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ACBI NEWS BULLETIN

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Association of Clinical Biochemists of India
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Editorial

Dear members,

Greetings from editorial board.

By the time this issue of Bulletin reaches you, you must have made all arrangements for participating in the ACBICON2009 at Kochi. We through this bulletin urge you to take active part in the association activities both academic as well as organizational. I request you all to attend the General Body Meetings of the Association where you make your point and your voice heard by the office bearers of Association. This will help make the G.B. more active and vibrant.

I will again like to request all the members to send articles for publication in the bulletin covering different issues related to our field. We expect active participation from our corporate members also to send educative articles related to their new products and ensure to use this forum effectively. For them we have included a page "Corporate Corner" in our Bulletin. You can also send interesting case histories to Dr. Shyamali Pal.

See you in Kochi !!

Thanks

Dr. K. R. Prasad
EXECUTIVE EDITOR

Contents

ANNUAL REPORT OF IJCB

*Annual Report of Indian Journal of Clinical Biochemistry was presented at Executive body meeting of ACBI at ACBICON Kolkata by Dr. Priti Nanda from Springer India Pvt. Ltd. Following is the summary of her power point presentation .—**Editor***

As on November 2008, 168 articles were presented to Editorial board of which

- 22% of the submitted articles were accepted for publication
- Accepted to Rejected Articles ratio is 1:3
- Four issues published in a year
- Majority of the articles are Original Articles (**53%**) indicates good editorial practice
- IJCB has achieved timely and quality publication

Total manuscripts submitted from other countries were 40, including Egypt 9, Iran 8, 2 each from Bangladesh, Cameroon, China, Greece, Oman, Saudi Arabia & 1 each from Lebanon, Malaysia, Pakistan, South Africa & Sudan.

Total Downloads from IJCB Website in last one year = 18,620

- Full text download of articles reached **4,098** in Sep 2008
- The *Indian Journal of Clinical Biochemistry* is indexed in:

1. Chemical Abstracts*
2. Current Advances in Clinical Chemistry
3. Indian Medlars*
4. Excerpta Media
5. Elsevier Bio Base
6. Biosis (UK)
7. Current Awareness in Biological Sciences
8. Index Copernicus International*
9. Google Scholar*
10. EMBASE*
11. Chem Refer*
12. SCOPUS*

MARKETING PERSPECTIVE : Number of Table of Content Alert subscribers has **increased substantially** from January 2008 to September 2008

- TOC Alert subscribers in Jan 2008: **2**
- TOC Alert subscribers till Sept 2008: **57**

Conferences play an important role in maintaining the visibility of the *Indian Journal of Clinical Biochemistry.* At the following conferences, we displayed/distributed IJCB:

- **Meeting of American Chemical Society**, 2226 March, 2008 in Salt Lake City, Utah
- **American Society for Microbiology 108th General Meeting,** 15 June, 2008 in Boston, Massachusetts
- **American Chemical Society,** April and August 2008, New Orleans and Philadelphia, USA
- **Joint meeting of Federation of Biochemical Studies/International Union of Biochemistry and Molecular Biology (FEBS)/IUBMB**, July 2008, Athens, Greece

AIMS TO BE ACHIEVED

- Invite more papers from outside India to increase geographic coverage
- Focus on publishing more number of Original Articles
- Start online first mode of publication
- Facilitate high citation by
  - Publishing more original articles
  - Publishing more articles at the beginning of the year
- Inviting well-cited authors/ “hot” authors to write for the journal

Note: Self-citation should be avoided as far as possible.

NOTICE

12th Workshop on
'Biomedical Informatics and Communication'
(Supported by DBT & ICMR)

November 20 - 21, 2009

12th Workshop on 'BIOMEDICAL INFORMATICS & COMMUNICATION' supported by DBT, Ministry of Science & Technology & ICMR, New Delhi is being organized at Bioinformatics Centre, JB Tropical Disease Research Centre, Mahatma Gandhi Institute of Medical Sciences, Sevagram during November 20-21, 2009 to expose Medical / Science Teachers, Scientists & PG / Ph D Students to basics & advances in Biomedical Informatics & Communication. Interesting Lectures on Biomedical Informatics, Telemedicine, Telepathology, Genomics, Proteomics, Evidence Based Medicine, Hospital Information System, Healthcare Management, Biomedical Communication, Biomedical Information Retrieval will be conducted by the Eminent Resource Persons to promote use of Biomedical Informatics in Health Care Management and retrieval of information for Research. Demonstrations and Hands on sessions will also be arranged with desktop work on Gene and protein sequence analysis and other techniques related to Biomedical Informatics and Communication. We also plan to have Orations and Interactive Sessions with eminent Healthcare Managers using Video Conferencing platform during the workshop. Besides, second day of the Workshop is scheduled for Biomedical Communication supported by ICMR.

Contact Person:

Dr. Satish Kumar, Professor, Biochemistry & Dy Coordinator BIC
E-mail: mgims.btisnet@nic.in, info@jbtdrc.org • TelFax: 07152 - 284038

For further information and Registration Form please visit at www.bicjbtdrc-mgims.in; www.jbtdrc.org

NEWS FLASH

MEDICAL COUNCIL OF INDIA GRANTS CME CREDIT POINT FOR KOCHI ACBICON 2009

All members must be aware that MCI has made it compulsory for all the doctors to attend CME programmes and to earn a fixed number of credit hours within the next 5 years in order to keep their registration alive.

You will all be happy to know that the MCI (vide letter No. L1147/09/MC/CME, dt 15-7-2209) has granted credit hours to the programme of the ACBICON 2009 being held at Kochi.

The credit is as follows :

3.11.09 - 2 Hrs, **4-11-09 - 2 Hrs.,**
5-11-09 - 2 Hrs, **6-11-09 - 2 Hrs.**
7-11-09 - 1 Hrs.

All ACBI members have to inform their Medical Registration No. to the organizing secretary, Kochi for inclusion of their Medical Registration number on the certificate.

This is, indeed, a good opportunity to earn "points" in God's Own country !!

Notice for ACBI Meetings of 2009

ATTENTION PLEASE! MEMBERS OF ACBI & ACBI EXECUTIVE COMMITTEE

Please note the dates, timings and Venue of the next EC & GB meetings

Meeting	Date & Time	Venue
1. Editorial Board of IJCB Meeting & other sub-committees meetings	November 4, 2009 5.00 to 6.00 pm	
2. Pre GBM Executive Council meeting	November 4, 2009 6.00 to 7.00 pm	
3. EC-Corporate Members joint Meeting	November 4, 2009 7.00 to 8.00 pm	Amrita Institute of Medical Sciences, Kochi
4. General Body Meeting	November 5, 2009 5.00 to 6.00 pm	
5. Post GBM Executive Council meeting	November 7, 2009 (During breakfast)	

Dr. M.V.R. Reddy
General Secretary, ACBI

ADVERTISEMENT RATE IN ACBI NEWS BULLETIN

POSITION	Rate for 1 Issue	Rate for 2 Issues
1. Back Cover (4-colour)	Rs. 20,000	Rs. 35,000
2. Back Inside (4-colour)	Rs. 15,000	Rs. 25,000
3. Front Inside (4-colour)	Rs. 15,000	Rs. 25,000
4. Inside Page (BW) : Full Page	Rs. 8,000	Rs. 12,000
5. Inside Page (BW) : Half Page	Rs. 4,000	Rs. 6,000
6. Full Page Insert (Colour)	Rs. 20,000	Rs. 35,000

Note : 1. Corporate Members can avail 25% discount on advertisement in the News Bulletin.

2. For advertisement on Front inside, Back inside & Back cover, advertisers will also get added benefit of their advertisement being "hot-linked" to their company web-site.

ACBI Election Notice

Call for Nominations to fill up vacancies in Executive Council of ACBI, 2010-12

Position	Number of Vacancies	Position	Number of Vacancies
1. Vice President	One	2. General Secretary	One
3. Joint Secretary (Headquarters)	One	4. Treasurer	One
5. Executive Council Members	Six	6. State Representatives	All the States

Duly filled nominations for the above posts are invited from the eligible members duly proposed and seconded by the Members of the Association. Nominations may please be submitted in the format given below to :

Dr. Krishnajyoti Goswami
President, Association of Clinical Biochemists of India (ACBI),
Professor of Biochemistry, Ramakrishna Mission Seva Pratishthan
Vivekananda Institute of Medical Sciences, 99 Sarat Bose Road, Kolkata-700 026, India

The Last date for receiving the Nominations: October 20th, 2009
The Last date for withdrawal of Nominations: October 31st, 2009

Dr. M.V.R. Reddy
General Secretary, ACBI

NOTE: REQUIRED QUALIFICATIONS FOR VARIOUS POSTS

Secretary, Vice President-II : A candidate for these posts should be a life member of at least 8 years standing and have been regularly attending Annual Conferences of the Association. He/ She should be holding a senior post in his/her work place. He / she has shown aptitude for working for the association by taking up some responsibilities of the Association in the past.

Joint Secretaries and Treasurer should be a Life member of at least 5 years duration and should have attended at least 3 Annual Conferences in the last 4 years.

Six Elected Council Members: should be a Life Member and who have attended at least 2 conferences in the last 4 years.

State Representative should be a life member who has attended conferences regularly in the last 5 years and is fairly active in Association activities.

Format of the nomination form for positions in executive council

I. . . . . propose the name of Prof./Dr./Mr./Ms. . . . . bearing Membership No. . . . . for the post of . . . . . .

PLACE : . . . . . SIGNATURE: . . . . . .

DATE: . . . . . MEMBERSHIP NUMBER: . . . . . .

I, ... second the proposal.

PLACE : . . . . . SIGNATURE: . . . . . .

DATE: . . . . . MEMBERSHIP NUMBER: . . . . . .

I, ... accord my consent to the proposal.

PLACE : . . . . . SIGNATURE: . . . . . .

DATE: . . . . . MEMBERSHIP NUMBER: . . . . . .

Clinical Case History

CASE HISTORY

The patient was a male aged 67years.He was alcoholic, and suffering from alcoholic cirrhosis from 1995. On 15th July,2008 he was admitted with abdominal pain, swelling of abdomen and pedal edema. The patient was highly icteric.

INVESTIGATIONS

The aspirated ascitic fluid was sent for cytology and blood sample sent for Chemical investigation.

Following investigations were carried out :

Parameters	Values	Reference interval	Unit
Total Bilirubin	680.6	1.7-20.5	μmol/L
Direct Bilirubin	410.4	upto 5.1	μmol/L
Total Protein	58	60-78	g/L
Albumin	28	32-45	g/L
AST	263	15-40	U/L
ALT	124	0-35	U/L
ALP	256	30-120	U/L
AFP (blood,1st)	38,000	$<$15	ng/ml
AFP (blood,2nd)	46,000	—	ng/ml
AFP(ascitic fluid)	20,000	—	ng/ml
ADA (ascitic fluid)	120	upto 30	U/L

Cytology report suggested plenty of RBC and lymphocytes.

The patient was sent for USG of upper abdomen& CT abdomen. The impression of the Consultant Radiologist was chronic liver disease (CLD) with ascites, splenomegaly & dilated splenoportal axis. A hyper echoic nodule measuring 2.2cm in diameter was seen in liver which was suggested to be haemangioma.

DISCUSSION

AFP is basically α-globulin originated in fetal liver, GI tract and yolk-sac. It is used as tumor marker for HCC. Patients with chronic active hepatitis with positive serology for HCV or HBV should be screened with serum AFP and USG (1).For this patient negative serology was reported. Recent studies indicate that combined screening of AFP and USG results in 90% sensitivity in detecting HCC (2). Here, the blood AFP report itself is affirmative of HCC. But as the Hyper-echoic nodule was thought to be hemangioma and malignancy was not seen in ascitic fluid cytology blood AFP was retested. By 15 days duration, the elevation of AFP from 38,000 to 46,000ng/ml is not only unusual but indicator of severity of the disease also. Negative finding of malignancy from ascitic fluid cytology is not uncommon. In established cases of HCC, cytology has an overall sensitivity of 40-60% as HCC do not readily exfoliate into the peritoneal cavity (3).

Interpretation of Adenosine Deaminase (ADA) Estimation

ADA of the ascitic fluid was also tested and ADA report was elevated also (120U/L).The elevated ADA may be attributed to the presence of plenty of lymphocytes in the aspirated fluid. So, at least in the present study ADA estimation was not of much diagnostic help.

Logistics of AFP Estimation from Ascitic Fluid

The AFP value of ascitic fluid was found out to be 20,000ng/ml.Previous studies(4) on evaluation of AFP assay from ascitic fluid established that the AFP value from fluid would be directly proportional but of lesser concentration than blood in HCC.

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4. Miedouge M, Salama G, Barange K, Vincent C, Vinet J P, Sierre G, Clin. Chim. Acta, online publication, 1999, 280, 161-171

Referring Physician: Dr. J.R. Mahapatra, Consultant Gastroenterologist, Peerless Hospital, Kolkata

USG: Dr. T. Bhoumik, Consultant (Radiology & Imaging), Peerless Hospital, Kolkata

Data validation & compilation : Dr. Shyamali Pal, Chief Biochemist, Peerless Hospital, Kolkata

OBITUARY

Dr. Anil Vishwanath Potnis

Dr. Anil Vishwanath Potnis, Ex. Professor and Head of Department of Biochemistry and Clinical Nutrition, Seth G. S. Medical College and K.E.M. Hospital, Parel, Mumbai 400 012, expired on 21st March 2009. He had over 30 years of teaching experience.

Dr. Potnis was the Ex-President of Association of Clinical Biochemists of India having organized the 16th Annual Conference of Association of Clinical Biochemists of India in 1991 at Mumbai. Besides, he had also conducted an International Symposium in Clinical Nutrition in 1994.

He had a multi faceted personality having interests in diverse fields such as astrology, gemology, homeopathy, besides his keen interest in the field of Clinical Biochemistry. A strict disciplinarian in nature, he had ruled the department with an iron hand with a high level of efficiency.

His demise is a great loss to the community of Biochemists. We have lost an active member of ACBI and the loss is irreparable. We pray for peace of his soul and convey our heartfelt condolences to his family.

Dr. Gitanjali Guhathakurata

Dr. Gitanjali Guhathakurata, an ever smiling soft spoken, confident and hugely enthusiastic person for any type of odd job, and our dearest friend passed away on 21st may 2009 at 4-45 am.

She was a very active member of ACBI and was seen in nearly all conferences. She was unmarried and left her two mourning sisters.

Gitanjali was born on 1st January 1943. She did her schooling in Beltala Girls High School (School Final) and her Pre-University and B. Sc. (with Chemistry Honors, in 1967) from the renowned Lady Brabourne College Kolkata. She completed her master degree in biochemistry from the University of Calcutta in the year 1969.

Gitanjali joined the Dept. of Biochemistry of National Medical College and was awarded 'Anjali Memorial Award' as the best women worker in biochemistry.

Later, she thought of getting a Ph.D. and started working with Prof. K.L. Mukherjee as a guide at S.S.K.M. Hospital laboratory on 'Fetal Glycogen Metabolism' and subsequently, was awarded her Ph.D. degree in the year 1984.

IMPORTANT NOTICE

All members are requested to view ACBI website (www.acbindia.org) to check their name and address in Directory of members. If your name does not appear in the Directory, or there is error or discrepancy, please draw our attention IMMEDIATELY either by e-mail (kpsacbi@yahoo.co.in) or by post to Dr. Rajiv Ranjan Sinha, Biochem-Lab, East Boring Canal Road, Patna - 800 001.

A REQUEST ABOUT CLINICAL CASE HISTORIES

Colleagues, young and senior scientists:

Please send your comments regarding the cases presented. Also send your data to the Data Preservation Cell to enrich our data bank at the following address: **Dr. Shyamali Pal**, Co-ordinator, Data Preservation Cell, ACBI News Bulletin / Shy23_pal@yahoo.co.in

Reports from State Branches

ACBI Delhi Branch

"Current Concepts in Clinical Biochemistry and Laboratory Medicine", Symposium held at Sir Ganga Ram Hospital, New Delhi, Saturday, 17th January 2009 under the aegies of Delhi Chapter of the Association of Clinical Biochemists of India (ACBI).

The inaugural symposium of Clinical Chemistry for the year 2009 **Current Concepts in Clinical Biochemistry and Laboratory Medicine** was conducted by the Department of Biochemistry under the aegis of Sir Ganga Ram Hospital and Association of Clinical Biochemists of India (ACBI) Delhi Chapter. **Prof. L.M. Srivastava**, Senior Consultant & Head, Department of Biochemistry, Sir Ganga Ram Hospital, New Delhi was the Chairman and **Dr. Anjali Manocha**, Consultant, Department of Biochemistry and ACBI Delhi Representative was the Organizing Secretary.

Prof. L.M.Srivastava welcomed all the delegates and gave the genesis of the scientific meeting for that day. **Prof. K.C. Mahajan**, Chairman, Department of Academics, Sir Ganga Ram Hospital and **Dr. S.P.Byotra**, Jt. Secy. cum Treasurer, Board of Management, Chairman, Department of Medicine and Director Laboratories, Sir Ganga Ram Hospital gave their blessings to the symposium and encouraged all present to always aim for the highest and best in every aspect of patient care, research and academics. The scientific session of the symposium was started by an informative talk by **Dr. Seema Bhargava**, Sr. Consultant, Department of Biochemistry, Sir Ganga Ram Hospital on 'Advanced Biomolecule Testing of Diagnostic and Prognostic Significance'. She gave an overview of the recently introduced specialized tests (i.e. Tacrolimus, Procalcitonin, LDL subfractions, Methotrexate, NT-ProBNP, Total Antioxidant Status, Cystatin C etc.) by the NABL accredited Biochemistry Department of Sir Ganga Ram Hospital. One of the main challenges of modern Biochemistry is not only curative medicine but also 'predictive medicine' because 'What is predicted well is prevented well'.

Elaborating on 'Predicting Diseases' was **Dr. K.K. Srivastava**, former Director, Biomedical Sciences, DRDO and Prof. Emeritus, B.R. Ambedkar Centre for Biomedical Research. He is currently President, ACBI Delhi Chapter and National Co-ordinator, Professional Course ACBI. He detailed the advantages of prediction in a variety of diseased states (e.g. Diabetes, SLE, Rheumatoid Arthritis etc.) and also outlined the difficulties associated with diseases that don't have preventive cure or treatment. Most errors affecting laboratory test results occur in the pre-analytical phase i.e. from the time the test is ordered by the physician until the sample is ready for analysis. Informing us more about good practices and new strategies for error prevention was **Dr. Adarsh Pal Singh**, Clinical Marketing Manager, Becton Dickinson India, in his talk titled "Pre-analytical Variables in view of Advanced Laboratory Diagnostic Investigations". The success of any laboratory is measured in direct proportion to the Clinician's

satisfaction and the importance of kidney function tests as well as the accuracy and precision of the reports cannot be overlooked. Keeping this in mind, **Dr. Dinesh Khullar**, Sr. Consultant, Department of Nephrology, Sir Ganga Ram Hospital spoke to the Biochemists present about the 'Current Clinical Perspectives of Renal Function Tests (RFT)'. He stressed on the importance of the interpretation of the current kidney function tests like serum creatinine, glomular filtration rate (GFR), creatinine clearance (CCR.) etc. along with the newer tests like cystatin C. The next talk of the Symposium stressed on the need for prevention and early diagnosis of the 'Metabolic Syndrome' which has recently shown an alarming rise in developing countries.

Dr. Sudhir Tripathi, Consultant Endocrinologist, Sir Ganga Ram Hospital spoke on "Biochemical Laboratory Perspective of Metabolic Syndrome" and also informed us of the latest guidelines in diagnosing Metabolic Syndrome. This brought us to the last session, which was conducted by **Dr. Sabari Das.** It has always been our endeavor to encourage young scientists, so this session was dedicated to the MD/Ph.D students of the four medical institutes of Delhi i.e. All India Institute of Medical Sciences (AIIMS), Maulana Azad Medical College (MAMC), Lady Hardinge Medical College (LHMC) and University College of Medical Sciences (UCMS), who presented their research work. It was heartening to see the great response of the students and the good work put forth by them. Three prizes were awarded to the young researchers, Ms.Vandana Saini (LHMC) and Ms. Shilpa Suneja (AIIMS) shared the first prize while Mayank Madhukar (AIIMS) was awarded the second prize. Last, but certainly not the least was the vote of thanks presented by **Dr. Mamta Kankra** who thanked everyone associated with making the symposium a great success as well as BD for sponsoring the event. We hope the symposium had presented both informative and interesting concepts in Clinical Biochemistry and Laboratory Medicine and more such meetings are organized at regular intervals so as to give a platform to all biochemists to share their views and update their knowledge.

ACBI West Bengal Branch

Symposium on Detection of Infectious diseases by Molecular Methods

An one day symposium on **Detection of Infectious diseases by Molecular Methods** was arranged on 31st 0f May 2009.Eminent speakers like Dr. Sekhar Chakrabarty, Deputy Director, National Institute of Cholera and Enteric Diseases, Dr. B.R. Das, Head, Molecular Diagnostics, Super Religare Pvt. Ltd, Dr. Siddhartha Gupta, Head, Department of Biochemistry, Kolkata Port Trust Hospital and Mr. Bhaskar Malladi, Business Head, Roche Diagnostics India Pvt. Ltd. highlighted on different aspects of molecular diagnostics. Professor Subir K. Dutta, Ex Professor and Dean, University College of Medicine inaugurated the session by a nice key note address. Dr.Chakrabarty spoke on general aspects and scopes of molecular biology.

The session was chaired by Professor Basudev Bhattacharya, Head, Department of Microbiology, University College of Medicine.

Dr. B.R. Das spoke on detection of infectious markers and futuristic scopes on Hemato-oncological, probes. The session was chaired by Dr. A. C. Banerjee.

Dr. Siddhartha Gupta highlighted on multiresistant tuberculosis and it's quick detection. The session was chaired by Dr.D.Ghosh Dastidar, NABL assessor and EC member, ACBI.

Finally, Mr.Bhaskar Malladi spoke on automation in molecular diagnostics, the present and future scopes. The session was chaired by Dr.Abhijit Banerjee, Director,Ashok Laboratory.

One minutes silence was observed before the starting of the session in the memory of Late Founder member Dr.Sita Devi and Dr.Gitanjali Guha Thakurata.

At the end of the session Dr.Shyamal Pal, Joint Secretary, ACBI gave the vote of thanks as Organizer of WBACBI2009 to all the members and Roche Diagnostics for the sponsorship as well as active participation in the programme. Roche Diagnostics India Pvt.Ltd. was co organizer of WBACBI2009.

Workshop on 'Detection of M. Tuberculosis Using TB PCR Kit

A workshop on 'Detection of M. tuberculosis using TB PCR kit' was organised on July 16th 2009 at

Gahananda Auditorium, Ramakrishana Mission Seva Pratishthan, Kolakta, West Bengal under the banner of ACBI. Dr. A.K. Kohli, Chief Executive, BRIT, BARC, Dr. M.G.R. Rajan, Head, Radiation Medicine, BARC & Prof. Krishnajyoti Goswami, President, ACBI grace the occasion. Dr. Sabita Kulkarni, Ms. Papia Hazra made presentation on the basic concepts, ancient linkage, & recent applications of the technology followed by discussion on this technique. About 82 participants from NABL accredited laboratory, NABH hospitals & ACBI members. This event was sponsored by TRANSASIA Bio-Medicals Ltd.

ACBI Bihar Branch

Continuing Medical Education Program was organized by The Bihar State Branch of ACBI on 25th July,2009. The topic of the CME was **Autoantibodies in Neurological Diseases.** The talk was delivered by Dr.Ashok Kumar, MD,DM Prof. Of Neurology, IGIMS, Patna. He talked in detail about the role of various autoantibodies in diagnosis & prognosis of Neurological diseases. Dr.Anand Saran, Secretary, Bihar Branch introduced the speaker. The vote of thanks was given by Dr.K.P.Sinha, Advisor, ACBI.

Life is a do-it-yourself project

An elderly carpenter was ready to retire. He told his employer, a building contractor, of his plans to leave the house building business and live a more leisurely life with his wife enjoying his extended family. He would miss the paycheck, but he needed to retire. They could get by. His employer was sorry to see his good worker go and asked if he could build just one more house as a personal favor. The carpenter said yes, but it was easy to see that his heart was no longer in his work. He had lost his enthusiasm and had resorted to shoddy workmanship and used inferior materials. It was an unfortunate way to end his career.

When the carpenter finished his work and his boss came to inspect the new house, the contractor handed the front-door key to the carpenter. “This is your house,” he said, “my gift to you.”

What a shock! What a shame! If he had only known he was building his own house, he would have done it all so differently. Now he had to live in the home he had built none too well.

So it is with us. We build our lives in a distracted way, reacting rather than acting, willing to put up less than the best. At important points we do not give the job our best effort. Then with a shock we look at the situation we have created and find that we are now living in the house we have built for ourselves. If we had realized, we would have done it differently.

Think of yourself as the carpenter. Think about your house. Even if you live it for only one day more, that day deserves to be lived graciously and with dignity.

The plaque on the wall says, **“Life is a do-it-yourself project.”** Your life today is the result of your attitudes and choices in the past. Your life tomorrow will be the result.

Clinical Case Analysis

CASE 7

A normally well and active 64 yr old female developed a "productive" cough following a flu infection. Also noticed recent weight loss of 11kg and L-sided upper arm pain that was worse at night.

Bronchoscopy and CT showed a large lung mass in L-upper lobe. The following shows part of the biochemical investigations that was ordered:

Calcium	2.9 mmol/L	(2.10 - 2.55)
Phosphate	0.90 mmol/L	(0.80 - 1.45)
Magnesium	0.98 mmol/L	(0.80 - 1.10)
CRP	53 mg/L	(less than 8)
TSH	2.7 mU/L	0.4 - 4.0)
Intact PTH	< 0.32 pmol/L	(0.5 - 8.2)

Questions:

1. Discuss the laboratory findings.
2. What possibilities could be given for the Increased Calcium and Increased CRP results given the clinical history?
3. What further tests would you suggest to elucidate the finding of a Increased Calcium?

CASE 8

58 year old Female with Type 2 diabetes for approximately 20 years has chronic kidney disease and was admitted to hospital with a neck of femur bone fracture. Possibility of ? Osteoporosis was raised and an endocrine consult was arranged. The following serum results were obtained:

Calcium	2.1 mmol/L	(2.1 - 2.55)
Ionised Ca	1.0 mmol/L	(1.14 - 1.29)
TSH	3.4 mU/L	(0.4 - 4.0)
PTH	16.3 pmol/L	(0.1 - 8.2)
Testosterone	0.7 nmol/L	(8.5 - 55)
LH	2.6 U/L	(0.8 - 7.6)
FSH	U/L	(0.7 - 11)
Vitamin D	54.0 nmol/L	(50 - 94)

Questions:

1. Discuss the results.
2. What is the diagnosis?

COMMENTS ON CASE 7

This patient has raised calcium, but low normal PO_4 and high CRP. The raised CRP suggests an inflammatory process. The PTH level is suppressed raising the possibility of extra parathyroidal causes of hypercalcaemia. TSH is normal thus indicating nil involvement of thyroid physiology in this case.

Discussion:

The commonest causes of raised calcium results from

- increased intake of calcium or Vitamin D (iatrogenic)
- increased resorption commonly due to hyperparathyroidism
- renal failure, or
- thyrotoxicosis

Elucidation of the cause of hypercalcaemia is more often made from the clinical presentation and examination etc. However, the differential diagnosis of hypercalcaemia whether due to hyperparathyroidism or due to 'occult' malignancy is important for appropriate clinical management.

As a general comparison, the finding of hypercalcaemia in malignancy is more rapid in duration than hyperparathyroidism where the hypercalcaemia manifests over several years. Consequently, the incidence of renal calculi is more common in hyperparathyroidism compared to malignancy. The differentiating test that is handy in this situation is usually PTH which is endogenously suppressed in the case of hypercalcaemia of malignancy whilst it is raised or inappropriately normal for the level of calcium in hyperparathyroidism.

Pathophysiology of ↑ Calcium in malignancy: This can be due to:

1. The ectopic production of PTH by the tumour to raise calcium concentrations or
2. Release of PTH-like proteins (peptides) by the tumour. The PTH-like proteins mimic PTH action by binding to PTH receptor sites to influence calcium levels.

In the case of (1) PTH levels in blood are significantly increased.

In the case of (2) endogenous production of PTH is suppressed due to calcium resorption (raised calcium) by the PTH like proteins released by the tumour.

Further tests that might be useful: PTH related protein (peptide) should be done.

In this patient this test was requested and the level was 6.1 pmol/L (Reference Range less than 1.3). This confirms a diagnosis of malignancy as the cause of raised calcium

COMMENTS ON CASE 8

Question 1: The results indicate low levels of ionised Calcium, increased level of PTH, normal level of Vitamin D although the level is at the lower end of normal range, and low Testosterone.

The PTH secretion in this case is raised thus compensating for the low ionised calcium; and additionally the testosterone production is low which is also contributing agonistically to loss of calcium.

The level of pituitary Gonadotrophin secretion is inadequate in response to low testosterone output seen.

Question 2: The results therefore suggest a subnormal hypothalamic pituitary gonadotrophin axis. The lack of adequate pituitary LH/FSH secretion in response to low testosterone would be indicative of a diagnosis of **hypogonadotrophic hypogonadism (secondary hypogonadism) in this case.**

Additional Discussion:

Hypogonadism in a male refers to either low testosterone production or low sperm production. Possible causes include diseases of the testes (primary hypogonadism) or pituitary/hypothalamus (secondary). The distinction between these two disorders is made using LH and FSH and Testosterone measurements.

In primary hypogonadism, Testosterone will be low and LH/FSH concentrations will be high. In secondary hypogonadism, Testosterone will be low and serum LH/FSH levels are inappropriately normal or low for diminished testicular function.

Causes for secondary hypogonadism can be congenital, acquired or due to damage to the gonadotroph cells per se. There is plenty of information available in endocrine text books on these categories if more information is required.

Diabetes: Men who have type 2 diabetes are more likely to have low Testosterone than non diabetic men. The reason for this is unclear. There are several papers that support this finding and also suggesting that higher testosterone levels confers lower risk of developing type 2 diabetes

The aetiological cause of hypogonadotrophic hypogonadism in the case presented here may be attributed to the long standing diabetes in this man.

ASSOCIATION OF CLINICAL BIOCHEMISTS OF INDIA

MEMBERSHIP APPLICATION FORM

Please affix a stamp size recent photograph.

(Do not staple or pin)

(PLEASE WRITE IN CAPITAL OR TYPE)

1. Category of Membership Applied (tick the choice) :
   Life ☐ / Associate Life ☐ / Annual ☐ / Corporate ☐ / Seasonal ☐

2. Name Dr/Mr./Mrs./Ms. : .....
   FAMILY NAME FIRST NAME

3. Sex : ..... 4. Date of Birth : ..... 5. Nationality : .....

6. Academic Qualifications with Year : **(Also Attach Photocopies please)** .....

7. Designation : .....

8. OFFICIAL ADDRESS

   (i) Department : .....

   (ii) Institution : .....

   (iii) Address : .....

   .....

   .....

   (iv) City : ..... (v) Pin Code : ..... (vi) State .....

   (vii) Tel. (with area code): ..... Mob.: .....

   (viii) Fax (with area code) : ..... (ix) E-mail : .....

9. RESIDENTIAL ADDRESS

   (i) Address : .....

   .....

   .....

   (ii) City : ..... (iii) Pin Code : ..... (iv) State .....

   (v) Tel. (with area code): ..... Mob.: .....

   (vi) Fax (with area code) : ..... (vii) E-mail : .....

10. Address for Communication : ☐ Official **OR** ☐ Residential (please tick the choice)

11. Professional Experience (briefly) on separate page : Teaching / Research / Diagnostic : ..... Years

12. Field of expertise/Areas of Interest: (1) ..... (2) .....

13. Publications, if any : ..... **Please attach a list giving details of publications.**

14. Membership of other professional bodies, if any : .....

15. Any other relevant information (brief) : **(on separate page)**

16. D.D. No.: ..... Date : ..... Bank : .....

    Branch : ..... Amount : Rs.: .....

    (Enclose the crossed D.D. for an appropriate amount drawn in favour of **'Association of Clinical Biochemists of India'** payable at **Patna**)

UNDERTAKING BY THE APPLICANT

I have gone through the bylaws of the Association of Clinical Biochemists of India. If admitted as a member, I shall abide by the rules and regulations of the association.

Place ..... Date Signature of the Applicant

Recommendation by a Member of ACBI (This is essential)

I have verified the information given in this application that are true to the best of my knowledge. He/She fulfils eligibility requirement for becoming a member of ACBI. I recommend that ..... be accorded the membership of the ACBI.

Name & Signature of the Member ..... Date : .....

ACBI Membership No.: ..... Place : .....

D I S C L A I M E R

I have no objection / I object* if my address and full details are put on the ACBI website at www.acbindia.org.

Name & Signature of the Member ..... Date : .....

* strike out whichever is not applicable

ADMISSIBILITY RULES

ELIGIBILITY CRITERIA : Membership of the Association is open to teachers & research scientists in the discipline of Biochemistry, Clinical Biochemistry, Immunology, Pathology, Endocrinology, Nutrition, Medicine and other allied subjects in a medical institution and also to persons holding M.B.B.S., M.Sc.(Biochemistry or Clinical Biochemistry) and are engaged in research or practice of clinical Biochemistry in hospital or in private laboratory.

ASSOCIATE MEMBERSHIP : Those graduates who do not fit in the above criteria, but have an interest in Clinical Biochemistry are eligible to become Associate Members.

CORPORATE MEMBERSHIP : A company dealing in biochemicals and instruments for biochemistry laboratories can become corporate members.

SESSIONAL MEMBERSHIP : Those persons who are not members but want to attend ACBI National Conference and attend and/or present papers have to become Sessional Member. This membership will be valid for that conference only. If he/she fulfils all eligibility criteria for membership and again pays the next years Annual membership fees, they will be admitted as Annual Member of ACBI.

MEMBERSHIP FEE : (a) Annual Member Rs. 350/- annually , **(b) Life Member** Rs.3500/- once **+** Rs.30/- for L.M. certificate posting **+** Rs.100/- for I.D. Card [**Total: Rs.3630/-]** (or Rs. 1200/- annually for 3 consecutive years.) **(c) For persons residing in other countries** US $ 200/- **(d) ASSOCIATE LIFE MEMBERS -** Rs.3500/- once **+** Rs.30/- for A.M. certificate posting **+** Rs.100/- for I.D. Card [**Total: Rs.3630/-], (e) Corporate Member** : Rs. 25,000/- one time payment. **(f) Sessional Member** : Rs. 350**/- (g) IFCC subscription (optional) -** Rs. 1500/- once. **(h) LIFE MEMBERS pls. note :** For Hard copy of Journal- Rs. 200/- per year for postage (or Rs.1000/- for 6 yrs)**. Money to be sent to Editor, IJCB.**

For Web viewing, please send your email id to editor. For more information log on at **www.ijcb.co.in**

Prescribed fee should be paid by **BANK DRAFT** only payable to **"ASSOCIATION OF CLINICAL BIOCHEMISTS OF INDIA"** at **PATNA. NO CHEQUE PLEASE.** The completed application (along with enclosures) & draft should be sent to **Dr. Rajiv R. Sinha, Treasurer, ACBI, Biochem-Lab, East Boring Canal Road, Patna 800 001,** preferably by registered post.

Photograph :Please affix a pasport-size photo on the form & attach a Stamp-size photo with the form. Do not staple or pin.

APPLICATION FOR MEMBER'S IDENTITY CARD

PROFORMA

(Please type or write in CAPITAL letters)

1. Name Dr/Mr./Mrs./Ms.:.....

2. Qualification : .....

3. ACBI Membership Number : ..... (for example 3579/LM/JOUR)

4. Work Place (City) :.....

5. State :.....

6. Date of Joining the ACBI :.....

Please affix a stamp size recent photograph.

(Do not staple or pin)

Members are requested to fill-up the form to get their Identity Card. This is essential. Filled up form to be posted to :

Dr Rajiv R Sinha, Treasurer, Association of Clinical Biochemists of India
Biochem-Lab, East Boring Canal Road, Patna 800 001 (Bihar)

PLEASE NOTE

Photo Identity card of ACBI is mandatory for members to attend the Annual Conferences, all meetings and also for exercising their voting rights. All Life, Associate Life and Corporate members are requested to fill up the above form and send it to the above-mentioned address along with a Demand Draft of Rs. 100.00, in favour of "Association of Clinical Biochemists of India" payable at "PATNA". **If you have already sent the same, please ignore this.**

Down Memory Lane . . . .

Glimpses of XXth General Body Meeting of ACBI, held at M.G.I.M.S., Wardha (Maharashtra) in 1997. Venue was the lawn of the Guest House.