



SRI LANKA COLLEGE OF INTERNAL MEDICINE

8TH ANNUAL ACADEMIC SESSIONS



SIMCON 2024 *Colombo*

Envisioning The Future, Empowering The Physicians

7TH - 9TH NOVEMBER 2024
CINNAMON GRAND - COLOMBO

IN ASSOCIATION WITH



CONFERENCE PROCEEDINGS



Sri Lanka College of Internal Medicine

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Endorsed by



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MESSAGE FROM THE PRESIDENT



Dear Colleagues, Esteemed Guests, and Friends,

It is my privilege to welcome you to SIMCON 2024, the Annual Congress of the Sri Lanka College of Internal Medicine (SLCIM). This year's congress embodies our theme: 'Envisioning the Future, Empowering Physicians'. Over the coming days, we aim not only to advance our collective knowledge but to foster the fellowship and camaraderie that make this event truly unique.

We began this journey with a series of insightful pre-congress workshops, focusing on cutting-edge advancements in medicine and healthcare. Artificial Intelligence for Healthcare Professionals provided an insight on using AI applications in healthcare. Advanced Medical Diagnostics (including advanced ECG interpretation and HRCT interpretation for physicians), and soft skill workshops were mainly targeted to empower physicians. While PCSIM and ReSIM hands-on workshops targeted for trainees, and the NCD workshop for nursing officers. The "Meet the Experts from Mayo Clinic" workshop was the most popular among all the pre-congress sessions held this year. These sessions have equipped participants with essential skills and knowledge to navigate the evolving landscape of medicine. I would also like to extend my special congratulations to the recipients of the research grants, the Best Published Scientific Paper Award, the winning team of the Inter-University Internal Medicine Quiz, and the Best Nurse Educator Award for 2024.

The Inauguration ceremony of SIMCON 2024 marks the official commencement of our congress, featuring our distinguished Chief Guest, Professor A.P. De Silva, Professor Emeritus of Chemistry at Queen's University, Belfast; Special Guest, Dr Palitha Mahipala, Secretary to the Ministry of Health, Sri Lanka; Guest of Honour, Professor Virginia Hood, President of ISIM; and the Orator of the T. Varagunam Oration, Professor T. Kumanan. This oration, along with the recognition of excellence in various domains, sets the tone for the profound discussions ahead. At the inauguration ceremony, we will also launch "Essential Clinical Toxicology", this year's publication. This important work represents a significant collaboration between the Ministry of Health and SLCIM, aimed at providing the medical community with essential knowledge in the field of clinical toxicology.

As we move into the main congress, we have curated a diverse and dynamic agenda, catering to physicians, trainees, and researchers alike. Key segments such as How to Pass the MD, Grand Ward Rounds, Meet the Expert, and Veterans' File will focus on practical skills and real-world case discussions. The two keynote addresses, on "Emerging and Re-emerging Infections" and the future of medicine through "OmicsFootPrint", will challenge us to think about the role of physicians in shaping tomorrow's healthcare landscape. Our research forums, including the traditional Free Paper Sessions in the form of oral, poster, and case presentations, and the inaugural South Asian Research Forum (SARF), provide platforms for academics and researchers to present their work and exchange ideas, making this congress not only a space for learning but for advancing global medical knowledge. SARF provides researchers the opportunity to present their published work to a wider audience.

None of this would have been possible without the tireless efforts of the organising committees, the review boards for the oration, the Best Scientific Publications for 2023, research grants, and free paper sessions. I sincerely thank all of you for your dedication. Your contributions have been invaluable in ensuring the success of SIMCON 2024.

I am honoured to introduce our esteemed foreign faculty, including eleven speakers from the Mayo Clinic, Rochester, along with representatives from the American College of Physicians (ACP) and the International Society of Internal Medicine (ISIM). We are also privileged to welcome distinguished participants for the global forum from India, Nepal, and Bangladesh.

I extend my heartfelt gratitude to our esteemed foreign and local faculty, whose expertise and participation have elevated the calibre of both our pre-congress workshops and the main conference.

Finally, I wish each of you a fruitful and inspiring conference. May you gain new insights, broaden your experiences, and take this opportunity to engage with our esteemed faculty, both local and international. This is a time not only to enhance your clinical knowledge but also to build lasting relationships with colleagues from around the world.

Thank you, and I look forward to witnessing the knowledge, passion, and collaboration that will emerge from SIMCON 2024.

Warm regards,



Dr Suranga Manilgama

President

Sri Lanka College of Internal Medicine

MESSAGE FROM THE HONORARY JOINT SECRETARIES



As the honorary joint secretaries of the Sri Lanka College of Internal Medicine, we warmly welcome you for our 8th annual academic sessions which is the epitome of the academic year that everyone has been eagerly looking forward to. SIMCON 2024 marks yet another milestone in our mission of envisioning the future and empowering the physicians to achieve the latest advances in medicine, exploring cutting edge technological advances to improve patient care.

“Envisioning the future, empowering the physicians” encapsulates our unwavering commitment to not only adapt to the rapidly evolving landscape of healthcare but also to lead it with a vision and a purpose. Over the past year our president, Dr Suranga Manilgama and the council of SLCIM has continued vigorously its dynamic efforts in fostering professional growth, enhancing medical education, and promoting excellence in clinical practice.

SIMCON 2024 is conducted with the collaboration of prestigious professional bodies including American College of Physicians (ACP), International Society of Internal Medicine (ISIM), Association of Physicians of India (API), Society of Internal Medicine of Nepal (SIMON) and Association of Physicians of Bangladesh (APB). Experts representing these professional associations add glamour and substance to the programme ensuring global standards and impeccable quality expected by the audience. It is an honour to welcome our foreign delegates and resource persons to SIMCON 2024 whilst extending an open invitation to explore and experience the authentic Sri Lankan hospitality.

The main academic sessions will be preceded by nine pre-congress workshops with special focus on improving awareness in Artificial Intelligence and its applications in healthcare and research, among medical professionals. The final workshop conducted exclusively by eminent resource persons of Mayo Clinic – “Small feed sessions, Meet the experts from Mayo Clinic” is eagerly anticipated and sought after by a wide audience including post-graduate trainees. SLCIM looks forward with enthusiasm to cement the ties of collaboration with these professional organisations in its future endeavors, of reaching global benchmarks in healthcare provision. The exciting line-up of the main academic sessions will undoubtedly entertain the audience in their relentless pursuit of quenching the thirst for what is new.

Our heartfelt gratitude is extended to the scientific committee, the college editors, chairpersons, panelists, judges and the organising committee. A special word of thanks goes to our generous sponsors, event coordinator, audio visual team, official photographer and the office staff. Your generous support is highly appreciated.

Together we can achieve high quality patient care whilst setting an example, “Envisioning the future, empowering the physicians” nurturing the true spirit of SLCIM. We warmly welcome all of you to SIMCON 2024!



Dr Dilshan Perera

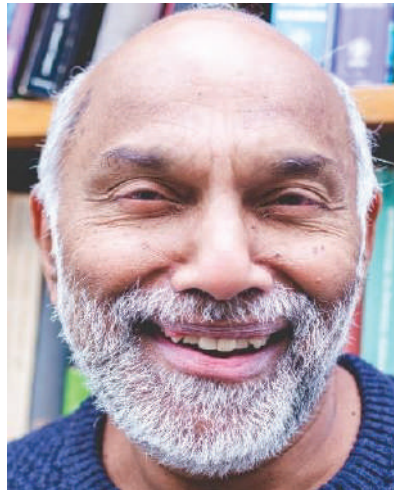
Honorary Joint Secretary
SLCIM



Dr Ushani Wariapperuma

Honorary Joint Secretary
SLCIM

MESSAGE FROM THE CHIEF GUEST



Dear Members of the Sri Lanka College of Internal Medicine (SLCIM),

When Dr Suranga Manilgama, President of SLCIM, invited me to be the chief guest at SIMCON 2024, the annual conference of SLCIM, my reaction was a mixture of gratitude, humility, and even a little awe. It is indeed a great honour for a non-medical layperson to participate in such an august gathering of consultant physicians of internal medicine. Laypeople continually look to physicians of internal medicine to save them from their health issues and crises. As such, professional, empathetic and compassionate care from you goes a long way in putting smiles on people's faces. So how could I, a mere chemist, contribute anything to your big event? However, I did take heart from the theme of SIMCON 2024 being "Envisioning the Future, Empowering the Physicians" because I have been fortunate to make a small contribution to empower physicians with some novel technology. It will be a great pleasure for me to share that story with you all to shed a little light on the scientist-industrialist-physician collaboration.

I am impressed that SLCIM will be joined at SIMCON 2024 by representatives from sister organisations around the world so that the Sri Lankan community will be fully integrated with the global scene. I congratulate the organising committee for putting together a broad programme of lectures, workshops, symposia, discussions, ward rounds, oral and poster presentations to improve the knowledge base of all participants to carry forward the strong tradition from previous SIMCON editions. So, when you congregate at the Cinnamon Grand Hotel in Colombo on 7-9 November to reinforce networks, to share best practice, to develop collaborations, to learn new approaches, to reaffirm old friendships and make new ones, please be encouraged by the fact that all the laypeople - your patients – wish you more strength to your arms so that you can care for them even better in the days ahead.

Best wishes,

A handwritten signature in black ink, appearing to read 'A. P. de Silva'. The signature is stylized and cursive.

A. P. de Silva

Emeritus Professor of Chemistry

MESSAGE FROM THE SPECIAL GUEST



Dear Colleagues and Esteemed Participants,

It is a true pleasure to warmly welcome each of you to SIMCON 2024. This annual gathering of the Sri Lanka College of Internal Medicine represents not only a platform for sharing knowledge but also a celebration of our collective commitment to advancing healthcare in our beloved nation.

This year's theme, "Envisioning the Future, Empowering the Physicians," addresses essential topics that are pivotal to our roles as healthcare professionals. As we delve into these topics, I encourage each one of you to engage fully in the discussions and embrace the opportunity to learn from one another. The rich variety of experiences and perspectives among us is a valuable asset that can inspire innovation and enhance our practices.

As we navigate the challenges and opportunities in internal medicine, let us remember the profound impact our efforts have on the lives of our patients. Each interaction we have, each decision we make, plays a vital role in enhancing the overall health and well-being of our communities. I am confident that the insights shared during these sessions will inspire us all to strive for excellence in our respective fields.

I sincerely appreciate the dedication and passion each of you brings to your work. Together, we can foster a collaborative spirit that will not only enhance our individual practices but also strengthen our healthcare system as a whole.

Thank you for your unwavering commitment to the betterment of health in Sri Lanka. I look forward to a fruitful and inspiring conference filled with enriching discussions and meaningful connections.

Warmest regards,

Dr Palitha Mahipala
Secretary of Health
Ministry of Health, Sri Lanka

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MESSAGE FROM THE GUEST OF HONOUR



As President of the International Society of Internal Medicine, I am honoured to attend the 2024 SIMCON and extend greetings on behalf of the Society. The Sri Lanka College of Internal Medicine has been an active member of ISIM since 2017, and both organisations have enjoyed productive collaborations during the SIMCON annual meetings. I would like to thank President Manilgama, SLCIM, and the SIMCON organisers for their kind invitation.

Since ISIM's mission is to promote scientific knowledge and unity in internal medicine, advance the education of young internists, and foster friendships among physicians worldwide, I can think of no better venue than SIMCON to advance these goals. My hope is that everyone here will benefit from the educational opportunities and fellowship provided by this excellent program, and I look forward to participating.

Professor Virginia Hood
President - ISIM



Sri Lanka College of Internal Medicine 2024



Row 01: (Seated) (Left to Right) : Dr. Dishan Perera (Joint Secretary), Dr. N. Madhuwanthi Hettiarachchi (Journal Editor), Dr. Shashi Karunaratna (College Editor), Prof. Thilak Jayaleth (past president representative), Dr. Shamitha Dassanayake (Vice President), Dr. Krishantha Jayasekera (President Elect), Dr. Suranga Manligama (President), Dr. Kumudini Jayasinghe (Immediate past President), Dr. Nalayini Jegathesan (Vice President), Dr. Harsha Sathischandra (past president representative), Prof. Ganaka Senarathne, Dr. Nilanka Perera (College Editor), Dr. Yapa Udaya Kumara (Treasurer), Dr. Ushani Wariyapperuma (Joint Secretary).

Row 02: (Standing) (Left to Right) : Dr. Thushara Matthias, Dr. Jagath Pushpakumara, Prof. Udaya Ralapanawa, Prof. Namal Wijesinghe, Dr. Bandusiri Ratnayake, Dr. P. Sutharsan, Dr. P. D. Prasad Siriwardana, Dr. Chaminda Kottage, Dr. Priyankara Jayawardana, Prof. Chamara Dalugama, Dr. Kolitha Jayasundara, Dr. Indika Boteju, Dr. Priyamali Jayasekera, Prof. Chamila Mettananda.

Row 03: (Standing) (Left to Right) : Dr. Durga Manohari, Dr. Ravi Jayawardene, Dr. Dhanapala Dissanayake, Dr. Ranga Gunasekara, Dr. P. Mayurathan, Dr. Rakitha Higgoda, Dr. Kithsiri Niwunhella, Dr. Nuwan Premawardana, Dr. T. Veerasuthen, Dr. Lalindra Dias, Dr. Senaka Pilapitva, Dr. K. V. C. Janaka, Dr. Manohari Seneviratne.

President

Dr Suranga Manilgama

President Elect

Dr Krishantha Jayasekera

Immediate Past President

Dr Kumudini Jayasinghe

Past President Representatives

Prof Thilak Jayalath

Dr Harsha Sathischandra

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Dr Dilshan Perera

Honorary Treasurer

Dr Yapa Udaya Kumara

Journal Editors

Dr N Madhuwanthi Hettiarachchi

Dr Suranga Manilgama

College Editors

Dr Shashi Karunaratna

Dr Nilanka Perera

Council Members

Dr Indika Boteju

Professor Chamara Dalugama

Dr Lalindra Dias

Dr Dhanapala Dissanayake

Dr Ranga Gunasekara

Dr Rakitha Higgoda

Dr K. V. C. Janaka

Dr Priyamali Jayasekera

Dr Kolitha Jayasundara

Dr Priyankara Jayawardana

Dr Ravi Jayawardene

Dr Chaminda Kottage

Dr Durga Manohari

Dr Thushara Matthias

Dr P. Mayurathan

Professor Chamila Mettananda

Dr Kithsiri Niwunhella

Dr Senaka Pilapitiya

Dr Nuwan Premawardana

Dr Jagath Pushpakumara

Professor Udaya Ralapanawa

Dr Bandusiri Rathnayake

Dr Ganaka Senaratne

Dr Manohari Seneviratne

Dr P. D. Prasad Siriwardana

Dr P. Sutharsan

Dr T. Veerasuthen

Professor Namal Wijesinghe

Pre-Congress Workshops

Workshop 01

25th August 2024

Advanced Medical Diagnostics – Advanced ECG Interpretation
for Physicians

Workshop 02

4th September 2024

Advanced Medical Diagnostics – Interpretation of HRCT for
Physicians

Workshop 03

14th September 2024

Artificial Intelligence (AI) for Healthcare Professionals (AI-HP)

Workshop 04

24th and 27th September 2024

Quantum Leap: Transforming Medical Research with AI

Workshop 05

26th September 2024

Present Like a Leader

Workshop 06

9th October 2024

NCD Workshop for Nurses

Workshop 07

20th October 2024

Point of Care Sonography in Internal Medicine (PCSIM)

Workshop 08

3rd November 2024

Respiratory Support in Internal Medicine (ReSIM)

Workshop 09

7th November 2024

Meet the Experts from Mayo Clinic Physicians

Inauguration Ceremony

7th November 2024

Day 01 - 8th November 2024

7.00 am – 8.00 am

HOW TO PASS MD

Observed History Taking (OHT) and Communication

Professor Panduka Karunanayake

Professor Shamila De Silva

8.00 am – 9.00 am

GRAND WARD ROUNDS

Dr Harindra Karunatilake

Professor Ranjan Premaratna

9.00 am – 9.30 am

KEYNOTE SPEECH

Emerging and re-emerging infections

Dr V Ramasubramanian

9.30 am – 9.55 am

PLENARY

Update on Lipid Lowering Therapy

Dr Vinaya Simha

9.55 am – 10.20 am

TEA

10.20 am – 11.35 am

SYMPOSIUM – OPTIMISING DIABETES CARE

In-ward Diabetes Management

Dr Pankaj Shah

Cardiovascular Risk in Diabetes – Unmet Needs

Professor Thilak Weeraratna

Diabetes Technologies

Dr Vinaya Simha

POSTER PRESENTATIONS

ACADEMIC PROGRAMME

11.35 am – 12.00 pm	GUEST LECTURE	
	Refractory Chronic Cough	Dr Vivek Iyer
12.00 pm – 12.30 pm	CLINICAL PEARLS FOR INTERNISTS	
	Immunodeficiency	Professor Avni Joshi
12.30 pm – 1.15 pm	GLOBAL FORUM 1	
	Chikungunya Arthritis - An Important Differential in Management	Professor Nandini Chatterjee
	Extra-Pulmonary Tuberculosis - An Expert's View	Professor Jyotirmoy Pal
1.15 pm – 2.05 pm	LUNCH	
2.05 pm – 2.30 pm	GUEST LECTURE	
	<ul style="list-style-type: none"> • Role of Physicians in the Prevention of Kidney Stones 	Professor Virginia Hood
2.30 pm – 2.55 pm	GUEST LECTURE	
	<ul style="list-style-type: none"> • Revisiting Osteoporosis 	Dr Jad Sfeir
2.55 pm – 3.40 pm	MDT	
	Haemophagocytic Lymphohistiocytosis	Dr Damayanthi Idampitiya Dr Manu Wimalachandra Dr Buddhika Somawardana

POSTER PRESENTATIONS

FREE PAPER ORAL PRESENTATIONS

ACADEMIC PROGRAMME

3.40 pm – 4.05 pm GUEST LECTURE

Pre-leukaemic Conditions

Dr Mithun Shah

4.05 pm – 4.30 pm GUEST LECTURE

Management of Back Pain

Dr Kogulavadanan Arumaithurai

4.30 pm – 5.00 pm CLINICAL PEARLS FOR INTERNISTS

Hyperthyroidism

Dr David Toro-Tobon

FREE PAPER ORAL PRESENTATIONS

Day 02 - 9th November 2024

7.00 am – 8.00 am HOW TO PASS MD

Viva

Professor Udaya Ralapanawa

Professor Arosha Dissanayake

8.00 am – 8.30 am MEET THE EXPERTS

Haemoglobinopathies

Professor Anuja Premawardhena

8.30 am – 9.00 am MEET THE EXPERTS – RAPID FIRE SESSION

Clot Controversies

Professor Andrew S. Dunn

9.00 am – 9.25 am KEYNOTE SPEECH

OmicsFootPrint: A path towards individualised medicine

Professor Kalari Krishna

9.25 am – 9.50 am GUEST LECTURE

GERD & Functional Dyspepsia

Professor V.G. Mohan Prasad

Overlap: Conquest of the Maze!

9.50 am – 10.20 am TEA

ACADEMIC PROGRAMME

CASE PRESENTATIONS

10.20 am – 11.35 am	SYMPOSIUM – Hepatology	
	Drug Induced Liver Injury	Professor Anuradha Dassanayake
	Hepatocellular Carcinoma – Early Diagnosis and Management	Professor Madunil Niriella
	Portal Hypertension	Professor V.G. Mohan Prasad
11.35 am – 12.00 pm	GUEST LECTURE	
	Tackling Resistant Organisms	Dr V. Ramasubramanian
12.00 pm – 12.45 pm	ROUND TABLE DISCUSSION – Renal Replacement Therapy in Acute Kidney Injury (AKI)	
	AKI - A Physician's Perspective	Dr Senaka Pilapitiya
	Renal Replacement Therapy in AKI	Dr Udana Rathnapala
	Continuous Renal Replacement Therapy in Critical Care	Dr Dilshan Priyankara
12.45 pm – 1.10 pm	GUEST LECTURE	
	Use of Antithrombotics in Perioperative Care	Professor Andrew S. Dunn
1.10 pm – 2.00 pm	LUNCH	

ACADEMIC PROGRAMME

2.00 pm – 2.40 pm	GLOBAL FORUM 2	
	Histoplasmosis – A Challenging Issue	Professor Shohael Mahmud Arafat
	Impact of High Altitude on Cardiovascular Health	Dr Kunjang Sherpa
2.40 pm – 3.05 pm	GUEST LECTURE	
	Tackling Knee Pain - A Practical Approach	Dr Chathurika Dandeniya
3.05 pm – 3.30 pm	PLENARY	
	The Gut-Brain Link to Dementia	Professor Karunya Kandimalla
3.30 pm – 4.00 pm	VETERAN’S FILE	
		Professor Kamani Wanigasuriya
4.00 pm – 4.25 pm	SIMCON QUIZ	
		Professor Chamara Dalugama Dr Kolitha Jayasundara
4.25 pm – 4.35 pm	SIMCON AWARDS & CONCLUDING REMARKS	
		Dr Ushani Wariyapperuma Dr Dilshan Perera

INAUGURAL SOUTH ASIAN RESEARCH FORUM

PROFESSOR T VARAGUNAM ORATION



Professor Varagunam, who hailed from Batticaloa, had his secondary education at Royal College, Colombo where he won many prizes in science. He passed the MBBS from Faculty of Medicine, University of Colombo with Honours and soon afterwards went to UK where he obtained MRCP from the Royal College of Physicians, London. He first worked in the Department of Health Services in the Colombo General Hospital as Resident Physician, from where he switched to his academic career by joining the then new medical school in Peradeniya. In addition to his academic work, he with his late friends Dr K. E. De S. Karunaratne and Mr. Rudra Rasaretnam, started the Kandy Society of Medicine, to promote academic activities and scientific research in the field of health. While he was at Peradeniya Medical School, he helped to develop the new Department of Medicine along with the late Professor Macan Markar particularly in promoting its research activities. After he became Professor of Medicine, he spent his sabbatical year at the University of Illinois in Chicago, USA, earning a Master's degree in Medical Education. On his return, he along with the late Professor Bible started the Medical Education Unit which subsequently became the WHO Regional Centre for training medical teachers. Dr Varagunam's research covered a wide field including medical education, where he was the first in the world to demonstrate empirically the value of making students aware of learning objectives.

His expertise in research in medical education and internal medicine was widely known to the World Health Organisation. They invited him to be in charge of research training in the WHO's new programme for research in tropical diseases which was based in Geneva, Switzerland. Having worked in Switzerland for a total of 10 years, he returned to Sri Lanka where he was made Chancellor of the Eastern University for another decade. He was based in Kandy from where he travelled to UK every year to be with his grandchildren.

When in Kandy, he continued with his interest in research by chairing the Kandy Hospital's Research Ethical Review Committee. He passed away on 4th of February 2018, coincidentally on an Independence Day, which is remarkable since he was a doyen in the field of internal medicine in the post-independent Sri Lanka.

PROFESSOR T. VARAGUNAM ORATION

Blood pressure beyond numbers: An experimental analysis



Professor Thirunavukarasu Kumanan

MBBS, MD, FRCP Edin, FACP, ISHF

Professor of Medicine, Department of Medicine, Faculty of Medicine, University of Jaffna and Board-certified Specialist in Internal Medicine at Teaching Hospital Jaffna

Thirunavukarasu Kumanan MD FRCP FACP ISHF is a Board-Certified Specialist in Internal Medicine and the Chair Professor of Medicine at the University of Jaffna. He served as the Head of the Department of Medicine from the year 2010 to 2016. His research interest includes tropical infectious diseases, in particular dengue and amoebiasis. He played a pivotal role in an innovative collaborative work in amoebic liver abscess in Northern Sri Lanka for which the team received presidential award in year 2019. His passion towards hypertension motivated him to establish the Jaffna Hypertension Center in the year 2020. International Society of Hypertension in recognition for his contribution to the field of hypertension, awarded him the Fellowship among the first hundred selected globally in the year 2021. He is the incumbent president of Sri Lanka Hypertension Society.

The concept of High Blood Pressure and its lethal consequences to the human body has a long historical journey. Blood pressure is not just a set of numbers. It is a physiological variable that has considerable pathological impact on various vital organs without producing any symptoms, hence it is known as the silent killer. The circadian rhythm, dipping status, blood pressure and pulse rate variability have significant impact on the outcome of hypertension. Knowledge regarding measurement and management of hypertension among health care providers and medication adherence too have a greater influence.

Knowing the importance of accurate blood pressure measurement in clinical practice, a study was designed to evaluate the knowledge regarding blood pressure measurement among intern medical officers which revealed a suboptimal knowledge among junior doctors and reiterates the fact that junior doctors should be motivated to improve their knowledge and skills of blood pressure measurement through regular in-service training.

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Consequences of ageing would have a greater impact on blood pressure measurements. A study designed to compare the systolic and diastolic blood pressure in elderly patients by mercury sphygmomanometer and oscillometric recorders adopting standard protocols of measuring blood pressure in Northern Sri Lanka underscore the fact that Systolic Blood pressure recorded by oscillometric device is higher and the diastolic blood pressure is lower compared to the mercury manometer.

With regards to the diagnosis of hypertension, lowering the blood pressure thresholds will adversely affects the low middle-income countries like Sri Lanka where the primary health care system is poorly developed and the focus of health care investment is on secondary and tertiary health care systems.

Out of the office blood pressure measurements gain interest in the recent past. Even though ambulatory blood pressure measurements (ABPM) said to be gold standard home blood pressure measurements should be the way forward for a country like Sri Lanka as it is cost effective and feasible. ABPM should be selectively employed in a specific population where the diagnosis of true hypertension is difficult and the masked hypertension to be excluded. A cross sectional study among diabetic patients with erectile dysfunction in northern Sri Lanka sheds lights on masked hypertension attributed to autonomic dysfunction and prompted further studies in special group of patients including patients with Parkinson disease, akinetic rigid syndromes and other causes of autonomic dysfunction.

Blood pressure variability is yet another important factor that contributes morbidity and mortality due to hypertension. It could be further classified as short-term, mid-term and the long-term or visit-to-visit office blood pressure fluctuations. A study done in northern Sri Lankan population revealed high systolic visit to visit variability among the participants and comorbidities such as diabetes mellitus, chronic kidney disease, obstructive sleep apnoea are identified as risk factors.

A study conducted to assess medication adherence among hypertensives at Jaffna Teaching Hospital revealed medication nonadherence is a common problem. Forgetfulness and interruptions of daily routine were common reasons attributed for nonadherence.

PRE-CONGRESS WORKSHOPS

Pre-Congress Workshop 01 - Faculty



Dr Sumudu H. Palihawadana

MBBS (Colombo), MD, FRCR, FRANZCR

Consultant Radiologist,
National Hospital for Respiratory Diseases, Welisara

Pre-Congress Workshop 02 - Faculty



Dr Mevan Wijetunga

MD, MBA, FACC, FHRS

Clinical Cardiac Electrophysiologist,
Associate Professor of Medicine,
University of North Dakota,
School of Medicine,
USA



Professor Namal Wijesinghe

MBBS, MD (Med), FRCP (Lond), FRCP (Edin), FRACP, FCCP,
FCSANZ

Professor of Medicine,
Faculty of Medicine,
General Sir John Kotelawala Defence University

PRE-CONGRESS WORKSHOPS

Pre-Congress Workshop 03 - Faculty



Dr Vaikunthan Rajaratnam

MBBS, FRCS, MBA, MIDT, PhD

Senior Consultant Hand Surgeon
Research Fellow at The Centre for Artificial Intelligence and
Data Analytics (CAIDA),
Binary University,
Malaysia

Pre-Congress Workshop 04 - Faculty



Dr Masood Jawaid

MCPS, MRCS (Glasg), FCPS (Surg), MHPE

Director Medical Affairs - PharmEvo (Pvt) Ltd.
Associate Editor - Pakistan Journal of Medical Sciences
General Secretary - PAME

Pre-Congress Workshop 05 - Faculty



Dr Masood Jawaid

MCPS, MRCS (Glasg), FCPS (Surg), MHPE

Director Medical Affairs - PharmEvo (Pvt) Ltd.
Associate Editor - Pakistan Journal of Medical Sciences
General Secretary - PAME

PRE-CONGRESS WORKSHOPS

Pre-Congress Workshop 06 - Faculty



Dr Nirosha Madhuwanthi Hettiarachchi

MBBS, MD, FCCP, FACP(USA), FRCP(Edin)

Consultant Physician in Internal Medicine
Toxicology Unit
Teaching Hospital Peradeniya



Dr Rakitha Higgoda

MBBS, MD, MRCP (UK), MRCP (Diabetes & Endocrinology)

Consultant Physician in Internal Medicine
District General Hospital Matale



Dr K. V. C. Janaka

MBBS, MD, MRCP Endocrinology & Diabetes (UK), MSc
(Endocrinology & Diabetes), FCCP, FRCPE

Consultant Physician in Internal Medicine
Sri Jayewardenepura General Hospital



Dr Dilusha Lamabadusuriya

MBBS, MD, MRCP(UK), FRCP(Lon)

Specialist in Internal Medicine and
Senior Lecturer
Faculty of Medicine,
General Sir John Kotelawala Defence University

PRE-CONGRESS WORKSHOPS



Professor Thushara Matthias

MBBS, MD, FRCP (Lond), MRCP (London)

Consultant Physician in Internal Medicine and
Professor in Medicine
Faculty of Medical Sciences
University of Sri Jayewardenepura



Professor Chamila Mettananda

MBBS, MD, MRCP, PhD, FRCP, FRCPE, FACP, FCCP

Professor in Pharmacology
Specialist in General Medicine
Faculty of Medicine,
University of Kelaniya



Dr Dilshan Perera

MBBS, MD

Consultant Physician in Internal Medicine
University Hospital of General Sir John Kotelawala Defence
University



Dr Ushani Wariyapperuma

MBBS, MD, MRCP (UK)

Specialist in Internal Medicine
Head - Department of Physiology
Faculty of Medicine
University of Moratuwa

PRE-CONGRESS WORKSHOPS

Pre-Congress Workshop 07 - Faculty



Dr Indika Boteju

MBBS, MD, FCCP

Consultant Physician in Internal Medicine
De Soysa Maternity Hospital for Women



Dr Nipuni Imbulgoda

MBBS, MD, MRCP(UK)

Acting Consultant Physician
National Institute of Infectious Diseases



Dr Krishantha Jayasekera

MBBS, MD, FRCP, FCCP

Consultant Physician in Internal Medicine
National Hospital Galle

PRE-CONGRESS WORKSHOPS



Dr Chaminda Kottage

MBBS, MD

Consultant Physician in Internal Medicine
National Hospital Galle



Dr W. M. Jagath Pushpakumara

MBBS, MD, MRCP (UK), MRCP (Lond), Post Grad Dip in Respiratory
Medicine (UK)

Consultant Physician in Internal Medicine
Prof Senaka Bibile Memorial Hospital, Bibile



Dr Ganaka Senaratne

MBBS, MD, MRCP (UK), MRCP Acute Medicine, FRCP (Lond), FACP,
FCCP

Consultant Physician in Internal Medicine
Head - Emergency Treatment Unit,
National Hospital Galle



Dr Prasad Siriwardena

MBBS, MD, MRCP, MRCP (Endocrine & Diabetes), FCCP

Consultant Physician in Internal Medicine
Teaching Hospital Rathnapura

PRE-CONGRESS WORKSHOPS



Dr Sanka Vijayabandara

MBBS, MD

Specialist Physician in Internal Medicine
Emergency Treatment Unit
National Hospital, Galle



Professor Namal Wijesinghe

MBBS, MD (Med), FRCP (Lond), FRCP (Edin), FRACP, FCCP,
FCSANZ, FESC

Professor in Medicine
Faculty of Medicine
General Sir John Kotelawala Defence University

Pre-Congress Workshop 08 - Faculty



Dr Krishantha Jayasekera

MBBS, MD, FRCP, FCCP

Consultant Physician in Internal Medicine
National Hospital Galle



Dr Chaminda Kottage

MBBS, MD

Consultant Physician in Internal Medicine
National Hospital Galle

PRE-CONGRESS WORKSHOPS



Dr Dilshan Priyankara

MBBS, MD, FRCP (UK), EDIC

Consultant in Critical Care Medicine
National Hospital of Sri Lanka



Dr W. M. Jagath Pushpakumara

MBBS, MD, MRCP (UK), MRCP (Lond), Post Grad Dip in Respiratory
Medicine (UK)

Consultant Physician in Internal Medicine
Prof Senaka Bibile Memorial Hospital, Bibile



Dr Ganaka Senaratne

MBBS, MD, MRCP (UK), MRCP Acute Medicine, FRCP (Lond), FACP,
FCCP

Consultant Physician in Internal Medicine
Head - Emergency Treatment Unit,
National Hospital Galle



Dr Saliya Wijenayake

MBBS, MD, Special Training in Intensive Care

Consultant Anaesthetist
National Hospital Galle

PRE-CONGRESS WORKSHOPS

Pre-Congress Workshop 09 - Faculty



Dr Kogulavadanan Arumaithurai

MD

Consultant Physician and Assistant Professor of Neurology
Mayo Clinic, Rochester, MN



Dr Vivek Iyer

MD, MPH

Critical Care Specialist, Internist, Pulmonologist
Mayo Clinic, Rochester, MN



Dr Avni Joshi

MD, MS

Associate Professor of Medicine and Professor of Paediatrics
Mayo Clinic, Rochester, MN



Dr Jad Sfeir

MD, MS, CCD, FACP, FACE

Associate Professor of Medicine
Mayo Clinic, Rochester, MN

PRE-CONGRESS WORKSHOPS



Dr Mithun Shah

MD, PhD

Consultant, Acute Leukemia, BMT, and CAR-T
Mayo Clinic, Rochester, MN



Dr Pankaj Shah

MD, DM (Endocrinology)

Endocrinologist,
Mayo Clinic, Rochester, MN



Dr Vinaya Simha

MBBS, MD

Associate Professor
Division of Endocrinology
Mayo Clinic, Rochester, MN



Dr David Toro-Tobon

MD

Assistant Professor
Division of Endocrinology
Mayo Clinic, Rochester, MN

Faculty

Professor Shohael Mahmud Arafat



Professor Shohael Mahmud Arafat is serving as Professor of Internal Medicine at Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh which is the premier medical institution of the country. In 1990, he graduated from Dhaka Medical College. Subsequently, he passed FCPS (Medicine) from Bangladesh College of Physicians and Surgeons in 1998 and he was awarded with the Ashab Gold Medal Award for his brilliant result. He also earned MRCP (UK) from the Royal College of Physicians, UK in 2010. He has received honorary FRCPE and FICP(Hon). Throughout his professional career, he has played a very active role in several aspects of the medical domain, encompassing research, leadership, and training. He is a keen

Researcher and his main areas of interest for research are geriatric medicine, infectious disease, and hypertension. He also worked as a specialty doctor in Geriatric Medicine at Witybush Hospital, National Health Service (NHS) in the United Kingdom. As a passionate educator and aspiring medical practitioner, he has supervised thesis projects for many postgraduate trainees. He has authored more than sixty publications that have received over two hundred citations in major international journals. He has participated in many international seminars and has presented papers as an invited speaker. Presently, he is serving as the Secretary General at the Association of Physicians of Bangladesh (APB), a premier platform of all specialist physicians of medicine and allied disciplines.

Dr Kogulavadanan Arumaithurai



Dr Kogulavadanan Arumaithurai currently serves as a Physician and Assistant Professor of Neurology at the Mayo Clinic. His practice encompasses general neurology, with a specialised focus on spine disorders.

He earned his medical degree from Stanley Medical College in Tamil Nadu, India, and completed his residency and fellowship in Neurology at the University of Arizona.

His research interests are centred on spine disorders, transient ischemic attacks, ischemic strokes, and their long-term impacts. Additionally, He is dedicated to exploring patient satisfaction and physician empathy in telemedicine practices, as well as utilising AI in the care of neurological disorders.

ANNUAL ACADEMIC SESSIONS

Professor Nandini Chatterjee



Professor Nandini Chatterjee is serving as a Professor in the Department of Medicine at IPGMER, Kolkata. She is a Governing Body Member of the Association of Physicians of India and has held prominent editorial roles, including Ex-Editor of the Journal of Indian Medical Association and Editor of the Bengal Physician Journal (Journal of the Association of Physicians of India, West Bengal Branch). She is also the Co-Chief Editor of the South Asian edition of the McMaster Textbook of Internal Medicine.

In addition, Professor Chatterjee has contributed significantly to various medical publications, serving as Editor of several influential monographs, including Art of Publication, Approach to Differential

Diagnosis, Mucormycosis, Tropical Fever, and the 3rd edition of Dengue. She is also the Editor of the Practical Standard Prescriber (10th edition) and Diginerve MD Medicine.

Her academic contributions are vast, with over 90 publications in national and international journals, and she has delivered invited lectures at prestigious national and international conferences, including MIRCIM Poland (2022, 2023), as well as in Bangladesh, Nepal, and Sri Lanka. For her work in research, she received the esteemed IMA Dr D.S. Munagekar Award in 2021.

Professor Chamara Dalugama



Professor Chamara Dalugama is a Professor in Medicine at the University of Peradeniya and a Consultant Physician at Teaching Hospital, Peradeniya. He obtained MBBS from University of Peradeniya in 2013, MD (Medicine) from University of Colombo in 2019, FRCP (Edinburgh) in 2022 and MRCP in acute medicine and diabetes and endocrinology. Professor Dalugama has received numerous awards, including recognition as the best clinical teacher at the University of Peradeniya and the AMR Staff Award from Oxford University Hospitals, UK.

He was the Secretary of the Sri Lanka College of Internal Medicine (2023) and Chairperson of the Board of Study in Clinical Sciences, contributing to postgraduate medical training. His roles extend to being an Examiner for national medical exams and Editor-in-Chief of the Peradeniya Medical School Research Conference. Professor Dalugama is actively involved in tropical medicine research and in clinical education.

ACADEMIC SESSIONS

Dr Chathurika Dandeniya



Dr Chathurika Dandeniya is an alumnus of the Faculty of Medicine, University of Peradeniya. After completing her undergraduate studies in 2009 with first-class honours, she started her postgraduate career in Medicine. She completed her MD in Medicine in 2016 and entered post-MD training in Rheumatology and Rehabilitation. She has been an academic staff member of the Department of Medicine of her alma mater since 2013 and currently serves as a senior lecturer and an Honorary Consultant in Rheumatology and Rehabilitation. Her special interests are lupus spectrum disorders, psoriatic arthritis, and medical education in Rheumatology. Having won several competitive research grants, she is active in rheumatology research and has published in several national and international peer-reviewed journals.

Professor Anuradha Dassanayake



Professor Anuradha Dassanayake is a Specialist Physician with an interest in liver disease. He graduated from the Faculty of Medicine, University of Colombo. He had his training in Hepatology and in liver transplantation from the liver transplant unit, Royal Free Hospital in London. He is a member of the North Colombo liver transplant team and Colombo North Centre for liver Disease. He is an Executive committee member of the South Asian Association for the study of the Liver. He was a contributor to the recent multi isociety consensus statement on NAFLD nomenclature. His main research interest is Non-alcoholic fatty liver disease and liver transplantation. He has over 65 publications in national and international journals & presented more than 100 abstracts in national and international meetings.

ACADEMIC SESSIONS

Professor Shamila De Silva



Professor Shamila De Silva is a Specialist Physician in Internal Medicine at the Department of Medicine, Faculty of Medicine, University of Kelaniya. She contributed to revising MD Medicine curriculum as a member of the Committee appointed by the Board of Study in Medicine, Postgraduate Institute of Medicine, University of Colombo, in 2015/16. Currently, she serves on the Board of Study in Internal Medicine and has held roles as chief examiner and examiner for MD Medicine Clinical and Theory and Selection exams.

With over 50 publications in indexed international journals and more than 85 abstracts presented at national and international forums, she has received 22 awards for her research. Her primary research focus is on cardio-metabolic disorders, especially chronic kidney disease and metabolic syndrome. Additionally, she chairs the Ethics Review Committee at her faculty and is an Editorial Board member of the Journal of the Ceylon College of Physicians.

Professor Arosha Dissanayake



Professor Arosha Dissanayake is a Professor in Medicine and a Specialist in Internal Medicine. He is a Past President of both the Ceylon College of Physicians and the Galle Medical Association.

He is the regional international advisor for the Royal College of Physicians, UK. He is also the International Editor of “Clinical Medicine”, the journal of the Royal College of Physicians, UK. His clinical and research interests include Diabetes, Toxicology and Medical Humanities

He is an associate member of the Royal School of Music and co-founded the Southern Symphonia a musical ensemble which performs at medical concerts as well as conducts music for healing programmes. He is also a passed finalist of the Chartered Institute of Management Accountants. He has been an investigative journalist for the Sunday Times newspaper in the past.

ACADEMIC SESSIONS

Professor Andrew Dunn



Professor Dunn received his medical degree at the New York University School of Medicine, and completed his internship and residency at Mount Sinai Medical Center. He is currently Professor of Medicine and Chief of the Division of Hospital Medicine for the Mount Sinai Health System, which is an 8-hospital system located in New York City. His primary research area has been in anticoagulation and thrombosis, most specifically in venous thromboembolism, atrial fibrillation, and the peri-operative management of patients on oral anticoagulants. Professor Dunn has collaborated and led national studies in this field, including being a Steering Committee member of an NIH-funded trial of peri-operative management of warfarin. Professor

Dunn lectures nationally on topics in anticoagulation, has written numerous journal articles in this area, and is a co-author of the Chest guidelines on anticoagulation and thrombosis. He is lead editor of the textbook “Essentials of Hospital Medicine” and an Associate Editor of the ACP Journal Club.

Professor Dunn is a Master of the American College of Physicians (ACP), Fellow of the Royal College of Physicians, and Senior Fellow of the Society of Hospital Medicine. He is past-Governor of the New York Chapter of the ACP, prior Chair of the ACP Board of Governors, and past Chair of the ACP Board of Regents.

Professor Virginia Hood



Professor Virginia L. Hood, MBBS, MPH, MACP, FRACP, FRCPE, a physician from Burlington, Vermont is a Professor of Medicine Emerita, University of Vermont and a nephrologist at University of Vermont Health Network. She is President Emerita of the American College of Physicians and President-elect of the International Society of Internal Medicine.

She cares for patients with kidney stones, teaches medical students, residents and community physicians and makes presentations nationally and internationally on kidney disease, professionalism and high value care.

A medical graduate of the University of Sydney, she completed internal medicine and nephrology training in Sydney, Australia and received a Master of Public Health degree from Harvard School of Public Health, USA.

ACADEMIC SESSIONS

Dr Damayanthi Idampitiya



Dr Damayanthi Idampitiya is a Consultant Physician at the National Institute of Infectious Diseases (IDH), Angoda. She obtained her MBBS from the University of Colombo in 1994 and later completed her MD in Medicine in 2002, with board certification as a Specialist in General Medicine in 2004 by the Postgraduate Institute of Medicine, University of Colombo. She holds the MRCP (UK) from the Royal College of Physicians, UK (2005), and was awarded the FCCP by the Ceylon College of Physicians in 2015.

Dr Idampitiya has served as a Consultant Physician at Base Hospitals in Nikaweratiya (2007) and Karawanella (2010) before her current position. She has undergone specialised training in the management of highly infectious pathogens, including Ebola, as well as clinical management of Dengue haemorrhagic fever and malaria at leading institutions in Bangkok, Thailand. She has also contributed to the teaching of Dengue management, conducting training programs for nurses, medical officers, and registered medical practitioners.

Professor Quazi Tarikul Islam



Professor Quazi Tarikul Islam graduated in 1981 and obtained Fellowship (FCPS) in Internal Medicine in 1987. Professor Islam had been awarded Gold Medal twice in the memorial oration of 2016 and 2017. He has 194 publications in national and international journal in his credit. He is the Editor in Chief of Bangladesh Journal of Medicine. He is involved in editorial work for many national guidelines. Professor Islam is the Editor in Chief of National Guideline for Dengue Fever (3rd edition) in 2013 and 4th edition in 2018. He is also the Editor in Chief of National guidelines for Geriatric population for the primary care physicians. He received the Fellowship from American College of Physicians in 2004, Royal College of Physicians and Surgeons of Glasgow in 2008, Royal

College of Physicians of Edinburgh in 2009, Royal College of London in 2020, Master of American College of Physicians in 2018.

He is the Past president of Bangladesh Society of Medicine, Founder Governor of American College of Physicians (ACP) – Bangladesh Chapter, Executive Member of International Society of Internal Medicine (ISIM) 2018-2026; Overseas Regional Adviser of Royal College of Physicians of Edinburgh, UK, Federation lead for PACES, MRCP at Bangladesh He is a member of International Advisory Editorial Board of the text book “Davidson’s Principal and Practice of Medicine” 24th Edition, Elsevier, 2022.

ACADEMIC SESSIONS

Dr Vivek Iyer



Dr Vivek N. Iyer, M.D., is a consultant in the Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine at Mayo Clinic in Rochester. Dr Iyer holds the academic rank of Associate Professor of Medicine, Mayo Clinic College of Medicine.

He joined the staff of Mayo Clinic in 2010. Dr Iyer earned his MBBS and M.D. degree with a specialisation in internal medicine at the B. J. Medical College in Ahmedabad, India. He earned his M.P.H. degree at Columbia University and a residency in internal medicine at State University of New York at Buffalo, New York. He then completed a fellowship in critical care medicine and a fellowship in pulmonary medicine at the Mayo Clinic. He is certified in clinical research through Mayo School of Graduate Medical Education and is a certified Mayo Clinic Quality Fellow.

Dr Iyer's primary clinical interests include HHT, chronic cough & airway disorders. In recognition of his work, Dr Iyer has received many awards and honours, including the 2018-2019 HHT Robert I. White Jr. Young Clinician Award, Best of ACCP Award, conferred at the American College of Chest Physicians Annual Meeting in 2008, Best New Investigator Award for Epidemiological Studies, conferred by the Society of Critical Care Medicine in 2007.

Dr Kolitha Jayasundara



Dr Kolitha Jayasundara is a Consultant Physician in Internal Medicine currently practicing at the Colombo North Teaching Hospital, Ragama. He completed his MBBS at the Faculty of Medicine, Ragama, in 1999 and earned his MD from the University of Colombo in 2013. Dr Jayasundara has extensive experience, having served as a Consultant Physician at the National Hospital Sri Lanka (2015–2019) and District Hospital Kadana (2019–2023) before his current role.

In addition to his clinical work, Dr Jayasundara is actively involved in professional organisations. He serves as a Council Member of the Sri Lanka College of Internal Medicine (2024) and held the position of Honourable Secretary in 2023. He is a member of the Ceylon College of Physicians, Sri Lanka Medical Association, and the American College of Physicians.

ACADEMIC SESSIONS

Dr Avni Joshi



Dr Avni Joshi is an Associate Professor of Medicine and Paediatrics at the Mayo Clinic, Rochester, MN, specialising in Allergy / Immunology and Paediatric Infectious Diseases. She completed her medical degree (MBBS) and MD in Paediatrics from Gujarat University, India, followed by a residency in Paediatrics at the State University of New York at Buffalo. Dr Joshi also pursued a fellowship in Paediatric Infectious Disease and Allergy / Immunology at the Mayo Clinic, along with a Master's in Clinical and Translational Research.

Dr Joshi is deeply committed to improving care for patients with severe immunological disorders and has contributed extensively to research in immunodeficiency, vaccine responses, and lung diseases in immune-deficient patients. She has led several studies, including those in vaccine immunogenicity, particularly in vulnerable populations. Dr Joshi also serves as the site PI for the Primary Immune Deficiency Treatment Consortium (PIDTC) and has multiple ongoing research projects related to immunodeficiency and infectious diseases.

Her honours include the Paediatric Investigator of the Year Award (2021) at the Mayo Clinic and recognition as a Minnesota Monthly Best Doctor from 2017 to 2021.

Professor Karunya Kandimalla



Professor Karunya Kandimalla is a Professor at the Department of Pharmaceutics and Brain Barriers Research Center and the Associate Dean for Graduate Education at the University of Minnesota, Minneapolis. He earned his Ph.D. from the University of Iowa and completed fellowship training in Neurology at the Mayo Clinic in Rochester, MN. Dr Kandimalla specialises in applying systems biology approaches to investigate the pathophysiological mechanisms leading to Alzheimer's disease (AD) and metabolic syndrome. In collaboration with Mayo Clinic researchers, his lab examines sex- and race-related neurovascular disparities in AD and type-2 diabetes. Additionally, the Kandimalla lab explores the microbiome's influence on the gut-brain axis and the role of gut dysbiosis in dementia, aiming to elucidate mechanisms linking gut health to neurodegenerative diseases.

ACADEMIC SESSIONS

Professor Panduka Karunanayake



Professor Panduka Karunanayake is a Professor in the Department of Clinical Medicine, University of Colombo, and a specialist in General Internal Medicine. He is a former secretary of the Board of Study in Medicine and MD examiner in the PGIM.

Dr Harindra Karunatilake



Dr Harindra Karunatilake, MBBS, MD, MRCP, FCCP, FACP, is a Consultant Physician and Specialist in Internal Medicine at the National Hospital of Sri Lanka. He is a Member of the Royal College of Physicians of London and an Honorary Fellow of both the Ceylon College of Physicians and the American College of Physicians.

Dr Karunatilake has received the prestigious President's Award for Scientific Research from the National Research Council of Sri Lanka for three consecutive years (2013–2015). He has served as a Council Member of the Sri Lanka College of Internal Medicine (2021) and is on the editorial boards of the *Sri Lanka Journal of*

Medical Research, *Asian Journal of Internal Medicine*, and *The Journal of Ruhunu Clinical Society*. With nearly 50 publications, his contributions to internal medicine and scientific research are significant.

ACADEMIC SESSIONS

Professor Krishna Kalari



Professor Krishna R. Kalari is an Associate Professor of Biomedical Informatics at the Mayo Clinic and a Lead Computational Biologist at the Center for Individualised Medicine. She holds a PhD in Biomedical Engineering and specialises in cancer genomics, neurogenomics, pharmacogenomics, and the integration of multi-omics data analyses. Dr Kalari's work has led to the development of innovative computational methods for precision medicine, focusing on drug responses to cancer treatments. Her recent work includes OmicsFootPrint, a deep learning framework for multi-omics data integration. Dr Kalari's research has been widely recognised, and she has published over 100 peer-reviewed papers, earning several prestigious awards in computational biology.

Professor Madunil Niriella

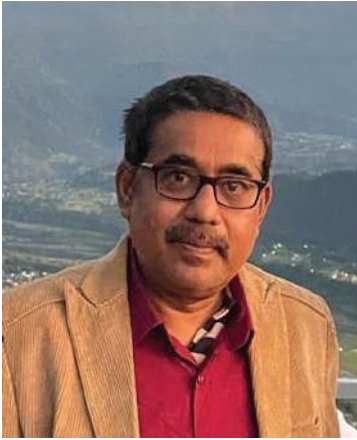


Professor Madunil A. Niriella is a Professor in Gastroenterology at the Faculty of Medicine, University of Kelaniya, Ragama and an Honorary Consultant Gastroenterologist at Colombo North Teaching Hospital, Ragama, Sri Lanka. He is also the lead Hepatologist at the Colombo North Center for Liver Disease (CNCLD), Ragama, Sri Lanka. He is a board-certified trainer in Gastroenterology and a long-term member of the speciality board of study in Gastroenterology Post-graduate Institute of Medicine, University of Colombo. He is also the Current President of the Sri Lanka Gastroenterology Society (SLSG). He graduated from the University of Colombo and had his postgraduate training in intestinal and liver disease from the Professorial Medical Unit,

Ragama and Addenbrooke's Hospital, Cambridge, UK. His liver disease research interests include NAFLD, cirrhosis and its complications, hepatocellular carcinoma and liver transplantation. He has delivered two orations. He has presented over 200 research abstracts at international scientific gatherings such as DDW and UEGW and authored over 100 full papers on the above subjects in high-impact, indexed peer-reviewed journals. He has also won many leading awards related to the research presented in his field of interest nationally and internationally. Some of these include Presidential research awards, Vice Chancellor's awards for the best researcher, the Dr EM Wijerama Award for the Best Overall Free Paper at the International Medical Congress of SLMA, Dr E. M. Wijerama Award for the best presentation at the Annual Conference of the Ceylon College of Physicians and Best research paper at the SIMCON and best oral free paper in NAFLD awarded by UEGW. He is also at present an Editor for the BMC Gastroenterology journal.

ACADEMIC SESSIONS

Professor Jyotirmoy Pal



Professor Jyotirmoy Pal MBBS MD (General Medicine) FRCP FICP FACP WHO Fellow is Professor (General Medicine), Department of Medicine, Sagore Datta Medical college and Hospital, Kolkata, West Bengal, India. He is the Dean, Indian College of Physicians (ICP) and President Elect Association of Physicians of India. His fields of interest are Infectious and Tropical Diseases, Geriatric Medicine and Public Health. In the last 20 years, he has published more than 70 research articles in the national and international indexed journals. He is Ex Editor of Journal of Indian Medical Association and Ex Secretary of the said Journal. He contributed chapters in more than 30 books and Editor of Dengue Monograph and Clinical Methods in Respiratory

Medicine, Mucormycosis. He is also an Editor-in-Chief, Macmaster Textbook of Internal Medicine, SA edition. He has been member of Expert Committee on COVID Care, Dengue Management, Department of Health and Family Welfare, Government of West Bengal.

Dr Senaka Pilapitiya



Dr Senaka Pilapitiya, MBBS, MD, FCCP, FRCPE is a specialist in Internal Medicine and a senior lecturer and Head of the Department of Medicine and Mental Health, Faculty of Medicine, University of Moratuwa. He is also qualified in Ayurveda and Traditional Medicine and has research interests in snake bite, Complementary and Alternative medicine, integrated medicine and medical Education. He is a former Dean of the Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka and former Director of Bandaranaike Memorial Ayurveda Research Institute; which is the premier institute of Traditional medicine research in Sri Lanka.

ACADEMIC SESSIONS

Professor Mohan Prasad



Professor V.G. Mohan Prasad, M.D., D.M. (Gastro), FRCP(E), FASGE, FICP, FSGEI, is a highly distinguished gastroenterologist with over 37 years of expertise. He is the Founder of VGM Hospital in Coimbatore and has served as the Past National President of both the Indian Society of Gastroenterology and the Society of Gastrointestinal Endoscopists of India.

Professor Prasad is an Adjunct Professor at Tamil Nadu Dr MGR Medical University and an Advisory Member of the National Board of Examinations, Government of India. He is the inventor of the Endoscopic Collagen Spray for controlling gut bleeds, holding a patent for this innovation.

Among his accolades are two Guinness World Records for Hepatitis awareness, the Best Doctor Award from Tamil Nadu Professor MGR Medical University, and the Best Performing Doctor Award from the Ministry of Health and Family Welfare, Tamil Nadu. He has also been honoured with the Best Entrepreneur Award by The Times of India, the Star of India Award, the American College of Gastroenterology's Community Service Award (2021), and Rotary's 'For the Sake of Honour' Award (2023). Professor Prasad has over 50 publications in national and international journals and is the Chief Editor of two GI books.

Professor Ranjan Premaratna



Professor Ranjan Premaratna graduated from the University of Colombo in 1992 and obtained MD (internal medicine) in 1998. He has special interest in Tropical infections and obtained training in Tropical Medicine at the RLUH, UK and on advanced Rickettsial disease diagnostics at CDC, Atlanta, Georgia, USA. He delivered invited lectures on clinical and epidemiological aspects of Rickettsial infections at Federation of Infection Societies, Manchester, UK (2011); International Congress of Infectious Disease, Hyderabad, India (2017), and Thailand (2012), at International Society of Travel Medicine, Washington DC, USA (2019). Authored the Rickettsial Diseases e-chapter for the textbook of Medicine by Kumar and Clerk and the textbook, Clinical Cases in Tropical Medicine by Camilla Rothe. He is a lecturer in the MSC course "Clinical Management of Tropical Diseases" Charite University, Berlin, Germany. He has four orations, many awards, more than 100 publications in indexed journals, and more than 200 presentations to his credit.

ACADEMIC SESSIONS

Professor Anuja Premawardhena



Professor Anuja Padmanatha Premawardhena is a Specialist in Internal Medicine and the Senior Professor and Cadre Chair in Medicine at the University of Kelaniya. He earned his MBBS from the University of Peradeniya in 1992, followed by an MD in General Medicine from the University of Colombo in 1997. He obtained his MRCP (UK) in 2001 and completed a D.Phil. in Clinical Medicine from the University of Oxford in 2002, specialising in haemoglobinopathy research.

Professor Premawardhena has dedicated his career to clinical work and research in haemoglobinopathies and iron metabolism. His academic achievements include being awarded the FRCP in 2008 and the FCCP in 2009. He continues to make significant contributions in his field as a leading academic and clinician at the University of Kelaniya.

Dr Dilshan Priyankara



Dr Dilshan Priyankara, MBBS, MD (SL), FRCP (UK), EDIC, is a Consultant in Critical Care Medicine at the National Hospital of Sri Lanka (NHSL). He completed specialised training as a Senior Clinical Fellow in Critical Care Medicine at Addenbrookes Hospital, Cambridge University Trust, and pursued a fellowship in Ultrasound and ECHO in Adult ICU at John Radcliffe Hospital, Oxford. Dr Priyankara is accredited in FICE and CUSIC for ultrasound applications in critical care, including lung, vascular, and abdominal imaging.

He is the Founder President of the Ceylon College of Critical Care Specialists and Chair of the Specialty Board in Critical Care Medicine at the Postgraduate Institute of Medicine (PGIM), Sri Lanka. He also serves on the Specialty Board in Emergency Medicine at PGIM and is a council member of both the Ceylon College of Physicians (2020–2023) and the Sri Lanka College of Nutrition. He is a life member of the Sri Lanka Medical Association (SLMA) and a reviewer for the Sri Lanka Journal of Anaesthesiology. Dr Priyankara has received several awards, including the Rathnasabapathy Sashidaran Poster Competition prize (2018), the Professor Wilfred SE Perera Travel Grant (2018), and multiple CCP grants for research on dengue fever and Leptospirosis. He has numerous publications in national and international journals, covering topics in critical care, anaesthesiology, and clinical research. His research focuses on the clinical management of dengue fever, leptospirosis, organ failure, and infectious diseases in critical care settings.

ACADEMIC SESSIONS

Professor Udaya Ralapanawa



Professor Udaya Ralapanawa is a Professor in Medicine at the Faculty of Medicine, University of Peradeniya, and a Consultant Physician at Teaching Hospital, Peradeniya. He holds several prestigious qualifications, including MBBS (Peradeniya), MD (Colombo), Ph.D., MRCP (UK), FRCP (London), FRCP (Edinburgh), FCCP, ISHF, and FNASSL.

Professor Ralapanawa has held significant leadership roles, including serving as the Immediate Past President of the Sri Lanka Hypertension Society (2019–2021) and Director of the Hypertension Research Centre at Peradeniya. He has published over 70 research papers in peer-reviewed journals and presented

than 84 abstracts at local and international conferences. Among his numerous honours and awards, he is a Fellow of the Royal College of Physicians (London and Edinburgh), a Fellow of the International Society of Hypertension (ISH), and a member of the ISH Women in Hypertension Research Network. He was recognised with the Most Innovative Outstation Physician Award in 2012 by the Ceylon College of Physicians and received the National Merit Award for Scientific Publication in 2016. He was also awarded a special prize in cardiology for his oral presentation at the SLMA in 2016. In addition to his academic and clinical work, Professor Ralapanawa has authored five textbooks and delivered the prestigious Professor K. Rajasuriya Memorial Oration in 2018.

Dr V Ramsubramanian



Dr V. Ramasubramanian is a distinguished specialist in Infectious Diseases, Vaccination, and Travel Medicine, currently heading the Department of Infectious Diseases, HIV & Tropical Medicine at Apollo Hospitals, Chennai. He also serves as an Adjunct Professor at multiple institutions, including the Sri Ramachandra Institute of Higher Education & Research. An alumnus of Madras Medical College, Dr Ramasubramanian completed his post-graduate training in Internal Medicine at PGIMER, Chandigarh, and specialised further in Infectious Diseases and HIV in the UK, earning MRCP and diplomas in Tropical Medicine and Genito-Urinary Medicine.

In India, he pioneered the establishment of Infectious Disease as a specialty and has advocated for effective Infection Control and Antimicrobial Stewardship, advising the Indian Council of Medical Research on antibiotic stewardship. He founded “Immune Boosters,” an adult vaccine clinic, and later co-founded Capstone Multispecialty Clinic, a leading outpatient center. During the COVID-19 pandemic, he was central to patient care and policy advisement for the State Government.

Dr Ramasubramanian also leads the Infectious Diseases Educational Foundation (IDEF) and FAITH, both NGOs dedicated to spreading awareness on antimicrobial resistance. He is a former President of the Clinical Infectious Diseases Society of India, advancing infectious disease care and education nationwide.

ACADEMIC SESSIONS

Dr Udana Ratnapala



Dr Udana Ratnapala is a Consultant Nephrologist currently attached to District General Hospital, Chilaw.

Dr Rathnapala has shown academic excellence in attaining MBBS (honours), MD, MRCP UK, MRCP Nephrology and Diploma in UK medical practice. Further to being a scholar as well as a fellow of international society of nephrology he holds the post-graduate certificates in Transplantation and clinical Nephropathology.

He pioneered kidney transplantation, CAPD, non-surgical CAPD catheter insertion in Uva and was instrumental in establishing 6 new satellite haemodialysis units. His team won the best ISN

community film award in 2024 for this pioneering work.

Further to being a member of national transplant advisory council, he held the positions of joint secretary of Sri Lanka Society of Nephrology, president of Uva Clinical Society and Chilaw Clinical Society. He has more than 40 research publications under his belt and was awarded, International Consortium for Clinical Research Excellence, Education and Ethics (ICCREEE) Certificate by Pubindex international.

Dr Jad Sfeir



Dr Jad G. Sfeir, MD, MS, CCD, FACP, FACE is an Assistant Professor of Medicine at the Mayo Clinic in Rochester, Minnesota where he holds a dual appointment in the Division of Endocrinology, Diabetes, Metabolism and Nutrition and the Section of Geriatric Medicine. He currently serves as the Chair of the Mayo Clinic Bone Core Group. His clinical interests include skeletal health in diabetes, diagnosis and management of osteosarcopenia as well as secondary fracture prevention.

Dr Sfeir earned both his B.S. and M.D. degrees from the American University of Beirut. He completed residency training at the Lankenau Medical Center, and fellowship training in endocrinology and later in geriatric medicine at Mayo Clinic in Rochester, MN. Dr Sfeir has received many awards and honours, including the 2022 AIMM-ASBMR John Haddad Young Investigator Award, and the 2022 AACE Rising Star in Endocrinology Award.

ACADEMIC SESSIONS

Dr Mithun Shah



Dr Shah is a Consultant in Haematology at Mayo Clinic, Rochester.

Prior to joining Mayo Clinic, he received his PhD in Molecular Medicine at Penn State Hershey Medical Center followed by training in Internal Medicine at the same hospital. He did his Haematology / Oncology fellowship at Mayo Clinic Rochester and a Fellowship in Stem Cell Transplant and Cellular Therapy at M.D. Anderson Cancer Center.

His research interests include therapy-related and TP53-mutated myeloid neoplasms.

Dr Pankaj Shah



Dr Pankaj Shah, MD, DM (Endocrinology), is an Endocrinologist at the Mayo Clinic in Rochester, MN. He completed his medical training at the University of Delhi and the All-India Institute of Medical Sciences, India, followed by residency and fellowship training at Creighton University and Mayo Clinic in the USA. Dr Shah currently holds key administrative roles at Mayo Clinic, serving as Chair of both Hospital Endocrinology & Diabetes and Transplant Endocrinology.

His primary areas of interest include managing hypoglycaemia in non-diabetic patients, transplant endocrinology, and addressing diabetes and hyperglycaemia in complex clinical contexts. Dr

Shah's work emphasises advanced care approaches for endocrine and metabolic disorders, particularly in high-risk patient populations.

ACADEMIC SESSIONS

Dr Kunjang Sherpa



Dr Kunjang Sherpa, is a Consultant Cardiologist at Bir Hospital and an Assistant Professor of Cardiology at the National Academy of Medical Sciences, Nepal. He holds an MBBS, MD in Internal Medicine, and a DM in Cardiology, and is a Fellow of the Asia Pacific Society of Cardiology (FAPSC). In addition to his clinical role, Dr Sherpa serves as an Executive Member of the Nepal Medical Council and the Cardiac Society of Nepal, as well as Joint Secretary of the Society of Internal Medicine of Nepal.

As the Cardiac Catheterization Laboratory and Academic In-Charge of the Department of Cardiology at Bir Hospital, and has

Dr Sherpa is a key figure in cardiac care and education. He has published over 30 articles in national and international journals received numerous accolades, including the Barbara Foundation COVID Distinguished Award (2021) and the 2024 Mrigendra Samjhana Guthi Puraskar Gold Medal. His previous roles include Editor of the Nepalese Heart Journal and Registrar at Shahid Gangalal National Heart Centre.

Dr Vinaya Simha



Dr Vinaya Simha, MBBS, MD is a Consultant in the Division of Endocrinology, and Associate Professor, Department of Internal Medicine at Mayo Clinic, Rochester, MN. He completed his medical school and post-graduation in human physiology in India before coming to the United States for further training. He completed his Fellowship training in Endocrinology, and in Nutrition and Metabolic Diseases at UT Southwestern Medical Center, Dallas. He served on the faculty at UT Southwestern and in Texas Tech University Health Sciences Center before moving to Mayo Clinic in 2012. He is board certified in Internal Medicine, Endocrinology and Clinical Lipidology. Research interests include Lipodystrophy and dyslipidaemia.

ACADEMIC SESSIONS

Dr Buddhika Somawardana



Dr Buddhika Somawardana is a Consultant in Haemato-Oncology and Stem Cell Transplantation at the National Cancer Institute of Sri Lanka since 2019. An alumnus of Royal College, Colombo, he earned his medical degree from the University of Colombo in 2008 and specialised in Clinical Oncology in 2012, obtaining his MD in Haemato-Oncology in 2015. He received advanced training in stem cell transplantation in the UK and was awarded the Visitor Training Programme by the American Society of Haematology in 2016, training at MD Anderson Cancer Centre. Dr Somawardana has authored numerous scientific papers and is the Director of the Stem Cell Transplant Unit at a leading private hospital in Colombo. He is an associate

member of the European Haematology Association, and a life member of the Sri Lanka Medical Association. He is currently the Secretary of the Sri Lanka College of Oncologists.

Dr David Toro-Tobon



Dr David Toro-Tobon is an Assistant Professor of Medicine in the Division of endocrinology at the Mayo Clinic, Rochester, Minnesota. He earned his medical degree from CES University in Medellin, Colombia, and completed his Internal Medicine Residency at Georgetown University Hospital in Washington, D.C. Dr Toro-Tobon is a research thyroidologist with a focus on integrating artificial intelligence into the evaluation and management of thyroid disease. His work has been widely recognised, with presentations at national and international conferences, as well as multiple published articles. Dr Toro-Tobon has received several awards, including the prestigious Mayo Clinic's William H.J. Summerskill and Randall Sprague awards.

ACADEMIC SESSIONS

Professor Kamani Wanigasuriya



Professor Kamani Wanigasuriya, MBBS, MD (Medicine), FRCP (London), MPhil, FCCP & Hon. FRACP is an Emeritus Professor, University of Sri Jayewardenepura, Sri Lanka. She has held the positions of the Chair Professor, Department of Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura and Honorary Consultant Physician, Colombo South Teaching Hospital prior to her retirement. She is a past president of Ceylon College of Physicians and a past president of the Sri Lankan Association of Geriatric Medicine. She is a Specialist in Internal medicine, an Academic and a Researcher.

Professor T. P. Weerathna



Professor T. P. Weerathna, MD, FCCP, FRCP, FACP, is the Dean and Senior Professor in Medicine at the University of Ruhuna. He also serves as an Honorary Consultant Physician at the Teaching Hospital, Galle. A past president of the Sri Lanka College of Internal Medicine, Professor Weerathna is a recognised leader in medical education and internal medicine.

With a strong research background, he has authored 40 PubMed-indexed papers, accumulating 1,550 citations, with an h-index of 16 and an i10-index of 22. His contributions to academia and clinical practice reflect his commitment to advancing healthcare and medical research in Sri Lanka.

Dr Manu Wimalachandra



Dr Manu Wimalachandra, MBBS, Dip (Haem), MD (Haematology), MRCP (UK), FRCPath (UK) is a Consultant Clinical Haematologist and Senior Lecturer in the Faculty of Medicine, University of Colombo. He received his haematology training from the National Hospital of Sri Lanka and King's College Hospital London. He is the current secretary of the Sri Lanka Clinical Trials Registry and the clinical trials subcommittee of the ethics review committee of the Faculty of Medicine, Colombo. His areas of academic interest include, bone marrow failure syndromes, haematology and stem cell transplantation.

Summary of Presentations

Day 01 - 8th November 2024

HOW TO PASS MD

OHT and Communication

Professor Panduka Karunanayake

Professor Shamila De Silva

Observed History Taking (OHT) is a key component of the communication skills station in the MD Medicine clinical examination. In this station, candidates are required to obtain a focused and comprehensive history from a surrogate or patient within a set time frame. The assessment evaluates two main aspects of history-taking: the methods used to gather information, and the quality of the information collected. A live demonstration of the station will be conducted, followed by a discussion on common mistakes made by candidates.

GRAND WARD ROUNDS

Dr Harindra Karunatilake

Professor Ranjan Premaratna

We present a rare case of heart failure and early-onset hypertension as the initial manifestation of systemic lupus erythematosus (SLE) in a 25-year-old female. The patient, with a history of poorly controlled epilepsy, presented with sudden-onset right upper limb weakness and exertional dyspnoea (NYHA class III). Her symptoms were preceded by episodic headaches and generalised malaise. On admission, she was hypertensive (BP 160/100 mmHg), dyspnoeic, and exhibited elevated JVP, bilateral pleural effusions, and basal lung crepitations, consistent with heart failure. Neurological examination revealed right upper limb monoparesis with MRC grade 4 power and evidence of hypertensive retinopathy.

Initial investigations revealed heart failure with reduced ejection fraction (30%), global hypokinesia, and left ventricular hypertrophy with elevated cardiac troponin. CT coronary angiography showed normal coronary arteries. Further evaluation revealed elevated renin and aldosterone levels but no evidence of renovascular disease. Notably, autoimmune screening was positive for ANA and anti-dsDNA antibodies, with low complement levels, leading to a diagnosis of SLE with lupus myocarditis, early-onset hypertension, and neuropsychiatric involvement.

ACADEMIC SESSIONS

The patient received high-dose glucocorticoids and cyclophosphamide pulses, resulting in marked clinical improvement. Subsequent cardiac MRI and echocardiograms showed normalisation of cardiac function. This case underscores the importance of early recognition and aggressive management of lupus myocarditis, a rare but serious complication of SLE, and explores the pathophysiology of hypertension in SLE in the absence of renal involvement.

KEYNOTE SPEECH

Emerging and re-emerging infections

Dr V Ramasubramanian

Emerging and Re-Emerging Infectious Diseases (EIDs) are infections that have newly appeared in a population or have existed previously but are rapidly increasing in incidence or geographic range in the past 20 years or could increase in the near future. EIDs are caused by newly identified species or strains (e.g.: SARS, AIDS) that may have evolved from a known infection (e.g., influenza), or spread to a new population (e.g.: West Nile virus), or to an area undergoing ecologic transformation (e.g.: Lyme disease). They could also be re-emerging infections, such as drug resistant tuberculosis. Over the past few decades, humanity has experienced novel and increasingly frequent waves of emerging and re-emerging infectious diseases (Ebola, COVID, measles, Mpox, and candida auris), for which timely and effective countermeasures are lacking. Emerging infections account for at least 12% of all human pathogens. Of growing concern are adverse synergistic interactions between emerging diseases and other infectious and non-infectious conditions leading to the development of novel syndemics. Measures in tackling these issues include translational research, collaboration and sharing of data between agencies in different geographies, epidemic preparedness, development of newer vaccines, improving access to vaccines and implementation of vaccination programmes. A one health initiative to tackle global warming, animal health, antimicrobial resistance and preventive vaccination are essential in the approach against EID.

PLENARY

Update on Lipid Lowering Therapy

Dr Vinaya Simha

Hyperlipidaemia is an important modifiable risk factor for reducing the risk of atherosclerotic cardiovascular disease. This is especially important in patients with diabetes who have a 2-3-fold increased risk for ASCVD. Effective lipid-lowering therapy has been convincingly shown to reduce the risk of ASCVD in both patients with and without diabetes. The role of statin and non-statin therapies in management of hyperlipidaemia and cardiovascular risk lowering will be discussed. In addition, severe hypertriglyceridemia is a known risk factor for pancreatitis. Management of hypertriglyceridemia to reduce the risk of both pancreatitis and ASCVD by pharmacological and nonpharmacological measures will also be discussed. Some of the novel therapies which have shown great promise in lowering cholesterol and triglyceride levels in patients with monogenic lipid disorders will also be reviewed briefly.

SYMPOSIUM – OPTIMISING DIABETES CARE

In-ward Diabetes Management

Dr Pankaj Shah

Illness causing increased stress hormones (epinephrine, cortisol, inflammatory mediators), associated vascular event, surgery, anaesthesia, decreased physical activity, drug therapy (including propofol, glucocorticoids) and artificial nutrition cause inpatient hyperglycaemia. This is most obvious in a person with diabetes, but also in a nondiabetic person without prior history of diabetes. Hyperglycaemia is associated with decreased immune function, increased oxidative stress, endothelial dysfunction, increased inflammatory factors, procoagulant state, and fluids shifts. This is associated with increased infections, delayed wound healing, delayed recovery, and end-organ dysfunction (myocardial, cerebral, renal injury). Hospital stay, cost of hospitalisation and in-hospital mortality increase with increasing hyperglycaemia. It takes higher stress in a nondiabetic to achieve same degree of hyperglycaemia as a person with known diabetes. Therefore, at the same degree of hyperglycaemia, higher mortality is observed in people without than with diabetes.

In-ward glycaemic control reduces in-hospital and long-term mortality as shown by DIGAMI-2 study. Tight glycaemic control increases the risk of hypoglycaemia. In-ward hypoglycaemia is associated with increased in-hospital and long-term mortality. Therefore, in-ward glycaemic target is about 140-180 mg/dL (about 8-10 mmol/L).

All hospitalised patients should have a plasma glucose checked and HbA1c should be checked in all with known diabetes if not checked in prior 3 months (or in nondiabetic if glucose >140 mg/dL, 7.8 mmol/L). People with Type 1 Diabetes should never be without basal insulin (or insulin infusion (intravenous or subcutaneous)). Patients with acute hyperglycaemic crises are treated with replacement of fluids and electrolytes and intravenous insulin. Hyperglycaemia during procedures is usually treated with intravenous insulin. Patients treated with multiple doses of insulin at home or admitted with significant hyperglycaemia are treated with Basal-Bolus regimen. Moderate hyperglycaemia (201-300 mg/dL, 11.1-16.7 mmol/L) are often treated with basal insulin with “Correction Scale” insulin, as needed. Hyperglycaemia (≤ 200 mg/dL, 11.1 mmol/L) in a person without diabetes can be treated with “Correction Scale” insulin given before each meal (or every 6 hours) for up to 2 days; thereafter, either “Correction Scale” insulin is stopped or patient started on Basal-Bolus regimen.

Recent data suggests that selected T1D patients in appropriate institutions can be treated with subcutaneous insulin pump and T2D (or nondiabetic) patients can be treated with non-insulin agents.

Cardiovascular Risk in Diabetes – Unmet Needs

Professor Thilak Weeraratna

Accurate cardiovascular risk assessment (CVRA) is pivotal for managing patients with type 2 diabetes (T2DM), as it facilitates early identification of high-risk individuals in order to prevent adverse outcomes. Despite advancements in risk stratification tools, several unmet needs persist in the field. Individuals with T2DM are at a two- to four-fold increased risk of developing cardiovascular diseases (CVD), including coronary artery disease (CAD), stroke, and heart failure. This elevated risk persists even in patients with good glycaemic control, underscoring the complexity of managing cardiovascular health in T2DM. The current approaches to CVRA in T2DM evolves from decade old traditional cardiovascular risk prediction models, such as the Framingham Risk Score (FRS), Systematic Coronary Risk Evaluation (SCORE), and the UK Prospective Diabetes Study (UKPDS) risk engine. These models incorporate traditional risk factors such as age, sex, smoking status, hypertension, dyslipidaemia, and glycaemic control (HbA1c). However, these traditional risk models often fail to capture diabetes-specific factors such as duration of diabetes, history of hypoglycaemia, albuminuria, and measures of insulin resistance. These factors are known to significantly impact CVD risk but are underrepresented in many commonly used prediction tools. Moreover, these models frequently underestimate cardiovascular risk in certain high-risk subgroups, including women, ethnic minorities, and younger patients with T2D.

The unmet needs in CVRA in Type 2 Diabetes should be focused on emerging biomarkers such as high-sensitivity C-reactive protein (hs-CRP), N-terminal pro-B-type natriuretic peptide (NT-proBNP), and advanced glycation end-products (AGEs) to provide insight into inflammation, cardiac stress, and vascular health. Incorporating these biomarkers into risk prediction models could improve the accuracy of CVRA in T2D patients. Another avenue of CVRA would be to focus on the personalised and dynamic risk stratification models. These would include continuous glucose monitors (CGM), addressing Cardiovascular autonomic neuropathy (CAN) and screening for subclinical atherosclerosis using modern imaging techniques. The future directions on CVRA in T2DM should focus on developing risk models tailored specifically for individuals with T2DM. These models should integrate diabetes-specific factors, novel biomarkers and screening modalities to detect subclinical atherosclerosis and their pathological significance. Machine learning algorithms could enhance the predictive power of these models by identifying complex interactions between all these risk factors.

Diabetes Technologies

Dr Vinaya Simha

Effective diabetes control is dependent on close glucose monitoring, especially in patients on intensive insulin therapy. The advent of new technologies including continuous glucose monitoring, insulin pump therapy and automated insulin delivery has significantly changed the landscape of diabetes management. Judicious use of these technologies in appropriate patients will be beneficial in both preventing long-term diabetes complications, and also decreasing the burden of diabetes care in patients. The talk will outline some of the currently available continuous glucose monitoring and insulin infusion systems, review available data on their benefits and limitations, and provide guidance to their appropriate clinical use.

CLINICAL PEARLS FOR INTERNISTS

Immunodeficiency

Professor Avni Joshi

How does the immune system work and when does the immune system get compromised and cause immunodeficiency? This talk will cover the basic immune functioning and discuss common presentation of immune deficiency syndromes. We will decipher common diagnosis and management avenues on patients presenting with recurrent infections.

GLOBAL FORUM 1

Chikungunya Arthritis - An Important Differential in Management

Professor Nandini Chatterjee

Introduction: A presentation with acute polyarthritis prompts the physician to consider a whole array of differential diagnoses that includes infectious diseases – viral, bacterial, and parasitic along with collagen vascular diseases, spondyloarthropathies and crystal-induced arthritis. A viral aetiology should be suspected in a patient presenting with acute onset of arthralgias or polyarticular symptoms, especially if the duration of symptomatology has been less than six weeks. Especially if associated extra-articular symptoms, viz rash or lymphadenopathy are also present.

Global Chikungunya outbreaks have resurfaced as a re-emergent public health problem in both tropical and temperate countries since 2005. The virus has caused massive urban outbreaks in tropical and subtropical areas of Africa, Asia, Europe, the Pacific archipelago, and the Americas. Human beings are the primary host of chikungunya virus (CHIKV) during epidemics and infect the vectors when they bite an infected person in the acute phase. The classical vector of CHIKV is *Aedes aegypti* in the tropics.

Clinical features: Acute, post-acute and chronic phases have been documented. Acute chikungunya is characterised by high fever and severe joint pain that can compromise daily life activities. There are erythematous macular or maculopapular rashes appearing in the first 2–3 days of the illness which subside within 7–10 days. Post-acute phase consists of 3 weeks - 90 days. Presentation includes polyarthralgia, polyarthritis, exacerbation of comorbidities, chronic fatigue, and worsening of pre-existing degenerative or traumatic arthritis. Chronic phase produces arthralgia for more than 3 months. In addition to joint pain, exacerbation of comorbidities, tenosynovitis, tendinitis, and neuritis have been reported.

ACADEMIC SESSIONS

Diagnosis: Diagnosis is dependent on a strong clinical suspicion. There is no single test or clinical presentation which is suggestive of viral arthritis. Serologic testing, however, must be directed against the specific viruses suspected based upon both epidemiologic and clinical data. An IgM antibody response would be indicative of acute infection, IgG of chronic infection. It supported by other tests, including inflammatory markers, imaging and autoantibodies to exclude other aetiologies.

Treatment: The treatment of Chikungunya is mainly symptomatic and supportive due to the absence of antivirals. For chronic arthritis, oral prednisolone in confirmed synovitis and tenosynovitis, and also hydroxychloroquine, sulfasalazine has been advocated. If not controlled, methotrexate and biologics have been given in some studies. Prevention is better than cure, so, vector control measures and vaccines in special subsets are recommended.

Extra-Pulmonary Tuberculosis - An Expert's View

Professor Jyotirmoy Pal

Extrapulmonary tuberculosis (EPTB) presents significant diagnostic challenges due to its paucibacillary nature and variable manifestations, affecting organs beyond the lungs, such as lymph nodes, bones, the central nervous system, and the genitourinary tract. Unlike pulmonary tuberculosis, where *Mycobacterium tuberculosis* can be readily identified in sputum, EPTB requires alternative methods since traditional smear and culture techniques yield lower sensitivity. For instance, sensitivity varies significantly across different types of EPTB: abdominal TB (28-50%), TB pericarditis (10-11%), and TB meningitis (24-29%).

EPTB diagnostic tools include fine needle aspiration biopsy, which shows granulomas suggestive of TB, and advanced tests like PCR and CBNAAT (Cartridge-Based Nucleic Acid Amplification Test). CBNAAT detects mycobacterium DNA and provides results within two hours, with varying sensitivity based on the sample. Other modalities, such as the tuberculin skin test and interferon-gamma release assays, offer supportive information but have limited accuracy in distinguishing active TB from latent infections.

Body fluid analysis, including adenosine deaminase (ADA) levels, aids diagnosis, especially for TB in pleural and pericardial fluids. However, elevated ADA is not specific to TB, as it may appear in other conditions. Imaging techniques like ultrasound, CT, and MRI help identify suspicious areas but are not definitive. Ultimately, diagnosing EPTB requires a combination of clinical suspicion, histopathology, and corroborative lab results, underscoring the need for a multi-faceted approach to improve detection and treatment outcomes.

GUEST LECTURE

Role of Physicians in the Prevention of Kidney Stones

Professor Virginia Hood

Kidney stones occur in 1/11 people during a lifetime with a 5–10-year 50% recurrence risk. Stones are associated with metabolic, kidney, cardiovascular and bone disorders.

Kidney stones grow from crystals that form in urine supersaturated with stone forming elements and lacking inhibitors. Supersaturation (SS) results from increased solute, low urine volume and not-ideal pH. SS can predict stone type and treatment strategies.

Most stones contain calcium with oxalate or phosphate and less commonly, uric acid, cystine or salt combinations. Size varies from a pin head to a golf ball. Most, larger than 5 mm, cannot pass spontaneously. Stone burden is best assessed by renal ultrasound or non-contrast CT.

Stones occur more commonly in men and in those with a family history. Other influences are hot dry climates, diet, gut microbiome, and conditions such as metabolic syndrome, weight loss surgeries, urinary tract obstruction or infection and excessive intake of supplemental calcium, vitamins C and D, and some medications. Dietary factors include excess salt, soda, sugar, animal protein and processed foods. Diets high in fruits and vegetables lower stone risk.

Knowing the stone composition and the chemical composition of urine collected over 24 hours helps identify dietary and medication strategies to prevent recurrence. Low volume, excess calcium and reduced citrate are the main contributors. Calcium excretion is increased by high sodium and high protein diets. Urine pH > 7 promotes phosphate, cystine and struvite stones. PH lower than 6.2 promotes uric acid and calcium oxalate stones.

Prevention goal is to normalise or halve SS. Evidence based dietary prevention includes daily fluid intake of 2-3 quarts (litres) consumed evenly throughout the day and night to always maintain dilute urine; dietary calcium 0.8-1.2 g, sodium <2.3g, protein 0.8-1g/kg and 5-9 fruits and vegetables; avoiding processed foods, dietary supplements and excess vitamin C or D. Dietician advice is recommended.

When needed, medications include thiazides to reduce urine calcium, allopurinol to reduce blood and urine uric acid and potassium, magnesium citrate or 3-4 oz lemon juice to increase urine citrate (an inhibitor of stone formation).

ACADEMIC SESSIONS

GUEST LECTURE

Revisiting Osteoporosis

Dr Jad Sfeir

This presentation will cover clinical evaluation, diagnosis, and management of hypercalcemia, particularly in complex cases. It begins with an overview of hypercalcemia, including its signs and symptoms, such as weakness, renal issues, and gastrointestinal disturbances. The presentation emphasises the importance of confirming hypercalcemia using hydrated samples and diagnosing its underlying causes, whether related to parathyroid hormone (PTH) or non-PTH mechanisms.

Key topics include the differential diagnosis of hypercalcemia, with primary hyperparathyroidism and malignancy as significant causes. The presentation also reviews pharmacological and surgical treatment options, including recent guidelines for managing hypercalcemia of malignancy, which can often complicate cancer treatment.

Case studies are used to illustrate real-world scenarios, such as a young woman with recurrent hypercalcemia and nephrolithiasis and an older man with pancreatic cancer, both highlighting the diagnostic challenges and tailored treatments. Additionally, the role of CYP24A1 gene mutations in hypercalcemia is discussed, as well as its management strategies.

Finally, the presentation stresses the importance of ongoing research, accurate diagnosis, and individualised treatment approaches in managing hypercalcemia effectively.

MDT - Haemophagocytic Lymphohistiocytosis

Dr Damayanthi Idampitiya

Hemophagocytic lymphohistiocytosis (HLH) is a rare but potentially life-threatening complication of Dengue illness. The diagnosis is challenging and can be missed due to non-specific clinical findings, particularly in critically ill patients. Therefore, a high degree of clinical suspicion is necessary for diagnosing HLH. Early detection and appropriate management can improve the outcome.

We present a case of HLH secondary to dengue fever in an adult female patient, which was managed successfully.

44-year-old female patient was treated in a private hospital for serologically confirmed, uncomplicated dengue fever and was discharged home. However even after discharge, the fever spikes continued and she was admitted to the National Institute of Infectious Diseases (NIID) for further investigations and management. Upon examination, she was febrile, appeared ill, and had hepatosplenomegaly. Further workup revealed a serum ferritin level of 46,410ng/ml and a triglyceride level of 293mg/dl. A bone marrow biopsy was performed, and hemophagocytic macrophages were detected. However, there was no cytopenia.

ACADEMIC SESSIONS

The diagnosis of secondary HLH was made based on the 2004 HLH diagnostic criteria set forth by the histiocyte society. The patient met five criteria and was successfully treated with Dexamethasone. She made a full recovery, and steroids were tapered off. This case emphasises the importance of considering HLH as one of the differential diagnoses when fever persists after recovery from dengue illness.

Dr Manu Wimalachandra

Haemophagocytic lymphohistiocytosis (HLH) is a life-threatening hyperinflammatory syndrome characterised by excessive activation of macrophages and cytotoxic T cells. The familial (primary) form, caused by mutations affecting lymphocyte cytotoxicity and immune regulation, is most common in children, whereas the secondary (acquired) form is most frequently triggered by infections, malignancies or autoimmune disorders. While traditionally classified as familial (primary) and secondary HLH, this distinction may not be always possible in the clinical setting. Furthermore, many familial forms of HLH will have a triggering infectious agent. Diagnosis in all settings is almost always based on the HLH-2004 diagnostic criteria which was incidentally designed for children. Treatment algorithms targeting hyperinflammation are also based on protocols, such as HLH-94 and HLH-2004. These protocols which were designed for paediatric patients (commonly for familial HLH) may result in overtreatment and unnecessary toxicity in adults. Therefore, treatment of the underlying cause, dose reductions, individualised tailoring of treatment need to be considered in treatment of HLH in adults. My talk will be based on a clinical case of an adult patient with a predisposing mutation and a likely secondary trigger.

Dr Buddhika Somawardana

Haemophagocytic Lymphohistiocytosis (HLH) is a rare, life-threatening condition characterised by excessive immune activation and tissue infiltration by activated macrophages and lymphocytes. HLH can be classified into primary (genetic) and secondary (acquired) forms, with triggers including infections, malignancies, autoimmune diseases, and immunodeficiencies.

Pathophysiology: HLH results from the inability to regulate immune responses, leading to hypercytokinemia and severe inflammation. Hallmark features include prolonged fever, hepatosplenomegaly, cytopenias, hyperferritinemia, hypertriglyceridemia, and haemophagocytosis observed in bone marrow, spleen, or lymph nodes. Elevated soluble CD25 (sIL-2R) and decreased NK cell activity are supportive diagnostic markers.

Diagnosis: The HLH-2004 diagnostic criteria include five out of eight criteria: fever, splenomegaly, cytopenias affecting two or more lineages, hypertriglyceridemia and/or hypofibrinogenemia, haemophagocytosis, low or absent NK cell activity, hyperferritinemia, and elevated soluble CD25. Genetic testing is crucial for familial HLH.

Treatment: Early diagnosis and prompt treatment are vital. The HLH-94 protocol remains the standard, combining etoposide and dexamethasone, with or without cyclosporine A. Intrathecal methotrexate is considered for CNS involvement. For refractory or relapsed cases, the use of Alemtuzumab, Ruxolitinib, or Emapalumab (anti-IFN γ) is emerging. Hematopoietic stem cell transplantation (HSCT) is curative for genetic and refractory secondary HLH to improve patient outcomes.

ACADEMIC SESSIONS

Recent Advances: Advancements in understanding HLH pathogenesis have led to targeted therapies focusing on cytokine inhibition. Gene therapy and novel immunomodulators are under investigation, offering hope for more effective and less toxic treatments.

Clinical Perspective: Clinicians must maintain a high index of suspicion for HLH in patients with unexplained systemic inflammation. Multidisciplinary collaboration is essential for diagnosis, management, and follow-up, ensuring timely and appropriate intervention to improve patient outcomes.

GUEST LECTURE

Pre-leukaemic Conditions

Dr Mithun Shah

We will discuss precursor haematological states including monoclonal B-lymphocytosis, monoclonal gammopathies, and clonal haematopoiesis. While harbouring the pre-leukemic states increase the risk of future haematological malignancy, these are—by definition—not cancerous states. The focus will be on the disease burden in the population, nonhematological consequences, and general management principles.

GUEST LECTURE

Management of Back Pain

Dr Kogulavadanan Arumaithurai

Back pain can stem from various sources like muscle strain, herniated discs, or spinal stenosis. Treatment options include physical therapy, medications, and lifestyle changes such as exercise and proper posture. In severe cases, surgery might be considered. Watch for signs like numbness, tingling, or pain radiating to the legs, as well as changes in bowel or bladder habits.

CLINICAL PEARLS FOR INTERNISTS

Hyperthyroidism

Dr David Toro-Tobon

This presentation provides a comprehensive and practical guide for internal medicine clinicians on the diagnosis and management of hyperthyroidism. While hyperthyroidism affects approximately 2.5% of adults worldwide, it is crucial to recognise that untreated cases can lead to significant complications, such as osteoporosis, cardiovascular disease, and increased mortality.

ACADEMIC SESSIONS

The presentation highlights Graves’; disease as the most common cause of hyperthyroidism in iodine- sufficient regions, driven by autoimmune stimulation of thyroid hormone production. In contrast, toxic nodular disease, more prevalent in iodine-deficient areas, stems from autonomously functioning thyroid nodules. Clinicians are guided through recognising the typical symptoms, such as anxiety, palpitations, weight loss, and heat intolerance, along with the unique features of Graves’; disease (e.g., diffuse goitre, stare, exophthalmos) and the compressive symptoms associated with toxic nodules.

Diagnostic approaches focus on identifying low TSH levels along with elevated thyroid hormones (T3 and FT4). The presentation emphasises the utility of TRAb testing for confirming Graves’; disease and the use of thyroid scintigraphy to differentiate between causes of hyperthyroidism. Management strategies are explored in depth, including the use of antithyroid medications to inhibit hormone synthesis, radioactive iodine therapy to ablate overactive thyroid tissue, and surgery for cases with compressive symptoms, or suspected malignancy. Clinicians are encouraged to tailor treatment decisions based on the patient’s disease aetiology, severity, and individual needs.

A key takeaway from this presentation is the importance of an individualised, evidence-based approach to managing hyperthyroidism, ensuring that patients receive appropriate care without unnecessary interventions.

MEET THE EXPERTS

Haemoglobinopathies

Professor Anuja Premawardhena

The talk will a description of case histories of a few patients with thalassaemia syndromes to highlight the clinical diversity which confronts the clinician. There will be case discussions on NTDT and sickle cell beta thalassaemia

MEET THE EXPERTS – RAPID FIRE SESSION

Clot Controversies

Professor Andrew S. Dunn

The session will entail a rapid-fire discussion of challenging scenarios in anticoagulation & thrombosis. Topics will include whether direct oral anticoagulants (DOACs) can be used for patients with end stage renal disease, how to determine the safest time to resume anticoagulation for patients who have major bleeding, and whether patients with a first unprovoked VTE should be anticoagulated for life. The session will also explore whether new agents hold the potential to uncouple the benefit of decreased thromboembolism from the harm of an increased risk of bleeding.

ACADEMIC SESSIONS

KEYNOTE SPEECH

OmicsFootPrint: A path towards individualised medicine

Professor Kalari Krishna

The presentation will cover OmicsFootPrint, an advanced framework developed by Dr Krishna R. Kalari and her team for the integration and interpretation of multi-omics data using deep learning or artificial intelligence models. Integrating different omics data types presents a significant challenge in biomedical research. However, OmicsFootPrint utilises circular visualisation techniques combined with neural networks to improve the interpretability and performance of data analysis in areas like cancer subtyping and drug response predictions. This method has outperformed traditional approaches in recent studies. During this talk, Dr Kalari will highlight the key advancements of OmicsFootPrint, its potential applications beyond cancer research, including neurodegenerative diseases, and how it can be adapted for use in clinical trials and personalised medicine. The goal of the framework is to enable more precise identification of biomarkers and to provide critical insights into disease mechanisms, aiding therapeutic decision-making across a wide range of diseases.

GUEST LECTURE

GERD & Functional Dyspepsia Overlap: Conquest of the Maze!

Professor V.G. Mohan Prasad

GERD-FD overlap often presents with persistent symptoms despite proton pump inhibitor (PPI) therapy, indicating the need for advanced diagnostic and therapeutic approaches. FD, frequently associated with impaired gastric motility and hypersensitivity, complicates management and calls for innovative solutions beyond acid suppression. Addition of prokinetics helps in a group of patients of GERD with poor response, which may encompass NERD, Functional Heart burn, Acid-sensitive oesophagus etc and in GERD – FD (Post-prandial Distress Syndrome: PDS) overlap. The latest drug, Vonoprazan, a Potassium Competitive Acid Blocker (PCAB) has demonstrated 10% better response than PPIs in GERD trials.

Electrogastrography (EGG) by measuring gastric myoelectrical activity, detects abnormalities in gastric rhythm and motility that may contribute to dyspeptic symptoms in FD (PDS), guiding targeted treatment, as addressing motility-related issues in FD can improve outcomes for overlapping GERD-FD cases.

Gastric peroral endoscopic myotomy (G-POEM) procedure has shown efficacy in patients with gastroparesis or functional outflow obstruction by disrupting pyloric sphincter muscle to improve gastric emptying.

ACADEMIC SESSIONS

For refractory GERD, endoscopic and laparoscopic interventions offer efficient avenues for symptom control, mucosal healing and prevention of complications including Barrett's. Endoscopic techniques, such as transoral incisionless fundoplication (TIF), Anti Reflux Mucosectomy (ARMS) and Stretta, provide symptom relief in refractory GERD.

High resolution endoscopy, Manometry, Impedance pHmetry, Gastric Scintigraphy and EGG have solved the maze and paved way for personalised, motility-focused care in managing GERD-FD overlap, thereby improving the quality of life of the patient.

SYMPOSIUM – HEPATOLOGY

Drug Induced Liver Injury

Professor Anuradha Dassanayake

Drug-induced liver injury (DILI) is an important liver disease which can range from mild liver enzyme elevations to significant liver injury and acute liver failure (ALF). A large proportion of commonly used allopathic medications, herbal products and dietary supplements, can cause liver injury. With ever increasing use of these products DILI burden has become a significant clinical problem all over the world. Due to its Varying presentation, absence of a biomarker and clear treatment options, DILI has become a significant challenge for the clinician. DILI characteristically present at least 2 distinct types of liver injury. One is the dose dependent form encountered with the drugs such as paracetamol which is more predictable. Other main type of liver injury is the idiosyncratic type, recognised with drugs like NSAIDs which is unpredictable and dose independent. DILI has many patterns of liver injury depending on the liver biochemistry and liver histology. They include hepatocellular, cholestatic and mixed patterns. Diagnosis of DILI is by taking a good drug history including herbal medicines and by exclusion of other possible causes of hepatitis like alcohol and viruses. Stopping the offending drug is main modality of treatment. There is no specific treatment for most of the patients with DILI with the main exception being paracetamol induced liver injury. Steroids are used only if autoimmune component suspected. If the patient deteriorates in to ALF, the patient needs to managed accordingly and prepared for possible liver transplantation.

ACADEMIC SESSIONS

Hepatocellular Carcinoma – Early Diagnosis and Management

Professor Madunil Niriella

Hepatocellular carcinoma (HCC) is a primary liver cancer with rising incidence globally. It is the fifth most common cancer and the second leading cause of cancer deaths in South-East Asia. While chronic viral hepatitis B & C are declining as a cause of HCC, fatty liver and chronic alcohol use are becoming more important.

Early diagnosis is crucial for improved outcomes as surveillance allows early detection, curative treatment and thus better survival. Treatment options and survival rates decrease significantly with advanced disease. Internists play a vital role in identifying at-risk patients, subjecting them to biannual surveillance and facilitating timely diagnosis and management.

Key risk factors for HCC include cirrhosis (regardless of aetiology) and selected “high risk” patients with chronic hepatitis B and non-alcoholic fatty liver disease. Patients with these conditions should undergo regular surveillance with ultrasound every 6 months, with or without alpha-fetoprotein (AFP) testing.

Suspicious lesions detected on ultrasound warrant further investigation with multiphase CT or MRI. The LI-RADS (Liver Imaging Reporting and Data System) criteria aid in standardising the reporting and management of liver lesions. Lesions classified as LR-4 or 5 are highly likely to represent HCC and may not require biopsy for confirmation.

Management of early-stage HCC includes potentially curative options such as surgical resection, liver transplantation, or radiofrequency ablation. Patient selection for these treatments depends on factors like tumour size, number, location, underlying liver function, and overall health status.

Importantly, internists should educate patients about lifestyle modifications, including alcohol and smoking cessation, weight management, and treatment of the underlying aetiology such as viral hepatitis, to reduce HCC risk. Additionally, successful treatment of underlying liver disease can significantly decrease HCC incidence.

Portal Hypertension

Professor V.G. Mohan Prasad

Portal hypertension, a critical complication of cirrhosis, results from increased pressure within the portal venous system due to hepatic fibrosis, vasoconstriction, and hyperdynamic circulation. Traditional treatment strategies have relied on non-selective beta-blockers (NSBBs), endoscopic variceal ligation, and trans-jugular intrahepatic portosystemic shunt (TIPS). However, recent developments have expanded the therapeutic landscape, aiming to reduce complications and improve quality of life.

Advancements in non-invasive assessment, such as elastography and biomarker panels, allow for better monitoring of PH progression and treatment response, obviating the need for an invasive procedure like HVPG measurement except in select cases.

ACADEMIC SESSIONS

Emerging therapies focus on targeting specific mechanisms involved in PH. For example, carvedilol has shown promise as a more effective NSBB due to its dual effect on reducing portal pressure and providing vasodilation. Similarly, simvastatin, beyond lipid-lowering, has demonstrated potential benefits in decreasing hepatic vascular resistance. Additionally, novel agents such as statins and selective serotonin receptor antagonists are being studied to target endothelial dysfunction and fibrosis progression.

Latest endoscopic techniques including EUS, have efficiently managed GI bleeds due to PH. Interventional radiologic procedures like BRTO, BATO and splenic artery embolization have further reduced the need for TIPS.

TIPS placement continues to be an effective measure for refractory cases. Innovative approaches, along with early tailored therapies, represent a promising direction in reducing morbidity and mortality in patients with portal hypertension.

GUEST LECTURE

Tackling Resistant Organisms

Dr V Ramasubramanian

Emerging and Re-Emerging Infectious Diseases (EIDs) are infections that have newly appeared in a population or have existed previously but are rapidly increasing in incidence or geographic range in the past 20 years or could increase in the near future. EIDs are caused by newly identified species or strains (e.g., SARS, AIDS) that may have evolved from a known infection (e.g., influenza), or spread to a new population (e.g., West Nile virus), or to an area undergoing ecologic transformation (e.g., Lyme disease). They could also be re-emerging infections, such as drug resistant tuberculosis. Over the past few decades, humanity has experienced novel and increasingly frequent waves of emerging and re-emerging infectious diseases (Ebola, COVID, measles, Mpox, and candida auris), for which timely and effective countermeasures are lacking. Emerging infections account for at least 12% of all human pathogens. Of growing concern are adverse synergistic interactions between emerging diseases and other infectious and non-infectious conditions leading to the development of novel syndemics. Measures in tackling these issues include translational research, collaboration and sharing of data between agencies in different geographies, epidemic preparedness, development of newer vaccines, improving access to vaccines and implementation of vaccination programmes. A one health initiative to tackle global warming, animal health, antimicrobial resistance and preventive vaccination are essential in the approach against EID.

ROUND TABLE DISCUSSION – Renal Replacement Therapy in Acute Kidney Injury (AKI)

AKI - A Physician's Perspective

Dr Senaka Pilapitiya

Acute kidney injury is a common clinical problem, that physicians in internal medicine come across during routine clinical work in a general medical ward. Identifying its risk factors, predicting the risk in individual patients, and detecting the onset early helps to initiate preventive and corrective measures minimising the burden on the patient and the physician while saving health care costs. AKI is also influenced by the demographics of the patients and interestingly the causes and risks can vary to a certain extent based on the region you practice. Having a high degree of vigilance, taking early measures to prevent and involvement of a multidisciplinary team at the right moment could reduce the morbidity and mortality from AKI in patients managed in general medical wards.

Renal Replacement Therapy in AKI

Dr Udana Rathnapala

Acute kidney injury (AKI) is a critical condition characterised by a sudden, abrupt decline in renal function, occasionally requiring renal replacement therapy (RRT) to manage complications and support recovery. RRT options include intermittent haemodialysis, continuous renal replacement therapy (CRRT), and peritoneal dialysis, each with distinct indications based on patient stability and clinical context.

Intermittent haemodialysis is commonly employed in patients with stable haemodynamics, providing effective solute clearance and volume management. In contrast, CRRT is favoured for hemodynamically unstable patients due to its continuous nature and gentler fluid removal, minimising the risk of hypotension. Initiation of RRT in AKI should be guided by clinical indicators such as severe electrolyte imbalances, acidosis, fluid overload, and uremic symptoms. Timing remains a critical consideration; early initiation may improve outcomes in certain populations, while unnecessary RRT can lead to complications. Ongoing research aims to refine criteria for RRT initiation and optimise modalities to enhance patient outcomes. Ultimately, a multidisciplinary approach is essential for individualised management, balancing the urgency of intervention against the potential for renal recovery. Effective communication among healthcare teams ensures timely decision-making in the dynamic landscape of AKI management.

Continuous Renal Replacement Therapy in Critical Care

Dr Dilshan Priyankara

Continuous Renal Replacement Therapy (CRRT) is a form of haemofiltration used primarily in critically ill patients with acute kidney injury (AKI) or chronic kidney disease requiring intensive care. Unlike traditional intermittent dialysis, CRRT operates continuously over a 24-hour period, providing gradual removal of waste products, excess fluids, and electrolytes. This method is particularly advantageous in patients with hemodynamic instability, as it minimises rapid fluid shifts and maintains more stable electrolyte levels. CRRT encompasses various techniques, including hemofiltration, haemodialysis, and hemodiafiltration, each tailored to the patient's specific needs. The therapy's continuous nature helps in managing severe fluid overload and adjusting to dynamic metabolic changes, enhancing overall patient stability and improving outcomes in the ICU setting. Proper management and monitoring are crucial to optimising CRRT and ensuring effective treatment.

GUEST LECTURE

Use of Antithrombotics in Perioperative Care

Professor Andrew S. Dunn

The management of patients on anticoagulants and anti-platelet agents who need to undergo surgery is challenging, as patients may suffer a thromboembolism while anticoagulation is withheld or bleeding if resumed too soon after the procedure. The best evidence on when perioperative bridging therapy is indicated and when it is harmful for patients on Vitamin K antagonists will be described, and the optimal timing of holding and resuming direct oral anticoagulants (DOACs) for patients with varying indications for anticoagulation and at different surgical bleeding risk will be reviewed. Dr Dunn will also present evidence and strategies for holding and resuming anti-platelet agents, including perioperative management of patients on dual antiplatelet therapy after a drug eluting stent.

GLOBAL FORUM 2

Histoplasmosis – A Case Based Discussion

Professor Shohael Mahmud Arafat

Disseminated histoplasmosis is a rare systemic fungal infection caused by *Histoplasma capsulatum*, a dimorphic fungus. Usually, infection occurs through a high inoculum of microconidia inhaled through alveoli, via direct invasion, or in any person with a disrupted immune system. Tropical countries, particularly in Bangladesh, where the incidence is under-appreciated, with fewer than thirty reported cases. Here I present thirteen cases of histoplasmosis identified and treated from the year 2017 to 2023 at Bangabandhu Sheikh Mujib Medical University.

There were three patients with single-organ systemic disease and ten cases of disseminated disease. Seven patients had immunocompromised status (five with DM, one with CKD, and one with HIV), whereas six patients were apparently immunocompetent. Disseminated forms were more common than the localised disease in our cases even in immunocompetent patients (76% vs. 23%). We identified 2 cases of chronic pulmonary lesions whereas adrenal gland was mainly involved both in disseminated form (7 cases) and in localized disease (2 cases).

FNAC did the diagnosis in four patients, biopsy and histopathology from nine patients, and culture from biopsy specimen was done in one case. Amphotericin B is the recommended treatment for critically ill patients (9 cases), and oral itraconazole is the choice of drug in stable patients (4 cases).

Histoplasmosis is an under diagnosed infection affecting immunocompromised and healthy individuals, necessitating high clinical suspicion and early diagnosis. Management decisions must balance severity, localisation, and immunosuppression.

In this part of the world tuberculosis is a very common in medical practice and histoplasmosis is relatively uncommon. As both of these diseases share many similarities in clinical features even histopathological studies, it is challenging for the treating physician to diagnose and treating histoplasmosis.

cardiovascular patients and to address their risk of developing clinically relevant events.

Impact of High Altitude on Cardiovascular Health

Dr Kunjang Sherpa

High altitude (HA) exposures have become common due to the development of mass mountain tourism, high altitude industries and millions of people permanently live at High altitude. The foremost factor underlying physiological responses is the low atmospheric pressure and the consequent proportional reduction of oxygen partial pressure in the inspired air (hypobaric hypoxia). Interactions occur between the direct effects of hypoxia on blood vessels and the chemoreceptor-mediated responses in the systemic and pulmonary circulation. The hypoxic environments place unique stressors on the cardiovascular system and patients who are at risk of or who have established cardiovascular disease may be at an increased risk of adverse events when traveling to high altitude. However, these risks may be minimised by appropriate pretravel assessments and planning through shared decision-making between patients and their managing clinicians. The topic will highlight all the available evidence on the effects of HA in cardiovascular patients and to address their risk of developing clinically relevant events

GUEST LECTURE

Tackling Knee Pain - A Practical Approach

Dr Chathurika Dandeniya

Knee pain is a common complaint among adults in clinical practice. Although the commonest reason in older adults is osteoarthritis, many other differential diagnoses need to be considered. Correct diagnosis and instituting appropriate management can significantly improve the quality of life of a patient.

The initial step in ascertaining the cause of knee pain is to define whether the pain is inflammatory or mechanical. Not all knee pains are mechanical. Given the implications of a missed diagnosis of inflammatory arthritis, it is often helpful to start the work-up with the assumption that the cause is inflammatory, and set out to prove yourself wrong.

The differential of mechanical knee pain is easier to work out if one has a sound knowledge of the anatomy of the knee and the biomechanics of walking, running, and climbing. Any structure in and around the knee can be the source of the pain. Not-so-uncommonly, referred pain from the hip may masquerade as knee pain. Therefore, examination of the knee is never complete without an examination of the hip joint.

We will explore the common pitfalls in analysing a patient with knee pain, and work towards a practical approach to assessing a patient with this common complaint.

ACADEMIC SESSIONS

GUEST LECTURE

A Game Changer for Management of Obesity

Professor Quazi Tarikul Islam

Obesity is considered as a chronic disease that involves complex physiological and hormonal factors, leading to increased fat accumulation. It contributes to various medical conditions such as diabetes, cardiovascular diseases, and certain cancers. Highlighting its chronic and multifaceted nature, obesity requires a holistic, long-term approach involving lifestyle modifications, behavioral changes, and, in some cases, medical interventions and bariatric surgery.

Semaglutide, a GLP-1 receptor agonist, shows promise in managing obesity. This abstract explores its transformative potential in revolutionising treatment for both diabetic and non-diabetic obese individuals by mimicking endogenous GLP-1 effects. Recent trials, including STEP, SUSTAIN, and PIONEER, highlight its remarkable efficacy in improving glycaemic control and reducing cardiovascular risk and weight loss. Beyond its anti-diabetic effects, Semaglutide induces significant and sustained weight loss in both diabetic and non-diabetic obese patients, as demonstrated in STEP trials. The once-weekly dosing of semaglutide adds to its appeal, enhancing patient adherence and convenience.

In conclusion, semaglutide stands as a game-changer in the treatment landscape for obesity in both diabetic and non-diabetic group. Its dual efficacy in improving glycemic control and inducing significant weight loss positions it as a versatile therapeutic option for a diverse patient population. The comprehensive exploration of semaglutide's clinical impact presented in this abstract underscore its potential to revolutionise the care of diabetic and non-diabetic obese individuals.

VETERAN'S FILE

Challenges and Opportunities

Professor Kamani Wanigasuriya

We are Specialists in Internal Medicine. We practice general & acute medicine, and other specialties related to medicine. Some of us have developed interests in other sub-specialties. Some may also combine internal medicine with academic positions and research. We undertake a long and arduous pathway to become a specialist and face many challenges in everyday life as practicing clinicians. There are opportunities hidden inside these challenges and there are many lessons to be learnt.

ACADEMIC SESSIONS

Over the years I have witnessed how the tide of technological advancement has changed our way of practicing medicine. The availability of technology has enabled us to arrive at a diagnosis with speed, accuracy and safety which we have never imagined before. Change is a constant in life, and it often comes with its own set of challenges. Over reliance on investigations without a background of clinical diagnosis may lead to errors in diagnosis. Will this also lead to the demise of clinical acumen of physicians? The inequality between technology and lack of resources seen in our health care setting has created many moral and ethical challenges to our clinical practice. I will discuss some challenges, opportunities and lessons learned during my journey as a specialist, academic and a researcher.

PLENARY

The Gut-Brain Link to Dementia

Professor Karunya Kandimalla

The gut-brain axis, a sophisticated communication network between the gut and the brain, is increasingly recognised as a pivotal player in cognitive changes seen at the intersection of type-2 diabetes (T2D) and Alzheimer's disease (AD). At the core of this connection lies gut microbial dysbiosis, an imbalance in the composition of gut bacteria, which can severely disrupt this vital link. Dysbiosis leads to the production of harmful metabolites and inflammatory molecules, triggering systemic inflammation, impaired insulin sensitivity, and blood-brain barrier dysfunction. Over time, these disruptions have been shown to contribute to cerebrovascular damage and cognitive decline, both of which are hallmarks of AD.

Therapeutic strategies such as probiotics, prebiotics, and dietary interventions are being explored to restore a healthy balance of gut microbiota, reducing inflammation and improving brain function. In addition, microbial metabolite modulation—targeting the harmful products generated by imbalanced gut bacteria—offers a promising approach to counteract the detrimental effects on both metabolic and neurological diseases.

This talk will explore these emerging therapies and the potential of the gut-brain axis as a novel target for treating T2D and AD. By improving gut health, we may open new avenues for preventing or slowing down the cognitive decline observed in these two interconnected diseases.

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Incidence and death rates of cardiovascular diseases in Sri Lanka: a population-based study of 10 year follow-up

Mettananda KCD, Wickramasinghe MKII, De Saram EMTK, Ranasinghe SDAE, Randeni RACA, Dharmapriya HKLS, Silva JALJ, Kasturiratne KTAA, Dharmaratne SD, Wickramasinghe A

OP 02

Recipient-related predictors of post-transplant graft function at one year among patients with kidney transplant

Ayesha APH, Wickramatilake CM, Dissanayake M

OP 03

Incidence of post-COVID-19 syndrome among survivors of COVID-19: a prospective cohort study in a tertiary care hospital in Sri Lanka

Kobbegala KGVJ, Bowattage S, Kularatne WKS

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Sensitisation to alpha-gal as a cause of idiopathic anaphylaxis

Ranasinghe TND, Aberathna IS, Jayamali MPDJ, Nimasha HMT, Chathurangika PH, Peranantharajah D, Colambage HS, Malavige GN, Jeewandara JMKC

OP 05

Assessment of serum total antioxidant capacity in acute coronary syndrome: a case-control study

Ralapanawa U, Sivakanesan R, Tennakoon S, Karunathilake P, Rebeira L

OP 06

Prevalence and factors contributing to psychological insulin resistance among patients with type 2 diabetes mellitus: a perspective from a tertiary care centre in Sri Lanka

Doluweera D, Perera M, Perera KR, Indrajith D, Galhena HT, Dulanga N, Weerakkody S, Elivitigala K, Panditharathna H, Wettasinghe I, Sandakumari N

OP 07

A snapshot of patients with hypertension seeking treatment at secondary and tertiary care hospitals of Sri Lanka; A descriptive study

Mettananda KCD, Perera A, Manilgama SR, Premaratne BHR, Jayasekara P, Lamabadusuriya D, Matthias AT, Jayasundara K, De Zoysa W, Ranasinghe S, Hettiarachchi NM, Wickramasinghe MKII, De Saram EMTK, Ranasinghe SDAE, Ranawaka RATSH, Herath HMA CB, Wickramanayake SC

OP 08

Falls, its correlations with common geriatric conditions and risk factors among older patients admitted to the accident service of a tertiary care hospital in Sri Lanka

Thilakarathna P, Ranaweera KKDWL, Amarasinghe N, Samaraweera D, Silva FHDS

OP 09

Missed healthcare appointments in a tertiary care hospital in Sri Lanka: a two-stage study

Matthias AT, Indrakumar J, Dharmalingam L, Galhena HT, Rangana RLP

OP 10

Comparison of the expression of selected immuno-markers in the arterial biopsies between patients with chronic kidney disease and coronary artery disease

Silva EH, Wickramatilake CM, Lekamwasam S, Mudduwa LKB, Ubayasiri RA

OP 11

Comparative study between standard triple and concomitant therapy for eradication of *Helicobacter pylori*

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Leprosy and lepra reaction from a Leprosy Hospital in Nepal: a descriptive cross sectional study

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Effects of hypoglycaemic events during driving among diabetic patients in Sri Lanka

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Apathy in the elderly, an atypical manifestation of ricketsioses: a treatable overlooked diagnosis

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Assessment of adherence to American Thoracic Society-recommended calibration standards in a newly implemented pulmonary function test machine: an observational study

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PP 04

Effects of hypoglycaemic events during heavy vehicle driving in diabetic patients

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Psychiatric morbidity among medical clinic attendees at a tertiary care hospital in Sri Lanka

De Silva ST, Hapangama A, Usgalhewa DS, Kahandawaarachchi S, Perera WPHR, Illangasinghe HMMPK, Sasala WAR, Malinda DSD, Abegunsekara A, Ediriweera DS

PP 06

Associations of vitamin D deficiency in a cohort of Sri Lankans investigated at a tertiary care hospital

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PP 07

Epidemiology and clinical features of snake bite envenoming in Mahiyanganaya, Sri Lanka

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Bleeding events among elderly patients on antiplatelet therapy at a teaching hospital in Sri Lanka

Lamabadusuriya DA, Jayawardene PU, Perera TPS, Govindapala BGDS, Fernando N Jayasekara MMPT

PP 09

Efficacy, safety, and immunogenicity of mRNA-1345 vaccine for Respiratory Syncytial Virus prevention in adults: a systematic review

Bandara HMMP, Liyanage PLGC

PP 10

Knowledge, attitudes, and practices regarding diabetic metabolic emergencies among patients with type 2 diabetes at a tertiary care hospital in Sri Lanka

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Incidental finding of fatty liver disease among nonalcoholics in Kandy district, Sri Lanka

Yatapana NA, Mahindawansa SI, Herath NB

PP 12

Digital health literacy and information-seeking behaviour in older adults attending the medical clinics at a tertiary care hospital in Sri Lanka

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Obesity and lifestyle trends among medical students: a study at a selected medical faculty in Sri Lanka

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Preliminary data of a study to develop a clinical prediction tool using machine learning to predict severe dengue at a tertiary care hospital in Sri Lanka

Madhukula S, Perera S, Silva S

PP 15

Short-term outcomes following thrombolysis for acute ischaemic stroke: findings from an ongoing prospective study at a tertiary care neurology centre

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Adherence to the practice of rational use of medications: insights from a tertiary care centre in southern Sri Lanka

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Prevalence of menopausal symptoms and health-seeking behaviour among perimenopausal women admitted to medical wards in a tertiary care hospital in Sri Lanka

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Prescription patterns of antibiotics at a tertiary care medical unit in Sri Lanka

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Lamabadusuriya DA, Bopitiya AK, Subasinghe SDLP, Perera ADNW, WithanawasamTI

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Metastatic pancreatic ductal adenocarcinoma complicated with Trousseau's syndrome presenting with urosepsis and pulmonary embolism in a young man

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Successfully treated immune checkpoint inhibitor-induced pneumonitis in a nation yet to embrace cutting-edge immunotherapy

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Systemic Lupus Erythematosus unveiled: acute myopericarditis with bilateral exudative pleural effusions in a diagnostic conundrum

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Cerebral venous sinus thrombosis as the first presentation of acute lymphoblastic leukaemia in an adult patient; a case report

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Tuberculosis pericarditis in an immunocompetent young female: a case report

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CR 09

Humoral hypercalcaemia of malignancy: a rare presentation of basal cell carcinoma

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Plasma exchange as an effective treatment for severe combined copper sulphate and zinc phosphide poisoning: a case report

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Asymptomatic pulmonary tuberculosis leading to systemic vasculitis - an unusual presentation

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Unusual to usual; a rare case of primary hepatic lymphoma in a patient with isolated hepatomegaly

Shantha DWA, Jayawardana WJBSMS, Herath HHWSB, Rathnayake RNP, Gunaratne N, Piyarathna CL

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A rare case of tuberculous oesophageal rupture mimicking right sided empyema

*Herath HMLC, Sandakelum SDDL, Herath HMPN, Nawaz S, Samarasinghe B, Jayalath T,,
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Successful treatment of a case of Weston Hurst syndrome with intravenous immunoglobulin therapy

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A challenging diagnosis of Hansen's disease (leprosy): presenting as pyrexia of unknown origin with type 2 lepra reaction

*Jayasekera MMPT, Lamabadusuriya DA, Perera DN, Perera GADY, Adikaram NWAMTA,
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Multidrug-induced severe rhabdomyolysis resulting in acute renal failure and post-dialysis sudden cardiac death: a case report

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A rare case of valproate-induced-hyperammonemic-encephalopathy and acquired Fanconi syndrome

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Inhaled beclomethasone in the treatment of early COVID-19: a double-blind, placebo-controlled, randomised, hospital-based trial in Sri Lanka

Mettananda C, Peiris C, Abeyrathna D, Gunasekara A, Egodage T, Dantanarayana C, Pathmeswaran A, Ranasinha C

DOI:10.1136/bmjopen-2023-075803

SARF 02

Prevalence and associated factors for non-alcoholic fatty liver disease among adults in the South Asian Region: a meta-analysis

Niriella MA, Ediriweera DS, Withanage MY, Darshika S, De Silva ST, Janaka de Silva H

DOI: 10.1016/j.lansea.2023.100220

SARF 03

Hip fractures and outcome in elderly patients in a tertiary care hospital of Sri Lanka

Jayasekera PT, Fernandopulle R, Weerasenghe T, de Soysa S, Ranaweera T, Edirisinghe E.

DOI: 10.1007/s11657-023-01323-w

SARF 04

Surgical outcome of pharmaco-refractory epilepsy in the National Epilepsy Centre of Sri Lanka

Ranasinghe KMIU, Senanayake S, Gunasekara S, Garusinghe S, Attanayake D, Wanigasinghe J, Fernando S, Kudavidanage B, de Silva A, Suraweera C, Satharasinghe S, Karunanayaka S, Senanayake SJ, Gooneratne IK

DOI: 10.1016/j.wneu.2024.01.153

SARF 05

Comparison of bedside clotting tests for detecting venom-induced consumption coagulopathy following Sri Lankan viper envenoming

Wedasingha S, Silva A, Siribaddana S, Seneviratne K, Isbister GK

DOI: 10.1080/15563650.2022.2128816

SARF 06

A real-world study of BBIBP-CorV vaccine effectiveness in a Sri Lanka rural province

Wijekoon L, Wickramasinghe N, Rathnasekara T, Somathilake T, Sarathchandra C, Senanayake H, Weerawansa P, Ganegama R, Zhang Y, Yang Y, Ma R, Zhang Y, Xie D, Li Z, Liu X, Qin S, Siribaddana S

DOI: 10.1016/j.heliyon.2024.e37662

SARF 07

The burden of dengue in children and risk factors of transmission in nine districts in Sri Lanka

Jeewandara C, Karunananda MV, Fernando S, Danasekara S, Jayakody G, Arulkumaran S, Samaraweera NY, Kumarawansa S, Sivaganesh S, Amarasinghe PG, Jayasinghe C, Wijesekara D, Marasinghe MB, Mambulage U, Wijayatilake H, Senevirathne K, Bandara ADP, Gallage CP, Colambage NR, Udayasiri AAT, Lokumarambage T, Upasena Y, Weerasooriya WPKP, Seroprevalence Study Group, Ogg GS, Malavige GN

DOI: 10.1002/jmv.29394

SARF 08

Is the rise in childhood obesity rates leading to an increase in hospitalisations due to dengue?

Jeewandara C, Karunananda MV, Fernando S, Danasekara S, Jayakody G, Arulkumaran S, Samaraweera NY, Kumarawansa S, Sivaganesh S, Amarasinghe PG, Jayasinghe C, Wijesekara D, Marasinghe MB, Mambulage U, Wijayatilake H, Senevirathne K, Bandara ADP, Gallage CP, Colambage NR, Udayasiri AAT, Lokumarambage T, Upasena Y, Weerasooriya WPKP; Seroprevalence study group; Ogg GS, Malavige GN

DOI: 10.1371/journal.pntd.0012248

SARF 09

Epidemiological and virological factors determining dengue transmission in Sri Lanka during the COVID-19 pandemic

Ariyaratne D, Gomes L, Jayadas TTP, Kuruppu H, Kodituwakku L, Jeewandara C, Pannila Hetti N, Dheerasinghe A, Samaraweera S, Ogg GS, Malavige GN

DOI: 10.1371/journal.pgph.0000399

SARF 10

Adipokine levels and their association with clinical disease severity in patients with dengue

Kuruppu H, Wickramanayake WPRH, Jeewandara C, Peranantharajah D, Colambage HS, Perera L, Gomes L, Wijewickrama A, Ogg GS, Malavige GN

DOI: 10.1371/journal.pntd.0011613

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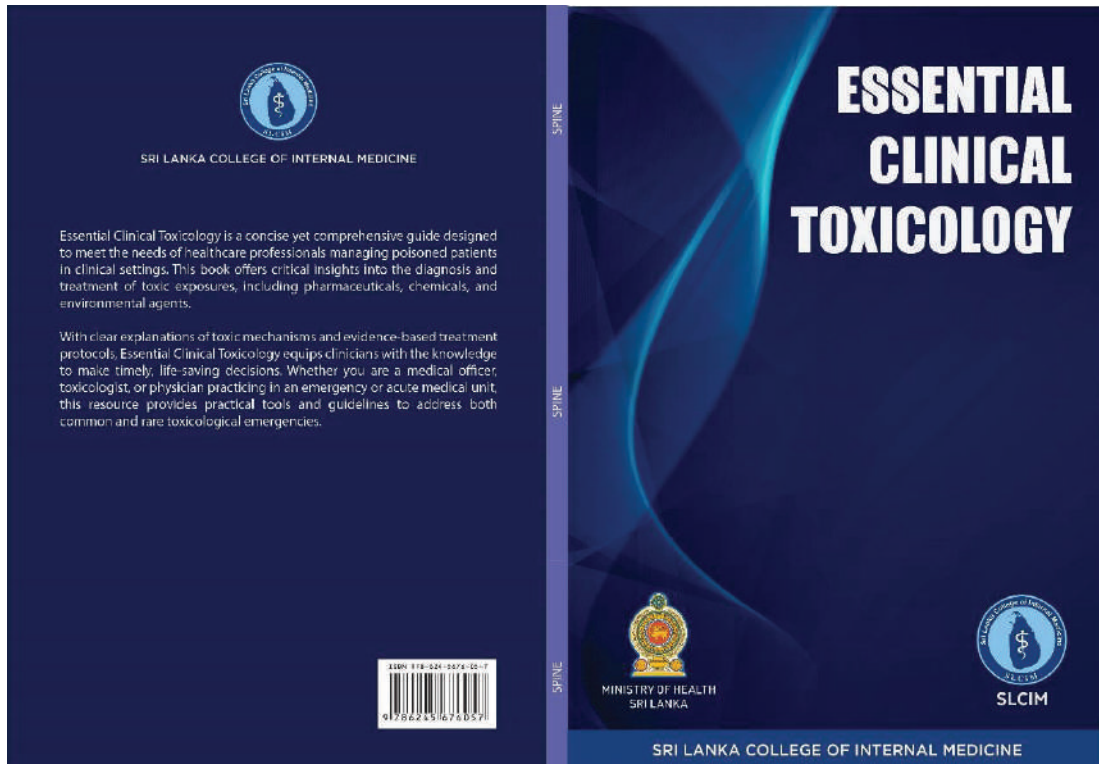
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The Sri Lanka College of Internal Medicine published the ‘Essential Clinical Toxicology’ this year and initiated the web-based ECG Module. These will be launched at the Inauguration and the ‘Essential Clinical Toxicology’ book will be available to purchase at the conference premises.



This is an ECG of a 60 year old man who presented with acute shortness of breath and severe chest pain of 2 hours duration. He had undergone a radical prostatectomy for prostate carcinoma



State 3 abnormalities seen in this ECG

Allowed answers: 3

- Left bundle branch block
- Right bundle branch block
- Pathological Q waves
- S₁Q₃T₃ (McGinn-White sign)
- Sinus tachycardia



Welcome to the ECG Quiz Portal

Start the Quiz

This patient presented with atypical chest pains.



What is the ECG interpretation?

Allowed answers: 1

- Asystole
- Dextrocardia
- Low voltage QRS complexes
- Right upper and lower limb lead reversal
- Sinus arrhythmia

Previous

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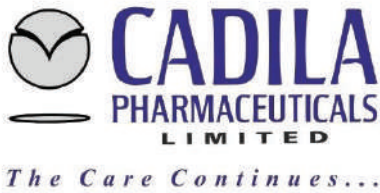


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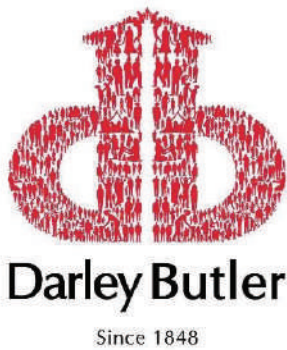
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