Clinico-Pathological Response Assessment in Patients Receiving Neoadjuvant Chemotherapy for Locally Advanced Breast Cancer (Labc): KMC, Manipal Experience

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Aims & Objectives

To evaluate the role of neo-adjuvant chemotherapy in LABC patients in achieving complete clinical and pathological response and feasibility of breast conservation.

Material and Methods

A total of 120 patients who received neo adjuvant chemotherapy in the last 5 years were included in this study and 90 were found to be eligible. Clinical and pathological responses to neo-adjuvant chemotherapy were assessed.

Results

As revealed by study 60% of tumours were at T4 presentation. The overall clinical complete response was found to be 45.56% and the complete pathological response was 32.23%. BCS was possible in 33.33%.

Conclusion

Our results show that even with tumours of large sizes there are reasonably good chances of obtaining a favourable response and the chance of conserving breast.

Limitation

Record based study and lack of representation of actual scenario as the study was conducted in a referral centre.

Clinical and Biochemical Profile of Type 2 Diabetics: A Problem Lurking for India

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Background

Epidemiological data over the past decades have shown a pattern and profile variability of type 2 diabetes mellitus from India owing to its high population diversity. Absence of local reference data from Gwalior region of central India creates a challenging issue for early detection of complications and selecting the treatment option.

Aims & Objectives

To define the profile of type 2 diabetes mellitus population from Gwalior region of Madhya Pradesh.

Material & Methods

A case control study was carried out in the Department of Medicine comprising of fifty newly diagnosed type 2 diabetes mellitus patients and 50 healthy controls.

Results

BMI of the study subjects was (cases-23.94±1.83 kg/m2, controls-22.8±1.38 kg/m2; $p<0.001$). Prevalence of abnormal value of WHR was found to be 46% in cases. 58% of the cases had poor glycemic control. There was a significant difference among male and female with respect to mean of cholesterol (male 194.87±63.34 mg/dl, female 162.57±38.37 mg/dl; $p<0.05$), HDL (male 45.33±13.72 mg/dl, female 37.66±7.31 mg/dl; $p<0.05$), HbA1c (male 11.01±3.12%, female 9.39±1.73%; $p<0.05$) and Hb (male 11.36±1.17 gm%, female 12.35±1.19gm%; $p<0.01$). Dominating symptoms were polyuria 30% (15, $p<0.05$), tingling and numbness 26% (13, $p<0.01$) and blurred vision 26% (13, $p<0.01$). Most prevailing complications were Retinopathy 26% (13; $p<0.01$) and neuropathy 26% (13; $p<0.01$). Dyslipidemia was present in the 88% of cases.

Conclusions

A vast proportion of the cases were having poor glycemic control. Central obesity was present in the studied population with generalized obesity, making population prone to insulin resistance. Presence of classical symptoms of diabetes on the back of the foot in the study subject suggested that the disease might be on track of changing its trend or the patients were reporting at late stage due to health disparities. The most prevalent

form of dylipidema in diabetic male was low HDL-c while in females was High LDL-c and High TG. The pattern of dyslipidemia differs from typical diabetic dylipidemias.

Current Socio-Clinical Trend of Sexually Transmitted Diseases and Relevance of STD Clinic: A Comparative Study from Referral Tertiary Care Center of Gwalior, India

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Background

Sexually transmitted infections (STIs) are the major public health concern in both developed and developing countries regulated by the cultural pattern of gender expression in their society.

Aims & Objectives

To look into the changing pattern of sexually transmitted infections from the Gwalior, Central India where health condition is not in a good fashion with poor socio-economic status and awareness.

Material & Methods

This is a hospital based cross sectional, questionnaire based study with a sample size of 222 respondents attending STD clinic at JAH Gwalior from December 2011- March 2012. Random sampling technique was used.

Results

152 (84.44%) cases among females were in the age group of 20-40 years while 35(83.33%)males were in the age group of 18-40 years. Statistically significant differences were found as compared to a previous study done in the same STD clinic for discharge, lower abdominal pain, painful micturition, nodules in genitals as 106 (58.88%; p=0.0001), 59(32.77%; p=0.0007), 25 (13.88% p=0.001), 1 (0.5%; p=0.005) respectively and in males with absence of abdominal pain and nodules in genitals as p= 0.016 and p =0.03 respectively. Preferred place for treatment of STIs was government facility among both males and females with statistically significant 15.76% (p=0.0001) difference from the population seeking no treatment.

Conclusions

Study shows the very judgmental and much needed role of counseling centers like STD clinics in changing the due course and trend of STIs epidemiology. The problems of low and infrequent condom use, non adherence to treatment, having multiple non regular sex partners were seen in a fairly good proportion.

Insulin Resistance in Type 2 Diabetes Mellitus: Prospect of an Untouched Area

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Background

HOMA estimated insulin resistance is an independent predictor of cardiovascular disease in type-2 diabetic subjects. Lack of exact cutoff value in Indians and the absence of local reference data from Gwalior region of central India for HOMA-IR create a challenging issue for early detection of complications and selecting the treatment option.

Aims & Objectives

To define a local reference cutoff and its association with various risk variables.

Material & Methods

We randomly selected 50 cases and 50 controls, matched for age and sex, from the teaching hospital of G.R. Medical College Gwalior, India.

Results

Mean HOMA IR for cases was 4.16±3.57 (range 0.22-18.71) while for control subjects was 2.03±0.64 (range 1.08- 4.4). The normal cutoff value was found to be 3.31.