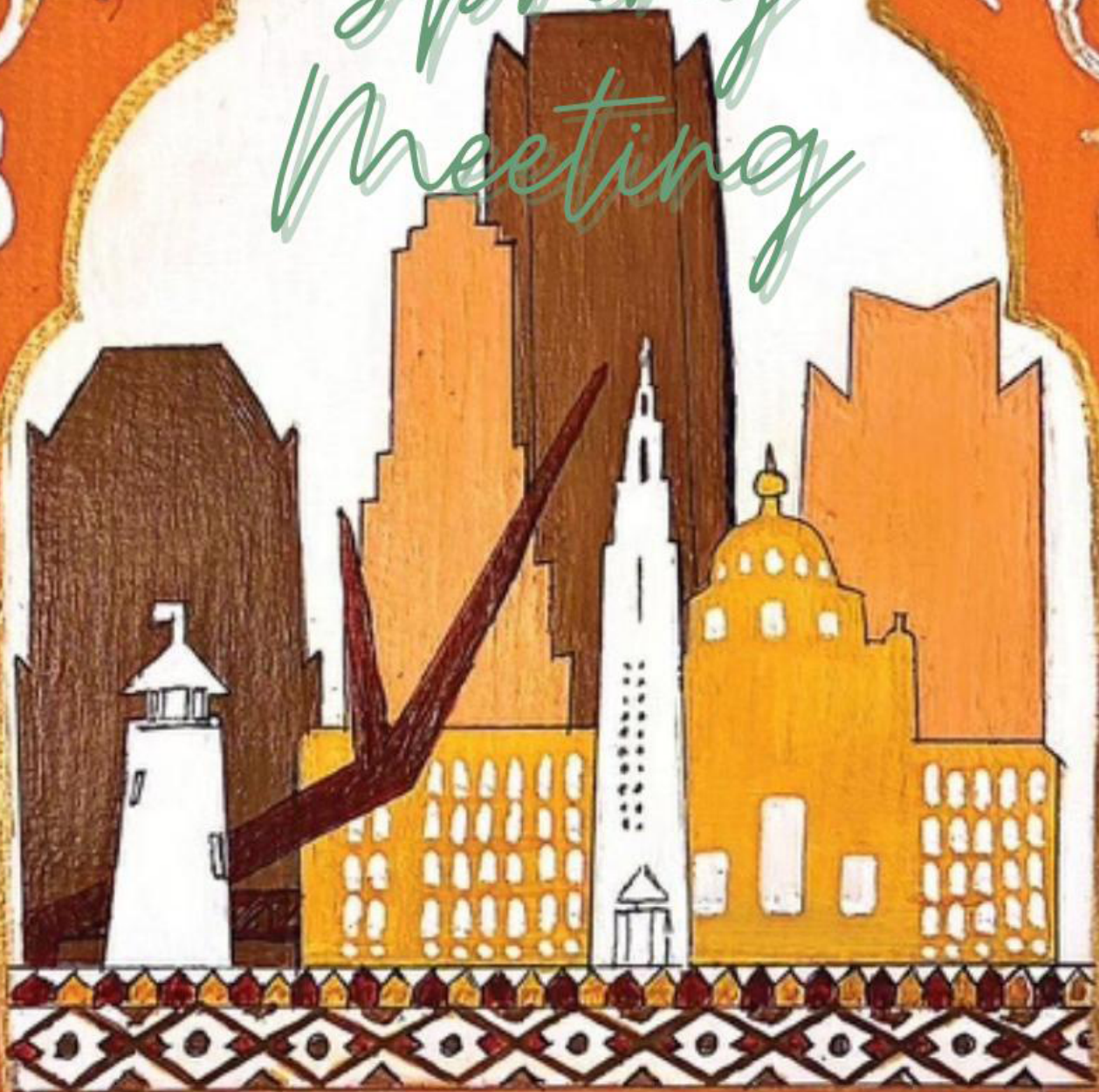


APPNA

*Spring
Meeting*



APRIL 3-6, 2025
OKLAHOMA CITY, OK

Utah Salami



APPNA

Association of Physicians of
Pakistani Descent of North America

6414 S Cass Ave, Westmont, IL 60559-3209, USA
Phone: +1 (630) 968-8585 Fax: (630) 981-5229
www.appna.org



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

President's Message



Dear APPNA family!

What an incredible honor to be writing this message for the OK Spring Meeting 2025!

OK city has become an important hub of APPNA physicians and their families because of its locale and great sense of community.

Our host committee headed by Chair Dr Fazal Akbar Ali, and Co-Chairs Drs. Saqib, Rizvi and Sanaullah and other members of the host committee specially Dr Naeem Tahirkheli, have worked incredibly hard to deliver an amazing meeting full of great CME, Council meeting where our Chairs of Committees will present their work, world class entertainment and amazing food and culture like celebration of basant.

Our theme this year is APPNA as a family. We are all members of the larger APPNA family. We owe it to each other and to our beloved organization APPNA to be cohesive and respectful to each other and to share happy moments together. I just came back from first APPNA Umrah which was a spiritual experience for all of us.

So, let's keep meeting in happiness and harmony and let's keep uplifting each other. Our next meeting is the big summer convention from July 9-13, 2025, in Dallas. So please attend with your friends and families to make it a success.

Thank you and God bless

Humeraa Qamar
President APPNA 2025.



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Chair Host Committee Message



Dear APPNA Family,

It is with great excitement and pride that I welcome you all to the APPNA Spring Meeting 2025 in Oklahoma City! Known for its culture and hospitality, Oklahoma is a welcoming city, and we can't wait for you to experience it firsthand.

We have an amazing host committee and organizing team working tirelessly to ensure this event is memorable. This year, we are bringing you unique experiences to make you feel right at home.

One of our key highlights is Food St., which we initiated in 2022. This year, we are taking it to the next level with live cooking experiences that will transport you to the flavors and aromas of Anarkali Food Street back in Pakistan.

Additionally, we are thrilled to introduce Basant, the traditional kite-flying festival of Lahore! We have arranged 300 kites to fill the sky at Scissortail Park, accompanied by Desi music, recreating the spirit of Lahore's Basant right here in Oklahoma.

Our Continuing Medical Education (CME) team has put together a highly engaging program, bringing distinguished speakers for a one-of-a-kind CME experience. The sessions begin Friday with general CME and continue Saturday with specialty-based CME, ensuring valuable learning opportunities for all.

Beyond the academic and cultural experiences, we have exciting entertainment lined up for you!

- Thursday kicks off with a fashion extravaganza by internationally acclaimed designers Amir Adnan & Huma Adnan, followed by a performance by Humera Channa.
- Friday's banquet will feature a Mika Singh concert, promising an incredible night of music and celebration.
- Saturday brings a culinary showcase with celebrity chef Khatta Mitha, adding a delightful touch to our festivities.

We are honored to welcome distinguished guests and dignitaries at our banquet, including senators, house representatives, and ambassadors from Pakistan, Jordan, South Africa, and more. Additionally, the United Nations High Commission for Refugees (UNHCR) has partnered with APPNA for our medical mission, marking a significant humanitarian collaboration.

This year's APPNA Spring Meeting promises to be an unforgettable gathering, blending education, culture, entertainment, and camaraderie.

We also extend our heartfelt thanks and a warm welcome to President APPNA, Dr. Humeraa Ahmad-Qamar, and the APPNA Board of Directors for their leadership and support in making this event possible.

We can't wait to celebrate with you all in Oklahoma City!

Fazal Akbar Ali
Chair, Host Committee
APPNA Spring Meeting 2025



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Host Committee

Chair of Host Committee:

Fazal Akbar Ali

Co Chair of Host Committee:

Muhammad Sanaullah

Syed Iftikhar Rizvi

Saqib Sheikh

Advisors of Host Committee:

Naeem TahirKheli

Muzaffar Saleemi

APPNA Oklahoma Chapter:

Rabeeya Nusrat

Faisal Latif

Bilal Ahmad

Usman Bhutta

Continuous Medical Education Committee:

Faisal Latif

Talal Hussain

Wajeeha Razaq

Zain Asad

Arman Raza

Naeem TahirKheli

Fawad Chaudry

Young Physician Committee/ Medical School Admission

Adnan Altaf

Fahd Sultan

Zain Asad

Siddique Khurram

Mujtaba Qazi

Hudia Jamshad

Amaan Qazi

Publication/Poster Presentation Committee:

Tauqeer Ali

Nighat Mehdi

Iftikhar Chaudhary

Syed Iftikhar Rizvi

Sumbal Nabi

Siddique Khurram

Raheel Memon

Tariq Masood

Nauman Ashraf

Entertainment Committee:

Yasmin Sattar

Jahanzeb Naqvi

Salman Nusrat

Naeem TahirKheli

Salman Jamshed

Thursday Inauguration

Ceremony/Fashion Show:

Sumbal Nabi

Ayesha Sattar

Aliya Chaudry

Navid Chaudry

Saira Saleemi

Mudassir Saleemi

Amber Muneer

Saima Rizvi

Halima Suria

Tayyaba Ali

Sadia Salman

Hooria Salman

Sophia Janjua

Aqsa Siddique

Basant Committee:

Tariq Sattar

Munawar Ali

Amir Raza

Abdul Razaq

Ahmad Ashfaq

Mashir

Bushra Siddique

Saima Rizvi

Ambreen Rahman

Sophia Janjua

Sponsorship Committee:

Fazal Akbar Ali

Muhammad Sanaullah

Syed Iftikhar Rizvi

Saqib Sheikh

Hassan Kaleem

Asim Chohan

Naeem TahirKheli

Salman Zubair

Tauseef Ali

Ali Tipu

Mansoor Tanwir

Faisal Latif

Aamir Mohammad

Alumni Retreat Committee:

Umer Khan

Syed Iftikhar Rizvi

Asim Chohan

Usman Bhutta

Rabail Bhutta

Wajeeha Razaq

Salman Zubair

Faisal Wasi

Zeeshan Khan

Muhammad Sanaullah

Banquet/Food Committee:

Saqib Sheikh

Tayyaba Ali

Umber Munir

Khairuddin Memon

Food Street Committee:

Aliya Chaudry

Navid Chaudry

Tayyaba Ali

Amber Muneer

Saira Saleemi

Uzma Saleemi

Saqib Sheikh

Social Forum Committee:

Salman Khalid

Irim Yasin

Ambreen Rahman

Bushra Akram

Samid Farooqui

Khairuddin Memon

Namaz Committee:

Mammoon Rashid

Organ Donation Awareness

Walk Committee:-

Fazal Akbar Ali

Usman Bhutta

Tariq Asadullah Khan

Mammoon Rasheed

Ahmed Bilal

Bilal Ahmed

Muhammad Afzal

Irfan Kundi

Javed Jamal

Mansur Khalid

Shehzad Bandhani

Jose Elam

Brad Carter

Gigi Toma

Rizwan Aslam

Muhammad Amir

Fazal Akbar Ali

APPNA Business/Entrepreneur

Session:

Danish Bhatti

Pashmin Lakhani

Shahid Rafique

Hasan Kaleem

Tariq sattar



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

From The Editor's Desk



Dear APPNA Family,

Welcome to the 2025 APPNA Spring Meeting!

We are excited to present the 2025 Spring Meeting Journal, a truly distinctive and exceptional edition. This journal features insightful reports and messages from APPNA's Board of Directors, Committee Chairs, and Presidents of Chapters and Alumni, along with engaging articles in both English and Urdu. For the first time in APPNA's history, the Publication Committee has led two new initiatives. We organized a poster competition in collaboration with the Young Physicians Committee (YPC), marking a first for any Spring Meeting. This initiative led to the publication of research abstracts of these posters in this journal.

Another significant achievement is the historic collaboration between APPNA and the Pakistan Heart Journal (PHJ), a prestigious peer-reviewed cardiology journal. This partnership has resulted in a special PHJ supplement, published exclusively for the 2025 APPNA Spring Meeting, featuring cardiovascular research abstracts, which are also included in this Spring Meeting Journal.

The successful completion of this APPNA Spring Meeting Journal and the PHJ supplement reflects the hard work and dedication of the Publication Committee in thoroughly reviewing all the materials, ensuring a high-quality publication. I would like to express my deepest gratitude to the committee members for their tireless efforts. A special thank you goes to Dr. Khurram Siddique, Chair of YPC, Dr. Raheel Memon, Co-Chair of YPC, and the YPC reviewers for their work in collecting and reviewing abstracts. We also extend our appreciation to Dr. Naeem Tahirkheli for his significant role in the PHJ collaboration and his efforts in gathering abstracts. A heartfelt thanks go to Dr. Tariq Ashraf, Editor-in-Chief of PHJ, for honoring APPNA by publishing the exclusive PHJ supplement. We are thankful to Dr. Fazal Ali and Dr. Humeraa Qamar for their support of our initiatives. We are especially appreciative of Mrs. Uzma Saleemi for her artistic brilliance in painting the journal's stunning cover. Lastly, we would like to thank Mr. Laiq Siddiqui from the APPNA Office for compiling this journal.

We hope that you find this journal both informative and intellectually enriching, offering valuable insights to foster professional growth and knowledge.

Tauqeer Ali, MBBS, MPH, PhD
Chair, Publication Committee, APPNA Spring Meeting 2025

Members, Publication Committee, APPNA Spring Meeting 2025

Iftikhar Ali Chaudhary, MD

Raheel Memon, MD

Nighat Mehdi, MD

Sumbal Nabi Rana, MD

Nauman Ashraf, MD

Tariq Masood, MD

Syed Iftikhar Rizvi, MD

M. Siddique Khurram, MD



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

President Elect's Message



I am honored and humbled to work with a vibrant board of Directors and assist President Humeraa Qamar during her presidency.

We can do so many things for Pakistan and in North America to help humanity. My mission is to focus on helping young doctors to achieve what they are struggling for, make APPNA more relevant in North America and help the ones who need help wherever they are.

Babar Rao, MD, FAAD



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Secretary's Message



Dear Esteemed Members and Attendees,

On behalf of the Association of Physicians of Pakistani Descent of North America (APPNA), it is my honor and pleasure to welcome you to the APPNA Spring Meeting in Oklahoma, taking place from April 3-6, 2025.

This meeting promises to be a unique opportunity for professional development, collaboration, and the exchange of ideas. As we gather in Oklahoma, we come together to advance our shared mission of improving healthcare, supporting our communities, and strengthening the bond among healthcare professionals of Pakistani heritage. Whether you're here for the cutting-edge medical presentations, engaging discussions, or networking with fellow practitioners, we are excited for the knowledge and experiences that will be shared.

Our Spring Meeting will feature a variety of sessions designed to address the most pressing issues in healthcare, from advancements in medical technology to the latest research in clinical practice. It's a chance to expand your knowledge, engage with experts in the field, and learn from the diverse experiences of our members. We encourage you to take full advantage of the interactive workshops, panel discussions, and networking opportunities that will be available throughout the event. Together, we will continue to build a stronger, more dynamic community of healthcare professionals who are dedicated to making a meaningful impact both locally and globally.

APPNA's commitment to excellence and community has never been more vibrant, and this event is a testament to our ongoing dedication to fostering innovation, education, and collaboration within the medical field.

As a Secretary my goal is to streamline communication , improve processes and record keeping in APPNA. We are looking forward for another very successful year in APPNA.

Thank you for being part of this incredible gathering. I look forward to the enriching sessions ahead and the opportunity to connect with all of you.

Warm regards,
Muhammad Sanaullah, MD
Secretary, APPNA 2025



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Treasurer's Message



The financial health of our organization is essential to our continued ability to serve our community and fulfill our mission. This report covers the organization's financial status highlighting our compliance efforts, revenue generation, and investments.

1. Compliance

As a nonprofit medical organization, compliance with applicable federal, state, and local regulations is of the utmost importance. We have maintained full compliance with all IRS regulations governing 501(c)(3) organizations, including proper documentation of donations, charitable contributions, and

expenditures.

Additionally, the organization has adhered to health care regulations, including HIPAA and other privacy and security guidelines that affect our operations. Regular audit is on the books for this year and will be complete by the time you read this report.

All tax filings have been submitted on time and 2023, 2024 filings are being worked on. Our accounting program has been updated since August 2024 and going forward, our accounts would be up to date by the end of each quarter.

2. Revenue

Revenue for the reporting period has remained steady with growth in key areas.

- Fundraising Events: Our fundraising events are geared towards social welfare and disaster relief. Currently funds are being raised for QATRA Fund and LA fire relief efforts.
- Investment Income: We have seen a moderate increase in investment revenue from our conservative investment portfolios.

3. Investments

We continue to prioritize the long-term financial stability of the organization by maintaining a diversified investment portfolio, which includes low-risk bonds, stocks, and market-indexed funds. Our investment strategy is conservative, designed to ensure a stable return while minimizing risk.

Overall, our organization is in a strong financial position, with steady revenue streams, a successful compliance record, and investments that support our long-term goals. The continued support of our donors, partners, and stakeholders is vital as we move forward with our mission.

We are committed to fiscal responsibility and transparent reporting to ensure the sustainability and growth of our organization.

Furrukh Malik MD
Treasurer APPNA 2025



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Immediate Past President's Message



Dear APPNA family

Assalamu Alaykum

On behalf of the APPNA BOD, I would like to welcome you and your family to Oklahoma City for the spring meeting 2025.

The host committee chair, Dr Fazal Ali, and the co-chairs have done a wonderful job under the leadership of Dr Humeraa Qamar by arranging a meeting with so many different items of entertainment including kite, flying among many other things.

The bazaar and the food will be great.

They have worked hard to put together a great CME program and I hope you will join us for the CME sessions.

The entertainment is top class specially with Shaukat Amanat Ali coming from Pakistan to entertain us.

We hope to see you and your family in Oklahoma City and I'm sure you will have a wonderful time.

I wish you a wonderful and safe stay in Oklahoma and hope you enjoy to the fullest.

Long live APPNA
Best wishes
Dr. Asif Mohiuddin

Enhancing patient management with precise, actionable data

At Castle Biosciences, we provide more than just a test result. Our validated gene expression profile (GEP) tests deliver accurate, objective, and personalized insights that help guide decisions for patients with skin cancers. The test results enable clinicians to make more informed, individualized care decisions to help improve patient outcomes.

Decision Dx ► Melanoma

Delivers personalized risk-assessment for recurrence and metastasis, including the likelihood of sentinel lymph node positivity, for patients with cutaneous melanoma

Decision Dx ► SCC

Predicts the risk of metastasis and identifies patients most likely to benefit from adjuvant radiation therapy with high-risk squamous cell carcinoma

MyPath ► Melanoma

Aids in the diagnosis and management decisions for patients with ambiguous melanocytic lesions



LEARN MORE



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

APPNA Strategy Meeting

Atlanta had the distinct honor of hosting the APPNA Strategic meeting 2025 from January 31 to February 2 in the great city of Atlanta. I was honored to be chosen as the chair of the meeting by the dynamic APPNA 2025 president Dr. Humera Qamar and local APPNA members were thrilled to have a national APPNA meeting in their city after 25 years! This pivotal gathering brought together APPNA leadership, committee chairs, APPNA members and several APPNA past presidents.

The two-day event commenced with the CME meeting on Friday January 31 followed by committee meetings which continued on the second day as well. President Humera Qamar emphasized the importance of unity and strategic growth.

The leadership underscored APPNA's mission of serving the community through medical excellence, philanthropy, and advocacy. On Friday we had Ghazal Night by Kamran Mehdi Hasan who mesmerized the audience with his legendary father Mehdi Hasan's ghazals.

We planned a Fashion Show on Saturday evening February 1 to showcase the evolution of fashion and a quick glance on different decades in Pakistan History starting from 1950's to present day, fashion show was applauded for a beautiful display of vintage clothing by our models who were all volunteers. The fashion show was followed by the main program conducted by Dr. Yaseen Abubaker. The program commenced with Dr. Humera Qamar's presidential address. A distinguished highlight of the event was the presence of the Ambassador of Pakistan, Mr. Rizwana Saeed Sheikh as a special guest. Dr. Hala Sabri was the keynote speaker. After dinner was a powerhouse performance by famous Pakistani singer Shazia Manzoor.

As chair I would like to thank our host committee, the CME committee members, the CME speakers, the Advisory Committee, the Vendors Committee, and the Fashion show committee. I would also like to extend my thanks to the Volunteer Committee and all the ladies who were at the registration desk.

The APPNA Strategy Meeting 2025 concluded with a renewed sense of purpose and a new energy to start another successful year under the leadership of Dr. Humera Qamar

Best Wishes,
Dr. Roohi Abubakar
Chair, APPNA Strategy Meeting 2025





APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

APPNA Advocacy Committee



Advocacy Committee 2025 will like to focus on promoting leadership among Pakistani American physician diaspora from grassroots to national level. Advocacy Committee is planning to reach out to APPNA chapters for their assistance in achieving following goals identified for this year:

1- Organize the first ever Annual APPNA Day at State Capitals across the country.

2- Revive Annual APPNA Day at US Capitol

3- Encourage membership especially young physicians to actively participate in hospital and other workplace committees and other leadership positions

4- Encourage members to participate in local and state level boards, including medical licensure and nonprofit organizations.

5- Guide membership about their “asks” and subsequent follow up with the legislators.

6- Establish and utilize long term relationships with local and national legislators to further healthcare policy, both in their states and at national level.

7- Emphasize the importance of community service and civic engagement.

8- Advocate young physician visa issues in collaboration with the Young Physician Committee.

Muhammad Babar, MD, MBA, MSc



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Communication Committee Vision & Objectives



I am truly honored and excited to serve as the Chair of the Communication Committee for APPNA this year. I want to extend my heartfelt gratitude to President Humeraa Qamar, the BOD, and my amazing team for their trust and support.

APPNA is more than just an association—it is a family of dedicated professionals working toward a shared vision. Communication is the backbone of any strong community, and my goal is to ensure every member feels informed, connected, and inspired to contribute.

Vision for the Year: This year, with my strong team—Fatima Ahmad (Co-Chair), Nauman Ashraf (Advisor), Farheen Khan, Tariq Alam, Muska Khan, Tahira Qureshi, and Fariya Afridi—I aim to enhance the way we engage with one another. Through digital platforms, social media, newsletters, and interactive forums, we will ensure that every voice is heard, and every achievement celebrated.

Key Objectives:

- 1. Enhanced Digital Presence:** We will improve APPNA's website and social media channels to keep members updated, share event highlights, and feature member contributions.
- 2. Regular Newsletters & Publications:** The Suno newsletter will continue to serve as a platform to share success stories, recognize contributions, and celebrate our community.
- 3. Membership Engagement:** We will create spaces for open dialogue—whether through interactive webinars, Q&A sessions, or discussion forums—to foster learning and support.
- 4. Collaboration with Other Committees:** By working together, we can amplify each committee's impact and build a stronger, more cohesive APPNA.
- 5. Expanding Social Media Presence:** Let's use platforms like Facebook, Twitter, LinkedIn, and Instagram to showcase our work, share valuable insights, and create an engaging space for APPNA members worldwide.
- 6. Highlighting APPNA's Philanthropic Work:** From medical relief missions to scholarships and disaster relief efforts, our humanitarian work is truly inspiring. I want to highlight these efforts, celebrating our impact and inspiring greater participation.

This is not just my vision—it is ours. I invite you to share your ideas, voice your concerns, and be a part of this journey. Let's work together to make communication the heartbeat of APPNA.

Warm regards,

Kashaf Sherafgan, MD, FACS
Chair, Communication Committee APPNA



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

APPNA Advocacy Canada Committee



The APPNA Advocacy Canada Committee is proud to share its accomplishments and progress with the APPNA community.

1. A Strong Voice for Pakistani Physicians*
Our committee's primary objective is to empower Pakistani physicians in Canada, including non-practicing international medical graduates, and become a voice for them in Central APPNA. To achieve this goal, we conducted the APPNA Advocacy Survey

2025, in January, which revealed that over 75% of Canadian physicians want a strong representation in Central APPNA. The survey and report were shared by the chair in APPNA Strategy Meeting in Atlanta.

2. Showcasing APPNA Committees

We launched the APPNA Committee Awareness Series to create awareness about various APPNA committees and provide a platform for members to learn about their work. Our first meeting was with Dr. Danish Bhatti, Chair of the RESA Committee, on March 2nd, which was well-received. Our second meeting will be on March 9th on zoom with chair of SWDRC. We will continue this series of awareness sessions over the coming weeks and months.

3. Supporting International Medical Graduates

Our committee is committed to advocating for international medical graduates (IMGs) in Canada. We collaborated with FJMCAANA and YPC Canada to conduct a Zoom session on Feb 16th, for Pakistani Medical Students, Graduates, sharing pathways for IMGs to enter the Canadian health system. We are also participating in a Radio RED FM session, discussing the challenges faced by IMGs and potential solutions as well as various pathways for them to enter into the health system.

4. Promoting Equity, Diversity, and Inclusion

We believe that promoting equity, diversity, and inclusion is essential to creating a welcoming environment for Pakistani physicians in Canada. Our committee reached out to local and provincial governments to request Ramadan Mubarak signs at city halls, promoting cultural competence and inclusivity.

We look forward to continuing our work and making a positive impact on the lives of Pakistani physicians in Canada.

Thank you,
Dr. Fizza Rafiq
Chair, APPNA Advocacy Canada Committee

CAREER COUNSELLING FOR PATHWAYS TO MEDICINE IN CANADA

FJMCAANA invites you to an interactive and engaging session with experts from Canada. This session will provide you a step by step guidelines to pursue a medical career in Canada.

JOIN ZOOM MEETING
<https://us06wedd.zoom.us/j/7752639235?pwd=RUJUS4PNK2STA0L6E2C4NF>
 UN58V0M1L5G0M0H453F56P0364
 MEETING ID: 775 263 9235
 PASSCODE: WEDSITE

<p>Dr. Fizza Zahid Rafiq Past president FJMCAANA Chair, APPNA Advocacy Committee Canada Clinical Assistant Professor, UIC</p>	<p>Dr. Sarah Makhdoom Clinical Assistant Professor University of Calgary Chair YPC, Canada</p>
<p>Dr. Aisha Ashraf Associate Physician Alberta Health Services, Edmonton (Speaker CaRMS Residency Pathway)</p>	<p>Dr. Ghousia Samreen Family Physician, Lechbridge, Alberta (Speaker PRA Route)</p>

DATE: FEB 16, 2025 (SUNDAY)
TIME: 12:00 PM EASTERN TIME

APPNA Committee Awareness Series

Advocacy Canada committee is taking an initiative to organize a zoom session to create awareness about various APPNA committees.

Purpose is to give an opportunity to APPNA Canadian members particularly as well as general members an opportunity to learn about different committees in APPNA which are doing great work.

March 2nd, 2025
1:00 pm EST

Moderator:

<p>Dr. Fizza Rafiq Clinical Assistant Professor Department of Family Medicine Co-Chair of APPNA Advocacy Committee</p>	<p>Dr. Jamil Akhtar MD, FRCPC Neurologist University Hospital, Northern Ontario Co-Chair of APPNA Advocacy Committee</p>
---	---

President Dr. Humera Qamar will also join this meeting

Danish Bhatti MD FAAN
APPNA RESA Committee Chair 2025

Dr. Bhatti is a prominent Canadian neurologist with strong passion on education including national and international education. He has been serving the health care sector under several leadership roles. He is currently serving as Chair for Neurology and Director of Neurology Clerkship and Intern Behavior Module at University of Central Florida College of Medicine. He has directed an online mini Fellowship in Movement Disorders since 2015 with over 50 Neurologists trained from over 15 countries. He has been recognized with A.B. Storer Researcher Recognition Award by American Academy of Neurology International Study Teacher Award from Pakistan Society of Neurology and Impact in Education for innovative practices award at University of Nebraska. He also runs an online YouTube channel with 16 million views and more than 12000 subscribers.
<https://www.linkedin.com/in/danishbhatti>



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

APPNA Adhoc Committee on Empowering Physicians as Leaders and as Parents:

Our committee envisions a future where physicians excel not only as clinical experts but also as influential leaders and balanced, empowered parents. We aim to build a supportive community that nurtures professional growth while addressing the unique challenges of parenting in a demanding career. By integrating robust leadership training with comprehensive parenting resources, we strive to create an environment where every physician can thrive in both spheres of life.

Leadership Training Programs:

Our priority is to develop and implement tailored leadership training programs specifically designed for physicians. We will organize engaging workshops, seminars, and webinars that cover critical areas such as effective communication, time management, and strategies to become a person of influence. These sessions will be structured to help physicians:

- Pursue their dreams and unlock their full potential
- Transform challenges into opportunities for growth
- Master the skills needed to drive change in their organizations and communities

Parenting Resources:

Understanding that many physicians face the dual challenge of managing a demanding career and fulfilling family responsibilities, we will establish a comprehensive repository of parenting resources.

- Conduct two anonymous surveys among APPNA members and their children to gain a clearer understanding of the strengths and challenges they face.
- Facilitate peer support groups and online forums for sharing experiences and practical advice, including support for single parents
- Provide leadership bootcamps and advocacy workshops for APPNA high school and college students to prepare the next generation of leaders
- Empower APPNA Moms by forming inclusive mom groups and spotlighting published works by APPNA family members, thus celebrating their contributions

Collaborative Initiatives:

We will also work in close partnership with related committees to ensure our efforts are synergistic and far-reaching. This collaboration will help create a unified support system that enhances both leadership and parenting capacities, paving the way for a more resilient and dynamic community of physician leaders and parents.

In summary, by investing in leadership development and tailored parenting support, our vision is to empower physicians to lead confidently and parent effectively, creating lasting positive impacts in their professional communities and personal lives.

With Gratitude:

Chair: Muhammad Zeshan
Co-Chair: Maida Umair



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

APPNA Liaison Committee Achievements



Dr. Raffia Qutab (Chair)

Dr. Omar Atiq (Advisor)

Dr. Naghmana Bajwa, Dr. Saima Muzahir, Dr. Hira Husnain Abidi, Dr. Amna Qureshi, Dr. Hyder Alam, Dr. Mobeen Rathore, Dr. Kashaf Sherafgan, Dr. Aamir Jamal

As the Chair of the Liaison Committee, my philosophy centers on strengthening APPNA by building strategic alliances with like-minded organizations and driving meaningful

social change and global impact. This will open another horizon where APPNA will be more visible and achieve a bigger platform in regard to advocacy, policy making, academics, and research. Our President, Dr. Humeraa Qamar, has been very supportive to our committee to accomplish our goals.

I proudly share with all APPNA members our 2 current projects and achievements:

First: A milestone that APPNA becomes an affiliate organization of AMA which is in progress now for the next step of data forensic after extensive work done by our committee to make it possible.

Second: An MOU has been established between APPNA and MENASA Global Group to make an impact in the field of academics and research, reinforcing diversity and inclusion in clinical trials. We will be working on establishing webinars to reach out to our other committees and chapters to introduce this vision and bring awareness of this cause. We will be also working on establishing remote webinars in Pakistan's pre-medical and medical institutes to promote research skills and opportunities.

We will continue to provide exciting updates about these 2 ventures.

Sincerely,

Dr. Raffia Qutab
Chair, APPNA Liaison Committee 2025



Liaison Committee Announces AMA Partnership Meeting to Boost APPNA Outreach

APPNA Liaison Chair Dr. Raffia Qutab - AMA SSS and Membership conversation
When: Thu Feb 20, 2025 3pm - 5:30pm (EST)
Where: Microsoft Teams Meeting
Who: Joyce Wilson (@sharhans), rquatab@pna.com, Joaquin Falcon*

A Milestone for APPNA 2025



Raffia Qutab, MD
Liaison Committee Chair
Host & Moderator



Humeraa Qamar, MD
President APPNA 2025



Omar Atiq, MD
Special Advisor

AMA REPRESENTATIVES

Joaquin Falcon
Director, Federation Relations

Joyce Wilson
Director, Marketing Operations

APPNA LIAISON COMMITTEE MEMBERS

Naghmana Bajwa, MD	Saima Muzahir, MD	Mobeen Rathore, MD
Reema Ali, MD	Hira Hasnain Abidi, MD	Aamir Jamal, MD
Hyder Alam, MD	Amna Qureshi, MD	Kashaf Sherafgan, MD

APPNA QUESTS

Mohammad Sanaullah, MD Secretary APPNA 2025	Furukh Malik, MD Treasurer APPNA 2025
--	--

JOINT VENTURE AGREEMENT BETWEEN MENASA GROUP AND APPNA



February 24, 2025

Press Release

Exciting Announcement:

Professor Hadi Danawi, Ph.D., Global President of MENASA Group, and Raffia Qutab, MD, Chair of the Liaison Committee APPNA 2025, are launching a joint venture between MENASA and APPNA



MENASA Group is a U.S. designated Federal Tax Exempt 501 (C3) Organization



APPNA
Association of Physicians of
Pakistani Descent of North America



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

APPNA MERIT

Dear APPNA Members,

APPNA MERIT is one of APPNA's most dynamic committees, dedicated to advancing medical education, research, and innovation. With over 75 members across various subcommittees, we have made significant progress over the past year. This report highlights our key initiatives and financial standing.

Financial Summary

As of the end of 2024, APPNA MERIT has a closing balance of \$6,386.63, with a pending \$500 deposit. We started the year with \$3,006.55 and reimbursed \$4,400 for 2023 expenses. All 2024 expenditures—including MERIT coordinator salaries, APPNA Academy's learning management system, honorariums, and CME accreditation fees—were fully covered through MERIT revenues. Our goal remains financial self-sufficiency.

APPNA Academy

We aim to make APPNA Academy a premier educational hub. The online stroke fellowship has been well received, and we have expanded offerings to include courses in Psychiatry, HIV, Data Analysis, Infectious Diseases, and Neurocritical Care. More high-quality courses will be introduced in the coming year.

APPNA CME of the Month

Launched in 2024, this initiative provides high-quality, cost-effective CME opportunities for APPNA members, reinforcing APPNA's role as a leading educational organization.

Advanced Leadership Course

We successfully conducted an Advanced Leadership Course, led by Maxwell Certified Instructors, at no cost to APPNA's Board of Directors and Committee Chairs. This initiative strengthens leadership within APPNA.

Research Initiatives

We continued our webinar series on Pakistan's research infrastructure, fostering collaboration among stakeholders. A major milestone was the release of the 5-Year Research Landscape Report of Pakistan, developed in partnership with multiple organizations to support research advancement.

Future Goals

- Expand APPNA Academy with new courses and workshops.
- Establish an **APPNA Speakers' Bureau** to promote expertise and leadership.
- Strengthen partnerships with policymakers in Pakistan to drive meaningful change.

We remain committed to advancing medical education and research through APPNA MERIT and look forward to another impactful year.

Sincerely,

Sadiq Naveed, MD

Saad Usmani, MD
Chairs, MERIT 2024-25

QRS code for APPNA Academy





APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Nomination & Election Committee



The Nomination and Election Committee comprises of nine members, with three members elected each year by APPNA Council for a staggered term of three years, each representing a different alumni, and bringing a wealth of experience, diversity, and ideas to contribute to the work of this committee while maintaining full compliance with APPNA bylaws.

Even though balloting for the 2025 APPNA elections will not start until sometime in August, the Nomination and Election Committee is already hard at work preparing for the 2025 APPNA elections. Building on the foundation laid by the recent NEC leaders, Drs. Khalid Alam and Sophia Janjua, 2025 NEC is diligently laying the groundwork early, focusing on refining the candidates' Code of Conduct and establishing a timeline for 2025 election. Both the documents have already been presented to APPNA's Board of Directors for its review.

Like years past, 2025 APPNA elections will be conducted electronically, using an external independent vendor. A detailed election timeline will soon be shared with the membership. The last date to become a member to vote in this year's election is July 13, 2025. All existing members are encouraged to update their email addresses using Member login tab on APPNA website. NEC plans to hold a Meet the Candidates session at the Summer Convention, followed by virtual candidates debates later in the month with pre-selected questions from the membership. Election process shall conclude at the end of August and results will be announced at the APPNA Canada Meeting on August 30, 2025.

Nomination and Election Committee is committed to maintain absolute impartiality and is working diligently to ensure that the elections are conducted in a fair and transparent manner, in full compliance with the current APPNA bylaws.

Raheel Rasheed Khan, NEC Chair

Khoshnood Ahmad, NEC Co-Chair

NEC Members: Humaira Ali, Mohammad Arshad, Fawad Chaudry, Asim Chohan, Asif Mahmood, Amana Nasir, Tabassum Saeed



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

RESA Committee



On behalf of the APPNA RESA Committee, I am pleased to submit the APPNA RESA Committee SWOT Analysis 2025 for publication. This analysis evaluates our continuing medical education (CME) initiatives, highlights achievements, identifies challenges, and outlines strategic growth opportunities for expanding research and academic engagement within the Pakistani medical diaspora in North America.

The APPNA RESA Committee has successfully completed ACCME re-certification for four years, formalized CME program guidelines, and built a strong network of APPNA members actively participating in our programs.

In 2024, we conducted 13 CME activities across specialties including Cardiology, Gastroenterology, Hematology-Oncology, Psychiatry, Neurology, Artificial intelligence, and more. These activities featured distinguished speakers from leading institutions and provided over 86 credit hours, supporting the professional growth of physicians, residents, and fellows across North America.

However, key challenges remain, including part-time CME coordinators, lack of structured training for CME directors, gaps in policy documentation, and limited research support for residents, fellows, and junior faculty. Additionally, high CME costs continue to limit accessibility for trainees.

To address these challenges, we aim to expand specialty-focused CME programs and integrate Artificial Intelligence (AI) in CME sessions. We will further engage APPNA's academic members, develop faculty mentorship programs, introduce diverse CME formats such as online courses and workshops, and build a faculty database to support research and networking.

External challenges include new ACCME regulations impacting scheduling flexibility, retention of coordinators, and increasing competition from other CME providers. Additionally, our reliance on a non-academic CME partner (AmedCo) instead of a university or state medical society requires reevaluation.

Despite these challenges, APPNA RESA remains committed to enhancing CME accessibility, strengthening research support, and ensuring that APPNA remains a leader in medical education. Through these initiatives, we aim to create a more structured, innovative, and inclusive platform that empowers Pakistani-origin healthcare professionals.

We appreciate your consideration of this submission and look forward to your feedback. Please let us know if further refinements are needed.

Sincerely,

Danish Bhatti, MD, FAAN
Chair, APPNA RESA Committee 2025
resa@appna.org



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

APPNA Scholarship Endowment Program

APPNA Alumni Scholarship Project was started in 2013 with a pledge of generous donation by an alumni member in the amount of ONE MILLION DOLLARS. The money is distributed from the appreciation and income of invested funds, and we are hoping that this program will be continued for years to come. The Scholarship Committee Members, in collaboration with the respective Alumni that have been able to raise over 1.5 million dollars.

The GOAL of the program is to help the extremely bright deserving students at various medical colleges to ease the financial burden during their studies. Most of these students belong to underprivileged families and many of them have other siblings studying at other institutions concurrently making it hard for their parents to pay for their education.

These funds are being invested in the dedicated APPNA Scholarship Endowment Account with sub-accounts for each alumni, according to the APPNA Finance Committee Guidelines. These funds are RESTRICTED exclusively for undergraduate scholarship recipients of PARTICIPATING Alumni colleges.

Since its inception the program has made tremendous progress. We have been able to disburse a substantial amount over this period of time and helped hundreds of undergraduate students at various medical schools in Pakistan with their educational expenses.

The following is Current Account Value as of January 31, 2025

Medical College	Current Account Value
Nishtar Medical University:	\$1,709,027
King Edward Medical University:	\$ 878,415
Jinnah Sindh Medical University:	\$ 333,677
Quaid-I-Azam Medical College:	\$ 236,012
Rawalpindi Medical University:	\$ 200,851
Allama Iqbal Medical College	\$ 190,813
Fatima Jinnah Medical University:	\$ 157,304
Khyber Medical College:	\$ 55,065
Bolan Medical College:	\$ 36,593

The Scholarship Program is ongoing. All donations are TAX DEDUCTIBLE. These scholarships are distributed to the deserving medical students at various medical colleges in Pakistan. This is the best way to donate your Zakat funds. Please visit www.appna.org to donate online or to download and print the pledge form to make your payment by check or credit card.

Tayyaba Ali, MD
Chair – Scholarship Committee

Masood Akbar, MD
Co-Chair - Scholarship Committee

Ahmad Saeed Khan, MD
Advisor - Scholarship Committee



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Social Welfare & Disaster Relief Committee

APPNA is known for its humanitarian efforts, including disaster relief and community support. APPNA played a crucial role in providing food supplies and counseling to families affected by the Los Angeles wildfires. President APPNA Dr. Humeraa Qamar, President Elect Dr. Babar Rao and the Board of directors immediately released 10K for the victims of LA wildfires.

APPNA's Relief Efforts for LA Wildfire Victims

- Supplied essential food packages and necessities to displaced families.
- Partnered with ICNA (Islamic Circle of North America) to ensure affected individuals received meals.
- Organized community kitchen services for hot meal distribution.
- Mobilized APPNA mental health professionals to offer emotional support and counseling to cope with trauma and loss

APPNA's holistic approach ensures both physical and emotional recovery for those impacted by the wildfires. Now with the Jan. 2025 wildfires in Southern California fully contained, rebuilding efforts are underway as residents return to the Palisades and Eaton burn areas. As the rebuilding process continues, we aim to continue to help our adopted homeland during this time of need.

Supporting the APPNA in their disaster relief efforts can be accomplished through both donations and volunteering. We request you to donate generously. APPNA organizes medical missions requiring doctors, surgeons, and medical specialists. Residents and pre-med students may also participate, depending on the mission's needs. Non-physicians can volunteer as well, though specific roles may vary. Review the volunteer requirements and opportunities on APPNA's website.

APPNA's ongoing projects for 2025

- Ramadan food Distribution
- Cornea transplant project
- Water plant in Interior Sindh
- APPNA free Medical Clinics
- APPNA and SOS Village Partnership
- APPNA Mobile Clinic in California

With heartfelt appreciation,
Nusrum Iqbal, MD FACP
Chair Social Welfare and Disaster relief Committee

Members: Dr Amna Buttar Co-Chair, Dr Aniq Sheikh Co- Chair, Dr Rabia Awan Co-Chair, Dr Nauman Ashraf, Dr Fazal Ali Akber, Dr Yasmeen Pervez, Dr Arifa Malik, Dr Bushra Siddiq, Dr Zeenat Safdar, Dr Mohammad Riaz, Dr Riffat Qureshi, Dr Fauzia Wali Khan, Dr Shazia Zafar, Dr Naureen Attiullah, Dr Sajid Chaudhary, Dr Syed Tariq Bin Sagheer, Dr Tahir Lateef, Dr Abdul Majeed, Dr Khalid Memon, Dr Waris Ali Waris





Empowering the *Next Generation* of Doctors and Veterinarians

GUS Medical and Veterinary Schools provide aspiring physicians and veterinarians with distinct pathways to successful careers in medicine. Our institutions deliver individualized support, expansive curriculums and clinical rotations in the U.S. and Canada, which help students achieve their academic and career goals!

MEET OUR SCHOOLS:

- **Saba University School of Medicine (SUSOM)**
www.saba.edu
- **Medical University of the Americas (MUA)**
www.mua.edu
- **St. Matthew's University School of Medicine (SMUSOM)**
www.medicine.stmatthews.edu
- **St. Matthew's University School of Veterinary Medicine (SMUSVM)**
www.veterinary.stmatthews.edu

Our exciting new partnership with the **Association of Physicians of Pakistani Descent of North America** (APPNA) supports future medical experts from the Pakistani community and offers many benefits, including:

- Access to unique partnership scholarships:
 - **SUSOM - \$30K USD**
 - **MUA - \$7.5K USD**
 - **SMUSOM - \$20K USD**
 - **SMUSVM - \$15K USD**
- Eligibility for existing merit-based scholarships
- Religious and cultural support
- Academic and personal mentorship

Intakes | January, May or September



CONTACT OUR TEAM

Jeffrey Bates

j.bates@gusmedschools.com | +1 (978) 862-9408

Vice President of Field Recruitment and Business Development

GUS Medical and Veterinary Schools

Gulce Kaya

g.kaya@gusmedschools.com | +1 (647) 809-2192

Director of Admissions and Operations, Canada

GUS Medical and Veterinary Schools



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

AIMCAANA 2024-2025: A Year of Growth, Giving, and Innovation

The **Allama Iqbal Medical College Alumni Association of North America (AIMCAANA)** had a landmark year in 2024 and continued into 2025, marked by **transformative initiatives, medical education advancements, and impactful welfare projects.**

AHA Certified BLS Training Center at AIMC

AIMCAANA established a **BLS Training Center** at AIMC. Plans to expand into **ACLS, ATLS, and PALS** will further enhance medical education.

AIMC Digitalization Project

Significant progress in **AIMC Digitalization Project**, which is launching electronic attendance tracking, hostel allotment, and ward rotations, significantly modernizing campus management. The **AIMC Digital Library** was also reinstated.



AIMCAANA Observership Program

We streamlined an online application process to help residency candidates secure training opportunities in the U.S. Proud to say that half attending our program and not Iqbalians.

AIMCAANA Match Mentorship Program

For many years now, we have organized an efficient Mentorship program.

Loans & Scholarship Program

Providing financial aid to deserving students with 95% plus loan return to date.

Advancing Patient Care & Welfare Initiatives

- **AIMCAANA Class of 1999** contributed \$12,000 towards repairing **laparoscopic equipment** at **Jinnah Hospital, Lahore**
- AIMCAANA also supported the **APPNA Cornea Transplant Program**,
- Donated **\$12,500 in Rashan packages** for AIMC employees
- Completed **renovations in Girls' Hostels 4, 5, and 6**, improving living conditions for students.

Empowering Nursing Education

AIMCAANA initiated **nursing student rotations** at **PKLI and SKMH**, enhancing critical care education. The **nursing school's computer lab** was upgraded with new systems for **EMR training**, and additional air conditioning units were installed to improve student learning environments.

First Ever ONLINE GRAND ALUMNI Event

Iqbalians got together for a Feature Packed online event - There was valuable engagement and participation in this one-of-a-kind event

Looking Ahead: Future Projects

AIMCAANA is now focused on the **renovation of Girls' Hostel No. 7 (\$87,000 goal)**, growing the **AIMCAANA Endowment Fund**, and establishing the **AIMCAANA Research Foundation (\$10,000 goal)**.

We extend our heartfelt gratitude to our generous donors, volunteers, and alumni community. Together, we continue to strengthen our alma mater and uplift the next generation of Iqbalians.



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

AKUAANA

Aga Khan University Alumni Association of North America

Firstly, a tribute to His Highness, Prince Karim Aga Khan IV. His commitment to education, healthcare, and human development has shaped AKUMC into a premier medical institution and each one of us has been touched by his vision as an AKUMC student. We as alumni are committed to honor his legacy by upholding the values of compassion, service and excellence in healthcare he sowed in us through our alma mater.

Our very own Dean Adil Haider, Class of 1998, makes us so proud. AKUMC has thrived with advancements in medical education, research, and healthcare delivery during his tenure. Key accomplishments include:

- Medical Education & Research: Enhanced curriculum, strengthened residency programs, and expanded research in trauma surgery and patient safety.
- Global Collaborations: Partnered with institutions like Harvard and Johns Hopkins, facilitating student and faculty exchange.
- Healthcare Impact: Improved trauma care, advocated for equitable healthcare, introduced telemedicine, and supported Dr. Junaid Razzak's, Class of 1994, emergency medicine initiatives in Pakistan.
- Diversity & Inclusion: Increased gender equity in leadership and implemented diversity-focused faculty recruitment.

AKUAANA Growth:

Organizational Growth: Reached a significant milestone in July 2024 by modifying our By-Laws to reflect the MOU with AKU which will help us collaborate and grow further. AKUAANA is establishing regional chapters, streamlining membership, and creating its alumni directory

Alumni Engagement: Supported Child Psychiatry Fellowship program at AKUMC spear headed by Dr Tania Nadeem, Class of 2001

AKUAANA Executive Committee

President: Faisal Wasi, '96

Secretary: Hina Hussain, '97

Treasurer: Aqueel Pabaney, '06





APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

DOGANA

A Message from the President of DOGANA



With the deepest humility and honor, I step into this role as your servant leader, entrusted with the privilege of representing the most prestigious and largest alumni association, DOGANA. This moment is not just a personal milestone but a heartfelt commitment to our shared values, aspirations, and the enduring legacy of our alma mater.

Presidential Initiatives: Leading Together into a Brighter Future
Here is what we aim to achieve together:

- Building a Digital Pathology Infrastructure
 - o We will embark on creating a cutting-edge digital pathology infrastructure. This initiative will not only elevate patient care but also position Dow as a leader in medical innovation, inspiring future generations of physicians.
- Reinvigorating DOGANA's Presence at Dow
 - o We will re-establish and empower a vibrant office at Dow to enhance communication, collaboration, and support between the alumni community and the institution.
- Direct Engagement with Student Societies
 - o Our future leaders deserve our guidance and encouragement. By actively engaging with Dow's student societies, we will foster mentorship, provide resources, and nurture the next generation of healthcare pioneers.
- Launching the Dow Entrepreneurs Network (DEN) Forum
 - o Entrepreneurship is a powerful tool for change. We will launch the Dow Entrepreneurs Network Forum to connect innovators within our alumni network, create mentorship opportunities, and support ventures that drive impact both within and beyond the medical field.
- Strengthening Academic Expertise in North America
 - o We will create collaborative platforms, mentorship programs, and academic initiatives that showcase the strength of our alumni and enrich the global Dow community.

APPNA and DOGANA - Together, We Can Do More

DOGANA has always been a beacon of unity, strength, and service. In APPNA, Dowites have served as Presidents, Committee Chairs and in many leadership positions. Dowites have always aligned with mission of APPNA in philanthropy, entrepreneurship, educational, YPC mentorship and other initiatives. I urge Dowites to become members of APPNA and offer the best to this organization.

I am excited about the journey ahead and the milestones we will achieve together.
With profound gratitude and dedication.

Aamir Ehsan, MD
Your Servant Leader
DOGANA President, 2025



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

FJMCAANA Fatima Jinnah Medical College Alumni Association of North America



Fatima Jinnah Medical College Alumni Association of North America (FJMCAANA) has experienced significant growth over the past several years, with an expanding membership base and increasing involvement in various philanthropic initiatives.

In 2024, FJMCAANA successfully funded 60 free cornea transplants at Sir Ganga Ram Hospital in Lahore. Building on this achievement, we have launched our 2025 fundraising campaign in collaboration with the Mir Zafar Foundation to provide an additional 60 cornea transplants this year, continuing our commitment to restoring vision and improving lives.

Our dedication to community development extends to our adopted village, Kashani Basti, in southern Punjab. Every Ramadan, we distribute food hampers to over 200 families, ensuring they have sufficient provisions for the month. Throughout the school year, we support the local school by providing bi-weekly nutritious meals to students and supplying school uniforms. During the winter months, we offer additional assistance to families to help them cope with seasonal challenges. Our long-term vision is to empower Kashani Basti to achieve self-sufficiency by developing local resources.

Recognizing the importance of clean drinking water, FJMCAANA has been instrumental in installing a water filtration system in Kashani Basti. Responding to growing needs, we extended our efforts last year by helping fund a similar system in a neighboring village, bringing safe water to even more families.

FJMCAANA remains committed to supporting the next generation of physicians. We actively mentor young graduates seeking training opportunities in the United States and Canada, hosting virtual Zoom sessions with current residents to offer guidance and insight. We have also established a WhatsApp group to facilitate real-time communication between alumni and current Fatima Jinnah Medical College (FJMC) students exploring training pathways in North America. To further assist promising graduates, we provide scholarships to those pursuing advanced training abroad, while also supporting current FJMC students with academic scholarships.

It is an honor to serve as the President of FJMCAANA and to be part of an organization that celebrates women in medicine while supporting the next generation of female physicians.

Umbreen Chaudhary, MD
President, FJMCAANA 2025





APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

LUMANA Liaquat University Medical Association of North America



Dear APPNA Members,

LUMANA is thrilled to share updates from 2024, a year marked by significant achievements and impactful initiatives. Our Education Committee organized mentorship webinars, guiding students through the US residency process, resulting in over 18 young doctors from LUMHS (Liaquat University of Medical & Health Sciences) securing residency spots in 2024 Match. Additionally, our Loan Committee continued providing interest free loans to deserving Liaquat students, supporting their educational journeys.

A highlight of the year was the phenomenal LUMANA, DOGANA, and JSMUAANA Annual Retreat in Dallas. This event brought together members to celebrate unity, innovation, and shared goals, leaving participants inspired and motivated.

During the APPNA Winter Meeting 2024, LUMANA organized a successful day at LUMHS, co-chaired by M. Siddique Khurram. The event saw strong attendance from students and physicians, featuring mentorship and CME sessions.

Looking ahead, LUMANA has ambitious plans for 2025. We are launching a comprehensive program to prepare LUMHS students for the US Graduate Medical Education system. This includes mentorship, US electives, scholarships, and ERAS application guidance.

Our Social Welfare Committee is working on installing water filtration and testing plants in rural Pakistan, continuing our commitment to providing clean water to underserved communities.

To strengthen our community, the Membership Committee is making efforts to increase alumni participation. We urge all members to invite LUMHS graduates in the US to join LUMANA, as our collective impact grows with our numbers. We thank APPNA for its unwavering support, providing a platform for collaboration and reunion. Together, we look forward to another year of meaningful contributions to education, healthcare, and community welfare.

Sincerely,

Nauman Ashraf, MD
LUMANA President, 2025





APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

RMCAANA Rawalpindi Medical College Alumni Association of North America



2024 Achievements

1. RMCAANA received 501 C3 Tax exempt status & not for profit PayPal account for RMCAANA Inc were created. Dr. Talal Ali Khan, MD helped streamlining the treasury records and web portal payment system.
2. Database for available mentors for clinical rotations was created on RMCAANA website for medical students/graduates to apply for US rotations.
3. An observership program at OUHSC was created under

mentorship of Dr Fawad Chaudry, MD (President RMCAANA 2024)

4. RMCAANA collected \$10,000.00 in donations for RMU Urology project to Upgrade the Urology Surgical Suite at Benazir Bhutto Hospital, Rawalpindi. Project lead was Dr. Iftikhar Ali Chaudhry

5. RMCANNA disbursed \$3000.00 towards Qarze Hasna Program and approximately \$15000.00 to Rawalpindi medical University to assist with educational and other improvement programs. These funds were donated by generous alumni.



Vision 2025

1. RMCAANA is looking to create and maintain Qarze Hasna program & Alumni Endowment fund. The funds generated will be used as financial aid for alumni seeking residency positions in North America or seeking financial help towards room & board.
2. RMCAANA Retreat 2025 is planned for August 31 Sunday in Canada. Rawalians of Canada will be the host of Retreat.
3. Continue to expand on observership program and available mentors across North America
4. Membership drive to enhance membership and streamline online membership portal.
5. RMCAANA Connection newsletter will be started to engage the Rawalians in North America



2025 RMCAANA Team

Dr. Rizwan Iqbal President, Dr. Fawad Chaudry Immediate Past President, Dr. Faisal Masud President Elect, Dr. Iftikhar Ali Chaudhry Executive Director, Dr. Talal Ali Khan Secretary, Dr. Faiz Cheema Treasurer

Councilors: Dr Mahwash Saeed, Dr. Saira Khan, Dr. Saif Ullah, Dr. Omer Khokar, Dr. Attiya Haroon, Dr. Ammar Rashid.



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

APPNA Alberta Chapter

Key Highlights of the Year:

1. Health Professionals Appreciation:

In collaboration with ICNA, we organized two events at Foothills Medical Centre, serving refreshments to over 2,000 health professionals as a gesture of gratitude for their tireless efforts.

2. Community Health Awareness:

Partnering with the Pakistan Canada Association, we conducted three well-attended health awareness events in Calgary and Edmonton, fostering community education and engagement.

3. Social Networking & Celebrations:

Our Eid gatherings in Calgary and Edmonton brought together physicians and their families, promoting unity and joy.

4. Charity & Welfare Initiatives:

Under the leadership of Dr. Mehnaz Amir and Dr. Zoya Khan, our Social and Welfare Committee raised over \$47,000 during Ramadan and the December Season of Giving, supporting families in need in Pakistan and Indigenous families in Red Deer.

5. Advocacy for IMGs:

Led by Dr. Omair Siddiqui, the Advocacy Committee drafted a proposal to integrate International Medical Graduates into the healthcare system, soon to be presented to local government officials.

6. Hosting APPNA Canada's Inaugural Meeting:

We proudly hosted this historic four-day event with CME sessions, networking opportunities, and social gatherings. The event was attended by APPNA Central President 2024 Dr. Asif Mohiuddin and Board members.

7. CME Programs:

Under the leadership of Dr. Zarqa Quraishi, our CME Committee organized a six-hour accredited CME program, enriching physicians' knowledge.

8. Young Physicians Committee (YPC):

Led by Dr. Aisha Ashraf and Dr. Marya Hussain, YPC organized NAC OSCE preparation and CARMS interview sessions for IMGs.

9. Volunteer Appreciation:

We celebrated our volunteers with an Appreciation Day, recognizing their invaluable contributions.

Special Thanks:

My heartfelt gratitude to the Executive Director & Founding President, Dr. Tariq Awan, for his advisory roles, commitment and unwavering support.

I deeply appreciate our dedicated board members, volunteers, and the entire APPNA Alberta community. Together, we have fostered unity and built stronger connections. Let us continue this journey of service and excellence.

Dr. Amir Aslam

President, APPNA Alberta Chapter



Community Health Awareness Event
by APPNA Alberta Chapter
in collaboration with
PCA Edmonton

Sunday, December 08, 2024
Time: 10:00 AM - 2:30 PM
Venue: PCA Hall Edmonton
9225 58 Ave NW Edmonton, T6E 6T9
FREE EVENT PLEASE ARRIVE 15 MIN EARLY LUNCH WILL BE PROVIDED

Speakers

- Dr. Farheen Ahmed, Ophthalmologist
- Dr. Ali Hameed, Rheumatologist
- Dr. Sharif Ashraf, Rheumatologist
- Dr. Zarqa Quraishi, Internationally Recognized Pediatric Care Physician
- Dr. Abdul Basit Tahir, Family Physician, Incentive Secretary APPNA Alberta

Moderator

Program: PCA Hall Edmonton
9:45 am: Registration
10:00 am: Welcome Note

- Expert speaker sessions for physicians & community members.
- Importance of prevention and early detection of cancer.
- Multiple Sclerosis - updates and management options for physicians and care givers
- Dual Defense: Effective strategies for preventing osteoporosis and osteopenia
- Palliative care in home setting
- Stay Strong: Key theory home exercises to strengthen muscles and prevent falls, II
- IMD Session: Pathway to Practice medicine
- 12:00 pm: Refreshments and networking

Association of Physicians of Pakistani Descent of North America - Alberta Chapter
Pakistan Canada Association - Edmonton



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

APPNA APPNE Chapter

Since assuming office in May 2024, APPNE has been actively engaged in various activities to serve both the local and Pakistani communities. Below is a summary of our key initiatives and events in chronological order.

Summer Picnic – June 2024

We organized a fun-filled summer picnic that brought together members of our community for a day of relaxation and bonding.

APPNE 20th Annual Meeting – October 6, 2024

Our annual meeting was held at Mechanics Hall in Worcester, MA. The event included a medical lecture, “Unfolding the COVID-19 Pandemic,” followed by entertainment. It was a lively and successful event, during which APPNE was able to raise funds for its charity project.

UMASS Memorial Endowed Scholarship Project – Completed 10/2024
APPNE completed its project of raising \$25,000, which was matched by a MA state grant of \$12,500, for grand total of \$37,000.
\$1,500 will be awarded every year to an eligible student based on financial need and merit, to students enrolled at the University of Massachusetts T.H. Chan Medical School, Tan Chignon Graduate School of Nursing, and Morningside Graduate School of Biomedical Sciences in Worcester, MA.

Blood Drive – January 18, 2025

We held a blood drive with the Red Cross at the Islamic Center of Boston-Wayland, MA. It was well-received, with good participation from the local community.

DeafReach Pakistan Informational Session – January 31, 2025

APPNE assisted DeafReach Pakistan in hosting an informational session to raise awareness in New England about the NGO and the need for funds to support DeafReach’s mission of educating the deaf minority in Pakistan. DeafReach was able to raise significant money because of this session.

Educational Webinars

We hosted educational webinars such as “Ace Your Residency Interview” on December 1, 2024, and “Residency Match 101” on January 26, 2025. These webinars were designed to guide Pakistani medical students and young graduates in navigating the US residency system. Students and graduates highly appreciated them, and we are committed to holding more educational webinars in the future.

Safana Mushtaq, MD
APPNE President (2024–2026)

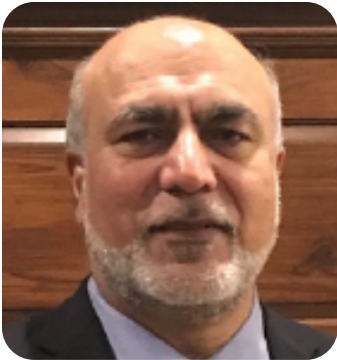




APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

APPNA British Columbia Chapter



chapter in BC.

In the summer of 2024, formal work commenced, focusing on membership recruitment and fulfilling the necessary application processes. By August 2024, after two months of dedicated efforts, APPNA BC was officially registered as an independent non-profit organization in compliance with BC provincial bylaws. This milestone marked the beginning of a new era for Pakistani physicians in the province.

Following its formation, APPNA BC established multiple committees to oversee key operational areas, including membership growth, event organization, fundraising, health and education initiatives, advocacy, and International Medical Graduate (IMG) integration. These committees play a crucial role in ensuring that APPNA BC serves its members effectively while also making a meaningful contribution to the wider community.

By November 2024, APPNA BC successfully organized its first major event—a meet-and-greet that facilitated networking and strengthened relationships among members. As 2025 began, the organization shifted its focus toward health awareness campaigns, supporting IMGs, and promoting cultural engagement. A major milestone is the Free Medical and Maternity Clinic in Pakistan, scheduled to launch in April 2025, aimed at providing essential healthcare services to underserved communities.

Future initiatives include mentorship programs, career workshops, and volunteer opportunities to support the next generation of medical professionals. Notable upcoming events include an Eid celebration in April 2025 and the Inaugural Annual Meeting on August 2-3, 2025. Additionally, APPNA Canada's meeting is set for August 1-3, 2026, in Vancouver, featuring a CME-accredited event, a gala dinner, and an excursion trip.

Dr. M. Jamil Akhtar,
President, APPNA BC

APPNA BC was formed out of a shared vision to bring Pakistani physicians in British Columbia together. The idea was sparked during Dr. Babar Rao's visit to British Columbia, Canada during his campaign for APPNA President-elect. At the time, there were only a few APPNA members in BC, but the growing enthusiasm motivated by Dr. Jamil Akhtar, and supported by Dr. Natasha Afzal, Dr. Muhammad Nadeem, Dr. Salman Subzwari, and Dr. Khalid Javed to join APPNA and bring Pakistani physicians in BC under one established platform. What started as a small gathering soon evolved into a mission to establish an APPNA





APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

APPNA DMV Chapter Report for 2024 & 2025

An Overview and Strategic Plan

Introduction

The Association of Physicians of Pakistani Descent of North America (APPNA) - DMV Chapter is dedicated to serving the Pakistani-American medical community in the Washington, D.C.,

Review of 2024 Activities

Medical Conferences and Workshops

In 2024, APPNA-DMV organized several medical conferences and workshops focusing on the latest advancements in medical research and practice. professional growth.

Community Health Initiatives

The chapter launched multiple community health initiatives aimed at improving public health awareness and providing free medical services to underserved populations

Cultural and Social Events

APPNA-DMV also hosted cultural and social events to celebrate Pakistani heritage and promote cultural understanding.

Strategic Plan for 2025

Professional Development

Goal: To enhance the professional development of APPNA-DMV members.

- Mentorship Programs:
- Continuing Medical Education (CME) Credits:
- Research Collaborations:
- Community Health Outreach

Goal: To improve health outcomes in the DMV region by expanding community health outreach.

Membership Engagement and Expansion

Goal: To engage and expand the membership base of APPNA-DM

- Membership Drives.
- Member Benefits
- Feedback Mechanisms
- Cultural and Social Integration

Goal: To promote cultural and social integration within the Pakistani-American community and beyond.

Conclusion

The APPNA-DMV Chapter remains committed to its mission of serving the medical and broader community through professional development, health outreach, and cultural integration.

Majid Ghauri, MD

President, APPNA-DMV Chapter





APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

APPNA Georgia Chapter

The GA-Chapter was honored to host the 2025 APPNA Strategy Meeting in 2025. This took place January 31st - February 2, 2025. We had many dignitaries in presence, including Dr Humera Qamar, the main APPNA chapter president, Dr Mohammad K Khan, the GA-APPNA Chapter President, Dr Roohi Abubaker, the Chair of the Meeting, and the Honorable Ambassador of Pakistan, Rizwan Saeed Sheikh.

The event featured a fashion show and entertainment by Shazia Manzoor and Kamran Mehdi. We were sold out for both nights and was considered one of the "most successful strategy meeting in APPNA history".

The GA-APPNA chapter has many events planned throughout the year, including Eid Function on April 5th, 2025, the Health Fair on October 12th, and the Main Annual Gala on November 1st, 2025.

Mohammad K Khan, MD Ph.D FACR, FACRO
President, GA-APPNA





APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

APPNA Minnesota Chapter

With New leadership for 2025, we look forward to seeing MAPP participating in more APPNA projects this year.

I'm also co-chair of the medical corps team this year and plan to help organize medical missions and travel myself.

Total funds raised for 2024 - APPNA cornea project - \$3400 (with equal match by a generous anonymous APPNA donor was 7000) on behalf of MAPP.

APPNA 2024 president had initiated partnership with HDF in consideration for building water Dam in Pakistan. I had organized a fundraiser with help of local community member for HDF and we successfully raised fund to hopefully build Dam at site where HDF had complete the feasibility last year.

MAPP has participated every year in APPNA food pantry project, and with last year match program by APPNA, we delivered total funds of \$1,500 to 2 different food shelf in local mosques.

MAPP participated in APPNA national health day in October 2024. Providing free clinic services by volunteers also free flu shots.

Bushra Dar

President Minnesota Chapter - MAPP (Minnesota Association of Pakistani Physician)





APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

APPNA Nevada Chapter

Nevada Chapter: A Story of Revival

In the wake of COVID-19 latency took over, and celebrations reduced to a mere Zoom meeting be it Chaand raat or Eid. The hustle and bustle of APPNA gatherings that we are all accustomed to became obsolete. For a good 3-3.5 years the Nevada Chapter adorned the sheets of dormancy. But man is a social animal. In December of 2023, a call to revive the chapter was met with zeal and vigor from the community. To bridge the gap between young and gold, early career physicians were inducted to the executive committee blending them with more experienced members. So far, this formula has proven phenomenal in ensuring inclusion of Physicians at all career stages.

Nevada Chapter revival took off with Eid-ul-Adha Dinner in 2024. This was followed by Pakistan Independence Day Celebration in August 2024 where children of all ages performed with passion for their roots. First of its kind fundraiser was held for a local not-for-profit organization called Three Square Las Vegas in the form of a Market by Kids in November of 2024. The very talented children five years and up put up stalls of various items, gave their vendor pitch, sold their products and helped raise money to feed 1,865 meals to the underprivileged. To keep the momentum going, a Ludo Tournament took place in February of 2025 with a champions trophy and certificate awarded to the winner.

Thanks to the efforts of our team, we have our calendars marked for Eid-ul-Fitr and Eid-ul-Adha celebrations in the coming months.

Nevada Chapter APPNA
Dr. Saeed Sabir, President
Dr. Asra Nayab, Secretary
Dr. Ali Haq, Treasurer





APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

APPNA Ohio Chapter

Ohio chapter was created in 2002 and since then has been working to eradicate illiteracy, poverty and lack of health care in Pakistan and around the world as well.

This chapter was recognized as the best APPNA chapter at central APPNA meeting 2023

Big 2024 projects included

- 1: Medical supplies to Pakistan: Ongoing project since 2009. three containers to Pakistan, with each container carrying medical supplies/equipment worth 0.5-\$2 million, donated to SIUT and other medical institutions in various parts of Pakistan.
- 2: Muskan- cleft lip repair project: Cost \$250 per patient - 70 surgeries sponsored in Quetta and Faisalabad.
- 3: Sponsoring Khpal kor English medium school for both girls and boys in Swat Pakistan.
- 4: Delivery of food and humanitarian supplies to Gaza:- serving about 800-1000 families.
- 5: Annual chapter party and Eid celebrations 04/2024



Respectfully submitted APPNA Ohio executive committee 2025

Executive Director: Dr. Muhammad Tufail Ijaz

President: Dr. Muhammad Wasif Amir

Secretary: Dr. Syed Khalid Mohsin

Treasurer: Dr. Rabia Atif

SWDRC Chair: Dr. Shahid Sheikh





APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

APPNA Oklahoma Chapter

The APPNA Oklahoma Chapter is committed to celebrating our heritage while making a positive impact in our community. Since our establishment in 2016, we have experienced significant growth and actively engaged in various philanthropic endeavors. This report highlights our key accomplishments and meaningful contributions.

Membership:

Our chapter features a diverse membership, including many lifetime members. Our strong sense of community and unwavering commitment have been crucial to our success.

Fundraising Initiatives:

1. Cornea Program:

Members contributed approximately \$22,500 to central APPNA funds, assisting individuals in need of cornea-related support.

2. Support for Local Food Pantries:

We led fundraising efforts for local food pantries, with contributions from APPNA central, addressing food insecurity in our community.

3. Afghan Resettlement Efforts:

We supported Afghan resettlement initiatives, including a health clinic and community closet, in collaboration with local organizations to provide essential resources.

4. Oklahoma Tornado Relief:

In partnership with the Red Cross, we launched a fundraising campaign that matched member

Mentoring Young Physicians:

We organized a meeting focused on mentoring young physicians, offering support for life transitions, including financial guidance and emotional development.

Collaborations:

We forged partnerships with the YWCA, YMCA and the Oklahoma County Medical Board to establish connections that enhance our community impact.

Community Health Initiatives:

1. Colon Cancer Awareness Walk:

In March of 2023 and 2024, we organized two successful Colon Cancer Awareness Walks, raising awareness about colon cancer and educating the community on prevention.

2. Health Fairs:

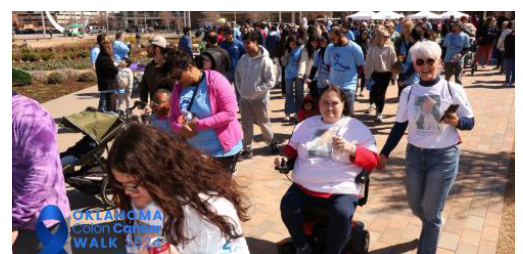
We hosted health fairs to promote wellness, providing free screenings, educational resources, and preventive care services. Additionally, we offered CPR training for 150 community members.

The achievements of the APPNA Oklahoma Chapter reflect the dedication of our members. We take pride in our contributions to society and remain committed to making a meaningful difference in the lives of individuals and communities.

Rabeeya Nusrat, MD.

President.

APPNA Oklahoma Chapter.





APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

APPNA Ontario Chapter



Dear APPNA Members,

The Canadian Chapter of APPNA has been active and operational since 2009. It was registered as a branch of APPNA in Ontario, as most of the activities conducted by the APPNA Canadian Chapter were centered in Ontario. In recent years, however, there has been an influx of physicians of Pakistani origin into other provinces, creating a need to establish provincial chapters in Alberta, Saskatchewan, British Columbia, and Ontario. I am confident that more provincial chapters will emerge across Canada in the future.

Currently, the Ontario Chapter has been following the bylaws of APPNA that were previously registered in Ontario. However, we are in the process of drafting and finalizing our own bylaws. Once these bylaws are ready and approved, the Ontario Chapter will be registered as a provincial chapter.

We have established a strong foundation for continued growth and success. In 2024, we conducted several activities through the Ontario Chapter, and we have exciting plans for this year as well.

In the spring of 2025, we are planning an informal picnic for our members and their families. This event will provide an excellent opportunity to network and bond with fellow members. It is a great chance for both members and non-members to connect in a relaxed setting, fostering camaraderie and community spirit.

In the summer, we have our Annual APPNA Meeting in Canada scheduled for August 29-31, 2025. This 3-day conference will bring together members and their families from across North America to participate in Continuing Medical Education (CME), entertainment, and fun activities.

We will also continue to collaborate with the Advocacy Committee and the Young Physicians Committee (YPC) to organize CME events, informational sessions for International Medical Graduates (IMGs), and support for local and international undergraduates pursuing further studies in Canada.

Additionally, we will continue partnering with charitable organizations to engage in philanthropic work and contribute to helping those in need back home. There are thousands of physicians of Pakistani descent in Canada, particularly concentrated in Ontario. The Ontario Chapter has been actively engaging these physicians to make them an integral part of the APPNA family.

Sincerely,

Dr. Naushad Noorani
President, APPNA Ontario Chapter



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

APPNA PPS Chicago Chapter

My name is Dr Tehmina Bajwa, I am a graduate of Fatima Jinnah medical college and a practicing family physician in Aurora Illinois and Current PPS President, Chicago chapter.

We had a PPS strategy meeting on Jan 26, the annual budget of \$200,000 was approved by the council.

PPS house has been rented for steady income.

APPNA clinic is looking to hire MA AND CNP this year with an annual clinic budget of 13,000\$ and part time CNP salary of \$20,000.

PPS Iftar fund raiser will be held on March 8.

We have PPS international trip planned end of July to Argentina and Brazil.

PPS annual event is scheduled for October 4.

Tehmina Bajwa, MD
PPS PRESIDENT 2025





APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

APPNA Southern California Chapter

APPNA Southern California Chapter had annual Gala dinner and Entertainment by Tahseen Javed on November 2nd at Delta Hotels in Anaheim. Approximately 200 people attended, one hour CME lecture on "AI and AGI Medical Practice - Revolutionizing Health Care" by Dr Sana Khan and Mr. Belal Faruki followed by social hour, few Speeches, dinner and Entertainment by Tahseen Javed and his performance was Superb.

Yasmin Qasim, MD. FASCP
President Local Chapter APPNA SoCal





APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

APPNA South Central Texas Chapter



The APPNA Fall Meeting 2024, set a new benchmark for innovation, education, and advocacy in healthcare. The theme, Stomp Out Blood Cancer, highlighted APPNA's commitment to addressing critical public health challenges while fostering professional growth and technological advancement. The meeting featured thought-provoking Continuing Medical Education (CME) sessions, C-suite leadership forums, cutting-edge innovation discussions, media participation and an engaging cultural program.

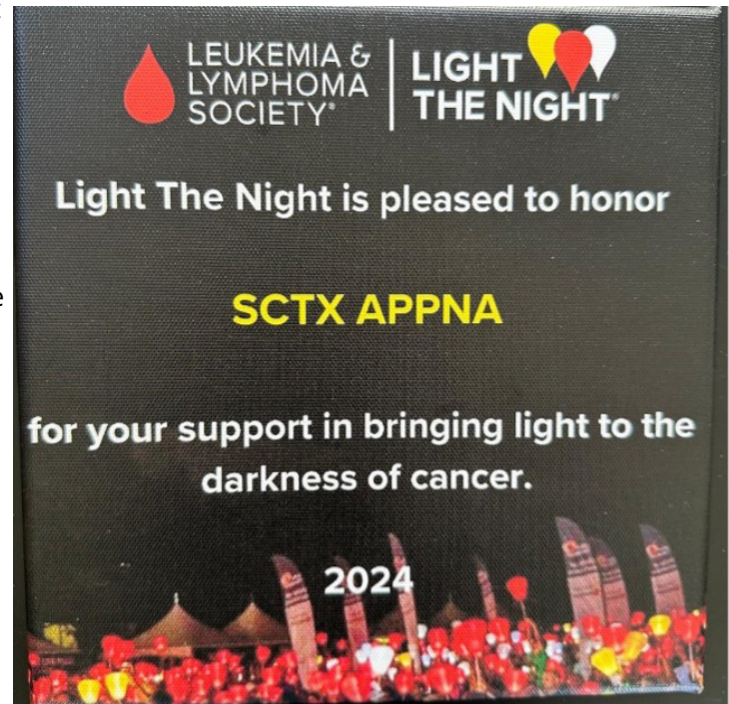
"Whatever Starts in San Antonio Changes APPNA"

Why APPNA Fall meeting at San Antonio Fall was Unique and will be remembered

• Theme – "Stomp Out Blood Cancer" – River of Hope

- Specialty CME talks and live demo of with AGI tools
- Health Care Entrepreneurship and Innovation Symposium
- YPC session with 6 in-person Program Directors – First time ever in any meeting
- C-Suite Leadership Forum
- Introduction to Artificial General Intelligence Session
- Display of rich Pakistani Culture thru Friday and Saturday events
- Collaboration and support of Leukemia Lymphoma Society
 - Future of Ambassadors of APPNA – Initiative
- Media partners presence and formal press conference
- Hospitality and personalized care by host committee

The APPNA Fall Meeting 2024, under Dr. Aamir Ehsan's leadership, successfully combined medical education, innovation, and advocacy. With trend-setting CME session with inclusion of AI to augment participant learning, C-suite Leadership Forum, and the blood cancer campaign, the meeting empowered attendees to advance healthcare delivery and address pressing public health challenges. Incorporating these insights into future events will further APPNA's mission of transforming global healthcare.



Dr. Aamir Ehsan (Chair and President); Dr. Mehmood Khan (Co-Chair); Dr. Lubna Naeem (Advisor); Dr. Sohail Rao (Chair CME); Dr. M. Naeem (Chair Publication); Dr. Fatima Hamid (Past President); Dr. Fazal Hussain (Secretary); Dr. Aneela Hussain; Dr. Fahad Inam; Dr. Annie Kizilbash; Dr. Shanila Latif; Dr. Shazli Malik; Dr. Amber Mansoor (President Elect); Dr. Shahid Rashid; Dr. Rashid Sharaf; Dr. Huma Siddiqui; Dr. S. Javed Umar; Dr. Naushad Zafar; Dr. Ayesha Zaheer

APPNA Family Alliance: Dr. Sadia Atif Qureshi; Sadia Mehmood

Submitted by:

Dr. Aamir Ehsan

APPNA- SCT Chapter President 2025



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

APPNA South Texas Chapter

The APPNA South Texas Chapter has continued to enhance community engagement, health services, and social interaction among members throughout 2024. Below is a summary of our key initiatives and events:

1. APPNA STC House:

Supported by contributions from local community members, the chapter maintained its house in 2024, hosting 80 visiting medical students and residency candidates. We facilitated over 60 students for electives and observerships in Houston, reinforcing our commitment to education and mentorship.

2. Health Fair Camp:

On May 5, 2024, we organized our annual health fair camp, providing essential health services and screenings to address community needs. This event underscored our commitment to community well-being.

3. Indoor Sports Tournament:

In July 2024, we hosted an indoor sports tournament featuring badminton, table tennis, and squash for both men and women. This friendly competition attracted 90 participants, fostering health, teamwork, and camaraderie.

4. APPNA STC CME Cruise to Cozumel:

From June 6 to 10, 2024, we conducted our inaugural cruise, allowing members and their families to bond in a beautiful setting. The trip to Cozumel welcomed 130 family members, offering relaxation and connection.

5. Cricket Tournament:

On October 26, 2024, we held our annual cricket tournament, a tradition since 2012, with eight men's teams and two women's teams. The Clearlake Shaheen team won the men's trophy, while the Women's Purple team claimed the women's trophy, showcasing competitive spirit among members.

6. Annual Gala:

We celebrated our achievements at the Annual Gala on November 16, 2024, attended by 1,000 guests. This event strengthened community bonds and celebrated our collective accomplishments.

7. Membership Directory:

With over 400 active members, we are increasing membership within APPNA Central. A hard copy and online directory were published to enhance connectivity among members.

We encourage all members to participate in these initiatives to foster a thriving community. As we look to 2025, we invite friends and family of APPNA to visit Houston and join us for our Annual Gala.

For more information on upcoming events, please visit our website at [APPNA STC Events]([Naveed Saqib, MD FACS FSVS
President, APPNA South Texas Chapter](https://urldefense.com/v3/_https://appnastc.org/events/_!!GNU8KkXDZID12Q!-1oDkVJDHBAPAIROGqAG837HFlgnBWeCnWbtmxaJy2LxYbZvc-eH-YBCPbYkhyIJa0f6pVx2PotZvBc0Ypb3Pg$ [appnastc[.]org])).</p></div><div data-bbox=)

Your Donations Have the Power to **Transform Lives**

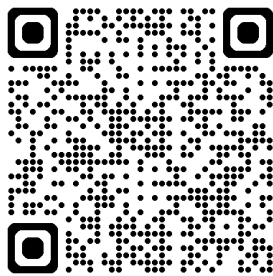
SIUTNA has granted more than \$25 million to SIUT Pakistan to acquire state-of-the-art medical equipment — revolutionizing healthcare and saving lives.

Join us on this mission of Hope and Healing

We accept

SADAQAH | ZAKAT | DONATIONS

SIUT
NORTH AMERICA



Donate Online at
www.siutna.org

Muft Ilaaj...
IZZAT-E-NAFS
K Saath!

6671 SW Freeway Ste # 466, Houston, TX 77074

SIUT North America is a charitable organization under Section 501(c)(3). EIN: 76-0656947



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

A Tertiary Care Hospital Based Survey on Children with Cerebral palsy in PED

Sobia Tabbusum

The prevalence of cerebral palsy is high in Pakistan; however, it needs to be further explored. This study aimed at assessing clinical presentations and etiological factors among children with cerebral palsy in a PED.

Cerebral Paralysis (CP) is a complaint of movement control and posture caused by damage to the developing brain that may do during gestation, around delivery or within the first three times of life. Though the tone and postural abnormalities may become more apparent in after times, the condition is characteristically neither progressive nor episodic. World-wide frequency of CP is roughly 2- 2.5 per 1000 live births. Major etiological factors of CP vary in terms of their relationship to the time of delivery (i.e. antenatal, perinatal and post-natal ages). These factors include birth asphyxia, prematurity, birth trauma, maternal infections, intracranial infections and kernicterus. In recent times, enhancement in gestation care, upgraded obstetric ways and better neonatal nursing have told the overall prevalence of CP.

It was a Retrospective study of 102 children who presented with cerebral palsy in Pediatrics Emergency Department Pakistan over a period of 6 month from Jan 2024 till June 2024.

102 children were enrolled, 46 (45.1%) were male and 56 (54.9%) were female with a mean age of 5.6 ± 2.25 years. Spastic cerebral palsy was the commonest presentation (90.2%) mainly presenting as diplegia (33.3%) and quadriplegia (32.4%) followed by atonic 3.9%, ataxic/mixed 3.9% and athetoid CP accounting 2.0% respectively. Birth asphyxia was the most encountered etiologic factor (32.4%) followed by prematurity (26.5%), kernicterus (12.7%) and meningoencephalitis (10.8%). Spastic quadriplegic and diplegic CP were primarily related to birth asphyxia, hemiplegic, ataxic and mixed CP to prematurity and atonic and athetoid CP to kernicterus.

Spastic quadriplegia or spastic diplegia are the commonest presentations in Pakistani children diagnosed with CP. The frequent etiological factors in CP development are birth asphyxia, prematurity, meningoencephalitis and kernicterus. Comprehensive assessment and early management of these problems are emphasized, which can minimize the extent of disabilities.



BT PROPERTIES

Presents - BT Dubai South

Invest - Grow - Build your Legacy

What's in it for me?

- ☑ Centralized Location
- ☑ Diverse Society
- ☑ Golden Visa Opportunities
- ☑ Zero Property or Income Tax
- ☑ Top-Rated Education & Healthcare
- ☑ Secure Living & Modern Amenities
- ☑ Robust Legal Framework for Property Investors
- ☑ Stable Currency (*anchored to USD since 1997*)
- ☑ High Rental Yields
- ☑ Property Value Appreciation



exclusive marketer for BT: GroupMalik.com

1.855.BT.DUBAI



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Event Schedule

Venue: Omni Hotel, Oklahoma City, OK

Thursday, April 3, 2025

1:00 PM - 4:30 PM	Bazaar	Pinon
3:00 PM	Exhibitors move-in (Non Retail)	Five Moons Ballroom and Pre-function
6:00 PM - 9:00 PM	Registration Desk	North Pre-Function
7:00 PM	Inauguration Ceremony	OK Station Pre-Function
8:00 PM - 1:00 AM	Dinner, Fashion Show and Musical	OK Station Ballroom

Friday, April 4, 2025

7:00 AM	Prayer Room	Paseo
7:30 AM - 1:00 PM	Registration Desk	North Pre-Function
7:30 AM	CME Breakfast	Automobile Alley B-C
8:00 AM - 7:00 PM	Exhibition (Bazaar)	Pinon
8:00 AM - 7:00 PM	Exhibition (Non-Retail)	Five Moons Ballroom and Five Moons Pre-Function
8:00 AM - 12:00 PM	CME	Automobile Alley B-C
12:00 PM	CME Lunch	Automobile Alley B-C
1:30 PM - 2:00 PM	Friday Prayer	OK Station Ballroom 5-8
2:00 PM - 5:00 PM	Alumni program	Automobile Alley A
2:30 PM - 4:00 PM	Social Forum	Automobile Alley B-C
4:00 PM - 5:00 PM	BOD Meeting	Myraid
6:00 PM - 9:00 PM	Registration Desk	North Pre-Function
7:00 PM - 1:30 AM	Dinner & Entertainment	OK Station Ballroom



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Saturday, April 5, 2025

7:00 AM	Prayer Room	Paseo
7:30 AM - 1:00 PM	Registration Desk	North Pre-Function
7:30 AM	CME Breakfast - Onc/Hem	Automobile Alley B-C
7:30 AM	CME Breakfast - Cardiology	OK Station Ballroom
8:00 AM - 7:00 PM	Exhibition (Bazaar)	Pinon
8:00 AM - 7:00 PM	Exhibition (Non-Retail)	Five Moons Ballroom & Five Moons Pre-Function
8:00 AM - 12:00 PM	CME -Oncology/Haematology	Automobile Alley B-C
8:00 AM - 12:30 PM	CME Cardiology	Ok Station Ballroom
9:00 AM - 1:00 PM	Poster Presentations	2nd Level, North Pre-Function Area
10:00 AM	Coffee Break	Automobile Alley B-C
10:00 AM	Coffee Break	OK Station Ballroom
10:00 AM - 12:00 PM	YPC session	Convention Center 301A
12:00 PM - 1:30 PM	King Edward Alumni program	Automobile Alley A
12:30 PM	Lunch	Automobile Alley A
12:00 PM - 1:30 PM	DOGANA Alumni program	Route 66
12:30 PM	Lunch	Route 66
12:00 PM - 1:30 PM	Nishtar Alumni program	Bricktown
12:30 PM	Lunch	Bricktown
12:00 PM - 1:30 PM	Alama Iqbal Alumni program	Deep Deuce
12:30 PM	Lunch	Deep Deuce
1:30 PM	Organ Donation Awareness Walk	2nd Level, Omni Oklahoma City Hotel
2:00 PM - 4:00 PM	Basant Festival	Cancelled due to inclement weather
3:00 PM - 5:00 PM	Council Meeting	Automobile Alley B-C
4:00 PM - 6:00 PM	Karaoke	Convention Center
5:00 PM - 6:00 PM	Entrepreneur and Business session	Convention Center 301A
6:00 PM - 7:00 PM	Poster Presentations Review by Judges	North Pre-Function
6:00 PM - 9:00 PM	Registration Desk	North Pre-Function
6:00 PM - 12:30 AM	Child Care	Myraid
7:00 PM - 1:30 AM	Dinner & Entertainment	OK Station Ballroom

Sunday, April 6, 2025

9:00 AM - 11:00 AM	Breakfast	OK Station Ballroom
12:00 PM - 2:00 PM	Exhibition - Move-out & Tear down	Riverwalk A



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Should APPNA Decrease Its Membership Dues? A Data-Driven Analysis

Authors: Mubasher Rana, MD, Haroon Durrani, MD

The APPNA Membership Committee has proposed lowering dues for 2025, assuming it will boost membership. However, historical data proves otherwise. While Lifetime Memberships may see an initial spike, long-term membership growth remains unaffected, and APPNA suffers significant revenue losses.

Historical Context: Lessons from Past Dues Reductions

APPNA reduced dues in 2006, 2011, and 2013, but membership did not increase significantly. The 2013 reduction resulted in a \$1 million revenue loss over ten years—funds that could have supported key initiatives.

Impact of Lowering Membership Dues

1. Shift from Annual to Lifetime Membership: As shown below, the 2013 reduction led to a surge in Lifetime enrollments, but annual memberships declined, impacting recurring revenue. Membership growth in 2024 was driven by elections and meetings, not lower dues.

2. Long-Term Decline in Annual Membership: Annual memberships failed to recover, leading to ongoing operational revenue losses.

Projected Revenue Losses

- The 2013 reduction caused a 40% increase in Lifetime Memberships, but at 50% lower dues revenue that year.
- First-year revenue loss: \$635,500.
- Over a decade, declining annual membership resulted in a projected \$1.56 million loss.
- Even with a 7% investment return, APPNA still faced a **\$1.27 million net deficit**.

Counterarguments & Rebuttal

- **"APPNA can afford the loss."** Operational funds are critical for sustaining projects and philanthropy.
- **"Other organizations reduced dues."** Without clear data on membership growth without financial loss, comparisons to AAPI or others are invalid.
- **"We need more Lifetime members."** Lifetime membership has grown 38% since 2013 without reducing dues.

Alternative Growth Strategies

1. **Automatic Credit Card Renewal** with incentives.
2. **Non-Voting Membership for Young Physicians applying for visas through APPNA**, potentially adding 1,500 members in five years.
3. **Expand Associate Membership** to Allied health professionals.
4. **Introduce "Patrons of APPNA"** at a nominal one-time fee. They would be eligible for all membership benefits but will have to pay meeting registration fees.
5. **Enhance Member Benefits** with insurance, travel discounts, and corporate deals.
6. **Exclusive Perks for Lifetime Members** like priority seating at events.

Conclusion

Reducing dues is a financial misstep. Instead, APPNA should pursue innovative strategies that increase membership without sacrificing revenue.

MEMBERSHIP GROWTH GRAPH



Year	Lifetime	Annual	Total
2012	1,209	1,704	2,913
2013	1,907	942	2,849
2014	1,955	1,169	3,124
2015	2,014	1,016	3,030
2016	2,044	786	2,830
2017	2,097	820	2,917
2018	2,162	989	3,151
2019	2,208	664	2,872
2020	2,263	327	2,590
2021	2,348	415	2,763
2022	2,464	822	3,286
2023	2,517	774	3,291
2024	2,620	1,422	4,042



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Envision a New Future with Lower APPNA Membership Dues

Sophia Janjua, MD

APPNA represents more than 15,000 physicians of Pakistani descent in USA and Canada. However, APPNA membership has not grown significantly in the last 10 years.

The big question is why has APPNA not been able to increase its membership beyond 4000 members? When we have more than 15,000 Pakistani physicians in North America, why only 30% of those physicians are APPNA members?

In this article, I will illustrate the importance of increasing APPNA membership and how an increase in membership will generate more revenue and profit for APPNA. I will also address the points brought up by Drs. Rana and Durrani, past presidents of APPNA, who have presented flawed data based on assumptions.

1. Lifetime Membership (LTM) increased by 38% from 2013 to 2024 – What Drs. Rana and Durrani fail to mention is this increase in LTM was when the dues were decreased – in 2013, there was an increase in LTM to 1907 (from 1209 – 698 new lifetime members were formed). Dues were decreased to \$1125. As a result, \$785,250 went into the LTM dues investment account. Based on an annual return of 7%, the original \$785,250 is now worth \$ 1,544,705.
2. Drs. Rana and Durrani assume that most people who became lifetime members in 2013 were annual members previously, and thus the projected losses (no such losses have been recorded in APPNA). Our goal is to increase BOTH annual and Lifetime membership.
3. The declining membership in APPNA has been due to the APPNA politics, and most recently COVID.

RECOMMENDATIONS BY THE MEMBERSHIP COMMITTEE

1. Decrease the annual membership to \$65.00.
2. Decrease Lifetime membership to \$975.
3. Amend the by-laws to be more inclusive.
4. Automatic renewals of active membership

An organization's strength lies in its membership – we become relevant and can attract substantial corporate sponsorships with a membership of 10,000. I strongly urge the Board of Directors and Council to decrease the membership dues for the year 2025, so we can attract more members and build on the financial strength of our organization.



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

APPNA 2025 Spring CME Meeting	
4-5 April, 2025	
Omni Hotel, Oklahoma City (OK), United States (US)	
CME Chair: Faisal Latif, MD	
Co-Chair: Syed Talal Hussain, MD	
Chair: Wajeeha Razaq, MD (Hematology-Oncology Symposium)	
Co-Chair: Hassan Kaleem, MD (Hematology-Oncology Symposium)	
Chair: Zain Asad, MD (Cardiovascular Diseases Symposium)	
Co-Chair: Arman Raza, MD (Cardiovascular Diseases Symposium)	
PRESIDENT APPNA: Dr Humeraa Qamar	
Day 1: Friday, April 4th 2025 (08:00 AM - 12:00 PM)	
General Session	
08:00 AM - 08:30 AM	Intravenous Immunoglobulins: Uses in neurological disorders
	Omer Suhaib, MD
	Staff Neurologist & Director
	Neuromuscular and EMG Lab, Integris Baptist Medical Center, Oklahoma City, OK
08:30 AM - 09:00 AM	Integrating Food is Medicine into Healthcare
	Fahad Khan, DHCA, MPH
	Senior Director, Population Health Strategy & Health Equity
	Oklahoma Complete Health
09:00 AM - 09:30 AM	Updates in Gastro-enterology 2025: GERD, IBD & More
	Ijlal Ali, MD
	Assistant Professor of Medicine/Gastroenterology; Associate Program Director, GI Fellowship Program
	University of Oklahoma, Oklahoma City, OK
09:30 AM - 10:00 AM	Expanding role of SGLT2 Inhibitors: Congestive heart Failure, Chronic Kidney Disease & More
	Muhammad Mujtaba, MD
	Adjunct Professor of Medicine/Nephrology / Director
	University of Texas Medical Branch / Kidney Diseases and Transplant Solutions, Galveston, TX
10:00 AM - 10:30 AM	Update in Management of Gout.
	Sameera Vaseer, MD
	Associate Professor of Medicine/Rheumatology
	Baylor University Medical Center, Texas A&M University, Dallas, TX
10:30 AM - 11:00 AM	Crushing Obesity in 2025: GLP-1 Agonists & Beyond
	Mary Zoe Baker, MD
	Professor of Medicine/Endocrinology
	University of Oklahoma
11:00 AM - 11:30 AM	IgA Nephropathy: Newer Treatment Options in 2025
	Usman Bhutta, MD
	Staff Nephrologist
	SSM Health St. Anthony Hospital, Oklahoma City, OK
11:30 AM - 12:00 PM	Pulmonary Hypertension in 2025: Diagnosis & Treatment
	Syed Talal Hussain, MD
	Assistant Professor of Medicine/Pulmonary; Director, Pulmonary Hypertension Program
	University of Oklahoma, Oklahoma City, OK



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Two Parallel Sessions	
Day 2: Saturday, April 5th 2025 (8:00 AM - 12:00 PM)	
Hematology-Oncology Symposium	
08:00 AM - 08:50 AM	Multidisciplinary Management of Early Breast Cancer: Surgical & Systemic Therapy
	Wajeeha Razaq, MD
	Professor of Medicine/Hematology-Oncology / Site Chair & Director of Breast Oncology University of Oklahoma, Oklahoma City, OK / Stephenson Cancer Center
	Clint Merritt, MD
	Breast Surgical Oncologist Hillcrest Medical Center, Tulsa, OK
08:50 AM - 09:40 AM	Role of Multidisciplinary Teams in Early Lung Cancer Management
	Raid Aljumaily, MD
	Associate Professor of Medicine/Hematology-Oncology University of Oklahoma, Oklahoma City, OK
	J. Mathew Reinersman, MD
	Associate Professor of Cardiac, Thoracic & Vascular Surgery University of Oklahoma, OK
09:40 AM - 10:30 AM	Emerging Role for Circulating Tumor DNA in Colon Cancer
	Jose Najera, MD
	Oncologist Comanche County Memorial Hospital, Lawton, OK
10:30 AM - 11:20 PM	Advancing Precision Medicine. Updates in Genitourinary Oncology and Emerging Trial Opportunities
	Adanma Ayanambakkam, MD
	Assistant Professor of Medicine/Hematology-Oncology University of Oklahoma, Oklahoma City, OK
11:20 AM - 12:10 PM	Transforming Care in AML and MDS. Emerging Paradigms
	Manu Pandey, MD
	Assistant Professor of Medicine/Hematology-Oncology University of Oklahoma, Oklahoma City, OK

Continue on next page



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Day 2: Saturday, April 5th 2025 (8:00 AM - 12:00 PM)	
Cardiovascular Diseases Symposium	
08:00 AM - 08:30 AM	New Developments in Diagnosis and Treatment of Hypertrophic Cardiomyopathy
	Jamil Tajik, MD
	Professor of Medicine; Chair Emeritus Cardiovascular Department / Director
	Mayo Clinic / Hypertrophic cardiomyopathy center Aurora, St Luke's hospital, Milwaukee, WI
08:30 AM - 09:00 AM	CHIP Procedures & Role of Left Ventricular Support Devices
	Usman Baber, MD
	Chief, Cardiovascular Section & Professor of Medicine University of Oklahoma, Oklahoma City, OK
09:00 AM - 09:30 AM	Advances in percutaneous therapies of Aortic Stenosis & Mitral Regurgitation
	Kamran Muhammad, MD
	Co-director / Director, Structural Heart Disease Program
	Cardiac Catheterization Laboratory, Hillcrest Medical Center / Oklahoma Heart Institute, Tulsa, OK
09:30 AM - 10:00 AM	Potential Molecular Targets for Prevention of Atrial Fibrillation
	Arshad Jahangir, MD
	Clinical Professor of Medicine / Associate Director Cardiac Electrophysiology Fellowship Program
	University of Wisconsin / Advocate Health, Milwaukee, WI
10:00 AM - 10:30 AM	Contemporary Interventions of Chronic Total Occlusions: New tools & Techniques
	Salman Arain, MD
	Associate Professor of Medicine; Cardiology Program Director, Interventional Cardiology Fellowship
	University of Texas, Houston, TX
10:30 AM - 11:00 AM	Future of Electrophysiology
	Samuel J. Asirvatham, MD, FACC, FHRS
	James M. and Lee S. Vann Professor in Cardiovascular Diseases; Professor of Medicine and Pediatrics / Vice Chair, Cardiology Innovation; Program Director, EP Fellowship Program
	Mayo Clinic College of Medicine
11:00 AM - 11:30 AM	Rheumatic Heart Disease in Pakistan. Challenges & Solutions
	Fayyaz Hashmi, MD
	Assistant professor of Cardiac Surgery (retired), department of Surgery Johns Hopkins University School of Medicine, Baltimore, MD
11:30 AM - 12:00 PM	Role of CAC beyond Primary Prevention: Can it Guide Decision making for Chest pain Patients?
	Khurram Nasir, MD, MPH, FACC, FAHA, FSSCT
	William A. Zoghbi Centennial Chair in Cardiovascular Health Professor of Medicine / Division Chief / Associate Editor
	Weill Cornell Medical College / Cardiovascular Houston Methodist-Rice Digital Health Institute (HM-Rice DHI) / Journal of American College of Cardiology (JACC)



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

APPNA Membership – a value proposition?

Syed Arman Raza MD, FACC
APPNA Board of Directors 2025 - 2026

“What value does APPNA membership bring to me?”

This is the question I got asked the most when I ran for APPNA BOD position last year.

And the answer is not straightforward.

It is about creating value to get the value. 2000 member organization vs 10,000 member organization. Strength in numbers is undeniable.

I studied similar organization of our neighboring country (AAPI) and could not help appreciate the number of corporate sponsors listed on one of their fliers. They proudly boast about their 10k membership and everyone notices.

We need similar numbers to enhance our image, improve our advocacy efforts and build on the philanthropic infrastructure of APPNA.

Now to simply answer the question asked of me, I will give you my perspective.

- 1- APPNA brings networking and mentoring opportunity to you from someone who looks like you, thinks like you and understands the issues like you.
- 2- APPNA provides a solid infrastructure for philanthropy here in US and in Pakistan, which can be utilized for your own project if desired.
- 3- APPNA has specialty networks in Cardiology (APCNA), GI (APGNA) and Psychiatry (PAPANA), and more in the making. These networks will be the future growth for APPNA and will provide a vehicle for skill and technology transfer to Pakistan.
- 4- APPNA's effort in visa advocacy is unmatched. Even ECFMG acknowledges it. APPNA YPC has done wonders for young graduates from Pakistan, ranging from clinical experience in US to webinars detailing all the steps needed to match.
- 5- APPNA meetings provide an excellent venue to stay connected with Pakistani culture and heritage.

So it begs the question as to why have we not been able to reach the numbers like AAPI for example?

It boils down to value vs cost comparison in my view. AAPI's lifetime membership is \$ 100, ours is 18 times that amount at \$ 1875.

Question we have to answer for our self, are we providing value, which is 18 times over that of a comparable organization? If not, then we need to bridge the gap between value and cost.

PHILIPS



Elevate your physiologic decision-making with iFR Co-registration

Only Philips iFR Co-registration helps you decide where to treat by mapping the iFR pull back directly onto the angiogram for a new dimension in PCI guidance.

© 2025 Koninklijke Philips N.V. All rights reserved.

www.philips.com





APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Bridging Worlds

Author: Lubna Mirza, MD FACE

From an early age, I knew teaching was in my heart. As a physician, the desire to share knowledge with others never faded. Over the years, I've had the privilege of teaching pre-medical students, medical residents, PA students, and international medical graduates (IMGs). While the academic challenges in these roles are many, the most rewarding moments have come from the meaningful, altruistic nature of teaching.

As an IMG myself, I'm keenly aware of the challenges foreign-trained physicians face. During the COVID-19 pandemic, I developed an online program to mentor IMGs in the U.S. and overseas, offering the guidance I wished for during my internal medicine residency. The curriculum covers HIPAA training, reviewing endocrine literature, creating presentations, and practical skills like taking detailed histories, performing thyroid ultrasounds and biopsies, analyzing continuous glucose monitoring data, and managing insulin pumps. Students also gain experience in research, case report writing, and presenting at medical meetings.

One of the most inspiring teaching moments came when I worked with groups of Nepalese and Pakistani students. Their papers on infertility were published in widely circulated Nepalese and Urdu newspapers, educating their communities. Knowing their work was impacting lives, particularly in regions with limited healthcare information, reminded me of the true power of education. It wasn't just academic, it was a service to those in need.



I also recall a moment when some IMG students presented a retrospective analysis on colonoscopy screening for diabetic patients at AACE meetings in the U.S. and the Middle East. One of them recently matched into a gastroenterology fellowship. Seeing their hard work and professional advancement brings me joy.

The most meaningful teaching moments, however, often come unexpectedly. Diagnosing my mother with diabetes led me to write a book in Urdu to educate patients. It is rewarding to teach while helping vulnerable populations at the Shifa and Manos Juntas free clinics. Teaching is not just about imparting knowledge; it's about creating opportunities, building confidence, and empowering others to make a difference.

ZT CORPORATE

YOUR PRIVATE EQUITY PARTNER

Founded in 1997, ZT Corporate is a dynamic private equity firm headquartered in Houston, with additional offices in New York and Los Angeles. We specialize in transforming the healthcare and auto dealership sectors through strategic investments. Our approach centers on partnering closely with operators to enhance daily operations and drive value. This hands-on collaboration fosters stronger operator-investor relationships, builds cross-functional expertise, and deepens industry insights.

ZTCORPORATE.COM



JAVED IQBAL
SR. VICE PRESIDENT,
PRIVATE EQUITY
310.384.9818
JAVED@ZTCORPORATE.COM



MOHSIN MALIK
VICE PRESIDENT,
CORPORATE RELATIONS
832.405.4361
MOHSIN@ZTCORPORATE.COM

-  3 ZT CORPORATE OFFICES
-  31 HEALTHCARE FACILITIES
-  4 STATES • 13 AUTOMOTIVE DEALERSHIPS



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

LEADERSHIP AND LEARNING

Author: Sophia Janjua, MD

At the recent APPNA Strategy meeting, I had the opportunity to attend a session on Leadership, presented by Dr. Hala Sabry. Dr. Hala Sabry, an ER physician in Los Angeles, California, is better known as founder of Physician Mom Group (PMG) on Facebook. The Physician Mom Group (PMG) has more than 60K physician mothers who use the space to learn and support each other.

Dr. Sabry describes her journey on how she developed this particular community, and what it means to become a leader. How did she accomplish it? In her presentation, Dr. Sabry discusses what it takes to be an effective leader. It was an excellent insightful presentation, and I am going to discuss my takeaways from her presentation.

First of all, before one takes on the responsibility to lead an organization, one must learn to lead themselves. Meaning, one must develop self-awareness – what would define them as a good leader? Be a leader to yourself by being your best self – learning to improve on your best self is an evolving process. Our ability to handle conflict, praise, and manage our emotions when faced with a challenging situation will define us as a leader.



Once we have developed maturity and insight to our strengths, we can then focus on communication. Listening is an important part of communication – we should have the ability to listen to different perspectives, respect and connect with those ideas.

Finally, the most important part is insight and analysis – this will allow continued learning and ability to learn from our mistakes.

Prentice in the Harvard Business Review describes good leadership as someone who is able to bring the best out of their employees to further the goals of the organization. “Effective leaders take a personal interest in the development of their employees, and they use tact and other social skills to encourage employees to achieve their best.”

It is my suggestion to APPNA to offer leadership courses for our alumni, chapter and committee chairs so we can continue to groom the leaders of tomorrow.



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Beyond the White Coat: Empowering Physician-Parents Through Storytelling

Author: Muhammad Zeshan, MD

Empowering physicians as parents through the art of storytelling is an innovative approach that merges clinical insight with familial connection. Storytelling transcends mere language; it offers a gateway into shared emotional experiences, serving as a bridge between parent and child and reflecting the depth of the human spirit. As healthcare professionals and parents, we understand that narratives not only shape identity and foster resilience but also nurture a sense of belonging within families.

My personal journey as a writer began with the creation of a storybook that captured a transformative moment—a quiet epiphany during a time of vulnerability with my own daughter. In that instance, the narrative revealed the importance of attuned presence over immediate problem-solving. The father in the story did not rush to offer solutions; instead, he embodied the healing power of simply being present. Such a subtle act of empathy, though often encouraged in therapeutic settings, can be one of the most challenging practices for us as parents to adopt.



This pivotal experience inspired me to craft stories that mirror the emotional complexities encountered in parenting. In another storybook, I explore vulnerability, illustrating that courage does not imply the absence of fear but rather the willingness to confront it collectively. Similarly, “The Story of Prophet Yunus” employs the dynamic of a father and son venturing into the deep sea, using the narrative to impart lessons of faith, patience, and mutual discovery.

These narratives extend far beyond traditional bedtime stories; they are conversations that invite both children and parents to see themselves in the narrative and to feel understood. By articulating emotions that often defy simple explanation, storytelling provides a vital conduit for connection. In our dual roles as clinicians and parents, we witness the transformative power of such connections every day. For physicians, who face dual demands of professional responsibility and parental commitment, storytelling becomes a vital tool for cultivating authentic emotional bonds. Ultimately, each story reminds us that despite the challenges we face, we are never alone.



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Why Join APPNA A Platform for Professional Growth, Networking and Philanthropy

Author: Nauman Ashraf

I first joined the Association of Physicians of Pakistani Descent of North America (APPNA) during my training years, driven by a desire to solidify my Pakistani cultural identity in the United States. The summer meetings were particularly cherished moments for me, as they provided opportunities to reconnect with friends from my school years after decades. Sharing memories of our school and college days over a cup of tea helped relive the past and strengthened my sense of belonging.

Initially, my attraction to APPNA was purely cultural. However, my true commitment emerged when I experienced the rich professional and philanthropic aspects of the organization. As our esteemed APPNA lifetime member, Dr. Farha Abbasi, aptly describes, APPNA is akin to a paan. The silver coating represents the lavish dinner parties and entertainment programs, but the real essence lies in the multitude of other ingredients, such as educational activities, advocacy work, and philanthropic efforts, that truly define APPNA.

APPNA is one of the most prestigious and impactful organizations for Pakistani-American physicians and healthcare professionals in the US. Whether you are a medical student, resident, or seasoned physician, APPNA provides countless opportunities to grow personally and professionally while giving back to the community.

The benefits of joining APPNA include professional development through CME programs, workshops, and conferences, as well as mentorship for young physicians and medical students. Members enjoy extensive networking opportunities with peers and leaders, fostering collaborations and lifelong friendships. APPNA is deeply involved in community service and philanthropy, offering various charitable initiatives. The organization also advocates for the rights of Pakistani-American physicians and the broader community, while preserving cultural heritage and offering ample resources and support.

Joining APPNA is more than just becoming a member of an organization; it's about becoming part of a family that values professional excellence, community service, and cultural heritage.

"You are not a drop in the ocean. You are the entire ocean in a drop." RUMI

Each of us has the power to make a difference. Together, we can create waves of change that will ripple across generations.



**FRESENIUS
MEDICAL CARE**

My role
inspires
me



At Fresenius Medical Care, you will make a difference in patients' lives every day. The work you do will improve the quality of life for people living with chronic kidney disease and end stage kidney disease.

Just as you help care for patients, we will help care for you and your career. A culture of caring people and growth opportunities are just some of what we have to offer.

When you join our team, your success is our priority.



We welcome all APPNA
delegates and their families to
2025 Spring Meeting in Oklahoma City, OK
Hope you all have a great time!

With compliments from:
Asim J. Chohan, M.D.
F.A.C.C., F.A.C.P.

Interventional Cardiologist
Clinical Professor of Medicine
University of Oklahoma Health Sciences Center



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Women, Climate Change, and Health: A Critical Imperative for Socially Competent Approaches in Environmental Health Initiatives

Author: Alysha Siddiqi

Climate change is an escalating crisis with profound health consequences, disproportionately impacting women worldwide. In Pakistan, where extreme weather events such as floods, heatwaves, and droughts are becoming more frequent, women—especially those in rural and low-income communities—face heightened risks. Limited access to healthcare, compounded by socio-cultural barriers, exacerbates vulnerabilities related to maternal health, malnutrition, and infectious diseases.

Pakistan is said to be at the “frontline of climate change” (Giovetti, 2023), with life-threatening floods driven by extreme rainfall and environmental degradation (Giovetti, 2023). Ranked as the eighth most vulnerable country to climate change (Runde et al., 2023), it faces increasingly frequent and severe climate disasters (Havstrup and Pieter, 2023). These crises disproportionately affect women, deepening existing gender and health inequalities by restricting access to emergency resources, healthcare, and safe living conditions.

While climate change is often framed solely as an environmental issue, an intersectional lens reveals its profound effects on women’s health and well-being. For example, Pakistani women are frequently excluded from emergency response systems, limiting their ability to prepare for and recover from disasters. Displacement is another critical consequence of Pakistan’s worsening floods. In 2010 alone, seven million people were left homeless, with 1.8 million homes and two million hectares of land destroyed (Thomas and Rendon, 2010). Overcrowded shelters, inadequate sanitation, and lack of privacy further heighten women’s vulnerability, exposing them to increased risks of gender-based violence and severe health complications.



Image source: Inside Climate News, 2022

The link between climate change, gender inequality, and health disparities emphasizes the need for socially competent disaster response and healthcare policies. As Pakistani-American advocates invested in health, our engagement in disaster relief must go beyond immediate medical aid to also include systemic solutions which prioritize marginalized communities. Gender-sensitive strategies in climate resilience efforts are essential to ensuring healthcare access, emergency preparedness, and long-term recovery.

Climate change is not just an environmental challenge—it is a public health crisis with gendered impacts. By championing sustainable healthcare initiatives, supporting disaster relief, and advocating for equitable policies, we can help build a more resilient and inclusive future for Pakistan.



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

LET US WELCOME 2025

Saleem A. Khan, MD

1/1/2025

2024 was full of crises,
one challenge after the other.
They made us feel scared.

Storms and floods,
Scary scams and mass shootings.
We dreaded every day
what was next.

Precious lives were lost,
Many became homeless.
Thinking about that, we felt helpless.

The media portrayed the worst,
Scary news all the time,
Making us angry and frustrated.

Now that 2025 has started,
Let us pray all those problems go away
And we can achieve real peace of mind.



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

My Beloved APPNA

Nauman Ashraf, MD
Lifetime Member of APPNA
1/13/2025

In the heart of APPNA, where excellence thrives
A beacon of charity, where hope survives
Leadership flourishes, bonds that never sever
With fellow countrymen, we stand together

From humble beginnings in 1976
To a global force, our mission's clear as can be
With over 5,000 members strong
We serve North America, where we all belong

Yet, I dream of unity
A place so grand, where inclusivity and merit take a stand
Constitution and bylaws, sacred and true, our guiding view
A haven for dialogue, open and free
Where dissenting voices find harmony
Just a place, where fairness reigns supreme

My beloved APPNA
May you always be a symbol of unity, for all to see!



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Alzheimer's

Author: Amna Buttar

I am a prisoner in my own mind
Sometimes I think I am dead
Sometimes I think a Jim (demon) has abducted me
People around me are visible to me, but I can't see them
Their lips move, but I can't hear anything
I feel like writing poems
But how?
Yesterday, she showed me a book
She said I wrote it
She was saying I am a famous writer
I have written many books
She too knows
Even if I can't speak
And if spoke, I wouldn't say anything
My poems are my beloved
They are only ones who can get me free from this Jinn (demon)



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Modern American Doctor

Author: Fatima Jaffrey, MD MHCDS

I move along,
Patient to patient,
Drowning in sow.

I move along,
A frenzy of data,
Where papers are gone.

I move along,
Ideas and theories,
The kings and queens say,
"Doctors are scary
Keep them away."

From where decisions are made,
For resources shared,
Where those who are blind.
Lead doctors down 'there'.

I move along doing my best,
One foot in front,
Piling on more,
Exhausting body and mind,
Pulling the rest.

New things to know,
People to meet,
Everything changing,
Faster than me.

I move along,
Keep up and ahead,
If I fall behind,
Someone is dead.

I move along,
Demanding the best,
Of myself,
those around me,
No time to rest.

I move along,
Pain and suffering to ease,
In a world that depends on
No suffering in me.

Saying and thinking,
"Who should I know?"
"Does it matter that I may know more?"
When did Science and Mind lose its beauty
When did doing what's right get left behind?

I move along,
Searching for one,
Who reaches for stars,
Deeper than ocean,
On sinking barge,

Where pain and suffering,
Outnumbers the gold,
Where boldness and courage,
Favor only those
Wearing suits and heels in boardrooms alone.

White coats and scrubs,
Death and disease,
In trenches where acumen
Is placed too stagger and bleeds.

stelo

by Dexcom

Dexcom

We welcome all APPNA delegates and their families to 2025 Spring Meeting in Oklahoma City, OK
Hope you all have a great time!

With compliments from:
Mohammad Intakhab Paracha, MD.
Southwest Pulmonary &
Sleep Consultants
Phone: 405-631-5188
Fax: 405-631-5188

LET'S PARTNER in the Future

Gateway First Bank is committed to providing APPNA with an exceptional banking experience through dedicated experts, tailored solutions, and ongoing support.

- Physicians Home Loans
- Business Banking
- Trust & Estate Planning
- Investment Planning
- Insurance Planning
- Retirement Planning
- Deposits

 **Gateway**
BANKING | MORTGAGE
gatewayfirst.com

BRADEN HAUGE

VP | Private Banking

Office: 918.392.8531

Mobile: 918.991.8699

6120 South Yale Avenue
Suite 108 | Tulsa, OK 74136

©2025 Gateway First Bank. All rights reserved. Member FDIC. NMLS 7233. Equal Housing Lender.



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

***** ایک نظم کے رد ہوجانے پر *****

کونسی نظم میں ارسال کروں
کونسی نظم جو بھائیے گی تمہیں
ان کہی بات کا افسانہ لکھا ہو جس میں
ان چھوا لمس کوی ہو کسی پس منظر میں
جس کے الفاظ دمکتے ہوئے جگنو کی طرح اس کے اندھیرے تخیل کا پتہ دیتے ہوں
کونسی نظم تیرے نام کروں
جو کسی ادھ کھلے غنچے کی طرح
اپنے ہی آپ سے شرمائی ہوئی دکھتی ہو
جس کے معنی ہی ابھی تک نہ کھلے ہوں اس پر
جو کسی بیل کی مانند چڑھی جاتی ہو ، نیم کے پیڑھ پے ، جنگلے پے پرانے گھر کے
اور وہ صحن میں رکھی ہوئی سیڑھی جسکی
کھوکھلی لکڑیاں اب بوجھ نہیں سہ سکتیں ..
پر میں دیمک زدہ نظموں کو کسے پیش کروں ؟
تم تو بڑھ جاؤ گے رد کر کے انہیں
پر مجھے پیار ہے ٹھکرائی ہوئی نظموں سے
ان کی دلجوئی کا سامان مجھے کرنا ہے
بس کہ کٹھنائی کو آسان مجھے کرنا ہے

ہناء



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

“ان کہی ہزار باتیں“

تنہائی کا رنج...

بے زباں خاموشی کے لبوں پر
ان کہی ہزار باتیں تھیں
سوچا جو آج کہہ دوں، مگر
اظہار سے قاصر لفظوں کو
گویائی - ہی - میسر نہ ہوئی

یادوں کی گرد میں اٹتی، وقت کی
اداسی کی ذرے اچھالتے ہوئی جد
تنہائی کی دیمک زدہ تخلیقات کے
تم نور کی دیوی صبح کی کرنیں لا
اور یوں تنہائی کے وقت مرگ کا
جو چند ساعتوں میں پھر سے اندھ
وقت کی سوئی کے چلنے کا انتظار

عاصم مقصود

محفل کے اک کونے میں
سہمی کھڑی تھی وہ
بے داغ جس کے آنچل کو
داغ نہ کوئی لگ جاتا
یہ سوچ کے - کچھ کہا نہیں

الجھا آیا تھا خیالوں میں
اک گلاب تھا اسکے بالوں میں
کانٹے جسکے سارے میں
ساتھ ہی اپنے لے آیا
ان کہی ہزار باتوں کو
ساتھ ہی اپنے لے آیا

عاصم مقصود



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

غزل

چاہے جانے کی یہ خواہش ہمیں لے ڈوبی
تیری وہ پر شکوہ نگاہی ہمیں لے ڈوبی
کس طرح بانٹ دیا دل کو کئی خانوں میں
روح کی کم نگاہی ہمیں لے ڈوبی
ساتھ اب تو ہے جینا اسی محرومی کے
خواہش ظرف اور اعلیٰ نگاہی ہمیں لے ڈوبی
کاش ہم نے بھی لیا ہوتا ذرا صبر سے کام
درد سہنے کی وہ بے صبری ہمیں لے ڈوبی
آنکھ کی نیند گئی دل کا سکون بھی تو گیا
ہائے اس عمر میں یہ بیچینی ہمیں لے ڈوبی
ہوتے نہ اگر غازی ترے ساتھ یہ تیرے لوگ
کہتے کہتے تو گزر جاتا کہ زیست ہمیں لے ڈوبی

ڈاکٹر سید غضنفر علی نقوی



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

بے لگام عاشق
ہمارے زیر عشق تو کئی حسیں گلفام ہیں
ہم تو ہیں دل پھینک عاشق اور بے لگام ہیں
کوچہ جاننا میں ان گنت ہیں شوخ و شنگ
چلمن سے ہیں لگے ہوئے کچھ بیٹھے لب بام ہیں
جس دم لڑی نگہ ان سے اسی دم ان پہ مر مٹے
مراحل عشق میں ہم تو تیز گام ہیں
ہے کو بہ کو پھیلی ہوئی شہرت ہمارے عشق کی
تم یہ کیوں سمجھ بیٹھے کہ ناز جی گمنام ہیں
مسجد میں خدا مندروں میں پوجا ہے اصنام کی
ناخدائے قوم پاکستان انکل سام ہیں
بابر کی بے نوکری اور گھر میں کی بے چاکری
ہم بھلا کیسے کہیں کہ ہم کوئی غلام ہں
آفتاب ناز

امید وصل

بیٹھا رہا اک عمر اک گلنار کے قریب
امید وصل میں رہا دلدار کے قریب
سر چڑھ کے بولتی رہیں زلفیں تری کہ ہم
ڈس لیں گی گر تم آؤ گے رخسار کے قریب
اک روز مانگ رہا تھا دعائے عمر خضر
اک شخص گورستان میں مزار کے قریب
کپکپاتے بونٹ اور یہ لہجہ و تیور
اقرار تیرا لگتا ہے انکار کے قریب
بیماری ہے یہ چھوت کی لگ جائے گی تمہیں
بیٹھو گے اگر عشق کے بیمار کے قریب
دکھائے گا سبز باغ وہ رقیب رو سیاہ
نہ جانا میرے یار اس عیار کے قریب
آفتاب ناز



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

خواہش نہیں ہے مجھ کو طیب اظہار

۱. آسودہ زندگی کی خواہش نہیں ہے مجھ کو
آسودہ زندگی کے کچھ لمحے ڈھونڈتا ہوں
۲. آوارہ زندگی کی خواہش نہیں ہے مجھ کو
آوارہ زندگی کے کچھ لمحے ڈھونڈتا ہوں
۳. ادراک ہو سبھی کا خواہش نہیں ہے مجھ کو
کچھ اپنا ہے پتا ہو، سو خود کو ڈھونڈتا ہوں
۴. بہشت سی زندگی ہو، خواہش نہیں ہے مجھ کو
ایک لمحہ سکون ہو، وہ لمحہ ڈھونڈتا ہوں
۵. ہر خواہش ہو پوری، خواہش نہیں ہے مجھ کو
ایک حاصل زندگی ہو سو اس کو ڈھونڈتا ہوں
۶. زندانے سانس ہو طویل، خواہش نہیں ہے مجھ کو
لمحو کی زندگی میں، ایک لمحہ ڈھونڈتا ہوں
۷. یادوں کی ہو کتاب خواہش نہیں ہے مجھ کو
کچھ انگلیوں کے ہوں نشان، وہ صفحہ ڈھونڈتا ہوں
۸. ہر آنکھ میں ہو چاند، خواہش نہیں ہے مجھ کو
اک آنکھ ہو ستارہ، وہ تارا ڈھونڈتا ہوں
۹. شہے رگ کے ہو قریب، خواہش نہیں ہے مجھ کو
ہو خون مے رواں، وہ گُن کو ڈھونڈتا ہوں
۱۰. منزل کی سب خبر ہو، خواہش نہیں ہے مجھ کو
رہبر کی ہو کچھ خبر ہو، رہبر کو ڈھونڈتا ہوں

خلاصہ

کچھ لمحے ڈھونڈتا ہوں، وہ صفحہ ڈھونڈتا ہوں
وہ تارا ڈھونڈتا ہوں، ایک لمحہ ڈھونڈتا ہوں

خود کو ڈھونڈتا ہوں، رہبر کو ڈھونڈتا ہوں
میں ماں کو ڈھونڈتا ہوں

طیب اظہار



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

میرا خط

تمہیں میں نے ایک خط لکھا ہے

اس امید پر کہ کوئی ڈاک شاید تم تک پہنچ ہی جائے

یا میرے الفاظ خود ہی پرندے بن کر

تمہاری چہت پر جا بیٹھیں

اور خوب شور مچائیں

یہ بھی ہو سکتا ہے کہ

بارش کے سب قطرے میرے پیامبر بن جائیں

اور تمہارا تن من بھگو دیں

کیا ہی اچھا ہو

کہ یہ چاند کوئی چراغ بن جائے

جس کی روشنی میں

تم میرے الفاظ پڑھ سکو

ان کا مطلب سمجھ سکو

یا

تمہارے باغ کے پھولوں سے میں سازباز کر لوں

ان کی خوشبو کو اپنا ہمراز کر لوں

چلو

تمہارے قدموں کی دھول کے پیروں ہی پڑ جاؤں

اپنے درد کی کہانی سنا کر

کچھ بہلا کر

کچھ پھسلا کر

اسے اپنے ساتھ کر جاؤں

ویسے

تمہارے اردگرد کی ہوا کا ضمیر بھی تو خریدا جا سکتا ہے

اس کے کانوں میں اپنے حروف کی سرگوشیاں بھر کر

اسے اپنا ہمسفر بنا کر

تمہارے خلاف سازش بھی تو کی جا سکتی ہے

مگر جاناں

تم اب جس بے نام شہر

اور جس لاپتہ مکان میں جا بسے ہو

وہاں تک رسائی ممکن نہیں

کسی ڈاک میں وہ ٹکٹ نہیں

کسی پر میں وہ سکت نہیں

کسی بارش میں

کسی چاند میں

کسی پھول میں

کسی دھول میں

کسی ہوا میں وہ ہمت نہیں

جو تمہارا در کھٹکھٹائے

تم تک میرا خط پہنچائے---

زویہ راہ سلیم



Where creativity
meets precision.

From concept to reality ,we
have got you covered!
Comprehensive event styling
and coordination services for
an stress-free celebration.



WWW.Uzmadesign.com
Uzmasaleemidesigns@gmail.com

405 464 7617



Event styling

Event coordination

Original paintings

Books & Magazine covers



We welcome all APPNA
delegates and their families
to
2025 Spring Meeting in
Oklahoma City, OK
Hope you all have
a great time!

With compliments from:
Sadia and Munawar Ali

We warmly welcome all
APPNA delegates and their
families
to the 2025 Spring Meeting.
Wishing you a wonderful
and
memorable experience!

GI Doc PLLC
Dr. Iftikhar Rizvi &
Dr. Saima Rizvi



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Abstracts for Poster Competition

Title: Rare Cause of Lower Gastrointestinal Bleeding: Cecal Ulcer in an Elderly Patient with Complex Comorbidities

Authors: Saad Nadeem¹, Muhammad Zain², Aisha Khan³, Eduardo S. Ramirez⁴

Affiliations:

¹ Texas A&M College of Medicine, Bryan, TX, USA.

² University of Houston, Houston, TX, USA.

³ University of North Texas, Fort Worth, TX, USA.

⁴ Department of Internal Medicine, HCA Clear Lake Hospital, Webster, TX, USA.

Background and Objectives:

Lower gastrointestinal bleeding (LGIB) is a common cause of hospitalization, with an annual incidence of 20–30 cases per 100,000 in Western countries. While diverticular disease and angiodysplasia are the predominant causes in the elderly, cecal ulcers are a rare etiology. This case report focuses on an 84-year-old male with multiple comorbidities who presented with LGIB due to a cecal ulcer.

Case Description

An 84-year-old male with a history of end-stage renal disease (ESRD) on dialysis, hypertension, coronary artery disease status post coronary artery bypass grafting, atrial fibrillation status post Watchman procedure, and chronic obstructive pulmonary disease presented with a one-day history of dark red blood per rectum. Initial evaluation revealed stable vital signs and chronic anemia. CT scan showed no active extravasation but identified a 4 mm right lung nodule. A colonoscopy revealed a sizeable cecal ulcer with an adherent clot. The patient was managed with intravenous proton pump inhibitors, antibiotics, and supportive care. After a slight drop in hemoglobin, the patient received a blood transfusion. His condition improved, and he was discharged with plans for a follow-up colonoscopy.

Conclusion:

This case highlights the complexity of managing LGIB in elderly patients with multiple comorbidities. Cecal ulcers are an uncommon cause of LGIB, with limited literature on their management and outcomes. The case underscores the importance of a thorough diagnostic workup, including a colonoscopy, in localizing the source of bleeding. It also demonstrates the need for a multidisciplinary approach involving gastroenterology and nephrology in managing ESRD and GI bleeding patients. The incidental finding of a lung nodule further emphasizes the importance of comprehensive care in elderly patients with multiple health issues.

Title: A Systematic Review: The Effectiveness of Digital Health Educational Interventions for Breast Cancer Patients and Survivors

Authors: Zainab Jimoh, Bassam Syed

Affiliations:

University of Houston, Tilman J. Fertitta Family College of Medicine, Houston, USA.

Background:

There is published research describing how health educational interventions can improve outcomes for breast cancer patients and survivors. However, the relative effectiveness of digital compared to non-digital interventions remains unclear. This systematic review synthesizes evidence on whether digital or electronic health educational interventions yield more positive outcomes than non-electronic methods (e.g., written materials, in-person consultations, telephone calls).

Objectives:

We aim to determine if digital health educational interventions lead to more positive patient outcomes—such as treatment adherence, lifestyle changes, mental health, quality of life, symptom distress, satisfaction, and other biopsychosocial measures—compared to those who receive only non-digital interventions.

Methods:

Adhering to the Cochrane Handbook for Systematic Reviews of Interventions and PRISMA guidelines, we included studies involving breast cancer patients at any point of their diagnosis or treatment. Interventions were delivered in a digital or electronic format. Outcomes of interest included adherence to treatment, lifestyle modifications, mental health, quality of life, symptom distress, patient satisfaction, and other health-related measures. We searched six major databases and additional sources.

Preliminary Results:

Preliminary findings suggest that patients who receive digital health educational interventions may experience improved cancer literacy, better adherence to care, enhanced quality of care, improved health communication, and greater psychosocial well-being compared to non-digital interventions. Nevertheless, fewer studies were identified from low-income countries and marginalized communities, indicating possible disparities in both evidence and intervention efforts.

Conclusions:

These early results suggest that digital health educational interventions may yield more favorable outcomes for breast cancer patients and survivors. Embracing innovative technologies and addressing the digital divide could enhance cancer care promotion in diverse populations. Future research should further explore how digital solutions can improve cancer prevention, care, and survivorship while ensuring equitable access across varied socioeconomic settings.

Title: Investigating Internalized Mental Health Stigma Among Psychiatrists – Are We Our Own Worst Enemy?

Authors: Areeb Usmani, MD¹; Cailin Weber, OMS-4¹; Oluwatoyosi Ogunlana, OMS-4¹; Mikelle Mikesell, OMS-4¹; Kara Reed, MD¹; Nauman Ashraf, MD¹

Affiliations:

¹Kansas City University, Kansas City, USA.

Objectives:

The purpose of this study was to better understand the prevalence of internalized mental health stigma within the mental healthcare community. Through understanding these stigmata, the study aimed to identify barriers that may deter mental healthcare providers from personally seeking out and utilizing mental health resources and how a personal history of mental illness affected the ability of care providers to provide care in their given capacity.

Methods:

A cross-sectional study was conducted via survey collection, which used a self-assessment model for anonymity and confidentiality. The survey included 12 closed and open-ended questions, sourced from attending and resident psychiatrists practicing in the United States. Three hundred surveys were distributed, and 31 responses were received and utilized in data analysis. Forty-two percent of respondents were residents, and 58% were attending psychiatrists.

Results:

More than 1 in 4 respondents stated that they were required to report a history of mental illness for employment purposes, and 28% of the total population felt pressure to not disclose a history of mental illness and/or substance abuse when applying for residency or employment in the medical field. Twenty-five percent of respondents felt that having a personal history of mental illness was helpful and positively impacted their ability to provide mental health care to patients. This finding was in stark contrast to 29% of participants who reported that they felt they likely met diagnostic criteria for a mental health disorder but did not seek treatment.

Conclusion:

Further work addressing negative stigma related to mental illness is needed, as well as investigating barriers to receiving treatment when a psychiatrist feels that they likely meet diagnostic criteria for a mental health disorder. The majority of psychiatrists surveyed in this study consider their own experiences with mental health disorders to be either noncontributory or an asset to their practice.

Title: Trends in Cardiovascular Disease Mortality Among U.S. Children, 1999–2020

Authors: Mohammad Abdullah Humayun¹, Aoun Zaib Khan², Abdul Rafae Faisal³, Asad Zaman³, Ali Shan Hafeez³, Muhammad Faizan⁴, Zainab Zaib⁵, Abdullah⁶, Pramod Singh⁷

Affiliations:

¹ Shalamar Institute of Health Sciences, Lahore, Pakistan

² MetroHealth Medical Centre, Cleveland, Ohio, USA

³ CIMS, Multan, Pakistan

⁴ Hammad Medical Corporation, Doha, Qatar

⁵ University of Missouri-Columbia, Columbia, USA

⁶ Rawalpindi Medical University, Rawalpindi, Pakistan

⁷ Barhabise Primary Health Care Centre, Barhabise Municipality-09, Ramche, Sindhupalchowk, Nepal

Background:

Cardiovascular diseases (CVD) account for 40% of deaths in children in the U.S., making CVD deaths prominent. Detection of CVD is vital across all age groups. Knowledge gaps regarding CVD risk factor prevention should be addressed through health policies and educational public health programs among at-risk populations.

Methods:

We analyzed CVD-related mortality trends in the U.S. using the CDC WONDER database, including death certificates from all 50 states and the District of Columbia. CVD-related deaths were identified using ICD codes I00-I99. Pediatric cases were defined as individuals aged 14 or younger. Mortality data from January 1999 to December 2022 were extracted, with demographic variables including sex/gender, race/ethnicity, urbanization status, and census regions. Age-adjusted mortality rates (AAMR) per 100,000 people were calculated by standardizing the 2000 U.S. population. Join Point Regression calculated the Annual Percentage Change (APC) and identified significant trends. The study followed STROBE guidelines and was exempt from IRB approval due to de-identified data use.

Results:

Overall, mortality declined from 8.38 in 1999 to 6.06 in 2015, before increasing to 6.73 by 2022. Males consistently had higher rates than females. Racial disparities were observed, with the highest mortality in NH Black or African American children. Mortality decreased in most regions, with a significant rise in the South after 2020. Metropolitan areas saw steady declines, while non-metropolitan areas had higher rates.

Conclusion:

Pediatric CVD mortality in the U.S. has generally declined since 1999, but recent increases, particularly among males, racial minorities, and the South, highlight ongoing disparities. Targeted interventions are needed to reduce CVD mortality in vulnerable groups.



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Abstracts for Poster Competition

Title: Use of App Based Nomogram to Predict Clinically Significant Pathology on Prostate Biopsy

Authors: Reagan Amason, Hamza Gillan, Robin Djang, Michael Cookson, and Kelly Stratton

Affiliations:

University of Oklahoma College of Medicine, Oklahoma City, OK, USA
Department of Urology, University of Oklahoma College of Medicine,
Stephenson Cancer Center, Oklahoma City, OK, USA

DISCLAIMER:

Abstract and manuscript has been accepted and published by Journal Of Urology-Open Access.

Introduction & Objective:

PSA density (PSAd) has been associated with the detection of clinically significant prostate cancer (csPC) in men undergoing prostate biopsy. This study aims to find characteristics of men with low PSAd who are found to have csPC on biopsy.

Methods:

We retrospectively reviewed our prostate biopsy database to identify a cohort of 729 men who did not have a prior positive biopsy, with an elevated PSA (>4 ng/ml), and underwent transrectal ultrasound guided prostate biopsy (TRUS-Bx). PSAd was calculated using the most recent PSA divided by prostate volume measured via TRUS. Significant cancer was defined as Gleason Grade group 2 or higher.

Results:

Of the 729 patients, 175 (24%) were diagnosed with csPC. A PSAd below 0.15 ng/ml2 was found in 333 men. Of these, 40 (12%) were diagnosed with csPC. A PSAd above 0.15 ng/ml2 was found in 396 with 134 (34%) diagnosed with csPC. Patients with a PSAd below 0.15 ng/ml2 were significantly less likely to have csPC (P-value <0.0001).

A prostate volume of less than 50cc occurred in 376 (51%) men in the cohort. Of these, 122 (36%) had a low PSAd including 22 (18%) diagnosed csPC. Conversely, 211 men with a low PSAd harbored a prostate volume over 50cc, including 17 (8%) diagnosed with csPC. Patients with a small prostate volume and a low PSAd were significantly more likely to harbor csPC (P-value <0.05).

Conclusion:

While PSAd should be considered when evaluating the need of TRUS-Bx, some patients may have a low PSAd and still harbor csPC. This study found that men with a small prostate gland are more likely to have a normal PSAd but csPC on prostate biopsy. This study suggests that PSAd should be considered in light of the size of prostate in men at risk for prostate cancer.

Title: Association of left ventricular hypertrophy on echocardiography in patients with hemorrhagic or non-hemorrhagic stroke

Author:

Fahad Ali¹, Qazi Abdul Saboor², Faryad Ali³, Talha Mahmud⁴, Syed Ahmad Ali Hassan⁵, Athar Iqbal²

Affiliation:

¹Letterkenney University Hospital (LUH), Letterkenney, Ireland
²Department of Cardiology, Shaikh Zayed Medical Complex, Lahore, Pakistan
³Department of Cardiology, Social Security Hospital, Lahore, Pakistan
⁴Department of Pulmonology, Shaikh Zayed Medical Complex, Lahore, Pakistan
⁵Department of Neurology, Shaikh Zayed Medical Complex, Lahore, Pakistan.

Introduction: Left ventricular hypertrophy (LVH), is related to increased risk of stroke. However, very few studies analyzed association of left ventricular hypertrophy LVH, assessed by echocardiography (echo), in ischemic and hemorrhagic stroke separately.

Aim and Objective: To determine the association of left ventricular hypertrophy on echocardiography with hemorrhagic or non-hemorrhagic stroke

Materials and Methods

Study design: Cohort study

Place and duration of study: study was done in Department of Cardiology, Sheikh Zayed Hospital, Lahore for six months from 01-01-2019 to 30-06-2019.

Material and methods: Total 190 patients, fulfilling inclusion and exclusion criteria were selected. All patients underwent for echo and LVH was noted. If EF $>40\%$ and left ventricular posterior wall (PW) and inter ventricular septum (IVS) thickness >11 mm in males and >10 mm in females labelled as LVH.

Results: Results of this study showed that the risk of LVH was 1.66 times higher among patients who presented with Hemorrhagic: 57.9% vs. Non-hemorrhagic stroke: 34.7%. Elderly age group patients (RR: 1.85), female patients (RR: 2.53), overweight patients (RR: 2.38), longer duration of stroke (RR: 2.42) and diabetic patients had higher association with LVH in hemorrhagic stroke.

Conclusion:

It was observed in this study that patients having hemorrhagic stroke had higher risk of left ventricular hypertrophy (LVH) as compared to non-hemorrhagic stroke. Further studies are needed in this domain to address the association between LVH and hemorrhagic stroke.

Key words: Hemorrhagic, Non-hemorrhagic, Stroke, left ventricular, Hypertrophy, Echocardiography

Title: Efficacy and safety of Busulfan-Fludarabine versus Busulfan-Cyclophosphamide as a Conditioning Regimen Before Hematopoietic Stem Cell Transplant in Hematologic Malignancy Patients: A Meta-Analysis of randomized controlled trials

Authors:

Aizaz Ali¹, Malik W.Z.Khan², Abdullah Afridi¹, Hammad Ali¹, Muhammad Abdullah Ali¹, Umair Ul Haq³, Wahab Zia¹, Gulmeena Riffat¹, Mian Aban Masaud¹, Fazia Khattak¹, Fiza Safeer¹, Areeba Khan¹, Muhammad Sufyan Darwesh¹, Nimra Ehsan¹, Muhammad Umar Afridi¹, Muhammad Osama¹, Toubha Azeem¹, Amna Hussain⁴, Farishta Ali⁵, Naseer Ahmed, MBBS, PhD, FACC⁶

Affiliations:

¹ Khyber Medical College, Peshawar, Pakistan
² Yale University School of Medicine, New Haven, USA
³ Bannu Medical College, Banu, Pakistan
⁴ Liaquat University of Medical and Health Sciences, Jamshoro, Pakistan
⁵ Montefiore Health System, New Rochelle, New York City, USA
⁶ Clinical Trials Unit (CTU), Rehman Medical Institute, Peshawar, Pakistan

Objective:

Over 70,000 hematopoietic stem cell transplants (HSCTs) are annually performed globally. This meta-analysis evaluates the efficacy and safety of Busulfan-Fludarabine (BuFlu) versus Busulfan-Cyclophosphamide (BuCy) to inform clinical decision-making in hematologic malignancies.

Methods:

A systematic search was conducted on PubMed, Embase, and Cochrane Central for randomized controlled trials (RCTs) comparing "Busulfan and Fludarabine" versus "Busulfan and Cyclophosphamide" in hematological malignancy patients prior to hematopoietic stem cell transplantation. The primary outcomes of interest were efficacy measured by overall survival (OS) and event-free survival (EFS), acute and chronic graft-versus-host-disease (aGVHD and cGVHD). The risk of bias was determined using the ROB-2 tool. The data analysis was conducted on Review Manager (RevMan, Version 5.4; by using the Mantel-Haenszel technique with a random effect model.

Results:

Eighteen RCTs were identified involving 2,888 patients (BuFlu 1,539 vs. BuCy 1,349). BuFlu showed a significantly better 1-year overall survival (OS) (RR 1.13, $p=0.03$), but no significant differences were observed at two years (RR 1.01, $p=0.86$) or five years (RR 1.08, $p=0.10$). Similarly, BuFlu demonstrated higher event-free survival (EFS) at two years (RR 1.18, $p=0.05$) and five years follow-up (RR 1.11, $p=0.04$), though 1-year EFS was not significantly different between the two groups (RR 1.10, $p=0.15$). BuCy, on the other hand, was associated with substantially lower grade III-IV acute graft-versus-host disease (aGVHD) (RR 0.45, $p=0.04$). At the same time, no significant difference was noted for grade I-II aGVHD (RR 0.86, $p=0.51$). Safety outcomes showed no significant differences between the two regimens for CMV infection (RR 0.93, $p=0.70$) and liver toxicity (RR 0.73, $p=0.20$).

Conclusion:

Busulfan-Fludarabine improves 1-year survival and long-term event-free survival. Busulfan-cyclophosphamide reduces severe graft-versus-host disease, with no significant differences in infection or toxicity between the two regimens.



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Abstracts for Poster Competition

Title: Patient Suicide: Its Impact on Psychiatry Residents & Suggestions for Education

Authors: Melissa Cirulli, D.O., Abraham Williams, D.O., Jeffrey Bradley, M.D., and Nauman Ashraf, M.D.

Affiliation:

KCU-GME Consortium/Ozark Center Psychiatry Residency Program, Joplin, Missouri, USA

Background:

Suicide rates are rising across all age groups in the U.S., yet psychiatry residency programs often lack training on its impact. Recognizing suicide as an "occupational hazard" in 2006, the American Psychiatric Association recommended integrating education on this issue. Studies estimate that up to half of psychiatry residents experience patient suicide during training, leading to emotional distress, including shame, guilt, and grief, and potentially altering professional identity and practice. Despite this, many programs remain unprepared to address these challenges. Insights from Joplin, Missouri residents, aligned with existing literature, informed a proposed protocol to address training gaps, fostering recovery, personal growth, emotional resilience, and improved education to better support future psychiatrists. Many training programs are ill-equipped to prepare residents for this eventuality, necessitating a universal protocol for over 200 post-graduate programs.

Methods:

A qualitative survey was given to the residents at Ozark Center psychiatry residency program in Joplin, Missouri about the effects of patient suicide.

Results:

The survey revealed that 87% of respondents experienced a patient suicide. Common reactions included sadness, guilt, disbelief, and shame, along with fears of being blamed, lawsuits, and doubts about professional competency. Behavioral changes included conservative actions, avoidance, and consideration of changing professions. Interpersonal support from colleagues and supervisors was most helpful in recovery. However, three residents reported minimal training on surviving patient suicide prior to grand rounds.

Conclusion:

The suggested protocol aims to provide strong support, reducing feelings of failure and promoting continued work with high-risk populations. Enhanced education and case reviews benefit even those whose patients had unsuccessful suicide attempts. Effective interventions are essential for addressing resident burnout and fostering personal and professional growth in future psychiatrists. By implementing these measures, residency programs can better prepare trainees to handle the emotional impact of patient suicide and ensure their well-being and professional development.

Title: Perception of Undergraduate Students Regarding Medical Ethics at Khyber Medical College, Peshawar

Authors: Zefaf Ali Shah, Aziza Alam, Muhammad Sufyan Darwesh

Affiliation: Khyber Medical College, Peshawar, Pakistan

INTRODUCTION:

Ethics is defined as the science of ideal human character or moral obligation. Bioethics is a practical discipline that provides a structured approach for identifying, analyzing, and resolving ethical issues in clinical medicine. In 1993, Mitchell proposed the idea of teaching medical ethics as a mandatory part of clinical cases. PMDC approved a draft in August 2002 regarding the teaching of medical ethics at all levels, but practical steps have not been taken since. Many studies highlight the significance of including medical ethics in curricula. In Pakistan, healthcare providers, including students, doctors, and nurses, have limited knowledge of medical ethics.

OBJECTIVE:

To assess the perception of undergraduate medical students regarding medical ethics.

MATERIALS AND METHODS:

A descriptive cross-sectional study was conducted at Khyber Medical College, where data were collected from 223 medical students through convenient sampling using an online questionnaire. Data were analyzed using SPSS v22.0.

RESULTS:

The study included 223 medical students, with a gender distribution of 40.8% males and 59.2% females. Among the participants, 26.9% were 1st-year, 26.5% 2nd-year, 18.8% 3rd-year, 25.6% 4th-year, and 2.2% 5th-year medical students. A total of 65% of participants believed that doctors must have knowledge of medical ethics and should implement it, while 33.6% considered it important, and only 1.3% considered it marginally important. The majority of students received medical ethics knowledge from lectures/seminars, while 8.5% obtained it from online sources, 4.9% from media, and 2.7% from medical journals. A total of 64.1% knew about the medical ethics committee in their college, and 69.5% were aware of all four basic principles of medical ethics.

CONCLUSION:

Most medical students possess a reasonable understanding of medical ethics. However, it should be emphasized that medical ethics must be practically implemented during training to ensure that, when they become doctors, they can effectively handle moral dilemmas.

Title: Comparative Efficacy of Mavacamten versus Aficamten in Hypertrophic Cardiomyopathy: A Systematic Review and Network Meta-Analysis

Authors: Ayesha Aman¹, Bisma Akram¹, Arfa Akram¹, Momina Maham¹, Eisha Tariq¹, Aimen Hassan¹, Masooma Zainab Bokhari¹, Aleena Akram², Sania Akram¹, Malik Waleed Zeb Khan³

Affiliation:

¹King Edward Medical University, Lahore, Pakistan

²Shalamar Medical and Dental College, Lahore, Pakistan

³Yale School of Medicine, New Haven, USA

Background: Sarcomere-targeted treatments improve functionality in individuals with Hypertrophic cardiomyopathy (HCM), which can be fatal with significant morbidity, by lowering LVOT gradients.

Methods: From the inception to October 2024, the Cochrane Central Register of Controlled Trials (CENTRAL), PubMed, and ClinicalTrials.gov were the electronic databases that were searched. A frequentist framework was employed using R software for statistical analyses, and the random-effects model was used to pool study-specific effect sizes (mean difference and risk ratios).

Results: Six RCTs were included in our meta-analysis. With a mean age \pm SD of up to 59.8 ± 14.2 years in intervention against 60.9 ± 10.5 years in placebo, 826 individuals with hypertrophic cardiomyopathy were included; 443 of them received cardiac myosin inhibitor, while 383 received a placebo. When compared to Mavacamten through an indirect comparison, Aficamten (MD = 14.74, 95% CI [3.02; 26.47]) significantly altered the resting LVOT gradient, however Mavacamten ranked higher (P-score = 0.9966) than that of Aficamten (P-score = 0.5034) in decreasing resting LVOT gradient. Aficamten significantly reduced LVEF in contrast to Mavacamten (MD = -5.59, 95% CI [-10.43; -0.75]). According to the P-score ranking, Mavacamten (0.5053) was superior to Aficamten (0.0059), while placebo (0.9887) ranked the highest when decrease in LVEF was considered undesirable. For NYHA class improvement, there was no statistically significant difference between the two groups (MD = -0.37, 95% CI [-1.79; 1.06]). But P-score ranked Mavacamten (0.8466) higher than Aficamten (0.6533).

Conclusion: Mavacamten ranked superior to Aficamten as a treatment option in decreasing LVOT gradient, decreasing LVEF and NYHA class improvement when compared indirectly for HCM management. However, due to larger body of clinical evidence supporting Mavacamten, it has a clear advantage in terms of reliability, safety, and efficacy. Therefore, more direct trials comparing the two drugs would be required to confirm if one is better than the other.

Title: Efficacy of Berberis Vulgaris and Integerrima on Glycemic Indices and Weight Profile in Type 2 Diabetic Patients: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

Authors:

Hassan UI Hussain, MBBS¹; Eman Ali, MBBS¹; Areesha Tanveer, MBBS¹; Syed Muhammad Ismail, MBBS¹; Humam Furqan, MBBS¹; Humaira Teli, MBBS²; Muhammad Nadeem Ahsan, MBBS, FCPS¹; Sadia Iqbal, MBBS, FCPS¹; Muhammad Sohaib Asghar, MBBS, MD^{3,4}

Affiliations:

¹Dow University of Health Sciences, Karachi, Pakistan

²Karachi Metropolitan University, Karachi, Pakistan

³Mayo Clinic, Rochester, MN, USA

⁴AdventHealth Sebring, FL, USA

Introduction

Berberis vulgaris (BV) and Berberis integerrima (BI) regulate glucose levels with minimal adverse effects. In this systematic review and meta-analysis, we evaluate the effects of BV and BI on glycemic indices, weight, and body mass index (BMI) against metformin/placebo.

Methods: Four electronic databases were searched till 24th September 2023. Eligibility criteria used were: (a) T2DM patients; (b) BV/BI therapy as intervention; (c) control group of placebo or metformin; (d) outcomes including fasting blood glucose (FBG) levels, glycated hemoglobin (HbA1c%), Homeostatic Model Assessment for Insulin Resistance (HOMA-IR), fasting serum insulin (FSI), 2-hour postprandial glucose (2hPPG), fructosamine, weight, and BMI; (e) randomized controlled trials (RCTs). Data was pooled using a random-effects analysis model on Review Manager. Inverse variance statistical method was applied using weighted mean differences (WMDs) as the effect measure with 95% confidence interval (CI). The Cochrane Risk of Bias Tool evaluated the risk of bias. Higgin's I² test employed to assess heterogeneity. P-value < 0.05 was considered significant.

Results: Nine RCTs comprising 547 patients were included. Significant reduction was noted with berberis therapy in FBG (WMD: -14.52; 95% CI = -22.97, -6.07; P = 0.0008); HbA1c % (WMD: -0.30; 95% CI = -0.53, -0.07; P = 0.01); HOMA-IR (WMD: -0.97; 95% CI = -1.56, 0.37; P = 0.001). No statistically significant differences were observed between the two groups in 2hPPG (WMD: 6.52; 95% CI = -21.57, 34.61; P = 0.65); FSI (WMD: -0.79; 95% CI = -1.80, 0.22; P = 0.13); Fructosamine (WMD: -12.57; 95% CI = -40.74, 15.60; P = 0.38); Weight (WMD: -1.89; 95% CI = -4.55, 0.76; P = 0.16) and BMI (WMD: -0.12; 95% CI = -0.90, 0.65; P = 0.76).

Conclusion: Our paper showed significantly reduced FBG and improved insulin levels, but limited effects were observed in other glycemic indexes. More extensive RCTs are required globally to achieve a holistic comprehension of the connection between berberis and T2DM.



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Abstracts for Poster Competition

Title: Laparoscopic Assisted versus Ultrasound Guided Transversus Abdominis Plane Block for Laparoscopic Cholecystectomy: A Systematic Review and Meta-Analysis

Authors:

Sundus Abdul Ghani, MBBS¹ Hassan Ul Hussain, MBBS¹; Maryam Abdul Wahid, MBBS¹; Neha Majeed, MBBS¹; Sheeba Burney, MBBS¹; Areesha Tanveer, MBBS¹; Humera Teli, MBBS²; Muhammad Sohaib Asghar, MBBS, MD^{3,4}

Affiliations:

¹ Dow University of Health Sciences, Karachi, Pakistan

² Karachi Metropolitan University, Karachi, Pakistan

³ Mayo Clinic, Rochester, MN, USA

⁴ AdventHealth Sebring, FL, USA

Background

Laparoscopic-assisted (LTAP) and ultrasound-guided (UTAP) transversus abdominis plane (TAP) blocks are widely used for postoperative analgesia in laparoscopic cholecystectomy (LC), yet their comparative effectiveness remains unclear. In this meta-analysis, we compared postoperative outcomes of LTAP and UTAP for LC.

Methods: Following PRISMA guidelines, five electronic databases were searched till 2 June 2024. Eligibility criteria: (a) randomized controlled trials (RCTs); (b) adult patients (≥ 18 years) undergoing elective LC; (c) intervention group: LTAP; (d) control group: UTAP. Risk of bias was assessed using Cochrane Risk of Bias Tool, and statistical analysis performed using Review Manager, applying random-effects model. Forest plots depicted combined effects of Risk Ratios (RRs) for dichotomous outcomes and weighted mean differences (WMDs) for continuous outcomes with a 95% confidence interval (CI). P -value < 0.05 was considered statistically significant and Higgins' I^2 test employed to assess heterogeneity.

Results: Seven RCTs (603 patients) were analyzed. No statistically significant differences observed between the two groups in postoperative pain intensity at 6, 12, and 24 h, time to first analgesic need, postoperative morphine consumption, PONV, time to first stools, and time to first flatus, initially. Sensitivity analysis revealed a significant reduction in 6-hour postoperative pain in LTAP group (WMD = 0.39; 95% CI = 0.10, 0.67; $P = 0.008$; $I^2 = 0\%$), but no significant differences were found in later time points (12 h: WMD = 0.12; 95% CI = -0.17, 0.40; $P = 0.42$; $I^2 = 0\%$; 24 h: WMD = -0.04; 95% CI = -0.26, 0.18; $P = 0.73$; $I^2 = 5\%$). Moderate levels of heterogeneity and overall low risk of bias in quality assessment were observed among studies.

Conclusion: Our meta-analysis indicated no clear advantage of LTAP over UTAP for LC, although LTAP might be beneficial in reducing resources equipment. Large-scale RCTs involving procedure-specific outcomes can help establish definitive conclusions.

Title: Crowd-Sourced Collaborative Creation of Healthcare Awareness Modules for Pakistan Project 1 - Human Immunodeficiency Virus (HIV), Updated: Feb 12th, 2025

Authors: Caterina Dong, BA¹; Alishba Jawwad, MA²; Wajiha Haq, PhD²; Hammad Ali, MBBS, PhD¹; Zafar Mahmood, PhD²; Fizza S Gillani, PhD¹

Affiliations:

¹ Alpert Medical School of Brown University, Providence RI, USA

² National University of Sciences and Technology (NUST), Islamabad, Pakistan

Background: HIV incidence in Pakistan has increased significantly since 2010 due to stigma and lack of education surrounding HIV disease. To bridge this gap, a collaborative project between Emerging Infectious Diseases and HIV Scholars program at Brown and Pakistan's National University of Sciences and Technology (NUST) was initiated. This is the first in a series of projects aiming to increase education and awareness about different healthcare issues among students in non-healthcare sector.

Objectives: Foster cross-university collaboration and knowledge sharing among students from diverse academic backgrounds; Increase HIV disease awareness among students in Pakistan; Disseminate the HIV modules to empower the communities with disease knowledge.

Methods: Brown team developed HIV educational module with the NUST team to ensure cultural appropriateness; The NUST team created the assessment data collection tool, conducted a sample size calculation, and determined a target sample size of 305 participants using Cochrane stratified random sampling with 95% precision; presented the HIV module to randomly selected classrooms; and collected the assessment data.

Results: Total respondents assessing the HIV module were 305, 177 (58%) females and 128 (42%) males. A total of 270 (89%) respondents agreed that the module accurately taught them about HIV. 252 (83%) participants recommended disseminating the module through awareness campaigns, 236 (77%) suggested using media clips, and 160 (52%) favored Seminars. All 305 (100%) participants recommended translating the module into local languages, with 280 (93%) selecting Urdu as the preferred language.

Conclusions: This project successfully delivered an HIV educational module, leveraging crowd-sourced techniques to educate NUST students. Collaborative learning experiences were well-received, and the module was accepted as meeting the unique cultural and healthcare needs of the student community in Pakistan. Future efforts should expand by disseminating the HIV module through various channels and translating it into local languages to reach a broader audience.

Title: A Systematic Review and Meta-Analysis of Treatment Options for Chronic Limb Threatening Ischemia: A Direct Assessment

Authors: Danish Hassan¹, Wajeeh Ahmed Khan¹, Muhammad Abdullah Naveed¹, Muhammad Kashan¹, Muhammad Nabeel Saddique², Jaffer Hussain², Syed Husain Farhan¹, Adel H. Khan³

Affiliation:

¹Dow University of Health Sciences, Karachi, Pakistan

²King Edward Medical University, Lahore, Pakistan

³Center for Critical Care, Houston Methodist Hospital, Houston, TX, USA

Introduction: Chronic Limb Threatening Ischemia (CLTI) is a progressive form of Peripheral Artery Disease (PAD) that poses a significant risk of limb amputation and mortality. Treatment options include bypass surgery and endovascular therapy, both of which come with their own risks. Our study aims to compare outcomes of these interventions, offering insights for informed decision-making in managing chronic limb-threatening ischemia.

Methods: This meta-analysis included adult patients and utilized data exclusively from English language Randomized Controlled Trials searched from PubMed and Cochrane databases from database inception to July 12, 2023. The reporting bias was assessed using RoB 2.0 software by the Cochrane Collaboration.

Results: A total of 8 studies, comprising 4,399 patients, were included in this review. The primary outcomes focused on wound infection and myocardial infarction in Chronic Limb-threatening Ischemia (CLTI) patients undergoing either Bypass Surgery ($n=2,155$) or Endovascular Therapy ($n=2,244$). Secondary outcomes were restenosis and hematoma. A total of 386 (17.9%) complications were reported among patients receiving bypass surgery and 328 (14.6%) complications among patients receiving endovascular therapy. Patients undergoing endovascular surgery reported a significantly lower rate of wound infections (11.2%) in comparison to patients undergoing bypass surgery (18%).

Conclusion: There is a reduced risk of complications in patients undergoing endovascular therapy for chronic limb threatening ischemia (CLTI) as compared to those undergoing bypass surgery. Endovascular therapy significantly reduces wound infection risk compared to bypass surgery. Evidence on myocardial infarction, restenosis, and hematoma lacks significant differences. Sensitivity analyses suggest further investigation is needed, emphasizing the importance of larger, well-designed studies with longer follow-ups.

Title: Evaluating the frequency of antimicrobial consumption in a PICU of tertiary care hospital in Karachi

Authors: Rubab Naz¹, Hanif Kamal¹, Muhammad Khalid², Safa Alam¹, Anwarul Haque²

Affiliations:

¹Departments of Pediatric and Child Health, Liaquat National Hospital and Medical College, Karachi, Sindh, Pakistan

²Departments of Pediatric and Child Health, Sindh Institute of Child Health & Neonatology, Karachi, Sindh, Pakistan

Abstract:

Background:

Antibiotics have revolutionized medicine; however, increasing antimicrobial resistance (AMR) threatens their efficacy, particularly in Pediatric Intensive Care Units (PICUs). This study aims to analyze antibiotic utilization trends in a PICU at a tertiary care hospital in Pakistan to guide better antibiotic stewardship practices.

Methods:

A prospective study was conducted at the PICU of a tertiary care hospital in Pakistan between January 2023 and June 2024. Critically ill children aged 1 month to 15 years who received antibiotics during their PICU stay were included. Exclusions were children discharged before 72 hours, immunocompromised, or those receiving only anti-virals or antifungals. Antibiotics were categorized as empirical, therapeutic, or prophylactic. The fate of empirical antibiotics was further classified as "failed to stop," "stopped," "changed," or "continued as therapeutics" after 72 hours.

Results:

Of the 266 children admitted, the median age was 18 months, with respiratory illnesses being the primary cause of admission. Antibiotics were administered to 96.99% of patients, with empirical use in 89.1%, prophylactic in 10.1%, and therapeutic in 0.8%. On the first day, 59.3% of patients received a single antibiotic, most commonly ceftriaxone (34.1%). Combination therapy was used in 39.1% of cases, with meropenem and vancomycin being the most frequent combination (14.7%). After 72 hours, initial empirical antibiotic were failed to stop in 63% of cases, changed in 15.6%, stopped in 16.2%, and continued as therapeutic in 5.2%. The median antibiotic duration was 5 days (IQR: 4-8 days). Hospital-acquired infections occurred in 5.8% of cases, while the overall mortality rate was 6.6%, with a median hospital stay of 4 days (IQR: 3-6 days).

Conclusion:

The high rate of empirical antibiotic use and limited therapy reassessment highlight the need for enhanced strategies to improve antibiotic stewardship in the PICU to reduce unnecessary antibiotic use, optimize patient outcomes, and combat antimicrobial resistance.



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Abstracts for Poster Competition

Title: Incidence of excess oxygen use in critically ill children and its impact on clinical outcomes: A single center, retrospective study from Pakistan

Authors: Rubab Naz, Sahira Ahmed, Muhammad Irfan, Safa Alam, Anwarul Haque

Affiliations:

Departments of Pediatric and Child Health and Statistics, Liaquat National Hospital and Medical College, Karachi, Sindh, Pakistan

Background:

Oxygen therapy is crucial yet costly, with limited research on hyperoxemia in children, often relying on invasive PaO₂ measurements. This study aims to assess the prevalence of excessive oxygen use in critically ill children using noninvasive SpO₂ as a substitute for invasive arterial blood gases and explores its association to morbidity and mortality outcomes.

Methods:

We conducted a retrospective study at the pediatric intensive care unit (PICU) of a tertiary care hospital in Pakistan between January 2022 and July 2023. Critically ill children between the age of 1 month and 15 years receiving oxygen therapy through high-flow nasal cannula (HFNC) or mechanical ventilation (MV) for over 24 h were studied. "Cumulative excess oxygen exposure (CEOE)" was quantified as the mean hourly FiO₂ exceeding 0.21, while SpO₂ was ≥95% during the first 24 h of ventilation and categorized into quartiles.

Results:

Of the 191 children, 126 (66%) were ventilated using MV, while 65 (34%) received HFNC. Common diagnoses included respiratory illnesses (48.2%), neurological disorders (18.3%), sepsis (12%), and surgical cases (10.5%). The median CEOE was 32.46 (interquartile range = 21.08–42.75). 50.3% were in higher CEOE quartiles (>32.46). No statistically significant differences were observed in multiorgan dysfunction syndrome (MODS) and mortality rates between the lower quartiles (first and second) and the higher quartiles (third and fourth).

Conclusion:

Fifty percent of the critically ill children were exposed to excess oxygen. There was no significant difference in the incidence of MODS and mortality across the lower and higher quartiles of CEOE.

These findings highlight the need for further research on oxygen utilization and Oxygen stewardship in pediatric critical care to optimize both patient outcomes and resource utilization.

Title: Discharge before Noon: A Tool for Improving Patient Discharge

Authors: Rubab Naz, Haider Abbas, Anwarul Haque, Asma Noreen, Mohammad Irfan Zafar

Affiliations:

Departments of Pediatric and Child Health and Statistics, Liaquat National Hospital and Medical College, Karachi, Sindh, Pakistan

Background:

Delayed discharge (DD) from hospitals disrupts patient care, increases healthcare costs, and causes dissatisfaction. It leads to bed shortages, delays elective surgeries, and heightens the risk of hospital-acquired complications. This study evaluated the impact of a multidisciplinary "Discharge by Noon" (DBN) initiative in the pediatric ward of Liaquat National Hospital and Medical College (LNHMC).

Methods:

A quasi-experimental (pre- and post-intervention) study was conducted from January 2020 to December 2021 in a 36-bed pediatric inpatient unit. Children aged 1 month to 15 years admitted to the pediatric ward were included, excluding those discharged from intensive care units, surgical wards, or with unplanned discharges, transferred out or left against medical advice (LAMA).

Intervention: A multidisciplinary team of physicians, nurses, and coordinators implemented the DBN policy through structured discharge planning and repeated training, starting one day before discharge.

"Discharge by Noon" (DBN) is defined as when a child physically departed the ward before 1259 hours. The primary outcome was the proportion of children discharged before 1300 hours.

Results:

The study included 150 patients' pre-intervention and 156 post-intervention. The median discharge summary time decreased from 12.53 hours (IQR 11.07–14.30) to 12.00 hours (IQR 11.00–14.30), and the median discharge time improved from 19.00 hours (IQR 17.00–20.00) to 16.00 hours (IQR 14.00–17.00). The proportion of patients discharged by noon increased from 2.2% to 8.55% ($p < 0.001$; OR 8.47, 95% CI 2.48–28.86). There was no significant difference in demographic and clinical variables between two groups.

Conclusion:

Implementing the DBN policy significantly improved discharge efficiency. These findings emphasize the value of multidisciplinary teamwork and structured discharge planning in enhancing patient flow, satisfaction, and resource use. Further research should explore its long-term impact and broader application in other healthcare settings.

Title: Acquired Annular Sub-Valvular Aneurysm complicated by a Fistulous Tract

Authors: Ali Hyder Nazeer¹, Iman Farooqui¹, Rizwan Ali Mohammad², Brion Winston²

Affiliations:

¹ Aga Khan University Medical College, Karachi, Pakistan

² Department of Cardiology, Capital Cardiology Associates, Albany Medical Center, NY, USA

Background:

Left ventricular subvalvular aneurysms (SVA) are rare cardiac anomalies, primarily reported in patients of African descent. They are often classified as subaortic or submitral aneurysms, with the latter being more common. The etiology is speculated to be congenital, though recent cases in non-African patients challenge this notion. We present a case of a Caucasian woman with a submitral aneurysm complicated by an intracardiac fistula.

Case Summary:

A 60-year-old woman with hypertrophic cardiomyopathy (HCM) and rheumatoid arthritis (RA) presented with progressive dyspnea, palpitations, and chest pressure over six months. A prior cardiac MRI showed only ventricular septal hypertrophy. Transthoracic echocardiography (TTE) revealed severe mitral regurgitation and left ventricular hypertrophy. Right heart catheterization showed elevated right-sided pressures (RA: 22 mmHg, RV: 80/4 mmHg, PA mean: 51 mmHg), while left heart catheterization demonstrated normal coronary arteries. Transesophageal echocardiography (TEE) identified an abnormal left atrium-left ventricle (LA-LV) connection, later confirmed as a submitral pseudoaneurysm. Cardiac MRI revealed a 4.5 × 3.5 × 3.0 cm blood-filled cavity in the left AV groove with fistulous connections to the LA and LV. The patient underwent septal myectomy, mitral valve repair with a 29-mm prosthetic valve, and closure of the LA-LV fistula and pseudoaneurysm with a bovine pericardium patch. She recovered well but had residual pulmonary hypertension and right ventricular dysfunction.

Conclusion:

This case highlights the diagnostic challenges of SVA in non-African patients. Advanced imaging played a crucial role in diagnosis and surgical planning. Further research is needed to explore links between SVA, HCM, and autoimmune conditions.

Title: Early Childhood Anesthesia Exposure and ADHD Development: A TriNetX Retrospective Cohort Study

Authors: Zara Nadir BS1, Dawood Nasir MD2

Affiliations:

¹Texas A&M Health Science Center School of Medicine, Dallas, TX, U.S.A.

²University of Texas Southwestern Medical Center, Dallas, TX, U.S.A.

Introduction:

ADHD is a common neurodevelopmental disorder with multifactorial causes. Concerns exist regarding the neurocognitive effects of early anesthesia exposure. This study examines the association between anesthesia exposure in children (ages 0-5) and subsequent ADHD diagnosis and stimulant prescriptions.

Methods:

This retrospective cohort study was conducted using TriNetX. Patients who underwent general anesthesia (ages 0-5) were identified and divided into two cohorts: single-exposure ($n=285,375$) and multiple-exposure (≥ 2) ($n=355,141$). The primary outcomes were ADHD diagnosis and stimulant prescriptions. Propensity score matching was performed to balance baseline characteristics. Logistic regression was used to evaluate the association between anesthesia exposure and both outcomes. Odds ratios with 95% confidence intervals (CI) were calculated to assess the strength of associations. Kaplan-Meier analysis was performed to compare time to ADHD diagnosis between the two cohorts. A significance level of $p < 0.05$ was used for statistical analysis.

Results:

These cohorts were then matched 1:1 based on age, race, sex, family history of mental illness, and prematurity. ADHD diagnosis was observed in 1.74% of the multiple-exposure group ($n=254,443$) compared to 1.49% in the single-exposure group ($n=254,443$) (OR 1.158, 95% CI: 1.108–1.210, $p < 0.0001$). Stimulant prescriptions were recorded in 1.40% of the multiple-exposure group compared to 1.05% in the single-exposure group (OR 1.341, 95% CI 1.275–1.411, $p < 0.0001$). There was no significant difference in time to ADHD diagnosis between the two cohorts ($p = 0.3696$).

Discussion:

This study demonstrates an association between multiple childhood anesthesia exposures and an increased likelihood of ADHD diagnosis and stimulant prescription use. While the results do not establish a direct causal relationship, it suggests that children exposed to anesthesia multiple times may experience cognitive or behavioral changes that may require pharmacologic intervention. These findings underscore the importance of risk-benefit discussions when considering procedures requiring anesthesia in children.



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Abstracts for Poster Competition

Title: Empagliflozin: Unlocking New Potentials in Heart Failure Decongestion

Authors: Dr Kamran Aslam, Dr Fahad Raja Khan

Affiliations:

Peshawar Institute of Cardiology, Peshawar, Pakistan

Background: Managing acute heart failure (AHF) remains a formidable challenge in cardiology, primarily due to the limitations of conventional decongestive therapies. This study explores the efficacy of Empagliflozin, a sodium-glucose cotransporter 2 (SGLT2) inhibitor, in decongestion management for AHF.

Methods:

Conducted in a tertiary care setting, this prospective cohort study involved 450 patients, divided equally into an Empagliflozin group and a control group receiving standard care. The study assessed changes in body weight, clinical congestion scores, hematocrit levels, and NT-proBNP levels as primary outcomes over a period of 90 days. Safety and adverse events related to Empagliflozin were also monitored.

Results: Empagliflozin led to a significant reduction in body weight (mean difference at Day 15: -1.95 kg, $P < 0.0001$), and clinical congestion scores (mean difference at Day 15: -0.35, $P = 0.0050$). Hematocrit levels increased significantly (mean increase at Day 15: 1.65%, $P < 0.0001$), and NT-proBNP levels showed a more substantial decrease in the Empagliflozin group compared to the placebo. Safety profiles were consistent with previous studies, showing no significant increase in adverse events.

Conclusion:

Empagliflozin demonstrates a substantial improvement in decongestion management in AHF patients, offering a promising alternative to traditional therapies. The findings indicate potential broader applications in heart failure management and support the need for updated clinical guidelines incorporating Empagliflozin as a therapeutic option in AHF.

Keywords: Acute Heart Failure, Empagliflozin, SGLT2 Inhibitors, Decongestion, Cardiology, Heart Failure Management.

Title: Comparative Outcomes of Roux-en-Y Gastric Bypass and One-Anastomosis Gastric Bypass: A Systematic Review and Meta-Analysis

Authors: Saad Masood, Ayra Maqbool, Sameer Almas, Areej Iftikhar, Izza Shakeel, Shah Nabo Batool, Sophia Ahmed, Talha Bin Khalid, Laraib Anmol, Manal Saqib, Yameena Nadeem, Mariam Mansoor, Maryam Ijaz, Urba Jalal, Abdur Rehman Khalid.

Affiliations:

Allama Iqbal Medical College, Lahore, Pakistan

Background: Obesity affects over 2.5 billion adults worldwide and is linked to multiple comorbidities. Bariatric surgery is the most effective treatment for obesity, with Roux-en-Y gastric bypass (RYGB) and One-Anastomosis Gastric Bypass (OAGB) being the most commonly performed procedures. This systematic review and meta-analysis compare the efficacy and safety of RYGB and OAGB regarding weight loss, comorbidity remission, and postoperative complications.

Methods:

We conducted a comprehensive literature search following PRISMA guidelines. We searched MEDLINE, Google Scholar, and Cochrane databases for relevant studies up to June 2024, and included randomized controlled trials and cohort studies comparing RYGB and OAGB. Primary outcomes included percentage of excess weight loss (%EWL), total weight loss (%TWL), and comorbidity remission. Secondary outcomes included postoperative BMI, complication rates, hospital stay duration, and operative time. Statistical analyses were performed using a random-effects model and statistical significance was defined by a P value of < 0.05 .

Results:

39 studies with 13,870 patients (OAGB: 8417; RYGB: 5453) were analyzed. OAGB demonstrated significantly higher %EWL and %TWL across all time points, with the most significant difference observed at 5 years (%EWL: MD = 10.4, $p < 0.00001$; %TWL: MD = 5.64, $p < 0.0001$). Diabetes remission at 2 years was significantly higher for OAGB (RR = 1.08, $p = 0.02$), while hypertension and dyslipidemia remission showed no significant differences. OAGB had higher incidence of gastroesophageal reflux but there were no significant differences in postoperative complications, hospital stay duration, or BMI reduction after 12 months.

Conclusion:

OAGB is associated with more body weight loss compared to RYGB, with comparable complication rates. However, its higher incidence of bile reflux necessitates careful patient selection. Future research should focus on long-term metabolic outcomes and nutritional deficiencies.

Keywords: Meta-analysis; Obesity; One anastomosis gastric bypass; Roux-en-Y gastric bypass.

Title: Pyridoxine-dependent early onset seizures associated with ALDH7A1 and PNPO mutation – A case series

Authors: Ali Hyder Nazeer¹; Durray Shahwar A. Khan²; Prem Chand²

Affiliation:

¹Aga Khan Medical College, Aga Khan University Hospital, Karachi, Pakistan

²Department of Pediatric and Child Health, Aga Khan University Hospital, Karachi, Pakistan

Background:

Pyridoxine-dependent epilepsy (PDE) is a rare autosomal recessive disorder caused by pathogenic variants in genes involved in vitamin B6 metabolism, primarily ALDH7A1 and PNPO. It presents as intractable neonatal seizures unresponsive to conventional antiepileptic drugs but improves with pyridoxine supplementation. Early recognition and treatment are crucial for optimal outcomes, as untreated cases can lead to severe neurodevelopmental impairment.

Case Series:

We present three cases of neonatal-onset PDE caused by mutations in ALDH7A1 and PNPO.

Case 1: A male infant, born to consanguineous parents, developed seizures on day 7 of life lasting 35–40 minutes. Despite multiple anticonvulsants, seizures recurred every 15–20 days. At five months, he presented with status epilepticus requiring hospitalization. Genetic testing confirmed an ALDH7A1 mutation, and pyridoxine supplementation (100 mg/day) led to seizure control. However, developmental milestones remained delayed, necessitating ongoing physical and occupational therapy.

Case 2: A female infant had seizures within 30 minutes of birth, requiring NICU admission. Despite treatment with clonazepam, topiramate, phenobarbital, and levetiracetam, daily seizures persisted. Genetic testing identified a PNPO mutation. Pyridoxal-5-phosphate (PLP) supplementation significantly reduced seizure frequency, leading to improved social and motor development. By age four, she was seizure-free and ready for school.

Case 3: A 9-month-old girl, born at 38 weeks to consanguineous parents, developed respiratory distress and seizures within hours of birth. Metabolic acidosis and elevated lactate levels complicated her presentation. Genetic testing revealed an ALDH7A1 mutation. Pyridoxine supplementation (30 mg/kg/day) resolved seizures, though mild motor delays persisted.

Conclusion:

Title: Safety and efficacy of oral immunotherapy for peanut allergy

Authors:

Muhammad Waaz¹, Rimsha Adnan¹, Shiza Abid², Waniya Badar Khan³, Jamal Nasir Karim³, Muhammad Saad Khurshid¹, Syeda Laiba Fahim¹, Eman Javed¹, Verkha Kumari⁴, Qurat Ul Ain Muhammad⁵

Affiliations:

¹Dow Medical College, Karachi, Pakistan

²Ayub Medical College, Abbottabad, Pakistan

³Dow International Medical College, Karachi, Pakistan

⁴Liaquat National Hospital and Medical College, Karachi, Pakistan

⁵Rawalpindi Medical University, Rawalpindi, Pakistan

Background: Food allergy, particularly peanut allergy, is a significant and growing health concern, especially in high-income countries. Affecting 2% of children and 1% of adults, peanut allergy is a chronic condition that severely impacts quality of life. The standard treatment remains allergen avoidance, though oral immunotherapy (OIT) has emerged as a potential strategy for desensitization. This systematic review and meta-analysis aim to update the findings of a 2019 Cochrane review by evaluating the efficacy and safety of peanut oral immunotherapy (POIT) based on randomized controlled trials (RCTs).

Methods: A systematic review and meta-analyses were conducted following PRISMA guidelines. Eligible studies included double-blind RCTs evaluating POIT versus placebo or avoidance. Databases such as PubMed, Google Scholar, Cochrane-Controlled Register of Trials, and ClinicalTrials.gov were searched. Risk of bias was assessed using the Cochrane Risk of Bias tool (ROB2), and statistical analysis was performed using the RevMan software.

Results: A total of 20 studies with 2,161 participants (median age: 8.6 years) were included. POIT demonstrated a significant increase in desensitization rates (RR=7.25, 95% CI: 2.66–19.79, $P = 0.0001$). However, POIT was also associated with increased risks of anaphylaxis (RR=2.27, 95% CI: 1.48–3.47, $P = 0.0002$) and epinephrine use (RR=2.05, 95% CI: 1.35–3.12, $P = 0.0008$). Adverse effects such as gastrointestinal symptoms, respiratory events, and skin abnormalities were more frequent in the POIT group, leading to a higher treatment discontinuation rate (RR=2.50, 95% CI: 1.20–5.21, $P = 0.01$).

Conclusion: POIT is effective in inducing desensitization in peanut-allergic individuals but carries significant risks, including an increased likelihood of anaphylaxis and adverse events. These findings reinforce previous meta-analyses and highlight the need for individualized risk-benefit assessments in clinical practice. Further research is required to optimize treatment protocols and improve patient safety.



**WAINUA**[®]
(eplontersen) 45 mg
injection for subcutaneous use

AstraZeneca  **IONIS**

WAINUA is a registered trademark of the AstraZeneca group of companies.
©2025 AstraZeneca. All rights reserved. US-91280 3/25

Our goal is to help you pursue yours.
It's that simple.

At Merrill, we'll help you get ready for the future with a financial approach
that's designed for you.



**Lister McDonald Wealth Management
Group**

Jeff McDonald, CPFA[®]

Vice President
Senior Financial Advisor
Portfolio Advisor

405.270.1886
Jeff.McDonald@ml.com

Merrill Lynch Wealth Management

211 N Robinson Ave
Suite 1800
Oklahoma City, OK 73131

MERRILL 
A BANK OF AMERICA COMPANY

Merrill Lynch, Pierce, Fenner & Smith Incorporated (MLPF&S) is a registered broker-dealer, registered investment adviser, and Member SIPC. MLPF&S is a wholly owned subsidiary of Bank of America Corporation.

The Bull symbol and Merrill are trademarks of Bank of America Corporation. A Portfolio Advisor, in addition to providing traditional advice and guidance, can help clients pursue their investment objectives by recommending individual, or any combination of, Merrill or approved third-party investment managers' strategies, funds or portfolios.

© 2024 Bank of America Corporation. All rights reserved. | MAP6440491 | MLWM-244-AD | 470948PM-0524 | 05/2024



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Abstracts for Poster Competition

Title: Unusual Presentation of RTA with lytic bone lesions in a pediatric patient

Authors: Aamar H, Siddiqui JA, Hassan M, Abdi I, Bukhari A, & Ahmed A
Affiliations: Jinnah Sindh Medical University and National Institute of Child Health, Karachi, Pakistan

Background:

Renal tubular acidosis (RTA) is a disorder characterized by defective hydrogen ion excretion or bicarbonate reabsorption, leading to normal anion gap metabolic acidosis. Distal RTA (dRTA), the most common type, typically presents in infancy or early childhood with polyuria, nocturia, nephrocalcinosis, and failure to thrive. If left untreated, it can lead to severe complications, including growth retardation, bone deformities, and nephrocalcinosis. While early diagnosis and treatment with alkali therapy can prevent long-term complications, atypical presentations may delay recognition.

Case Presentation:

A 13-year-old girl from Sindh, Pakistan, presented with short stature, lower limb weakness, muscular pain, and urinary incontinence. She also had postprandial vomiting, polyuria, and polydipsia. Examination revealed frontal bossing, poor dentition, widened wrists, and restricted joint movements, suggestive of metabolic bone disease. Laboratory findings included metabolic acidosis (pH: 7.30, HCO₃: 12.7 mmol/L), hyperchloremia, hypokalemia, hypophosphatemia, and severe vitamin D deficiency (14.4 ng/mL). A high urine-to-blood CO₂ difference (54) suggested impaired distal nephron proton secretion, confirming dRTA. Imaging revealed bilateral nephrocalcinosis, osteolytic bone lesions, retarded bone age (8 years, 10 months), multiple fractures, and coxa vara deformity, initially raising suspicion of osteogenesis imperfecta or another metabolic bone disorder. However, biochemical and clinical findings supported the diagnosis of dRTA.

Initial management included IV fluids, catheterization, and antibiotics. Electrolyte imbalances were corrected with IV potassium chloride and bicarbonate infusions, and vitamin D supplementation was administered. The patient remained stable but experienced an episode of hypokalemic paralysis, with weakness extending to all limbs, requiring urgent potassium replacement.

Conclusion:

This case highlights an unusual presentation of dRTA in adolescence with osteolytic bone lesions and hypokalemic paralysis. dRTA should be considered in pediatric patients presenting with unexplained weakness, metabolic acidosis, and skeletal abnormalities. Early recognition and treatment can prevent complications, reduce costly investigations, and improve clinical outcomes.

Title: Acute ischemic stroke as a manifestation of Pancreatic adenocarcinoma

Authors: Sakshi Bai MD¹, FNU Varsha MD¹, FNU Sanjna², Akhil Rahman MD¹

Affiliation:

¹Henry Ford Jackson Hospital, Michigan, USA

²Ghulam Muhammad Mahar College, Sukkur, Pakistan

Background:

Pancreatic adenocarcinoma (PDAC) is an aggressive malignancy often diagnosed at an advanced stage due to nonspecific symptoms. While venous thromboembolism (VTE) is a well-recognized complication, ischemic stroke as the initial manifestation of pancreatic cancer is rare. Stroke in malignancy can result from hypercoagulability, nonbacterial thrombotic endocarditis (NBTE), or paradoxical embolism via a patent foramen ovale (PFO). Recognizing these mechanisms is critical for timely diagnosis and intervention.

Case Presentation:

A 62-year-old female with no significant past medical history presented with acute-onset word-finding difficulty. Her symptoms began five days prior with watery diarrhea and abdominal cramps, followed by progressive fatigue. On the day of admission, she developed expressive aphasia, prompting evaluation. MRI confirmed an acute ischemic stroke. A transthoracic echocardiogram revealed a large patent foramen ovale (PFO), and Doppler ultrasound detected a deep vein thrombosis (DVT), raising concern for paradoxical embolism as the stroke mechanism.

During hospitalization, the patient reported abdominal pain, leading to further imaging. A CT scan revealed a pancreatic mass with liver metastases, later confirmed on MRI. She underwent an endoscopic ultrasound-guided biopsy of the pancreatic lesion which showed pancreatic adenocarcinoma. She was referred to an oncologist for further management.

Conclusion:

This case highlights the association between pancreatic cancer and hypercoagulability, manifesting as paradoxical embolism in the setting of an undiagnosed malignancy. Stroke may be the initial presentation of an underlying malignancy, emphasizing the need for a thorough evaluation of thromboembolic events, particularly in patients with PFO and VTE.

Title: PRE-PROCEDURE CREATININE AS A PREDICTOR OF MORTALITY AMONG STEMI PATIENTS UNDERGOING PCI: AN OBSERVATIONAL STUDY FROM A TERTIARY CARE CENTER IN A LMIC

Authors: Ali Hyder¹, Priya Ashok Kumar¹, Shahnoor Ahmed¹, Abdul Hakeem²

Affiliations:

¹ Aga Khan University Medical College, Karachi, Pakistan

² National Institute of Cardiovascular Diseases, Karachi, Pakistan

Background: Primary percutaneous coronary intervention (PCI) is the preferred treatment for ST-elevation myocardial infarction (STEMI), but in-hospital mortality remains a concern, especially in patients with renal impairment. Pre-procedure creatinine (PreProcCreat) has been identified as a potential predictor of mortality, yet its role in risk stratification remains underexplored, particularly in lower-middle-income countries (LMICs).

Methods:

This retrospective observational study analyzed 3,189 STEMI patients who underwent PCI at a tertiary cardiac center in Pakistan from September 2022 to February 2023. PreProcCreat levels were evaluated as a predictor of in-hospital mortality using receiver operating characteristic (ROC) curve analysis and multivariate logistic regression. Other variables, including fluoroscopy time, contrast volume, door-to-balloon time, weight, and BMI, were also assessed.

Results:

In-hospital mortality was 5.87% (n = 191). PreProcCreat showed a significant association with mortality (AUC = 0.708, p < 0.0001), with a cutoff of 1 mg/dL providing 65.93% sensitivity and 69.56% specificity. Each 1-unit increase in creatinine was associated with a 2.54-fold increase in mortality risk. Fluoroscopy time (AUC = 0.572) and door-to-balloon time (AUC = 0.603) had moderate associations with mortality, while weight, BMI, and contrast volume demonstrated weaker correlations.

Conclusion:

PreProcCreat is a strong prognostic marker for mortality in STEMI patients undergoing PCI, with a 1 mg/dL threshold effectively distinguishing high- and low-risk groups. While other factors contribute to risk stratification, aggressive AMI treatment in renal-impaired patients may not always reduce mortality. Future research should develop multi-factor risk algorithms to improve patient outcomes.

Title: Frequency of Loss of Radial Pulse After Transradial Coronary Intervention

Authors: Nimra Javadi, MD; Muhammad Ahsan Asif, MD; Muhammad Ahmer Sohaib, MD; Haseeb Akram, MBBS; Azeem Khalid, MD

Affiliation: Department of Cardiology, Jinnah Hospital, Lahore, Pakistan

Background

Loss of radial pulse following transradial coronary intervention (TRI) is a known complication that can limit future radial artery access and preclude its use as an arterial conduit. This study aims to determine the frequency of radial pulse loss post-transradial coronary catheterization.

Methods

This descriptive case series was conducted at the Cardiology Department, Jinnah Hospital, Lahore, over six months (March 26, 2023 – September 26, 2023). 110 patients fulfilling the inclusion criteria were enrolled. Informed consent was obtained, and transradial coronary catheterization was performed under local anesthesia by a single cardiology team. Patients were monitored for 24 hours post-procedure for loss of radial pulse, and all were managed per guideline-directed medical therapy.

Results

Among 110 patients, the mean age was 59.32 ± 3.83 years, BMI 27.11 ± 4.02 kg/m², radial artery diameter 2.63 ± 0.16 mm, procedure duration 14.31 ± 10.99 min, and sheath dwell time 10.76 ± 2.52 hours. Males comprised 43.6% (n=48), while females constituted 56.4% (n=62). The overall frequency of radial pulse loss was 22.7% (n=25).

Conclusion

Loss of radial pulse is a common complication following transradial access. Ensuring radial artery patency should be an integral part of all transradial procedures to minimize this risk and preserve the radial artery for future use.



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Abstracts for Poster Competition

Title: Recurrent Papillary Thyroid Cancer with a Skin lesion in a 76-Year-Old Male Post-Total Thyroidectomy and Radioactive Iodine Ablation.

Authors:

Maham Khan, MBBS¹; Ali Bin Nasir, MBBS²; Ebube Anasiudu, MBBS³; Joy Adesina, MBChB (Hons.)⁴; Melvin Ifionu⁵

Affiliations:

¹Fatima Jinnah Medical University, Lahore, Pakistan

²Karachi Institute of Medical Sciences, Karachi, Pakistan

³University of Nigeria, Nsukka, Nigeria

⁴Obafemi Awolowo University, Ile-Ife, Nigeria

⁵Avalon University School of Medicine, Willemstad, Curacao

Introduction

Papillary thyroid carcinoma (PTC) is the most common thyroid cancer and generally has a favorable prognosis. However, recurrent disease can present significant clinical challenges. Cutaneous involvement of PTC is extremely rare, occurring in less than 1% of cases, and its presence in a benign skin tag is even more unusual. This report describes a 76-year-old male with recurrent PTC, who was found to have a carcinoma appearance in a skin tag on his neck. The case underscores the importance of evaluating skin lesions in patients with a history of thyroid cancer.

Case Presentation/Discussion

The patient was diagnosed with PTC in 1989 and underwent total thyroidectomy followed by radioactive iodine ablation. Despite long-term levothyroxine replacement therapy (250 mcg daily), he experienced multiple recurrences, requiring additional surgeries and further radioactive iodine treatment. Recent laboratory work showed a thyroglobulin tumor marker level of 0.2 ng/dL.

A biopsy of a skin tag on his neck revealed metastatic PTC. Further evaluation suggested that the involvement stemmed from a residual thyroid lobe left after thyroidectomy. This case highlights the need to consider PTC in the differential diagnosis of any cutaneous lesion in patients with a history of the disease. While PTC has been previously reported in the scalp, subcutaneous nodules, and anterior neck masses, its presence in a benign-appearing skin tag is exceptionally rare.

Given these findings, clinicians should maintain a high index of suspicion for new cutaneous lesions in PTC patients. A multidisciplinary approach, including biopsy and imaging, is essential for accurate diagnosis and management. Further research is necessary to better understand the cutaneous manifestations of thyroid cancer and improve early detection strategies.

Conclusion

A multidisciplinary approach is crucial for the timely diagnosis of PTC in skin lesions, emphasizing the need for careful evaluation of these lesions in thyroid cancer patients.

Title: Rare association of IgA-mediated autoimmune hemolytic anemia and rectal adenocarcinoma.

Authors: FNU Varsha MD¹, Sakshi Bai MD¹, FNU Hersha MD, Devin Malik MD

Affiliations:

¹Henry Ford Jackson Hospital, Michigan, USA

INTRODUCTION:

Autoimmune hemolytic anemia (AIHA) is a rare disease with an estimated incidence of 1-3 per 100,000/year. It is classified as warm or cold AIHA based on the autoantibody's isotype and thermal characteristics. Warm AIHA is associated with IgG and cold is associated with IgM. Direct anti-globulin test (DAT) with a sensitivity of 92-97% is used to diagnose AIHA. However, 1% to 10% of people diagnosed with AIHA have a negative DAT. Pure IgA-AIHA is a rare phenomenon and accounts for 0.03% to 4% of DAT-negative AIHA cases.

CASE PRESENTATION:

A 51-year-old male with no significant past medical history was found to have jaundice associated with splenomegaly, leukocytosis & thrombocytosis. Lab workup was remarkable for macrocytic anemia. Hemoglobin 8.7 g/dL, HCT 26.0%, hyperbilirubinemia 7.0 mg/dL, elevated LDH 807 IU/L, reticulocytosis 17.9%, and low haptoglobin <30 mg/dL. DAT & cold hemagglutinins are negative. Super Coombs test showed positive IgA, which confirms autoimmune hemolytic anemia. Serum Protein Electrophoresis (SPE) pattern, Hemoglobin Electrophoresis, Pyruvate kinase, G6PD, Hepatitis panel, Vitamin B12, folate, and iron profile are normal. The peripheral blood smear shows macro spherocytosis. CT CAP showed mediastinal LAD, likely due to lymphoid hyperplasia rather than lymphoma. Steroids were held off for lymph node biopsy to rule out lymphoma. However, further workup revealed underlying rectal adenocarcinoma, and his anemia resolved completely after the management of his cancer.

DISCUSSION:

IgA-mediated AIHA can be primary or secondary due to infections, malignancy, medications, and other autoimmune conditions. The pathophysiology includes FcαRI-mediated erythrophagocytosis, antibody-dependent cell-mediated cytotoxicity, NADPH oxidase activation, and cytokine release. Steroids are the first-line treatment, and the second line comprises rituximab, splenectomy, and immunosuppressive drugs. We presented a rare association between an IgA-mediated warm AIHA and underlying rectal adenocarcinoma.

Overall, it is crucial to rule out secondary causes while evaluating autoimmune hemolytic anemias.

Title: A Growing Threat: Quality Improvement Approaches to Mitigate Obesity-Related Ischemic Heart Disease

Author: Rabiah Aslam Ansari

Affiliation:

Allama Iqbal Medical College, Lahore, Pakistan

Background:

Obesity is a well-established risk factor for ischemic heart disease (IHD). However, the "obesity paradox" suggests that overweight and obese patients may experience lower short-term mortality following acute cardiovascular events compared to normal-weight individuals. This paradox complicates clinical risk stratification and challenges quality improvement (QI) efforts aimed at optimizing cardiovascular outcomes in obese patients.

Objective:

This study aims to evaluate obesity-related IHD outcomes and propose a structured QI approach for obesity-integrated cardiovascular care.

Methods:

A literature review was conducted to examine the relationship between body mass index (BMI) and outcomes in patients with IHD, including those undergoing acute myocardial infarction management, coronary revascularization, transcatheter edge-to-edge repair, and anticoagulation for atrial fibrillation. Studies evaluating the obesity paradox and its implications for QI interventions were analyzed.

Results:

Evidence indicates that morbid obesity (BMI ≥40 kg/m²) is associated with increased cardiovascular complications, including venous thromboembolism, heart failure, and arrhythmias. A J-shaped mortality curve is observed, with the highest mortality risk in underweight and morbidly obese patients. However, overweight and moderately obese patients consistently demonstrate lower in-hospital mortality after MI and coronary procedures compared to normal or underweight patients. The obesity paradox is evident across multiple cardiovascular conditions, including patients receiving oral anticoagulation for atrial fibrillation, but morbid obesity is linked to worse long-term survival. Underweight patients experience the highest mortality risk, highlighting the complex relationship between BMI and outcomes.

Conclusions:

Obesity presents distinct challenges in IHD management, necessitating targeted QI strategies. These include BMI-specific treatment protocols, enhanced cardiac rehabilitation programs tailored for obese patients, and structured lifestyle interventions. Incorporating obesity-focused risk assessment into clinical pathways may optimize outcomes. Public health policies promoting early detection and weight management can reduce IHD burden. Future research is needed to refine BMI-adjusted care models and address the long-term impact of obesity on cardiovascular health.

Title: Impact of Sleep on Quality of Life in Cystic Fibrosis (CF)

Author: Anabia Nauman, Nauman Chaudary, MD

Purpose:

CF can cause alteration in circadian gene expression, lung and immune function [1], and regulates metabolism. We studied the impact of sleep on quality of patients' lives.

Methods:

We used likert scale to rank the quality of sleep by patients. Redcap was used for the distribution of surveys digitally. Additionally, we collected information about symptoms of restless legs and circadian rhythm disorder.

Results:

Majority of patients reported good sleep quality (50% = 8 hours). Most people with CF go to bed early (53.8%). A significant number (61.5%) reported wake up time of 6am-8am. Many patients (61.5%) did not wake up to go to work. Most patients (69.2%) did not need extra sleep. 92.5% patients reported sleep was related to their mood. 75% patients felt sleep impacts quality of life and 77% have restless legs syndrome symptoms.

Conclusions:

In conclusion, our study shows that sleep plays a major role in the quality of life of CF patients. Many patients reported problems with leg movement during sleep. Sleep was also reported to be affecting mood, social interactions, physical activity, and pulmonary exacerbations. CF patients go to bed early and wake up early. Majority reported 30 to more than 60 minutes before falling asleep. The sleep latency period seems to be longer than average. Circadian rhythm may affect the bedtime in CF patients. Future studies are needed to study the affect of medications, circadian rhythm disorder due to CFTR dysregulation, and restless leg syndrome due to chronic inflammation and infections in CF. Patients with CF may be inherently prone to lack of sleep from chronic cough, medications, oxygenation issues, and psychosocial requirements. Yet, there are no guidelines to screen CF patients routinely for sleep disorders.



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Abstracts for Poster Competition

Title: A Rare Late-Onset Diagnosis of Hypophosphatasia in a 79-Year-Old Male: The Importance of Recognizing Mild Presentations

Authors:

Karan Kumar Maheshwari MBBS¹, Mashal Maheshwari MBBS¹, Muhammad Shehryar MD¹, Hira Khalid Kareem MD², Issac Sachmechi MD FACP FACE¹

Affiliations:

¹ Icahn School of Medicine, Mount Sinai, Jamaica, New York, USA

² The Wright Center, Scranton, Pennsylvania, USA

Background:

Hypophosphatasia (HPP) is an uncommon metabolic bone condition resulting from mutations in the ALPL gene and is defined by reduced levels of alkaline phosphatase (ALP). It presents in various forms ranging from severe perinatal cases to milder adult-onset forms. Adult HPP often mimics rheumatologic diseases, making diagnosis challenging, especially with mild symptoms.

Method:

We present the case of a 79-year-old man who came in with symptoms of mild bone pain and fatigue. His medical history included pre-diabetes, hypertension, and vitamin D deficiency. Laboratory tests showed persistently low ALP and elevated pyridoxal-5-phosphate (Vitamin B6), suggesting HPP. No significant findings were observed on radiographs, and other causes such as hypermetabolic conditions were ruled out.

Results:

The patient's symptoms, along with consistently reduced ALP levels and increased Vitamin B6, confirmed a diagnosis of adult-onset HPP. Treatment using Asfotase alfa for the replacement of enzyme was advised. His symptoms were mild, and no previous fractures, early tooth loss, or bone deformities were noted.

Discussion: This case underscores the significance of considering HPP in patients presenting with unexplained bone pain and fatigue, particularly when ALP levels are low.

Conclusion:

Early diagnosis can prevent inappropriate treatments and guide effective management, even in asymptomatic or mild cases. Further genetic testing and monitoring were recommended for this patient.

Keywords: Hypophosphatasia, Alkaline Phosphatase, Pyridoxal-5-Phosphate, Hypophosphatasemia, Phosphoethanolamine, Inorganic Pyrophosphate

Title: Comparative Effectiveness of Statin Plus Ezetimibe vs. Statin Monotherapy in Acute Coronary Syndrome Patients Undergoing Percutaneous Coronary Intervention: A Systematic Review and Meta-Analysis

Authors:

Fatima Faraz, MBBS^{1,2}; Johar Abbas, MBBS³; Pakeezah Tabasum, MBBS⁴; Shamaem Tariq, MBBS⁵; Hira Hameed, MBBS²; Imran Saeed, MBBS³; Muhammad Ali Riaz, MBBS²; Hameed Ullah Khan, MBBS⁶; Sajjal Zia, MBBS⁵; Hussain Ramzan, MBBS³; Muhammad Usman Hashmi, MBBS^{1,2}; Azka Aisha, MBBS³

Affiliations:

¹Department of Medicine, Rawalpindi Medical University, Rawalpindi, Pakistan

²Rahmah Academy of Research Excellence, Islamabad, Pakistan

³Nishtar Medical University and Hospital, Multan, Pakistan

⁴Department of Medicine, Peoples University of Medical and Health Sciences for Women, Nawabshah, Pakistan

⁵Department of Medicine, Allama Iqbal Medical College, Lahore, Pakistan

⁶Yanan Hospital, Kunming Medical University, Kunming, China

Background:

The effectiveness of Statin-Ezetimibe as a viable alternative to statin monotherapy following Percutaneous Coronary Intervention (PCI) is unclear. This study aimed to compare the lipid profiles and clinical outcome in patients with acute coronary syndrome (ACS) who underwent PCI.

Methods:

We conducted a systematic literature search across PubMed, Embase, Cochrane and clinicaltrials.gov, using MeSH terms for 'Percutaneous Coronary Intervention' 'Ezetimibe' and 'Hydroxymethylglutaryl-CoA Reductase Inhibitors'. All Randomized controlled trials and cohort studies comparing statin monotherapy and Ezetimibe plus Statins in Acute coronary syndrome patients undergoing PCI were included. Standardized Mean Differences (SMD) for continuous and Risk Ratios (RR) for dichotomous outcomes and 95% confidence intervals (CIs) were pooled using the Inverse Variance method with a random effects model.

Results:

Total 8 studies (2,410 patients) were included. Compared to Statin monotherapy, combination therapy resulted in a significant reduction of LDL-C values (SMD -0.33, 95% CI -0.50- -0.16) and Total Cholesterol levels (SMD -0.28, 95% CI -0.53- -0.03) at latest follow-up. No significant difference was observed in the change of HDL values between the two groups (SMD 0.05, 95% CI -0.12- 0.21). Moreover, both groups were comparable in terms of Major Acute Cardiovascular Events (MACE) (RR 1.41, 95% CI 0.75-3.47).

Conclusion:

Combination therapy of Ezetimibe and statins provides a significant reduction in LDL-C and cholesterol levels compared to statins alone in patients with ACS undergoing PCI. However, the lack of difference in HDL values and MACE indicates the need of further investigations.

Title: Burden of Major Non-Communicable Diseases in Rural Khyber Pakhtunkhwa (KP), Pakistan

Authors:

Javed Ismaila, Tahseen Safdara, Muhammad Arqam Miraja, Ali Turaba, Maliha Fatimaa, Noshad Alia, M. Imran Khana.

Affiliations:

Precision Health Consultants Global Private Limited, Pakistan

Introduction

Non-communicable diseases (NCDs) are a leading cause of mortality globally, with a disproportionate burden in low- and middle-income countries (LMICs) such as Pakistan. Understanding the household burden of chronic illnesses such as diabetes, hypertension and cancers is important to understand the social and economic impact these diseases may have on the communities.

Objective

This study aimed to calculate the burden of four major non-communicable diseases (NCDs)—cardiovascular diseases (CVDs), diabetes, stroke, and cancer—in Bannu and Lakki Marwat, Khyber Pakhtunkhwa (KP) province of Pakistan.

Methods

A community-based household survey of 4,071 households was conducted across both districts, representing a total of 17,796 adults. The survey employed a stratified two-stage cluster sampling design, and data was collected through a modified version of the WHO STEPwise approach, adapted for the local context.

Results

The results indicated that 25% of households surveyed were affected by at least one NCD, with a higher prevalence in Bannu (27%) compared to Lakki Marwat (22%). Diabetes was the most prevalent NCD, affecting 17% of households in Bannu and 13% in Lakki Marwat. Cardiovascular diseases were the second most common, with a household-level prevalence of 8% in Bannu and 6% in Lakki Marwat. The study also found significant gender differences, with a slightly higher proportion of female NCD patients in both districts. These findings highlight the urgent need for improved health policies and resource allocation for NCD prevention and management, especially rural communities.

Title: Sometimes You Need Intervention - Beyond Conservative Management of Spontaneous Coronary Artery Dissection

Authors:

Muhammad Abdullah¹, Hannah Hameed¹, Pashmina Kumari¹, Fatima Ghaffar¹, Omaira Tariq², Iftikhar Ch³, Syed Ali⁴, Salman Khalid⁴, Naeem Tahir⁴

Affiliations:

¹ South Oklahoma Heart Research, Oklahoma City, OK, USA

² Gulab Devi Hospital, Lahore, Pakistan

³ SSM Health Saint Anthony Hospital, Oklahoma City, OK, USA

⁴ Oklahoma Heart Hospital, Oklahoma City, OK, USA

Background:

Spontaneous coronary artery dissection (SCAD) is the most common cause of myocardial infarction in young females, especially during the postpartum period. Medical management is preferred for hemodynamically stable patients as most cases tend to heal over time. However, the decision to pursue revascularization in postpartum SCAD (P-SCAD) presents a clinical dilemma. We present a challenging case that required intervention based on one of the established indications.

Case:

A 37-year-old female, Gravida 2 Para 2, presented 8 days after childbirth with postpartum preeclampsia. During hospitalization, she began experiencing chest pain, and EKG revealed anterior ST elevation myocardial infarction. Diagnostic angiography confirmed type II SCAD with total occlusion of the proximal left anterior descending artery (LAD), an Ejection Fraction (EF) of 25%, and anteroapical myocardial hypokinesis. Given her risk factors, a decision was made to treat her conservatively. However, eight hours after admission, she experienced sustained ventricular fibrillation. She was resuscitated and cardioverted back to sinus rhythm. She was emergently taken to the cath lab, and two drug-eluting stents (2.25x12, 2.25x30) were placed in proximal LAD with good distal flow. She was discharged in stable condition. Five days after discharge, the patient returned with chest pain. An angiogram revealed patent LAD stents with TIMI Grade III distal flow and significant distal LAD spasm, which was treated with nitrates. Her EF was 35%, and she was placed on a LifeVest and treated with guideline-based medical therapy. Forty days later, a repeat LV gram showed her EF had improved to 45%, and the LifeVest was removed. She continues to remain stable.

Conclusion:

Revascularization in P-SCAD should be considered for patients with hemodynamic instability, total occlusion of the left main coronary artery or the proximal LAD, cardiogenic shock, sustained ventricular arrhythmia, or those with ongoing ischemia despite medical management.



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Abstracts for Poster Competition

Title: Averting Catastrophe: Percutaneous Management of Extensive Iatrogenic Aortic Dissection Complicating Inferior Wall Myocardial Infarction

Authors: Mishal Zehra¹, Muhammad Tariq Farman¹

Affiliation:

¹Dow University Hospital, Dow University of Health Sciences, Karachi, Pakistan

Introduction: Iatrogenic acute aortic dissection (AAD) is a rare but life-threatening complication of percutaneous coronary intervention (PCI), particularly in patients with predisposing risk factors such as hypertension. We present a case of extensive iatrogenic AAD managed with percutaneous coronary intervention.

Case Presentation:

We present the case of a 55-year-old female with a history of uncontrolled hypertension, who presented to the emergency department with central chest heaviness and diaphoresis. Electrocardiogram (ECG) confirmed acute inferior wall myocardial infarction (IWMI). The patient was promptly treated with aspirin, ticagrelor, heparin, and nitrates before being shifted to the catheterization lab for primary PCI. A coronary angiogram revealed a non-obstructive left coronary artery and total occlusion of the right coronary artery (RCA) from mid-segment with a tortuous course.

Management and Outcome:

PCI to distal RCA was performed with stent placement. Immediately after stent placement, an extensive Dunning type III aortic dissection involving the RCA was noted. The patient developed hemodynamic instability, requiring inotropic support and atropine for bradycardia. Immediately the longest available drug eluting stent was deployed from ostium of RCA to seal the entry point, followed by additional stenting in the mid segment of the RCA due to the propagation of the dissection distally. The aortic dissection did not propagate further, TIMI III flow was restored, and the patient regained hemodynamic stability. The patient was monitored in the cardiac intensive care unit, serial echocardiograms were done which did not show evidence of pericardial effusion or extension of aortic dissection. The patient was discharged in stable condition after three days. At three-month follow-up, the patient remained asymptomatic and compliant with medical therapy.

Conclusion:

This case highlights the importance of recognizing and managing iatrogenic aortic dissection promptly in high-risk patients undergoing PCI.

Title: Trends of Mortality in Patients with Aortic Stenosis and Heart Failure in United States: A Two Decade Analysis

Authors: Mishal Zehra¹, Syed Ali Hussain¹

Affiliations:

¹Dow University Hospital, Dow University of Health Sciences, Karachi, Pakistan

Introduction:

Aortic stenosis (AS) is a common valvular disorder that often coexists with heart failure (HF), creating a complex clinical syndrome associated with high mortality. This is the first study that examines the trends in mortality among patients with AS and HF in the United States over a two-decade period.

Methods:

The data was collected from Centers for Disease Control and Prevention Wide Ranging Online Data for Epidemiologic Research (CDC WONDER) database to examine the aortic stenosis and heart failure related mortality trends in individuals aged 45 years and older, stratified by demographic, geographic, and urbanization factors, from 1999 - 2020. Crude and age adjusted mortality rates (AAMRs) per 100 000 people and annual percentage change (APC) with 95% CIs were calculated.

Results:

The overall AAMR was 9.21 per 100,000 from 1999 - 2020 with an incline from 8.73 in 1999 to 9.08 in 2020. An increase in mortality was observed from 1990 - 2013 with an APC of 0.76 with a steady state decline from 2013 onwards with an APC of -0.55. The mortality was consistently higher in males as compared to females and the gender gap widened overtime. Mortality in females declined from 2015 onwards with an APC of -1.54. Mortality in males inclined from 2002 to 2013 with an APC of 1.47, thereafter showing a steady decline from 2013 onwards with an APC of -0.37. Higher AAMRs were observed in non - metropolitan areas as compared to metropolitan areas. Non-Hispanic (NH) Whites had the highest AAMR while NH Asian or Pacific Islander had the lowest. Across regions, the highest AAMR was observed in western region followed by Northeast with Oregon State showing the highest AAMR followed by Vermont.

Conclusion:

Mortality in AS and HF patients remains high despite treatment advances. Gender, racial, and regional disparities need addressing to improve patient outcomes.

Title: Normative Values of Cardiopulmonary Exercise Testing (CEPT) in Healthy but Untrained Volunteers at a Tertiary Care Rehabilitation Center in Pakistan - A Pilot Study

Author:

Wajihha Waqar, Maryam Zahid, Hina Kanwal Shafaat, Azhar Ali Chaudhry, Bilal Siddiqui

Background:

CPET gives an evaluation of the exercise responses including the cardio-pulmonary, musculoskeletal, hematopoietic, and neuropsychological system.

Objective:

To establish normative reference data for the CPET in a healthy, untrained Pakistani population.

Materials and Methods:

A cross-sectional study was conducted on 111 healthy untrained volunteers at AFIRM Rawalpindi, from May 2019 to February 2020. They were divided into 4 groups according to age decades (20 to 29, 30 to 39, 40 to 49, 50 to 59).

They performed spirometry and cardiopulmonary exercise testing on a treadmill ergometer using Bruce protocol on the cortex, using metalyzer-3B as a gas analyzer. They were assessed for a maximum volume of oxygen utilization, Respiratory Exchange Ratio, Heart Rate, Work Rate, Force Vital Capacity, and Tiffeneau-Pinelli index. Standard values from the United States studies for cardiac and pulmonary functions were compared for reference.

Results:

All the participants were men between the ages of 20 and 59 years. The maximum oxygen uptake (VO₂max) was calculated and found to be highest in the first group (33.7 ± 6.6 mL O₂/kg/min), then in a descending fashion in the other age groups: 30.4 ± 6.0 mL O₂/kg/min, 29.7 ± 7.5 mL O₂/kg/min, and 24.6 ± 3.8 mL O₂/kg/min, respectively. The mean ± SD for HRmax obtained at age 20-29 was 187±16.7, at age 30-39 was 175.9±20.9, at age 40-49 was 183.9±9.5, and at age 50-59 was 178.6±5.8. Work rate and age had an inverse relationship. The Tiffeneau-Pinelli index and Force Vital Capacity were at the lower side of the normal range.

Conclusion:

Our study revealed significant differences between our values and age-matched U.S. standards using both the CEPT and work rate-based estimation formula. Maximal oxygen uptake response was lower, while maximum heart rate and Tiffeneau-Pinelli index were similar. Maximal oxygen uptake and work rate inversely correlated with age.

Title: Unlocking the evolving landscape of TAVR in Aortic Valve Replacement: A Comprehensive Systematic Review.

Authors: Muhammad Hamza Gul,¹ Minha Shahid, ¹Aisha Rehman Siddiqui²

Affiliations:

¹Hayatabad Medical Complex, Peshawar, Pakistan

²Wayne State University, Detroit, USA

Background and Objectives

Advancements in Transcatheter Aortic Valve Replacement (TAVR) have transformed the management of aortic valve disease, offering a less invasive alternative to Surgical Aortic Valve Replacement (SAVR). This review summarizes the current literature on TAVR, focusing on technological innovations, procedural outcomes, and comparative effectiveness compared to SAVR.

Methodology

We conducted a systematic search of electronic literature on the TAVR across databases including Medline, PubMed, Google Scholar, and PsycINFO up to April 2024. Studies were selected based on predefined PICO criteria. A total of 324 studies were identified, and after applying inclusion/exclusion criteria, 96 studies were selected for review. Data was extracted using Rayyan software, focusing on study characteristics, patient demographics, aortic valve replacement methodologies, intervention details, and key findings. Statistical analysis of efficacy was performed using SPSS. Only English-language studies were included, with disagreements resolved through consensus among team members.

Results

The primary areas of focus demonstrate comparable rates of mortality and procedural complications to SAVR but with a notable reduction in cases of stroke and acute kidney injury. Long-term data from trials such as PARTNER-1 and registry analyses indicate a favorable mid-term durability of TAVR valves, particularly in older patients. However, caution is advised in younger patients with bicuspid aortic valves due to limited long-term data. The efficacy of TAVR in aortic valve disease is summarized in Table 1.

Conclusion

TAVR heralds a paradigm shift in aortic valve replacement, offering promising outcomes comparable to SAVR with additional benefits in specific patient cohorts. The importance of continued research cannot be overstated, as it is crucial to refine patient selection criteria, optimize procedural techniques, and further evaluate the long-term durability and cost-effectiveness of TAVR in diverse clinical settings.



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Abstracts for Poster Competition

Title: Efficacy of Adjunctive Use of Supersaturated Oxygen (SSO2) Therapy After Six Hours of Onset of STEMI Symptoms

Authors: Masood Azhar, Raul Herrera, Shozab Ali, Ramon Quesada, MD.

Affiliations:

Miami Cardiac and Vascular Institute, Miami, USA

Background

ST-Elevation Myocardial Infarction (STEMI) is a critical condition managed with percutaneous coronary intervention (PCI) to restore blood flow. Despite its success in opening epicardial vessels, tissue salvage often remains suboptimal due to microvascular obstruction and reperfusion injury. Supersaturated oxygen (SSO2) therapy, approved by the FDA, has shown potential in reducing infarct size when administered within six hours of symptom onset, as demonstrated by IC-HOT and AMIHOT trials.

Case Description

We present six cases of STEMI patients with left anterior descending (LAD) artery involvement who presented after six hours of symptom onset and received SSO2 therapy as an adjunct to PCI. All patients demonstrated improvement in left ventricular ejection fraction (LVEF) post-therapy, with no major adverse cardiovascular events (MACE), readmissions, or deaths during follow-up. Pre-procedural angiography revealed Rentrop grade 2 or 3 collaterals in five of six patients, correlating with better outcomes.

Discussion

This case series highlights the potential utility of SSO2 therapy beyond the traditional six-hour window, particularly in patients with adequate collateral circulation. SSO2 may enhance myocardial perfusion by mitigating reperfusion injury and promoting capillary vasodilation. Previous trials limited to early presenters have shown promising outcomes, but this series indicates a possible role for late presenters, especially in settings with delayed PCI access.

Conclusion

SSO2 therapy may provide clinical benefits for STEMI patients presenting beyond six hours, with improved LVEF and reduced complications. The presence of collaterals may allow extended preservation of injured myocardium thus enabling SSO2 to be effective even in late presenters. Larger randomized trials are needed to confirm these findings and guide future guidelines for late presenters.

Title: Cardiac Rehabilitation Improves Outcomes After Coronary Artery Bypass Graft Surgery

Authors:

Ali Haider MD¹, Mehak Ali BA², Hannah Hameed BS², Iftikhar Chaudhry MD¹, Salman Khalid MD⁵, Syed Ali MD¹, Arham Niaz MD³, Uzair Majeed MD³, Zoya Ejaz MD³, Anum Hussain MD¹, Qasim Amjad MD⁴, Sara Nazir MD³, Naeem Tahirkheli MD⁵

Affiliations:

¹ South Oklahoma Heart Research, Oklahoma City, Oklahoma, USA

² University of Oklahoma College of Medicine, Oklahoma City, Oklahoma, USA

³ Jinnah Hospital Lahore, Lahore, Pakistan

⁴ Mobile Infirmary Medical Center, Mobile, Alabama, USA

⁵ Oklahoma Heart Hospital, Oklahoma City, Oklahoma, USA

Background:

Cardiac rehabilitation (CR) is recognized as an essential intervention to improve survival in patients with chronic heart conditions, including those undergoing coronary artery bypass graft (CABG) surgery.

Methods:

This single-center observational study analyzed all CABG procedures performed between 2013 and 2015. Patients were divided into two groups after CABG: participated in CR (CR arm) and those who refused or were unable to participate in CR (non-CR arm). The primary outcomes included all-cause mortality, CV mortality, sudden cardiac death (SCD), post-CABG acute coronary syndrome (ACS), cerebrovascular accident (CVA) and major adverse cardiovascular events (MACE = composite of ACS, CVA and CV death).

Results:

A total of 1,890 patients were included (CR= 1,641; non-CR= 129) in the study. The non-CR group had a higher prevalence of chronic obstructive pulmonary disease, hyperlipidemia, chronic kidney disease (CKD), prior ACS, congestive heart failure, and were more frequently prescribed antiarrhythmic drugs post-CABG as compared with the CR group. The adjusted multivariate analysis showed that the non-CR vs CR had significantly higher all-cause mortality (12.9% vs 2.6%) (Odds Ratio [OR] = 5.49, 95% CI: 3.046-9.894, p < 0.001), CV mortality (3.1% vs 1.1%) (OR = 2.87, 95% CI: 0.963-8.621, p = 0.048). The incidence of SCD was significantly higher in the non-CR group (4.7%) compared to the CR group (1.7%) (OR = 6.76, 95% CI: 2.494-18.182, p < 0.001). No significant differences were observed between the groups in terms of post-CABG ACS (OR = 0.59, 95% CI: 0.211-1.621, p = 0.297), CVA (OR = 1.11, 95% CI: 0.394-3.125, p = 0.844), or MACE (OR = 1.13, 95% CI: 0.608-2.096, p = 0.701).

Conclusion:

Participation in cardiac rehabilitation following CABG surgery is associated with significantly improved survival, reduced all-cause and CV mortality, and lower rates of sudden cardiac death.

Title: The AngelMed Guardian system: solution to silent Myocardial Infarctions.

Authors: Sania Tahir¹, Mashal Tahirkheli², Mubarra Nasir³, Fezan Rasool⁴, Mubashir Riaz⁵, Muhammad Awais⁶, Subtain ul Hassan Abid⁵, Mishal Zehra⁵, M Wajahat Alam Lodhi⁷, Zaigham Ul Islam⁸, Poonam Bai⁹, Sabrina Navid Chaudry¹⁰, Muhammad Raffey Shabbir¹¹, Ather Naeem¹³, Salman Khalid¹², Naeem Tahirkheli¹²

Affiliations:

¹ Azra Naheed Medical College, Lahore, Pakistan.

² American University of Antigua College of Medicine, Antigua, USA.

³ PAF Hospital, Islamabad, Pakistan.

⁴ Allama Iqbal Medical College, Lahore, Pakistan.

⁵ Russell's Hall Hospital (DGFT), Dudley, UK.

⁶ Dow University of Health Sciences, Karachi, Pakistan.

⁷ Fauji Foundation Hospital, Rawalpindi, Pakistan.

⁸ Nishtar Medical University, Multan, Pakistan.

⁹ National Institute of Cardiovascular Diseases, Karachi, Pakistan.

¹⁰ Arkansas College of Osteopathic Medicine,

Fort Smith, Arkansas, USA.

¹¹ Marshfield Clinic, Marshfield, Wisconsin, USA.

¹² Oklahoma Heart Hospital, Oklahoma City, OK, USA.

¹³ Changi General Hospital, Singapore.

Background: Acute coronary syndrome (ACS) is one of the leading causes of death worldwide warranting early recognition and intervention. Electrocardiographic (ECG) ST-segment changes commonly precede symptom onset. 1 AngelMed Guardian device detects ST segment changes as a sign of ischemia in patients with prior ischemic heart disease and alerts the patient to seek timely medical attention. 2

Case: An 80 years old male with history of coronary artery disease, post-PCI and CSI atherectomy of mid LAD, hypertension, hyperlipidemia, paroxysmal atrial fibrillation underwent successful implantation of AngelMed Guardian device due to high risk of future ischemic events. Subsequently about a year later, his device alarmed despite the absence of chest discomfort or dyspnea, prompting hospital visit. Telemetry showed frequent atrial and ventricular premature contractions (VPCs) and ECG revealed sinus arrhythmia with first-degree AV block and occasional VPCs. Troponin levels were elevated with a rising trend suggestive of ACS. A coronary angiogram showed patent LAD stent with distal 40-50% stenosis, diminutive LCx at its bifurcation with AV groove artery and OM1 showed 95% hazy stenosis suggesting that this was the culprit lesion for her ACS. Subsequently PCI was performed with DES extending from LCx into OM1. The final result was excellent with no significant residual stenosis or plaque shift into bifurcating AV groove branch. Patient was then discharged in a stable fashion and enrolled in intensive cardiac rehabilitation and is doing fine.

Conclusion:

This case highlights the role of AngelMed Guardian device in detection of silent myocardial infarctions through real-time cardiac ECG monitoring enabling timely diagnosis of ACS and intervention in otherwise asymptomatic high-risk patients and preventing subsequent major adverse cardiac events.



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Abstracts for Poster Competition

Title: SVC Occlusion –A challenging case of recurrent stenosis and bailout endovascular stenting

Authors: Subtain ul Hassan Abid FCPS¹, Muhammad Awais MBBS², Fezan Rasool MBBS², Mehak Ali MBBS⁵, Ayesha Ahmad MBBS², Mubashir Riaz MBBS², Sania Tahir FCPS³, Mubarra Nasir FCPS⁴, Mashal Tahirkheli⁵, Uswah Rasool⁶, Sabrina Navid Chaudry⁷, Arham Niaz⁸, Yusuf Shah², Salman Khalid MD FACC², Naeem Tahirkheli MD FACC²

Affiliations:

- ¹Russell's Hall Hospital (DGFT), Dudley, UK.
- ²Oklahoma Heart Hospital, Oklahoma City, OK, USA.
- ³Chaudhary Muhammad Akram Teaching and Research Hospital, Lahore, Pakistan.
- ⁴PAF Hospital, Islamabad, Pakistan.
- ⁵American University of Antigua College of Medicine, Antigua, USA.
- ⁶Shifa College of Medicine, Islamabad, Pakistan.
- ⁷Arkansas College of Osteopathic Medicine, Fort Smith, Arkansas, USA.
- ⁸Jinnah Hospital, Lahore, Pakistan.

Background

Superior Vena Cava Syndrome (SVC) is characterized by signs and symptoms due to impaired blood flow to right heart. Although malignancy is the most common cause, we present a unique case of SVC occlusion caused by stenosis at the junction of right subclavian, innominate and internal jugular (IJ) veins caused by dialysis related catheter use and external rib compression.

Case

A 44years old female with end stage renal disease postrenal transplant and subsequent failure on dialysis via subclavian vein developed orthopnea, dyspnea, facial and chest wall swelling. She was diagnosed with SVC syndrome due to chronic scarring and complete occlusion of SVC on CT Venogram. After multiple failed attempts at endovascular interventions at outside institution she was referred to Mayo Clinic for possible central venous bypass. After multidisciplinary evaluation she underwent stenting of SVC with two Viabahn stents. However, her symptoms persisted and follow up CT venogram showed focal narrowing at the confluence of the IJ, innominate and right subclavian veins due to right first rib compression. Rib resection was recommended but declined by patient and presented to our center for second opinion. After careful review of previous CT and angiographic images, we proceeded with a bailout venous intervention. After access was obtained via femoral, brachial and IJ veins, two kissing balloon inflations in superior vena cava and internal Jugular veins were done followed by stenting with an 18 x 90 mm wall stent which improved luminal area on intravascular ultrasound. IJ and innominate veins were dilated with balloons, significantly improving stenosis and providing symptomatic relief.

Conclusion

SVC syndrome can cause obstruction of venous inflow to right heart leading to significant symptoms. Although venous bypass may be considered in cases with previous failed percutaneous attempts and rib resection might be required due to external compression, this case highlights the importance of careful and innovative imaging guided endovascular intervention in treatment refractory cases.

Title: Mechanical mitral valve thrombosis: Management complicated by concomitant large left atrial appendage thrombus and systemic thromboembolism.

Authors: Subtain ul Hassan Abid FCPS¹, Muhammad Awais MBBS², Fezan Rasool MBBS², Mubashir Riaz MBBS², Sania Tahir FCPS³, Mubarra Nasir⁴, Minahil Iqbal⁵, Sabrina Chaudry⁶, Uzair Majeed⁷, Mashal Tahirkheli⁸, Hannah Hameed⁹, Mehek Ali⁹, Arham Niaz⁷, Salman Khalid MD FACC², Naeem Tahirkheli MD FACC²

Affiliation:

- ¹Russell's Hall Hospital (DGFT), Dudley, UK.
- ²Oklahoma Heart Hospital, Oklahoma City, OK, USA.
- ³Chaudhary Muhammad Akram Teaching and Research Hospital, Lahore, Pakistan.
- ⁴PAF Hospital, Islamabad, Pakistan.
- ⁵Allama Iqbal Medical College, Lahore, Pakistan.
- ⁶Arkansas College of Osteopathic Medicine, Fort Smith, Arkansas, USA.
- ⁷Jinnah Hospital, Lahore, Pakistan.
- ⁸American University of Antigua College of Medicine, Antigua, USA.
- ⁹University of Oklahoma College of Medicine, Oklahoma City, OK, USA.

Background:

Mitral prosthetic valve thrombosis is a serious complication with significant morbidity and thromboembolic risk. We present a rare instance of a stuck mitral prosthetic valve due to thrombosis with left atrial appendage clot causing bilateral lower limb thromboembolism and ischemic stroke in the same patient at the same setting

Case Summary:

A 50-year-old female patient with mechanical prosthetic mitral valve replacement (MVR) presented with worsening dyspnoea for 2-3 months. She had an elevated gradient of 14 mmHg on transthoracic echo (TTE) suggestive of mitral prosthetic valve stenosis due to associated leaflet thrombosis. CT surgery consulted and she was considered a very risk patient for redo mitral valve surgery. After heart team discussion, she was then planned for systemic thrombolysis and bilateral carotid protection with filter wires. However, she developed sudden onset bilateral lower extremity pain and aortogram revealed thrombotic occlusion of distal abdominal aorta. This was treated with Angiojet thrombectomy with restoration of flow into bilateral lower extremities. TEE at that time revealed the large LAA clot was absent and likely had migrated. Patient developed acute stroke like symptoms in the cath lab and carotid angiogram revealed thrombus migration into distal left internal carotid artery. The Posterior mitral leaflet showed restricted mobility on fluoroscopy. Carotid filter wires were placed, and thrombolysis was carried out with tPA administration. CT Head next day revealed left hemispheric infarction. Repeat carotid angiogram revealed left middle cerebral artery thrombotic occlusion but fluoroscopy showed significantly improved posterior mitral leaflet mobility and TTE showed improved mitral valve inflow gradient

Conclusion:

We presented a complex clinical dilemma of severe mitral valve thrombosis along with large LAA clot with high surgical risk necessitating systemic thrombolysis. Carotid protection with filter wires is a novel technique that may be necessary to minimize stroke risk after thrombolysis.



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Abstracts for Poster Competition

Title: A Challenging Case of Systemic Venous Thromboembolism with May Thurner Syndrome and Prothrombin gene mutation: Importance of diagnosis and Endo Vascular Intervention

Authors: Mubarra Nasir FCPS¹, Muhammad Awais MBBS¹, Fezan Rasool MBBS¹, Sania Tahir FCPS¹, Subtain ul Hassan FCPS¹, Mubashir Riaz MBBS¹, Mashal Tahirkheli², Sabrina Navid Chaudry³, Uswah Rasool MBBS⁴, Anum Touseef Hussain MBBS⁵, Muhammad Bilal Mohsin MBBS⁴, Uzair Majeed MBBS⁵, Mehak Ali⁶, Salman Khalid MD FACC¹, Naeem Tahirkheli MD FACC¹

Affiliation:

¹Oklahoma Heart Hospital, Oklahoma City, OK, USA.

²American University of Antigua College of Medicine, Antigua, USA.

³Arkansas College of Osteopathic Medicine, Fort Smith, Arkansas, USA.

⁴Shifa College of Medicine, Islamabad, Pakistan.

⁵Jinnah Hospital, Lahore, Pakistan.

⁶University of Oklahoma College of Medicine, Oklahoma City, OK, USA.

Background

Deep venous thrombosis (DVT) has multiple etiologies including hypercoagulable states and reduced venous return. In cases with massive venous thromboembolism etiologies including mechanical iliac vein compression (May Thurner Syndrome) should be considered. It is an important risk factor for development of DVT and prothrombin gene mutation results in a hypercoagulable state. We present a case that highlights the clinical dilemma of management of concomitant hypercoagulable state and May Thurner syndrome.

Case

A 64 years old gentleman, presented with dyspnea with was found to have DVT on venous ultrasound. The CT angiography revealed bilateral pulmonary artery embolism. Patient was otherwise hemodynamically stable. Local thrombolysis was performed with intra pulmonary infusion of tPA for a few hours. It was followed by a venogram of the left lower limb. The angiographic appearance and subsequent IVUS evaluation revealed severe compression of left iliac veins consistent with May Thurner syndrome. Mechanical thrombectomy of left femoral and popliteal veins was done utilising a JETi aspiration catheter. Follow up angiogram showed incomplete resolution of thrombus in right pulmonary artery for which mechanical thrombectomy was performed resulting in significant improvement of pulmonary pressures. IVC filter was placed and patient was kept on anticoagulants. His gene studies were positive for a heterozygous mutation of factor II G2021A.

Patient was brought back after 4 weeks for endo vascular treatment and had two Wallstents placed with complete resolution of obstruction. IVC filter was retrieved. The patient remains stable more than 2 years post procedure.

Conclusion

In patients with massive venous thromboembolism multiple etiologies including mechanical iliac veins compression should be considered. Percutaneous IVUS guided endo vascular intervention is an effective way of treating iliac vein obstruction in patients with May Thurner syndrome and reducing risk of recurrent venous thromboembolism.

Title: Prevalence of Cardiac Rhythm Abnormalities in the General Population: Insights from Electrocardiographic Screening of Individuals at a Tertiary Care Cardiac Center

Authors: Asad Ali Mahesar¹, Mishal Zehra¹, Deebaj Nadeem¹, Azam Shafqat¹

Affiliation: 1National Institute of Cardiovascular Diseases, Karachi, Pakistan

Objective: To determine the prevalence of cardiac rhythm abnormalities in adults without known cardiac arrhythmias during electrocardiographic (ECG) screening of the general population.

Methods: This is a prospective, cross-sectional study. Data was collected between May 2022 to November 2022. Adults aged ≥ 18 years who presented at the outpatient department of a cardiac care hospital as attendants were included. Individuals with known history of cardiac arrhythmias were excluded. Screening ECG was performed using a portable handheld ECG device (AliveCor). Demographic and clinical history data was collected on a validated proforma and informed verbal consent was obtained. The data was analysed using SPSS version 21.

Results: A total of 776 individuals were screened, 78.6% (610) were males and 21.4% (166) were females with a mean age of 38.98 ± 9.51 years. The rhythm abnormalities were detected in 14.4%, out of these, 7.6% were symptomatic. The prevalence of abnormal rhythm was higher in individuals aged >40 years and females. Most common rhythm abnormality detected was premature ventricular complexes (4.2%), followed by premature atrial complexes (2.9%), sinus tachycardia (2.57%) and atrial fibrillation (2.1%). Higher prevalence was seen among individuals with a history of hypertension (41.1%), smoking (19.6%), prior history of coronary artery disease (CAD) (16.1%) and family history of premature CAD (16.1%).

Conclusion: This study highlights the occurrence of significant rhythm abnormalities within the general population, many of which go undiagnosed. It is crucial to implement screening measures for individuals at risk to facilitate early detection of these disorders, ultimately helping to reduce the burden of cardiovascular disease.

Title: Unraveling Left-to-Right Shunt Following ALTA Device Placement-Emerging therapy for Mitral regurgitation

Authors: Sania Tahir¹, Mashal Tahirkheli², Fezan Rasool³, Muhammad Awais³, Mubashir Riaz³, Subtain ul Hassan Abid⁴, Mubarra Nasir⁵, Abubakar Farooq⁶, Mishal Zahra⁷, Ayesha Rehman¹¹, Rabia Zameer⁹, Uzair Majeed¹⁰, Muhammad Raffey Shabbir⁸, Salman Khalid¹¹, Naeem Tahirkheli¹¹

Affiliations:

¹Chaudhary Muhammad Akram Teaching and Research Hospital, Lahore, Pakistan.

²American University of Antigua College of Medicine, Antigua, USA.

³Allama Iqbal Medical College, Lahore, Pakistan.

⁴Russell's Hall Hospital (DGFT), Dudley, UK.

⁵PAF Hospital, Islamabad, Pakistan.

⁶ClinRe, Arlington, Virginia, USA.

⁷Dow University of Health Sciences, Karachi, Pakistan.

⁸Marshfield Clinic, Marshfield, Wisconsin, USA.

⁹Larkin Community Hospital, South Miami, Florida, USA.

¹⁰Jinnah Hospital, Lahore, Pakistan.

¹¹Oklahoma Heart Hospital, Oklahoma City, OK, USA

Background:

Transcatheter mitral valve replacement has emerged as an alternative to surgery in high and prohibitive risk patients for severe mitral valve regurgitation. 1 The AltaValve has a better safety profile as it has an atrial fixation method that minimizes the risk of LVOT obstruction. 2 We present a challenging case where despite successful placement of 4C medical's AltaValve, patient developed a significant left to right shunt requiring treatment.

Case:

A 79 years old female, status post CABGx3 and multivessel PCI, paroxysmal atrial fibrillation, Diabetes mellitus type 2, hypertension, hyperlipidemia, peripheral artery disease, had severe symptomatic degenerative mitral valve regurgitation for which MitraClip was attempted but aborted because of increased intraoperative gradients. As part of a phase 1 trial, she underwent 4C medical's AltaValve placement due to high surgical risk after which she developed perivalvular leak on lateral, anterior and inferomedial aspect that reduced to mild after pulling the valve up with snare and anticoagulation reversal (as ACT was above 350). On 2nd day she developed new onset shortness of breath and follow up TEE showed normal functioning AltaValve with mean gradient of 2.5mmHg, trace perivalvular leak, severe tricuspid regurgitation and a 0.7cm iatrogenic bidirectional inter-arterial shunt with Qp/Qs of 1.7/1.0, requiring a 14mm Amplatzer ASD closure device. Her final echo report showed mean gradient of 2mmHg, trace paravalvular leak, Amplatzer device well seated with no significant shunt and moderate tricuspid regurgitation. On last follow up, her shortness of breath has improved.

Conclusion:

This case illustrates the challenges of transcatheter mitral valve replacement and the need for vigilant post-procedural monitoring. Despite successful AltaValve placement for severe mitral regurgitation, the development of a left-to-right interatrial shunt requiring timely recognition and closure to improved patient outcomes emphasizing the importance of individualized management, complication awareness, and post-procedure surveillance to enhance the safety and effectiveness of TMVR.

Personalized Banking Solutions

For Health Care Professionals & Their Employees

Doctor Mortgage Program

The Doctor Mortgage Program is designed for healthcare professionals who are considering a home purchase and want a loan that is suited to their needs.

Flexible Options

15, 20, & 30 Year
fixed rate options with 95-100%
financing on a 1-4 family unit

No PMI Needed

We can eliminate your need
for Private Mortgage Insurance

No Pre-Payment Penalty

If you're ready to pay off
your loan, don't worry about
those pesky penalties.

Defer Student Loans

Benefit from special deferment
provisions, making it easier to
manage your finances while
purchasing a home



Charlotte Mindeman

Senior Vice President/Director of
The Healthcare Private Bank

918-237-4832

cmindeman@healthcareprivatebank.com



The
**HEALTHCARE
PRIVATE BANK**

A Division of REGENTBANK

healthcareprivatebank.com



Donate for
APPNA Social
Welfare and
Disaster Relief
Projects

www.appna.org

We welcome all
APPNA delegates and
their families to 2025
Spring Meeting in
Oklahoma City, OK.

Hope you all
have a great time!

With Compliments from
Sophia Janjua, MD



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Abstracts for Publication

Title: CANNABIS ABUSE AND ST Segment Elevation Acute Coronary Syndrome (ACS).

Author: Farrukh Malik¹

Affiliation:

¹National Institute of Cardiovascular diseases, Karachi, Pakistan

Abstract:

Introduction

Coronary artery disease (CAD) is largely influenced by modifiable factors like smoking. Cannabis smoking, a prevalent illicit substance, is increasing globally due to legalization and has a higher prevalence in Pakistan.

Objectives:

The aims were to evaluate whether the use of cannabis is a risk factor of acute coronary heart disease in low-risk, young males who have had no other risk factors for CAD.

Method

We conducted an analytical series study at our institution which included 10 young males (under 32 years) with history of cannabis abuse and no other risk factors for CAD on history, laboratory and physical exams who presented with ACS. This analytical series was conducted over a period of 6 months at the National Institute of cardiovascular diseases, Karachi.

Results

The mean age was 28.8 (±3.1) years. The average time of onset of acute MI symptoms was within 3 hours after last cannabis use. All patient underwent Left heart catheterization within 30 minutes of presentation. In 5 individuals, the left anterior descending coronary artery was occluded, making it the most common artery involved, followed by 2 individuals with right coronary artery and 1 individual with left circumflex involvement. 2 individuals had triple vessel involvement. Most cases were managed by PPCI of the culprit artery with Drug eluting stents.

Conclusion

This study illustrates how cannabis use may contribute to a pro-inflammatory state, promoting atherosclerosis and triggering ACS. Cannabis contains compounds like tetrahydrocannabinol (THC) and cannabidiol (CBD) that interact with receptors in the body, potentially impacting cardiovascular health. Research suggests cannabinoid receptors in endothelial function, CB1 activation linked to atherosclerosis progression and CB2 receptor activation might trigger tissue damage. As the use of synthetic cannabinoids increases, further research into these compounds is needed to explore their rapid detection on standardized assays and their hazardous effects on heart.

Title: Tracking the Decline: Mortality Trends of Thoracic Aortic Aneurysms in the USA from 1999 to 2020

Authors: Armaghan Ur Rehman, Muhammad Asfandiyar Nadir, Ariba Fida, Muhammad Sheheryar Javed, Talha Abbas, Mohsin Raza, Muhammad Bilal Sardar, Sophia Ahmed, Hooria Waqas.

Affiliations:

Department of Medicine, Allama Iqbal Medical College, Lahore, Pakistan.

Abstract:

Background:

Aneurysmal degeneration that occurs in the thoracic aorta termed as thoracic aortic aneurysm (TAA), is contributing significantly to global burden of mortality. Despite advancements in medical care, disparities in thoracic aortic aneurysm (TAA) mortality persist across various demographic and regional groups in the United States. This study aims to analyze mortality trends and disparities related to thoracic aortic aneurysm (TAA) in the U.S. adults from 1999 to 2020.

Methods:

We analyzed death certificate data from the CDC WONDER database, spanning from 1999 to 2020, focusing on individuals aged 25 years and older. Age-adjusted mortality rates (AAMRs) per 100,000 and annual percent change (APC), along with 95% confidence intervals (CI), were calculated using Joinpoint regression analysis.

Results:

Between 1999 and 2020, there were 47,136 TAA related deaths in the U.S, with an overall AAMR of 1.01 per 100,000 individuals. AAMR trends showed an initial sharp decline from 1999 to 2012 (APC: -5.31%) and a stability from 2012 to 2020 (APC: -0.15). Disparities were observed across sex, race/ethnicity, and census regions, with males, NH Blacks, and individuals in Midwest showing higher AAMRs. Rural areas exhibited slightly higher AAMRs than urban areas, although both showed a decline overtime.

Conclusion:

This study emphasizes the ongoing mortality burden of thoracic aortic aneurysms (TAA) in the United States, revealing notable disparities across different demographic groups and regions. The results highlight the critical need for targeted public health interventions to address these disparities and improve TAA outcomes for all population segments.

Title: Gender, racial, and regional disparities in Non-Rheumatic Aortic Valve Disease-related mortality trends in older U.S. adults from 1999-2020

Authors: Shurjeel Uddin Qazi¹, Sidra Waqar Qureshi², Ariba Fida³, Muhammad Sheheryar Javed⁴, Hamayel Qadir¹, Zahra Imran¹, Naintara Imtiaz⁵, Syeda Bakhtawar Ali⁴, Ajwa Zafar⁵, Maryam Sajid¹, Chashman Mukhtar⁷, Erum Anwar², Muhammad Faizur Rehman⁶, Fatima Hayee⁶, Hassan Tariq Butt⁸, Ankit Agrawal⁹, Muhammad Sohaib Asghar¹⁰, Muhammad Majid¹⁰

Affiliations:

1. Department of Medicine, Dow University of Health Sciences, Karachi, Pakistan.
2. Department of Surgery, Dow University of Health Sciences, Karachi, Pakistan.
3. Department of Medicine, Allama Iqbal Medical College, Lahore, Pakistan
4. Department of Surgery, Rehman Medical College, Peshawar, Pakistan.
5. Department of Medicine, Services Institute of Medical Science, Lahore, Pakistan.
6. Department of Medicine, Ziauddin Medical College, Karachi, Pakistan.
7. Department of Surgery, Abu Umara Medical and Dental College, Lahore, Pakistan.
8. Department of Surgery, Federal Medical College, Islamabad, Pakistan.
9. Department of Cardiovascular Medicine, Cleveland Clinic, Cleveland, Ohio, USA.
10. Department of Internal Medicine, Advent Health Sebring,, Florida, USA.

Background:

With the rise in the aging U.S. population, there has been a concurrent increase in the burden of Non-Rheumatic Aortic Valvular Diseases (NRAVD). However, data on NRAVD-related mortality trends among adults ≥55 years is limited.

Methods:

Death certificates from the CDC WONDER database were examined from 1999 to 2020 for NRAVD-related mortality in adults ≥55 years. Age-adjusted mortality rates (AAMRs) per 100,000 persons and annual percent change (APC) were calculated and stratified by year, sex, race/ethnicity, and urbanization status. The analysis was conducted in March 2024.

Results:

Between 1999 and 2020, 658,148 NRAVD-related deaths occurred among adults ≥55 years, with 54.5% being females and 45.5% males. The overall AAMR declined from 44 in 1999 to 40 in 2020. Males consistently had higher AAMRs than females. NH White adults had the highest overall AAMR (45.6), while NH Asian or Pacific Islanders had the lowest (18.5). Mortality rates were higher in rural areas (44.5) compared to urban counties (40.9), with a rising trend in rural populations from 1999 to 2020. Geographically, AAMRs were lowest in Georgia and Louisiana (~3.4) and highest in Minnesota (~9). Older adults (85+) had the highest crude mortality rate (24.2). Among U.S. regions, the South had the highest proportion of NRAVD-related deaths (29.5%), while the Northeast had the lowest (20.9%), with AAMRs declining in all regions. This highlights a significant disparity in mortality trends across geographic regions and demographics.

Conclusion:

While NRAVD-related mortality declined overall across gender, ethnicity, and urban populations, rural areas exhibited an upward trend. White and rural male populations had the highest AAMRs. Targeted health policies focusing on screening, early diagnosis, and timely interventions are essential to mitigate NRAVD-related mortality rates and address disparities in care access.

Title: Idiopathic Clot in Transit in a Patient with Newly Diagnosed Cancer: A Case Report

Authors: Momna Nisar¹, Muhammad Arslan Tariq¹, Zaima Afzaal², Muhammad Hamza Rana¹, Dr. Naeem K. Tahirkheli³

Affiliations:

- 1>Allama Iqbal Medical College, Lahore, Pakistan
- 2>Ameer-ud-Din Medical College, Lahore, Pakistan
- 3>Oklahoma Heart Hospital, Oklahoma City, Oklahoma, USA

Background:

In the absence of structural heart disease or atrial fibrillation, the presence of a free-floating thrombus in the right heart is quite uncommon. The echogenic material observed on ultrasound within the right atrium or ventricle is referred to as a "clot in transit." When this thrombus migrates from the heart to the lungs, it can lead to cardiopulmonary collapse, with symptoms ranging from mild respiratory distress to sudden death. Notably, there are case reports of patients harboring large thrombi who remained asymptomatic

Case Discussion:

This case involves a 48-year-old woman who presented with chest pain, shortness of breath, and lightheadedness following the initiation of chemotherapy for her recently diagnosed peripheral T-cell lymphoma affecting the axillary lymph nodes. During an echocardiogram performed to assess cardiac function amidst her chemotherapy sessions, a large, spherical right atrial thrombus was detected. Additionally, a right-to-left 3 mm patent foramen ovale (PFO) shunt was identified.

To further evaluate the thrombus, a comprehensive workup was conducted, including a CTA of the chest, abdomen, and pelvis, alongside 2D echocardiography and transesophageal echocardiography. The plan was to proceed with the removal of the right atrial thrombus, which measured 2.4 x 2.62 cm.

Conclusion:

The presentation of a clot in transit can vary significantly, with some patients exhibiting no symptoms at all. This underscores the critical importance of early diagnostic evaluation and timely intervention to mitigate the risk of sudden death. This case report emphasizes the need for vigilance in the assessment and management of right atrial thrombi, highlighting the essential role of prompt treatment in improving patient outcomes.



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Abstracts for Publication

Title: Clinical Efficacy and Safety of Colchicine in Patients with Acute Myocardial Infarction: An Updated Meta-Analysis of Randomized Controlled Trials

Authors: Zaigham ul Islam¹, Ali Raza Khan¹, Uzair Majeed², Minahil Iqbal², Sufyan Shahid³, Hamza Saeed⁴, Yusuf Ali Shah⁵, Iftikhar Ch⁵, Salman Khalid⁵, Naeem K. Tahirkheli⁵.

Affiliations:

¹Nishtar Medical University, Multan, Pakistan

²Allama Iqbal Medical College, Lahore, Pakistan

³Khawaja Muhammad Safdar Medical College, Sialkot, Pakistan

⁴Rawalpindi Medical University, Rawalpindi, Pakistan

⁵Oklahoma Heart Hospital, Oklahoma City, Oklahoma, USA

Background:

This updated meta-analysis evaluates the clinical efficacy and safety of Colchicine in patients with acute myocardial infarction (MI) by pooling data from randomized controlled trials (RCTs).

Methods:

A comprehensive literature search was conducted for RCTs investigating colchicine use in MI patients from inception to February 2025. The primary outcome was the incidence of CV-related adverse events. Secondary outcomes included all-cause mortality, CV-related mortality, adverse gastrointestinal (GI) events, recurrent MI, cardiac arrest, hospitalization urgency, stroke, and high-sensitivity C-reactive protein (hs-CRP) levels. Pooled odds ratios (OR) and mean differences (MD) with 95% confidence intervals (CI) were calculated using random-effects model. Heterogeneity was assessed using I^2 statistics.

Results:

Twelve RCTs with 14,198 patients were analyzed. Colchicine significantly reduced CV-related adverse events (OR: 0.76; 95% CI: 0.59–0.96; $p=0.02$; $I^2=57\%$) and hospitalization urgency (OR: 0.32; 95% CI: 0.20–0.52; $p<0.00001$; $I^2=0\%$). However, it did not significantly impact all-cause mortality (OR: 0.93; 95% CI: 0.78–1.12; $p=0.45$; $I^2=0\%$) or CV-related mortality (OR: 0.97; 95% CI: 0.77–1.22; $p=0.78$; $I^2=0\%$). Colchicine use was associated with increased adverse GI events (OR: 1.79; 95% CI: 1.12–2.86; $p=0.01$; $I^2=78\%$) and significantly reduced hs-CRP levels (MD: -0.95; 95% CI: -1.46 to -0.43; $p=0.0004$; $I^2=89\%$). There was no significant effect on recurrent MI (OR: 0.85; 95% CI: 0.70–1.03; $p=0.11$; $I^2=3\%$), cardiac arrest (OR: 0.80; 95% CI: 0.33–1.96; $p=0.63$; $I^2=0\%$), or stroke (OR: 0.80; 95% CI: 0.31–2.06; $p=0.65$; $I^2=62\%$).

Conclusion:

These findings support the potential role of colchicine in MI management but highlight the need for careful patient selection and monitoring.

Title: Postoperative Outcome of Coronary Artery Bypass Graft Surgery in Patients with and without Renal Dysfunction at Tertiary Care Hospital, Karachi

Authors: Uzma Baig, Bashir Ahmed, Asaf Shah, Commando Talreja, Rizwan Aziz Memon, Muhammad Zeeshan Khan, Muhammad Ishaq Khan, Javeria Khalid Khan, Muhammad Asad Bilal Awan, Asif Raza Rathor.

Affiliations:

National Institute of Cardiovascular Disease, Karachi, Pakistan

Background:

Renal dysfunction is a significant complication in patients undergoing coronary artery bypass graft (CABG) surgery. Understanding the frequency and risk factors associated with renal dysfunction in the context of CABG is crucial, as it has profound implications for patient outcomes, including increased morbidity, prolonged hospital stays, and higher mortality rates.

Methods:

Quantitative and qualitative data was collected, presented and analyzed. Effect modifiers were controlled through stratification to see the effect of these on the outcome variable. Post stratification chi square test was applied taking p -value of ≤ 0.05 as significant.

Results:

A total of 135 patients who met the inclusion and exclusion criteria were included in this study. Mean age and duration of CABG in our study was 62.39 ± 10.49 years and 3.72 ± 2.24 hours. 68 (50.4%) and 67 (49.6%) were male and female. Out of 135 patients, 79 (58.5%) and 56 (41.5%) had and did not have renal dysfunction. Patients who had renal dysfunction had higher mortality, prolonged ventilation and prolonged postoperative stay

Conclusion:

In conclusion, renal dysfunction remains a common and serious complication in patients undergoing coronary artery bypass graft (CABG) surgery. Its occurrence significantly impacts patient outcomes, contributing to increased morbidity, prolonged hospitalization, and elevated mortality rates. By implementing targeted interventions and monitoring protocols, healthcare providers can mitigate the risk of renal impairment, ultimately enhancing the overall success and safety of CABG procedures.

Title: Navigating the Challenges: Amplatzer vascular plug II dislodgement

Authors: Naeem Tahir Kheli¹, Ahsan Ahmad², Salman Khalid¹, Nida Tanveer¹, Anum Hussain¹

Affiliations:

¹Oklahoma Heart Hospital, Oklahoma City, Oklahoma, USA

²Multan Institute Of Cardiology, Multan, Pakistan

Background:

Paravalvular leaks (PVL) are an infrequent but potentially serious complication of valve replacement procedures, occurring with both mechanical and prosthetic valves. While some patients with PVL remain asymptomatic, others may experience severe complications such as heart failure, significant hemolysis, and endocarditis.

Case Discussion:

This case report details a successful transcatheter mitral PVL closure in a 59-year-old patient with a history of multiple percutaneous coronary interventions (PCIs), heart failure with preserved ejection fraction (HFpEF), and severe mitral regurgitation, who underwent a mechanical mitral valve (On-X) replacement and coronary artery bypass grafting (CABG). Six months post-surgery, the patient was hospitalized with severe decompensated heart failure, florid pulmonary edema, and cardiogenic shock, requiring multiple pressors and high-flow oxygen. TEE 2D and 3D revealed a very large PVL encompassing almost 40% of the annulus. Due to the high risks associated with redo cardiac surgery, a percutaneous transcatheter closure was chosen. Initial attempts to deploy a 10mm AVP 2 plug failed, resulting in its dislodgement. Eventually, two AVP 2 plugs (12mm and 14mm) were successfully deployed simultaneously, significantly reducing the leak from the 12 to 4 o'clock position. The inferior leak was then closed with another wire and a 14mm AVP 2 plug.

During the procedure, the patient experienced vascular plug embolization, initially lodging in the right atrium, then into the right ventricle, and finally the right pulmonary artery before being successfully retrieved. The retrieval of the dislodged plug involved multiple maneuvers and was ultimately successful using a Micra sheath, snare, and forceps. Post-procedure, the patient showed significant improvement, was weaned off pressors, and experienced marked symptom relief.

Conclusion:

This case highlights the importance of being prepared for potential complications, such as device embolization, during percutaneous procedures. This case is notable for involving both paravalvular leak closure and the retrieval of a free-floating device from the pulmonary artery.

Title: One root to rule them all; a curious case of all coronaries arising from a common root in a high risk NSTEMI

Authors: Sohail Aziz, Ismail Ahmed Khan, Wajahat Alam Lodhi, Waleed Hassan, Asif Manzoor, Umar Shafique

Affiliations: Fauji Foundation Hospital, Rawalpindi, Pakistan

Background:

Anomalous and aberrant origin of coronary arteries are amongst the most common congenital coronary anomalies, with a reported prevalence of 0.1-1%. Anomalous origin of Left coronary artery is associated with a higher risk of sudden cardiac death, especially if the origin is intraarterial. Anomalous coronaries can pose a particularly difficult challenge, if encountered in the ACS setting

Case Discussion:

Here we present a rather curious case of a 69 years of age lady with premonitory of Diabetes, Hypertension and Hypothyroidism who presented with NSTEMI and a GRACE score of 148, with ongoing angina CCS class IV. Her Hs Troponins were 2500 pg/ml and Echocardiogram revealed an EF of 45 percent with Inferior wall hypokinesis. After informed consent, the patient was taken to the cardiac Cath lab for coronary angiogram as part of early invasive strategy.

After securing the Right radial access, coronary angiogram was proceeded, which surprisingly revealed a common origin of all three major epicardial coronaries from the right coronary sinus. To add to the challenge and uniqueness of this rather curious case the angiogram revealed three vessel coronary artery disease, harbouring critical disease in ostio-proximal, mid and distal course of dominant RCA, diffuse critical disease in proximal and mid LAD and critical disease in proximal Lcx. PCI to RCA with 2xDES was proceeded in the index procedure, followed by staged PCI to LAD with 1x DES, 2 weeks later, thereby allowing medical optimization of her comorbid as well as mitigating the risk of Contrast Induced Nephropathy and renal impairment

Conclusion:

The patient remained stable post procedure and has been in regular cardiology follow up ever since. This case emphasizes the need of familiarity with anomalous coronaries, and how to proceed with PCI, especially in ACS setting.



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Abstracts for Publication

Title: The Role of Omega-3 Fatty Acids and Ezetimibe in Reducing Triglycerides and Cardiovascular Risk

Authors: Dr. Asaf Syed¹, Dr. Muhammad Hassan Khan², Dr. Sana Yousaf³

Affiliations:

¹Khalifa Gulnawaz Teaching Hospital, MTI, Bannu, Pakistan

²Lady Reading Hospital, Peshawar, Pakistan

³Khyber Girls Medical College, Peshawar, Pakistan

Background:

Globally, cardiovascular disease (CVD) still ranks as the main cause of mortality; dyslipidemia is a prominent risk factor with modifiable influence. Low-density lipoprotein cholesterol (LDL-C) and elevated triglycerides are clearly important elements in raising the risk of cardiovascular disease in those with lipid problems.

Methods:

This research used a randomized controlled trial methodology, which included 200 individuals. The participants were placed into four groups: Omega-3 fatty acids, Ezetimibe, Combination treatment, and Placebo. Subjects were administered their designated therapies on a daily basis for a duration of 12 months, while undergoing frequent assessments at the beginning, 3 months, 6 months, and 12 months. At each time point, many key outcomes were assessed, such as triglycerides, LDL-C, HDL-C, CRP, and Lp(a) levels. A statistical analysis to examine the impact of the therapies on lipid profiles and indicators of cardiovascular risk.

Results:

The Combination treatment demonstrated the most notable decreases, reducing triglycerides by 21.7% (from 180 ± 25 mg/dL to 140 ± 18 mg/dL) and LDL-C by 24.2% (from 120 ± 15 mg/dL to 90 ± 12 mg/dL). This treatment demonstrated superior efficacy compared to Omega-3 or Ezetimibe used alone. In addition, the Combination treatment significantly enhanced HDL-C levels by 17.9%, which much exceeded the minor alterations seen in the Placebo group.

Conclusion:

Combining Omega-3 fatty acids and Ezetimibe offers superior lipid-lowering effects, potentially leading to a greater reduction in cardiovascular risk.

Title: From Heartbreak to Heart Failure: Unravelling Takotsubo Cardiomyopathy Triggered by Infection

Authors: Andaleeb Khan¹, Ayesha Rehman¹, Azhar Ali Chaudhry¹, Muhammad Nadir Khan¹, Naseer Ahmad Samore¹, Muhammad Bilal Siddique¹

Affiliations:

¹Armed Forces Institute of Cardiology, Rawalpindi, Pakistan

Background:

Takotsubo Cardiomyopathy (TTC), or "broken heart syndrome," is a transient left ventricular dysfunction that mimics acute coronary syndrome (ACS) but occurs without obstructive coronary artery disease. While commonly associated with emotional or physical stress, infection-induced TTC remains underrecognized. Respiratory tract infections (RTI) have been increasingly reported as potential triggers, suggesting a role for systemic inflammation in TTC pathophysiology.

Case Discussion:

We present the case of an 80-year-old female with a history of hypertension, rheumatoid arthritis, and epilepsy, who developed acute dyspnea, palpitations, and chest discomfort. One week prior, she had been admitted with fever and cough, diagnosed with an RTI, with chest X-ray revealing right-sided pleural effusion. Given her symptoms and ECG findings of ST-segment elevation in leads II, III, aVF, and anterior precordial leads, STEMI was initially suspected. However, coronary angiography revealed no significant coronary artery stenosis. Laboratory findings showed elevated high-sensitivity troponin I (3976.2 ng/L) and Pro-BNP (2415 pg/mL), raising concerns for myocardial injury.

Echocardiography confirmed left ventricular dysfunction (LVEF 45%), inferior and anterior septal hypokinesia, and characteristic apical ballooning, establishing the diagnosis of TTC. The patient was managed conservatively with heart failure therapy, including ARNI, beta-blockers, SGLT-2 inhibitors, and supportive care. Her condition stabilized, and she was transferred for continued treatment of the underlying infection.

Conclusion:

This case underscores the importance of recognizing infection-induced TTC, particularly in elderly patients presenting with ACS-like symptoms and non-obstructive coronary arteries. The pathophysiology may involve catecholamine surge, systemic inflammation, and microvascular dysfunction. Increased awareness of this rare but significant TTC trigger can improve diagnostic accuracy and prevent unnecessary invasive procedures. Further research is needed to better define the relationship between infections and TTC outcomes.

Title: Breaking Barriers: Introduction: Percutaneous Trans-Mitral Commissurotomy (PTMC) Success in Expectant mother with Left atrial appendage (LAA) clot

Authors: Poonam Bai, Shakir Zada, Shweta Kumari, Paras Nazir, Asem Ali, Navedullah Khan

Affiliations:

National Institute of Cardiovascular diseases (NICVD), Karachi, Pakistan.

Background:

Rheumatic heart disease is the leading cause of Mitral Stenosis (MS). About 15% of MS patients develop Left Atrial thrombus, with 90% confined to the LAA. Hemodynamic changes in pregnancy may compensate stable patients, worsening maternal and fetal outcomes. While PTMC is the preferred treatment for isolated MS in RHD, LA thrombus is usually a contraindication. This case presents a pregnant MS patient with a type 1A LAA clot who successfully underwent PTMC.

Case:

A 32-year-old pregnant woman, at 22 weeks of gestation, presented with shortness of breath (NYHA-III-IV) for one month. On examination, she was in respiratory distress with oxygen saturation of 90%. Transthoracic echocardiogram: Severe MS, mitral valve area (MVA) of 0.8 cm², mild mitral regurgitation (MR), pulmonary artery systolic pressure of 90 mm Hg. Transesophageal echocardiography confirmed type 1A LAA thrombus. After stabilization and shared decision-making, she underwent PTMC via right femoral access, with shielding to minimize fetal radiation. A 6Fr arterial and 8Fr venous sheath were introduced. A Mullin's sheath was advanced over a 0.032 " guide wire into the Innominate vein. A pigtail catheter was placed in the aortic root. Interatrial septum was punctured with a Broken burough needle at 3-5 o'clock posteriorly, a coiled guide wire was introduced to avoid LAA entry. The septum was dilated with a 14F dilator, and a 26mm Inoue balloon was inflated across the mitral valve.

Post-procedure, MVA= 1.4 cm² and patient's symptoms improved.

Conclusion:

This case demonstrates that PTMC can be safely performed during pregnancy with proper precautions, resulting in improved maternal and fetal outcomes.

Title: Mean Fluoroscopic Time and Mean Contrast Volume used in STEMI Patients Undergoing Primary PCI by the Trans femoral versus Trans radial Route

Authors: Shueeta Kumari, kanwal Fatima Amir, Shakir zada, Syeda Kahkashan Zehra Naqvi

Affiliations:

National Institute of Cardiovascular Diseases, Karachi, Pakistan

Background:

Cardiovascular diseases are recognized as main cause of morbidity and mortality worldwide. Approximately 38% of patients presented with ACS have STEMI. Multiple studies showed that PPCLI is a gold standard strategy. Conventional approach of PCI has been through femoral artery, Trans-radial access is gaining overwhelming acceptability because of lower rates of complications, reduces mortality, earlier mobilization and improved patient's satisfaction. Radiation exposure can be assessed by fluoroscopy time and increased radiation exposure is harmful for patients and operators. Contrast induced AKI remains one of the major complications that correlated with contrast volume and the patients' known condition. This study will help us in finding out the better approach for PCI.

Objective:

To compare trans-radial and trans-femoral route for fluoroscopic time and contrast used during PPCLI.

Material And Methods:

Study conducted at NICVD Karachi, including both genders. Patient's demographic data taken. The choice of access route for procedure will be at the discretion of the operator. Study outcome recorded as fluoroscopic time (minutes) and contrast volume(milliliter). Data analyzed by using SPSS version-21. Normality of quantitative (continuous) variables tested by Shapiro-Wilk test while Comparison quantitative outcome variables, such as fluoroscopic time and contrast volume, between Exposed and Unexposed Group will be made by sample t-test. P-value of ≤ 0.05 will considered significant.

Results:

We enrolled 131 patients in each group, 83.1% males and 16.9% were females. Mean fluoroscopic time via transfemoral is 12.2 and 15.23 via transradial. However, the mean contrast volume used via transfemoral is 134.14 and 144.05 via transradial

Conclusion:

This study concluded that fluoroscopic time and contrast used during PCI is significantly less in trans-femoral route as compared to trans-radial, but still trans-radial approach is getting advanced and familiar.



APPNA SPRING MEETING 2025

April 3-6, 2025 Oklahoma City, OK

Abstracts for Publication

Title: Mastering the Challenge: Complex Left Main (LM) Disease, Anterior Wall Myocardial Infarction (AWMI), and the Jailed Semi-Inflated Balloon Technique (JSBT)

Authors: Poonam Bai¹, Naeem Mengal¹

Affiliation:

¹National Institute of Cardiovascular Diseases, Karachi, Pakistan

Introduction:

Coronary bifurcation lesions account for up to 20% of coronary lesions, with side branch (SB) compromise being a significant concern when stenting. Provisional bifurcation stenting is the preferred strategy, and the JSBT offers a novel approach to preserve the SB during stenting by temporarily 'jailing' a semi-inflated balloon in the SB, reducing risk of occlusion. We present a case of AWMI with complex LM disease treated with primary percutaneous coronary intervention (PPCI) using JSBT.

Case Presentation:

A 35-year-old male smoker, known for coronary artery disease, had a coronary angiogram 2 days back showing LM and 3-vessel disease. Coronary artery by-pass grafting was advised, but he left against medical advice. He presented with chest pain, and an electrocardiogram (ECG) confirmed AWMI. Dual antiplatelet therapy and heparin were initiated, and he was transferred to the catheterization lab. Angiography showed Distal LM 80%, Proximal LAD 99%, proximal Ramus 70%, proximal Left circumflex 90%. Right coronary artery was non-obstructive.

Decision Making:

PPCI of the LM-LAD and Ramus was performed via JSBT. A 3.5x38 mm drug-eluting stent was deployed in the LAD, and a 2.0x15 mm semi-compliant balloon was placed in Ramus. After stent deployment, post-dilation and proximal optimization (POT) with a non-compliant balloon were performed. After Post-dilation Ramus flow was compromised, and kissing balloon inflations restored TIMI-III flow in both LAD and Ramus with Type-B dissection in Ramus. The patient was monitored in the CCU on tirofiban and dual antiplatelet therapy, then discharged in stable condition. At one year, he remains asymptomatic and compliant with treatment.

Conclusion:

This case highlights the effectiveness of JSBT for stenting in complex, high-risk coronary artery disease cases with excellent procedural outcomes.

Title: Reasons of Cancellation of Elective Surgery on Intended Day

Authors: Grinithi Rajpal, Honey Rajpal, Manal Ahmed, Ushna Shahid, Shueeta Kumari, Shagufta Naqvi, Wania Masood

Affiliations:

Department of Surgery, Jinnah Medical and Dental College, Karachi, Pakistan.
Department of Medical Education, Jinnah Medical and Dental College, Karachi, Pakistan

Background:

Cancellation of surgeries on the intended day due to preventable reasons is a significant problem not only for patients but also hospitals. This study was planned to evaluate the reason for cancellation of surgeries on the intended day. This study evaluates reasons for elective surgery cancellations on the intended day. It also examines postponement incidence.

Methods:

A cross-sectional study was conducted from April 2023 to July 2024 in the General Surgery, ENT, and Gynecology wards of tertiary care hospitals in Pakistan. A total of 200 patients whose elective surgeries were canceled on the intended day were included using convenience sampling. Data were collected through questionnaire-based interviews, focusing on socio-demographic factors and reasons for cancellation. Statistical analysis was performed using SPSS 25.0, with chi-square tests applied to determine associations between variables.

Results:

The study identified reasons for elective surgery cancellations on the intended day and their association with socio-demographics. Most cancellations were due to patient-related factors (49%), followed by hospital-related (38%) and doctor-related factors (13%). Most cancellations were due to avoidable reasons (59%). There was a significant association between the reasons for cancellation and variables such as age, department of surgery, nature of the cause, presence of comorbidities, and the requirement for blood during surgery (p-value < 0.001). Patients younger than 40 years had significantly different reasons for cancellations compared to those older than 40 (p-value < 0.001). Uncontrolled comorbidities were identified as a major cause of surgery cancellations.

Conclusion:

This study reveals that many elective surgery cancellations are avoidable, with patient-related factors, especially unmanaged comorbidities, being the primary cause. Significant associations were found with age, department, and blood requirements. Improved preoperative planning and targeted care can significantly reduce cancellations, enhancing resource use and patient outcomes.

Title: Vaginal Varices Presenting as Recurrent Vaginal Bleeding in a Patient with Decompensated Liver Cirrhosis

Authors: Khan AYY¹, Siddiqui M Z¹

Affiliations:

¹Department of Medicine, Integris Health Inc., Oklahoma City, OK, USA

Background:

Portal hypertension causing vaginal variceal bleeding is rare, and few cases in patients who have undergone hysterectomy have been reported. The presentation is further complicated in cirrhotic patients due to underlying coagulopathy.

Case Discussion:

We present a case of a 38-year-old female, a chronic alcoholic with decompensated liver cirrhosis, who presented with severe vaginal bleeding secondary to vaginal varices. Initially, the bleeding was attributed to coagulopathy, but further evaluation with a CT angiogram revealed active vaginal bleeding from varices. The patient was ultimately treated with embolization.

Vaginal varices develop due to the engorgement of the uterovaginal venous plexus, often triggered by increased porto-systemic pressure. Vaginal varices commonly present as painless vaginal bleeding, ranging from mild spotting to life-threatening hemorrhage. Management includes supportive care with blood transfusions and managing coagulopathy. Endovascular embolization or trans jugular intrahepatic portosystemic shunt may be required for refractory bleeding. Liver transplantation is considered for unresolved cases.

Conclusion:

Vaginal varices should be considered in cirrhotic patients with unexplained vaginal bleeding. Early recognition and a multidisciplinary approach are crucial. Treatment ranges from supportive measures to interventional embolization, and definitive cure requires liver transplantation. Increased awareness can help prevent life-threatening hemorrhage and improve patient outcomes.

Title: Don't Be Too Salty! The Challenge of Correcting Severe Hyponatremia Without Overcorrection

Authors: Suha T. Butt MBBS¹, Shan M.M. Qaiser¹, Usman Bhutta², Usman A. Khan^{2,3}

Affiliations:

¹Rawalpindi Medical University, Rawalpindi, Pakistan
²Department of Nephrology, St. Anthony Hospital, Oklahoma City, OK, USA
³Department of Internal Medicine, University of Oklahoma, VA Medical Center, Oklahoma City, OK, USA

Background:

Hyponatremia is defined as a serum sodium concentration below 135 mEq/L. This abnormality can range from an incidental finding in asymptomatic patients to central nervous system depression. Rapid overcorrection of hyponatremia poses the risk of Central Pontine Myelinolysis, a condition that can cause serious neurological damage or death.

Case Summary:

A 58-year-old Caucasian male who presented with altered mental status and a critically low sodium level of 97 mEq/L. He was diagnosed with severe hypo-osmolar hyponatremia and treated with a combination of hypertonic saline and desmopressin (DDAVP), with a goal correction rate of 6-8 mEq/L per 24 hours. Over 11 days in the ICU, his sodium level steadily increased to 130 mEq/L, and he fully recovered. The cause was suspected to be related to hydrochlorothiazide use and herbal supplements, known contributors to hyponatremia.

Discussion:

The combined use of hypertonic saline and DDAVP has been proposed as a strategy to ensure controlled, gradual correction of serum sodium levels while minimizing the risk of overcorrection. DDAVP helps prevent urinary water losses, thereby creating a manageable state of iatrogenic Syndrome of Inappropriate Antidiuretic Hormone, which can be treated more predictably with hypertonic saline. In severe cases, the treatment goal is to increase serum sodium by 6-8 mEq/L within 24 hours, with emergency correction ideally achieved over the first six hours.

DDAVP approach is contraindicated in patients with hyponatremia caused by heart failure or cirrhosis, since inadvertent overcorrection due to a water diuresis is unlikely in this setting. Similarly, it should be avoided in patients with psychogenic polydipsia due to the risk of excessive water ingestion combined with impaired excretion due to desmopressin.

Conclusion:

In managing severe symptomatic hyponatremia, a tailored approach that considers the patient's underlying condition and risk factors is essential to ensure safe and effective correction.

APPNA

Association of Physicians of
Pakistani Descent of
North America

48th Annual Convention 2025

Jul 9-13

Hilton Anatole, Dallas, TX



APPNA

Association of Physicians
of Pakistani Descent
of North America

FALL MEETING 2025

OCTOBER 2-5, 2025
BALTIMORE, MD

Save the Dates

APPNA CANADA MEETING

Aug 29–31, 2025

**Hilton
Meadowale
Mississauga**

- 🍁 **CME Sessions**
- 🍁 **Bazaar**
- 🍁 **Cruise**
- 🍁 **Banquet &
Entertainment**

Naheed Chaudhry, MD
Chair, APPNA Canada Meeting

Naushad Noorani, MD
Co-Chair, APPNA Canada Meeting

Humeraa Qamar, MD
President APPNA 2025

Registration and Information coming soon on:
www.appna.org



SAVE THE DATE

APPNA

Winter Meeting

DEC 21ST - 25TH 2025

HUMERAA QAMAR, MD
PRESIDENT APPNA

NUSRUM IQBAL, MD
CHAIR WINTER MEETING

MORE INFORMATION COMING SOON AT WWW.APPNA.ORG



APPNA

Association of Physicians of
Pakistani Descent of North America

6414 S Cass Ave, Westmont, IL 60559-3209, USA
Phone: +1 (630) 968-8585 Fax: (630) 981-5229
www.appna.org



At Natera, DNA is in our blood

Natera™ is a global leader in cell-free DNA testing, with a focus on women's health, oncology, and organ health. Our mission is to change the management of disease worldwide by using a simple blood draw to proactively inform treatment.



Learn more at **natera.com**