

AICC RCOG NORTH ZONE
ANNUAL CONFERENCE 2019



Royal College of
Obstetricians &
Gynaecologists

MULTIDISCIPLINARY MANAGEMENT PATHWAYS: EVIDENCE BASED MEDICINE IN OBGYN

DATE:
AUGUST 4TH, 2019

Venue:
Indraprastha Apollo Hospital Auditorium
Sarita Vihar, New Delhi

Souvenir & Abstract Book

www.aicccognzindia.com

INVITATION

On behalf of the All India Coordination Committee of Royal College of Obstetricians & Gynaecologists North zone we are delighted to announce and invite you to the AICC RCOG NZ Annual Conference 2019. It is the proud privilege of Fellows and Members of Northern Zone of AICC RCOG to organize this prestigious event at Apollo Hospitals, New Delhi on 4th August 2019. Our theme this year is "Multidisciplinary Management Pathways: Evidence based Medicine in OBGYN", dedicated to educate and share the latest updates in a multispecialty case studies in Obstetrics and Gynaecology as per RCOG standards and focus on the meaningful application of this knowledge to the extremely divergent needs and challenges of women's healthcare in India. Abstracts are invited for poster presentation in different categories, with a cash prize for best 1st, 2nd & 3rd presentation. Please check our website www.aicccrognzindia.com for regular updates on this conference.



Dr Nirmala Agarwal
Organizing Chairperson &
Head North Zone



Dr Anita Kaul
Organizing Co-Chairperson



Dr Anjila Aneja
Organizing Co-Chairperson



Dr Arbinder Dang
Organizing Secretary

INDRAPRASTHA
APOLLO HOSPITALS



Edgar Guest

(Born: 20 August 1881, Died: 5 August 1959)



It Couldn't Be Done

Somebody said that it couldn't be done
But he with a chuckle replied
That "maybe it couldn't," but he would be one
Who wouldn't say so till he'd tried.
So he buckled right in with the trace of a grin
On his face. If he worried he hid it.
He started to sing as he tackled the thing
That couldn't be done, and he did it!

Somebody scoffed: "Oh, you'll never do that;
At least no one ever has done it;"
But he took off his coat and he took off his hat
And the first thing we knew he'd begun it.
With a lift of his chin and a bit of a grin,
Without any doubting or quiddit,
He started to sing as he tackled the thing
That couldn't be done, and he did it.

There are thousands to tell you it cannot be done,
There are thousands to prophesy failure,
There are thousands to point out to you one by one,
The dangers that wait to assail you.
But just buckle in with a bit of a grin,
Just take off your coat and go to it;
Just start in to sing as you tackle the thing
That "cannot be done," and you'll do it.

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OVERVIEW AT A GLANCE

08.00 am - 09:00 am	Registration
09.00 am - 09.30 am	Code of Medical Ethics
09.30 am - 10.30 am	SESSION I The transgender population: Improving awareness for Gynaecologists and their role in the provision of care
10.30 am-11.00 am	Coffee Break
11.00 am -11.30 am	Inauguration
11.30 am - 12.30 pm	SESSION II Management of a pregnant women with Solid organ transplant (Kidney and liver transplant patients)
12.30 pm - 1.30 pm	SESSION III Approach towards women in Reproductive age groups with Ovarian tumors
1.30 pm – 2.00 pm	Lunch Break Poster Presentation
2.00 pm - 3.00 pm	SESSION IV Management of women with Bad obstetrical history with Non Immune Hydrop fetalis
03.00 pm - 04.00 pm	SESSION V Care of women with Pelvic organ Prolapse – Performing concomitant continence surgery
4.00 pm – 4.30 pm	Coffee Break
4.30 pm - 5.30 pm	SESSION VI Placenta Accreta Spectrum Disorders: Newer Challenges
5.30 pm- 6.00 pm	Valedictory

DMC Accreditation: 6 Hours 30 Minutes

Scientific Programme

Registration: 08.00 am - 09:00 am
Code of Medical Ethics 09.00 am - 09.30 am - Dr Shekhar Agarwal

SESSION I 09.30 am - 10.30 am

The transgender population: Improving awareness for Gynaecologists and their role in the provision of care
Moderators: Dr Sweta Gupta, Dr Arbinder Dang

PANELISTS:

Gynaecologists: Dr Mala Arora, Dr Mamta Sahu, Dr Ramandeep Kaur, Dr Shelly Arora
Psychologist: Ms Kamna Chibber
Psychiatrist: Dr Samir Parikh
Cosmetic surgeon: Dr Kuldeep Singh
Endocrinologist: Dr Wangnoo, Dr IPS Kochhar
Infertility specialist: Dr Neena Malhotra, Dr Puneet R Arora

10.30 am-11.00 am

Coffee Break

11.00 am -11.30 am

INAUGURATION

SESSION II 11.30 am - 12.30 pm

Management of a pregnant women with Solid organ transplant (Kidney and liver transplant patients)
Moderators: Dr Anjila Aneja, Dr Jyoti Bhaskar

PANELISTS:

Gynaecologists: Dr Neena Bahl, Dr Raka Guleria, Dr Monika Malik, Dr Manavita Mahajan, Dr Renu Lakhtakia, Dr Pulkit Nandwani, Dr Meenakshi Sahu
Nephrologist: Dr Vijay Kher
Kidney transplant surgeon: Dr Sandeep Guleria
Liver transplant surgeon: Dr Subhash Gupta
Transplant hepatologist: Dr Manav Wadhawan

SESSION III 12.30 pm - 1.30 pm

Approach towards women in Reproductive age groups with Ovarian tumors
Moderators: Dr Saritha Shamsunder, Dr Pakhee Agarwal

PANELISTS:

Gynaecologists: Dr Sonu Aggarwal, Dr Mamta Dagar, Dr Usha M Kumar, Dr Astha Thakkar
Gynae oncologist: Dr Rupinder Sekhon, Dr Vinita Jaggi Kumar
Infertility specialist: Dr Tanya Bakshi, Dr Puneet Kochhar
Medical oncologist: Dr Manish Singhal
Imaging: Dr Varun Duggal

1.30 pm – 2.00 pm

Lunch Break

Poster Presentation
(Judges: Dr Mamta Dagar, Dr Sonu Agarwal, Dr Pakhee Agarwal)

SESSION IV

2.00 pm - 3.00 pm

Management of women with Bad obstetrical history with Non Immune Hydrop fetalis

Moderators: Dr Anita Kaul, Dr Akshatha Sharma

PANELISTS:

Gynaecologist:	Dr Jayasree Sunder, Dr Sangeeta Gupta, Dr Puja Thukral, Dr Monika Bhatia, Dr Uma Pandey
Fetal medicine specialist:	Dr Poonam Tara, Dr Chanchal Singh Ahmed
Blood bank specialist:	Dr Mohit Choudhry
Geneticist:	Dr Ratna Puri
Neonatologist:	Dr Saroja Balan

SESSION V

03.00 pm - 04.00 pm

Care of women with pelvic organ prolapse – Performing concomitant continence surgery

Moderators: Dr Nirmala Agarwal, Dr Ranjana Sharma

PANELISTS:

Gynaecologist:	Dr J B Sharma, Dr Madhu Ahuja, Dr Anjali Taneja, Dr Neha Gupta, Dr Neelam Vinay, Dr Harpreet Sindhu
Urogynaecologist:	Dr Amita Jain, Dr Zeenie Girn
Urologist:	Dr Sachin Kathuria
Physiotherapist:	Dr Adhya Kumar

4.00 pm – 4.30 pm

Coffee Break

SESSION VI

4.30 pm - 5.30 pm

Placenta Accreta Spectrum Disorders: Newer Challenges

Moderators: Dr Sohani Verma, Dr Jasmine Chawla

PANELISTS:

Gynaecologists:	Dr Asmita Rathore, Dr Sunesh Kumar, Dr Jharna Behura, Dr Seema Sharma, Dr Mamta Misra, Dr Deepika Agarwal, Dr Shweta Gupta
Radiologist:	Dr Kuldeep Singh
Interventional radiologist:	Dr Harsh Rastogi
Urologist:	Dr Sachin Kathuria
Feto Maternal Medicine:	Dr Akshatha Sharma

5.30 pm- 6.00 pm

Valedictory

Message from AICC RCOG Chairman



Dear Friends,

I bring you greetings from AICC RCOG India !

It gives me great pleasure to write this message for the souvenir being published for the

AICC RCOG North zone Conference hosted by the North zone of AICC RCOG. This conference is going to be held at the Indraprastha Apollo Hospital Auditorium on 4th August, 2019.

Hearty Congratulations to the energetic Chairperson Dr Nirmala Agarawal, Dr Anita Kaul and Dr Anjila Aneja - organising co chairs and the evergreen smiling vibrant secretary Dr Arbinder Dang for bringing out this very important aspect of "Multidisciplinary Management Pathways: Evidence Based medicine in OBGYN", which we need in our daily practices !

I am sure that this academic and clinical update by experienced faculty will be an enjoyable and useful learning experience for all our colleagues.

Wishing the conference all the best !

A handwritten signature in black ink that reads "S. Pandit" with a horizontal line underneath.

Prof. Dr. Suchitra N. Pandit

Director - Dept.of OBGYN, Surya Group of Hospitals, Mumbai
Chair, AICC RCOG (2017-20)
President, ISOPARB (2018-20)
President, Organisation Gestosis (2015-18)
President, FOGSI & ICOG (2014-15)

Message from Past Chairperson AICC RCOG North Zone



A multidisciplinary approach is the current standard of care and necessary to achieve optimum outcome in most medical conditions. I congratulate Dr Nirmala Agarwal, Dr Anita Kaul, Dr Arbinder Dang, and all organizing team members for gathering a large number of renowned experts from several specialties to discuss, debate and give their consensus opinion on a wide range of contemporary and highly challenging issues at this annual conference. Their hard work and enthusiasm is clearly visible in the excellent scientific program. I am sure, all participants will find this conference very interesting and rewarding.

I wish the conference a grand success.

Warm regards

A handwritten signature in cursive script that reads "Sohani Verma".

Dr Sohani Verma

Sr Consultant Obstetrician Gynaecologist
Infertility & ART Specialist
Indraprastha Apollo Hospitals, New Delhi
Immediate Past Chairperson North Zone AICC RCOG (2012-2017)
Immediate Past President India Fertility Society (2016- 2018)

Message from the Chairperson North Zone AICC RCOG



My colleagues, friends and delegates

As Chairperson of North Zone it gives me immense pleasure to welcome you all to this prestigious 33rd AICC RCOG Annual conference on 4th August 2019 at Apollo Hospital, New Delhi. The theme of this conference is 'Multidisciplinary Management Pathways: Evidence Based Medicine in OB/GYN'.

Why Multidisciplinary team (MDT) pathways are now needed? We have enough evidence that managing critically ill and complicated patients in OB/GYN need a team approach. Failures in teamwork and communication are among the leading causes of adverse medical events accounting for over 70% of sentinel complications. Developing and practicing such skills for this team work is what MDT is all about.

In the scientific program, we have chosen six panels to discuss topics of current interest and controversies, and expert moderators will be quizzing invited renowned experts in their field to give evidence based opinion.

Our post-graduate students will greatly benefit from this conference from the examination point of view. I hope practitioners who have come as delegates would also take home meaningful messages to improve health care of our women.

Dr Nirmala Agarwal

MBBS, DGO, MRCOG (UK), FRCOG (UK)

HOD, Department of Obstetrics & Gynaecology

Sant Parmanant Hospital, Delhi

Chairperson, AICC RCOG North Zone (2017-2020)

Organising Chairperson North Zone 2019 Annual Conference

Multidisciplinary Management Pathways: Evidence Based Medicine in OBGYN

Message from the Organising Co-Chairpersons and Organising Secretary & Editor's Desk

We cordially invite our privileged and honoured guests to the Annual Conference of All India Co-ordinating Committee of Royal College of Obstetricians and Gynaecologists of India, North Zone, with the theme topic of **"MULTIDISCIPLINARY MANAGEMENT PATHWAYS: EVIDENCE BASED MEDICINE IN OBGYN"**. Evidence based approach is not only recognized as the current standard of care, it is often necessary to provide the

best management to the patient. Our Guest faculty belonging to various specialities are doyens in their respective fields and will update and abreast us with current guidelines, best practice, controversies and recommendations on hot topics of OBGYN. We have 6 Panel discussions, our aim being, to target and impart knowledge among general practitioners, specialists, trainees and postgraduates. The emphasis will be on practical and cumulative application of all modern concepts and techniques to optimize clinical management and on evidence and latest recommendations will provide an excellent opportunity to clear all doubts and reach a consensus take home message.

It is that time of the year again when we have the opportunity to look into the past to help understand & plan the future.

2018-2019, saw an exciting year full of academic activities, starting with our 32nd Annual Conference AICC RCOG "Obstetrics & Gynaecology: Evidence, Good practice and Controversies" on 3rd & 4th November 2018 at Hotel Sheraton Saket Delhi. We had 300 delegates and International and national faculty. It was well attended by postgraduates and trainees and we had 64 oral paper presentations competing in 12 categories with cash prizes and it was a big draw.

We had Ten Pre and Post conference workshops on 1st, 2nd & 5th November 2018: BJOG Author and Peer Review Workshop, Fetal Maternal Medicine Workshop, Menopausal Wellness Workshop, Obstetric Emergencies Skill Based Workshop, Perineal Repair Workshop, Preventing Stillbirths Workshop, RCOG-FOGSI Training the Trainers Franchised Course, Reproductive Medicine – Clinical Update Workshop, Urogynaecology Video Workshop and Comprehensive Colposcopy & LEEP Course. All the workshops were led by International faculty as conveners.

International Federation of Cervical Pathology and Colposcopy held Practical examination OSCE at Sant Parmanand hospital Delhi in November 2018

AICC RCOG North Zone, under able leadership of Dr Nirmala Agarwal, takes pride to inform that, we have the honor of hosting part 3 MRCOG examination at Delhi, India, for the first time in November 2018.

We are the first zone to hold the the following MRCOG Franchised and Non Franchised courses at Sant Parmanand hospital and Part 1.2 and 3 examinations in Delhi.

- Training the All India RCOG faculty on 30th June 2018.
- Training the Zonal faculty on 20th October 2018 at Delhi.
- MRCOG Part 3 franchised revision course on 21st & 22nd October 2018.
- MRCOG Non-franchised Part 3 Revision course in October 2018.
- MRCOG part 3 examinations in November 2018.
- MRCOG Non Franchised Part 2 Revision course on 13-15th December 2018.
- MRCOG Non-franchised Part 3 Revision course in January 2019.
- Training the Zonal faculty in March 2019.
- MRCOG Franchised Part 3 Revision course in March 2019.
- MRCOG Non-franchised Part 3 Revision course in April 2019.
- MRCOG part 3 examinations in April 2019.
- MRCOG Franchised Part 2 Revision course on 3rd-5th May 2019.
- Training the North Zone RCOG faculty on 30th June 2019.
- MRCOG part 1 & 2 examinations in July 2019

RCOG World Congress 2019 at London UK 16th to 19th June 2019 at Excel London had North Zone representation by Dr Nirmala Agarwal, Dr J B Sharma, Dr Arbinder Dang, Dr Puja Thukral and Dr Madhu Ahuja.

North zone bagged the prestigious Sims Black Professorship 2018 and Dr Patrick O'Brien visited India and addressed lectures to trainees, post graduates and general practitioners across 7 cities in July-August 2018.

The editorial team takes immense pleasure in presenting the proceedings of the annual conference 2018 and annual activities of RCOG NZ with photographs. All the above were made possible with the team effort of young, enthusiastic and dedicated fellows and members of RCOG-North zone, under the able and dynamic chairperson Dr. Nirmala Agarwal, who has been our continuous source of encouragement. We have messages from the Organizing chairperson, Vice Chairperson, Organizing secretary and Editorial desk.

We take the opportunity to convey our most sincere thanks to all the esteemed members of the gynecology and guest specialty faculty who devoted their precious time and efforts to make this conference successful.

A list of sponsors has been included, who have helped and supported us to make this event a grand success.

We wish to acknowledge and thank our administrative staff all secretaries of Apollo hospitals and Sant Parmanand hospitals for their continuing support in our endeavour.

A special thanks to Moderators of all panels, for their unconditional support. Heartfelt thanks to Dr Nirmala Agarwal, Dr Anita Kaul and Dr Anjila Aneja, our positive sources of energy.

We are thankful to our sponsors, Mr. Rakesh Ahuja and his team at "Process and Spot" publications to prepare this souvenir and book of abstracts, Web Designer and Advertising- Mr Rakesh Rai, Cine Focus India - Mr Prem Anand & Team and Administrative Assistance Mr Asif Munri & Ms Geeta Rana.

We hope you would enjoy reading it and cherish it as a memento of our annual conference and that you enjoy the scientific programme. We look forward to your participation and feedback.

Please visit our website www.aicrcognzindia.com for regular updates on our courses and other academic activities
With warm regards and best wishes.

"Live as if you were to die tomorrow. Learn as if you were to live forever."



Dr Anita Kaul

Diploma in Fetal Medicine (FMF-UK)
Diploma in Advanced Obstetric Scanning (London)
MS Obs-Gyn, FRCOG, FICOG
Clinical Director, Apollo Centre for Fetal Medicine
Apollo Indraprastha Hospital, Sarita Vihar, New Delhi
Vice Chairperson, Royal College of Obstetricians & Gynaecologists, North Zone, India



Dr Anjila Aneja

FRCOG
Director & HOD Minimal Access Gynae Surgery, Robotic Surgery
Fortis Hospital. Gurugram



Dr Arbinder Dang

MD, DNB, MNAMS, MRCOG (UK) Cert. Clinical Embryology. Diploma Endoscopy CICE France
Senior Consultant, Sant Parmanand Hospital, Civil Lines, Delhi54
Member Representative and Secretary. RCOG UK North Zone India

An Overview of the Activities of the AICC RCOG Northern Zone India Committee 2018-2019

"If everyone is moving forward together, then success takes care of itself." Henry Ford

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U/S 80G - DEL - RE 25104 - 03122013 / 3892 Dated 03/12/2013

"Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishment toward organizational objectives. It is the fuel that allows common people to attain uncommon results." -Andrew Carnegie

We are honored to write this report of the activities of the AICC-RCOG Northern Zone India Committee, an organization of academic excellence in the field of obstetrics and gynaecology, the goal being to provide quality patient care and setting standards in accordance with international standards. Over the last few years, it has grown phenomenally, thanks to the hard work and team spirit of our patrons, fellows, members and associate members. The organizing committee is grateful to all who have helped us grow leaps and bound and thankful for the continuing good work. The academic activities of the year 2018- 2019 highlighted the importance of team work to enhance patient care and avoid litigation. On philanthropic front, under the aegis of RCOG North zone, department of Obstetrics and gynaecology, Friends of Sant Parmanand hospital, Civil Lines, Delhi conducted Menopause, Gynaecological and Breast cancer Prevention Camp in February 2019 to create an awareness about Gynaecological and Breast cancer and screen women 25 years and above.



32nd Annual Conference AICC RCOG "Obstetrics & Gynaecology: Evidence, Good practice and Controversies"

Dated: 3rd & 4th November 2018 at Hotel Sheraton Saket, Delhi

Organizing Chairperson: Dr Nirmala Agarwal

Organizing Co-chairperson: Dr Anita Kaul

Organizing Secretary: Dr Arbinder Dang

It was a well attended conference with attendance of around 350 delegates and faculty.

Nine pre conference (1st & 2nd November) and One post congress (5th November) workshops with International faculty being convener of each workshop.

2 Orations, 16 Keynote addresses, Guest Lectures, 4 Stump the Experts and 8 Panel discussions based on casestudies. 64 Oral presentation under twelve separate categories, with a prize for best presentation.

International faculty

1. Professor Mary Ann Lumsden OBE, Vice President RCOG UK Strategic Development, RCOG UK, Chair, National Guideline Alliance Consortium RCOG.
2. Dr Alison Wright, Vice President for UK and Global Membership, RCOG, UK
3. Professor Andrew Shennan, OBE Professor of Obstetrics at King's College London. Clinical lead of the Maternal and Fetal Research Unit, UK.



4. Professor Margaret Cruickshank, Co-chair the Education and Training Committee of the International Federation of Colposcopy and Cervical Pathology (IFCPC), UK.
5. Dr Edward Morris, Vice President, Clinical Quality, RCOG, UK
6. Dr Edmund Neale, Chair Part 3 MRCOG Clinical Assessment Subcommittee, RCOG, UK
7. Dr Raneer Thakar, South Asia Fellow Representative, RCOG, UK
8. Dr Patrick Chien, Deputy Editor-in-Chief | BJOG: An International Journal of Obstetrics and Gynaecology, UK.
9. Dr Margaret J Evans, Consultant paediatric and perinatal pathologist, Royal Infirmary of Edinburgh, UK.
10. Dr Alka Prakash, Consultant Reproductive Medicine and Surgery, Cambridge University Hospitals NHS Trust, UK
11. Dr Theresa Freeman Wang, Consultant Gynaecologist President Elect British Colposcopy Society, UK.
12. Dr Manjiri Khare, Consultant Feto Maternal Specialist, UK.
13. Dr Partha Basu, Group Head Screening Group, Gynaecological, Oncology, Prevention and Early Detection, France.
14. Dr Veena Kaul, Consultant OBGYN and Colposcopist, UK.





Fetal Maternal Medicine Workshop

Convenors: Dr Andrew Shennan (UK), Dr Anita Kaul, Dr Vatsala Dadhwal, Dr Chanchal Singh, Dr Akshatha Sharma
Faculty: 26 Delegates: 24



Vice President of Sant Parmanand Hospital, Dr Shekhar Agarwal gave a talk on Code of Ethics for Medical Practitioners on both the days.



Orations from East zone and West zone were delivered by Dr P Das Mahapatra (Past Chairman AICC RCOG) and Dr Alison Wright (Vice President for UK and Global Membership, RCOG, UK)



Menopausal Wellness Workshop

Convenors: Dr Mary Ann Lumsden (UK), Dr Anjila Aneja, Dr Jyoti Bhaskar
Faculty: 32 Delegates: 21



Organizing Secretary: Dr Arbinder Dang was conferred with an award from Professor Mary Ann Lumsden OBE (Senior Vice President RCOG UK Strategic Development, RCOG UK)



Obstetric Emergencies Skill Based Workshop

Convenors : Dr Manjiri Khare (UK), Dr Poonam Tara, Dr Jharna Behura
Faculty: 20 Delegates: 27

Ten Pre and Post conference workshops on 1st, 2nd & 5th November 2018
BJOG Author and Peer Review Workshop

Convenors: Dr Patrick Chien (UK), Dr Mary Ann Lumsden (UK), Dr Anita Kaul
Faculty: 4 Delegates: 33



Perineal Repair Workshop

Convenors : Dr Alison Wright (UK), Dr Ranee Thakar (UK), Dr Nirmala Agarwal, Dr A Dang

Faculty: 5 Delegates: 24



Reproductive Medicine – Clinical Update Workshop

Convenors : Dr Alka Prakash (UK), Dr Sohani Verma, Dr Sweta Gupta, Dr Puneet Kochhar

Faculty: 34 Delegates: 52



Urogynaecology Video Workshop

Convenors: Dr Edmund Neal (UK), Dr Nirmala Agarwal, Dr Arbinder Dang

Faculty: 11 Delegates: 16



Preventing Stillbirths Workshop

Convenors : Dr Margaret Evans (UK), Dr Suchitra Pandit, Dr Jasmine Chawla

Faculty: 19 Delegates: 11



Comprehensive Colposcopy & LEEP Course

Convenors: Dr Margaret Cruickshank (UK), Dr Theresa Freeman Wang (UK), Dr Saritha Shamsundar, Dr Mamta Dagar, Dr Sweta Balani

Faculty: 40 Delegates: 80

AICCRCOG Post - Conference comprehensive colposcopy workshop with hands on LEEP Workshop was organised on 5th Nov 2018 in old LT1, Vardhman Mahaveer Medical College and Safdarjung Hospital, New Delhi in association with the Indian Society of Colposcopy & Cervical Pathology and the Delhi branch of the National Association of Reproductive & Child Health India, Delhi branch. The curriculum of the course was approved by the International Federation of Colposcopy & Cervical Pathology (IFCPC). The course convenors were Dr Saritha Shamsunder, Dr M. Cruickshank and Dr Theresa Wang from UK. Co- convenors were Dr Mamta Dagar and Dr Sweta Balani. Safdarjung hospital coordinator was Dr Sujata Das.

The course was inaugurated by the Medical Superintendent of Safdarjung Hospital, Dr Rajendra Sharma and Dr Yatish Agarwal, the Dean, Faculty of Medicine, IP University. Sessions on Basics of Primary & Secondary Prevention, Basics of Colposcopy and Treatment of CIN stimulated a lot of interaction from the audience. A picture quiz and Case discussions were thoroughly enjoyed by the delegates who came from all over India.

RCOG-FOGSI Training the Trainers Franchised Course

Convenors : Dr Manjiri Khare (UK), Dr Meenu Agarwal

Faculty: 5 Delegates: 16





MRCOG part 3 examinations held in November 2018.



International Federation of Cervical Pathology and Colposcopy Practical examination OSCE at Sant Parmanand Hospital Delhi in November 2018



Training the All India AICC RCOG faculty on 30th June 2018 at Delhi

Conveners: Dr Edmund Neale, Dr Lisa Joels
50 faculty from all 4 zones including RCOG and ICOG faculty were trained at Indraprastha Apollo Hospitals

Training the Zonal Faculty on 20th October 2018 at Delhi.

MRCOG Part 3 franchised revision course on 21st & 22nd October 2018 at Sant Parmanand Hospital

Conveners: Dr Sanjeev Sharma (UK), Dr Jyotsana Acharya (UK), Dr Anju Agarwal (UK), Dr Nirmala Agarwal, Dr Arbinder Dang



MRCOG Non-franchised Part 3 Revision course in October 2018

Conveners: Dr Nirmala Agarwal, Dr Arbinder Dang, Dr Shelly Arora, Dr Shweta Gupta



MRCOG Non Franchised Part 2 Revision course on 13th-15th December 2018

Conveners: Dr Nirmala Agarwal, Dr Sweta Gupta, Dr N Kavitha, Dr Arbinder Dang



MRCOG Franchised Part 3 Revision course in 20th and 21st March 2019

Conveners: Dr Sanjeev Sharma (UK), Dr Uma Bathula (UK), Dr Nirmala Agarwal, Dr N Kavitha (Malaysia), Dr Arbinder Dang



MRCOG Non-franchised Part 3 Revision course in 4th and 5th January 2019

Conveners: Dr Nirmala Agarwal, Dr Arbinder Dang, Dr Shelly Arora, Dr Shweta Gupta





RCOG World Congress 2019 at London UK

16th to 19th June 2019 at Excel London had North Zone representation by Dr Nirmala Agarwal, Dr J B Sharma, Dr Arbinder Dang, Dr Puja Thukral and Dr Madhu Ahuja.

Dr Nirmala Agarwal was an invited judge for poster competition. She was also invited to attend the International Chair representatives meeting.

Dr J B Sharma delivered a guest lecture.

Dr Nirmala Agarwal and Dr Arbinder Dang attended the AICC meeting.

Dr Puja Thukral and Dr Arbinder Dang presented posters.

Dr Arbinder Dang attended preconference workshop and University college of London.



MRCOG Non-franchised Part 3 Revision course in 13th and 14th April 2019



MRCOG part 3 examinations held in 29th and 30th April 2019



MRCOG Franchised Part 2 Revision course on 3rd, 4th and 5th May 2019



ISCCP – IMS-RCOGNZ Colposcopy and LEEP Workshop

in association with OBGYN society of Ludhiana on 6th june sunday 2019

Conveners: Dr Zeenie Girn, Dr Minli Ahuja and team





Training the Trainer Program for MRCOG Part 3 Examination Faculty (Examiners and Lay Examiners)

Date: 30th June 2019

Convener: Dr Paul I Mills MRCOG Chair Part 3 MRCOG Clinical Assessment Sub-committee



Cervical Cancer Vaccination Camp

Venue: Sant Parmanand Hospital

Dated: 14th February 2019

Organized by Friends of Sant Parmanand Hospital and Inner wheel.

Vaccinated 250 girls <14 years. The parents and students were made aware of cervical cancer, and its prevention.



Examinations Conducted: Part I & Part II MRCOG Theory Examinations

1st and 2nd July 2019

Convenors: Dr Paul I Mills, Dr JB Sharma, Dr Nirmala Agarwal, Dr Arbinder Dang



Philanthropic Activities

Primary HPV screening and Clinical breast examination camp

Venue: Timarpur Centre

Dated: 10th March 2018

Under the aegis RCOG NZ and ISCCP with the support of Friends of Parmanand for 80 women with awareness talks for cervical and breast cancer. One of the patient was HPV positive for which colposcopy was done and treated. One woman was diagnosed with vulval cancer and was referred to cancer unit



RCOG North Zone supported a project in Lal Bahadur Shastri Municipal Hospital Delhi

Provided Computer and Software to initiate the provision of fetal medicine services to the pregnant women of the hospital. Dr Anita Kaul, senior consultant and staff of Apollo Centre for Fetal Medicine are running the clinic 3 days a week whilst GE and Astraia Germany have partnered with this charitable activity by providing the Ultrasound Machine and the Obstetric Database application. A special thanks to RCOGNZ member Dr Neema Sharma who set up the meeting with the Hospital Medical Superintendent Dr Amita Saxena and got the initiative going.



Forthcoming Activities

1. SIMMS BLACK TRAVELLING FELLOWSHIP

Date: 8th September 2019

Venue: Varanasi

Coordinator: Dr Nirmala Agarwal, Dr Uma Pandey

Date: 9th September 2019, Monday, Sunday

Venue: Maulana Azad Medical College, Delhi

Coordinator: Dr Nirmala Agarwal, Dr Asmita Rathore, Dr Arbinder Dang

Topics:

“Preterm Birth Prevention: What Works and What Doesn’t”

“Early onset IUGR: Management Dilemmas”

Speaker: Professor Zarko Alfirevic

2. RCOG UK MRCOG Part III Revision Course (Franchised)

Sunday 15th & Monday 16th September 2019

(Total 2 Days)

Venue: Sant Parmanand Hospital, 18 Sham Nath Marg, Civil Lines, Delhi 110054

3. RCOG UK MRCOG Part II Revision Course (Franchised)

Friday 3rd, Saturday 4th & Sunday 5th January 2020

(Total 3 Days)

Venue: Sant Parmanand Hospital, 18 Sham Nath Marg Civil Lines, Delhi 110054

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Academic Centre and Library at CR Park



The RCOG North Zone India Centre whilst being a temple of academic activities continues to bond us, the RCOG North Zone fraternity. We thank all the administrative staff of Sant Parmanand hospitals, secretaries and a special thanks to Mr Asif Muniri -Administrative assistant who has to multitask many times, to keep our flag flying.

We profusely thank our moderators of all panels for their diligent work and continuous support given to our organization. A special Heartful thanks to our vice Chairperson Dr Anita Kaul and Dr Anjila Aneja, who are guiding us silently behind the scenes.

We are also profusely thankful to Administrative Management of Indraprastha Apollo hospitals management, Mr Gautam Agarwal CEO, Medmidas, Publisher Mr Rakesh Ahuja, Web designer Mr Rakesh Rai who is doing an excellent work in keeping our website updated.

It has been the vision and determined motivation by all our patrons, our dear Chairpersons and now are present Chairperson Dr. Nirmala Agarwal to develop the various courses to an excellent standard and pursue academic excellence.

“Synergy - The bonus that is achieved when things Work Together Harmoniously.” Mark Twain

Dr Arbinder Dang, MD, DNB, MNAMS, MRCOG (UK)

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Dated: 19.07.2019

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FORTHCOMING ACTIVITIES

1. SIMMS BLACK TRAVELLING FELLOWSHIP

Date: 8th September 2019

Venue: Varanasi

Coordinator: Dr Nirmala Agarwal, Dr Uma Pandey

Date: 9th September 2019, Monday, Sunday

Venue: Maulana Azad Medical College, Delhi

Coordinator: Dr Nirmala Agarwal, Dr Asmita Rathore, Dr Arbinder Dang

Topics:

“Preterm Birth Prevention: What Works and What Doesn’t”

“Early onset IUGR: Management Dilemmas”

Speaker: **Professor Zarko Alfirevic**

Registration free but Mandatory

2. RCOG UK MRCOG Part III Revision Course (Franchised)

Sunday 15th & Monday 16th September 2019 (Total 2 Days)

Limited to 28 candidates only (First Come First Serve basis)

Course Fee: Rs. 45000

Venue: Sant Parmanand Hospital, 18 Sham Nath Marg, Civil Lines, Delhi 110054

3. RCOG UK MRCOG Part II Revision Course (Franchised)

Friday 3rd, Saturday 4th & Sunday 5th January 2020 (Total 3 Days)

Limited to 40 candidates only (First Come First Serve basis)

Course Fee: Rs. 35000

Venue: Sant Parmanand Hospital, 18 Sham Nath Marg Civil Lines, Delhi 110054

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Abstracts

Assessment of decidual T cells in women with repeated pregnancy loss

Amrita Rathee, Rrenu Arora, Mohini Sachdeva

Vardhman Mahavir Medical college & Safdarjung Hospital, New Delhi, India

Objective: To study T helper cell 1 (Th1) and T helper cell 2 (Th2) in the decidua of women with repeated pregnancy loss (RPL) at the time of miscarriage and compare with decidua of women undergoing induced abortion.

Type of study: Case control study

Methods: Thirty six women presenting with signs of abortion with history of previous one or more spontaneous abortions were taken as cases and 37 women undergoing surgically induced abortion were taken as controls. H and E staining followed by immunohistochemistry staining of tissue for T cells was done using GATA3 and TBX21 as primary antibody.

Results: Th1 cells were found in 25% women in cases and 29.73% women in controls whereas Th2 cells were positive in 16.67% and 8.11% in cases and controls respectively. Both Th1 and Th2 cells were found in a total of 16.44% women (5 cases, 7 controls). Out of which 60% cases (3/5) and 71.43% controls (5/7) had dominant Th1 cell. In women with primary RPL, 43.75% had Th1 and 12.50% had Th2 cells whereas in women with secondary RPL, Th1 cell were seen in 35% and Th2 in 45%. In women with previous 1 abortion, 40.74% showed Th1 and 29.63% had Th2, whereas women with previous 2 abortions showed the presence of Th1 in 25% and Th2 cells also in 25%.

Conclusion: There was no significant difference in Th1 and Th2 cells in the decidua of women of cases and controls. Primary and secondary RPL cases also did not show significant dominance of either type of T cell. Routine screening for immunological factors in women with RPL should not be recommended. Hence immune treatment should not be offered routinely to women with recurrent miscarriage.

Luteal Phase Defect in Recurrent Pregnancy Loss

Mohini Sachdeva, Renu Arora

Vardhaman Mahavir Medical College (VMMC), New Delhi VMMC, New Delhi.

Objective: To determine the prevalence of luteal phase defect (LPD) in endometrium of women with recurrent pregnancy loss (RPL).

Method: It was an observational study done over 18 months in Vardhaman Mahavir medical college and Safdarjung hospital. Sample size was 65. Women with two or more than two pregnancy losses were enrolled in the study and underwent an endometrial biopsy. Haematoxylin and eosin (H&E) staining was done on all endometrial biopsies and endometrial dating done. Biopsies with more than two days lag on morphological dating from the menstrual day of biopsy were labelled as luteal phase defect.

Results: Out of sixty five patients with RPL, 58.46% (38/65) patients had luteal phase defect and 41.54% (27/65) had no

luteal phase defect. In our study 21/38 patients with LPD had two losses, 14/38 had three pregnancy losses, 2/38 had four pregnancy losses and 1/38 had more than four pregnancy losses. There was a statistically significant correlation between lag in no. of days in luteal phase defect and the number of pregnancy losses (p value <0.0001).

Conclusion: The prevalence of luteal phase defect was 58.46% in our study group. The morphological lag in no. of days on endometrial biopsy and no. of pregnancy losses had a positive and statistically significant correlation (p value <0.0001) i.e. more the luteal phase lag on biopsy, more was the number of pregnancy losses. Benefits of progesterone therapy may be evident in these cases.

Pheochromocytoma in Pregnancy-And Hypertension And Possible Medical Management

Mukesh kumar jha, Pratiksha Gupta, Nupur Gupta

Department of Obstetrics & Gynaecology ESI PGIMSR Basaidarapur, Delhi

Pheochromocytoma in pregnancy is a rare condition but if the diagnosis is missed or mismanaged, it has detrimental effect on both mother and fetus, with mortality up to 58%. Diagnosis is difficult due to its non-specific signs and symptoms and its ambiguous presentation like pre-eclampsia and hence often mistaken for it.

Early recognition, prompt diagnosis and appropriate treatment during pregnancy are associated with a significant reduction in maternal and fetal mortality.

In this case, we provide a brief overview of the clinical features, diagnostic tests, and emphasis on medical management of pheochromocytoma in pregnancy which requires multidisciplinary team approach. This review should provide a guide for clinicians who come across the condition.

We identified a case of pheochromocytoma during pregnancy; the condition was initially diagnosed as pre-eclampsia and However, patient was later on found to have right adrenal mass which on workup was diagnosed to be pheochromocytoma. This case was successfully managed medically till the term and successfully delivered by caesarean section. Fetus didn't display any restricted intrauterine growth. A multidisciplinary team to identify and treat pheochromocytoma is mandatory to ensure decide between medical or surgical management and this case proves medical management to be an option.

A Rare Case of Pregnancy in the Rudimentary Horn of Unicornuate Uterus : A case report

Nila Surendran, Pratiksha Gupta, Nupur Gupta

Department of Obstetrics & Gynaecology ESI PGIMSR Basaidarapur Delhi

Congenital malformations of the female genital tract are a deviation from normal anatomy resulting from embryological maldevelopment of the Mullerian or paramesonephric ducts. A unicornuate uterus accounts for 2.4 to 13% of all Mullerian anomalies. A rudimentary horn with a unicornuate uterus results due to failure of the complete development of one of the

Mullerian ducts and incomplete fusion with the contra lateral side. The presence of a functional cavity in the contra lateral part is the only clinically important factor for complications, such as hemato-cavity, miscarriages or ectopic pregnancy. Pregnancy in the non-communicating rudimentary horn of unicornuate uterus is a rare form of ectopic gestation and it carries grave consequences for mother and the fetus. The most dreaded complication is rupture during pregnancy which can be life threatening to the mother. The continuation of pregnancy is rare till 3rd trimester and usually rupture occurs in the 2nd trimester. The primary strategy of the management is surgical excision of the rudimentary horn. Here is a case of a 24-year old, primi gravida with unruptured rudimentary horn pregnancy at gestational age 28 weeks diagnosed on table. IOL (induction of labour) was done with misoprostol in view of intra uterine fetal demise and later, decision for caesarian section was made in view of failed induction. Laparotomy was done and dead fetus with placenta was delivered followed by excision of the rudimentary horn. The post-operative period was uneventful. This case brings to light the importance of awareness of various congenital uterine anomalies and early diagnosis of the same in our set up, where a good share of pregnancies are unbooked and uninvestigated.

Maternal Pregnancy Associated Plasma Protein-A (PAPP-A) Levels in Late First Trimester as a Predictor of Miscarriage

Nivedita Sinha, Alpana Singh, BD Banerjee, Rachna Agarwal, Himsweta Srivastava

Department of Obstetrics & Gynaecology, University College of Medical Sciences and GTB Hospital, Delhi

Aim and Objectives: To determine whether maternal PAPP-A levels estimation in asymptomatic women in late first trimester (10-13 weeks) with viable fetus predict subsequent miscarriage.

Materials and Methods: Asymptomatic pregnant women (N=500) at 11-13 weeks of gestation were recruited from antenatal clinic after confirmation of fetal viability. 2ml of blood sample was collected and serum PAPP-A level was measured.

Results: Out of total study population (N=491), 32 (6.5%) miscarried. PAPP-A levels were significantly decreased in miscarriage group compared to ongoing pregnancy group with median MOM 0.116 (0.080-0.17) & 1.25 (0.665-3.249) respectively (p-value <0.001). PAPP-A MOM value of $\leq 10^{\text{th}}$ percentile had sensitivity & specificity of detection of miscarriage was 81.25% & 94.98% and at $\leq 5^{\text{th}}$ percentile sensitivity and specificity was 40.62% & 97.82% respectively. Lower the percentile cutoff was higher for specificity of prediction of miscarriage. By applying logistic regression we found that if PAPP-A MoM decreases by 1 unit there was 1.2 times chance of being abortion. 63.2% of cases could be explained by this model (Nagelkerke R Square=0.632). For prediction of pregnancies likely to miscarry, the area under Receiver operator characteristic curve (95%CI) was 0.969 (0.955-0.983).

Conclusion: Low serum PAPP-A levels from asymptomatic women in late 1st trimester is a good predictive marker of miscarriage.

Course of Pregnancy in patients with Idiopathic Intracranial Hypertension

Shatakshi Kulshreshtha, Neelam Aggarwal, Vanita Suri, Pooja Sikka, SC Saha, Aastha Takkar

Department of Obstetrics & Gynaecology, PGIMER Chandigarh

Idiopathic intracranial hypertension is a disease of unknown etiology which predominantly affects obese women of childbearing age. There is increased intracranial pressure without hydrocephalus or mass lesion, with a normal cerebrospinal fluid composition. When left untreated it can result in severe irreversible visual loss. Since this a disease affecting reproductive age group females, it is an important cause of morbidity in pregnant women. It can present as a medical and obstetrical challenge to clinicians unfamiliar with the management in context of pregnancy. Its course can mimic obstetric complications like imminent eclampsia. Despite being an obstetrical challenge, very few cases have been reported in literature citing the course and outcome of pregnancies associated with the disease in question. Only about 50 pregnancies have been reported in literature so far.

We are presenting a case series of five patients with Idiopathic intracranial hypertension in a tertiary care institute. Retrospective analysis was done of the cases taken from a tertiary care institute attending a special multidisciplinary clinic run by experienced obstetricians, neurologists and neonatologists. Clinical profile, course of pregnancy and outcome of the five patients selected will be discussed.

Misplaced IUCD : Challenges tackled by a multidisciplinary approach

Shreya Thapa, Shailja Rani, Ranjan Sinha

Department of Obstetrics and Gynecology, Bhagwan Mahavir Hospital, Pitampura, New Delhi

Introduction: PPIUCD is a highly effective, non hormonal method of contraception that can be used in the immediate postpartum or after 6 weeks interval. Misplaced IUCD is an uncommon condition can lead to serious consequences.

Case reports: Two case series of misplaced IUCDs are being reported. P3 L3 with PPIUCD with previous 3 LSCS presented with pain lower abdomen. Her examination revealed missing IUCD thread. X Ray showed extrauterine IUCD which was further confirmed on Ultrasound. CECT reported a displaced IUCD noted anterior and lateral to the descending colon in the left side. A MDT was formed between Gynecologist, Surgeon and Radiologist and the case discussed. Laparotomy was done which revealed an omental cake in the left iliac fossa with severe adhesions with IUCD in situ, which was excised.

P2 L2 presented with pain lower abdomen. She had an interval IUCD (Cu 375) inserted. On speculum examination no thread seen. Xray erect abdomen showed a displaced IUCD which was confirmed on ultrasound. MDT team was formed who discussed the case in detail. Exploratory laprotomy was undertaken after proper patient consent. One arm of IUCD was found embedded in the serosal layer of the small intestine. IUCD was removed with gentle traction. Serosal layer was sutured in layers by the Surgeon.

In both the cases there was no perforation of the uterus. Appropriate antibiotics were given. Post operative period was uneventful.

Spontaneous Vaginoperitoneal Fistula: A rare complication of carcinoma ovary

Tarang Preet Kaur

Department Obstetrics and gynecology, AIIMS, New Delhi

Objective: Spontaneous vagino-peritoneal fistula formation in a case of carcinoma ovary is a very rare occurrence and has never been reported.

Case Presentation: A 55-year old postmenopausal lady presented with complaints of abdominal distention and something coming of vagina for last 10 days. On examination, she had tense ascites, uterovaginal prolapse and hard, fixed mass felt anteriorly on per-rectal examination. Biochemical investigations and imaging (USG, CECT) suggested advanced stage ovarian neoplasm. She was planned for neo-adjuvant chemotherapy. During second cycle of chemotherapy, she developed spontaneous vaginoperitoneal fistula which was confirmed on exploratory laparotomy when interval debulking surgery was performed in collaboration with gastro-surgeons on semi-emergency basis. Postoperative course was uneventful. Conclusion: Spontaneous vaginoperitoneal fistula is a rare complication and should be kept in mind while managing advanced ovarian neoplasm.

Extra Pulmonary Tuberculosis in Pregnancy: An Obstetrician's challenge

Aarti Chitkara

AIM: The burden of tuberculosis in pregnancy is substantial with significant risk of maternal and perinatal morbidity and mortality. Hence, we bring forth two cases of extra pulmonary tuberculosis in pregnancy- one with Pott's spine and the other with TB Meningitis to discuss the management challenges involving a multidisciplinary effort in a tertiary care institute.

Method: Case reports: 2 cases

Conclusion: Maternal care services provide an important platform for TB detection, treatment initiation and subsequent follow up. India being a hub of tuberculosis does not spare the pregnant women and with risk of perinatal transmission, could adversely affect the neonatal outcome.

Prediction of Malignancy in Ovarian Tumor by Risk of Malignancy index (RMI-1, RMI-2, RMI-3& RMI-4) and to Compare Which RMI is best to Predict Malignancy in Ovarian Tumor

Reetu Yadav, Latika Sahu, Asmita M Rathore

Department of Obstetrics and Gynaecology,
Maulana Azad Medical College, New Delhi.

Objective: Prediction of malignancy in ovarian tumor by risk of malignancy index (RMI-1, RMI-2, RMI-3& RMI-4) and to compare which RMI model is best to predict malignancy in ovarian tumor.

Methods: Prospective observational study among 100 patients recruited from opd and in patients of department of obstetrics and gynaecology, maulana azad medical college, new delhi. Inclusion criteria – ovarian tumor >5 cms. Patients with ovarian mass >5cm recruited, detailed history taken and examination done, serum CA125 collected, ultrasonography done followed by RMI calculated and then to get FNAC/ Histopathology report and to compare RMI report with histopathology report and to conclude which model is best to predict risk of malignancy in ovarian tumor.

Results: Among these 4 models RMI-4 have maximum sensitivity and RMI-1 has minimum sensitivity also RMI-4 also have maximum area under curve.

Conclusion: Among these 4 models RMI-4 model is best to predict risk of malignancy in ovarian tumor.

Evaluation of Visual Inspection by Acetic Acid, High Risk Human Papilloma Virus Testing and Human Papilloma Virus 16/18 Genotyping to Screen for Cervical Cancer

Divya Singh, Gauri Gandhi, Ravi Mehrotra,
J K Sharma, Krishna Agarwal

Department of Obstetrics & Gynaecology, Lok Nayak Hospital
and Maulana Azad Medical College, Delhi, India

Objectives: To analyse the sensitivity and specificity of VIA, HR HPV testing and HR HPV testing triaged by HPV 16/18 genotyping with Colposcopy and Biopsy as gold standard.

Methods: Women in the age group 30-65 years were included in the study. After taking an informed consent, a detailed history followed by general and systemic examination was done, then per speculum examination was done samples were taken for Pap smear (conventional cytology) and HPV DNA testing by Hybrid Capture II (HC II) and VIA was done. HR HPV positive women by HC II were further triaged by HPV 16/18 genotyping and positive

women on any screening test underwent Colposcopy and Biopsy. The results were also analysed for sequential testing in which VIA followed by HPV testing and vice versa.

Results: Out of 402, 51 women (12.7%) were positive on one or more screening test and 12 women were identified with Cervical Intraepithelial Neoplasia (CIN 1 or worse). The sensitivity of Pap Smear, VIA, HR HPV, HPV triage and sequential testing was 58.3%, 91.7%, 88.3% 90 and 75%

respectively and the specificity was 86.4%, 61.7%, 79%, 88.3% and 88.9% respectively. Thus, the best balance of sensitivity and specificity was of HR HPV triage with genotyping and Sequential testing.











Conclusion: In countries where it is feasible, HR HPV testing as a primary test and triage with HPV 16/18 genotyping or VIA or cytology can be undertaken and in resource poor countries primary screening by VIA and sequential testing for HR HPV can be done for screening.

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