

KAR ENRICHCON-2017

Conference Proceedings of
First State Conference of
Environment & Child Health Group,
Karnataka State

3rd September 2017

Theme: Environment - "Let's preserve and cherish"

Organised by

BLDE University, Department of Pediatrics,
Shri BM Patil Medical College Hospital and
Research Centre, Vijayapur

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Environment and Child Health Group, Indian Academy of Pediatrics, Karnataka State
Indian Academy of Pediatrics Vijayapur. and IAP Karnataka State

Proceedings of First State Conference of
Environment & Child Health Group, Karnataka State

KAR ENRICHCON-2017

Organized by
BLDE University, Department of Pediatrics, ShriB.M.Patil Medical College Hospital
and Research Centre, Vijayapur.
Environment and Child Health Group, Indian Academy of Pediatrics, Karnataka
State
Indian Academy of Pediatrics Vijayapur
IAP Karnataka State

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BLDE UNIVERSITY

BLDE University is amongst the reputed universities in Karnataka providing education in various medical courses. Housed in a sprawling campus at Vijayapur in Karnataka, it was declared a University under Section 3 of the UGC Act 1956 and approved by Ministry of Human Resource Development. It has been established under BLDE Association, a renowned educational society, running more than 75 institutions in the state.

BLDE University was established as a deemed university under section 3 of the UGC Act, 1956. The Constituent College of the University, Shri B M Patil Medical College Hospital & Research Centre, Vijayapur, was established in the year 1986 by BLDE Association (Vijayapur Liberal Development Education Association).

BLDE University has the necessary infrastructure and equipments for imparting medical education. It houses the college departments, the central library and residential quarters in various blocks spread across a huge campus. There are separate hostels for boys, girls, NRI students and PG students. The University library has a wide collection of books, e-books, journals, e-journals and back volumes, which are available for the students and faculty for reference. The library provides document delivery service, book bank for the students, open access to faculty and students, broadband internet, bibliography and reprographic facilities. Besides all these amenities, the University maintains state-of-the-art laboratories for providing teaching and research facilities.

Shri B.M.Patil Medical College, Hospital & Research Centre: a constituent college of BLDE University:

The Medical College and Hospital are situated adjacent to each other on a campus sprawling over 45 acres of land, in the heart of the city. The campus has beautiful landscaped gardens and black stone buildings of old world charm, which are well ventilated and illuminated. The college departments, the central library and residential areas are distributed in various blocks within the campus. The silent features of the institution are as follows

- Annual intake of 150 Under Graduate, 28 Degrees and 16 Diplomas (in all 44) Post Graduate seats. Post Graduate courses in 14 Departments.
- Under Graduate Course is recognized by Sri Lankan Medical Council.
- Enlisted in the WHO directory of Medical schools, IMED FAIMER.
- Alumni are spread across the globe.
- Faculty highly qualified, experienced, motivated and research oriented.
- Administration student centric and pro-active.

ENVIRONMENT AND CHILD HEALTH GROUP (ECHG)

Environment and Child Health Group, Karnataka State Chapter of IAP was inaugurated on Sunday, 5th July 2015 at Golden Jubilee Hall, KIMS, Hubli. Dr. H Paramesh, founder member of National ECHG inaugurated the chapter. Dr. Nagabhushan S, Dr. Salim Khatib, Dr. Karunakar BP, Dr Jaidev D and others were also present. Dr Vinod H. Ratageri, Professor, Department of Pediatrics KIMS Hubli and central Executive Body member was chosen as the founder president and Dr MM Patil Associate Professor, Department of Pediatrics Shri BM Patil Medical College Vijayapur was chosen as founder secretary of the chapter.

Environment and Child health group Karnataka state in association with Department of Pediatrics, KIMS, Hubli and IAP, Dharwad District conducted CME on RAE (Respiratory Allergy and Environment) on the same day. CME has covered various recent aspects of Pediatric respiratory allergic disorders in relation to environment. Interactive sessions on these aspects will be delivered by renowned faculty like Dr. H Paramesh, Dr. Nagabhushan S, Dr. Salim Khatib, Dr. Karunakar BP, Dr Jaidev D and others. Highlight of this CME was use of voting pads for interaction during scientific sessions.

Our chapter has celebrated World Environment day on June 6th, 2016 in association with NSS Vijayapur. We have conducted cycle jaatha on the same day to create awareness among public regarding environment protection. We have planted 50 saplings in BLDE University campus with the help of NSS Vijayapur.

We are hosting the First State Conference on Environment and Child Health in association with BLDE University Shri BM Patil Medical College Vijayapur and IAP Vijayapur on 3rd September 2017. The first conference of this newly inaugurated chapter is being held at BLDE University campus in the city of Vijayapur. We are looking forward to see all of you in Vijayapur in big numbers to make this first conference a successful one

FOUNDER & VISIONARIES OF BLDE ASSOCIATION



**Shri Sanganabaswa
Bantanal Swamiji**



Dr P.G.Halakatti



Shri B.M.Patil

MESSAGE FROM LUMINARIES

Dr M. B. Patil

Chief Patron

President, BLDE Association & BLDE University

Minister for Water Resources, Govt. of Karnataka.



It is a great pleasure to know that BLDE University Vijayapur, department of Pediatrics ShriBM Patil Medical College, Hospital and Research Centre is organizing KAR ENRICHCON 2017“ the First State Conference of Environment and Child Health Group Karnataka state chapter of Indian academy of Pediatrics in association with IAP Vijayapur „on 3rd September 2017. The theme of conference is **“Environment – lets preserve and cherish”** which is most relevant for today's world.

Environment and nature has become a very important issue since we know it has been exploited by ambitious human activities to the extent of its extinction. I hope this conference will address all important issues of environment with the help of distinguished experts. I am sure, some solutions for sustainability of our precious environment will come out at the end of this meet. Conference provides opportunities to learn about recent technologies, methods and approaches for conservation of environment ,which will be of immense benefit to the young learners. My heartfelt welcome to all the eminent speakers and delegates of this conference.

The Conference includes many different types of events including high level dialogue among experts to the training workshops for students, teachers, parents, and police personnel's. This allows spread of message to all level of community. It is time to connect, share and inspire all, with common goal of caring for environment and nature.

I wish all the resource people and delegates a very memorable stay in the historically rich city of Vijayapur. I congratulate the organizing team for taking the responsibility of this noble gesture of organizing this conference showing their concern for environment and nature. I wish all the best for this prestigious conference.

Dr M B Patil

Dr M. S. Biradar

Vice-Chancellor
BLDE University
Vijayapur



Its delighting for me to know that BLDE University, department of Pediatrics Shri BM Patil Medical College Hospital and Research Centre in collaboration with Environment and Child Health Group of Karnataka State Indian Academy of Pediatrics, is organizing first conference KAR ENRICHCON- 2017 on 3rd September 2017. The theme of conference is “**Environment – Lets Preserve and Cherish**” which is the need of hour.

Environment and nature are precious resources which are limited due to accelerated human activities since last few years, threatening its existence and quality. This conference will address some of the issues related to environmental protection and come out with a few practical solutions. The eminent scientists participating in the conference as resource persons will guides the delegates with their expertise.

I tremendously appreciate the preconference workshops for parents, teachers and policemen who are the key people in child care. The quiz for private pediatricians, to be conducted on this day is another feather in the cap of conference and the organizing team. My hearty welcome to all the speakers and delegates of this prestigious conference.

I wish all the delegates a happy and pleasant stay in the historical city of Bijapur (Vijayapur). My best wishes are there for the success of “ KAR ENRICHCON -2017”. I congratulate the organizing team for their total involvement in organizing this conference.

**Vice chancellor
BLDE University
Vijayapur, Karnataka.**

Dr S.P. Guggarigoudar

Principal, Dean Faculty of Medicine
Shri BM Patil Medical College hospital and
Research Centre Vijayapur
Organizing Chairman KARENICHCON 2017



I am very happy to note that Department of Pediatrics, BLDE university, Shri B M Patil Medical College and Research Centre, Vijayapura in association with ECHG IAP Karnataka State Chapter and IAP Vijayapura district branch is organizing the First State Conference of Environment and Child Health Group, IAP Karnataka State Chapter. I am sure that the conference will be an academic feast for all and will stimulate the very needed theme for current and future generation.

Dr S.P.Guggarigoudar

Dr H Paramesh

Pediatric Pulmonologist & Environmentalist
Chief Patron of Environment and Child Health Group



It is indeed a matter of great pleasure that Karnataka State Environment and child health group is organizing the first state conference.

KAR-ENRICHCON – 2017 at Vijayapur with the theme “Environment – Lets preserve and Cherish” in this connection they are releasing a souvenir.

The scientific programme is meticulously arranged with the burning issues on environment pollution and selected speakers of repute notionally and internationally. In addition the organiser arranged a day programme of workshop on health issues to the society as well. Social determinants with professionals will be effective in Influencing the policy makers and later legal activism.

I sincerely congratulate the Chairman Dr. S.P. Guggarigoudar, Dr SV Patil, Dr M M Patil the organizing secretary, Dr Vinod Ratageri President of our chapter. Dr. L H Bidari and other members of the organizing committee for their dedicated involvement.

I wish the conference a grand success in their goal of imparting the updated knowledge on our environment issues on health.

“Let us think locally and act locally and propagate the good results globally”

H Paramesh

Dr. L. H. Bidari

Patron, IAP Vijayapur



I am very jubilant to know that “KAR ENRICHCON-2017” as First State Conference of Environment & Child Health Group Karnataka State, being organized by “BLDE University, Department of Pediatrics, Shri BM Patil Medical College Hospital and Research Centre, Vijayapur, Environment and Child Health Group, Indian Academy of Pediatrics, Karnataka State, Indian Academy of Pediatrics Vijayapur and IAP Karnataka State”.

The theme selected for the conference and for discussion is very germane and topics are at the very frontiers of the field. Distinguished Resource Persons contributing for the Conference, I am certain, will enhance the knowledge of delegates.

The thoughts in this Conference will help the community in a long way and I wish to have many such chances in future with everyone's cooperation.

I wish all the best for the KAR ENRICHCON-2017 Conference an outstanding success. I am sure that delegates and participants will carry valuable memories on this occasion.

Dr. L. H. Bidari

Dr S.V.Patil

Organizing Co- Chairman
KAR ENRICHCON 2017



It is our honor and privilege to extend an invitation to you to participate in the 1st state conference of Environment and child health group, Karnataka state scheduled to be held in the historic city of Vijayapur on September 3rd 2017.

Bearing the theme "Environment - Let's preserve and cherish"

Looking back on the journey, embracing the future", this year's conference will be a special occasion for the Environment and child health group in celebration of 1st state conference.

We hope you will take this opportunity to plan and attend the conference to share, celebrate and together create a new history for the Environment and child health. The organizing committee is gratified to have a line-up of highly renowned speakers consists of experts who agreed to shed light on research and issues that shape our Environmental issues. Various programmes consisting of keynote, scientific sessions have been assembled. Additionally, there will also be opportunities for students, researchers and practitioners to share their research and contribution towards the success of our professions through oral and poster presentations.

We hope this conference will offer participants a platform to exchange ideas, discover novel opportunities, reacquaint with colleagues, meet new friends and broaden their knowledge.

The local organizing committee members from BLDE University, Vijayapur and IAP Vijayapur are looking forward to welcoming you at the conference in Vijayapur.

Dr S V Patil

Dr Vinod H Ratageri

Founder President
Environment and Child Health Group,
Karnataka State



Dear Seniors and Colleagues

On behalf of executive board members and office bearers of environment and child health group Karnataka state, welcome you all for **KAR ENRICHON 2017**, first ever state conference on environment and child health jointly organized by **BLDE** University, Department of Pediatrics, Environment and Child Health Group, Karnataka State, IAP Vijayapur and IAP Karnataka State and that a souvenir is being published on this occasion.

The theme chosen for the conference is of topic of interest. **“Environment – Lets preserve and cherish”**.

The World Health Organization estimates that 24% of the global burden of disease today and 36% of all diseases among children 0 to 14 years of age attributable to harmful exposures in the environment. Across the globe more than five million children die each year from diseases linked to the environment. Millions more have developmental problems caused by exposure to environmental hazards. I am sure this conference will provide an overview of the problems and potential ways that pediatricians can become involved.

I congratulate the Organizers specially Dr M M Patil, organizing secretary and Dr S V Patil Chairman for providing a platform for this interaction through this Conference. I have no doubt that the suggestions made by the speakers to prevent and control various diseases linked to environment will be well taken and implemented by the concerned authorities.

I wish the Conference a great success. Yours in Academy

Dr Vinod H Ratageri

Dr.M.M.PATIL

Organizing Secretary
KAR ENRICHCON- 2017



Dear friends,

It is a matter of immense honor and privilege to extend my greeting to all for KAR ENRICHCON –2017, the First State Conference of Environment and Child Health Group, IAP Karnataka State Chapter , with innovative theme “ ENVIRONMENT –LETS PRESERVE AND CHERISH” a first of its kind in the historical city of Vijayapura.

This conference will provide a bridge for Child Health and Environment issues, for which our children are most vulnerable. The conference will also provide an ample opportunity to discuss the recent trends with renowned national and international faculty.

The organizing committee has worked very hard to make your visit a memorable one and a good learning experience. I thank all the organizing committee members for making this event successful. My sincere and warm regards to one and all.

Dr.M.M.PATIL

Dr B.B.Lakhkar

Professor, Pediatrics
Shri BM Paytil Medical College hospital
and research Centre Vijayapur
Chief Editor, ENKACH
News Bulletin OF ECHG Karnataka state Chapter)



It is really a great pleasure to know that department of Pediatrics of BLDE University Shri BM Patil Medical College is organizing First Karnataka state conference of Environment and Child Health Group, of Indian Academy of Pediatrics. The organizing committee is shouldering a very important responsibility of emphasizing the environment with a theme of “Environment – Lets preserve and cherish”.

We know now that many illnesses have their roots in environment, this conference is a small effort to improve the awareness about this problem and available solutions. Discussions throughout the conference will culminate in the development of a new action strategy for environment related health problems & efforts to overcome them. I take an opportunity to welcome all the learned speakers, delegates, academicians and students for this conference and wish them a pleasant stay in Vijayapur.

I am sure at the end of this conference we will have answers to many so far unanswered questions about the environmental hazards and problems .I wish all the best to this conference and also congratulate the organizing team for this mammoth task.

Dr B.B.Lakhkar

From the desk of the editor



We welcome you all to the historical city of Vijayapura.

Here is the souvenir of KAR ENRICHCON2017, for all to cherish the event.

This is our first state conference of Environment and Child Health Subspeciality of Indian Academy of PEDIATRICS, with the theme “ENVIRONMENT, LETS PRESERVE AND CHERISH.” Environmentally sensitive issues with respect to the developing child are to be highlighted, and the conference should guide us appropriate action to be taken to preserve, protect and promote environment and child health.

The souvenir has the abstract of the papers presented, and posters displayed.

I would like to express my heartfelt gratitude towards all who contributed with time, personal contributions, finance, moral support and encouragement to the organizing team of KAR ENRICHCON2017

DR. Raghavendra. H. Gobbur

Chairman

Souvenir Committee

KAR ENRICHCON2017

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PREFACE

Environmental health issues are the need of hour for the modern day world and need the dynamic participation of all sections of society to make the world a better living place now and for future generations. The most vulnerable group of these harms is our children as these affect every aspect of child's present health and future wellbeing.

With its timely theme of “**environment - “let's preserve and cherish”**” the first state conference of Environment and Child Health Group KAR ENRICHCON was, by every measure a tremendous success in bridging the gaps in many environmental health issues.

In welcoming more than 160 delegates and 16 eminent faculties from around the Karnataka, the **KAR ENRICHCON** provided a multitude of opportunities for Pediatricians and researchers to learn, discuss, network and broaden their horizons on environmental health. Almost all the Pediatricians of the north Karnataka with majority from districts of Vijayapura, Bagalkot and Dharwad explored the event.

Through oral and poster presentations, workshops and scientific sessions, an abundance of actionable insights, relevant information and inspiring perspectives were shared with a highly engaged audience. **KAR ENRICHCON 2017** scored a direct hit—both in meeting expectations and in advancing the discussion for environmental health hazards in the 21st century. Conference also generated 2 KMC credit hours for its participants for its meaningful medical education.

In addition to the wealth of recent scientific information and discussion that the KAR ENRICHCON also had **preconference workshop FAST** for training the teachers and parents with first aid skills as they immediate rescuers in event of accident.

We hope the KAR ENRICHCON 2017 will not only serve as a reminder of the important work and research done in environmental issues, but also continue to push the vital goal of preserving and cherishing the environment.

APPROACHES ADOPTED IN CONFERENCE PROGRAM:

The main conference agenda had been charted out by the conference's scientific committee with the sessions that range from known environmental issues to modern day issues like e-waste. It included four plenary sessions, up to 17 topics strands with parallel sessions of oral paper presentation, poster presentation and quiz for practicing Pediatricians and an accompanying exhibition by **Major Pharmaceutical Companies like Sun Pharma, IPCA and Meyer Pharma.**

GOAL & OBJECTIVES:

To equip our pediatricians to close the gaps in many environmental health issues, this conference being organized with the theme “Environment - “Lets preserve and cherish”. We have eminent faculties who will be deliberating on important environmental issues related to children's health. The scientific committee has charted out sessions that range from known environmental issues to modern day issues like e-waste.

IDENTIFICATION OF ISSUES FOR CONFERENCE:

Environmental health issues are in need of enthusiastic engagement by pediatricians. Not only children are uniquely vulnerable to environmental harms, but these harms affect potentially every aspect of child's present and future health and wellbeing.

PRECONFERENCE WORKSHOPS

Workshop No 1: Emergency Preparedness For Teachers, Parents And Students

Date: 2nd September 2017

Time: 8.00 AM- 5.00PM

Venue: Med Education Hall (Hall A) and Surgery Seminar hall (Hall B), 2nd Floor hospital building
BLDEU Shri BM Patil Medical College Hospital Vijayapur

FACULTY:

1. Dr Chetan Ginigeri : Consultant Pediatric Intensivist ASTER CMI Hospital Bangalore
2. Dr Aravind Anand : Pediatric Intensivist & Neonatologist ASTER CMI Hospital Bangalore
3. Dr Naveen H T : Orthopaedician ASTER CMI Hospital Bangalore
4. Dr Raghavendra Vanaki : Intensivist SNMC Bagalkot
5. Dr SR Fattepur : Pediatrician KIMS Hubli

BENEFICIARIES:

Teachers, Police personnel and CDPO.

Highlights:

Hands on training - Trauma/Common surgical emergencies ☑

First aid drill - Common medical emergencies ☑ simulations, Common environmental emergencies

Workshop No 2: Workshop for Parents

Date: 2nd September 2017

Time: 10.00AM to 11.30AM

Venue: Lecture Hall 1(Hall C), 2nd Floor, Hospital Building, Shri BM Patil Medical College Hospital
Vijayapur

Faculty:

1. Dr Chetan Ginigeri : Consultant Pediatric Intensivist ASTER CMI Hospital Bangalore
2. Dr Aravind Anand : Pediatric Intensivist & Neonatologist ASTER CMI Hospital Bangalore
3. Dr Naveen H T : Orthopaedician ASTER CMI Hospital Bangalore
4. Dr Ravi Kumar : Pediatric Neurologist ASTER CMI Hospital Bangalore

BENEFICIARIES: Parents.

Highlights: Safety at home ,Effect on Noise on Child development, Digital Media and ill effects

Scientific Programme; 3rd September 2017

Hall A Auditorium (Library Building)

Registration and Breakfast.			
Time	Topic	Speaker	Chair Person
8am-9am			
9.00 to 9.20 am	Endocrine Disruptors: the concealed trouble makers	Dr. Kumar Angadi, Pediatric Endocrinologist	Dr. A N Thobbi HOD Pediatrics AMC Vijayapur
9.20 to 9.40 am	Substance abuse and Adolescents	Dr. Ramesh Bajania Consultant Pediatrician, Ahmedabad	Dr. Renuka Patil Consultant Pediatrician
9.40 to 10.00 am	Safety of children in an Adult Environment Calls for better understanding.	Dr. Chethan dingeri Intensivist, Aster CMI Hospital, Bangalore	Dr Govind Benakatti, Intensivist, Vijayapur
10.00 to 10.20 am	Anaphylaxis Saving The life	Dr. Jaydev, Assistant Prof Pediatrics Cather Muller Medical College, Mangalore	Dr Ramesh Pol Prof Pediatrics SNMC Bagalkot
10.20 to 10.40am	Dealing With Dermatitis And Causative Allergens	Dr. Aparna Palit Professor, Dermatology SBMPMC & RC, Vijayapur	Dr AB Talikoti Prof Pediatrics AMC Vijayapur
10.40 to 11.00 am	Sneezing A Nuisance Environmental Contribution	Dr Suresh Babu, Professor Pediatrics Davangere	Dr Latadevi Prof ENT SBMPMC

11.00 am to 11.30 am	Inauguration
11.30 to 11.40 am	Tea Break

SESSION 2			
11.40 to 12.00 pm	Air Pollution Is Not A Joke, Can Make U Choke	Dr H Paramesh Consultant Pulmonologist, Bangaluru	Dr. AS Akki Prof Pediatrics, SBMP MC
12.00 pm to 12.20 pm	Unintentional childhood injuries-cause for concern	Dr Ravishankar Secretary IAP Karnataka State	Dr Srikanth S W Vice- Principal, MRMC
12.20pm to 12.40pm	E-waste a growing concern in today's environment	Dr. Salim Khatib Consultant Pediatrician, Bangalore	Dr. Sharan Badiger Prof Medicine, SBMP MC
12.40 to 1.00 pm	Pesticide and effects on child health	Dr Kotturesh HV Pediatrician, Shivamogga	Dr. Ashok Badakali Prof Pediatrics SNMC Bagalkot
1.00 to 1.20 pm	Digital Media- A Boon Or Bane	Dr. Ravi kumar, Pediatric neurologist	

1.20 to 2.00 pm LUNCH

SESSION 3			
2.00pm to 2.20pm	Cosmetic Sprays Effects on child health	Dr Shashikiran Asst Prof, Pediatrics, MMC Mysore	Dr. T A Shepur, Former director GIMS, Kalburgi
2.20pm to 2.40 pm	Second Hand Smoking	Dr Durgappa H Professor, Pediatrics VIMS Bellary	Dr Sarvabhoom Bagali Consultant Pediatrician , Indi
2.40 pm to 3.00 pm	Air Quality Standards In Tropical Countries	Dr Somashekhar, Professor, MS Ramaiah Medical College Bengaluru	Dr. Ravi Nagapur Prof pediatrics AMC Vijayapur
3.00pm to 3.20pm	Food Packing With Toys- Health Issues	Dr. Shivanand I Assoc Professor, Pediatrics KIMS Hubballi	Dr. S M Shiruguppi, Consultant Pediatrician
3.20 to 3.30 pm Tea break			

SESSION 4			
3.30pm to 3.50 pm	Global climate change and impact on vector borne diseases	Dr Vinod H Ratageri Professor, Pediatrics, KIMS Hubballi	Dr. Shailaja Patil HOD PSM, SBMP MC
3.50 pm to 4.10 pm	Plastic- An Environmental Scare	Dr R H Gobbur Professor, Pediatrics, SBMPMC & RC, Vijayapur	Dr Rajesh Patil Consultant Pediatrician, Almel
4.10 PM to 4.30PM Valedictory function			

Hall B Demonstration Hall, Forensic Medicine

10.00 am to 11.00am	Paper Presentation	JURY -Dr Durgappa H JURY-Dr SR Fattepur
2.30 PM to 3.30 PM	Quiz Competition for practicing Pediatricians.	Dr. Bhavana Lakhkar Prof Pediatrics Quiz Master Dr. Ravi Baradol Quiz coordinator Ph:9535113460

DAY- 1 PRECONFERENCE WORKSHOPS

A. FAST WORKSHOP

It was organized by BLDE University, Vijayapur in association with department of pediatrics, Shri B M Patil medical college and hospital and Aster CMI, Bangalore.

Accidents can happen anytime, anywhere and to anyone, children being more prone to accidents. Everyday around the world, the lives of more than 2000 families are torn apart by loss of a child to unintentional injury or so called accident that could have been prevented and treated by trained personnel. Hence the need to train the immediate first aid providers i.e. Teachers and parents regarding child safety and first aid. This responsibility taken by department of pediatrics, BLDE University, Vijayapur. The session began with a pretest for all the delegates.

- Registration of the delegates started at 7:45 am. 50 delegates registered and participated enthusiastically. Participants were school teachers from various schools in Vijayapur.
- Registration was followed by breakfast and tea.
- Inauguration function started at 8:30 am. The following dignitaries were called upon the dais Dr S V Patil(HOD, Department Of Pediatrics), Dr Chetan Gingeri, Dr Prachal, Dr Arvind Anand, Dr Fathepur, Dr Ravikumar
- This function commenced with the auspicious gesture of watering the plant by the chief guests which symbolizes our responsibility towards environment and dedication to the theme of lets preserve and cherish.
- Following this we had introductory speech by eminent faculty Dr Arvind Anand.
- The list of events carried out in the workshop is as follows.

- 1. Anticipatory guidelines to parents and teachers:** Delegates had orientation towards various accidents that the children were prone. They were made aware of the magnitude of problem and why are children more prone to accidents .they were also enlightened about the target areas of accidents where accidents can be anticipated .they were given conceptualization regarding poisoning, drowning , burns ,choking episodes and road traffic accidents and how to avoid exposure to these hazards.
- 2. Pediatric first aid for caregiver and teacher:** As teachers and parents are immediate caregivers of accidents for children it becomes the need of hour to train them. Delegates were enlightened with first aid protocols for various emergencies condition. They were made aware of the various emergency encounters, how to identify danger signs and first aid techniques to resolve them
- 3. Hands on training: BLS practice with video and competency testing:** Delegates had hands on training experience on basic life support program. Procedures were demonstrated on mannequins followed by whom the participants themselves tried the procedures on the mannequins. Participants participated with zeal by involving themselves and clearing many of their doubts.



Resuscitation being demonstrated along with visual aids.

- 4. Common medical emergency simulation.** Delegates were up skilled about the various medical emergencies - heat stroke, drowning, burns, inhalational injuries, bites and stings its recognition and management. They were given case scenarios and medical emergency simulation was carried out.

All the sessions had passionate participation by delegates and the responsibility of training them was well served by dynamic faculty who were very much dedicated. Program was concluded by a post test and feedback from all the delegates



Delegates who attended FAST workshop.

B. PARENT'S WORKSHOP

On 2nd September workshop was conducted for parents in lecture hall 1, organized by department of pediatrics BLDE in association with aster CMI.

110 participants registered, which included parents, teachers and nursing staff. Inauguration function began at 10:00am. The guests of honor were Dr SV Patil, Dr Chetan Gingeri, Dr. Ravikumar.



Introductory speech was given on child safety by Dr S S Kalyanshettar, Professor, Shri B M Patil Medical College and Hospital, Vijayapur.

Child safety is the matter of great responsibility. Children are innocent to understand danger. The parents were made aware about various

accidents and hazards that the children are exposed to in the environment.

The session was as follows:

- 1. Anticipatory guidelines to parents and teacher** – By Dr. Chetan Gingeri They say prevention is better than cure. To prevent we need to anticipate. To anticipate the various accidents was very well simplified and guidelines were provided.
- 2. Noise pollution and hazards of digital media** – By Dr Ravikumar Era of digital media has been boon as well as havoc for the young minds. The concept of noise pollution and digital media was made more comprehensible. Parents had active interaction with the faculty and enthusiastically involved them.



Feedback: Many of them suggested that such lectures should be given in every area as many of them were unaware of what has to be done during accidents and how it can be prevented.

DAY-2 SESSION 1

Participants started with a perplexing plenary delivered by Dr.Kumar Angadi, Pediatric Endocrinologist on **“ENDOCRINE DISRUPTORS: THE CONCEALED TROUBLE MAKERS”** where minute chemicals found in many household and industrial products in the form of enzymes and hormones impacted the child's health.

Talk-1:

“SUBSTANCE ABUSE AND ADOLESCENTS” by Dr.Ramesh Bajania, Consultant Pediatrician from Ahmadabad who made aware that being a teenager and raising a teenager are individually, and collectively, enormous challenges and impact of substance abuse on health. We had Dr.A.N.Thobbi HOD Pediatrics AMC and Dr.Renuka Patil Chairing this session.

Talk-2:

“SAFETY OF CHILDREN IN ADULT ENVIRONMENT: CALLS FOR BETTER UNDERSTANDING” by Dr. Chethan Gingeri, Intensivist, Aster CMI Hospital, Bangalore. Followed this there was contemplative session on ANAPHYLAXIS saving life by Dr.Jaydav from Father Muller Medical College, Mangalore. Above two sessions were chaired by Dr. Govind Benakatti and Dr.Ramesh Pol

Talk-3:

On dealing with **DERMATITIS AND CAUSITIVE AGENTS** by Dr. Aparna Palit, dermatologist, Shri B M Patil Medical College and Hospital, Vijayapura. One of the eminent speakers of Karnataka, Dr.Suresh Babu enlightened the program with his topic SNEEZING-A NUISANCE ENVIRONMENTAL CONTRIBUTION. Dr.A.B.Talikoti chaired this session

INAUGURAL SESSION:

The grace of conference was lightened by inaugural session with the responsible gesture of watering the plant by patrons of conference Dr.M.S.Biradar, Vice Chancellor, BLDE University. Dr.H.Paramesh, Environmentalist and Pediatric Pulmonologist, Bangalore and Dr.L.H.Bidari, senior pediatrician, Vijayapur, KMC observer. Other members of organizing committee also graced this event. Dr.M.B.Patil, President BLDE University, Chief Patron sent his best wishes for the conference.



1. The following talks were conducted in Session 2 & 3:

- Dr H Paramesh, Consultant Pulmonologist, Bangalore, spoke on **“AIR POLLUTION, NOT A JOKE, CAN MAKE U CHOKE”**, stressed on setting guidelines for air pollution.
- Dr Ravishankar, Secretary IAP, Karnataka spoke on **“UNINTENTIONAL CHILDHOOD INJURIES- CAUSE FOR CONCERN”**, categorized injuries and highlighted on strategies for injury prevention.
- Dr Salim Khatib, Consultant Pediatrician gave a speech on **“E – WASTE A GROWING CONCERN”**.
- Dr Kotturesh H V, immediate past president IAP, Karnataka state narrated on **“PESTICIDE AND EFFECTS ON CHILD HEALTH”**.
- Dr Ravi Kumar. Pediatric neurologist from ASTER CMI, Bangalore spoke on **“DIGITAL MEDIA, A BOON OR A BANE”**. He cautioned the delegates about the new threat to the world: BLUE WHALE game.
- Dr Durgappa H , Professor, VIMS , Bellary spoke On **“SECOND HAND SMOKING”**.
- Dr Somashekar , Professor MS Ramaiah medical college, Bangalore gave a talk on **“AIR QUALITY STANDARDS IN TROPICAL COUNTRIES”**.
- Dr Shivanand, associate professor, KIMS Hubli talked on : **“FOOD PACKING WITH TOYS- HEALTH ISSUES”**.



- Dr Vinod Ratageri, Professor, KIMS, Huballi: **“GLOBAL CLIMATE CHANGES AND IMPACT ON VECTOR BORNE DISEASES”**.
- Dr R H Gobbur, Professor, Shri B M Patil Medical College, Vijayapura spoke on **“PLASTIC AND ENVIRONMENTAL SCARE”**.

2. PARALLEL SESSIONS:

The conference had set remarkable platform for young minds to share their research work in the form of paper and poster presentations. 20 oral papers were presented by post graduates of various medical colleges. First three best papers were awarded with certificates and prizes. Total of nine posters were displayed by the post graduates, best two were awarded.

3. QUIZ COMPETITION FOR PRACTICING PEDIATRICIANS:

We had quiz competition for practicing Pediatricians for the first time in the any conference. We had zealous participation by many Pediatricians. The quiz proved the academic feast for participants and audience with its mind stimulating and smart questionnaires conducted by Proficient Quiz Master Dr. Bhavana Lakhkar and Dr Ravi Bardol.

E-Waste: a growing concern in today's environment

Salim A Khatib Consultant Pediatrician,
Lakeside Hospital Bangalore



Introduction

In the past two decades the global market of electrical and electronic equipment (EEE) continue to grow exponentially. The increased use of electronic products in our daily life has resulted in a new form of waste namely, Electronic-waste or „E-waste . New challenge of „Waste Electrical and Electronic Equipment (WEEE) is receiving considerable amount of attention by the policy makers.

Consequently, WEEE grows rapidly every year and is also believed to be one of the most critical waste disposable issues of the 21st century. These hazardous and other wastes pose a great threat to the human health and environment. The issue of proper management of wastes thus becomes critical to the protection of livelihood, health and environment

Definition

OECD

“any appliance using an electric power supply that has reached its end-of-life”

(UNEP 2002)

EUROPEAN COMMISSION

“waste electrical and electronic equipment (WEEE) including all components, sub-assemblies and consumables, which are part of the product at the time of discarding”

(Commission Directive 2002/96/EC)

E –Waste Global Scenario

Switzerland is the first country to implement the organized e- waste management in the world. Advanced countries like USA, UK, France & Germany generate 1.5 to 3.0 million tons of e- waste annually and are among the largest generation of e-waste. But these countries have standardized e –waste management process in place. In 2006, the International Association of Electronics Recyclers (IAER), projected that 3 billion electronic and electrical appliances would become WEEE or „E-waste by 2010. That would tantamount to an average „E-waste

generation rate of 400 million units till 2010. . Globally, about 20-50 MT (million-tones) of „E-waste is disposed off each year, which accounts for 5% of all municipal solid waste.

E-Waste Indian Scenario

It is estimated that out of 50 MT of „E-waste caused globally every year, India alone contributes 0.8MT

Quantity of WEEE (Waste Electrical and Electronic Equipment) generated annually in Indian States

Sr. No	State/UT	WEEE (tones)	Sr. No	State/UT	WEEE (tones)
1.	Andaman and Nicobar Islands	92.2	17.	Karnataka	9118.7
2.	Andhra Pradesh	12780.3	18.	Kerala	6178.8
3.	Arunachal Pradesh	131.7	19.	Lakshadweep	7.4
4.	Assam	2176.7	20.	Madhya Pradesh	7800.6
5.	Bihar	3055.6	21.	Maharashtra	20270.6
6.	Chandigarh	359.7	22.	Manipur	231.7
7.	Chhattisgarh	2149.9	23.	Meghalaya	211.6
8.	Dadra and Nagar Haveli	29.4	24.	Mizoram	79.3
9.	Daman and Diu	40.8	25.	Nagaland	145.1
10.	Delhi	9729.2	26.	Orissa	2937.8
11.	Goa	427.4	27.	Puducherry	284.2
12.	Gujarat	8994.3	28.	Punjab	6958.5
13.	Haryana	4506.9	29.	Rajasthan	6326.9
14.	Himachal Pradesh	1595.1	30.	Sikkim	78.1
15.	Jammu and Kashmir	1521.5	31.	Tamil Nadu	13486.2
16.	Jharkhand	2021.6	32.	Tripura	378.3
			33.	Uttar Pradesh	10381.1

Source: *WEEE Assessment 2005*

In India most of the activities like collection, transportation, segregation, dismantling, etc., are done manually by unorganized sectors. Being a rich source of reusable and precious material, E waste is also a good source of revenue generation for many people in India. The big portion (rag pickers)

of the Indian population earn their livelihood by collecting and selling the inorganic waste-like plastics, polythene bags, glass bottles, cardboards, paper, other ferrous metals, etc. In the year 2011 the total „E-waste generation was 484515 MT, accounting for 84610 MT increase in „E-waste from that in 2009 and in 2012 the amount of „E-waste generated was 0.8 MT, almost double from that in 2011, thereupon depicting an alarming trend of „E-waste generation in India.

“E-waste” concerns and challenges

- No proper authority to study at the amount of „E-waste generated domestically and by imports.
- Lack of awareness amongst the manufacturers and the consumers about the hazards of „E-waste
- Major portion of the waste/ E-waste is processed by the informal (unorganized) sector using basic rudimentary techniques which results in severe environmental damage and other health hazards
- Inefficient recycling processes.
- Lack of proper implementation and enforcement mechanism for the recently formulated “E-waste” (Management and Handling) Rules, 2011.

Legislations regulating Waste Management in India: An Overview

The Central Government in exercise of its powers conferred to it under the provisions of Environment Protection Act, 1986 and/or otherwise has issued the following notifications in relation to hazardous waste:

1. Hazardous Wastes (Management and Handling) Rules, 1989
2. MoEF Guidelines for Management and Handling of Hazardous Wastes, 1991
3. Guidelines for Safe Road Transport of Hazardous Chemicals, 1995
4. The Public Liability Act, 1991
5. Batteries (Management and Handling) Rules, 2001
6. The National Environmental Tribunal Act, 1995
7. Bio-Medical Wastes (Management and Handling) Rules, 1998
8. Municipal Solid Wastes (Management and Handling) Rules, 2000
9. The Recycled Plastic Manufacture and Usage (Amendment) Rules 2003.
10. Guidelines For Environmentally Sound Management of „E-waste

11. Hazardous Waste (Management, Handling & Transboundary Movement) Rules, 2008.
12. Public Notice for All Generators, transporters and re-processors of „E-waste
13. Hazardous Waste Management Rules, 2008.
14. „E-waste (Management & Handling) Rules, 2011.

The Hazardous Wastes (Management and Handling) Rules, 1989 was introduced under Sections 6, 8, and 25 of the Environment (Protection) Act of 1986 (referred to as “HWM Rules, 1989”). The HWM Rules, 1989 provides for the control of generation, collection, treatment, transport, import, storage and disposal of wastes listed in the schedule annexed to these rules. The HWM rules are implemented through the various Pollution Control Boards and Pollution Control Committees in the states and union territories respectively

One of the major international agreements on the Transboundary movement of hazardous waste is the Basel Convention on the Control of Transboundary Movements of Hazardous Waste and Their Disposal with 170 signatories. The convention looks at a variety of related issues including generation and movement of waste, disposal, trade aspects etc. (Basel Convention on the Control of Transboundary Movements of Hazardous Waste and Their Disposal (1992))

In Bangalore, E-Parisaraa Pvt. Ltd, India's first Government authorized electronic waste recycler started operations from September 2005, is engaged in handling, recycling and reusing of Waste Electrical and Electronic Equipment (WEEE) in eco-friendly way. The initiative is to aim at reducing the accumulation of used and discarded electronic and electrical equipment's, which most end up in landfills or partly recycled in a unhygienic conditions by backyard recyclers and then partly thrown into waste streams damaging the environment. The objective of E-Parisaraa is to create an opportunity to transfer waste into socially and industrially beneficial raw materials like valuable metals, plastics and glass using simple, cost efficient, home grown, environmental friendly technologies suitable to Indian Conditions.

Health consequences of exposure to e-waste:

Studies from southeast China, evidence of a causal association between exposure to e-waste and health outcomes within the Bradford Hill framework. Outcomes associated with exposure to e-waste including change in thyroid function, changes in cellular expression and function, adverse neonatal outcomes, changes in temperament and behavior, and decreased lung function. Boys aged 8–9 years living in an e-waste recycling town had a lower forced vital capacity than did those living in a control town. Significant negative correlations between blood chromium concentrations and forced vital capacity in children aged 11 and 13 years were also reported. Findings from most studies showed increases in spontaneous abortions, stillbirths, and premature births, and reduced birthweights and birth lengths associated with exposure to e-waste. People living in e-waste recycling towns or working in e-waste recycling had evidence of greater DNA damage than did those living in control towns. Studies of the effects of exposure to e-waste on thyroid function were not consistent. One study related exposure to e-waste and waste electrical and electronic equipment to educational outcomes.

Although data suggest that exposure to e-waste is harmful to health, more well designed epidemiological investigations in vulnerable populations, especially pregnant women and children, are needed to confirm these associations.

Conclusion

- The Earth's natural resources are limited and hence we need to make sure that we preserve them, use carefully and cherish
- To eliminate landfill.
- To save mother Earth by preventing air, water and soil pollution.
- Implementation and enforcement mechanism for the recently formulated „E-waste (Management and Handling) Rules, 2011.
- To generate employment opportunity.

The fact that there is a huge chunk of E-waste being imported in India without much regulation, and that the present legislation does not address this issue makes the revision all the more necessary.

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11. The Hazardous Waste (Management and Handling) Rules, 1989
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BEST FREE PAPERS LIST OF BEST FREE PAPERS

No.	Name of the presenter	Title of presentation
OP01	Aishwarya patil, Department of Paediatrics, Mahadevappa Rampure Medical College, Gulbarga-585105, Karnataka, India.	Significance of lactate and its clearance within 6 hours of admission in children with sepsis and septic shock admitted to PICU
OP02	Bhanuprakash J, Vinod H Rategeri, Department of Pediatrics, Karnataka Institute of Medical Sciences Hubballi	Clinical Profile of Snake Bite in Children admitted in a Tertiary Hospital
OP03	Chidura Naveen, Sharangouda Patil, Kumar Angadi Department of Paediatrics, Mahadevappa Rampure Medical College, Gulbarga, Karnataka, India	Children with type 1 diabetes mellitus presenting with ketoacidosis in our teaching hospital: frequency, severity and clinical profile
OP04	G.Nirmala Co-ordinator (Research & Academics), BLDEU s Shri B.M.Patil Medical College, Hospital & Research Centre, Vijayapura, Karnataka	Problems of Adolescent Girls in Personal Health & Hygiene At KGBV Schools I Yadgir.
OP05	Gonesh Mevundi, Arundhati Patil, Sharanagouda Patil Department of Paediatrics, M. R. Medical College, Gulbarga, Karnataka	Effect of mean platelet volume in neonatal sepsis
OP06	Harsha, Basawaraj Patil, Sharanagouda Patil Department of Paediatrics, M. R. Medical College, Gulbarga, Karnataka	Spectrum of acute kidney injury in children admitted to pediatric intensive care unit

OP07	Himanshu. Adwani, ShilpaChandrashekaraiiah, Vinod H Ratageri Karnataka Institute of Medical Sciences, Hubballi, Karnataka	Castor seed menace: A Cross sectional study at a tertiary care centre
Op08	Keerthidarshini, SS Kalyanshettar, Bhavana lakhkar, SV Patil BLDEU s Shri B.M.Patil Medical College, Hospital & Research Centre, Vijayapura, Karnataka	Profile of childhood poisoning at a tertiary care centre in Vijayapur
OP09	Khodaijamahvish, Sadashiva B Ukkali, Ravi Naganoor Department of Pediatrics, Al- Ameen Medical College, Vijayapura, Karnataka	Comparative study of attitudes of adolescents studying in rural and urban junior colleges in Vijayapur towards social aspects of life
OP10	Mohammed Zeeshan Desai Post Graduate, Al-Ameen Medical Colege, Vijayapur	Correlation of serum IGE & AEC in pre-school children diagnosed with bronchial asthma
OP11	Sanjeevani Umarani, R.H.Gobbur Department of Paediatrics, BLDEU s Shri B.M.Patil Medical College, Hospital & Research Centre, Vijayapura, Karnataka	Rickettsial fever in children- clinical, laboratory profile and response to treatment: with proposed clinical scoring system
OP12	Satish Reddy, Apurva B, Roopa B Mangshetty, Sharangouda Patil Department of Paediatrics, M. R. Medical College, Kalaburagi, Karnataka, India	Study of sleep problems and its impact on scholastic performance in school going children
OP13	Mohd Shannawaz, Laxmi Tellur Department of Community Medicine, BLDEU s Shri B.M.Patil Medical College, Hospital & Research Centre, Vijayapura, Karnataka	Sex ratio in Karnataka: The persisting concern
OP14	Sharath Keerthy, Bhavana Lakhkar, S V Patil Department of Pediatrics, BLDEU s Shri B.M.Patil Medical College, Hospital & Research Centre, Vijayapura, Karnataka	Environmental health hazards in and around Vijayapur

OP15	Varsha Lakshman, Vinodh H Ratageri, Karnataka Institute of Medical Sciences, Hubballi, Karnataka	Clinical profile of pesticide poisoning in children
OP16	Sadgunraju, M. M. Patil, S V Patil Department of Pediatrics, BLDEU s Shri B.M.Patil Medical College, Hospital & Research Centre, Vijayapur, Karnataka	Scorpion sting envenomation, Vijayapur experience: New observations
OP17	<u>Laxmi Tellur</u> , M. C. Yadavannavar, Dept of Community Medicine, Shri B. M. Patil Medical College, Research Center and Hospital, Vijayapur.	Water, Sanitation and Hygiene (WASH) in the Government Primary Schools of Vijayapur city
OP18	Mridusmita Nath, Shrikant S.W. Department of Paediatrics, Mahadevappa Rampure Medical College, Gulbarga, Karnataka	Association of serum vitamin d levels with severity of acute respiratory tract infections in children between 2 months to 5 years of age

Significance of lactate and its clearance within 6 hours of admission in children with sepsis and septic shock admitted to PICU

Aishwarya patil, Department of Pediatrics, Mahadevappa Rampure Medical College, Gulbarga, Karnataka, India.

Introduction: Hyperlactemia indicates inadequate tissue perfusion and reflects the severity of illness particularly in septicemia and shock due to sepsis. Lactate is a product of anaerobic cellular metabolism that occurs due to poor oxygen delivery to tissues due to septic shock, various studies have established the use of lactate as a prognostic marker of global tissue hypoxia in circulatory shock. Lactate clearance is the rate of fall in lactate after resuscitation is started and has shown promising results in predicting mortality in patients with sepsis. we studied the significance of lactate and its clearance within 6 hours of admission could help predict the mortality in patients with sepsis.

Aims and Objective: (1) To measure the serum lactate levels in patient with sepsis and septic shock. (2) To determine and correlate lactate clearance within 6 hours of admission with sepsis and septic shock, with PICU mortality.

Methods: Admission to PICU (aged >2months and <18yrs) were studied between 2015-2016 after obtaining written informed consent from parents. Serum lactate estimation was done at admission and 6 hours after admission, lactate clearance (lactate level at admission – lactate level after 6 hours of admission / lactate level at admission *100) in first 6 hours of hospitalization was correlated with PICU mortality.

Results : 27 out of 55 patients admitted to PICU died due to sepsis and septic shock, 69% died among those with delayed / poor clearance

(clearance<30%) compared to 30% in those with good lactate clearance and 0.1% died despite good lactate clearance and 9.2% improved despite poor lactate clearance.

Conclusion: Lactate levels and its clearance within 6hours of admission predict significantly the mortality in PICU in patients admitted with sepsis and septic shock.

Clinical Profile of Snake Bite in Children admitted in a Tertiary Hospital

Bhanuprakash J, Vinod H Rategeri, Department of Pediatrics, KIMS, Hubballi

Introduction: Incidence of snakebite is high in rural parts of India, but reliable epidemiological data of Pediatric age group is scantily available from the rural tropics. Data regarding number of bites, envenomation, deaths and on the frequency of long term sequel due to snake bites are essential for assessing the magnitude of the problem, planning healthcare and to create awareness of the problem. This study is to know the incidence and clinical profile of snakebite in Pediatric age group in a tertiary hospital catering mostly rural population in north Karnataka.

Objective: To study the clinical profile of patients admitted with snake bite in Pediatric ward in KIMS, Huballi

Materials and Methods: This was a hospital-based retrospective descriptive study conducted from January 2016 to December 2016 at KIMS Hospital, Hubballi. Study included children less than 12yrs of age admitted in Pediatric ward. Demographic data, the type of snake, severity of envenomation, time periods where the bites occurred, common symptoms suggestive of hemotoxicity, myotoxicity and neurotoxicity and; local symptoms was including conditions of wounds and recovery progress.

Results: Total number of cases included in the study were 24. Most common age group affected was 6-12 yrs (75%). Male children outnumber females (ratio 2.4:1). All children were from rural areas. Snake bites were more common in the months of February to May. The commonest symptom was pain and swelling at the bite site (54.1%) followed by

bleeding manifestations (37.5%). All bites were on the extremities. 51.3% of the patients got admitted within 6 hours of bite. Mean time for bite-to-hospital and bite-to-injection of anti-snake venom (ASV) was 5.4 hours and 5.5 hours respectively. Most common complication encountered was cellulitis followed by neuroparalysis. The mean time of bite-to-hospital was 8.1 hours in patients with cellulitis, which was maximum compared to other complications developed after bite. Mean duration of hospital stay was 5.2 days. Out of 24 patients, 19 (79.1%) had received ASV, of which 17 had improved and 2 expired. 3 children required mechanical ventilation. Case fatality rate was 8.3%. Cause of deaths were neuroparalysis and cardiotoxicity manifested as variable heart rate, signs of congestive heart failure and pulmonary oedema.

Conclusion: The most common symptom was pain and swelling in the bite site followed by bleeding manifestations. Commonest complication was cellulitis and the mean time of bite-to-hospital is more in patients with cellulitis compared to patients with other complications.

Children with type 1 diabetes mellitus presenting with ketoacidosis in our teaching hospital: frequency, severity and clinical profile

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Gulbarga, Karnataka, India.

Introduction: Diabetic ketoacidosis (DKA) has significant morbidity and mortality. Frequency varies, approximately 15% to 75%, depending on the regional awareness in the community. Reductions in the frequency of DKA have been reported when efforts have been made to educate the medical community and school personnel.

Aims & objectives: To identify & describe the frequency and severity of DKA at diagnosis of type 1 diabetes mellitus in children in our hospital, & create awareness among community.

Materials & methods: A retrospective study with Hospital records of diabetic children less than 16 yr of age, diagnosed during the period of January 2015–july 2017 were reviewed. DKA was defined as blood glucose > 11 mmol/L, pH < 7.3, and/or bicarbonate < 15 mmol/L with ketonuria. Mild defined as pH b/w 7.25-7.35, moderate b/w-7.15-7.25, severe as pH <7.15.

Results: Total newly diagnosed cases are 35. 46% of children had DKA at diagnosis of Diabetes mellitus-1. Of them Mild are 11.9%, moderate are 23.8%, severe dka are 64.3%. Most common symptoms associated are polyuria, abdominal pain, hurried breathing.

Conclusion: The majority of the newly diagnosed patients with T1DM presented with DKA could be due to non specificity of symptoms & lack of awareness and indicates greater necessity of medical alertness for this diagnosis.

Problems of Adolescent Girls in Personal Health & Hygiene At KGBV Schools | Yadgir.

G.Nirmala

Co-ordinator (Research & Academics),

BLDEU s Shri B.M.Patil Medical College, Hospital & Research Centre,
Vijayapura, Karnataka.

Introduction: Kasturiba Gandhi Balika Vidhyalaya is a residential School which covers the drop out girls belonging to the deprived section, predominantly SC, ST, OBC and minority groups. This is an intervention for girls residing in small and scattered habitations far off from the nearest school. The schooling is provided from 6th std to 10th std. The children of the age group 11 to 16 years stay in the KGBV. Most of the girls are from migrant families, families having problems in care giving and from families belonging to poor households.

It is observed that even through the Government provides number of schemes and facilities to KGBV; the implementation is far below the standards. There are no specific teachers to guide adolescent girls with respect to Health & Hygiene. The training to deal with the problems of adolescent girls is not provided to Teachers. Menstruation and menstrual practices are still clouded by socio-cultural restrictions resulting in adolescent girls remaining ignorant of the scientific facts and hygienic health practices and dropping out the school. The study was undertaken to understand the problems faced by the girls at KGBV with respect to personal health and hygiene.

Objectives: (a) To know the awareness about health and hygiene among adolescent girls at KGBV school, (b) To understand the real problems faced by the girls related to health and hygiene, (c) To explore the support

provided by other stakeholders (Warden, teachers, health inspectors etc) in the KGBV residential school.

Results: In three KGBV schools at Yadgir, Shahapur, Shorapur blocks, wherein 150 students were interviewed with personal interview schedule (20 girls from each class-6,7,8,9 and 10). Data was also collected from 5 teachers, 3 wardens and 2 physical education teachers with personal interview schedule. The findings indicate that: (a) most of the girls in the KGBV are not aware about the menstrual hygiene, (b) so far there were no frequent and regular health and hygiene related problems in these schools for students, (c) most of the girls are not aware about the nutritional content of the food provided at KGBV, (d) most of the girl are not aware about child rights and right of the education, (e) students face lack of emotional support by the teachers at the time of menstrual related issues. The study also finds that girls living together in a large room affect their personal emotions: there is a dearth of literature available at the KGBV Schools about health and hygiene. The knowledge among teachers about health and hygiene related issues are poor. There were no training on counseling skills for teachers and students. There are many unsafe practices of personal hygiene such as using not using sanitary pads; irregularity in the menstrual period and not consulting doctors during the menstrual relates problems. The practice resembles untouchability is seen in the school among various categories of the girls.

Conclusion is that personal health & hygiene is a very important knowledge required for adolescent girls as it is the most risk factor in their life. Hence, educating the adolescent girls on this issue is equally important. Many of the health problems occurring in adolescents need only friendly, personal and confidential advice and faith from teachers, wardens at school. Lack of privacy is an important problem. In resource poor contexts, where girls do not have access to basic facilities such as water, bathroom and privacy, the standard of hygiene on can maintain is severely compromised. Thus, the above findings reinforce the need to encourage safe and hygienic practices among the adolescent girls and bring them out of misconceptions and restrictions regarding menstruations.

Effect of mean platelet volume in neonatal sepsis

Gonesh Mevundi, Arundhati Patil, Sharanagouda Patil

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Introduction: Sepsis is one of the major cause of morbidity and mortality in neonatal period. In our study we assess the utility of mean platelet volume as a marker of neonatal sepsis.

Aims and objective: (1) To know whether neonatal sepsis is associated with change in mean platelet volume (MPV). (2) To verify if there are any significant differences in mean MPV between gram positive and gram negative sepsis.

Material and methods: (a) Type of study: Prospective study. (b) Study subjects: Neonates admitted in basaveshwar and sangameshwar hospital NICU attached to M R Medical college kalaburagi between January-2016 to December-2016 with culture positive sepsis. Neonates with clinically suspected sepsis were screened for CBC, CRP, platelet count, MPV and blood culture. Neonates with culture proven sepsis were included in the study and changes in the MPV in the setting of gram positive and gram negative sepsis was compared. Test of significance was measured using paired "t" test and "p" value calculated.

Results: Total of 121 clinically suspected sepsis cases were screened during the study period out of which 51 cases were found to be culture positive. The MPV was found to be low in 19 cases (37.25%). 10 (52.6%) were attributed to sepsis due to gram positive organisms and remaining 9 (47.36%) cases were seen in gram negative infection.

Conclusion: There was no statistically significant difference in the MPV among gram positive and gram negative sepsis.

Spectrum of acute kidney injury in children admitted to pediatric intensive care unit

Harsha, Basawaraj Patil, Sharanagouda Patil

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Introduction: Acute Kidney Injury (AKI) is an important cause of morbidity and mortality in children admitted to PICU and is associated with both short term and long term adverse outcome.

Aims and objectives: To know the incidence and spectrum of severity of AKI in children admitted in PICU and the etiological factors responsible for it.

Materials and methods: It was a prospective, observational study .All children within the age group of 1month to 18 years , admitted in PICU in Basaveshwar and Sangameshwar Hospital attached to M.R.Medical College Kalaburagi during the period of December 2015 to May 2017 were screened . A total of 1017 cases were screened during the study period. Serum levels of Creatinine was done at admission and at daily intervals . Diagnosis and staging was done based on Acute Kidney Injury Network (AKIN) criteria.

Results: Out of the 1017 screened cases, 22 cases were excluded from the study who were diagnosed with congenital kidney disease and chronic kidney disease. 72 cases (7.23%) were found to be having some degree of acute kidney injury, out of which stage 1 accounted for 11, stage 2 accounted for 14 and 47 cases were found to have stage 3 AKI. Among the cases who had AKI, encephalitis constituted 12.5 % of AKI, Sepsis was diagnosed in 15.2 %. 6.9% of children were suffering from dengue.

Conclusion: AKI was found to be present in 7.23% of the cases admitted in PICU with majority of the children having stage 3 AKI at the time of diagnosis. The etiological profile of AKI was dominated by sepsis followed by encephalitis, cardiovascular cause.

Castor seed menace: A Cross sectional study at a tertiary care centre

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Introduction: Ricinus communis or Castor oil plant is a perennial herb. It grows in tropical regions throughout the world. *Castor seed* menace is a common problem encountered in rural Karnataka during spring with similar experience over past few years. The seed is only toxic if the outer shell is broken or chewed causing *ricin* to release. Following separation of oil from seeds *ricinis* removed from oil. There are no literature reports of poisoning from ingesting purified *ricin*. All clinical reports with regard to poisoning refer to castor seed ingestion.

Here we report two such incidents over 2 years where school children influenced by friends consumed castor seeds and presented as mass casualty in the emergency department.

Objectives: (1) To study the health impacts of castor seed ingestion a common environmental agent. **(2)** To educate and create awareness among adolescents and parents to prevent this environmental hazard.

Materials and Methods: This was a cross sectional hospital based observational study conducted during July 2015 to July 2017. 73 patients of both sexes aged 0-15 years admitted in Pediatric ward KIMS, Hubballi were included in the study. All the patients who presented with history of castor seed consumption were included in the study with no exclusion criteria for the study.

Results: Out of the 73 children who consumed castor seeds male 56(76.7%) outnumbered females 17(23.3%). Most common age group affected was 10-15 years. Most common symptom at presentation was vomiting 73 (100%) followed by loose stools 36(48.8%) and pain abdomen

33(45.2%) cases respectively. The mean time of presentation to hospital from the time of consumption of seeds is 5 hours. The number of seeds consumed ranged from as less as ½ to as many as 10 seeds. Most of the patients improved with symptomatic treatment and supportive care.

Conclusion: Educating and increasing the awareness among population would go a long way in preventing this environmental health hazard.

Profile of childhood poisoning at a tertiary care centre in Vijayapur

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Introduction: Children are curious and explore their world with all their senses, including taste. As a result, the home and its surroundings can be dangerous place when poisonous substances are inadvertently ingested. Acute poisoning is an important medical emergency and childhood poisoning is a significant cause of morbidity and mortality in Pediatric patients. The nature of the poison used varies depending on the socioeconomic factors and cultural diversity. Since Vijayapur is a rural place with most of them belonging to agricultural background, the availability of insecticides and household chemical substances is common and the educational status of people in and around vijayapur is poor, many are illiterate and hail from poorly informed family. Young children are particularly susceptible because they are very inquisitive, put most items in their mouths and are unaware of consequences. Adolescents, on the other hand, are more aware of the consequences of their actions but peer pressure and risk taking behavior and child parental disharmony which is very common in this age group, and many a times adolescents are forced to stay in hostel which is also a leading cause of consumption of poison in them.

Materials & Methods: In this cross sectional study 39 children under 15 years of age presenting with signs and symptoms of poisoning to Pediatric ICU of shri. B. M. Patil medical college hospital and research Centre, Vijayapur from August 2016 to August 2017 were included. Children were assessed for poisoning with drugs, hydrocarbons, bathroom detergents, and plants and were managed according to standard protocols. Ethical clearance was taken from institutional ethical clearance committee.

Stomach contents were sent for forensic analysis except kerosene and other poisonings where stomach wash is contraindicated.

Results: Out of the 39 cases included in this study incidence was more common among males(53.8%) and 46.2% were females; and Majority of them belonged to the age group of 1-5 years with 41% representation which was mostly accidental consumption, followed by 10-15 years most of which are intentional consumptions. A maximum of 25.6% of them were due to organophosphorous poisoning, followed by hydrocarbon poisoning with 23.1% and castor seed poisoning with 20.5%. Outcome analysis showed that 97.4% of them were discharged and 2.6% of them died.

Conclusion: Young children are particularly susceptible to accidental ingestion of poisons and adolescents to intentional consumption of poisons, hence, removing the poisoning agent from the environment, replacing the poisoning agent with one of lower toxicity, educating parents and adolescents and proper guidance to adolescents and parents, legislation of child-resistant packaging of necessary poisonous agents, establishing a poison control centre to triage poisonings, dispensing accurate and timely advice to caregivers and health facilities, directing first aid when appropriate, and referring more severe poisonings to treatment at higher health facility. Poisoning is more common in young males, mainly contributed by self-poisoning with insecticides and corrosives.

Comparative study of attitudes of adolescents studying in rural and urban junior colleges in Vijayapur towards social aspects of life

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Introduction: Adolescence: the period between 10 and 19 years of age is understood in different ways in different cultural contexts. It is both a period of opportunity as well as time of vulnerability and risk. About 1.4 billion young people live in developing countries today and these young people make one-quarter of the world's population who face rapid urbanization in India. During this period, adolescents develop attitudes, values and behaviors that will carry with them into adulthood, and that have significant concerns. There is a greater need for education and advice on diet, exercise, sexual activity, smoking etc. so, knowing the attitudes of adolescents towards social life is extremely important as by the end of adolescence, one has to face leaving school and moving towards further education, earning and financial independence or unemployment.

Objectives: To know the difference in attitudes of adolescents studying in urban and rural junior colleges of Vijayapur towards social aspects of life.

Materials and methods: A prospective observational study was conducted among 400 adolescents (16-18 years of age) studying in junior colleges of Vijayapur.

Results: Based on responses to a preformed questionnaire, their attitudes towards social aspects of life were assessed, analyzed and compared. Significant differences were noted regarding self-esteem, character,

home environment, impression towards parents, siblings and friends, entertainment. High risk behaviors like smoking, alcoholism, sexuality, suicidal ideation, drug abuse, physical fights and carrying weapons showed statistically significant difference amongst urban and rural adolescents.

Conclusion: A variety of attitudes were observed in adolescents of rural and urban colleges of Vijayapur. Significant differences were found between rural and urban adolescent with respect to the development of personality traits such as self-concept and self-esteem, individual capacities, tender mindedness, shrewdness and internal restraint. These need to be dealt early in life so as to prevent difficult adulthood. Special attention need to be directed towards youth engaging in risk taking behavior and those with psychological concerns such as low self-esteem and depressive symptoms.

Correlation of serum IGE & AEC in pre-school children diagnosed with bronchial asthma

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Introduction: Asthma is a type 1 hypersensitivity reaction with a strong association between exposure of allergens and development of asthmatic symptoms. The single most important risk factor for development of asthma is atopy. Atopy is a tendency to produce excessive amounts of IgE antibodies when exposed to allergen. Quantitative measurement of IgE when integrated with other clinical indicators can provide useful information for the differential diagnosis of atopic and non-atopic diseases. In patients of asthma and atopy, eosinophil count is increased. The blood eosinophil count is helpful in differentiating asthma from other obstructive airway disease and is a rough measure of the severity of asthma, allergic as well as non-allergic. Hence based on these observations this study is intended to correlate the levels of serum IgE and eosinophil count with the severity of asthma.

Objectives: (1)To measure serum IgE and Absolute eosinophil count levels in asthmatic children <5years (pre-school children). (2)To correlate the serum IgE and Absolute eosinophil count levels with the severity of asthma in these children.

Materials and methods: Study design: Observational clinical study; Duration/Period of study – Jan 2017 to June 2017. Children <5 years (pre-school age group), attending the OPD / admitted under pediatric department at Al Ameen Medical College & Hospital, VIJAYAPUR will be considered as the sources for data. Patients name, age, sex, and duration of symptoms will be noted. A detailed history will be taken in each patient regarding the duration of asthma symptoms, frequency, and severity of

exacerbations. The diagnosis & severity of asthma will be assessed primarily by history, clinical examination and based on GINA guidelines.

Results: Childhood asthma was commonly seen in males, in the age group 6-12 years. Most of the children were of the mild intermittent type (45%) followed by mild persistent type (37%), moderate persistent type (13%) and severe persistent type (5%). IgE and AEC levels increased significantly with severity of asthma. However serum IgE level seemed to be a better marker than AEC levels.

Conclusion: Out of the 100 asthmatic children studied 48% had mild intermittent asthma followed by mild persistent asthma. Serum IgE levels were significantly increased with severity of asthma. AEC levels were increased significantly with severity of asthma. There was no significant relationship between risk factors and serum IgE, AEC values. Serum IgE is a better marker than AEC in predicting severity of asthma.

Rickettsial fever in children- clinical, laboratory profile and response to treatment: with proposed clinical scoring system

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Introduction: Rickettsial diseases are underdiagnosed and substantially contribute to the burden of preventable acute febrile illness, the greatest challenge being difficult diagnostic dilemma early in the course of illness, where antimicrobial therapy is best effective, and complications are few. Vijayapura being one of the backward district of north Karnataka, with few industries and irrigated areas, the main occupation here is dry land cultivation and animal husbandry with variety of cattle. It is a fertile land for vectors like ticks which cause rickettsial fever.

Objectives: 1. to list the specific signs and symptoms of rickettsia in this region. 2. To put forward a clinical scoring system based on the incidence of signs, symptoms and laboratory findings in rickettsial fever in children aged 1-14 years.

Materials & Methods- A prospective hospital based study was carried out among 30 children with positive WeilFelix test. Scoring was given to symptoms, signs and lab investigations depending on the incidence and was compared to the RGA scoring system (IAP, 2015).

Results: a total score of 35 as obtained from our scoring system, with a score greater than 1 to be considered as clinically rickettsial fever.

Conclusion: according to our scoring system (RGB), which is simpler as compared to published RGA Scoring, out of total score of 34, a score more

than 17 can be taken as clinically rickettsial fever and an early specific therapy could be started which is beneficial in avoiding bad outcome. Only in these cases, selective specific available investigation may be carried out, reducing the financial burden on the poor parents. This strategy would help us to have best possible outcome in rickettsial cases with least morbidity and no mortality.

Study of sleep problems and its impact on scholastic performance in school going children

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Introduction: Sleep is an integral part of any healthy individual. Although sleep disorders are common problems among families and they affect the learning, memory processes and academic performance of children, there is no evaluation of these disorders in India. Inadequate or poor sleep in children may have negative consequences on a host of functional domains, including mood, behavior, learning, and health. Therefore, it is important for pediatricians to both screen for and recognize sleep disorders in children during health encounters¹. BEARS screening tool has been used to identify sleep problems among preschool and school-aged children^{2,3}. A study that compared sleep in school-aged children using BEARS tool found that sleep problems and sleep patterns differed between these groups. The differences were attributed to school schedules, sleep practices and many other factors like time to go to bed, time to wake up, gap between last meal and sleep, watching TV and playing videogames before sleep also had significant contribution to sleep disorders and scholastic performance.

Objectives: We studied the sleep problems among school going children in the age group of 7- 12 years and the association of the sleep problems with scholastic performance in them. The aim of this study was to assess the prevalence of sleep disorders and its association with academic performance of school age children.

Materials and Methods: A cross-sectional study was conducted on 1500 middle school students from two private schools of Kalaburagi city of Karnataka, India during 2016-17. The data gathered with a validated questionnaire to evaluate the academic performance and sleep disorders. Questionnaire based on the “BEARS” screening tool for sleep problems in children to be filled by children and parents. Accordingly, the age and academic grades of students were recorded. The prevalence of sleep problems and their relation to school grades were studied.

Results: The study reveals a total of 1500 sample students out of which 971(64.7%) were boys and 529(35.3%) were girls found that 208(13.9%) students were having unsatisfied sleeping pattern. The mean duration of nocturnal sleep was (8.04 ± 0.59) which was significantly higher in the group with poor academic performance (8.86 ± 1.18) hours, than the other two groups (8.14 ± 1.17) hours for average academic performance and (7.90 ± 1.15) hours for excellent academic performance). Of these 208 children, 116 scored A grade, 18 scored B grade, and 10 scored C grade. Other variables like time to go to bed (9.64 ± 0.63) , time to wake up, gap between last meal and sleep (1.39 ± 1.18) , watching TV before going to bed 150 (72.1%) and playing videogames 52 (25%) before sleep also had significant contribution to sleep disorders and scholastic performance.

Conclusion: This study revealed that sleep disorders negatively affect the academic performance and highlighted the importance of proper sleep among children and students. Sleep problems might be one of the contributors for poor scholastic achievements in children. We conclude that sleep problems are common in school going children, and these might be one of the reasons for poor scholastic achievements. Despite being so prevalent, many of them remain underreported and undiagnosed, possibly due to neglect and ignorance of parents as well as health care providers. The health professionals should make it as a point to screen each child for sleep problems to treat them at the earliest, so as to prevent their adverse effects in future.

Sex ratio in Karnataka: The persisting concern

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Introduction: A gender issue is an issue or concern determined by gender based and/or sex based differences between women and men. Gender disparity manifests itself in various forms, the most obvious being the trend of continuously declining sex ratio in the population in the last few decades. This paper delves into level, trends and differentials of sex ratio in Karnataka.

Materials & Methods: Unit level Data from census 2011 was used for analysis. Chi-square (χ^2)/ Freeman-Halton Fisher exact test was employed to determine the significance of differences between groups for categorical data.

Results: Data shows that states figures are more than national average, however the scenario is not encouraging. In 1901, Karnataka had 983 females per 1000 males. Even after completion of more than ten decades, the state has not touched this level. It has marginally improved to 968 in 2011 from 965 in 2001. District wise analysis shows that excluding Uttara Kannada, Shimoga, Chikmanglur, and Kodagu in other districts sex ratio deteriorated. Especially child sex ratio of 0-6 years of age was declined in Karnataka from 946 in 2001 to 943 in 2011. Major districts did not perform well in improving the child sex ratio. Some of the reasons for neglect of girl child and low child sex ratio are son preference. Exorbitant dowry demand is another reason for female feticide/infanticide. Small family norm coupled with easy availability of sex determination tests may be a catalyst in the declining child sex ratio, further facilitated by easy availability of Pre-conception sex selection facilities.

Conclusion The country needs to take careful stock of this issue, as its advancing demographic transition and changing socioeconomic circumstances are rapidly translating into an adverse trend of girl child discrimination.

Environmental health hazards in and around Vijayapur

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Introduction: Vijayapur district is located in the northern part of Karnataka state. It is a land locked district which form the catchment area of Bhima river, a tributary of Krishna river. This city has Semi-arid climate with extreme summers and chilly winters with dusty storms and severe heat waves which results in less rain leading to less water which causes irrational ways of farming and poor concept of animal husbandry. Many environment related problems arise which is mainly due to poor education, poor knowledge about sanitation and poor city cleanliness.

Objective: To study Health hazards and environmental diseases in and around Vijayapur.

Methods: This study is to know the environmental health issues and its causes around Vijayapur and hospital based retrograde study taken between Aug 2016 - Aug 2017 to categorize the causes of the health hazards directly or indirectly related to environmental. Age group of children between 2 month: 14 years of age admitted in pediatric ward and PICU of Shri BM Patil Medical college and research centre.

Results: Diseases and condition for which children were admitted in PICU/Ward were categorized into Acute poisoning from fertilizers, snake and bites of different animals, vector borne diseases, Due to poor concept of animal rearing, Problems facing in the rural setup, Due to improper knowledge about farming practices, problems related to water shortages and poor sanitation. 39 cases of acute poisoning due to various causes, 143 cases of dengue(2 deaths), 3 cases of malaria, 25 cases of rickettsial

infections(1 death) , 4 cases of brucella, 27 cases of scorpion sting and 7 cases of snake bite(3 death). 16.06% (103 cases of 641 admission) of PICU admission and 11.4%(146 cases of 1281 admission) of ward admission were related to environmental causes mentioned above. 26.08%(6 cases of 23 deaths) of death in PICU were of environmental cause.

Conclusion: 16% of all admission and 1/4 of all deaths were due to environment related causes indicating potential for prevention. Proper management of environment, better formal /informal education of parents, better farming services, better sanitation and standard animal care will go long way in prevention of above mentioned morbidity and mortality.

Clinical profile of pesticide poisoning in children

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Introduction: Acute Poisoning in children is still an important public health problem and represents a frequent cause of admission in emergency units. Insecticides are identified as one of the dangerous poisons in the paediatric age group. Signs and symptoms of these are due to abnormal accumulation of neurotransmitter acetylcholine.

Objective: To study the clinical profile of patients admitted with insecticide poisoning in pediatric wards in KIMS, Hubballi.

Materials and methods: A hospital based retrospective descriptive study carried out between January 2016 to December 2016 at KIMS, Hubballi. Data regarding demography, clinical features, investigations, treatment given and final outcome were analyzed.

Results: Acute poisoning constituted 5.1% of total admission, of which insecticide poisoning accounted for 11% (18 patients). Most common age group affected was 1-5 years (61.2%). Males outnumbered female patients (M:F=1.5:1). Maximum number of cases were between October and January(55.5%). Most common form of poisoning was accidental(83.4%) through ingestion. Majority were due to Pyrethroids compound. 66.7% of patients were symptomatic, most of which were Vomiting (83.3%), abdominal cramps(22.2%), excessive salivation (22.2%) and diarrhea (16.7%). Neurological findings included depressed mental status(27.8%), irritability(22.2%) and seizures(22.2%). 1 patient had respiratory insufficiency and was intubated at admission. All patients presented within 24 hours of poisoning to our hospital. 6 patients(33.4%) underwent cholinesterase level, while 55.6% patients received injection Atropine.

Mean duration of hospital stay was 3.1 days. 1 patient(5.6%) expired, 1 left against medical advice before completion of therapy and other 16 patients were discharged successfully.

Conclusion: Still insecticide poisoning is common in pediatric age group with mainly CNS manifestations.

Scorpion sting envenomation, Vijayapur experience: New observations

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Introduction: Scorpion sting is a very common problem in rural areas of Vijayapur. Financial status of people and non-availability of antivenin are concerns.

Objectives: The present study enumerates risk factors and experience of using drug Prazosin at higher initial dose (80-90 microgram/kg) in scorpion sting envenomation.

Materials & methods: A retrospective study. Case records of 40 cases of scorpion sting envenomation were reviewed. Risk factors were correlated with outcome. Effect of accidental administration of high dose of Prazosin was studied.

Results: Local pain, profuse sweating, vomiting, cold extremities were common presentations. Six patients had myocarditis and one had neurological involvement. One patient was brought dead. Age of patient, time interval between symptoms and treatment, use of steroids and other drugs were main risk factors. High dose Prazosin reduced the time for first response ($p < .001$), total recovery time ($p < .001$), Pediatric Intensive Care Unit stay ($p < .001$) and use of inotropes ($P = 0.042$).

Conclusions: High dose Prazosin is useful and safe in severe cases of scorpion sting envenomation in the resource poor settings.

Water, Sanitation and Hygiene (WASH) in the Government Primary Schools of Vijayapur city.

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Introduction: An estimated 1.9 billion school days could be gained if the Millennium Development Goals (MDGs) related to safe water supply and sanitation are achieved. One way of achieving this is by providing schools with safe drinking water, improved sanitation facilities and hygiene education that encourages the development of healthy behaviours for life. This strategic approach is called Water, Sanitation and Hygiene Education (WASH). The absence of WASH in schools is responsible for 20% of total deaths and disability adjusted life years (DALYs) in children. Though there are emerging vaccines, still WASH remains critical in the prevention of diarrhoea, soil transmitted helminthic infections and acute respiratory diseases. In 2014, Ministry of Human Resource Development, GOI launched Swachh Bharat Swachh Vidyalaya (SBSV) initiative to ensure WASH practice in schools.

Objective: To assess the status and operation of WASH in schools.

Methodology: A cross sectional study was conducted in 31 out of 127 government primary schools of Vijayapur city by simple random sampling by lottery method. Data was collected by interviewing the headmaster; in case of his/her absence it was taken from in-charge of school using a pre tested semi structured questionnaire. Information regarding the school, water, sanitation, hygiene and waste disposal was collected.

Results: In our study all schools had good water supply. We found all the schools practicing hand washing but with soap is only 32%. Our findings reveal that regardless of the number of available toilets, exclusively for girls found functional is 71%, for physically disabled, toilet facility available was 32% only. Education on hygiene practice was taught and waste disposal was followed in all schools.

Conclusion: Special efforts should be done not only for the implementation, but also upon the operation and maintenance of WASH, as nationwide importance is given SBSV.

Association of serum vitamin d levels with severity of acute respiratory tract infections in children between 2 months to 5 years of age

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Introduction: Vitamin D (D₂, D₃, or both) is a stercoesterol produced endogenously in the skin from sun exposure. Vitamin D has long been known to play a role in the skeletal system and calcium homeostasis; the deficiency of which causes rickets and osteoporosis. Low vitamin D status has been associated with an increased risk of cardiovascular disease, cognitive decline, depression, autoimmunity, allergy, and even frailty. There is growing evidence that vitamin D also contributes positively to pulmonary health. Clinical vitamin D deficiency (rickets) has been associated with a 13-fold increased risk of pneumonia. Increase severity of acute lower respiratory infection has been reported in children with subclinical vitamin D levels. There is evidence to suggest that subclinical vitamin D deficiency is common even in countries at low latitude and with plentiful sunshine, including India. Modern day life style changes have significantly reduced the total duration of sun exposure in children. Exposure of only face, hands and arms due to clothing versus whole body is associated with marked differences in Vitamin D synthesis.

Objectives: To find association between the severity of acute respiratory tract infections (ARTI) with serum vitamin D levels.

Material and Methods: Children with ARTI aged between two months and five years fulfilling the inclusion criteria admitted to the inpatient of Department of Pediatrics, during the study period. Children aged between two months and five years with ARTI as defined by integrated

management of neonatal and childhood illnesses (IMNCI) as below were included in the study. Children were evaluated with a detailed clinical history (nature and duration of symptoms) and background characteristics including feeding practices (breastfeeding history and age of introduction of complementary foods), immunization status, and socio-demographic variables such as the parental education, occupation, family income, details of cooking fuel used in the household, smoking, and history of lower RTI in the past. The relevant statistical tests were applied for measuring the significance and association parameters. The Statistical software namely SPSS 15.0 used for the analysis of the data.

Results & Conclusion: It was observed that among 31 subjects with severe pneumonia 67.7% had Vitamin D deficiency, among 38 subjects with Pneumonia 18.4% had Vitamin D deficiency and none of them without pneumonia had vitamin D deficiency. This observation was statistically significant. Variables from this short study showed statistically significant associations between severity of ARTI and serum vitamin D levels. Results from this study conclude that deficiency of vitamin D is a modifiable risk factor in prevention of ARTI. And hence message on the importance of sunlight exposure of young children should be given to mothers and the general community also vitamin D-rich supplements such as cod liver oil should be advocated in order to prevent the morbidity and mortality secondary to ARTI, which globally contribute to morbidity worldwide.

POSTER PRESENTATIONS LIST OF POSTER PRESENTATIONS

No.	Name of the presenter	Title of presentation
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PP02	Khodaija Mahvish, Sadashiva B Ukkali Department of Pediatrics, Al-Ameen Medical College, Vijayapura, Karnataka	Effectiveness of a noise control program in a neonatal intensive care unit
PP03	Milind Ramakant Kulkarni Post Graduate, Dept Of Pediatrics, SNMC, Bagalkot	Anhidrotic Ectodermal Dysplasiain infancy– case of misconduct of hyperthermia
PP04	Goharsha, R.H.Gobbur, Bhavana Lakhkar, S.V.Patil Department of Pediatrics, BLDEU s Shri B.M.Patil Medical College, Hospital & Research Centre, Vijayapur, Karnataka	Profile of snake bite in and around Vijayapur
PP05	Shruthi S.V S S Institute of Medical Sciences and Research Centre, Davangere, Karnataka	Rickettsial encephalitis : A case report
PP06	Mohammed Zeeshan Desai Post Graduate in Pediatrics, Al Ameen Medical College, Vijayapur	Effects of endocrine disrupters on child health
PP07	Vollala Naresh Kumar, Aparna Palit, Keshavmurthy Adya Department of Dermatology, BLDEU s Shri B.M.Patil Medical College, Hospital & Research Centre, Vijayapur, Karnataka	Hygiene hypothesis and atopic dermatitis

PP01

Curse of fluorosis

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Introduction: Fluoride has come forward as a double edged sword for human being, especially for children. The fluoride in adequate quantity is beneficial, mainly to prevent dental caries but excess is a curse affecting not only teeth but also bones, causing disability.

Case description: A 13 year old girl, residing at Talikoti, admitted with complaints of backache and chest pain was found to have dental fluorosis and non-skeletal fluorosis evident by hypothyroidism and idiopathic hematuria. She was given thyroxine for hypothyroidism. To prevent dental caries she was taught about dental hygiene and calcium supplements were given. She was able to perform chin test, stretch test, coin test which indicate that her skeletal system is not yet involved.

Conclusion: The changes in dental and skeletal fluorosis are irreversible and there is no treatment or cure for severe cases of fluorosis, but efforts can be made towards reducing the disability and prevent fluorosis by early diagnosis and through implementation of measures aimed at reduction of intake of excess fluoride through provision of safe drinking water, promotion of better nutrition and avoidance of foods with high fluoride content.

Effectiveness of a noise control program in a neonatal intensive care unit

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Introduction: The treatment of high-risk neonates admitted to neonatal intensive care units (NICU) requires a quiet environment in addition to capable professionals and appropriate equipment. However, noise levels in hospitals, including in NICUs, are reported to be above acceptable levels (35 and 45 dB). However, at the NICU of the Al Ameen Medical College (NICU-AMCH), the measured noise is above the acceptable level (mean 60 to 65 dB). Daily exposure to high noise levels may cause physiological and behavioral changes, affecting newborns' recovery process. Likewise, professionals may be affected, and their performance levels may be reduced. Newborns exposed to noise may have high blood pressure, increased heart rate, hearing loss, apnea, bradycardia, hypoxia, sleeping disorders and consequent fatigue, agitation, crying and irritability. In addition, noise may affect weight gain by increasing oxygen consumption and heart rate, thereby leading to increased use of energy. Healthcare professionals working in NICUs may have arterial hypertension, sleep and mood disorders, hearing loss, irritability, stress and fatigue, which may affect their working performance.

Objectives: To evaluate the effectiveness of a noise control program in the Neonatal Intensive Care Unit of the Al-Ameen Medical College and hospital (NICU-AMCH), Vijayapur.

Materials & Methods: NICU-AMCH professionals were initially contacted through informal interviews during the morning, afternoon and night shifts. Leaflets were delivered and posters were installed to raise

awareness of the harmful effects of noise on neonates and professionals and to suggest behavioral changes to reduce noise levels. The suggestions included avoiding loud talking, careful handling of the incubator doors and keeping mobile phones on silent mode. One month later, questionnaires were used to assess behavioral changes since the first contact.

Results: Most of the professionals rated the NICU-AMCH noise level as moderate. Overall, 71.4% of the respondents acknowledged that their behaviours were noisy. The entire sample reported believing that the unit noise levels could be reduced by speaking lower, reacting more quickly to alarms and handling furniture more carefully. The NICU professionals reported adopting these behaviors.

Conclusion: This noise control program was considered successful because the professionals became aware of the level of noise and adopted behavioral changes to avoid generating unnecessary noise.

Anhidrotic Ectodermal Dysplasia in infancy – case of misdiagnosis of hyperthermia

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Introduction & Objectives: To describe a rare syndrome affecting children, and to urge pediatricians to consider this diagnosis when investigating idiopathic fever or hyperthermia in infants during summer especially in areas of semi-arid climate and dry weather.

Methods: We report a case of anhidrotic ectodermal dysplasia syndrome in a 2 month old infant admitted in Pediatric ward of HSK Hospital, Bagalkot. The infant presented with recurrent episodes of fever since birth and had 5 hospital admissions till now for fever without focus.

Results: The baby presented with dry mucus, dry skin, and fever with frequent hospital admissions for fever of unknown origin. Skin biopsy was performed in the baby's back. Absence of sweat and sebaceous glands as well as hypoplasia of follicular structures was identified. The patient is receiving adequate treatment including sun screen lotions and moisturizing creams and appropriate clothing, and is being followed as an outpatient.

Conclusion: Anhidrotic ectodermal dysplasia syndrome is a rare disorder that must be considered when investigating infants or neonates with recurrent episodes of fever. During the neonatal period, the clinical manifestations of the disease are subtle and nonspecific. Such findings become more visible after a few months of life. Clinicians should have high index of suspicion of Anhidrotic ectodermal dysplasia in recurrent episodes of fever and dehydration especially in summer. There is no definitive treatment for this syndrome.

Profile of snake bite in and around Vijayapur

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Objectives: (1) To study of the environmental conditions in relation to snake bite cases. (2) to study the demographic and clinical profile of snake bite cases.

Materials &Method: Retrospective study based on the snake bite cases admitted during past 1year in picu at Shri.B.M.P.M.C.H & R.C.

Results: All 7 cases had history of bite during night in sleep, 3 had history of unknown bite. 5 cases were neurotoxic and 2 were hematotoxic. After timely intervention with ASV and Ventilator support 5 patients improved, 1 patient had developed compartment syndrome. Two patients died, one due to delay in admission(40 hrs. after bite), other due to pulmonary hemorrhage. The Environmental conditions which were responsible for sleeping on the floor, heaping of the grain bags in the sleeping areas, use of go down for sleeping purposes, uncleaned environment.

Conclusion: Even though prevalence of neurotoxic snake bite more than hematotoxic, timely intervention with ventilator support, ASV, blood products, mortality can be reduced.

Rickettsial encephalitis : A case report

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Introduction: Most of the neuroimaging features of rickettsia are found to be normal, those with abnormal CT & MRI findings had more symptoms and more severe than those with normal CT and MR results. Thus an abnormal CT & MR study indicates a worse prognosis.

Case presentation: 1 year 6 month old male presented with history of fever since 13 days .rashes all over body including palms and soles, which appeared first on lower limbs and progressed to involve abdomen, chest and face, non-itching, maculopapular in the stage of healing. There is associated history of convulsions which requiring use of three anticonvulsants. Without any significant past or family history. Systemic examination was normal expect Hepatomegaly. Hematological investigations had leukocytosis and biochemical investigations had revealed Hyponatremia which is a striking feature of rickettsia and CSF analysis had 98% of lymphocytes with Glucose and protein within normal limits. Weil Felix which is a non specific test for Rickettsia showed negative results. MRI brain revealed multiple acute patchy non haemorrhagic infarcts involving body, splenium of corpus callosum and cingulate gyrus on right side, which is known as BOOMERANG SIGN (boomerang shaped splenial lesion).

Conclusion: As the initial symptoms of rickettsia are non specific, the management of rickettsial fever is dependent on high index of clinical suspicion. Though rash is considered as hallmark of rickettsial disease, The characteristic rash is often absent during the acute phase of disease and rash is found in only 50% of these patients during the entire course of the

disease.. Presence of rash on palms and soles is considered typical of rickettsial disease. Imaging of brain in these cases revealed focal arterial(basal ganglia) infarction, diffuse cerebral edema, diffuse meningeal enhancement, prominent perivascular spaces, lacunar infarction which have poor prognosis.

Effects of endocrine disrupters on child health

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Introduction: Endocrine disruptors are chemicals that can interfere with endocrine (or hormone) systems at certain doses. The term *endocrine disruptor* is often used as synonym for xenohormone although the latter can mean any naturally occurring or artificially produced compound showing hormone-like properties (usually binding to certain hormonal receptors). These disruptions can cause cancerous tumors, birth defects, and other developmental disorders. Any system in the body controlled by hormones can be derailed by hormone disruptors. Specifically, endocrine disruptors may be associated with the development of learning disabilities, severe attention deficit disorder, cognitive and brain development problems; deformations of the body (including limbs); breast cancer, prostate cancer, thyroid and other cancers; sexual development problems such as feminizing of males or masculinizing effects on females, etc. Recently the Endocrine Society released a statement on endocrine-disrupting chemicals (EDCs) specifically listing obesity, diabetes, female reproduction, male reproduction, hormone-sensitive cancers in females, prostate cancer in males, thyroid, and neurodevelopment and neuroendocrine systems as being affected biological aspects of being exposed to EDCs. The critical period of development - there are critical balances of hormones and protein changes that must occur - a dose of disrupting chemicals may do substantial damage to a developing fetus.

Found in many household and industrial products, endocrine disruptors are substances that "interfere with the synthesis, secretion, transport, binding, action, or elimination of natural hormones in the body that are responsible for development, behavior, fertility, and maintenance of

homeostasis (normal cell metabolism). They are sometimes also referred to as hormonally active agents, endocrine disrupting chemicals, or endocrine disrupting compounds.

In the last two decades there has been a growing awareness of the possible adverse effects in humans and wildlife from exposure to chemicals that can interfere with the endocrine system. These effects can include: developmental malformations, interference with reproduction, increased cancer risk; and disturbances in the immune and nervous system function.

Aims and Objectives:(a) to create awareness amongst pediatricians in particular and masses in general regarding this „silent epidemic (b) to fill the data gaps and research needs

Discussion and Conclusion: More awareness research is needed regarding EDC at academic, social and governmental levels. Several reproductive and other endocrine disorders have reached epidemic frequencies and birth rates are extremely low in many countries. The background for these trends is poorly understood. However, for society such changes would have far reaching ramifications. Similarly, subtle adverse effects on reproductive health can appear as a reduced sperm production capacity in the adulthood, which may have dramatic effects on a man's personal life if a couple is suffering from infertility. For a society it can be reflected in an increased demand for expensive assisted reproductive techniques and extremely low fertility rates, which are now seen in several parts of the industrialized world, including many European Countries and Asia. International and national efforts are needed to pursue multiple unresolved research questions. Improving fetal and child health will influence the whole life of an individual and reflect the wellbeing and future of our society.

Hygiene hypothesis and atopic dermatitis

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Atopic dermatitis is an itchy, chronic or chronically relapsing inflammatory skin condition that often starts in early childhood characterized by erythema, itchy papules/papulovesicles which may be excoriated and lichenified and typically has flexural distribution. The hygiene hypothesis began as an attempt to explain the relatively rapid rise in atopic diseases. Early hypothesis regarding the role of family size and exposure to early childhood infections in the development of atopic diseases has clearly evolved to integrate the possible effects of hygiene, eradication of parasitic infestations, immunizations, improvements in home heating and ventilation, house dust mite exposure, breastfeeding duration, diet, parental smoking, pollution, and exposure to pets and farm animals.

However, most of our understanding at the current time still comes from observational and epidemiologic studies; further investigations are needed to help uncover which of these genetic and environmental factors are indeed the causes behind the increases in allergic rhinitis and asthma.



BLDE UNIVERSITY

TESTIMONIALS AND COMMENTS

1. Everything—knowledgeable speakers, innovative concepts, collegiality, breakout sessions, conference—really focused on environmental health and its hazards. Thank you for giving us this opportunity.

***Dr. H Paramesh, environmentalist and consultant pulmonologist,
Bangaluru***

2. “All of the various subspecialties in pediatrics coming together to share ideas on environment and really training us to cherish and preserve our nature. It was inspiring...”

Dr. Kumar Angadi, Pediatric Endocrinologist

3. “The keynote and plenary speakers were great and diverse choices! Inspirational in a unique way. The recent trend of environmental hazards from plastic to e waste was fantastic.”

Dr A N Thobbi HOD Pediatrics AMC

4. “Great to be surrounded by people focused on the well-being of nature for our generation as well as for future”

Dr Vinod H Ratgeri President ECHG Karnataka

5. Many Pediatricians from across the Karnataka and its neighboring states collaborating and sharing their work. I came away energized and appreciative of the hard work involved in putting the conference together.” First impression is best impression, wonderfully carried out by department of Pediatrics for environment and child health group.

Dr Ramesh Bhajania, consultant pediatrician, Ahmadabad

6. KAR ENRICHCON **2017** was well planned and implemented to the satisfactory benefit of all the delegates and faculties. It served as the best forum for all those interested in saving mother nature .indeed it has served its purpose of bridging the gap between the environmental issues and pediatrics Kudos to conference organizers!!

Dr.Govindajulu.P.N. President, IAP Karnataka State.

7. "Very good conference organization. Look forward to seeing more and more of the development in environment health issues as and when they occur. "They say small step of mankind is giant leap of tomorrow. This conference has ignited the issues of environment health in minds of Pediatricians.

Dr Remesh Kumar,Pediatrician Kerala.

8. Very inspiring. It was so exciting to see and hear about so many plenary sessions , and to meet people from all over Karnataka .things really are changing for the better and there is great hope for the future. Great job organizers, the hospitality and discipline of the sessions were very amazing.You proved Vijayapur the best place for conference on environment. Thanks!

Dr Salim Khatib Consultant Pediatrician, Bangaluru.

9. A very pleasant experience and felt environment more friendly after listening to esteemed resource people.

***Dr B.B.Lakhkar Professor Pediatrics B M Patil Medical college
Vijayapur.***

10. Congratulations .Organizing team has given its heart and soul to the 2 days event . A fantastic start to state "ENRICHCON"

Dr. Suresh Babu, Pediatrician and Pulmonologist, Davengere.

- 11.Thank you for wonderful conference.Hope this chapter of IAP becomes a trend setter in advocating safe environment for all children –

Dr. Chetan Gingeri ASTER CMI hospital Bangaluru.

Conclusion:

In this Era of environmental hazards, global warming, spread of epidemics due to environmental issue, there is need to ignite the thought process in the minds of pediatricians who treat the most vulnerable group of the society. KAR ENRICHKON, Vijayapur fulfilled this need of hour as it provided an opportunity to put forward solutions designed to mitigate damage to the environment. Featuring presentations of environmental issue of form of plenary by the world renowned faculty, posters and papers, the forum contributed in fulfilling its theme: "LETS PRESERVE AND CHERISH" by detailing leading edge scientific knowledge KAR ENRICHON 2017 strongly delivered its message from very beginning with its innovative eco-friendly gesture of PAPERLESS conference in forms of E brochures, E souvenirs.

Protecting the environment is a hard and enduring task. It is impossible that all the existing problems in the environment can be completely resolved. KAR ENRICHON is just a small first step.

It is responsibility of everyone to protect our environment and our children's future. Let us fulfill this responsibility in environmental protection, creating a quality eco-friendly health system and share a wonderful green living together.