



ইস্ট জোন পিডিয়াট্রিক এসোসিয়েশন | ইস্ট জোন পিডিয়াট্রিক এসোসিয়েশন

# XXXI EAST ZONE PEDICON 2025

## XXIX MANIPEDICON 2025

15<sup>th</sup>-16<sup>th</sup> November, 2025

Theme –

*“Child Safety:  
Our Responsibility”*



Venue: Hotel Classic Grande  
Chingmeirong, Imphal, Manipur

Organized by: East Zone Academy of Pediatrics  
Pediatric Association of Manipur

*Souvenir*



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# *Souvenir*

**XXXI EAST ZONE PEDICON, 2025  
XXIX MANIPEDICON, 2025  
15<sup>TH</sup> & 16<sup>TH</sup> NOVEMBER 2025**

**Theme:  
"Child Safety: Our Responsibility"**

**Venue:  
Hotel Classic Grande  
Chingmeirong, Imphal East, Manipur**

**Organised by:  
East Zone Academy of Pediatrics  
Pediatric Association of Manipur**

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# WORLD HEALTH DAY 2025



# WORLD THALASSEMIA WEEK 2025



# WORLD BREASTFEEDING WEEK 2025



# ORS WEEK CELEBRATION 2025



# ORS WEEK CELEBRATION 2025



# TEACHER'S DAY 2025



# NINGOL CHAKKOUBA 2025



# IAP UG QUIZ INTER COLLEGE ROUND 2025



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Dr Parthasaraty Chakraborty, Tripura

Dr Nigam P Narain, Bihar

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| 1997    | Dr A C Barua             | Dr R K Satapathy     | Dr A Swain             |
| 1998    | Dr Dilip Mukherjee       | Dr Tapan Kr Ghosh    | Dr Ritabrata Kundu     |
| 1999    | Dr R P Sinha             | Dr Tapan Kr Ghosh    | Dr Ritabrata Kundu     |
| 2000    | Dr S K Behra             | Dr NP Narain         | Dr Neelam Verma        |
| 2001    | Dr Bikas Roy             | Dr NP Narain         | Dr Neelam Verma        |
| 2002    | Dr Ksh Chourjit Singh    | Dr Shabina Ahmed     | Dr Sanjeev Chakraborty |
| 2003    | Dr S P Srivastava        | Dr Shabina Ahmed     | Dr Sanjeev Chakraborty |
| 2004    | Dr Gokul Borah           | Dr Krishna Kumar     | Dr O P Mahansaria      |
| 2005    | Dr Tapan Kr Ghosh        | Dr Krishna Kumar     | Dr O P Mahansaria      |
| 2006    | Dr B R Master            | Dr Th Nabachandra    | Dr S K Laishram        |
| 2007    | Dr Gadadhar Sarangi      | Dr Th Nabachandra    | Dr S K Laishram        |
| 2008    | Dr Keshab Debnath        | Dr Asutosh Dutta     | Dr Sanjeeb Debbarma    |
| 2009    | Dr Th Nabachandra        | Dr Asutosh Dutta     | Dr Sanjeeb Debbarma    |
| 2010    | Dr Arun Shah             | Dr Jelington Rynding | Dr Pankaj Jain         |
| 2011    | Dr Nigam P Narain        | Dr Jelington Rynding | Dr Pankaj Jain         |
| 2012    | Dr Rajkumar Kayal        | Dr Arup Roy          | Dr Santanu Bhakta      |
| 2013    | Dr Ritabrata Kundu       | Dr Arup Roy          | Dr Santanu Bhakta      |
| 2014    | Dr Krishna Kumar         | Dr B P Jaiswal       | Dr Anil Kumar          |
| 2015    | Dr Arabinda Mohanty      | Dr B P Jaiswal       | Dr Anil Kumar          |
| 2016    | Dr Debashish Das         | Dr N L Bhaumik       | Dr Nihar Ranjan Das    |
| 2017    | Dr P S Chakraborty       | Dr N L Bhaumik       | Dr Nihar Ranjan Das    |
| 2018    | Dr Shyamkumar Laishram   | Dr Hunsi Giri        | Dr Palash Ranjan Gogoi |
| 2019    | Dr S A Krishna           | Dr Hunsi Giri        | Dr Palash Ranjan Gogoi |
| 2020    | Dr Shyam Saikia          | Dr Jaydeep Choudhury | Dr Atanu Bhadra        |
| 2021    | Dr Arup Roy              | Dr Jaydeep Choudhury | Dr Atanu Bhadra        |
| 2022    | Dr Amar Verma            | Dr Anil Kumar Tiwari | Dr Sushil Kr Pathak    |
| 2023    | Dr Arakhata Swain        | Dr Anil Kumar Tiwari | Dr Sushil Kr Pathak    |
| 2024    | Dr Hunsi Giri            | Dr Nilratan Majumder | Dr Jayanta Kr Poddar   |
| 2025    | Dr Sanjib Kumar Debbarma | Dr Nilratan Majumder | Dr Jayanta Kr Poddar   |

# HISTORY OF EAST ZONE PEDICON

|      |                                     |  |
|------|-------------------------------------|--|
| 1994 | Delhi, Ashoka Hotel                 | Formation of East Zone IAP<br>Coordination committee |
| 1995 | Kolkata                             | 2 EZ PEDICON   |
| 1996 | Bhubaneswar                         | 3 EZ PEDICON   |
| 1997 | Ranchi                              | 4 EZ PEDICON   |
| 1998 | Guwahati                            | 5 EZ PEDICON   |
| 1999 | Manipur                             | 6 EZ PEDICON   |
| 2000 | Santiniketan                        | 7 EZ PEDICON   |
| 2001 | Shillong                            | 8 EZ PEDICON   |
| 2002 | Gaya,                               | 9 EZ PEDICON   |
| 2003 | Bhubaneswar                         | 10 EZ PEDICON  |
| 2004 | Jamshedpur                          | 11 EZ PEDICON  |
| 2005 | Assam                               | 12 EZ PEDICON  |
| 2006 | Tripura                             | 13 EZ PEDICON  |
| 2007 | Manipur                             | 14 EZ PEDICON  |
| 2008 | Kolkata                             | 15 EZ PEDICON  |
| 2009 | Shillong                            | 16 EZ PEDICON  |
| 2010 | Patna                               | 17 EZ PEDICON  |
| 2011 | Bhubaneswar                         | 18 EZ PEDICON  |
| 2012 | Ranchi                              | 19 EZ PEDICON  |
| 2013 | Tezpur                              | 20 EZ PEDICON  |
| 2014 | Tripura                             | 21 EZ PEDICON  |
| 2015 | Manipur                             | 22 EZ PEDICON  |
| 2016 | Kolkata                             | 23 EZ PEDICON  |
| 2017 | Shillong                            | 24 EZ PEDICON  |
| 2018 | Patna                               | 25 EZ PEDICON  |
| 2019 | Puri                                | 26 EZ PEDICON  |
| 2020 | Conference not done due to COVID-19 |  |
| 2021 | Jamshedpur                          | 27 EZ PEDICON  |
| 2022 | Silchar                             | 28 EZ PEDICON  |
| 2023 | Agartala                            | 29 EZ PEDICON  |
| 2024 | Kolkata                             | 30 EZ PEDICON  |
| 2025 | Imphal                              | 31 EZ PEDICON  |

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| Year      | President                 | Secretary               | Treasurer                 |
|-----------|---------------------------|-------------------------|---------------------------|
| 1989-1992 | Dr. L. Ibebtombi Devi     | Dr. L. Immo Singh       | Dr. L. Ranbir Singh       |
| 1992-1996 | Dr. L. Ibebtombi Devi     | Dr. L. Ranbir Singh     | Dr. Shyamkumar Laishram   |
| 1996-2001 | Dr. Ksh. Chourjit Singh   | Dr. Th. Nabachandra     | Dr. Shyamkumar Laishram   |
| 2001-2003 | Dr. H. Kumar Singh        | Dr. Th. Nabachandra     | Dr. Shyamkumar Laishram   |
| 2003-2004 | Dr. L. Braja Mohon 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. Ibehal 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. Rameshwar Singh    | Dr. Ng. Sonamani          |
| 2020-2021 | Dr. H. Jasobanta Singh    | Dr. Y. Rameshwar 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       |
| 2023-2024 | Dr. Ch. Shyamsunder Singh | Dr. Longjam Basanta Singh | Dr. Khumanthem John       |
| 2024-2025 | Dr. Ch. Shyamsunder Singh | Dr. Longjam Basanta Singh | Dr. Khumanthem John       |

# Goodwill Messages

## Director's Message for Souvenir of the Annual Conference "XXXI East Zone PEDICON & XXIX MANIPEDICON 2025" to be held on 15<sup>th</sup> & 16<sup>th</sup> November 2025



It is with great pleasure that I extend my warmest greetings and best wishes to all organisers, delegates, participants, esteemed guests, speakers and healthcare professionals of the "XXXI East Zone PEDICON & XXIX MANIPEDICON 2025, to be held on 15<sup>th</sup> & 16<sup>th</sup> November 2025 at Hotel Classic Grande, Chingmeirong, Imphl.

As we reflect on this year's theme "Child Safety: Our Responsibility" is both timely and significant. In today's rapidly changing world, children face a multitude of physical, emotional and environmental risks. As caregivers, medical professionals, and responsible citizens, it is our collective responsibility and duty to ensure that every child grows up in an environment that is safe, nurturing, and conducive to their holistic development.

I am confident that the deliberations and interactions during these sessions will inspire innovative approaches and reinforce our shared commitment to safeguarding every child's right to a safe and healthy future.

Lastly, I would like to express my deepest gratitude to the Pediatric Association of Manipur (PAM) for organizing this important conference, and I look forward to the valuable discussion and insights that will emerge over the course of these two days.

Wishing you all a fruitful and productive conference.

A handwritten signature in blue ink, appearing to read 'Hemantakumar Singh'.

**(Dr. N. Hemantakumar Singh)**  
Director, Health Services  
Government of Manipur

**Dr. Ningthoujam Bino Singh**  
*Director*  
Family Welfare Services  
Government of Manipur



## *Message*

I am delighted to learn that the Pediatric Association of Manipur (PAM) is organising the annual conference "XXXI EAST ZONE PEDICON & MANIPEDICON 2025" on 15<sup>th</sup> & 16<sup>th</sup> November 2025 under the theme "Child Safety: Our Responsibility". May it provides a platform for knowledge sharing and collaboration among pediatric professionals.

I convey my best wishes and greetings to the members of Pediatric Association of Manipur, participants and wish the conference a grand success.

Imphal,  
3<sup>rd</sup> November 2025

A handwritten signature in black ink, appearing to read 'N. Bino Singh'.

**(Dr. N. Bino Singh)**  
Director  
Family Welfare Services  
Government of Manipur



सत्यमेव जयते

डॉ. गुरुअरिबम सुनिल कुमार शर्मा  
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निदेशक/*Director*  
आर.आई.एम.एस., इम्फाल, मणिपुर  
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## Message

I am thrilled to hear that the **Pediatric Association of Manipur (PAM)** is organizing the Annual Conference, **XXXI EAST ZONE PEDICON & XXIX MANIPEDICON 2025** on 15<sup>th</sup> & 16<sup>th</sup> November 2025 at the Hotel Classic Grande, Chingmeirong, Imphal, Manipur under the theme "**Child Safety: Our Responsibility**". The initiative to publish a Souvenir to commemorate this significant occasion is truly commendable.

The theme "**Child Safety: Our Responsibility**" embodies a profound commitment by paediatricians to protect, educate and advocate for every child's health and safety not merely as doctors, but as guardians of children's futures. It reflects our collective promise not only to care for children but also to actively protect, guide, and supportive environment.

"**Child Safety: Our Responsibility**" is far beyond a slogan; it is the **unwavering foundation of Pediatric medicine**.

I am confident that the insightful discussion and deliberations during this conference will generate valuable ideas, raise vital awareness, and inspire concrete actions to strengthens child safety at every level, from homes and schools to healthcare and communities.

I firmly believe that this event will leave a lasting impact by fostering a culture of care and responsibility, paving the way for a safer, healthier, and brighter future for our children

I heartily wish the **Pediatric Association of Manpur** a '**grand success**' for **XXXIX MANIPEDICON 2025**.

Imphal,  
4<sup>th</sup> November 2025

  
(Prof. G. Sunil Kumar Sharma)  
Director, RIMS



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*Prof. L. Usharani Devi*  
Director, JNIMS  
Porompat, Imphal East



## *Message*

It is extremely satisfying to learn that "**Pediatric Association of Manipur (PAM)**" is organizing the annual conference "**XXXI EAST ZONE PEDICON & XXIX MANIPEDICON 2025**" with a publication of annual souvenir on its conference day on 15<sup>th</sup> and 16<sup>th</sup> November 2025 at **Hotel Classic Grande, Chingmeirong, Imphal, Manipur** under the theme of "**Child Safety: Our Responsibility**".

Every child deserves a safe and nurturing environment to learn, grow and enjoy childhood. The safety of our children is a fundamental responsibility that falls to all of us - parents, educators and community members alike. By working together with vigilance and care, we can build a protective society where every child feels secure, valued and empowered to reach their full potential. Let's work together to protect our children and empower them to lead safe and fulfilling lives.

I express my heartfelt gratitude to all members of the organizing committee and sub-committee for their invaluable contribution on this annual conference day.

I wish the annual "**Conference & Souvenir**" a grand Success!

**(Prof. L. Usharani Devi)**  
Director, JNIMS



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Website: [www.cmmanipur.nic.in](http://www.cmmanipur.nic.in), Email: [churachandpurmc@gmail.com](mailto:churachandpurmc@gmail.com)



### Message

It gives me immense pleasure to learn that Pediatric Association of Manipur (PAM) is organising the XXXI EAST ZONE PEDICON & XXIX MANIPEDICON, 2025 on the theme "**Child Safety: Our Responsibility**" on 15<sup>th</sup> & 16<sup>th</sup>, November 2025 at Hotel Classic Grande, Chingmeirong, Imphal East, Manipur.

I am fully confident that the deliberations and exchange of ideas in scientific sessions in the conference by the renowned and learned paediatricians will greatly benefits the delegates, undergraduate and post-graduate students.

I wish all the delegates and the organizing committee a grand success.

(Prof. Gangmei Angam)

Administrator,  
Churachandpur Medical College



## Indian Academy of Paediatrics (IAP)

### *Message from National President*

It gives me immense pleasure to extend my warm greetings and heartfelt congratulations to the Organizing Committee of XXXI EAST ZONE PEDICON & XXIX MANIPEDICON 2025 being held in the beautiful and culturally rich state of Manipur.

This conference, with its timely and meaningful theme “Child Safety: Our Responsibility,” reflects the shared vision and unwavering commitment of the Indian Academy of Pediatrics towards ensuring the health, safety, and holistic well-being of every child in our nation.

Such academic gatherings not only serve as a platform for scientific deliberations and exchange of ideas but also nurture collaboration and camaraderie among pediatricians across the country. The combination of rich scientific sessions, hands-on workshops, and the vibrant cultural heritage of Manipur will undoubtedly make this event a memorable and enriching experience for all participants.

I convey my best wishes to Dr. Ch. Shyamsunder Singh, Dr. L. Basanta Singh, Dr. Khumanthem John, and their entire dedicated team for their tireless efforts in organizing this prestigious conference. May the proceedings of the conference inspire continued excellence and reinforce our collective mission of building a safer, healthier future for every child.

Long Live IAP!  
Long Live EZAP!  
Long Live PAM!

With warm regards,

**Dr. Vasanth Khalatkar**



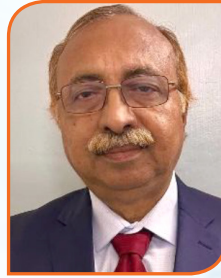
## Greetings from the President Elect 2025 East Zone Academy of Pediatrics

It is indeed a great pleasure to learn that Pediatric Association of Manipur (PAM) is organising XXXI East Zone PEDICON 2025 and XXIX MANIPEDICON 2025 on 15-16<sup>th</sup> November 2025 with pre- conference Workshops at Hotel Classic Grande, Imphal, Manipur. “Child Safety: Our Responsibility” is the well-chosen theme of this conference to give confidence and assurance of child safety to the parents and care givers of the children in this era of small family norms in particular as a responsible child specialist

A souvenir is also being published by the organiser to commemorate the conference. An inclusive wide variety of scientific deliberations will provide a platform to share knowledge, experience, etc. of child care givers of the country at large and East Zone in particular. Wishing the conference a grand success

Long Live IAP  
Long Live EZAP  
Long Live PAM

**Nandeibam Kameshore Singh**  
President Elect 2025  
East Zone Academy of Pediatrics



## **Message from the Secretary East Zone Academy of Pediatrics**

It is my great pleasure to write this message for the Souvenir of XXXI East Zone Pedicon 2025 and XXIX MANIPEDICON 2025.

I am aware that excellent scientific program has been chartered for the delegates attending the conference. I also note that legends of National IAP are attending as faculties and I hope delegates will enjoy the scientific feast.

I congratulate the organising committee members and members of IAP Manipur State Branch for arranging such an important conference in Imphal. I am sure that they will leave no stone unturned to make the conference a memorable one.

I wish every success of this conference.

**Best wishes and regards,**

**(Dr. Nilratan Majumder)**  
Secretary, EZAP 2024-25



## Child Safety – Our Responsibility

Children are the most precious asset of our society, embodying hope, potential, and the promise of a better tomorrow. As pediatricians, healthcare providers, parents, educators, and community leaders, it is our collective responsibility to ensure that every child grows up in a safe, nurturing, and supportive environment.

The theme of this year's 31<sup>st</sup> IAP East Zone Pediatric Conference, “*Child Safety – Our Responsibility*”, reminds us that safeguarding children extends far beyond hospital walls. It encompasses preventive healthcare, accident and injury prevention, protection from abuse and neglect, safe digital practices, and the promotion of mental and emotional well-being.

In India, where children form a significant proportion of the population, challenges to child safety are multifaceted. Road traffic injuries, drowning, poisoning, unsafe play environments, lack of awareness about preventive measures, and emerging threats such as cyber risks pose serious concerns. Equally important is addressing social issues like child labor, exploitation, and violence that threaten the very foundation of childhood.

This conference brings together pediatricians and allied professionals from across the eastern region to deliberate, exchange knowledge, and innovate strategies to safeguard children in every sphere of life. By sharing best practices, highlighting policy initiatives, and fostering collaboration, we aim to strengthen the culture of safety in both healthcare and community settings.

Child safety cannot be left to chance—it requires awareness, vigilance, and action. Together, let us reaffirm our commitment to protect every child, enabling them not only to survive but to thrive, dream, and lead the nation into a brighter future.

Wishing the conference the best.

Long live IAP East Zone Academy of Pediatrics.

Long live Pediatric Association of Manipur.

**Dr. Ch. Shyamsunder Singh**  
President  
Pediatric Association of Manipur



**From the Desk of the Organizing Secretary  
XXXI EAST ZONE PEDICON & XXIX MANIPEDICON 2025**

**Theme: "Child Safety: Our Responsibility"**

It is with great pleasure and deep sense of honor that I extend my warm greetings and welcome to all the distinguished delegates, eminent resource persons, faculty members, and participants attending the **XXXI EAST ZONE PEDICON & XXIX MANIPEDICON 2025**.

The theme of this year's conference, **"Child Safety: Our Responsibility,"** is both timely and profoundly significant. It underscores our collective moral, social, and professional obligation to safeguard the health, dignity, and well-being of every child. In an era marked by rapid socio-environmental changes, evolving digital influences, and emerging psychosocial challenges, ensuring child safety demands a comprehensive and collaborative approach that extends beyond medical care into the domains of education, awareness, and policy.

Children represent not only the most vulnerable section of society but also the very foundation of its future. Their safety and protection must therefore remain at the core of our endeavors. While governmental bodies, healthcare institutions, social welfare agencies, and voluntary organizations continue to contribute meaningfully in this domain, it is imperative that the pediatric fraternity, too, plays a pivotal role in fostering a culture of vigilance, empathy, and advocacy.

The Scientific Committee has meticulously curated a series of thought-provoking sessions, interactive discussions, and expert deliberations designed to address diverse aspects of child safety and welfare. I express my sincere appreciation to all members of the Organizing and Scientific Committees for their dedication, professionalism, and coordinated efforts in realizing this academic endeavour.

Special thanks are due to **Dr. Prasant Kumar Saboth**, Vice President, CIAP (East Zone); **Dr. Sanjib Debbarma**, President, EZAP; **Dr. N. Kameshore**, President-Elect, EZAP; **Dr. Nilratan Majumder**, Secretary, EZAP; **Dr. Ch. Shyamsunder**, President, PAM; and all the members of the various Sub-Committees for their continuous, unconditional, and unbiased support, which greatly facilitated the smooth coordination and successful organization of this conference.

Let us reaffirm our shared commitment to create a safer, healthier, and more compassionate world for our children. Protecting them today is the most enduring investment in the nation's future.

**With best wishes for a successful and enriching XXXI EAST ZONE PEDICON & XXIX MANIPEDICON 2025.**

**Long live IAP.**

**Long live EZAP.**

**Long live PAM.**

**Dr. L Basanta Singh**  
Organizing Secretary  
**XXXI EAST ZONE PEDICON & XXIX MANIPEDICON 2025**



## Message

It is with immense joy and gratitude that I extend my heartfelt greetings to all the participants, organizers, and well-wishers of XXXI<sup>st</sup> East Zone Conference & XXIX<sup>th</sup> MANIPEDICON, 2025. This gathering stands as a testament to our shared commitment, collaboration, and unwavering pursuit of excellence.

The theme “*Child Safety: Our Responsibility*” speaks to the heart of our shared purpose. As custodians of both financial resources and ethical values, we carry the profound responsibility of ensuring that every child is protected, respected, and given the freedom to thrive. Our decisions—whether in budgeting, planning, or advocacy—must consistently reflect a deep commitment to building safe, supportive spaces where children can grow without fear. This is not merely a professional obligation; it is a collective promise to uphold the dignity and well-being of the next generation.

As Treasurer, I have witnessed firsthand the dedication and integrity that fuel our collective efforts. Every contribution—financial or otherwise—has played a vital role in shaping this event and strengthening the foundation of our zonal community.

Let this conference not only celebrate our achievements but also inspire us to dream bigger, act bolder, and support one another with renewed vigor. May the bonds we forge here continue to grow, and may our shared vision lead us to even greater heights.

Wishing you all a memorable conference filled with learning, laughter, and lasting connections.

With warm regards,

**Dr. Khumanthem John**

Organising Treasurer

XXXI EAST ZONE PEDICON & XXIX MANIPEDICON 2025



## Message

It gives me immense pleasure to welcome all the academicians, invitees and delegates in the 'XXXI EAST ZONE PEDICON & XXIX MANIPEDICON' to be held on 15<sup>th</sup> & 16<sup>th</sup> November, 2025 at Hotel Classic Grande, Imphal Manipur under the theme of "Child Safety: Our Responsibility". Children are the pillars of tomorrow, it is high time to understand the safety & protection of a child taken into account the social, economic, cultural, psychosocial & environmental factors that contribute to the risk of harm for individual children and their families. Child care level should be - at home, outside the home, educational settings, institutions by parents, caregivers & communities. The child endangerment can cause many physical and mental effects. The primary goal of child safety & protection is to ensure that all children are free from harm or danger.

I am sure, the conference will give immense benefit to the participants to interact and share Knowledge thereby help in advancement of the child care & safety in a holistic approach. I on behalf of reception committee "XXXI EAST ZONE PEDICON & XXIX MANIPEDICON 2025", again welcome all the invitees, faculties and delegates.

I wish "XXXI EAST ZONE PEDICON & XXIX MANIPEDICON 2025" a grand success.

Long live IAP!

Long live EZAP!

Long live Pediatric Association of Manipur!

**Dr. Rajkumari Rupabati Devi**  
Chairperson, Reception Committee  
XXXI EAST ZONE PEDICON & XXIX MANIPEDICON 2025



## Message

It gives me immense pleasure to welcome you all to the “XXXI EAST ZONE PEDICON 2025” in Imphal, Manipur.

The scientific committee have organised an academic programme that spread over two days with pre-conference workshops that will quench the thirst for the most recent scientific updates as well as sharpen your practical skills. You all will experience many interesting, enlightening, thought provoking and brain storming scientific sessions. I wish all the resource persons and delegates take the opportunity to interact and discuss and also enjoy the scientific feast.

My best wishes to the organizing committee for the grand success of this academic endeavour and to all participants for an enriching and memorable experience.

I wish “XXXI EAST ZONE PEDICON 2025” a grand success.

Long live IAP

Long live EZAP

Long live PAM

**(Dr. Rameshwar Yengkhom)**

Chairperson

Scientific sub-committee  
XXXI EAST ZONE PEDICON &  
XXIX MANIPEDICON 2025



## Message

It gives me immense pleasure to extend my heartfelt greetings and best wishes to all participants, delegates, and organizers of the XXXI East Zone PEDICON & XXIX MANIPEDICON 2025, being held under the very meaningful theme “Child Safety – Our Responsibility.”

In today’s world, ensuring the safety and well-being of every child is not just a medical duty but a collective moral responsibility. As pediatricians, educators, and caregivers, we stand as the first line of defense in safeguarding children from preventable harm—whether in health, home, or society. This conference provides a valuable platform to share experiences, update knowledge, and strengthen our resolve to create a safer, healthier environment for every child.

I take this opportunity to appreciate the efforts of the organizing committee for their dedication and teamwork in bringing together a confluence of minds and hearts devoted to child health. I also convey my best wishes to all contributors to this souvenir—whose thoughts and writings enrich our professional fraternity and serve as an enduring record of this event.

May this conference inspire renewed commitment, deeper understanding, and greater collaboration in our shared mission of child safety and care.

With warm regards and best wishes for the success of the conference.

**Dr. Namganglung Golmei**  
Chairperson, Souvenir Committee  
XXXI EAST ZONE PEDICON &  
XXIX MANIPEDICON 2025

Date: 1<sup>st</sup> November, 2025



## Secretary, EZAP Report 2025

With a deep sense of gratitude and humility, I extend my heartfelt thanks to the divine grace and all our esteemed senior members for entrusting me with the responsibility of serving as the Honorary Secretary of the East Zone Academy of Pediatrics for the year 2024–25. This opportunity marks a significant milestone in my IAP journey, and I sincerely appreciate the unwavering support and guidance received from the stalwarts of the East Zone.

It is my privilege to present before you the **Activity Report for the year 2025:**

1. The **Mid-Term CME 2025**, held on **23rd–24th August 2025**, was a grand success, graced by eminent stalwarts from the East Zone IAP.
2. The official journal of the East Zone Academy of Pediatrics, “**PEDI INFO**,” continues to be published under the able editorship of **Dr. Subhasish Bhattacharyya**.
3. The **official website** of the East Zone Academy of Pediatrics — <https://ezap.co.in> — has been successfully updated.
4. The **Treasurer, Dr. Jayanta Poddar**, has completed the audit of EZAP accounts.
5. The **EZAP Award Committee** has selected distinguished pediatricians from across the East Zone for the **Lifetime Achievement Award, Shishu Visheshagya Shiromani Award**, and **Pioneer Award**, in recognition of their outstanding contributions.
6. We are now gathered here in **Imphal, Manipur**, for the **31st East Zone PEDICON**, under the dynamic leadership of **Dr. Ch. Shyamsunder Singh (Organising Chairperson)**, **Dr. L. Basanta Singh (Organising Secretary)**, and **Dr. Prasant Saboth (VP-CIAP EZ)**.

I extend my heartfelt congratulations to all the stalwarts and members of the organising committee for their tireless efforts in ensuring the success of this prestigious event.

On behalf of the East Zone Academy of Pediatrics, I convey sincere appreciation to all who have directly or indirectly contributed to the growth and success of our Academy. I urge all members to remain actively engaged and continue offering valuable feedback and suggestions to help us move forward together.

My special thanks to **EZAP President Dr. Sanjib Debbarma** and **VP-CIAP EZ Dr. Prasant Saboth** for their constant guidance and cooperation. I am confident that, under the leadership of **President-Elect Dr. A. K. Jaiswal**, we will continue to achieve greater milestones in the coming year.

We are also deeply grateful to **Dr. Vasant Khalatkar (President, Central IAP)**, **Dr. Neelam Mohan (President-Elect)**, **Dr. Yogesh N. Parikh (Secretary-General)**, **Dr. Atanu Bhadra (Treasurer)**, and the entire **Central IAP team** for their continued support and encouragement towards the success of EZAP.

**Jai Bharat**  
**Jai IAP**  
**Jai EZAP**

**Dr. Nilratan Majumder**  
Secretary, EZAP 2024-25

# Honored Paediatrician of the Year 2025



**Dr. Narendra Singh Laishram**  
Associate Professor, Dept. of Paediatrics, JNIMS

## CURRICULUM VITAE

- **Dr. Narendra Singh Laishram**
- DOB: 01-03-1962
- Father: (L) Laishram Ibomcha Singh
- Mother: (L) Laishram (O) Ibemhal Devi
- Pre- University Examination: NEHU-1979
- MBBS: RMC-1986
- MD: MU-2006
- Manipur Health Services: December 1991 - MU 2012
- JNIMS: 27/01/12 - till date
- Associate Professor
- External Examiner:
  - i) Under Graduate Medical Student since 2018 (Different Medical Colleges)
  - ii) PG Examiner (Internal Examiner)
- Attended:
  - i) 20 National Conferences
  - ii) 10 Zonal Conferences
  - iii) 90 State CME's / Conferences
- As Resource Person: in 10 different topics
- Chairperson of Scientific Sessions in Zonal and State level CME's
- Publications and Research Works: 10 original papers in International and National journals
- Award: Purbanchal Pioneer Award at 23<sup>rd</sup> East Zone and 35 WB Pedicon 2016, Kolkata
- Life member of Medical Organisations:
  - i) IAP                      ii) PAM
  - iii) NNF                    iv) Medical Society of JNIMS
  - v) PAI                        vi) Growth Development chapter IAP

# 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 Professors and Heads of Department 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 years.

**Dr. Rajkumari Rupabati Devi**  
MBBS (Delhi), MD, DCH (Bombay)



## CURRICULUM VITAE

- **Name:** Rajkumari Rupabati Devi
  - CIAP membership no. L/2004/R-947
  - **Address:** Thangmeiband Yumnam Leikai, Imphal, Manipur
  - **Designation:** Associate Professor Pediatrics, Consultant In Charge-Nutrition Clinic, Nodal Officer-Nutrition Rehabilitation Centre
  - **Affiliation:** Jawaharlal Nehru Institute of Medical Sciences, Manipur
  - **Qualification:** M.B.B.S RIMS (MU), DNB (Ped) SGRH, New Delhi
  - **Research Fellow:** WHO project, AIIMS and DST project, Imphal
  - **Experience:** Worked as pediatrician in MHS for 14 years & joined JNIMS teaching UG & PGs till date, examiner for MU and GU.
  - **PIONEER** in establishing NUTRITION CLINIC and NUTRITION REHABILITATION CENTRE, JNIMS, Manipur State.
  - **Certified:** Revised basic course in medical education under NMC, CISP-III, Biomedical research, GCP under CDSA and Child Guidance (MU)
  - **Awards:** “Purbanchal Pioneer Award” IAP East Zone, Shillong 2009,
- **International “Albert Schweitzer Peace Achievement Award”** IPPNW, SWEDEN 1991. **Honored Pediatrician** 2023 PAM, **FPAI** Mumbai 2023
  - **National trainer:** IAP Fever module, Adolescent Health & NDD
  - **State Trainer:** F-IMNCI, NSSK, SAM mgt, Childhood Pneumonia, Autism
  - **Paper published:** >50 in state/national/international J / Sc. bulletin
  - **IAP activities:** VP 2024-25/ Secretary 2018-19/Treasurer 2017 for PAM, Sc com member EZAP 2018, Convenor CIAP WW 2018-23
  - Organized various conferences, workshops, CME & contributed in the National / Zonal/ State Conferences as Chairperson, Presenting papers, Resource person, Panel members & Judges of Award Papers for PGs.
  - **Attended** various confs at State/ National/international level including EZ pedicon 2024 & 30<sup>th</sup> International PAC & 60<sup>th</sup> Pedicon 2023, Gujarat
  - **Members of State Expert Committee:** STFI, IDCF, IEC, MEU, AMR
  - **Media:** Contributing pgm on Childhood diseases DDK/AIR/LTV >20 years
  - **Life member:** CIAP, PAM, PAI, IMA, NNF, BPNI, ISPGHAN, AHA



*Dr. Shreshtha Sharma*

Jawaharlal Nehru Institute of Medical Sciences,  
Imphal (JNIMS)

*Awardee*

**Professor L. Ranbir Singh Meritorious Award  
for Under Graduate Student Winner 2025**



*Dr. Munirahmed Dodamani*

Mother's Care Children Hospital &  
Research Centre, Imphal (MCCH & RH)

*Awardee*

**Kh. Gourakishore and Ibemtombi  
Memorial Award for PG Student Winner 2024**



*Laishram Imoba Meitei*

Regional Institute of Medical Sciences,  
RIMS, Imphal

*Winner*



*Nikhil Oinam*

Regional Institute of Medical Sciences,  
RIMS, Imphal

*Winner*

**IAP UG Quiz Intercollege Round  
Winners 2025**



## SCIENTIFIC PROGRAMME

XXXI EAST ZONE PEDICON & XXIX MANIPEDICON 2025

15/11/2025 & 16/11/2025

IMPHAL, MANIPUR

### PRE-CONFERENCE WORKSHOP – 14/11/2025

|  |   |
|--|---|
| <p><b>PEDIATRIC IMMUNOLOGY &amp; RHEUMATOLOGY WORKSHOP</b><br/> <b>Venue:</b> Babina Diagnostics, Porompat, Imphal<br/> <b>Faculties:</b><br/>           1. Dr. Archan Sil                      4. Dr. Arambam Gautam<br/>           2. Dr. Prabal Barma                5. Dr. RK. Manglem<br/>           3. Dr. N Johnson</p> | <p><b>NEONATAL VENTILATION WORKSHOP</b><br/> <b>Venue –</b> MCCHRC, Sagolband, Imphal<br/> <b>Faculties:</b><br/>           1. Dr. Reeta Bora<br/>           2. Dr. Amuchou Soraisam<br/>           3. Dr. Rameshwar Yengkhom</p> |
|--|---|

### IAP CPR Mass Awareness Program

Venue: UNACCO School, Meitram, Imphal-West

Date: 14-11-2025

Course Director: Dr. Santanu Deb, (IAP CPR Centre Shillong)

### Conference Day – 1 : 15/11/2025

Venue: Classic Grande, Chingmeirong, Imphal.

| Time                | Hall – 1 (IMPERIAL)  | Hall – 2 (DYNASTY)   |
|---------------------|--|--|
| 8:00 AM Onwards     | Registration   |  |
| 8:00 AM To 9:00 AM  | 1. Award Paper Presentation<br>2. Poster Presentation  |  |
| 9:00 AM To 10:00 AM | <p>Talk – 15 mins each + 10 min discussion and QAs</p> <p><b>TOPIC:</b> Approach to Steroid sensitive nephrotic syndrome: new therapeutics and beyond.<br/> <b>Speaker:</b> Dr Himesh Barman</p> <p><b>TOPIC:</b> Renal calculi - no longer disease of old.<br/> <b>Speaker:</b> DR ARATI BEHERA</p> <p><b>TOPIC:</b> Lung protective strategies in management of pARDS.<br/> <b>Speaker:</b> Bandya Sahoo</p> | <p><b>Chairpersons:</b><br/>           Dr Sheo Bachan Singh<br/>           Dr Prakritish Bora</p> <p>Talk – 15 mins each + 10 min discussion and QAs</p> <p><b>TOPIC:</b> Current concepts in the management of HIE: emerging evidences.<br/> <b>Speaker:</b> Prof. Reeta Bora</p> <p><b>TOPIC:</b> What is new in the neonatal resuscitation (9<sup>th</sup> edition of NRP).<br/> <b>Speaker:</b> Prof. Amuchou Soraisam</p> <p><b>TOPIC:</b> Phenotype to Genotyping in NICU: What and when to order<br/> <b>Speaker:</b> Dr Rameshwar Yengkhom</p> |
|                     |  | <p><b>Chairpersons:</b><br/>           Dr Jayanta Kumar Poddar<br/>           Dr Sukanta Chatterjee</p>  |

| <b>Time</b>                | <b>Hall – 1 (IMPERIAL)</b>  |  | <b>Hall – 2 (DYNASTY)</b>  |   |
|----------------------------|---|--|--|---|
| 10:00 AM<br>To<br>11:00 AM | <p>Talk – 15 mins each + 10 min discussion and QAs</p> <p><b>TOPIC:</b> Recent advances in management of pediatric ITP<br/><b>Speaker:</b> Dr Budhia majhi</p> <p><b>TOPIC:</b> CAR T therapy: from bench to bedside<br/><b>Speaker:</b> Dr Ng Sonamani</p> <p><b>TOPIC:</b> Oncological emergencies: what a paediatrician should know<br/><b>Speaker:</b> Dr. Animesh Choudhury</p>  | <p><b>Chairpersons:</b><br/>Dr Anitabh Kumar<br/>Dr Satyendra Shankar</p>      | <p>Talk – 15 mins each + 10 min discussion and QAs</p> <p><b>TOPIC:</b> Hepatitis B in Pediatrics: Updates, Evolving Guidelines &amp; Emerging Therapies<br/><b>Speaker:</b> Dr Bipsa Singhi</p> <p><b>TOPIC:</b> Acute pancreatitis in children: From recognition to effective management<br/><b>Speaker:</b> Dr Gopa Chatterjee</p> <p><b>TOPIC:</b> Congenital heart disease: when to refer for surgery<br/><b>Speaker:</b> Dr Asok Kumar Datta</p> | <p><b>Chairpersons:</b><br/>Dr Sudip Dutta<br/>Dr Arati Deka</p>      |
| 11:00 AM<br>To<br>12:00 PM | <p>Talk – 15 mins each + 10 min discussion and QAs</p> <p><b>TOPIC:</b> Community acquired pneumonia - Diagnostic dilemma<br/><b>Speaker:</b> Dr Subhasish Bhattacharyya</p> <p><b>TOPIC:</b> Complicated pneumonia in the post vaccination era: Emerging pathogens and diagnostic dilemma<br/><b>Speaker:</b> Dr Rupam Das</p> <p><b>TOPIC:</b> Diagnosis of bronchial asthma in children<br/><b>Speaker:</b> Dr Santanu Deb</p>                 | <p><b>Chairpersons:</b><br/>Dr. Saroj Kumar Tiady<br/>Dr Nilratan Majumder</p> | <p>Talk – 15 mins each + 10 min discussion and QAs</p> <p><b>TOPIC:</b> Obesity and cardio metabolic risk in children: Screening and early intervention<br/><b>Speaker:</b> Dr Sunanda Jha</p> <p><b>TOPIC:</b> Metabolic liver diseases in children: A practical diagnostic approach<br/><b>Speaker:</b> Dr Enboklang Suting</p> <p><b>TOPIC:</b> Complimentary feeding: confusions and consensus<br/><b>Speaker:</b> Dr Agnimita Giri</p>            | <p><b>Chairpersons:</b><br/>Dr Meena Singh<br/>Dr. Mita Paul</p>      |
| 12:00 PM<br>To<br>12:30 PM | <p><b>Dr Tapan Kumar Ghosh Memorial Oration</b></p> <p><b>TOPIC:</b> Rabies Prevention: Towards One Health<br/><b>Orator:</b> Dr. Jaydeep Choudhury</p>   |  | <p><b>Chairperson:</b><br/>Dr Sanjib Kr Debbarma<br/>Dr Nilratan Majumder</p>  | <b>[MOVE TO HALL 1]</b>   |
| 12:30 PM<br>To<br>1:15 PM  | <b>AGM</b>  |  |  |   |
| 1:15 PM<br>To<br>2:00 PM   | <b>LUNCH TIME [MANIPURI CHAKLUK – THALI PURE VEG]</b>   |  |  |   |
| 1:15 PM<br>To<br>2:15 PM   | <p><b>Panel discussion:</b></p> <p><b>TOPIC:</b> Antimicrobial stewardship in NICU: Defining outcomes in NICU graduates<br/><b>Moderator:</b> Prof.Reeta Bora<br/><b>Panellist:</b><br/>Dr. Amuchou S<br/>Dr. Avinash Kumar<br/>Dr. Manimukta Sanasam<br/>Dr Rameshwar Yenghkom</p> <p>Talk – 15 mins each + 5 min discussion and QAs</p> <p><b>TOPIC:</b> Rationality of Fixed drug combinations<br/><b>Speaker:</b> Dr. Devajit Kumar Sarma</p> | <p><b>Chairpersons:</b><br/>Dr Rajesh Kumar<br/>Dr AK Jaiswal</p>              | <p><b>PANEL DISCUSSION</b></p> <p><b>TOPIC:</b> Autism spectrum disorder: Neurobiological basis, biomarkers and interventions<br/><b>Moderator:</b> Dr Nilanjan Mukherjee<br/><b>Panelist:</b><br/>Dr Rashmi Agarwal<br/>Dr Anil Kumar<br/>Dr Pubali Deka<br/>Dr L Radhapyari</p> <p>Talk – 15 mins each + 5 min discussion and QAs</p> <p><b>TOPIC:</b> Management of UTI: Easy Dilemma<br/><b>Speaker:</b> Dr Ch. Smilie</p>                         | <p><b>Chairpersons:</b><br/>Dr Sheela Sinha<br/>Dr Hemanta Phokan</p> |

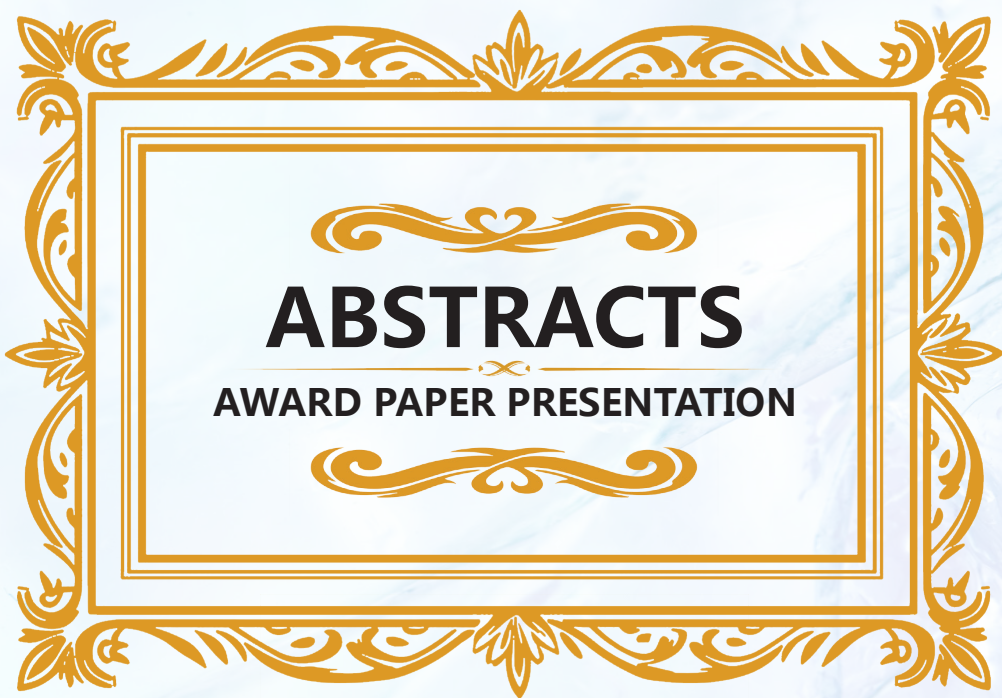
| Time   | Hall – 1 (IMPERIAL)   |   | Hall – 2 (DYNASTY)  |  |
|--|---|---|---|--|
| 2:15 PM<br>To<br>3:15 PM                                       | <p>Talk – 15 mins each + 10 min discussion and QAs</p> <p><b>TOPIC:</b> Kawasaki Disease: Navigating complexities in diagnosis and management<br/><b>Speaker:</b> Dr N. Johnson</p> <p><b>TOPIC:</b> Childhood Arthritis: Pearls and Pitfalls in diagnosis and management<br/><b>Speaker:</b> Dr Archan Sil</p> <p><b>TOPIC:</b> Inborn errors of immunity: The evolving landscape in pediatrics<br/><b>Speaker:</b> Dr Prabal Barman</p> | <p><b>Chairpersons:</b><br/>Dr. SA Krishna<br/>Dr Sashi BP Singh</p>                                | <p>Talk – 15 mins each + 10 min discussion and QAs<br/><b>TOPIC:</b> Epileptic encephalopathies: Newer therapeutics<br/><b>Speaker:</b> Dr Rupa Biswas</p> <p><b>TOPIC:</b> Auto immune encephalitis: Diagnostic challenges and emerging therapies<br/><b>Speaker:</b> Dr Jaya Shankar Kaushik</p> <p><b>TOPIC:</b> Extensively drug-resistant infections in children: Challenges and strategies<br/><b>Speaker:</b> Dr J Bikrant K Prusty</p>            | <p><b>Chairpersons:</b><br/>Dr PK Sahoo<br/>Dr Dibyendu Ray Chaudhury<br/>Dr Shyamkumar Laishram</p>   |
| 3:15 PM<br>To<br>3:30 PM                                       | <b>TEA BREAK</b>  |   |   |  |
| 3:15PM<br>To<br>4:15 PM  | <p>Talk – 15 mins each + 10 min discussion and QAs</p> <p><b>SPONSORED TALK:</b><br/><b>TOPIC:</b> ASD device closure tips and tricks<br/><b>Speaker:</b> Dr Manoj Kumar Rohit</p> <p><b>TOPIC:</b> RV-PA handsewn conduit, a novel technique<br/><b>Speaker:</b> Dr Shyam Kumar Singh Thingnam</p> <p><b>TOPIC:</b> Neonatal and pediatric cardiac surgeries: Manipur experience<br/><b>Speaker:</b> Dr Athouba Arambam</p>              | <p><b>Chairpersons:</b><br/>Dr Vasant Khalatkar<br/>Dr Sanjib kumar Debbarma<br/>Dr N Kameshore</p> | <p><b>PANEL DISCUSSION</b><br/>Drug menace and substance abuse amongst adolescent in India<br/><b>Moderator:</b> Dr Pratik Dey<br/><b>Panellist:</b><br/>Dr Rishabh Pugalia<br/>Dr Dolly Kalita<br/>Dr Tejaswini Ranjoy Mitra<br/>Dr Adyasha Mishra</p> <p>Talk – 15 mins each + 5 min discussion and QAs<br/><b>Topic:</b> Effects of social media use on youth &amp; adolescent mental health<br/><b>Speaker:</b> Dr Mamata Devi Mohanty</p>            | <p><b>Chairpersons:</b><br/>Dr Madhumita Bhattacharya<br/>Dr Pragati Khalatkar<br/>Dr Kh Ibochouba</p> |
| 4:15 PM<br>To<br>5:15 PM                                       | <p>Talk – 15 mins+ 10 min discussion and QAs<br/><b>TOPIC:</b> Respiratory crash cart<br/><b>Speaker:</b> Dr Palash Ranjan Gogoi</p> <p>Application of Point of Care Ultrasound in paediatric emergency<br/><b>Speaker:</b> Dr Nandini Sinharay</p> <p><b>TOPIC:</b> Role of genetics in paediatric critical care<br/><b>Speaker:</b> Dr Akhilesh Kumar</p>   | <p><b>Chairpersons:</b><br/>Dr Abhijit Datta<br/>Dr Partha Kr Chaudhuri</p>                         | <p><b>PANEL DISCUSSION</b><br/><b>TOPIC:</b> Allergic rhinitis: clinical, pathophysiological overview and treatment modalities<br/><b>Moderator:</b> Dr Nayan Mani Deka<br/><b>Panellist:</b><br/>Dr. Hunsu Giri<br/>Dr. Sourabh Duwarah<br/>Dr. Ranjan Kumar Mahanta<br/>Dr Braja Kishore Behera</p> <p>Talk – 15 mins+ 5 min discussion and QAs<br/><b>TOPIC:</b> Child sexual abuse: Dynamics and protection<br/><b>Speaker:</b> Dr. K. Shantibala</p> | <p><b>Chairpersons:</b><br/>Dr Kh Ratankumar<br/>Dr RK Kayal</p>                                       |
| 5:15 PM  | <b>INAUGURAL FUNCTION</b>   |   |   |  |
| <b>FOLLOWED BY CULTURAL PROGRAMMES &amp; GALA NIGHT DINNER</b> |   |   |   |  |

## CONFERENCE DAY – 2 : 16/11/2025

| Time                       | Hall – 1 (IMPERIAL)   |   | Hall – 2 (DYNASTY)   |   |
|----------------------------|---|---|--|---|
| 8:30 AM<br>To<br>9:30 AM   | <p>Talk – 15 mins each + 10 min discussion and QAs<br/><b>TOPIC:</b> Recent updates in management of septic shock<br/><b>Speaker:</b> Dr Reshmi Mishra</p> <p><b>TOPIC:</b> Diabetic keto-acidosis: Early recognition and management<br/><b>Speaker:</b> Dr Kaustav Nayek</p> <p><b>TOPIC:</b> Tachyarrhythmias in hemodynamically unstable patients<br/><b>Speaker:</b> Dr Bipul Kumar Das</p>   | <p><b>Chairpersons:</b><br/>Dr Sujit Kumar Chakrabarti<br/>Dr Kalpana Datta</p> | <p>Talk – 15 mins each + 10 min discussion and QAs<br/><b>TOPIC:</b> Acute kidney injury : Current approaches and emerging innovations<br/><b>Speaker:</b> Dr Mridu Plaban Borah</p> <p><b>TOPIC:</b> Identifying kidney disease in children: Signs and symptoms<br/><b>Speaker:</b> Dr Lakshmee Naorem</p> <p><b>TOPIC:</b> Current challenges in vaccination<br/><b>Speaker:</b> Dr Shashikanta Sethi</p>  | <p><b>Chairpersons:</b><br/>Dr RK Rupabati<br/>Dr. K Sunilbala</p>  |
| 9:30 AM<br>To<br>10:30 AM  | <p>Talk – 15 mins each + 10min discussion and QAs<br/><b>TOPIC:</b> SCRUB TYPHUS in children emerging Etiology in Unidentified Febrile illness<br/><b>Speaker:</b> Dr Kh Ratan Kumar</p> <p><b>TOPIC:</b> Tiny Hand, Big Risk: Zoonosis in Pediatric population<br/><b>Speaker:</b> Dr Shakti Laishram</p> <p><b>TOPIC:</b> Between two worlds: Transition of chronic pediatric patients to adult care-Are we prepared ?<br/><b>Speaker:</b> Dr. Amarjit Moirangthem</p>      | <p><b>Chairpersons:</b><br/>Dr L Ranbir Singh<br/>Dr H Jashobanta</p>           | <p>Talk – 15 mins each + 10min discussion and QAs<br/><b>TOPIC:</b> Management of empyema thoracis: Surgical perspective<br/><b>Speaker:</b> Dr. Irom Keshorjit</p> <p><b>TOPIC:</b> Challenging heart murmur: When to refer, when to reassure<br/><b>Speaker:</b> Dr Anusandana Mahapatra</p> <p><b>TOPIC:</b> Congenital Heart Disease: Accurate Diagnosis for Appropriate Treatment Strategy.<br/><b>Speaker:</b> Dr Shyamkishore Singh Lairikyengbam</p> | <p><b>Chairpersons:</b><br/>Dr Narendra Laishram<br/>Dr H Apabi</p> |
| 10:30 AM<br>To<br>11:30 AM | <p>Talk – 15 mins each + 10 min discussion and QAs<br/><b>TOPIC:</b> Atopic dermatitis in children: beyond emollients — Modern therapeutic approaches<br/><b>Speaker:</b> Dr. Geetanjali Sethy</p> <p><b>TOPIC:</b> Common pitfalls in ABG analysis and how to avoid them<br/><b>Speaker:</b> Dr O P Mahansaria</p> <p><b>SPONSORED TALK:</b><br/><b>TOPIC:</b> Role of vitamin D supplementation in exclusively breastfed newborns<br/><b>Speaker:</b> Dr Ahanthem Vivek</p> | <p><b>Chairpersons:</b><br/>Dr Nabachandra Thangjam<br/>Dr L Raghumani</p>      | <p>Talk – 15 mins each + 10 min discussion and QAs<br/><b>TOPIC:</b> Newer approaches in the management of PPHN<br/><b>Speaker:</b> Dr. Akumtoshi</p> <p><b>TOPIC:</b> Emerging infectious diseases in children: Preparing for the unexpected<br/><b>Speaker:</b> Dr. S K Das</p> <p><b>Topic:</b> Digital world and child's safety<br/><b>Speaker:</b> Dr Y Sana</p>  | <p><b>Chairpersons:</b><br/>Dr B Sarita<br/>Dr N Golmei</p>         |

| <b>Time</b>                | <b>Hall - 1( IMPERIAL)</b>  |  |                      |
|----------------------------|---|--|----------------------|
| 11:30 PM<br>To<br>12:00 PM | <b>PAM Oration:</b><br>Prof. Laishram Ibemtombi<br>memorial oration<br><b>Topic:</b> Childhood obesity: Health &<br>nutrition challenges in the modern era<br><b>Speaker:</b> Dr RK Rupabati Devi | <b>Chairpersons:</b><br>Dr Ch Shyamsunder<br>Singh<br>Dr L Basanta Singh | <b>MOVE TO HALL1</b> |
| 12:00 PM<br>To<br>12:15 PM | <b>ETHICS</b><br><b>Speaker:</b><br>Dr Nelson Loitongbam  | <b>Chairpersons:</b><br>Dr L Braja Mohon<br>Singh<br>Dr Kh Ibochouba     |                      |
| 12:15 PM<br>To<br>12:30 PM | <b>JAN AUSHADHI</b><br><b>Speaker:</b><br>Dr Nelson Loitongbam  |  |                      |
| 12:30 PM<br>To<br>1:30 PM  | <b>LUNCH</b>  |  |                      |
| 1:30 PM                    | <b>VALEDICTORY FUNCTION</b>   |  |                      |





**ABSTRACTS**  
AWARD PAPER PRESENTATION



# A study of Prevalence, Risk Factors, And Etiologies of Respiratory Distress in Newborns in First 7 Days of Life in a Tertiary care centre in Imphal

**Authors:** Dr. Hamna Raphi Puthenveettil<sup>1</sup>, Dr. Yengkhom Rameshwor Singh<sup>2</sup>

<sup>1</sup>Post graduate trainee, Department of paediatrics, Jawaharlal Nehru Institute of Medical Science, Imphal

<sup>2</sup>Associate professor, Department of paediatrics, Jawaharlal Nehru Institute of Medical Sciences, Imphal

## Abstract:

**Objective:** To determine the prevalence, risk factors and aetiologies of Respiratory distress in inborn neonates admitted in NICU/SNCU at a Tertiary care centre in Imphal.

**Method:** A descriptive cross-sectional study was conducted in the Department of Paediatrics, Jawaharlal Nehru Institute of Medical Sciences (JNIMS), Imphal, Manipur over a period of one year. The study population included all inborn neonates with clinical manifestations suggestive of respiratory distress, admitted in NICU and SNCU of Paediatrics Ward, JNIMS, Imphal, Manipur during the study period, and excluded neonates with parents or legal guardians who refused to give consent, neonates who were discharged against medical advice and neonates with congenital malformations and syndromic babies.

**Results:** Among 4196 live births over a year, 636 required NICU admissions and 136 presented with respiratory distress. 110 of them were included in the study. The most common cause of respiratory distress in this study was found to be Transient tachypnoea of newborn (TTNB) (37.2%), followed by Congenital pneumonia (21.8%), Respiratory distress Syndrome (RDS) (12.7%), Meconium Aspiration syndrome (MAS) (8.18%), and Birth Asphyxia (7.27%). Non respiratory aetiologies included Congenital heart disease (CHD), cold stress, Hypothermia, Hypoglycaemia, Hyponatremia, and Hypocalcaemia. Significant risk factors included Pregnancy induced hypertension, Gestational diabetes mellitus, Intrauterine growth restriction, oligohydramnios, prolonged labour, Prolonged rupture of membrane (PROM) >18 hours, and Caesarean section deliveries. Chest x-ray and sepsis screen aided diagnosis. The study found a

significant association of IUGR (p value 0.02), Oligohydramnios (p value 0.00), Normal vaginal delivery (p value < 0.001), Caesarean section (p value 0.00), prolonged labour (p value 0.017) and handled labour (p value 0.048) with etiology of respiratory distress. There was also a significant association of gestational age (p value 0.001) and APGAR score with etiology of respiratory distress (p value 0.00). Most of the neonates required High flow nasal canula (HFNC) support, while 10.9% received CPAP and 9.09% required invasive mechanical ventilation. Only 2.7% of neonates received surfactant therapy (those with RDS). Overall mortality was found to be 4.5%.

**Conclusion:** The study highlights significant association between perinatal risk factor and respiratory distress in neonates, which highlights the importance of improved antenatal care and timely intervention in terms of respiratory support to enhance survival outcomes.

**Key words:** Transient tachypnoea of newborn, Congenital pneumonia, Respiratory distress Syndrome, Meconium Aspiration syndrome, Birth Asphyxia.



# EFFECT OF DELAYED UMBILICAL CORD CLAMPING ON IMMEDIATE NEUROLOGICAL AND OTHER END ORGAN OUTCOME IN HIGH-RISK NEONATES FOR ASPHYXIA

Dr.Gargi Barman<sup>1</sup>, Dr.Reeta Bora<sup>2</sup>

<sup>1</sup>Junior Resident, Department of Pediatrics,  
Assam Medical College, Dibrugarh

<sup>2</sup>Professor and Head, Department of Pediatrics,  
Assam Medical College, Dibrugarh

## ABSTRACT

**Background:** Delayed cord clamping(DCC) improves placental perfusion and neonatal adaptation, especially in high-risk neonates for asphyxia. In low-resource setting, where majority of asphyxia occur, limited access to costly resuscitation equipments makes low-cost interventions like DCC difficult. This study compares immediate outcomes of DCC versus early cord clamping(ECC) in neonates with antenatal risk factors for asphyxia, using a low cost trolley with easily available resources.

**Methods:** A comparative observational study was conducted on 200 neonates, allocated into ECC and DCC groups. Neonates with one or more antenatal risk factors for birth asphyxia were included. Primary outcomes assessed were time to first cry, APGAR scores, preductal and postductal SpO<sub>2</sub>, body temperature, blood glucose levels, incidence of hypoxic-ischemic encephalopathy (HIE) or end-organ involvement and NICU admissions.

**Results:** Demographic characteristics were comparable between the groups, except for a significantly lower maternal age in the DCC group. Neonates in the DCC group had significantly higher APGAR scores at 1 and 5 minutes( $p<0.001$ ), improved oxygen saturation at 5&10 minutes( $p<0.001$ ), and better thermal regulation. Their incidence of HIE or end-organ involvement (1%vs.27%,  $p<0.001$ ) and NICU admissions (13%vs.57%,  $p<0.001$ ) were markedly lower. Neonates in DCC group also showed better primitive reflexes and more stable cardiovascular parameters in the immediate postnatal period.

**Conclusion:** In resource poor areas, DCC is possible in neonates with risk for asphyxia, using available resources. DCC significantly improves immediate neonatal outcomes in at risk neonates for asphyxia. Long-term studies are recommended to validate sustained benefits.

**Keywords:** DCC, ECC, HIE, Immediate neonatal outcomes, NICU.

# Trends in Community-Acquired Pneumonia and Its Complications: An Observational Retrospective Study at a Tertiary Hospital in Manipur

**Author:** Dr. Karan Singh<sup>1</sup>, Dr. Ratankumar Kh<sup>1</sup>, Dr. Bidyarani Oinam<sup>2</sup>,  
Dr. M Bisheswor<sup>1</sup>, Dr. Pratyasha Dash<sup>1</sup>, Dr. Anay T. R<sup>1</sup>

**Affiliation:** Mother's Care Children Hospital & Research Centre<sup>1</sup>,  
District Hospital Bishnupur<sup>2</sup>

**Introduction:** Acute respiratory tract infection (ARI) /community acquired pneumonia (CAP) in children remain infamous leading cause of morbidity and mortality in low-income countries, despite efforts from global and local bodies. Recent trends show increasing complications (systemic and local). Complicated community-acquired pneumonia (CCAP) was noted in our state and served as the incentive for this study, along with its etiology and vaccination status.

**Methods:** Retrospectively reviewed data from the past 3 years and 9 months according to the WHO pneumonia definition. Recorded general, clinical and laboratory profile. The primary focus was the subgroup of patients diagnosed with CCAP. Multiplex PCR was performed on pleural fluid and nasopharyngeal swabs (NPS) as feasible, along with pleural and blood cultures. Types of CCAP, vaccination status, and surgical interventions were recorded for the CCAP subgroup.

**Results:** A total of 1,612 children were included over the past 3 years and 9 months; 83 (5%) had CCAP. Male predominance of 59% and more cases in the age group 1-5 years (54%) were observed. In the CCAP subgroup of 83 children 72 had pleural effusion, 61 had empyema, 52 had pleural thickening, 36 had necrotizing pneumonia (NP), 47 and 13 children underwent decortication and pneumonectomy respectively. Streptococcus pneumoniae was seen as main organism in both Multiplex PCR (18 children) and pleural fluid culture (7 children) followed by Enterovirus in NPS- Multiplex PCR. Blood culture was positive only in 12 children of 1612 (0.7%). Pneumococcal vaccination provides significant protection against CCAP. Of the 17 CCAP cases with mPCR positive for S. pneumoniae, 11 were not vaccinated (68%).

**Results:** A total of 1,612 children were included over the past 3 years and 9 months; 83 (5%) had CCAP. Male predominance of 59% and more cases in the age group 1-5 years (54%) were observed. In the CCAP subgroup of 83 children 72 had pleural effusion, 61 had empyema, 52 had pleural thickening, 36 had necrotizing pneumonia (NP), 47 and 13 children underwent decortication and pneumonectomy respectively. Streptococcus pneumoniae was seen as main organism in both Multiplex PCR (18 children) and pleural fluid culture (7 children) followed by Enterovirus in NPS- Multiplex PCR. Blood culture was positive only in 12 children of 1612 (0.7%). Pneumococcal vaccination provides significant protection against CCAP. Of the 17 CCAP cases with mPCR positive for S. pneumoniae, 11 were not vaccinated (68%).

**Conclusions:** CAP remains a significant health concern and cannot be neglected as it is leading to significant numbers CCAP not responding to medical management alone. Streptococcus pneumoniae is still the organism of concern, PCV vaccination has to be emphasized among the general population.

**Keywords:** Community acquired pneumonia (CAP), Complicated community acquired pneumonia (CCAP), Nasopharyngeal swab (NPS), Respiratory syncytial virus (RSV), Acute respiratory tract infection (ARI), Multiplex PCR (mPCR).



# Rewiring Delivery Room Protocols: Establishing Delayed Cord Clamping in the Labour Room for Term Newborns: A Quality Improvement Approach

**Authors and Affiliations:** Sohini Das<sup>1</sup> Reeta Bora<sup>2</sup>

<sup>1</sup> Post Graduate Trainee, Department of Paediatrics and Neonatology, Assam Medical College

<sup>2</sup> Professor and Head, Department of Paediatrics and Neonatology, Assam Medical College

## ABSTRACT

**BACKGROUND:** Delayed cord clamping (DCC) is an evidence-based practice that enhances neonatal outcomes. Despite global recommendations, its consistent implementation in tertiary care labour rooms (LR) remains challenging due to logistical and institutional barriers.

**AIM AND OBJECTIVE:** To improve the quality of healthcare provided to term neonates (>37 completed weeks of gestational age) by establishing DCC as a standard practice in the LR of the Obstetrics & Newborn unit of a tertiary-care hospital in North East India through a quality improvement (QI) project.

**METHODS:** A QI study was conducted involving vigorous term neonates born via vaginal delivery over a period of 1 year. The QI team collaboratively employed serial Plan-Do-Study-Act (PDSA) cycles to implement various strategies successively, after developing a driver diagram, including dissemination of scientific knowledge, pre-planning for DCC and introduction of a “cord clamp clock” in the LR documentation of events. Statistical process control charts were used to track and share project progress.

**RESULTS:** The QI initiative increased DCC rates from 8% at baseline to 25%, 48%, 43.2% in PDSA cycles, respectively and 64% in the sustenance phase. This improvement was associated with better APGAR scores, fewer NICU admissions, and reduced neonatal complications, like hypothermia.

**CONCLUSION:** QI initiative is a cost-effective tool for establishing DCC in the LR of tertiary care hospitals, significantly improving neonatal outcomes. There were limiting factors to progress, which were overcome through educational strategies and demonstration of benefits over various PDSA cycles.

**Keywords-** Delayed cord clamping, Plan-Do-Study-Act, Quality improvement, Labour room.

# Comparison of non-invasive positive pressure ventilation with high flow nasal cannula in treatment of acute bronchiolitis

**Name:** Dr. Subhashree Sahu

**Designation:** 3rd year primary DNB trainee

**Department:** Paediatrics

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**Guide:** Dr. Sanjay Kumar Tanti, senior consultant and HOD

**Co- Guide:** Dr. Deepshikha, Specialist  
Manipal Tata Medical College and Tata Main Hospital

## Background

Acute bronchiolitis is a constellation of clinical symptoms and signs including a viral upper respiratory prodrome followed by increased respiratory effort and wheezing in children less than 2 years age. Treatment is mainly supportive as pharmacological agents are largely ineffective and both High flow nasal cannula (HFNC) and Non-invasive positive pressure ventilation (NIPPV) are used as respiratory support.

## Objective

To compare the efficacy and safety of HFNC and NIPPV in treating children with acute bronchiolitis. Materials and methods

A prospective randomized control trial was done among 84 children (42 each) with moderate to severe bronchiolitis diagnosed as per modified Wood's clinical asthma score(M-WCAS). Outcomes were compared in terms of decrease in M-WCAS score after 6 hours of intervention, need for invasive mechanical ventilator, days of respiratory support, duration of intensive care unit (ICU) stay and adverse effect with support such as nasal injury and pneumothorax.

## Results

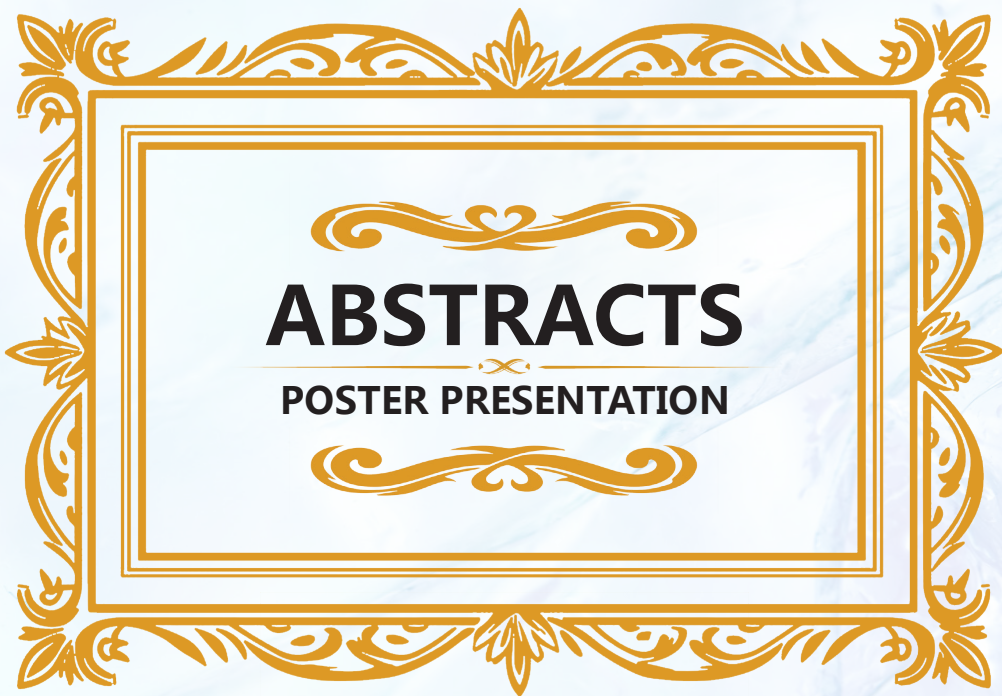
Both the groups had similar demographic, hemodynamic and respiratory parameters at admission. Decrease in score at least by 1 seen in 59% patients in HFNC group and 81% patients in NIPPV group and the result was significant. Failure of treatment was observed in 1 out of patients in each group. There was no significant difference in

number of days of intervention or PICU stay between the groups. No adverse effect was noted in any group.

### **Conclusion**

In children with acute bronchiolitis, the use of NIPPV shows early decrease in MWCAS score in 1st 6 hours and yields results similar to standard treatment-HFNC in terms of improved oxygenation, decrease in respiratory distress, days of intervention and days of PICU stay and is non inferior to HFNC.





**ABSTRACTS**  
POSTER PRESENTATION



## ***“Recurrent Pneumonia and Steatorrhea in an Indian Child: Unmasking an Underdiagnosed Case of Cystic Fibrosis”***

**Authors:** Dr. Iksha Hang Subba<sup>1</sup>, Dr. K. Dilleswar Rao<sup>2</sup>, Dr. M. Amarjit<sup>3</sup>, Prof K. Sunilbala<sup>4</sup>.

1. PGT 1<sup>st</sup> year, Department of Pediatrics, RIMS, Imphal.

2. PGT 2<sup>nd</sup> year, Department of Pediatrics, RIMS, Imphal.

3. Senior Resident, Department of Pediatrics, RIMS, Imphal.

4. Professor, Department of Pediatrics, RIMS, Imphal.

**Abstract:** Cystic fibrosis is a life-limiting autosomal recessive disorder most commonly seen in Caucasians, with an incidence of 1 in 2,500 live births in the UK. It is less prevalent among African Americans (1:15,000) and Asian Americans (1:31,000), and traditionally considered rare in India. However, increasing recognition and diagnostic advancements have identified cases in the Indian population, though diagnosis is often significantly delayed. Cystic fibrosis is caused by mutations in the *cystic fibrosis transmembrane conductance regulator (CFTR)* gene on chromosome 7, leading to impaired chloride ion transport and the production of thick, dehydrated secretions that affect multiple organ systems. The  $\Delta F508$  mutation is the most common globally, present in around 70% of cases.

We present the case of a 7-year-old Indian female who presented with a 2-week history of productive cough, 10 days of breathlessness, and 2 days of fever and abdominal discomfort. She had a history of greasy stools since infancy, and recurrent respiratory infections, with hospital admissions for pneumonia at ages 2 and 6. Workup for tuberculosis and celiac disease was negative. Suspicion of cystic fibrosis led to further testing, which showed severe pancreatic exocrine insufficiency (low fecal elastase), Vitamin D3 deficiency, and HRCT evidence of bronchiectasis and pancreatic steatosis. Genetic analysis confirmed a pathogenic *CFTR* mutation.

This case highlights the importance of considering cystic fibrosis in Indian children presenting with recurrent pneumonia and malabsorption. Early recognition and initiation of appropriate therapy can significantly improve outcomes and quality of life in such patients.

**Keywords:** Cystic fibrosis, CFTR mutation, Steatorrhea, Recurrent Pneumonia, Bronchiectasis, Pancreatic insufficiency.

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## ***“Decoding Developmental Epileptic Encephalopathy: A Six-Case Series of Genetic Insights”***

**Name:** Subhashree Sahu  
**Designation:** 3rd year DNB resident  
**Co-Authors:** Dr Preeti Srivastava, Senior Consultant  
Dr Shikha Swaroop, Specialist  
Tata Main Hospital, Jamshedpur

**BACKGROUND:** Epilepsy syndromes beginning in childhood have been divided into three categories, self-limited focal epilepsies (SeLFEs), generalized epilepsies, and developmental and/or epileptic encephalopathies (DEEs), which often have both focal and generalized seizures. These epilepsies are frequently resistant to therapy and often associated with cognitive and behavioral comorbidities. Most of the DEEs have genetic etiology. Etiology focused precision medicine, notably gene-based therapies, may prevent seizures and comorbidities. This is a case series of children who were diagnosed as DEEs and had a genetic mutation.

**CASE DESCRIPTION:** This is a retrospective chart review of 6 children who presented with seizure, in early years of life with developmental delay or regression. Demographical and clinical parameters were noted. Extensive workup including neuroimaging, electroencephalogram and genetic study (whole exome sequencing) were done following which these children were treated with appropriate antiseizure medications.

**OUTCOME:** Out of the six cases in this series, 4 were female and 2 were male. Five children presented in infancy, with mean age being 9.4 months. All children presented with seizures and developmental delay with 5 with daily seizures. Three of them had epileptic spasms. Five children had abnormal EEG with hypsarrhythmia being the most common finding. Three had abnormal MRI, out of which 2 had cortical malformation. Genetic mutations were found in 2 children with CDKL5 mutation, 2 siblings with UGP2 mutations, 1 with GNA01 and another had SCN8A along with SPTAN1 mutations, and these genes were noted responsible for DEE. Five children had drug-resistant epilepsy, needing at least 3 anti-seizure medications.

**CONCLUSION:** Early epileptic encephalopathies with genetic etiology should be considered in the differential diagnosis of children presenting with early-onset epilepsy. Identification of this condition is important, as treatment and outcome are different from other epileptic encephalopathies.

## ***From Seizures to Sinus Thrombosis: A Case of Neonatal Cerebral Venous Thrombosis Complicated by Hydrocephalus***

**Authors:** 1. Dr. Rinku Das, PGT 1, Department of Pediatrics, RIMS, Imphal  
2. Dr. Ch. S. Singh, Professor and HOD, Department of Pediatrics, RIMS, Imphal  
3. Dr. Dinai Lalnghinglovi Solo, Senior Resident, Department of Pediatrics, RIMS, Imphal  
4. Dr. Mirza Abbas, PGT 2, Department of Pediatrics, RIMS, Imphal

**Abstract:** Cerebral venous thrombosis (CVT) in neonates is a rare but serious neurological emergency, often presenting with non-specific symptoms such as seizures and altered sensorium. The estimated incidence is approximately 50 per 100,000 live births. Timely recognition and neuroimaging are essential for diagnosis and management.

We report a case of a 15-day-old term male neonate, delivered at home without skilled assistance, who presented with multiple episodes of seizures and altered sensorium for one day. Seizures were initially managed with intravenous phenobarbitone and phenytoin; midazolam infusion was added due to persistent episodes, with subsequent control achieved. Clinical examination revealed a bulging anterior fontanelle and lethargy. Initial non-contrast cranial CT showed ventricular dilatation. CT venography confirmed thrombosis of the cerebral venous sinuses along with communicating hydrocephalus.

Sepsis screen, blood and urine cultures, and cerebrospinal fluid analysis were unremarkable. Coagulation profile and thrombophilia screening were within normal limits. Given the history of unassisted home delivery, birth trauma was suspected as the underlying cause. Neurosurgical consultation advised ventriculoperitoneal (VP) shunt placement for hydrocephalus, but the caregivers refused surgical intervention. The patient was managed conservatively with supportive care and close neurological monitoring.

This case underscores the importance of considering cerebral venous thrombosis in neonates presenting with seizures and encephalopathy, especially in the setting of home delivery or possible birth trauma. It also highlights the critical role of neuroimaging and the challenges faced when definitive management options are declined by caregivers.

**Keywords:** Neonatal cerebral venous thrombosis, Home delivery, Seizures, Communicating hydrocephalus, Birth trauma, VP shunt refusal

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## ***“A Hidden Malignancy Behind Mild Symptoms: Case of Paediatric Neuroblastoma”***

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Neuroblastoma is the most common extracranial solid malignancy of childhood and the most common cancer in infancy. It arises from primitive sympathetic neural crest cells, which normally form the adrenal medulla and sympathetic ganglia. The tumour exhibits diverse biological behaviour, ranging from spontaneous regression to aggressive metastatic disease. Nearly half of all patients present with metastases at diagnosis. A 6-year-old male child presented with intermittent low-grade fever, generalized malaise, body ache and decreased appetite for four months. Abdominal examination revealed a firm, non-tender mass in the left lumbar region. Based on the clinical findings, differential diagnoses included abdominal tuberculosis and malignant neoplasm. Contrast-enhanced CT of the thorax and abdomen showed a heterogeneously enhancing mass arising from the left adrenal gland, encasing the left renal artery, with a left lower lobe lung lesion and bony erosion at the T7 vertebral level. Ultrasound-guided biopsy of the adrenal mass demonstrated Homer–Wright pseudorosettes, and immunohistochemistry was positive for Chromogranin A and Synaptophysin, confirming the diagnosis of neuroblastoma. The child was referred to a paediatric oncology centre for further management. This case highlights the importance of considering neuroblastoma in children presenting with vague constitutional symptoms and an abdominal mass. Early recognition and prompt evaluation are crucial for timely diagnosis and improved prognosis, as many cases present with advanced disease.

**Keywords:** Neuroblastoma, Paediatric malignancy, Adrenal mass, Chromogranin A, Synaptophysin

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# INCIDENCE, COMPLICATIONS, TREATMENT, OUTCOMES and FOLLOW-UP of PRETERM NEONATES ADMITTED TO NICU AT TEZPUR MEDICAL COLLEGE AND HOSPITAL



Presenter: Dr. Ksh. Meghana Sheila, PGT  
 Dr. Niruprabha Saharia, Professor and HOD  
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## Introduction

- Preterm birth, defined as delivery before 37 completed weeks of gestation, remains a major global health concern.
- It is the leading cause of neonatal morbidity and mortality worldwide
- According to WHO, approximately 13.4 million babies are born preterm annually, accounting for over 10% of all live births.
- In India, the incidence is around 13%, among the highest globally.
- This study aimed to determine the incidence, complications and analyse the treatment, outcomes and follow up of preterm neonates at TMCH.

## Objectives

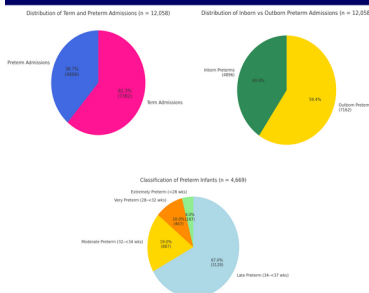
To determine the incidence of preterm admissions, identify major complications, evaluate treatment and assess outcomes and follow up of preterm neonates admitted in NICU at TMCH

## Methodology

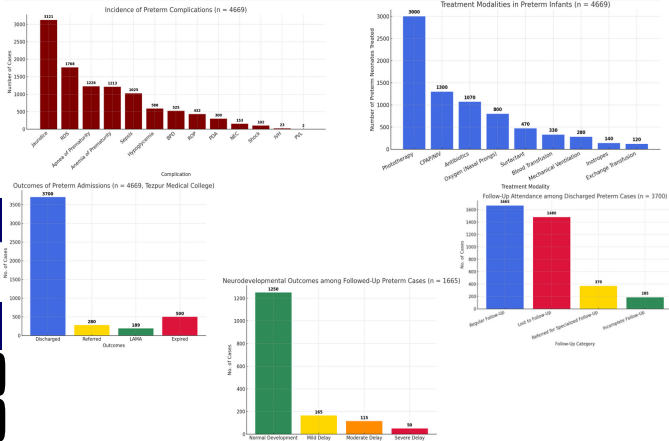
|                |                                    |
|----------------|------------------------------------|
| Place of study | TMCH                               |
| Study design   | Hospital based retrospective study |
| Study period   | April 2020-April 2025              |
| Sample size    | 12058                              |

- Ethical clearance obtained from ethical committee, TMCH.
- Inclusion criteria-**
- Neonates with gestational age < 37 weeks confirmed by obstetric dating or Ballard scoring
  - Both live born inborn and referred outborn preterm infants admitted to the NICU
- Exclusion criteria:**
- Term neonates (> 37 weeks).
  - Babies with major congenital anomalies or incomplete case records.
  - Stillbirths and neonates discharged against medical advice were excluded from outcome analysis.

## Results



## Results



## Discussion

- Preterm admissions formed 38.7% of total NICU cases, indicating a high referral load at TMCH.
- Major complications included jaundice (66.9%), RDS (37.9%) and apnea of prematurity (26.3%) which reflects organ immaturity and is consistent with national and global data.
- Sepsis, anemia of prematurity and hypoglycemia added to morbidity while chronic complications like BPD and ROP occurred mostly in very low birth weight infants.
- Severe morbidities such as NEC, PDA and IVH contributed significantly to mortality and referral rates.
- These complications represent the typical respiratory-metabolic-infectious triad seen in preterm morbidity.
- Over 60% required phototherapy, 38% required respiratory support (CPAP, surfactant, ventilation) while 22% antibiotic use reflects a high burden of sepsis.
- Despite resource constraints, 79% survival reflects effective stabilization and neonatal care. Referrals (6%) and LAMA (4%) highlight infrastructural and socioeconomic challenges typical of district.
- The mortality rate is 10.7% is consistent with WHO and INAP trends for resource-limited centers.
- Approximately 36% of discharged attended follow up of which 75% showed normal development, 20% had mild-moderate delay and 3% had severe delay.
- ROP (3%) and BPD (2%) cases required ongoing specialized review.

## Conclusion

- Prematurity poses a significant challenge to neonatal survival, contributing substantially to NICU admissions.
- Overall, the findings mirror national and international trends, with slightly higher morbidity and mortality influenced by referral bias and limited resources.
- Follow up compliance (36%) was modest which is a reflection of distance, cost and parental awareness.
- The major maternal risk factors include hypertensive disorders, APH, PROM, maternal infections, anemia, malnutrition, multiple gestation, short interpregnancy interval, extremes of maternal age, and inadequate antenatal care, all of which are further aggravated by low economic status and physical stress in resource-limited settings.
- These outcomes underline both the progress and challenges of neonatal care in a resource-limited setup highlighting the need for enhanced maternal risk prevention, NICU infrastructure strengthening and structured follow-up programs to improve long term survival and neurodevelopmental outcomes for preterm infants.

## References

- TMCH NICU records, 2020-2025
- World Health Organization. *Preterm birth: Key facts*. WHO; 2023.
- Ministry of health and Family Welfare. *India Newborn Action Plan (INAP) Progress Report 2023*.
- Cloherty and Stark's *Manual of Neonatal Care*. 9<sup>th</sup> ed. 2022
- OP Ghai. *Essential Pediatrics 10<sup>th</sup> ed.*

## Acknowledgement

I am very thankful to the Head of the Department of Paediatrics, Tezpur Medical College & Hospital

## ***“Sacrococcygeal teratoma in a newborn: A case report”***

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Sacrococcygeal teratoma (SCT) is the most common congenital tumour in the fetus and neonate, with an incidence of approximately 1 in 35,000–40,000 live births and a female predominance (male-to-female ratio 1:4). It arises from totipotent cells of Hensen’s node at the anterior aspect of the coccyx during the 2nd–3rd week of gestation and commonly presents as a mixed solid and cystic mass composed of tissues derived from all three germ layers. Here we are reporting a case of a term female neonate, 6 hours of life, brought to the pediatric emergency department after being delivered during transport, with complaints of a large mass protruding from the lower back. On the basis of history and clinical examination, a provisional diagnosis of sacrococcygeal teratoma was made and management was started accordingly. Reviewed medical history revealed inadequate antenatal care, with irregular intake of iron folic acid supplements and no antenatal visits or antenatal screenings. Sepsis screen was positive and blood culture grew *Burkholderia cepacia*, for which intravenous antibiotics were continued for 14 days. MRI revealed a Type II sacrococcygeal teratoma and surgical excision with coccygectomy was performed. Histopathological examination confirmed a mature sacrococcygeal teratoma with tumour-free margins. The postoperative course was uneventful, and the baby was discharged in stable condition. This case report aimed to familiarise with the disease, as sacrococcygeal teratoma is a rare congenital tumour, and early recognition and prompt surgical management are crucial for a good outcome. Presenting this case helps highlight the importance of timely diagnosis, evaluation for associated anomalies, coordinated neonatal and surgical care.

**Keywords:** Sacrococcygeal teratoma, coccygectomy , antenatal screenings

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## ***“A CASE OF TUBEROUS SCLEROSIS COMPLEX PRESENTING WITH CARDIAC RHABDOMYOMAS AND HYPOPIGMENTED PATCHES IN AN INFANT”***

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Tuberous sclerosis complex (TSC) is a multisystem genetic disorder with an autosomal dominant inheritance with a prevalence of 1 in 6,000 to 10,000 newborns, characterized by the formation of benign hamartomas in multiple organs due to mutations in the TSC1 or TSC2 genes which encodes for protein called hamartin and tuberlin respectively. Cardiac rhabdomyomas, the most common pediatric cardiac tumors, are seen in up to 70–75% of TSC cases and may be detected antenatally. Central nervous system manifestations such as cortical tubers and subependymal nodules often underlie neurological symptoms including seizures, intellectual disability, and autism spectrum disorder, while characteristic cutaneous features include hypomelanotic macules (ash-leaf spots), facial angiofibroma, and shagreen patches. Retinal hamartomas and renal angiomyolipoma are some other systemic manifestations. The diagnosis of TSC is clinical based on the presence of major and minor criteria. We report a late preterm male infant with antenatal ultrasonography revealing a large intraventricular mass in the left ventricle, confirmed postnatally on echocardiography as multiple echogenic masses (30×20 mm and 7×4 mm) consistent with cardiac rhabdomyomas. Physical examination showed multiple hypopigmented macules over the trunk, and by one month of age, the infant developed seizures. MRI brain demonstrated multiple subependymal nodules along the bilateral lateral ventricles, establishing the diagnosis of TSC. The patient was managed conservatively with antiepileptic therapy and multidisciplinary follow-up. This case underscores the importance of recognizing antenatally detected cardiac rhabdomyomas and cutaneous findings as early diagnostic indicators of TSC, facilitating timely neuroimaging, counseling, and ongoing surveillance to improve long-term outcomes.

**Keywords:** Tuberous sclerosis complex, cardiac rhabdomyomas, ashleaf macules, subependymal nodules, facial angiofibroma, shagreen patches

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**ARTICLES**



## *Ellis-van Creveld Syndrome: A Rare Case of Chondroectodermal Dysplasia*

Dr. Animesh Chaudhuri, MD (Paediatrics), Dr Mrinal Das, MD (Paediatrics), Dr. Kaushik Debbarma, MD (Paediatrics), Dr. Aniruddha Roy, PGT (Paediatrics), Department of Paediatrics, IGM Hospital, Agartala

**Abstract:** Ellis-van Creveld Syndrome (EVC) is a rare autosomal recessive disorder characterized by a tetrad of features — disproportionate short stature, polydactyly, ectodermal dysplasia, and congenital cardiac anomalies. The condition results from mutations in the EVC or EVC2 genes on chromosome 4p16, which play an important role in endochondral bone formation. We report a case of a 3-year-old female child presenting with characteristic features of EVC. The child was born of a non-consanguineous marriage and had normal birth history. On physical examination, she had postaxial polydactyly of both hands, short limbs, and small dysplastic nails. Multiple hypopigmented macules were noted over the anterior abdominal wall. Echocardiography revealed a single atrium, a common cardiac malformation in this syndrome. Radiological findings were consistent with chondroectodermal dysplasia. The diagnosis of Ellis-van Creveld Syndrome was established based on clinical features and echocardiographic findings. The child is under regular follow-up for cardiac and developmental monitoring. Early diagnosis and multidisciplinary management are crucial in improving quality of life and reducing morbidity. This case highlights the importance of clinical recognition of this rare entity, especially in regions where genetic testing facilities are limited, and emphasizes the need for awareness among paediatricians to identify congenital anomalies associated with syndromic presentations.

**Keywords:** Chondroectodermal Dysplasia, Polydactyly, Single Atrium, Short Stature, Genetic Counselling.

**Case Presentation:** A 3-year-old female child was brought to the Department of Paediatrics, IGM Hospital, Agartala, with complaints of short stature and multiple white patches over the anterior abdominal wall. The child was the second-born of non-consanguineous parents, delivered at term by normal vaginal delivery, with an uneventful perinatal period. On physical examination, the child appeared active but had disproportionate short stature, with notably short limbs and a relatively normal



**Fig. 1 Polydactyly of both hands & short limbs**

trunk. Postaxial polydactyly was present in both hands. Nails were small, thin, and dysplastic. Teeth were few, small, and widely spaced. Multiple hypopigmented macules were observed over the anterior abdominal wall. Hair texture and scalp growth were within normal limits. Systemic examination revealed a grade II/VI systolic murmur over the left upper sternal border. Cardiovascular system examination warranted



**Fig. 2**



**Fig. 3**

**(Fig. 2 & 3 Polydactyly)**



**Fig. 4 Dental Abnormalities**

further evaluation, and 2D echocardiography demonstrated a single atrium, confirming a structural cardiac defect typical of Ellis-van Creveld short tubular bones, and mildly dysplastic pelvis, consistent with chondroectodermal dysplasia. The child's intelligence and developmental milestones were age-appropriate. No hepatosplenomegaly or respiratory distress was noted. Based on the combination of clinical findings — short

limbs, polydactyly, ectodermal dysplasia (nail and dental anomalies), and single atrium — the diagnosis of Ellis-van Creveld Syndrome was made.

**Management and outcome:** Management included multidisciplinary care involving paediatrics, cardiology, orthopaedics, and dermatology. Cardiac function was periodically assessed, and no immediate surgical intervention was required. The parents were counselled regarding the genetic nature of the condition and offered genetic counselling for future pregnancies. Regular follow-up was advised to monitor growth, cardiac status, and dental development.



Fig. 5 Skin lesion over abdominal wall

**Discussion:** Ellis-van Creveld Syndrome, first described by Richard Ellis and Simon van Creveld in 1940, is a rare congenital disorder with autosomal recessive inheritance. It affects skeletal growth and ectodermal structures, with incidence higher in isolated populations such as the Amish community. Cardiac defects, particularly single atrium and atrioventricular septal defects, are observed in over 50% of cases. The presence of polydactyly and short limbs in association with cardiac anomalies should raise suspicion of EVC. Genetic confirmation through EVC or EVC2 mutation analysis provides definitive diagnosis, although not always feasible in resource-limited settings. Early recognition of this syndrome is vital for timely management of cardiac and orthopaedic complications. Awareness of such rare entities among paediatricians facilitates prompt diagnosis, family counselling, and coordinated care.

**Conclusion:** This case underscores the importance of clinical recognition of EVC in regions with limited access to genetic testing. Early diagnosis and coordinated multidisciplinary care play a crucial role in improving outcomes. Awareness among paediatricians about such rare syndromes is vital for timely diagnosis and effective family counselling.

#### References:

1. Bhat YR, Patil S. Ellis-van Creveld syndrome: A case report and review of literature. *Indian J Hum Genet.* 2011;17(3):164-167.

2. Kumar A, Taneja A, Sethi S. Ellis-van Creveld syndrome with single atrium: a rare case report. J Indian Acad Clin Med. 2015;16(3-4):231-233.
3. Sharma N, Bhat P, Shetty DC. Ellis-van Creveld syndrome: A case report with emphasis on clinical and dental findings. J Indian Soc Pedod Prev Dent. 2010;28(1):47-50.

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## Systemic Juvenile Idiopathic Arthritis - A Case Presentation

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**Abstract:** A 3-year 6 months old female child presented with persistent fever of more than one month, polyarthrititis with swelling, generalized salmon-colored maculopapular rash, poor nutritional status, and moderate splenomegaly. Laboratory evaluation revealed severe anaemia, negative malarial parasite (MP) test, and negative autoimmune markers (ANA, dsDNA). Serum ferritin was markedly elevated (>1000 ng/mL). Based on clinical and laboratory findings, a diagnosis of Rheumatoid Factor (RF) negative Systemic Juvenile Idiopathic Arthritis (sJIA) was established. The patient was initiated on corticosteroids and supportive therapy with gradual clinical improvement. Early recognition and prompt management are crucial to prevent long-term sequelae.

**Keywords:** Maculopapular Rash, Hyperferritinemia, Polyarthrititis, Macrophage Activation, Paediatric Rheumatology



**Fig: 1 Swollen B/L knees and ankles**

**Case Presentation:** The child presented with fever persisting for more than one month, unresponsive to antibiotics. Multiple joints including knees, wrists, and ankles were swollen and tender. Characteristic salmon-colored rash appeared during febrile episodes. Examination revealed moderate splenomegaly and features of poor nutrition.

Investigations showed haemoglobin 6.2 g/dL, ESR 90 mm/hr, leucocytosis, and elevated CRP. ANA and dsDNA were negative. Serum ferritin exceeded 1000 ng/mL, strongly suggesting macrophage activation and systemic inflammation. RF was negative. Chest X-ray and Mantoux test were normal, ruling out tuberculosis and malignancy diagnosis of Systemic Juvenile Idiopathic Arthritis (Still's disease) was made.



**Fig:2**



**Fig:3**

**Fig:2 & Fig:3 salmon-colored maculopapular rash**

**Outcome:** The child responded favourably to treatment. By the time of discharge, she was afebrile, her joint swelling had reduced, appetite and nutritional status improved, and splenomegaly had started regressing. Regular follow-up was advised for long-term monitoring of disease activity and tapering of corticosteroids.



**Fig:4 Swollen Knee**

**Discussion:** Systemic JIA accounts for approximately 10-20% of all JIA cases in India. It presents with quotidian fever, evanescent rash, and systemic inflammation. The diagnosis remains clinical, supported by elevated inflammatory markers and hyperferritinemia. The main differentials include infection,

malignancy, and other connective tissue diseases. Management includes corticosteroids, methotrexate, and biologic agents like tocilizumab or anakinra in resistant cases. Early treatment can reduce long-term joint damage and improve outcomes.

**Conclusion:** Systemic Juvenile Idiopathic Arthritis should be suspected in any child with prolonged fever, arthritis, rash, and elevated ferritin after exclusion of infections and malignancy. Awareness among clinicians facilitates timely diagnosis and management.

### References:

1. Ghosh JB. Systemic onset juvenile idiopathic arthritis—its unusual presentation. *Indian Pediatr.* 2008; 45:906-908.
2. Sathe K, et al. Thalidomide for systemic onset juvenile idiopathic arthritis: Three Indian children. *Indian Pediatr.* 2013; 50:237-239.
3. Hegde A, et al. Clinical profile of juvenile idiopathic arthritis from a tertiary referral centre in Northern India. *Indian JRheumatol.* 2020;15(3):190-195.
4. Das N, et al. Evaluation of serum ferritin and its correlation with disease activity in juvenile idiopathic arthritis. *Int J Contempt Pediatr.* 2021;8(4):678-682.

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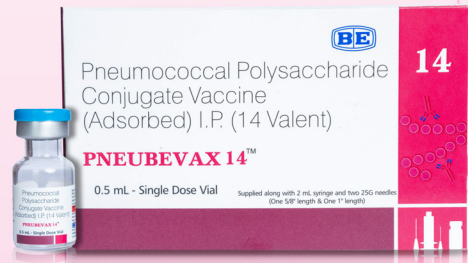
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**1 3 4 5 6A 6B 7F 9V 14 18C 19A 19F 23F 22F 33F**

**MORE Serotypes**

**MORE Coverage**

- First Made in India PCV covering emerging serotypes 22F & 33F<sup>1</sup>
- Newer PCVs containing 22F and 33F have replaced older PCVs in children immunization in USA<sup>2</sup>
- Demonstrated Immunogenicity against 15 serotypes including 6A in clinical trials<sup>1</sup>
- Safety and immunogenicity demonstrated in infants and 12-23 months age<sup>1,3</sup>
- Stronger immune response against serotype 14 and 3 compared to PCV13<sup>1</sup>
- Used in India's Universal Immunization Program



<sup>1</sup>Based on data in Phase 3 clinical trials  
<sup>2</sup>Vaccine, 2014 May; 34(10):1319-1324.  
<sup>3</sup><https://www.cdc.gov/vaccines/imz/downloads/pdf/14-valent-pcv13-comparison-abstract.pdf>  
<sup>4</sup><https://doi.org/10.1186/s12874-016-0216-2>



# THE BLESS DIAGNOSTICS

"To serve humanity with quality service"

## Who We Are?

The Bless Diagnostics is an NABL-accredited laboratory in Imphal, Manipur, compliant with ISO 15189:2022 standards, established in March 2019.

## FLOW CYTOMETRY ANALYSIS

### FIRST TIME IN NORTHEAST

BMRD analysis started in February 2022

- ✔ B-acute lymphoblastic leukemia minimal residual disease.
- ✔ Assessment of residual malignant cells in the body after treatment in B-ALL.

T-MRD started in February 2022

- ✔ T-cell ALL minimal residual disease.
- ✔ Assessment of residual malignant cells in the body after treatment in T-ALL.

### Also available

- ✔ CD4 cell count
- ✔ Chronic Lymphoproliferative Disorder (CLPD)
- ✔ CD19 cell count
- ✔ Lymphocyte subset analysis

### Multiple Myeloma MRD

- ✔ Assessment of residual malignant cells in the body after treatment in Multiple Myeloma.

## MOLECULAR ANALYSIS

- ✔ RT-PCR for BCR-ABL1 (quantitative analysis) started in December 2023

### Upcoming Tests

- ✔ JAK-2 mutation analysis
- ✔ EGFR mutation analysis
- ✔ HPV

## COAGULATION ANALYSIS

- ✔ D-Dimer, PT, APTT, Fibrinogen, APLA, full work up of DIC

## HORMONAL ANALYSIS (same day reporting)

- ✔ Cortisol, Testosterone, Luteinizing Hormone (LH), Follicle Stimulating Hormone (FSH), Prolactin, Anti-Mullerian Hormone (AMH), TSH, Beta-HCG, FT3, FT4, T3, T4, Anti-TPO, Anti-Tg

## HEMOLYTIC ANALYSIS

- ✔ HPLC, G6PD, Sickle test, Reticulocyte count, LDH, Haptoglobin.

## RADIOLOGY SECTION

- ✔ Ultrasonography

### Upcoming Tests

- ✔ Dexa Screening

### Other analyses include

- ✔ Procalcitonin, HS Troponin I, Toxo-IgG/IgM, Rubella IgG/IgM, CMV-IgG/IgM, H. Pylori-IgG, Ca-125, FPSA, TPSA, Total IgE, iPTH, Vit.D3, Ferritin, Vit.B12, NT-Pro BNP

All types of hematological and biochemistry tests are also available



📍 Khurai Ahongei Leirak, near JNIMS Gate, Opp.to Axis Bank, Imphal East 795005

📞 8416095636  
8798928275

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## CITY HOSPITAL & RESEARCH CENTRE CHINGMEIRONG, IMPHAL, MANIPUR-795001



THE CITY HOSPITAL AND RESEARCH CENTRE, Chingmeirong, Imphal, Manipur is 100 bedded multispeciality private hospital which is situated on the NH-39 (Imphal- Dimapur Road) near the L.M.S Government Law College, Imphal, the hospital has single, double and triple bedded rooms in addition to the General Wards. It has three air – conditioned Operation Theatres with the Central Gas pipelines system. Services for ICU and NICU are also available. Further, the hospital is conveined in the movement of patients and attendents with the provision of 15 passengers capacity electric Lift.



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City Hospital and Research Centre  
Chingmeirong, Imphal, Manipur - 795001  
Reg. No. : MNHR/ND/100/NH/2012

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2. GENERAL SURGERY
3. OBSTETRICS & GYNAECOLOGY
4. PAEDIATRICS
5. E.N.T
6. PAEDIATRIC SURGERY
7. GASTROENTEROLOGY WITH UGIE, COLONOSCOPY & ERCP
8. LAPAROSCOPIC ABDOMINAL & GYNAECOLOGICAL SURGERIES
9. INFERTILITY CENTRE
10. 24 HOURS LAB. FACILITIES WITH IMAGING STUDIES
11. ADVANCED PATHOLOGICAL & RADIOLOGICAL EXAMINATION
12. ICU FACILITY AVAILABLE

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BACILLUS CLAUSII SPORES

Oral Suspension 2 billion/5ml



**Unveiling critical findings  
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**7/10**  
Have < 2 billion  
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Microbial Impurity

**9/10**  
Found to be  
contaminated!

Original Strains

**0/10**  
Have all 4  
original strains



Fulfills Label Claim



100% *B. clausii*

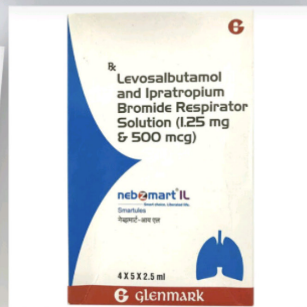
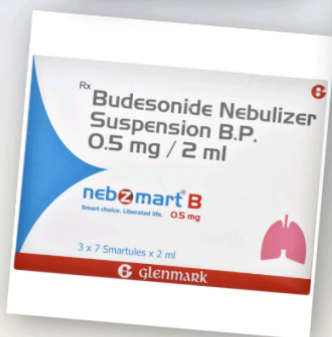
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**OPELLA HEALTHCARE INDIA PRIVATE LIMITED**

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মাইপাকপি হাসপাতাল

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- NT SCAN
- COLOUR DOPPLER
- CRANIAL (BRAIN)
- SMALL PARTS ULTRASOUND
- PERIPHERAL DOPPLER
- FETAL ECHOCARDIOGRAPHY
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- CRYO-SURGERY FOR CERVICAL LESION
- DIGITAL COLPOSCOPY
- GENERAL MEDICINE
- UROLOGY
- GENERAL SURGERY

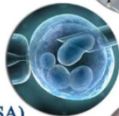


### 24X7 HOURS INHOUSE PHARMACY AVAILABLE.

- MEDICAL REIMBURSEMENT FACILITIES AVAILABLE
- CMHT AND PMJAY FACILITIES AVAILABLE
- ROUTINE CHILD IMMUNIZATION AVAILABLE EVERYDAY FROM 7:00 A.M. TO 5:00 P.M.
- PARTICIPATION IN PPTCT (MACS)

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- TESTICULAR SPERM ASPIRATION (TESA)
- FROZEN EMBRYO TRANSFER DONE.
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Effective Aid for Colic & Abdominal Discomfort

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L-Lysine + Zinc + Iron + Mg + Vit. B Complex + Vit. A, C, D, E

For Nutritional Deficiency & Post Recovery From Illness

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L-Lysine + Zinc + Iron + Mg + Vit. B Complex + Vit. A, C, D, E



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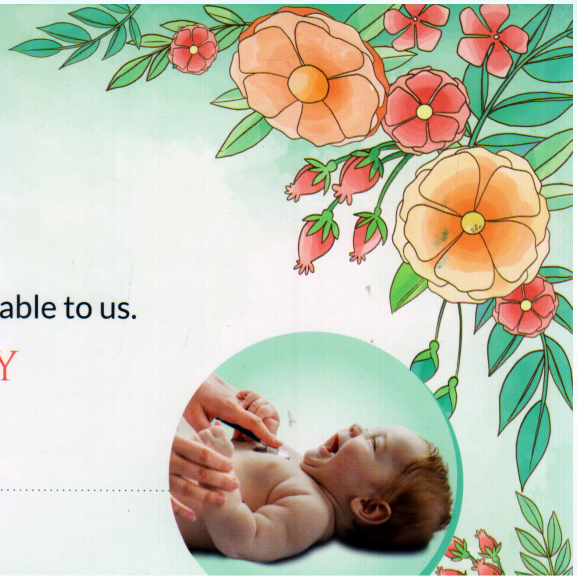




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Carica Papaya Leaf Extract 275 mg/5ml Syrup



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Suspension

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**Silybon**  
Suspension

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AVAILABLE**



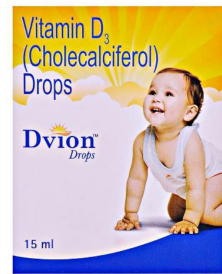
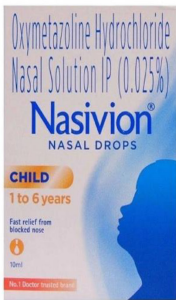
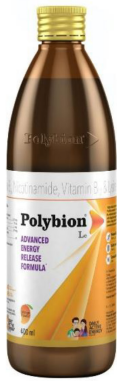
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References: 1. Sanofi an innovation global healthcare company. <https://www.sanofi.com/en/our-healthcare-businesses> & Sanofi Internal Data. For the use only of a Registered Medical Practitioner or a Hospital or a Laboratory. ©2023 CE-01-020-20000000-00-000-0000  
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\* Beyfortus should be administered prior to commencement of the RSV season, or from birth for infants born during the RSV season.  
References: 1. Hershfield LJ, Pappas M, Tashir M, et al. Nirsevimab for prevention of RSV in healthy late-preterm and term infants. *N Engl J Med*. 2023;389(10):1077-1086.  
2. Suresh Babu, et al. Effectiveness of nirsevimab against respiratory syncytial virus infections in children and term infants, and pharmacokinetics extrapolation to infants with congenital heart disease and chronic lung disease: A pooled analysis of randomised controlled trials. *Lancet Child Adolesc Health*. 2023;7(3):164-166.



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- Around-the-clock ABG (Arterial Blood Gas) testing facilities
- Syringe pumps
- Centralized oxygen and suction
- Phototherapy units
- Facilities for exchange transfusion and surfactant therapy
- Central catheterization and total parenteral nutrition (TPN) facilities
- Radiant warmers
- In-house USG /Echocardiography
- Incubator

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- Full-time Consultant Gynaecologists
- Multidisciplinary support
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- Free Ambulance Pick-up for Newborns



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- Implantation of ICD/CRT-D
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- Device Closure of Holes in the Heart (ASD, VSD, PDA)
- Device Closure of RSDV
- Transcatheter Aortic/Mitral Valve Replacement (TAVR/TMVR)
- Aortic Aneurysm Stenting

### OTHER SERVICES

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Trans-Esophageal Echo (TEE)

CT Scan (Brain/Chest, etc)

Dialysis with German made machines

### HEART SURGERY

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- ASD/VSD/PDA Closure / TOF Repair
- Replacement of Heart Valves (MVR/AVR/TVR)
- Aneurysm Repair
- LVAD Implant, etc.

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- Neuro Surgical Service
- Orthopedic Surgical Service

Helpline No.:

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# SUBA HOSPITAL & ASSISTED REPRODUCTIVE CENTRE

Kombirei keithel, RIMS South Gate, Imphal-795001, Manipur

Regd. No.: MNHCR/NO/070/NH/-2005



## SUBA HOSPITAL & ASSISTED REPRODUCTIVE CENTRE

Kombirei keithel, RIMS South Gate, Imphal-795001, Manipur

Regd. No.: MNHCR/NO/070/NH/-2005

### Our Motto

To help childless parents & Fulfilment of their dream

### Key Highlights

First I.V.F Baby of Manipur on 18th June, 2009 ( Twin Baby)

### Facilities Provided

- ✓ Infertility Treatment
  - ✓ FET
  - ✓ IUI.
  - ✓ I.V.F ----- 55 to 60% Success Rate & Sometimes above
  - ✓ ICSI ----- Vitrification, Cryopreservation, O.D.  
TESA & PESA etc, Facility of 4D Ultrasound
- A**
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  - ✓ Surgery, Minilap, Endoscopic Surgery
  - ✓ Medicine, Paediatrics
  - ✓ 24 hrs. Service with full dedication for better services
- B**



Modular IVF(In- vitro fertilization)



Modular operation theatre



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**Junior**

**Tufpro!**  
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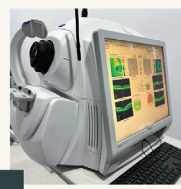
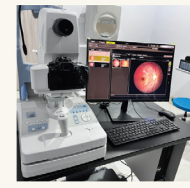
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