

DEPARTMENT OF PATHOLOGY

1. List of publications in Vancouver style year wise (calendar year) (Period 2014 to 2019)

PUBLICATION-2014

1. Harsh Kumar, Archana C Buch, Vinay M Sawlaney, Shirish S Chandanwale. Diaphysis osteosarcoma with varying histomorphologic patterns. 2014;3:33
2. Kumar H, Kalkal P, Buch AC, Chandanwale SS, Bamanikar S, Jain A. Role of microwaves in rapid processing of tissue for histopathology. Med J DY Patil Univ 2014;7:458-62.
3. SS Chandanwale, AC Buch, SS Vimal, P Sachdeva. Thyroid tuberculosis: Presenting Symptom Of Mediastinal Tuberculosis Lymphadenitis-An Unusual Case. Indian J Tuberc 2014;61:84-87.
4. Chandanwale SS, Vimal SS, Rajpal M, Mishra N. A Unique Case of Diffuse Histiocytic Proliferations Mimicking Metastatic Clear Cell Carcinoma in the Hydrocele Sac. J Lab Physicians 2014;6:43-5
5. Chandanwale SS, Pal SS. Metastatic soft tissue squamous cell carcinoma: Unusual Presentation of Lung Cancer. J Can Res Ther 2014;10:216-7
6. Chandanwale SS, Gore CR, Bamanikar SA, Gupta N, Gupta K. Cytomorphologic Spectrum of Hashimoto's Thyroiditis and its Clinical Correlation: A Retrospective Study of 52 Patients. Cytojournal 2014;11:9
7. Chandanwale SS, Vimal S, Panicker NK, Gupta K. Recurrent Angioleiomyoma in the Neck: A Rare Case Report. Clin Cancer Investing 2014;3:245-47.
8. Chandanwale SS, Gore CR, Sami AB, Shah KR, Kaur PR. Recurrent Solitary Fibrous tumor in distal lower extremity: An Extremely Rare Entity. Int J App Basic Med Res 2014;4:134-36
9. Chandanwale SS, Gupta K, Dharwadkar AA, Pal S, Buch AC, Mishra N. Pattern of palpable breast lesions on fine needle aspiration: A retrospective analysis of 902 cases. J Mid-life Health 2014;5:186-91.

10. Chandanwale SS Kulkarni TV ,Patel RJ , Thakkar D , A focal nodular Hurhle cell Hyperplasia in Hashimoto 's thyroiditis ; A diagnostic dilemma on fine needle aspiration .J Cytol 2014 ; 31 ;236 -8
11. Buch AC, Jadhav PS, Panicker NK. Solid variant of alveolar rhabdomyosarcoma with patent ductus arteriosus. Clinical Cancer Investigation Journal 2014; 3(1) : 133-135
12. Buch AC, Patel Ss, Chandanwale Ss, Harsh Kumar, Patel Kh, Bamanikar Sa. Study Of Oral Exfoliative Cytology In Tobacco Chewers Of Western India Ijpbs 2014; 4(1):138-143
13. Buch A C , Ademandiades – Behcet 's Disease ;Jour. of Indian case report vol 3 july2014
14. Buch A C , ASD with TR in young adult cadaver ;African Jour. Health science vol 13 issue 2 july dec 2014
15. Buch AC, Kumar H, Panicker NK, Misal S, Sharma YK, Gore CR. A cross sectional study of direct Immunofluorescence in diagnosis of a immunobulbous dermatomes. Indian J dermatology 2014; 59: 364-8.
16. Buch A C. Diagnostic dilemma of FNA diagnosis of secretory carcinoma of breast. medical journal of dpu2014 volm7 issue 2
17. Buch A C Interactive teaching ;understanding perspective of 2nd mbbs student in patho. medical journ.of dpu.volm7 issue6 nov dec 2014
18. Buch AC, Chandanwale SS, Bamanikar SA. interactive fetching understanding perspectives of Ilyear MBBS students in Pathology .Med.J.DY Patil Univ. 2014;7:693-5
19. Pagaro PM, Chaudhari PK, Naphade NN, Patil T. Isolated peritoneal hydatidosis clinically mimicking ovarian tumor: A rare case report. Med J DY Patil Univ 2014, 7, (1) :78-81
20. Unicentric Castleman's disease at an unusual site-A case report. Sunita Bamanikar, Urmi Chaudhari, N.K.Panicker, Archana Buch. Medical Journal of D.Y.Patil University. 2014; 7(3):346-48.
21. Cyto-histology and clinical correlation of thyroid gland lesions: A 3 year study in a tertiary hospital. Sunita Bamanikar, Pinky Soraisham, Sudhir Jadhav, Harsh Kumar, Pradeep Jadhav, Arvind Bamanikar. Clinical Cancer Investigation Journal. 2014; (3)3:20-24.

22. Study of Cervical Pap Smears in a Tertiary Hospital. Sunita A. Bamanikar, Dadaso S. Baravkar, Shirish S. Chandanwale, Prachet Dapkekar. Indian Medical Gazette July 2014; 250-254.
23. Gastroscopy diagnosis of ankylostoma duodenal infestation as a cause of iron-deficiency anemia. Sunita Bamanikar, Arvind Bamanikar, Vinay Sawlani, Dakshayani Pandit. Med J DY Patil Univ 2014; 7(5):631-3.
24. Sacral Chordoma – A Diagnostic predicament. Sunita Bamanikar, Archana Buch, Nidhi Gupta. European journal of Biomedical and Pharmaceutical Sciences 2014; 1(2): 452-57.
25. Adult presentation of retroperitoneal cystic teratoma: a case report. Bamanikar S, Buch A, Bamba D. Medical Science 2014; 13(53): 93-97.
26. Dharwadkar A, Sadana D, Sharma Y, Dash K, Chaudhari N, Dogra B. Angiokeratoma circumscriptum in a young male. Indian J Dermatol. 2014; 59(1): 85–87.
27. Dharwadkar Arpana , Shruti Vimal , Archana Buch ,N k Panikar ; HIV infection presentind as bone marrow cryptococcoisis 2014 medical journal of Dr. D. Y Patil
28. Dharwadkar Arpana ;A rare case of aggressive angiomyxoma since childhood Internal jour. of reproductive contraception Obgy vol 3 issue 3 2014
29. Kambale T, Iqbal B, Jain A, Sawaimul K. Littoral cell angioma of spleen, a rare case report. Trop J Med Res 2014;17:143-5.
30. Iqbal MB, Kambale T, Jain A.K. And Mushta I. Study of Different Types Of Chordomas, A Case Series International Journal Of Current Research 2014 ;6(1) :4589-4594.
31. M B Iqbal;Tushar Kamble:-Neurolipoma:A rare variety journal of clinical sciences,volm11.number2,july december2014

PUBLICATION 2015

1. Chandanwale SS, Panicker NK, Kulkarni SP, ShahKR, Kumar H, Sharma YK. Morphometry analysis of psoriasis and psoriasiform dermatitis: A retrospective study of 50 cases. Med J DY Patil Univ 2015;8:43-7.
2. Chandanwale SS, Buch AC, Kumar H, Mishra N. Epidermoid cyst in the breast: A common benign lesion at a rare site. Clin Cancer Investig 2015;4:99-101.
3. Chandanwale SS, Pal SS, Kumar HB, Sami AB. Serous cystadenoma and fibrothecoma : A rare combination in collision tumor of ovary with pseudo-migs syndrome. J Patho Trans Med 2015;49; 163-166.
4. Chandanwale SS, Gupta K, Vishvanathan V, Jadhav R, Mishra N, Patel AR, Ahmed P. Hematological profile in splenomegaly- A study of 50 cases . IJPBS 2015;5(2);368-378.
5. Chandanwale SS, Dey I, Kaur S, Nair R, Patil AA. Xanthogranulomatous appendicitis mimicking appendicular lump- An uncommon entity. Clin Cancer Investig J 2015;4;769-71.
6. Buch A C , Amelanotic melanoma of nasal mucosa ; A rare case ; Journ. DPU VOL 8 ISSUE 4 2015
7. Buch A C Role of direct immunofluorescence in the diagnosis of Glomerulonephritis medical jour.of dpu volm8 issue 4 july aug 2015
8. Buch A C Cervical lymph node metastasis :unusual presentation of adenoid cystic carcinoma-diagnosed by FNAC JKIMSU volm4 number3 july sept 2015
9. Buch AC, Choudhary S, Chandanwale SS, Kumar H. Study of Renal and Lipid profile in Diabetic patients IJPBS 2015;5(1): 33-41
10. Yadav P, Gujrati A, Buch A. Paravertebral and epidural sarcoma with spinal cord compression in a child: Case report and review of the literature. Med J DY Patil Univ 2015;8:520-4.
11. Wadhokar M, Sharma YK, Deo K, Buch A, Gupta A. Pemphigus foliaceus occurring with adenocarcinoma of prostate. Indian J Dermatol Venereol Leprol 2015;81:525-6
12. Kumar H, Iqbal MB, Buch A, Panicker N. Extensive squamous metaplasia in a benign phyllodes tumour : A rare case report. Med J DY Patil Univ 2015;8:404-6
13. Kumar H, Siddarth Dubhashi, Arpana Dharwadkar, Rajat Sindhawani. Nodular Hidradinoma over the chin rare presentation. international journal of health issue 4 vol 3 2015.

PUBLICATION 2016

1. Buch AC, Banyameen I. Poster presentation at medical conferences: Points to ponder. Med J DY Patil Univ 2016;9:224-6.
2. Buch A C , Comparative study of FNAC and computerized cytology scan in diagnosis of extra thyroidal neck masses. Vims health science jornal vol 3 issue 1 2016
3. Buch A, Iqbal B, Bordawekar R, Jain A, Jariwala P, Rathod H. Patterns of hemoglobinopathies diagnosed by high-performance liquid chromatography in and around Pune (Western Maharashtra, India): A pilot study. J Med Soc 2016;30:111-5.
4. Carcinoma of the cystic duct presenting as obstructive jaundice. Sunita Arvind Bamanikar, N. K. Panicker, Balaji Dhaigude¹, Sangeeta Choudhary, Archana Buch. Medical Journal of Dr. D.Y. Patil University 2015; 8(2):220-22.
5. Histopathological Study of Primary Bone Tumours and Tumour-Like Lesions in a Medical Teaching Hospital. Sunita A.Bamanikar, Pradhan M. Pagaro, Praveen Kaur, Shirish S. Chandanwale, Arvind Bamanikar, Archana C. Buch. JKIMSU 2015; 4(2):46-55.
6. Case Study: Identification of Rare Pulmonary Alveolar Microlithiasis in Maharashtra, India. Sunita Bamanikar, Ruchir Patel, Tushar Kamble, K. Sushen Kumar and Arvind Bamanikar. Journal of Scientific Research and Reports, ISSN: 2320-0227, Vol.: 8, Issue.: 2.
7. Renal Oncocytoma – a rare tumor. Sunita Bamanikar, Farhan Shaikh, Harsh Kumar Neeta More. European journal of Biomedical and Pharmaceutical Sciences. EJBPS, 2015, Volume 2, Issue 3, 434-439.
8. Significance of Marginal Vacuoles in Fine Needle Aspiration Cytology of Diffuse Thyroid Swelling-Abstract. Bamanikar S, Bamanikar A, Nair R, Chandanwale S, Kumar H and Buch A. J Cytol Histol 2015, S3:2
9. Cutaneous focal mucinosis in Grave's disease – a case report. Sunita Bamanikar, Tejaswini Malhotra, Anjali Verma, Arvind Bamanikar. Journal of Disease and Global Health, 2016; Vol 7(2), 97-99.
10. Study of Serum urea and Creatinine in Diabetic and non-diabetic patients in a tertiary teaching hospital. SA Bamanikar, AA Bamanikar, A Arora. J.Med.Res., 2016;2(1):13:17.
11. Arpana Dharwadkar, Shruti vimal, N.K Panicker, S.S Chandanwale, Vidya Vishwanathan, Harsh Kumar. Study of sideroblast and iron stores in bone marrow aspirates using perls stain. . 2015 medical journal of Dr. D. Y Patil
12. Shruti vimal, Arpana Dharwadkar, S.S Chandanale, Vidya Vishwanathan, Harsh Kumar. Cytomorphological study of lymphnode lesions: A study of 187 cases. 2015 medical journal of Dr. D. Y Patil University.

13. Vidya Viswanathan Ravichandra Juluri, Seema Goel, Jyotsna Madan, Subir K Mitra, Dharmarajan Gopalakrishnan Apoptotic Index And Proliferative Index In Premalignant And Malignant Squamous Cell Lesions Of The Oral Cavity Journal Of Int. Oral Health 2015.
14. Vidya Viswanathan Association of Post-Menopausal Osteoporosis and Periodontal Disease –A Double Blind Case Control Journal of Int. Oral Health 2015
15. Vidya Viswanathan Importance of Malarial Exclusion In A Thrombocytopenic Febrile Patient In An Endemic Area Journal Of Evolution Of Medical And Dental Science 2015
16. Kambale T, Iqbal B, Jain A. A Case Report of Synovial Chondromatosis of the Knee. Clin Cancer Investig J 2015;4:105-7.
17. Kambale T, Iqbal B, Jain A. Pilomatricoma with florid osseous metaplasia – a rare case report. Menoufia Med J 2015; 28:780–782
18. Kambale T, Iqbal B, Ramraje S, Swaimul K, Salve S. Placental morphology and fetal implications in pregnancies complicated by pregnancy-induced hypertension. Med J DY Patil Univ 2016;9:341-7
19. . Kambale T , M B Iqbal , Sonali Salave , Iqra Mushtaq ; Zika virus infection ; The resurgence of a neglected disease 2016 Medical Journal of DPU vol 9 issue 2
20. M B Iqbal : Copying with a academic anarchy: an appeal tpo reviewers and authors and readers to raise the bar. Medical journal of DPU 2015. Issue 8 Vol 2.
21. M B Iqbal, K atul, Tushar Kamble : Molluscium Contagiosum. Medical journal uf DPU 2015. Vol 4 Issue 8.
22. Iqbal B, Kambale T, Jain AK, Cytological diagnosis of solitary plasmacytoma of the skull- A rare case report.J Sci Soc 2015
23. Iqbal MB, Mushtaq I, Jain A, Arun S, Conjunctival-corneal intraepithelial neoplasia: Presenting as a pterygium Clin Cancer Investig 2015
24. M B Iqbal Principles and practice of plagiarism ; Perpetrators and prospective Medical Journal of DPU September 2015 Vol 8 issue 5
25. M B Iqbal : Hereditary Stomatocytosis : First Case Report From Valley Of Kashmir Medical DPU 2015 Vol 8 issue 6
26. M B Iqbal Quality and Impact Of Journal and Authors 2016 Medical Journal Of DPU vol9 issue2 march April 2016
27. M B Iqbal , Kamble Tushar ; Being too myopic about Plagiarism 2016 Medical Journal Of DPU Vol 9 issue 3

28. Guruwale S, Kambale T, Iqbal B, Jain. A Poorly differentiated thyroid carcinoma: A case report Med J DY Patil Univ 2016
29. Kumar H, Buch AC, Iqbal B, Kakrani AL. Hypoplastic acute myeloid leukaemia – M4 : a rare case report. Med J DY Patil Univ 2016;9:129-31.
30. .Kumar H, Iqbal B, Dogra BB, Chandanwale SS. Giant aggressive angiomyxoma of the vulva. J Med Soc 2016;30:58-60
31. Kumar H ,Archana buch,Pal Sukanya,Chandanwale S.S,Rohan Joshi. Role Of Fine Needle Aspiration Cytology As “One Stop Diagnosis For Assesment Of Breast Lump In Women” issue 2 volm;6 journal of life sciences.april 2016
32. Chandanwale SS, Kamble T, Mishra N, Kumar H,Jadhav R. A pure primary Transitional cell carcinoma of the ovary: A rare case report with literature review. Int J App Basic Med Res 2016;6:140-2.
33. A rare case of signet ring cell lymphoma: Diagnosis aided by immunofl uorescent staining CHARUSHEELA R GORE, N K PANICKER, HARSH KUMAR, ARCHANA BUCH, S S CHANDANWALE Journal of Cytology.
34. Mucinous carcinoma of breast in a 30-year-old female: A rare case report and discussion Banyameen Mohamad Iqbal, Bedarshi Banerjee Volume 5, Issue 5, September-October 2016 489-491.

PUBLICATION 2017

35. Unusual Alveolar Pattern in Node Based Diffuse Large B-cell Lymphoma Archana C. Buch , Jay Y. Sheth , Sunita A Bamanikar , Aditi A. Pandey Journal of Krishna Institute of Medical Sciences University Vol. 6, No. 1, January-March 2017 p.no 104-108
36. Primary Adrenal Lymphoma: A Rare Entity Buch Archana C*, Karia Kunjal M, Agarwal Neekita S, Ingale Yamini and Harsh Kumar Rep Cancer Treat | Volume 1 | Issue 1 | June, 2017 p.no 9-11
37. Role of histochemical stains in differentiating hemangioma and vascular malformation Ruchir Jitendra Patel, Archana Chirag Buch, Shirish S. Chandanwale, Harsh Kumar Indian Journal of Hematopathology and Diagnostic Dermatology/Vol 3/Issue 1/Jan-Jun 2016
38. Platelet volume indices as predictive biomarkers for diabetic complications in Type 2 diabetic patients Archana Buch, Supreet Kaur, Rahul Nair, Ambuj Jain Volume 9, Issue 2, April-June 2017

PUBLICATION 2018.

1. Sawaimul KD, Iqbal MB, Sawaimul VD, Kambale T, Hanmante R. Study to Identify the Role of High Performance Liquid Chromatography in Detecting Haemoglobinopathies in Antenatal Patients. Indian Journal of Pathology and Oncology 5 1-2018
2. Agarwal NS, Iqbal MB, Patil AA, Karia KM, Kumar H Study to Evaluate the Histopathological Spectrum of Hepatic Lesions in Liver Biopsies in a Tertiary Care Hospital. Annals of Pathology and laboratory medicine 5 3-2018
3. Kambale TJ, Sawaimul KD, Iqbal MB, Bardapurkar P, Kumar H, Baravkar A. Correlation of serological markers with hematological parameters in early diagnosis of dengue infection in dengue prone Areas. Accepted for publication in Tropical Journal of Pathology and Microbiology 4 26-2018
4. Sawaimul KD, Iqbal MB, Sawaimul VD, Kambale T, Kumar H. 2018;5: Fine needle aspiration cytology: a diagnostic tool in evaluation of lymphadenopathy in Paediatrics age. Accepted for publication in Indian Journal of Pathology and Oncology 5 3-2018
5. Chandanwale SS, Nair R, Gambhir A, Kaur S, Pandey A, Shetty A, Naragude P. Cytomorphological Spectrum of Thyroiditis: A Review of 110 Cases Journal of Thyroid Research. 1-2018
6. Study of Side oblasts and iron stores in bone marrow aspirates using Perls Stain Dr. Arpana Dharwadkar Dr Shruti Vimal Med J DY Patil Univ Med J DY Patil University 2018 ; 9, 181-185 Google Scholar
7. Diagnostic utility of Body fluids Cytology-Arpana Dharwadkar, Shruti Vimal, Vidya Viswanathan.-Ind.Journal of Pathology : research and practice Ind.Journal of Pathology : research and practice-2018 ;7(3) 312-316 Index Copernicus
8. Role of C Reactive Protein, White Blood Cell Counts, Polymorph Percentage and Histopathological Findings in Diagnosing Appendicitis-Arpana Dharwadkar, Shruti Vimal, Vidya Viswanathan-Ind.Journal of Pathology : research and practice- Ind.Journal of Pathology : research and practice 2018 ;7(2) 142-149-Index Copernicus
9. Correlation of serological markers with hematological parameters in early diagnosis of dengue infection in dengue prone areas-Kambale T.J.1, Sawaimul K.D.2, Iqbal M.B.3, Bardapurkar P.4, Kumar H.5, Baravkar A.6-- Pathology Update: Tropical Journal of Pathology & Microbiology-Pathology Update: Tropical Journal of Pathology & Microbiology 2018 ;4(1)-Index Copernicus
10. Study of sideroblasts and iron stores in bone marrow aspirates using Perls' stain-Dr. Arpana Dharwadkar Dr Shruti Vimal -Med J DY Patil Univ-Med J DY Patil Univ 2018 ; 9, 181-185-Google scholar

11. Diagnostic utility of body fluid cytology-Arpana Dharwadkar, Shruti Vimal, Vidya Viswanathan.-Ind.Journal of Pathology : research and practice Ind.Journal of Pathology : research and practice-2018 ;7(3) 312-316-Index Copernicus
12. Role of C reactive protein, white blood cell counts, polymorph percentage and Histopathological findings in diagnosing appendicitis. Arpana Dharwadkar, Shruti Vimal, Vidya Viswanathan Ind.Journal of Pathology : research and practice Ind.Journal of Pathology : research and practice 2018 ;7(2) 142-149 -Index Copernicus.

PUBLICATION 2019

1. Buch AC, Patil A, Haldar N, Iqbal B, Pandit D, Kakrani AL et al Relation of Lymphocyte Subsets and Cytokines in Different Grades of Alcoholic Cirrhosis. Journal of Clinical and Diagnostic Research. 2019 ;13(1): 8-11
2. Buch AC, Haldar N, Kheur S, Chandanwale S, Kumar H. Correlation between Ki-67 labeling Index and mitotic index in oral squamous cell carcinoma Clin cancer Investing J 2019....
3. Buch AC, Iqbal MB, Patil A, Haldar N, Kakrani AL, Bamanikar S, Pandit D, Kumar H. Flow cytometric analysis of lymphocyte subsets in alcoholic liver disease. Accepted for publication in Journal of medical society 2019
4. Komal S, Gore C.R, Patro N, Buch.A.C . Giant pulmonary hamartoma with fci of placental transmigration of lung. Accepted for publication MJDYPV 2019.
5. Relation of Lymphocyte Subsets and Cytokines in Different Grades of Alcoholic Cirrhosis. Archana Chirag Buch, Amardeep Patil, Niladri Haldar, Banyameen Iqbal, Dakshayani Pandit, Arjun lal Kakrani, Sunita Bamanikar, Harsh Kumar. Journal of Clinical and Diagnostic Research, 2019; 13(1): EC08-EC11.
6. DNA Flow cytometry and immunohistochemical evaluation of effusion specimens. Sunita Bamanikar, Pooja Pathak, Archana Buch, Neelu Nawani, Komal Sawaimul. Journal of Diagnostic Pathology and Oncology, 2019; 4(1):22-26.
7. Immunohistochemical testing of HER2/neu protein overexpression in gastric cancer specimens and its clinic pathological correlation. Kushal Shah, Sunita Bamanikar, Pooja Pathak, S.S Chandan Wale, Arvind Bamanikar. Journal of Diagnostic Pathology and Oncology, 2019; 4(1):9-15.
8. Histopathological Analysis of Ovarian Tumours and Overexpression of Her2/neu In Ovarian Carcinomas. Pooja Pathak, Sunita Bamanikar, Abhinav Shetty, Harsh Kumar, Archana Buch. Indian Journal of Pathology and Oncology, 2019;6(3):

2. Research and extension (From 1st January 2014 to till 2019) year wise (calendar year)

(a) Research summary

Sr. No.	Name of the project and duration	Name of Teachers	Amount of seed money provided (INR in Lakhs)	Sanctioned Year
1.	Automation in histopathology a technical solution in patient case	Dr. C.r.gore	39, 00,000/-	Dpu/25/2016 Date :- 06/01/2016
2.	Evaluation of cd4 /cd8 counts in alcoholic lever disease by flow cytometry	Dr. A.c.buch	5,00,000/-	Dpu/212/2015 Date:- 20/03/2015
3.	Evaluation of flow cytometric immunophenotyping and analysis for detection of cancer cells in effusion specimens: correlation with immunohistochemistry and morphological findings.	Dr.sunita bamanikar	5,00,000/-	Dpu/214/2015 Date :-20/03/2015
4	Significance of rapid detection of tuberculous lymphadenitis By molecular method: cartridge based nucleic acid amplification test (cb-naat)	Dr arpana dharwadkar	65000/-	Dpu/927(9)/2018 Date :- 31/08/2018
5	Significance of anti-thyroid antibodies, vitamin d and iodine intake in hashimotos's thyroiditis	Dr. Shruti vimal	94000/-	Dpu/927(8)/2018 Date :- 31/08/2018

**c) List of ICMR – STS Research projects sanctioned (From 1st January 2014 to till 2019)
yearwise (calendar year) Scanned copy of all certificates to be provided (PDF format)**

Sr. No.	Name of the project	Investigators	Name of the guide	Year of award	Duration of the project	Funding agency	Total amount of funds received
1	Diagnostic implications of platelet volume in thrombocytopenia .	Gayatri S Nair	Dr.Harsh Kumar	2014	1 YEAR	ICMR	10,000/-
2	Incidence of bleeding disorders with particular emphasis on haemophilia in pune district	Ritika Kasturia	Dr.P.M. Pagaro	2014	1 YEAR	ICMR	10,000/-
3	Study of hormone receptor status (er, pr, her2 /neu) in predicting the prognosis of breast cancer patients	Nikita Galani	Dr. M.B.I qbal	2014	1 YEAR	ICMR	10,000/-
4	Correlation of serum urea and creatinine in diabetic and non diabetic patients in a tertiary teaching hospital.	Amodini Arora	Dr. Sunita Bamnikar	2015	1 YEAR	ICMR	10,000/-
5	Serum lactate dehydrogenase as a marker of megaloblastic anemia	Riddhima S. Dubhashi	Dr. Harsh Kumar	2015	1 YEAR	ICMR	10,000/-
	Study of histomorphological features of precancerous lesions of the breast	Bhanu Papneja	Dr. S.S. Chandanwale	2015	1 YEAR	ICMR	10,000/-
6	Detection of helicobacter pylori in gastric biopsies: comparison of histochemical and immunohistochemical methods	SHIRSHTI YADAV	Dr. S. Bamnikar	2016	1 YEAR	ICMR	10,000/-
7	Study of apoptotic index and mitotic index in oral epithelial dysplasia and oral squamous cell carcinoma	Ashutosh Desai	Dr. A.C. Buch	2016	1 YEAR	ICMR	10,000/-

8	A study of hormonal and anthropological parameters in polycystic ovarian syndrome	Supriya Prakash	Dr.Tushar Kambale	2018	1 YEAR	ICMR	10,000/-
9	Histopathological study of heterogeneity of sino-nasal tract lesions: a 5-year retrospective study in a tertiary care hospital	Smriti Unnikrishan	Dr.Arpana	2019	1 YEAR	ICMR	10,000/-
10	Study of effect of alcohol on the microscop[ic analysis of semen	Shashank Tiwari	Dr. A.Buch	2019	1 YEAR	ICMR	10,000/-

3. PO and CO Analysis (UG as well as PG)

CO/PO	PO.1	PO.2	PO.3	PO.4	PO.5
	General	General	teaching	RA	Research
PA.1	3	2	3	2	1
PA.2	3	3	3	2	1
PA.3	3	3	2	2	1
PA.4	2	2	2	2	2
PA.5	2	2	1	1	1
PA.6	3	2	2	2	2
PA.7	2	2	0	1	1
PA.8	2	2	1	2	3
PA.9	2	1	1	1	1
PA.10	2	2	2	3	1
PA.11	1	2	1	0	0
Average	2.2	2.1	1.6	1.6	1.2

4. Alumni Placement (Till date)

Year of Passing	Name of the student	Name of the company	Mobile Number	Email Id
2014	Dr. Punita Kalkal	Sadhu Vaswani Medical Mission	9911700257	kalkalpunita@gmail.com
	Dr. Urmi Chaudhary	SRL, Phadke Labs	9967192929	drurmi87@gmail.com
	Dr. Sonam Sood	SPS Hospital, Ludhiana	7589300180	sonamsood78@gmail.com
	Dr. Sushmah	Dr. D.Y. Patil Medical college, Pune	9921300707	supravikulkarni@yahoo.com
	Dr. Mohit Rajpal	DPS Govt. Medical College, Sonipat, Haryana	7875508679	mohitrajpal70@gmail.com
	Dr. Pinky Soraisham	JNIMS, Porompat, Imphal	8730803083	pinkysoraisham@yahoo.com
2015	Dr. Anand Patel	Shree Diagnosis, Naroda-Dahegam, Gandhinagar	9924001585	patel.anand171@gmail.com
	Dr. Nidhi Gupta		9971673282	nidhi1802@yahoo.co.in
	Dr. Kanika Gupta	Dr. Lal Path Lab, Panchkula, Haryana	7507829797	kanika.gupta1@lalpathlabs.com
	Dr. Amit Sammi	Dr. Lal Path Lab, Ambala	9970472436	amisam87@gmail.com
	Dr. Sangeeta Choudhary	Not working	7506990463	Vivacious007@gmail.com
	Dr. Vinay Sawlani	Bharat Path Labs, Ulhasnagar	8446334775	sawlanivinay@yahoo.com
2016	Dr. Farhan Sheikh	N.M. Medical Diagnostic center, Kalyani nagar	+918149129207	docsarhal7@gmail.com
	Dr. Ruchir Patel	Fellowship at GCRI Ahmedabad	+919825707518	
	Dr. Neha Mishra	Supratech Micropath Lab	9909984754	
	Dr. Divya Bamba	Spandan Hospital Phaltan	8237723043	rvikrant1@gmail.com
	Dr. Tanmayi Kulkarni	Y.C.M Hospital Pune	09958390149	drtanmayi23@gmail.com
	Dr. Kunal Garg	Medical Institute of Screening Test	9049025959	drkvgarg@gmail.com
	Dr. Baravkar Dadaso	Dr. D.Y. Patil Medical College, Pune	9423531664	abhishek_baravkar@yahoo.com
	Dr. Sumedha Shinde	Dr. D.Y. Patil Medical College Mumbai		sumedhashinde@gmail.com

2017	Dr. Ishita Gulati	Dr.Lal Path Labs Vijaya Diagnostic	9624797080	ishitagulati1990@yahoo.com
	Dr. Pradnya Shende	As Observer, Jupiter Hospital	09990152599	drprads14@gmail.com
	Dr. Rahul Nair	Wayanand Medical College, Kerala	9871584211	dr.rahulnair@hotmail.com
	Dr. Rahul Jadhav	Sant Dhyeneshwar Hospital,Pune	7030477413	rahuljadhav.skx@gmail.com
	Dr. Indranil Dey	Dr.DY.Patil Medical College,Pune	7875923702	drindranildey@gmail.com
	Dr.Supreet Kaur	PIMS Jalandhar	9899280784	drsupreetkaur13@gmail.com
	Dr. Megha Jha	Not Working	7387991056	Jha.megha@gmail.com
	Dr. Bedarshi Banerji	Ruby Hall Clinic Pune	9748927758	dr.bedarshi@gmail.com
2018	Dr. Ruby Rao	GMC , Revada	9503998500	Rubyrao88rr2gmail.com
	Dr. Sheth Jay Yashvantrai	K.J.Sommayya Medical College	7875923702/ 09874699310	jaysethmum@gmail.com
	Dr. Aditi Pandey	Dr.Lal Path Labs Vijaya Diagnostic	9527022697	draditipande@gmail.com
	Dr. Amardeep Patil	Kashibai Navale Medical Colleg	7875634065	
	Dr. Rohan Joshi	Rohan Immunoassay and diagnostic centre, Padharpur	8975331749	
	Dr. Shah Kushal Dhiren	Dr.DY.Patil Medical College,Pune	8758641741	kushaldhirenshah@gmail.com
	Dr. Sourabh Paranjape	Metropolis Lab Pune	9890957957	Sourabh.palande@gmail.com
	Dr. Sanjyot Nikam	Bliss Diagnostics	9420833085	
	Dr. Jehan Ansari	DDU Delhi	07744865894	
	Dr. Anushree Khandelwal	GMC Kota	8600434315	dranushree13@gmail.com
2019	Dr.Patel Shreya Rajesh		9727015386	shreyapatel211@gmail.com
	Dr.Naragude Piyusha		8275923763	piyushanaragude05031992@gmail.com
	Dr.Niladri Haldar		9933361991	haldar.niladri@gmail.com
	Dr.Gambhir Anushree		9423569746	anushreesgambhir@gmail.com

	Dr Pathak Pooja Madhukar		9049009018	pooja11820@gmail.com
	Dr.Shetty Abhinav Bhaskar		9579253853	abhinav320@gmail.com
	Dr.Agrawal Neekita Shriram		8149202312	neekita.agrawal@hotmail.com
	Dr.Ashily Koshy		7263935298	ashilykoshy@yahoo.co.in
	Dr. Manpreet Kaur		9878950626	manpreetmatharu21@yahoo.com

5. Mentorship :

1	Dr. Harsh Kumar	Perna Pandey
		Jatin Mamodiya
3		Anupama Roy
4		Husen Shabbir Husen
5		Larika Kumar
6	Dr.S.S.Chandanwale	Priyanka Vaswani
7		Saurav Kumar Jaiswal
8		Zenia Aadil Elavia
9		Saleem Javed Tharakandathil
10		Anushka Ghosal
11	Dr.C.R.Gore	Anjitha Sadanand Valiyil
12		Sahil Bansal
13		Nishtha Gadia
14		Argha Roy
15		Seherish Karim Gangani
16	Dr. A.C.Buch	Ishani Panda
17		Shitanshu Shankar Upadhyay
18		Prithvi Chandra Vadlamani
19		Tanu Agarwal
20		Prince Saha
21	Dr.P.M.Pagaro	Adil Mohammed Siddiqui
22		Zeeshan Shabbir Ahmed Sange
23		Benson Sequeira
24		Sundeepan Bansal
25		Ashish Aggarwal
26	Dr.S.Bamanikar	Kriti Roy
27		Medhavi Gupta
28		Dayer Moiz Junaid
29		Bhavya
30		Isha Agrawal
31	Dr.A.Dharwadkar	Kaustav Das
32		Mayobhav Vasistha
33		Ashi Jain
34		Kirti Soni
35		Viraj Wadhera
36	Dr.Shruti	Aditi V Pansare
37		Shubhangi Anand
38		Shruti Rawat
39		Ishaan Mahajan
40		Vrashant Jayaswaal
41	Dr.Rupali	Satav Sneha Vijay
42		Nimmy Varghese
43		Aarushi Kaushal
44		Rashmi Narwal
45		Deshmukh Sai Sanjay
46	Dr.Tushar	Anjali Dahiya
47		Buty Shreyansh Shreekrishna
48		Pooja Ramapuram
49		Jain Varun Haresh
50		Sourav Ghosh

51	Dr.M.B.Iqbal	Trivedi Priyal Prakash
52		Godbole Anand Narayan
53		Sarvagya Verma
54		Sarangkar Adarsh Narayan
55		Romal Gurnani
56	Dr.Vidya	Solav Aman Shrikant
57		Patil Saloni Nitin
58		Sakshi Gupta
59		Holkar Nikita Somnath
60		Gaitonde Arnav Nandan
61	Dr. Komal	Patankar Amruta Deepak
62		Nishant Kumar
63		Ankit Singh
64		Oishanu Nath
65		Ishleen Ahluwalia
66	Dr.Sushma	Visheshta Mehan
67		Ghogre Pradyumna Sudhir
68		Karman Mahajan
69		Devansh Gupta
70		Shatabdi Kishore
71	Dr.Yogesh	Riyam Kaur Juneja
72		Vidisha Mishra
73		Aishni Lakhmani
74		Palve Rutuja Pradipkumar
75		Disha Gupta
76	Dr.Shubhangi	Bedanta Bhunia
77		Hemam Minerva
78		Vyawhare Vaibhav Satish
79		Ritik Tripathi
80		Rauth Paritosh Preetam
81	Dr.Yamini	Nikita Sopnia Raposo
82		Sugand Namit Ravi
83		Gouri Gaur
84		Deshmukh Aryaman
85		Ashwinikumar
86	Dr.Indranil	Kavadi Chinmayee
87		Bordawekar Akshay Rajiv
88		Saransh Jain
89		Divyani Sharma
90		Vaibhav Singh
91	Dr.A.Deshpande	Khyaati Mandiratta
92		Garvit Sharma
93		Namrata Kochhar
94		Raksha Kirit Ladhani
95		Riya Dhingra
96	Dr.W.C.Raut	Aishani Shreya
97		Tamaskar Vaibhavi Prafulla
98		Sara Gupta
99		Shivankur Singh
		Devyani Chaturvedi

100		Mathew Thomas
101	Dr.A.J.Nagarkar	Manya Puri
102		Sakshi Kesharwani
103		Krishna Sambare
104		Parth Pratap Jadhav
105		Siddharth Sharma

6. Wall magazine

Name of Topic	Event	Name of Student
A Unique case of Diffuse his tiocytic proliferations mimicking metastatic clear cell carcinoma in Hydrocele sac	Mapcon-2014	Dr.Aditi Pande
Hypoplastic acute myeloid leukemia m-4 A rare case report	This CME was organized by Laboratory oncology ,Dr. B.R.A. institute rotary cancer hospital all India institute of Medical Sciences,	Dr.Rahul Nair
“Unusual alveolar pattern in node based Diffuse Large B Cell Lymphoma” and was awarded 3rd prize for the same.	Gujarat Indian Medical Association conference (GIMACON), Rajkot held on 15-16th October 2016 at Seasons Hotel, Rajkot	Dr. Jay Sheth, Post-Graduate Student
Imprint cytology a key to diagnose ocular surface squamous Neoplasia	21-1-17	Dr Neekita Agarwal
BENIGN REACTIVE ANGIOENDOTHELIOMATOSIS (RAE) IN A PATIENT WITH PERIPHERAL VASCULAR DISEASE: RAREST VARIANT	DPU	Sonkawade D,
Leiomyosarcoma a rare location	8-9-2018	Dr.Manoj
Giant pulmonary hamartoma with placental transmogrification of the lung	International conference of pathology in Goa feb2019	Dr.Namrata
The rare case of upper urothelial carcinoma mimicking primary renal neoplasms	Bharati Vidyapeeth Medical College, Pune-18	Dr. Aishwarya Desai

7. Teaching programme (Actual teaching programme should be reflected and not methods)

Format B

Lecture Programme

Semester: III

Faculty Incharge: Dr. Tushar Kambale

Sr No	Date	Topic	Name of the faculty
1	10/8/18	Introduction to Pathology, Definition And Causes Of Diseases	Dr Vidya
2	10/8/18	Orientation to Pathology Department	Dr. Vidya
3	13/8/18	Mechanism Of Cell Injury	Dr.P.M.Pagaro
4	16/8/18	Chemical Injury ,Sub Lethal Injury	Dr.P.M.Pagaro
5	20/8/18	Intracellular Accumulations ,Pigmentation And Pathological Calcification	Dr.P.M.Pagaro
6	23/8/18	Necrosis And Gangrene	Dr Yogesh Tayade
7	24/8/18	Apoptosis	Dr Tushar Kambale
8	24/8/18	Acute Inflammation-I	Dr. A.C.Buch
9	27/8/18	Acute Inflammation-II	Dr. A.C.Buch
10	30/8/18	Chronic Inflammation	Dr. Shruti
11	31/8/18	Repair-I	Dr.S.S.Chandanwal e
12	31/8/18	Repair-II	Dr.S.S.Chandanwal e
13	3/9/18	Thrombosis	Dr.P.M.Pagaro
14	6/9/18	Embolism	Dr M.B.Iqbal
15	7/9/18	Infarction	Dr.Shubhangi Tayade
16	7/9/18	Hyperemia & Oedema	Dr. Shruti Vimal
17	10/9/18	Haemorrhage& Shock	Dr. Shruti Vimal
18	14/9/18	Neoplasia –Lab Diagnosis/Biology	Dr.A.C.Buch
19	14/9/18	Hypersensitivity Reactions/Transplant Reactions	Dr.P.M.Pagaro
20	17/9/18	Autoimmune Diseases	Dr.Komal S
21	21/9/18	Amyloidosis	Dr Arpana
22	21/9/18	Leprosy	Dr.Harsh Kumar
23	24/9/18	Syphilis	Dr.Harsh Kumar
24	27/9/18	Tuberculosis-General Features	Dr.Vidya.V
25	28/9/18	Tuberculosis-Pulmonary	Dr.Vidya.V
26	28/9/18	Tuberculosis Extra Pulmonary	Dr.Vidya.V
27	1/10/18	Fungal Diseases	Dr. Arpana
28	4/10/18	Immunodeficiency, AIDS	Dr.Tushar Kamble
29	5/10/18	Growth Disturbances	Dr.Komal S
30	5/10/18	Neoplasia-Nomenclature	Dr.Rupali B
31	8/10/18	Neoplasia-Carcinogenesis I	Dr.A.C.Buch
32	11/10/18	Neoplasia-Carcinogenesis II	Dr.A.C.Buch

33	12/10/18	Neoplasia –Lab Diagnosis/Biology	Dr.C.R.Gore
34	12/10/18	Neoplasia-Staging, Spread	Dr.C.R.Gore
35	15/10/18	Revision Lecture	
36	19/10/18	Revision Lecture	
37	19/10/18	Revision Lecture	
38	22/10/18	Revision Lecture	
39	22/10/18	Revision Lecture	
40	25/10/18	Revision Lecture	
41	26/10/18	Revision Lecture	

Format:-B

Lecture/Tutorial Programme

Semester 4th**Department of Pathology**

S.No	Date	Topic	Name of Faculty
1	03/01/19	Bioethics-Autonomy & individual responsibility	Dr. Tushar
2	04/01/19	Tumors Of Skin Non Pigmented	Dr.A.Dharwadkar
3	05/01/19	Tumors Of Skin Pigmented	Dr.A.Dharwadkar
4	10/01/19	Introduction to Hematology/Hematopoiesis	Dr.Indranil
5	11/01/19	Classification & general features of anaemia	Dr. Yogesh
6	12/01/19	Macrocytic Anaemias	Dr.M.B.Iqbal
7	17/01/19	Microcytic on anemia	Dr.Rupali
8	18/01/19	Haemolytic anemias-I	Dr. P.M.Pagaro
9	19/01/19	Haemolytic anemias –II	Dr.P.M.Pagaro
10	24/01/19	Hemolytic Anemia –III	Dr.Iqbal
11	25/01/19	white cells Disorders	Dr. Sushma
12	31/01/19	Acute leukaemias-I	Dr Harsh Kumar
13	01/02/19	Chronic leukaemias	Dr.A C Buch
14	02/02/19	Acute leukaemias-II	Dr.Harsh Kumar
15	07/02/19	Myeloproliferative disorders	Dr A.C.Buch
16	08/02/19	Paraproteinemias	Dr. Sushma
17	09/02/19	PBS examination-I	Dr.Indranil
18	14/02/19	PBS examination II	Dr.Indranil
19	15/02/19	Haemorrhagic disorders-I	Dr S.Bamanikar
20	16/02/19	Haemorrhagic disorders-II	Dr S.Bamanikar
21	21/02/19	Blood transfusion	Dr Shruti
22	22/02/19	Blood groups	Dr .Sushma
23	23/02/19	CVS, atherosclerosis	Dr Shruti
24	28/02/19	Hypertension,	Dr . Rupali
25	01/03/19	Other diseases of blood vessels	Dr,Arpana
26	02/03/19	Ischemic Heart Disease	Dr .Shruti
27	07/03/19	Rheumatic heart disease	Dr.Tushar
28	08/03/19	Infective endocarditis	Dr. komal
29	09/03/19	Congenital heart disease	Dr. Vidya
30	14/03/19	Gastritis	Dr.Yogesh
31	15/03/19	Enteric fever	Dr.Harsh Kumar
32	16/03/19	Lesions of oral cavity and salivary gland	Dr. A.C.Buch
33	22/03/19	Other ulcerative lesions of GIT- TB,Bacillary dysentery, Amoebic	Dr. S. Bamanikar
34	23/03/19	Idiopathic inflammatory bowel disease	Dr. C R Gore
35	28/03/19	Tumors of upper GIT	Dr.Vidya
36	29/03/19	Tumors of lower GIT	Dr. C R Gore
37	30/03/19	Kidney -Glomerulonephritis I	Dr. Yamini
38	04/04/19	Glomerulonephritis II	Dr.Yamini
39	05/04/19	Nephrotic syndrome	Dr. Bamanikar
40	11/04/19	Urine examination	Dr. Iqbal
41	12/04/19	Renal failure/RFT	Dr. Shubhangi

42	18/04/19	Tumors of kidney & pelvis	Dr.A.C.Buch
43	20/04/19	Pyelonephritis/interstitial nephritis	P.M.Pagaro
44	25/04/19	COPD /Obstructive Pulmonary Diseases	Dr. S.S.Chandanwale
45	26/04/19	Occupational lung diseases	Dr..Chandanwale
46	27/04/19	Pneumonia and lung abscess	Dr..Chandanwale
47	02/05/19	Tumors of lung	Dr.S.Chandanwale
48	03/05/19	Soft Tissue Tumors-I	Dr Bamanikar
49	04/05/19	Soft Tissue Tumors-II	Dr Bamanikar
50	09/05/19	Bioethics-respect of individual & dignity	Dr.Shubhangi
51	10/05/19	Revision	
52	11/05/19	Revision	
53	16/05/19	Revision	
54	17/05/19	Revision	
55	23/05/19	Revision	
56	24/05/19	Revision	
57	25/05/19	Revision	

Format B:-

Lecturer /Tutorial Programme

Semester :- 5th sem.

Faculty in Charge :- Dr. Tushar Kambale

Sr no.	Date	Topic	Name of the Faculty Member
1	02/07/19	Bioethics	Dr. Arpana
2	05/07/19	Disorders of Liver - Hepatitis	Dr.Pagaro
3	05/07/19	Alcoholic liver disease , Cirrhosis	Dr. Rupali
4	06/07/19	Investigations in Jaundice	Dr. Sushama K
5	09/07/19	Cirrhosis	Dr.Yamini
6	12/07/19	Tumors of liver and Pancreas	Dr Rupali
7	12/07/19	CNS – Infectious disorders , meningitis	Dr. Yogesh
8	13/07/19	Liver Revision	Dr.Shruti
9	16/07/19	CNS tumors	Dr. Yogesh
10	19/07/19	Lymph node and Spleen – non neoplastic	Dr S.Bamanikar
11	19/07/19	Lymph node and Spleen – Neoplastic I	Dr S.S.Chandanwale
12	20/07/19	Lymph node and Spleen – Neoplastic II	Dr. S.S.Chandanwale
13	23/07/19	CNS Revision	Dr.Vidya
14	26/07/19	Bone , Cartilage and Joints – Non – neoplastic	Dr.Yamini
15	26/07/19	Bone , Cartilage and Joints – Neoplastic	Dr.S.S.Chandanwale
16	27/07/19	Revision LN	Dr.Arpana
17	30/07/19	Tumors of Male genital tract	Dr. S.Bamanikar
18	2/8/19	Lesions of Prostate	Dr.Komal
19	02/08/19	Tumors of cervix and uterus	Dr.C.R.Gore
20	03/08/19	Bone , Cartilage and Joints Tutorials	Dr.Arpana
21	06/8/19	Revision	Dr.Tushar
22	09/8/19	Ovarian tumors	Dr. A.C.Buch
23	09/8/19	Trophoblastic tumors	Dr.Tushar
24	10/8/19	Breast – Non neoplastic	Dr.S.Bamanikar
25	13/8/19	Breast – Neoplastic Tumors	Dr.S.Bamanikar
26	16/8/19	Lesions of thyroid – non neoplastic	Dr.M.B.Iqbal
27	16/8/19	FGT Tutorial	Dr.Sushma
28	20/8/19	Lesions of thyroid- neoplastic	Dr.M.B.Iqbal
29	23/8/19	Examination of fluids	Dr.Shubhangi
30	23/08/19	Diabetes mellitus – I	Dr. Sushma
31	24/08/19	Breast Tutorial	Dr.Yogesh
32	27/08/19	Diabetes mellitus – II	Dr.Sushma
33	30/08/19	Thyroid Tutorial	Dr.Yamini
34	30/08/19	Autopsy-1	Dr.Indranil

8. Integrated Teaching

DATE	NAME OF TOPIC	NAME OF FACULTY
13/10/14	Pneumonia	
18/09/14	Pyelonephritis	Dr. P.M.Pagaro
11/08/14	Enteric fever	Dr. Harsh Kumar
27/01/14	Tuberculosis	Dr. Vidya
26/07/14	Tuberculosis	Dr. A.C.Buch
12/07/14	Surgical teaching on Shock	Dr. Iqbal
09/04/14	HIV	Dr. Tushar
26/10/15	Pathology Pylonephritis	Dr. P.M.Pagaro
01/08/16	Pneumonia	Dr S.S.Chandanwale
11/07/16	(Enteric Fever)	Dr. Harsh Kumar
15/03/16	Pathology of HIV	Dr. Tushar Kambale
12/02/16	Pathology of of Tuberculosis	Dr. Vidya
22/10/18	Pylonephritis	Dr. P M Pagaro
26/02/19	HIV	Tushar Kambale
19/08/19	Pneumonia (Pathology)	Dr.S.S.Chandanwale
22/07/19	(Enteric Fever)	Dr. Harsh Kumar
19/08/19	Pneumonia	Dr.S.S.Chandanwale

9. Dissertation

Completed Thesis 2014-2017

S.No	Name Of Student	Topic	Name Of Guide
1.	Dr. Ishita Gulati	Diagnostic implication of Platelet Volume in thrombocytopenia	Dr. Harsh Kumar
2.	Dr. Pradnya Shende	Study of Dermal Vasculoendothelial changes in inflammatory skin diseases.	Dr. N.K.Panicker
3.	Dr. Rahul Nair	Cyto-Morphological Spectrum of Thyroiditis and its clinical co-relation-> A study of 100 cases	Dr.S.S. Chandanwale
3.	Dr. Rahul Jadhav	Histopathological spectrum of malignant ovarian tumours	Dr.S.S. Chandanwale
4	Indranil Dey	Histopathological Spectrum of Malignancies in Females	Dr. C.R.Gore
5	Dr.Supreet Kaur	Study of platelet indices in type 2 diabetic patients as predictive parameters for Diabetic Angiopathy	Dr. A.C. Buch
7	Dr. Megha Jha	Role Of FNAC in Breast Lump And Its Histopathological Corelation	Dr. S. Bamanikar
8	Dr. Bedarshi banerji	Spectrum of lymph node lesions diagnosed by FNAC and Histopathology	Dr. P.M.Pagaro

S.No	PG Student	Title of study	PG Guide
1.	Dr. Ruby Rao	To Study Serum Ascitic Albumin Gradient In Non Alcoholic Patients With Ascites	Dr. Harsh Kumar
2.	Dr. Sheth Jay Yashvantrai	Histomorphological Study Of Precancerous Lesions Of Breast	Dr. S. S. Chandanwale
3.	Dr. Aditi Pandey	Study Of Histopathological Changes In Placenta In Pre-Eclampsia/Eclampsia.	Dr. C.R.Gore
3.	Dr. Amardeep Patil	Evaluation Of Platelet Count And Platelet Indices And Their Significance In Preeclampsia.	Dr. A.C.Buch

Completed Thesis 2015-18

4	Dr. Rohan Joshi	Study Of Spectrum Of Prostate Lesions.	Dr. P. M. Pagaro
5	Dr. Shah Kushal Dhiren	Immunohistochemical Testing Of Her2/Neu Over Expression In Gastric Cancer Specimens And Its Clinicopathological Correlation	Dr. S. Bamanikar
7	Dr. Sourabh Paranjape	Diagnostic Importance Of Platelet Parameters In Patients With Coronary Artery Disease And Acute Myocardial Infarction.	Dr. C.R.Gore
8	Dr. Sanjyot Nikam	To Study The Prevalance Of Hepatitis B And Hepatitis C In Voluntary Donors Coming To The Blood Donation Camps.	Dr. P. M. Pagaro
9	Dr. Jehan Ansari	Spectrum of Histopathological changes in fibroadenoma of breast	Dr. Archana Buch
10	Dr. Anushree Khandelwal	Evaluation of immunohistochemistry for the detection of helicobacter pylori in gastric mucosal biopsies and its comparison with other histochemical methods	Dr. S. Bamanikar

Ongoing Thesis 2016-2019

S.No	Name of student	Topic	Name of Guide
1	Dr.Patel Shreya Rajesh	Study of spectrum of various haematological disorders in bone marrow aspiration.	Dr. Harsh Kumar
2	Dr.Naragude Piyusha Ulhas	Histopathological spectrum of lesions in nephrectomy specimen.	Dr. S. S. Chandanwale
3	Dr.Padmakar Rajabhau Bardapurkar	Evaluation of pancytopenia in adults.	Dr. C.R.Gore
4	Dr.Niladri Haldar	A study of Ki-67 expression in Oral Squamous Cell Carcinoma.	Dr. A.C.Buch
5	Dr.Gambhir Anushree Sanjeev	Study of the histopathological spectrum of soft tissue tumours - A 100 case study.	Dr. P. M. Pagaro
6	Dr Pathak Pooja Madhukar	Histopathological analysis of ovarian tumours and Overexpression of HER-2/neu in ovarian carcinoma.	Dr. S. Bamanikar
7	Dr.Shetty Abhinav Bhaskar	Histopathological study of lesions of nasal cavity and paranasal sinuses	Dr. A.Dharwadkar
8	Dr.Agrawal Neekita Shriram	Histopathological spectrum of central nervous system tumours in a tertiary care centre	Dr. S.Vimal
9	Dr.Ashily Koshy	Role of p 63 marker to determine benign and malignant lesions of prostate.	Dr. Bavikar
10	Dr. Manpreet Kaur	A study of placental changes in mothers with pregnancy associated anemia	Dr. Harsh Kumar

Ongoing Thesis 2017-20

S.No	Name of Student	Topic	Comments
1	Dr Manoj Sawadkar	Significance of Haematological scoring system (H.S.S.) in the early diagnosis of Neonatal sepsis.	Dr. A.Dharwadkar.
2	Dr Dayanand Sonkawade	Clinico-histopathological spectrum of Gastrointestinal tract lesions. Retrospective & prospective studies.	Dr. S. Bamanikar.
3	Dr Namrata Patro	Comparison of Histograms with peripheral blood smear findings of indoor patients in a tertiary care hospital.	Dr. A Buch.
4	Dr. Sahiba Kaur	Study of incidence of spectrum of anemias in various departments of Dr D.Y. PATIL Medical college in different clinical conditions.	Dr. P. M. Pagaro

Ongoing thesis 2018-2021

S.No	Name of Student	Name of Topic	Name of Guide
1.	Akshi Raj	Effect Of Lifestyle Factors On Male Fertility: A Hospital Based Study	Dr. Banyameen Iqbal
2.	Madhuri Singh	Study Of Thyroid Tumors Based On World Health Organization Classification Of 2017	Dr. Rupali Bavikar
3.	Kanika Jain	A Histopathological Analysis Of Granulomatous Lesions Of Skin And Its Clinical Correlation	Dr. Tushar Kambale
4.	Prachi Khandekar	Role Of Ki – 67 In Psoriasis	Dr. Shruti Vimal
5.	Akshay Bondge	Correlation Of Histomorphological Finding Of Prostate Biopsies With Psa Level	Dr. Archana Buch
6.	Bhavana V	Clinicopathological And Histomorphological Study Of Neoplastic Lesions Of Urinary System	Dr. C.R. Gore
7	Aditi Malhotra	A Study Of Her-2/Neu Expression In Premalignant And Malignant Lesions Of Uterine Cervix	Dr. Vidya Vishwanathan
8	Aniket Bhide	Comparison Of 3 Reporting Systems In Thyroid Cytology Smears- A Study Of 50 Cases	Dr. Shirish Chandanwale
9	Sadbhawana	Histological Patterns Of Endometrial Lesions In Patients With Abnormal Uterine Bleeding	Dr. Harsh Kumar
10	Aishwarya Desai	Retrospective And Prospective Analysis Of Histopathological Spectrum Of Pancreatic And Periampullary Neoplasms	Dr. Pradhan Pagaro

Ongoing thesis 2019-2022

Sr. No	Name Of Students	Synopsis topic	Name Of Guide
1	Dr. Neha Agarwal	Haematological patterns of Anaemia in Geriatric patients in a Tertiary Medical Care Centre	Dr. Harsh Kumar
2	Dr. Rakesh	Study of fine needle aspiration cytology in supraclavicular lymphadenopathy	Dr.S.S.Chandanwale
3	Dr. Pratyush Mishra	Study of Squash Smear & its correlation with Frozen Section, Histopathology and Radiological Diagnosis in diagnosis of space occupying lesions of Brain and Spinal cord.	Dr C.R.Gore
4	Dr.Mukta Naik	Correlation of Ki-67 with various molecular subtypes of breast cancer	Dr.A.C.Buch
5	Dr. Merin Jose	Incidence of HIV in healthy blood donors at tertiary care centre	Dr.P.M.Pagaro
6	Dr. Bhandhari Parul	Histopathological spectrum of malignancies in medical college and tertiary care centre.	Dr.Sunita Bamanikar
7	Dr. Barnali Paul	Role of Fine Needle Aspiration Cytology in diagnosis of Salivary Gland Lesions and its histopathological correlation.	Dr.A.Dharwadkar
8	Dr. Khushali Parikh	Co relation of FNAC and Thyroid Function Test with Urinary Iodine levels in cases of Multinodular Goitre.	Dr.Shruti
9	Dr. Meesha Zaheer	Direct immunofluorescence in vesicobullous disorders of skin with histopathological correlation.	Dr.Rupali Bavikar
10	Dr. Rajeshwari Rs	Study to evaluate various Megakaryocytic Alterations in Thrombocytopenia patients: A Bone Marrow Aspiration Study	Dr. M.B.Iqbal
11	Dr. Rumaanah Khan	Histopathological spectrum of upper gastrointrstinal tract endoscopic biopsies	Dr.Tushar Kamble
12	Dr. Sumayya	A study for histopathological and clinical correlation of hyperpigmented lesions of the skin.	Dr.Vidya Vishwanathan

10. Achievements/Awards of Faculty, UG Student, PG student year wise (calendar year) from 1st January 2014 to 2019 till date

Sr. No.	Name	Designation	Details of achievements
Year 2014			
1	Dr.S.Kulkarni	PG	Niphadkar Award .
Year 2015			
1	Dr. Harsh Kumar Dr.A.C.Buch	Prof and HOD Prof	MAPCON -2015 held at Kashibai Navale Medical College, Pune judges for poster during the conference
2	Dr. C.R.Gore	Prof	honored with moderator & presenter of histopathology slide seminar for next three years in annual conference of Maharashtra Chapter of IAPM (MAPCON).
3	Dr. Indranil Dey	PG Student	won the first prize in poster presentation in annual conference of Maharashtra Chapter of IAPM (MAPCON)
Year 2016			
1	Dr. Harsh Kumar	Prof & H.O.D Pathology	Delivered a lecture in the dept. of Pathology AFMC, Pune as external faculty. The topic of the lecture was Stem cell Therapy
2	Dr . Ishita Gulati presented a paper titled ‘	PG Student	The utility of screening of donor blood for anti-HBc IgM‘ and won the second prize. “International CME in Pathology, Histopathology & Cytology”at Goa from 4 th Feb 2016 to 6 th Feb 2016
3	Dr.Harsh Kumar	Prof	chaired a session on Immunohistochemistry CME on Oncopathology on 24th July 2016 at Inamdar hospital, Pune
4	Dr. S.Bamanikar	Prof.	a judge for posters presented during the conference chaired a session on Immunohistochemistry CME on Oncopathology on 24th July 2016 at Inamdar hospital, Pune
5	Dr. Aditi Pande	PG Student	Won the first prize on poster presentation Immunohistochemistry CME on Oncopathology on 24th July 2016 at Inamdar hospital, Pune
6	Dr. Jay Sheth,.	Post-Graduate	Gujarat Indian Medical Association conference (GIMACON), Rajkot held on 15-16th October 2016 at Seasons Hotel, Rajkot and presented a poster on “Unusual alveolar pattern in node based Diffuse Large B Cell Lymphoma” and was awarded 3rd prize for the same

Year 2017			
1	Dr. C.R.Gore memento to her	Prof	Was appointed as a judge for posters presented during the CME. Also the Organizing committee appreciated and thanked Dr. C.R.Gore for her contribution and participation by presenting
2	Dr. Rohan Joshi	Post-Graduate Student	E-Poster at “8th International CME on Oncopathology” jointly organized by Department of Pathology ,Rural medical College, Loni and International society of Oncopathology (ISO),Canada under the aegis of Pravara Institute Of Medical Sciences (DU),Loni on 21’’-22’’ January 2017 at Pune He is being awarded Third Prize for the e-poster presentation
3	Dr. C.R.Gore	Prof	conducted HP Slide Seminar MAPCON 2017 at Solapur on dt.8,9,10 September
4	Dr.Harsh Kumar	Prof& H.O.D	AFMC on 29&30 April 2017 in Pune.
Year 2018			
1	Dr. Charusheela Gore	Professor	invited as a chairperson to an International CME in Oncopathology held on 3rd & 4th Feb-2018 at Smt.Kashibai Navale Medical College, Pune
2	Dr.Sahiba Kaur won a prize in the PG Quiz held during the Conference	PG Student	Conference of “THE PUNE CHAPTER” of the Indian Association of Pathologist and –was held at AFMC Pune on 11 April 2018.
Year 2019			
1	Dr. Kanika Jain won 1st prize for poster presentation	PG student	International Medical Conference (RESPIRARE 2019) at B.J.Medical College, Pune-on date 08th August 2019
2	Dr.Aishwarya Desai	PG Student	1 st prize in poster presentation CME on Gastrointestinal Pathology

11. Conferences/CME/Workshop organized by department year wise (calendar year) from 1st 2014 to 2019 till date (With 2/3 photographs of each event)

Sr. No.	Title	Date	Guest Speaker	No. of Delegates Attended
Year 2014				
1	Flowcytometry and its role in the diagnosis of Acute and Chronic Leukaemias- a case based approach”	23rd September 2014	Dr.Col. Tathagat Chaterjee, Prof & HOD, Dept. of Transfusion medicine, AFMC.	PathologyDepartment Dr. D.Y.Patil Medical College
Year 2016				
1	The Pune chapter of the Indian association of Pathologist and microbiology (IAPM) conference	29th August 2016.	--	140
Year 2017				
1	Recent Advances in serum analysis and serum banking Semen Analysis	30/12/2017	Dr.Balbir Singh	PathologyDepartment Dr. D.Y.Patil Medical College
Year 2018				
1	Guest Lecture on “Lymphoma of Head and Neck”	30th January 2018, Tuesday at 2.00pm in College Auditorium	Dr. Anand S Lagoo, Professor of Pathology, Duke University Medical Center, USA	1

12. Conferences/CME/Workshop attended by faculty and students year wise (calendar year) from 1st 2014 to 2019 till date

Sr. No.	Name of the Participant	Designation	Name of the CME/Conference/Workshop	Date & Venue/place	Role (Delegate/ Resource Person/ Chairperson/ Panelist)
Year 2014					
1	Dr. Harsh Kumar Dr. N. K. Panicker Dr.S.S.Chandanwale Dr. C.R.Gore Dr. A.C.Buch Dr. S. Bamanikar Dr. P.M.Pagaro	Prof & PG student	Annual National Conference of Pathology	Apcon-2014 held at AFMC from 04/12/14 to 07/12/14.	Delegate
2	Dr.A. Dharwadkar	Assi. Prof	MET Basic Course workshop	16-18 Oct	Delegate
3	Dr. Harsh Kumar	Prof. & H.O.D	Attended The CME Advance Coagulation Seminar Clinical& Laboratory Aspects	Dated 5 th 2014 At Ruby Hall Clinic, Pune	Delegate
4	Dr. Harsh Kumar	Prof. &H.O.D	International Academy of Pathology Indian Division annual Conference-2014	AFMC PUNE 4 TH DEC 2014	Delegate
Year 2015					
	Dr. Harsh Kumar	Prof	Mapcon -2015	11to 13 Sept	Delegate
5	Dr. Sushma .K	Asst.Prof	CME on Psychiatric Neuroscience	10 th -11 th June 2015	Delegate
6	Dr. Harsh Kumar	Prof and HOD	UNESCO Chair Bioethics Haifa	3 rd to 6 th Aug 2015	Delegate
7	Dr. Yogesh Tayade	Asst.Prof	CME on Psychiatric Neuroscience	10 th -11 th June 2015	Delegate
8	Dr.S.S.Chandanwale Dr.Harsh Kumar	Prof	Mapcon 2015 36 TH Annual Conference of Maharashtra Chapter of IAPM-MAPCON 2015	11 th to 13 th Sept 2015	Delegate
9	Dr.Yamini Ingale	Prof	Mapcon 2015 36 TH Annual Conference of Maharashtra Chapter of IAPM-MAPCON 2015	11 th to 13 th Sept 2015	Delegate
Year 2016					
10	Dr. Harsh Kumar	Prof and HOD	Oncopathology CME 2016	24thJuly-2016	Delegate
11	Dr.C.R.Gore	Prof	Peoples health an quality of	22 nd nov	Delegate

			life held in Dr.D.Y.Patil Pune-18	2016	
12	Dr.Archana Buch	Prof	Peoples health an quality of life held in Dr.D.Y.Patil Pune-18	22 nd nov 2016	Delegate
13	Dr.S.S.Chandanwale	Prof	Mapcon 2016 37 TH Annual Confereence of Maharashtra Chapter of IAPM-MAPCON 2016	23 rd to 25 th Sept 2016	Delegate
14	Dr.Yamini Ingale	Prof	Reno Connexions (Cme Program)	3 rd July 2016	Delegate
15	Dr.A.J.Nagarkar	Demonstra tor	Dwarika Sangamnerkar Medical Foundation 32 nd Annual C.M.E For Family Physicians.2016	14 th Feb 2016	Delegate
16					
16	Dr.M.B.Iqbal	Prof	Matters O17f The Heart Cardiovasular Pathology Workshop	AFMC PUNE 30 March 2017	Delegate
17	Dr.Yamini Ingle	Prof	43 rd annual conference of the research society of B.J.Governmwnt Medical college and Sassoon general hospital pune	21-23 feb 2017	Delegate
18	Dr.Shruti.Vimal	Asso.Prof	Maharashtra Chapter of IAPM 1 st MID TERM CME	AFMC PUNE 29-30 April 2017	Delegate
19	Dr.Arpana .D	Asso.Prof	Maharashtra Chapter of IAPM 1 st MID TERM CME	AFMC PUNE 29-30 April 2017	Delegate
20	Dr.S.Bamanikar	Prof	The Indian Programme of the (UNESU) CHAIR IN Bioethics (Haifa) Dr.D.Y.Patil Vidyapeeth Pune	6 & 8 Dec 2018	Delegate
21	Dr.Sahiba	PG	Annual conf. of Dermatopathology Soc. Of India Dr.D.Y.Patil Medical College & Hospital Navi Mumbai	7-9 Dec 2018	Delegate
22	Dr.Indranil	Assi. Prof	MET Seth G S Medical college and KEM Hospital Mumbai	29-11-18	Delegate

23	Dr.Indranil	Assi. Prof	MET Seth G S Medical college and KEM Hospital Mumbai Revised Basic Course Workshop in medical education technologies	26-28 nov,2018	Delegate
24	Dr.S.S.Chandanwale	Prof	Mapcon 2018 AFMC 39 TH Annual Conference of Maharashtra Chapter of IAPM-MAPCON	8-9,SEPT 2018	Delegate
25	Dr. Harsh Kumar	Prof	Mapcon 2018 AFMC 39 TH Annual Conference of Maharashtra Chapter of IAPM-MAPCON	7-9,sept 2018	Delegate
26	Dr.Akshay R Bondge Dr.Dayananad Sonkawade Dr.Namrata P	PG PG PG	Ishbt Haematology Quiz 2019 Pune Round Armed forces Medical college Pune	20July 2019	Delegate
27	Dr.S.Bamanikar	Prof	Asian Journal of Orthopaedic Research	9-7-19 to 8-7-23	Delegate
28	Dr. Harsh Kumar	Prof	20 TH International academy of Pathology Indian Division (IAP-ID) Annual CME	8-10-19	Delegate
29	Dr.Archana Buch	Prof	Curriculum implementation support program	AFMC 22-24, April 2019	Delegate
30	Dr.C.R.Gore	Prof And Hod	Curriculum implementation support program	AFMC 22-24, april 2019	Delegate

13. Best Practices

- Efforts to provide rapid and reliable tissue diagnosis
- Inter and intra departmental consultations for challenging cases.
- Follow strict Bio-safety practices by all personnel
- Periodic quality control of all equipments
- Dissertations progressing to article publications

14. Scanned copy of all certificates to be provided (PDF format)

MAPCON
36th Annual Conference of Maharashtra Chapter of IAPM
2015



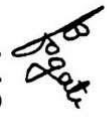
Certificate

This is to certify that Dr. Harek Kumar
has participated as Delegate in CME/Conference in MAPCON 2015 held on
11th, 12th & 13th of September 2015 at Smt. Kashibai Navale Medical College, Narhe, Pune.

Maharashtra Medical Council has granted 4 credit hours for this programme.


Dr. N. V. Dravid
Chairperson MAPCON


Dr. Avinash R. Joshi
Organizing Chairperson
Prof. & HOD, Pathology


Dr. Bageshri Gogate
Organizing Secretary
Asso. Prof. Pathology


Dr. D.N. Lanjewar
Dr. Santosh Gaikwad
Observer M.M.C.

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CamScanner

MAPCON



2015

36th Annual Conference of Maharashtra Chapter of IAPM

Certificate

This is to certify that Dr. *Col. Harsh Kumar*
has participated as Faculty/Chairperson in MAPCON 2015 held on
11th, 12th & 13th of September 2015 at Smt. Kashibai Navale Medical College, Narhe, Pune.

Maharashtra Medical Council has granted 5 credit hours for this programme.

Dr. N. V. David
Chairperson MAPCON

Dr. Avinash R. Joshi
Organizing Chairperson
Prof. & HOD, Pathology

Dr. Bageshri Gogate
Organizing Secretary
Asso. Prof. Pathology

Dr. D.N. Lanjewar
Dr. Santosh Gaikwad
Observer MMC



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Compassionate health care!



INDIAN MEDICAL ASSOCIATION

Hadapsar Branch

Code No. MMC/MAC/2016/C-005418

"ONCOPATHOLOGY CME 2016"

organised by Department of Pathology
In association with Indian Medical Association, Hadapsar

Certificate

This is to certify that Dr. HARSH KUMAR
has participated as delegate / speaker / observer / presented poster
in CME on ONCOPATHOLOGY held on 24th July 2016.
Maharashtra Medical Council has granted 2 credit hour (s) for this programme.


Dr. Swati Kadam
Organising Secretary


Dr. Anand Bhosale
Joint Organising Secretary


President / Secretary
IMA Hadapsar


MMC Observer



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CamScanner



XI Annual Research Society Conference

B. J. Medical College & Sassoon General Hospital

6, A. C. Road, Mumbai 400 014

CERTIFICATE

Dr. K. B. Niphadkar Award

This is to certify that Dr. Mr. Ms. SUSHMA KULKARNI has won the prize under Microbiology / Pathology / Infectology category for the paper entitled MORPHOMETRY ANALYSIS OF PSORIASIS AND Psoriasisform DERMATITIS - A RETROSPECTIVE STUDY OF 50 CASES

presented in the Oral Poster / Case Presentation session

at the XI Annual Research Society Conference of BJMC & SGH, Pune.

Organising Secretary

Joint - Organising Secretary

President Research Society

BJMC & SGH

Dean

BJMC, Pune

MMC Observer

Vice-President Research Society

BJMC & SGH

Secretary Research Society

BJMC & SGH

MMC Observer

MAPCON



2015

36th Annual Conference of Maharashtra Chapter of IAPM

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Dr. N. V. David
Chairperson MAPCON

Dr. Avinash R. Joshi
Organizing Chairperson
Prof. & HOD, Pathology

Dr. Bageshri Gogate
Organizing Secretary
Asso. Prof. Pathology

Dr. D.N. Lanjewar
Dr. Santosh Galavade
Observer M.M.C.

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MAPCON



2015

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[Signature]
Dr. N. V. Dravid
Chairperson MAPCON

[Signature]
Dr. Avinash R. Joshi
Organizing Chairperson
Prof. & HOD, Pathology

[Signature]
Dr. Bageshri Gogate
Organizing Secretary
Asso. Prof. Pathology

[Signature]
Dr. D.N. Lanjewar
Dr. Santosh Gaikwad
Observer MMC



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CamScanner

(Dr. J.S. Bhawalkar)
Dean

This is to certify that Dr. Tandavani
from Dr D Y Patil Medical College, Pimpri, Pune had
Workshop in Medical Education Technologies conducted
at KEM Hospital, Mumbai, MGJ Regional Center
Dr. D. Y. Patil Medical College, Pimpri, Pune. from



Dr. S. L. Jadhav

Coordinator, MEU



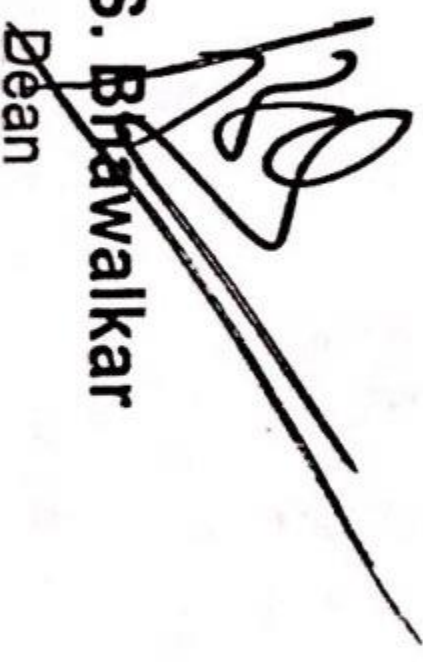
Dr. J. S. Bhavalkar

Dean

This is to certify that Dr. Indranil Gh-
from Dr D Y Patil Medical College, Pimpri, Pune
Communication (AETGCOM) Workshop conducted by Sen
Mumbai, MGJ Regional Center for Medical Education
College, Pimpri, Pune. on 29th November 2018.



Dr. S. L. Jadhav
Coordinator, MEU



Dr. J. S. Bhawalkar
Dean

This is to certify that
Dr. Sumita B. Bhat

has successfully completed the

"3T-IBHSc Training Course for Health S

held at Dr. D. Y. Patil Vidyapeeth, Pune. from

Mary Mathew

Amnon Carmi

Prof. Mary Mathew

Chair,

3T-IBHSc

Programme

Prof. Amnon Carmi

Head and Chair Holder,

UNESCO Chair

in Bioethics

Dr. J. S. Bhawalkar

Head,

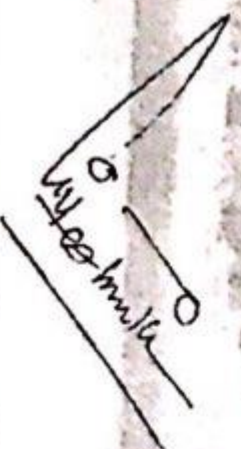
DPU Unit of UNESCO Chair

in Bioethics

This is to certify

Dr. Shirish Sohebrao Ch

has participated as a D
39th Annual Conference of Maharashtra C
held at Armed Forces Medical College, P
Maharashtra Medical Council has granted three


Dr. AT Deshmukhi

President

MAPCON 2018

Dr. DN Lanjewa
Observer

Maharashtra Medical

Dr. Yamini Ingole

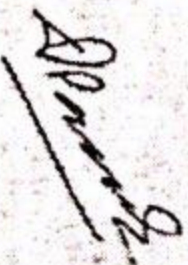
has participated as a faculty / delegate /
in 43rd Annual conference of the Research Society of B
Sassoon General Hospitals, Pune, held from 2
MMC has granted 4 credit hours for delegates



Dr. Aljay S. Chandanwale

Dean, B J G, M C. &

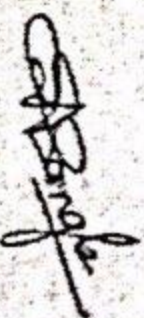
5 C H Pune



Dr. D. P. Pande

President,

Research Society



Dr. S. A. Sangale

Vice President

Research Society

Dr.

On

43r

This is to certify that Dr/Mr/MS. _____

Dr/Mr/MS. _____

Delegate in the continued educational programme on "Psychiatric Neurology" organized by the Department of Psychiatry, Commonwealth University, Richmond, Virginia, held on 10th and 11th of May 2013 at Virginia Commonwealth University, Richmond, Virginia, USA.

He/She is eligible for 4 (four) credit hours vide Maharashtra Medical Council, Mumbai, dated 26/05/2015.

Type of CME – Clinical (Psychiatry)

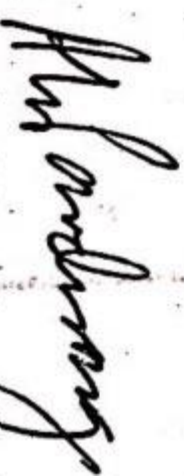
Name of organization: Dr. D. Y. Patil Medical College, Hospital & Research Centre, Mumbai



Dr. (Mrs.) P. Vatsalaswamy

Dean

Dr. D. Y. Patil Medical College, Pune



Prof. (Dr.) Ananda Pandurang

Dept. of Psychiatry

Virginia Commonwealth University, Richmond,
Virginia, USA

Dr. Ayana Khawadker

in Maharashtra Chapter of IAPM 1st Mid
held at Armed Forces Medical College, Pune on 2
Maharashtra Medical Council has granted three (3)



Gp Capt Arijit Sen
Organising Secretary
Prof, Dept of Pathology
AFMC Pune



Brig Reena Bharadwaj
Organising Chairman
Prof & Head, Dept of Pathology
AFMC Pune

Dr. D N Lanjewar
MMC Observer

This is to certify that Dr. *Harsh Kumar*
accredited, *33* Bioethics Training Program Month
3rd to 6th Aug. 2015
At *Dr Patil medical college, Pune.*
India.

[Signature]
Prof. Amnon Carmi
Head, & Chair Holder
NESCO Chair in Bioethics

[Signature]
Dr. Russell D'souza
Head, Asia Pacific Program

Certificate

This is to Certify that Dr. Archana Buch

has participated as Delegate / Chairperson / Faculty in the "People's Health
November 2016 at Dr. D. Y. Patil Medical College, Hospital and Research

Madhwarashtra Medical Council has granted credit hours for Dele

Dr. Amitav Banerjee
Chairperson

Dr. J. S. Bhargwarkar
Dean

Dr. P. N. Razdan
Vice Chancellor



Certificate

This is to Certify that Dr. Charushchela Gore

has participated as Delegate / Chairperson / Faculty in the "People's Health
November 2016 at Dr. D. Y. Patil Medical College, Hospital and Research

Maharashtra Medical Council has granted credit hours for De

Dr. Amitav Banerjee
Chairperson

Dr. J. B. Bhawalkar
Dean

Dr. P. N. Razdan
Vice Chancellor

This is to certify that Dr. Chandannavale Shri
has participated as Delegate in CME/Conference in M
11th, 12th & 13th of September 2015 at Smt. Kashibai Navale Med

Maharashtra Medical Council has granted 4 credit hours for



Dr. N. V. Dravid
Chairperson MAPCON



Dr. Avinash R. Joshi
Organizing Chairperson
Prof. & HOD, Pathology



Dr. Bages
Organizin
Asso.Prof

This is to certify that Dr. Shirish Sahebrao Chann
participated as a delegate in **MAPCON 2016** held at DY Patil University
from **23rd to 25th September**

Maharashtra Medical Council has granted 4 Credits

Dr. Sanjay

Dr. Rajiv Rao
Organizing Secretary

Dr. R. R. R.

Dr. Prakash Roplekar
Organizing Chairman

Dr. D. N. Lanjewar

Dr. D.N. Lanjewar
MMC Observer

This is to certify that Dr/Mr/Ms. YOGESH TAYADE
Delegate in the continued educational programme on "Psychiatric Neuroscien
Commonwealth University, Department of Psychiatry, Richmond, Virginia,
Department of Psychiatry, Pune, Maharashtra, India, held on 10th and 11th Ju
College, Pune.

He/She is eligible for 4 (four) credit hours vide Maharashtra Medical Coun
0042/2013 dated 26/05/2015.

Type of CME – Clinical (Psychiatry)

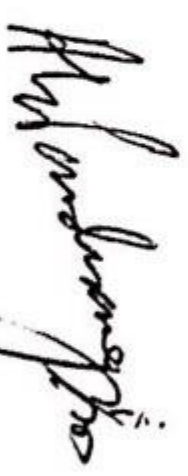
Name of organization: Dr. D. Y. Patil Medical College, Hospital & Resea



Dr. (Mrs.) P. Vatsalaswamy

Dean

Dr. D. Y. Patil Medical College, Pune



Prof. (Dr.) Ananda Pandurangi

Dept. of Psychiatry

Virginia Commonwealth University, Richmond
Virginia, USA

This is to certify that Dr. Inga Yarnum
has participated as Delegate in CME/Conference in M
11th, 12th & 13th of September 2015 at Smt. Kashibai Navale Med

Maharashtra Medical Council has granted 4 credit hours for



Dr. N. V. David
Chairperson MAPCON



Dr. Avinash R. Joshi
Organizing Chairperson
Prof. & HOD, Pathology



Dr. Bagesh
Organizing
Asso. Prof. Pathology

This is to certify

Dr. Yamini Inga/e

has participated as a delegate in RENO
held on the 3rd July
Maharashtra Medical Council has granted



Organising Secretary

Dr. Mukund Penurkar
MD (Physician)

Organising Chairman

Dr. Tarun Jeloka
DM, DNB (Nephrology) DNB (Medicine)
MNAMS FICN FICN

Certificate

This is to certify that Dr. Harsh Kumar
has participated as delegate / speaker / observer / presented paper
in CME on ONCOPATHOLOGY held on 24

Maharashtra Medical Council has granted 2 credit hour (s) for



Dr. Syvati Kadam
Organising Secretary



Dr. Anand Bhosale
Joint Organising Secretary



President / Secretary
IMA Hadapsar

This is to certify that Dr. Tandavani
from Dr D Y Patil Medical College, Pimpri, Pune had
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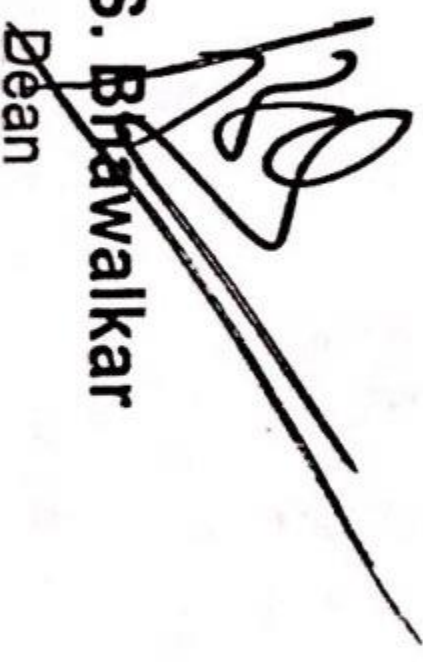


Dr. J. S. Bhavalkar
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Dr. S. L. Jadhav
Coordinator, MEU



Dr. J. S. Bhawalkar
Dean

This is to certify that
Dr. Sumita B. Bhat

has successfully completed the

"3T-IBHSc Training Course for Health S

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Mary Mathew

Prof. Mary Mathew

Chair,

3T-IBHSc

Programme

Amnon Carmi

Prof. Amnon Carmi

Head and Chair Holder,

UNESCO Chair

in Bioethics

[Signature]
Dr. J. S. Bhawalkar

Head,

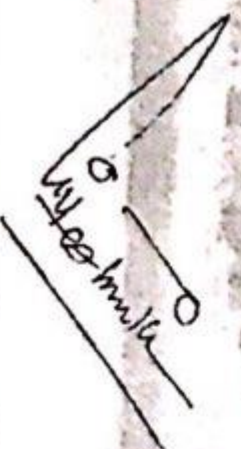
DPU Unit of UNESCO Chair

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Dr. AT Deshmukhi

President

MAPCON 2018

Dr. DN Lanjewa
Observer

Maharashtra Medical

Dr. Yamini Ingole

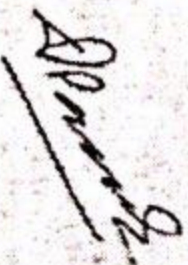
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MMC has granted 4 credit hours for delegates



Dr. Aljay S. Chandanwale

Dean, B J G, M C. &

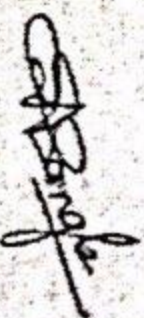
5 G H Pune



Dr. D. P. Pande

President,

Research Society



Dr. S. A. Sangale

Vice President

Research Society

Dr.

On

43r

This is to certify that Dr/Mr/MS. _____

Delegate in the continued educational programme on "Psychiatric Neuro
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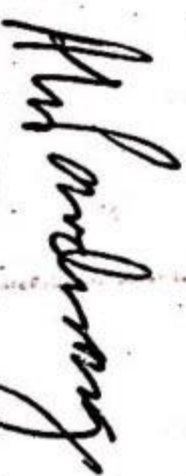
Type of CME – Clinical (Psychiatric)
Name of organization: Dr. D. Y. Patil Medical College, Hospital & E



Dr. (Mrs.) P. Vatsalaswamy

Dean

Dr. D. Y. Patil Medical College, Pune



Prof. (Dr.) Ananda Pandurang

Dept. of Psychiatry

Virginia Commonwealth University, Richmond
Virginia, USA

Dr. Ayana Khawadker

in Maharashtra Chapter of IAPM 1st Mid
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Maharashtra Medical Council has granted three (3)



Gp Capt Arijit Sen
Organising Secretary
Prof, Dept of Pathology
AFMC Pune



Brig Reena Bharadwaj
Organising Chairman
Prof & Head, Dept of Pathology
AFMC Pune

Dr. D N Lanjewar
MMC Observer

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At *Dr Patil medical college, Pune.*
India.

[Signature]
Prof. Amnon Carmi
Head, & Chair Holder
NESCO Chair in Bioethics

[Signature]
Dr. Russell D'souza
Head, Asia Pacific Program

Certificate

This is to Certify that Dr. Archana Buch

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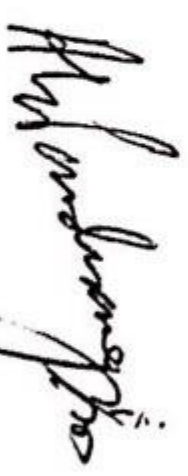
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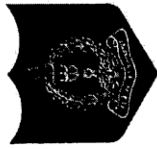
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In Association With
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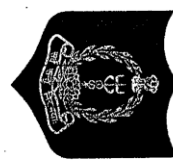
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MAHARASHTRA CHAPTER OF IAPM 1ST MID TERM CME



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Type of CME - Paradigm

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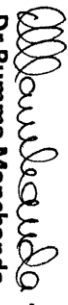
ISHBT HAEMATOLOGY QUIZ 2019 PUNE ROUND

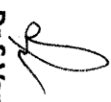
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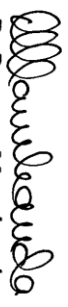
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XXTH INTERNATIONAL ACADEMY OF PATHOLOGY
INDIAN DIVISION (IAP-ID) ANNUAL CME
UPDATE ON SALIVARY GLAND PATHOLOGY
Code No. - MMC/MAC/2017/B-008527
Type of CME - Paraclinical

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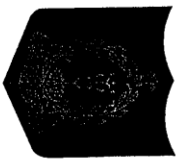
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Annual CME held at the Armed Forces Medical College, Pune on 01.09.2017
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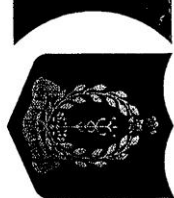
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Histopathological analysis of ovarian tumours and overexpression of HER2/neu in ovarian carcinomas

Pooja Pathak¹, Sunita Bamanikar², Abhinav Shetty³, Harsh Kumar⁴, Archana Buch⁵

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Article Info

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Keywords: Ovary, carcinoma, HER2/neu, Overexpression.

Abstract

Introduction: Ovarian carcinoma is a serious disease prevailing in women and is the fifth most common malignancy. It is the second most common gynecologic malignancy, and the fifth leading cause of cancer death in women in developed countries. The absence of any specific symptoms, the location of the ovaries which are deeply seated and are relatively inaccessible and epidermal growth factor receptor-2 (EGFR) proto-oncogene encodes protein belonging to epidermal growth factor receptor family. **Aims and Objectives:** 1) Clinicopathological analysis of ovarian tumours 2) To study the overexpression of HER2/neu in ovarian carcinoma **Materials and Methods:** This was a retrospective and prospective study carried out in the Department of Pathology, Dr. D. Y. Patil Medical College, Pune. A total of 134 ovarian tumours were received for histopathological examination. The sections of all the tumours were stained by hematoxylin and eosin stain. The malignant tumours were also stained using HER2/neu antibody following the immunohistochemical (IHC) procedure. **Observation and Results:** Of the total 134 ovarian tumours, 103 (77%) were benign tumours and 31 (23%) were malignant tumours. The most common type of ovarian tumours was Surface epithelial stromal tumours (71.7). Overexpression of HER2/neu was seen in 6.4% of malignant tumours. **Conclusion:** Histopathological study is important in diagnosis of ovarian tumours and predicts their prognosis. HER2/neu can be a good prognostic marker with scope for targeted therapy, requiring further evaluation in a larger sample size.

Introduction

Ovary is the commonest site of neoplastic and postmenopausal age group and account for the most common cause of hospital admissions. Ovarian tumours account for about 30% of female genital tract tumour lesions. These ovarian tumours arise from surface epithelium, sex cord stroma and germ cells. Within each category there are several histological subtypes.¹ Knowledge of morphology and age specific characteristics can help refine the diagnosis. Indirectly it can also suggest the prognosis and management of these tumours. Prognosis of the tumours can also be predicted from the degree of differentiation of the tumours. Also, the laterality of the tumours indicates their nature. The newer techniques in imaging and genetics have evolved. Despite this, the diagnosis of ovarian tumours primarily depends on histopathological examination. The complex nature, unpredictable behavior, prognosis and controversial management make ovarian neoplasms a difficult problem to solve. Ovarian carcinoma is a serious disease prevailing in women and is the fifth most common malignancy. It is the second most common gynecologic malignancy, and the fifth leading cause of cancer death in women in developed countries. The absence of any specific symptoms, the location of the ovaries which are deeply seated and are relatively inaccessible and epidermal growth factor receptor-2 (EGFR) proto-oncogene encodes protein belonging to epidermal growth factor receptor family. **Aims and Objectives:** 1) Clinicopathological analysis of ovarian tumours 2) To study the overexpression of HER2/neu in ovarian carcinoma **Materials and Methods:** This was a retrospective and prospective study carried out in the Department of Pathology, Dr. D. Y. Patil Medical College, Pune. A total of 134 ovarian tumours were received for histopathological examination. The sections of all the tumours were stained by hematoxylin and eosin stain. The malignant tumours were also stained using HER2/neu antibody following the immunohistochemical (IHC) procedure. **Observation and Results:** Of the total 134 ovarian tumours, 103 (77%) were benign tumours and 31 (23%) were malignant tumours. The most common type of ovarian tumours was Surface epithelial stromal tumours (71.7). Overexpression of HER2/neu was seen in 6.4% of malignant tumours. **Conclusion:** Histopathological study is important in diagnosis of ovarian tumours and predicts their prognosis. HER2/neu can be a good prognostic marker with scope for targeted therapy, requiring further evaluation in a larger sample size.

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<http://doi.org/10.18231/ippo.2019.084>

Multilocular Cystic Renal Cell Carcinoma: A Rare Case Report with Review of Literature

Dr Nikam Sanjayot Rajendra, Rahul Jadhav, Ruby Rao, Archana Buch, S.S Chandanwale

Department of Pathology

Dr D.Y. Patil Medical College And Research Center, Pune -411018

INTRODUCTION

- ◆ Multilocular cystic renal cell carcinoma (MCRCC) is a rare cystic tumor of the kidney.
- ◆ It is considered as a distinct type of clear renal cell carcinoma (RCC) in the 2004 WHO classification.
- ◆ MCRCC is consistently low nuclear grade and has excellent prognosis.^[1-3]

CASE REPORT

A 60-year-old male presented with mass and pain in the left abdomen since 15 days. USG showed 75 x 70 cm well defined heterogeneous mass in the left lower pole kidney with marked cystic change

Contrast enhanced CT showed well defined thick walled cystic lesion. RCC with cystic change was suspected. Patient underwent left nephrectomy.

Nephrectomy specimen on cutting showed a well encapsulated multilocular tumor mass in the lower pole of kidney.

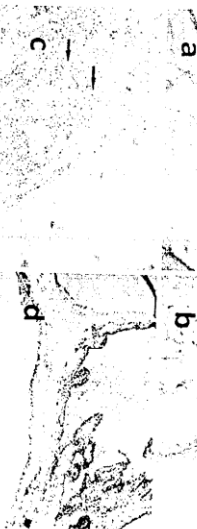
Sections from tumor showed multiple cysts with thin fibrous septa and were lined by one to three layers of tumor cells having abundant clear cytoplasm and small round hyper chromatic nuclei with inconspicuous nucleoli.

Stroma was scanty and showed few small groups of similar looking tumor cells. Lymphatic or vascular invasion was not seen. Capsule was free of tumor cells.

Tumor cells showed strong immunoreactivity with epithelial membrane (EMA).



Cystic mass in the lower pole of the kidney.



(a) Tumor show multiple cysts lined by eosinophilic fluid (H and E x100). (b) Cysts lined by tumor cells with abundant clear cytoplasm and small round groups of tumor cells in stroma (H and E x400). (c) Small round groups of tumor cells in stroma (H and E x100). (d) Epithelial membrane antigen positive tumor cells (immunohistochemistry x100).

DISCUSSION

- ◆ RCC accounts for 80-85% of primary malignant neoplasms of the kidney. MCRCC accounts for 1-2% of all renal tumors.^[2,3]
- ◆ MCRCC should be used exclusively to identify those cystic RCC with small volume (25% or less) of neoplastic clear cells in the cyst walls
- ◆ Tumors are usually of low Fuhrman nuclear grade (1 or 2) and usually confined to kidney.^[1,4]
- ◆ Gross features include multilocular cystic appearance, variegated yellowish solid component limited to small areas with no expansile nodules or necrosis. IHC reactivity with MUC-1, epithelial membrane antigen (EMA), PAX-2 and carcinoma antigen (CA) IX. In our case EM showed strong cytoplasmic immunoreactivity.
- ◆ The important differential diagnosis of MCRCC in adults include benign multilocular cyst of the kidney, cystic nephroma, cystic clear cell RCC and tubulocystic carcinoma. Absence of hobnail quality lining epithelium of the cyst, ovarian like stroma, papillary structure and expansile nodules of clear cells, tubular structures, nuclear atypia and prominent nucleoli ruled out the differential diagnosis of cystic nephroma, cystic RCC, and tubulocystic carcinoma in our case.

CONCLUSION

- ◆ Diagnostic histopathological features of MCRCC include multiple cysts lined by fibrous septa which are lined by one or more layers of neoplastic epithelial cells having abundant clear cytoplasm and hyperchromatic nuclei with inconspicuous nucleoli (Fuhrman Grade 1). Absence of necrosis and expansile tumor nodules helps differentiating it from low grade conventional cystic clear cell RCC.

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4. Cortez PA, Ickowicz KA, Cheng L, Zimmann UB, Linley RL, Arling CL, et al. Cystic renal cell carcinoma: a series of 12 cases with long term follow up. *J Urol* 1999;161:1594-1597.
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International CME on Oncopathology - 2017

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Dr. D. V. Patel Medical College, Hospital and Research Centre, Pimpri, Pune, Maharashtra, India.

This category was added in both the Revised Bureau of Census American Community Survey classification system and the World Health Organization's (WHO) International Classification of Diseases, 10th Revision (ICD-10). The category was added to the ICD-10 to reflect the growing prevalence of the condition in the United States and to provide a more accurate picture of the health status of the population.

Figure 1 consists of three CT scan images of the thoracic spine. (a) Axial view at the T12 level showing a fracture of the T12 vertebral body. (b) Coronal view showing a fracture of the T12 vertebral body. (c) Sagittal view showing a fracture of the T12 vertebral body.



Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains. The *Agrobacterium* strains were grown in YEA medium for 24 h at 28°C. The cell concentration was adjusted to 1.0 × 10⁸ cells/ml. The cell suspension was then diluted with distilled water to the desired concentration. The cell suspension was then mixed with the plant tissue and the transformation efficiency was determined. The results are shown as the mean ± SD of three independent experiments. The transformation efficiency was determined by the number of transformants per 10⁶ cells.



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- The authors are indebted to Dr. J. H. D. E. van den Hul for his critical reading of the manuscript.

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1. The first step in the process of identifying a problem is to recognize that a problem exists. This is often done by comparing current performance with a desired state or goal. If there is a significant difference, a problem is identified. For example, if a company's sales are declining while its expenses are increasing, this indicates a problem that needs to be addressed.

CERVICAL ECTOPIC PREGNANCY

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Department of Pathology, Dr. D.Y. Patil Medical College, Hospital and Research Center, Pimpri, Pune.

INTRODUCTION:

Ectopic pregnancy is a pregnancy which develops at a site other than the endometrial cavity of the uterus.¹ Cervical pregnancy is an infrequent form of ectopic pregnancy in which the blastocyst implants in the endocervical canal.² It comprises of less than 1 percent of all ectopic pregnancies.³ The incidence varies and is approximately 1: 18000.⁴

CASE HISTORY:

A 40 year old female presented with per vaginal bleeding since last 15 days. Blood test showed a hemoglobin of 6 g/m%. All other hematological and biochemical investigations were within normal limits. On gentle per vaginal examination, there was a polyp like mass inside the endocervical canal which was bleeding on touch. Ultrasonographic impression was that of a hemangioma of cervix. Patient underwent hysterectomy.

The specimen consisted of uterus with cervix without adnexa measuring 8.5x5x4 cm. The cervix was 4 cm in length and showed a brownish black mass measuring 3x2.5x1.7 cm predominantly involving endocervix and had a spongy hemorrhagic cut surface. The mucosal resection margin was 2 to 2.5 cm away. The proximal endocervix and the isthmus were mildly dilated. (Figure 1)

Histopathological examination revealed endometrium in secretory phase and myometrium was unremarkable. Sections from cervix showed large hemorrhagic areas. The endocervical lining was denuded focally and was replaced by trophoblastic tissue. The chorionic villi were seen infiltrating the endocervix. There was focal decidualisation of the stroma. (Figures 2 & 3)

Considering the above findings, a diagnosis of cervical ectopic pregnancy was offered.

DISCUSSION:

The criteria for diagnosis of cervical ectopic pregnancy was first established by Rubin in 1911 based on following anatomical and histological findings:¹

1. Cervical glands must be opposite the placental attachment.
 2. Placental attachment to the cervix must be below the entrance of uterine vessels or below the peritoneal reflection of the anterior and posterior surfaces of the uterus.
 3. Fetal elements must be absent from the corpus uteri.
- The drawback of the criteria was it required a hysterectomy specimen so a more convenient clinical criteria was proposed by Paltman and McEllin as follows:⁵
1. Uterine bleeding without cramping following a period of amenorrhea.
 2. A soft, enlarged cervix equal to or larger than the fundus (hourglass uterus).
 3. Products of conception entirely confined within and firmly attached to the endocervix.

4. A closed internal cervical os.
 5. A partially open external cervical os.
- The exact etiopathogenesis of cervical pregnancy is not known. Probable factors contributing to the pathology are endometrial canal damage and inability of endometrial lining to accept the implanting blastocyst.⁴

Owing to its marked vascularity and friability, cervical ectopic pregnancy can be misinterpreted for a neoplastic mass as in our case or it can also be misdiagnosed as a spontaneous abortion retained within the cervical canal.¹

The treatment varies, can be medical or surgical, depending on the age of patient, gestational age and presentation.⁶

In our case, profuse vaginal bleeding with cervical mass, advanced age of patient, radiological report of neoplastic pathology, severe anemia and low clinical suspicion of pregnancy prompted the clinician to perform hysterectomy.

CONCLUSION:

Cervical pregnancy is a potentially serious condition that can present as unexpected profuse bleeding due to erosion of cervical blood vessels. In such patients, clinical suspicion with early diagnosis and treatment results in better prognosis with lesser chances of morbidity and mortality.



Figure 1: Hysterectomy specimen showing mass in endocervical canal

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E - Poster no 6

OVARIAN BURKITT LYMPHOMA - A RARE ENTITY

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INTRODUCTION

- Irreversible lymphoma is highly aggressive Non-Hodgkin's lymphoma of cells that occur most often in children and young adults
- Ovarian lymphoma can present as a primary lesion or more commonly referred to as metastasis
- Primary ovarian lesions are rare manifestations corresponding to 0.5% of Non-Hodgkin's lymphoma and 1.5% of ovarian tumors
- A 55 year old female presented with acute abdominal pain and distension, a raised caecum as well as a mobile
- An ultrasound and large homogenous 10 x 10 cm in midline measuring 10 x 2 x 9 cm lymphoma with mild to moderate hypervascularity
- Patient underwent exploratory laparotomy for the same and left oophorectomy was done

CASE REPORT



Fig 1 - Gross

• On microscopy, section showed large hyperchromatic cells, growing in diffuse sheets and trabeculae. The individual cells showed large, round nuclei with prominent, small 3-4 nucleoli with scanty cytoplasm. Many mitotic figures and apoptotic cells along with tingible body macrophages, giving it a starry sky appearance were noted.

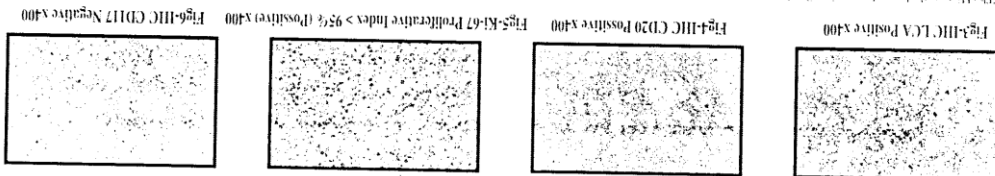


Fig. 4. IHC, LCA Positive X400

Fig. 5. Ki-67 Proliferative Index > 95% (Positive) X400

Fig. 6. IHC, CD117 Negative X400

* Patient was referred to higher centre. The PET scan showed few hot lymph nodes. The histopathologic diagnosis of Burkitt's lymphoma of left ovary was offered which was further confirmed by I.C.A., C.D-20, Ki-67 positive and negative for EMA, approximately around 1 centimetre in diameter.

• Patient was started on chemotherapy.

DISCUSSION

- Burkitt lymphoma is recognized most endemic in Africa, sporadic non-endemic/non-African and immunodeficiency-associated Burkitt lymphoma
- Most patients with abdominal Burkitt lymphoma present with multiple tumors involving many organs including ovaries
- T-cellular ovarian involvement is rare in Burkitt lymphoma cases
- Primary (localized) ovarian Burkitt lymphoma are usually bilateral and associated with testicles

CONCLUSION

- ## CONCLUSION
- (continued on next page)*
- Burkitt's lymphoma of ovary with unilateral involvement is rare.
 - Short-term prognosis is poor; therefore timely diagnosis with aggressive chemotherapy regimen can prove fruitful if lymphoma is potentially curable malignancy.
 - Carcino-embryonic antigen-related translocation can be used to confirm the diagnosis.
 - Xanthoplasic is lymphoid cells are reactive for CD 45, CD 19, CD 10 and demonstrative immunohistochemistry.
 - High proliferative activity with Ki-67, which is seen in our case.

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IMPRINT CYTOLOGY: A KEY TO DIAGNOSE OCULAR SURFACE SQUAMOUS NEOPLASIA

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- Ocular surface squamous neoplasia (OSSN) is a term used for precancerous and cancerous epithelial lesions of conjunctiva and cornea.^[1]
- Squamous cell carcinoma (SCC) of eye has the average annual incidence of 17 to 20 cases per million persons per year.
- It arises most commonly in the limbal region. It occurs particularly in males of sixth and seventh decade.^[2]
- We report a case of OSSN in a 40 year old female diagnosed on imprint cytology.

- A 40 year old female presented with painless progressive mass over right eye since 2 months associated with redness, itching and watering of eye.
- Left eye was normal.
- HIV test came positive.

Examination of Eye



FIG 1: Irregular whitish mass over right limbus with nasal pterygium



FIG 2: Cytology smear showing squamous cells having hyperchromatic nuclei with moderate amount of cytoplasm (H and E, x 400)



- Diagnosed to be a well differentiated squamous cell carcinoma.
- Treated with complete excision of the tumour with arm clear margin, cryotherapy, amniotic membrane grafting, topical mitomycin C and anti retroviral therapy.
- The patient is on regular follow up.

- OSSN is the third most common ocular tumour after melanoma and lymphoma.^[2]
- Etiology includes exposure to solar radiations, HPV 16, HIV infection, etc.
- Clinically presents as gelatinous, papillary or leukoplakic growth on the ocular surface.
- It usually mimics pterygium, papilloma, keratoconjunctivitis and foreign body granuloma.^[3]
- Metastasis is seen rarely.
- Imprint cytology and scrape cytology can be used for rapid diagnosis.
- In 1994, for the first time, imprint cytology was successfully applied by Nolan, Hirst and co-workers.^[4]
- It is simple and non-traumatic and assists in differentiating benign and malignant lesions of surface epithelium.
- However, biopsy is required to assess the depth of invasion.^[5]
- The cytological diagnostic criteria includes nuclear enlargement with raised N:C ratio, hyperchromasia with coarsely clumped nuclear chromatin, irregular nuclear membrane, nuclear pleomorphism and prominent nucleoli.^[6]
- Thus, imprint cytology is a useful non-invasive means of diagnosing variety of ocular surface lesions.

Imprint cytology aids in rapid diagnosis of OSSN and precludes the need of using invasive techniques.

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E-Poster no 09

International CME on Oncopathology - 2017



- Pemphigus is a rare Vesiculo-bullous autoimmune disease that exhibits blistering of the skin and mucous membrane. Pemphigus vegetans is a rare clinical variant of pemphigus vulgaris and comprises up to 1.2 % of all pemphigus cases.¹
- Pemphigus vegetans is characterized by vegetative plaques in the inguinal folds, flexural areas, oral mucosa, trunk and thighs.²
- Autoantibodies directed against antigens on the surface of keratinocytes are responsible for the causation of pemphigus. Presence of circulating and skin fixed autoantibodies is associated with all different forms of Pemphigus.³

INTRODUCTION

- A 36-year-old male came with the history of oral ulcers and multiple erythematous lesions and pustules in the flexural and inguinal regions for the last 8-10 months.
- History of significant weight loss and intermittent diarrhea present, patient was on irregular treatment with antifungal ointments but gained no relief in symptoms.

GENERAL EXAMINATION:

- Entire oral mucosa, oropharynx, tongue and palate showed white, patchy, irregular and rough lesions.
- B/L Thighs, groin, inguinal region: Multiple blisters with raised, irregular, erythematous and scaly lesions.

INVESTIGATIONS:

- Skin biopsy was taken from the lesion over the thigh and sent for histopathological and immunofluorescence examination.
- Complete haemogram profile: Microcytic hypochromic anemia (Hb-9.3 mg/dl) and slightly elevated absolute eosinophil count (380/mm³).



Figure 1: Higher magnification view of the skin biopsy showing multiple blisters with eosinophilic, erythematous and scaly lesions.

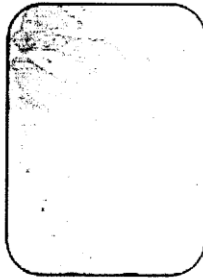


Figure 2: Higher magnification view of the skin biopsy showing multiple blisters with eosinophilic, erythematous and scaly lesions.

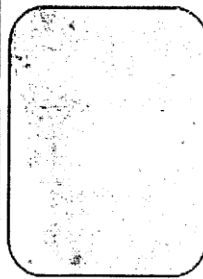


Figure 3: Local areas of atrophic, denuded areas with erosions, fissures and ulcerations.

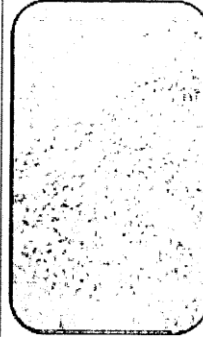


Figure 4: Diffuse infiltration of eosinophils and lymphocytes in the dermis.

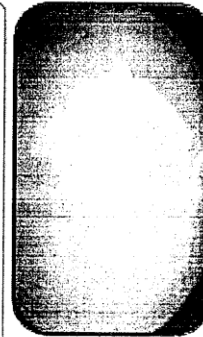


Figure 5: Direct immunofluorescence of blisters showing deposits of IgG in the intercellular spaces.

DISCUSSION

- Pemphigus vegetans most commonly involves the oral mucosa. In certain patients, erosions have a tendency to develop into granulation tissue and crusting, known as vegetative lesions, often found on the groin, armpits, thighs, hands, eyelids, and in the perioral region.⁴

Clinical classification:

- Newmann type with pustular lesions and a benign course with few relapses.
- Hallopeau type with pustular lesions and a benign course with few relapses.
- 50 percent of Pemphigus vegetans cases begin in the oral cavity months before skin lesions appear.
- Patients initially having cutaneous lesions will ultimately develop oral manifestations.
- Patients with the Hallopeau type pemphigus are often considered to have a relatively benign disease.
- Diagnostic findings include eosinophilic, spongiosis, suppurative acantholysis, epidermal hyperplasia, and intraepidermal abscesses filled with eosinophils as the lesions age, while direct immunofluorescence examination shows deposits of IgG and complement C3 on the keratinocytes. Indirect immunofluorescence is positive in up to 80 to 90 percent of the patients and usually is correlated with the severity of the disease.⁵
- Systemic corticosteroids are the treatment of choice for these diseases. Prednisolone is usually administered in a dosage of 1-2 mg/kg body weight/day and is gradually tapered once clinical

CONCLUSION

- Pemphigus vegetans is a rare variant of Pemphigus vulgaris which causes chronic ulceration and blistering of skin and mucosa. The mouth may be the only site of involvement in the initial stages and this can lead to a delayed diagnosis and inappropriate treatment.
- Newer diagnostic tests and better monitoring of the disease process can be achieved now with clear understanding of the role of anti-Dig antibody keratinocyte binding in blister formation.
- Treatment goals are suppression of circulating autoantibodies with the use of high dose systemic corticosteroids.
- In future, antigen specific immunotherapy may be an alternative to current conventional treatment modalities.

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A RARE CASE OF UPPER UROTHELIAL CARCINOMA MIMICKING PRIMARY RENAL NEOPLASMS

DPU

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INTRODUCTION

Upper urinary tract urothelial carcinomas (UTUC) are rare tumor and accounts for 5-7% of all urinary carcinomas. They involve urinary system from renal calyces, renal pelvis to distal ureter. It commonly occurs in sixth and seventh decade with male preponderance.

CASE REPORT

A 60 years old male came with complaints of abdominal lump associated with pain and fever. Lump was sudden in onset. Routine hematological examination, biochemical examination, urine microscopy, urine cytology and CT scan suggested right renal neoplastic etiology for which Radical Nephroureterectomy with bladder cuff excision was performed. Grossly received enlarged bosselated kidney measuring 22*13*9cm with dilated & thick ureter measuring 2.5cm in diameter. On cut surface entire kidney was replaced by grayish white solid tumor tissue with areas of necrosis. HP sections showed High Grade Urothelial Carcinoma replacing entire kidney with involvement of renal sinus & perinephric fat with metastasis to single lymph node (T3N1Mx). The ureter also showed invasive Urothelial carcinoma and bladder cuff showed noninvasive low grade Urothelial carcinoma.



DISCUSSION

Urothelial carcinoma (UC) is fourth most common tumors. They can be located in lower or upper urinary tract. The UTUCs are uncommon and accounts for only 5-10% of UCs. It may present as papillary tumor expanding the pelviscalyceal system or invasive cancer involving kidney. Urothelial kidney tumors are high grade tumors and associated with squamous cell or granular differentiation. Majority of these tumors are treated by radical nephroureterectomy with bladder cuff excision regardless tumor grade or stage. In literature search we have not come across such a huge urothelial tumor replacing entire kidney and forming a huge mass. Though UC involving urinary bladder is a common surgical specimen, its huge primary renal cell carcinoma like presentation is rare. This case is presented to highlight its unusual presentation as most of the reported cases are mostly small tumors at the renal pelvis.

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A RARE CASE OF SARCOMATOID RENAL CELL CARCINOMA

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INTRODUCTION

Sarcomatoid renal cell carcinoma (sRCC) constitutes approximately 1-5% of all renal epithelial carcinomas. This phenotype can occur in all subtypes of renal cell carcinomas. They are locally aggressive and potentially metastatic tumours having poor prognosis. Here, an unusual case of sarcomatoid renal cell carcinoma is documented with its histomorphological features and importance of extensive sampling of all renal cell carcinoma cases.

CASE HISTORY

- A 50 year old male presented with lump in abdomen since 4 months with loss of appetite and nocturia since 1 month.
- On per abdominal examination, 8x5 cm hard, immobile and non-tender mass was palpated.
- Haematological analysis showed polymorphonuclear leucocytosis with raised Erythrocyte Sedimentation Rate (ESR) and increased blood urea and creatinine.

- Ultrasonography (USG) Abdomen/Pelvis along with a pelvic Computed Tomography (CT) scan and Magnetic Resonance Imaging (MRI) all were suggestive of renal cell carcinoma with metastasis to lymph nodes.
- Nephrectomy was done along with dissection of intercaval and intraortic group of lymph nodes.

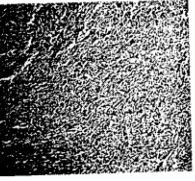
1a. Nephrectomy specimen was large, lobulated and partially encapsulated measuring 24x16x12 cm and weighing 3kg.



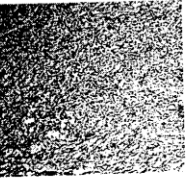
1b. Cut surface showing variegated appearance of solid fleshy as well as cystic areas containing necrotic material and haemorrhage.



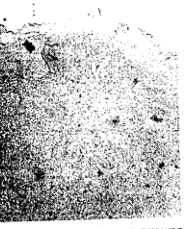
2a. Histopathology showing predominantly spindle cells having moderate to abundant cytoplasm and pleomorphic elongated nuclei and prominent nucleoli.



2b. Other areas showing clear cell cytoplasm with centrally located nuclei.



3a. IHC showed positive staining of the neoplastic cells for pan-CK, Vimentin and EMA.



3b. High molecular weight keratins (34βE12) and Desmin were negative.



- Intercaval and intraortic lymph nodes showed metastatic tumour deposits.
- So we offered a diagnosis of Sarcomatoid Renal Cell Carcinoma with metastasis to intercaval and intraortic lymph nodes, Stage IV RCC (T3N2Mx).

DISCUSSION

- Sarcomatoid renal cell carcinoma has been given various synonyms like Spindle cell carcinoma, Anaplastic Carcinoma and Carcinosarcoma.
- They are aggressive tumours with poor prognosis and 5 year survival rate being only 22%.
- Sarcomatoid pattern in RCC changes Fuhrmann's nuclear grading to Grade 3 or 4.
- Lung is the most common site of metastasis of this tumour.
- It is more often associated with clear cell carcinoma or chromophobe carcinoma.
- To offer a diagnosis of sRCC, we need to find epithelial component within the tumour, which may require extensive sampling.
- If proper sampling is not done it can be misdiagnosed as primary renal sarcoma.

- Dominant sarcomatoid component with differentiation towards bone and cartilage can also pose a diagnostic dilemma.
- Although nephrectomy remains as the standard treatment for localised renal tumours, if advanced stage tumours like sRCC are present, surgery becomes challenging because of desmoplastic reaction and adhesions.
- sRCC are aggressive tumors that respond poorly to immunotherapy.
- Combination chemotherapy with anti-angiogenic therapy and radiotherapy may be helpful.

CONCLUSION

The sarcomatoid component dominated the histologic picture in our case. By presenting this case, we want to emphasize the importance of extensive sampling and ancillary immunohistochemistry studies in every case of renal cell carcinoma as the treatment protocol differs.

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BENIGN REACTIVE ANGIOENDOTHELIOMATOSIS (RAE) IN A PATIENT WITH PERIPHERAL VASCULAR DISEASE: RAREST VARIANT



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INTRODUCTION

- Reactive angioendotheliomatosis (RAE) was first described in the late 1960s by Gottron and Nikodowski, and Pflieger and Tappeiner.^{1,2}
- Reactive angioendotheliomatosis (RAE) is a rare cutaneous self-limiting vascular reaction characterized by vascular proliferation with intravascular hyperplasia of endothelial cells, usually associated with underlying systemic disease.
- Another morphological mimicker, intravascular histiocytosis (IH) is a similar vascular disorder characterized by the presence of dilated vessels containing aggregates of mononuclear histiocytes (macrophages) within their lumina. Although their pathogenesis remains uncertain. However the vessel occlusion and tissue hypoxia may results in it.
- Cases of pure RAE are very rare and somewhat controversial where Review of the literature reveals 66 cases, most of them were associated with infections such as acute otitis media and pulmonary tuberculosis, coexistent systemic diseases mostly with rheumatoid arthritis/polymyalgia.

CASE HISTORY

- A 34 year old female presented in our OPD with chief complaints of multiple skin lesions over hand and feet since 2 years.
- She had multiple firm erythematous plaques and nodules associated with edema and punched out ulcers in some lesions.
- No any past medical, surgical and familial history.
- On general examination:- Conscious, well oriented, systemic parameters were WNL, mild pallor +, Raynaud's phenomenon- Negative, Peripheral pulses- Normal, Pitting edema over dorsum of hands and below knees.
- Blood investigation revealed mild anemia with relative thrombocytosis and CRP positivity.
- RA factor- Negative Anti CCP- 2.46 RU/ml (N <25), APLA IgM- 5.12 U/ml (N <12), APLA IgG- 4.92 U/ml (N <12), ANA bid- Negative, Cryoglobulins- Negative.
- During her stay in hospital she developed gangrene over 2nd and 4th toe of right foot which on CT angiography revealed stenosis and plaque in bilateral superficial femoral and posterior tibial arteries.

DISCUSSION

- The clinical presentation of both RAE and IH is variable. They can present as poorly demarcated erythematous macular plaques, papules, nodules, depressed lesion that can be ulcerated, and livedo reticularis-like lesions. Both lesions can occur at any anatomical site in patients of all ages, although IH lesions tend to be located on the extremities

1. Diffuse dermal angiomatosis (DDA)	Hyperplastic endothelial cells diffusely infiltrate dermis
2. Acroangiodermatitis	Periluminal lobular proliferation with thick-walled vessels in papillary dermis
3. Glomeruloid angioendotheliomatosis	Intraluminal glomerulus-like tufts of capillaries
4. Angiomatosis associated with cryoproteins/ angioerythrocytoma (AP)	Proliferating pericytes

- Till date, 66 cases of RAE reported worldwide

CONCLUSION

- This case of benign reactive Angioendotheliomatosis (RAE) is presented to emphasize the rarest pathological condition awareness, meanwhile knowledge of this benign vascular disorder is important because the histological changes may be mistaken for intravascular invasion of a malignant neoplasm.



Figure 1:- punch biopsy from nodular lesion showing proliferation of small sized vessels in papillary dermis as well as deeper dermis (H&E x100)



Figure 2:- photomicrograph of lobules of capillaries with thickened walls as lymphocytic infiltrates (H&E x400)

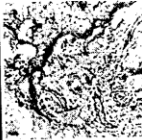


Figure 3:- Photomicrograph of capillary lobule showing reactivity to CD31 (IHC x400)

Notes on histopathological findings and immunohistochemical reactivity to CD 31 and negativity to CD 68 which rules out intravascular histiocytosis the final diagnosis was made of Benign Reactive Angioendotheliomatosis.

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APCON-2014

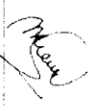


63rd Annual Conference of Indian Association of Pathologists and Microbiologists
4th to 7th December 2014

Certificate

This is to certify that Dr. Harsh Kumar
has participated as Chairperson/Moderator/Judge in the 63rd Annual Conference of Indian Association
of Pathologists and Microbiologists (APCON 2014) held at the Armed Forces Medical College, Pune
from 4th to 7th December 2014.

Session: Poster session


Dr. Manoj Singh
President IAPM


Dr. Pradeep Vaideeswar
Secretary IAPM


Brig V Srinivas
Org Secy APCON 2014

68th Annual Conference of IMA Gujarat State Branch
Hosted by Indian Medical Association, Rajkot Branch



Certificate of Participation



This is to certify that

Dr Jay Sheth

has presented the Scientific Paper / Poster at
the 68th Annual Conference of
IMA Gujarat State Branch
on 15th - 16th October 2016 at Rajkot



Annual Conference of
IMA Gujarat State Branch
15-16 October 2016, Rajkot

Gujarat Medical Council Has Granted 1 Credit Points.

Dr. Abdul Fardiga
President,
IMA, Rajkot

Dr. Jyoti Patel
Vice President,
IMA, Rajkot

Dr. Bharat Kulkarni
Secretary, Rajkot Branch,
IMA, Rajkot

Dr. Chetan Lakshmi
Secretary, Rajkot Branch,
IMA, Rajkot

Dr. Jatin Shah
Secretary, Rajkot Branch,
IMA, Rajkot

Dr. Dilip Patel
President,
IMA, Rajkot

Dr. Anil Agrawal
President,
IMA, Rajkot





8th Annual International CME on Oncopathology

(MMC Conference Accreditation Code- MMC/MAC/2017/B-006726)

Type of CME:- Para- Clinical

Certificate of Participation

This is to certify that

Dr. Rohan Joshi

has participated as "Delegate" in "8th Annual International CME on Oncopathology", jointly organized by Department of Pathology, Rural Medical College, Loni & International Society of Oncopathology (ISO), Canada under the aegis of Pravara Institute of Medical Sciences (DU), Loni on 21st-22nd January 2017 at Pune. We appreciate your valuable participation in the CME.

He /She also has presented a e-poster entitled : "A Focal Nodular Hurthle cell Hyperplasia in Hashimoto's Thyroiditis - A diagnostic dilemma on fine needle aspiration."

He is being awarded **Third Prize** for the e-poster presentation.

Maharashtra Medical council has granted **4 credit hours** for delegates.

Dr. R. C. Goyal
Dean, RMC, Loni

Dr. S. D. Dongre
Organising Chairperson

Dr. R. R. Karle
Organising Secretary

Dr. Prashant Jani
Course Director

Dr. Bageshri Gogate
MMC Observer

**INTERNATIONAL CME IN PATHOLOGY,
HISTOPATHOLOGY & CYTOPATHOLOGY
GOA, INDIA**

Certificate

This is to certify that Dr. Ishita Gulati
of Dr. D. V. Patil Medical College, Pune, Maharashtra
presented a Paper Titled The Utility of Screening of Donor Blood for anti-HBc IgM

Oral/Poster Presentation at the International CME in Pathology, Histopathology and Cytopathology
organized in Goa on 4th February, 5th February & 6th February 2016 by CME in Pathology, Goa & Supported
by Indian Academy of Cytopathologists, Goa & IAC (International Academy of Cytology).

Goa Medical Council has given 12 (Twelve) CME Credit Hours for this CME.


(Dr. R. G. Wiseman Pinto)

Professor & Head Department of Pathology
Goa Medical College
Organizing Chairman