

UNIQUE CASE BASED DEBATES MODEL

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Dr. Kamal Sharma

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Dr. Mukesh Laddha	Dr. Prashant Vazirani
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Dr. Jignesh Patel	Dr. Neha Sharma
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Dr. Jagdish Hiremath (Pune)	Dr. N.K. Mahesh (Jaipur)

BLUE CORNER

Dr. Ashwin Mehta (MUMBAI)
Dr. Anish Chandarana
Dr. Banshi Saboo
Dr. Bhupesh R Shah
Dr. Chirag Sheth (Baroda)
Dr. Dhaval Naik (CVTS)
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Dr. Prafulla Kelkar (Mumbai)
Dr. Prakashvir Parekh
Dr. Rucha Mehta
Dr. Sanjay Shah
Dr. Sharad Jain
Dr. Urmil Shah

RED CORNER

Dr. Apurva Vasavda (Surat)
Dr. Bhupesh D Shah (CVTS)
Dr. Hasit Joshi
Dr. Jignesh Patel
Dr. Jagdish Hiremath (Pune)
Dr. Kamal Sharma
Dr. Komal Vadgama
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Dr. Ramesh Goyal
Dr. Rutvik Trivedi
Dr. Ravindra Rao (Jaipur)
Dr. Shomu Bohora
Dr. Sanjiv Phatak
Dr. Sameer Dani

REGISTRATION DETAILS

Name : _____
Email : _____
Mobile No. : _____
Address : _____

CARDIO CON 
Ahmedabad *India* 2020

Cardiology

Updates-2020

26th January, 2020

: Venue :

Hotel Hyatt Regency, Ashram Road, Ahmedabad.

"Cardiodiagnostics" Organized

CARDIO CON 
Ahmedabad *India* 2020

Cardiology

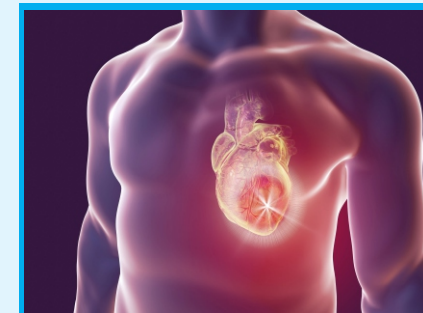
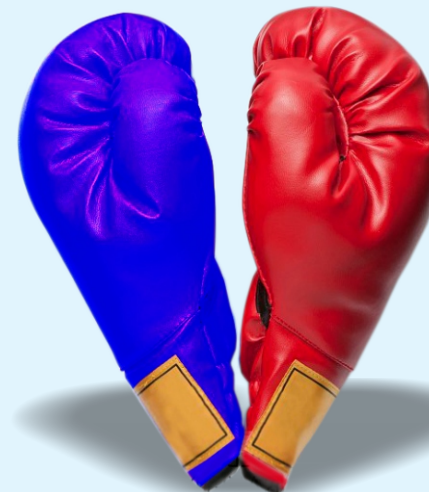
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THEME- IMPLEMENTING GUIDELINES IN REAL WORLD PRACTICE
UNIQUE FORMAT of CASE BASED DEBATES - A Socratic approach



Contact

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President

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MD (Physician),
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Hon. Secretary

Dr. Anil Kulshrestha
MD (Medicine), F.I.A.C.M.
Consultant Physician & Cardiologist

A "Cardiodiagnostics" Science

With Blessings
Dr. R.K. Patel, Director,
U. N. Mehta Institute of Cardiology & Research Centre

Anchor—Dr. Jayesh Trivedi, Dr. Mukesh Laddha , Dr. Prashant Vazirani , Dr. Neha Sharma

ACUTE ST ELEVATION MI **9:00 AM TO 9:30 AM- (HALL – A & B)**

BOUT 1.

45 year old male Acute Anterior wall MI with window period of 3 hours presented to treating physician in a peripheral centre in Killip class 2 with normal Hemodynamics with ongoing severe rest pain. The patient and relatives are willing for Primary PCI for same but the nearest Cath Lab centre is atleast 1 hour drive away (50 km) with ongoing another case in that cath lab. The best strategy apart from loading DAPT, statin and medical optimization at primary physician place would be—

Talk 1 BLUE CORNER

THROMBOLYSIS is best as time is muscle !

Dr.Kalpesh Hansora (10 min)

VS

Talk 2 RED CORNER

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

Dr.Mukesh Laddha (10 min)

PANEL DISCUSSION-(10 min)

Referees (Chairpersons) Dr.Sanjeev Bhatia , Dr. Gaurav Singh, Dr. Hussain Bhatia,
Scorers (Moderators) Dr. Akhil Mukim , Dr. Bhavesh Patel , Dr. Vishal Bhandari
Dr. Gyanendra Singh

ATRIAL FIBRILLATION

9:30 AM TO 10:00 AM (HALL A & B)

BOUT 2.

A 42 years old male weight 65 kg with history of Paroxysmal AF without past history of any embolic phenomenon CHADS2VASc2 score of 4 and HASBLEED score of 2 underwent PTCA to LAD for 90% lesion for ACS. Optimal anticoagulation strategy would include -

Talk 3. BLUE CORNER –

DABIGATRAN AS NOAC IS MOST WIDELY STUDIED

Dr.Sharad Jain (10 min)

VS

Talk 4. RED CORNER -

RIVAROXABAN AS NOAC IS MOST EVIDENCE BASED THERAPY

Dr.Jignesh Patel (10 min)

PANEL DISCUSSION : 10 (MIN)

Referees (Chairpersons) Dr.Anil kulshrestha, Dr.Sibasis Sahoo, Dr.Jayal Shah
Scorers (Moderators) Dr.Surendra Gupta (Palanpur), Dr.Rashesh Pothiwala, Dr.Shabbir Gadi

ANTIPLATELETS

10:00 AM TO 10:30 AM (HALL A & B)

BOUT 3

45 years old diabetic, hypertensive Patient with past history of coronary angioplasty to LAD with DES 6 months back on clopidogrel and aspirin presents with stent thrombosis with acute AWTMI and undergoes POBA with DEB (DRUG ELUTING BALLOON) to LAD under OCT guidance which showed appropriately deployed adequate sized older stent. The ideal antiplatelet along with aspirin would be -

Talk 5. BLUE CORNER

TICAGRELOR is all season antiplatelet

Dr. Urmil Shah (10 min)

VS

Talk 6. RED CORNER

PRASUGREL IS MOST POTENT Antiplatelet !

Dr. Jagdish Hiremath (Pune) (10 min)

PANEL DISCUSSION : 10 (MIN)

Referees (Chairpersons)

Dr.Shalin Thakore , Dr.Tarun Madan , Dr.Ravi Singhvi

Scorers (Moderators)

Dr.Jitendra Patel, Dr.Falguni Vora , Dr.Anand Patel

INAUGURATION

10:30 AM TO 11:00 AM

MULTIVESSEL CORONARY DISEASE

11:00 AM TO 11:30 AM(HALL A & B)

BOUT 4

42 years old Male without DM or HTN with strong family history of CAD presents with unstable angina with LAD ostial 80% , Major OM 80% and mid to distal RCA 95% disease on angiography(triple vessel disease). Best Strategy will be

Talk 7.BLUE CORNER -

CABG is the best option

Dr.Dhaval Naik (CVTS) (10 min)

VS

Talk 8. RED CORNER

MULTIVESSEL ANGIOPLASTY is best for him

Dr.Kamal Sharma(10 min)

PANEL DISCUSSION : 10 (MIN)

Referees (Chairpersons)

Dr.V.C. Chauhan, Dr.Mridul Sharma, Dr.Parag Seth

Scorers (Moderators)

Dr.Abhishek Parmar, Dr.Subhash Chaudhary, Dr.Nilay Patel



VALVULAR HEART DISEASE 11:30 AM TO 12:00 AM(HALL A & B)**BOUT 5.**

65 year old male has exertional angina class III with mild COPD well controlled on oral medication and occasional inhalers has normal coronaries and is recently diagnosed with SEVERE sclerodegenerative Aortic Stenosis with gradient of 100/ 52 mmHg on echo. His STS score is 4 (intermediate). The best strategy for him would be

Talk 09. BLUE CORNER –

Transcatheter aortic valve replacement is better strategy (TAVR)
Dr.Ashwin Mehta (MUMBAI) (10 min)

VS

Talk 10. RED CORNER –

Surgical Aortic valve replacement (SAVR) remains gold standard.
Dr.Bhupesh D Shah (CVTS) (10 min)

PANEL DISCUSSION : 10 (MIN)

Referees (Chairpersons) Dr.Ravindra Rao, Dr.Chirag Doshi , Dr.Tushar Shah
Scorers (Moderators) Dr.Manek Chopra, Dr.Abhishek Rajpopat,
 Dr.Zeeshan Mansuri

CARDIOGENIC SHOCK 12:00 NOON TO 12:30 PM (HALL A & B)**BOUT 6.**

Hyperacute anterior wall MI in 38 year old Male with Pulse of 120bpm with BP 90/60 on noradrenaline with SaO2 94% with bibasal crepts with 4 litres of oxygen is shifted in cath lab for PAMI. Preferred mechanical assist device in this cardiogenic shock would be

Talk 11. BLUE CORNER-

IABP is cost effective in selected cases and still works ! **Dr.Jayesh Prajapati(10 min)**

VS

Talk 12. RED CORNER-

Impella is the way forward ! **Dr. Ravindra Rao (Jaipur) (10 min)**

PANEL DISCUSSION : 10 (MIN)

Referees (Chairpersons) Dr.Bhavesh Roy, Dr.Mihir Tanna ,
 Dr.Ronak Shah (Himmatnagar) ,
Scorers (Moderators) Dr.Saurin Shah, Dr.Vishal Sharma, Dr.Aalap Patel

CORONARY IMAGING AND PHYSIOLOGICAL ASSESSMENT 12:30 PM TO 1:00 PM(HALL A & B)**BOUT 7.**

56 years old Male postPTCA to LAD 3 years back presented with atypical angina with Borderline changes in TMT with 9 METS of exercise on angiography shows denovo stenosis just beyond previous LAD stent (4x15 mm) of around 65% on QCA. Best strategy for decision making in him would be aided by

Talk 13. BLUE CORNER

Imaging (IVUS/OCT) AS SEEING IS BELIEVING ! **Dr.Chirag Sheth (Baroda)**

VS

Talk 14. RED CORNER

Physiological assessment (FFR /iFR/RFR) BECAUSE CORONARIES ARE NOT RIGID PIPES !
Dr.N.K.Mahesh (Mumbai) (10 min)

PANEL DISCUSSION : 10 (MIN)

Referees (Chairpersons) Dr.Hemang Baxi , Dr.Sumeet Dheer , Dr.Mandip Tilara
Scorers (Moderators) Dr.Jitendra Anand, Dr.Pragnesh Vora, Dr.Vijay Desai

HEART FAILURE 1:00 PM TO 1:30 PM(HALL A & B)**BOUT 8.**

45 year old female with weight 88kg with normal QRS duration with normal coronary angiography has NYHA Class 3 dyspnea with severe LV DYSFUNCTION with LVEF 25%. His HBA1C is 6.2 mg% .She is on beta blockers, digitalis, diuretics and ACE i. He is economically not doing well . In view of above profile if only 1 drug can be added the best strategy would be

Talk 15 BLUE CORNER

ARNI instead of ACE i would be a game changer **Dr.Praffulla Kelkar (Mumbai) (10 min)**

VS

Talk 16 RED CORNER

Adding SGLT 2 i as a different class would be a game changer. **Dr.Parag Shah (10 min)**

PANEL DISCUSSION : 10 (MIN)

Referees (Chairpersons) Dr.Jayesh Rawal, Dr.Abhishek Rawal, Dr.Sachin Patil
Scorers (Moderators) Dr.Vishal Mehta, Dr.Kamlesh Fatania, Dr.Praveen Garg

LUNCH BREAK**1:30 PM TO 2:00 PM****CAD & DIABETES - SGLT2 I****2:00 PM TO 2:30 PM(HALL A)****BOUT 9.**

Post ACS-PCI a 90kg Male on optimal cardiac medication has DM with HBA1C 8.2 with BMI 34.5 kg/m2. His LVEF is 45%.Optimal SGLT2 Inhibitor apart from lifestyle modification and metformin will be

Talk 17. BLUE CORNER

DAPAGLIFLOZIN is preferred SGLT2i **Dr.Banshi Saboo (10 min)**

VS

Talk 18. RED CORNER

EMPAGLIFLOZIN is preferred SGLT2I **Dr.Sanjiv Phatak (10 min)**

PANEL DISCUSSION : 10 (MIN)

Referees (Chairpersons) Dr.Asha Shah , Dr.Gaurav Gandhi, Dr.Moh. Maqbool Sohil
Scorers (Moderators) Dr.Ashwin Gadhvi, Dr.Gian Badlani,Dr.Ronak Shah (MD)

CAD AND DIET / EXCERSICE**2:00 PM TO 2:30 PM (HALL B)****BOUT 10**

42 year old male software professional had acute inferior wall MI 1 month back for which he had good result to PCI. He has family history of young CAD in brother and father. He blames his bad diet and sedentary lifestyle as responsible factors and seeks his Counselling for the same.

Talk 19. BLUE CORNER

DIET and Exercise makes very important impact on his future events.

Dr.Rucha Mehta (10 min)

VS

Talk 20. RED CORNER

Genetics are more important. How you metabolize is more important than what you eat !

Dr.Sameer Dani(10 min)**PANEL DISCUSSION : 10 (MIN)**

Referees (Chairpersons)

Dr.Joyal Shah, Dr. Hitesh Shah, Dr. Pooja Vyas,

Scorers (Moderators)

**Dr.Raj Rawal, Dt.Poonam Brahmhatt,
Dt.Shweta Nagar****CAD & DIABETES - GLP1a /DPP4****2:30 PM TO 3:00PM (HALL A)****BOUT 11.**

52 year old male patient post PTCA to LAD 3 years with weight of 62kg with creatinine of 1.7 mg% (eGFR = 45 ml/hr) on SGLT2 i , metformin and insulin glargine has HBA1C of 8.2% with FBS of 223 mg% and PPBS of 298 mg%. His LVEF is 48 % with grade 1 diastolic dysfunction with NYHA class 1. The next line of anti diabetic medication apart from diet and lifestyle modification would be

TALK 21. BLUE CORNER

GLP1a is most proven therapy in high risk patient's in such scenario.

Dr.Navneet Shah (10 min)

VS

TALK 22. RED CORNER

DDP4 i are safer, oral, inexpensive and better alternative in such patients.

Dr.Ramesh Goyal (10 min)**PANEL DISCUSSION : 10 (MIN)**

Referees (Chairpersons)

Dr.B.D Mankad, Dr.Jayesh Thakkar, Dr.Srikant Somani,

Scorers (Moderators)

Dr.Kamlesh Shah, Dr.Smitesh Dutt, Dr.Apurva Parekh**BOUT12****3:00 PM TO 3:30PM (HALL B)**

48 years old male with effort angina had undergone coronary angiography 5 days back which showed borderline lesion in ostial LAD of 65-70% by QCA and 60-70% lesion in mid LCX. Patient is diabetic for 5 years with family history of IHD in father and elder brother. Patient is not willing for another invasive assessment (FFR/IVUS/OCT) and wants ischemia quantification and revascularization if needed. The best strategy for same a part from medical optimisation would be

Talk 23. BLUE CORNER

Stress radionuclear imaging would be the best choice.

Dr.L.P. Kashyap (10 min)

VS

Talk 24. RED CORNER

High resolution CT coronary angiography with CT FFR is the best choice.

Dr.Komal Vadgama (10 min)**PANEL DISCUSSION : 10 (MIN)**

Referees (Chairpersons)

**Dr.Amit Gupta, Dr.Umeshchandra S Gedia,
Dr.Chetan Nayak**

Scorers (Moderators)

**Dr.Kruti Godhani, Dr.Kaushal Jani ,
Dr.Mayank Parmar (Mehsana)****INTERVENTIONAL CARDIOLOGY STENT SELECTION****3:30 PM TO 4:00 PM (HALL A)****BOUT 13**

50 year old IAS officer with Diabetes, unstable angina is to undergo PTCA to tortuous "Shepard Crook" mid 90% RCA lesion. The stent parameter that helps in choosing this stenting would be

Talk 25. BLUE CORNER

Stent design parameters (viz. Strut thickness, trackability, radial strength etc.) are more important

Dr. Sanjay Shah (10 min)

VS

Talk 26. RED CORNER

Drug platform (dose, elution profile) and polymer (bio degradable) are more important determinants with availability of new delivery systems / catheters.

Dr. Jagdish Hiremath (Pune)**PANEL DISCUSSION : 10 (MIN)**

Referees (Chairpersons)

Dr.Keyur Patel, Dr.Amol Aggrawal, Dr.Benny Jose

Scorers (Moderators)

Dr.Roopesh Singhal, Dr.Parshav Vora, Dr.Dinesh Joshi

BOUT 14**High risk CAD- Long term strategy****3:30 PM TO 4:00 PM (HALL B)**

55 year old male diabetic, hypertensive, dyslipidemic, strong family history with past history of CV stroke 2 yrs back with near complete recovery and post PTCA status with 3 stents 1 year back comes for follow up. Apart from medical optimization and lifestyle modification best strategy for antiplatelets would be

Talk 27. BLUE CORNER

RIVAROXABAN 2.5 mg BD with aspirin

VS

Dr.Anish Chandarana (10 min)**TALK 28. RED CORNER**

TICAGRELOR 60 mg BD with aspirin

Dr.Prashant Vazirani (10 min)**PANEL DISCUSSION : 10 (MIN)**

Referees (Chairpersons)

Dr.Sandarbh Patel, Dr.Gajendra Dubey, Dr.Utsav Unadkad

Scorers (Moderators)

Dr.B.B Solanki, Dr.Biren Nayak, Dr.Tapan Shah

PLAQUE MODIFICATION**4:00 PM TO 4:30PM (HALL A)****BOUT 15.**

55 years male has unstable angina with 95 % calcified mid LAD lesion with resting ECG changes in anterior leads with LVEF of 55% with negative biomarkers and positive TMT at 8 METS. Best Strategy to plaque modification would be -

Talk 29. BLUE CORNER

ROTABLATION OLD IS GOLD !

VS

Dr.Prakashvir Parikh (10 min)**Talk 30. RED CORNER**

BIB (Balloon in Balloon/ high pressure balloon) is attractive option - ByeBye Rota !

Dr.Apurva Vasavda (Surat) (10 min)**PANEL DISCUSSION : 10 (MIN)**

Referees (Chairpersons)

Dr.Prafulla Kelkar, Dr.Sunil Thanvi,

Dr.Dhammdeep Humane

Scorers (Moderators)

Dr.Jit Brahmabhatt, Dr.Jayesh Meniya,

Dr.Riyaz Charaniya

HEART FAILURE**4:00 PM TO 4:30PM (HALL B)****BOUT 16.**

35 years old lady with incomplete LBBB 110ms class II with LV Dysfunction LVEF 35% on diuretics and ARNI has high grade AV Block Best pacing strategy would be

Talk 31.BLUE CORNER

His bundle pacing is good strategy

VS

Dr.Niraj Yadav (10 min)**Talk 32. RED CORNER**

CRT is a better strategy

Dr.Shomu Bohora (10 min)**PANEL DISCUSSION : 10 (MIN)**

Referees (Chairpersons)

Dr.Anoop Gupta, Dr.Sameer Rane, Dr.Kartik Natrajan

Scorers (Moderators)

Dr.Girish Bachhav, Dr.Kewal Kanabar, Dr.Shuchi Shah

LIPIDOLOGY**4:30 PM TO 5:00 PM(HALL A)****BOUT 17**

35 year old Male with family history of CAD in younger brother presents with 90% lesion in LAD with NSTEMI with LDL of 224 mg%, HDL of 29 mg% and TG of 212mg%. Best strategy post revascularization to manage his lipids apart from high dose statins and lifestyle modification would be

Talk 33. BLUE CORNER -

PCSK9INHIBITORS ARE PROVEN and better strategy

VS

Dr.Bhupesh R Shah (10 min)**Talk 34. RED CORNER -**

EZETEMIBE is much cheaper & Effective alternative.

Dr.Hasit Joshi(10 min)**PANEL DISCUSSION : 10 (MIN)**

Referees (Chairpersons)

Dr.Nikhil Jadhav, Dr.Dharmin Bhalodia, Dr.Pratik Raval

Scorers (Moderators)

Dr.Atul Parikh, Dr.Prakash Vazirani, Dr.Vinay Bhomia

HYPERTENSION**4:30 PM TO 5:00 PM(HALL B)****BOUT 18.**

42 yrs old Male with heart rate of 88 bpm with Grade I asymptomatic MVP without Marfanoid features with mean BP of 142/82 mm on ABPM. Drug of choice would be

TALK 35. BLUE CORNER

BETA BLOCKERS are preferred in view of clinical profile.

VS

Dr.Nilesh Patel (10 min)**TALK 36. RED CORNER**

ACEi / ARB is first choice in young patients as per guidelines

Dr.Rutvik Trivedi (10 min)**PANEL DISCUSSION : 10 (MIN)**

Referees (Chairpersons)

Dr.Vineet Sankhla, Dr.Kamlesh Upadhyay, Dr.Surendra Dwiredi

Scorers (Moderators)

Dr.Raghu Satyanarayan , Dr.Paresh Shah, Dr.Vrooti Patel

VOTE OF THANKS**5:00 PM TO 5:15 PM**

NATIONAL FACULTIES - COURSE CO-DIRECTORS CARDIOLOGY

Dr. Anish Chandarana

Dr. Mridul Sharma

Dr. Anand Shukla

Dr. Nikhil Jadav

Dr. Aalap Patel

Dr. Prakashveer parikh

Dr. Abhishek Raval

Dr. Pragmesh Vora

Dr. Atul Parikh

Dr. Pooja Vyas

Dr. Bhupesh R. Shah

Dr. Ronak Shah

Dr. Bansi Saboo

Dr. Rutvik Trivedi

Dr. Bhavesh Roy

Dr. Rucha Mehta

Dr. Benny Pallakad

Dr. Sharad Jain

Dr. Chirag Doshi

Dr. Sameer Dani

Dr. Dharmin Bhalodia

Dr. Sanjay Shah

Dr. Dhamdeep Humane

Dr. Sanjeev Bhatia

Dr. Gaurav Gandhi

Dr. Shalin Thakore

Dr. Gajendra Duby

Dr. Sibasis Sahoo

Dr. Hasit Joshi

Dr. Sachin Patil

Dr. Jay Shah

Dr. Sanjiv Phatak

Dr. Jayal Shah

Dr. Tarun Madan

Dr. Jayesh Prajapati

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