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Theme: *Beyond the Scope :
Evolving Frontiers in Pulmonary
Procedures*



Abstract Book

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ABSTRACTS FOR FREE PAPER PRESENTATION

Abstract Title - A PROFILING AND PHENOTYPING OF COPD – A CROSS-SECTIONAL DESCRIPTIVE STUDY

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AIM & OBJECTIVES:

This study aimed to assess the prevalence of different phenotypes among patients with Chronic Obstructive Pulmonary Disease (COPD) and to identify unclassified phenotypes.

MATERIAL & METHOD:

A cross-sectional descriptive study was conducted among 143 COPD patients. Phenotyping was performed based on clinical, radiological, and spirometry criteria. Data on demographics, BMI, smoking history, biomass and occupational exposure were collected. The distribution and characteristics of both classified and unclassified phenotypes were analysed.

RESULTS:

Emphysema was the most common phenotype (62.9%), followed by chronic bronchitis (33.6%), frequent exacerbators (38.5%), and Asthma-COPD Overlap Syndrome (ACOS) (11.9%). Unclassified phenotypes included non-smoking COPD (28.7%), out-of-proportion pulmonary hypertension (21%), peripheral eosinophilia (18.9%), bronchiectasis-COPD overlap (16.1%), and COPD-OSA overlap (9.8%). Many patients exhibited mixed phenotypes, with overlapping features such as emphysema, OSA, and frequent exacerbations. Occupational exposure was noted in 95.8% of patients. Frequent exacerbations were more common in those with chronic bronchitis, non-smoking COPD, and advanced disease stage. Out-of-proportion pulmonary hypertension and bronchiectasis were significantly associated with severe COPD. Gender differences were evident: females had higher rates of non-smoking COPD, chronic bronchitis, and bronchiectasis overlap, while emphysema was more common in males.

CONCLUSION:

This study highlights the heterogeneity of COPD and the clinical relevance of phenotype-based diagnosis. Recognition of unclassified and mixed phenotypes broadens the understanding of COPD beyond smoking-related disease. A personalized approach to COPD management based on phenotyping may improve outcomes. Future research should focus on longitudinal assessment and treatment responsiveness of specific phenotypes.

Keywords:

COPD Phenotype, Prevalence, Unclassified Phenotypes, Mixed Phenotypes, Non-Smoking COPD, COPD-OSA Overlap

Abstract Code: BRN25_ABS_G3585

Abstract Title - Therapeutic Potential of Medical Thoracoscopy in Cases of Chronic Pneumothorax: Our Experience in a Tertiary Care Centre, Mahabubnagar, Telangana

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INTRODUCTION:

Jacobaeus Hans-Christian, a Swedish internist, Professor of Medicine, explored thoracic cavity in 1910. He developed thoracoscopy in the early 1900s as a method to break down adhesions to create pneumothorax in patients with pulmonary tuberculosis. Thoracoscopy was used extensively for this purpose until 1945 when streptomycin was introduced in the treatment of tuberculosis. However, in this era with advances in science and technology, thoracoscopy is mainly used in the etiological diagnosis of pleural effusions and therapeutic procedures such as pleurodesis in cases of pneumothorax and adhesiolysis in cases of loculated pleural effusions and empyemas.

AIMS AND OBJECTIVES:

This study was taken up to report our experience with medical thoracoscopy in cases of “Chronic Pneumothoraces.” **METHODOLOGY:** It is a prospective study taken up by the Department of Pulmonary Medicine of SVS Medical College and Hospital, Mahabubnagar, Telangana. All the enrolled cases of chronic pneumothorax which satisfy the inclusive criteria were taken into the study from January 2024 to June 2024 .

RESULTS:

Of 10 patients, eight were male and two were female. Among males, four were smokers. Negative suction was tried in all of them but only two improved after it. Then, thoracoscopy was performed in eight patients, of which seven showed complete expansion of lung and one did not show complete lung expansion, which was referred to cardio thoracic surgeon. Thoracoscopic findings revealed that all eight had septations, two had large bullae, and two had thick visceral pleura.

CONCLUSION :

In our study, we observed a definitive therapeutic role of medical thoracoscopy in chronic pneumothoraces also. Hence, pulmonologists should consider observing the pleural cavity with rigid thoracoscope first in chronic pneumothoraces before referring the case for any further invasive procedure.

Keywords:

Key words: Chronic pneumothorax, thoracoscopy, pleural effusions, empyemas.

Abstract Code: BRN25_ABS_B2519

Abstract Title - **Unveiling a Dangerous Trend: The New Cocktail for Trouble - Lung Injury from Intravenous Abuse of Tablet Buprenorphine and Naloxone with Injection Pheniramine – A Prospective Study from a Tertiary Care Institute**

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Background:

Intravenous drug abuse remains a significant public health concern, leading to severe pulmonary complications. A novel pattern of intravenous misuse involving a combination of tablet buprenorphine-naloxone and injection pheniramine (tBN-iP) has emerged, resulting in debilitating lung injuries. This study aims to characterize the clinical, radiological, pulmonary function, and histopathological features of tBN-iP-induced lung disease.

Methods:

This prospective case series was conducted at the National Institute of Tuberculosis and Respiratory Diseases (NITRD), New Delhi, from January 2024 to December 2024. Six young male patients (aged 20–26 years) with a history of intravenous tBN-iP abuse were analyzed. A multidisciplinary approach, including toxicological, radiological, microbiological, and histopathological evaluations, was utilized to assess lung injury patterns.

Results:

All patients presented with progressive dyspnea and restrictive ventilatory defects. High-resolution computed tomography (HRCT) of the thorax revealed bilateral diffuse ground-glass opacities, interstitial fibrosis, pleural thickening, and pulmonary hypertension. Histopathology demonstrated perivascular foreign body granulomatosis with microcrystalline cellulose deposition, consistent with intravenous tablet excipient embolism. Five patients showed partial improvement with corticosteroids, oxygen therapy, and antifibrotics, while one patient succumbed to the disease.

Conclusion:

Intravenous misuse of tBN-iP leads to extensive lung damage due to microcrystalline cellulose embolism. Early identification, cessation of drug abuse, and targeted therapy are crucial in managing this emerging pulmonary disorder. Regulatory measures, tamper-resistant formulations, and enhanced supervision of opioid substitution therapy are needed to mitigate this growing crisis.

Keywords:

Buprenorphine, Naloxone, Pheniramine, Lung injury, Drug abuse, Foreign body granulomatosis,

Abstract Code: BRN25_ABS_S1760

Abstract Title - Bronchial Artery Laceration Complicating an EBUS-TBNA Presenting as Mediastinal Hematoma

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Title:

Bronchial Artery Laceration Complicating an EBUS-TBNA Presenting as Mediastinal Hematoma

Aim & Objectives:

Endobronchial ultrasound transbronchial needle aspiration (EBUS-TBNA) is a widely utilized diagnostic procedure with a high yield and low complication rate. However, life-threatening vascular injuries remain a rare but serious risk. This case highlights a rare complication of bronchial artery (BA) laceration leading to a mediastinal hematoma post-EBUS-TBNA, emphasizing the importance of pre-sampling vascular assessment and early recognition of complications.

Material & Method:

We present the case of a 79-year-old woman who underwent robotic-assisted electromagnetic navigation bronchoscopy with EBUS-TBNA for the diagnosis and staging of a 2.1 cm left lower lobe (LLL) lung nodule. One week post-procedure, she developed acute chest pain, throat discomfort, nausea, and an unusual ear sensation. CT imaging revealed a large mediastinal hematoma, and angiography confirmed a BA laceration.

Results:

The patient underwent bronchial artery embolization, followed by a thoracotomy to evacuate the hematoma. She recovered well post-intervention with resolution of symptoms.

Conclusion:

This case underscores the potential for significant vascular injury during EBUS-TBNA, particularly in older patients with prominent bronchial arteries. Pre-sampling Doppler ultrasound assessment of vascular structures may help mitigate the risk of BA injury. Clinicians should maintain a high index of suspicion for vascular complications in post-procedure patients presenting with atypical symptoms. Prompt recognition and early intervention are crucial in preventing morbidity and ensuring optimal patient outcomes.

Keywords

Bronchoscopy, Endobronchial Ultrasonography, Hematoma, Lung Neoplasms, Needle Aspiration Biopsy

Abstract Title - Multidisciplinary Team-Based Approach for Whole Lung Lavage: Safety Checklist and Iterative Process Improvement

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Introduction:

Significant differences exist in procedural education strategies for high-risk, low-volume procedures versus low-risk, high volume procedures. Apart from designing a curriculum to address the training gap, procedural teams may benefit from multidisciplinary checklist to enhance safety and improve outcomes.

Aim & Objectives:

To describe a multi-disciplinary framework for creating and utilizing a checklist for a low frequency, high-risk procedure in the context of Whole Lung Lavage (WLL) using WHO Surgical Safety Checklist.

Material & Methods:

A descriptive analysis of multi-disciplinary, team-based approach to the safe and effective performance of WLL for pulmonary alveolar proteinosis was performed. A refined checklist and delegation of tasks were iteratively improved over multiple process improvement cycles. Retrospective chart review of consecutive WLL procedures from July 15, 2012, to July 15, 2024, was performed. Patient characteristics, clinical outcomes, and complications were obtained. Pre-, intra-, and post-procedural workflows were reviewed at key time points based on sentinel events and identification of gaps during the WLL procedures.

Results:

A multi-disciplinary team-based approach with clearly defined checklists, tasks, and closed-loop communication was established. Collaboration with nursing, respiratory therapist, anesthesiologist, and proceduralist streamlines preparedness for a low frequency, high-risk procedure; thus, improving safety and decreasing complications for whole lung lavage.

Conclusions: We describe a process improvement framework through multidisciplinary feedback and checklist creation to standardize the procedural preparation aspects for whole lung lavage.

Keywords:

Whole lung lavage, Process Improvement

Abstract Code: BRN25_ABS_X5333

Abstract Title - **Impact of Education on Asthma Knowledge, Beliefs, and Inhaler Use**

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Aim and Objectives:

This study aimed to assess the knowledge, attitudes, beliefs, and practices (KABP) of asthma patients and evaluate the impact of structured education and device training. Objectives included baseline assessment of KABP and inhaler technique, measuring the effect of patient education, analyzing long-term knowledge retention over six months, and identifying barriers to sustained understanding.

Methods:

A cross-sectional observational and prospective interventional study was conducted on 182 asthma patients at a tertiary care center. Participants completed a structured KABP questionnaire and underwent inhaler technique assessment pre-intervention, post-education, and at six-month follow-up. The educational intervention included audiovisual aids, group discussions, and device demonstrations.

Results:

Significant improvements were observed in patient knowledge post-intervention. For instance, the correct identification of airway inflammation as the mechanism in asthma rose from 0% pre-training to 38.5% post-training. A positive impact was seen on the attitude and beliefs of patients as well. Awareness of inhaler types improved markedly, with recognition of pMDIs rising from 83.5% to 100%. Inhaler technique errors were reduced notably after training. Knowledge retention at six months, though slightly diminished, remained substantially improved from baseline. Additionally, attitudes towards asthma shifted positively, with fewer patients viewing asthma as a lifetime burden post-intervention (from 84% to 30.8%).

Conclusion:

Targeted patient education and device training significantly enhanced KABP and inhaler technique among asthma patients. However, a decline in knowledge at six months highlights the need for periodic reinforcement. Regular educational interventions can substantially improve asthma self-management and clinical outcomes.

Keywords

asthma, knowledge, attitude, belief, practice, inhaler techniques

Abstract Code : BRN25_ABS_C5524

Abstract Title - **ASSESSMENT OF MULTIDIMENSIONAL COPD INDICES AND IT'S CORRELATION WITH SEVERITY OF COPD**

TITLE: ASSESSMENT OF MULTIDIMENSIONAL COPD INDICES AND IT'S CORRELATION WITH SEVERITY OF COPD

AUTHOR INFORMATION: Dr. Cheshtha Singla, Dr. Vishal Chopra, Dr. Kranti Garg

AFFILIATION/DEPARTMENT: Department of Pulmonary Medicine, GMC Patiala

Background:

Chronic Obstructive Pulmonary Disease (COPD) severity is traditionally classified using spirometric criteria, GOLD staging system. However, multidimensional indices like BODE, ADO and DOSE provide a more comprehensive assessment by incorporating clinical symptoms, functional status, and risk factors in a newly diagnosed case of COPD.

Objective:

To evaluate the utility of BODE, ADO and DOSE indices in assessing COPD severity and their correlation with standard clinical parameters including mMRC, CAT score, and lung function (FEV1, FEV1/FVC).

Materials & Methods:

A cross sectional study was conducted on 200 COPD patients. Severity of the disease was classified using GOLD criteria based on FEV1%. BODE, ADO and DOSE scores were compared against mMRC, CAT, and lung function.

Results:

Index	Correlation with GOLD Stage
BODE	0.68 (strong positive correlation)
ADO	0.38 (moderate correlation)
DOSE	0.68 (strong positive correlation)

GOLD staging aligned best with BODE, while symptom scales (MMRC, CAT) corresponded more closely with DOSE. BODE and DOSE indices show a strong correlation with GOLD staging, indicating that they are closely aligned with lung function–based severity. ADO index shows a moderate correlation, likely because it incorporates age more heavily and may reflect prognosis rather than spirometric severity alone.

Conclusion:

BODE index is a stronger predictor of COPD severity and is most aligned with physiological impairment compared to ADO and DOSE. DOSE index may excel in identifying symptom burden but not airflow limitation. ADO with prognosis and DOSE with symptom burden and exacerbation risk.

Keywords: COPD, BODE, ADO, DOSE, GOLD

Abstract Code: BRN25_ABS_R3153

Abstract Title - **A RARE CASE OF FLEXIBLE BROCHOSCOPIC RESECTION OF TRACHEAL TUMOR IN A HIGH-RISK ELDERLY PATIENT**

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Introduction:

Tracheal tumors are rare but clinically significant group of neoplastic growths accounts $\approx 0.4\%$ of malignancies with an annual incidence of 2.6 per 10,00,000 people. Case report: A 83 year old male presented with cough with expectoration for 1.5 months and shortness of breath for 5-6 days with history of Rheumatic Heart Disease, severe MR and AF. LVEF was 40-45% and PASP was 40 mm Hg. HRCT Thorax and Bronchoscopy show a highly vascularized pedunculated tracheal mass which was confirmed on DOTA-PET. The patient could not be taken up for surgery or rigid bronchoscopy due to significant co-morbidities. A Fibreoptic Bronchoscopy was performed as a safer alternative. In managing tracheal tumors in elderly patients where haemorrhage risk and tracheal lumen maintenance are crucial, sequential approach using hot biopsy then electrocautery snaring effectively balances symptom relief with safety. The hot biopsy, performed first, allows for partial tumor removal and immediate bleeding control creating space for better visualization of the tumor. Then electrocautery snaring was utilized to remove larger, pedunculated tumor. This has shown high efficacy in elderly patients, allowing rapid obstruction clearance with minimal thermal spread, surgical risks and recovery time. The tumour on HPE was diagnosed as Pleomorphic Adenoma. Discussion: This case highlights that minimally invasive bronchoscopic techniques have shown promising results in managing such tumors when surgical resection is risky. Studies show that electrocautery snaring achieves symptom relief and tumor resection in 90% cases, with low complication rates, making it an ideal choice for elderly patients with comorbidities.

Keywords

tracheal tumor, fibreoptic bronchoscopy, hot biopsy, snaring, tumor resection

Abstract Code: BRN25_ABS_X4484

Abstract Title - **EFFECTIVENESS OF INTRAPLEURAL INSTILLATION OF MESNA FOR ADHESIOLYSIS IN MULTI LOCULATED PLEURAL EFFUSIONS, PARA PNEUMONIC EFFUSIONS AND EMPYEMA: OUR EXPERIENCE**

Abstract:

Pleural effusion is abnormal accumulation of pleural fluid in pleural space. Drainage of pleural effusion is difficult in case of multiloculated effusion and multiloculated empyema. Medical thoracoscopy is indicated in cases of multiloculated pleural effusion and multiloculated empymas. We studied effectiveness of MESNA (2-mercaptoethane sulfonate Na), a chemical that breaks disulfide bond, to cause adhesiolysis and hence avoid thoracoscopy in such patients. Our study was aimed to find out the success rate of adhesiolysis in cases of multiloculated pleural effusion and multiloculated empyema. In our study, 15 patients were studied of which 10 had multiloculated pleural effusion, and 5 had multiloculated empyema. A success rate of 90% and 40% were observed in multiloculated effusion and multiloculated empyema respectively.

Keywords:

Adhesiolysis, MESNA, Thoracoscopy, multiloculated effusion, empyema

Abstract Code: BRN25_ABS_S8563

Abstract Title - **Clinical, Radiological and Microbiological Profile of Ventilator Associated Pneumonia in Adults**

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AIM:

To analyse clinical, radiological, biological profile of Ventilator Associated Pneumonia in ICUs.

OBJECTIVES:

1. To analyse the clinical profile of Ventilator Associated Pneumonia.
2. To analyse the microbiological profile of Ventilator Associated Pneumonia.
3. To analyse the radiological profile of Ventilator Associated Pneumonia.
4. Factors predicting the length of hospital stay.

To determine the factors predicting mortality in 14 days

Materials and Methods:

This observational study was conducted in the Intensive Care Units of a tertiary care hospital in India. Adult patients who developed VAP after 48 hours of mechanical ventilation were enrolled. Clinical

data, radiological imaging, and microbiological samples from tracheal secretions and bronchoalveolar lavage were collected and analyzed. Microbiological cultures were performed to identify causative organisms and their antibiotic sensitivity patterns. Radiological evaluation included chest X-rays to detect infiltrates consistent with pneumonia. Statistical analysis was performed to correlate clinical, microbiological, and radiological findings with patient outcomes, including hospital stay duration and mortality.

Results:

The study found a high incidence of VAP predominantly caused by multidrug-resistant gram-negative bacteria, including *Pseudomonas aeruginosa* and *Acinetobacter baumannii*. Clinical features such as fever, purulent tracheal secretions, and leukocytosis were common. Radiological findings showed infiltrates but lacked specificity alone for diagnosis. The presence of resistant pathogens was associated with prolonged hospital stay and increased 14-day mortality. Early identification and appropriate antibiotic therapy were critical in improving outcomes.

Conclusion:

VAP remains a significant cause of morbidity and mortality in mechanically ventilated patients in Indian ICUs. The predominance of multidrug-resistant organisms complicates treatment, emphasizing the need for vigilant clinical, radiological, and microbiological surveillance. Tailored antibiotic stewardship and preventive strategies are essential to reduce VAP incidence, hospital stay, and mortality in this setting.

Keywords:

Ventilator, Bronchoalveolar Lavage, Pneumonia

Abstract Code: BRN25_ABS_M3383

Abstract Title - **Comparison of Endobronchial Ultrasound Guided-Transbronchial Intrathoracic Lymph Nodal Cryobiopsy (EBUS-TBCNB) Versus EBUS TBNA Cell block for Next Generation Sequencing (NGS) and assessing Programmed Death Ligand-1 (PD-L1) Expression in Non-Small Cell**

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BACKGROUND:

EBUS-TBNA, the recommended modality for mediastinal lymph node sampling needs to be assessed for comprehensive genomic and immunological profiles adequacy in NSCLC management. EBUS-TBCNB, a minimally invasive method, has the potential to contribute to better mediastinal sampling with minimal complications for NGS analysis and PD-L1 expression assessment as it provides larger samples and preserves tissue architecture.

AIM AND OBJECTIVE:

This study explores the sample adequacy and efficacy of EBUS-TBCNB with EBUS-TBNA cell block for NGS and PD-L1 expression in NSCLC patients.

MATERIALS AND METHODS:

Prospective interventional comparative study involving patients with intrathoracic lymphadenopathy which are positive on Rapid Onsite Examination (ROSE) and suspected to have NSCLC underwent one additional pass each of EBUS TBNA (for Cell block) and TBCNB at Royal care hospitals between Jan (2023-2024). Demographic data and the reports of EBUS TBNA and TBCNB samples were analysed.

RESULTS:

The mean age of the study population (n=14) was 58.36 yrs $\pm$ 8.09 yrs. Males and females were equal (Gender ratio 1:1). Never Smokers were predominant (57%). Results were consistent with Adenocarcinoma in 11 (78.6%), Squamous cell carcinoma in 1 (7.1%) and NSCLC non-specified in 2 (9.1%) patients. TBCNB had better tissue adequacy for both NGS (92% Vs 79%) and PDL1 expression (86% Vs 79%). EBUS TBNA and TBCNB combined had 100% adequacy for both NGS and PDL1 expression. Targetable mutations were detected in 11 patients (79%) out of which EBUS TBNA identified in 64% patients (Vs 59% in TBCNB). > 1% PDL1 expression was detected in 7 patients (50%) out of which TBCNB identified in 43% (Vs 7% in TBNA).

CONCLUSION:

TBCNB had better tissue adequacy for both NGS and PDL1 expression and could detect >1% PDL1 expression in more patients. EBUS TBNA and TBCNB were found to be complementary to each other for both NGS and PDL1 expression. Major limitation-small sample size.

Keywords

EBUS-TBNA, EBUS-TBCNB, NGS and PD-L1 expression in NSCLC

Abstract Code: BRN25_ABS_A8508

Abstract Title - **A cross-sectional study to determine the cause of death in adults using minimally invasive tissue sampling (MITS) in ICU setting**

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Introduction:

MITS has shown potential in identifying causes of death in children, but its application in adults, especially in India, requires further research.

Aim and objectives:

This study aims to identify immediate and underlying causes of death in adults using MITS in ICU setting, compare MITS findings with provisional death summaries, and evaluate microbiological results from antemortem versus postmortem samples in infectious deaths.

Methods:

Fifty adults who died in the Medicine ICU underwent MITS, including postmortem blood collection, CSF analysis, and biopsies for microbiological and histopathological analysis. The COD was determined by combining antemortem clinical data with the postmortem findings.

Results:

The study included 50 adults (mean age of 38.4 ± 14.5 years, 32% female, 68% male). MITS identified the immediate CoD in 88% of cases and the underlying cause in 76%, which rose to 90% and 94%, respectively, with clinical data. Infection was the leading immediate COD (78%). The concordance between MITS and clinician diagnoses was 88% (Kappa 0.66, $P < 0.001$) for the immediate and 72% (Kappa 0.5982, $P < 0.001$) for the underlying cause, both increasing to 90% with clinical data. Concordance was higher for infectious and malignant causes. The concordance between antemortem and postmortem blood cultures was 67.65% (Kappa -0.033). Fair agreement (Kappa 0.31, $P = 0.0014$) between antemortem ET aspirate cultures and postmortem lung biopsies was seen in 52% of cases.

Summary & Conclusions:

MITS effectively identified the immediate and underlying CoD, particularly in infections and malignancies, making it a valuable tool in low-resource settings where full autopsies are often impractical.

Keywords:

COD-Cause of Death, MITS-Minimally invasive tissue sampling

Abstract Code: BRN25_ABS_C9539

Abstract Title - **Rescue Therapy in Drug-Sensitive TB: Effectiveness of Bedaquiline-Based Longer Oral Regimens in Clinical Failure Cases**

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Aim:-

To evaluate the clinical effectiveness of Bedaquiline-based longer oral regimens as a rescue therapy in patients with drug-sensitive tuberculosis (DS-TB) who have shown clinical failure with standard first-line treatment.

Objectives:

To assess the clinical and radiological response to BDQ-based longer oral regimens in DS-TB patients with prior treatment failure. To evaluate sputum conversion rates.

Materials and Methods:

- Study Design: Observational study
- Study Population: Patients diagnosed with drug-sensitive pulmonary TB who failed standard first-line treatment.

Data Collection:

- Baseline demographics, clinical features, treatment history
- Serial sputum results (AFB, culture)
- Chest X-rays at baseline and 6 months
- Adverse drug reactions

Outcome Measures:

- Sputum conversion at 6 months
- Clinical improvement (symptom resolution, weight gain)
- Treatment completion and success rates
- Adverse events

Results:

- Microbiologically confirm sensitive cases -100%
- Sputum conversion at 6month table: 60%
- Treatment success rate at end of therapy: 80%
- Adverse events noted in 30% of patients, most commonly GI intolerance (20%), neuropathy (10%)
- Radiological improvement noted in 40% at 6 months
- 1 mortality reported during treatment course due to respiratory failure.

Conclusion:

Bedaquiline-based longer oral regimens demonstrated promising results as a rescue therapy in drug-sensitive TB patients with clinical failure on standard treatment. High sputum conversion rates, radiological improvement, and acceptable tolerability profile suggest that BDQ may be a viable option even in DS-TB under select, carefully monitored conditions. Further large-scale and randomized studies are recommended to support inclusion in guidelines for this subset of patients.

Keywords:

Bedaquiline, Clinical Failure, Drug sensitive TB, Sputum conversion, Radiological improvement,

Abstract Code: BRN25_ABS_OFL-5

Abstract Title - **BRONCHOSCOPY DRIVEN DIAGNOSIS OF INVASIVE PULMONARY ASPERGILLOSIS: OUR EXPERIENCE AT A TERTIARY CARE CENTRE**

Corresponding author – Dr. Bhavik Shah

BACKGROUND:

Invasive Pulmonary Aspergillosis (IPA) poses a significant diagnostic and therapeutic challenge, especially in immunocompromised patients. Early and accurate diagnosis is crucial due to its rapid progression and high mortality. This study explores the effectiveness of bronchoscopy, particularly bronchoalveolar lavage (BAL) and biopsy, in diagnosing IPA in a tertiary care setting.

METHODS:

A prospective observational study was conducted between March 2024 and February 2025, involving 22 patients diagnosed with IPA using bronchoscopic procedures. Inclusion was based on predefined microbiological and histopathological criteria, including BAL galactomannan levels, fungal culture, PCR, and tissue biopsy findings. Clinical presentation, imaging, comorbidities, treatment regimens, and outcomes were systematically recorded and analyzed.

RESULTS:

Most patients diagnosed as invasive pulmonary aspergillosis through bronchoscopy, BAL and or Biopsy, were immunocompromised or had definite risk factors. However, there were some exceptions where no obvious immunocompromised state was identified. Most common clinical symptoms included subacute presentation of fever, cough, and breathlessness. Radiologically, lung consolidations with ground-glass opacities were the predominant findings while cavitations were present in minority of patients. BAL galactomannan assay was the most frequent diagnostic tool, positive in 77.3% of cases. Fungal cultures, PCR, and histopathological examinations supplemented diagnosis in selected patients. Antifungal therapy, primarily with posaconazole or voriconazole (with echinocandin in severe cases), resulted in clinical improvement in 68.2% of cases. Mortality occurred in 18.2%, mainly among patients with sepsis and multiorgan failure. Notably, 40.9% of patients presented with atypical forms of IPA, including endobronchial masses and co-infection with tuberculosis, with some occurring in immunocompetent individuals.

CONCLUSION:

Bronchoscopy remains a critical modality for diagnosing IPA, particularly in patients with non-specific clinical and imaging findings and in patients with atypical presentations. BAL galactomannan, along with fungal PCR, culture and biopsy, enhances diagnostic accuracy and enables timely treatment. The study highlights the diverse clinical presentations of IPA and underscores the need for heightened clinical awareness, even among immunocompetent individuals.

Abstract Code: BRN25_ABS_X6952

Abstract Title - **A stubborn seed: a challenging case of pediatric foreign body extraction**

KRISHNAPRIYA S KUMAR¹ , RITWICK SINGLA¹ , MAYANK MISHRA¹

Introduction:

Foreign body (FB) aspiration is a life-threatening emergency in children that requires prompt diagnosis and intervention.

Case summary:

We present a case of an 8-year-old girl who arrived at the emergency department with alleged history of foreign body (FB) aspiration and a one-day history of cough, respiratory distress, and occasional stridor. Clinical examination revealed the use of accessory muscles and bilateral conducted sounds with bronchospasm. Initial flexible bronchoscopy revealed a large brownish FB occluding more than 90% of the tracheal lumen. Multiple retrieval attempts with flexible instruments failed due to the FB getting lodged at the subglottic level, likely due to local edema. The patient experienced transient desaturation during the procedure. Rigid bronchoscopy was initiated by the pediatric surgery team, which also failed due to partial fragmentation of the FB and repeated episodes of bradycardia and desaturation. An emergency tracheostomy was performed to facilitate further retrieval attempts. The FB, identified as a tamarind seed, proved challenging to extract due to its slippery and swollen nature. Multiple attempts using rigid bronchoscopy through the tracheostomy stoma were unsuccessful until the stoma was widened with small incisions. Eventually, the FB was successfully extracted using artery forceps. Post-procedure, the patient was managed in the PICU and gradually weaned off the tracheostomy tube. She was successfully decannulated on Day 8 and discharged in stable condition.

Conclusion:

This case highlights the complexities involved in pediatric FB retrieval, particularly with organic materials like tamarind seeds, and underscores the importance of multidisciplinary collaboration and adaptability during airway emergencies.

Keywords:

Pediatric foreign body aspiration, Tamarind seed, Airway management, Foreign body retrieval

Abstract Code: BRN25_ABS_U9612

Abstract Title - **Multimodal Bronchoscopic Management of Post-Intubation Tracheal Stenosis Using Silicon Stenting and Novel Suture Fixation Technique: A Case Report**

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INTRODUCTION:

Post-intubation tracheal stenosis (PITS) is a serious sequela of prolonged mechanical ventilation, characterized by cicatricial narrowing of the airway. Management strategies include endoscopic interventions and airway stenting. Silicone stents are favored for their removability and

biocompatibility, though migration remains a challenge. Emerging fixation techniques, including inside-to-outside suturing, offer promising solutions to enhance stent stability.

CASE SUMMARY:

A 24-year-old male presented with stridor following four days of intubation after a road traffic accident. Bronchoscopy revealed complex multilevel Cotton-Myer Grade III tracheal stenosis with granulation tissue. Under TIVA, flexible bronchoscopic electrosurgery and serial balloon tracheoplasty (7–9 mm) were performed. Rigid bronchoscopy enabled further mechanical dilatation and granulation removal. A 14x50 mm Novatech silicone stent was deployed and optimally positioned. To prevent migration, a single suture was passed externally from the suprasternal notch through the stent wall and knotted inside under bronchoscopic vision, then anchored with a skin button externally—a novel inside-to-outside fixation technique. The procedure was completed without complications. Post-procedure chest X-ray and spirometry demonstrated significant improvement in tracheal patency and airflow. The patient was discharged in stable condition and showed sustained clinical improvement on follow-up.

CONCLUSION:

This case underscores the effectiveness of combining multimodal bronchoscopic techniques with a novel suture fixation method for PITS. Silicone stenting with secure fixation offers a minimally invasive alternative to surgery, with growing literature supporting its role in maintaining long-term airway patency.

Keywords:

Post-intubation tracheal stenosis, Silicone stent, Inside-to-outside suture fixation, Balloon tracheoplasty

Abstract Code: BRN25_ABS_V3098

Abstract Title - **Role of Flexible Video-bronchoscopies in a Tertiary Cancer Center: A Retrospective cohort Study.**

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Introduction:

Flexible bronchoscopy remains a vital diagnostic and therapeutic tool in pulmonary oncology. Limited data exists on patient profiles, indications, and the clinical impact of bronchoscopy across various cancer types.

Aims and Objectives:

Primary Objective:

- To study indications for bronchoscopies in a tertiary cancer center.

Secondary Objectives:

1. Assess profiles of patients undergoing bronchoscopy.
2. Evaluate diagnostic yield.
3. Study impact on cancer management
4. Determine complication rates.

Methodology:

This retrospective observational cohort study evaluates all flexible bronchoscopy procedures done by Pulmonary Medicine over one year (January 1st to December 31st 2024) at our tertiary cancer centre.

Results:

151 patients (median age: 56 years, 53% male) in total underwent bronchoscopy. The most common malignancy site was head and neck cancer (25%), followed by gastrointestinal, genitourinary, breast, thoracic and hematologic cancers.

Indications included respiratory optimisation before surgery for pulmonary infections and drug toxicities (38 patients), diagnostic dilemmas and pulmonary infections in non surgical patients pre or post chemo/immuno/radiotherapy(49), bronchial toileting (2), foreign body removal (1) and screening for airway involvement (16).

Impact of bronchoscopy:

1. Targeted antimicrobial therapy was initiated for 103 patients diagnosed with infections.
Bacteria: Pseudomonas, Klebsiella, and MRSA (40 cases) were the most frequent pathogens. Tuberculosis was detected in 11 cases (3 drug-resistant), and fungal infections, predominantly Candida and Aspergillus, in 22 cases.
2. In patients with drug toxicity (n=6), co-existing pulmonary infection was ruled out or, if present, treated before steroid initiation.
3. In patients with endobronchial foreign body and collapse, bronchoscopy resulted in clinical improvement.

Safety:

Major complications were rare (0.007%), with one massive bleeding case successfully managed. Minor complications: post-procedure bronchospasm (2%) and mild bleeding (4%).

Conclusion:

Bronchoscopy plays a crucial role in diagnosing pulmonary infections, managing therapy-related complications, and optimizing respiratory health in cancer patients. Its safety and diagnostic yield reinforce its importance in oncology care.

Keywords:

Flexible bronchoscopy, bronchoscopy audit, cancer, pulmonary infection, BAL, cancer centre, pulmonary infections

Abstract Code: BRN25_ABS_E2840

Abstract Title - **Association of BMI with Asthma Control, Quality of Life and Severity**

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Introduction:

Asthma is a chronic airway disease marked by inflammation, wheezing, and breathlessness. Obesity, defined by a high body mass index (BMI), is known to worsen asthma outcomes. This study explores the relationship between BMI and asthma control, lung function, and quality of life in patients at a tertiary care hospital in Pune.

Aim and Objectives:

- Aim: To evaluate the impact of BMI on asthma control and severity.
- Objectives:

1. Correlate BMI with lung function (FEV1).
2. Assess asthma control using ACT scores.
3. Evaluate quality of life using the SGRQ.

Materials and Methods:

This observational study included 100 asthma patients. BMI was measured, spirometry performed for FEV1, and ACT and SGRQ tools used to assess asthma control and quality of life. Statistical analysis was conducted to examine relationships.

Results

Higher BMI was significantly associated with reduced FEV1, lower ACT scores, and worse SGRQ outcomes. Obese patients had more severe airway obstruction and poorer asthma control.

Conclusion

BMI is a critical factor in asthma management. Increased BMI correlates with poorer asthma outcomes. Weight management should be part of asthma care strategies.

Keywords

Asthma, Obesity, ACT score

Abstract Code: BRN25_ABS_C2966

Abstract Title - **Evaluating Allergic Sensitization: The Role of Skin Prick Testing in Modern Allergy Practice"**

Mahak Mundra ¹

Title:

Evaluating Allergic Sensitization: The Role of Skin Prick Testing in Modern Allergy Practice"

Aims and Objectives:

The aim of this review is to evaluate the clinical role, diagnostic value, and practical application of skin prick testing (SPT) in the assessment of allergic sensitization. Objectives include assessing the correlation between SPT results and clinical history and evaluate role of SPT in guiding patient management, including allergen avoidance and pharmacotherapy.

Materials and Methods:

This study was *observational study*.

SPT was performed using standardized allergen extracts applied to the volar aspect of the forearm or upper back. A sterile lancet was used to prick through each drop of allergen. The following were included:

- **Positive control:** Histamine
- **Negative control:** Glycerinated saline

Reactions were measured after 15–20 minutes. A wheal ≥ 3 mm larger than the negative control was considered positive.

Results:

A total of **25 patients** were evaluated, ranging in age from 15 to 65 years. The most common presenting symptoms were **nasal congestion, sneezing, and wheezing**

- **Positive SPT results** were observed in **15 patients**, with **dust mites** being the most common allergen, followed by **grass pollen 5, animal dander 4, and mold spores 5**.
- **Food allergens** with suspected food-related symptoms; **10 patients** showed sensitization, most commonly to **peanuts, milk, and egg**.
- **Polysensitization** (reaction to ≥ 2 allergen categories) was found in **10** of positive cases.

Conclusion

Skin Prick Testing is a reliable, safe and cost-effective tool for diagnosing IgE mediated allergies. When combined with thorough clinical history, it significantly enhances diagnostic accuracy and guides appropriate management strategies.

Keywords:

skin prick test, allergic disorders

Abstract Code: BRN25_ABS_C6223

Abstract Title - **Clinical and Radiological Profile of Idiopathic Pulmonary Fibrosis Patients**

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Aim & Objectives:

To analyze the clinical and radiological profile of patients with idiopathic pulmonary fibrosis (IPF) attending a tertiary care centre. Objectives included assessment of clinical symptoms, high-resolution computed tomography (HRCT) patterns, and pulmonary function in diagnosed IPF cases.

Material & Method:

A prospective observational study was conducted in Dr. D.Y. Patil Medical College, Pune, between March 2023 and February 2025. Fifty patients diagnosed or suspected to have IPF were enrolled based on clinical, radiological, and pulmonary function criteria. Clinical evaluation included detailed history, symptomatology, and physical examination. HRCT scans were reviewed for UIP pattern features. Spirometry, lung volumes, DLCO, and six-minute walk tests were performed. Data were compiled using a structured proforma and analyzed statistically.

Results & Conclusion:

Among the 50 patients, 52% were male, with the majority aged between 61–70 years. Dyspnea (100%) and dry cough (78%) were the most common symptoms. HRCT findings consistent with UIP—such as honeycombing, subpleural reticulation, and traction bronchiectasis—were observed in most cases. Clubbing was noted in 44% and fine inspiratory crackles in 74%. Pulmonary function tests revealed a restrictive defect with reduced DLCO in the majority. IPF in this cohort showed a characteristic clinical and radiological profile, underlining the importance of early detection and comprehensive evaluation to guide timely antifibrotic treatment.

Keywords:

Idiopathic pulmonary fibrosis, UIP pattern, HRCT, Pulmonary function

Abstract Code : BRN25_ABS_U1656

Abstract Title - **PULMONARY LANGERHANS CELL HISTIOCYTOSIS IN A YOUNG MALE : A CASE OF OCCUPATIONAL EXPOSURE,INFERTILITY,AND DIAGNOSTIC CHALLENGES**

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INTRODUCTION:

Pulmonary Langerhans cell histiocytosis (PLCH) is a rare interstitial lung disease predominantly affecting young adults, often associated with smoking and environmental exposures. It is characterized by abnormal proliferation of Langerhans cells within the pulmonary parenchyma,

leading to respiratory and systemic manifestations. This report highlights a unique case of PLCH in a young male with occupational exposure and associated infertility, emphasizing diagnostic challenges and clinical management.

AIM AND OBJECTIVES:

Pulmonary Langerhans cell histiocytosis (PLCH) is a rare interstitial lung disease primarily affecting young adults, often linked to smoking and environmental exposures. This report aims to highlight the diagnostic challenges of PLCH in a young male with significant occupational exposure and associated infertility, emphasizing the importance of early detection and management.

MATERIAL AND METHODS:

A 30-year-old male professional painter presented with tachypnoea, tachycardia, shortness of breath, and cough with white expectoration for one month. The patient had a history of infertility and chronic exposure to paint fumes and chemical inhalants. Clinical examination indicated respiratory distress, and high-resolution computed tomography (HRCT) of the chest revealed diffuse nodular and cystic lesions. Lung biopsy confirmed PLCH through histopathological evidence of Langerhans cell proliferation. Additionally, ultrasonography of the abdomen suggested acute hepatitis. The patient's history of smoking and occupational exposure were identified as contributing factors.

RESULTS:

The diagnosis of PLCH was confirmed based on clinical presentation, imaging, and histopathology. The association with occupational exposure and infertility highlighted systemic implications. Early recognition of these risk factors facilitated appropriate management strategies, including smoking cessation and exposure minimization.

SUMMARY AND CONCLUSION:

PLCH is an uncommon but critical differential diagnosis in young adults with chronic respiratory symptoms, particularly those with occupational exposures. This case underscores the need for increased clinical awareness to enable timely diagnosis and intervention, ultimately improving patient outcomes.

Keywords

Interstitial lung disease, Pulmonary cystic lesions , Rare lung diseases

Abstract Code: BRN25_ABS_H8553

Abstract Title - **Diagnostic yield of convex EBUS at a tertiary care center**

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Introduction:

EBUS is a bronchoscopic technique that uses ultrasound to visualise structure within and around airway wall and lung, minimally invasive and safe procedure

Aim and Objective: To assess the diagnostic yield of Convex EBUS

Method-

Retrospective analysis of 110 patients having mediastinal Lesions underwent EBUS-TBNA at SAIMS, Indore from Jan 2024-Jan 2025. procedure was performed with convex EBUS scope (Fujifilm EB-530T) under general anaesthesia after taking prior written consent. Airway inspection with flexible bronchoscope (Fujifilm EB-530P) followed by mediastinal lesion inspection and lymph node mapping was done. TBNA samples with atleast 3 passes were taken using 22no gauge boston franseen transbronchial aspiration needle and ROSE (rapid on-site evaluation) of smeared slide was done to confirm cellularity. Tissue sample was collected in formalin and normal saline was further sent for histopathology and cytological examination. BAL was obtained and sent for culture, CBNAAT and cytology.?

Result-

Out of 110 patient 46 were diagnosed with Non small cell carcinoma out of which 26 and 20 were squamous cell and adenocarcinoma respectively. 21 had small cell carcinoma. 20 cases showing granulomatous inflammation of which 16 were tubercular and 4 sarcoidosis. 19 showed inflammatory smears and 4 were inadequate for reporting.?

Summary:

In our study malignancy was the commonest diagnosis followed by tuberculosis

Conclusion-

The study showed that total diagnostic yield of EBUS was 79.1%

Keywords:

Diagnostic yield of convex EBUS

Abstract Code: BRN25_ABS_V8951

Abstract Title - **EBUS-Guided Mediastinal Cryobiopsy: A Single Centre Experience**

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Aim & Objectives:

To assess the diagnostic yield, safety profile, and lymph node characteristics in patients undergoing endobronchial ultrasound (EBUS)-guided mediastinal cryobiopsy (MCB) at a single tertiary care center.

Material & Method:

This retrospective analytical study was conducted at Rajagiri Hospital, Kochi, from January to December 2024. Patients aged ≥ 18 years with mediastinal lymphadenopathy who underwent EBUS-MCB were included. Procedures were performed under general anesthesia using a 19-G TBNA needle to create a tract, followed by biopsy using a 1.1 mm cryoprobe. Data on demographics, lymph node characteristics, diagnostic yield, and complications were collected and analyzed descriptively.

Results & Conclusion:

Forty patients (mean age 60.2 ± 15.4 years; 80% male) underwent EBUS-MCB. The most commonly sampled node was station 7 (47.5%). The average number of cryobiopsy passes was 4.48, and the mean duration was 15.55 minutes. The diagnostic yield was 92.5%, with malignancy (37.5%) and granulomatous inflammation (32.5%) being the most common findings. Mild, self-limiting bleeding occurred in 60% of patients, while moderate bleeding occurred in 12.5%; no severe complications were reported.

EBUS-guided mediastinal cryobiopsy offers a high diagnostic yield with an acceptable safety profile. It is especially beneficial for obtaining adequate tissue for ancillary testing in cases where traditional TBNA is limited. Further comparative studies are needed to establish its role among other biopsy techniques.

Keywords:

Endobronchial ultrasound, Mediastinal cryobiopsy, Mediastinal lymphadenopathy

Abstract Code: BRN25_ABS_X6144

Abstract Title - **Disseminated tuberculosis presenting as lytic lesions in the immunocompetent children**

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Background:

Pediatric skull lesions pose a significant diagnostic challenge due to their varied etiology and non-specific presentations. While tuberculosis (TB) is a common infection in India, disseminated and skeletal involvement is rarely seen in immunocompetent and vaccinated children.

Case Presentation:

We report two cases of immunocompetent fully immunized children presenting with multifocal lytic bone lesions involving the skull and other skeletal sites. The first case, a 7-year-old girl, presented with painless swellings over the orbit and arm, evolving into a non-healing ulcer. Imaging revealed multiple lytic lesions in the skull and cervical spine. Biopsy and CBNAAT confirmed tuberculosis. The second case, is a 2-year-old boy, presented with mandibular swelling and bilateral ear discharge. MRI revealed multifocal lytic lesions involving the mandible, skull, scapula, sternum, and vertebra. Histopathology

was suggestive of TB, although Ziehl-Neelsen stain was negative. Both patients were managed successfully with anti-tubercular therapy .

Discussion:

These cases highlight disseminated extrapulmonary TB manifesting as multifocal skeletal lesions should be kept in mind while diagnosing a lytic skull lesion in endemic country like india even in immunocompetent child. Other differential include neoplastic or inflammatory pathologies like Langerhans cell histiocytosis or Ewing's sarcoma.

Conclusion:

Disseminated TB, though rare in immunocompetent children, should remain a differential for multifocal lytic lesions in TB-endemic regions. Early recognition and appropriate therapy are essential to reduce morbidity and mortality.

Keywords

atypical, tuberculosis, lytic lesion, immunocompetent

Abstract Code: BRN25_ABS_X7055

Abstract Title - **J-Stent in Near Complete Malignant Airway Obstruction in Lung Carcinoma**

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Introduction:

Advanced-stage lung carcinoma often results in complex airway obstructions and stenosis, significantly affecting quality of life. Palliative interventions, such as stenting, play a critical role in managing symptoms and maintaining airway patency.

Objective:

To study the effectiveness of J stent in unilateral obstruction of one side of mainstem bronchus in a patient with lung carcinoma

Case description:

We reported a case of a 46 year old female with advanced, poorly differentiated adenocarcinoma of the lung complicated with malignant tracheal obstruction and stenosis. The disease caused complete collapse of the left lung and near-complete obstruction (70-80%) of the right mainstem bronchus. Due to the complete obstruction of the left bronchus, a conventional Y-stent was unsuitable. Following tumor debulking via flexible bronchoscopy, a customized J-shaped self-expandable metallic stent (SEMS) was designed. Despite initial deployment challenges due to manufacturing defects, a modified stent was successfully placed so as to prevent further tumour growth in right mainstem bronchus as it was an aggressive tumour. The patient became symptomatically better.

Discussion:

J-shaped stents are effective in supporting trachea & one bronchus, making them ideal for unilateral obstructions. J-shaped stent was used for the right mainstem bronchus patency and as it was an aggressive tumour, to prevent regrowth of tumour compromising luminal patency. Deployment is quite challenging as bronchial and tracheal limb have to be perfectly placed so that the junction between the two limbs is placed just above carina. Initial deployment failure in this case due to manufacturing defects highlighted importance of design precision & customised modifications.

Conclusion:

This case highlights the possibility of the successful use of a customized J-stent to relieve near-complete obstruction of right mainstem bronchus.

Keywords:

debulking, central airway obstruction, J stent, customised modification

Abstract Code: BRN25_ABS_K7346

Abstract Title - **A Rare Cause of Bronchial Obstruction**

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Title: A Rare Cause of Bronchial Obstruction

61 year female with co-morbidities of hypertension presented in emergency department in drowsy condition with symptoms of breathlessness,dry cough and backache since 2 months which was exaggerated since last 7 days.She was further evaluated with basic blood investigations along with D-dimer levels and chest X-ray which was suggestive of left sided haziness with trachea in central position.(Fig 1)

With respect to her clinical condition,patient was admitted in intensive care unit and primary treatment initiated and patient was stabilized.

Subsequently we decided to do contrast enhanced computed tomography of thorax which was showing 7 cm large dissection flap which was originating distal to left subclavian artery and extending till descending thoracic aorta with aneurysmal dilatation of descending thoracic aorta(Fig.2,3,4)It was showing mass effect on oesophagus and mediastinal structures. The left lung was completely collapsed with mediastinal shift to left with complete airway obstruction along with moderate pleural effusion. Heart and pericardium was completely normal. We subsequently decided to do check bronchoscopy,however patient denied any further evaluation and management.

This case highlights one of the benign and rare cause of bronchial obstruction. Bronchial obstruction secondary to aortic aneurysm requires definitive surgery, while sometimes it may require airway interventions in the form of stenting. However role of airway stenting in bronchial obstruction has to be explored

Keywords:

aortic aneurysm, bronchoscopy, aorta

Abstract Code: BRN25_ABS_E2831

Abstract Title - **Comparison of diagnostic efficacy of EBUS-TBNA and EBUS Mediastinal Cryobiopsy (EBUS-MCB) in granulomatous mediastinal lymphadenopathy: CRYO-GRANULOMA study**

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TITLE: Comparison of diagnostic efficacy of EBUS-TBNA and EBUS Mediastinal Cryobiopsy (EBUS-MCB) in granulomatous mediastinal lymphadenopathy: CRYO-GRANULOMA study

AIMS AND OBJECTIVES: Though EBUS-MCB has been shown to improve the diagnostic yield over EBUS-TBNA, its exact position in the diagnostic algorithm remains unclear. This study aims to compare the microbiological and histopathological yields of EBUS-TBNA and EBUS-MCB in granulomatous diseases.

MATERIALS AND METHODS: In this one-year prospective study, all consecutive cases (n=51) where EBUS ROSE showed granulomatous inflammation (GI) were included. All cases underwent EBUS-TBNA (six passes) and EBUS-MCB (four biopsies) from the representative node. The diagnostic yield, microbiologic yield (AFB smear, Xpert MTB/Rif & MTB culture) and pathologic yield (nature of granuloma and granuloma index) were compared.?

RESULTS: Mean age was 43 years, and male: female ratio was 8:9. Final etiologic diagnosis was tuberculosis (n=37; 72.5%), sarcoidosis (n=12; 23.5%) and miscellaneous (n=2; 3.8%). Diagnostic yield of EBUS-MCB was higher than EBUS-TBNA in diagnosing GI [51/51 (100%) vs 45/51 (88.2%); p= 0.027]. Average number of granulomas per high power field was higher in EBUS-MCB versus EBUS-TBNA (5.33 vs 2.18), and the granuloma index was significantly higher in EBUS-MCB versus EBUS-TBNA (p<0.001). The nature of granulomas identified was not significantly different between the two groups. Of the 51 patients, AFB smear, Xpert MTB/Rif and MTB culture were positive in 1 (1.9%), 18 (35.3%) and 6 (11.8%) patients, respectively. Xpert MTB/Rif positivity (15/51 vs 14/51; p=0.826), and MTB culture positivity (6/51 vs 2/51; p=0.269) is not different between EBUS-TBNA & EBUS-MCB. Four patients had Xpert positive only on EBUS-TBNA, whereas three patients had Xpert positive only on EBUS-MCB.

CONCLUSION: EBUS-MCB is superior to EBUS-TBNA in diagnosing granulomatous mediastinal lymphadenopathy, and demonstrates a higher granuloma index. However, the microbiologic positivity for tuberculosis is not different between EBUS-MCB and EBUS-TBNA.

Keywords:

EBUS TBNA,EBUS MCB, Tuberculosis, Sarcoidosis, Gene xpert,AFB smear,MTB culture

Abstract Code: BRN25_ABS_O1546

Abstract Title - **A rare case report of T cell lymphoblastic lymphoma masquerading as tubercular effusion**

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Introduction:

Pleural fluid characterized by exudative, high adenosine deaminase (ADA) and lymphocytic predominant in a country with high prevalence of tuberculosis favours tuberculosis but sometimes it can be challenging. Here we present a case report of young male who presented to us with unilateral pleural effusion and pericardial effusion with mediastinal and cervical lymphadenopathy , as exudative high ADA ,being started on anti – tubercular medications (ATT) and steroids who responded well initially but worsening of pleural and pericardial effusion made us re evaluate on our diagnosis and finally patient was diagnosed as T cell Lymphoblastic lymphoma (T-LL).

Keywords:

Keyword- Lymphoma, Pleural effusion, Extra pulmonary tuberculosis

Abstract Code: BRN25_ABS_U1299

Abstract Title - **A Rare Case of Metastatic Adenocarcinoma Masquerading as Pulmonary Tuberculosis**

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Introduction:

Tuberculosis (TB) remains a significant global health issue, particularly in countries like India, which bear a substantial burden of the disease. According to the Global TB Report 2022, an estimated 10.6 million incident cases of TB were reported in 2021. Mucinous adenocarcinoma form 5% of all lung carcinomas. They are mucin-producing tumors, most commonly presenting in smokers in the 55-65-year age group. This case report presents a unique instance where metastatic adenocarcinoma

mimicked pulmonary TB, complicating the diagnostic process. A 68-year-old female, initially treated for presumed pulmonary TB based on clinical and radiological findings, was later diagnosed with invasive mucin-secreting adenocarcinoma through further evaluation. This case underscores the necessity for a high index of suspicion for malignancies in patients presenting with TB-like symptoms, especially in TB-endemic regions.

Aim:

To rule out Malignancy in Tuberculosis patient.

Objectives:

To rule out malignancy in Tuberculosis patient with the help of TBLB.

Methods:

CECT Chest, Transbronchial lung biopsy.

Result:

ADENOCARCINOMA (LEPIDIC VARIANT) LUNG

Summary:

Not all miliary shadows are to be considered tuberculosis, despite it being the most common cause of miliary mottling. Fungal, malignancy & metastasis are other important differentials. As in our case there was diffuse parenchymal involvement, so we had to perform bronchoscopy guided TBLB. Therefore multi modality approach was needed for conformational diagnosis.

Conclusion:

This rare case of metastatic adenocarcinoma masquerading as TB. Because TB and adenocarcinoma are similar clinically and radiologically, thorough examinations involving biopsy and imaging are required to avoid misdiagnosis. Doctors should maintain a high index of suspicion for malignancies in order to ensure a clear diagnosis and appropriate therapy.

Keywords:

Adenocarcinoma, bronchoscopy, Transbronchial lung biopsy, CECT chest.

Abstract Code: BRN25_ABS_X8438

Abstract Title - **Clinical Radiological and Microbiological Profile of Adult Bronchiectasis Patients,**

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Aim:

To assess the clinical, radiological, and microbiological profile of adult patients diagnosed with bronchiectasis in a tertiary care hospital.

Objectives:

1. Evaluate the clinical presentation of patients with bronchiectasis.
2. Assess radiological findings using chest X-ray and HRCT.
3. Determine microbiological profiles through sputum/BAL analysis.
4. Explore correlations between clinical, radiological, and microbiological findings.

Material & Method:

This was a prospective observational study conducted in the Department of Respiratory Medicine, Dr. D. Y. Patil Medical College, Pune, from February 2023 to February 2026. A total of 136 adult patients with clinically and radiologically confirmed bronchiectasis were enrolled. Clinical history, radiological assessments (X-ray, HRCT), microbiological tests (sputum, BAL), spirometry, blood investigations, and 2D echocardiography were performed to gather data.

Results:

Bronchiectasis predominantly affected females (76.5%) over 60 years old. Most had symptoms for 5–10 years, with chronic cough, sputum production, and dyspnea being common. *Pseudomonas aeruginosa* was the most frequent pathogen. HRCT mainly showed cystic, bilateral, and multilobar involvement. Prior tuberculosis was the leading cause (36.1%).

Conclusion:

Bronchiectasis in the Indian context predominantly affects elderly females, with post-TB infection being the leading cause. Most patients experience long-standing symptoms with significant sputum production and dyspnea. The disease often presents with multilobar and cystic changes on imaging, particularly in patients colonized with *Pseudomonas aeruginosa* or *Klebsiella pneumoniae*. The study highlights the need for region-specific diagnostic and management strategies to improve outcomes.

Keywords:

Bronchiectasis, cystic, Klebsiella

Abstract Code: BRN25_ABS_S2353

Abstract Title - **Fiberoptic bronchoscopy: valuable tool in diagnosing sputum smear-negative pulmonary tuberculosis.**

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INTRODUCTION:

To make the diagnosis of pulmonary tuberculosis, tuberculosis bacilli must be isolated from the sputum, which may not be produced in some suspected cases of pulmonary tuberculosis or may test negative for AFB in sputum, causing a diagnostic problem when dealing with this subgroup of cases.

AIMS AND OBJECTIVES:

To assess usefulness of fiberoptic bronchoscopy in diagnosis of sputum negative pulmonary tuberculosis patients.

MATERIAL AND METHODS:

It was a cross-sectional study carried out at TB Hospital, Government Medical College, Patiala between January 2023 and December 2024. Total of 952 fibre-optic bronchoscopies were performed on patients whose sputum tested negative for AFB but had a strong suspicion of having pulmonary tuberculosis based on clinical or radiological findings, samples sent for CBNAAT, cytology, LPA and culture.

RESULTS:

Sputum smear AFB-negative PTB can delay diagnosis and increasing drug resistance. The sole method available to these patients for accurate diagnosis is fibre-optic bronchoscopy. Total 952 fibreoptic bronchoscopies done. BAL fluid for CBNAAT shows 238 M.TB detected, out of 238 – 231 RIF resistance not detected and 7 RIF resistant. LPA results for BAL fluid-76 M.TB detected by direct LPA and 80 M.TB detected by indirect LPA, out of this – 154 RIF resistance not detected and 2 RIF resistant.

CONCLUSION:

When sputum smear microscopy yields a negative result, bronchoscopy was found to be an effective technique for the precise and expeditious identification of pulmonary tuberculosis and resistant cases.

Keywords:

CBNATT, fibreoptic bronchoscopy,

Abstract Code: BRN25_ABS_F2946

Abstract Title - **The Role of Thoracoscopy in Diagnosing Pleural Aspergillosis: A Case Report**

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INTRODUCTION:

We present the case of a young immunosuppressed female who experienced fever, productive cough, right-sided chest pain, and shortness of breath for three weeks. Clinico-radiological findings suggested a right pyopneumothorax, for which intercostal drainage was performed. Despite the administration of antibiotics tailored to *Klebsiella* species identified in pleural fluid and bronchoalveolar lavage (BAL) cultures, the patient showed no significant improvement. Persistent fever and unresolved pyopneumothorax prompted thoracoscopy, which revealed pleural aspergillosis confirmed by KOH mount and histopathological examination of pleural biopsy. This diagnosis was further supported by the growth of *Aspergillus flavus* in pleural fluid fungal culture. Antifungal therapy was initiated, resulting in clinical improvement and eventual discharge. The patient continued to improve on follow-up with ongoing antifungal treatment.

CONCLUSION:

This case of pleural aspergillosis in an immunocompromised patient underscores the importance of considering fungal infections, such as those caused by *Aspergillus*, in the differential diagnosis of persistent pleural effusions or pyopneumothorax. The successful management of the condition in this patient emphasises the value of early, accurate diagnosis and targeted antifungal therapy. The use of advanced diagnostic techniques such as thoracoscopy and biopsy, along with fungal cultures, played a critical role in confirming the diagnosis of pleural Aspergillosis. Given the rarity of the condition, clinicians should maintain a high level of suspicion for fungal infections when faced with non-resolving respiratory symptoms despite appropriate antibiotic treatment.

Keywords:

Pyopneumothorax, Thoracoscopy , Pleural Aspergillosis

Abstract Code: BRN25_ABS_Q1393

Abstract Title - **COMPARITIVE STUDY OF TBNA AND ENDOBRONCHIAL BIOPSY IN CASES OF ENDOBRONCHIAL LESIONS.**

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INTRODUCTION : Transbronchial needle aspiration (TBNA) is a modality that allows the bronchoscopist to sample tissue from the deeper submucosa as well as from the close extra luminal areas of the endobronchial tree.

AIMS AND OBJECTIVES : The aim of this study is to report our experience in diagnostic utility of TBNA and its contributions to biopsy in visible endobronchial lesions.

MATERIALS AND METHODS : It is a prospective study taken up by the department of pulmonary medicine of SVS medical college and hospital, Mahabubnagar, Telangana. The study duration was from December 2023 to December 2024.

RESULTS : TBNA was exclusively diagnostic in 4 (30.7%) patients where 2 patients had peribronchial and 2 patients had intrabronchial lesion. TBNA was diagnostic in 100% cases. Biopsy was inconclusive in 2 cases and in 1 case biopsy could not be done due to excessive bleeding.

CONCLUSION : TBNA is a safe and complimentary tool for biopsy in the diagnosis of endobronchial lesions.

Keywords

TRANS BRONCHIAL NEEDLE ASPIRATION , ENDO BRONCHIAL BIOPSY , LUNG CANCER

Abstract Code: BRN25_ABS_D5173

Abstract Title - **Rarest among the rare lung tumor: Atypical Granular Cell Tumor.**

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Introduction:

Granular cell tumor, first described by Abrikossoff in 1926 is a rare tumor typically present on the tongue, hypopharynx, esophagus, colon, skin or breasts. Lung GCTs are extremely rare with just about 120 published cases so far.

Case report:

A 65 year old patient presented with right sided chest pain, with history of decreased appetite and weight loss. On examination, air entry was decreased on right side. His chest X-ray showed a well circumscribed mass lesion on right upper zone. CECT Thorax showed well defined large, mildly lobulated, heterogenous enhancing mass lesion measuring 12X9.8X8.7 cm with a broad base towards posterior costal pleura. Transthoracic FNAC followed by bronchoscopic biopsy was done from fungating endobronchial mass lesion in left main bronchus to establish the diagnosis. Histopathological report showed a cellular lesion composed of ovoid to spindle cells in diffuse sheets. Individual cells had eosinophilic granular cytoplasm and bland nuclei, mild to moderate pleomorphism was noted. Features were suggestive of Atypical Granular cell Tumor as per Fanburg-Smith et al criteria. Immuno histochemistry test was done. The cells were found to be diffusely positive for S100, Vimentin, CD68 and Ki67. The diagnosis of Atypical Granular Cell Tumor was established.

Carry Home Message:

While evaluating mass lesions of chest seen on radiograph, differential diagnosis should include benign diseases and not solely malignancies.

Conclusion:

Systematic evaluation of Lung tumor can help diagnose rare disorders.

Post graduate trainee: Dr. Saikat Bhowmik

Professor: Dr. Sunanda Haorongbam

Department of Respiratory Medicine, Regional institute of Medical Sciences, Imphal.

Keywords

GCT, Atypical Granular Cell Tumor, Lung, Immuno Histochemistry, Spindle cell Tumor.

Abstract Code: BRN25_ABS_X9947

Abstract Title - **CRYOBIOPSY VS. FORCEPS PLEURAL BIOPSY IN UNDIAGNOSED EXUDATIVE PLEURAL EFFUSIONS: A RANDOMIZED TRIAL (CUE-RT STUDY)**

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Background:

Undiagnosed exudative pleural effusions require histopathological evaluation when pleural fluid analysis is inconclusive. Cryo-Pleural Biopsy (CPB) has been proposed as an alternative to Forceps Pleural Biopsy (FPB) in obtaining larger, better-preserved tissue samples. This study compares the diagnostic yield, tissue quality, and safety profiles of CPB and FPB in a randomized controlled trial.

Methods:

This was a single-center, randomized, single-blind trial. Patients with undiagnosed exudative pleural effusions were randomized 1:1 to undergo CPB or FPB via semi-rigid thoracoscopy. The pathologist assessing histopathology was blinded to the biopsy technique. Primary outcomes included diagnostic yield and patient safety, while secondary outcomes assessed tissue quality (size, volume, depth, and artifact presence).

Results:

Eighty-four patients were enrolled. Diagnostic yield was significantly higher in the CPB group (93% vs. 75.6%, $p = 0.0205$). Tissue samples from CPB were larger (mean 0.58 cm vs. 0.29 cm, $p < 0.001$) and had greater volume (370 mm^3 vs. 230 mm^3 , $p < 0.001$). Crushed cell artifacts were less in CPB ($p = 0.0003$), and adequacy for further testing was superior in CPB (97.6% vs. 65.9%, $p < 0.001$). Pain scores (VAS) were significantly lower in CPB (4.62 vs. 6.17, $p < 0.001$), with similar safety profiles.

Conclusion:

Cryo-Pleural Biopsy demonstrated better diagnostic yield and tissue quality, compared to FPB, without an increased risk of complications. Given the increasing need for molecular and genetic testing, CPB may be a preferred technique for evaluating undiagnosed exudative pleural effusions. CPB were helpful in cases with thick fibrous pleura such as mesothelioma. Larger multi-center studies are needed to confirm these findings.

Keywords:

Cryo-Pleural Biopsy, Undiagnosed Exudative Effusion, Semi-rigid Thoracoscopy

Abstract Code: BRN25_ABS_OFL-4

Abstract Title - **Nephropleural fistula, a rare complication of percutaneous nephrolithotomy (PCNL)**

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Abstract:

Nephropleural fistula, a rare complication of percutaneous nephrolithotomy (PCNL), occurred in a 45-year-old male with adult autosomal dominant polycystic kidney disease (ADPKD). The patient had undergone right PCNL in 2021 and 2023 and presented to the emergency department with symptoms of fever, breathlessness, and cough lasting one week. Imaging studies, including chest radiograph and contrast-enhanced computed tomography (CECT) of the abdomen and pelvis, revealed gross right pleural effusion, right perinephric abscess, multiple renal cysts, right renal calculi and right ureteric calculi causing severe right hydronephrosis and proximal hydroureter. The imaging also confirmed a nephropleural fistula, with the right kidney's perinephric abscess communicating with the right pleura via the right subhepatic space. Subsequent thoracic ultrasound showed a large effusion of 1500ml with underlying lung collapse. Diagnostic thoracocentesis confirmed empyema, necessitating immediate tube thoracostomy. CT intravenous urography confirmed a non-functioning right kidney. The perinephric abscess was drained with a PCNL tube and meanwhile, pleural fluid and perinephric abscess isolated *Klebsiella pneumonia* on cultures. The patient received parenteral antibiotics and intravenous fluids and had an intercostal drain and PCNL tube in place for drainage. A right nephrectomy was recommended due to the non-functioning right kidney and the patient is awaiting the procedure.

Abstract Code: BRN25_ABS_Q5899

Abstract Title - **Clinical Spectrum and Spirometry Assessment in Post-Tubercular Lung Disease Patients**

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Title:

Clinical Spectrum and Spirometric Assessment in Post-Tubercular Lung Disease Patients

Aim & Objectives:

To assess the clinical spectrum and evaluate spirometry-based lung function in patients diagnosed with Post-Tubercular Lung Disease (PTLD). The objectives were to determine the prevalence of PTLD, assess its impact on quality of life, and establish the role of spirometry in detecting pulmonary abnormalities.

Material & Method:

A prospective, observational study was conducted at Dr. D.Y. Patil Medical College, Pune, from March 2023 to December 2025. The study included 100 patients aged above 18 years with a history of pulmonary tuberculosis. Demographic details, clinical symptoms, radiological findings, and spirometry parameters were recorded. Spirometry was performed following ATS/ERS guidelines and classified into normal, obstructive, restrictive, and mixed patterns based on FEV1/FVC ratios and FVC values.

Results & Conclusion:

The study revealed that shortness of breath (88%), cough (77%), and wheeze (62%) were the most frequent symptoms. Radiologically, bilateral lung involvement was noted in 55% of cases, with inhomogeneous opacities being the most common finding. Spirometry abnormalities were observed in 89% of patients, distributed as obstructive (37%), restrictive (26%), and mixed (26%) patterns. This study underscores the high prevalence of PTLD among treated TB cases and the critical role of spirometry in early detection, assessment, and management of lung function impairments, ultimately aiming to improve patient quality of life.

Keywords:

posttubercular lung disease, bronchiectasis, obstructive

Abstract Code: BRN25_ABS_D3104

Abstract Title - **Characterizing Post Tuberculous Central Airway Obstruction: “The Typical Tuberculosis Triad”**

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Aim and Objectives:

Benign central airway obstruction (CAO) results from various causes, with tuberculosis (TB) being a common etiology. This study aims to analyse patterns of airway involvement in TB and non-TB CAO.

Materials and Methods:

A retrospective analysis was conducted on 169 patients with benign CAO at department of pulmonology, Yashoda hospitals, between 2017 and 2025. All patients diagnosed with benign CAO were included. Patients were categorized into TB CAO (n=65) and non-TB CAO (n=104), and patterns of airway involvement and stenosis were compared.

Results:

Of 169 patients, 65 had TB-related stenosis and 104 had non-TB causes. Mean age was similar in both groups [32.7 vs 38.3 yrs]. TB-CAO occurred predominantly in females (78.5%). The leading non-TB cause of CAO was post-intubation tracheal stenosis (41.3%). Bronchial involvement was more common in TB (52.3%), whereas tracheal stenosis dominated in non-TB-CAO (94.2%). Though stenotic segment lengths were similar, non-TB cases had more severe narrowing (47.1%). Single-site involvement was typical in non-TB CAO (97.1%), while multi-site involvement was commoner in TB-CAO group. We describe a triad of airway involvement - "*typical tuberculous triad*" where the stenosis involves lower trachea, one main-stem bronchus, and ipsilateral upper lobe bronchus. This TB triad is characteristic of TB stenosis and was found in 35.4% of all TB-CAO cases.

Conclusion:

A distinctive multi-level involvement pattern—trachea, main-stem bronchus, and upper lobe bronchus—termed the "*typical tuberculous triad*," is a strong diagnostic indicator of tuberculous CAO. When identified, it helps differentiating TB from other benign causes of CAO.

Keywords:

Benign central airway obstruction (CAO), tuberculosis (TB), typical tuberculous triad

Abstract Code: BRN25_ABS_P8946

Abstract Title - **Air of Despair – Enigma of the Dual Lung Collapse**

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Introduction:

Thoracic Endometriosis Syndrome (TES) comprises various thoracic manifestations due to ectopic endometrial tissue. While pneumothorax is the most common, it is predominantly right-sided and catamenial. Bilateral TES-related pneumothorax is exceptionally rare.

Aim and Objectives:

To report a unique case of bilateral non-catamenial TES-related pneumothorax and explore the diagnostic pathway, surgical findings, and optimal management strategies.

Methods:

A 38-year-old female presented with acute dyspnoea. Imaging confirmed bilateral pneumothorax. Stabilisation was achieved with bilateral intercostal chest drains. Upon incomplete lung expansion, bilateral Video-Assisted Thoracoscopic Surgery (VATS) was performed for diagnostic and therapeutic purposes.

Results:

VATS revealed endometrial implants on the left hemidiaphragm and visceral pleura. On the right, a diaphragmatic rent with liver herniation was identified and repaired with mesh. Talc pleurodesis was performed bilaterally. Histopathological examination confirmed thoracic endometriosis. The patient recovered well with full lung re-expansion and no postoperative complications.

Summary:

This case illustrates a rare bilateral, non-catamenial presentation of TES. The patient had a history of pelvic endometriosis and infertility treated via IVF. A multidisciplinary approach and surgical exploration were key in diagnosing and managing this unusual manifestation. VATS played a pivotal role in both confirming the diagnosis and providing definitive treatment.

Conclusion:

TES should be considered in all women of reproductive age presenting with spontaneous pneumothorax, irrespective of menstrual timing or laterality. VATS combined with hormonal therapy provides a comprehensive approach, aiding diagnosis, preventing recurrence, and improving outcomes.

Keywords:

Thoracic Endometriosis Syndrome (TES), bilateral pneumothorax, non-catamenial pneumothorax, Video-Assisted Thoracoscopic Surgery (VATS), ectopic endometrial tissue, diaphragmatic rent, liver herniation, pleurodesis, histopathology, infertility, IVF, spontaneous pneumothorax, hormonal therapy, multidisciplinary approach.

Abstract Code: BRN25_ABS_G3861

Abstract Title - **Diffuse Alveolar Hemorrhage: A Rare Presentation of Infective Endocarditis - A Challenging Case**

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Introduction:

Infective endocarditis (IE) is a serious condition that can result in systemic complications, including diffuse alveolar haemorrhage (DAH), a rare pulmonary manifestation. This case highlights the challenges of diagnosing and managing DAH as a complication of IE.

Aim and Objectives:

This report aims to present a rare case of DAH secondary to IE, focusing on the importance of early recognition, prompt microbiological diagnosis, and aggressive management to prevent life-threatening outcomes.

Methods:

A 37-year-old male with a history of smoking, alcohol consumption, and prolonged exposure to cotton dust presented with fever, cough, haemoptysis, and progressive dyspnea. Clinical examination,

laboratory tests, blood cultures, echocardiography, and bronchoalveolar lavage (BAL) were performed to make a diagnosis.

Results:

Blood cultures grew *Streptococcus viridans*, confirming the diagnosis of IE. Echocardiography showed vegetations on the aortic valve. Sequential BAL was haemorrhagic, and Perl's staining revealed hemosiderin-laden macrophages, confirming DAH. Imaging revealed bilateral ground-glass opacities on CT chest, consistent with alveolar hemorrhage.

Summary:

The patient was diagnosed with IE complicated by DAH and treated with intravenous antibiotics, supportive therapy, and hemodynamic monitoring. Anticoagulation was avoided due to the risk of worsening the haemorrhage.

Conclusion:

IE can cause rare but severe complications like DAH. Early identification, targeted treatment, and a multidisciplinary approach are crucial for improving outcomes. Recognizing high-risk individuals, such as those with smoking, alcohol use, or occupational exposures, is essential for timely intervention in such complex cases.

Keywords:

DIFFUSE ALVEOLAR HAEMORRHAGE, INFECTIVE ENDOCARDITIS, BAL, HAEMOPTYSIS

Abstract Code: BRN25_ABS_N2818

Abstract Title - **ROLE OF THORACOSCOPY GUIDED PLEURAL BIOPSY, PLEURAL BRUSHING AND FNAC (WITH TBNA NEEDLE IF LARGE LESIONS ARE SEEN) IN UNDIAGNOSED EXUDATIVE PLEURAL EFFUSIONS**

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INTRODUCTION:

Medical thoracoscopy also referred to as pleuroscopy is an endoscopic evaluation of the pleural space. Thoracoscopy was mainly used in the etiological diagnosis of pleural effusions. Forceps biopsy, pleural brushings and FNAC from pleural lesions using TBNA needle could be used through medical thoracoscope to obtain specimens.

AIM: To study the role of thoracoscopic pleural biopsy, pleural brushings, FNAC using TBNA needle in undiagnosed exudative pleural effusions.

METHODOLOGY: It is a prospective study taken up by the department of pulmonary medicine of SVS medical college and hospital, mahabubnagar, Telangana. All the enrolled cases of undiagnosed exudative pleural effusion which satisfy the inclusive criteria were taken into the study from January 2024 to November 2024. Total of 20 patients were satisfying the inclusive criteria were further studied for their thoracoscopic findings, after taking the approval of Institutional Ethics Committee.

RESULTS: A total of 20 patients were enrolled in the study, out of which 80% (16) were males and 20% (4) were females. Total patients diagnosed with malignancy were 60% (12). Rest 40% (8) were all diagnosed with Tuberculosis. The diagnostic yield of forceps biopsy, pleural brushings and FNAC with TBNA was 100%, 85%, 65% respectively.

CONCLUSION: Thoracoscopy is a valuable tool as the pleural space can be visualized and representative sample can be picked, useful in diagnosis of undiagnosed pleural effusions. Combined thorascopic pleural specimens that are forceps biopsy, pleural brushings, FNAC using TBNA can increase the diagnostic yield.

Keywords:

THORACOSCOPY, FORCEPS BIOPSY, PLEURAL BRUSHING, TBNA

Abstract Code: BRN25_ABS_S5385

Abstract Title - **EFFECT OF PLEURODESIS WITH 10% BETADINE IN A TERTIARY CARE CENTRE, MAHABUBNAGAR, TELANGANA**

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BACKGROUND: .Tetracycline, talc, bleomycin have been proved to be effective in recurrent spontaneous pneumothorax and malignant pleural effusion. Recent studies have shown the efficacy of 10% betadine in pleurodesis.

OBJECTIVE: The study was conducted in S.V.S. Medical College, Mahbubnagar Dist., Telengana to find out the success rate of 10% betadine in pleurodesis in patients with recurrent spontaneous pneumothorax and malignant pleural effusions.

MATERIALS AND METHODS: Patients with malignant pleural effusion and recurrent spontaneous pneumothorax were taken into consideration. 10% betadine with lignocaine was used in this study.

RESULTS: Totally 26 patients underwent pleurodesis. 18 patients had malignant pleural effusion and 8 patients had recurrent spontaneous pneumothorax. Out of 26 patients, 23 patients had successful pleurodesis 88.5% ,16 out of 18 patients 88.9% with malignant pleural effusion had successful pleurodesis and 7 out of 8 patients 87.5% with recurrent spontaneous pneumothorax had successful pleurodesis.

CONCLUSION: In our observation, we have seen that pleurodesis with 10 % betadine is very effective and inexpensive in pleurodesis without much complications.

Keywords:

Betadine, pleurodesis, malignant pleural effusion.

Abstract Code: BRN25_ABS_V1217

Abstract Title - **CASE REPORT OF A INTRPULMONARY SCHWANNOMA**

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INTRODUCTION:

1. Schwannoma/ Neurilemoma-benign neoplasm of the Schwann Cells of the neural sheath
2. Schwannomas - 5% of all tumours in humans
3. Neurinoma-1910-Verocay was the first to postulate that this tumour has histologically - neurofibromas

CASE PRESENTATION:

69 Year male C/O -

Presented with dypnea

cough

reduced appetite

weight loss on an off since 6-7 months

O/E VitaAl stable

Respiratory system-left sided decrease breath sounds in left upper zone

Routine labs workup within normal limits

DIAGNOSIS AND MANAGEMENT:

CT Chest- A large well defined mass in left apical paraspinal region with erosion of transverse process of upper thoracic vertebra and posterior surface of left ribs.

CT guided biopsy s/o bland spindle cells arranged haphazardly with myxoid stroma

IHC- S-100 positive and SOX 10

Management: Planned for surgical resection(VATS/SEGMENTECTOMY)

DISCUSSION:

1. Intrapulmonary schwannomas- 0.2% of all lung neoplasms
2. Centrally located schwannomas-2 types (i) intraluminal and (ii) extraluminal.
3. Arise from sensory nerves
4. M/c - Sciatic nerve and brachial plexus
5. Histologically -characterized by two basic tissue types-Antoni Type A Antoni Type B
6. Antoni A bodies- fascicles of spindle shaped Schwann Cells Acellular eosinophilic areas palisaded spindled cells with Verocay bodies
7. Antoni B bodies are less cellular and more randomly arranged spindle cells in a loose myxomatous stroma and lack the homogeneous Verocay bodies
8. Most common stains s-100, EMA PANK CD68 SMA DESMIN, ECD31
9. MRI with gadolinium scan
10. FDG-PET/CT- malignant and benign soft tissue lesions
11. Surgical Resection-preferred treatment.

CONCLUSION:

1. Intrapulmonary NL-extremely rare tumor
2. Chest CT findings of a well-defined solid mass -raise the suspicion of NL.
3. S-100 positive IHC staining

Keywords

SCHWANNOMA

Abstract Code: BRN25_ABS_R8224

Abstract Title - **Evaluating the Effect of Obesity on Pulmonary Diffusing Capacity**

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Aim & Objectives

To investigate the impact of obesity on pulmonary diffusing capacity, understanding how increased body mass affects gas exchange in the lungs. This study aims to examine the correlation between obesity and DLCO in clinical settings. We seek to determine how varying degrees of obesity affect DLCO measurements

Material &Methods:

A comprehensive review of clinical studies was conducted, focusing on research that investigates the relationship between obesity and DLCO. Statistical analyses were performed to assess the correlation between body mass index (BMI) and DLCO values, adjusting for potential confounding variables such as age, sex, and presence of comorbidities.

Results:

18 patients with BMI >25 were included in the study, and DLCO was performed on them. Three were female, and 15 were male. Different results were noted: 3 showed a restrictive pattern, 3 showed a normal pattern, and 12 showed greater than expected values in obese patients. The impact was greater in individuals with respiratory comorbidities, with correlations with asthma and COPD. Sensitivity analyses indicated consistent results across study designs, although weight loss interventions showed a trend toward improved DLCO.

Conclusions:

Obesity significantly affects respiratory health by impairing lung function and gas exchange. A key measure, the diffusing capacity of the lungs for carbon monoxide (DLCO), often changes in obese individuals, indicating compromised pulmonary efficiency. Recognizing obesity's impact on DLCO emphasizes the need to include weight considerations in respiratory assessments. Addressing obesity may enhance lung function, underscoring the value of further research and targeted interventions to improve pulmonary health.

Keywords

DLCO, Obesity, BMI

Abstract Code: BRN25_ABS_Y1124

Abstract Title - **Bronchoscopy Guided Localization of Lung Nodules Using Fiducial Indocyanine Green (ICG) Dye Instillation - A novel aid for surgical resection - A case series**

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Introduction: In cases of malignant solitary pulmonary nodules (SPNs), Video-assisted Thoracoscopy (VATS) or Robotic-assisted Thoracoscopy (RATS)-guided segmentectomy are preferred surgical modalities. Precise intraoperative localization of SPNs, particularly when small, subsolid, or deeply positioned, remains challenging despite advancements in thoracic surgery. Difficulty in localization can compromise surgical precision, prolong operative time, and increase morbidity.

Case Presentation: We report two female patients, aged 73 and 55 years, each with FDG-avid solitary pulmonary nodules measuring 2.2 x 2.1 cm in LB 1+2 and 1.8 x 1.5 cm in RB 6, respectively. Both nodules were diagnosed as adenocarcinoma on biopsy with a negative staging Endobronchial Ultrasound (EBUS) (T1N0). Both patients were planned for a RATS segmentectomy. Intraoperatively,

they underwent bronchoscopy-guided fiducial localization. Navigation planning was performed using Virtual Bronchoscopic Navigation (LungPoint), and lesions were localized using an ultra-thin bronchoscope and radial EBUS. A PeriView FLEX TBNA needle was precisely positioned within the nodules under fluoroscopy. Subsequently, 0.25 ml of ICG dye solution mixed with distilled water and 20% human albumin was instilled into the nodules. Intraoperative visualization via Firefly near-infrared (NIR) imaging effectively highlighted the fluorescent nodules, facilitating precise, efficient, and complete surgical resection with clear margins.

Conclusion: This case series demonstrates bronchoscopic fiducial localization using ICG dye significantly enhances intraoperative visualization of lung nodules. The technique ensures accurate resections, reduces procedural duration, minimizes morbidity, and decreases the necessity for invasive open thoracotomy.

Keywords

Bronchoscopic Navigation, Fiducial Dye (ICG), Solitary Pulmonary nodules, Segmentectomy,

Abstract Code: BRN25_ABS_F2256

Abstract Title - CLINICAL, RADIOLOGICAL AND HISTOPATHOLOGICAL PROFILE OF PATIENTS WITH ENDOBRONCHIAL LESION ON FIBROPTIC BRONCHOSCOPY

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Introduction:

Many different pulmonary diseases, both benign and malignant, can show up as endobronchial lesions during a bronchoscopy. Other benign conditions can also appear similar on bronchoscopy and CT scans. This study aimed to explore why endobronchial lesions vary so widely in their appearance, both radiologically and pathologically.

Aims and objectives:

To study the clinical, radiological, and histopathological profiles of patients with endobronchial lesions on fiberoptic bronchoscopy.

To use fiberoptic bronchoscopy in evaluating types and numbers of endobronchial lesions and involvement of bronchial segments for the diagnosis of malignancy.

Materials and methods-

The study, conducted at HIMS Dehradun for one year, involved patients from OPD, IPD, and emergency services, who had endobronchial lesion on fiberoptic bronchoscopy aged more than 18 years with informed consent and ethical approval.

Results:

Out of 120 patients, most were male (83.33%) and aged 56-65 (39.17%), with 65% being smokers. Common complaints included shortness of breath (69.17%) and chest pain (43.33%). Squamous cell carcinoma and small cell carcinoma were the most frequent diagnoses. Mass lesions (65%) and exophytic lesions (66.67%) were common findings. The right upper lobe was most frequently affected.

Conclusion:

We found that combining clinical, radiological, and endobronchial profiles can give important insights to both clinicians and pathologists in diagnosing conditions. This study highlights the valuable role of fiberoptic bronchoscopy in safely confirming the presence of endobronchial lesions, with no reported mortality. There is a broad range of endobronchial lesions, each showing different radiological and pathological characteristics.

Keywords:

fiberoptic bronchoscopy, ct scan , histopathological

Abstract Code: BRN25_ABS_X8407

Abstract Title - **DIAGNOSTIC YIELD OF BAL CBNAAT TEST IN TB DETECTION – A PIOLET EXPERIENCE FROM SECONDARY CARE CENTER IN S. INDIA**

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INTRODUCTION:

Bronchoscope still remaining as a diagnostic equipment limited to tertiary care center. CBNAAT (Cartridge based Nucleic acid Amplification Test) is now becoming available at all District TB Centers of Kerala in mid 2016. Two bronchoscopes also made available to the Health Service non – teaching institution in 2016. Thus we are reporting our case series.

MATERIAL & METHOD:

All broncho alveolar lavage received since 23/7/16 to 24/6/17 received for CBNAAT is included in the study. It is a retrospective study from the register maintained for CBNAAT at District TB Center. Samples are obtained from bronchoscopy procedure at GH Alappuzha

RESULT

60 cases included in the study for the study period of 12 months. The age group of the patients ranges from 10 to 70 years. 42 males & 18 females. Out of the 60 cases tested 8 detected positive for MTB (13.33%), one case was diabetic. One case of smear positive turned to be CBNAAT negative.

DISCUSSION:

A high yield of TB detection compared to smear examination (in our center 13.33% Vs 2%) is very high as all BAL including unsuspected TB cases are sending for CBNAAT.

CONCLUSION:

A high yield of TB detection using BAL & CBNAAT are obtained in our center.

Keywords:

CBNAAT , BAL,TB DIAGNOSIS

Abstract Code: BRN25_ABS_Y4496

Abstract Title - **CBCT guided bronchoscopic sampling of peripheral pulmonary lesions: The first indian experience**

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Introduction:

Conventional bronchoscopic approaches have a lower diagnostic yield compared to transthoracic biopsy for sampling peripheral pulmonary lesions (PPLs). Cone-beam computed tomography (CBCT)-guided bronchoscopy overcomes the limitations of conventional bronchoscopy techniques.

Aim and objectives:

This study evaluates diagnostic yield (DY), predictors of success, and safety of CBCT-guided bronchoscopy for PPL biopsy.

Methods:

This single-centre retrospective study included consecutive patients who underwent CBCT-guided biopsy for PPLs between November 2023 and November 2024. Clinico-radiologic and procedural details, tool-in-lesion (TIL) relationships, DY, factors predicting DY, and complications were assessed.

Results:

Of the 183 patients who underwent bronchoscopic sampling of PPL during study period, 50 patients underwent CBCT biopsy. The overall DY of CBCT-biopsy was 88% (44/50). A type 1 TIL (tool within lesion) was obtained in 57% (28/49), type 2 TIL (tool touch lesion) in 35% (17/49) and a type 3 TIL (tool away from lesion) in four cases. Factors predicting DY were size of lesion, and the tool-lesion relationship. Diagnostic yield increased with increasing size of PPL, and decreased the farther the tool was from the centre of the target. The DY was 100%, 82% and 25% for lesions with type1, type2 and type3 TIL, respectively (p=0.0026). CBCT-biopsy was safe with no procedural mortality, no pneumothorax and moderate to severe bleed in seven cases.

Conclusion:

CBCT guided biopsy for peripheral pulmonary lesions is safe and has a diagnostic yield of 88%. Diagnostic yield is higher for lesions $\geq 2\text{cm}$ and when the tool is within the lesion (type 1 TIL) on CBCT spin.

Keywords:

CONE BEAM CT SCAN , PERIPHERAL PULMONARY LESIONS, CRYO BIOPSY, TOOL IN LESION , BRONCHOSCOPY, RADIAL EBUS, NAVIGATIONAL BRONCHOSCOPY

Abstract Code: BRN25_ABS_T9505

Abstract Title - **Diagnostic Yield and Safety of Endobronchial Ultrasound-Guided Mediastinal Cryo Biopsy: A Single Centre Experience**

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Aim & Objectives: Endobronchial ultrasound-guided mediastinal cryo biopsy (EBUS-MCB) has emerged as an advanced diagnostic modality to overcome limitations of conventional endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA), particularly in diagnosing benign diseases and rare mediastinal tumours. In this study, we assessed the diagnostic yield and safety profile of EBUS-MCB at our institution.

Material & Methods: On retrospective analysis 313 patients underwent EBUS-TBNA from August 2024 to February 2025. EBUS-MCB was performed in 111 patients following rapid on-site evaluation (ROSE) during EBUS-TBNA being inconclusive or showing atypical cells. EBUS-MCB was performed using a 1.1mm cryo-probe, obtaining four to six biopsies per patient, using four to seven seconds freezing time.

Results: The mean age of patients was 52.8 years, comprising 65 males (58.5%) and 46 females (41.5%). EBUS-MCB yielded representative lymph node tissue in all cases and demonstrated an overall diagnostic yield of 76.5% (85/111), significantly surpassing the yield of conventional EBUS-TBNA at 62.2% (69/111). Specifically, in cases with inconclusive ROSE (n=67), diagnostic yield of EBUS-MCB was 62.6% compared to 40.3% of EBUS-TBNA, resulting in an additive yield of EBUS-MCB over EBUS-TBNA in 15/67 cases (22.4%). In all cases diagnosed with malignancy, tissue obtained by EBUS-MCB was adequate for ancillary testing (44/44). Procedure-related complications included mild bleeding in 24 cases (21.6%) and moderate bleeding in 3 cases (2.7%), with no instances of severe bleeding, pneumothorax, pneumomediastinum, or mediastinitis.

Conclusion: EBUS-MCB significantly enhances diagnostic yield and demonstrates a favorable safety profile, supporting broader adoption into clinical practice.

Keywords:

EBUS, Mediastinal Cryo Biopsy, Rare tumours, ROSE

Abstract Code: BRN25_ABS_Y1674

Abstract Title - **Lungs on Trial: The Rare and Unseen Culprit Behind Pulmonary Catastrophe – A Case Report**

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BACKGROUND:

Hydatid has been affecting humans from ages, involvement has been seen in both liver and lung. However there have been some case reports where involvement have been very unusual like heart and even vessels leading to Pulmonary embolism.

CASE DESCRIPTION

28-Year-old male shepherd presented with complaints of cough and exertional dyspnea from past 2 months in 2022. CT-Chest s/o pulmonary embolism with bilateral cavitary lesion. In past, Patient had a history of CAP-with PTE in 2018 at the age of 18-years for which anti-coagulation and IV antibiotics were given and discharged on oral anticoagulation and planned for evaluation but patient didn't follow-up. This time all relevant investigations were performed, thrombophilia profile was negative. A CT-biopsy was performed, revealing a hydatid membrane, leading to a diagnosis of Hydatid disease and accordingly patient was managed.

DISCUSSION

Hydatid disease, caused by *Echinococcus*, primarily affects the liver and lungs but can rarely involve vessels, causing complications like pulmonary embolism. This case emphasizes the importance of suspecting hydatid disease in endemic areas, especially with unusual cases. Early detection and follow-up are essential to prevent severe complications, particularly in high-risk occupational groups like shepherds.

CONCLUSION

A thorough history and examination, combined with multidisciplinary evaluation are crucial for accurately diagnosing various lung conditions that might otherwise be misdiagnosed or left undiagnosed. A comprehensive evaluation helps streamline appropriate diagnostic investigations and reduces unnecessary procedures for the patient.

Keywords

HYDATID, PULMONARY EMBOLISM , RARE CONDITION

Abstract Code: BRN25_ABS_P9714

Abstract Title - **Etiological Evaluation of Non-resolving Pneumonia: Our Experience in a Tertiary Care Center of Telangana**

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INTRODUCTION: Non-resolving or slowly resolving pneumonia is not uncommon, affecting 10–20% of patients admitted with community-acquired pneumonia (CAP). Non-resolving pneumonia is a challenging clinical problem. Incidence of non-resolving pneumonia was found to be 10–15% among hospitalized patients with CAP and of them 6% developed progressive pneumonia.

AIMS & OBJECTIVES: This study aims to evaluate the patients of non-resolving or slowly resolving pneumonias to establish the cause of it.

METHODOLOGY: It is a prospective, observational study taken up by the Department of Pulmonary Medicine of SVS Medical College and Hospital, Mahabubnagar, Telangana. All the enrolled cases of non-resolving or slowly resolving pneumonia which satisfy the inclusive criteria were taken into the study. A total of 28 patients were satisfying the inclusion criteria and were further studied for evaluating the causative factors.

OBSERVATION & RESULTS : The mean age of the patients was 48.2 years. Of 28 patients, 18 (64.2%) were male and 10 (35.7%) were female with a male:female ratio – 1.8:1. Fever (81%) and cough (86%) were the most common symptoms. Smoking was the most common comorbidity noted (60.7%) followed by alcoholism (46.6%), diabetes (39.28%), hypertension (25%), and chronic obstructive pulmonary disease (21.4%). The most common cause of non-resolution of pneumonia in this study was tuberculosis 11 (39.28%) followed by bacterial pneumonias 9 (32.1%) which were caused by drug-resistant organisms. Other causes were malignancy 6 (21.4%), foreign body 1 (3.57%), and fungal pneumonia 1 (3.57%).

CONCLUSION:Non-resolving pneumonia is a problem not only for the patient but also to the treating physician because establishing the cause for the non-resolution of pneumonia takes time and requires invasive investigations. Tuberculosis and CAP not responding to empirical antibiotics and malignancy contribute major cause for non-resolution. So, coming to a particular diagnosis is very crucial for appropriate treatment in non-resolving pneumonia.

Keywords:

Non-resolving pneumonia, Fiberoptic bronchoscope, CT scan chest

Abstract Code: BRN25_ABS_S5789

Abstract Title - **Prevalence of Severe Asthma and Various Asthma Phenotypes in a Cohort of Asthma**

Patients at a Tertiary Care Centre

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Introduction:

Asthma is a heterogeneous chronic inflammatory airway disease with diverse clinical phenotypes and varying severity. Phenotypic characterization is crucial for personalized treatment strategies, particularly in severe asthma which remains uncontrolled despite optimal therapy.

Aim and Objectives:

To determine the prevalence of severe asthma and analyze the distribution of various inflammatory phenotypes in asthma patients attending a tertiary care center.

Methods:

This cross-sectional observational study was conducted at Government Chest Disease Hospital, Srinagar, from July 2023 to December 2024. A total of 639 adult asthma patients were enrolled after applying strict inclusion and exclusion criteria. Assessment included detailed clinical evaluation, spirometry, blood eosinophil count, serum IgE levels, and induced sputum analysis. Asthma severity was determined using the ACQ-5 questionnaire, and phenotypes were classified as eosinophilic, neutrophilic, paucigranulocytic, or mixed granulocytic.

Results:

Among the 639 patients, 4.8% were classified as having severe asthma. The predominant phenotype was eosinophilic asthma (47.6%), followed by paucigranulocytic (43.5%), neutrophilic (6.2%), and mixed granulocytic (2.7%). Allergic asthma, defined by serum IgE 100 IU/mL, accounted for 68.9% of cases. Even among non-allergic patients, eosinophilic inflammation remained the most common phenotype. Notably, incorrect inhaler technique and suboptimal adherence were observed in 58.2% and 62% of patients, respectively, highlighting modifiable contributors to poor control.

Conclusion: Eosinophilic asthma was the most prevalent phenotype across both allergic and non-allergic groups. The prevalence of severe asthma was 4.8%, reinforcing the need for phenotypic stratification to guide biologic therapy and improve outcomes. These findings underscore the value of comprehensive inflammatory profiling in asthma management.

Keywords:

Severe Asthma, Inflammatory phenotypes



ABSTRACTS FOR E-POSTER PRESENTATION

Abstract Title - Evaluation of exudative lymphocytic pleural effusion with low adenosine deaminase (ADA) with reference to semi-rigid thoracoscopy-guided pleural biopsy

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Introduction:

Adenosine deaminase (ADA) is an important biomarker of pleural effusion, especially in tuberculosis-prevalent country like India. Low ADA exudative lymphocytic effusion is always a clinical dilemma to pulmonologists. Medical thoracoscopy may be the need of the hour in such cases due to its ability for providing large biopsy samples by direct visualization of pleura.

Aim & Objectives:

To determine etiology of exudative lymphocytic low ADA pleural effusion cases. To observe the patients for thoracoscopy-related immediate complications.

Methods:

This is a cross-sectional study among 81 adults, having exudative lymphocytic pleural effusion with ADA less than 40 U/L, inconclusive malignant cytology, normal bronchoscopy finding, negative tuberculosis work-up, admitted to our department. Patients underwent pleural biopsy using semi-rigid thoracoscope under local anesthesia and conscious sedation; subsequently evaluated for histopathology with immunohistochemistry, and tuberculosis work-up.

Results:

Mean age 58.5 years; 59 males (73%). Thoracoscopy yielded definitive diagnosis in 70 patients (diagnostic yield: 86.4%) – malignancy in 51 patients (63%), tuberculosis (by histology/CBNAAT/culture) in 18 (22.2%) and pleural endometriosis in 1. Distribution of malignant cases: lung adenocarcinoma (35), poorly differentiated carcinoma (7), malignant mesothelioma (2), small cell carcinoma (1), non-lung carcinoma (total 6: breast – 3, cervix – 1, ovary – 1, endometrium – 1). Combined overall sensitivity and specificity of thoracoscopy for malignancy – 83.33% and 95.24% respectively. Mean ADA of tuberculosis cases was 24.09 U/L. Median post-procedure hospitalization stay was 5 days with no procedure-related mortality. 6 patients developed significant lung trapping with bronchopleural fistula. Comparing malignant effusion cases with tuberculous effusion, the difference in values of mean pleural fluid ADA, median pleural fluid LDH, mean CR, mean CR+ was statistically significant ($p < 0.05$).

Conclusion: Semi-rigid thoracoscopy is a minimally-invasive ambulatory procedure with acceptable yield and favourable safety profile. The optimal cut-off for ADA needs to be re-assessed.

Keywords

ADA, Biopsy, Malignancy, Semi-rigid, Thoracoscopy

Abstract Code: BRN25_ABS_X2460

Abstract Title - **CUSTARD APPLE SEED IN 1YR OLD AIRWAY**

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BACKGROUND:

Foreign body aspiration is a life threatening condition. Children and elderly are vulnerable to this condition. Timely recognition and management of foreign body in the airway are crucial to prevent serious complications like respiratory distress, cardiac arrest, or even loss of life.

CASE STUDY:

An 12 month old baby, presented to op with H/O choking following ingestion of custard apple one day ago. The baby was tachypneic with desaturation on exertion and positional variation. CXR showed right upper lobe apical segment, Ct chest s/o ? Foreign body in right main stem bronchus. Flexible bronchoscopy revealed obstruction (foreign body) in right main stem Bronchus. Rigid bronchoscopy was done and foreign body was removed with Rigid Alligator Forceps intoto.

DISCUSSION:

Foreign bodies in children generally present with violent cough, sob, wheezing and gagging. Occasionally persistent and recurrent pneumonia that doesn't clear with antibiotic therapy also lead to the diagnosis. Unsuspected foreign bodies have been the cause of chronic respiratory illness causing chronic airway inflammation, distal atelectasis, bronchiectasis and severe lung damage.

CONCLUSION:

We present a case of 12 month old baby who came with c/o cough since 1day following choking, where patient chest Xray was improved radiologically after treatment. When flexible bronchoscopy was done a foreign body was identified and removed with the help of rigid bronchoscopy.

Keywords:

Pediatric airway, Bronchoscopy, Foreign body.

Abstract Code: BRN25_ABS_L3456

Abstract Title - **Prevalence and Clinical Correlates of Anemia in COPD Patients of Low Socioeconomic Status**

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Aims and Objectives:

Primary Objective:

To study the prevalence of anaemia in chronic obstructive pulmonary disease (COPD) patients of low socio-economic status.

Secondary Objectives:

1. To study the severity of anemia in COPD patients of low socio-economic status.
2. To study the clinical correlates of anemia in COPD patients of low socioeconomic status.

Materials and Methods:

This cross-sectional observational study included 245 COPD patients from a tertiary care hospital. Anemia was defined using WHO criteria. Data were collected on age, gender, BMI, GOLD stage, GOLD treatment category, STAR category, smoking status, diabetes, hypertension, and BODE index. Statistical analysis was done using chi-square and t-tests.

Results:

Anemia was found in 45.3% (111/245) patients. Among these, normocytic normochromic anemia was seen in 48.6%, microcytic hypochromic in 45.1%, and macrocytic in 6.3%. Statistically significant associations were observed with age group ($p = 0.048$), lower BMI ($p = 0.022$), and higher BODE index ($p = 0.040$). No significant associations were found with gender ($p = 0.159$), smoking ($p = 0.216$), diabetes ($p = 0.255$), hypertension ($p = 0.352$), GOLD staging ($p = 0.515$), GOLD treatment category ($p = 0.831$), or STAR category ($p = 0.508$).

Conclusion:

Anemia is prevalent among COPD patients of low socioeconomic status and is significantly associated with increasing age, low BMI, and greater morbidity as indicated by BODE index. The most common morphological pattern observed was normocytic normochromic anemia, followed by microcytic

hypochromic and macrocytic types. Routine screening and treatment of anemia should be integrated into COPD management protocols.

Keywords:

Anemia, COPD, GOLD staging, Socioeconomic status, Cross-sectional study

Abstract Code: BRN25_ABS_S4465

Abstract Title: **Pleural Effusion with a Pancreatic Twist: A Case Report on Pancreatic Pleural Fistula**

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Aim and Objective:

To report and analyse a rare presentation of pancreatic pleural fistula in a 35-year-old male, emphasizing the importance of considering intra-abdominal aetiologies in cases of unexplained pleural effusion.

Material and Method:

A 35-year-old male, presented with a 1-month history of productive cough with white expectoration, grade 4 shortness of breath, high-grade continuous fever, weight loss, and anorexia. Clinical examination revealed decreased air entry and dullness over the right lung field. Chest X-ray and HRCT thorax showed gross right pleural effusion. Diagnostic thoracocentesis was performed. Further imaging with contrast-enhanced CT abdomen and ultrasonography was done. Pleural fluid and serum samples were analysed for amylase, lipase, LDH, and other biochemical parameters.

Results:

Radiological investigations confirmed gross right pleural effusion and acute pancreatitis with peripancreatic collection. Pleural fluid analysis showed markedly elevated amylase (16,190 U/L) and lipase (87,442 U/L) levels, with LDH of 829 U/L and 80% lymphocytic predominance. Sputum examination and other routine haematological investigations were within normal limits. USG abdomen revealed features suggestive of diverticulitis. Based on the clinical, radiological, and biochemical findings, a diagnosis of pancreatic pleural fistula was made, an uncommon complication of pancreatitis wherein pancreatic enzymes enter the pleural space.

Conclusion:

Pancreatic pleural fistula is a rare but significant differential diagnosis for massive pleural effusion, especially when associated with elevated pleural fluid amylase and lipase. High clinical suspicion and appropriate imaging are crucial for diagnosis. Early identification can guide targeted management and prevent complications.

Keywords: Pleural Fluid, thoracocentesis, pancreatico pleural fistula, pancreatic enzyme, amylase, lipase

Abstract Code: BRN25_ABS_Y4096

Abstract Title - **Clinicoradiological and laboratory profile in acute exacerbation of ILD - A cross sectional study**

INTRODUCTION:

Acute exacerbation of ILD is defined as acute, clinically significant deterioration that develops within < 1 month without an obvious clinical cause and shares a common clinical features such as dyspnea and dry cough. Among the acute exacerbation of ILD, ground glass opacities/consolidation were the common HRCT thorax presentation in CTD-ILD with infection and cardiac failure whereas honeycombing was the predominant HRCT thorax finding in IPF and RA-ILD. We collectively evaluated inflammatory, infective and cardiac parameters along with HRCT Thorax, thereby paving way for better understanding of association of them with various patterns of ILD

AIM AND OBJECTIVES:

To determine the association between clinical, laboratory parameters and HRCT chest findings in patients with acute exacerbation of Interstitial Lung disease

MATERIAL & METHODS:

The study was a cross-sectional study conducted among 65 patients in tertiary care hospital, Puducherry

RESULTS:

Among 65 with acute exacerbation of ILD patients 48 patients exhibited Usual Interstitial pneumonia pattern and 17 exhibited Non Specific Interstitial Pneumonia pattern. Almost all patients had elevated infective/inflammatory markers(TC, DC, ESR, CRP, lactates, D-dimer, LDH) irrespective of cultures, viral-swabs, sputum-AFB and cardiac parameters(ECHO/ECG/NTproBNP). 20 patients had elevated NTproBNP (7 with NSIP & 13 with UIP). Out of 20 patients with elevated NTproBNPs 18 had abnormalities in ECHO & ECG and 2 had no abnormalities in ECHO & ECG.

SUMMARY:

By this study we identified elevation of infective/inflammatory markers are more common among almost all patients with acute exacerbation of ILD among both UIP & NSIP patterns. However NTproBNP is not only elevated in patients with cardiac abnormalities in acute exacerbation of ILD but also in patients without cardiac abnormalities.

CONCLUSION:

Hence we suggest collective evaluation of infective/inflammatory markers along with HRCT thorax & NTproBNP can help in assessing the risk and severity of acute exacerbation of ILDs.

Keywords: Infective/inflammatory markers, HRCT, NTproBNP

Abstract Code: BRN25_ABS_D5163

Abstract Title - **PREVALENCE AND FACTORS ASSOCIATED WITH WEANING FAILURE FROM NON-INVASIVE VENTILATION IN ACUTE TYPE II RESPIRATORY FAILURE PATIENTS**

INTRODUCTION:

The mainstay treatment for type II respiratory failure among conscious patients is initiating non-invasive ventilation, preferably the bilevel positive airway pressure. However, a universal guideline for NIV weaning has not been laid down and has been forever physician-dependent weaning. Early weaning also led to weaning failure, due to which the actual reasons for NIV weaning failure have not been studied.

AIM AND OBJECTIVES:

We aim to analyze the factors associated with weaning failure.

METHODS:

A tertiary care hospital-based cross-sectional analytical study was conducted among seventy-two acute type II respiratory failure patients.

RESULTS:

Among 106 patients, 49.1% experienced weaning failure, while 50.9% were successfully weaned. Patients with weaning failure have higher SAPS II scores (33.24) than successful patients (32.42). Patients with higher pCo₂ at admission, SPO₂<90% , and known Type II respiratory failure were found to have significant weaning failure, with p values of 0.048, 0.042, and 0.006, respectively.

SUMMARY:

We found that 30.5 % of patients with hypercarbia (73 mm hg) and patients with known type II respiratory failure had a significant weaning failure. We also analyzed the association of weaning failure between various parameters, such as BMI, TROP-I, CKMB, TC, CRP, thyroid profile, chest X-RAY, SAPS II score, STOP-BANG score, and 2D ECHO (RA/RV dilatation / LV dysfunction), which showed no significant correlation among them. A similar study done by Ozlem Ercen Diken et al. indicated no significant correlation between weaning failure and pCO₂. However, our findings reveal a noteworthy significance, highlighting the need for further investigation.

CONCLUSION: Hence, we suggest patients with Pco₂ >73 mm hg , SPO₂< 90% at the time of admission, known Type II respiratory failure, higher SAPS II score can be used as an effective tool in assessing the risk of weaning failure at the earliest.

Keywords: SAPS II, 2D- ECHO, type II respiratory failure.

Abstract Code: BRN25_ABS_T6191

Abstract Title - **An unusual presentation of cystic lung disease INTRODUCIN**

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Introduction:

Cystic lung disease are group of pulmonary conditions characterized by presence of cystic spaces or bullae in lung Parenchyma.

Aims and objectives:

To study the clinical profile, Radiological characteristics, and outcomes of patients diagnosed with isolated bullous emphysema and to assess the role of HRCT.

Materials and method :

Smoking history, pulmonary function test were recorded. Cxr and Hrct thorax were evaluated for bullae size location and number.

Results:

Presenting symptoms were dyspnoea in exertion , chest pain and patient was managed conservatively to prevent complications like pneumothorax

Summary:

Isolated bullous emphysema is a distinct clinical entity rarely seen in non smoking female and was managed conservatively.

Conclusion:

Early recognition of isolated bullous emphysema and timely intervention can significantly improve respiratory function and quality of life

Keywords:

Hrct, cxr

Abstract Code: BRN25_ABS_OFL-01

Abstract Title - **Unmasking MDR Pleural-TB: The Decisive Role of Bronchoscopy and Medical Thoracoscopy in a Complex Adolescent Case**

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Introduction-

A 16-year-old female presented with a three-month history of constitutional symptoms, including persistent fever, significant weight loss, malaise, anorexia and right sided pleural effusion. She had previously undergone hospitalization at another centre four months earlier due to pleural effusion, managed by intercostal drainage (ICD). Initial diagnostic workup at that time, including pleural fluid and sputum analysis for Mycobacterium tuberculosis (MTB), yielded negative results, and she was discharged without initiating anti-tubercular therapy.

Due to ongoing clinical deterioration despite initial negative diagnostic findings, further invasive procedures were undertaken. Bronchoscopy was performed to obtain bronchoalveolar lavage (BAL) fluid and endobronchial biopsies, which were pivotal in excluding endobronchial lesions and obtaining samples for microbiological assessment. Medical thoracoscopy was conducted, which demonstrated multiple pleural plaques in right parietal pleura with intervening normal areas. There were dense adhesions between the parietal & visceral pleural with fibrin deposition in the visceral pleura. We attempted to separate out the adhesions & facilitated the drainage of thick pleural fluid by ICD insertion. Biopsy of the right pleural plaque was taken under direct visualization and sent for HPE, GeneXpert, Cytology, & C/S. Thoracoscopic pleural biopsy provided definitive evidence of granulomatous inflammation and tested positive on GeneXpert MTB/RIF assay, indicating rifampicin-resistant tuberculosis; Mycobacterial Growth Indicator Tube (MGIT) initial smear was AFB 1+.

Following the definitive diagnosis of Right-sided MDR Pleural Effusion, the patient was initiated on a longer oral MDR-TB regimen incorporating bedaquiline (BDQ), as per national MDR-TB management guidelines. Early tolerance to therapy was favorable, with vigilant clinical and biochemical monitoring established to promptly detect and manage potential adverse effects.

This case highlights the critical diagnostic utility of advanced invasive procedures, particularly bronchoscopy and thoracoscopy, in complex presentations of extrapulmonary TB, where traditional non-invasive investigations fail to yield conclusive results. Bronchoscopy facilitated targeted sampling and exclusion of other endobronchial pathologies, while thoracoscopy was instrumental in obtaining adequate tissue samples under direct visualization, essential for molecular diagnosis. The successful application of these advanced interventions underscores their indispensable role in the timely and accurate diagnosis of MDR-TB, enabling appropriate therapeutic intervention and improved patient outcomes.

Abstract Code : BRN25_ABS_H7323

Abstract Title - **Factors Determining hepatotoxicity in patients on first line ATT**

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Introduction-

Antitubercular treatment (ATT)-induced liver injury is major cause of drug induced liver injury (DILI). Spectrum ranges from non- specific transaminitis to fulminant hepatic failure.

- WHO-UMC causality analysis scale helps assess causal relationship between drug and associated adverse event (Ranges from Certain ; Probable ; Possible ; Unlikely ; Conditional). Study determines the association of risk factors implicated in patients with ATT induced DILI

Aim-

Factors Determining hepatotoxicity in patients on first line ATT

methods-Observational study done in 180 patients developing symptoms following ATT intake were evaluated. Patients fulfilling the inclusion criteria were shifted on modified ATT and follow up done with liver functions. Later, ATT was re challenged to evaluate offending drug.

Results-

Mean days for LFT to Normalise after withholding potential hepatotoxic drug was 20.68 +-6.16 days.

- Upon re challenging 85% patients tolerated ATT and Pyrazinamide was the most common offending ATT.

- 126 (70 %) patients had Pulmonary Tuberculosis and 30% patients had Extrapulmonary Tuberculosis.

- Results regarding other risk factors like gender, HIV status, Diabetic status, BMI, site of disease, smoking or alcohol status were not found to be significantly associated with ATT induced Liver injury

conclusion-ATT induced DILI is a deterrent in treatment of TB during initial months. Elderly (>60 years), hypoalbuminemia and underlying liver disease as significant risk factor for ATT induced DILI.

Keywords:

Nothing

Abstract Code: BRN25_ABS_P5324

Abstract Title - **From TB to tumour - Role of CT-guided biopsy in a misdiagnosed case of NSCLC initially treated as Miliary TB**

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Introduction:

A miliary pattern on chest imaging is commonly associated with disseminated tuberculosis, particularly in TB-endemic areas. However, similar radiologic appearances can occur in malignant conditions such as metastatic non-small cell lung carcinoma (NSCLC), often leading to misdiagnosis and delay in treatment.

Objective:

To highlight the diagnostic importance of considering alternative etiologies for miliary nodular patterns, and the role of histopathological confirmation in reaching a definitive diagnosis.

Methods:

A 64-year-old female presented with history of dyspnea, fever, cough with expectoration along with loss of appetite and weight since 1 month. Chest X-ray PA view showed innumerable tiny nodules scattered

randomly throughout both lung fields, prompting a presumptive diagnosis of miliary TB. So patient was started on empirical anti-tubercular therapy from a private clinic. After 4 weeks of poor clinical response patient was referred to tertiary health facility where her CECT chest was done which revealed bilateral diffuse micronodular opacities suggestive of miliary TB along with a heterogeneously enhancing mass in left lower lobe. Fundus examination confirmed no choroid tubercles. PET CT exhibited metabolically active soft tissue mass in left lower lobe, along with tiny nodularities in bilateral lung suggestive of Lymphangitis carcinomatosa. A CT-guided core needle biopsy was performed which revealed poorly differentiated adenocarcinoma. Anti-tubercular therapy was discontinued and patient was referred for systemic oncologic therapy.

Result:

Given the lack of response and inconclusive diagnostic workup, a CT-guided percutaneous lung biopsy was performed and histopathological confirmation revealed poorly differentiated adenocarcinoma, confirming diagnosis of metastatic NSCLC with Lymphangitis carcinomatosa.

Conclusion:

This case underscores that not all miliary patterns on imaging indicate tuberculosis. In the absence of microbiological confirmation and poor clinical response to empirical treatment, alternative diagnoses such as malignancy must be considered. CT-guided biopsy is a vital diagnostic tool in such scenarios, enabling accurate diagnosis and timely management.

Keywords:

Miliary, NSCLC, Lung cancer, CT-guided biopsy, Adenocarcinoma, diffuse micronodular opacities

Abstract Code: BRN25_ABS_C5524

Abstract Title - **ASSESSMENT OF MULTIDIMENSIONAL COPD INDICES AND IT'S CORRELATION WITH SEVERITY OF COPD**

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TITLE:

ASSESSMENT OF MULTIDIMENSIONAL COPD INDICES AND IT'S CORRELATION WITH SEVERITY OF COPD

AUTHOR INFORMATION:

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Background:

Chronic Obstructive Pulmonary Disease (COPD) severity is traditionally classified using spirometric criteria, GOLD staging system. However, multidimensional indices like BODE, ADO and DOSE provide a more comprehensive assessment by incorporating clinical symptoms, functional status, and risk factors in a newly diagnosed case of COPD.

Objective:

To evaluate the utility of BODE, ADO and DOSE indices in assessing COPD severity and their correlation with standard clinical parameters including mMRC, CAT score, and lung function (FEV1, FEV1/FVC).

Materials & Methods:

A cross sectional study was conducted on 200 COPD patients. Severity of the disease was classified using GOLD criteria based on FEV1%. BODE, ADO and DOSE scores were compared against mMRC, CAT, and lung function.

Results:

Index	Correlation with GOLD Stage
BODE	0.68 (strong positive correlation)
ADO	0.38 (moderate correlation)
DOSE	0.68 (strong positive correlation)

GOLD staging aligned best with BODE, while symptom scales (MMRC, CAT) corresponded more closely with DOSE. BODE and DOSE indices show a strong correlation with GOLD staging, indicating that they are closely aligned with lung function–based severity. ADO index shows a moderate correlation, likely because it incorporates age more heavily and may reflect prognosis rather than spirometric severity alone.

Conclusion:

BODE index is a stronger predictor of COPD severity and is most aligned with physiological impairment compared to ADO and DOSE. DOSE index may excel in identifying symptom burden but not airflow limitation. ADO with prognosis and DOSE with symptom burden and exacerbation risk.

Keywords:

COPD, BODE, ADO, DOSE, GOLD

Abstract Code: BRN25_ABS_O5198

Abstract Title - **APLASIA / HYPOPLASIA OF LEFT LOWER LOBE MASQUERADING PULMONARY TUBERCULOSIS**

Chinmay Gupta ¹

Introduction:

Aplasia and hypoplasia of the lung are rare congenital anomalies resulting from defective embryological development. These conditions can mimic other pulmonary diseases, such as tuberculosis, leading to diagnostic challenges, especially in endemic regions.

Aims and Objectives:

This study aims to highlight a case of left lower lobe hypoplasia masquerading as pulmonary tuberculosis, emphasizing the importance of accurate diagnosis to prevent unnecessary treatment.

Materials and Methods:

A young female patient presented with chronic dry cough and mild exertional dyspnea. Chest X-ray revealed middle and left lower zone heterogeneous opacities. High-resolution computed tomography (HRCT) was conducted with suspicious opacity with central necrosis in left lower zone for which bronchoscopy was performed for further evaluation. Bronchoalveolar lavage (BAL) fluid was analyzed for CBNAAT and other routine investigations.

Results:

Bronchoscopy revealed hypoplasia of the left lower lobe. BAL fluid tested positive for CBNAAT, indicating Mycobacterium tuberculosis infection. This finding confirmed a coexisting tuberculosis infection in a congenitally hypoplastic lung, complicating the diagnostic picture.

Summary:

Congenital lung hypoplasia can mimic tuberculosis, and coexisting infections can further obscure diagnosis. Proper imaging, bronchoscopy, and microbiological studies are crucial to differentiate conditions and ensure appropriate management.

Conclusion:

This case highlights the need for a high index of suspicion when evaluating patients with atypical lung findings. Early identification of congenital anomalies, combined with microbiological confirmation, prevents unnecessary delays in treatment and ensures appropriate management of coexisting conditions. A multidisciplinary approach is essential for optimal patient outcomes.

Keywords:

Lung hypoplasia, lung aplasia, pulmonary tuberculosis, congenital lung anomalies, bronchoscopy, CBNAAT

Abstract Code: BRN25_ABS_W6411

Abstract Title - **Pulmonary Tuberculosis Presenting as Subcutaneous Emphysema in an Adolescent: A Case Report**

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Introduction-

Pulmonary tuberculosis may uncommonly present with spontaneous subcutaneous emphysema due to alveolar rupture. Recognising this rare manifestation is vital, as early initiation of anti-tubercular treatment and supportive measures can avert serious complications and improve clinical outcomes.

Case Presentation-

A 19-year-old female presented with complaints of progressive swelling over the neck, chest, and upper limbs for 3 days, accompanied by mild respiratory distress and chest pain. There was no history of trauma, invasive procedures, or prior respiratory illness. On examination, extensive subcutaneous crepitus was palpable over the chest wall, neck, and upper limbs, suggesting subcutaneous emphysema.

Chest radiograph revealed diffuse subcutaneous emphysema, bilateral pulmonary infiltrates, and multiple cavitory lesions. High-resolution computed tomography (HRCT) of the chest confirmed severe pulmonary parenchymal destruction and pneumomediastinum. A thick walled cavitory lesion in right upper lobe and extensive subcutaneous emphysema involving axilla, lateral wall of chest on both sides, bilateral breast, neck and in arms and also extending in abdomen. Sputum smear microscopy was positive for acid-fast bacilli, confirming active pulmonary tuberculosis.

Management:

The patient was promptly initiated on standard anti-tubercular therapy as per national guidelines. Supportive management for subcutaneous emphysema included administration of high-flow oxygen to promote nitrogen washout and facilitate air resorption. Close monitoring of respiratory status and subcutaneous emphysema progression was performed. Invasive procedures were not required as there was no evidence of tension pneumothorax or respiratory compromise. Gradual resolution of the subcutaneous emphysema was observed over the following weeks, with improvement in respiratory symptoms and no further complications.

Conclusion-

Recognising subcutaneous emphysema as an atypical presentation of pulmonary tuberculosis allows for early intervention. Combined anti-tubercular therapy and supportive care facilitate resolution and help avoid serious complications in adolescent patients.

Keywords:

Pulmonary tuberculosis, Subcutaneous emphysema, Alveolar rupture, Pneumomediastinum, Anti-tubercular therapy.

Abstract Code: BRN25_ABS_Q7285

Abstract Title - **Spirometry based Assessment of Post TB Lung Damage in Rural Areas**

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Introduction:

Tuberculosis (TB) remains a significant global health challenge, especially in India. Despite successful anti-tuberculosis treatment (ATT), many patients develop post-tuberculosis lung disease (PTLD), leading to persistent respiratory issues and irreversible lung damage. Spirometry is a crucial but underused tool in rural areas to assess pulmonary function in these individuals.

Objective:

To evaluate spirometric abnormalities among patients cured of pulmonary TB in rural areas and explore correlations with clinical and demographic variables.

Methods:

This cross-sectional observational study included 345 individuals aged 18–70 years who had completed standard ATT. Spirometry was conducted per ATS/ERS guidelines, measuring FVC, FEV1, and FEV1/FVC ratio. Clinical symptoms, radiographic findings, and demographic data were analyzed using SPSS v26.0.

Results:

Abnormal spirometry was found in 89.28% of participants. Obstructive patterns (54.49%) were most common, followed by mixed (15.36%) and restrictive (13.62%) types. Only 10.72% had normal lung function. Obstructive changes were significantly linked to sputum positivity ($p < 0.01$), biomass exposure ($p < 0.001$), and higher smoking pack years ($p = 0.001$). Restrictive changes were more prevalent among females ($p = 0.036$), while mixed patterns were associated with male gender ($p = 0.041$) and higher mMRC scores. The 51–60 age group showed the highest incidence of obstruction (32.17%).

SUMMARY:

This study highlights a high prevalence of spirometric abnormalities—mainly obstructive patterns—among rural patients cured of pulmonary TB. Findings emphasize the need for routine lung function testing in post-TB care to address lasting respiratory impairments and improve long-term outcomes.

Conclusion:

A substantial burden of post-TB spirometric abnormalities exists in rural populations, primarily obstructive defects. These are significantly associated with various clinical and environmental factors. Routine spirometry should be included in post-TB care to detect and manage chronic lung complications early, especially in resource-limited settings.

Keywords:

Tuberculosis, Spirometry, Post-tuberculosis lung disease, Obstructive airway disease, Rural healthcare

Abstract Code: BRN25_ABS_L4288

Abstract Title - **UNMASKING MALIGNANT MESOTHELIOMA**

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Abstract

- 52 year old Mason presented with c/o **cough , sob , right sided chest pain** , low grade fevers since 15 days .Pt gave h/o similar complaints 1.5 years ago , diagnosed then as Right sided parapneumonic effusion PLEURAL FLUID ANALYSIS ADA – 13 PROTEIN – 5.5, GLUCOSE 173 , LDH 1239 NEUTROPHILIC PREDOMINANCE . PLEURAL FLUID FOR CBNAAT AND MALIGNANT CELLS -NEGATIVE .H/O Therapeutic thoracentesis done 3 times and around 2 litres of blood tinged pleural fluid was aspirated. USG guided Biopsy thrice yielded no result . **Pet ct report s/o:** hyper metabolic , irregular right pleural thickening Hyper metabolic enlarged mediastinal lymph nodes -S/o mesothelioma / kochs. Patient was posted for Medical thoracoscopy after 100ml of air insufflation with great difficulty biopsy was obtained as there was only minimal fluid and thickened pleura. Pleural biopsy report s/o – Malignant Neoplasm , Possibilities considered are : 1) NON SMALL CELL CARCINOMA 2) MALIGNANT MESOTHELIOMA

IHC-positive for WT1, Calretinin and negative for p40 ,TTF1 s/o malignant mesothelioma TNM staging - T2N2M0 . Was started on chemotherapy CARBOPLATIN + PEMETREXED and is tolerating the treatment well

Keywords

malignant mesothelioma ,pleura ,medical thoracoscopy

Abstract Code: BRN25_ABS_M7246

Abstract Title –**A Tale of a tenacious Fungi managed with bronchoscopic antifungal instillation- a case report**

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Introduction (Aim and Objective):-

Pulmonary mucormycosis is a rare but aggressive fungal infection, typically seen in immunocompromised patients, especially those with uncontrolled diabetes mellitus. Early diagnosis and prompt antifungal therapy are essential for improved outcomes.

Case Summary (material and method):-

We report a case of a 63-year-old male with uncontrolled diabetes who presented with cough, fever, breathlessness, and weight loss. Initial sputum microscopy revealed broad aseptate hyphae, and fungal culture grew *Mucor-Rhizopus* species. Contrast-enhanced CT thorax revealed cavitory lesions with surrounding ground-glass opacities. The patient was treated with intravenous liposomal amphotericin B for 21 days followed by oral Posaconazole, but showed no clinical or radiological improvement. Bronchoscopic instillation of amphotericin B (50 mg) was performed weekly for three weeks, in addition to systemic therapy. Following local instillation, the patient showed marked clinical and radiological improvement. Repeat bronchoscopy confirmed healing with granulation tissue and reduced necrotic debris.

Conclusion:-

Bronchoscopic instillation of amphotericin B may serve as an effective adjunctive strategy in cases of pulmonary mucormycosis with poor response to systemic therapy. This case underscores the importance of individualized management in such life-threatening infections.

Keywords: Keywords: Pulmonary mucormycosis, *Rhizopus*, diabetes mellitus, amphotericin B, bronchoscopic instillation, case report.

Abstract Code: BRN25_ABS_A4523

Abstract Title - **TO COMPARE THE DIAGNOSTIC YIELD OF EBUS GUIDED TBNA WITH AND WITHOUT P-ROSE IN PATIENTS WITH MEDIASTINAL LESIONS**

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INTRODUCTION:

Mediastinal lesions include both benign and malignant conditions EBUS-TBNA is a minimally invasive tool for diagnosis. However, sample inadequacy can limit its diagnostic yield. This study compares the diagnostic yield of EBUS-TBNA with and without P-ROSE in patients with mediastinal lesions.

AIMS & OBJECTIVES :

To compare the diagnostic yield of EBUS guided TBNA with and without Rapid On-Site Evaluation by Pulmonologist (P-ROSE) in patients with mediastinal lesions and compare the procedure duration and sample adequacy and cytopathologic profile of these patients.

MATERIALS AND METHODS:

A prospective, randomized, single-blinded study was conducted at a tertiary care hospital in New Delhi. Patients aged ≥ 18 years with undiagnosed mediastinal lesions were randomized into P-ROSE and NON P-ROSE groups. EBUS-TBNA was performed under conscious sedation, with P-ROSE guiding real-time adequacy assessment in one group. Diagnostic yield, sample adequacy, and procedural duration were analyzed.

RESULTS:

The diagnostic yield was significantly higher in the P-ROSE group (98.03%) than in the NON P-ROSE group (61.11%). The P-ROSE group had a shorter procedure duration ($p < 0.001$). The presence of hemorrhage and necrosis showed no significant difference between the groups, indicating comparable sample characteristics in both techniques. However, bronchial epithelial cells were significantly more frequent in the NON P-ROSE group ($p = 0.002$), suggesting a higher likelihood of contamination without real-time sample adequacy assessment. Notably, malignant cells were detected only in the P-ROSE group, with a statistically significant difference ($p = 0.033$), emphasizing the potential of P-ROSE in improving malignancy detection.

CONCLUSION:

P-ROSE enhances diagnostic accuracy and efficiency in EBUS-TBNA by reducing inconclusive results and optimizing procedural time without increasing complications. P-ROSE significantly improves EBUS-TBNA diagnostic yield, reduces sample inadequacy, and shortens procedure duration. Its integration into routine practice may enhance early diagnosis, facilitate targeted therapies, and reduce the need for repeat procedures.

Keywords: EBUS-TBNA , P - ROSE , ROSE BY PULMONOLOGIST , MEDIASTINAL LYMPHADENOPATHY

Abstract Code: BRN25_ABS_F3441

Abstract Title - **Not All Clinical and Radiological Deteriorations in TB Patients are indicative of DR-TB.**

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INTRODUCTION:

Pulmonary Tuberculosis Has long been associated with Opportunistic Fungal Infections, which could prove Lethal if not detected in the Early stages of Tuberculosis. Also these coexistent Fungal Infections can lead to False suspicion of DR-TB Cases.

AIM AND OBJECTIVES:

To identify co-existent infections simultaneously in order to misdiagnose the condition and prevent unnecessary treatment load.

METHODS:

A 60-years old male patient k/c/o Pulmonary Kochs and DM-II on ATT (Microbiologically Confirmed By BAL-CBNAAT) since 2 months presented with complaints of Persistent Chest Pain for 2 months with Increased cough for 7 days and fever for 4 days. Patient's CXR-PA View and Repeat CECT Chest was also showing deterioration along with clinical deterioration. So In view of suspicion of DR-TB, Patient planned for repeat Bronchoscopy .Patient's TBLB sample sent from RUL Main Bronchus, which showed Fungal ball in report mentioning necrotic tissue bits inflammatory exudates, numerous fungal hyphae and spores with septate and branched hyphae along with few broad and aseptate hyphae. As per report showing Fungal infection, Patient's Sputum culture sent for Fungal culture and sensitivity and Plan to add Antifungal Agent on his next follow up visit with Report.

SUMMARY

In many cases missed Fungal Pulmonary infections due to lack of specific clinical manifestations causes a high rate of morbidity and mortality. It is mostly seen in immunocompromised patients and an association with Fungal infection fuels each other thus decreasing host immunity and making it difficult to Treat

CONCLUSION

Lack of Correlation between Fungal Pathogen and Pulmonary Tuberculosis cases leads to poor clinical response to ATT treatment because Patients are receiving only Anti-Tubercular Drugs without any Anti-Fungal Drugs.

Keywords

Pulmonary Fungal Infecion, ATT, False suspicion of DR-TB

Abstract Code: BRN25_ABS_H9849

Abstract Title - **Bronchoscopy: A Beacon of Diagnosis When Radiology Falls Short**

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Introduction

When conventional imaging fails to identify the cause of unexplained respiratory symptoms, bronchoscopy emerges as a vital diagnostic tool. This case highlights its pivotal role in uncovering a subglottic stricture that remained undetected on radiological evaluation.

Case Report

A 55-year-old female presented with a progressive three-month history of dyspnea and an audible wheeze. Initial chest X-ray was unremarkable, and spirometry indicated a fixed airway obstruction. A high-resolution CT scan of the thorax failed to reveal any abnormalities. Despite inconspicuous imaging findings, persistent symptoms warranted further evaluation via flexible bronchoscopy, which unveiled a subglottic stricture as the likely culprit behind her respiratory distress.

Discussion

Subglottic strictures, characterized by narrowing of the airway below the vocal cords, can arise from chronic inflammation, trauma, or infection. These lesions often elude conventional imaging modalities, as seen in this case. The patient's presentation—progressive dyspnea and wheezing—initially suggested obstructive airway diseases like asthma or COPD. However, the discordance between clinical symptoms and radiological findings necessitated bronchoscopy, ultimately leading to the correct diagnosis.

The management of subglottic strictures varies based on severity and etiology, ranging from conservative medical therapy to endoscopic interventions or surgical reconstruction. This case underscores the indispensable role of bronchoscopy in detecting airway pathology when imaging proves inconclusive.

Conclusion

Bronchoscopy remains an invaluable tool in the diagnostic armamentarium, particularly when radiology fails to provide definitive answers. Timely bronchoscopic evaluation can facilitate early diagnosis and intervention, significantly improving patient outcomes.

Keywords

Subglottic stricture

Abstract Code: BRN25_ABS_G5922

Abstract Title - **POLYMYOSITIS/DERMATOMYOSITIS ASSOCIATED INTERSTITIAL LUNG DISEASE**

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Abstract:

Polymyositis(PM) and Dermatomyositis(DM) are systemic inflammatory disease of unknown aetiology that affect skeletal muscles and other internal organs. Interstitial Lung Disease(ILD) develops in most patients with PM and DM directly related to morbidity and mortality and confers a poor prognosis.

Here, I present a case of 33 year old male presented with dry cough, dyspnea on exertion, rash over face, neck, dorsum of hand and polyarthrits. On investigation his ANA antibody was positive and HRCT revealed reticular shadows, patchy ground glass opacities.He was treated with combination therapy including methylprednisolone accompanied by oral cyclosporine followed with pulse therapy and immunoglobulins (IVIG) . Later patient was discharged against medical advice due to financial constrains.

Keywords

dermatomyositis, interstitial lung disease, myositis, steroids, immunoglobulins

Abstract Code: BRN25_ABS_X4918

Abstract Title - **Misleading wheeze in a case of atypical large cell neuroendocrine carcinoma of lung - A deadly variety.**

Jeevanandham Anandan¹

Abstract:

Neuroendocrine tumors are neoplasms arising from cells of endocrine and nervous system containing special secretory granules with biogenic amines and polypeptide hormones. The replicative potential of these neuroendocrine malignancies is so rapid that the patients usually present with metastatic disease. Though being a rarity, one of the varieties that occurs commonly in the lung is large cell neuroendocrine carcinoma (LCNEC). We describe a case of 29-year-old-male who presented with nocturnal predominant wheeze which led on to a misdiagnosis of bronchial asthma and finally found to be LCNEC with endobronchial obstruction. LCNEC are usually peripherally located lesions, mostly in the upper lung zones of an elderly male smoker. But he had a hilar mass with right lower lobe collapse due to endobronchial obstruction. Therefore, it is crucial to conduct a thorough examination for indications of malignancies, use appropriate imaging, and perform a bronchoscopic evaluation for the early diagnosis of endobronchial lesions in patients with unilateral wheeze or in whom wheeze is not improving with bronchodilators.

Keywords

Neuroendocrine malignancy, Large cell neuroendocrine carcinoma, Wheeze, Endobronchial obstruction, Bronchial asthma.

Abstract Code: BRN25_ABS_W4708

Abstract Title - **Disseminated Nodal Cryptococcosis Mimicking Tubercular Lymphadenitis in an Immunocompetent Host**

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Introduction: Cryptococcus neoformans is an encapsulated yeast that primarily causes opportunistic infections in immunocompromised individuals, typically involving the CNS and pulmonary system. Isolated nodal cryptococcosis in immunocompetent individuals is rare and often leads to misdiagnosis, particularly in regions endemic for tuberculosis.

Case Presentation:

A 39-year-old immunocompetent male presented with a progressively enlarging right axillary swelling over four months, associated with unintentional weight loss (6 kg) and intermittent fever. Initial evaluation revealed a positive Mantoux test and FNA from axillary swelling suggesting non-necrotizing granulomatous inflammation, prompting empirical initiation of ATT. Despite three months of ATT, there was no clinical improvement.

Further evaluation with imaging modalities demonstrated necrotic, matted subcarinal, and retroperitoneal lymphadenopathy. EBUS-TBNA of the subcarinal node showed ill-defined granulomas with negative GeneXpert for Mycobacterium tuberculosis. An excisional biopsy of the axillary lymph node revealed encapsulated yeast forms of varying sizes, confirmed as Cryptococcus neoformans via Alcian blue and silver methenamine staining and fungal culture. Notably, the serum cryptococcal antigen was negative, and the patient had a CD4 count of 1000/mm³, ruling out overt immunosuppression.

Management and Outcome:

A diagnosis of disseminated nodal cryptococcosis was established, and the patient received intravenous liposomal amphotericin B and flucytosine induction for two weeks, followed by fluconazole consolidation and maintenance for 14 months, resulting in complete symptom resolution.

Conclusion:

In tuberculosis-endemic settings, cryptococcal lymphadenitis should be considered in the differential diagnosis of granulomatous lymphadenopathy, particularly in patients with inadequate responses to ATT. Early recognition and targeted antifungal therapy are essential to improving clinical outcomes.

Keywords

Cryptococcosis, Immunocompetent, Tubercular Lymphadenitis

Abstract Code: BRN25_ABS_F7084

Abstract Title - **Esophageal Fistula-Induced Pneumothorax: A Diagnostic Challenge**

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Aim:-

To emphasize early recognition and multidisciplinary approach in diagnosing pneumothorax due to esophageal fistula.

Objectives:- To present a rare case, highlight imaging diagnosis, and discuss effective interventional management strategies.

Materials & Methods

This case report explores the clinical presentation, diagnostic process, and management of esophageal fistula-induced pneumothorax. Data included symptoms, imaging (X-ray, CT), labs (CBC, CRP, pleural fluid), and endoscopy (EGD) for diagnosis confirmation and esophageal stent placement.

Case Summary:

A 45-year-old male, chronic bidi smoker and alcoholic, presented to RICU with dry cough, breathlessness (mMRC IV), and loose stools for 3 days. Examination revealed raised JVP, grade 3 clubbing, and decreased right-sided breath sounds. Chest X-ray showed right pneumothorax, managed initially with a cannula, followed by ICD due to worsening symptoms and foul-smelling pleural effusion. Despite drainage, symptoms persisted. CECT thorax and abdomen revealed a neoplastic distal esophageal lesion with a 20x12 mm fistula communicating with the right pleural space. Endoscopy confirmed a 10 cm esophageal growth with a fistulous opening at 36 cm. An esophageal stent was placed. Patient was managed with oxygen, IV steroids, antibiotics, and supportive care, showing gradual clinical improvement.

Results:- A malignant esophageal fistula caused right-sided pneumothorax. Diagnosis was confirmed via CT and endoscopy. Esophageal stenting and supportive care led to clinical improvement, with the patient discharged in stable condition.

Conclusion:- Esophageal fistula, though rare, can cause life-threatening pneumothorax. High suspicion, imaging, and timely diagnosis are crucial, especially in malignancy. Early intervention significantly improves outcomes in such cases.

Keywords

Esophageal Fistula, Pneumothorax, CECT Thorax +Abdomen, ICD, Endoscopic stenting,

Abstract Code: BRN25_ABS_C5440

Abstract Title - **Rethinking Mycoplasma Pneumonia: Resistance, Radiology, and Recovery**

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Aim & Objectives:

To examine the clinical, radiological, and therapeutic profiles of patients diagnosed with Mycoplasma pneumoniae infection over a recent four-month period, highlighting atypical presentations, diagnostic challenges, treatment outcomes, and emerging resistance trends.

Material & Method:

This retrospective case series was conducted at a tertiary pulmonary care center between November 2024 and January 2025. Patients included had confirmed Mycoplasma pneumoniae infection via multiplex PCR, serology, or clinical response to macrolide, tetracycline, or fluoroquinolone therapy. Data collected included clinical features, imaging findings, comorbidities, complications such as respiratory failure, bronchoscopy and BAL findings (when performed), treatment regimens, and outcomes.

Results & Conclusion:

A total of 33 cases were included, with a varied age distribution and both genders represented. Presentations were often atypical, with overlapping symptoms and radiological features mimicking tuberculosis or other infections. Imaging showed infiltrates, ground-glass opacities, centrilobular nodules, and occasional pleural effusion. Misdiagnosis with tuberculosis was common. Routine cultures were sterile, and sputum AFB was negative. Diagnostic confirmation was primarily through PCR and clinical improvement post-targeted therapy. A subset showed poor response to macrolides, suggestive of resistance, and improved upon switching to doxycycline or levofloxacin. Despite the severity in some cases, including respiratory failure, all patients recovered fully following appropriate treatment. These findings highlight the evolving clinical spectrum of Mycoplasma pneumonia and underscore the importance of updated diagnostic strategies and antibiotic stewardship.

Some corrections are anticipated after conclusion as certain parameters are being reassessed in detail for optimal accuracy.

Keywords

Mycoplasma pneumoniae, atypical pneumonia, antibiotic resistance, radiological mimics, respiratory

Abstract Code: BRN25_ABS_O9900

Abstract Title - Catamenial Pneumothorax: A Rare Cause of Recurrent Spontaneous Pneumothorax in Women of Reproductive Age

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Title:

Catamenial Pneumothorax: A Rare Cause of Recurrent Spontaneous Pneumothorax in Women of Reproductive Age

Background and Aim:

Catamenial pneumothorax is a rare and often underdiagnosed condition characterized by spontaneous pneumothorax occurring in temporal relation to menstruation, typically within 72 hours of onset. It is most commonly associated with thoracic endometriosis. This poster aims to raise clinical awareness among pulmonologists, highlight diagnostic challenges, and review management strategies for this uncommon condition.

Materials and Methods:

This case-based review includes a female patient aged 30 years presenting with recurrent right-sided pneumothorax coinciding with her menstrual cycles. A detailed history, imaging studies, and clinical findings were analyzed. Literature on the pathophysiology, diagnosis, and treatment of catamenial pneumothorax was also reviewed to support the clinical findings.

Results:

The patient experienced two episodes of pneumothorax within four months, each occurring 24–48 hours after menstruation onset. The Pneumothorax in the present study was managed conservatively with high flow intermittent oxygen, antibiotic and supportive management. Our case was treated with hormonal therapy in consultation with Gynecologist. The pneumothorax remarkably improved and she remained uneventful and no recurrence over a 12-month follow-up

Conclusion:

Catamenial pneumothorax should be considered in women of reproductive age with recurrent right-sided pneumothorax. Early recognition and a multidisciplinary approach, including surgery and hormonal therapy, are key to effective management and recurrence prevention. Greater awareness among pulmonologists can reduce diagnostic delays and improve patient outcomes.

Keywords

catamenial pneumothorax, spontaneous pneumothorax,

Abstract Code: BRN25_ABS_C1754

Abstract Title - **SILICOPROTEINOSIS: A CASE REPORT**

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Abstract:

Silicoproteinosis is a rare and severe form of acute silicosis resulting from high-level inhalation of respirable crystalline silica. It mimics pulmonary alveolar proteinosis (PAP) and is characterized by alveolar deposition of lipoproteinaceous material. Patients typically present with rapidly progressive dyspnea, cough, chest pain, and systemic symptoms, often leading to respiratory failure. We report a 25-year-old male stone industry worker with progressive dyspnea over a year, worsening acutely over two weeks, along with persistent dry cough, chest pain, and fever. Examination revealed tachycardia, hypoxemia, and diffuse bilateral crackles. Imaging showed bilateral mixed airspace and interstitial nodular opacities with a crazy-paving pattern. Transcutaneous Lung biopsy confirmed alveolar spaces filled with PAS-positive eosinophilic material, supporting the diagnosis of silicoproteinosis. Despite negative sputum cultures, anti-tuberculosis treatment was initiated due to diagnostic uncertainty. This case underscores the diagnostic challenges of differentiating silicoproteinosis from infectious and interstitial lung diseases, the importance of histopathology in confirming the diagnosis, and the role of whole lung lavage as the primary treatment. Emerging therapies like granulocyte-macrophage colony-stimulating factor and lung transplantation offer hope for advanced cases. Early recognition and intervention are crucial to improving patient outcomes in this often-fatal condition.

Keywords

Silicosis, Silicoproteinosis, Pulmonary Alveolar Haemorrhage

Abstract Code: BRN25_ABS_G5268

Abstract Title - **A CASE OF LOW GRADE EPITHELOID MALIGNANT PLEURAL MESOTHELIOMA WITH DIFFUSE PLEURAL THICKENING IN AN ADULT YOUNG MALE WITH NO KNOWN ASBESTOS EXPOSURE**

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BACKGROUND:

Malignant mesothelioma is a rare malignancy that develops from mesothelial cells lining the pleura, pericardium, peritoneum and the tunica vaginalis of the testis. The most frequently encountered form is malignant pleural mesothelioma. While its incidence is low, there is a strong correlation with asbestos exposure. MPM can be of 3 types epithelioid, sarcomatoid, and biphasic. Pleomorphic epithelioid mesothelioma is an uncommon and highly aggressive form of pleural mesothelioma. It has recently been

categorized into low and high grade variants based on specific histological features. Although frequently linked to asbestos exposure, this tumor subtype is known for its poor clinical outcome.

CASE STUDY

A 35-year-old male tailor from Ghaziabad presented with progressive SOB (MMRC Grade III–IV), left-sided pleuritic chest pain for 4 months and 10 kg weight loss with anorexia over 2 months. He had no fever or comorbidities but had a 10-year history of cigarette smoking. Initial chest X-ray showed left-sided white-out lung with mediastinal shift, suggestive of left massive pleural effusion. He was started on empirical antitubercular therapy in December 2024 with no improvement. Examination revealed decreased breath sounds on the left. Pleural fluid was exudative, lymphocyte-predominant, with normal ADA. CECT thorax showed diffuse left pleural thickening, massive effusion, vascular encasement, chest wall involvement and necrotic mediastinal lymphadenopathy. Sputum CBNAAT was negative. Pleural biopsy revealed epithelioid malignant pleural mesothelioma, confirmed by IHC positivity for WT-1, calretinin, and PanCK with a Ki-67 index of 17%. The patient was diagnosed with low-grade epithelioid malignant pleural mesothelioma.

DISCUSSION

This patient was diagnosed with the rare pleomorphic epithelioid subtype of malignant pleural mesothelioma through IHC. Surgical options were not viable due to involvement of major blood vessels. He began palliative chemotherapy and is doing well after the first cycle.

CONCLUSION

This case describes a biopsy-confirmed low grade pleural epithelioid mesothelioma in a patient with no apparent exposure to asbestos. We aim for this report to serve as a valuable addition to the existing literature on Pleural Mesothelioma.

Keywords

no asbestos exposure, young male, malignant pleural effusion, epithelioid mesothelioma, palliative chemotherapy

Abstract Code: BRN25_ABS_W9563

Abstract Title - **CRYO RECANALIZATION - A NOVEL TECHNIQUE FOR EXTRACTION OF ENDOBRONCHIAL BLOOD CLOT USING FLEXIBLE BRONCHOSCOPE IN A CASE OF HEMOPTYSIS WITH ACUTE HYPOXEMIC RESPIRATORY FAILURE**

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Background :

Acute obstruction of the central airways can occur due to foreign-body inhalation, mucus plugs, or blood clots. Airway obstruction due to blood clots is clinically suspected in a patient with acute respiratory failure if the patient has hemoptysis.

Case Study :

A 18 year old female diagnosed case of tuberculosis on anti tubercular therapy for past 45 days presented with complaints of hemoptysis for last 2 days and dyspnoea for past 2 days .On examination she is afebrile, conscious, oriented, tachypnoeic, Spo2 - 75% on room air. Chest X-ray PA view showed partial collapse of the right lung with underlying consolidation. ABG analysis shows hypoxemic respiratory failure. Patient was initially managed with high flow oxygen therapy, continued ATT and other supportive treatment for hemoptysis. HRCT CHEST was done which was suggestive of near total endoluminal occlusion of the right main bronchus with underlying collapse consolidation of the right lung. Fiberoptic video bronchoscopy showed a large blood clot occluding the right main bronchus. Cryoextraction of the blood clot was done in piecemeal and tracheobronchial tree patency was restored. Patient oxygen requirement decreased in the next 4 hours .

Discussion :

Flexible bronchoscopic Cryo extraction is a novel technique for removal of endobronchial blood clots which decreases mortality and morbidity and improves survival in patients.

Conclusion :

Cryotherapy is indicated for endoluminal benign or malignant tracheobronchial obstruction or stenosis. In addition, cryotherapy can be used for extraction of foreign bodies (especially organic), blood clots, or mucous plugs .

Keywords

Cryoextraction, Hemoptysis, Flexible video bronchoscopy

Abstract Code: BRN25_ABS_T2307

Abstract Title - Heart under seize navigating tubercuous percarditis

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Aim & objective –

To understand the ethology, Patho physiology,clinical feature,diagnosis & management of tubercular constrictiv pericarditis

-prevent complication like temponade

- improve patient survival
- Eliminate M. Tuberculosis

Material & methods –

Chest X-ray, tissue CBNAAT, tissue biopsy, 2Decho Cardiac MRI & follow up outcome on symptomatic improvement. data were collected from patients records.

RESULT –

Tuberculosis should be kept as a differential diagnosis in all patients of constrictive pericarditis. Early diagnosis and treatment can prevent serious complications

CONCLUSION-

Effective anti-TB treatment can resolve the disease but commonly chronic constriction supervenes. Delay in diagnosis and treatment result in poor outcome and low survival rate.

Keywords:

Temponade, constrictive pericarditis, tissue CBNAAT , Tissue biopsy

Abstract Code : BRN25_ABS_N6538

Abstract Title - **The enigma of multiple pulmonary artery aneurysms and Hughs stovin syndrome in a young man**

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Objective:

To present a rare case of Hughes-Stovin Syndrome (HSS) in a young male, highlighting its diagnostic challenges and the role of imaging in distinguishing it from other vasculitic disorders, particularly Behçet's disease.

Methods:

A 32-year-old male initially presented with left leg swelling and was diagnosed with deep vein thrombosis (DVT). Over time, he developed respiratory symptoms including cough, haemoptysis, dyspnea, and chest pain. Clinical evaluation showed no signs of Behçet's disease. Imaging with contrast-enhanced CT, CT pulmonary angiography, and MRI revealed multiple pulmonary artery aneurysms with thrombotic components and alveolar hemorrhage. The diagnosis of HSS was made based on the clinical and radiologic findings. Treatment with intravenous methylprednisolone was initiated.

Conclusion:

Hughes-Stovin Syndrome should be considered in young males with unexplained DVT and respiratory symptoms. Early imaging and immunosuppressive therapy are vital for reducing the risk of life-threatening complications. This case emphasizes the importance of thorough differential diagnosis in rare vasculitic conditions.

Keywords

Hughes, Stovin, Syndrome

Abstract Code: BRN25_ABS_P8546

Abstract Title - **EPILEPSY, TUBERCULOUS LYMPHADENITIS, AND MCTD: A COMPREHENSIVE CASE REVIEW OF MULTISYSTEM INVOLVEMENT**

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Abstract:

A 33-year-old female had a history of recurrent seizures since 2013 and had been on regular antiepileptic medications since then. Despite treatment, she occasionally experienced breakthrough convulsions, particularly after strenuous physical activity or during cold seasons. In 2021, she developed cervical lymphadenopathy, and histopathology confirmed tuberculous lymphadenitis. She completed a full course of antitubercular therapy (ATT) at that time.

In 2024, she presented with significant weight loss, anorexia, intermittent fever, and multiple joint pains. Laboratory investigations revealed positive autoimmune markers, leading to a diagnosis of Mixed Connective Tissue Disease (MCTD) with overlapping features of Systemic Lupus Erythematosus (SLE). She was initiated on hydroxychloroquine (HCQ) and Omnacortil (prednisolone).

Later, in November 2024, she developed axillary lymphadenopathy. Biopsy confirmed tuberculosis, and she was restarted on antitubercular therapy. Imaging and laboratory workup ruled out central nervous system tuberculosis and other differentials.

This case represents a rare co-occurrence of chronic epilepsy, recurrent tuberculous lymphadenitis, and autoimmune disease (MCTD/SLE) in a single patient. The overlapping clinical features posed significant diagnostic challenges and necessitated a thorough multidisciplinary approach. Early identification and coordinated treatment of each condition were crucial for improving the patient's overall prognosis. This case underscores the need for considering multisystem involvement in patients with chronic, unexplained symptoms and highlights the importance of collaborative care across specialties.

Keywords

EPILEPSY, TUBERCULOUS LYMPHADENITIS, MCTD

Abstract Code: BRN25_ABS_A7575

Abstract Title - **Whispers of the Lung: Advanced Bronchoscopy Exposes Hidden Echinococcosis**

INTRODUCTION:

Bronchoscopy has emerged as an important investigation in diagnosing multiple lung diseases and other associated conditions, however the vast bronchial branching system of the bronchial tree makes it difficult at times to identify the precise location to look for the disease. Emerging modalities like Navigational Bronchoscopy helps physicians to overcome these challenges.

CASE DESCRIPTION:

A 55year old smoker male shepherd presented with complaints of on & off streaky haemoptysis and cough for one month, with CT chest showing multiple consolidations, however sputum analysis was negative for CBNAAT, pyogenic culture, fungal culture. Hence patient underwent bronchoscopy at our department but it was also inconclusive, CT-guided Biopsy was also not feasible. Hence patient was planned for Navigational Bronchoscopy and the lesion was identified at a subsegment of the bronchial tree and biopsy was taken which showed characteristics of hydatid membrane and finally the patient was diagnosed of Hydatid disease.

CONCLUSION:

Hydatid can mimic diseases like malignancy and tuberculosis in its atypical presentation. Hence peripheral lung lesions that are not suitable for either CT-guided Biopsy or conventional bronchoscopy, advance techniques like Navigational Bronchoscopy can help in narrowing down the differentials.

TAKE HOME MESSAGE:

History, physical examination with advance technologies like Navigational Bronchoscopy can help in diagnosing multiple lung conditions which could otherwise be left mislabelled or undiagnosed. As good history and examination helps in narrowing the appropriate investigation that is required for the diagnosis and prevent subjecting the patient to multiple investigations.

Keywords

Hydatid , echinococcosis

Abstract Code: BRN25_ABS_J5897

Abstract Title - **When Treatment Turns Turbulent – Neuropsychiatric Ramifications of Anti-Tubercular Therapy (ATT)**

To describe the neuropsychiatric adverse effects of second-line anti-tubercular medications and emphasize the importance of early identification and multidisciplinary coordination in managing such complex clinical scenarios.

Methods:

A 17-year-old female student with microbiologically confirmed disseminated drug-resistant tuberculosis was started on an all-oral longer regimen (AOLR) consisting of Bedaquiline, Levofloxacin, Linezolid, Clofazimine, and Cycloserine. She developed seizures, managed conservatively with Levetiracetam. MRI brain showed ring-enhancing lesions with meningeal enhancement, suggestive of meningeal involvement. One week later, she developed persecutory delusions, irrelevant speech, blunted affect, and a staring gaze. Suspecting Cycloserine-induced psychosis, it was replaced with Delamanid. While psychosis resolved within two days, she became mute, withdrawn, and exhibited catatonic features. EEG was normal; repeat MRI showed no progression. Treatment with lorazepam and antipsychotics (Quetiapine, Aripiprazole) offered only temporary relief. ECT was initiated for persistent catatonia.

Results:

Two weeks after ATT modification, significant clinical improvement was observed. Full resolution of neuropsychiatric symptoms was achieved following four weeks of ECT.

Summary:

This case highlights the occurrence of severe neuropsychiatric manifestations, including psychosis and catatonia, during treatment with second-line anti-tubercular drugs. A structured diagnostic approach, medication review, and timely psychiatric intervention were critical to recovery.

Conclusions:

Neuropsychiatric complications, particularly with agents like Cycloserine, warrant close monitoring during ATT. Prompt recognition, early withdrawal of offending agents, and a multidisciplinary treatment approach—potentially including ECT—are essential for favorable outcomes in such complex cases.

Abstract Code: BRN25_ABS_A2962

Abstract Title - **A RARE CAUSE OF TRACHEAL NODULES**

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INTRODUCTION:

Hamartomas are benign tumors that contain a mixture of cartilage, fat, connective tissue, muscle and respiratory epithelium. Endobronchial hamartomas are rare.

Case description, Results, Investigations, Treatment

We reported a case of a 69 year old male non smoker, old treated pulmonary tuberculosis 2 yrs ago, with complaint of mild hemoptysis for past 2 weeks. Patient had no complaints of breathlessness, chest pain, fever, loss of weight and appetite. Chest xray was s/o bilateral nodular opacities. Labs were normal. CT chest was s/o multiple patches of centrilobular nodular densities involving all lung segments and

bronchiectatic changes in right upper and middle lobe. Bronchoscopy was done which was s/o multiple tracheal nodules on the anterior and lateral walls of trachea sparing the posterior wall. Nodules were not very hard to biopsy and had minimal bleed. Bronchial lavage was taken which was s/o growth of Methicillin resistant staphylococcus aureus. Biopsy was s/o endobronchial osteochondromatous hamartoma. As there was no airway compromise it was managed conservatively. Patient was given a course of antibiotics and cough suppressants to which he responded. Subsequently after clinical recovery spirometry was done which was normal.

Discussion:

Tracheal hamartomas are usually symptomatic secondary to intraluminal obstruction in the proximal airway. Presenting symptoms are shortness of breath, stridor, cough, and chest pain. Nodules were similar to those in tracheobronchopathia osteochondroplastica but were not very hard to biopsy. Conservative treatments are often recommended, such as endobronchial electrocoagulation, laser therapy, and cryotherapy. Surgical resection should be considered in cases where the patient is symptomatic.

Conclusion:

Tracheal hamartomas are benign tumors with potentially severe morbidity. The choice of treatment varies depending on the size and location of the lesion.

Keywords

tracheal nodules, hamartoma

Abstract Code: BRN25_ABS_B8077

Abstract Title - **CASE SERIES OF PULMONARY ALVEOLAR PROTEINOSIS**

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Introduction:

Pulmonary alveolar proteinosis (PAP) is a rare lung disease involving disruption of surfactant homeostasis resulting in excess surfactant. Excess surfactant leads to accumulation of lipoproteinaceous material that impair gas exchange in alveoli.

Objective:

To study the common presentation and effectiveness of management of pulmonary alveolar proteinosis

Methods:

This is a retrospective analysis of data between October 2019 and January 2025 at BLK Max Super Speciality hospital, New Delhi. All patients underwent HRCT chest which was suggestive of crazy paving pattern. Diagnosis was confirmed by lung biopsy, bronchial lavage for Periodic acid-Schiff stain and serum GM-CSF (Granulocyte monocyte colony stimulating factor) autoantibody testing. Whole lung lavage (WLL) was performed after putting double lumen tracheal tube under general anesthesia in operation theatre.

Results:

Total of 5 patients were included in the study of which 3 were males and two were females. Median age was 39.8 yrs(26-58). All patients presented with dysnoea and were in hypoxic respiratory failure. GMCSF autoantibody levels were raised in 4/5 patients confirming autoimmune PAP. All patients underwent bilateral WLL except one who had unilateral PAP for whom single lung lavage was done. Median volume of warm saline instilled was 13litres(15-45). All patients showed improvement in symptoms and radiological clearance. Complications during WLL were seen in 1/5 patients which were hypotension and pleural effusion. There was one patient who developed stroke post WLL and managed conservatively and recovered.

Discussion:

In this study we describe our experience of managing 5 patients with PAP for last 5 years. Largest study from India was of 10 patients. Patients were advised GMCSF replacement but some patients due to unavailability of GMCSF replacement had repeated clinical deterioration needing multiple will Conclusion.

Timely diagnosis and intervention is needed for appropriate management of pulmonary alveolar proteinosis.

Keywords

crazy paving, GMCSF

Abstract Code: BRN25_ABS_O9457

Abstract Title - **Risk Factors for Adverse Drug Reactions to Linezolid in Patients on Linezolid-Based Regimens for Drug-Resistant TB Under PMDT**

Dr. Pooja Gupta¹, Dr. Anuj Kumar Bhatnagar¹, Dr. Rishikesh Nath Mukherjee¹

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Abstract:

India accounts for 27% of global MDR/RR-TB cases. Linezolid, recommended for drug-resistant TB(DR-TB), enhances culture conversion and treatment success but is associated with adverse drug reactions(ADRs) such as myelosuppression, neuropathy, optic neuritis, lactic acidosis, and pancreatitis. Among WHO-recommended drugs for DR-TB, it has the highest median percentage of serious adverse events(SAEs)(17.2%). This study aimed to identify baseline risk factors predicting ADRs in patients receiving linezolid-based regimens. To analyze and drug-dependent factors contributing to linezolid-related ADRs in DR-TB patients, assess potentially modifiable risk factors, and evaluate patient profiles and time to ADR onset. A retrospective analysis was conducted on 83 patients, categorized based on ADR presence and compared accordingly. Linezolid was discontinued in 30 patients(36.14%) and dose-reduced in two. Peripheral neuropathy was the most common ADR(n=42,50.60%), with eight cases requiring interruption. Development of linezolid induced peripheral neuropathy had highly significant association in diabetic patients, patients from lower-middle socioeconomic class and patients with high bacterial load on CBNAAT. Two patients developed optic neuritis necessitating drug replacement. Both neuropathies were more frequent after three months. Anemia developed in 28 patients, with 25 requiring intervention(blood transfusions or hematinics). Only three tolerated reintroduction at 600 mg post-transfusion. Anemia was the most common ADR that led to discontinuation and replacement of linezolid. By six months, 21(25.03%) patients had linezolid discontinued. Anemia was seen much earlier, in the first 3 months of treatment. It

was significantly associated with age<45 years, extent of the disease (B/L extensive PTB), baseline anemia, baseline total protein<6.0 g/dl and serum albumin<3.5 g/dl. During the follow up, development of anemia was significantly seen in patients presenting with complaints of vomiting while on treatment 0.0001. Linezolid-related ADRs follow predictable timelines, baseline-parameters may help identify at-risk patients for early identification and dose adjustments to mitigate ADR severity, improving patient management in DR-TB treatment.

Keywords

Linezolid, Risk Factors, MDR TB, DR-TB, ADRs, Anemia, Peripheral neuropathy, Vomiting

Abstract Code: BRN25_ABS_E4919

Abstract Title - **Use of SEMS in the Management of Tracheal Injury Post-Robotic Thyroidectomy – Friend, Foe, or Future?**

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Background:

Tracheal injury is a rare but serious complication following robotic thyroidectomy, potentially leading to subcutaneous emphysema, pneumomediastinum, and airway compromise [1]. Traditional management includes conservative therapy, surgical repair, or tracheostomy. Recently, self-expanding metallic stents (SEMS) have emerged as a minimally invasive alternative for airway stabilization and defect closure [2].

Case Description:

A 35-year-old female, post-robotic total thyroidectomy for papillary thyroid carcinoma (pT2N1a), developed progressive chest swelling and shortness of breath. Examination revealed extensive subcutaneous emphysema. Bronchoscopy identified a 1 cm mucosal fistula on the left lateral tracheal wall, with necrotic tissue on the right lateral wall but no evident fistula. Given the proximal defect location and migration risk with silicone stents [3], a fully covered SEMS was deployed under fiberoptic bronchoscopic guidance. Immediate symptom relief and reduction in emphysema were noted. Repeat bronchoscopy demonstrated progressive healing, and the stent was removed after 12 weeks, resulting in complete healing without complications.

Discussion:

SEMS offer a promising, minimally invasive approach to tracheal injuries post-thyroidectomy, facilitating airway stabilization and mucosal healing while reducing surgical intervention [4]. However, concerns regarding granulation tissue formation, migration, and airway obstruction persist [5].

Conclusion:

This case underscores the potential of SEMS as a bridge to recovery in tracheal injuries post-thyroidectomy. While promising, further studies are needed to assess their long-term safety and efficacy in airway management.

Keywords

Tracheal injury, robotic thyroidectomy, self-expanding metallic stent (SEMS), airway management, minimally

invasive intervention.

Abstract Code: BRN25_ABS_A9844

Abstract Title - **NTM-PD masquerading as pulmonary tuberculosis: Case series from a tertiary care hospital.**

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Aims: To highlight the challenges in diagnosing NTM-PD in tuberculosis prevalent country like India.

Objectives: 1) Document the clinical profile of patients who presented with tuberculosis-like symptoms but were later diagnosed with NTM-PD.

2) Review the diagnostic methods used to diagnose NTM-PD.

Material & Methods: Between June 2023 and February 2025, 04 cases of NTM-PD were diagnosed and their relevant clinical, diagnostic, and treatment details were recorded after taking informed consent. Lead which pointed to the diagnosis of NTM was sputum AFB positive with CBNAAT negative for M. tuberculosis. Two different sputum LPA for NTM sent to confirm the diagnosis.

Results: We report 04 cases of NTM-PD. No significant history of immunosuppression present in our patients, whereas history of pulmonary tuberculosis present in 3 out of 4 patients. All of our patients diagnosed with different species of NTM (M. kansasii, M. scrofulaceum, M. avium intracellulare, M. abscessus). All of the patients were initially misdiagnosed as pulmonary tuberculosis from outside and received the conventional four drug regimen before being diagnosed NTM-PD.

Conclusion: Most of the patients of NTM-PD are treated as pulmonary tuberculosis in India. The NTM-PD masquerading as pulmonary tuberculosis poses a dilemma for physicians, high suspicion for NTM infections must be considered in patients with chronic lung disease. The delay in diagnosis contribute to significant complications, morbidity and mortality. Through this case series we would like to emphasize the importance of considering NTM as differential diagnosis when pulmonary Tuberculosis is suspected, particularly in patients who do not respond to standard TB therapy.

Keywords

NTM-PD, Pulmonary tuberculosis

Abstract Code : BRN25_ABS_K3928

Abstract Title - **Diagnostic Role of Medical Thoracoscopy in Undiagnosed Pleural Effusion**

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INTRODUCTION: An abnormal build up of pleural fluid in the pleural cavity is known as a pleural effusion. In India TB, bacterial pneumonia, malignancy, congestive heart failure, renal failure, connective tissue disorders, and pulmonary embolism are prominent causes of pleural effusion. Thoracoscopy, is a day-care method that uses conscious sedation and local anaesthetic to safely visualise the pleural space and intra-thoracic structures, and is a minimally invasive intervention. When used on patients with malignant pleural illness, it has a 95% diagnostic yield.

Aim & Objectives:

To assess the diagnostic utility of medical thoracoscopy in patients presenting with exudative pleural effusion of undetermined etiology.

Objectives:

- To identify the cause of undiagnosed and recurrent pleural effusions.
- To classify different types of malignant pleural effusion.
- To determine the diagnostic yield and sensitivity of thoracoscopic biopsy.

Material & Method:

This hospital-based descriptive observational study was conducted in the Department of Pulmonary Medicine, IGIMS, Patna, between 2023 and 2024. A total of 99 patients with moderate to massive pleural effusion, unresponsive to conventional pleural fluid analysis (biochemical, cytological, and microbiological), underwent medical thoracoscopy using a semi-rigid thoracoscope under local anesthesia. Biopsies were obtained using the lateral lift and peel technique, and histopathological analysis was performed.

Results:

Out of 99 patients, malignancy was the most common diagnosis (61.36%), with adenocarcinoma being the predominant type. Tuberculous pleuritis was diagnosed in 24.2% of cases, supported by granulomatous inflammation on histopathology and confirmed by CBNAAT. The most frequent thoracoscopic finding was the presence of multiple variable pleural nodules (46.5%). Thoracoscopy enabled direct visualization and targeted biopsy, significantly improving diagnostic yield.

Conclusion:

Medical thoracoscopy is a safe, minimally invasive, and cost-effective modality that significantly enhances the diagnostic accuracy in patients with exudative pleural effusion of unknown cause.

Keywords

Key words: Medical thoracoscopy, Exudative pleural effusion, Malignant effusion, Tuberculous pleuritis

Abstract Code : BRN25_ABS_P9294

Abstract Title - **Tropical Pulmonary Eosinophilia with ABPA and MDR-TB: A Rare Case Report**

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Aim & Objectives:

To highlight the diagnostic complexity and clinical implications of simultaneous tropical pulmonary

eosinophilia (TPE), allergic bronchopulmonary aspergillosis (ABPA), and multidrug-resistant tuberculosis (MDR-TB) in a single patient.

Material & Method:

A 48-year-old male presented with low-grade fever, cough, and hemoptysis. He had been on empirical anti-TB therapy without microbiological confirmation. Evaluation revealed peripheral eosinophilia (20%, absolute count 1728 cells/ μ L), elevated serum IgE (6509 IU/mL), and positive filarial antigen. Sputum microscopy and CBNAAT were positive for *Mycobacterium tuberculosis* with rifampicin resistance. Chest imaging showed upper lobe consolidation with bronchiectasis and nodules.

Results:

The patient was diagnosed with MDR-TB, ABPA, and TPE. Treatment included Bedaquiline-containing MDR-TB regimen, diethylcarbamazine for filariasis, and itraconazole for ABPA. The patient showed significant clinical and radiological improvement with therapy. Follow-up sputum cultures were negative after 4 months.

Conclusion:

This unique case of coexisting TPE, ABPA, and MDR-TB underscores the need for a high index of suspicion in endemic areas when classical TB symptoms coexist with eosinophilia and bronchiectasis. Simultaneous occurrence is extremely rare, with limited literature available. Such presentations demand comprehensive diagnostic workup to guide targeted treatment. Immunological factors induced by TPE or ABPA may have predisposed to TB reactivation or resistance.

Keywords

Key Words: Tropical Pulmonary Eosinophilia, ABPA, MDR-TB, Coinfection, Eosinophilia, Filaria, Aspergillus

Abstract Code : BRN25_ABS_R1387

Abstract Title - **A vein less travelled: A Rare Case of Adult – Diagnosed Scimitar Syndrome**

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Background:

Scimitar syndrome is a rare congenital anomaly, typically diagnosed in childhood, characterized by partial anomalous pulmonary venous return (PAPVR), where the right pulmonary veins drain abnormally into the inferior vena cava (IVC) instead of the left atrium. It often presents with associated right lung hypoplasia, and various cardiovascular abnormalities. While the syndrome is commonly diagnosed in infancy, adult presentations are much rarer.

Case Presentation:

We present the case of a 60-year-old female who presented with intermittent dyspnea and weight loss. Initial anti-tubercular therapy was administered based on Chest X-Ray by private practitioner. Patient presented to our OPD with similar complaints. CT pulmonary angiography (CTPA) with 3D reconstruction revealed classic radiographic features of Scimitar syndrome, including the “scimitar sign,” indicating right upper lobe agenesis, middle lobe aplasia, and anomalous venous drainage of the right pulmonary veins into the IVC. Further evaluation through bronchoscopy confirmed the findings of absent upper and middle lobes.

Discussion:

Scimitar syndrome manifests as PAPVR, resulting in a left-to-right shunt with potential hemodynamic consequences. Diagnosis in adults is challenging due to the often mild or non-specific symptoms, which may be masked by other pulmonary conditions. Advanced imaging modalities, including CTPA are essential in identifying anatomical abnormalities. Surgical intervention may be necessary for symptomatic patients with significant shunting, while others may benefit from conservative management.

Conclusion:

Scimitar syndrome should be considered in the differential diagnosis of unexplained respiratory symptoms, especially when characteristic imaging findings such as the "scimitar sign" are observed. Comprehensive evaluation through imaging is crucial for diagnosis, and management decisions should be based on the degree of shunting and clinical presentation.

Keywords

Scimitar syndrome, right upper lobe agenesis, congenital lung anomalies, pulmonary hypoplasia, partial anomalous pulmonary venous return (PAPVR)

Abstract Code : BRN25_ABS_F1215

Abstract Title - **clinical profile and radiological involvement in patients with spinal Tuberculosis at tertiary care hospital,**

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Introduction:

Mycobacterium tuberculosis is a slow-growing aerobic bacillus that causes chronic granulomatous disease, with an estimated incidence of 188 cases per lakh of the population in India in 2020. Bone and joint tuberculosis affect 1% to 3% of all TB patients, with spinal TB typically developing as a secondary infection after a primary infection with devastating complications like tubercular spondylitis, spondylodiscitis, collapsing vertebral elements, and anterior wedging, causing kyphosis and gibbus development.

Aim:

To analyse the clinical profile and radiological involvement in patients with spinal Tuberculosis at tertiary care hospital.

Material and methods:

The study was an observational cross-sectional study carried out over one year (2020-2021). Inclusion criteria were Age > 18 years, clinical or radiological evidence of Tuberculosis of vertebrae, clinical evidence of disease activity or cold abscess, and patients with neurological involvement from mild weakness to gross paraplegia diagnosed as spinal TB. Exclusion criteria of the study were: Age < 18, Malignant and metastatic vertebral diseases, Serious non-tubercular diseases that are likely to prejudice the assessment(viz. Rheumatoid arthritis, ankylosing spondylitis etc.), Tuberculosis of other organs and disseminated Tuberculosis were excluded.

Conclusion : The study concludes that an early diagnosis of spinal TB requires a high index of clinical suspicion of various clinical and radiological manifestations. Treatment with appropriate ATT, as per the

resistance profile identified with rapid genotypic tests, could prevent dreadful complications of neurological deficits

Keywords

Osteitis , Discitis , Collapse , Abscess , Xdr tb

Abstract Code: BRN25_ABS_H5225

Abstract Title - BEETLE NUT IN LEFT LOWER LOBE BRONCHUS - RIGID INTERVENTION

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INTRODUCTION : An 18months old baby presented to our opd with Cough since 20days,Intermittent Fever since 14 days.Child was receiving symptomatic treatment outside with antibiotics&mucolytics as there is h/o viralfevers in the family& parents giving no history of chocking.In the view of persistent cough&fevers ChestXray was done showing Leftsided Hyperinflation& CTchest suggestive of Left LowerLobe AirTrapping with?Mucus Plug in Left LowerLobe Bronchus

AIMS AND OBJECTIVES : The aim of this study is to report our experience in diagnostic utility of FlexibleBronchoscopy & need of Rigid Intervention for extracting foreignbodies.

METHODS : FlexibleBronchoscopy was done suggestive of Obstruction (?ForeignBody) with Granulation & thick secretions.We used Rigid Bronchoscopy for the retrieval of ForeignBody

RESULTS : After clearing the secretions we visualised ForeignBody in the Left LowerLobe Bronchus.Unable to Ventilate properly with LMA,child was Intubated with 3.5 Rigid Barrel&with meticulous manipulation we retrieved ForeignBody-Beetle Nut with Rigid Alligator Forceps.Child was extubated successfully & post-retrieval ChestXray showed improvement.

SUMMARY : ForeignBody Aspiration is a major medical problem affecting primarily Children & Elderly.In Children they generally present with ViolentCough,SOB,Wheezing,Persistent&Recurrent Pneumonia not clearing with Antibiotic therapy.It can be a life threatening emergency & at times a diagnostic dilemma.This Obstruction can lead to difficulties with Ventilation&Oxygenation and have been the cause of Chronic Airway Inflammation,Distal Atelectasis,Bronchiectasis&Severe Lung Damage.

CONCLUSION : Beetle Nut is one of the Excessive Granulation causing ForeignBody. One can remove ForeignBody from LowerLobes with Rigid Bronchoscope (Experienced Hands). For better Suction & Ventilation, Rigid Bronchoscope is always better option. Granulation tissue will heal itself once you remove ForeignBody

Keywords

PAEDIATRIC AIR WAY , FLEXIBLE BRONCHOSCOPY , RIGID BRONCHOSCOPY , FOREIGN BODY RETRIEVAL

Abstract Code: BRN25_ABS_H5540

Abstract Title - **Case of common variable immunodeficiency in a young female with recurrent chest infections**

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Objectives:

To highlight the clinical presentation, diagnostic evaluation, and importance of early identification of primary immunodeficiencies, particularly common variable immunodeficiency (CVID), in patients with a history of recurrent infections affecting multiple organ systems.

Methods:

A detailed case review was conducted of a 26-year-old female with no known comorbidities, who presented with a 14-year history of recurrent lower respiratory tract infections, chronic diarrhea, and cutaneous abscesses. Recent episodes included right-sided empyema and left lower lobe pneumonia. Standard microbiological investigations, imaging (HRCT chest), and tuberculosis screening were performed. An immunodeficiency workup was initiated following the pattern of infections, including serum immunoglobulin profiling.

Conclusion:

The patient was diagnosed with hypogammaglobulinemia, likely common variable immunodeficiency, based on significantly low levels of IgG, IgA, and IgM. This case emphasizes the need for early diagnostic consideration of primary immunodeficiencies in patients with recurrent or atypical infections, to facilitate timely management and reduce long-term morbidity.

Keywords

Common,variable,immunodeficiency,syndrome

Abstract Code : BRN25_ABS_A7523

Abstract Title: **A case of Bronchial Perforation with acute mediastinitis in post renal transplant patient**

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INTRODUCTION :

Solid organ transplant recipients are more prone for systemic complications predominantly pulmonary complications due to immunosuppression . Bronchoscopy is frequently done to find the nature of these complications.

CASE REPORT :

We present a case of 39 year old female ; recipient of renal transplant done in 2014 due to bilateral renal vein thrombosis currently on immunosuppression with Tacrolimus ,Wysole and Mycophenolate mofetil

who had history of multiple admissions due to nonresolving pneumonia .

RESULT:

During Bronchoscopy it was found that there was severe tracheobronchitis with perforation in both the primary bronchus predominantly right bronchus 1 cm away from carina sealed with pus . BAL reports yielded MTB in PCR studies , Acinetobacter Baumannii in culture reports however the patient succumbed to death .

DISCUSSION :

This highlights the importance of bronchoscopy in delineating the root cause of infections in solid organ transplant patients which can be missed radiologically . Routine Bronchoscopy should be performed in solid organ transplants to have early diagnosis and improve the prognosis . Apart from surgical management , methods at limited resource settings like Tracheobronchial stenting should be explored further and encouraged.

Keywords

Bronchial perforation , Mediastinitis , Bronchoscopy , Airway stents

Abstract Code: BRN25_ABS_U3098

Abstract Title - **Atypical Presentation of Pulmonary NTM: Role of Bronchoscopy in a Case of PUO with Central Bronchiectasis**

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Abstract:

Pyrexia of unknown origin (PUO) remains a diagnostic challenge due to its broad spectrum of potential etiologies, including infections, malignancies, autoimmune disorders, and granulomatous diseases. Among infectious causes, Mycobacterium tuberculosis is a primary consideration, particularly in endemic regions. However, non-tuberculous mycobacteria (NTM) are increasingly recognized as significant pathogens in chronic pulmonary infections. Pulmonary NTM infections typically manifest with a protracted clinical course characterized by chronic cough, sputum production, and systemic symptoms such as weight loss and anorexia. However, isolated fever as the predominant presenting symptom remains uncommon. Here, we present a case of pulmonary Mycobacterium avium complex (MAC) infection in a middle-aged immunocompetent patient who presented with PUO, central bronchiectasis on imaging, and an unusual endobronchial appearance on bronchoscopy. Diagnosis was established through bronchoalveolar lavage (BAL) and biopsy, highlighting the importance of advanced diagnostic modalities in atypical pulmonary infections.

Keywords:

Pyrexia of Unknown origin, Non tuberculous Mycobacteria

Abstract Code: BRN25_ABS_P9150

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INTRODUCTION: Foreign body aspiration is a major medical problem affecting primarily the children and elderly. Regardless of the type of the object, any aspiration can be a life threatening situation and requires timely recognition and action to minimize the risk of complications.

CASE SUMMARY: A 55 year old male came with c/o: fever, cough, shortness of breath, chest pain since 2 months. On auscultation- decreased breath sounds in right infra scapular and infra axillary areas. Chest x ray showed right middle and lower zone consolidation. CT chest showed similar findings. Treated as NON RESOLVING PNEUMONIA for 2 months outside. Advised flexible bronchoscopy in view of persistent symptoms, which showed a foreign body in the right lower lobe bronchus. The foreign body was removed using a cryoprobe of 1.7mm diameter.

DISCUSSION: Adult foreign body aspiration can mimic chronic diseases such as copd, asthma and obstructive pneumonia. When the diagnosis is not established immediately, retained foreign bodies may lead to recurrent pneumonias, bronchiectasis, recurrent hemoptysis, lung abscess.

CONCLUSION: We present a case of 55 yr old male with 2 months h/o cough, fever, dyspnea, chest pain. Chest x ray showed right middle and lower zone consolidation. Flexible bronchoscopy showed a rt. Lower lobe FB, which was removed using a cryoprobe.

Keywords

BRONCHOSCOPY, FOREIGN BODY, CRYOPROBE

Abstract Code: BRN25_ABS_Q3788

Abstract Title - Tuberculosis or Not? Unveiling the True Culprit – ABPA

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Objective-

Undiagnosed allergic bronchopulmonary aspergillosis(ABPA)can result in chronic, persistent symptoms.In countries like India,where tuberculosis (TB) is endemic, many ABPA patients are initially misdiagnosed with smear-negative TB due to the chronic nature of their symptoms.This often leads to the empirical use of anti-tuberculous therapy (ATT) and delays the correct diagnosis of ABPA.

Methods-

A 13 year-old female was referred to the Department of Pulmonary Medicine,GMC Patiala,in October 2024,with a diagnosis of pulmonary TB not responding to treatment.On further evaluation,she reported a history of bronchial asthma since childhood on irregular inhaler use.A CECT chest revealed traction and cystic bronchiectasis in B/L lungs.

Additional findings supporting the diagnosis of ABPA included: an elevated absolute eosinophil count of 678, markedly raised *Aspergillus fumigatus* IgG levels >200 U/mL, *A. fumigatus* precipitins at 34.90 kUA/L (reference <0.35), and a significantly elevated total serum IgE of 8400 kUA/L (reference <64).

Result-

Following the diagnosis of ABPA, the patient was initiated on oral prednisolone at 15 mg/day, which was gradually tapered over 3 months. She also received inhaled bronchodilators, including corticosteroids and β -agonists. The response to treatment was significant. She was transitioned to maintenance therapy with metered-dose inhalers and continues to do well on follow-up.

Conclusion-

Despite increasing awareness, ABPA is often misdiagnosed as pulmonary TB due to similar clinical and radiological features. This delay can lead to lung damage, fibrosis, and respiratory failure. In high TB burden settings, ABPA patients are frequently given empiric ATT, contributing to TB overdiagnosis and resource misuse. A negative CBNAAT should prompt consideration of alternative diagnoses like ABPA. Timely diagnosis requires greater physician awareness and adherence to diagnostic guidelines.

Keywords

ABPA, misdiagnosis, TB

Abstract Code: BRN25_ABS_P9390

Abstract Title - **NEEM TWIG IN 75 YEAR OLD MALE AIRWAY - RIGID BRONCHOSCOPY GUIDED RETRIEVAL**

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BACKGROUND: Foreign body aspiration, is a potentially life-threatening condition, affecting children and elderly. Sometimes it becomes a medical emergency leading to difficulties with ventilation and oxygenation resulting in significant morbidity, mortality.

CASE STUDY: A 75 y/male, presented with H/O choking on neem twig while brushing his teeth two days ago. Patient assumed it went into his stomach and consulted a gastroenterologist. CXR, Endoscopy showed no significant abnormality, CT chest s/o Large Foreign body in trachea extending into right main stem bronchus.

In view of typical history & large foreign body rigid bronchoscopy guided foreign body extraction was planned. Retrieval with rigid forceps was done by securing the proximal end in the barrel and removing it in toto.

DISCUSSION: Foreign bodies in elderly are generally present with violent cough, sob, and wheezing. Occasionally persistent and recurrent pneumonia that doesn't clear with antibiotic therapy also leads to the diagnosis. Unsuspected foreign bodies cause chronic airway inflammation, distal atelectasis, bronchiectasis and severe lung damage.

CONCLUSION: A case of a 75 year old male who came with c/o cough since 2 days following choking, where CXR was normal. During rigid bronchoscopy, a long foreign body was identified and removed with rigid forceps as angulation was the main problem in retrieval.

Keywords

Adult airway, Bronchoscopy, Foreign body.

Abstract Code: BRN25_ABS_V7228

Abstract Title - Management of post-traumatic tracheal stenosis with silicone stent placement

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Introduction:

Benign airway stenosis represents a challenging clinical problem, often necessitating a multidisciplinary management strategy involving interventional pulmonology and thoracic surgery. Post-traumatic tracheal stenosis, though uncommon, can occur following chest trauma and requires prompt recognition and intervention, particularly in patients unsuitable for surgical management due to associated injuries or comorbidities.

Case:

We report the case of a male patient who sustained thoracic trauma in a road traffic accident. Initial chest X-ray demonstrated complete right lung collapse. Flexible bronchoscopy performed for airway assessment revealed asymmetric mid-to-lower tracheal stenosis with pooled secretions obstructing the airway. After comprehensive clinicoradiological evaluation and multidisciplinary consultation, therapeutic rigid bronchoscopy was undertaken. A silicone tracheal stent was deployed to restore airway patency.

Discussion:

Tracheal stenosis secondary to trauma presents unique management challenges, especially in the context of associated injuries or compromised pulmonary status. While surgical resection remains the definitive treatment for benign tracheal stenosis, many patients are unfit for operative intervention due to poor general condition or active infection. In such cases, minimally invasive bronchoscopic interventions—including balloon dilation, electrocautery, cryotherapy, and stent placement—are valuable alternatives. Silicone stents are preferred in benign disease for their ease of placement and removal, and low risk of mucosal injury. In this patient, silicone stenting resulted in prompt symptomatic relief and radiological lung re-expansion.

Conclusion:

Minimally invasive bronchoscopic techniques, particularly silicone stent placement, offer a safe and effective option for the management of benign tracheal stenosis in patients unfit for surgery, with good clinical and radiological outcomes.

Keywords

Adult intensive care; Respiratory system.

Abstract Code: BRN25_ABS_F6993

Abstract Title - Bronchus to Bowel: Rare Migration of a Metallic Foreign Body in Child

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Introduction:

Foreign body aspiration (FBA) is a common emergency in pediatric practice, especially in children under the age of three [1]. The right main bronchus is the most frequent site of lodgment due to anatomical factors [2]. Although spontaneous expulsion of airway foreign bodies has been described, migration into the gastrointestinal (GI) tract following expectoration and ingestion is exceedingly rare [3,4].

Case Discussion:

An 8-year-old boy presented with a history of foreign body aspiration—a metallic plug pin—followed by mild right-sided chest pain. The child was clinically stable. Chest radiography showed a metallic foreign body in the right main bronchus. Elective bronchoscopic retrieval was planned for the next morning. On flexible bronchoscopy, mucosal erosion was noted in the distal right bronchial tree, but the foreign body was not visualized despite thorough inspection.

On retrospective inquiry, the father recalled a significant coughing episode earlier that morning. This prompted a repeat supine chest radiograph while the child was under anesthesia, which revealed the foreign body had migrated into the GI tract. Endoscopic removal was attempted but unsuccessful, and the pin was ultimately expelled spontaneously in stool the next day.

Spontaneous expulsion, though rare, may occur due to high expiratory airflow during coughing [3,5]. Subsequent ingestion may cause diagnostic confusion and unnecessary bronchoscopy unless imaging is repeated.

Conclusion:

This case highlights the need for detailed pre-procedural reassessment and repeat imaging to identify spontaneous foreign body migration and avoid unnecessary interventions.

Keywords

Foreign body aspiration, spontaneous expulsion, pediatric bronchoscopy, gastrointestinal migration, airway foreign body.

Abstract Code: BRN25_ABS_H5191

Abstract Title - UNUSUAL PRESENTATION OF TUBERCULOSIS

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Introduction:

Tuberculosis (TB) remains a global health concern, with an estimated 10 million cases worldwide and 2.69

million in India. Clinical and radiological deterioration in patients under TB treatment necessitates further evaluation using advanced diagnostic modalities.

Case Report:

A 42-year-old male, with no history of smoking, alcohol use, comorbidities, or TB contact, presented with a three-month history of cough, sputum production, and weight loss (3 kg). Initial investigations revealed elevated CRP (24+), and a chest X-ray showed left lower lobe consolidation with loculated pleural effusion. A CECT thorax suggested cavitating pneumonia with mediastinal lymphadenopathy and empyema. Histopathological examination indicated a fungal etiology, and the patient was treated with Voriconazole for 15 days. A repeat CECT showed persistent mass-like consolidation with bronchial narrowing, prompting bronchoscopy. BAL analysis and lung biopsy detected *Mycobacterium tuberculosis* with no rifampicin or isoniazid resistance. The patient was initiated on anti-tubercular therapy (ATT) under the National TB Elimination Program (NTEP) and showed symptomatic improvement.

Conclusion:

TB can present with diverse clinical and radiological manifestations. A high index of suspicion is essential for timely diagnosis and management, ensuring appropriate treatment even in atypical presentations.

Keywords

pulmonary infection presented as ill-defined growing mass

Abstract Code: BRN25_ABS_S9416

Abstract Title - **A Complex Case of MDR-TB with Spontaneous Bilateral Pneumothorax**

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Aims:

To highlight the clinical complexities and management strategies associated with the treatment of multi-drug-resistant tuberculosis complicated by bilateral pneumothorax.

Objectives:

1. To emphasise on the role of CBNAAT in evaluation of resistant TB cases.
2. To explore the diagnostic and therapeutic challenges inherent to this condition.

Materials and Methods:

This study presents a case of a patient diagnosed with MDR-TB and bilateral pneumothorax. Diagnostic methods employed included sputum culture and molecular assays for tuberculosis, as well as chest X-rays to evaluate pneumothorax. Treatment was administered through a multidisciplinary approach encompassing pulmonologists and infectious disease specialists. The patient's drug-resistant TB was treated using an extended oral regimen, while the bilateral pneumothorax was managed via chest tube insertion and supportive care.

Results:

The patient exhibited severe respiratory distress, cough, and chest pain upon presentation. Diagnostic imaging confirmed bilateral pneumothorax, and sputum analysis verified the presence of MDR-TB. The management strategy comprised customized antimicrobial therapy alongside chest tube placement, resulting in the resolution of the pneumothorax and stabilization of the patient's condition. Notably, the patient demonstrated improved respiratory function and was closely monitored for potential complications related to drug resistance.

Conclusion:

The integration of MDR-TB treatment with bilateral pneumothorax management demands a collaborative, multidisciplinary approach. Early diagnosis and tailored treatment plans are vital for improving patient outcomes. The combination of MDR-TB and pneumothorax poses significant challenges, necessitating coordinated strategies that align intensive TB treatment with pneumothorax interventions. This case highlights the importance of comprehensive care and ongoing monitoring in such complex situations.

Keywords

Pneumothorax, MDR-TB, ICD, Intubation

Abstract Code: BRN25_ABS_Y2197

Abstract Title - **A misdiagnosis of foreign body aspiration leading to cardio respiratory arrest and Bilateral Pneumothorax - An airway emergency**

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INTRODUCTION:

In children foreign body (FB) aspiration can cause life threatening emergency. The initial clinician's experience in recognizing FBA is crucial for timely diagnosis. Children aged between 1-3 years are at risk for foreign body aspiration because they chew their food incompletely with incisors before their molars erupt. Most common aspiration objects are seeds, nuts, bone fragments, small toys, pins, coins etc. A witnessed aspiration history with triad of cough, wheeze, diminished breath sounds are specific in establishing clinical suspicion of FBA. Misdiagnosis of FBA will lead to delays in treatment. In children due to small diameter of tracheobronchial tree FB's can stuck in the upper airways, causing stridor and sudden difficulty in breathing. Delay in diagnosis and treatment can lead to hazardous complications like Pneumothorax, Pneumomediastinum, Respiratory failure, Cardiorespiratory arrest depending on type & location of foreign body. The most common site of FB aspiration is in right tracheobronchial tree. Here we present a 2-year-old girl who aspirated multiple red chick pea was misdiagnosed and treated as bronchiolitis, presented to our hospital with cardiorespiratory arrest for which she was intubated. An emergency computed tomography (CT) thorax was taken showed bilateral pneumothorax with suspicious intraluminal foreign body in right main bronchus. Bilateral Intercostal tube drainage was placed which followed flexible bronchoscopy. Large piece of red chick pea (FB) was seen in right main bronchus and multiple small pieces of red chick pea (FB) were seen bronchus intermedius, left upper & lower lobe segments. Bilateral multiple airway foreign body causing "ball valve effect" leading to air trapping might have potentially caused bilateral pneumothorax. On emergency basis flexible bronchoscopy was done with successful FB removal using stone, dormia baskets and cryoprobe.

Keywords

paediatric, foreign body, misdiagnosis, aspiration, pneumothorax, airway emergency, bronchoscopy, critical care management

Abstract Code: BRN25_ABS_V8603

Abstract Title - **RETROSPECTIVE ANALYSIS OF 5 YEARS OF BRONCHOALVEOLAR LAVAGE OF 1435 PATIENTS AT TERTIARY CARE CENTRE**

Vedanti Shinde¹ Prarabdh Modi, Shahid Patel , Girija Nair, Manas Bhanushali, Nikhil Sarangdhar

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TITLE:

RETROSPECTIVE ANALYSIS OF 5 YEARS OF BRONCHOALVEOLAR LAVAGE OF 1435 PATIENTS AT TERTIARY CARE CENTRE

INTRODUCTION:

A 5 year audit of bronchoscopies at peripheral health institutions may yield valuable insights regarding trend changes of different lung diseases requiring diagnostic bronchoscopic interventions

OBJECTIVE:

To study retrospective data of bronchoalveolar lavage in patients and to assess the prevalence of various lung diseases diagnosed by bronchoscopy over a period of 5 years at D Y Patil Medical College and Hospital, Navi Mumbai

METHODOLOGY:

Retrospective data from 1st January 2020 to 31st December 2024 was collected and analysed from our bronchoscopy registers and indoor medical records. Disease stratification into infectious (Bacterial pneumonias, Tuberculosis, non-tubercular mycobacterial infections, fungal, etc) and non- infectious (malignancy, Interstitial lung diseases, foreign body obstruction and others) causes , with annual trends for each diagnosis.

RESULTS:

Total 1435 bronchoscopy reports were found over 5 years.

Out of these 554 are positive for bacterial culture , 143 for tuberculosis (Drug Sensitive and Drug resistant), 68 for NTM , 49 for malignancy and 27 were others. 593 BAL reports were normal.

An interesting trend observed was a rise in Non-tubercular mycobacterial infections in 2020 and 2021 and bacterial culture and sensitivity. The prevalence of tuberculosis and malignancy remained otherwise stable. The relative paucity in all diagnoses during the baseline years 2020-21 could be attributed to the COVID-19 pandemic and subsequent lockdown where patient visits and hospital influx were restricted , moreover, bronchoalveolar lavage, being an aerosol generating procedure, was restricted to select patients.

CONCLUSION

Bronchoscopy remains a valuable tool for diagnosis and management of a wide variety of pulmonary diseases, both acute and chronic conditions Bronchoscopy also helps to rule out certain pulmonary diseases, mainly infections and malignancy

Keywords:

Retrospective, Bronchoscopy, changing trends of lung diseases

Abstract Code: BRN25_ABS_N5815

Abstract Title - **A Rare Case of Genitourinary Multidrug-Resistant Tuberculosis: Diagnostic and Therapeutic Challenges.**

Dr.Vrunda Chaudhari ¹, Dr. Kiran Rami ², Dr. Meghna Patel ³, Dr. Dhruvil Prajapati ⁴

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Abstract:

Genitourinary tuberculosis (GUTB) is a rare but serious form of extrapulmonary tuberculosis, often leading to delayed diagnosis due to nonspecific symptoms. Multidrug-resistant tuberculosis (MDR-TB) in the urinary system further complicates treatment. We present a case of a 57-year-old female with persistent urinary symptoms, including hematuria and proteinuria. Initial urine culture revealed *E. coli*, suggesting a urinary tract infection. However, further evaluation with GeneXpert PCR detected *Mycobacterium tuberculosis* (MTB), with indeterminate rifampicin resistance. Acid-fast bacilli (AFB) staining confirmed the presence of MTB, and drug susceptibility testing showed resistance to isoniazid (INH) and pyrazinamide (PZA), indicating a drug-resistant strain.

The patient was started on an individualized MDR-TB regimen, including second-line anti-TB medications. However, treatment required close monitoring due to potential drug toxicity. This case highlights the challenges of diagnosing GUTB, especially in drug-resistant cases. Delayed detection, misleading urine cultures, and overlapping clinical symptoms can lead to misdiagnosis. Advanced molecular diagnostics and drug susceptibility testing are crucial for early and effective management. This case highlights the need to diagnose MDR-GUTB early, use advanced tests, and choose the right treatment for better management.

Keywords:

Genitourinary tuberculosis, MDR-TB, drug-resistant tuberculosis, *Mycobacterium tuberculosis*, GeneXpert PCR, acid-fast bacilli, drug susceptibility testing, hematuria, proteinuria, urinary tract infection, second-line anti-TB treatment

Abstract Code: BRN25_ABS_X3840

Vuduthala Snigdha¹

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INTRODUCTION:

Foreign body aspiration is a major medical problem affecting primarily children and the elderly. It can be a life-threatening emergency and at times a diagnostic dilemma. The obstruction can lead to difficulties with ventilation and oxygenation thus resulting in significant morbidity and mortality.

CASE STUDY:

A 8yrs boy came to op with C/O Cough, SOB since 2 months, Ct chest shows Mucus in Right intermediate bronchus with Right middle lobe collapse. Treated with antibiotics and mucolytics. In view of persistent cough and sob, bronchoscopy was done to rule out foreign body or any mucous plug. Flexible bronchoscopy revealed foreign body (PEN CAP) at Right intermedius bronchus. Rigid bronchoscopy was done and pen cap was removed with Rigid Alligator Forceps

DISCUSSION:

Foreign bodies in children generally present with violent cough, sob, wheezing and gagging. Occasionally persistent and recurrent pneumonia that doesn't clear with antibiotic therapy also lead to the diagnosis. Unsuspected foreign bodies have been the cause of chronic respiratory illness causing chronic airway inflammation, distal atelectasis, bronchiectasis and severe lung damage.

CONCLUSION:

We present a case of 8yrs boy who came with c/o sob, cough since 2 months, where patient chest Xray was improved radiologically after treatment, but symptoms persisted. When flexible bronchoscopy was done a foreign body was identified and removed with the help of rigid bronchoscopy. However innocent the case may present to u, adequate evaluation reveals hidden faces of the ongoing pathology

Keywords:

Pediatric airway, Bronchoscopy, Foreign body.

Abstract Code: BRN25_OFL-3

Abstract Title - **PULMONARY HYPERTENSION WITH RIGHT HILAR MASS DIAGNOSED AS PULMONARY ADENOCARCINOMA BY CT-GUIDED PERCUTANEOUS BIOPSY.**

Yash Patel¹ Manas Bhanushali, Girija Nair, Lavina Mirchandani, Deepika Ughade, Tanay Sinha, Shahid Patel, Nikhil Sarangdhar

Title:

Pulmonary hypertension with Right hilar mass diagnosed as pulmonary adenocarcinoma by CT-Guided Percutaneous Biopsy.

Introduction/Objective:

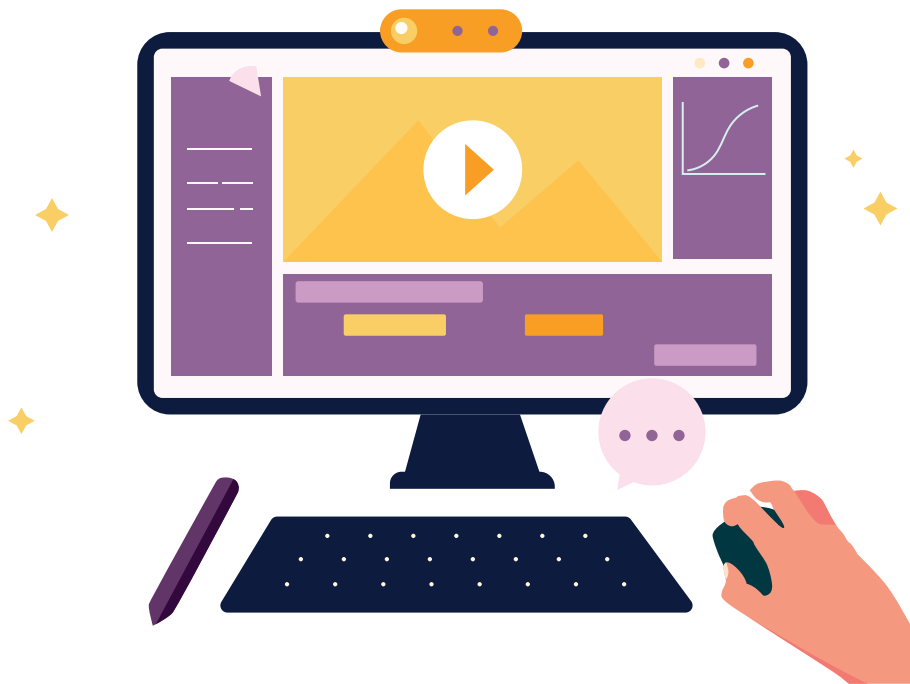
Malignancy-associated with severe Pulmonary Hypertension is uncommon. Recognition of Pulmonary Hypertension in context of lung lesion should prompt targeted imaging-guided sampling to establish histopathological diagnosis and guide management.

Case Report/ Materials and Methods:

A 69-year-old male, smoker, presented with breathlessness since 2 years MMRC Grade I, increased since 10 days MMRC Grade III and dry cough since 1 year. High resolution computed tomography thorax was suggestive of well-defined soft tissue density in Right middle lobe measuring 4.4*3.4*3.6cm with enlarged pre tracheal, subcarinal, pre vascular lymph nodes. 2-dimensional echocardiography showed ejection fraction 55% pulmonary arterial systolic pressure 49mmHg and ultrasound neck- revealed 3.6*1.7*1.6cm hypoechoic lesion in the right cervical region. Positron-emission tomography CT revealed increased metabolic activity (SUV max 15.2) in the right hilum and few bilateral lung nodules seen (SUV max 6.8). As pulmonary hypertension was present, a CT-guided core needle lung biopsy was advised in consultation with the interventional radiologist, and it was performed under local anesthesia under 2% lignocaine from right hilum and sent for Histopathology examination which revealed Adenocarcinoma of Lung with solid and tubular growth pattern. Immunohistochemistry was positive for TTF-1 and NAPSIN-A and negative for P40 confirming primary pulmonary adenocarcinoma.

Result & Conclusion:

Bronchoscopy with biopsy of Right Hilar lesions in this patient with pulmonary hypertension could have worsened the hypoxia and led to complications like cardiac arrhythmias, bleeding and worsening of pulmonary hypertension. CT-guided biopsy is a safe and effective diagnostic modality for central pulmonary lesions along with severe pulmonary hypertension, as it allows histopathological and molecular characterization that directs personalized therapy and may improve both oncologic and hemodynamic outcomes.



ABSTRACTS FOR VIDEO CASE PRESENTATION

Abstract Code: BRN25_ABS_N6247

Abstract Title - **BLOOD CLOT IN LEFT MAIN STEM BRONCHUS - CRYO EXTRACTION**

Aishwarya Varshini Pujari¹, VENKATESWARA REDDY TUMMURU², PRADYUT WAGHRAY³

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Abstract:

A 55 year old patient presented with fever, productive cough with yellow sputum since 20 days, with 100 to 150 ml of hemoptysis in the past 3 days. History of weight loss and appetite loss were present. Sputum for Afb and Cbnaat were negative. In view of persistent hemoptysis CT chest was done suggestive of Left Upper Lobe Infiltrates with ? Clot in Left Main Bronchus. Pt was advised for admission and a Repeat CXR done two days later s/o left lung collapse. In view of persistent hemoptysis and collapse Flexible Bronchoscopy was done showing a Large Blood Clot in the Left Mainstem Bronchus. Patient was then taken up for Rigid Bronchoscopy Guided Clot Extraction with 1.7 mm Cryo Probe. Active Bleeding noted after extraction of Blood Clot in Left Upper Lobe. In spite of initial Cold Saline Instillation and Suction there was no optimal bleed control. Then 250 ml Of Cold Saline in 50 ml Aliquots was instilled and left insitu. Hemostasis was achieved with serial cold saline instillation. Later BAL for Afb and Cbnaat were turned out to be positive and patient was started on ATT. There were no recurrent episodes of Hemoptysis later on and the patient was hemodynamically stable post extraction of Blood Clot from Left Mainstem Bronchus. CXR after 24 hr of procedure showed resolution of collapse.

Keywords

Hemoptysis, Blood Clot, Rigid intervention, Cryo Extraction.

Video Link

<https://www.youtube.com/watch?v=jZenIPXBKLo>

Abstract Code: BRN25_ABS_H6211

Abstract Title - **Hour Glass Stent in PITS patient**

GADDAM SARANYA¹, Tummuru Venkateswara Reddy⁰

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Abstract:

21 year old with H/o RTA and prolonged ventilator support and tracheostomy with difficulty to decannulate was referred. Grade 4 tracheal stenosis noted in sub glottic region Rigid Bronchoscopy guided tracheal dilation with cautery cuts, cryoprobe and CRE balloon done. Forceps passed through the tracheal-stoma and Retrograde dilation attempted to widen the stenosed segment but CRE balloon couldn't be

passed through the narrowed opening With the forceps blades held wide apart, CRE balloon was passed successfully through the stenosed segment and hourglass stent placed in the now patent stenosed segment to establish lasting results.

Keywords:

hourglass stent ,PITS,Rigid bronchoscopy

Video Link

https://youtu.be/dhfq7_MhXdg

Abstract Code: BRN25_ABS_K9121

Abstract Title - **A stubborn seed: a challenging case of pediatric foreign body extraction**

KRISHNAPRIYA S KUMAR¹, RITWICK SINGLA¹, MAYANK MISHRA¹

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Abstract:

Foreign body (FB) aspiration is a life-threatening emergency in children that requires prompt diagnosis and intervention. We present a case of an 8-year-old girl who arrived at the emergency department with alleged history of foreign body (FB) aspiration and a one-day history of cough, respiratory distress, and occasional stridor. Clinical examination revealed the use of accessory muscles and bilateral conducted sounds with bronchospasm. Initial flexible bronchoscopy revealed a large brownish FB occluding more than 90% of the tracheal lumen. Multiple retrieval attempts with flexible instruments failed due to the FB getting lodged at the subglottic level, likely due to local edema. The patient experienced transient desaturation during the procedure. Rigid bronchoscopy was initiated by the pediatric surgery team, which also failed due to partial fragmentation of the FB and repeated episodes of bradycardia and desaturation. An emergency tracheostomy was performed to facilitate further retrieval attempts. The FB, identified as a tamarind seed, proved challenging to extract due to its slippery and swollen nature. Multiple attempts using rigid bronchoscopy through the tracheostomy stoma were unsuccessful until the stoma was widened with small incisions. Eventually, the FB was successfully extracted using artery forceps. Post-procedure, the patient was managed in the PICU and gradually weaned off the tracheostomy tube. She was successfully decannulated on Day 8 and discharged in stable condition. This case highlights the complexities involved in pediatric FB retrieval, particularly with organic materials like tamarind seeds, and underscores the importance of multidisciplinary collaboration and adaptability during airway emergencies.

Keywords

Pediatric foreign body aspiration, Tamarind seed, Airway management, Foreign body retrieval

Video Link

https://drive.google.com/file/d/1qkZ4P5WLBOSj56Rf8IFHclRBMB4B54uD/view?usp=drive_link

Abstract Code: BRN25_ABS_T3579

Abstract Title - **Tumour debulking in central airway using microdebrider**

PANKUL MANGLA¹, Sandeep Nayar¹, Sunny Kalra¹, Pooja Patel¹, Shreshth Nayar¹

¹BLK MAX SUPER SPECIALITY HOSPITAL NEW DELHI, INDIA

Abstract:

54 yr old male with k/c/co Recurrent adenoid cystic carcinoma on radiotherapy and chemotherapy undergone rigid bronchoscopy and tumour debulking multiple times came with c/o worsening dyspnea. Bronchoscopy revealed mass lesion in trachea causing luminal obstruction. Rigid bronchoscopy and tumour debulking done using 45 cm size microdebrider for tumour resection with simultaneous saline irrigation of tumour area. The surface of tumour was electrocauterised to prevent excessive bleed during use of microdebrider. It reduced the procedure time to a great extent and was done with much ease and control. Good luminal patency was maintained. Post procedure patient recovered well. Usually microdebriders are limited to ENT, neurosurgery, orthopedic departments etc but this is a case which adverts the use of microdebrider in central airway obstruction for tumour debulking in a much faster way which saves a lot of time and duration of anesthesia too.

Keywords

Tumour debulking, Microdebrider

Video Link

<https://drive.google.com/file/d/1kOdwOwEIQkQPxlIltab9fvARD15qNCoI/view?usp=sharing>

Abstract Code: BRN25_ABS_P6621

Abstract Title - **Bronchoscopic management of persistent air leak in an elderly male post-right lower lobectomy using customized endobronchial Watanabe Spigot and cyanoacrylate glue instillation**

Dr. Poojaben Mahendrabhai Patel¹

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Abstract

Background: Persistent air leak (PAL) is a common complication following lung surgeries such as lobectomy. [1] Management options include conservative approaches, surgical re-intervention, and bronchoscopic interventions. [2] This case report describes resolution of PAL in an elderly patient post-right lower lobe lobectomy using a customized Watanabe spigot & glue. Case description: A 75-year-old male underwent right lower lobe lobectomy for squamous cell carcinoma of lung. Postoperatively, the patient developed a PAL that failed to resolve with standard conservative measures such as chest tube management and low-pressure suction. Bronchoscopic examination showed a small fistulous opening, approximately 4-5mm in diameter at right lower lobectomy site through which 5.9 mm bronchoscope could not be passed. A customized Watanabe spigot 5 mm was inserted bronchoscopically, along with cyanoacrylate glue was instilled to ensure complete sealing of defect. The air leak significantly reduced

within 24 hours post procedure and completely resolved after 8 days hence, chest tube was successfully removed after eight days. Follow-up imaging and clinical assessments at one month confirmed the absence of recurrence. Learning point: Bronchoscopic interventions with use of customized Watanabe spigot and cyanoacrylate glue offer a minimally invasive, safe, and effective alternative to surgical re-intervention in patients with persistent air leaks who are poor surgical candidates. [2][3]

Keywords

Persistent Air Leak (PAL), Bronchoscopic Intervention, Watanabe Spigot, Cyanoacrylate Glue, Lobectomy Complication

Video Link

<https://drive.google.com/file/d/1SGI7locYfJ0pF2ZdzgQ3IJN3eUQ6Zclp/view?usp=drivesdk>

Abstract Code: BRN25_ABS_K3736

Abstract Title - **A FABLE OF 3 FIRES AND 9 FREEZES IN A 9 YEAR OLD STENOSED AIRWAY (PITS)**

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Abstract

A 9 year old child presented to the opd with Nosiy Breathing and Shortness of Breath since 1 month. Child had a history of Snake bite for which he was Intubated and was on Mechanical Ventilator for 1 week and later on under went Tracheostomy 4 months ago. CT Neck was done suggestive of Severe Subglottic Stenosis. Rigid Bronchoscopy was done showing Grade 3 Tracheal Stenosis - Pin Hole Appearance just below Vocal Cords. Cautery Cuts were given to open up the Stenosed Segment. Manual Dilatation of the Stenosed Segment was done with Rigid Barrels. Devitalizing of the Stenosed Segment wall was done by CryoAblation with CryoProbe. Check Bronchoscopy after 3 months showed Patent Trachea.

Keywords

POST INTUBATION TRACHEAL STENOSIS , RIGID BRONCHOSCOPY , CAUTERY , CRYOABLATION

Video Link

<https://www.youtube.com/watch?v=xS6TApp0Ah4&t=14s>

Abstract Code: BRN25_ABS_Y5620

Abstract Title - **NEUROENDOCRINE TUMOR IN THE RIGHT MAIN BRONCHUS**

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Abstract

A 23 yr female with no comorbidities, no addictions presented with c/o - dyspnea, cough and fever since 5 months. chest x ray was within normal limits. CT showed a soft tissue density in the rt. main bronchus. TBNA and biopsy of lesion was done using flexible bronchoscopy, turned out to be a neuroendocrine tumor. Rigid bronchoscopic tumor debulking was done using a snare and cryoprobe.

Keywords

Neuroendocrine tumor, Rigid bronchoscopy, Cryoprobe.

Video Link

<https://drive.google.com/file/d/12VXWIBkraJDILCb3tAxNoNcHFZhz8KKs/view?usp=sharing>

Abstract Code: BRN25_ABS_R6573

Abstract Title - **Extubation failure due to recurrent lung Collapse: Cryo to the rescue.**

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Abstract

42 year old obese alcoholic male, admitted with acute pancreatitis leading to ARDS. Intubated, managed conservatively. Extubated initially developed lung collapse , reintubated. Chest imaging showed right lower lobe collapse. Bronchoscopy was planned which revealed tightly adherent mucous plug occluding the right main bronchus. Cryo therapy was employed to remove the mucous plug, which was tightly adhered. It was removed in piecemeal leading to improvement in gas exchange. Patient was extubated after 2 days and was shifted to wards the day after.

Keywords

Lung collapse, Mucous plug, Cryotherapy, Extubation

Video Link

<https://drive.google.com/file/d/1l3M0YWpNPVxFOdunJCBp9BBUyojWg7ij/view?usp=drivesdk>

Abstract Code: BRN25_ABS_X3695

Abstract Title - **POST INTUBATION TRACHEAL STENOSIS - RIGID BRONCHOSCOPY GUIDED BALLOON BRONCHOPLASTY IN 25 YR OLD AIRWAY**

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Abstract

25 yr old male patient with past H/o RTA and mechanical ventilation (for 1 week) presented with shortness of breath and noisy breathing for 15 days. CT neck shows stenosed tracheal segment. Patient was advised Rigid Bronchoscopy guided Tracheal dilation with CRE balloon Bronchoplasty and Mitomycin c application

Keywords

Rigid Bronchoscopy, CRE balloon dilatation, Tracheal Stenosis.

Video Link

<https://youtu.be/BXbK6gOXbvo?si=HtikvAJvKoybUbf7>

Abstract Code: BRN25_ABS_J4401

Abstract Title - **Left Main bronchus Tumor Debulking**

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Abstract

60yr old smoker presented with c/o sob cough since 2 months CT chest revealed left main bronchus obstruction Flexible bronchoscopy revealed left main bronchus tumor extending into trachea Rigid bronchoscopy guided debulking was done with the help of cryo probe

Keywords

Cryo extraction , Tumor , Bronchoscopy

Video Link

<https://youtu.be/Yyq9HkAVh7E?si=qKPCn4WLnG79nTOd>



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