

- ❖ **Name & Designation** : Dr. Devki Nandan, Associate Professor
- ❖ **Address** : Dept. of Pediatric Pulmonology, Govt. of India, PGIMER,
Dr. RML Hospital, New Delhi-100001
- ❖ **Name of the International Conference/
Seminar/Symposium/ Workshop** : ATS International Conference-2014.
- ❖ **Title of the abstract accepted** : Congenital pulmonary tuberculosis with bilateral multiple
choroid tubercles- A rare case report
- ❖ **Venue & Date** : San Diego, California, USA, 16-21st May 2014.
- ❖ **Money sanctioned** : ₹ 1,00,000/-
- ❖ **Money reimbursed** : ₹ 1,00,000/-

Participation Report

No. of participating countries: Numerous countries consisting of USA, EUROPEAN countries, AUSTRALIA and ASIAN countries(mainly CHINA, JAPAN, RUSSIA,INDIA etc)

No. of sessions: Approx. 18 sessions (Pediatric Asthma, Cystic Fibrosis, Congenital Lung Malformations, Difficult Pneumonia, Eosinophilic Lung Disease, Chest Deformity,Upper Respiratory Chest Infection, Bronchiolitis, Pulmonary Artery Hypertension, Interstitial Lung Disease, Hemoptysis, Bronchoscopy, Interventional Pulmology, MDR T.B. and XDR T.B., FENO(Fractional Excretion Of NO), Acute Respiratory Distress Syndrome, Bronchiectasis, Role Of Vitamin D in Respiratory Disorder, Surfactant Protein Deficiency, Chronic lung disease, Empyema Thoracis, Pneumothorax, Pleural Effusion(Tubercular, malignant ,Fungal etc.), Pulmonary Involvement in HIV cases and Rheumatological disorders.

2. Major recommendation was mainly for MDR T.B. (use of, quinolones, aminoglycosides, ethionamide etc.) , cystic fibrosis (use of inhaled therapy like DNase, colistin as well as tobramycin) and asthma (use of inhaled steroid like ciclesonide inhaler, omalizumab for difficult asthma along with intensive control of allergens).

New development presented at training:

Use of

1. Airway Stenting

2. Bronchial Thermoplasty

3. Bronchial valves

4. Foreign Body Removal with Fiberoptic Bronchoscope in place

of Rigid Bronchoscope

5. Transbronchial Biopsy

6. Endobronchial Ultrasound

3. New development resulting from training/ workshop:

Use of **airway stenting** is a new advancement for cases where tracheal/bronchial compression due to extrinsic compression, from lymph node mass, tumor, tracheobronchomalacia, trachea-oesophageal fistula, collapsing airways, benign strictures etc. leading to debilitating symptoms like dysnoea.

There are mainly Silicon Stent and Metallic Stent are available.

The future research are going on biodegradable and drug

Eluting Stents.

Bronchial Thermoplasty: Asthma is a major health issue with high morbidity and mortality. Thermoplasty is a new treatment that aims to reduce the smooth muscle mass in the airways. Thermoplasty has been shown to improve asthma specific quality of life with reduction in the severe exacerbation in the post treatment period. There are no major adverse effects of thermoplasty.

Fibreoptic bronchoscope: Fibreoptic bronchoscopy is generally safe and is also use for removing foreign body from bronchial tree and for removing mucus plugs especially in cases of collapsed bronchus due to cystic fibrosis. FOB is also used for taking trans-bronchial biopsy but the pneumothorax and haemorrhage are its major complication.

4. **Bronchial valves** appear safe and may be effective for alveolar pleural fistula.

Therapeutic bronchoscopy was done to stop the bleeding, occlusion of the bronchus by endobronchial balloon catheters, or placing arterial coils into the artery supplying the bleeding site can be done.

Endobronchial USG is used for identifying coin lesions and malignant lesions.

All these new developments can be brought into our practice in near future in public interest for Pediatric Pulmonary Cases.

5. My contribution in training/workshop

Congenital pulmonary T.B. with bilateral multiple choroid tubercles in a 3 months old male baby was presented by me (poster presentation). This presentation was very much appreciated by facilitator. He complemented me by saying this is a new knowledge for him and he has never seen and read such type of case of congenital T.B. with B/I multiple choroid tubercles. In this case mother was asymptomatic even in presence of genital tuberculosis. Her chest X-ray was grossly normal. Approx. 15000 participants from all over the world attended this most prestigious international conference of American Thoracic Society 2014 at Sandiego California USA. I have made a big poster and also distributed copy of poster to 25 participants who were eager to learn more about this unique case.