics, Mother's Care Children Hospital & Research Centre, Imphal, Manipur.

## INTRODUCTION:

Urinary Tract Infection (UTI) is a common bacterial infection in infants and children. Antimicrobial resistance amongst uropathogens has increased over the past few decades because of the widespread indiscriminate use, easy availability and over the counter sale of antibiotics. Since the initiation of antimicrobial therapy in UTI is empirical, knowledge of the antimicrobial resistance patterns of common uropathogens in each region is essential to provide clinically appropriate therapy. Hence the study was conducted to determine the bacterial spectrum and the patterns of antibiotic resistance of uropathogens in children with UTI in a tertiary care centre in North East of India.

## AIMS AND OBJECTIVES :

To evaluate bacteriological profile and antimicrobial resistance patterns in the bacterial isolates of UTI in children over the period of six years.

## METHODOLOGY :

A Hospital based Retrospective study

Included 759 positive urine cultures from children (1 month to 14 years) over a period of six years from 2018 to 2023.

## RESULTS :

A total 759 positive urine cultures were analysed. Among the Uropathogens, E Coli represented majority of isolates (89.2) followed by K.pneumoniae(5%) and Proteus mirabilis(2.5%). Isolated pathogens showed overall increase in resistance to Ampicillin(from 83.8% to 90.5%) , Amoxyclav(from 34.9% to 47.2%) , Cefixime(from 80.2% to 88.6%), Ceftriaxone(from 66.7% to 76.6%), Ciprofloxacin(from 62% to 72.8%). Higher sensitivity rates were found in Aminoglycosides, Carbapenams, Nitrofurantoin.

## CONCLUSION:

This study revealed E Coli was predominant uropathogen. Over a period of 6 years, Increase in resistance to commonly used empirical antibiotics were noted. This study is useful for clinicians inorder to improve the empirical treatment of UTI.

Keywords : UTI in children, Antimicrobials, Resistance patterns.

# **ABSTRACTS**

## **POSTER & FREE PAPER**

# A Case Report Of Meningomyelocele

**Presenter:** Dr Mulongsunep Kichu

Post Graduate Trainee,  
RIMS, Imphal

## **Abstract:**

Myelomeningocele or open spina bifida is the most common open neural tube defect. It is characterized by failure of the neural tube to close in the lumbosacral region during embryonic development (fourth-week post- fertilization), leading to the herniation of the meninges and spinal cord through a vertebral defect. Its incidence in India is about 0.5 to 11 per 1000 live births. Females have a 3-7 x higher risk compared to males. It is associated with number of chromosomal and genetic conditions and maternal folate deficiencies. The clinical features depend on the level of involvement, the presence of hydrocephalus and associated brain abnormalities. Most individuals with myelomeningocele have complete paralysis and loss of sensation in their lower extremities and trunk, below the lesion level. The diagnosis in a newborn is usually apparent because of the grossly visible lesion in the back. The screening test of choice is a second-trimester ultrasound. Periconceptional folic acid supplementation is proven to decrease both the recurrence and occurrence of myelomeningocele. The most recent achievement involves the repair of meningomyelocele through advancements in fetal surgery in utero. We report a term male neonate born to a 29 years old multigravida. He had clinical features of a meningomyelocele and severe bilateral ventriculomegaly.

## **Keywords:**

Hydrocephalus, folate deficiencies, myelomeningocele, lumbosacral region, chromosomal conditions, neural tube defect

Correspondence Address: Dr Mulongsunep Kichu, PGT-1, Department of Pediatrics, RIMS, IMPHAL

# A Case Rreport Of IEM- Urea Cycle Disorder

**Authors:** Dr Ancymol F.L

**Dr. Sansam Manimukta Singh**

**Dr Ng. Sonamani**

**Dr Kh Ratankumar Singh.**

## **Affiliation:**

Mother's Care Children's Hospital and Research Centre, Imphal

## **Abstract:**

Second born term neonate from a non consanguineous marriage by LSCS with no significant perinatal event and birth weight of 2700g was brought to casualty with respiratory distress for 2-3hours on day 3 of life. On examination baby was gasping, CRT> 3 second, peripheral cyanosis and hepatomegaly was present. Baby was intubated and put on mechanical ventilation. ABG showed severe metabolic acidosis. IEM screenings were sent, it showed high levels of Serum Ammonia and Ketone. Metabolic cocktail was started. Further confirmatory GCMS and TMS were sent, it showed elevated levels of Alanine, Citrulline and Orotic acid, suggestive of Urea Cycle disorder. Orotic acid increased in Ornithine Transcarbamylase deficiency. Urinary orotic acid excretion also be increased in Argininemia caused by Arginase deficiency and Citrullinemia type 1 caused by Argininosuccinic acid synthase deficiency.

Baby was managed with Arginine supplements which improved the clinical condition of the baby.

**Key words:** Inborn error of metabolism- Urea Cycle Disorder

# Scrub typhus with acute liver failure and secondary hemophagocytic lymphohistiocytosis

**Authors:** Dr. Iris Ashoni Shangne<sup>1</sup>  
Dr. Nameirakpam Johnson<sup>2</sup>  
Dr. Rameshwor Yengkhom<sup>2</sup>  
Dr. Narendra Laishram<sup>2</sup>  
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<sup>3</sup>Professor and Head of Department, Department of Paediatrics, JNIMS, Imphal

## **Abstract:**

Scrub typhus is a mite borne acute febrile illness caused by *Orientia tsutsugamushi*. Hemophagocytic lymphohistiocytosis (HLH) is a rapidly progressive and potentially life threatening hyperinflammatory syndrome. A case of HLH and acute liver failure in a patient of scrub typhus is being reported.

A 4-years old male child was admitted with fever for 8 days, diffuse swelling of legs and periorbital puffiness for 2 days. On examination, he had an eschar over sacral area. Possibility of scrub typhus was considered and started on intravenous (iv) ceftriaxone and iv doxycycline. He had low blood pressure (74/48 mm of Hg), flushed capillary refill time, deteriorating sensorium with brisk deep tendon reflex on day 2 of hospital stay. He was intubated and put on mechanical ventilation in view of low Glasgow coma scale. Possibility of raised intracranial pressure (ICP) and septic shock was kept. Vasoactive support with noradrenaline was started and put on anti-raised ICP measure with 3% saline infusion. Laboratory investigations showed anaemia (hemoglobin 8.7 g/dl), neutrophilic leucocytosis (total leucocyte count 15290 /mm<sup>3</sup>, neutrophil 78%, lymphocyte 19%), thrombocytopenia (platelet 30,000 /mm<sup>3</sup>) and low ESR (18 mm/1<sup>st</sup> hr). There was hyperbilirubinemia (total serum bilirubin 5.9 mg/dl), transaminitis (aspartate aminotransaminase 628 U/L, alanine aminotransaminase 305 U/L), hypoalbuminemia (2.2 g/dl), prolonged prothrombin time (>100 sec), International Normalised Ratio (3) and d-dimer (>0.5 g/dl). Serum procalcitonin (35 ng/L) and ferritin (>2000 ng/ml) were also elevated. Scrub typhus IgM serology was positive. Blood and urine culture were sterile. Widal test was negative. Ultrasonography abdomen showed hepatosplenomegaly with bilateral pleural effusion. A final diagnosis of Scrub typhus with acute liver failure and HLH was proffered. He received intravenous ceftriaxone (5 days), doxycycline (10 days), packed red blood cells and fresh frozen plasma during hospital stay. He became afebrile, sensorium normalised, bicytopenia and transaminitis improved during hospital stay. He was weaned off oxygen and vasoactive support and discharged on day 14 of hospital stay.

## **Conclusion:**

Presence of eschar should be actively looked for diagnosis of scrub typhus. Prompt recognition of secondary HLH is essential to prevent mortality.

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**Key words:** Scrub typhus, *Orientia tsutsugamushi*, HLH

# A Case Report Of Fetiform Teratoma

**Presenter: Dr Priyanka Chettri**

*Post Graduate Trainee*

*Department of Pediatrics*

*RIMS Imphal*

## **ABSTRACT:**

Fetiform teratoma (homunculus) is a term that has been given to a rare form of teratoma which resembles fetus. There are very few cases that reported in this entity. Because of its risk of malignancy, fetiform teratoma should be distinguished from fetus in fetu and ectopic pregnancy. Fetus in fetu is a rare case of intra-abdominal mass, usually seen in infants. It is a congenital anomaly secondary to abnormal embryogenesis in a diamniotic monochorionic pregnancy. Teratoma is the presence of variety of tissues in an abnormal location of the body. Teratomas contain cell populations derived from 2 or more germ layers, such as endoderm, mesoderm, or ectoderm. Even the presence of high differentiated tissue does not exclude the diagnosis of teratoma as it happens in the case of homunculus. Teratoma, unlike fetus in fetu- does not show vertebral axis or regional distribution of the organs.

## **CASE REPORT:**

3 months male child presented with complain of swelling in the right lower abdomen. USG W/A was S/O right lower abdominal complex cystic lesion? Dermoid Cyst/? Mesenteric Cyst. CT whole abdomen was also done with F/s/o Mature Cystic Teratoma (Dermoid Cyst). Child underwent laparotomy under GA and a cystic mass measuring 7×5.5×5 cm<sup>3</sup>, covered with a membrane was excised. The globular mass was covered with thin, darkly pigmented hair, 2 rudimentary limb-like buds and 2 buds at caudal end showed toe like features. HPE revealed F/s/o Teratoma, prepubertal-type with fetiform features. No evidence of axial skeletal tissue was seen. Patient was hemodynamically stable, no immediate post-operative complications and was discharged.

**Keywords:** Teratoma, Fetus-in-fetu, Dermoid Cyst.

Correspondence address: Dr. Priyanka Chettri. PGT-2, Department of Pediatrics, RIMS Imphal.



# 9P- Syndrome: Clinical Profile of a Rare Chromosomal Disorder

**Authors:** Dr. Ahanthem Vivek Singh<sup>1</sup>,  
Dr. Nandeibam Kameshore Singh<sup>2</sup>,  
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## **Abstract:**

9P- syndrome, also known as Alfi's syndrome, is a rare chromosomal disorder first described by Alfi OS et al. in 1976, is characterised by partial or complete deletion of short arm of chromosome 9. It is a complex disorder with facial dysmorphisms, musculoskeletal, cardiovascular and neurological abnormalities.

We present a case of 3-year-old female, 2<sup>nd</sup> born child to a non-consanguineous married couple who presented with global developmental delay. On examination, she had dysmorphic facial features in the form of trigonocephaly, hypertelorism, bilateral low set ears, wide flat nasal bridge and anteverted nostrils. She also had scoliosis, anterior abdominal hernia, global developmental delay and generalised hypotonia. Neuroimaging studies and inborn metabolic disorders panel by tandem mass spectrometry revealed no abnormalities. Karyotyping revealed partial deletion of the short arm of chromosome 9 distal to band p22 – 46,XX,del(9)(p22).

## **Conclusion:**

We aim to provide a concise overview of the clinical manifestations of this rare chromosomal disorder. The scarcity of documented cases in medical literature makes each instance valuable for expanding our understanding of this neurodevelopmental disorder.

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**Keywords:** Alfi Syndrome, Chromosomal Disorder, Chromosome Deletion, Global Developmental Delay, Facial Dysmorphism.

# Clinical Profile of 4 Children With Hemophagocytic Lymphohistiocytosis from a Tertiary Care Centre in North East India

**Authors:** Dr. Leimapokpam Martina Devi<sup>1</sup>

Dr. Nameirakpam Johnson<sup>2</sup>

Dr. Rameshor Yenkhom<sup>2</sup>

Dr. Narendra Laishram<sup>3</sup>

Prof. Nandeibam Kameshore<sup>4</sup>

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*<sup>4</sup>Professor and Head of Department, Department of Paediatrics, JNIMS, Imphal*

## **Abstract:**

### **Introduction:**

Hemophagocytic lymphohistiocytosis (HLH) is a life threatening hyperinflammatory condition characterized by persistent fever, organomegaly, falling counts, raised inflammatory markers and high ferritin. It can be primary due to genetic defect or secondary to infection, autoimmune diseases and malignancy.

### **Objective:**

To describe the spectrum of manifestations in 4 children with HLH.

### **Design and method:**

Analysis of records of 4 children diagnosed with HLH from 1<sup>st</sup> November 2022 to 30<sup>th</sup> November 2023 in the Department of Paediatrics, Jawaharlal Nehru Institute of Medical Sciences, Imphal, Manipur.

### **Results: Case 1:**

A 9 years old male child, born of non consanguineous marriage presented with multiple nodular swelling for 1 year, fever for 3 months and ulceration on left leg for 10 days. On examination, he had pallor, lymphadenopathy, firm subcutaneous nodules on multiple sites of body, two ulcerative lesions on lateral and medial aspects of left leg. Investigations revealed bicytopenia and thrombocytosis (Table 1). C-reactive protein (CRP) was positive, pus and blood culture were sterile. Bicytopenia worsened and platelet count started decreasing with elevated ferritin. Skin biopsy revealed septal and lobular panniculitis with septal fibrosis. Bone marrow

examination revealed hemophagocytes with erythroid hypoplasia. He was diagnosed with panniculitis with hemophagocytic lymphohistiocytosis with abscess over left leg. He received iv ceftriaxone (10 days), teicoplanin (10 days) and packed red blood cell (PRBC). Fever subsided after giving iv methylprednisolone at 30 mg/kg/day for 3 days followed by oral prednisolone 2mg/kg/day. Bicytopenia gradually improved and discharged on oral prednisolone.

#### **Case 2:**

A 4 years old, HIV exposed female child diagnosed with chronic myeloid leukemia (CML) 4 months back presented with fever and intermittent cough for 7 days. On examination, she had pallor and hepatosplenomegaly. Investigations showed pancytopenia, positive CRP and elevated serum ferritin (Table 1). High resolution computer tomography chest showed fibroparenchymal band in left lower lobe. She received iv ceftriaxone (2 days) followed by piperacillin tazobactam (3 days) and amikacin (3 days). Antibiotics were upgraded to tigicycline (17 days) and teicoplanin (12 days) in view of persistent fever and worsening pancytopenia. She was diagnosed as CML with hemophagocytic lymphohistiocytosis secondary to infection. Multiple PRBC and platelet concentrate were transfused. Pancytopenia improved with iv dexamethasone at 12 mg/m<sup>2</sup>/day. Steroid was gradually tapered and continued on oral prednisolone.

#### **Case 3:**

A 4-years old male child was admitted with fever for 8 days and periorbital puffiness for 2 days. On examination, an eschar was present over sacral area. He had low blood pressure (74/48 mm of Hg), flushed capillary refill time, deteriorating sensorium with brisk deep tendon reflex on day 2 of hospital stay. He was intubated and put on mechanical ventilation. Laboratory investigations showed anaemia, neutrophilic leucocytosis, thrombocytopenia, low ESR, hyperbilirubinemia, transaminitis, hypoalbuminemia (2.2 g/dl), prolonged prothrombin time (>100 sec), International Normalised Ratio (3) and d-dimer (>0.5 g/dl) (Table 1). Serum procalcitonin (35 ng/L) and ferritin were also elevated. Scrub typhus IgM serology was positive. Blood and urine culture were sterile. Widal test was negative. A diagnosis of Scrub typhus with acute liver failure and HLH was considered. He received intravenous ceftriaxone (5 days), doxycycline (10 days), packed red blood cells and fresh frozen plasma during hospital stay. He was discharged successfully on day 14 of hospital stay.

#### **Case 4:**

A 3 years old male born out of a non consanguineous marriage presented with fever with rash for 20 days. He had similar complaint at 1 year of age requiring hospital admission which was diagnosed as a case of HLH and managed with intravenous immunoglobulin, iv dexamethasone and etoposide. On examination, he had erythematous rash, hepatomegaly and multiple cervical lymphadenopathy. Investigation revealed neutrophilic leucocytosis, elevated ferritin, negative dengue serology, negative Widal test, sterile blood and urine culture

**Table 1:**

<b>Investigations</b>	<b>Case 1</b>	<b>Case 2</b>	<b>Case 3</b>	<b>Case 4</b>
Hemoglobin (g/dl)	7.1	3.2	8.7	10.6
Total Leucocyte count (/mm <sup>3</sup> )	2,500	1,330	15,290	8,450
Neutrophils/ Lymphocytes (%)	64/30	11/54	78/19	45/51
Platelet (/mm <sup>3</sup> )	5,00000	11,000	3,000	27,000
ESR (mm/1 <sup>st</sup> hour)	13	24	18	21
Ferritin (ng/L)	3,299	>2000	>2000	4,709
Total bilirubin (mg/dl)	0.3	1.5	5.9	0.4
Aspartate aminotransaminase (U/L)	70	18	628	36
Alanine aminotransaminase (U/L)	28	26	305	14
Alkaline phosphatase (U/L)	109	208	359	169
Urea (mg/dl)	18	29	35	21
Serum creatinine (mg/dl)	0.3	0.7	0.5	0.5
C-Reactive protein (mg/dl)	16	Positive	Positive	3.5
Culture	Pus-Sterile	Urine-sterile	Blood/urine-sterile	Blood/urine-sterile

**Conclusion:**

We describe our experience of managing 4 children with HLH over a follow-up period of 120 patient days.

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**Key words:** Haemophagocytic lymphohistiocytosis

# A Case Report Of Neurocysticercosis

**Presenter: Dr Arularasu T**

*Post Graduate Trainee*

*RIMS, Imphal*

## **Abstract:**

Neurocysticercosis is a parasitic infection of the central nervous system caused by the larvae of pork tapeworm, *Taenia solium*. Neurocysticercosis is the most common parasitic infection of the brain and a leading cause of epilepsy in the developing world, especially Latin America, India, Africa, and China. The World Health Organization (WHO) considers neurocysticercosis (NCC) as the most common preventable cause of epilepsy in the developing world. Neurocysticercosis accounts for an estimated 2million of people having epilepsy [coyle et al., PLoS Neglect Trop Dis., 2012]. A study among people with active epilepsy found 34% to have NCC based on computed tomography and serology [Rajasekar et al., CMC vellore neurology 2006]. A study showed a 4.5% prevalence of NCC in children attending tertiary care hospitals with acute focal neurological deficit or first episode of seizure [Kumar et al., Int. J Paediatr., 2017] the classical presentations is seizures with neurodegenerative changes of cysts, rarely focal neurological deficits, intracranial hypertension, dementia, psychosis & diagnosis was based on Neuroimaging followed by serology. Here we report a case of Neurocysticercosis in male child, who presented with seizures and managed conservatively with antihelminthics,, steroids & other supportive care.

**Keywords:** Neurocysticercosis, *Taenia solium*, Epilepsy, Neurodegenerative cysts, Antihelminthics  
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# Tuberous Sclerosis Complex – A Case Report

**Presenter: Dr Alicia Phawa**

*Department of Pediatrics*

*RIMS, Imphal*

## Introduction:

Tuberous Sclerosis is a multisystem disease characterized by an autosomal dominant mode of inheritance. Definite TSC is diagnosed when at least two major or one major plus two minor features are present:

### Major features:

Cortical dysplasias (including tubers and cerebral white matter migration lines) Subependymal nodules Subependymal giant cell astrocytoma Facial angiofibromas (e"3) or forehead plaque Ungual fibromas (e"2) Hypomelanotic macules (e"3, e" 5 mm in diameter) Shagreen patch Multiple retinal nodular hamartomas Cardiac rhabdomyoma Renal angiomyolipoma Pulmonary lymphangioleiomyomatosis

### Minor Features:

Dental enamel pits (>3) Intraoral fibromas (e"2) Retinal achromic patch Confetti skin lesions Nonrenal hamartomas Multiple renal cysts

## Case Report:

9 years old, male presented with generalised tonic clonic seizure not associated with fever, lasted for 10 minutes with post ictal confusion. History of seizure since 1 year of age associated with fever and sometimes afebrile, not on any antiepileptic drugs. On examination he was found to have facial angiofibromas more than 20 in number, shagreen patch over the back >3 in numbers, ash leaf macule >5mm, dental enamel pits. His development quotient is delay in all domains. All routine investigation was done CBC, liver function test, serum electrolytes, renal function, serum calcium, random blood glucose were normal. Intellectual disability evaluation was done and found to be 90% disability(severe).

## Discussion:

Tuberous sclerosis is a rare genetic multisystem disorder that is typically apparent shortly after birth. The disorder can cause a wide range of potential signs and symptoms. Tuberous sclerosis results from alterations (mutations) in a gene or genes that may occur spontaneously (sporadically) for unknown reasons or be inherited as an autosomal dominant trait. Most cases represent new (sporadic or de novo) gene mutations, with no family history of the disease. Mutations within at least two different genes are known to cause tuberous sclerosis, the *TSC1* gene or the *TSC2* gene.

# Hemophagocytic Lymphohistiocytosis in a case of Chronic myeloid leukemia.

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## **Affiliation:**

<sup>1</sup>*Department of Pediatrics, Jawaharlal Nehru Institute of Medical Sciences, Imphal*

<sup>2</sup>*Department of Medicine, Jawaharlal Nehru Institute of Medical Sciences, Imphal*

## **Abstract:**

4-year old girl, known case of chronic myeloid leukemia (diagnosed 4 months back) presented with fever and cough for 1 week. On examination, she had pallor, multiple cervical lymphadenopathy and hepatosplenomegaly. Investigations showed pancytopenia (hemoglobin 3.2 g/dL, leucocytes 1330/cumm, platelet 11000/cumm) with elevated ESR (110 mm/1<sup>st</sup> hr) and ferritin (9966 ng/ml). Blood culture and urine culture were sterile. High resolution computer tomography of chest showed fibroparenchymal band at left lower lobe posterior basal segment. She received intravenous (iv) ceftriaxone for 2 days which was further upgraded to piperacillin tazobactam and amikacin for 3 days and further upgraded to iv tigicycline (17 days) and iv teicoplanin (12 days) in view of persistent fever spikes with worsening pancytopenia. A diagnosis of secondary hemophagocytic lymphohistiocytosis (HLH) with pneumonia was proferred and she received iv dexamethaxone (12mg/m<sup>2</sup>/day), which was further reduced to 6mg/m<sup>2</sup>/day after being afebrile for 3 days. She became afebrile, pancytopenia (hemoglobin 7.6 gm/dL, leucocytes 2800 /cumm, platelet 38000/ cumm) and serum ferritin (2650ng/ml) improved during hospital stay.

## **Conclusion:**

A high index of suspicion should be kept for diagnosis of HLH when a child presents with persistent fever with pancytopenia and elevated serum ferritin. Early diagnosis and proper management prevents mortality in a case of HLH.

**Key words:** Hemophagocytic Lymphohistiocytosis, Chronic Myeloid Leukemia

# **A case of significant spontaneous neonatal pneumomediastinum.**

**Authors:** Dr Amarjit Huidrom

Dr Sanasam Manimukta

Dr Ngangbam Sonamani

Dr Kh Ibochouba.

**Affiliation:** <sup>1</sup>Mother's care children hospital and research centre, Sagolband Moirang Leirak.

## **Abstract:**

A 37 weeks 6 days gestational age male baby was born with a birth weight of 2500mg after an elective caesarean section in view of transverse lie and posterior placenta previa with a followed and uneventful pregnancy . The APGAR score was 9 and 10 at first and fifth minutes of life and there was no need of any resuscitation maneuvers. The neonate looked normal and the first examination by the attending paediatrician after birth was normal. 15 hours later, he developed persistent grunting and a poor suckling reflex. At 17 hours of life, the baby presented with persistent grunting, deafening of cardiac sounds and the bulging of the bilateral hemithorax without subcutaneous emphysema. ABG showed mixed acidosis. He was immediately intubated and shifted to NICU and put under mechanical ventilation. CXR AP and lateral views showed anterior pneumomediastinum(wind blown spinnaker sail sign) and confirmed by CT thorax. PCT showed significant raise. 2<sup>nd</sup> line antibiotics started and mediastinal chest drain insertion done on day 1 of admission in view of haemodynamic compromise. On day 2 of admission, the baby deteriorated and repeat CXR showed left sided pneumothorax and ICD insertion was done for the same. Serial CXR showed resolving pneumomediastinum and left pneumothorax . Mediastinal chest drain and ICD removed on day 7 of admission. ABG showed normal study on day 8 of admission , hence extubated on the same day and he was maintaining Spo2 in room air. He was discharged after after completion of course of antibiotics on day 18 of life.

The child was examined at 3 months of age at the high risk baby clinic and was clinically well.

## **Conclusion:**

Spontaneous neonatal mediastinum without risk factors is fairly uncommon. In the absence of haemodynamic compromise, the use of invasive procedure is not required. Majority of the cases of pneumomediastinum resolves on their own.

**Key words:** caesarean, newborn, pneumomediastinum.



# Marfan Syndrome: A case report

**Presenter: Dr Don William K Muti,**  
*2nd year PGT*  
*Dept. Of Paediatrics, RIMS, Imphal*

## **Indroduction:**

Marfan syndrome is a inherited genetic disorder transmitted as an autosomal dominant trait. This is due to mutation or change in the fibrillin-1 (FBN1) gene which helps make elastic fibers in connective tissue. It is characterized by arachnodactyly, high arched palate (nasal voice), arm span more than the height, sternal abnormality (pectus excavatum), mitral prolapse and aortic dissection.

## **Case report:**

A 2 yr 6 months, male presented with delayed speech and cleft palate. Child was a known case of Marfan Syndrome diagnosed at 3 months of age treated for Late onset Sepsis. At 3 months of age, child was brought from private facility with respiratory distress on oxygen support. On examination, retrognathia, isolated cleft post palate, high arched palate, pectus excavatum, bilateral conducted sounds with murmur present. Anthropometry measurements showed lower segment more than the lower segment. A complete haemogram showed leucocytosis with positive CRP. 2D Echo showed LVEF >68% and aortic diameter >2z score. Kidney function test, rickets panel, vit D, CK MB, Trop I and Blood c/s are normal. At that time, patient was treated with iv antibiotics, nebulisation and one PRBC transfusion. At present, 2D ECHO done and reported Aortic root dilation with normal ventricles size. Patient was started on multivitamins, Iron and plan for review after 1 month and ECHO after 3 months.

## **Discussions:**

The basis of a diagnosis of Marfan syndrome (MFS) is upon the presence of characteristic manifestations, particularly aortic root dilatation, skeletal findings and reduced upper segment by lower segment. Application of diagnostic criteria to individuals younger than 20 years old can be challenging because not all clinical features may exhibit themselves. Symptomatic treatment was initiated on this patient and improved accordingly. The key is close follow-up and monitoring for complications.

# Emanuel Syndrome: A Case Report

**Presenter: Dr. Bhargava Rama K**

*PGT 2*

*Department of Pediatrics*

*RIMS, Imphal*

## **Abstract**

Emanuel syndrome is a rare genomic syndrome which is characterized by multiple congenital anomalies and developmental disability. This syndrome is related to the presence of the supernumerary derivative chromosome originating from both chromosome 11 and 22. In most cases, one of the parents is a balanced carrier of a translocation.

Emanuel syndrome is characterized by severe intellectual disability, failure to thrive, microcephaly, preauricular tag or sinus, ear anomalies, cleft or high-arched palate, micrognathia, kidney abnormalities, congenital heart defect, and genital abnormalities. Our patient demonstrates the typical clinical manifestations as in the literatures, providing a better understanding of this syndrome.



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Reference: 1. Luo Z, et al. Clin Microbiol Infect. 2018;17(2):1829-1833.





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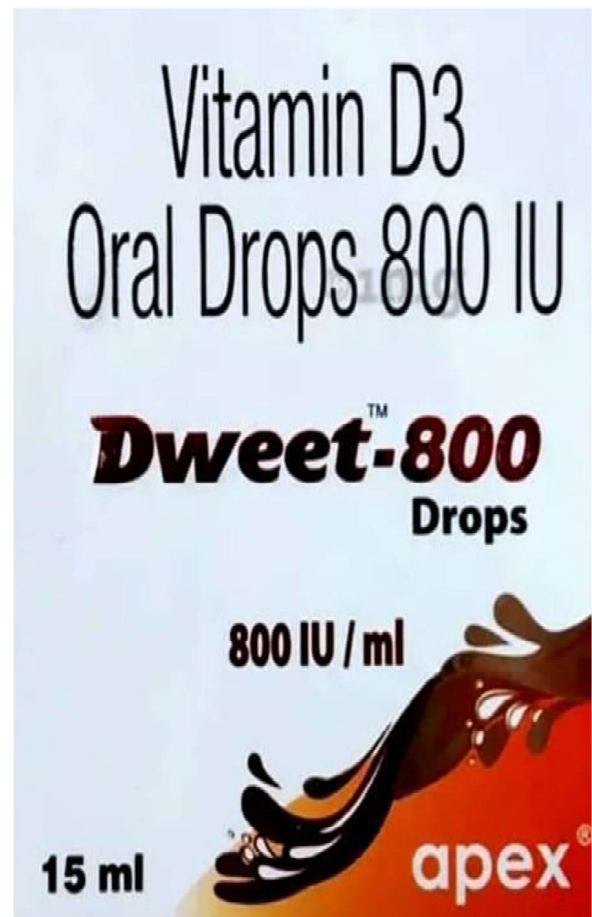
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1. Gu P et al. *Antimicrob Agents*, 2005 Feb; 21(2): 120-4. 2. 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**Antipyretic/Analgesic Range**

**Dolo 250**

Paracetamol 250mg/5ml Suspension

**Dolo 120**

Paracetamol 120mg/5ml Suspension

**Dolo Drops**

Paracetamol 100mg/ml Drops

**Dolo-MF Junior Suspension**

Paracetamol 125mg + Mefenamic Acid 50mg/5ml Suspension

**Dolo-MF Suspension**

Paracetamol 250mg + Mefenamic Acid 100mg/5ml Suspension

**Anti-Infective**

**Gramocet-O** Dry Syrup

Cefixime 50 & 100 mg/5ml

**Microbact-XL 100/200 Redimed**

Kathomycin 100mg & 200 mg/5 ml oral suspension

**Hepatoprotective**

**Silybon**

Silymarin 35mg/5ml Suspension

**Anti-Allergic**

**Ebast Suspension**

Ebastine 5 mg / 5-ml Susp.

**Platelet Count Enhancer**

**Caripill Syrup**

Carica Papaya Leaf Extract 275 mg/5ml Syrup




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 Dry Syrup

5.4 gm/30 ml

With Sterile Water  
 30 ml (For Reconstitution)  
 For Paediatric Use Only




Rx  
 Lansoprazole Orally  
 Disintegrating Tablets  
**Kidzole**

1 x 10 Tablets



Antioxidant,  
 Multi Vitamin &  
 Multi Mineral Syrup

**Grovit-l**



**Livall** SYRUP

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 originating from **AYURVED**

- ❑ Cirrhosis of liver
- ❑ Acute or Chronic hepatic disorders
- ❑ Prophylaxis & treatment of drug induced hepatitis
- ❑ Alcoholic liver damage
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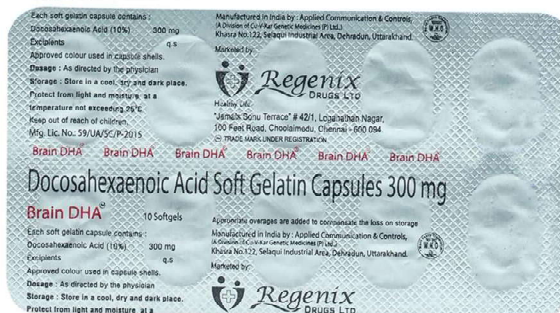


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# Products at your Service

Effective, Safe & Trusted Aid for Infant Colic

<sup>Rx</sup> **Colicaid**  
drops

Simethicone + Dill oil BP + Fennel oil

Optimum Nutrient Care for Kids

<sup>Rx</sup> **KIDICARE**<sup>®</sup> SYRUP  
plus

L-Lysine + Iron + Zinc + Vit. A +  
Vit. D3 + Vit E + Vit. C + B- Complex

For Better Absorption of Vit D in growing babies

<sup>Rx</sup> **ultra-D3**<sup>®</sup> DROPS  
**NANO**

Cholecalciferol-400 IU/ml

For The Needs that are Unmet

<sup>Rx</sup> **ultra-D3**<sup>®</sup> DROPS  
**800**

Cholecalciferol – 800 IU/ml

For Proper Growth & Development of Kids

<sup>Rx</sup> **KIDICARE-D**

Vitamin D3 1000 I.U. + Vitamins + Iron + Minerals

Effective Aid for Colic & Abdominal Discomfort

<sup>Rx</sup> **Colicaid**  
SYRUP

Simethicone + Dill oil BP + Fennel oil

The Natural Platelet Escalator

<sup>Rx</sup> **Caripaya**<sup>™</sup>  
Syrup

Papaya Leaf Extract 275 mg/ 5ml

Makes Digestion EZier

<sup>Rx</sup> **Colicaid**<sup>®</sup> DROPS  
**EZ**

Diastase (1:1200) + Pepsin (1:3000)

The Sunshine Vitamin

<sup>Rx</sup> **ultra-D3**<sup>®</sup> DROPS

Cholecalciferol-400 IU/ml

In Respiratory Tract Infections

<sup>Rx</sup> **ZITHROCARE**<sup>™</sup> 200

Azithromycin Oral suspension 200 mg

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**Coralium-D<sub>3</sub>**

Calcium Carbonate from Coral Grains  
(elemental calcium 200 mg) + Vitamin D3 125 IU + L-Lysine 30 mg **Suspension**

**Vitanova-D<sub>3</sub>**  
Cholecalciferol **800 IU Drops / Sachet**

**Zostum-O**  
Cefditoren Pivoxil Dry Powder Suspension (100mg/5ml)

**100**

**Dry Suspension**

**AUGPEN<sup>®</sup> HS DS**

Amoxicillin (200 mg/400 mg) + Clavulanic Acid (28.5 mg/57 mg) **Suspension**

**Maxtra<sup>®</sup>** **Drops Syrup**

Phenylephrine 5 mg & Chlorpheniramine Maleate 2 mg / 1 ml of Drop / 5 ml of Syrup

**Bevon<sup>®</sup>** **Suspension Drops**

**BRAINmax<sup>™</sup>**

Omega-3 Fatty Acid 585mg/5 ml -(EPA 255 mg + DHA 180mg)/5 ml



**Zuventus**  
Healthcare Limited

Zuventus House, Plot Y2, CTS No: 358/A2, Near Nahur Railway Station, Nahur (West), Mumbai - 400 078.

• Allergic Cough  
• Nasal Congestion  
• Runny Nose

# L MONTUS<sup>®</sup> Suspension

Levocetirizine 5mg and Montelukast 4mg

**Better than syrup**

Advantages	Disadvantages
No drug to drug interaction	Change of drug interaction
Higher stability	Less stable
No bitter taste	Bitter taste

**CO-POLYMER TECHNOLOGY**

Ensures Good Morning & A Symptom Free Day

• Allergic Rhinitis • Bronchial Asthma • Exercise Induced Asthma

# L Montus Kid

Levocetirizine 2.5mg and Montelukast 4mg

**Predictable clinical response**  
More than 95% of drug is released within 10 minutes

**Ensures Good Morning...**  
90% Levocetirizine is excreted from the body within 8 hours

Ensures Good Morning & A Symptom Free Day

• Allergic Rhinitis • Bronchial Asthma • Exercise Induced Asthma

# L Montus Kid Forte

Levocetirizine 2.5mg and Montelukast 5mg Mouth Dissolving Tablet

Children 6 years & above

**SAG TECHNOLOGY**

Faster onset of action  
Ensures immediate relief

Ensures Good Morning & A Symptom Free Day

• Wheezing • Bronchitis  
• Cough

# Pulmoclear Syrup

Ambrophenol 5mg + Terbutaline Sulphate 1.25mg + Menthol 7.5mg

Enhances surfactant production  
Reduces airway hyperresponsiveness  
Reduces wheezing

**Freedom from wheezing**

**In Productive Cough**  
associated with Respiratory Infections

# Pulmoclear LS Syrup

Levosulbutamol 1mg + Ambroxol 30mg + Guaiifenesin 50mg

Levosulbutamol - Superior & Safe Bronchodilator  
Ambroxol - Breaks the Mucus & Ensures easy clearance  
Guaiifenesin - Time tested expectorant

**An Ideal Cough Remedy**

# AllerBio

Capable / Salter

The only Documented Anti-Allergic Probiotic

Lactobacillus Paracelsi GPM 133 & Lactobacillus Fermentum GPM 090 - 4 Billion Cells

ACTIVATES: Dendritic Cell  
RESTORES: Th1/Th2 balance  
SUPPRESS: IgE & Eosinophil

**The Anti Allergic Probiotic**

Introducing **first time in India**  
Anti Allergic Probiotic in Dry Suspension

# AllerBio Dry Suspension

Lactobacillus Paracelsi GPM 133 & Lactobacillus Fermentum GPM 090 - 4 Billion Cells

Better sleep compliance  
Ease of administration  
Better efficacy

**The Anti Allergic Probiotic**

• Antibiotic Associated Diarrhea  
• Diarrhea  
• Loose Motion

# Entero Clausi<sup>®</sup> FFS

Bacillus Clausi 2 Billion Spores Suspension

International treatment @ Indian Price

**4 Poly Antibiotic Resistant Strains of Bacillus clausii**  
B104, B403/ND, B437/NDK, B419/R

Restores bacterial flora  
Corrects dysbiosis due to antibiotic use

**Treat with EC**

• Viral Fever • Dengue

# Nutrihale Syrup

Uridomonoside 30 mg + L-Carnitine 500 mg / 10 ml

**Fever Subsides... Fatigue Remains...**

Improves ATP levels  
Reduces fatigue associated with Dengue Fever  
Regulates immune cell function

**The Bio-Energizer**

**Sleep Disorders**

# Noctura Syrup

Melatonin 3mg / 5ml

Corrects Circadian Cycle  
Regulates Sleep - Wake Cycle  
Improves Sleep Onset & Sleep Quality

Non Habit forming  
Safe  
Non Drowsy

**As Natural as Mother's Lullaby...**

With Best Compliments From:

# Ascoril<sup>®</sup> LS

Levosulbutamol 1 mg, Ambroxol 30 mg, Guaiphenesin 50 mg / 5 ml Syrup

Assured & **Safe** Cough Relief



Use of a Registered Medical Practitioner or a Hospital or a Laboratory Only

# Ascoril<sup>™</sup> LS junior

Levosulbutamol 0.5mg, Ambroxol 15mg & Guaiphenesin 50mg/5ml Syrup

Assured & **Safe** Cough Relief for Juniors



Use of a Registered Medical Practitioner or a Hospital or a Laboratory Only



Use of a Registered Medical Practitioner or a Hospital or a Laboratory Only



We are so proud of all of your accomplishments this year and we just can't wait to see what you do in the next.

**BEST WISHES TO ALL DELEGATES OF  
MANIPEDICON. WISHING A HAPPY &  
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*Makers of:-*

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**Step-up<sup>®</sup>**  
Syrup / Drop

**DAKSON<sup>®</sup> ORL**

**Zinkid<sup>®</sup>**  
Syrup

**ONIMEX<sup>®</sup> CZ**  
Syrup



In the management of **Diarrhea**  
 World's most researched probiotic... **Lactobacillus rhamnosus GG**

**BIFILAC<sup>®</sup> GG**  
 (Lactobacillus rhamnosus GG Mouthmelt Sachet)  
 the Level 1 Edge



In **Functional Abdominal Pain**

**TUMMY SOFT<sup>®</sup>**



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Remedy to Allergy  
 Should be  
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PRESENTS

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The **NEIGHBOURHOOD**  
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Every Rx should be honoured • Maximum reachability to your patients

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Boost Immunity & Growth...

**Astymmin-C<sup>®</sup>**  
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 with Vitamin E & 10 Essential Amino Acids per ml) **DROPS**







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get a **Protective Shield**  
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Extend the shield of  
protection to more number  
of patients in 2023.

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Inactivated Influenza Vaccine (Surface Antigen) I.P. (Quadrivalent)  
*More Power with Broad Protection*

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Typhoid Vi Conjugate Vaccine I.P.

*The typhoid vaccine backed by **evidence***

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**JE-shield<sup>®</sup> SD**  
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*Higher **GMC**, Stronger Protection*

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IND2173547-2 22 JAN 2021



# <sup>Rx</sup> BROZEET<sup>®</sup>-LS Junior

Levosalbutamol 0.5mg, Ambroxol 15mg, Guaiphenesin 50mg/ 5mL

NOise TO VOice<sup>®</sup>



# <sup>Rx</sup> BROZEET<sup>®</sup>-LS 1mg

Levosalbutamol 1mg, Ambroxol 30mg, Guaiphenesin 50mg/ 5mL

NOise TO VOice<sup>®</sup>



In common cold and Allergic Rhinitis

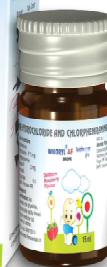
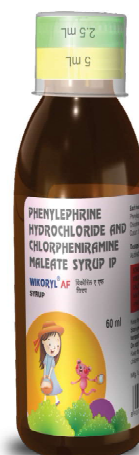
# <sup>Rx</sup> WIKORYL<sup>®</sup>AF

Chlorpheniramine Maleate 2mg + Phenylephrine 5 mg/ml Drops /5ml Syrup

Celebration Continues



**Alembic**  
Touching Lives over 100 years



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Meropenem 125mg Inj.

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**Tazomac PS**

Piperacillin + Tazobactam 1.125g

₹ 99.54 Per Vial

**Accuzon**

Ceftriaxone 500mg/250mg/125mg IM/IV

₹ 28.31 Per 250mg Vial

**Enzoheal** 5g  
15g

Mupirocin 2% w/w

Ointment

₹ 151.80 Per 5g Tube

**Meromac 250**

Meropenem 250mg Inj.

₹ 326.00 Per Vial

**Tazomac 2.25**

Piperacillin + Tazobactam 2.25g

₹ 191.32 Per Vial

**Accuzon plus**

Ceftriaxone + Sulbactam 750mg/375mg IM/IV

₹ 74.25 Per 375mg Vial

**Acuclov** Dry Syrup

Amoxycillin & Clavulanate Potassium 228.5mg

₹ 56.09 Per Dry Syrup

**Meromac PS**

Meropenem 200mg Inj.

₹ 291.40 Per Vial

**ZONAMAX PS**

Cefoperazone + Sulbactam 200mg Inj.

₹ 59.00 Per Vial

**Accutaz- PS HS**

Ceftriaxone + Tazobactam 562/281.25mg Inj. for IM/IV

₹ 83.00 Per 281.25mg Vial

**Lizomac DS**

Linezolid 100mg/5ml

₹ 140.00 Per Bottle

**Zilamac**

Imipenem Cilastatin 500mg Inj.

₹ 864.60 Per Vial

**Amikamac**

Amikacin Sulphate 100/250mg IM/IV

₹ 31.10 Per 100mg Vial

**Acuclov I.V.** 300 mg  
150 mg

Amoxycillin & Clavulanate Potassium

₹ 91.50 Per 300mg Vial

**Orpenem**

Faropenem Sodium 50 mg / 5 ml

₹ 460.00 Per Syrup

**Acucort**

Hydrocortisone Sodium Succinate Inj. 100mg

₹ 41.94 Per Vial

**FINAMAC**

Paracetamol Infusion 1gm / 100ml

₹ 397.00 Per Infusion

