# PROGRAMME

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Indian Society of Nephrology North Zone

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# NZ-ISNCON 2024 CHANDIGARH



Hotel Radisson Red, Sector 66, Chandigarh, Mohali.



23-25 February, 2024

Conference Secretariat Dr. Raja Ramachandran, Secretary ISN-NZ E-mail: isnnorthzone@gmail.com312





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29<sup>th</sup>Annual Conference of The Indian Society of Nephrology North Zone

23rd-25th February 2024, Radisson RED Chandigarh Mohali

#### Programme for NZ-ISNCON 2024

Time	Торіс	Speakers	Chairpersons
4:30-5:30 PM	Interesting case presentation 1.An intruiging case of liver injury post-transplant 2. White urine and proteinuria? A spot diagnosis 3.TB Masquerador in renal transplant recipient. 4. An intriguing case of multiple levels stenosis of vascular access	Dr Humam Siddiqui Dr Sahil Kharbanda Dr Tarun Kumar Dr Hemanth Kumar	Dr Jasmine Sethi Dr Raka Kaushal Dr Abhilash
5:30-6:15 PM	Resident Debate: Nephrology is the best among all medical specialities	Dr Vignesh Subramani Dr Nikhil Ingale	Prof Narayan Prasad Dr Sanjay Vikrant Dr SK Bali Dr Pallavi Prasad Dr Sumita Bhogal
6:15-7:00 PM	Interesting case presentation 1. Unraveling the enigma:A rare case presentation in a young female 2. A case of early graft dysfunction 3. A case of post renal transplant UTI 4. An unexpected culprit mimicking ANCA Vasculitis relapse	Dr Urvashi Khan Dr Prabhav Bhansaly Dr Ankur Chaudhary Dr Yashendu Sarda	Dr Rajiv Bhatia Dr Ajit Narula Dr KN Singh Dr Gagandeep Chhabra Dr Jasmine Sethi
7:00-7:30 PM	Radiologyinpost - transplant setting- casedemonstration (mainly CT and MRI)	Dr Ujjwal Gorsi	Dr Samita Divyaveer Dr Manish Sharma Dr Vidyanand Jha Dr Manish Singla Dr Jayant Hota Dr Himanshu Mahapatra
8:00PM onwards	Inauguration followed by dinner		





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Time	Торіс	Speakers	Chairpersons	
8:15-8:30 AM	Welcome by the Organising Chairman	-	-	
8:30-9:00 AM	The 68-year-old gentleman presents a complex medical history, including Type 2 DM, Diabetic Retinopathy, Coronary Artery Disease, recurrent UTIs, and SMPN. His renal function declined progressively over the years, leading to the initiation of haemodialysis (HD) via a tunnelled cuffed catheter followed by arteriovenous fistula (AVF) creation.The patient experienced flow issues in the AVF, necessitating balloon angioplasty with a current Qb of 250-275 ml/min. Current laboratory results show a haemoglobin of 8.6 g/dL, urea of 189 mg/dL,and creatinine of 11.21 mg/dL. His calcium and phosphorus levels were 8.2/7.2 mg/dl, with PTH being 1028 pg/ml. Recently, he developed autonomic neuropathy with orthostatic hypotension. Discussion:The patient is keen on HDF on learning from the internet. How will you decide on renal replacement therapy given the patient's preferences, medical condition, dialysis modality haemodialysis/hemodiafiltration), hemodynamic stability, vascular access and overall quality of life?	Dr Dinesh Khullar Dr Sanjiv Jasuja Dr Manu Dogra Dr Raka Kaushal Dr Swaranjeet Kaur Resident Representative (Dr Anurag Pattnaik)	None	
9:00-9:45 AM	CKD and anaemia- use of HIF- PHI Desidustat is used to manage anaemia inpatients with CKD. The session will be on evidence sharing, and a panel discussion will revolve around its use in challenging situations.	Dr Raja Ramachandran Dr Dharmender Bhaduria Dr Ajay Goyal Dr Saurabh Nayak Dr Abhishek Singh Dr Anna Gupta Resident Representative (Dr Niranjan)	None	





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9:45-10:30 AM	Use of Denosumab in osteoporosis prevention in GN receiving corticosteroids. There will be a discussion on the evidence and how to use and withdraw it. An expert will give a brief lecture (10-15 min), followed by a panel discussion.	Dr Sanjay Badada Dr Arun Prabhahar Dr Vishal Saxena Dr Arun Kumar Dr Jitendra Kumar Dr Manish Jain Dr Vaishnavi V	
10:30-10:45AM	Теа		
10:45-11:45 AM	Free papers - from various centres - by residents		Dr Umesh Sharma Dr Arun Kumar Dr Sanjay D Cruz Dr Anurag Gupta Dr Kuldeep Kumar Dr NP Aggarwal Dr Neha Garg
11:45-12:00 Noon	Artificial Intelligence Driven Transformation in Heath and medicine: Case Examples, Opportunities and Challenges.	Dr Sundararaman Swaminathan	Dr V Sakhuja Dr K L Gupta Dr PP Varma Dr NP Singh
12:00-12:30 PM	KK Malhotra oration	Dr Sandeep Mahajan	Dr Manoj Singhal Dr Raja Ramachandran Dr Manish Rathi Dr Sreenivas
12:30-1:15PM	Lunch symposium: Routine use of induction therapy in kidney transplantation. After the publication in the IJN on the induction agent (ATG) in patients with normal risk, we will have experience sharing plus a panel discussion on the+ and-of such an approach.	Dr Anil Bhalla Dr Shyam Bansal Dr Sunil Prakash Dr Amit Sharma Dr Soumita Bagchi Resident Representative (Dr Sahil Garg)	None
1:15-1:30PM	Break	-	-
1:30-2:00PM	Oration-Presidential	Dr Manoj Singhal	Dr Bhowmik Dr Jai Prakash Dr Ashraf
2:00-2:30PM	A 65 - year-old male with ESKD on maintenance haemodialysis for last 7 years,has chronicuremic symptoms. He learnt about super high flux dialyser (ELISIO-HX) from literature search and what discussion will you have with him- probable questions and its answers.	Dr HS Kohli Dr Vijay Kher Dr Shriram Kabra Dr Amit Mann Dr Mohit Khirbat Dr Pooja Barak	





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2:30-3:00PM	A 27- year- old gentleman (with IgA nephropathy) presents with microscopic hematuria and proteinuria of 1.7 g/day despite three months of Telmisartan. The patient continues to have normal kidney functions. What will you discuss with the pat-ient evidence regarding using Budesonide, short term and medium term? Also, to	Prof Vivekanand Jha Dr Vinay Malhotra Dr Sanjeev Gulati Dr Soumita Bagchi Dr Reetesh Sharma Dr Vijay Sinha Resident Representative	Dr Pardeep Kumar Dr Vikas Chandel Dr Punit Arora
3:00-3:15PM	discuss the Indian evidence. Break	(SGPGI)	
3:15-3:45PM	40 y/o male with ESRD because of unknown aetiology, with wife as a donor. Workup is complete with CDC and Flow Negative, No Sensitization and SAB class I and II negative. Epitope analysis by HLA Match maker shows a mismatch at Class I of 20, Class II of 45, and 65. Discussion Look for an alternate donor! How would you manage the immuno suppression differently	Dr Ajay Kher Dr Namrata Rao Dr Lekha Rani Dr Muzafar Wani Dr Uma Kanga Resident Representative (Dr Yogita Sharma)	None
3:45-4:15PM	A 56- year-old gentleman presented with new onset of painful abdominal distension on a background of alcoholic and Hepatitis C liver cirrhosis. The patient was left unattended for 2 - 3 days and he developed decrease in urine output. The clinical discussion will revolve around the causes of AKI in patient with chronic decompensated liver disease, what are the mitigation strategies to prevent AKI- role of albumin and terlipressin.	Dr Sunil Taneja Dr Chandani Bhagat Dr Tarun Mittal Dr Smita Divyaveer Dr Indranil Ghosh Resident Representative (Dr Tarun)	None
4:15-5:00PM	Make your diagnosis - Will present three challenging cases and discussion around their diagnosis		
5:00-5:30PM	Shingrix vaccination in immuno suppressed and CKD	Dr RK Sharma	<u>Chairperson</u> Dr Ghulam Hasan Dr Sanjay Mittal Dr Ajay Marwaha Dr Raghuvendra Singh





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Time	Торіс	Speakers	Chairpersons
5:30-6.15 PM	Linagliptin in the management of Diabetic CKD, the CARMELINA Randomized Trial demonstrated CV and microalbuminuria benefits in patients receiving Linagliptin. The session will have an introductory lecture by an expert followed by a panel discussion on Linagliptin and other DPP4 therapies in DM management in CKD patients.	Dr Anil Bhansali	Dr Vijay Kher Dr Vivek Kumar Dr Charanjeet Lal Dr Ashu Rastogi Dr Alok Jain
6:30 PM	GBM		
7:30 PM	Dinner		

Date & Time	Dector Viewing	Dr. Covind Nerovenen
10.30-11.00 AM (24th Feb 2024)	Poster Viewing	Dr Govind Narayanan





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Time	Topic		Speakers	Chairpersons	
8:00-8:45AM	Breakfast symposium - CKD and ESKD. The discussion will focus therapy-existing evidenc newer iron formulations.	s on using iron ce, hepcidin and	Dr (Gen) PP Varma Dr V Sakhuja Dr Ashwani Gupta Dr Urmila Anandh Dr Piyush Mathur Resident Representative (Dr Kanchan)		
8:45-9:30AM	A 41 -year-old gentleman with a 2 –3- week history of severe back pain and shortness of breath. MRI/PET: Extensive lytic lesions andbony destruction. Bone Marrow: Almost completely replaced by plasma cells. Creatinine7, Ca>14, UA12, K6.M- spike 0.5gm/dL, IgG Lambda.LFLC>upper limit/L: not calculable. Discussion: Kidney Biopsy Yes, or No? Plasma Exchange Yes, or No? How do we risk stratify this patient? What are the treatment options? Can he undergo a kidney		Dr LK Jha Dr Anupama Kaul Dr Esha Kaul Dr Simran Kaur Dr Ritika Bansal Dr Anish Bahl Resident Representative (Dr Priyanka)		
9:30-10:15 AM	A 65-year-old female comes with a four- week history of nasal crusting and a two-week history of fever and wasfound to have elevated serumcreatinine of 6.5 mg/ dl.Urinalysis showed10-12 RBCs/HPF,Albumin 2+,24 hrs urine protein 1250 mg/ 24 hrs and kidney biopsy showed PIGN and crescentic GN. <i>Case-based discussion on ANCA</i> vasculitis-PLEX ornotto PLEX and induction therapy		Dr Aman Sharma Dr Alok Kumar Dr Mahendra Narayan Singh Dr Vikas Makkar Dr Munish Chauhan Dr Medhavi Gautam Resident Representative (Dr Rohan Arya)		
10:15-10:45 AM	Теа				
10:45-11:30 AM	Newer calcium channel blockers (Sponsored symposium)		Dr Vijay Kher	Dr Abdul Rashid Reshi Dr Shivendra Singh	
11:30-12:30 PM	Debate:Has the corporatisation of health care destroyed its very essence		For Dr Sanjiv Saxena Against Dr Ranjit Nair	Dr Vijay Kher Dr HS Kohli Dr SC Tiwari	
12:30-1:00 PM	Chlorthalidone in the management of Hypertension in CKD		Dr Ashok Sarin	Dr Timothy R Dr Debarata Mukherjee Dr Jasmine Das Dr Navdeep Khaira	
1:00-1:30 PM	Valedictory function and Lunch				
Date &Time Jasper Hall (Hall-B)-Quiz   09:00-10:00 AM (25 <sup>th</sup> Feb 2024) Dr Jasmine Sethi Dr Arun					