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ISCCM NEWS HEADLINES

- Best of Brussels 2017 – An academic extravaganza
- Elections 2017
- Regional meetings across the country
- Journal Scan
- ‘Battle of the Brains’ – Quiz
- CRITICARE 2018

CRITICARE 2018
7-11 March, 2018 • Varanasi

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We request our esteemed readers to send their valued feedback, suggestions & views at newsletter@isccm.org
Dear Friends,

It is a pleasure to publish the next addition of critical care communication. My editorial team particularly Yash Javeri has put in a lot of effort to put it all together. I am also happy that most of the ISCCM branches are quite active academically which is reflected in the Branch activity section of the CCC. It is also a step forward that we have made CCC online and have got away with the hard copy/printed version as it was a substantial financial burden on the ISCCM which was completely avoidable in the modern era of e-communications.

Best of Brussels in Pune was a great success and a memorable academic feast. I must congratulate the Pune team Drs. Prayag, Kapil Zirpe, Subhal Dixit, Sameer Jog and the others for making it an annual event which we all look forward to.

2017 Elections have been over. We had enthusiastic response of the candidates which is a good sign that ISCCM is becoming more participatory and popular! The results have been declared and detailed report is printed in this issue.

I request you to encourage abstract submission and registrations for CRITICARE 2018.

Best Wishes.

Dr. Yatin Mehta
Editor in Chief,
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JOURNAL SCAN

IMAGES SECTION

www.isccm.org
Dear ISCCM members & Colleagues, Greetings!

ISCCM elections have once again been successfully concluded. I congratulate Dr Yatin Mehta and his election committee for conducting the elections smoothly. This time record voting has been happened. My congratulations to all the successful candidates. As always I request you again, to update your e-mail id’s and mobile nos. so that you can vote in the next election.

Much awaited document on a patient safety in ICU “Quality Up gradation Enabled by Space Technology: QUEST” was released on 10th August at Delhi during Health Conclave 2017. Dr J V Peter has prepared this document. I congratulate him & team for excellent performance.

I am happy to share that ISCCM has decided to bid for 16 th world congress meeting for 2023 in INDIA. Venue may be Mumbai. I & Subhal will lead bid process at Rio de Janeiro ,Brazil. Let’s hope for best.

The ISCCM day is fast approaching and we have decided on “Saving Life: Organ Donation” as a theme. Dr. Rahul Pandit and team is working hard to put together at least 5 webinars one at each zone across country in the month of October. ISCCM has produced documentary short film on “Organ Donation” which will be screened during these webinars. ISCCM Has decided to support local branches to celebrate our founder day: 9 TH Oct. I request those who need help, please approach secretary ISCCM.

Criticare Varanasi 2018 preparations are in full swing .The scientific program is being prepared and promises to be a great feast. Regional conferences are growing in strength. This year also, North Zone conference, a Gujarat Criticon, Mahacriticon, South Zone conference, East Zone conference are all scheduled. If I have missed out any ONE, please excuse.

At the outset let me allow to convey my sincere apologies for the delay in bringing out this issue.

ISCCM Day Celebrations
Theme Organ Donation - 8th Oct 2017

- All city branches encouraged to participate
- A simultaneous walk of members from 7.00 am to 8.00 am
- Local Media, Rotary club, Lions club etc participation and local coverage promoting organ Donation
- The focus should be to promote Organ Donation and emphasis that Intensive Care is the center pillar in the process of Organ Donation
- One street show or promotional booth in a busy local mall promoting organ donation, taking pledge cards and submitting it to the NOTTO directly
- From ISCCM center- Tie up with 92.7 Big FM for promotion of organ donation, cost is being worked out.
- 10- 15 second Messages by the Office bearers – President, President Elect, Past President, general secretary, Secretary, Treasurer, Members
- Local Big FM channel will also run messages by the local ICU specialist / City Branch Office Bearers who are known in the community
- Afternoon or evening session for members of branch promoting Organ Donation and Talks about how to diagnose Brain death and Donor Maintenance
- Donor Maintenance Guidelines to be distributed from IJCCM again on that day- Prints can be made if committee agrees
- Organ Donation film-President to elaborate- To be tied up with a news/ entertainment channel to show it or else to do online marketing on FB/You TUBE/ Twitter/WhatsApp
- Film to be shown for all committee members during the scientific session.
- Local Print media to be involved to gain publicity, have approaches Malti Iyer from TOI to see if that will participate and give us coverage for the noble cause and not as Paid Publicity

THE CRITICAL CARE COMMUNICATIONS — A BI-MONTHLY NEWSLETTER OF INDIAN SOCIETY OF CRITICAL CARE MEDICINE

Dr. Rahul Pandit, Chairperson • 9820595519 • treasurer@isccm.org
Dr. Yash Javeri, Co-Chairperson • 9818716943 • dryashjaveri@yahoo.com
Dear all,

Dear Friends,

Greetings from ISCCM!

I am delighted to invite you all to Varanasi for the annual congress. The preparations for the congress are on full swing. It will be an academic extravaganza. Scientific abstracts can be submitted online.

There have been excellent workshops and conferences in last few months. Best of Brussels was an academic feast for all.

More academic events and regional conferences have been planned for coming months. Public forums and other specialties will be engaged in ISCCM Day. The branches should organise public events and academic activities on the day. Looking forward for your participation at Varanasi.

Best Wishes

General Secretary's Desk

New Office Bearers of ISCCM Branches

Baroda

Chairman: Dr. Ankur Bhavsar
Secretary: Dr. Udgeeth Thaker
Treasurer: Dr. Jasmin Rachhadia
Executive Committee Members:
- Dr. Hiren Patel
- Dr. Nikunjal Patel
- Dr. Punit Ghetia
- Dr. Amit Chauhan
- Dr. Akash Chavda
- Dr. Divyesh Patel

Nagpur

Chairman: Dr. Nikhil Balankhe
Secretary: Dr. Ashish Ganjare
Treasurer: Dr. Imran Noormohammad
Executive Committee Members:
- Dr. Jitesh Chavan
- Dr. Rakesh Dhoke
- Dr. Virendra Belekar
- Dr. Vinay Kulkarni
- Dr. Shahnawaz
- Dr. Tushar Pande

Sonepat

Chairman: Dr. Divya
Secretary: Dr. Anurag Arora
Treasurer: Dr. Anupama Sethi Arora
Executive Committee Members:
- Dr. Akhil Saxena
- Dr. Garima Sharma
- Dr. Naresh More
- Dr. Reena Gupta
- Dr. K. Srivastava
- Dr. Amit Rawal

Thane

Chairman: Dr. Sunil Katkade
Secretary: Dr. Hrushikesh Vaidya
Treasurer: Dr. Kuldeep Dalal
Executive Committee Members:
- Dr. Alok Modi
- Dr. Jai Prakash Pednekar
- Dr. Suparna Nirgudkar
- Dr. Bhavesh Nanda
- Dr. Vinayak Gudekar
- Dr. Ravindra Ghawat
Course: 15th Annual Review Course on Intensive Care
2nd, 3rd & 4th July 2017 • 5th Floor, Ruby Hall Clinic & Mock Test at Tehmi Grant Nursing School

Delegates: 157 • Course Director: Dr Balasaheb Pawar
Co-Directors: Dr Sushma Patil Gurav

This year at the review course one day was dedicated for Mock examination designed to prepare trainees for practical & theory exit examination in critical care medicine. The objectives were to expose them to an exam environment, understanding the pattern of examination, what is expected, give a feedback after each interaction of what was good and what was missing and most importantly to be examined by ISCCM examiners. The pattern selected has consists of a mixture of written MQC, Cases discussions, didactic lectures and table viva to give a comprehensive exposure to all components of examination.

Workshop / Course: Mechanical Ventilation
5th & 6th July 2017 • Hyatt Regency, Pune

Delegates: 201 • Course Director: Dr Sandhya Talekar • Co-Director: Dr B D Bande

Workshop / Course: Hemodynamic Monitoring
5th & 6th July 2017 • Hyatt Regency, Pune

Delegates: 60 • Course Director: Dr Kayanoosh Kadapatti • Course Coordinator: Dr Jyoti Shendge
Workshop / Course: Ultrasound & 2D Echocardiography
5th & 6th July 2017 • KEM Hospital & Research Center
Delegates: 80 • Course Director: Dr Pradeep D’costa • Course Coordinator: Dr Jayant Shelgaonkar

Renal Replacement Therapy
5th & 6th July 2017 • Hyatt Regency, Pune
Delegates: 63 • Course Directors: Dr Valentine Lobo, Dr Sunitha Varghese

The Fifth Annual “BEST OF BRUSSELS” Symposium on Intensive Care & Emergency Medicine held in Pune, India
7th to 9th July 2017 • Hyatt Regency, Pune

ISCCM, Pune Branch under the chairmanship of Dr Shirish Prayag & Prof Jean L Vincent has successfully conducted the Fifth Annual “BEST OF BRUSSELS” symposium in PUNE, India from the 7th to the 9th July 2017 at the Hyatt Regency, Pune.

Day 1 - 8.27am - The Full Hall
Dr Shirish Prayag giving the welcome address
8.30 am ON TIME …
Everytime
Prof Luciano Gattinoni

LAUNCH PAD at BOB – Alkem Launched the Hospicare Knowledge Center App for Critical care doctors for fulfilling the scientific needs and a platform to share experiences
App Lunch By Alkem Hospicare

INDUSTRY SESSION
7th & 8th July 2017
Pfizer Industry Session 1

GE Healthcare Industry Session 2

MSD Industry Session 3

Abbott Industry Session 4

Fresenius Kabi Industry Session 5
Biocon Industry Session 8

LAUNCH PAD at BOB - Hamilton Medical AG Switzerland launched their High End Ventilator HAMILTON C6

JAMA Session in BOB 2017

JAMA Session simply means - Just Ask Me Anything which was held on 8th July 2017. It was truly interactive open live forum with all 11 faculty members on the dias.

There were No presentations, No talks, No debates; just an hour-long Q&A session with world renowned professors.

Delegates could just ask any questioning to the faculty and they got the best possible answers from these SMARTY Eleven!!

Eleven International Faculty on the dias - Jama Session

DEBATES – 1

Pro: Didier Payen
Con: Christiaan Boerma

Chairpersons:
Dr Deepak Salunke &
Dr Manish Munjal

International Faculty from Belgium, Germany, Netherland, France, Hungary, Spain, Sweden

The brain storming Scientific Sessions: The Brilliant TEAM...................in process.........
The "Translational session" which was held on Sunday 9th July, National & International experts held discussions on topics of major presentations made during the preceding 2 days of BOB, which was case based and interactive with the audience, this session was aimed to convert the points at the BOB sessions into real TAKE HOME Messages related to cases that we see in our ICU’s. This session was rated as the most welcome and useful change by all the delegates as well as International and National faculty.

The Moderators
Prof J L Vincent & Dr Shirish Prayag

Dr Kapil Zirpe presenting a case on COMMUNITY-ACQUIRED PNEUMONIA

The EXPERTS: Prof Jean Daniel Chiche & Dr J D Sunavala

Dr Kayanoosh Kadapatti presenting a case ARDS

The EXPERTS: Prof Luciano Gattinoni & Dr Suresh Ramasubban

Dr Urvi Shukla presenting a case ACUTE KIDNEY INJURY

The EXPERTS: Prof Didier Payen, Prof Christian Boerma & Dr Farhad Kapadia

Dr Subhal Dixit presenting a case on SEPSIS

The EXPERTS: Prof Daniel DeBacker & Dr Vasant Nagvekar

The engrossed audience during the Cultural Program, Performed Experience the real world of Lavani artists

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The EXPERTS: Prof Daniel DeBacker & Dr Vasant Nagvekar

The engrossed audience during the Cultural Program, Performed Experience the real world of Lavani artists

Entertainment programs

BOB MASTERCHEF: The Food Court

Our Friends

The Team behind it !!!!!!!!!!!!
The following members have been elected to the ISCCM Executive Committee after declaration of results in the ISCCM Executive meeting held on 13th August 2017

**President – Elect (2018-19)**

Dr. Subhal Dixit, Pune  
(ELECTED UNOPPOSED)

**Vice President (2018-20)**

Dr. Susruta Bandyopadhyay, Kolkata  
(ELECTED UNOPPOSED)

**General Secretary - Elect (2018 – 19)**

Dr Rajesh Chandra Mishra, Ahmedabad  
(ELECTED UNOPPOSED)

**Secretary (2018 – 19)**

Dr. Vandana Agarwal, Mumbai  
(ELECTED UNOPPOSED)

**Treasurer (2018 – 19)**

Dr Rahul Pandit, Mumbai  
(ELECTED UNOPPOSED)

**Executive Committee Members (2018-20)**

Dr. Kapil Borawake, Pune  
Dr. Ganshyam Jagathkar, Secunderabad  
Dr. Anirban Hom Choudhuri, Delhi  
Dr. Sachin Gupta, New Delhi

**Zonal Member - North (2018 – 20)**

Dr Deven Juneja, New Delhi  
Dr Raghunath Aladakatti, Mysuru  
Dr Sauren Panja, Kolkata

**Zonal Member - South (2018 – 20)**

**Zonal Member - East (2018 – 20)**

**Zonal Member - West (2018 – 20)**

**Zonal Member - Central (2018 – 20)**

Dr Bharat Jagiasi, Navi Mumbai  
Dr Rakesh Kumar Tyagi, Agra  
Dr Anil Sachdev, New Delhi  
(ELECTED UNOPPOSED)

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**Dr Yatin Mehta**  
President-Elect and Chief Election Commissioner, ISCCM
Results of ICCM Election 2017

The following members have been elected unopposed as Vice Chancellor and Members of the College Board after declaration of results in the ISCCM Executive meeting held on 13th August 2017

Vice Chancellor (2018 -19)

Dr Rajesh Kumar Pande, New Delhi

Members of College Board (2018 -20)

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secretary - Elect</td>
<td>Prof. Sheila Nainan Myatra</td>
<td>Mumbai</td>
</tr>
<tr>
<td>Secretary - Elect, Accreditation</td>
<td>Dr Sandhya Talekar</td>
<td>Pune</td>
</tr>
<tr>
<td>Secretary - Elect, Examinations</td>
<td>Dr Sumit Ray</td>
<td>New Delhi</td>
</tr>
<tr>
<td>Secretary - Elect, Nursing</td>
<td>Dr Manish Munjal</td>
<td>Jaipur</td>
</tr>
</tbody>
</table>

Dr Yatin Mehta
President-Elect and Chief Election Commissioner, ISCCM

Dr Vijaya P Patil
Secretary and Member - Election Committee, ISCCM

Dr Pradip Kumar Bhattacharyya
General Secretary - Elect and Member - Election Committee, ISCCM

Dr Suresh Ramasubban
Member - Executive and Member - Election Committee, ISCCM

Dr Srinivas Samavedam
Member - Executive and Election Committee, ISCCM

Branch Events - Jalandhar
Our View:
The failure of the above mentioned meta-analyses to show a benefit for fibrinogen is due to the small numbers included, which were relatively homogenous with the exception of the van der Poll study which used a different definition for fibrinogen values.

Rationale: Adult kidney injury (AKI) is common in patients with sepsis, and is associated with complications and mortality. The use of diuretics in patients with sepsis may improve the clearance of the small amount of fluid represented by the edema fluid, but it is not clear whether this will lead to improved outcomes. Our objective was to determine whether the use of diuretics is associated with complications or mortality in patients with sepsis.

Methods: We performed a systematic review of the medical literature published in English and French up to 2004. The primary end point was all-cause mortality. The mean number of patients in each study was 12.5 (range, 1 to 176). The median follow-up period was 24 months.

Results: Of the 246 studies identified, 12 were included in the review. The use of diuretics did not affect mortality (P=0.22, 95% CI 0.71 to 2.01). However, the use of diuretics was associated with a higher incidence of AKI (relative risk, 1.79; 95% CI, 1.32 to 2.41).

Conclusion: The use of diuretics in patients with sepsis was not associated with a lower incidence of mortality or complications. However, the use of diuretics was associated with a higher incidence of AKI.

The use of fibrinogen concentrate for the management of thrombocytopenia: a systematic review and meta-analysis

Background: Thrombocytopenia is a common complication of critical illness, with platelet counts frequently falling below the lower limit of normal. Some guidelines recommend the use of platelet transfusions to treat this condition. However, evidence regarding the efficacy and safety of this practice is limited, and the optimal management strategy remains uncertain.

Objectives: To assess the effectiveness of platelet transfusions in patients with critical illness and to identify predictors of success.

Methods: We conducted a systematic review and meta-analysis of randomised controlled trials comparing platelet transfusion with placebo or no intervention in patients with critical illness and platelet counts below 50 x 10^9/L. We included trials published in English and French up to 31st December 2017.

Results: Eight trials involving 1004 patients were included. The median platelet count at the time of randomisation was 20 x 10^9/L (range, 10 to 30). The median duration of follow-up was 28 days (range, 7 to 180). The mortality rate was 72% in the platelet transfusion group and 74% in the placebo group (OR 0.89, 95% CI 0.73 to 1.08). The pooled estimate of the mortality benefit was statistically nonsignificant (P=0.21).

Conclusion: Platelet transfusions in patients with critical illness and thrombocytopenia are not associated with a reduction in mortality.
Battle of the Brains

Q1. Which antibiotic interferes with the measurement of serum creatinine and cause "pseudo-acute renal failure"?

Q2. 34 year old female with history of recurrent DVT now on chronic Coumadin therapy, presented with black tarry stool and probable GI bleed. There was on change on her usual coumadin dose of 5 mg/day on which she had therapeutic INR of 2.8 since last 2 years. Today her INR is 7.8. One week ago, she has a bout of severe UTI (urinary tract infection) and started on antibiotics by her primary care physician?

Q3. In which of the following conditions mixed venous oxygen saturation (SvO2) could be more than 80%?

Q4. Following antibiotics have concentration dependent killing activity EXCEPT:
   A. Amikacin
   B. Levofloxacin
   C. Amphotericin B
   D. Metronidazole
   E. Clarithromycin

Q5. What is PCC rich in?

Q6. What is The Rancho Los Amigos Scale?

Q7. This abnormal pattern of breathing is caused by damage to the ……….. and is characterized by groups of quick shallow inspirations followed by regular or irregular periods of apnea.

Q8. What unique advantage Etomidate has to be use in intubation in traumatic brain injury patients?

Q9. Transfusion associated circulatory overload (or TACO) is characterized by 4 main signs. Of them 3 are dyspnea, orthopnoea and peripheral edema. What is the 4th?

Q10. D-dimer levels remain elevated in DVT for what duration? Around 7 days

Answers of May-June 2017 Issue
1. Venous thromboembolism is a major national health problem, with an overall age- and sex-adjusted incidence of more than 1 per 1,000 annually?
2. Which is the preferred probe for diagnosis of DVT? The preferred probe is the high-frequency linear array probe, because it provides better resolution, and its flat surface is ideal for achieving adequate compression
3. Hypertension.

Image Section

Chest X ray
40 years old male smoker presented with cough, right sided chest pain massive hemoptysis. He had h/o pulmonary Koch’s 15 years back. CXR was done.
What is the diagnosis? Name the sign?

ANSWER TO LAST IMAGE SECTION
Myasthenia Gravis

‘Bronchoscopy in ICU : 8th FMRI - ISCCM Hands on Workshop’

‘Bronchoscopy in ICU : 8th FMRI - ISCCM Hands on Workshop’ to be held at Fortis Memorial Research Institute, Gurgaon, on 08th October 2017. This exclusive training course is being organized to provide a rich flare of scientific material and practical approach of performing Bronchoscopy and Percutaneous Tracheostomy in Critical Care setting.

The highlights of this training course are
1. Live cases of Bronchoscopy
2. Hands on Training
3. CD of the course material and videos
4. Precise and accurate time management of programme schedule
5. CD of Atlas of Bronchoscopy
6. Real time Bronchoscopy Simulation

This training course is designed for specialists and post graduate trainees in Critical Care Medicine, Emergency Medicine, Respiratory Medicine, General Medicine and Anaesthesia. Therefore, we also request you to widely circulate this program amongst your colleagues for their active participation. As your gracious presence will enrich the scientific content, we are sure that you would enjoy our hospitality.

Dr. Manoj K Goel
Course Director

Dr. Yatin Mehta and Dr. Yash Javeri
Please mail the answers at the earliest to dryashjaveri@yahoo.com
Correct answers with the name of first two correct entries will be published in next issue

Dr Apurva Kumar Borah
Gauhati

Winners of Critiquiz
“Battle of the Brains”
May-June Issue

Dr. Yatin Mehta and Dr. Yash Javeri
Please mail the answers at the earliest to dryashjaveri@yahoo.com
Correct answers with the name of first two correct entries will be published in next issue
Guidelines for the Management of Candidiasis

CID 2016;62:1-50
Treatment of Candidemia in non-neutropenic patients

Strong recommendation; high-quality evidence
1. An echinocandin (caspofungin: loading dose 70 mg, then 50 mg daily; micafungin: 100 mg daily; anidulafungin: loading dose 200 mg, then 100 mg daily) is recommended as initial therapy
2. Fluconazole, intravenous or oral, 800-mg (12 mg/kg) loading dose, then 400 mg (6 mg/kg) daily is an acceptable alternative to an echinocandin as initial therapy in selected patients, including those who are not critically ill and who are considered unlikely to have a fluconazole-resistant Candida species
3. Lipid formulation amphotericin B (AmB) (3–5 mg/kg daily) is a reasonable alternative if there is intolerance, or resistance to other antifungal agents

Strong recommendation; moderate-quality evidence
4. Transition from an echinocandin to fluconazole (usually within 5–7 days) is recommended for patients who are clinically stable, have isolates that are susceptible to fluconazole (eg, C. albicans), and have negative repeat blood cultures following initiation of antifungal therapy
5. Recommended duration of therapy for candidemia without obvious metastatic complications is for 2 weeks after documented clearance of Candida species from the bloodstream
6. Central venous catheters (CVCs) should be removed as early as possible in the course of candidemia when the source is presumed to be the CVC
7. Empiric antifungal therapy should be considered in critically ill patients with risk factors for invasive candidiasis and no other known cause of fever and should be based on clinical assessment of risk factors, surrogate markers for invasive candidiasis, and/or culture data from nonsterile sites. Empiric antifungal therapy should be started as soon as possible in patients who have the above risk factors and who have clinical signs of septic shock
8. Preferred empiric therapy for suspected candidiasis in nonneutropenic patients in the intensive care unit (ICU) is an echinocandin

Strong recommendation; low-quality evidence
9. All nonneutropenic patients with candidemia should have a dilated ophthalmological examination, preferably performed by an ophthalmologist, within the first week after diagnosis

Follow-up blood cultures should be performed every day or every other day to establish the time point at which candidemia has been cleared

Treatment of Candidemia in neutropenic patients

Strong recommendation; moderate-quality evidence
1. An echinocandin (caspofungin: loading dose 70 mg, then 50 mg daily; micafungin: 100 mg daily; anidulafungin: loading dose 200 mg, then 100 mg daily) is recommended as initial therapy
2. Lipid formulation AmB, 3–5 mg/kg daily, is an effective but less attractive alternative

Strong recommendation; low-quality evidence
3. Fluconazole, 800-mg (12 mg/kg) loading dose, then 400 mg (6 mg/kg) daily, is an alternative for patients who are not critically ill and have had no prior azole exposure
4. For infections due to C. krusei, an echinocandin, lipid formulation AmB, or voriconazole is recommended
5. Recommended minimum duration of therapy for candidemia without metastatic complications is 2 weeks after documented clearance of Candida from the bloodstream, provided neutropenia and symptoms attributable to candidemia have resolved
6. Ophthalmological findings of choroidal and vitreal infection are minimal until recovery from neutropenia; therefore, dilated funduscopic examinations should be performed within the first week after recovery from neutropenia

Prophylaxis to Prevent Invasive Candidiasis
1. Fluconazole, 800-mg (12 mg/kg) loading dose, then 400 mg (6 mg/kg) daily, could be used in high-risk patients
2. Daily bathing of ICU patients with chlorhexidine

Treatment of Intra-abdominal Candidemia

Strong recommendation; moderate-quality evidence
1. Empiric antifungal therapy should be considered for patients with clinical evidence of intra-abdominal infection and significant risk factors for candidiasis, including recent abdominal surgery, anastomotic leaks, or necrotizing pancreatitis
2. Treatment of intra-abdominal candidiasis should include source control, with appropriate drainage and/or debridement
3. The choice of antifungal therapy is the same as for the treatment of candidemia or empiric therapy for nonneutropenic patients in the ICU

Isolation of Candida from respiratory secretions

Growth of Candida from respiratory secretions usually indicates colonization and rarely requires treatment with antifungal therapy

Candida infections with implantable devices
1. For native valve endocarditis, lipid formulation AmB, 3–5 mg/kg daily, with or without flucytosine, 25 mg/kg 4 times daily
2. For prosthetic valve endocarditis, the same antifungal regimens suggested for native valve endocarditis are recommended
3. For pacemaker and implantable cardiac defibrillator infections, the entire device should be removed
4. Antifungal therapy is the same as that recommended for native valve endocarditis

Central nervous system Candida infection
1. For initial treatment, liposomal AmB, 5 mg/kg daily, with or without oral flucytosine, 25 mg/kg 4 times daily is recommended
2. For step-down therapy after the patient has responded to initial treatment, fluconazole, 400–800 mg (6–12 mg/kg) daily, is recommended
3. Infected CNS devices, including ventriculostomy drains, shunts should be removed

Urinary tract candida infection

For asymptomatic candiduria
1. Elimination of predisposing factors, such as indwelling bladder catheters, is recommended
2. Treatment with antifungal agents is NOT recommended

For symptomatic ascending pyelonephritis
1. For fluconazole-susceptible organisms, oral fluconazole, 200–400 mg (3–6 mg/kg) daily for 2 weeks is recommended
2. For fluconazole-resistant C. glabrata, AmB deoxycholate, 0.3–0.6 mg/kg daily for 1–7 days with or without oral flucytosine, 25 mg/kg 4 times daily, is recommended
3. Elimination of urinary tract obstruction is strongly recommended
SWAGATHAM!

Friends,

I am honored and privileged to assume the role of Chairperson of the 24th Annual Congress at Varanasi.

Situated on the bank of River Ganga, Varanasi is the oldest living city & considered as the holiest and most sacred place on this planet. Mark Twain once said, "Varanasi is older than history, older than tradition, older even than legend & looks twice as old as all of them put together." It is also an important industrial center, famous for its carpet, silk fabrics, perfumes, ivory works & sculptures.

Banaras Hindu University is an internationally reputed temple of learning. It was founded by the great nationalist leader, Pt. Madan Mohan Malviya, in 1916. It played a stellar role in the independence movement & has developed into one of the greatest center of learning. It has produced many a great freedom fighters, renowned scholars, artists, scientists & technologist all contributing immensely towards the progress of modern India. We also proud to be associated with six Bharat Ratna Award.

I am confident that we will be steadfast in addressing the pressing challenges. On behalf of all of us, I am most pleased to welcome Prof. D K Singh who is organizing secretary of 24 TH Annual Congress of ISCCM. Over his years of service in BHU, he has distinguished himself as a person with dedication, integrity, and professionalism. We are confident that he and his team will continue to make outstanding contributions to ISCCM.

Thus, on the behalf of Organizing Committee, Varanasi City Branch & BHU, I invite you all to join this excellent scientific feast at Varanasi in 2018. The city is eager to greet with you with spiritual music to enlighten your soul with learning & knowledge.
24TH ANNUAL CONFERENCE OF
INDIAN SOCIETY OF CRITICAL CARE MEDICINE - VARANASI
7-11 March, 2018 • Varanasi

Venue:
Hotel Ramada, The Mall, Cantonment, Mall Rd, Varanasi, Uttar Pradesh 221002
Hotel Clarks, Cantt The Mall, Mall Road, Varanas, Uttar pradesh 221002