

CARDIO CON 
Ahmedabad 2022

"Cardiodiagnostics"
announces

With support of **Association of Physicians of Ahmedabad (APA)**

Cardiocon **UPDATES - 2022**

19th & 20th February, 2022 (Saturday & Sunday)

Ahmedabad

In association with SAL Hospital

30+ Debates

100+ Lectures

**Daily Quiz based on
debates with prizes**

**15+ International
Faculty**

4 Scientific Halls



Click Here to Register

DEAR FRIENDS AND COLLEAGUES,

GREETINGS FROM CARDIOCON!

We are happy to announce that CARDIOCON 2022 is being organized from 19th & 20th February, 2022 in a Hybrid Model.

Cardiocon 2022 is a platform, where clinicians, researchers and industries convene with the aim to promote, support and enhance the development of treatments.

We encourage young scientists and researchers to submit their abstract papers as this will be a showcase platform for them to present their research work in the field of Cardiology and allied specialties.

Cardiocon is a unique format of case based debates in cardiology gained it's popularity in last one decade. It was attended by more than 5000 delegates from India and many delegates from across the globe.

Cardiocon 2022 promises to be an experience like no other, and we look forward to your active participation in the conference.

With Warm Regards,
Organizing Team
Cardiocon 2022

COMMITTEE



Dr. Kamal Sharma
(Chairman, Scientific Committee)



Dr. Jignesh Patel



Dr. Mukesh Ladha



Dr. Prashant Vazirani



Dr. Kalpesh Hansora



Dr. Neha Sharma

International Faculty



Dr. Aayesh Cader (Bangladesh)

Assistant Professor of Cardiology (academic);
Interventional Cardiology Fellow; MSc Clinical Trials
candidate, NDPH, University of Oxford



Dr. Aditya Bhardwaj (USA)

MD

Cardiologist at Loma Linda University Medical Centre
and Riverside University Health System Medical Center



Dr. Annabelle Santos Volgman (USA)

MD

Cardiologist in Chicago, Illinois and is affiliated with
multiple hospitals in the area, including Rush University
Medical Centre and Rush Oak Park Hospital



Dr. Andrew Choi (USA)

MD

Cardiologist in Washington, District of Columbia and is
affiliated with George Washington University Hospital



Dr. Deepak Shrivatsava (USA)

MD, FCCP, FAASM, FACP, RPSGT - Professor of Internal
Medicine, Sleep Medicine, and Pulmonary and Critical Care at
University of California Senior Faculty Member in the ACGME
accredited Sleep Medicine Fellowship Program Medical Director of
the Respiratory Therapy School



Dr. Dipesh Shah (USA)

MD

Chief of Cardiothoracic surgery & Surgical director of
Heart transplant and MCS, RICVAMC, VA
Assistant Professor, VCU, Richmond, VA



Dr. Eric Yang (USA)

M.D., FACC, FASE
currently an Associate Clinical Professor of Medicine at
the Ronald Reagan University of California, Los Angeles
Medical Center



Dr. Franz Xaver Kleber (Germany)

Head Physician Dep. of Cardiology
Paul Gerhardt Stift (Germany)
Invasive, interventional and conservative cardiology

International Faculty



Dr. Koshi Matsuo (Japan)

M.D.
Director, Cardiovascular Department, Yao Tokushukai
General Hospital



Dr. Mamas A. Mamas (UK)

MD
Professor of Cardiology at Keele University and is a
Practicing Interventional Cardiologist



Dr. Purvi Parwani (USA)

MD
Assistant Professor of Medicine (Cardiology) at Loma
Linda University



Dr. Rajiv Sankaranarayanan (England)

MBBS FRCP (Lon) FESC PhD
Consultant Cardiologist and Heart Failure Lead Cheshire &
Merseyside Cardiac Board HF Co-Lead NIHR Scholar and Honorary
Senior Clinical Lecturer Liverpool University Hospitals



Dr. Rahul Bhardwaj (USA)

MD
Cardiologist in San Bernardino, California



Dr. Renee Bullock Palmer (USA)

MD
Internal Medicine-SUNY Downstate Medical Centre College
of Medicine, Brooklyn, NY



Dr. Shilpi Mohan (Kyrgyzstan)

MD Medicine; DNB Cardiology
Consultant Cardiologist, Kyrgyzstan



Dr. Sri Hari Naidu (USA)

MD, FACC, FAHA, FSCAI
Professor of Medicine, New York Medical College, Valhalla, NY

Scientific Highlights

Case based Debates on:

A. Interventional Cardiology

A Imaging (IVUS / OCT)

B Left Main Intervention

C Osteal Interventions

D Plaque Modification

E Physiology (FFR) v/s Imaging

F Device Therapies
And many more...

B. Core Cardiology

A Coronary Artery Disease

B Congenital Heart Disease

C Arrhythmias

D Cardio-Diabetology

E Heart Failure

F Rheumatic Heart Disease
And many more...

C. Vignettes

A Bio-Statistics

B Congenital Heart Disease

C Arrhythmias

D Cardio-Diabetology

E Echocardiography

F Radio-Nuclear Imaging

G CT Angiography

H Cardiac MRI

I Women in Cardiology

D. E-Posters with Prizes

E. Online Quiz

**F. CME Credit Points
by Medical Council***

CARDIOCON-2022

#33 Debates with #82 Talks

CORE CARDIOLOGY

Day 1: 19th February, 2022 (Saturday)

EINTHOVEN HALL (A)

Anchorage

Dr. Jayesh Trivedi
Dr. Kamal Sharma

03:30PM-
04:00PM

INAUGURATION

04:00PM-
04:30PM

Keynote Address

The Emerging and the Conquered Frontiers in the Interventional Cardiology – The Path Ahead



Dr. Vijay Bang
President - CSI (Mumbai)

BOUT 1.

YOUNG ACUTE ST ELEVATION MI – LYTICS vs PPCI

04:30PM-
05:15PM

A 23 years old male who is “fully vaccinated” for COVID-19 (last dose been given 3 months back) presents with a window period of 2.5 hours to a “Cath-lab enabled centre” with ST Elevation in V2-V5 with Killip class 2 with HR 110 bpm, BP- 146/76mmHg with SaO₂ of 96% on room air with ongoing severe rest angina. The best strategy apart from loading with DAPT, statin and medical optimization would be

Talk 1
RED CORNER

THROMBOLYSIS with any novel lytic agent is best as time is muscle!

Dr. Aman Chaturvedi (10 min)
(Ahmedabad)

Talk 2
BLUE CORNER

Primary PCI is best strategy for complete revascularization and time delay in the logistics is not so huge here!

Dr. Mukesh Laddha (10min)
(Ahmedabad)

Talk 3
YELLOW CORNER

T-PA is the preferred agent for lysis in this STEMI in this COVID-19 Era

Dr. Sandarbh Patel (10 min)
(Ahmedabad)

TAKE HOME MESSAGE & PANEL DISCUSSION - ALL Faculties (10 min)

Referees
(Chairpersons)

Dr. K. K. Goyal
(Ahmedabad)

Dr. Jit Brahmbhatt
(Ahmedabad)

Dr. Varun Sibal
(Bhavnagar)

Scorers
(Moderators)

Dr. Bhavesh Patel
(Ahmedabad)

Dr. Smittesh Dutt
(Ahmedabad)

Dr. Pragnesh Vora
(Ahmedabad)

BOUT 2.

ATRIAL FIBRILLATION – NOAC

05:15PM -
06:00PM

A 77 years old diabetic male weight 60 kg. with history of Paroxysmal AF without past history of any embolic phenomenon with CHADS₂VASc₂ score of 4 and HASBLED score of 2 had undergone PTCA to RCA for IWMI with 95% proximal lesion 22 months back. Apart from standard medical care, Optimal anticoagulation strategy would include

Talk 4
BLUE CORNER

DABIGATRAN as NOAC is the most widely studied in this scenario

Dr. Sunil Thanvi (10 min)
(Ahmedabad)

Talk 2
RED CORNER

RIVAROXABAN as NOAC is the most evidence based therapy in such a scenario

Dr. V. S. Prakash (10 min)
(Bengaluru)

Talk 3
YELLOW CORNER

APIXABAN is the safest NOAC in this scenario

Dr. Jay Shah (10 min)
(Ahmedabad)

TAKE HOME MESSAGE & PANEL DISCUSSION - ALL Faculties (10 min)

Referees
(Chairpersons)

Dr. Gaurav Gandhi
(Jamnagar)

Dr. Sanjay Vaghani
(Surat)

Dr. Kewal Kanabar
(Ahmedabad)

Scorers
(Moderators)

Dr. Jitendra Anand
(Ahmedabad)

Dr. Devang Shah
(Ahmedabad)

Dr. Ronak Shah
(Ahmedabad)

BOUT 3.	ANTIPLATELETS - HIGH BLEEDING RISK/SINGLE ANTIPLATELET		
06:00PM - 06:45PM	A 65 years old diabetic, hypertensive weighing 66 kg. with past history of coronary angioplasty to LAD with DES implanted 7 months back on Clopidogrel and Aspirin presents with recurrent mild hematuria but normal hemoglobin which on work up reveals BPH as possible etiology. His eGFR is 60ml/min. The ideal single antiplatelet would be (with/without aspirin) -		
Talk 7 BLUE CORNER	TICAGRELOR is an all season antiplatelet without higher bleeding risk with higher efficacy	Dr. Abhisheka Tripathi (Ahmedabad)	(10 min)
Talk 8 RED CORNER	PRASUGREL is the preferred Antiplatelet given for his risk profile!	Dr. Sarath Chandra (Hyderabad)	(10 min)
Talk 9 YELLOW CORNER	Clopidogrel is the safest choice amongst the three options	Dr. C. K. Ponde (Mumbai)	(10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

**Referees
(Chairpersons)**

Dr. Aalap Patel
(Mehsana)

Dr. Sanket Saraiya
(Vadodara)

Dr. Amit Chaudhari
(Nashik)

**Scorers
(Moderators)**

Dr. Gyanendra Singh
(Ahmedabad)

Dr. Mustafa Rangwala
(Ahmedabad)

Dr. Anand Patel
(Kadi, Ahmedabad)

BOUT 4.	HEART FAILURE		
06:45PM - 07:30PM	A 65-years-old female with normal QRS duration of 90ms. with normal coronary angiography has NYHA Class 3 dyspnea with severe LV DYSFUNCTION with LVEF 20% with BP of 100/62 mmHg. Her creatinine is 1.89 mg.% with eGFR of 38 ml/min/m2. She is drug defaulter with past history of hospitalization 3 months back. What would be the best sequence for her in the current scenario		
Talk 10 RED CORNER	ARNI with beta-blockers ahead of SGLT2-i would be the game changer	Dr. Anish Chandarana (Ahmedabad)	(10 min)
Talk 11 BLUE CORNER	Adding Vericiguat with SGLT2-I and beta-blocker instead of ARNI would be the safest strategy as the starting choice	Dr. Prafulla Kerkar (Mumbai)	(10 min)
Talk 12 YELLOW CORNER	Beta-blocker with SGLT2-i ahead of ACE/ARB is less likely to cause hypotension and other side-effects and should be chosen ahead of others	Dr. C. K. Ponde (Mumbai)	(10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION- All Panellist (10 min)

**Referees
(Chairpersons)**

Dr. Satyam Udhreja
(Rajkot)

Sunil Gurmukhani
(Ahmedabad)

Dr. Kartik Natrajan
(Ahmedabad)

**Scorers
(Moderators)**

Dr. Falguni Vora
(Ahmedabad)

Dr. Chetan Nayak
(Ahmedabad)

Dr. Jignesh Sheth
(Ahmedabad)

BOUT 5.	WOMEN - IN - CARDIOLOGY SESSION - STABLE CAD - ISCHEMIA EVALUATION	
07:30PM - 08:30PM	A 52 years old female with hypertension and dyslipidaemia presented with atypical angina with nonspecific ST-T changes in inferior leads. Her LVEF on Echocardiography is 58% with no evident RWMA at rest. She also has severe bilateral OA knee. The best strategy for CAD evaluation (rather than invasive coronary angiography) would be -	
Talk 13 BLUE CORNER	Pharmacological stress Echocardiography would be the best choice	Dr. Sonali Inamdar (Pune)
Talk 14 RED CORNER	Stress CVMRI would be the best strategy	Dr. Purvi Parwani (USA)
Talk 15 YELLOW CORNER	CT angiography is a safe and reliable option	Dr. Andrew Choi (USA)
Talk 16 GREEN CORNER	Stress Radio nuclear imaging (PET/SPECT) is the most appropriate option	Dr. Renne Bullock Palmer (USA)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

**Referees
(Chairpersons)**

Dr. Aaysha Cader
(Bangladesh)

Dr. Pooja Vyas
(Ahmedabad)

Dr. Nikhila Panchani
(Rajkot)

**Scorers
(Moderators)**

Dr. Neha Sharma
(Ahmedabad)

Dr. Archana Jadeja
(Ahmedabad)

Dr. Bhoomi Patel
(Ahmedabad)

BOUT 6.	ATRIAL FIBRILLATION - Rate vs rhythm control strategy	
08:30PM - 09:00PM	A 54-year-old Male presents with recurrent paroxysmal Atrial fibrillation has mild COPD with past history of Covid-19. He has a normal Echocardiography except mild Pulmonary hypertension with RVSP-40 mmHg. Coronary angiogram done a year back was normal. The preferred strategy would be -	
Talk 17 BLUE CORNER	Rate control would be the preferred strategy	Dr. Annabelle Volgman (10 min) (USA)
Talk 18 RED CORNER	Rhythm control strategy (AF ablation) is safer and as effective as rate control	Dr. Rahul Bharadwaj (10 min) (USA)

TAKE HOME MESSAGE & PANEL DISCUSSION - ALL Faculties (10 min)

**Referees
(Chairpersons)**

Dr. Anoop Gupta
(Ahmedabad)

Dr. Chirayu Vyas
(Ahmedabad)

Dr. Hiren K. Patel
(Ahmedabad)

**Scorers
(Moderators)**

Dr. Keyur Shah
(Ahmedabad)

Dr. Ashish Saxena
(Ahmedabad)

Dr. Marmik Brahmbhatt (Ahmedabad)

BOUT 7.	ROUTE OF INTERVENTION	
09:00PM - 09:30PM	A 77-year-old female presents with acute inferior wall MI with window period of 5 hours with BP of 80/55 mmHg with past history of hypertension and diabetes, preloaded with Clopidogrel and aspirin has heart rate of 34 bpm due to complete heart block with symptoms of giddiness. His radials are feeble. The preferred route of PPCI would be -	
Talk 19 BLUE CORNER	Even if the Temporary pacemaker is needed, even then the radial route is the preferred modality	Dr. Sanjay Shah (10 min) (Ahmedabad)
Talk 20 RED CORNER	Femoral route is less cumbersome as the groin is anyway being punctured for Temporary pacemaker insertion with feeble radials	Dr. Sharad Jain (10 min) (Ahmedabad)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

**Referees
(Chairpersons)**

Dr. Ajay Mahajan
(Mumbai)

Dr. S. Sanghvi
(Jodhpur)

Dr. Rasesh Pothiwala
(Ahmedabad)

**Scorers
(Moderators)**

Dr. Alok Shinde
(Pune)

Dr. Amit Patil
(Mumbai)

Dr. Senthil S.
(Chennai)

CARDIOCON-2022

#33 Debates with #82 Talks

Day 1: 19th February, 2022 (Saturday)

GRUENTZIG HALL (B)

Anchorage

Dr. Prashant Vazirani
Dr. Kamal Sharma

03:30PM-
04:00PM

INAUGURATION

04:00PM-
04:30PM

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Dr. Vijay Bang
President - CSI (Mumbai)

BOUT 8.

ISR MANAGEMENT-DRUG ELUTING BALLOON /STENTING

04:30PM -
05:15PM

A 68 years old Male, post PTCA to LAD status 3 years back, presented with NSTEMI, Troponin positive with patent stent to LAD with 99% Osteal occlusion of a large diagonal arising from the middle of the previous stent size 4x 38 mm

Talk 21
BLUE CORNER

Paclitaxel drug coated balloon assisted by imaging is preferred strategy for Diagonal revascularisation

Dr. Franz X. Kleber
(Germany) (10 min)

Talk 22
RED CORNER

Being atherosclerotic in nature, denovo stenting of diagonal is the best solution

Dr. Jayesh Prajapati
(Ahmedabad) (10 min)

Talk 23
GREEN CORNER

Sirolimus Drug eluting balloon with Nano-technology is the best strategy for branch vessel revascularisation

Dr. Sameer Dani
(Ahmedabad) (10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

Referees
(Chairpersons)

Dr. Rohit Mathur
(Jodhpur)

Dr. Amol Aggrawal
(Ahmedabad)

Dr. Sibasis Sahoo
(Ahmedabad)

Scorers
(Moderators)

Dr. Girish Bachav
(Surat)

Dr. Nikul Panchal
(Ahmedabad)

Dr. Devendra Sharma
(Palanpur)

BOUT 9.

HOCM

05:15PM -
05:45PM

A 44-year-old Male presents with dyspnea class III and angina class II with ejection systolic murmur at Erb's area which is increased on standing and Valsalva murmur. His echocardiography revealed HOCM with ASH with resting gradient of 88/45 mmHg. His ECG shows LVH with deep T inversion in v2-v5 with normal axis. His Coronary angiogram was normal and showed a large first septal. CVMRI shows LGE of 15% with IVS of 22 mm with normal mitral geometry with Mild mitral regurgitation (20%).

Talk 24
BLUE CORNER

Alcohol Septal Ablation is the preferred strategy ahead

Prof. Shrihari Naidu (USA) (10 min)

Talk 25
RED CORNER

Myectomy is better strategy for the clinical scenario

Dr. Mehul Shah
(Ahmedabad, CVTS) (10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

Referees
(Chairpersons)

Dr. Suhas Lele
(Vadodara)

Dr. Navin Aggrawal
(Vapi)

Dr. Rajesh Thosani
(Cardiac Anaesthetist, Ahmedabad)

Scorers
(Moderators)

Dr. Amit Soni
(Ahmedabad)

Dr. Chandrakant Usendi
(Ahmedabad)

Dr. Shobha Nand Jha
(Ahmedabad)

BOUT 10.	IMAGING AND ISR
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05:45PM - 06:15PM	A 66-year old Male presents with NSTEMI with in-stent restenosis of 95% in osteo-proximal RCA stent 4x28 mm implanted 8 months back. His eGFR is 44 ml/min/m2. The preferred mode of imaging during the revascularization would be
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Talk 26 BLUE CORNER	HD-IVUS is preferred in view of proximal lesion with altered renal function	Dr. Prashant Vazirani (Ahmedabad) (10 min)
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Talk 27 RED CORNER	OCT is preferred modality despite borderline renal function and proximal lesion due to higher efficacy	Dr. N. K. Mahesh (Cochin) (10 min)
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TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

**Referees
(Chairpersons)**

Dr. Tejas M. Patel
(Ahmedabad)

Dr. Justin Paul
(Chennai)

Dr. Joyal Shah
(Ahmedabad)

**Scorers
(Moderators)**

Dr. Parminder Singh
(Nanded)

Dr. Tushar Nikam
(Aurangabad)

Dr. Prakash Vazirani
(Ahmedabad)

BOUT 11.	EXTREMIS (REFRACTORY) HEART FAILURE
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06:15PM - 06:45PM	"A 60-year-old Female, blood group O negative, presents with dyspnea class IV with history of 3 hospitalisation in last 6 months for pulmonary oedema, presents with elevated JVP, cardiomegaly and Grade III Pansystolic murmur at mitral area. Her echocardiography revealed Dilated LA, LV with moderate MR with mild PAH. Her ECG shows normal sinus rhythm with QS in V2-V4 with deep T inversion in V2-V5 with normal axis. Her Coronary angiogram was normal 6 months back. Her Right heart cath shows mild PAH with PVR of 3 wood units. Her eGFR is 50 ml/hr/m2 during the last hospitalisation
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Talk 28 BLUE CORNER	LVAD as Bridge/destination therapy is the new Beginning	Dr. Dipesh Shah (USA) (10 min)
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Talk 29 RED CORNER	Heart transplantation is the final destination therapy!!	Dr. Dhaval Naik (Ahmedabad) (10 min)
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TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

**Referees
(Chairpersons)**

Dr. Parag Sheth
(Ahmedabad)

Dr. Kamaldeep Chawla (Vadodara)

Dr. Dignesh Vasava
(Anand)

**Scorers
(Moderators)**

Dr. Bikramadiya Padhi
(Vadodara)

Dr. Viral Gandhi
(Vadodara)

Dr. Anand Ahuja
(Vadodara)

BOUT 12.	STENT SELECTION
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06:45PM - 07:25PM	A 50-year-old Doctor with Diabetes, unstable angina is planned to undergo PTCA to tortuous angulated long 90% mid LCX lesion with Large OM arising across it. The stent parameter that helps in choosing this stenting would be -
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Talk 30 RED CORNER	Stent design parameters' (viz. Strut thickness, trackability, radial strength etc.) are more important parameters	Dr. B. C. Kalmath (Mumbai) (10 min)
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Talk 31 BLUE CORNER	Drug platform (dose, elution profile) and polymer (bio degradable) are more important determinants with availability of new delivery systems / catheters	Dr. Rajneesh Kapoor (Delhi) (10 min)
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Talk 32 GREEN CORNER	New Generation Abluminal Drug Elution with "Semi Absorbable Platform" is the approved DES for such patient	Dr. Nikhil Parchure (Mumbai) (10 min)
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TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

**Referees
(Chairpersons)**

Dr. Kamlesh Thakkar
(Ahmedabad)

Dr. Vipul Kapoor
(Ahmedabad)

Dr. Tejas V. Patel
(Ahmedabad)

**Scorers
(Moderators)**

Dr. Ravi Singhvi
(Ahmedabad)

Dr. Priyank Mody
(Surat)

Dr. Nikunj Kotecha
(Rajkot)

BOUT 13.	PLAQUE MODIFICATION		
07:30PM - 08:00PM	55 years old male has unstable angina with 99 % calcified, tortuous, long LAD lesion with TIMI II flow with resting ST depression and deep T inversion on ECG changes in anterior leads with LVEF of 55% with negative biomarkers and positive Myocardial perfusion nuclear scan for ischemia at low workload in the LAD territory. Best Strategy for the plaque modification would be -		
Talk 33 BLUE CORNER	ROTABLATION - OLD IS GOLD !	Dr. D. S. Gambhir (Delhi)	(10 min)
Talk 34 RED CORNER	IVL is a game-changer with minimal risks!	Dr. Prakashveer Parikh (Ahmedabad)	(10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

Referees
(Chairpersons)

Dr. Darshan Banker
(Vadodara)

Dr. Mihir Tanna
(Rajkot)

Dr. Apurva Vasavda
(Surat)

Scorers
(Moderators)

Dr. Jevin Jhameria
(Nadiad)

Dr. Mukesh Jha
(Indore)

Dr. Pratik Raval
(Ahmedabad)

BOUT 14.	PACEMAKERS		
08:00PM - 08:30PM	88 years old lady with degenerative complete heart block on haemodialysis with right Upper AV fistula and occluded left upper limb fistula is scheduled for permanent pacemaker. She has 100% occluded Osteal LAD with good distal target. Best permanent pacing strategy would be -		
Talk 35 BLUE CORNER	Epicardial pacemaker implantation at the time of MICAS is simple strategy	Dr. Vivek Wadhva (Raipur, CVTS)	(10 min)
Talk 36 RED CORNER	Leadless pacemaker is a better strategy	Dr. Shomu Bohora (Vadodara)	(10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

Referees
(Chairpersons)

Dr. Hitesh Shah
(Ahmedabad)

Dr. Pramesh Gaidhane
(Gondia)

Dr. Hemang Gandhi
(Cardiac Anaesthetist, Ahmedabad)

Scorers
(Moderators)

Dr. Parshva Vora
(Rajkot)

Dr. Keyur Patel
(Surat)

Dr. Manjunath Pandit
(Mangalore)

BOUT 15.	LEFT MAIN CORONARY ARTERY DISEASE		
08:30PM - 09:00PM	A 37 years old Male without DM or HTN with strong family history of CAD presents with unstable angina with LMCA – LAD (A, B, C) (medina 1,1,1) with non-dominant LCX and normal RCA on coronary angiography (LM-LAD disease). Best Strategy would be		
Talk 37 BLUE CORNER	LIMA is a better conduit of revascularisation	Dr. Priyank Bhatt (Ahmedabad, CVTS)	(10 min)
Talk 38 RED CORNER	LEFT MAIN ANGIOPLASTY is the best strategy of revascularisation for him	Dr. Mamas A. Mamas (UK)	(10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION: ALL PANELLIST (10 min)

Referees
(Chairpersons)

Dr. Mridul Sharma
(Rajkot)

Dr. V. C. Chauhan
(Vadodara)

Dr. Ketav Lakhia
(Ahmedabad)

Scorers
(Moderators)

Dr. Shaival Majmudar
(Ahmedabad)

Dr. Nilay patel
(Surat - Valsad)

Dr. Alpesh Patel
(Ahmedabad, CVTS)

BOUT 16.	CORONARY "BED" PREPARATION		
09:00PM - 09:30PM	A 78-year-old Male presents with NSTEMI with BP 170/90 mmHg with past history of hypertension and diabetes preloaded with Clopidogrel and aspirin has heart rate of 88 bpm, shows isolated short LAD Osteal calcified 90% lesion with dominant LCX vessel on coronary angiogram. The preferred pre-dilatation strategy would be -		
Talk 39 BLUE CORNER	High pressure balloon (Balloon in Balloon) is most likely to yield optimal preparation	Dr. Chirag Sheth (Vadodara)	(10 min)
Talk 40 RED CORNER	Cutting/ scoring balloons are safer and time tested strategy	Dr. Hasit Joshi (Ahmedabad)	(10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

Referees
(Chairpersons)

Dr. Pujan Shah
(Rajkot)

Dr. Arvind Sharma
(Vadodara)

Dr. Ashish Mishra
(Ahmedabad)

Scorers
(Moderators)

Dr. Nilesh Chandak
(Amravati)

Dr. Vipin Bhangdiya
(Nanded)

Dr. Rushikesh Umalkar
(Nagpur)

CARDIOCON-2022

CORE CARDIOLOGY

Day 2: 20th February, 2022 (Sunday)

EINTHOVEN HALL (A)

Anchorage

Dr. Jayesh Trivedi
Dr. Kamal Sharma

BOUT 17.

CARDIAC REHABILITATION

**10:30AM -
11:00AM**

A 39 years old Male presented with acute IWMI for which he underwent successful PCI to RCA. His lipids show TG of 242 mg%, HDL of 33 mg% and LDL of 111 mg%. He is already started on 20 mg of Rosuvastatin. Apart from the optimal medical therapy (GDMT) for ACS and the most important aspect of lifestyle modification for him would be -

**Talk 41
BLUE CORNER**

Indian dietary modification is the most important preposition

Dt. Shweta Nagar
(Ahmedabad)

(10 min)

**Talk 42
YELLOW CORNER**

Yoga & Meditation are best suited modalities for Cardiac rehabilitation

Dr. Shilpi Mohan
(Bishkek, Kyrgystan)

(10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

**Referees
(Chairpersons)**

Dr. Asha Shah
(Ahmedabad)

Dr. Dhaval Doshi
(Ahmedabad)

Dr. Kaushal Gandhi
(Anand)

**Scorers
(Moderators)**

Dr. Vishal Mehta
(Ahmedabad)

Dr. Vinay Bhomia
(Ahmedabad)

**Dt. Poonam
Brahmbhatt** (Ahmedabad)

BOUT 18.

DIABETES AND HEART FAILURE - SGLT2 INHIBITORS

**11:00AM -
11:50AM**

A 95 kg. Indian Male on optimal cardiac medications has DM with HBA1C of 8.2 mg% with BMI 34.5 kg/m². His LVEF is 40 % on echocardiography. He has history of CABG- 2 years back. Best SGLT2 Inhibitor apart from lifestyle modification and GDMT would be -

**Talk 43
BLUE CORNER**

DAPAGLIFLOZIN is the preferred SGLT2i

Dr. Saumitra Ray
(Kolkata)

(10 min)

**Talk 44
RED CORNER**

EMPAGLIFLOZIN is the preferred SGLT2i

Dr. Sanjeev Phatak
(Ahmedabad)

(10 min)

**Talk 45
YELLOW CORNER**

REMOGLIFLOZIN is the most studied "INDIAN SGLT2-I"

Dr. Uday Jadhav
(Mumbai)

(10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION - ALL Faculties (10 min)

**Referees
(Chairpersons)**

**Dr. Dharmesh
Solanki** (Rajkot)

Dr. Pavan Roy
(Vadodara)

Dr. Nilesh Purshottam
(Surat)

**Scorers
(Moderators)**

Dr. G. R. Badlani
(Ahmedabad)

Dr. Manish Aggrawal
(Ahmedabad)

Dr. Devendrasinh Zala
(Sanand / Ahmedabad)

BOUT 19.	HIGH RISK CAD - LONG TERM STRATEGY
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11:50AM - 12:20PM	A 60-year-old male diabetic, hypertensive with Dyslipidaemia and strong family history with past history of CV stroke 4 years back with near complete recovery and post PTCA status with 3 stents, 1 year back for IWMI comes for follow up. Apart from medical optimization and lifestyle modification best strategy for risk reduction would be -
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Talk 46 RED CORNER	RIVAROXABAN 2.5 mg BD with aspirin	Dr. P. K. Hazra (Kolkata)	(10 min)
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Talk 47 BLUE CORNER	TICAGRELOR 60 mg BD with aspirin	Dr. Hemang Baxi (Ahmedabad)	(10 min)
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TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

**Referees
(Chairpersons)**

Dr. Nikhil Jadhav
(Mumbai)

Dr. Saurin Shah
(Ahmedabad)

Dr. Sanjiv Bhatia
(Ahmedabad)

**Scorers
(Moderators)**

Dr. Shashi Mundra
(Gandhinagar)

Dr. Raghu Satyanarayan
(Ahmedabad)

Dr. B. B. Solanki
(Ahmedabad)

BOUT 20.	LIPIDOLOGY
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12:20PM - 01:00PM	A 57-year-old Male, diabetic with family history of CAD in younger brother presents with 99% lesion in LAD with NSTEMI with LDL of 112 mg%, HDL of 32 mg% and TG of 322mg%. His Lp(a) is 60mg% and he is already on Rosuvastatin 40mg post previous PCI to RCA 9 months back.His HBA1c is 7.4 mg%. The Best strategy post-revascularization to manage his lipids apart from high dose statins, GDMT and lifestyle modification would be
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Talk 48 BLUE CORNER	PCSK9 INHIBITORS ARE PROVEN and better strategy	Dr. Praveen Chandra (Delhi)	(10 min)
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Talk 49 RED CORNER	EZETEMIBE is much cheaper & Effective to IMPROVE-IT	Dr. Rajeev Aggarwala (Meerut)	(10 min)
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Talk 50 YELLOW CORNER	Saroglitazar has promising data in diabetic dyslipidaemia	Dr. Ramesh Goyal (Ahmedabad)	(10 min)
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TAKE HOME MESSAGE & PANEL DISCUSSION - ALL Faculties (10 min)

**Referees
(Chairpersons)**

Dr. Pankaj Talokar
(Akola)

Dr. Kinjal Bhatt
(Rajkot)

Dr. Atul Parikh
(Ahmedabad)

**Scorers
(Moderators)**

Dr. Kamlesh Upadhyay
(Ahmedabad)

Dr. Dhiren Joshi
(Ahmedabad)

Dr. Vijay Desai
(Ahmedabad)

01:00AM - 01:30PM	LUNCH
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BOUT 21.	HYPERTENSION
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01:30PM - 02:15PM	A 55-year-old Male with heart rate of 88 bpm with Grade I hypertensive retinopathy with mean BP of 152/98 mm on ABPM is already on Telmisartan 40 mg, 6.25 mg of chlorthalidone and 5 mg of amlodipine once a day. Next best strategy would be -
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Talk 51 BLUE CORNER	Adding BETA BLOCKERS are preferred in view of the clinical profile	Dr. Bhupen Desai (Mumbai)	(10 min)
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Talk 52 RED CORNER	Adding Alpha blocker would be the preferred choice in patients as per the guidelines	Dr. Rashmit Pandya (Ahmedabad)	(10 min)
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Talk 53 YELLOW CORNER	Changing to newer CCB /ARB with emerging data may be a better choice	Dr. Abhishek Rawal (Rajkot)	(10 min)
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TAKE HOME MESSAGE & PANEL DISCUSSION - ALL Faculties (10 min)

**Referees
(Chairpersons)**

Dr. Dharmin Bhalodia
(Junagadh)

Dr. Himanshu Meghnathi
(Nadiad)

Dr. Hussain Bhatia
(Vadodara)

**Scorers
(Moderators)**

Dr. Parul Bhatt
(Ahmedabad)

Dr. Anil Kulshrestha
(Ahmedabad)

Dr. Nitin Parikh
(Ahmedabad)

BOUT 22. CAD- DIABETES- CKD - GLP1a /DPP4/AGI

02:15PM - 03:00PM
 A 72 year old male patient post PTCA to RCA 1 year back has weight of 90 kg with creatinine of 1.7 mg% (eGFR = 39.7 ml/min/m2) and is on SGLT2- inhibitor , metformin and insulin glargine with HBA1C of 8.9 % with FBS of 212 mg% and PPBS of 276 mg%. His LVEF is 48 % with grade 2 diastolic dysfunction with NYHA class 2. The next line of Anti-diabetic medication apart from diet, above medication and lifestyle modification would be -

Talk 54 BLUE CORNER	GLP1a are the most proven therapy in such a high risk patient in such a scenario	Dr. Om Lakhani (Ahmedabad)	(10 min)
Talk 55 RED CORNER	DDP4 i are safer, oral, inexpensive and better alternative in such patients.	Dr. Pankaj Agarwal (Delhi)	(10 min)
Talk 56 YELLOW CORNER	AGI/ Meglinitide analogue are safer bet in view of CKD	Dr. Banshi Saboo (Ahmedabad)	(10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

Referees (Chairpersons)	Dr. B. D. Mankad (Ahmedabad)	Dr. Apurva Parekh (Nephrologist, Ahmedabad)	Dr. Mahadev Desai (Ahmedabad)
Scorers (Moderators)	Dr. Anant Yadav (Ahmedabad)	Dr. Ashwin Gadhvi (Ahmedabad)	Dr. Tanish Modi (Ahmedabad)

BOUT 23. STABLE CORONARY ARTERY DISEASE

03:00PM - 03:45PM
 A 77-year-old male with history of old inferior wall MI due to occluded RCA had undergone CABG 4 years back for triple vessel disease, now has occluded SVG to LCX graft but patent SVG to RCA and LIMA to LAD. Stress radio- nuclear imaging had revealed mild reversible ischemic territory of LCX (SDS=3). His LVEF is 45% and has class II angina along with class II dyspnea on glycerine trinitrate 6.4 mg twice daily apart from DAPT and high dose statins. He is already on Metoprolol 100 mg per day, ACE-inhibitors and diuretics. His resting heart rate is 78 bpm and BP of 106/70 mmHg. He has occasional VPC on ECG. The preferred modality of next line of anti-anginal would be -

Talk 57 RED CORNER	Ivabradine is the preferred drug in view of elevated resting heart rate and LV dysfunction	Dr. Jasraj Panwar (Kadi, Ahmedabad)	(10 min)
Talk 58 BLUE CORNER	Ranolazine is the preferred antianginal in view of additional anti-arrhythmic benefits	Dr. Dhamdeep Humane (Mumbai)	(10 min)
Talk 59 YELLOW CORNER	Trimetazidine has additional benefit of ischemic remodelling esp. in LV dysfunction	Dr. Rutvik Trivedi (Anand)	(10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

Referees (Chairpersons)	Dr. Uttam Chandarana (Ahmedabad)	Dr. Nilesh Patel (Palanpur)	Dr. Kamlesh Fatania (Ahmedabad)
Scorers (Moderators)	Dr. Surendra Gupta (Palanpur)	Dr. Shabbir Gadi (Ahmedabad)	Dr. Rajeev Sabnani (Ahmedabad)

BOUT 24. ACS- GP2B-3A Inhibitors/IV P2Y12 Inhibitors

03:45PM - 04:30PM
 A 45 years old diabetic, hypertensive weighing 52 kg. presents with Anterior wall STEMI. His coronary angiogram reveals 100% occluded Osteal LAD with grade 5 thrombus with 80% disease in LCX and Mid RCA also. His LVEF is 35% with anterior territory hypokinesia with moderate MR (30%). The ideal IV P2Y12 during PCI would be -

Talk 60 RED CORNER	Tirofiban is an all season agent	Dr. Urmil Shah (Ahmedabad)	(10 min)
Talk 61 BLUE CORNER	Abciximab is the preferred agent given its potency!	Dr. Kalpesh Hansora (Ahmedabad)	(10 min)
Talk 62 BLUE CORNER	Cangrelor is the Preferred choice amongst the three options	Dr. Ashwani Mehta (Delhi)	(10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

Referees (Chairpersons)	Dr. Chirag Patel (Ahmedabad)	Dr. Dinesh Joshi (Ahmedabad)	Dr. Ravi Bhojani (Rajkot)
Scorers (Moderators)	Dr. Vimal Prajapati (Ahmedabad)	Dr. Mukul Oza (Ahmedabad)	Dr. Nurul Abbas Noorani (Ahmedabad)

CARDIOCON-2022

INTERVENTIONAL CARDIOLOGY

Day 2: 20th February, 2022 (Sunday)

GRUENTZIG HALL (B)

Anchorage

Dr. Prashant Vazirani
Dr. Kamal Sharma

BOUT 25.

CARDIOGENIC SHOCK

10:30AM -
11:15AM

A case of Hyper-acute anterior wall MI in 34-year-old Male presents history of fever 2 days back with Pulse of 120 bpm with BP 88/55 on "low dose" of noradrenaline infusion has SaO₂ of 94% with bi-basal crepts up to mid chest. He is intubated and put on mechanical ventilation. He had in-hospital primary VT which was reverted with DC cardioversion. His COVID-19 is awaited by RT-PCR and is being shifted to Cath- lab for Primary PCI with pH of 7.3 and serum lactate of 9.0 mg%. Echo shows moderate ischemic MR (30-35%) with severe LV dysfunction (LVEF-25%) with Anterior territory severely hypokinetic. Preferred mechanical assist device for PPCI in this cardiogenic shock would be

Talk 63
BLUE CORNER

IABP is cost effective in selected cases and still works!

Dr. Bhupesh R. Shah
(Ahmedabad) (10 min)

Talk 64
RED CORNER

Impella is the best strategy in this case!

Dr. Aditya Bharawaj
(USA) (10 min)

Talk 65
YELLOW CORNER

ECMO is best suited for him looking at the complexity of the presentation

Dr. Chirag Doshi
(Ahmedabad) (10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

Referees
(Chairpersons)

Dr. Raj Rawal
(Ahmedabad)

Dr. Gaurav Singh
(Ahmedabad)

Dr. Jigisha J. Sachde
(Ahmedabad)

Scorers
(Moderators)

Dr. Abhimanyu
Kothari (Ahmedabad)

Dr. Kilol Kaneria
(Vadodara)

Dr. Harsh Ghonia
(Rajkot)

BOUT 26.

VALVULAR HEART DISEASE

11:15AM -
12:00PM

33-year-old female has exertional angina class III with intermittent palpitation SEVERE Rheumatic Mitral Stenosis with transmitral gradient of 33/ 21 mmHg on echo and MVA=0.8 cm.sq. His Wilkins score is 8 (intermediate) with mild MR (20%) with severe PAH with RVSP=78cm.sq. without clot on TTE. The best strategy for him would be -

Talk 66
RED CORNER

Balloon Mitral Valvotomy (BMV/
PTMC) is a better strategy

Dr. Kamal Sharma
(Ahmedabad) (10 min)

Talk 67
BLUE CORNER

Surgical mitral valve repair remains better option in long terms

Dr. Anil Jain
(Ahmedabad, CVTS) (10 min)

Talk 68
YELLOW CORNER

Mitral Commisurotomy (OMC/CMC) is still relevant!

Dr. Tushar Shah
(Ahmedabad) (10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION: ALL PANELLIST (10 min)

Referees
(Chairpersons)

Dr. Priyankar Sinha
(Ahmedabad)

Dr. Nirav Bhalani
(Vadodara)

Dr. Zeeshan Mansuri
(Ahmedabad)

Scorers
(Moderators)

Dr. Sunil Karna
(Karamsad)

Dr. Kiran Prajapati
(Ahmedabad)

Dr. Tushar Bhatti
(Rajkot)

BOUT 27. VALVULAR HEART DISEASE

12:00PM - 12:30PM
 68-year-old male has exertional angina class III with mild COPD well controlled on oral medication and occasional inhalers has normal coronaries with LMCA "take off" 5 mm from the aortic valve with SEVERE sclerodegenerative Aortic Stenosis with gradient of 98/ 52 mmHg on TTE. His STS score is 5 (intermediate) with suitable lower limb and valve CT. The best strategy for him would be -

Talk 69 RED CORNER **Transcatheter aortic valve replacement is a better strategy (TAVR)** **Dr. Abhishek Rajpopat** (Ahmedabad) (10 min)

Talk 70 BLUE CORNER **Minimal invasive Surgical Aortic valve replacement (SAVR) remains gold standard** **Dr. Jaydeep Ramani** (Ahmedabad, CVTS) (10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION: ALL PANELLIST (10 min)

Referees (Chairpersons) **Dr. Manek Chopra** (Ahmedabad) **Dr. Ramesh Patel** (Cardiac Anaesthetist, Ahmedabad) **Dr. Jayesh Meniya** (Surendranagar)

Scorers (Moderators) **Dr. Anci Shah** (Cardiac Anaesthetist, Ahmedabad) **Dr. Lal Daga** (Ahmedabad) **Dr. Pinkesh Parmar** (Ahmedabad)

BOUT 28. CAD AND CAROTID ARTERY STENOSIS

12:30PM - 01:00PM
 A 65 years old female presents with unstable angina with triple vessel coronary artery disease with LVEF 45%. Patient has history of Left sided TIA 3 months back and on preoperative workup now shows 95% stenosis in right ICA with mild disease in Left CA on carotid angiography. The preferred sequence of revascularization would be -

Talk 71 BLUE CORNER **CABG with same sitting Right Carotid endarterectomy** **Dr. Kartik Patel** (Ahmedabad, CVTS) (10 min)

Talk 72 RED CORNER **Carotid PTA prior to CABG would make things easier** **Dr. Rahul Gupta** (Mumbai) (10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

Referees (Chairpersons) **Dr. Girish MP** (Delhi) **Dr. P. Kamath** (Mangalore) **Dr. Jignesh Kothari** (Ahmedabad, CVTS)

Scorers (Moderators) **Dr. Benny Jose** (Pune) **Dr. Anand Ahuja** (Vadodara) **Dr. Nikunj Kotecha** (Rajkot)

01:00PM - 01:30PM LUNCH

BOUT 29. CORONARY IMAGING AND PHYSIOLOGICAL ASSESSMENT

01:30PM - 02:00PM
 A 68 years old Male with new onset of atypical angina has "inconclusive" stress test (TMT) at 5 minutes with fatigue, on angiography shows 60%- 70% stenosis on QCA at the LAD ostium with 65% (QCA) of large Diagonal artery. Best strategy for the decision making for him would be aided by -

Talk 73 BLUE CORNER **Imaging (IVUS /OCT) AS SEEING IS BELIEVING!** **Dr. Anand Shukla** (Ahmedabad) (10 min)

Talk 74 RED CORNER **Physiological assessment (FFR /iFR/RFR) is more appropriate BECAUSE CORONARIES ARE NOT RIGID PIPES** **Dr. Sanjeev Kumar Sidana** (Jaipur) (10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

Referees (Chairpersons) **Dr. Tarun Dave** (Ahmedabad) **Dr. Surender Deora** (Jodhpur) **Dr. Jayal Shah** (Ahmedabad)

Scorers (Moderators) **Dr. Jasmin Vahora** (Ahmedabad) **Dr. Mandip Tilara** (Rajkot) **Dr. Utsav Unadkat** (Ahmedabad)

BOUT 30. HEART FAILURE AND DEVICES

02:00PM - 02:30PM
 A 60 years old Male with grade II dyspnea shows LAHB with RBBB with QRSd of 120ms with 240 ms PR interval. His 14 days' loop recorder yielded VPC burden of 4.5 % of total QRS. There is history of "cardiac syncope" twice over last 2 years. He has history of old anteroseptal MI with recanalised coronaries in a recent coronary angiography. His CVMRI shows small apical scar with LVEF of 42%. Apart from medical optimisation -

Talk 75 BLUE CORNER **AICD will be more suitable as preferred device therapy** **Dr. Sameer Rane** (Ahmedabad) (10 min)

Talk 76 RED CORNER **DDDR alone shall suffice as of now** **Dr. Jignesh Patel** (Ahmedabad) (10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)

Referees (Chairpersons) **Dr. Pintoo Nahta** (Ahmedabad) **Dr. Niraj Yadav** (Ahmedabad) **Dr. Bhavesh Roy** (Ahmedabad)

Scorers (Moderators) **Dr. Ravish Rawal** (Mumbai) **Dr. Jenish Shroff** (Ahmedabad) **Dr. Suyash Tated** (Indore)

BOUT 31.**SMALL VESSEL DISEASE****02:30PM -
03:00PM**

A 46-year-old Male presents with NSTEMI with hs-Troponin I of 232 ng% with BP 110/60 mmHg with history of hypertension and diabetes is preloaded with Ticagrelor and aspirin. His heart rate is 60 bpm with ECG showing deep T inversion in 1, aVL and V5, V6. On coronary angiogram, it reveals critical 18 mm lesion with 95% stenosis in 2.25 mm long first Diagonal artery. The preferred revascularization strategy would be -

**Talk 77
BLUE CORNER****Drug eluting balloon offers better outcomes in small vessel disease****Dr. Jayesh Raval**
(Ahmedabad)

(10 min)

**Talk 78
RED CORNER****New generation Drug eluting stents may offer better outcomes in small vessel disease****Dr. Mohit Gupta**
(New Delhi)

(10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)**Referees
(Chairpersons)****Dr. Atul Abhyankar**
(Surat)**Dr. Sharad Dave**
(Ahmedabad)**Dr. Kushal Pujara**
(Anand)**Scorers
(Moderators)****Dr. Mithlesh Kulkarni**
(Ahmedabad)**Dr. Kaushik Trivedi**
(Vadodara)**Dr. Rushabh Parikh**
(Ahmedabad)**BOUT 32.****PERIPHERAL VASCULAR DISEASE – ABDOMINAL AORTIC ANEURYSM****03:00PM -
03:30PM**

A 77 years old Male presents with persistent back ache with large saccular thoraco-abdominal aortic aneurysm size 9 x 11 x 13 cm ending just above the superior mesentery artery origin. The aneurysm is partially thrombosed. The patient is currently having normal neurological examination. The preferred management would be

**Talk 79
BLUE CORNER****EVAR is preferred strategy****Dr. Tarun Madan**
(Ahmedabad)

(10 min)

**Talk 80
RED CORNER****Surgical Endograft is the preferred modality****Dr. Vishal Gupta**
(Ahmedabad, CVTS)

(10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)**Referees
(Chairpersons)****Dr. Kapil Virpariya**
(Rajkot)**Dr. Gajendra Dubey**
(Ahmedabad)**Dr. Ritesh Shah**
(Cardiac Anaesthetist, Ahmedabad)**Scorers
(Moderators)****Dr. Roopesh Singhal** (Ahmedabad)**Dr. Riyaz Charaniya**
(Ahmedabad)**Dr. Denish Rojivadia**
(Ahmedabad)**BOUT 33.****CONGENITAL HEART DISEASE****03:30PM -
04:00PM**

A 10-year-old FEMALE presented with exertional fatigue class II and grade 4 systolic murmur at Erb's area has small 4x3 mm perimembranous VSD with 6mm from aortic valve has Qp/Qs of 2.1 with mild PAH and normal Biventricular function. Best strategy would be -

**Talk 81
BLUE CORNER****VSD Device closure is best the strategy****Dr. Bhavik Champaneri**
(Ahmedabad)

(10 min)

**Talk 82
RED CORNER****Surgical closure is preferable****Dr. Amit Mishra**
(Ahmedabad, Pediatric CVTS)

(10 min)

TAKE HOME MESSAGE & PANEL DISCUSSION (10 min)**Referees
(Chairpersons)****Dr. Swati Garekar**
(Pediatric Cardiologist, Mumbai)**Dr. Tushar Gajjar**
(Ahmedabad, Pediatric CVTS)**Dr. Tarun Parmar**
(Pediatric Cardiologist, Ahmedabad)**Scorers
(Moderators)****Dr. Vishal Poptani**
(Rajkot)**Dr. Anil Jain**
(Ahmedabad, CVTS)**Dr. Nitin Jain**
(Ahmedabad, CVTS)

CARDIOCON-2022

VIGNETTES – HOW TO DO IT !

33 debates with 78 talks

Day 1 (19th February 2022, Saturday)
BRAUNWALD HALL (C)

VIGNETTES- LECTURES ON DEMAND! (Knowledge-packed Compact 15-minute revision)

A. ECHOCARDIOGRAPHIC ASSESSMENT OF – “HOW DO I” SESSIONS

1.

Quantification of Mitral stenosis

Dr. Sibasis Sahoo
(Ahmedabad)

04:30PM - 04:45PM

A 55 years old male, smoker and being treated with COPD and known case of RHD presents with DOE class II on auscultation has Mid-diastolic murmur with loud S1 & S2. The junior resident is confused as his outside echo report is showing “Mild MS with Moderate PAH”. How I would quantify the severity of Mitral stenosis using Echocardiography -

2.

Quantification of Aortic stenosis

Dr. Pooja Vyas
(Ahmedabad)

04:45PM - 05:00PM

A 80 years old female and being treated with nitrates for angina whose previous angiogram 10 years back was suggestive of 30% lesion in LAD, presents with DOE class II and angina class III, on auscultation has ejection systolic murmur with soft S1 & S2. The junior resident is confused as his outside echo report is showing “moderate AS with Fair LV systolic function”. How I would quantify the severity of Aortic stenosis using Echocardiography-

3.

Quantification of mitral regurgitant

Dr. Jayal Shah
(Ahmedabad)

05:00PM - 05:15PM

A 26 years old female who came for antenatal consultation was found to have Pan-systolic murmur at the apex by the ANC resident. The OB-GY department refers her for “likely severe MR”. How I would quantify the severity of Mitral regurgitation using Echocardiography esp. from view point of antenatal care-

4.

Quantification of Aortic regurgitant

Dr. Gajendra Dubey
(Ahmedabad)

05:15PM - 05:30PM

A 33 years old male who came for Job Fitness was found to have Early diastolic murmur at Erb's area by the Medicine resident. He has BP of 140/70 mmHg. How I would quantify the severity of Aortic regurgitation using Echocardiography esp from view point of Job fitness-

5.

Transesophageal Echocardiography

Dr. Vishal Sharma
(Ahmedabad)

05:30PM - 05:45PM

A 66 years old female who underwent MVR 6 years back presents with low grade evening rise of fever for 10 days and shows a doubtful small structure on leaflet. How would TEE help in solving the confusion around the cause of fever?

6.

Cardiac Catheterisation In Restrictive Physiology

Dr. Riyaz Charaniya
(Ahmedabad)

05:45PM - 06:00PM

A 32 years old male presents with dyspnea class II, ascites and pedal edema for last 2 months. His Echo suggests restrictive physiology. He also has history of Pulmonary tuberculosis treated 2 years back. How would Cardiac catheterisation help in arriving at the diagnosis? -

7.

Diastolic function assessment

Dr. Ashish Mishra
(Ahmedabad)

06:00PM - 06:15PM

A 66 years old female who is diabetic and hypertensive presents with dyspnea Class II with normal ECG and normal Troponin- I with elevated NT-pro-BNP for her age. How would diastolic function assessment on echocardiography be of help in assessing diastolic properties. -

B. Basics of Practical Biostatistics

8.

Dr. Komal Shah
(Ahmedabad)

06:15PM - 06:30PM

A DM first year resident wants to Calculate sample size for his thesis on utility of IVUS assisted PCI as compared to those undergoing without imaging. How should he calculate the sample size? –

9. 06:30PM - 06:45PM

Net number to treat/Harm

Dr. Kamal Sharma
(Ahmedabad)

10. 06:45PM - 07:00PM

Odds ratio and hazard ratio

Ms. Krutika Patel
(Ahmedabad)

11. 07:15PM - 07:30PM

Relative risk and absolute risk

Ms. Iva Patel
(Ahmedabad)

C. Things to Know in

12.

Resistant Hypertension

Dr. Deepak Shrivatsava
(USA)

07:30PM - 07:45PM

A 65 years' old obese female with history of daytime somnolence and snoring presents with uncontrolled BP and is already on 4 drugs including diuretics. How would sleep study/ Polysomnography help in diagnosing and managing her Cardiovascular health –

13.

Dr. Neha Sharma
(Ahmedabad)

07:45PM - 08:00PM

A 38 years old female who had COVID-19, 6 months back presents with exertional palpitations recorded as sinus tachycardia during symptoms with Sense of worthlessness and fatigue. How would I approach and manage her Psychological health apart from medical stabilisation in post-Covid era?

14.

Recurrent in - Stent Restenosis

Dr. Gaurav Singh
(Ahmedabad)

08:00PM - 08:15PM

A 45-year-old male presents with in-stent restenosis to LAD stent after 5 years of DES implantation with Crescendo angina despite optimal medical management. How would I approach the case for evaluation of ISR? –

15. 08:15PM - 08:30PM

Ethics in research Publication

Dr. Rakesh Yadav
(Chief Editor, IHJ)

16.

Refractory Heart Failure

Dr. Kewal Kanabar
(Ahmedabad)

08:30PM - 08:45PM

A 45 year old male was diagnosed as DCMP for 5 years and has been hospitalised for worsening of heart failure twice in last 6 months. He has recently been diagnosed diabetic. He has been on MRA as well as loop diuretics, beta blockers and ARNI. My further approach of evaluation will be -

17.

Recurrent Pulmonary Embolism

Dr. Karthik Natrajan
(Ahmedabad)

09:45PM - 09:00PM

A 43-year female had second episode of unprovoked pulmonary embolism within 2 years. My management strategy would be -

18.

Dr. Dinesh Joshi
(Ahmedabad)

09:00PM - 09:15PM

A 60-year-old male post-CABG status presented with Covid-19 with normal vitals with elevated CRP and d-dimer. He is fully vaccinated but it has been 9 months since his last shot. My approach to managing his covid-19 with CV morbidities would be -

19.

Dr. Pratik Raval
(Ahmedabad)

09:15PM - 09:30PM

A 23-year-old male presented with acute AWMI for which he underwent successful Primary PCI. He is keen to know why he had young CAD despite no traditional risk factors. My approach for the same would be -

Day 2 - (20th February 2022, Sunday)

20.

Dr. Mithlesh Kulkarni
(Ahmedabad)

10:30AM - 10:45AM

A 55 years old male with AICD implanted 2 years back came in VT storm with 12 shocks in last 24 hours. My approach in evaluating and managing the same would be -

21.

"How to Approach" section - Cardio - Oncology

Dr. Eric Yang
(USA)

10:45AM - 11:00AM

A 56 years old female who had underwent PCI to LAD 2 years back and has fair LV systolic function (LVEF-50%) with elevated biomarkers (NT-Pro BNP -1600 ng/dl) has been diagnosed Stage 3 Carcinoma breast. She underwent MRM 1 month back and is now planned for chemotherapy. What are the considerations from a cardiologists' perspective prior to initiating Chemotherapy? -

22. 11:00AM - 11:15AM

Challenges in Diabetes care in india.

Dr. Banshi Saboo
(Ahmedabad)
(Secretary of Diabetes India
Immediate Past President of RSSDI)

23. 11:15AM - 11:30AM

Blurring lines between metabolic disorders with cardiology- Cardiometabolic cardiovascular disorders - The old wine in new bottle

Dr. Shashank Joshi
(Mumbai)
(Chair IDF South East Asia)

24. 11:30AM - 11:45AM

Emerging Therapy in Lipid Management

Dr. Meena Chhabra
(Delhi)

25. 11:45AM - 12:00PM

How Should We Start CTO Procedure

Dr. Koshi Matsuo
(Japan)

26. 12:00PM - 12:15PM

Approach to a case HFpEF - 70 year old male diabetic hypertensive has DOE II with grade 3 diastolic dysfunction with LVEF 60% and NT-PROBNP of 1240 mg%

Dr. Prashant Vazirani
(Ahmedabad)

27. 12:15PM - 12:30PM

Approach to a case of acute massive pulmonary Embolism

Dr. Prashant Vazirani
(Ahmedabad)

28. 12:45PM - 01:00PM

Indications of 3D Mapping for Ablation of Tachyarrhythmia

Dr. Chirayu Vyas
(Ahmedabad)

29. 01:00PM - 01:15PM	Tips and Tricks - CTO and Complex PCI	Dr. Arun Kalyansundaram (Chennai)
30. 01:15PM - 01:30PM	SGLT2 inhibition in Patients Hospitalised for Acute Decompensated Heart Failure	Dr. Prakash Sanzgiri (Mumbai)
31. 01:30PM - 01:45PM	CCM and BAT therapy- New emerging therapies in heart failure	Dr. Rajiv Sankaranarayanan (England)

D. ECG Interpretation for

32. 01:45PM - 02:00PM	Localisation of SVT- AVRT/AVNRT	Dr. Shomu Bohora (Vadodara)
33. 02:00PM - 02:15PM	Localisation of VT	Dr. Sameer Rane (Ahmedabad)

E. Emerging Therapies

34. 02:15PM - 02:30PM	Vagal Nerve stimulation/ Baroreceptor autonomic therapy	Dr. Kamal Sharma (Ahmedabad)
35. 02:30PM - 02:45PM	Winking coronary sign- A sign of Ventricular septal rupture on coronary angiogram	Dr. Kamal Sharma (Ahmedabad)

Recent Updates

36. 02:45PM - 03:00PM	Recent updates in HBR patients' PCI	Dr. Rahul Choudhary Associate Prof. AIIMS (Jodhpur)
37. 03:00PM - 03:15PM	Role of IVUS in coronary intervention	Dr. Mukesh Ladha (Ahmedabad)
38. 03:15PM - 03:30PM	Tricvalve - Novel Treatment for Tricuspid Regurgitation	Dr. Karunakar Rapolu (Hyderabad)
39. 03:30PM - 03:45PM	Interesting Cases in TAVI	Dr. Rajneesh Kapoor (Delhi)
40. 03:45PM - 04:00PM	Oral Semaglutide - Simplifying Diabetes Management through Innovation	Dr. Atul Abhayankar (Surat)
41. 04:00PM - 04:15PM	Wake up to a new possibilities PIONEER Diabetes Game changer Oral Semaglutide in managing T2DM	Dr. Atul Abhayankar (Surat)

F - Posters for Competition with Prizes for 3 Top Winners

Daily Quiz based on debates with prizes

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