CHERISH HER
Learn. Imbibe. Practice.
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Royal College of Obstetricians & Gynaecologists

AICC
All India Co-ordinating Committee

36th AICC RCOG ANNUAL CONFERENCE

Hosted by AICC RCOG North Zone

28th SEPTEMBER-1st OCTOBER 2023

LE MERIDIEN HOTEL, NEW DELHI

SOUVENIR & ABSTRACT BOOK

RCOG North Zone India Secretariat
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Message from the Organising Chair

Dr Ranjana Sharma
Organising Chairperson

Dear friends

Welcome to the 36th AICC RCOG Conference, 2023. This endeavour aims to shine a brighter light on the future of women's health, as described in the theme, 'Cherish Her. Learn. Imbibe. Practice'. This year's conference is particularly special to me as in the final year of my three-year tenure, it is the first time that the North Zone team has an opportunity to host and interact with you in person. On behalf of the Organising Committee, I extend a warm and heartfelt welcome to each and every one of you.

We are extremely fortunate that in this conference all corners of India are represented, as well as the U.K., Canada, Australia, Malaysia and Bangladesh.

The conference includes a two day-scientific programme, and eight workshops spread over two days and three venues in Delhi, i.e. Le Meridien hotel, AIIMS and Safdarjung Hospital. Additionally, two very special events to build public health education and awareness, have been planned for the first time in AICC RCOG history. The first is a free Health Camp and Talks on 27th September at ISKCON Temple, and the second is a Health Walk at India Gate on 1st October.

The organising team has worked tirelessly to develop the Conference, in order to make it both enlightening and enjoyable for you, and I sincerely hope we succeed in our endeavour.

I wish you all a productive and memorable time.

Dr Ranjana Sharma
Organising Chairperson, 36th AICC RCOG Conference 2023
Chairperson, AICC RCOG - North Zone

Message from the Organising Vice Chair

Dr Anita Kaul
Organising Vice Chair
Scientific Committee Chair

Dear Friends and Colleagues,

We welcome you to our vibrant city of Delhi. We not only carefully considered our scientific programme and the highly accomplished faculty invited to deliver the content, but we also wanted our participants to enjoy the beauty of the newly renovated Central Delhi. Keeping its green vistas and new monuments in mind, we decided to host the conference in the heart of the city.

It is a tightly packed scientific programme, starting with a Health camp conducted at the iconic ISKCON temple and including an early morning Health Awareness walk around India Gate with our professional colleagues from other societies, evening cultural programmes and dinners; we are sure you will be refreshed and recharged. It was a pleasure to work and collaborate with the members of the enthusiastic, dynamic RCOG North Zone Executive Team and members and I wish them well.

We are sure that the participants will take forward our vision in line with the conference theme: "Cherish Her. Learn. Imbibe. Practice."

Anita Kaul
Vice Chair, AICC RCOG North Zone

Message from the Organising Secretaries

Dr Shelly Arora
Organising Secretary

Dr Mamta Dagar
Organising Secretary

Dr Pakhee Aggarwal
Organising Joint Secretary

Dr Vidhi Chaudhary
Organising Joint Secretary

Greetings,

We are filled with great pleasure and profound gratitude as we extend our warmest greetings to each and every one of you. We cordially invite you to join us for the forthcoming 36th Annual Conference of the All India Coordinating Committee RCOG, hosted by AICC RCOG North Zone, as an in-person gathering. This prestigious event is scheduled to take place from September 28th to October 1st, 2023, at Le Meridien in New Delhi. The central theme of this conference is "Cherish Her. Learn. Imbibe. Practice."

In our role as the organizing committee for the 36th Annual Conference of the All India Coordinating Committee RCOG, we wish to take a moment to reflect upon the incredible journey we have embarked on together in curating this scientific conference. This conference promises to be a remarkable convergence of brilliant minds, innovative thinkers, and passionate researchers who have come together to share knowledge, ideas, and insights that will undoubtedly shape the future of Obstetrics & Gynaecology. We are immensely honoured to have played a part in this endeavor.

Throughout the planning and execution of this event, our mission has remained crystal clear: to create an environment where learning thrives, connections flourish, and new horizons in science emerge. Your active participation, engaging discussions, and enthusiastic contributions have exceeded our expectations in achieving this mission.

The conference will feature keynote addresses, insightful orations, distinguished national and international speakers in the field, thought-provoking panel discussions, and stimulating debates that are poised to forge new collaborations and advance the boundaries of knowledge in obstetrics and gynaecology.

We have received an overwhelming response for abstract presentations spanning a wide range of themes in obstetrics and gynaecology. The Abstract Committee and Editorial Team have dedicated tremendous effort to compile these presentations into a souvenir, providing a glimpse into groundbreaking research for our budding researchers.

A special expression of gratitude goes to Dr. Ranjana Sharma and Dr. Anita Kaul for entrusting us with the demanding responsibilities of this conference.

We extend our heartfelt appreciation to all the faculty, judges, and delegates of this conference, and we are confident that your participation will make this event an unforgettable experience.

We eagerly anticipate an exciting and interactive conference with all of you.

- Organising Secretaries, 36th AICCRCOG Conference

Message from the AICC RCOG Chair

Dr Bhaskar Pal
Chair, AICC RCOG

Dear Friends

It is my pleasure to welcome you to the 36th AICC RCOG Annual National Conference 2023 organised by the AICC RCOG North Zone in New Delhi on September 28- October 1. We promise you an academic feast which will enrich your knowledge and help in your clinical practice.

The hallmark of this year's conference is a health camp prior to the conference and an awareness walk. Apart from educating ourselves, we as healthcare professionals need to do our bit for improving health awareness in the society and also reach out to the less privileged. I congratulate the organizing team for these activities.

Academic content has been the mainstay AICC RCOG Annual National conferences with a mix of eminent faculty from UK, India and other parts of the world. The organizing team led by our AICC RCOG North Zone Chair Dr Ranjana Sharma will ensure high academic standards for the conference. There is a variety of pre-conference workshops encompassing diverse areas of our speciality including some skill enhancement workshops.

I hope to connect with you at the conference. Let us have a great learning experience and good networking opportunities.

With warm personal regards

Bhaskar Pal

Message from the RCOG President

Ranee Thakar
RCOG President

As RCOG President, I am delighted to welcome you to the 36th Annual Conference of the All India Coordinating Committee RCOG Conference 2023 which will be held from 28th September to 1 October in the wonderful city of Delhi.

I, and my Fellows officers will be speaking and delivering workshops at this very prestigious event with the theme of "Cherish Her. Learn. Imbibe. Practice."

This will be my first AICC Annual Conference as RCOG President so it will be extra special for me. It is a chance to meet and discuss with many RCOG Fellows and Members and colleagues from all across the Indian O&G Community. With an impressive scientific programme with eminent Indian and International faculty, I look forward to stimulating debates, engaging discussions and a rich learning experience.

I hope you will join us at this great event. I very much look forward to seeing you soon in Delhi.

With best wishes, your President.

Ranee Thakar

Message from the Immediate Past Chair

Dr Nirmala Agarwal

Dear all

It gives me tremendous pleasure to welcome you all to the 36th Annual Conference of AICC RCOG hosted by RCOG North Zone. The theme of the conference is very appropriate to the current scenario in practice of obstetrics and gynaecology and the delegates would find it useful in everyday practice. The workshops have been designed for such a purpose. The lectures in the conference have been carefully selected to give you the most up to date scientific & evidence based information. I congratulate the organisers for the excellent planning & wish a grand success for the conference.

Dr Nirmala Agarwal

Message from the Past Chair

Dr Sohani Verma

It is indeed a great pleasure for me to write this message and convey my heartiest congratulations to Dr Bhaskar Pal, Dr Ranjana Sharma, Dr Anita Kaul , Dr Shelly Arora and all team members for organizing a superb Annual Conference of AICC RCOG India.

The theme of this conference – "CHERISH HER, Learn, Imbibe, Practice" is indeed highly impressive and reflects the vision and commitment of organizing team towards achieving best standards in women health care. The masterly designed conference program with eight skill enhancing workshops clearly shows the exemplary hard work and enthusiasm of organizing team. With a galaxy of high renowned national and international faculty sharing their vast experience and knowledge, this conference is a truly wonderful opportunity for all practicing OBGYN professionals to update on a wide range of contemporary and challenging issues.

I wish the conference a great success.

Warm regards

Dr Sohani Verma
Past Chairperson AICC RCOG North Zone India (2012-2017)
Sr Consultant Obstetrician Gynaecologist
Infertility & ART Specialist
Indraprastha Apollo Hospitals and Apollo Fertility Centre New Delhi

Message from the AICC RCOG NZ Patron

Dr Urmil Sharma

26th September 2023

Dear Friends,

I would like to wish the AICC RCOG (North Zone) team the very best for the upcoming conference. I am sure this will be a great success.

I would like to request fellow Gynaecologists of Delhi and other parts of the country and the world to be sincere to your patients and put your best foot forward for holistic care with the motto of "Service with a Smile" and do not also neglect your own health. Give the best advice to your patients and leave a mark that the patients remember you very fondly.

I would also like to personally congratulate Dr. Ranjana Sharma and her wonderful team for the extra ordinary work they all put in for this conference.

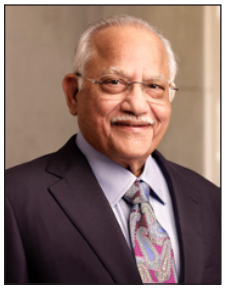
Wishing the conference a great success!

Best wishes and warm regards,

Urmil Sharma

DR. URMIL SHARMA

Message from the AICC RCOG NZ Patron



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TOUCHING LIVES

Dr Pratahap C Reddy

Dear Colleagues,

I am delighted to learn of the forthcoming 36th All India Coordinating Committee RCOG Annual Conference 2023. This Conference is an important event for clinicians and practitioners in the field of Obstetrics and Gynecology.

Women's health is always on my mind. Ironically, of the 23 million preventive health checks we have done, women are less than a million. Women are the fulcrum of humanity. They ensure the health of the family, of an entire populace. The health and well-being of women, therefore, is one of the central determinants for the development of a society and country. Equitable access to quality healthcare along with awareness, is critical to ensuring our Prime Minister's call for *women-led* development of India.

It is here that conferences like these can play an important role by aiding practitioners to update themselves with the latest advancements in the field, in order to provide the highest standards of ethical and quality care to their patients.

I am particularly pleased with the theme of the Conference : "*Cherish Her. Learn. Imbibe. Practice*", which is a timely reminder that though we practice our clinical specialty in the most contemporaneous ways, we all need to continuously learn and imbibe advancements in our field, in our everyday practice.

The organizing team, led by the dynamic Dr Ranjana Sharma, deserves our commendation for hosting this Conference. I am sure the deliberations by the eminent speakers will go a long way in furthering this clinical specialty of import.

Wishing you much success,

Prathap Reddy

DR PRATHAP C REDDY

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Message from the FOGSI President

Dr. Hrishikesh D. Pai

Dear friends and colleagues,

As FOGSI President, I am delighted to welcome you to the 36th Annual Conference of the All India Coordinating Committee RCOG Conference 2023 which is to be held from 28thSeptember to 1 October in Delhi.

The theme of the conference is very aptly titled "Cherish Her. Learn. Imbibe. Practice." It reflects the ethos of our chosen profession wherein caring for our patients, continuous learning, and applying that learning into our daily practice is of true essence.

This is also a chance to meet and interact with many RCOG members, fellows, FOGSI Members, and colleagues from all across the Indian obstetrics and gynaecology community and take forward our shared aim of improving healthcare for women.

With an impressive scientific program with eminent Indian and International faculty, I look forward to engaging discussions, and a rich learning experience.

Best wishes,

Dr Hrishikesh Pai
President FOGSI

"Alone we can do so little; together we can do so much"

-Helen Keller

Message from the ICOG Chairperson

Dr Laxmi Srikhande

Dear Esteemed Colleagues and Distinguished Guests,

I am truly delighted to welcome you to the 36th AICC RCOG Annual Conference 2023, being held from September 28th to October 1st in the vibrant heart of New Delhi. This year's conference bears the evocative theme, "Cherish Her. Learn. Imbibe. Practice," a call to action and reflection that resonates deeply within the field of obstetrics and gynecology.

As the Chairperson of ICOG, I am honored to stand among such a dedicated and passionate community of healthcare professionals who are committed to improving the lives of women. Our journey in this field is not just a profession; it is a vocation, a calling to serve and protect the well-being of women at every stage of their lives.

The theme "Cherish Her" reminds us of the profound responsibility we carry in safeguarding the health and dignity of every woman we encounter. It urges us to treat each patient with empathy, compassion, and respect, recognizing that behind every medical case is a unique individual deserving of our utmost care.

"Learn" signifies our unwavering commitment to continuous education and staying at the forefront of medical advancements. In this rapidly evolving field, we must be lifelong learners, embracing new knowledge and techniques to provide the best possible care.

"Imbibe" emphasizes the importance of not just acquiring knowledge but incorporating it into our practice. It is about internalizing the values and principles that guide our profession and ensuring they are reflected in every aspect of our work.

Finally, "Practice" underscores the need for implementation. It is not enough to know and understand; we must translate that knowledge into tangible improvements in the lives of the women we serve. Our actions must reflect our dedication to their well-being.

As we gather in New Delhi for this conference, let us engage in fruitful discussions, exchange ideas, and forge new collaborations. Together, we can continue to push the boundaries of obstetrics and gynaecology, providing better healthcare and making a lasting impact on women's lives.

May this conference be a source of inspiration and enlightenment, leaving us all better equipped to "Cherish Her. Learn. Imbibe. Practice." In our noble pursuit of women's health.

Wishing you all a successful and enriching conference.

Warm regards,

Dr Laxmi Shrikhande
Chairperson ICOG

Message from the Souvenir Committee Members

Dr Chanchal

Dr Pooja Thakral

Dr Snigdha

Dear friends and colleagues,

We extend our greetings to everyone attending the 36th AICC RCOG Annual Conference hosted by AICC RCOG North Zone starting from 28/10/23. It's been a privilege for us to host this academic extravaganza. The theme for this year is "Celebrate her. Learn, Imbibe, and Practice". We are getting ready to bring the latest evidence in obstetrics and gynecology from national and international speakers to help us upgrade our skill set to improve patient outcomes.

It's encouraging to receive an astounding number of papers, posters, and video recordings from participants far and wide. We have tried to bring together the material received by the organizing committee for future reference in this souvenir. Hope you enjoy reading this ready reckoner as much as we enjoyed compiling it together.

We extend our sincere gratitude to all participants, organizers, and our sponsors for making this event possible. Your dedication to the field of obstetrics and gynaecology is invaluable. Together we will continue to work towards improving the lives of women everywhere.

Warm regards

Souvenir Committee,
36th AICCRCOG Conference

"The strength of the team is each individual member. The strength of each member is the team."

-Phil Jackson

29th SEPT

INAUGURAL FUNCTION

05:30 PM Onwards

PLENARY SESSION | 05:45 PM - 06:15 PM

Chairpersons: SN Basu, Anjila Aneja, Uma Pandey, Achla Batra

Rational Management of Uterine Myoma

Speaker: Bhaskar Pal

CONFERENCE ORATION | 06:15 PM - 07:00 PM

Chairpersons: Ranjana Sharma, Anita Kaul, Usha Saraiya, Mamta Dagar

Evidence - based Management of Intrahepatic Cholestasis of Pregnancy

Speaker: Catherine Williamson (UK)

INAUGURATION | 07:00 PM Onwards

INAUGURAL DINNER | 08:00 PM Onwards

SCIENTIFIC PROGRAMME

30th SEPT
SATURDAY

07:30 AM - 08:00 AM	Registration			
TIMINGS	**SOVEREIGN I**	**SOVEREIGN II**	**DESIRE**	**INSPIRE**
08:00 AM - 08:30 AM	ORAL COMMUNICATION	ORAL COMMUNICATION	ORAL COMMUNICATION	ORAL COMMUNICATION
08:30 AM - 09:00 AM	O&G PEARLS	O&G PEARLS	O&G PEARLS	
	Session Experts Sushma Sinha, Sanchita Dube, Shweta Mittal Gupta **Antenatal Steroids: GTG** **Rhthym Bhalla**	**Session Experts** Asmita Pandey, Jyoti Damodar Redkar, Huma Ali **ESHRE: Endometriosis** **Annith Kumar**	**Session Experts** Kusum Sahni, Anshuja Singla, Reema Bhatt **Drug Exposure in Pregnancy - When to Be Alarmed?** **Harmanpreet Kaur**	
	RISING STARS DEBATE	RISING STARS DEBATE	RISING STARS DEBATE	RISING STARS DEBATE
	Judges: **Sushma Sinha, Sanchita Dube, Shweta Mittal Gupta** **Cervical Cerclage in All IVF - conceived Twin Pregnancies** For: **Ankita Sethi** Against: **Rashmi Shriya**	**Judges:** **Asmita Pandey, Jyoti Damodar Redkar, Huma Ali** **All Women Should Have Low - dose Ecospirin in the First Trimester** For: **Mansi Dhingra** Against: **Ratnaboli Bhattacharya**	**Judges:** **Kusum Sahni, Anshuja Singla, Reema Bhatt** **Metformin - Panacea of the Future** For: **Shefali Tyagi** Against: **Afreen Khan**	**Judges:** **Mithee Bhanot, Sushmita Prakash, Reena** **All Women Will Benefit From HRT in the Window Period** For: **Jyoti Pandey** Against: **Parul Aggarwal**
TIMINGS	**EARLY PREGNANCY MODULE**	**PANEL DISCUSSION**	**REPRODUCTIVE ENDOCRINOLOGY MODULE**	**ORAL COMMUNICATION**
09:00 AM - 10:20 AM	**Chairpersons** Kiran Guleria, Manavita Mahajan, Aanchal Sablok **Early pregnancy Imaging** Supriya Seshadari **Keynote** **Ectopic Pregnancy - Medical Management** Laura Hipple (UK) **Refractory Anaemia in Pregnancy** Aparna Sharma **Keynote** **Hyperemesis Gravidarum - Prediction, Prevention & Management** Catherine Williamson (UK)	**Chairpersons** Jyotsna Acharya, Vijay Zutshi **Adnexal Masses - Adolescence to Menopause** **Moderators:** Mamta Dagar, Mamta Mishra **Panellists:** Kiranjeet Kaur, Kuldeep Singh, Rajapriya Ayyappan, Meeta Nakhare, Bhawani Shekhar, Muntaha, Archana Trivedi, Divya Sehra, Reena De **Expert Session (9:00 - 9:20 AM)** **Chairpersons:** Malvika Sabharwal, Anupama Bahadur, Mamta Dagar **Fibroid Management - What's New** Hugh Taylor (USA)	**Chairpersons** Mitra Saxena, Rita Bakshi, Ritu Khanna **Keynote** **Primary Amennohorea - Workup & Management** Ian Scudamore (UK) **Keynote** **Premature Ovarian Insufficiency (POI)** Geeta Kumar **Precocious Puberty- Bird's Eye View for Gynecologist** IPS Kochhar **Expert Session (9:55 - 10:10 AM)** **Chairpersons:** Ranjana Sharma, Amita Suneja, Abha Singh **Hysterectomy for POP: To Take Out or Not to Take Out** Ajay Rane (Australia)	

TIMINGS	PANEL DISCUSSION	RESEARCH METHODOLOGY (10:05 - 11:00 AM)	PANEL DISCUSSION	ORAL COMMUNICATION
10:20 AM - 11:00 AM	**Acute Abdomen in Pregnancy** **Expert:** Laura Hipple **Moderators:** Sandip Biswas, Jharna Behura **Panellists:** Supriya Seshadri, Mamta Sahu, Arun Prasad, Laitha N, Pulkit Nandwani, Firoza Begum, Geetika Arora, Varalakshmi Nandyala	**Experts:** Hassan Shehata, Daljit Sahota **Chairpersons** Anita Kaul, A G Radhika **Tips and Tricks to Prevent Rejection of Papers** Abdul Sultan (UK) **Metanalysis: How?** A K Sharma **Designing a Study: Avoiding Common Mistakes** Ajay Rane (Australia)	**Overview, Challenges and Solutions for Midlife Women's Health** **Experts:** Geeta Kumar, Sonia Malik **Moderators:** Jyothi Unni, Anjila Aneja **Panellists:** Meenkashi Ahuja, Uma Pandey, Mithee Bhanot, Sujata Bhat, Harpreet Sidhu, Sonal Bhatla, Anshuja Singla	
11:00 AM - 11:30 AM	Coffee			
TIMINGS	LABOUR WARD MODULE	BENIGN GYNAECOLOGY MODULE	OBGYN POTPOURRI	
11:30 AM - 01:00 PM	**Chairpersons** Tim Draycott, Suneeta Mittal, Asmita Rathore **Keynote** **Critical Care Monitoring- MEWS Chart** Bid Kumar (UK) **Keynote** **CTG- Interpretation & Misinterpretation** S Arulkumaran (UK) **Keynote** **Difficult Situations in Cesarean Section** V Paily **Keynote** **Informed Consent in the Digital Era** Harsha Ananthram (Australia)	**Chairpersons** Mala Srivastava, Anita Sabarwal, Jyoti Bhaskar **Keynote** **AUB at the Extreme Ages** Archana Baser **Keynote** **Dilemmas in Managing HPV-positive Women** Sarita Bhalerao **Keynote** **Adnexal Masses in Pregnancy** Jyotsna Acharya (UK) **Keynote** **Risk - Reducing Surgeries in Gynaecology** M M Samsuzzoha	**Chairpersons** Archna Verma, Shakuntala Kumar, Vinita Singh **Keynote** **Update on First Trimester Recurrent Miscarriages** Hassan Shehata (UK) **Spot Diagnosis - Vulval Disorders** Nina Madnani **Keynote** **AI in Women's Health** Anil Kaul **Immunisation in Pregnancy** Jayasree Sunder **Fourth Trimester Management - Need of the Hour** Basky Thilaganathan (UK)	
01:00 PM - 02:00 PM	Lunch			
02:00 PM - 02:30 PM	**Plenary Session** Chairpersons: **Nirmala Agarwal, Neerja Bhatla, Shelly Arora** Topic: **Current Concepts in the Prediction and Prevention of Urinary Incontinence in Women** Speaker: **Ajay Rane (Australia)**			
02:30 PM - 03:15 PM	**Tarun Banerjee Oration** Chairpersons: **Bhaskar Pal, Ranjana Sharma, Sohani Verma, MM Samsuzzoha** Topic: **Women's Health in the Future** Speaker: **Ranee Thakar (UK)**			
03:15 PM - 03:30 PM	Tea Break			

TIMINGS	MATERNAL-FETAL MEDICINE MODULE	ENDOSCOPY MODULE	GENETICS MODULE
03:30 PM - 04:45 PM	**Chairpersons** Pratima Mittal, Suman Puri, Shehnaz Tang **Keynote** **Fetal Growth in Twins vs Singletons** Asma Khalil (UK) **Keynote** **Prediction and Surveillance of Pre - eclampsia** Daljit Sahota (Hong Kong) **Keynote** **Cancer in Pregnancy** Surabhi Nanda (UK) **Keynote** **CMV- Overview & Pathbreaking Insights** Anita Kaul	**Chairpersons** Dinesh Kansal, Kanika Jain, Usha M Kumar **Role of Robotic Surgery in Gynaecology** Pakhee Aggarwal **Advanced Laparoscopic Surgical Techniques in Gynaecology** Hafeez Rehman **Advances in Office Hysteroscopy** Bijoy Nayak **Management of Deep Infiltrating Endometriosis (DIE)** Alka Kriplani	**Chairpersons** Ratna Puri, Seema Thakur, Kiran Bala Dash **Genetic Testing in Gynaecology Oncology: Beyond BRCA 1/2** Usha Menon **Understanding the Basics of Genetics for Practising Obst and Gynae** Seetha Ramamurthy Pal **Autism and Genetics: What an Obstetrician should know?** Divya Aggarwal **Expert Session (4:15 - 4:45 PM)** **Chairpersons:** Kamal Buckshee, Reva Tripathi, Jyoti Bindal **Induction of Labour** S Arulkumaran (UK)

TIMINGS	PANEL DISCUSSION	DEBATES	VIDEO SESSION
04:45 PM - 05:30 PM	**Experts:** Uma Ram, Seetha Ramamurthy Pal **Panel Discussion: Fetal Growth Restriction** **Moderators:** Akshatha Prabhu, Smriti Prasad **Panellists:** Partha Bhattacharyya, Jyoti Gupta, Pooja Thukral, Priyata Lal, Monica Bhatia, Anuradha Wakankar, Harpreet K Isher, Uma Milkilineni	**Judges:** **Shakti Bhan Khanna, Aruna Nigam, Sudha Prasad** **Debate 1** **Cosmetic Gynaecology is Here to Stay** For: **Navneet Magnon** Against: **Shalini Rajaram** **Debate 2** Myomectomy Optimises IVF Outcomes For: **Shweta Gupta** Against: **Arbinder Dang**	**Moderators:** Pushpa Chandra, Chanchal, Sonia Naik, Nikita Trehan **Non- tubal Ectopic Laparoscopic Management** Punita Bhardwaj **In-utero Spina Bifida Repair** Mandeep Singh **Minilaparotomy Abdominal Cervical Cerclage** Andrew Shennan **TTS Laser Ablation** Anita Kaul

TIMINGS	DEBATES	SUBFERTILITY MODULE	ONCOLOGY MODULE
05:30 PM - 06:15 PM	**Judges:** **Reva Tripathi, Manju Puri, Anjila Aneja** **Debate 1:** **Intrapartum Ultrasound Can Replace PV Examination** For: **Chinmay Umarji** Against: **Jasmine Chawla** **Debate 2:** All Low - risk Pregnancies Should Be Induced at 39 Weeks For: **Ashok Kumar** Against: **Tim Draycott**	**Chairpersons** Sohani Verma, Ameet Patki, Neeti Tiwari **ART in Poseidon Group 4** Deepa Thiajamoorthy **Fertility Preservation** Neena Malhotra **Are IVF Pregnancies Different?** Tanya Buckshee	**Chairpersons** Priya Ganesh, Rupinder Sekhon, Pakhee Aggarwal **Keynote** **How to Achieve 90/70/90 Targets in Cervical Cancer Prevention** Neerja Bhatla **Fertility-Sparing Management in Endometrial Cancer** Shalini Rajaram **Precancerous Lesion of Vulva** Saritha Shamsunder

06:15 PM - 07:00 PM	High Tea & GBM
07:00 PM Onwards	Cultural Program & Gala Dinner

1st OCT
SUNDAY

TIMINGS	SOVEREIGN I	SOVEREIGN II	DESIRE	INSPIRE
07:30 AM - 08:00 AM	Registration			
	O&G PEARLS	O&G PEARLS	O&G PEARLS	ORAL COMMUNICATION
08:00 AM - 08:10 AM	**Chairpersons** Arbinder Dang, Gayatri Juneja, Manisha Saxena **Obesity in Pregnancy** Jatinder Pal Kaur	**Chairpersons** Pulkit Nandwani, Vinita Sharma, Kavita **Enhanced Recovery After Surgery (ERAS)** Puja Jain	**Chairpersons** Priyata Lal, Bhawna Khera, Shweta Gupta **Cesarean Delivery Audits and Robson Classification as Essential Quality Improvement Tool in LMIC, Moving Beyond Mortality** Astha Srivastava	
TIMINGS	OBSTETRIC CHALLENGES MODULE	UROGYNAECOLOGY MODULE	MRCOG SESSION	
08:15 AM - 09:30 AM	**Chairpersons** Reena Yadav, Rajendra Nakhare **Should we Move to Expanded NIPT** Chanchal **GTD: Prediction, Prevention & Management** Manju Puri **Third Trimester Scan - Much More Than Just a Growth Scan** Prathima Radhakrishnan **Encountering Unexpected PAS** VP Paily	**Chairpersons** Sushma Dikhit, Geeta Mediratta, Uma Rani Swain **Understanding Urodynamics - Indications & Interpretation** Meera Raghavan **Overactive Bladder to Refractory State : Tips and Tricks For a Busy Gynaecologist** Sanjay Pandey **Interstitial Cystitis/Bladder Pain Syndrome** Rajesh Taneja **Surgical Management of SUI: Selection of the Right Patient for the Right Procedure** Apama Hedge	**Chairpersons** Nirmala Agarwal, M M Samsuzzoha, Jasmine Chawla, Bhawna Khera **RCOG Update 2023** Kate Lancaster **RCOG Membership and Associate Status** Laura Hipple (UK) **Overview MRCOG examination/NHS Structure/ Work based assessments, Incident reporting & Risk Management** Ian Scudamore (UK) **Mandatory Audits in NHS** Bid Kumar (UK)	
TIMINGS	OBSTETRIC MEDICINE MODULE		OBGYN POTPOURRI	ORAL COMMUNICATION
09:30 AM - 10:50 AM	**Chairpersons** Shubha Sagar Trivedi, Vandana Chaddha **The Normal Birth Conundrum** Harsha Ananthram (Australia) **Screening for Diabetes in Pregnancy** Basab Mukherjee **Keynote** **Perinatal Mental Health** Uma Ram **Keynote** **The Role of Metformin in Women's Health** Hassan Shehata (UK)	**Keynote** **Genitourinary Syndrome of Menopause (GSM)** Ranjana Sharma **Keynote** **Anal Incontinence: What Every Obstetrician and Gynaecologist Needs to Know** Abdul Sultan (UK) **Panel Discussion** **Urinary Incontinence - Case Based Discussion** **Moderators:** Meera Raghavan, Zeenie Sarda Girn **Panellists:** Madhu Ahuja, Gayatri Juneja, Ramya, Amita Jain, Anjali Taneja, Karishma Thariani	**Chairpersons** Achla Batra, Sunita Verma, Nidhi Khera **Maternal Weight Gain in Pregnancy – Worth the Worry?** Poonam Tara **Overview of Ovarian Cancer- Epidemiology, Diagnosis & Treatment** Meenu Walia **Medico - Legal Issues in Obstetrics and Gynaecology** Geetendra Sharma **Dilemmas in Adolescent PCOS** Shelly Arora **Viral Hepatitis in Pregnancy** Asmita Rathore	

10:50 AM - 11:15 AM	Coffee			
11:15 AM - 11:45 AM	**Plenary Session** Chairpersons: **Kamal Buckshee, Suneeta Mittal, Asmita Rathore** Topic: **Avoiding Birth Injuries during childbirth** Speaker: **Tim Draycott (UK)**			
11:45 AM - 12:15 PM	**Plenary Session** Chairpersons: **Ranee Thakar, Bhaskar Pal, Firoza Begum, Amita Suneja** Topic: **What is New in ART?** Speaker: **Hrishikesh Pai**			
12:15 PM - 01:00 PM	**RP Soonawala & Bhai Mohan Singh Oration** Chairpersons: **Ranjana Sharma, Anita Kaul, Uma Ram, Sarita Bhalerao** Topic: **Stillbirths in Twins as Compared to Singletons** Speaker: **Asma Khalil (UK)**			
01:00 PM - 02:00 PM	Lunch			
TIMINGS	MEMBERSHIP CEREMONY	GAME CHANGERS IN OBGYN: REDEFINING PRACTICE (HYBRID)	CONTRACEPTION & SEXUAL HEALTH	QUIZ COMPETITION
02:00 PM - 03:00 PM		**Chairpersons** Anita Kaul, Indu Chawla Kypros Nicolaides (UK)	**Chairpersons** Chandra Mansukhani, Divya Singhal, Sharmistha Garg **Contraception at the Extremes of Reproductive Life** Anupama Bahadur **Contraception - What's New?** Vidhi Chaudhary **Adolescent Sexuality** Seema Sharma	**Finale**
TIMINGS		PANEL DISCUSSION	PANEL DISCUSSION	
03:00 PM - 03:45 PM		**Panel Discussion: Tackling Complications in Endoscopy** **Moderators:** Neema Sharma, Meena Naik **Panellists:** Usha M Kumar, Dinesh Kansal, Chandan Dubey, Bhuvana Srinivasan, Tanuka Das, Neha Gupta, Namita Jain	**Management of Abnormal Maternal Serum Screening: Case Scenarios** **Moderators:** Sangeeta Gupta, Chinmayee Ratha **Panellists:** Chanchal, Seema Thakur, Saloni Arora, Sudha Ramakrishnan, Namrata Kumar, Urvashi Chitkara, Snigdha Kumari	
04:00 PM - 04:30 PM	Valedictory			
04:30 PM Onwards	High Tea			

WORKSHOP

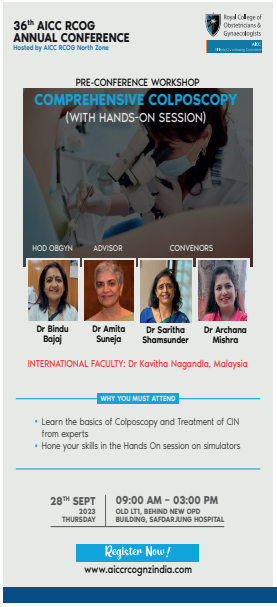
28th SEPT
THURSDAY

SKILL ENHANCING WORKSHOPS

COMPREHENSIVE COLPOSCOPY (WITH HANDS-ON SESSION)

Venue: **Safdarjung Hospital**
Time: **09:00 AM – 03:00 PM**

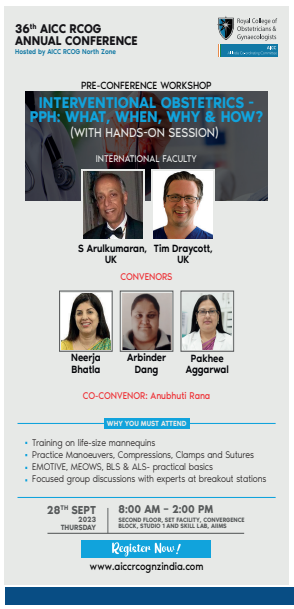
Advisor: Amita Suneja
International Faculty: Kavitha Nagandla
Convenors: Saritha Shamsunder, Archana Mishra



INTERVENTIONAL OBSTETRICS - PPH: WHAT, WHEN, WHY & HOW? (WITH HANDS-ON SESSION)

Venue: **AIIMS, New Delhi**
Time: **08:00 AM - 02:00 PM**

UK Lead Experts: Sabaratnam Arulkumaran, Tim Draycott
Convenors: Neerja Bhatla, Arbinder Dang, Pakhee Aggarwal
Co-Convenor: Anubhuti Rana



INTERVENTIONAL OBSTETRICS - CTG (WITH HANDS-ON SESSION)

Venue: **AIIMS, New Delhi**
Time: **02:00 PM – 06:00 PM**

UK Lead Experts: Sabaratnam Arulkumaran, Tim Draycott
Convenors: Chanchal, Shelly Arora, Vidhi Chaudhary

29th SEPT
FRIDAY

SKILL ENHANCING WORKSHOPS

OBSTETRIC ANAL SPHINCTER INJURIES (WITH HANDS-ON SESSION)

Venue: **AIIMS, New Delhi**
Time: **9:00 AM – 2:00 PM**

UK Lead Experts: Ranee Thakar, Abdul Sultan
Convenors: Ranjana Sharma, JB Sharma, Jayasree Sundar
Co-Convenors: Rajesh Kumari, Gayatri Juneja

INFERTILITY: OPTIMISING OVARIAN STIMULATION

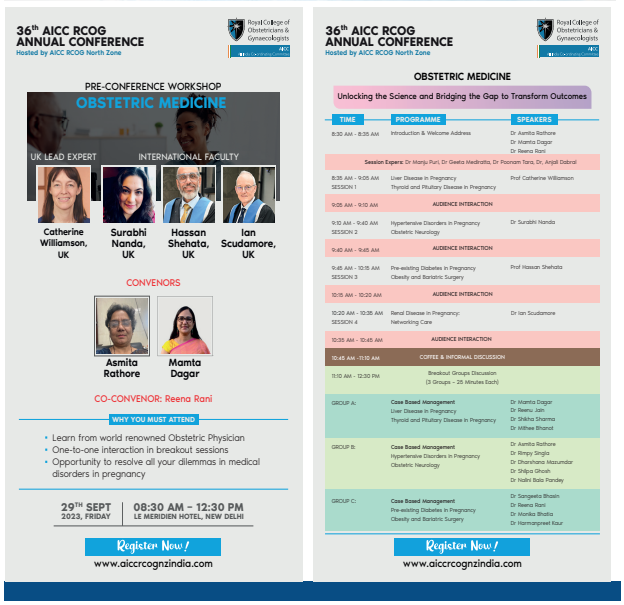
Venue: **Le Meridien Hotel**
Time: **8:30 AM – 12:30 PM**

UK Lead Expert: Ian Scudamore
Convenors: Ameet Patki, Sweta Gupta

OBSTETRIC MEDICINE

Venue: **Le Meridien Hotel**
Time: **8:30 AM – 12:30 PM**

UK Lead Expert: Catherine Williamson
UK Faculty: Hassan Shehata, Ian Scudamore, Surabhi Nanda
Convenors: Asmita Rathore, Mamta Dagar
Co-Convenor: Reena Rani



29th SEPT

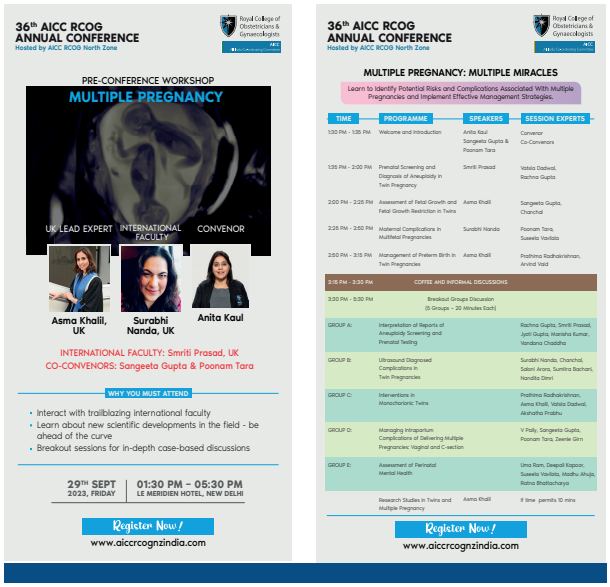
FRIDAY

SKILL ENHANCING WORKSHOPS

MULTIPLE PREGNANCY

Venue: **Le Meridien Hotel**
Time: **1:30 PM – 5:30 PM**

UK Lead Expert: **Asma Khalil**
UK Faculty: **Surabhi Nanda, Smriti Prasad**
Convenor: **Anita Kaul**
Co-Convenors: **Poonam Tara, Sangeeta Gupta**



MENOPAUSE : SOAR HIGH – EMBRACE AND DEMYSTIFY MENOPAUSE

Venue: **Le Meridien Hotel**
Time: **1:30 PM – 5:30 PM**

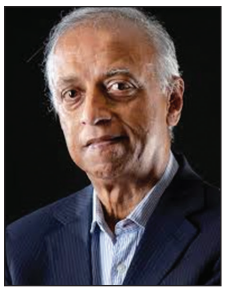
UK Lead Experts: **Geeta Kumar, Jyotsna Acharya**
International Faculty: **Ajay Rane**
Convenors: **Anjila Aneja, Jyoti Bhaskar**
Co-Convenor: **Uma Pandey**

Summaries of Talks by Invited Speakers

INDUCTION OF LABOUR

S. Arulkumaran

Professor Emeritus of Obstetrics & Gynaecology, St George's University of London.



Induction of labour involves the process of artificial stimulation of uterine contractions to initiate labour with the aim of achieving vaginal delivery with no fetal or maternal compromise. Indications for Induction is based on the threat to health of fetus or mother. Decision to induce labour should not be taken lightly. Success of induction depends on whether the woman is Nullipara or Multipara; she has a poor or good cervical score + ripening and induction agents used, (+ OP position). The process should be safe for the mother & the baby. Concept of cervical 'ripening' involves reduction in collagen and alterations in the ground substance, increased vascularity and water content of the cervix. The more ripe the cervix, the more success would be the outcome of IOL. Higher the resistance offered by the cervix and pelvic floor, more is the work needed by the myometrium, longer the labour and higher chance of failure of IOL. In nulliparous women with a poor cervical score the median total uterine activity required is four times that of multiparous women with a good score. Safety of maternal and fetal life and health are of paramount importance. Hyper-stimulation of uterus, fetal hypoxia, fetal injury, rupture of uterus or fetal death should be avoided. Decisions and actions should aim to reduce operative delivery IVD/ CS. Complications of infection/ water intoxication/ AFE or maternal death should never happen. Globally the rates of induction are on the increase. Induction > 40 weeks in the absence of other indications to avoid unexpected intrauterine deaths is the most common reason. NICE recommends delivery by 41 weeks to reduce CS, NICU admission, stillbirths and neonatal deaths. The ARRIVE study shows induction at 39 weeks confers perinatal benefits of reduced CS & NN morbidity. But WHO warns that it may not be applicable to LMICs. Induction of labour from 37 weeks in well-controlled hypertension is considered safe practice. In uncontrolled hypertension and in preeclampsia, induction should be considered based on maternal and fetal condition. In type 1 and 2 diabetes, induction should be considered between 37 and 39 weeks. For optimal outcome glycaemic control is essential. For intrahepatic cholestasis ACOG recommends induction between 37 and 38 weeks. The RCOG recommends measurement of bile acid. With levels < 20micromol/l, the risk of stillbirth is similar to the background risk. Induction is recommended near 40 weeks and earlier if bile acids are > 40micromol/l. Scheduled induction is best in those with hypercoagulable disorder (history of venous thromboembolism, acquired or inherited thrombophilia, sickle cell disease) to plan management of anticoagulants therapy. Routine induction < 41 weeks in suspected fetal macrosomia reduces birthweight and shoulder dystocia without increasing CS or IVD (Cochrane). To prevent one fracture, NNT is 60. In twins induction at 37-38 weeks is advisable in uncomplicated pregnancy if there are no contraindications for vaginal delivery. In IUGR induction should be planned based on maternal and fetal condition e.g. Fetal Doppler studies. For intrauterine fetal death: options of immediate induction or expectant management should be discussed with the couple; induction is recommended with ruptured membranes, infection and bleeding. Induction is avoided in cases of prior classical or inverted T uterine incision, myomectomy or uterine surgery where the cavity was entered, previous uterine rupture, placenta previa/ vasa previa, umbilical cord presentation, oblique/ transverse lie, brow or face presentation, severe IUGR with Doppler abnormalities, active genital herpes and invasive cervical carcinoma. Mothers should be provided with clear explanation of the indication for induction and the benefits and risks.

In summary IOL should be only for clear medical indication – expected benefits should outweigh potential harms. Actual condition, preferences of each woman, cervical status, method of IOL, parity & ROM should be considered. IOL should be carried out with caution to avoid uterine hyperstimulation, uterine rupture, fetal distress or maternal complications. Facilities for assessment Maternal & Fetal well-being should be available. When on oxytocin or PG, women should not be left unattended. Failed IOL does not indicate CS. Repeat induction with same or different agent should be considered**.** Where possible IOL should be carried out with facilities for CS.

CTG INTERPRETATION AND MISINTERPRETATION

Sabaratnam Arulkumaran

Professor Emeritus of Obstetrics & Gynaecology, St George's University of London.

The CTG misinterpretation leads to the phenomenon of "too little too late and too much too soon". Early intervention for presumed fetal distress gives rise to significant increase in CS rates. Late interventions lead to still births, early neonatal deaths and neurological injuries including CP. Interpretation of the CTG should be with the clinical context and the presence and evolution of the four features of baseline rate, baseline variability, accelerations and decelerations. These provide information of the fetal condition. Reactivity (accelerations) and cycling (quiet and active sleep cycles) reassures a non-hypoxic fetus. A non-reactive trace with baseline variability < 5 bpm and shallow late decelerations (<15 beats) that lasts for >90 min suggests the possibility of hypoxia, especially if the clinical picture is that of post-term, IUGR, absent FM, APH or infection. In addition to maternal high-risk factors like pre-eclampsia and diabetes, there are specific pre-existing fetal risk factors that reduce the physiological reserve of the fetus and there are others that develop during labour. Those that are Pre-term, Post-term, IUGR, Thick meconium with scanty fluid, Intrauterine infection, Intrapartum bleeding develop hypoxia faster compared with normal healthy fetus at term. Fetus that are at relative risk to develop hypoxia in labour are associated with Injudicious use of oxytocin, epidural in cases of suspected fetal compromise, difficult instrumental or assisted delivery/ macrosomia/ malpresentation, those who develop acute events; cord prolapse, scar rupture, abruptio-placenta and those with suspicious/ abnormal admission test detected by auscultation or EFM. The different CTG patterns that suggest the rate of decline of pH leading to poor outcome if not for timely intervention should be recognised e.g. **acute hypoxia** indicated by prolonged deceleration (bradycardia) – rate of acidosis -approximately 0.01/min. Delivery to be expected within 15 to 30 mins; **subacute hypoxia** with repetitive prolonged decelerations of 90 to 120 secs with very short inter-deceleration intervals – rate of acidosis -approximately 0.01 ever 2 to mins. Delivery to be expected by 30 to 45 mins; **gradually developing hypoxia** with progressive increase in depth and duration of deceleration, shortening of inter-deceleration intervals, rise in baseline rate and reduction in base line variability. Takes hours for acidosis and is shown by a trace with absent variability, late/atypical variable decelerations for > one hour. Delivery to be expedited by one hour after the onset of absent variability with repeated late decelerations; **chronic or pre-existing or long-standing hypoxia**, shown by absent variability and shallow late decelerations -usually has clinical signs of compromise like absent fetal movements, bleeding, thick meconium etc. May have an acidotic or pre-acidotic pH.

The Maternal heart rate (MHR) recording can mimic the FHR recording. This can be avoided by auscultating the FHR before applying the US transducer. Comparing with the maternal pulse may lead to errors as the ultrasound transducer can pick up the maternal pulse and double or increase

it by 50%. It is difficult to distinguish whether the recording is MHR or FHR as the MHR also shows baseline variability and accelerations. At times the US transducer may switch from fetal to MHR during labour due to shift of the US transducer. Any sudden shift in the baseline rate or a doubling of the baseline rate should indicate the possibility of recording the MHR and should warrant auscultation of the FHR. An unsatisfactory recording with an US transducer warrants the use of a scalp electrode unless there is a contraindication to the use of a fetal scalp electrode. Poor quality CTG is more common in the late first and second stage of labour when the head moves down, or when the mother is restless, or there are too-frequent contractions with too many decelerations. In the second stage of labour the FHR should show decelerations with head compression. If the trace show accelerations with contractions the recording is likely to be MHR. When the FHR is recorded by the US transducer and is less than 80 bpm, the machine can double count and give two rates giving an impression that the higher rate is that of the fetus and the lower rate is that of the mother. This tends to happen in the late first and second stage of labour due to hyperstimulation of the uterus by oxytocin further enhanced by the Ferguson reflex. Non recognition of 'doubling' of the FHR may result in delayed intervention and poor neonatal outcome. Medico legal cases related to misinterpretation of the CTG are due to the following factors; Failure to incorporate clinical risk factors, inability to interpret traces, inappropriate/ delay in taking action, technical aspects, poor communication, team working and record keeping. Education & training, supervision, incident reporting, audit and risk management should help to reduce the misinterpretation and inappropriate action.

GENETIC TESTING IN GYNAECOLOGICAL ONCOLOGY: BEYOND BRCA 1/2

Professor Usha Menon

MRC Clinical Trials Unit, Institute of Institute of Clinical Trials and Methodology, University College London, UK

We have used genetic testing in gynaecological cancer since 2000. In the initial decade, it was typically used to identify pathogenic variants in the BRCA1 and BRCA2 genes to identify individuals who may benefit from genetic counselling and risk-reducing strategies. Over the last decade, technological advances, such as NGS that allows the simultaneous analysis of many genes, the development of tumour sequencing and also, the new targeted treatment options such as PARP inhibitors have led to an expansion of the panel of actionable genes beyond BRCA1/2 and a broadening of the indications for genetic testing in both ovarian and endometrial cancer. This talk will present an overview on the role and implications of non BRCA cancer susceptibility gene testing in ovarian and endometrial cancer.

MANAGEMENT OF ECTOPIC PREGNANCY

Dr Laura Hipple FRCOG

Vice President for Membership and Workforce

The prevalence of ectopic pregnancy is around 1% and it remains a cause of maternal death.

The 2022 MMBRACE-UK report showed that ectopic pregnancy remains the most frequent cause of maternal death in early pregnancy in the UK and that almost all the women who died from ectopic pregnancy could have had better care:

https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2022/MBRRACE-UK_Maternal_CORE_Report_2022_v10.pdf

It was noted that vulnerable and young women were disproportionally represented amongst those who died and the importance of personalising care to provide appropriate safety measures.

Optimum outcomes require early presentation and prompt and accurate diagnosis, as well as appropriate management. Atypical presentations are common and one third of women with ectopic pregnancies have no known risk factors. All women of childbearing age need to be educated about the signs and symptoms of ectopic pregnancy and how to access care.

Diagnosis relies on clinical vigilance, history, examination, BhCG testing and ultrasound.

Ectopic pregnancy should be excluded in any woman of child-bearing age presenting with collapse and a FAST (Focussed Assessment with Sonography in Trauma) performed before thromboprophylaxis. Only surgical care can save a woman collapsed with a ruptured ectopic pregnancy.

If no pregnancy is visible on ultrasound in a woman with a positive pregnancy test she should be managed as a PUL (Pregnancy of Unknown Location). Do not assume a complete miscarriage.

Management of tubal ectopic pregnancies needs to be individualised according to the symptoms, serum BhCG levels, scan findings and the woman's ability to return for follow up:

https://www.nice.org.uk/guidance/ng126/resources/ectopic-pregnancy-and-miscarriage-diagnosis-and-initial-management-pdf-66141662244037

Fertility treatment should be conducted in such a way as to minimise the risks of multiple pregnancy and heterotopic pregnancies:

https://www.nice.org.uk/guidance/cg156/chapter/Recommendations#investigation-of-fertility-problems-and-management-strategies

The possibility of heterotopic pregnancy should always be born in mind when considering active management of an ectopic pregnancy.

Rising caesarean section rates are increasing the risk of uterine scar pregnancies. Non-tubal ectopic pregnancies present both diagnostic and management challenges.

Women should be educated about ectopic pregnancies and have access to the advice and support they need to help them make informed decisions about the managements offered and when/how to access further care appropriately.

Pregnancy loss of any kind has psychological as well as physical effects which also requires appropriate recognition and support.

Dr L J Hipple FRCOG
September 2023

IN UTERO SPINA BIFIDA REPAIR

Dr Mandeep Singh

MD, MRCOG, Diploma in Fetal Medicine

In utero spina bifida repair is well known treatment for certain types of open spina bifida. Management of meningomyelocele study (MOMS) study clearly concluded that in utero spina bifida repair by mini laparotomy procedure can lead reduced risk of death and need for VP shunt by age of 12 months. Prenatal surgery also improved motor function of lower limbs and hence ability to walk as compared to post-natal repair. The procedure can be performed by hysterotomy, mini hysterotomy or fetoscopic approach.

Maternal morbidity due to the incision on uterus and subsequent pregnancy risk of uterine scar rupture remain one of the major concerns. Fetal and neonatal morbidity due to premature rupture of membrane, cord tethering are some important challenges.

Our consortium of spina bifida repair centres comprises of centres in South America and UAE. We continue to collaborate in performing in utero repair and follow up of cases. In this short presentation, we discuss the steps in performing in utero spina bifida repair and describe our method of in utero spina bifida repair and outcome.

Premature Ovarian Insufficiency

Mrs Geeta Kumar, RCOG VP for Clinical Quality, Consultant Gynaecologist & Menopause Specialist

Premature ovarian insufficiency is characterised by hypergonadotropic hypogonadism under the age of 40 years. It commonly presents with symptoms of oligomenorrhea or secondary amenorrhea and may be associated with estrogen deficiency symptoms.

POI can be spontaneous, whereby majority are idiopathic in origin or of iatrogenic origin following chemotherapy, pelvic irradiation, or surgery. Predisposing factors include genetic causes, chromosomal abnormalities, immunological disorders, or infections such as mumps, tuberculosis.

POI can adversely impact one's physical and psychological health significantly. Early diagnosis & long-term health management is vital. Diagnosis requires good history taking and timely investigations such as measurement of FSH levels

Ovarian function can return intermittently in patients with POI and this can occasionally lead to ovulation and pregnancy. For most women wishing to conceive, in vitro fertilisation (IVF) with donor oocytes confers the highest chance of successful pregnancy. In women with some remaining ovarian reserve at the time of diagnosis, ovulation induction with timed intercourse or intrauterine insemination may be an option.

Hormone replacement therapy should be offered to women with POF to help alleviate the symptoms of estrogen deficiency and to minimise the risks of development of osteoporosis and cardiovascular disease. Regular assessment and follow-up with bone density scans is advisable. It is recommended that HRT is continued at least until the age of natural menopause to reduce the long-term adverse impact on cardiovascular disease and osteoporosis. Women with POF should ideally be managed within specialist multidisciplinary teams to address their complex physical and psychological needs.

CARDIOVASCULAR DISEASE AND MENOPAUSE

Mrs Geeta Kumar

RCOG VP for Clinical Quality, Consultant Gynaecologist & Menopause Specialist

Cardiovascular disease (CVD) is of major concern in women of menopausal age as is the leading cause of death in this age group. Changes in the hormonal milieu and associated adverse changes such as visceral obesity, dyslipidaemia, changes in glucose metabolism contribute to the risk of developing CVD at menopausal transition and beyond.

Women with premature ovarian insufficiency and early menopause have a higher risk of developing CVD and hence early and timely interventional strategies are key to management. This includes lifestyle interventions and medical therapy including menopausal hormonal therapy (MHT).

Timing of menopause should be considered a key factor in risk assessment of CVD for women. It is vital to raise awareness about monitoring women's health during midlife and implement timely treatments such as MHT, based on individual risk-profile, ideally before the age of 60 years or within 10 years of last menstrual period to help reduce the risk of CVD.

PREMATURE OVARIAN INSUFFICIENCY

Mrs Geeta Kumar

RCOG VP for Clinical Quality, Consultant Gynaecologist & Menopause Specialist

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PRECIOUS PUBERTY: BIRDS EYE VIEW

Dr IPS Kochar

Senior consultant Paediatric and Adolescent Endocrinolgist, Indraprastha Apollo Hospital

Puberty in girls start by breast development (thelarche) which maybe unilateral or bilateral, followed by pubic hair (pubarche) and axillary hair development, onset of menstruation (menarche) the last to follow usually in stage 4 Tanner. . In boys first sign on pubertal onset in increase in testicular volume > 4ml and 2.5cm in diameter.

Early or precocious puberty is onset of puberty at age <8 years in girls and < 9 years in boys.

First sign of puberty in males is increase in testicular volume > 4ml.

First sign of puberty in females is thelarche or breast development. Menarche occurs about 2 years after onset of puberty during Tanner stage 4 of breast development.

	Breast	Pubic Hair	Genitals	Pubic Hair
Stage 1	Small nipples. No breast.	No pubic hair.	No signs of puberty. Scrotum, testes, and penis as in childhood.	No pubic hair.
Stage 2	Breast and nipples have just started to grow. The areola has become larger. Breast tissue bud feels firm behind the nipple.	Initial growth of long pubic hairs. These are straight, without curls, and of light color.	Initial growth of scrotum and testes. The skin on the scrotum has become redder, thinner, and more wrinkled. The penis may have grown a little in length.	Few hairs around the root of the penis. The hairs are straight, without curls, an of light color.
Stage 3	Breast and nipples have grown additionally. The areola has become darker. The breast tissue bud is larger.	The pubic hair is more widespread. The hair is darker, and curls may have appeared.	The penis has now grown in length. Scrotum and testes have grown. The skin of the scrotum has become darker and more wrinkled.	Hairs are darker and curlier and still sparse, mostly located at the penis root.
Stage 4	Nipples and areolas are elevated and form an edge towards the breast. The breast has also grown a little larger.	More dense hair growth with curls and dark hair. Still not entirely as an adult woman.	The penis has grown in both length and width. The head of the penis has become larger. The scrotum and testes have grown.	More dense, curly, and dark hair. The hair growth is reaching the inner thighs.
Stage 5	Fully developed breast. Nipples are protruding, and the edge between areola and breast has disappeared.	Adult hair growth. Dense, curly hair extending towards the inner thighs.	Penis and scrotum as an adult.	Pubic hair extends upwards to the umbilicus. It is dense and curly.

According to the etiology,precocious puberty(PP) can be of two types

1. Central precocious puberty(CPP) or gonadotropin dependent precocious puberty. It occurs due to premature activation of hypothalamic pituitary gonadal axis which leads to premature sexual development progressing like normal puberty.In girls,it is mostly idiopathic but etiology is mostly identified in male patients.Most common cause of CPP is hypothalamic hamartoma.

Peripheral precocious puberty or gonadotropin independent precocious puberty.It occurs in absence of hypothalamic pituitary gonadal axis activation.It is secondary to other etiology.

History

Age of onset of features of precocity, past growth record to look for growth spurt if present.

History of drug intake like exogenous steroid exposure

Physical examination

Anthropometry weight,height

Sexual maturity rating to look for stage of puberty

Café au lait spots,acne,testicular volume,penile enlargement,development of secondary secondary sexual characters.

Breast development and pubic hair growth in females and testicular enlargement (bilateral and symmetrical) with increase in penile length , in males, is essential for diagnosis of CPP

Investigation

1. X ray of non dominant hand done to assess bone age. (Bone age > chronological age > height age).
2. Testosterone (in boys) and estradiol (in girls) are usually increased.
3. 17 hydroxyprogesterone if features suggestive of Congenital Adrenal Hyperplasia
4. TSH, free T4
5. GnRH stimulation test
6. MRI brain and pituitary (in <6yrs)
7. USG of testis or abdomen.

The confirmatory test to diagnose PP is the GnRH stimulation test.

Treatment

The standard management therapy are GnRH analogues which bind to GnRH receptors, desensitizing them to GnRH and in turn limiting the sex steroid production. The long acting GnRH analogues available are Triptorelin and Leuprolide

"Always remember the privilege it is to be a physician."

-Daniel P. Logan

RISING STAR DEBATE

THE NEED FOR CERVICAL CERCLAGE IN ALL IVF-CONCEIVED TWIN PREGNANCIES

Ankita Sethi (*for the motion*)

Introduction

In vitro fertilization (IVF) represents a transformative advancement in the realm of reproductive medicine, providing a ray of hope for couples grappling with infertility. However, this remarkable technological feat brings along its own set of distinctive challenges when it culminates in twin pregnancies. Among these challenges, the escalated susceptibility to cervical insufficiency or incompetence stands out as a pivotal issue, warranting a rigorous consideration of the merits of cervical cerclage as an imperative intervention in these cases.

1. **Cervical Cerclage: A Validated Preventative Measure:** Cervical cerclage, an intricate surgical procedure involving the placement of a suture around the cervix to furnish mechanical support and fortification, has evolved into a well-established, efficacious, and life-saving intervention. Over decades of clinical practice and diligent research, its efficacy in averting preterm birth arising from cervical insufficiency in singleton pregnancies has been unequivocally substantiated.

2. **The Distinct Vulnerabilities of IVF-Conceived Twin Pregnancies:** IVF-conceived twin pregnancies differ inherently from their naturally conceived counterparts. The IVF process introduces a constellation of unique variables, encompassing embryo quality, implantation techniques, and hormonal manipulations, which collectively amplify the risk of cervical insufficiency. A plethora of empirical evidence underscores the significantly elevated risk of preterm birth in IVF-conceived twin pregnancies in comparison to singleton pregnancies, delineating the multifaceted nature of this risk and thereby substantiating the imperative need for precise interventions such as cervical cerclage.

3. **Mitigating the Dire Consequences of Preterm Birth:** Preterm birth, in any gestation, constitutes a grave concern. The ramifications of preterm birth are profound, encompassing complications such as respiratory distress syndrome, neurological sequelae, and long-term developmental impairments. The incorporation of cervical cerclage into the management of all IVF-conceived twin pregnancies stands as a pivotal measure, poised to substantially curtail the incidence of preterm birth and ameliorate these deleterious consequences.

4. **Prioritizing Patient Safety and Peace of Mind:** The odyssey of IVF represents an emotionally taxing and financially onerous expedition for couples. In such circumstances, the knowledge that cervical cerclage is an integral facet of the standard of care for IVF-conceived twin pregnancies can impart a profound sense of security and tranquility. It affirms that healthcare providers are resolutely committed to undertaking proactive measures to safeguard the precious pregnancies of these couples, affording them an additional layer of assurance in an already demanding journey.

5. **Averting Complications and Costly Interventions:** Cervical cerclage, when expertly executed, constitutes a procedure associated with relatively minimal risks. By instituting it as a routine practice in IVF-conceived twin pregnancies, we are poised to preempt issues before they spiral into emergencies. In the absence of cerclage, cervical incompetence often precipitates exigent interventions, including belated cerclage placement, hospitalization, and even bed rest, each harboring its own set of risks

and imposing substantial financial burdens. The prevention of cervical incompetence through the early adoption of cerclage not only conforms to sound medical practice but also proves fiscally judicious.

6. **Preterm Birth in Indian Settings** India faces specific challenges when it comes to neonatal care. While there has been commendable progress in improving healthcare infrastructure, access to high-quality neonatal intensive care units (NICUs) remains unequal across the country. As a result, preterm infants are at a higher risk of facing suboptimal care, which can have dire consequences for their survival and long-term health. It is against this backdrop that we advocate for the proactive use of cerclage in IVF twin pregnancies. **Given that IVF twin pregnancies are at an inherently higher risk of preterm birth, implementing cerclage can be a strategic and compassionate intervention.** By reducing the risk of preterm birth, cerclage provides twin fetuses with a crucial opportunity for continued growth and development in utero. This additional time in the womb can make a significant difference in the neonatal outcomes of IVF-conceived twins. While India has made commendable strides in neonatal care, the availability of NICU facilities may not always meet the demands of the population. **By preventing preterm birth through cerclage, we can significantly reduce the burden on NICUs. This, in turn, ensures that the limited NICU resources can be allocated to cases with the greatest need, improving the quality of care for preterm infants.** The economic implications of preterm birth in India are substantial. **Families often face overwhelming financial burdens associated with caring for preterm infants, including extended hospital stays and ongoing medical costs. Cerclage, as a cost-effective preventive measure, can alleviate some of these financial strains on families and the healthcare system.**

7. **Substantiating the Case with Evidence and Guidelines:** Esteemed organizations such as the Royal College of Obstetricians and Gynecologists (RCOG) and the American College of Obstetricians and Gynecologists (ACOG) have heeded the heightened risk of preterm birth in IVF pregnancies and have issued recommendations advocating the judicious application of cervical cerclage when deemed appropriate.

8. **Potential Link Between Excessive Progesterone and ICP:** The potential link between excessive progesterone support during pregnancy, including IVF pregnancies, and the development of ICP is a topic of debate and ongoing research. Some studies have suggested a possible association between high progesterone levels and ICP, but the evidence is not conclusive.

    - **Progesterone's Effect on Bile Acids:** Progesterone can relax smooth muscles, including those in the gallbladder and bile ducts. This relaxation may slow the flow of bile, potentially contributing to the buildup of bile acids in the bloodstream, which is a hallmark of ICP.

    - **Limited Research:** It's essential to acknowledge that the research on this topic is limited, while some studies have shown a correlation between high progesterone levels and ICP, others have not found a significant association.

Conclusion

Cervical cerclage, a time-honored and efficacious preventive measure, has been instrumental in mitigating the risk of preterm birth and, thereby, in ameliorating neonatal outcomes. The incorporation of cervical cerclage as standard practice is not merely a matter of expediency but is inextricably linked with patient safety, the instillation of peace of mind, and the judicious allocation of healthcare resources. While we appreciate the need for individualized care, we opine that this measure, grounded in empirical evidence, constitutes a rational, compassionate, and morally sound step forward in the ever-evolving landscape of medical care for IVF-conceived twin pregnancies.

DEBATE 2: MYOMECTOMY OPTIMISES IVF OUTCOMES

AGAINST: ARBINDER DANG

Dr Arbinder Dang

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Uterine fibroids are the commonest benign tumours in women of reproductive age and are a serious health issue. Ample research in generating high-level evidence on the clinical significance of fibroids and interventions is still in progress, however the current research to date has been limited to retrospective cohort studies or case–control studies, fraught with their intrinsic biases, confounding and clinical heterogeneity.[1]

The majority of published studies included women with relatively small intramural fibroids and women with cavity-distorting fibroids were usually excluded.[2]

Meta-analyses on the published literature related to fibroids and reproduction. Studies showed that subserosal or intramural/subserosal fibroids did not significantly reduce IVF/ICSI outcomes.[3]

Pritts et al. analysed 23 studies, which mostly gave IVF/ICSI related outcomes. Two studies that assessed the clinical pregnancy rates and one that gave the ongoing/live pregnancy rates showed that myomectomy for intramural fibroids did not improve the outcomes compared with controls with in situ fibroids. This review did not show a significant impact of subserosal fibroids.[4]

Oliveira et al. found that a detrimental impact was seen in the presence of relatively larger fibroids. There was no difference in pregnancy rates between the control group and women with fibroids ≤4 cm.[5]

Longer term complications of multiple myomectomies include intraabdominal and intrauterine adhesions which could potentially compromise ART outcome. According to our results, 12% of all infertile women undergoing multiple myomectomies would have IUA.[6]

In patients with intramural leiomyoma not invading the uterine cavity, the confusion still persists. Furthermore, even if one accepts that a negative effect of such fibroids exists, there is no direct proof that myomectomy results offer a better prognosis.[7]

Removal of subserosal fibroids is not recommended. (III-D). There is fair evidence to recommend against myomectomy in women with intramural fibroids more than 3–4 cm before ART cycle (hysteroscopically confirmed intact endometrium) and otherwise unexplained infertility, regardless of their size (II-2D).[8]

No differences were observed in conception and live birth rates in women with non-cavity-distorting fibroids and those without fibroids. These findings provide reassurance that pregnancy success is not impacted in couples with non-cavity-distorting fibroids undergoing OS-IUI for unexplained infertility.[9]

In conclusion, the recent guidelines of American College of Obstetricians and Gynecologists [ACOG], American Society for Reproductive Medicine [ASRM], Collège National des Gynécologues et Obstétriciens Français [CNGOF]) have approved myomectomy for fertility improvement when fibroids are distorting the uterine cavity, or for symptomatic fibroids.[10, 11]

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METFORMIN-"PANACEA OF THE FUTURE"

(Argument Against)

Dr Afreen Khan

AICC RCOG, 36th Annual Conference

The word panacea refers to "A solution or remedy for all difficulties or diseases."

Metformin is a guanidine containing drug that has been approved for treatment of Diabetes Mellitus type 2. It has also been shown to be beneficial in Gestational Diabetes Mellitus (GDM), and PCOS patients by virtue of its effects on Insulin resistance. There are suggestions that the potential beneficial effects of Metformin can extend up to patients with cancer, cognitive disorders, neurodegenerative diseases as well on effects of Aging.

These extended benefits of metformin were recognized in the 2017 review article, which had the appropriate title: "Metformin, the aspirin of the 21st century[1], and with it came the question about How strong is the evidence?

Let's start the with the practical aspect of this discussion, We all are familiar with the side effect profile of Metformin which includes dose related GI symptoms (nausea, stomach upset, bloating, diarrhea) as well as Lactic acidosis(more pronounced in compromised kidney function) and most of the in vitro which suggests the putative benefits of Metformin, used Supra pharmacological doses. A recent study have shown that nearly one third of patients started on Metformin discontinue it in first three months[2].

Owing to its glucose lowering and insulin sensitizing properties, it makes sense to combine Metformin with Lifestyle modifications in pre-diabetic population, but contrary to that multiple studies, concluded that chronic use of Metformin can actually blunt the beneficial effects of exercise on insulin resistance, metabolic syndrome prevalence and inflammation (3), most likely by reducing the Reactive Oxygen Substrate (ROS) produced by exercise. Intense lifestyle modification alone is the Gold standard for reducing Cardiovascular and metabolic disorder risk in obese pre diabetic population. In fact Diabetes Prevention program research group have suggested that the incidence of diabetes was reduced by 58 percent with the lifestyle intervention and by 31 percent with metformin, as compared with placebo(4). Another study suggested that metformin actually negatively impacts the hypertrophic response to resistance training in healthy older individuals (5). The Look AHEAD study reported that the addition of metformin to those undergoing Intensive Lifestyle Intervention (ILI) did not enhance the benefits of ILI on cardiorespiratory fitness and weight loss (6). All these findings raise the critical question of how justified are we to co-prescribe Metformin alongside exercise for prevention of DM in pre diabetic and non diabetic obese population.

Again we would like to assume that combining Metformin with Insulin should have some beneficial effects in regards to its insulin sensitizing effects in type 1 Diabetes, but this assumption was not supported by the results of the REMOVAL trial, a placebo-driven multi-centre international RCT[7,8]. The conclusion of its report in the BMJ's Drug and Therapeutics Bulletin in 2018 stated that "Although metformin might limit weight gain and improve lipid levels to a minor extent, this is accompanied by an increased risk of adverse gastro-intestinal effects and biochemical vitamin B12 deficiency. Given such uncertainty over the long-term benefits, we believe that metformin has a very limited role in the management of people with type 1 diabetes"[9]. Other studies have also shown association between chronic use of Metformin with vit B12 deficiency which kind of offsets its putative benefits in Neurodegenerative diseases[10]. We can't deny the wonderful role Metformin plays in management of Type 2DM patients but to call it a panacea its beneficial effects should extend to non diabetic population. A meta-analysis of 40 studies comprising over 1 million patients also concluded that cardio protective effects of Metformin do not extent to non diabetic population[11].

Coming to putative benefits of Metformin in protection/treatment of cancers, though substantial amount of studies support the beneficial effects of Metformin in management of some but not all cancers, a critical review of said studies[12], published in 2022, indicates that immortal time bias and not using time-dependent analysis of drug exposure might have resulted in an over-estimation of the effectiveness of the anti-cancer effects of Metformin. In fact, a study published in 2019 where adjustments were made for time-related biases in a regression analysis of cancer risk in 315, 890 subjects with diabetes over the period 2002–2012, no association was noted for the use of metformin and reduced risk of major cancers, including bladder, breast, colon, lung, pancreas and prostate cancer[13]. Analyses of data from the ADOPT (A Diabetes Outcome Progression Trial) and RECORD (Rosiglitazone Evaluated for Cardiovascular Outcomes and Regulation of Glycemia in Diabetes) as well as a four year RCT REDUCE, also show no beneficial effects of Metformin in preventing cancers.

There is Also a lot of discussion over repurposing Metformin as an anti aging drug, and if proven that could change the world as we know it, but unfortunately the studies that suggests this hypothesis are mostly in vitro studies and have not been unanimously positive, also the doses used in these studies could actually be toxic in human subjects, especially if you are considering older population who might already have impaired liver or renal functions. Furthermore, a critical review published in 2021 states that, A dependence on the use of metformin as a prophylactic to delay aging could serve to decrease the incentive to pursue the proven benefits of lifestyle changes such as improved diet and exercise. Moreover, the long-term chronic use of metformin would require attention to the potential occurrence of vitamin B12 deficiency. On this basis, we conclude that metformin should not be seen as a 'quick fix 'panacea for aging at the expense of non-pharmacologic interventions such as diet, exercise, and related lifestyle changes. Indeed, the use of metformin may negate some of the positive effects of exercise and lifestyle and less favorable effects in older subjects as was also emphasized by the Diabetes Prevention Program[14].

Metformin have also been implicated in preventing Neurodegenerative diseases, and various studies support this finding, but so does other anti diabetic medications, which shows that this putative benefit might be due to glucose lowering action and is not specific to Metformin. The same could be said about cardiovascular benefits of Metformin, a meta analysis of 18 RCTs published in 2022, states that there is no evidence of clinically significant beneficial effect of metformin therapy as compared to other glucose-lowering medications or placebo on the examined microvascular complications[15].

Though we have long-term experience with using metformin in pregnancy, unlike insulin, it crosses placenta and studies have shown effects on postnatal growth[16,17]. Overtime the literature on Metformin in pregnancy became more reassuring with increasing evidence for a lack of adverse effects on miscarriage and congenital anomalies at birth in both animal and human studies. However, at

molecular level, the subtle effects of Metformin on human fetal tissue development during pregnancy and after birth are only beginning to emerge and these findings leave questions unanswered about its safety for the unborn child and their later life. Its anti-folate like and vitamin B12-lowering activity may impose adverse trans generational effects on offspring in pregnant T2DM and GDM women by impairing one carbon metabolism and mitochondrial aerobic respiration. This may restrict placental and fetal growth, thereby promoting SGA births and increasing offspring susceptibility to cardio metabolic diseases in adulthood[18]. Notably, SGA offspring exposed to metformin in utero have shown signs of 'catch-up growth 'during childhood. In the Metformin in Gestational Diabetes: The Offspring Follow Up (MiG: TOFU) study, at two years of age, metformin-exposed offspring demonstrated higher subcutaneous adiposity and larger mid-upper arm circumferences and bicep and subs capsular skin folds than insulin-exposed offspring[17]. By nine years of age, they presented with significantly higher body mass index (BMI) and larger arm and waist circumferences, triceps skin folds, and abdominal fat volumes compared to insulin-exposed offspring[16]. A follow-up study of children exposed to metformin in utero in pregnancy complicated by polycystic ovarian syndrome also revealed they had higher BMIs at four years old than placebo-treated pregnancies[19]. Another randomized controlled trial showed that infants exposed to metformin during GDM pregnancy were markedly heavier at 12 and 18 months of age compared to insulin-exposed infants.

L.Nguyen in his analysis of Metformin raised important concerns that if Metformin is hailed as a drug for treatment of cancers by virtue of its ability to decrease protein synthesis, cell growth and proliferation via activation of AMPK signaling pathway, then can't it have similar effects on fetal embryogenesis and beta pancreatic cell proliferation and differentiation as these are also active cellular growth events, and indeed studies have shown, when beta cells are exposed to metformin without metabolic challenges, beta cell proliferation is known to be suppressed and apoptosis is promoted and this have anti-growth or restrictive effects on pancreatic beta cells, potentially resulting in a smaller beta cell mass formed during fetal development. This may reduce the individual's ability to withstand life-long glucose or nutrient challenges, giving rise to a higher risk of earlier beta cell dysfunction which translates to the development of T2D[20]. They also raised concerns over anti androgenic effects of Metformin, which are beneficial in PCOS patients but if similar effect will happen in developing fetus then there could be reproductive abnormalities in the offspring.

Other important concerns were raised in a recent large Nationwide study conducted in Denmark that concluded that Preconception paternal metformin treatment is associated with major birth defects, particularly genital birth defects in boys. Further research should replicate these findings and clarify the causation[21].

The environmental impact of metformin is now being questioned owing its extensive use as it has no metabolite. It has been linked to endocrine disruption in fish and its effects of human reproduction has raised concerns.

In conclusion, we can safely say that Metformin owing to its glucose lowering and insulin sensitizing properties, as well as cost effectiveness is a first line management drug in Type 2 DM. It has also shown benefits in patients with PCOS and could be prescribed to patients with GDM with caution. But other putative benefits of Metformin are not yet established and questions have been raised regarding its use in non diabetic population. Prospective trials would be required to make any further conclusions, till then our search for a drug that could be called a panacea will continue.

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ANTENATAL CORTICOSTEROIDS (GTG 74)

Dr. Rhythm Bhalla

BENEFITS OF ANTENATAL CORTICOSTEROIDS

BENEFITS IN PRETERM BIRTH

- Giving steroid cover ***within 7 days prior*** to preterm birth reduces

Perinatal Death
Neonatal Death
Respiratory Distress Syndrome

- Moderate certainty in reducing Intraventricular Hemorrhage (IVH) Developmental Delay in childhood

BENEFITS IN PLANNED CESAREAN BIRTH

- Planned caesarean birth should not routinely be carried out before 39+0 weeks' gestation
- For patients undergoing planned cesarean between 37 to 38+6 weeks
- ***May reduce***

Admission to the neonatal unit (NNU) for respiratory morbidity

- ***Uncertain*** if there is any reduction in

RDS
Transient tachypnea of the newborn (TTN) or NNU admission overall

- ***May result in harm*** to the neonate which includes

Neonatal hypoglycemia

Potential developmental delay

GESTATION WHEN THEY SHOULD BE OFFERED

- Before 24 weeks

Corticosteroid ***administration has benefits*** when administered to women in whom imminent preterm birth is anticipated (either due to established preterm labour, PPROM or planned preterm birth)
The obstetric and neonatal team should discuss the administration of corticosteroids at these early gestations with the woman in the context of her ***individual circumstances and preferences***

- Between 24+0 to 34+6 weeks

Corticosteroids ***should be offered*** in whom imminent preterm birth is anticipated (either due to established preterm labour, PPROM or planned preterm birth)

ROLE OF CORTICOSTEROIDS IN SPECIAL CIRCUMSTANCES

MULTIPLE PREGNANCY

- Women with twins and triplets should be offered targeted antenatal corticosteroids for early birth in line with recommendations for singletons
- Uncertainties should be discussed
- Single or multiple untargeted (routine) courses of corticosteroids should not be used
- There is no evidence of benefit in using untargeted administration of corticosteroids

DIABETES MELLITUS

- Diabetes ***should not be*** considered an absolute contraindication to antenatal corticosteroids
- In women with diabetes who are receiving corticosteroids

Additional insulin should be given according to an agreed protocol
Close blood sugar monitoring should be undertaken
Blood sugar levels can remain elevated for up to 5 days

- For women with diabetes undergoing planned caesarean birth ***between 37+0 and 38+6 weeks***

An informed discussion should take place with the woman and her family about the potential risk and benefits of a course of corticosteroids.
Corticosteroid administration is associated with increased rates of neonatal hypoglycemia

PATIENTS WITH FGR, PRE-ECLAPMSIA, APH

- Birth ***should not be delayed*** for antenatal corticosteroids if the indication for birth is impacting the health of the woman or her baby
- NICE guidance recommends a course of antenatal corticosteroids ***should be offered*** if planned early birth is necessary for hypertension in pregnancy
- If imminent preterm birth is likely, a course of

antenatal corticosteroids should be offered to women whose babies are thought to be either SGA or FGR, but women should be counseled about the ***lack of evidence*** to guide care

PPROM

- Antenatal corticosteroids ***should be offered*** to women with PPROM who are at increased risk of preterm birth.
- There is currently limited evidence to recommend repeat courses of antenatal corticosteroids if a woman remains at imminent risk of preterm birth seven days after administration of antenatal corticosteroids.
- A further course may reduce the need for neonatal respiratory support
- In women with PPROM, concerns have been raised that multiple courses of corticosteroids may increase the risk of chorioamnionitis and neonatal sepsis.

DOSAGE AND ROUTE OF ADMINISTRATION

- ***24mg dexamethasone phosphate*** is given intramuscularly in two divided doses of 12 mg 24 hours apart or four divided doses of 6 mg 12 hours apart (Total 24mg)
- Alternative is ***24 mg betamethasone sodium phosphate/acetate mix*** given intramuscularly in two divided doses of 12 mg 24 hours apart (Total 24mg)
- Betamethasone phosphate, the preparation widely available in the United Kingdom, has different pharmacokinetics from betamethasone sodium phosphate/acetate mix and there is little evidence to guide the effective dosage regimen for this formulation.
- Oral or transplacental administration is not recommended
- They are most effective in reducing RDS in pregnancies that birth between 24 hours and 7 days of administration of the second dose of antenatal corticosteroids.

RISKS TO MOTHER AND BABY

RISKS TO MOTHER

- No evidence that antenatal corticosteroids increased rates of Maternal infection (especially dexamethasone)
- Are known to increase maternal blood glucose levels
- More likely to have an abnormal glucose tolerance test (performed from 72 hours after steroid administration)

RISKS TO BABY

- *Low Birth weight*
- Reductions in weight, head circumference and length
- Higher rates of *Neonatal hypoglycemia*

Neonatal hypoglycemia has also been demonstrated in women with diabetes who have received steroids prior to caesarean birth at term
Long-term metabolic and neurological consequences of neonatal hypoglycemia are uncertain
Dose-dependent increased risk of poor executive function and visual motor function and may therefore impact on later learning.

CONTRAINDICATIONS OF USE

- Serious concerns about maternal or fetal condition that will be alleviated by expedited birth
- Suppress immune system
- Presence of systemic infection – *use with caution*
- May activate latent infections
- Exacerbate fungal infections

ROLE OF REPEAT DOSE

- *No reduction* in serious morbidity or long-term benefits have been seen with repeat corticosteroids
- Babies who receive repeat doses of antenatal corticosteroids are smaller (*lower birth weight and reduced length)*
- Currently *limited evidence* to recommend repeat courses of antenatal corticosteroids if a woman remains at imminent risk of preterm birth 7 days after administration of antenatal corticosteroids.
- WHO systematic review and guidance *recommends a single rescue course* - if women remain at high risk of preterm birth and more than seven days has elapsed since previous treatment
- A further course *may reduce* the need for neonatal respiratory support
- Maximum number of corticosteroid courses given in any one pregnancy *should not exceed 3*

Abstracts

Paper Presentation

INTRODUCING AND ESTABLISHING BIRTH COMPANIONSHIP IN LABOUR WARD OF -A QUALITY IMPROVEMENT JOURNEY THROUGH AND BEYOND COVID PANDEMIC

Meenakshi Singh, Manju Puri, Vidhi Chaudhary, Reena Yadav

Objective: We aimed to establish the practice of birth companionship in all eligible women in labour ward from existing 0% to 70% in 8 weeks' duration.

Design: Prospective Quality improvement study using Quality improvement tools.

Method: This study was conducted in the Department of Obstetrics and Gynaecology, Lady Hardinge Medical College, New Delhi. A quality improvement (QI) team was formed, and after obtaining the baseline data, problems were analysed using Ishikawa fish bone model. Multiple Quality Improvement tools were involved. Changed ideas were executed in multiple plan-do-study-act (PDSA) cycles.

Results: The median value of women accompanied by birth companion rose to 20% after the first PDSA cycle. With enforcement of subsequent changed ideas, we achieved the goal after 3 rd PDSA cycle. The practice came to halt during covid pandemic but was restarted in September 2021 and with subsequent PDSA runs,we again attained our goal and managed to sustain till now.

Conclusions: Understanding and applying Quality improvement methodology helped implementation of a novel policy of allowing birth companions in a heavy laod public health facility overcoming all hurdles and with no extra human,financial or infrastructure resources.

IMPACT OF RESPECTFUL MATERNITY CARE ON BIRTHING SATISFACTION OF WOMEN UNDERGOING VAGINAL BIRTH IN A TERTIARY CARE CENTRE

Shailley Baruhee, Meenakshi Singh, Pikee Saxena

Objective: We aimed to ascertain the association between Respectful maternity care and birth satisfaction scores in mothers undergoing normal vaginal birth in the labour ward.

Design: Cross sectional study

Method: This study was conducted in the Department of Obstetrics and Gynaecology, Lady Hardinge Medical College, New Delhi. All women eligible and willing to participate were enrolled and their personal, sociodemographic and clinical details filled as per Semi structured proforma. They were assessed for respectful maternity care and birth satisfaction score by PCMC and BSS-R tools respectively in post-natal wards after 48 hours of delivery (sample size=100). The mean score for BSSR and RMC (PCMC) were 30 and 60 respectively. Correlation between RMC (PCMC) score and BSSR score were analyzed using Karl Pearson Correlation Coefficient Method.

Results: The results showed linear correlation of Respectful maternity care score with Birth satisfaction score. Amongst demographic parameters, multiparous women, lower socio- economic status and women in spontaneous and short duration of labour perceived more Respectful care.

Conclusions: Improving the Respectful and dignified care to the birthing women can improve their birth satisfaction and motivate more institutional and safe deliveries.

HEAT-STABLE CARBETOCIN VS OXYTOCIN TO PREVENT POST-PARTUM HEMORRHAGE: A SINGLE-BLIND RANDOMIZED CONTROL TRIAL

Esther Issac, Anuradha , Shanmuga Priya

Objective: This study aims to determine the effectiveness of heat-stable carbetocin (HSC) as compared to oxytocin in preventing postpartum haemorrhage in women undergoing vaginal delivery. Design: This was a single-blinded prospective randomized controlled trial designed to compare the effect of heat-stable carbetocin versus oxytocin in women undergoing vaginal delivery at SRM Medical College Hospital and Research centre,

Chengalpattu, Tamil Nadu. The study was conducted from April 2022 to May 2023 for a period of one year. Method: A total of 194 women with term singleton pregnancies undergoing vaginal delivery were equally allocated into two groups by randomization. Written informed consent was obtained from all patients. Hematocrit and haemoglobin readings were measured upon admission and before delivery. Immediately after the birth of the baby, Group A's 97 participants received 100 mcg of carbetocin (Heat stable) intramuscularly, and Group B's 97 participants received 10 IU of oxytocin IM coupled with aggressive treatment of the third stage of labour in accordance with WHO guidelines. Post-delivery, the amount of blood loss, change in haemoglobin, and occurrence of any adverse effects were used to assess the efficacy of both drugs. Results: There was a statistically significant difference between oxytocin and carbetocin in the amount of postpartum blood loss (250 to 500 ml) [65% (60) vs. 34% (31), p-value <0.05] and drop in haemoglobin level 24 hours post-delivery [10.83±1.26 vs. 11.55±1.20, p-value & lt;0.05] between the two groups, higher in the oxytocin group compared to carbetocin. In terms of major PPH (>1000ml), additional uterotonic agents, and adverse effects, there was no significant difference between the two groups. Conclusion: This study concludes that carbetocin is superior to oxytocin in the prevention of post-partum blood loss in women undergoing vaginal deliveries. Carbetocin is heat stable and can be administered as a single dose, hence, it can be used for routine prophylaxis.

CASE CONTROL ASSOCIATION STUDY OF TLR4(RS 1927914) POLYMORPHISM WITH THE RISK OF LBW & FGR IN NORTH INDIAN WOMEN

Uma Pandey

Background: Compared to newborns of normal birth weight at term gestation, the mortality and morbidity rates for low birth weight (LBW) and fetal growth restriction (FGR) babies are absurdly high. This is because these babies are more vulnerable to infections.

Aims and objectives: To study the association of toll-like receptor (TLR) 4 gene T>C (rs 1927914) polymorphism with the risk of LBW and FGR at term gestation in north Indian women.

Materials and methods: One hundred and eighty-two pregnant women (50 LBW and 32 FGR cases and 100 controls), 18–45 years of age, who attended the antenatal clinic or labor room were studied. We studied different maternal factors like maternal height, body mass index, number of antenatal visits, pre-pregnancy weight, and weight gain during pregnancy. In newborns, parameters like birth weight, gender, Apgar score after 1 and 5 minutes, NICU admission, and different anthropometric data were assessed. Polymerase chain reaction- restriction fragment length polymorphism (PCR-RFLP) was studied to analyze the single- nucleotide polymorphism of TLR4 (rs1927914) T>C.

Results: There was no significant association between TLR4 (rs 1927914) T>C polymorphism and risk of LBW and FGR. Genotype, TC, and CC of TLR4 T>C polymorphism showed a slight increase in the risk of LBW ($p = 0.38$).

Conclusions: The present study suggests that several inter-related factors increase the risk of LBW and FGR. The complex interplay and co-existence of many maternal and fetal factors are the leading cause of the increased risk of LBW and intrauterine growth restriction. Early prediction, identification of these risk factors, and proper management may prevent infant morbidities.

CORRELATION OF SFLT/PLGF RATIO WITH SEVERITY OF PREECLAMPSIA IN INDIAN POPULATION

Namrata Kumar, Vinita Das, Anjoo Agarwal, Amita Pandey, Smriti Agarwal

OBJECTIVE: Preeclampsia (PE) affects 2–8% of pregnant women and significantly increases the risk of maternal and perinatal morbidity especially in developing countries. Newer biochemical markers like placental growth factor (PlGF) and soluble fms-like tyrosine kinase-1 (sFlt-1) help to predict severity of PE.

DESIGN: Prospective cohort study was done to evaluate correlation of sFlt-1/PlGF ratio with adverse maternal and perinatal outcomes in women with pre-eclampsia.

METHOD: Pregnant women suspected to have PE underwent biophysical and biochemical investigations to measure the severity like mean arterial pressure, fetal biometric and Doppler parameters, sFlt-1 and PlGF.

RESULT: We recruited 91 women with PE at mean

gestational age of 30.63±2.86 weeks. Women who had adverse maternal event had higher median levels of sFlt (11500.0 pg/mL vs 3051.0 pg/mL; P < 0.001) and lower PlGF levels (44.88 pg/mL vs 148.50 pg/mL; P < 0.001) and higher sFlt-1/PlGF ratio (306.22 vs 30.63; P < 0.001) compared to women who did not. Pregnancies with an adverse perinatal outcome also had a higher sFlt-1 (12100.0 pg/mL vs 3051.0 pg/mL; P < 0.001), lower PlGF (27.2 pg/mL vs 148.50 pg/mL; P < 0.001) and higher sFlt-1/PlGF ratio (378.45.4 vs 30.63; P < 0.001). Area under receiver operator curve shows sFlt and PlGF to emerge as best biomarkers compared from other biochemical markers to predict adverse maternal (AUC 0.81 (0.72–0.90) and foetal (AUC 0.88 (0.80–0.96)) outcomes in PE.

CONCLUSION: The sFlt-1/PlGF ratio correlates well in predicting adverse maternal and perinatal outcomes compared to any other biochemical marker in Indian population. The incorporation of the sFlt-1/PlGF ratio in women with preeclampsia can help in predicting the severity of the condition and timings of the delivery.

ACCEPTABILITY OF DIFFERENT CONTRACEPTIVE METHOD - CONDOM, DEPOT MEDROXYPROGESTERONE ACETATE, COPPER INTRA UTERINE DEVICES , PROGESTIN ONLY PILLS IN LACTATING MOTHERS

Anju Singh, Swetha Mude, Vanita Suri, Rashmi Bagga, Rimpi Singla , Vanita Jain, Snigdha Kumari

OBJECTIVES: High fertility rate, high maternal mortality and high infant mortality rates are the shared problems of the all the developing countries of the world .According to Directorate of Health Services surveys , 40% of women who intend to use a Family Planning method in the first year postpartum are not using one. Contraceptive use is negligible among postpartum women, particularly young mothers . We aimed to determine the reasons for acceptability, non acceptability,side effects and continuation of four contraceptive methods condoms, Depotmedroxyprogesterone acetate,(DMPA), copper intrauterine contraceptive devices (IUCD), progesterone only pills (POPs) in lactating mother after 6 weeks of delivery.

METHOD: A total of 200 healthy nursing mothers, who needed contraception were enrolled in this prospective observational study . Women were explained about all four contraceptive methods used for the study. The reason for accepting a particular method was sought. The study participant were followed up at third and sixth month and side effects, failure rate, continuation rates, reasons for discontinuation of method were assessed.

RESULTS: The most acceptable method was condom (40.5%) followed by DMPA (31%), IUCD (20.5%) and POPs (8%). The most common reason for selection of condom was fear of side effects with other methods (66%). Long acting method like DMPA and IUCD has good continuation rate of 87% and 85% respectively. Failure of contraception was seen only with condoms (2.8%).

CONCLUSION: This study showed condoms was most acceptable method but had failure whereas DMPA and Cu-IUCD have high continuation rate with no failure.

CAN MATERNAL PLATELET TO LYMPHOCYTE RATIO AND NEUTROPHIL TO LYMPHOCYTE RATIO PREDICT PRETERM DELIVERY? A PROSPECTIVE OBSERVATIONAL STUDY FROM TERTIARY CARE CENTRE

Mrinalini Kannan, Sajeetha Kumar

OBJECTIVE: The aim of this study is to investigate the correlation between maternal platelet to lymphocyte ratio (PLR), neutrophil to lymphocyte ratio (NLR) with the gestational age at delivery and fetal outcome. A higher NLR & PLR was associated with lesser gestational age at delivery and low birth weight babies .DESIGN: prospective observational study done in pregnant women attending OPD in SRMMCH. METHOD: Based on inclusion criteria (Women with singleton intrauterine pregnancy between 28 - 32 gestational weeks, Age between 18 – 35 yrs , Women willing to participate) and exclusion criteria (women with any co-morbidity) 50 women were selected . A detailed obstetric , clinical examination was done. A CBC with differential count was sent in third trimester. NLR PLR was calculated, patient was followed up till delivery. The gestational age at delivery, mode of delivery and fetal outcome was assessed. Statistical analysis was done using appropriate SPSS software, chi square test.

RESULTS: Of the 60 women 3 delivered before 34 weeks, 12 between 34-37 weeks and 45 between 37-40 weeks.

The women who delivered & lt; 34 weeks and 34-37 weeks, average baby weighed 1.78 and 2.74 kg while women delivering at & gt; 37 weeks weighed 29kg and required less NICU Admission. nlr values. NLR and PLR Values are higher in pregnancies with preterm delivery Conclusion: nlr can be potentially useful for prediction of spontaneous preterm delivery, however need for larger prospective study is needed for reliable conclusion.

SUBDERMAL SINGLE ROD CONTRACEPTIVE IMPLANT: NEW BEGINNING

Archana Meena, Vidhi Chaudhary, Mansi Kumar

OBJECTIVE: The etonogestrel (ENG) single rod dispositive has been widely used as a safe and effective long-actingreversible contraceptive (LARC) method worldwide. Recently 3-yearly single rod Nexplanon XT has beenintroduced in India in phased manner for eligible women. The aim is to describe our initial experience ofimplants in clinical practice, in terms of safety, efficacy, continuance rate and adverse events in eligibleacceptors of this method.

DESIGN: Case series

METHODS: We report 8 cases in which single rod subdermal implants were inserted in non-dominant arm in eligiblefemales after informed consent and explaining about the procedure. Implants were inserted under localanesthesia by trained personnel after explaining procedure, advantages and side effects Double bandageswere applied over insertion site with removal of outer bandage at day 2 of insertion and inner bandage onday 5 of insertion. Patients were followed on the 2nd, 6th, 12th week after insertion.

RESULT: Mean age of the acceptors was 28.4 years. The time for insertion was interval period in 62.5%(n=5) & post abortal 37.5 %(n=3). All except one had insertion in left arm.Amenorrhea (75%, n=6)was the most common complaint at the end of 12 weeks for which they were counselled. One acceptor complained of rash and itching over insertion site which was relieved on antiallergics and continued the method. Other acceptor complained of persistent bleeding refractory to medical management in whom implant was removed as bleeding was not controlled by medical management. There was another implant removal as woman developed intermittent tingling sensation and severe anxiety. 75% of women continued the implant at the end of12 weeks. None reported failure of implant.

CONCLUSION: The case series suggests 80% acceptance rates of subdermal implants. They are safe and effectiveirrespective of timing of insertion. Acceptors must have adequate counselling about the change inmenstrual pattern as a minor side effect for them to be able to continue the method. It's a novel long-acting reversible contraception (LARC) introduced in government set up in India and has a widened thecontraceptive basket with its ease of administration.

CRITICAL ANALYSIS OF PREGNANCY OUTCOMES IN PATIENTS WITH INTRAHEPATIC CHOLESTASIS OF PREGNANCY: AN OBSERVATIONAL STUDY

Mansi Garg, Sharda Patra

Introduction: Intra-hepatic cholestasis of pregnancy is a common pregnancy dermatosis that usually presents in third trimester of pregnancy with pruritus. Biochemically, the condition is characterized by increased SBA and aminotransferases. Though it is a benign condition in the mother, in the fetus it can be responsible for adverse outcomes like pre-term delivery, fetal distress to even fetal loss. Ursedeoxycholic acid is the most efficacious medical treatment available for IHCP, but has no definitive role in preventing adverse fetal outcome.

Method: In this retrospective observational study, pregnancies with IHCP were studied for their age distribution, obstetric history, presentation including pruritis, icterus; Liver function Tests including Total bilirubin, Transaminases and Serum Bile Acid levels; relief to UDCA and feto-maternal outcomes in these patients.

Result: Out of 100 pregnancies with IHCP, 73% women were below 30 years of age, and 27% above 30years. 55% were Primigravida and 45% were multigravida. Patients presented at a mean POG of 30- 31 weeks, and maximum POG of 33 weeks. 99% were relieved on medication. Of these 100 women, 64% had mild, 35% moderate and 1% had severe IHCP(acc. to latest GTG 2022).Values of ALT, AST, ALP and Bile Acid in these patients were raised above normal values in pregnancy. 70% patients had Normal Vaginal Delivery and 30% LSCS. Incidence of MSL among these women was 42%, Preterm babies was 40%, NICU admission rate 32%.

Conclusion: In this study, the patients with IHCP had significantly increased chances of biochemical changes, preterm deliveries, LSCS, fetal distress and MSL.

Keywords: IHCP(Intrahepatic Cholestasis of Pregnancy); SBA(Serum Bile Acid); UDCA(Ursodeoxycholic Acid)

SHIFTING PARADIGM AFTER MTP AMENDMENT ACT, 2021- A TERTIARY CARE HOSPITAL EXPERIENCE ON SAFE ABORTION CARE

Snigdha Kumari

Introduction: The medical termination of pregnancy (MTP) act has undergone evolutions since it was passed in 1971, the recent most was in 2021, taking it closer to expand the access of safe and legal abortion services to ensure comprehensive abortion care, increasing limit of MTP from 20 to 24 weeks helps in tackling the issue of increasing maternal mortality due to unsafe abortions practices accounting for 8% of the MMR. This amendment will increase the ambit and access of women to safe abortion, following such guidelines the present study would share our on experience as tertiary care centre in providing comprehensive abortion care.

Method and Results: Around 336 MTP was done in one year from the month of June 2021 to May 2022 in the Department of Obstetrics and Gynaecology at PGIMER Chandigarh, the data presented here is taken from the records of the same. Out of the total MTPs done, 69 % (235) accounted for 2 nd trimester MTP while the remaining 31% were 1 st trimester. After the amendment of the act the limit for 2 nd trimester abortion has gone from 20 to 24 weeks which accounted for 39 % (132) of total MTP. All the above patients were followed up for minimum 2 months for any complications.

Conclusion: Accounting from the experience, the amendment in act has helped in including a huge subset of population providing safe abortion care and providing us with new challenges in form of complications due to advanced gestational age. Holistic care of these patients including counselling patient and relatives throughout the process of MTP regarding nature of procedure, benefits and risks associated with MTP, need for genetic testing of abortus, planning of future pregnancy, need for contraception helped us to achieve our goal in managing these patients more competently.

SICKLE CELL DISEASE IN PREGNANCY

Ritu Parashar, Anusha Kamath, Avantika Gupta, Shuchita Mundle

AIM: To study course and management of sickle cell disease in antenatals at multispecialitities

INTRODUCTION: Sickle cell disease (SCD) is the most common inherited hemoglobinopathy and is associated with increased risk of complications and early mortality Sickle-cell anemia results from the inheritance of the gene for S hemoglobin from each parent.hemoglobin S undergo sickling when they are deoxygenated, and the hemoglobin aggregates.. In contrast, sickle hemoglobin (hemoglobin S) originates from a single β-chain substitution of glutamic acid by valine, which stems from an A-forT substitution at codon 6 of the β-globin gene. Studies done in east Maharashtra in premarital age group of 5172 Indian subjects (2762 males and 2410 females) from eastern Maharashtra of India showed high incidences of HbS (0-33 per cent) .SCD adversely affects pregnancy, leading to increased incidence of maternal and perinatal complications like pre-eclampsia, preterm labor, IUGR, abortions,ac*ute chest syndrome (ACS) ,painful crisis,pulmonary embolism,infections hematological complications* pre-eclampsia, preterm labor, IUGR, abortions.

MATERIAL AND METHODS: All the pregnant cases with sickle cell disease presented to department of obstetrics and gynaecology All India Institute of Medical Sciences,Nagpur between the period of January 2022 to January 2023 were included in the study.Cases were diagnosed antenatally with sickling and HPLC antenatally.

RESULT: Pregnancy with sickle cell disease can be managed successfully at multispecialities with maintenance of normal hemodynamaics with preferred vaginal mode of delivery.

DISCUSSION: patient at 5+30 weeks period of gestation with twin gestations with vaso-occlusive crisis delivered pre term IUGR baby with 1.2 kg baby weight and another twin IUD , post op 1 unit PRBC was transfused post delivery at Hb5.3- with normal liver and kidney function,without any oxygen or ventilatory support,2nd case with at 6+33 weeks primi with IUD. Induction of labour done with foley's catheter f/b misoprostol 25 mcg delivered vaginally,1 unit PRBC transfused on Hb-6.9.Another case at 34+2 weeks POG with fetal distress taken LSCS delivered with 2.34 Kg without blood transfusion. Postpartal period uneventful.

CONCLUSION: A series of cases of 4 pregnant women with sickle cell disease suggested 3out of 4 delivered vaginally all l preterm births with low or very low birth weight of babies (with no intrapartum or anterpartum fetal distress except in one with abortion after dexa coverage), need for blood transfusion in 2 out of 4 oxygen support or need for higher antibiotics among 3 out of 4 patients in intra or postpartum period

EVALUATION OF SEQUENTIAL ORGAN FAILURE ASSESSMENT (SOFA) SCORING AS A TOOL FOR MONITORING AND PREDICTIMG OUTCOME IN CRITICALLY ILL OBSTETRIC PATIENTS

Arimpa Saha

Design: it is observational,longitudinal,prospective study .Maternal death arise from the risk attributable to pregnancy as well as from poor quality care from health services.SOFA score used as a tool for quantifying the degree of organ dysfunction and the prognosis.

Objectives:

1. To assess the incidence and severity of organ dysfunction using SOFA scoring in patients admitted with severe maternal morbidity in obstetric icu.
2. To study association and distribution of SOFA score and lifesaving critical intervention for mothers with SMM.

Methods: study conducted among 100 patients with severe maternal morbidity admitted in ICU. The SOFA scores was calculated till mortality or day 7 of admission, whichever was earliest.

RESULTS: The mothers who died had higher mean and highest SOFA scores than the mothers who survived. Mean SOFA scores on Day 1 was 7.08 in mothers who ultimately died versus 3.56 among mothers who survived. Similarly, Day 1 highest SOFA scores among mothers who died was 16 on versus 11 among mothers who survived. By Day 7, SOFA scores among mothers who died had worsened to a mean of 16.8 with highest score reaching 22. On the other hand, mean scores among mothers who ultimately survived had improved to a 1.9 on Day 7, with maximum score being 7.

CONCLUSION: SOFA scoring is an excellent method of monitoring of patients admitted in Obstetric ICUs with severe maternal morbidity. score of 7 and above on day of admission with increasing trend has most accurate predictive value for mortality .For prognostic scoring, SOFA scores of fifth, sixth or seventh day is most useful for predicting ultimate patient outcomes.

COMPARING THE OUTCOME OF ENHANCED RECOVERY AFTER SURGERY (ERAS) AND TRADITIONAL RECOVERY PATHWAY IN ROBOTIC HYSTERECTOMY FOR BENIGN INDICATIONS: A RANDOMIZED OPEN LABEL TRIAL

Anupama Bahadur, Bhawana Mallik, Rajlaxmi Mundhra

Introduction: Robotic assisted surgery enables surgeons to perform intricate procedures with minimal blood loss and shortens hospital stay without compromising the quality. Incorporating ERAS, optimizes patient's experience, standardizes perioperative care and improves surgical outcomes.

Aims and objectives: This study aimed to investigate the applicability of an enhanced recovery after surgery (ERAS) protocol versus conventional approach in Robotic gynecological surgery for benign indications and its influence on the post-operative length of stay.

Methods: This was Randomised Open Label Trial in a tertiary care center performed on 130 eligible patients who underwent robotic assisted hysterectomy for benign indications from July 2021 to March 2023. Patients were randomized into two groups (ERAS vs conventional, n=65 in each group) using computer generated table. Primary outcome included reduction in length of stay (LOS). The secondary outcome was to evaluate whether implementation of ERAS improves postoperative recovery without increasing complications and readmission rates.

Results: The groups were homogeneous and did not differ with respect to the demographic characteristics (age, ASA score, body mass index) and surgical indications. Adherence to ERAS protocol was 100%.Post-operative LOS was significantly lower in ERAS group compared to conventional group (1.43±0.61 versus 2.97±1.1days, p<0.0001). Time to tolerance of diet (p<0.0001), time to ambulate (p<0.0001), time to passage of flatus and

stools (p<0.0001), was statistically significantly in ERAS group. Overall complications and readmission rates were comparable in both groups.

Conclusion: ERAS protocol is applicable in Robotic gynecological surgery for benign indications and can be implemented with good adherence. This allows optimization of patient recovery by reducing hospital stay duration, without increasing morbidity or readmission.

NEEDS AND PROBLEMS OF ADOLESCENT GIRLS: A RETROSPECTIVE OBSERVATIONAL STUDY IN A MEDICAL COLLEGE OF NORTH BIHAR

Tripti Sinha

Introduction: Population statistics of India show a youth bulge -253 million adolescents amongst a total population of 1.3 billion.1:5 Indian is between 10-19 years coming from diverse backgrounds. Sociological and health data from this age group indicates that some of their needs and problems are common to all while others are specific to each adolescent depending on various factors. Recognizing the specific health needs, problems and expectations of adolescents the Government of India (GOI) has taken up the initiative to gear the health services to serve this burgeoning population. Reproductive, Maternal, Neonatal and Child Health-Adolescent program(RMNCH-A) and Rashtriya Kishore Swasthya Karyakram (RKSK) have been launched by the MOHFW to streamline the service delivery system by establishing Youth Friendly Health Services(YFHS) and Adolescent Reproductive and Sexual Health(ARSH)clinics at various tiers of the health delivery system.

Aims and objectives: The primary aim of this study wa to provide data on the various problems for which girls in the 10-19 years age group seek hospital consultation. Such data will help to identify the training needs of the undergraduate and postgraduate students as well as junior doctors working here. It will also provide the hospital management guidance on the logistical requirements for setting up adolescent health services so that they effectively cater to the needs of the target population.

Material and Methods: A retrospective observational was conducted at Sri Krishna Medical College Hospital, Muzaffarpur on the adolescents presenting at the Gynecology OPD and Adolescent OPD from January 2022 – March 2023. Source of data was the General Gynecology OPD and Adolescent Girls OPD registers maintained here. Informed consent from these girls was not required since the data was anonymised and no interventions as part of the study protocol done. The data collected reflect -ed the needs and problems of girls in the age-group 10-19 years.

Results: The data was analysed with the purpose of gaining an insight into the reasons why adolescent girls come for consultation at our hospital. The advice and treatment given to them was not part of the data collected. Almost half of the consultations were for problems related to menstruation- cycle length, amount and duration of flow or pain related to menstruation. Girls and their guardians often came with concerns with primary or secondary amenorrhea and sometimes for early menarche. One third cases were of abdominal pain especially lower abdominal pain. 11.09% cases were of excessive vaginal discharge often with pruritus vulvae which girls and parents felt could make her "weak".

OUTCOME OF CAESEAREAN SCAR ECTOPIC PREGNANCY - A RETROSPECTIVE ANALYSIS

Shivangi Jawa, Reena Yadav, Manisha Kumar, Nishtha Jaiswal, Kanika Chopra

Background - Cesarean scar ectopic pregnancy, a rare type of ectopic pregnancy ,is implantation of gestational sac in the myometrium and fibrous tissue at the sites of previous uterine scar.It has shown increasing frequency with increasing number of cesarean sections and improvement of ultrasound diagnosis.If diagnosed early and treated properly severe life threatening bleeding and Hysterectomy–losing fertility function could be avoided.

Materials and Methods - The study was a retrospective study done in the department of obstetrics and gynaecology of LHMC, New Delhi. All the cases of CSEP managed in our hospital between Jan 2022 to may 2023 were included in the study. The data was collected from medical record section. The demographic profile, clinical presentation, treatment modalities followed, follow up and duration of hospital stay was recorded in a preformed performa and entered in Microsoft Excel sheet for analysis.

Results - Cesarean scar ectopics account for 2.59% of total ectopic pregnancies. Age range of the patients was

27 to 40 years.Patients presented with either bleeding per vaginum(80%) Or pain lower abdomen(50%). One case presented with an ultrasound suggestive of cesarean scar pregnancy. Among these 60 % cases had previous two cesarean sections remaining 40% had previous one cesarean. Five of the 10 cases (50%) were live ectopic pregnancy. Medical management was done in 70 % cases and surgical in 30%. Among those managed medically, 2 (20%)developed methotrexate toxicity which was managed as per protocol. One case required hysterectomy.

Conclusion - An early and accurate diagnosis of CSEP is of utmost importance for optimal management with the aim of combating maternal morbidity associated with the same.

ANALYSIS OF BAKRI BALLOON TAMPONADE FAILURE: A CASE SERIES.

Keerti Mishra, Reena Yadav, Kanika Chopra

Background: Bakri balloon tamponade (BBT) is known to be highly effective in controlling post partum haemorrhage (PPH) to the tune of 80%. But failures do happen and it is important to anticipate it in order to be prepared for advanced interventions to curtail maternal morbidity and even mortality. We planned this study with the aim to investigate the risk factors and possible reasons behind BBT failures.

Materials and methods: We identified all the PPH cases with failed BBT from the medical record section over a period of 1 year, January 2022- December 2022. BBT failure was defined as the inability of BBT to control bleeding and requiring surgical intervention. BBT was used in a total of seven cases, out of which five cases of BBT failure were found .These cases were analysed in depth. Their demographic profile, parity, mode of delivery, prior risk factors for PPH, total blood loss and maternal outcomes were analysed.

Results: The average age of the cases was 31±6.0 years. Two were gravida 4 and primigravida each and one was gravida 2. Only one case was induced (oxytocin augmentation done for 12 hours), 4 had spontaneous onset of labour followed by vaginal delivery. One had caesarean section due to obstetric indication (twins with first baby in transverse lie). Pre-delivery moderate anemia was present in 2 cases, hypertension in 2 cases, severe thrombocytopenia in one and minor placenta previa in one case. In all cases except one, BBT was used on an average 3.5 Hours after delivery. Three patients had to undergo hysterectomy along with massive transfusion protocol due to major PPH. Two patients (one was referred post-delivery from outside for atonic PPH) had cardiac arrest on OT table prior to proceeding for hysterectomy due to pre-existing severe metabolic acidosis following major blood.

Conclusion: We analyse that delayed usage of BBT can be one of the reasons behind failure of the method. Also, it is mandatory to get arterial blood gas analysis done prior to deciding the use of BBT or directly proceeding to hysterectomy for optimal maternal outcome.

EVALUATION OF VITAMIN –D & CALCIUM LEVELS IN WOMEN WITH POLYCYSTIC OVARIAN DISEASE-AN OBSERVATIONAL STUDY

Jyoti Ahlawat

PCOD is the most common endocrine disorder in females of reproductive age group. PCOD leads to metabolic & hormonal disturbance.

OBJECTIVE: To asses level of vitamin D & calcium in PCOD cases as compared to age matched controls.

MATERIAL & METHOD: In the present prospective& observational study, a total of 120 pateints were recruited. The recruited patients were divided in the following two groups: 60 PCOD cases were enrolled along with 60 control subjects, cases were selected according to revised Rotterdam criteria. Vitamin D was evaluated with CLIA technique, calcium estimation was done by system pack kit method. All values were expressed as Mean+ SD. P value<0.05 was considered significant.

CONCLUSION: Women with PCOS have a significantly lower serum 25- hydroxyvitamin D & calcium levels as compared to controls. There is need for routine Vitamin D3 & calcium screening in all patients of PCOS for better insight into its role in the syndrome. Screening & correction of Vitamin D3 & calcium deficiency may prevent PCOS & its manifestations.

A STUDY ON CORRELATION OF TRANSVAGINAL ULTRASONOGRAPHIC AND HYSTEROSCOPIC OBSERVATIONS WITH HISTOPATHOLOGICAL FINDINGS IN WOMEN WITH POSTMENOPAUSAL BLEEDING

Harmeet Malhotra, Yandrapu Jyothirmayee, Sohani Verma

Objective: To correlate the transvaginal ultrasonographic observations with histopathological findings in women with postmenopausal bleeding. To correlate the hysteroscopic observations with histopathological findings in women with postmenopausal bleeding.

Design: Prospective Observational study.

Method: The study was conducted on 40 post-menopausal women above the age of 40 years admitted in Indraprastha Apollo Hospital for post-menopausal bleeding and consented for hysteroscopy were included in the study. After general and systemic examination, the patients were subjected to transvaginal ultrasonography and hysteroscopy and dilatation and curettage and histopathology report was followed.

Results: The overall sensitivity, specificity, positive predictive value and negative predictive value of TVS in detecting etiology of postmenopausal bleeding were 91.89%, 100%, 100% and 50% respectively. The diagnostic accuracy of TVS was 92.50%. Whereas, the overall sensitivity, specificity, positive predictive value and negative predictive value of hysteroscopy for detecting etiology of postmenopausal bleeding were 97.3%, 100%, 100% and 75% respectively. The diagnostic accuracy of hysteroscopy was 97.50%.

Conclusions: Hysteroscopy has an extra edge over TVS in terms of high sensitivity, specificity, positive predictive value and negative predictive value in diagnosing the etiology of PMB. Hysteroscopy is a safe & reliable procedure and gives a magnified view of whole uterine cavity and also allows us to take biopsy. However endometrial histopathology is important for confirming the diagnosis in women with postmenopausal bleeding. Thus, hysteroscopy, TVS and histopathology together helps us in early diagnosis and for planning the management.

ANALYSE THE EFFICACY OF PIPELLE BIOPSY IN DIAGNOSING THE CAUSES OF ABNORMAL UTERINE BLEEDING – ENDOMETRIAL DISEASE

Niharika Pandey, Sonal Kulshreshtha Megha Bandil, Vaishali Singh

Introduction: Abnormal uterine bleeding (AUB) is a common condition affecting a significant number of women. It is crucial to identify the underlying causes of AUB, particularly endometrial disorders, as they can lead to serious complications. Endometrial sampling, such as the Pipelle biopsy, is a widely used and effective diagnostic tool for evaluating AUB.

Objective: The objective of this study was to analyze the efficacy of Pipelle biopsy in diagnosing the causes of abnormal uterine bleeding, specifically endometrial disease.

Materials and Methods: A prospective interventional study was conducted at the Department of Obstetrics and Gynecology, Kamla Raja Hospital, Gwalior (M.P.). The study included 100 women aged over 30 years presenting with postmenopausal bleeding. The Pipelle biopsy procedure was performed, and clinical features, ultrasound findings, and histopathology results were analyzed.

Results: The study participants were divided into age groups, with the highest number of individuals experiencing abnormal uterine bleeding in the 40-49 years age group. Obesity was found to be associated with a higher risk of abnormal uterine bleeding. Pipelle biopsy findings revealed that proliferative endometrium was prevalent in obese participants, while secretory endometrium was more common among overweight participants. Obesity was identified as a risk factor for various endometrial pathologies.

Conclusion: This study highlights the importance of age and body mass index (BMI) in the evaluation of abnormal uterine bleeding. Pipelle biopsy was effective in diagnosing endometrial diseases associated with AUB. The findings emphasize the need for considering age and BMI when assessing the causes of abnormal uterine bleeding and highlight the role of Pipelle biopsy as a valuable diagnostic tool in gynecological practice.

"RELAPAROTOMY AFTER CAESAREAN DELIVERY: EXPERIENCE FROM A TEACHING HOSPITAL IN DELHI"

Triveni G S

BACKGROUND: The relaparotomy following caesarean section is one of the rare complication in post operative period with very high fatality rate. The objective of this study was to determine the incidence of relaparotomy after caesarean delivery, indications of relaparotomy and to assess maternal outcome after relaparotomy.

METHOD: This retrospective observational record based study was carried out in the Department of Obstetrics and Gynecology at Lady Hardinge Medical College and Smt Sucheta Kriplani Hospital. All Obstetric patients undergoing relaparotomy within six weeks of caesarean delivery between 1.1.2021 to 30.6.2023 were included in the study. The patients undergoing relaparotomy for other obstetric procedures (Eg. Primary Ectopic surgery, uterine perforation etc) and incomplete records were excluded. The data documented in file till discharge of the patient was entered in the MS excel sheet. Number of caesarean deliveries in the hospital during the above period was as per records of Medical Record Department.

RESULTS: The total number of caesarean deliveries during study period was 7,328. The incidence of relaparotomy in our study was 0.32%. Majority of patients were in 20-25 years age group and were multigravida. The most common indication of caesarean delivery was fetal distress. The most common indication of relaparotomy was intra peritoneal hemorrhage (36%). Majority (40%) of relaparotomy procedure was done within 24 hours of C-section. About 41% underwent hysterectomy during the procedure. About 20.8% underwent massive blood transfusion. About 38% had febrile morbidity, 40% had deranged coagulation and 30% had MODS in postoperative period. The mortality rate was 12.5%.

CONCLUSION: Caesarean delivery is a life saving and most common operation performed in obstetric practise. Every effort must be adopted to make the procedure safe. Relaparotomy is often considered in the event of maternal near miss as a resort to save mothers life. The intra peritoneal hemorrhage was the most common indication of relaparotomy in our study and majority were done within 24 hours of primary procedure. Hence, close monitoring in first 24 hours after the surgery should be diligently done for prompt diagnosis and early intervention. The meticulous surgical technique and ensuring proper haemostasis during primary surgery should be followed to prevent catastrophic complications.

PRENATAL INVASIVE DIAGNOSTIC TESTING FOR HEMOGLOBINOPATHIES: EXPERIENCE AT A TERTIARY CARE CENTRE IN CENTRAL INDIA

Avantika Gupta, Medha Davile, Shuchita Mundle, Neha Gangane

Objective: To study the outcome of prenatal invasive testing done for the couples with fetus at risk of major hemoglobinopathy.

Material and methods: Over a period of two years from July 2021 to June 2023, details of all the patients undergoing prenatal invasive testing to rule out major hemoglobinopathies were included in the study. Their demographic details, period of gestation at which test was performed, results of genetic test and the outcome of pregnancy was noted.

Results: A total of 49 procedures were carried out in 48 patients including one twin pregnancy. 13 chorionic villus sampling were performed and rest were asmniocentesis. CVS was performed at an average gestation of 12.5 weeks and amniocentesis at 16.5 weeks. A total of 12 fetuses were affected with major transfusion dependent hemoglobinopathy and these pregnancies were terminated by medical method.

Conclusion: With increasing awareness, patients are getting referred timely for prenatal genetic testing and many pregnancies are avoided where fetus is affected with major hemoglobinopathy

QUALITY OF LIFE ASSESSMENT IN WOMEN WITH SPONTANEOUS PREMATURE OVARIAN INSUFFICIENCY: A COMPARATIVE CROSS-SECTIONAL STUDY

Avantika Gupta, Deepthi Nayak, Anish Keepanasseril

Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry

Objective: Premature ovarian insufficiency is cessation of ovarian function prior to 40 years of age. It is known to have varied short and long-term implications on the health of the women. The quality of life is affected in various domains. The objective of this study is to evaluate QOL of women with POI and the factors associated with it, using WHO QOL-BREF scale.

Methods: This is a cross sectional comparative study. Women with premature ovarian insufficiency with normal karyotype were included before initiation of hormone replacement therapy as cases and age matched women without any menstrual irregularity, infertility or any chronic illness were included as controls. Written informed consent was obtained from all patients. The pre-validated Tamil version of the WHOQOL-BREF (26 items, 4 domains) was filled through face-to-face interview. The score of each domain was transformed into 0–100 as per the guideline provided by WHOQOL-BREF. Statistical analysis was done using SPSS version 19.

Results: A total of 100 (50 women with POI and 50 control women) completed the WHOQOL-BREF questionnaire. The mean age of the women who participated in the study was 29.6 ± 6.5 years. Among the cases, 72% were nulliparous. There was statistically significant difference in the median scores of overall QOL, physical, psychological and social domains between the two groups. Univariate analysis showed that nulliparity and infertility were the factors responsible for poor QOL, however, these were not independently associated with poor QOL after applying bivariate linear regression analysis.

Conclusion: The scores of overall QOL, physical, psychological and social domains were poorer in women with POI as compared to healthy controls.

CLINICAL ASSESSMENT AND PREGNANCY OUTCOME IN WOMEN WITH VAGINAL BIRTH AFTER CESAREAN SECTION AND TO EVALUATE THE FACTORS FOR SUCCESSFUL OUTCOME IN VAGINAL BIRTH AFTER CESAREAN SECTION: A CROSS SECTIONAL OBSERVATIONAL STUDY IN A TERTIARY CARE HOSPITAL OF ASSAM

Nibedita Chakraborty

OBJECTIVE: 1. Maternal and fetal outcome in women with Vaginal Birth after Cesarean Section

2. Factors for successful outcome in Vaginal Birth after Cesarean Section

STUDY DESIGN: Cross sectional Observational Study

PLACE OF STUDY: Tertiary care Hospital of Assam

DURATION OF STUDY: 6 months (June 2022 to November 2022)

METHOD: A total of 78 cases with Prior Cesarean section were included in the study. Pregnant women with only one Cesarean Section were included in the study. Pregnant women with more than one Cesarean Section, preterm and women with prior Cesarean section less than 3 years back were excluded from the study. Parameters assessed were maternal age, BMI, baby weight, history of prior vaginal delivery, indication of cesarean section and complications. Outcome was assessed in terms of Uneventful VBAC, rate of cesarean section, scar integrity and condition of neonate.

RESULTS: Out of total Study participants 74.3% had successful Vaginal Birth after Cesarean Section. women who underwent Vaginal delivery 56 (96.6%) had age between 20 to 30 years, 57 (98.3%) had normal BMI, 47 (81%) had baby weight 2.5 to 3kg, 17 (29.3%) had prior vaginal delivery. Most common indication for caesarean section was impending scar rupture, while others had meconeum stained liquor, scar rupture, foetal distress and prolonged second stage of labour. Intraoperatively 55.0% had intact scar, 15.0% had scar rupture and 30.0% had impending scar rupture.

CONCLUSION: VBAC has clear advantage to subsequent Cesarean Section because of no operational morbidity or mortality, significantly shorter Hospital stay, low cost. Careful selection of cases depending upon variables like maternal age, BMI, Prior vaginal delivery and baby weight are significantly associated with successful VBAC.

TO STUDY FETOMATERNAL OUTCOME IN PREGNANT WOMEN WITH EPILEPSY.

Sushila Chaudhary, Anamika

Introduction: Epilepsy is a common neurological disorder in obstetrical practice. Around 20 million women all around the world suffer from epilepsy (WHO data). In

India, about 2.7 million women suffer from epilepsy, with 52% of them being in the reproductive age group.

Methods: 50 pregnant women with epilepsy admitted to the labor room/ward of the Department of Obstetrics and Gynecology of Pt. B.D. Sharma Post Graduate Institute of Medical Sciences Rohtakwere takenfor a prospective observational study and various fetomaternal outcomes were studied . Maternal outcome variables studied were onset of labor (term, preterm), development of pre-eclampsia and abruptio placentae, type of labor (spontaneous or induced), mode of delivery, PPH, ICU admissions.Fetaloutcomevariablesincludedpre-maturity, Apgar score, birth weight, fetal growth restrictions and presence of gross congenital malformations. Results obtained were analyzed by descriptive measures in terms of frequency and percentages.

Results: There was an equal number of patients who had seizure and who were seizure free in the current pregnancy. Most of the patients had seizure in the 2 nd and 3 rd trimester. 40% patients had anemia. Most of the patients had no abnormalities in EEG(84%) and MRI(90%). Most of the patients were on monotherapy. 70% patients delivered at term. Only 2 patients had preeclampsia and one with IUGR. Majority of the patients underwent spontaneous labor. 18% of the patients delivered by lower segment cesarean section. Status epilepticus was an indication of LSCS in 1 patient.There were no maternal mortalities in this study. ICU admission was required only for 2 patients. Neonatal outcomes were also good. Apart from one neonate all neonates had a normal Apgar. There was one case of cleft lip and one neonate with cleft lip + palate. Majority of the neonates 89.79% did not require NICU admission. There were two IUFDs. There was one neonatal death due to prematurity.

Conclusion: Pregnant women with epilepsy require meticulous care during pregnancy. Most of these patients had favorable maternal and fetal outcomes in well controlled epilepsy with single antiepileptic drug.

CAN THE RATE OF CESAREAN SECTION FALL WITH THE USE OF WHO LABOUR CARE GUIDE

Sonal Agarwal, Pratibha Singh, Navdeep Kaur Ghuman, Charu Sharma, Garima Yadav, Priyanka Kathuria,

Objective: To Compare the rate of cesarean section with the use of WHO Labour care Guide and the modified WHO Partograph

Design: Randomized controlled trial

Method: A randomized controlled trial was conducted from December 2021 to February 2023 on 570 women at >36 weeks period of gestation with singleton pregnancies in cephalic presentation. Subjects were allocated into study and control groups once cervical dilatation was 3 cm and beyond. Simple randomization with 1:1 allocation was followed. Labour was monitored with LCG in the intervention group and by modified WHO partograph in the control group. The primary outcome was cesarean section rate and the secondary outcomes were duration of labour (active first stage, second and third stage), neonatal outcome (APGAR at 1 and 5 minutes), ease of use of LCG among the health care workers, their preference amongst the two partographs and the patient satisfaction. Statistical analysis was done using SPSS software (version 29.0.1.0), p-value less than 0.05 was considered significant.

Results: After randomizing 570 participants, 563 participants were analysed. Women who underwent cesarean section in latent labour after randomization were not analysed. Labour outcomes were analysed for 282 and 281 women in the study and control group respectively. The cesarean section rate in the study group was 2.13% and in the control group was 10.68% (p-value <0.001). The duration of active first stage of labour in the study group was significantly shorter (p-value <0.001) but there was no difference in the duration of second and third stage. There was no difference in APGAR at 1 minute (p-value =0.764) and 5 minutes (p-value =0.636). 73.53% healthcare workers found the LCG difficult to use and 61.76% preferred to use the modified WHO partograph. There was no difference in patient satisfaction.

Conclusion: Cesarean section rate can be reduced when decisions are madebased on Labour Care Guide. It is effective for labour monitoring and guiding necessary interventions without increasing maternal or neonatal morbidity. However, for its implementation in routine practice healthcare worker training and motivation is essential.

INCIDENCE AND RISK FACTORS FOR POST DURAL PUNCTURE HEADACHE AFTER SUB ARACHNOID BLOCKADE FOR CAESAREAN DELIVERY AND EFFECT ON QUALITY OF RECOVERY

Rimpi Singla, Shipra Kanwar, Pooja Sikka, Minakshi Rohilla, Komal Gandhi, Associate Professor, Anaesthesia, Astha Kapila Takkar

Objective: With an increase in rate of cesarean sections, there is a need to look at the current incidence and risk factors of post-dural-puncture-headache (PDPH) that affects women who have undergone caesarean section under spinal anaesthesia. This study was conducted to address the same and also to assess the difference in quality of recovery between patients with and without PDPH by ObsQoR-11 score.

Design: Prospective observational study.

Method: Consecutive patients on day of cesarean section who had undergone intentional dural puncture and met inclusion criteria were enquired about headache; and if not, enquired again on day 3 and 5. Patients with PDPH (per ICHD;edition 3) were compared with patients without PDPH for peri-operative factors, including labor details, procedure details pertaining to administration of spinal anaesthesia, intra-operative details, and relevant post-operative factors. Quality of recovery score was compared using ObsQoR-11 score.

Results: Out of 500 patients, 21(4.2%) had PDPH, mostly (66.7%) of moderate intensity, and within 72 hours of surgery, predominantly occipital (52.4%) or fronto-occipital (33.3%). Mean BMI was significantly lower among patients with PDPH (21.55±1.38 vs 22.32±1.70; p=0.038) and pre-existing headache was significantly more prevalent (9.5% vs 1.0%; p=0.031).ObsQoR-11 score was significantly poorer in women with PDPH (64.38±6.89) vs 81.30±4.25); p<0.001). There was no difference in age, pre-existing hypertension, urgency of caesarean, labor, peri- operative fluids, blood loss among women with or without PDPH.

Conclusion: PDPH affects 4.2% of women receiving dural puncture for caesarean section. It is associated with low BMI and pre-existing headache. PDPH significantly affects quality of recovery.

EFFECT OF SINGLE-DOSE IRON ISOMALTOSIDE VS IRON SUCROSE ON HEALTH-RELATED-QUALITY-OF-LIFE IN POSTPARTUM WOMEN WITH ANAEMIA

Rimpi Singla, Deepshikha Sharma, Pankaj Malhotra, Minakshi Rohilla, Reena Das, Vanita Suri

Objectives: Iron isomaltoside is a safe and effective iron preparation with advantage of single dose. Its use in treating postpartum iron deficiency anaemia has not been explored. We compared Iron isomaltoside with iron sucrose in treating postpartum iron deficiency anaemia, with improvement in haematological parameters and Health- related quality of life (HRQoL) (assessed by SF-36 and Functional Assessment of Cancer Therapy-Anemia (FACT-An) Total scores) as end-points.

Methods: In this open-label trial, eligible postpartum anaemic women with haemoglobin 6- 9 gm/dl and ferritin <15 mcg/dl were assigned to either of the two intervention groups: Iron isomaltoside or iron sucrose. Haemoglobin, ferritin and SF-36 score, and FACT- An-Total score were assessed at baseline and after 2 and 6 weeks. Both groups were compared with respect to changes in haematological parameters, HRQoL scores, and patient satisfaction. All statistical tests were seen at a two-tailed level of significance ($p \leq 0.05$).

Results: Out of 96 eligible women, 48 each were assigned to respective treatment arms. Both preparations led to significant improvement in haemoglobin, ferritin, and QoL scores at 2 and 6 weeks. The increase in haemoglobin was similar between the two groups but the increase in ferritin was significantly higher in iron isomaltoside both at two weeks (159.47±61.5 vs 79.55 ± 35.41mcg/dl; p=0.0001) and six weeks (138.96 ± 41.85 vs 76.04 ± 29.52mcg/dl; p=0.0001). Improvement in SF-36 and FACT-An-Total scores were significantly higher in Iron isomaltoside group. Dissatisfaction was expressed by 9% of patients assigned to iron sucrose group because of multiple visits.

Conclusions: Both iron preparations are effective in treating haematological and clinical aspects of postpartum anemia. Iron isomaltoside leads to greater improvement in ferritin and HRQoL scores than iron sucrose with advantage of fewer doses and hence, greater patient satisfaction.

THE COMPARISON OF POSTOPERATIVE VAGINAL LENGTH AND SEXUAL FUNCTION AFTER DIFFERENT TYPES OF HYSTERECTOMY: A PROSPECTIVE OBSERVATIONAL STUDY

Priyanka Kathuria, Anubha, Pratibha singh, Nainika

Objective: To assess the postoperative vaginal length after vaginal or abdominal hysterectomy and sexual function using PISQ-IR score.

Design: Prospective observational study conducted at All India Institute Medical Sciences, Jodhpur for 2 year duration (Rajasthan)

Method: The patients planned for hysterectomy for benign conditions were divided in three groups after surgery, depending upon the route of hysterectomy. Group A included those undergoing total abdominal hysterectomy (TAH), Group B who underwent total laparoscopic hysterectomy (TLH) and Group C those with vaginal hysterectomy (VH). Total vaginal length (TVL) was measured pre-surgery, immediately post surgery and at 3 months after surgery. Sexual function of patients with Pelvic Organ Prolapse (POP) or incontinence was assessed using PISQ-IR questionnaire pre-surgery and at 3 months post-surgery. A p value of less than 0.05 was considered to be statistically significant.

Results: 50 patients were enrolled in each of the three groups. There was no significant difference in mean vaginal length preoperatively in all the three groups. Mean vaginal length in immediate post-operative period was 9.25±1.82, 10.13±1.80 and 7.17±1.01 and after 3 months it was 9.12±1.77, 9.38±1.61 and 7.34±1.10 in Group A, B and C respectively. Vaginal length was significantly longer in patients undergoing TAH and TLH as compared to VH, both in immediate post-operative period(B vs C- <0.0001 A vs C- <0.0001) as well as 3 months after the surgery(B vs C- <0.0001 A vs C- <0.0001). PISQ-IR questionnaire revealed no statistical difference in sexual activity frequency preoperatively and postoperatively. 12 % patients had very high sexual desire preoperatively, which significantly (p=0.083) increased to 18% postoperatively

Conclusions: TLH remains the best route of hysterectomy. Not only does it have benefits of early postoperative recovery, minimal tissue dissection and better visualization, but the greatest boon to a patient in sexual disharmony by preserving the TVL to the maximum.

OPTIMAL SURGICAL APPROACH IN MANAGEMENT OF TUBO-OVARIAN ABSCESS (TOA): AGGRESSION VERSUS CONSERVATION?

Namita Jain, Alka Kriplani

Introduction: Tubo-ovarian abscess(TOA) is a complex adnexal infection. It can occur secondary to ascending infections, direct or rarely hematogenous spread.

Aims & Objective: To share the demographics, risk factors, role of imaging and management approach used for patients with infected TOA at our centre.

Materials and Methods: This is a prospective observational study. 18 women with TOA were managed at Paras Hospital, Gurugram over a period of 4 years (2019-2023). Clinical data, imaging, treatment and the outcome of above mentioned patients were recorded.

Results: Total 18 patients with TOAs were managed over 3 years. Majority of women were managed laparoscopically (16/18) while 2 patients underwent laparotomy. 14 patients had preceding PUO with positive results for typhoid infection in 2 women. Past history of IUI in 1, HSG in 1, IUCD replacement in 1, OPU with known ovarian endometriosis in 4 women was documented. Only one patient required blood and FFP transfusion in view of septicaemia with deranged coagulation profile. 1 patient developed TOA in postpartum period and was managed laparoscopically. 3 patients underwent TLH with BSO, 1 underwent bilateral salpingectomy, unilateral salpingo-oopherectomy in 6 while ovarian conservation was possible in 9 women. TOAs were positive for Mycobacterium tuberculosis in 4 patients for which ATT was started postoperatively. 2 TOAs were positive for salmonella typhi and it occurred in huge ovarian endometrioma with uterine anomaly. 9 women pus culture reports were sterile. 3 culture reports were positive for Escherichia coli. Only one patient required ICU admission in view of septicaemia pre-operatively and she underwent dramatic improvement post-operatively.

Conclusion: The first line treatment for TOA is parenteral antibiotics. Although risk of surgical management is around 30 % but recovery is slow with conservative management. Timely surgical intervention prevents

chronic sequelae and decreases hospitalization and enhances early recovery. Every attempt should be made to conserve ovaries especially in younger women, improving the lives and reproductive outcomes in women. Surgery in such cases should be balanced between aggression and conservation.

A PROSPECTIVE STUDY ON CASE SERIES OF PRIMARY AMENORRHOEA AT CNMCH,KOLKATA

Pallabi Mandal

INTRODUCTION: Primary amenorrhea is defined as absence of menstruation and secondary sexual characteristics by the age of 13 yrs or absence of menstruation regardless of secondary sexual characters by the age of 15 yrs.Incidence of primary amenorrhoea is 0.1 to 2 % among reproductive age group women.Normal genetic makeup,neuroendocrinological,embryological development is prerequisite for a normal menstruation to happen .Deviation of any of them can lead to amenorrhoea and consequences.

OBJECTIVE: The objective of this study was to note the various causes,complete clinical evaluation and the prompt management in 10 such cases of primary amenorrhoea.

MATERIALS AND METHODS: It is a prospective study done in 10 cases.They were thoroughly investigated(clinical,radiological and biochemical) to find out the exact etiology of primary amenorrhoea.

RESULTS: Out of 10 case studies,maximum cases presented at 14-16 years of age., out of which 95% were unmarried, 40% cases were MRKH(Mayer- Rokitansky-kuster- Hauser syndrome).

CONCLUSION: Most common cause of primary amenorrhoea in our study was MRKH(Mayer-Rokitansky-Kuster-Hauser syndrome) with normal secondary sexual characteristics.

ROLE OF MATERNAL ANOGENITAL DISTANCE MEASUREMENT IN PREDICTION OF PERINEAL TEARS DURING VAGINAL DELIVERY

Karishma singh, Sandhya jain, Rachna agarwal, Bhanu Priya

Introduction: Almost 85% of women suffer perineal trauma during vaginal birth, which can have long-term consequences. Anogenital distance AGD) is novel useful parameter for prediction of perineal tears during vaginal delivery.

Objective: To determine a) Accuracy & cut-off of AGD in predicting ≥ 2 nd degree perineal tears b) Risk factors for perineal tears c) Pelvic Floor Distress Inventory (PFDI-20) and pelvic floor muscle strength (OXFORD grading) at 6 weeks postpartum.

Type of study: Observational case-control study

Method: A total of 160 primigravidas at ≥37 weeks were recruited in early labour. Cases were subjects who suffered ≥ 2 nd degree perineal tears during vaginal delivery and controls had intact perineum or upto 1 st degree tears. Anthropometric data such as AGDac {anus to clitoris distance} and AGDaf {anus to fourchette distance} and labour parameters like fetal position, duration of the second stage, induction of labour, birth weight etc. were noted. ROC curves were plotted to obtain cut-off values AGDac and AGDaf for predicting ≥2 nd degree perineal tears.

Result: Mean AGDac and AGDaf were lower in cases as compared to controls. AGDaf had better sensitivity for prediction of ≥ 2 nd degree perineal tears and anal sphincter injury as compared to AGDac. The specificity of AGDaf was better for ≥ 2 nd degree perineal tears, while for sphincter injury, AGDac was more specific. Fetal head position and birth weight were the strongest risk factors for tears. Cases had more bowel and prolapse symptoms at 6 weeks postpartum.

Conclusion: Perineal length as measured antenatally by AGD (AGDac & AGDaf) is useful in predicting occurrence of perineal tears during vaginal delivery. If found short, the obstetrician can be more cautious while conducting delivery. This can reduce the occurrence of anal sphincter injuries and their long-term consequences

COMPARATIVE STUDY OF COMBINATION OF MIFEPRISTONE AND MISOPROSTAL VERSES MISOPROSTAL ALONE IN INDUCTION OF LABOUR

Dr Indu Sharma

Mifepristone a progesterone antagonist is used in combination with misoprostal for termination of

pregnancy of 1 st & 2 nd trimester and in IUFD cases of late trimester. Our study aims to evaluate the efficacy, safety and tolerance of Mifepristone and Misoprostal combination verses Misoprostal alone in induction of labour at term pregnancy

We conducted single blinded randomized controlled trial to evaluate the efficacy of combination of mifepristone and misoprostol verses misoprostol alone for induction of labor over 200 patients with term pregnancy by dividing in 2 groups of 100 patients each. Women of group A were given oral mifepristone 200 mg while women of group B received oral placebo and after 24 hours oral misoprostol 50 µg 6 hourly with maximum of 4 doses were given to women of both the groups.

The demographic variables of both the groups were comparable with no significant difference in age, BMI & gestational age with majority of primiparity. In group A significantly fewer doses of misoprostol (1.73 ±0.9413, Median = 1.000) induced the labor in shorter time interval (4.1±4.3921, Median = 2.5hours) than in group B and significantly shorter interval hours from misoprostol administration to delivery (10.3800 ± 6.9917, Median = 9.0000 hours). Higher number of women of group A (90 % vs 70 %, p value 0.0004) was delivered vaginally with fewer cesarean sections (10%) majority for fetal distress (5%). During labor, abnormality in fetal heart rate (15%) and meconeium stained liquor (12%) were observed in the women of group B (p Value 0.0069, χ 2 =12.145) while a good 5 minutes APGAR score in neonates of group A (6.5000±1.6175, median =7.0000; p value 0.0001). No significant difference was observed in maternal tolerance (χ 2 = 5.8010, p-value: 0.2145).

In conclusion, combination of mifepristone & misoprostol can be alternative & safer than misoprostol alone.

COMPARISON OF SLEEP QUALITY AND PHYSICAL ACTIVITY BETWEEN WOMEN WITH PREECLAMPSIA AND NORMOTENSIVE PREGNANT WOMEN

Mamta Sohal, Manisha kumar, Reena Yadav, Shalini Singh

Background: There are very few studies evaluating the link between sleep and exercise and development of Preeclampsia and its severity. This may provide a possible source for its better management.

Objective: To compare the sleep quality and physical activity among women with preeclampsia and normotensive pregnant women.

Method: It is an interim analysis of an ongoing case-control study at LHMC, Delhi. Cases comprised of women with PE between 32-37 weeks' gestation and controls were normotensive antenatal women. The total sample size was 120 antenatal women which include 60 cases and 60 controls. Physical activity was assessed by a pregnancy physical activity questionnaire (PPAQ). Sleep quality was assessed by using the Pittsburgh Sleep Quality Index (PSQI). A mean global PSQI score of ≥5 is suggestive of poor sleep quality.

Results: The study was conducted after ethical clearance. The mean age of cases was 28.45 ± 9.57 years, and that among controls was 26.07 ± 4.64 years. The mean systolic and diastolic BP of the cases was 163 ± 10.47 mmHg and 103 ± 6.70 mmHg respectively. The mean poor sleep quality score of cases was 5.8 ± 1.77 and that of controls was 3.7 ± 1.53 with significant difference between them (P=0.004). Cases with severe PE had higher poor sleep quality score compared to those with mild PE. When the daily activity and exercise among cases and controls were compared, it was found to be significantly less among cases compared to controls (p= 0.048). The mean sedentary activity score among cases was higher (54.6 ± 20.3) than that of controls (32.38 ± 20.7) with significant difference between the groups (P=0.013).

Conclusion: The study showed that there was poor sleep quality and decreased physical activity in women with preeclampsia and these may have a role in disease severity also.

PARACERVICAL BLOCK FOR IMMEDIATE POSTOPERATIVE PAIN PREVENTION AFTER TLH: PLACEBO CONTROLLED RANDOMIZED TRIAL

Sumanjot Kaur, Shashank Shekhar, Charu Sharma, Manisha Jhirwal, Garima Yadav, Nikhil Kothari

OBJECTIVE: Does paracervical block with 0.5% bupivacaine administered after general anesthesia reduce immediate post-operative pain after TLH.

DESIGN: Double Blind Placebo Controlled Randomized Controlled Trial.

METHODS: 66 women undergoing TLH for benign

conditions and premalignant lesions were enrolled in trial. Patients having allergy to bupivacaine, uterine size ≥14 weeks, TLH requiring extensive dissection were excluded. Patients were randomized into bupivacaine or placebo group. Before inserting uterine manipulator, paracervical block was given as per group allocation (10 ml 0.5% Bupivacaine or 0.9% normal saline). Extubation time was noted and VAS at 30 and 60 minutes were assessed. Statistical analysis was done with SPSS software 25. Normality of continuous data was checked by Shapiro-Wilk test. Student's t-test was applied for normal distribution, Mann Whitney U test for non-parametric data was used. For categorical variables, chi-square test was used with significance level of 0.05.

RESULTS: Baseline variables such as age, BMI, parity, menopausal status, comorbidities, prior pelvic surgeries, indication, uterine weight, operating time were comparable in the groups. VAS at 30 minutes (5.823±0.9615 vs. 6.790±1.5566; p- 0.005) and 60 minutes (6.052±0.9412 vs. 7.074±1.4742; p-0.002) were significantly lower in bupivacaine group. The need for additional analgesia, time to first mobilize and duration of hospital stay did not differ in both the groups (p-0.767, 0.14, 0.494 respectively).

CONCLUSION: Although the immediate pain scores in bupivacaine group were lower; the surrogate markers of postoperative pain such as need for additional analgesia and time to mobilization were same; implying poor result of intervention at longer postoperative periods. More studies are needed to study scores beyond 60 minutes.

PREVENTION OF PRIMARY PPH & PREVENTION OF ORGAN RESECTION WITH SPIRAL COMPRESSION SUTURE

Dr Nasreen Banu,

Uterine atonicity is the leading cause of primary PPH & maternal mortality. At some point of atonic PPH, compression sutures are practiced for PPH management and uterus preservation e.g., B Lynch, Hayman, Cho, Nausicaa etc. This study is introducing a compression suture 'Spiral Compression Suture (SCS)' in the atonic uterus during c/section. It acts by reducing bleeding area with compression of myometrial vessels. It can be applied on atonic uterus or on particular area/s (individual wall or on focal placenta increta or in distorted anatomy). It is easy & quick procedure, least chance of vascular injury.

Objective: to present a compression suture (SCS) with the aim 'prevention of atonic primary PPH and uterus resection'. Methods – case series; 2020 - 2023; private clinics of Chattogram, Bangladesh. Case - refractory atonic uterus during c/section (atonicity after AMTSL). Suture material - # 1 chromic catgut or vicryl. Procedure– (i) SCS- first stroke of needle - at the bottom of anterior wall, through a midline, longitudinal myometrial fold; subsequent all strokes- horizontally upwards & revert back downwards; both ends of suture tied at starting point with optimum traction. Outcome measured- i) primary--prevention of primary atonic PPH and uterus preservation; secondary outcome- prevention of secondary PPH (in 6 wks). Results- the SCS applied on 5 cases. Case (i) & (ii) atonic uterus (indication- repeat c/s). Case (iii) - atonic anterior wall, whereas posterior wall was firm in consistency (indication- pelvic endometriosis). Case (iv) atonic gravid horn of uterus didelphys. Case (v)- focal placenta increta (indication- previous two c/section). Outcomes-- primary atonic PPH or secondary PPH or organ resection-nil in this case series. Limitation-not applied in placenta praevia and percreta.

Conclusion: Each compression suture is a unique individual technique; all are not suitable for ever

SPECTRUM OF ABNORMAL UTERINE BLEEDING IN WOMEN OF HILLY REGIONS OF NORTH INDIA: CLINICO-DEMOGRAPHIC PROFILE AND MANAGEMENT OPTIONS

Dr. Harpreet Kaur

Background: Abnormal uterine bleeding is one of the common gynaecological complaints. AUB may be accompanied by significant physical and social burdens leading to impairment in the quality of life for women in the most productive years of life. Understanding the clinical profile of women with AUB in our locality is important to know the common causes contributing to this common condition and formulate various interventions aimed at preventive causes. Further we tried to analyse various causes contributing to AUB and management options adopted by these women.

Methodology: We conducted a retrospective and prospective data collection of the women presenting to the gynaecology OPD of AIIMS, Bilaspur with AUB. The retrospective data was collected from the case

records during the time period of June 2021 till January 2023. Further, the study was continued prospectively from February 2023 till June 2023 to include the women presenting with AUB. . In addition to recording demographic details and their presenting symptoms, women were discussed different treatment options including medical / hormonal/ surgical treatment depending upon the aetiology of AUB. Initial investigations will included CBC, coagulogram, FBS and TVS.

In cases of thickened endometrium, EB biopsy was taken and sent for HPE. In women with endometrial hyperplasia, the option of IUS/ surgery was given after thorough counselling.

Inclusion: Women presenting with AUB from 18 years to Menopause. Exclusion: Women with known congenital anomalies of uterus/ genital tract, Not willing to participate in the study, Not willing to come for required follow-up, Incomplete case records, Pregnant women or those in post-partum or post-abortal period (up to 42 days after pregnancy), Lactating women, Women who have already undergone hysterectomy.

Results: We studied data of 160 women presenting with AUB. Majority of them presented with heavy menstrual bleeding during period 132 (82%) , a few had polymenorrhea 12 (8%) or irregular/ continuous bleeding 16 (10%) . Fibroid uterus was the sonographic finding in 12% cases while in majority (52%) USG showed diffusely enlarged uterus. Thick endometrium was seen in appx 16% of the scans among these women with AUB and they all underwent endometrial sampling. Almost all of them had already tried non-hormonal treatment and were prescribed surgical/medical management depending upon pathology.

Conclusion: AUB is a common gynaecological problem and heavy menstrual bleeding is the main presenting symptom. Thorough evaluation including USG and endometrial sampling. Medical and surgical therapy can be offered depending upon the etiology of AUB.

DOES SARS COV-2 INFECTION AFFECT THE IVF OUTCOME- A SYSTEMATIC REVIEW AND META-ANALYSIS

Harpreet Kaur, Anil Chauhan, Mariano M

Study Question

What is the effect of SARS Cov-2 infection on subsequent IVF outcome? Summary answer: There is no significant effect of SARS Cov-2 on IVF outcome post recovery.

What is already known?

Covid-19 has affected fertility services in various ways including interruption in treatment cycles, psychological burden of delayed treatment and modifications in treatment protocols during the time of social distancing. SARS Cov-2 is thought to interrupt female fertility by targeting ACE-2 receptors which are present in ovary, uterus, placenta and semen. Some studies have shown deleterious effect of Covid-19 infection on oocyte and sperm function while others have failed to show such effect. Various studies have compared IVF outcome of Covid-19 affected patients with those unaffected or IVF cycles undertaken prior to Covid-19 outbreak.

Study Design, size, duration

An electronic database search of PubMed, EMBASE, SCOPUS, WHO Covid-19 database, Clinical trials.gov and Cochrane Central was performed for articles published in English language between 1 st January 2020 and 15 th October, 2022 by two independent reviewers using predefined eligibility criteria We have included observational studies both prospective and retrospective, cohort studies, case control studies, self-control studies (no RCT was available) and excluded narrative reviews, case studies, cost-effectiveness studies or diagnostic studies. Risk of bias was determined by NOS and quality of evidence was graded by GRADE pro. Participants, Settings, Methods The studies comparing women undergoing IVF and comparing Covid-19 affected with those unaffected by Covid-19 has been included. Also, studies comparing immune group (infected or vaccinated) in the study group and unaffected as controls (historical controls, IVF cycles done prior to Covid-19 outbreak but matched with study group) are included. Those with no comparison group or published in language other than English language or duplicate studieshave been excluded.

Main Results and Role of chance

We identified 5046 records and after full text screening of 82 studies, 12 studies were selected for final review. For the clinical pregnancy rate, there was no difference in the clinical pregnancy in covid recovered or control patients (OR 0.90, 95% CI=0.62-1.98, I 2- 29%). Similarly, there was no significant effect on implantation rate (RR 0.92, 95% CI=0.68- 1.23, I 2 -31%) and ongoing pregnancy rate (RR

0.96, 95% CI=0.79-1.15, I 2 -21%). The mean number of the oocyte retrieved per patient was not significantly different in both the groups (mean difference 0.52, 95% CI=-1.45-2.49, I 2 -75%).

Limitations: There was no RCT and the meta-analysis is based on observational studies only. Few studies reported outcomes as per patient while others reported as per cycle, for uniformity we have reported outcomes as per cycle. Sample size in most of studies was small.

Wider Implications of findings: This systematic review has not shown any significant effect on the outcome of IVF cycles in patients post Covid-19 recovery compared to controls. But the sample size in most of studies was small and there are some limitations of the review, so, we have little confidence to support these findings.

PRIMORDIAL PREVENTION OF GDM BY 1 ST TRIMESTER 2 HOURS POSTPRANDIAL BLOOD GLUCOSE FOR PREDICTING GESTATIONAL DIABETES MELLITUS

Akshma, Pikee Saxena, Anjalakshi Chandrashekhar, V. Seshiah

Introduction: As diabetes has become a pandemic of unprecedented proportion, so it's time to focus on primordial prevention. This pilot study was planned to determine if early pregnancy 2hr postprandial blood sugar (PPBS) could predict GDM before development of fetal pancreas at 10-11weeks so that appropriate intervention may be initiated for preventing irreversible intrauterine programming and transmission of diabetes to the next generation.

Objective: To evaluate the diagnostic accuracy of PPBS>110mg/dl for prediction of GDM. Material and method: Prospective, cohort study where 100 recruited pregnant patients underwent testing for 2hours PPBS between 8-12 wks. This was followed by GDM screening of all recruited subjects through DIPSI test during 14-16,24-28,32-34 th wks. to know how many women develop GDM as pregnancy continues.

Results: Total pts: Of 2555 women screened, 114 women underwent 2 hrs. PPBS at 10-12 wks., 14 underwent abortions before 16wks. Forty-three women had PPBS >110mg/dl out of which 29 patients were DIPSI positive. Amongst 47 patients whose PPBS was <110mg/dl, only 7 patients were DIPSI positive. Therefore, sensitivity of 2 hrs. PPBS was 80.5%, specificity 74%, PPV-67.4%, NPV-85%.

Conclusions: PPBS >110mg/dl at 10-12 wks. has a diagnostic accuracy of 80% for developing GDM. Prediction of GDM before 10 weeks gives a grace period of 2 wks. to bring down PPBS level by interventions like medical nutrition therapy or low dose metformin to prevent GDM and its sequele in the mother and also for the future generation.

EVALUATION OF INDUCTION OF LABOR IN TERM PREMATURE RUPTURE OF MEMBRANES WITH PROSTAGLANDIN E2 GEL VERSUS INTRAVENOUS OXYTOCIN INFUSION

Supriya singh

Introduction: Premature rupture of membranes (PROM) refers to rupture of fetal membranes prior to onset of regular uterine contractions. PROM continues to be one of the most vexing issues of obstetrics due to increased maternal and fetal morbidity and mortality.

Objective: The aim of the study was to compare the induction to delivery interval and maternal and fetal outcomes of a prostaglandin E2 gel with those of intravenous oxytocin infusion for labor induction in term premature rupture of membranes (PROM).

Type of study: Controlled clinical trial

Materials and Methods: A total of 240 women with singleton pregnancies at ≥37 weeks, Primigravida/ multigravida ≤ 3, Cephalic presentation, Clear leaking Per vaginum, Bishop's score ≤6, No cephalopelvic disproportion, Reassuring CTG. Patients were divided into two groups to receive either i.v. oxytocin or PGE2 gel by odd-even method. The primary outcome was induction to delivery interval and NICU admission.

Results: The time from PROM to induction was significantly similar in PGE2 and oxytocin group (8.74 ± 3.21 vs 9.52 ± 2.4 hours; p= 0.035). The induction to delivery interval was shorter in the oxytocin group (14.42 ± 4.3 vs 11.39 ± 3.46 hours; p= 0.001). Cesarean delivery rates were statistically similar in PGE2 and oxytocin group (20.8% vs 16.6%; p= 408). The NICU admission rates were higher in oxytocin groups (11.6% vs 16.6%; p= 0.108). Other neonatal and maternal outcomes were comparable

in both groups.

Conclusion: PGE2 gel seems to be superior to oxytocin infusion to induce labor in term pregnancies complicated with PROM and unfavorable cervixes as PGE2 has better neonatal outcome in terms of NICU admission.

STUDY THE EFFECTIVENESS OF VAGINAL PH DETECTION KIT AS POINT OF CARE TEST FOR BACTERIAL VAGINOSIS

Pooja Patil, Smita Batni, Vidit Goyal

OBJECTIVE: Bacterial vaginosis is a polymicrobial condition resulting in alteration of normal vaginal flora and increase in vaginal pH & gt; 4.5. Knowing the pH helps in outpatient diagnosis and treatment of bacterial vaginosis. Therefore, we aimed to study the effectiveness of vaginal pH detection kit as a Point of Care (POC) test for bacterial vaginosis.

DESIGN: Prospective Observational Study.

METHODOLOGY: In the study period of six months, 48 women attending the outpatient department with complaints of vaginal discharge were included in the study, after obtaining informed consent. Women were asked not to void before the test to avoid contamination. Also, no antibiotic treatment was given before the test to avoid any false results. Vaginal swabs were collected for vaginal pH measurement by pH kit containing matching color card & pH was noted. Another swab was used to make a slide which was sent to microbiology laboratory for visualization of clue cells. Cases with vaginal pH >/= 4.5 & < 4.5 were grouped separately and diagnosis of bacterial vaginosis was confirmed microbiologically by presence of clue cells. Data was expressed as percentages and statistically analyzed.

RESULTS: 93.7 % belonged to upper socio-economic class and majority (47.9%) belonged to 26-to-35-year age group.46 women (95.3%) had vaginal pH more than 4.5 by pH kit and out of these, 33 women (68.75%) had clue cells on microscopic analysis of vaginal fluid. Vaginal pH kit as a screening test showed sensitivity of 97.06%, specificity of 7.14% (95% CI) with a Positive Predictive Value (PPV) 71.74% and Negative Predictive Value (NPV) 50.0%.

CONCLUSION: Vaginal pH detection kit has good sensitivity, hence can be utilized as a POC screening test for Bacterial vaginosis. This can help in immediate OPD diagnosis of bacterial vaginosis and also enable directed treatment rather than empirical treatment for women with vaginal discharge.

ANALYSIS OF ROBSON CLASSIFICATION FOR YEAR 2022-A RETROSPECTIVE OBSERVATIONAL STUDY IN A TERTIARY CARE CENTRE.

Lakshmi, Dr.Kurian Joseph, Rekha Kurian, Tarun Kurian

INTRODUCTION: Robsons classification is a system to monitor and compare Cesarean section rates at facility level in a standardized,reliable,consistent and action oriented manner.

MATERIALS AND METHODS: This is a retrospective observational study conducted at Joseph hospitals from Jan to Dec 2022. We started the process of recording,auditing and analysis of CS on basis of Robsons from 2016,which is reviewed weekly and is ongoing. We took measures to reduce CS rates like Antenatal counselling,Induction of Labour,Increase in TOLAC,trial of labour for short statured women,Fetal macrosomia,increase in rate of epidural and ECV.

RESULTS: Our CS rates in 2019 was 19.4% as compared to 27% in 2016

CONCLUSION: Robson classification is an ideal system to compare and monitor CS rates and strict adherence to protocols helps in reduction of CS rates.

CLINICAL-PATHOLOGICAL AND MOLECULAR PROFILE OF WOMEN WITH ENDOMETRIAL CANCER – A CRITICAL ANALYSIS

Mehak Mohammadrafik Dilawar, Sharda Patra, Reena, Manju Puri

BACKGROUND: The aim of this study was to evaluate changes in prognostic risk profiles of women with endometrial cancer by comparing the clinical – pathological risk assessment with the integrated molecular risk assessment profiling.

PATIENTS AND METHODS: This retrospective analysis included 45 patients with biopsy proven endometrial cancer treated between January 2021 to February 2023.

Patient clinical data was assessed and categorized according to the currently valid European Society of Gynaecological Oncology, European Society for Radiotherapy and Oncology, and European Society of Pathology (ESGO/ESTRO/ESP) guidelines on endometrial cancer. Molecular tumour characterization included determination of the immunohistochemical specimen evaluation on the presence of mismatch repair deficiencies (MMRd) , p53 abnormalities (p53abn) and presence of nuclear beta catenin .

RESULTS: Of the fourty five samples , 15 were classified as MMRd (33.3%), 12 were classified as p53abn, high copy number (26.6%), 33 were p53 wild type , low copy number (73.3%) , of which 10/45 were beta catenin positive (22.2%) . One tumour (2.22%) had multiple molecular classifiers. The clinical-pathological risk-assessment classified 20 women (44.4%) as low-risk, 13 women (28.8%) as low intermediate risk, 5 women as high-intermediate risk (11.1%), 5 women (11.1%) as high risk and 2 patient as advanced metastatic (4.44%). The integrated molecular classification changed risk for 12 women (26.6%).

CONCLUSIONS: Integrated molecular risk improves personalized risk assessment in endometrial cancer and could potentially improve therapeutic precision. Further molecular stratification with biomarkers is especially needed in the low p53 copy number, negative beta catenin group to improve personalized risk-assessment

A PROSPECTIVE STUDY TO DETERMINE THE ASSOCIATION BETWEEN CLINICOPATHOLOGICAL PARAMETERS, AND CA-125 LEVEL IN CARCINOMA ENDOMETRIUM

Archana Barik

Introduction: CA 125 is used to assess cancer surveillance in endometrial carcinoma. Previous studies have confirmed that high level of serum CA-125 concentrations in patients with endometrial cancer is associated with deep myometrial invasion, extrauterine spread, positive peritoneal cytology, lymph node metastasis, recurrence, advanced stages, and reduced survival. Most of the studies are done outside India and the reference value of Ca 125 is inconsistent. The current study is done in Indian population to correlate the association of pre-operative CA-125 levels with clinicopathological parameters determining surgical management.

Methods: Forty patients of diagnosed endometrial carcinoma were studied prospectively from May 2022 to August 2023 in Tata Main Hospital, Jamshedpur. Patients with pelvic endometriosis, adenomyosis, ovarian primary tumors, and patients who received chemotherapy or radiotherapy were excluded from the study. The primary objective is to determine the association between clinicopathological parameters and CA-125 level, and the secondary objective is to determine the cut off value of CA- 125 in predicting lymph node metastasis. The levels of serum CA125 in different group were analyzed using a Mann–Whitney U test and a Kruskal–Wallis H test. Receiver operating characteristic (ROC) curve analysis was used to find a cutoff level of CA125 in serum with optimal diagnostic sensitivity and specificity.

Results: There was a significant association between elevated serum CA 125 with clinicopathological parameters (age, staging, histological type, grading, adnexal involvement, lymph node involvement, and distant metastasis) in endometrial carcinoma (p<0.05).

Conclusion: Preoperative serum CA 125 is a useful marker in predicting early stages of endometrial carcinoma and plays a role in pre-operative cancer staging.

A COMPARATIVE STUDY OF SERUM URIC ACID AND LIPID PROFILE IN PREECLAMPSIA AND NORMOTENSIVE PREGNANT WOMEN

Niranjana A S, Priyasree J, Jaimie Jacob, Sujamol Jacob

OBJECTIVE: To compare mean values of serum uric acid and lipid profile values in preeclampsia and normotensive pregnant women.

DESIGN: Cross sectional analytical study. Categorical and quantitative variables were expressed as frequency and mean+/- SD respectively. Paired t test and chi-square test were used to analyse quantitative and qualitative parameters respectively.

METHOD: Cross sectional analytical study done for antenatal women attending a tertiary care hospital in south India. Sample size - 490, 245 each in preeclampsia & normotensive groups by consecutive sampling. Inclusion criteria - primigravida,18-35yrs in third trimester, singleton live foetus. Exclusion criteria- refusal for participation, multiple pregnancies history of treatment with drug influencing lipid profile. Questionnaire used for data

collection.

RESULTS: Study variables- BMI, serum triglycerides, LDL, HDL, total cholesterol, serum uric acid. Enzymatic method was used, and standard normal values were used for serum uric acid and lipid profile. We found that majority of women of preeclampsia group belonged to obese and overweight category. Mean values of serum uric acid in preeclampsia was higher than normotensive group-6.8mg/dl and 4.07mg/dl respectively (p value<0.05) Mean value of serum HDL in preeclampsia was lesser than normotensive group-28.9mg/dl and 53mg/dl respectively (p value<0.05). The mean values of serum LDL levels in preeclampsia group was higher than normotensive group141.7 mg/dl and111.2mg/dl respectively. The mean values of serum triglycerides in preeclampsia group was higher 256.9mg/dl and 84.83 mg/dl respectively (p value<0.05).

ULTRASOUND GUIDED DETECTION OF POSITION OF POST PARTUM INTRA UTERINE CONTRACEPTIVE DEVICE IN NORMAL DELIVERED FEMALES AND ITS RELATION TO COMPLICATIONS

Sapna, Swati Kochar

Background: Worldwide, Intrauterine Contraceptive Device (IUCD) is one of the most commonly used reversible methods of contraception among married women of reproductive age. It is the second most commonly used forms of contraception, ranking second only to female sterilization. Proper positioning of Copper containing IUCD is of utmost importance for efficacy and safety. The immediate postpartum period, after a birth but prior to discharge from the hospital is an important but under utilized time frame to initiate contraceptives, specially long acting contraceptives such as intrauterine contraceptive device (IUCD). To study the location of Copper IUCD by ultrasound, relationship between position and complaints, failure rate and expulsion rate in post-partum IUCD cases.

Methods: The study was prospective, analytical study conducted on 50 women for three months. IUCD insertion was done in 50 normal delivered females. On ultrasonography, position and distance of IUCD from fundus of uterus was measured. Outcome measures were expulsion, complication and failure rate upto three months. Informed consent was taken from each participant and ethical justification for the study was sought.

Results: Majority of the patients were in age group of 21-35 years. Most of them were Multigravidae. Multigravidae patients had more acceptability of IUCD than primigravidae. Most common malposition was mid cavity and least common was oblique. Most common complaint was pain abdomen and least common was expulsion.

Conclusions: Sonography can be used as an adjunct to clinical examination to examine the position of the IUCD. Ultrasonography done after PPIUCD insertion helps in determining, whether PPIUCDs are placed in normal position or malposition. Malpositioned PPIUCDs have more complications as compared to normally placed IUCDs.

ASSESSMENT OF FETAL CARDIAC MORPHOMETRY AND FUNCTION IN MATERNAL DIABETES USING CONVENTIONAL AND SPECKLE TRACKING ECHOCARDIOGRAPHY AND ITS ASSOCIATION WITH NEONATAL OUTCOMES

Gyanu Timalsina, Vatsala Dadhwal, K Aparna

Objective: To assess fetal cardiac morphometry and function in fetus of diabetic mothers using conventional fetal echocardiography and explore potential role of deformation analysis by speckle tracking on fetal cardiac functional assessment

Design: Case Control (Observational) study

Method: 138 patients were divided into 2 groups, 69 patients in one group (case) comprising mothers with pregestational and gestational DM whereas another group of 69 mothers (control) without DM. All patients were subjected to 2 D fetal cardiac doppler morphometry and deformation analysis and outcomes were measured in terms of association of maternal diabetes with biventricular dysfunction and perinatal outcomes.

Result: Our study showed that isovolumetric contraction time was significantly more in cases than controls (p value < 0.005) on conventional fetal cardiac doppler. Similarly, myocardial performance index was more in cases than controls. On speckle tracking analysis, 4 chamber view

global analysis were comparable whereas the end systolic area of left ventricle and right ventricular fractional area were significantly higher in cases than controls.

Conclusion: This study showed isovolumetric contraction and myocardial performance index were significantly higher in case than controls. Similarly, speckle tracking analysis showed significantly higher left ventricular end systolic area and right ventricular fractional area in cases than controls. There was no statistically significant difference between the case and controls in terms of neonatal complications as measured by birth weight, APGAR score, mortality and duration of hospital and NICU stay

SHOULD WE USE TWIN SPECIFIC REFERENCE CHARTS (EFW) TO IMPROVE PERINATAL OUTCOMES IN DICHORIONIC DIAMNIOTIC (DCDA) TWIN PREGNANCIES?

Vartika Mohan, Anita Kaul, Urvashi Chikkara, Akshatha Sharma

Objective: To plot the Estimated Fetal weight of DCDA twins as defined by singleton charts onto a Twin Specific chart and to compare outcomes of SGA/FGR fetuses, iatrogenic preterm delivery and neonatal morbidity in the two groups.

Design: Retrospective Cohort study

Method: The Electronic Database was searched for all DCDA twin pregnancies registered between January 2008 and August 2023, who had at least one USG at our centre between 28 & 40 weeks of gestation. The last USG examination was considered in the analysis. Exclusion criteria were pregnancies in which one or both twins were diagnosed with any major structural anomalies, were genetically abnormal, had intrauterine demise before 24 weeks of gestation and underwent selective fetal reduction at any gestational age. The Estimated Fetal Weight (EFW, Hadlock) centile of the twins as per the singleton pregnancy Reference charts published by Nicolaides et al, were compared with that of the Twin Specific EFW Reference charts & calculators developed by the Twins Trust 2019, UK, for Small for Gestational Age (SGA) & Fetal Growth Restriction (FGR). The primary outcomes were Gestational Age at delivery (iatrogenic and spontaneous) NICU admission, days spent in NICU, complications secondary to prematurity & Neonatal Death.

Result: A total of 365 DCDA Twin Pregnancies were found in our database, of which 319 pairs were included in the study. 68 pairs labelled as FGR or SGA using the Singleton EFW charts were found to be of normal growth according to the Twin specific charts. Detailed analysis of neonatal outcomes is under process and will be presented at the meeting.

Conclusion: Conclusions will be presented at the meeting along with the final outcomes.

OBSTETRICIAN AND THE FETAL DUCTUS ARTERIOSUS: A LINK TO REMEMBER!

Deepti Mittal, Akshatha Prabhu, Anita Kaul

Objective: To review a case series of premature ductus arteriosus constriction, diagnosed antenatally during routine growth scans done at our center, evaluate relevant antecedent history, management, outcomes and review of literature

Design: Retrospective cohort study

Method: We evaluated five cases of premature DA constriction seen at our center between 2019 and 2023. We discuss the patient history, ultrasound findings that raised suspicion and prompted a fetal echo and management options that were followed. The neonatal outcomes were followed up and an algorithm for management is suggested

Result: All cases were diagnosed after 29 weeks period of gestation. 4 out of 5 cases had history of NSAID intake, while one was idiopathic. 3 out of 4 patients had prescriptions from their treating physicians whereas one was over the counter intake. 3 of our cases had a cardiovascular-profile score of 8 or more, and 2 had score 7 or less. Extracardiac findings were associated in 3 cases- namely increased ductus venosus resistance, ascites and decreased amniotic fluid volume. All the cases were managed in tertiary care centers, with a pediatric cardiologist involved and a neonatal ICU backup. All five cases had a favorable neonatal outcome inspite of the right ventricular dysfunction

Conclusion: NSAIDS should be avoided for pain management in the third trimester. Treating physicians should be well aware of drugs associated with premature ductus closure. Information about drug intake should

be a part of routine antenatal counseling. Cardiac screening should be an integral part of every growth scan performed in third trimester of pregnancy. On diagnosis of ductal closure, immediate delivery vs expectant management will depend on the fetal echo findings and degree of cardiac compromise. Inspite of prematurity, timely intervention led to favourable outcomes

UTERINE CARCINOSARCOMAS AND GRADE 3 ENDOMETRIOID ENDOMETRIAL CARCINOMAS: A COMPARATIVE STUDY

Divya Sehra, Rupinder Sekhon

Objective: The study compared Uterine carcinosarcoma (UCS) and Grade 3 endometrioid carcinoma (G3EC) for epidemiological risk factors, clinicopathological findings and assessed the difference in their recurrence patterns and survival outcomes.

Design: Retrospective Observational Cohort study

Method: We retrospectively analysed cohorts of UCS and G3EC patients who were treated at Rajiv Gandhi Cancer Institute, New Delhi, India from January 2010 to December 2016. We studied the demographic, clinical and histopathological characteristics of 37 UCS and 52 G3EC patients. We compared the mean recurrence free survival and 3 and 5- year overall survival of both groups using Kaplan- Meier curves. Univariate and multivariate analysis were done to identify the independent prognostic factors.

Result: Median age in each group was 62 years. Baseline characteristics of UCS and G3EC group were comparable (p >0.05). Recurrence rates were higher in UCS group than G3EC group (57.1% vs 47%) but the patterns of recurrence did not vary (p=0.673). G3EC group had a longer recurrence free survival than UCS group but difference was statistically insignificant [67 months (95% CI 53.8- 80.2) vs 55.6 months (95% CI 38.1- 73.2); p=0.197]. The 5 year overall survival of UCS vs. G3EC group was 35.1% vs 53.8% (p = 0.518). In Multivariate cox regression, late stage at presentation (HR 4.95, 95% CI 1.92-12.76; p = 0.001) and deep myometrial invasion (HR 3.41, 95% CI 1.107- 10.52; p= 0.033) were independent prognostic factors for G3EC patients.

Conclusion: This study revealed that UCS is not distinct from G3EC in terms of clinico-pathological characteristics and survival outcomes

GET TO GRIPS WITH ROBOTIC MYOMECTOMY: EXPERIENCE FROM A TERTIARY CENTRE GOVERNMENT FACILITY IN UTTARAKHAND

Latika Chawla, Nivetha R, Shalini Rajaram, Jaya Chaturvedi

Objective: To assess clinical features, surgical outcomes and lessons learnt during Robotic Myomectomy

Design: Retrospective Study

Method: Patients who underwent robotic myomectomy at AIIMS Rishikesh

from Jan 2021-April 2023 were included in the study. Demographic, clinical data, surgical steps & surgical outcomes were recorded. Preoperative fibroid mapping was done using ultrasound & CEMRI. A 14F Foley catheter was inserted in uterine cavity prior to start of surgery. Port placement & docking was followed by intraoperative mapping and injection of vasopressin (max 200 ml of 1:10 solution). Vertical incisions on fibroid were preferred. Obliteration of myomectomy bed using barbed suture 1-0 (30 cm length)Baseball sutures on uterine serosa. Cavity if opened was repaired using 3√¢‚Ç¨¨Ñ¢0 vicryl suture. Fibroids were put in an endo-bag & removed by cold knife morcellation after extending assistant port (1 inch)

Result: 10 patients underwent robotic myomectomy. Mean age was 32 years √Ç¬± 5.3 years. Indications for surgery included heavy menstrual bleeding in 4(40%) patients, Lump abdomen 3(30%), Pain abdomen 3(30%), Infertility 3(30%). Average size of fibroids was 9 √Ç¬± 3.2 cm. Average number of fibroids removed was 1.6 √Ç¬± 1.1. Location of myomas was -FIGO stage 3 (2 patients), stage 4(2 patients), stage 5 (4 patients) stage 6 (1 patient), stage 7(1 patient). Tenaculum via a fifth robotic arm was used in 4 patients and in remaining 6 we used four robotic arms with myoma screw from assistant port. Average console time was 138 minutes. Median intraoperative blood loss was 150 ml [50 ml to 1300 ml]. Endometrial cavity was opened in two patients.

There were no conversions to laparotomy.

Conclusion: Preoperative & intra-operative mapping helps in surgical planning. Finding right plane is key to a successful &safe procedure. Placement of an intrauterine Foley helps identify if cavity is opened. Barbed suture allows for quick obliteration of cavity & haemostasis. Myoma screw from assistant port can facilitate procedure

but using a 5th robotic arm with a tenaculum makes the job easier. Retrieval of in bag specimen through assistant port by cold knife morcellation is feasible & safe

NAVIGATING THE ROBOTIC SURGICAL FRONTIER: A YOUNG SURGEON'S TALE OF TRIUMPHS AND FRUSTRATIONS

Shalini Rajaram, Nivetha R, Jaya Chaturvedi

Objective: To review a young surgeon√¢,Ç¨,Ñ¢s experience with robotic gynaecological surgery

Design: Retrospective study

Method: This retrospective study was performed at the All India Institute of Medical Sciences (AIIMS), Rishikesh, Uttarakhand, India. Data of patients that underwent robotic surgery by a single surgeon (from June 2018 to July 2023) was retrieved from the surgeon√¢,Ç¨,Ñ¢s log book with documentation of technical and affective domains of the procedures.

Result: 108 robotic surgeries were performed by a single surgeon over the last 5 years on the daVinci Xi system. These included robotic hysterectomy (with or without salpingo-ovariotomy/salpingectomy) - 90 cases, myomectomy √¢,Ç¨,Äú 10, endometriotic cystectomy √¢,Ç¨,Äú 4, adeno-myomectomy , tubal recanalization , risk reducing salpingo -ovariotomy and staging surgery for carcinoma ovary √¢,Ç¨,Äú 1 case each . Analysis of the affective component revealed a sense of safety & ease while operating. Robotics allowed me to attempt far challenging cases (larger uteri upto 24 week size, large fibroids upto 12 cm & cervical fibroids) for which I would have otherwise preferred to do a laparotomy. Camera control avoids dependence on assistant thus making the surgical process smooth [Average comfort score on Likert scale was 4.6]. Median blood loss during robotic hysterectomy 100 ml. Average time for robotic hysterectomy was 99 minutes. Median time spent during retrieval of large uterine specimens after hysterectomy was 24 minutes. Suction not being under my control and not being directly in the operative field when things were not going my way led to frustration some times. As a teaching faculty it may not be very satisfying as scrubbed residents get less hands on than they would in a laparoscopic surgery however better patient outcomes lead to added surgeon√¢,Ç¨,Ñ¢s delight. Cost was a major deterrent for many patients. There have been two conversions to laparotomy and no major complications so far.

Conclusion: Robotic surgery is a powerful and safe tool in the hands of aspirant young surgeons. Training in laparoscopic surgery during residency facilitated a smooth transition. My journey so far has been happy, satisfying and safe.

ROBOTIC-ASSISTED HYSTERECTOMY FOR BENIGN INDICATIONS OF UTERI LESS THAN FOURTEEN WEEKS SIZE VERSUS MORE THAN FOURTEEN WEEKS SIZE: A COMPARATIVE STUDY

Rabia Zaman, Anupama Bahadur , Mamta Kumari

Objective: This study was conducted to evaluate the feasibility of robotic hysterectomy for benign indications in patients with small size (<14 weeks) versus large size (>14 weeks) uterus.

Design: Comparative prospective study

Method: This prospective study was conducted in a single centre from August 2018 to January 2020 in the Department of Obstetrics and Gynecology at All India Institute of Medical Sciences, Rishikesh (Uttarakhand). Surgical outcomes of 216 patients who underwent a robotic hysterectomy in our institution for benign indications were analysed. Women opting for definitive surgical management by minimally invasive technique were divided into two groups according to the size of the uterus less than 14 weeks (group 1) versus more than equal to 14 weeks (group 2). Data collected in both groups included intra- operative and post-operative parameters, length of hospital stay and morbidity if any.

Result: The demographic profile was comparable in both groups. The mean estimated blood loss was 180.78 √Ç¬±68.0 ml (range, 10-340 ml) in group 1 and 253.49 √Ç¬±57ml (range, 60-360 ml) in group 2 (p-value < 0.0001). However, the fall in haemoglobin level after 24 hours of surgery was not statistically significantly different between the two groups. The total duration of surgery in group 1 was 97.86 √Ç¬± 12.0 minutes (range, 78-132 minutes) and in group 2 was 116.60 √Ç¬± 15.4 minutes (range, 97-156 minutes), the difference being statically significant (p-value < 0.0001, 95% CI 103√Ç¬±2.1). Console time in group 1 was 43.84 √Ç¬±6.0 minutes (range, 34-57 minutes) and in group 2 53.22 √Ç¬±5.5 minutes (range, 44-

66 minutes), the difference being statistically significant (p-value < 0.0001, 95% CI 46.57√Ç¬±0.97). There was no difference observed in terms of intra- operative and post-operative complications between the two groups.

Conclusion: The total duration of surgery and estimated blood loss were directly proportional to the size of the uterus. However, complication rate, hospital stay and requirement of post-op analgesia were comparable in both groups. Robotic surgery in a larger uterus is a feasible option in terms of better surgical outcomes and postoperative course. Thus, robotic hysterectomy in women with a large uterus is a suitable approach in the narrow region of the pelvis.

LOW SERUM VITAMIN D LEVELS IN URINARY TRACT INFECTION IN FIRST TRIMESTER PREGNANCY

Amrita Kesari, Anita Simlot, Ramesh Beniwal

Objective: 1. To determine the difference in the mean serum vitamin D levels in case and control group

2. To find out that Low serum vitamin D levels is associated with urinary tract infection in first trimester pregnancy

Design: Hospital based observational study: case control study

Method: Hypothesis: Low serum vitamin D levels is associated with urinary tract infection in first trimester pregnancy.

Sample size: A sample of 37 cases in each group is required at 95% confidence and 80% power to verify the expected difference of 13.35 (+/-10.37) in mean serum vitamin D levels in both groups (26% v/s 12.70%).

Statistical analysis: Continuous data would be summarized in form of mean and S.D. The difference in means would be analyzed using Student√¢,Ç¨,Ñ¢s √¢,Ç¨Àút√¢,Ç¨,Ñ¢ test. Count data would be expressed in the form of proportions; difference in proportion would be analyzed using Chi square test. Odd√¢,Ç¨,Ñ¢s Ratio would be kept 95% for all statistical analysis.

Result: A prospective hospital based observational study was carried out in the Department of Obstetrics and Gynaecology, SMS Medical College, Jaipur. 64 pregnant woman in their first trimester were included in the study and divided into those having urinary tract infection case group and healthy control group. Serum vitamin D levels were tested in both the groups to verify the association of low serum vitamin D levels in urinary tract infection in first trimester in pregnancy as compared to healthy pregnant women in their first trimester.

Pregnant woman giving written and informed consent were included and those having had a history of recurrent UTI, urinary tract anomalies, anemia, obesity (BMI 30 kg/m2), diabetes, urinary tract stent, urinary incontinence, neurogenic bladder, asymptomatic bacteriuria, kidney stones, or substance abuse and immune system inhibitory drugs, recently received antibiotics or vitamin D and calcium supplements were excluded.

The factors used for matching were age, parity, religion, socioeconomic status, residence.

Approximately, 76.5% of pregnant women in their first trimester with urinary tract infection had low serum vitamin D levels while the incidence of low serum vitamin D levels in healthy pregnant women in first trimester was 41.2%. This suggests that low serum vitamin D levels is significantly associated with urinary tract infection in first trimester pregnancy as is seen in general population.

Conclusion: This study showed that Vitamin D deficiency is an independent modifiable risk factor for development of urinary tract infection in pregnancy. Also, urinary tract infection is frequent in pregnant woman due to physiological changes during pregnancy thereby, significantly affects the morbidity of both the mother and the baby. Vitamin D deficiency during pregnancy has also found to be associated with low birth weight, cesarean section, bacterial vaginosis, preeclampsia, abortion and preterm labour. Therefore, optimal levels of vitamin D could be essential as early as from the beginning of pregnancy for the risk reduction of these complications. Screening of vitamin D levels at the pre-conceptional period or at the first trimester should be recommended in pregnant women especially those with high risk of vitamin D deficiency such as obese women, subjects with dark skin, hardly cover, under corticoid treatment, hypertension, pre-gestational diabetes mellitus, or autoimmune diseases so that they could receive appropriate treatment and monitored accordingly. Also, routine Vitamin D supplementation could be given preconceptionally or during pregnancy to improve maternal and fetal health outcome. However, further studies in different settings and geographical regions are essential to confirm these observed results.

RISK FACTORS AND OUTCOME IN MATERNAL NEAR MISS CASES

Basavaraj, Auxeelia, Buvaneshwari

Objective: To determine the frequency of Maternal Near Miss cases, Maternal Near Miss ratio.

To know the risk factors of maternal near miss cases.

To know the outcome of maternal near miss cases by follow up.

Design: Ambispective analytical study.

Method: The present study was 2year retrospective and 2year prospective study in the department of obstetric and gynaecology in rajiv gandhi govt. women and children hospital. A near miss case is who nearly died but survived a complication that occurred during pregnancy, childbirth or within 42 days of termination of pregnancy. Assigning a case as near miss mainly dependent on the NRHM criteria, which should fulfill the conditions in the identification criteria.

Result: In our study, cases belong to age group of 18 to 42 years, majority were between 21 to 25 years. In our study majority of cases educated till high school-46% and belong to the Lower middle class-32% of socioeconomic status based on modified B.G. prasad classification. In our study majority of cases were registered-86% and admitted with severe illness and become near miss-46%. In our study majority of cases were primigravids-49% with gestational age of >28weeks-77%. In our study majority of cases underwent C section-57% and become near miss. In our study majority of neonates were with APGAR score of >8/10-80%. In our study the important underlying condition is Hypertension-40%, followed by Hemorrhage-20%, heart disease in pregnancy-11%, Neurological events-10% and other causes (20%) like Anaphylactic shock and CKD. In our study majority of Hypertensive patients either presented or developed Eclampsia and CVA. In our study ma In our study majority of cases underwent relaparotomy for atonic PPH. In our study Neurological system is the major organ system involved. In our study Anemia is the major underlying conditions among the study population. In our study follow up done for a period of 1year after becoming near miss, majority of cases recovered completely-70%.

Conclusion: Most of near miss cases in RGGWCH were admitted with severe illness, and become near miss which attribute to failure to detect the condition early and prevent the morbidity. Hypertensive disorders, Hemorrhage and Heart disease complicating pregnancy leading causes of near miss situations. are the The mortality index is 0.04, which is comparable to developed countries. It is on a lower side because of the frequent audits, maint aining quality tools to improve service, maintaining checklist in all wards of the hospital, better education status of the patients, awareness of the conditions to the patient, discussion of the cases among experts, implementing plans and bringing into ac tion without delay to manage the same occurrence. Anemia seems to be risk factors for developing MNMM, which could be reduced by anemia correction. Major MNM cases were delivered by C section, this can be reduced by measures like maternal education about l abour and birth, avoiding unnecessary induction and acceleration of labour, instrumental delivery and VBAC. The causes of Near Miss reflect the causes of maternal death. Maternal Near Miss analysis helps us in identifying and preventing risk factors and th helps in reducing the maternal morbidity. us Skill training in management of obstetric emergencies on a regular basis is important to avoid maternal mortality.

TARGETING UNIVERSAL COVERAGE: COMPARISON OF IN-HOSPITAL OGTT AT 2-3 DAYS POSTPARTUM WITH OGTT AT 6 -12 WEEKS POST PARTUM FOR PREDICTING GLUCOSE INTOLERANCE IN POST-PARTUM GDM

Simran Kaur, Pikee Saxena, V. Seshiah, Anjalakshi C.

Objective: Comparison of diagnostic accuracy of in-hospital OGTT at 2-3 days postpartum with OGTT at 6 -12 weeks post partum for predicting glucose intolerance in post-partum women with GDM.

Design: Diagnostic accuracy study design

Method: Diagnostic accuracy study design, where 150 post-natal women diagnosed as GDM in antenatal period underwent 2 hr. 75 GM OGTT at 2-3 days postpartum. Patients who were type 2 DM at 2-3 days were started on treatment and were excluded from repeat testing. By keeping 6-12 weeks OGTT as the gold standard diagnostic accuracy of 2 -3 days post-partum OGTT was calculated.

Result: Out of 150 post-natal GDM women, 5 turned out to be type 2 DM. 25(20.33%) patients had IGT at 2 -3

days post-partum. Early OGTT had of sensitivity 92.00%, specificity 97.96 %, positive predictive value 92.00% negative predictive value 97.96% for diagnosing for IGT.

Conclusion: Since majority of women are unable to follow up at 6 -12 weeks for routine OGTT testing, it√¢,Ç¨,Ñ¢s a good opportunity to do OGTT testing when the patient is still in hospital as it gives comparable results. Early detection of glucose impairment gives opportunity for early intervention like medical nutrition therapy, metformin, regular exercise to prevent type 2 diabetes and it√¢,Ç¨,Ñ¢s sequelae.

SURGICAL SITE INFECTION FOLLOWING WOUND IRRIGATION WITH POVIDONE-IODINE VS NORMAL SALINE BEFORE SKIN CLOSURE IN CAESAREAN SECTION

Rohan Sodhi, Minakshi Rohilla, Manisha Biswal, Vanita Suri, P K Saha

Objective: To assess the incidence of SSI in women following wound irrigation with povidone-iodine vs normal saline before skin closure in caesarean sections (elective and emergency). Our hypothesis was that, there would be benefit with use of povidone-iodine (PVI)

Design: Randomized Control Trial

Method: A randomized control trial with 609 women. Women who underwent elective CS were randomized at time of admission and the women who underwent emergency CS were randomized at the time of decision for CS. They were randomized into two groups, group A received PVI irrigation and group B received NS irrigation. Women were followed up telephonically for 4 weeks to assess for SSI. Main outcome measure was development of surgical site infection. Secondary outcome measure was incidence of specific organisms in culture positive SSI.

Result: The two groups (299 in PVI and 310 in NS) were well balanced. The overall incidence of SSI was 8.7% in index study. The difference in the incidence of SSI was significant in two groups (6% in group A vs 11.3% in group B, p=0.021). Similarly, among women who underwent emergency CS the incidence of SSI was significantly different (6.5% in group A vs 12.2% in group B, p=0.027). There was no significant difference in the incidence of SSI among women who underwent elective CS (3.8% in group A vs 6.4% in group B, p=0.564). The risk factors were comparable in both the groups. Most common organisms grown in culture-positive SSI were E. coli (37.5%) and Staphylococcus aureus (37.5%).

Conclusion: PVI wound irrigation before skin closure benefits in prevention of SSI as opposed to NS wound irrigation before irrigation in women undergoing CS.

OUTCOME OF INDUCTION OF LABOUR AMONG WOMEN DELIVERED AT OBSTETRIC UNIT OF A TERTIARY CARE CENTRE

Sowmiya.K, Sangeeta Gupta

Objective: A Study of indications, methods and outcome of Induction of labour at an obstetric unit of a tertiary care centre during the months of March 2023 to August 2023.

Design: Retrospective study

Method: All eligible participants who had undergone induction of labour under a specific unit at Maulana Azad medical College & Lok Nayak Hospital in the stipulated time period were enrolled and data was collected through structured self-designed questionnaire. A subgroup analysis on outcomes of patients with previous 1 caesarean section has been done. SPSS-23 version was used for analysis and both descriptive and inferential statistics were conducted; statistical significance was set at p√¢,Ç¨,Ä∞<√¢,Ç¨,Ä∞0.05.

Result: Out of 113 patients, induction rate was 24.07%. Most common indication for induction was postdatism. Methods used for induction of labour were dinoprostone gel, foleys catheter & misoprostol. Most common method used for induction was dinoprostone gel. Caesarean section rate among induced was 26.6%.Most common indication for caesarean section was fetal distress. Rate of caesarean section due to failed induction was 7.6% Regarding the fetal outcome, 98.09% born alive, 82.8% had birth weight between 2.5 to 3.5 kg and 98.09% had good APGAR score. (Data shared here are provisional and susceptible to update as this is an ongoing study)

Conclusion: Induction of labour refers to the iatrogenic stimulation of uterine contractions, (before the spontaneous onset of labour), as a therapeutic option when the benefits of expeditious delivery outweigh the risks of continuing the pregnancy This study highlights various pre induction factors and their effect on favourable outcome(vaginal delivery).This will guide in the judicious

and calculated use of induction for improved outcome in patients.

SHOCK INDEX DURING IMMEDIATE POSTPARTUM PERIOD AFTER UNCOMPLICATED VAGINAL DELIVERY AND CAESAREAN DELIVERY

Jaspreet Kaur

Objective: To determine the normal value of Shock index during the immediate postpartum period, after uncomplicated vaginal and caesarean deliveries.To study the association of the Shock index with predefined baseline demographic and obstetric characteristics.

Design: Prospective observational study

Method: This prospective observational study was undertaken between July 2021 to May 2022,in the department of obstetrics and gynaecology, at a tertiary hospital. Patients delivered by vaginal & caesarean section and with gestational age >34wks were included in this study. Where-else participants with uncontrolled hypertension (BP √¢,Ä∞¬•140/90mmHg on treatment), hypothyroidism (elevated TSH >4.0mU/L with low thyroxine level) and hyperthyroidism (low TSH <0.1mU/L with elevated thyroxin level) without treatment, sepsis, severe anemia {Hb < 7gm%}, known case of Heart disease, history of coagulopathy, blood transfusion during delivery.

Result: A total of 550 women who had delivered by normal vaginal delivery and by caesarean section were recruited in this study after taking informed consent. These patients were followed from their intra-partum period, to postpartum and till discharge.

Conclusion: The reference range of SI obtained from this study is 0.39-0.98, which is consistent with previous studies. The use of SI in the immediate postpartum period is a potential tool to triage patients who are normal and who are at risk of adverse outcomes.

INCIDENCE, INDICATIONS AND COMPLICATIONS OF BLOOD AND BLOOD COMPONENT TRANSFUSION IN OBSTETRICS

Plaksha Goel, Aashima Arora, Lakhvinder Singh, Pooja Sikka, Rimpi Singla, Arihant Jain

Objective: To assess incidence and indications in women receiving blood/ blood components transfusion during pregnancy till 6 weeks postpartum.

To determine the rate and nature of adverse transfusion reactions during obstetric transfusions at PGIMER.

Design: Observational study

Method: A review of 843 patients who were antenatal or till 6 weeks postpartum requiring blood or its component transfusion was done over a period of one year.

The incidence of transfusion of blood and blood components in pregnant females upto 6 weeks postpartum was calculated, analysis of indications was done and any adverse reactions were also recorded.

The data was analysed using IBM SPSS STATISTICS (version 22.0).

Result: The incidence of blood/blood component transfusion in obstetric patients at our institute was found to be 11.8 per 100 women. Blood/ blood components were found to be maximally transfused in the intrapartum period. The most common indications were hematological conditions and obstetric hemorrhage including placenta accreta. Packed red blood cells were the most common blood component transfused. A total of 4.9% of patients received massive blood transfusion in our study. The ratio of blood components transfused during massive transfusion was 1:0.88:0.70 (PRBC:RDP:FFP). The rate of adverse transfusion-related reactions was found to be 0.1% with all being non severe reactions and requiring symptomatic treatment only. The rate of safe transfusion practices was 99.5% in our study. Forty patients (4.7%) out of 843 who received blood transfusion required ICU admission while 3.9% of the patients receiving blood transfusion expired during the study.

Conclusion: Obstetric population is a major group that requires blood transfusion for good maternal and fetal outcome. Blood transfusion is a key intervention that is done in obstetric ICUs. There is an urgent need for implementation of patient blood management in the country.

EVALUATION OF OUTCOME OF CLINICAL PHENOTYPING-BASED TREATMENT IN BLADDER PAIN SYNDROME /INTERSTITIAL CYSTITIS

Ankur Sharma, Rajesh Taneja

Objective: To classify patients of BPS/IC into different groups based on the suspected causes of their condition and design treatment plans tailored to each specific group of patients.

Design: Prospective,observational single centre study.

Method: Under the ESSIC guidelines, 25 patients diagnosed with Bladder Pain Syndrome (BPS) were categorised into four different clinical phenotypes (CP) based on their symptoms: allergy, dysfunctional voiding, neuropathic pain, and the presence of Hunner's ulcer. Some patients could be categorised into multiple groups. The patients were treated with oral PPS, as well as treatment specific to their CP. Patients in CP1 received hydroxyzine, CP2 received clonazepam, and CP3 received amitriptyline. Patients with Hunner's lesions

(CP 4) underwent hydro distension and ablation of the lesion, followed by treatment with intravesical heparin and hydrocortisone i installation. The patients were evaluated using the Apollo clinical scoring system and their clinical scores were recorded at 1, 3, and 6 months.

Result:

Out of 25 patients CP groups from 1-4 were found to have 5,7,4 and 9 patients respectively. Many patients qualified for being categorised in more than one category. CP1 (Allergic group) 80% (4/5) of patients had good response to the treatment and 20% (1/5) had unsatisfactory response as evaluation of ACS.

CP2 (Dysfunctional Voiding group) 71.42% (5/7) patients had good and 28.57% (2/7) patients had excellent response as evaluation of ACS.

CP 3 (neuropathic pain) 28.57% (3/4) patients had excellent and 75% (1/4) patients had good response as evaluation of ACS.

CP4 (Hunner√¢,Ç¨,Ñ¢s Lesion Group) 33.33 % (3/9) patients had unsatisfactory 44.44% (4/9) had good and 22.22% (2/9) patients had excellent response on evaluation by ACS.

Overall, 16% (4/25) patients had unsatisfactory 56% (14/25) had good and 28% (7/25) patients had excellent response as evaluation of ACS at the completion of study.

Conclusion: Clinical phenotyping based on features indicative of etiology, has the potential to improve treatment outcomes by guiding us to focus on addressing the specific pathological processes contributing to the patient's symptoms. By tailoring treatment plans to the specific etiology of the patient's condition, healthcare providers can optimise the effectiveness of treatments and improve the overall outcome for the patient of BPS/IC.

THE COMPARISON OF POSTOPERATIVE VAGINAL LENGTH AND SEXUAL FUNCTION AFTER DIFFERENT TYPES OF HYSTERECTOMY: A PROSPECTIVE OBSERVATIONAL STUDY

Priyanka Kathuria, Anubha, Pratibha singh, Nainika

Objective: To assess the postoperative vaginal length after vaginal or abdominal hysterectomy and sexual function using PSIQ-IR score.

Design: Prospective observational study conducted at All India Institute Medical Sciences, Jodhpur for 2 year duration (Rajasthan)

Method: The patients planned for hysterectomy for benign conditions were divide in three groups after surgery, depending upon the route of hysterectomy. Group A included those undergoing total abdominal hysterectomy (TAH), Group B who underwent total laparoscopic hysterectomy (TLH) and Group C those with vaginal hysterectomy (VH). Total vaginal length (TVL) was measured pre-surgery, immediately post surgery and at 3 months after surgery. Sexual function of patients was assessed with Pelvic Organ Prolapse (POP) or incontinence was assessed using PISQ-IR questionnaire pre-surgery and at 6 months post-surgery. A p value of less than 0.05 was considered to be statistically significant.

Result: 50 patients were enrolled in each of the three groups. There was no significant difference in mean vaginal length preoperatively in all the three groups. Mean vaginal length in immediate post-operative period was 9.25√Ç¬±1.82, 10.13√Ç¬±1.80 and 7.17√Ç¬±1.01 and after 3 months it was 9.12√Ç¬±1.77, 9.38√Ç¬±1.61 and 7.34√Ç¬±1.10 in Group A, B and C respectively. Vaginal length was significantly longer in patients undergoing TAH and TLH as compared to VH, both in immediate post-operative period(B vs C- <0.0001 A vs C- <0.0001) as well as 3 months after the surgery(B vs C- <0.0001 A vs C- <0.0001).

When participants were asked about sexual activity

frequency, no statistical difference was found preoperatively and postoperatively. 12 % patients had very high sexual desire preoperatively, which significantly (p=0.083) increased to 18% postoperatively

Conclusion: TLH remains the best route of hysterectomy. Not only does it have benefits of early postoperative recovery, minimal tissue dissection and better visualization, but the greatest boon to a patient in sexual disharmony by preserving the TVL to the maximum

ACCEPTABILITY OF DIFFERENT CONTRACEPTIVE METHOD - CONDOM , DEPOT MEDROXYPROGESTERONE ACETATE, COPPER INTRA UTERINE DEVICES, PROGESTIN ONLY PILLS IN LACTATING MOTHERS

Anju Singh, Swetha Mude, Vanita Suri, Rimpi Singla Rashmi Baga, Vanita Jain

Objective: High fertility rate, high maternal mortality and high infant mortality rates are the shared problems of the all the developing countries of the world .According to Directorate of Health Services surveys , 40% of women who intend to use a Family Planning

Design: Prospective observational study

Method: A total of 200 healthy nursing mothers, who needed contraception were enrolled in this prospective observational study . Women were explained about all four contraceptive methods used for the study. The reason for accepting a particular method was sought. The study participant were followed up at third and sixth month and side effects, failure rate, continuation rates, reasons for discontinuation of method were assessed.

Result: The most acceptable method was condom (40.5%) followed by DMPA (31%), IUCD (20.5%) and POPs (8%). The most common reason for selection of condom was fear of side effects with other methods (66%). Long acting method like DMPA and IUCD has good continuation rate of 87% and 85% respectively. Failure of contraception was seen only with condoms (2.8%).

Conclusion: This study showed condoms was most acceptable method but had failure whereas DMPA and Cu-IUCD have high continuation rate with no failure .

REDUCING ANAEMIA IN BOOKED PREGNANT WOMEN AT CHILDBIRTH: A QUALITY IMPROVEMENT INITIATIVE

Shilpi Nain, Manju Puri, Gaganpreet Kaur, Neeraj Jindal, Milo Suka, Triveni GS

Objective: Despite an increase in access to antenatal care and initiation of targeted government programmes, 52.2% of pregnant women are still anaemic. We aimed to reduce the prevalence of anaemia in booked pregnant women admitted in labour from baseline to 32% with

Design: The study was done as a quality improvement project using Point of care quality improvement approach and standard procedures to screen and treat anaemia were followed.

Method: The process measure was to implement standard guidelines for screening for anaemia at the first visit, 28 weeks and 36-week gestation as well as management of anaemia by appropriate haematinics (oral and intravenous), deworming and diet counselling. The outcome measure was to assess the prevalence of anaemia in booked parturients. The data was collected weekly from labour register and plotted on time series run chart. Variations were analysed and interventions were done using multiple plan-do-study-act cycles.

Result: There was a gradual reduction in the number of anaemic women at delivery (median shift from 46.2% to 24.75%) with a significant fall in the percentage of moderately anaemic women (42.8% to 22.2%) over a period of 60 weeks.

Conclusion: Early detection and treatment of anaemia in pregnant women is integral to antenatal care. We incorporated standard clinical pathways for screening of anaemia. Appropriate counselling, tailored laboratory requisitions and iron prescriptions helped in the reduction of the prevalence of anaemia in women during childbirth. The measures are simple to implement and can be adapted to serve other populations with a high burden of iron deficiency anaemia.

CLINICAL ASSESSMENT AND PREGNANCY OUTCOME IN WOMEN WITH VAGINAL BIRTH AFTER CESAREAN SECTION AND TO EVALUATE THE FACTORS FOR SUCCESSFUL OUTCOME IN VAGINAL BIRTH AFTER CESAREAN SECTION: A CROSS SECTIONAL OBSERVATIONAL STUDY IN A TERTIARY CARE HOSPITAL OF A

Nibedita Chakraborty, Paresh Shyam

Objective: 1. Maternal and fetal outcome in women with Vaginal birth after Cesarean section

2. Factors for successful outcome in Vaginal Birth after Cesarean section

Conclusion: Out of total study participants 74.3% had successful Vaginal birth after cesarean section. Certain factors like maternal age, maternal BMI, baby weight and prior vaginal delivery are significantly associated with successful outcome in vaginal birth after cesarean section.

TERMINATION OF PREGNANCY FOR MATERNAL INDICATIONS LIMITING FETAL VIABILITY

Boga Pranati

Objective: To study prevalence of and indications for maternal indications which required termination of pregnancy at a tertiary care hospital (gandhi medical college) during one year of the study.

Design: It is a hospital based observational study

Method: Inclusion criteria:

1. Gestational age <28 weeks / fetal weight <1kg
2. Preexisting maternal conditions/ conditions exacerbated during pregnancy
3. Live foetus at termination
4. No intervention aimed at foetus
5. Eligible patients who have given consent for the study

Exclusion criteria:

1. Gestational age >28 weeks / fetal weight >1kg
2. Fetal indications for termination
3. Fetal demise at termination
4. Obstetric/ pregnancy related indication for termination
5. Eligible patients who haven√¢,Ç¨,Ñ¢t given consent for the study.

Result: During the study period of 1 year (may 2022-may 2023), 4956 high risk antenatal cases were admitted in gandhi hospital. 630 were first and second trimester pregnancies among them. 340 pregnant women had preexistent maternal conditions associated with high maternal morbidity and mortality. 14 have undergone therapeutic termination of pregnancy.

108 lost follow up. 217 pregnancies were continued, of which 14 mothers died. Of the cases which were followed up 1 in 15 high risk pregnancies with pre-existing maternal conditions succumbed due to underlying causes.

425 pregnancies were terminated due to various reasons. Of those, 14 were terminated for maternal reasons. 1 in 15 pregnancies were terminated for maternal indications.

Out of 76 maternal deaths, patients with pre-existent maternal conditions associated with high maternal morbidity and mortality are 15. 1 in 5 maternal deaths have an underlying pre existent maternal condition.

Conclusion: The early identification and approach to the maternal co-morbidities decrease the maternal complications to a great extent. The need for multidisciplinary approach for high risk pregnancies must be acknowledged and counselling towards termination of pregnancy of patient and the partner must be encouraged weighing the risks and benefits to decrease the maternal mortality and morbidity. For a better understanding of the patient acceptance and prevalence of therapeutic termination of pregnancy depending upon age, parity, maternal indications, the study must entail more detailed information and extensive research. Preconceptional counselling should also be taken into consideration.

REVIEW OF ABDOMINAL WALL ENDOMETRIOSIS: A DIAGNOSTIC ENIGMA

Maninder Kaur Ghotra, Rajesh Kumari, Jyoti Meena, Nilanchali Singh, Neeta Singh, Vatsla Dadhwal

Objective: Abdominal wall endometriosis is a complex variant of extra-pelvic endometriosis with an incidence of less than 2% following gynaecologic operations. The main purpose of this study was to discuss the presenting

features, investigations and available manage

Design: Case series and a brief review of literature

Method: We have reviewed cases of abdominal wall endometriosis over a period of one year. We have discussed about the presenting features, different diagnostic

Result: Total 5 cases were reviewed over a period of one year. All cases were adequately managed after histopathological confirmation and followed up till 6 months to one year. Median age of presentation 29 years. Median duration of presentation was one year post surgery. Most common complaint was cyclical pain at scar site. Majority of the patients had past history of previous cesarean sections. Provisional diagnosis of scar site endometriosis, further confirmed on radiological investigations like ultrasoiund and CT scan. In 1 patient had cyclical brownish discharge from scar site, Contrast-enhanced computed tomography (CT) abdomen revealed a linear tract in the infraumbilical region of the anterior abdominal wall with pooling of contrast in the deep subcutaneous plane. Three patients were offered medical management with dinogest for 3 months but all patients were eventually treated with surgical excision of scar site endometriosis. Accurate diagnosis of AWE was established preoperatively in only 57% of cases and 78% of the patients had at least one previous caesarian section.

Conclusion: Abdominal wall endometriomas are quite uncommon. They are usually misdiagnosed by both the surgeon and the gynaecologist. Awareness of the details of this rare condition is therefore essential for prompt diagnosis and adequate treatment.

HYSTERECTOMIES AT AN APEX INSTITUTE IN INDIA : A SINGLE UNIT AUDIT

Saloni Kamboj, Seema Singhal, Richa Vatsa, Soniya Dhiman, Neena Malhotra

Objective: Despite being a very common surgery in gynaecology, very few studies have evaluated the incidence, indications and complications of hysterectomies in India. Objective of the study was to review all the cases of hysterectomies- indications and complication

Design: Retrospective study

Method: This retrospective study involved all patients who underwent elective hysterectomy (non-obstetric) in a single unit at an apex institute in North India during two years from January 2021 to December 2022.

Result: Most common surgical approach was abdominal (71. 8%), followed by laparoscopy (15.69%), and vaginal (12.4%). Most common indication for hysterectomy was AUB-(L), followed by as a part of completion surgery in malignancies, followed by, UV prolapse. The intraoperative major complications rate was 1.7%. Post-operative complication rate was 8.35% most common being surgical site infection.

Conclusion: With the emergence of many conservative approaches to deal with benign gynaecological conditions, it is advisable to discuss all the options available before opting for hysterectomy. Regular auditing of the hospital can help in improvement in clinical practice.

Vit D levels and PMS. Is there a connection?

Dr. Mounica Reddy, Dr. Sharmila, Dr B.V. Latha.

Gandhi hospital

Objective: To determine the relationship between vitamin D levels and PMS

Design: Prospective observational study

Method: Using premenstrual syndrome symptom tool we're going to diagnose the patients with PMS and evaluate the levels of vitamin D in them

Result: Patients with PMS seemed to have low vitamin D levels during the luteal phase of their menstrual cycle.

Conclusion: There is a relation between vitamin D levels and PMS.

NON-ALCOHOLIC FATTY LIVER DISEASE IN WOMEN WITH POLYCYSTIC OVARIAN SYNDROME

Aditi Rathi, Nayana D H, Deepti Goswami

Objective: Occurrence of NAFLD in patients with PCOS

Design: A cross sectional study was conducted at MAMC, from September 2022 to June 2023 and included women attending gynae and gynae endocrinology clinic OPD.

Method: In our study we have taken total sample size of 156 out of which 78 would be in study group and 78 would be in control group. Study included (PCOS) patients diagnosed on basis of Rotterdam criteria. Controls were

age and BMI-matched with normal menstrual cycles with no clinical evidence of hyperandrogenism. Clinical, biochemical and hormonal investigations were done. Per abdominal grey scale sonography and biochemical investigations were used to determine the presence and severity of hepatic steatosis.

Result: Women with PCOS had higher prevalence of fatty liver (53.9% vs 18.4%, P<0.001), metabolic syndrome (38.2% vs 14.5, P<0.01) and elevated transaminases than controls (43.21√Ç¬± 20.51 vs 30.39√Ç¬± 7.33, P<0.001). PCOS women with hyperandrogenism (classic phenotype) have a higher prevalence of NAFLD compared to women without hyperandrogenism, even after correction of confounding variables.

Conclusion: NAFLD is significantly higher in patients with PCOS in combination with other metabolic abnormalities. Early detection of fatty liver in PCOS is important to undertake early intervention.

EVALUATING THE EFFECTIVENESS OF ULTRASOUND-INDICATED CERVICAL CERCLAGE IN PREVENTING PRETERM DELIVERY: A RETROSPECTIVE STUDY.

Jayasree Sunder, Parul Chandra, Meenakshi Banerjee

Objective: This study evaluates the effectiveness of cervical cerclage in reducing preterm birth rates and compares perinatal outcomes between cases with ultrasound (USG) indicated short cervix and those with combined history and USG-indicated cervical insufficiency

Design: Retrospective analysis

Method: We retrospectively analyzed second-trimester obstetric patients who underwent trans-cervical cerclage at our centre from August 23, 2018, to August 23, 2023. Data encompassed demographics, obstetric history, cervical length, and perinatal outcomes. We compared the outcomes of two groups: those receiving USG-indicated cerclage and those with combined USG and history-indicated cerclage.

Result: Cervical cerclage was performed on 36 pregnant patients (29 singletons, 7 twins) at a mean gestational age of 18 weeks (range: 14 to 25 weeks) and a mean cervical length of 18.75 mm (range: 0 - 31.4 mm). Four patients were lost to follow-up. Among these, 15 had a prior history of cervical incompetence. The mean gestational age at delivery was 33 weeks, with neonatal survival at 87.5%. Neonatal survival rates were 85.7% for the USG group and 93.3% for the combined USG and history-indicated groups. No significant differences were noted in gestational age at delivery (34 weeks in the USG group vs. 36 weeks in the combined group) or preterm birth <37 weeks (63% in the USG group vs. 46% in the combined group). Four neonatal deaths occurred with preterm birth <28 weeks, yielding a 12.5% cerclage failure rate. No immediate operative complications or maternal deaths were reported.

Conclusion: Conclusion: This study highlights the significant reduction in preterm birth rates and improved perinatal outcomes through ultrasound-indicated cerclage for patients with a short cervix. This intervention holds promise for enhancing care quality for high-risk pregnancies.

KNUCKLE HYPERPIGMENTATION AS A SIGN OF VIT B12 DEFICIENCY IN PREGNANT MOTHERS

Prerna, Smruti Das, Shilpi, Manju Puri

Objective: To find out the sensitivity and specificity of knuckle hyperpigmentation in diagnosing Vit B12 deficiency in anemic and non anemic pregnant mothers

Design: Observational analytical cross-sectional study

Method: 250 pregnant mothers attending antenatal clinic in SSKH, were screened by spot haemoglobin and were categorised as anemic and non anemic based on haemoglobin <11gm% and >11gm% respectively. Knuckle hyperpigmentation noted in both groups followed by serum Vit B12 levels

Result: Prevalence of anemia was 53%. Vit B12 deficiency was seen in 63% and knuckle hyperpigmentation in 55%. 87% of pregnant mothers with Vit B12 deficiency had knuckle hyperpigmentation while 16.7% pregnant mothers with knuckle hyperpigmentation had normal Vit B12 levels. 86.5% anemic and 78% non anemic pregnant mothers with Vit B12 deficiency had knuckle hyperpigmentation.

Conclusion: Since 86.5% anemic and 78% non anemic pregnant mothers with Vit B12 deficiency had knuckle hyperpigmentation , it shows that in low cost settings with limited resources, knuckle hyperpigmentation can be used as a sign to diagnose Vit B12 deficiency so that corrective measures can be taken to reduce anemia at

childbirth due to Vit B12 deficiency.

STUDY OF CLINICAL DEMOGRAPHICALLY PROFILE IN PATIENTS OF PREMATURE OVARIAN INSUFFICIENCY

Mansi Kumar, Kiran Aggarwal, Anuradha Singh, Triveni GS

Objective: To study the clinico-demographic profile of patients presenting with premature ovarian insufficiency.

Design: Cross sectional observational study

Method: About 10 patients under the age of 40 years who presented to outpatient Department of Obstetrics and Gynaecology were enrolled in the study. Their age of presentato,parity, clinical scenario,age of menopause,associated medical comorbidities taken inti consideration and results recorded in simple percentages.

Result: Among 10(n) patients studies,22% were in the age group of 30-35 years where 33% women among these had complaints of oliomenorrhoea,hypomenorrhoea.44% of these women suffered from hypoestrogenic side effects such as hot flushes and vaginal dryness.

Conclusion: Premature ovarian insufficiency has important clinical and research and often underevaluated in Asian Indian region.Diagnosis of PoI has life changing implications.Untreated PoI is associated with reduced life expectancy mainly due to cardiovascular disease. Evaluation of these patients is essential to provide appropriate gynecological,endocrine and reproductive care and counselling.

EMERGENT SURGICAL MANAGEMENT OF CHORIOCORCINOMA

Mansi Kumar, Kiran Aggarwal, Prabha lal, Anuradha Singh

Objective: To evaluate emergency surgical management in patients of choriocarcinoma

Design: Case series

Method: 4 varied presentations of chroriocarcinoma presenting in emergency and planned for chemotherapy who were treated with adjuvant surgical procedures have been described in this case series.

Result: 3 patient planned for EMA Co with torrential bleeding operated in emergency,another patient with high risk gestational trophobalstic neoplasia having torrential bleeding was managed surgically and postoperative chemotherapy started.

Conclusion: Since the introduction of systemic chemotherapy ,gestational trophoblastic neoplasia has evolved into one of the most curable gynecological cancers.Although surgery has assumed a lesser role in management of gestational trophoblastic neoplasia,surgical management has been reserved for selected cases.Surgical intervention may be required for chemoresistent disease in the uterus ,metatstatic sites and for life threatening conditions like hemorrhage, bowel, bladder obstruction and sepsis.

EARLY ONSET FETAL GROWTH RESTRICTION- HOW INDICATIONS OF DELIVERY IMPACT SHORT TERM AND LONG TERM OUTCOMES IN A TERTIARY CARE CENTRE IN INDIA

Ananya Basu, Urvashi Chhikara, Anita Kaul

Objective: ly-onset fetal growth restriction is a well-recognized pregnancy-complication and accounts for 20% of all the cases of FGR. This includes all the cases of FGR diagnosed at <32 weeks of gestation. The most challenging factor in the optimal management of th

Conclusion: Ongoing study- results awaited, statistical Analysis in progress

A HOSPITAL BASED STUDY OF FETOMATERNAL OUTCOMES IN PREGNANCIES WITH ABNORMAL LIQUOR VOLUME

Revu K S

Objective: To study the feto-maternal outcomes in pregnancies with abnormal liquor volume,who are managed in the labour room of department of Obstetrics and Gynecology,Sri Avittom Thirunal hospital,Trivandrum

Design: Cross sectional Descriptive study

Method: This cross sectional descriptive study was conducted in the Labour room of Sri Avittom Thirunal hospital, Trivandrum for 6 months after obtaining institutional ethical committee clearence.In this study, pregnant women with singleton, gestational age between 28-42 weeks with abnormal liquor volume

(AF1</-5 and AFI>/-25) were taken as study population. They were subjected to detailed history taking, clinical examination and ultrasound examination with doppler and by procuring relevant data from the case sheets, their feto-maternal outcome were studied.

Result: Most of the women with abnormal liquor volume were presented at term.Isolated oligohydramnios (36%) was the most common cause followed by post dated pregnancy (28.3%) in oligohydramnios group. Incidence of congenital anomalies were high in polyhydramnios (22%) than in oligohydramnios (20%). Incidence of induction of labour (64.7%), cesarian section (63.3%), fetal distress (49%), meconium stained liquor (55.7%), low 5 minutes APGAR (55%), low birth weight (52.3%) , IUGR / SGA (62.7%) and NICU admissions (44.7%) were common in oligohydramnios group.

Idiopathic polyhdramnios (58%) were the first common cause of polyhydramnios, the second were congenital anomalies (22%). Incidence of PROM(20%), preterm labour (14%) , cord prolapse (6%), atonic PPH (4%), retained placenta (2%) were common in polyhydramnios group. Perinatal mortality (28%) were high in polyhydramnios than in oligohydramnios group.

Conclusion: Isolated oligohydramnios and polyhydramnios in term gestation has better feto-maternal outcome compared to early onset and with associated conditions like hypertensive diseases of pregnancy , GDM, IUGR. A detailed history, clinical examination and relevant investigations should be done to identify the various etiological factors in all cases of abnormal liquor volume, to get better fetal outcomes as wee as to avoid the maternal complications.

FIRST TRIMESTER MATERNAL SERUM LEVEL OF PREGNANCY ASSOCIATED PLASMA PROTEIN-A AS A PREDICTOR OF PRE- ECLAMPSIA AND FETAL GROWTH RESTRICTION IN PREGNANCIES

Shiwani tripathi, Modhusmita Chetia

Objective: To determine whether first trimester levels of Pregnancy associated plasma protein-A (PAPP-A) is a predictor of pre-eclampsia and Fetal Growth Restriction (FGR).

Design: Over a period of 22 months, 350 patients were recruited in this prospective observational study.

Method: This study was carried out after ethical committee approval and informed consent, in the Department of Obstetrics and Gynaecology at St Stephen√¢,Ç¨,Ñ¢s Hospital, Delhi. Patients attending OPD at 11 to 13+6. weeks were subjected to detailed history and thorough physical examination including baseline blood pressure. Patients with multiple pregnancy, structural or chromosomal abnormality in fetus and with chronic hypertension, overt DM, obesity and renal diseases were excluded from the study. Samples were collected as a part of first trimester prenatal chromosomal anomaly screening and were routinely tested for PAPP-A. PAPP-A value was considered low if less than or equal to 0.5 MoM. All patients were followed till delivery and their outcome was noted. Categorical variables were presented in number and percentage (%) and continuous variables were presented as mean √Ç¬± SD and median. Statistical tests independent t test, Chi-Square test/Fisher√¢,Ç¨,Ñ¢s Exact test and diagnostic test were used. A p value of <0.05 was considered statistically significant.

Result: In present study majority of women were in age group 18-30 (68.57%). No statistical difference was seen in age distribution of pre-eclampsia and FGR. In present study 69(19.71%) cases had low serum PAPP-A value out of 350 cases. Out of 350 cases 28 cases (8%) developed pre-eclampsia and 20 cases (5.71%) developed FGR. Out of 28 pre-eclamptic patients, 25 women had low serum PAPP-A value which was significantly higher (p<.0001) from group of cases with normal PAPP-A level. Sensitivity and specificity of PAPP-A level to predict pre-eclampsia is 89.29% and 86.34% respectively. In our study it was concluded that low PAPP-A values were significantly associated with IUGR (p<0.0001). Of 69 cases with low PAPP-A value 17 patients developed IUGR forming 24.64%. And of 278 cases with normal PAPP-A value only 3 patients developed FGR comprising 1.07%.

Conclusion: In our study we can conclude that patients with low level of first trimester serum PAPP- A have increased chances of developing pre-eclampsia and FGR. As prediction and prevention of these conditions is of crucial importance for contemporary obstetrics thus Papp-a can successfully be used as a predictor for the same.

MATERNAL NEAR MISS RATIO IN INDIA: A META ANALYSIS FROM 2010-2019

Pallavi Gupta, Ankita Jain, Vartika Mishra

Objective: to determine the maternal near miss ratio in india based on published studies from 2010-2019

Design: meta analysis

Method: prospero registration was done. he search was conducted by two clinicians and a clinical epidemiologist. Medical and social sciences electronic databases including PubMed, Medline, Popline, Copernicus, Directory Of Open Access Journals, Google Scholar, Clinicaltrial.Gov, Cochrane, Biomed central and mRCT were searched. References of the identified relevant papers were also checked manually. The key words used were √¢,Ç¨≈ìsevere acute obstetric morbidity√¢, Ç¨¬ù, √¢, Ç¨≈ìmaternal mortality√¢, Ç¨¬ù, √¢, Ç¨≈ìmaternal deaths√¢, Ç¨¬ù, √¢,Ç¨≈ìsevere maternal morbidity, √¢,Ç¨≈ìsevere acute maternal morbidity√¢, Ç¨¬ù or √¢, Ç¨≈ìnear-miss maternal morbidity√¢,Ç¨¬ù limited to √¢,Ç¨≈ìIndia√¢,Ç¨¬ù and articles published in English language. This study included articles that dealt with the concept of maternal near miss (irrespective of the terminology used to refer to the cases of severe acute maternal morbidity who would have died of pregnancy complications but somehow survived).

Result: The calculated MNM ratio for India is 18.30. (the range of reported MMR in India ranges from 2.17 to 144.1. median was 15.33)

Conclusion: As per the analysis, for every 1000 live births, about 23 women become critically ill and 5 of them eventually die i.e. one woman in every 43 live birth becomes critically ill and 1 woman per 200 livebirth dies!

METFORMIN FOR MANAGEMENT OF GESTATIONAL DIABETES MELLITUS IN INDIAN WOMEN: EXPERIENCE IN A TERTIARY CARE CENTRE

Shweta Prasad, Pikee Saxena

Objective: To compare the fetomaternal outcomes in GDM patients managed on metformin versus Insulin

Design: Retrospective, record based, analytical study

Method: Out of 1118 women with GDM, 367 (32.82%) required pharmacotherapy. Group A Metformin (86) and Group B Insulin (195) and Group C Metformin +Insulin (86). Maternal and fetal complications were compared between those taking Metformin and Insulin. These outcomes were subjected to statistical analysis by using computer software SPSS version 23. Percentages were calculated for dichotomous variables and range; mean and standard deviation was calculated for continuous data. Chi square and t-test were applied to compare the two groups. P value less than 0.05 was considered as significant.

Result: Fasting blood sugar ($p<0.05$), DIPSI ($p<0.05$), HbA1c ($p<0.05$) , BMI ($p<0.05$) and LSCS as mode of delivery ($p< 0.05$) were significantly higher in women managed with insulin (B) in comparison to metformin (A) and those on metformin +insulin (C) in comparison to insulin (B). Women managed on Metformin had significantly higher rate of PTPROM ($p<0.05$). there was no statistically significant difference in hypothyroidism, IHCP, hypertensive disorder of pregnancy, FGR, Polyhydramnios, macrosomia, congenital anomalies, induction of labour, birth weight, mode of delivery, NICU admission between the three groups.

Conclusion: Metformin when used optimally can prove to be a promising and effective alternative drug for the prevention of neonatal and maternal complications in GDM patients especially in low resource setting where women and their families are not geared up for accepting insulin therapy.

CLINICAL AND HORMONAL PROFILE OF WOMEN WITH PREMATURE OVARIAN INSUFICIENCY: A CASE CONTROL STUDY

Drishti Malhotra, Nayana DH, Deepti Goswami

Objective: To study the clinical and hormonal profile of women with premature ovarian failure and compare it with age matched controls.

Design: We conducted a case control study which included women below the age of 40 with spontaneous premature ovarian insufficiency (POI) not on any treatment (n=50) and age matched healthy women (n=50).

Method: We included 50 treatment na√É¬Øve women with POI attending endocrinology clinic at our hospital who met the inclusion criteria. To improve data comparability, 50 healthy women attending gynecology OPD were randomly selected as 1:1 age matched control. Data on

clinical characteristics were collected through detailed personal interviews including complete menstrual history, age at onset, clinical symptoms, infertility and detailed clinical examination was performed. Hormonal parameters including LH, FSH, E2, thyroid profile, DHEAS and androstenedione were assessed. The recorded data were analyzed using SPSS-PC-25 version.

Result: The mean age of our patients was 33.8√Ç¬±7.18 years. Majority presented with secondary amenorrhea (90%) and primary infertility (46%). The mean duration of amenorrhea was 7.1√Ç¬±2.1 months. Most common clinical symptoms included vasomotor symptoms (n=26, p<0.01), generalized body ache (n=20, p<0.001), backache (n=21, p<0.01). FSH levels were significantly high (p<0.001) amongst cases (102.47√Ç¬±48) as compared to controls (8.54√Ç¬±5.92). Women with POI had significantly lower level of DHEA (99.4 √Ç¬± 80) as compared to controls (146 √Ç¬± 100, p< 0.01). Serum androstenedione was also lower in them (1.14√Ç¬±0.60, p=0.04). TSH levels were comparable amongst cases (5.31√Ç¬±7.9) and controls (3.58√Ç¬±2.85, p=0.44)

Conclusion: Our study demonstrated high levels of FSH, LH and low E2 which correlate strongly with POI. Thyroid profile did not vary significantly between controls and patients with POI. Further studies are warranted to explore diverse clinical and endocrinological profile of these patients for better lifelong management

A STATISTICAL ANALYSIS OF PATIENTS UNDERGOING CAESAREAN SECTION AT AIIMS NAGPUR- ACCORDING TO ROBSON√¢,Ç¨,Ñ¢S CLASSIFICATION SYSTEM

Bishnupriya, Neha, Anusha, Avantika, Mundle

Objective: To classify patients undergoing caesarean sections to an unified system and analyse the recent trends at a tertiary care center.

Design: A cross-sectional study conducted from may 2022 to april 2023 at AIIMS Nagpur

Method: This cross-sectional study was conducted at dept of OBGY AIIMS Nagpur, a tertiary care centre in Maharashtra, from May 2022 to April 2023. A total of 255 Women who underwent caesarean were assessed using dependent variables and categorised to Robson√¢,Ç¨,Ñ¢s 10 groups. And the trend was analysed.

Result: A total of 255 women (42%) out of 597 delivered patients underwent caesarean. Mean age of women was 30. 22+ 6.1 years. Maximum belonged to group 5 (37%) while minimum contributed by group 3, 9 and 4 (0%, 0.39% and 2.35%) respectively. Group 2 (2A- 18.82%, 2B- 7.05%) was 2nd most common, while group 10 (13.3%) was 3rd most common. 31 (12.1%) women belonged to group 1, in whom fetal distress and 2nd stage arrest was the most common cause. GHTN and pre-eclapmsia was the most common indication for induction of labour, where non progress of labour was the most common indication for c-section f:b fetal distress and pathological CTG. Group-10, contributed by FGR with pathological doppler and severe pre-eclampsia to maximum. Most women belonged to urban and well-educated status.

Conclusion: Maximum was contributed by previous caesarean group, while failure of induction and non-progress of labour, and preterm group were most contributing factors after that. Robson√¢,Ç¨,Ñ¢s classification system attributed to a standardised classification and comparison of data within the institution and with National data

"Believe in yourself. You are braver than you think, more talented than you know, and capable of more than you imagine."

-Roy T. Bennett

Poster Presentation

SPONTANEOUS RUPTURE OF PYOMTERA

Nikita Krishna

Introduction: Pyometra is defined as an accumulation of pus in uterine cavity as a consequence of impaired drainage.

Objective: Spontaneous rupture of uterus is an extremely rare complication of pyometra, its incidence being about 0.01%-0.05%.Here we present a case of a 52 years old post- menopausal woman with spontaneous rupture of pyometra.

Case report: A 52 year old P 3 L 3 post-menopausal lady with abdominal pain was admitted to our hospital. Emergency laparotomy was performed in view of suspicion of hollow viscous perforation with generalized peritonitis. Intraopertively 1000 cc of foul smelling pus suctioned out from peritoneal cavity and entire bowel was coated with mucous flakes. whole of alimentary tract and gallbladder were normal. A total abdominal hysterectomy with bilateral salpingooopherectomy was performed. Histopathological study revealed chronic suppurative endometritis with myometritis of the uterus with no evidence of malignancy.

Results: on histopathological examination of the surgical specimen was chronic suppurative endometritis without neoplasm. Thus the present report is the case of spontaneous perforated pyometra.

Conclusion: the diagnosis of spontaneous perforation of pyometra is rarely made preoperatively and the possibility of a perforated pyometra should therefore be considered when elderly women suffer from acute abdominal pain. Their management often difficult and hysterectomy and bilateral salpingo-oopherectomy may be the best choice procedure in these patients.

A WELLL MANAGED CASE OF PREGNANCY WITH CONGENITAL COMPLETE HEART BLOCK WITH PERMANENT PACEMAKER

Khushboo Baid

OBJECTIVE: With this case report it is hoped that the treatment protocol may be of assistance to clinicians encountering such similar case.

CASE REPORT: Despite increasing use of cardiac pacemakers in Indian population, there is little data

related to pregnancy. we herein present a case of successful management of 27 year old G1P0 admitted at term gestation with congenital complete heart block diagnosed at age of 7 years when she had complaints of multiple syncopal attacks with significant bradycardia and history of afebrile convulsions followed by permanent pacemaker insertion after that. After admission, pacemaker interrogation was done. She then got fitness for delivery with only precaution of avoiding cautery during cesarean section. She then underwent uneventful emergency cesarean delivery under general anesthesia and delivered a healthy male baby and was discharged from hospital in stable condition on seventh post operative day with continuous follow up in cardiology department.

DISCUSSION: An increasing number of women with implanted pacemakers present to their obstetrician contemplating pregnancy or already pregnant. Assurance needs to be given with expanding database that reassures health care community by successful pregnancies that had accomplished with minimal adverse consequences and coordinated action of cardiologist and obstetrician.

CONCLUSION: The current literature on managing pregnant patients with pre-existing pacemakers is

quite limited. Such patients requite multidisciplinary approach care. In our case CCHB was diagnosed at the age of 7 years and permanent pacemaker was inserted after that. Normal physiologic alterations during pregnancy may necessitate rate adjustments. Route of delivery is generally based on obstetrics indications. Clinicians should be aware about physiological changes during pregnancy, electrocardiographic changes during pregnancy, pacemaker technology, use of anticoagulants and anesthesia, complications from pacemaker and their management for safe confinement of pregnant females.

A RARE CASE OF UTERINE CARCINOSARCOMA ARISING IN A FIBROID

Shamita Kintada

Objective: Uterine sarcomas arising from leiomyoma is seen in 1 in 500 patients. Carcinosarcoma is even rare than uterine sarcomas. In this index case, we have seen such a rare case of uterine carcinosarcoma in a subserosal fibroid. The index case is of 45-year-old female who presented to our OPD with complaint of heaviness and pain lower abdomen and urinary symptoms for 3 months with no menstrual disturbances. On evaluation, ultrasound showed a large sub serosal uterine fibroid and bulky uterus with multiple fibroids. Subsequently, Total abdominal hysterectomy with bilateral salpingectomy was performed. Histopathology of the large sub serosal fibroid showed carcinosarcomatous changes. Concurrently, completion surgery with bilateral oophorectomy and retroperitoneal lymph node dissection was performed. Uterine carcinosarcoma are very rare uterine tumors. They are considered as high risk variant of endometrial adenocarcinoma, they present as polyp protruding through the cervical os. One third present with extrauterine disease. Usually diagnosed on histopathology only. Staging is same as endometrial carcinoma. There was difficulty in staging in this case due to subserosal origin of carcinosarcoma. Uterine carcinosarcomas have worst outcomes. Total hysterectomy with bilateral salphingoophorectomy with omentectomy with lymphnode dissection is the treatment of choice. EBRT with concurrent and adjuvant chemotherapy or alternatively sequential chemotherapy and radiotherapy is recommended, index patient has received 6 cycles of cisplatin and paclitaxel and now non regular followup. Recurrence rate is 53%. Uterine sarcoma should be suspected in perimenopausal age patients presenting with fibroid. Higher imaging and examination of the fibroid intraoperatively is beneficial.

PREGNANCY AFTER BLADDER EXSTROPHY REPAIR : A CASE REPORT

Anu, Soni, Shilpi Nain

Department of Obstetrics and Gynaecology: Lady Hardinge Medical College & SSK hospital, New Delhi

INTRODUCTION: Bladder exstrophy (BE) is a rare and complex congenital anomaly of the genitourinary tract, characterized by a defect in the closure of the lower abdominal wall and bladder. They also have higher chances of preeclampsia, miscarriage and preterm labor[1]. They are also prone to pelvic floor prolapse, recurrent urinary tract infections and hydronephrosis[2]. PREGNANCY AFTER BLADDER EXSTROPHY REPAIR

CASE REPORT: A 22 years old Primigravida had undergone surgical correction of bladder exstrophy at 15 years of age where the rectus sheath was mobilized and attached to repair the abdominal wall defect after pushing the bladder inside. She presented at 30 weeks period of gestation in active labor with no prior ANC registration. There was a single live fetus in longitudinal lie, cephalic presentation. Bedside ultrasound confirmed uterine integrity. Corticosteroids for foetal lung maturity was started. Male baby of 1750g was delivered. The recovery was smooth and was discharged on day 4.

DISCUSSION: Exstrophy of bladder is a very rare congenital anomaly. It can occur as an isolated syndrome or may be associated with multiple congenital anomalies which include epispadias–exstrophy complex, anal defects, omphalocele, neural tube defects, and skeletal defects such as omphalocele, exstrophy of bladder, imperforate anus, spinal defects (OEIS) complex. The clinical approach to patients with bladder exstrophy is usually challenging and life long follow up. It is necessary to correct abnormalities with surgeries to allow women with BE to have an almost healthy life.

EVALUATION OF DECISION TO DELIVERY INTERVAL AND ASSOCIATE FACTORS AMONG CATEGORY-1 AND CATEGORY-2 CAESAREAN SECTION DELIVERED IN NORTHAMPTON GENERAL HOSPITAL

Ritesh Joshi, Benajamin Ayensah, Marian Farah

Introduction : Caesarean section (CS)is one of the common procedures performed by modern day Obstetricians. Royal College of Obstetricians and Gynaecologists (RCOG) had modified caesarean section classification based on urgency in year 2010. Category 1 and 2 defined as a compromise health for mother/foetus with and without immediate threat to life respectively. Recently an audit was conducted in our hospital, which concluded that less than half of category 1 and almost one third of category 2 caesarean sections did not match the

set standards. Moreover, it did not comment on reasons for the delay and its implication on foetal-maternal outcome. Therefore, we conducted a retrospective audit with objective to identify Decision Delivery Interval for Category 1 and 2 caesarean sections in and identify various factors that determine the DDI and what could be done to improve the quality care for patients.

Aim and Objectives : 1. To find out DDI in category-1 and category-2 emergency caesarean section.2. To identify various factors that determine in DDI. 3. How to improve quality care for patients. Methodology: It was retrospective audit and data collected from database of the patients who underwent Category 1 and 2 Caesarean section in the month of February 2023. Results: Out of 48 pregnant women, 20 were primiparous and rest were multiparous. Moreover, according to age distribution one mother was less than 20, 28 were in twenties and 19 were in their thirties. Distributing gestation age less than 34weeks, 34-37weeks, 37-40weeks and >40weeks; they were 2,12,24 and 10 respectively. Caesarean performed during day and out of hours were equally distributed (24 and 24 each). Indication for Caesarean section included CTG concerns (26), Failure to progress (12), failed instruments (2), breech (2) and others (6). Talking about the type of anaesthesia, out of 48 mothers, twenty-five had spinal anaesthesia, fifteen had top-up of epidural and only eight had general anaesthesia. Out of 48 emergency caesarean (cat 1-2) sections, 9 were performed as category 1 caesarean section (DDI must be within 30mins according to standard). Out of 9 category 1 caesarean section, 6 (66%) were performed in out of hours' time. Seven out of 9 had pathological/CTG concerns, were as 1 presented with mal presentation in labour and other had failed instrument trial in theatre. Majority category 1 caesarean section had spinal anaesthesia (6 out of 9), only 2 had epidural and one had a General anaesthesia. More than half (55%) of category 1 caesarean section performed Whitin agreed standard. Mean DDI, Transportation and in theatre (Positioning patient, giving anaesthesia and completing other formalities) time was 29.6, 7.8 and 19 minutes respectively. Mean Delivery time was 2.2 minute. Out of 48 emergency caesarean (cat 1-2) sections, 9 were performed as category 1 caesarean section (DDI must be within 30mins according to standard). Out of 9 category 1 caesarean section, 6 (66%) were performed in out of hours' time. Seven out of 9 had pathological/CTG concerns, were as 1 presented with mal presentation in labour and other had failed instrument trial in theatre. Majority category 1 caesarean section had spinal anaesthesia (6 out of 9), only 2 had epidural and one had a General anaesthesia. More than half (55%) of category 1 caesarean section performed Whitin agreed standard. Mean DDI, Transportation and in theatre (Positioning patient, giving anaesthesia and completing other formalities) time was 29.6, 7.8 and 19 minutes respectively. Mean Delivery time was 2.2 minute.

Discussion: More than half of caesarean section were performed in timely manner. Moreover, overall mean DDI for both categories remain in given limits. Additionally, Mean Arterial blood gas for category 2 remains in normal limits. Mean delivery time remains 2.2 minutes for category 1 caesarean section and 5 minutes for category 2 caesarean section. Median Apgar score at 5' in each category was 10. Mean time spent on transportation was only 7.7 minutes in category 1 C/S. From given Mean DDI (combined cat-1 and cat-2), greater time was spent on in theatre preparation and transportation. Mean time for theatre preparation for category 1 and category 2 C/S was 19 and 35.8 minutes respectively. Mean time spent on transportation in category 2 C/S was 33.6 minutes. Moreover, Mean Arterial blood gas for category 1 C/S was 7.193 (S/O foetal hypoxemia). Finally, Mean time for delivery in cat-2 C/S was 5 minutes.When we compare our data with previous audit conducted in year 2018-19; we found out that our performance of completing cat-1 and cat-2 caesarean section in timely manner was reduced by 2% in category-1 caesarean section and more than 20% in category-2 caesarean section. Weakness of audit includes retrospective in nature and small number of sample size. Moreover, consistency and accuracy of data may affect some findings.

Conclusion: With given information, it was concluded that performance of category-1 remains almost same and significantly reduction in category-2 caesarean section. Additionally, time spent in each category was highest in theatre preparation followed by transportation. Needs to understand time taken by each variable (in theatre preparation, transportation and delivery) and what could have done better to reduce the delay or to improve DDI.

APPLICATION OF POSTERIOR ARM SLING TRACTION IN IMPACTED SHOULDER DYSTOCIA: A CASE

Lakshita Rajput, Nishtha Jaiswal, Manisha Kumar, Ekta Chhillar

OBJECTIVE: Shoulder dystocia is an unpredictable emergency, where outcomes rely on quick diagnosis and rapid management. Various maneuvers are being used in current practice which include, but are not limited to, Suprapubic pressure, McRoberts, Woods corkscrew and Rubin's maneuver. Posterior arm sling traction is also an effective method; however, it is not routinely used.

CASE REPORT: 35 yr old G5A4 with 40 weeks period of gestation with overt diabetes with anencephaly in baby was admitted in the labor room for termination of pregnancy. The patient was induced & she went into labor but intrapartum intra uterine fetal demise was diagnosed. In the second stage of labor, after delivery of brain matter followed by face of baby diagnosis of shoulder dystocia was made. The routine maneuver for shoulder dystocia including Mc Roberts, Suprapubic pressure and rotational methods failed. The PAST was then applied, foley's catheter no. 16 fr was digitally guided through the posterior axilla and a sling was made. Traction was put which resulted in delivery of posterior shoulder & anterior shoulder was delivered in similar manner followed by delivery of rest of the body.

DISCUSSION: PAST can be lifesaving techniques when all other techniques for shoulder dystocia fail. PAST has advantages of being easy to use, easily available sling material (fingers, suction tubing, foley's catheter, ribbon gauze) & Disadvantages of causing brachial plexus injury, humerus fracture.

CONCLUSION: Posterior arm sling traction can be used as an effective method in delivery of impacted shoulder dystocia. Hence, more healthcare practitioners should be trained for its skillful use.

ACUTE DETERIORATION OF PREGNANCY: A RARE CASE OF PITUITARY APOPLEXY WITH MASSIVE INTRAVENTRICULAR HEMORRHAGE

Dr Kavita Ghadale,

Introduction: Pregnancy is associated with physiological changes in the body, and various complications can arise that pose a threat to the mother and fetus. A rare condition, pituitary apoplexy, can occur during pregnancy leading to sudden maternal deterioration and death. Pituitary apoplexy is a very rare cause of severe headache in pregnancy. It is defined as the abrupt destruction of pituitary tissue resulting from infarction or haemorrhage into the pituitary. However, it had been also described in women without any pre-existing pituitary lesion but where the pituitary is physiologically enlarged as a result of pregnancy.

Methods: A 38-week unbooked gravida 2, with previous LSCS presented to the emergency department with severe headache, vomiting, and difficulty in breathing. Her vital signs showed a heart rate of 160/min, respiratory rate of 40/min, a systolic blood pressure of 90 mmHg, and a SpO2 of 70 percent and pupils were fixed and dilated. Her score was E1V1M1. She was dull and drowsy. On auscultation chest showed bilateral crepts. On per abdomen examination she was full term with FHS audible with fetal bradycardia. She was intubated as soon as possible but her BP started falling in spite of triple inotropic support so immediate decision of taking out the baby in ICU was taken. Her Perimortem cesarean section was done and male baby of 3.5 kg delivered by vertex who was thick meconium stained. Baby was handed over to paediatrician. Patient started recovering after LSCS but after sometime she again started deteriorating with fixed dilated pupils. With full inotropic support CT Brain was done which showed pituitary apoplexy with massive intraventricular haemorrhage with brainstem compression. Pt was declared brain dead. So timely perimortem caesarean in ICU could save the baby.

Outcome: The timely perimortem cesarean section performed in the ICU saved the baby, who was handed over to the pediatrician.

Conclusion: Pituitary apoplexy is a rare condition that can occur during pregnancy, leading to sudden maternal deterioration and death. The case presented here highlights the importance of prompt intervention and the need for close monitoring of pregnant women to prevent maternal morbidity and mortality.

CARCINOSARCOMA- A RARE TYPE OF UTERINE CANCER PRESENTING AT A TERTIARY CARE CENTER OF MAHARASHTRA

Bishnupriya, Anusha Kamath, Medha Davile, Shuchita Mundle

Introduction: Carcinosarcoma comprises 1-2% of all uterine neoplasms . These are very aggressive mixed epithelial and stromal tumors, with both components being malignant and generally present at a late stage with a poor prognosis. Early detection and an aggressive approach can lead to a better outcome.

Case report: We present a case series of 2 patients with the diagnosis of carcinosarcoma who presented to us between January and May 2023. Both patients presented with complaints of postmenopausal bleeding and underwent a biopsy. The biopsy report of one patient suggested carcinosarcoma and other was undifferentiated carcinoma. MRI for both suggested uterine mass with more than 50% involvement of myometrium. Staging laparotomy was done and the final histopathology report was carcinosarcoma in both patients. They were referred for adjuvant therapy and are currently on follow-up.

Conclusion: Considering the highly invasive nature of uterine carcinosarcomas, high index of suspicion and timely detection of this cancer using characteristic imaging and pathology findings is of importance to improve the patient's survival.

PPH : A PERIL FOR PAST PRESENT AND FUTURE : CASE REPORT

Monish Gupta, Pooja Sikka

Objective: In the case we aim to evaluate the severe morbidity and effectiveness of prompt management i.e., massive blood transfusion, effective surgical haemostasis, and supportive intensive unit care in cases of post-partum haemorrhage, survival of a near miss case with a pH of 6.9 and different modalities employed for surgical and non-surgical intervention for haemostasis, also to look into ethical dilemma in deciding the end point of care for them. **Case** – The index case is of a 26 year old P1L0 presented to us on day 0 of postpartum with postpartum haemorrhage in an unconscious state with both Blood pressure and Pulse rate unrecordable, upon presentation patient had a pH of 6.9 and had massive haemorrhage was swiftly shifted to OT where she underwent Bilateral internal iliac artery ligation , B-lynch suture was applied along with Cervicovaginal exploration done, with multiple bleeder secured, massive transfusion protocol was activated post operatively had embolization done was shifted in ICU had multiple complications such as AKI and hypoxic brain injury was discharged on home based care and now has made a miraculous recovery.

Discussion: In the index we aim to discuss the scale of morbidity the patient has landed up in due course of postpartum haemorrhage, the prompt action taken by the team which helped the patient survive along with the principles of beneficence, non-maleficence and justice in deciding the end point of care for such patients and impact on caregivers.

Conclusion: Through this case we have learnt about the importance of prompt management in cases of postpartum haemorrhage which is still the leading cause of mortality in India, what we tend to forget is the morbidity associated with it and the long term sequel of the same on which we need further studies.

MISPLACED COPPER-T: A CASE SERIES OF PREVENTION LED PROBLEM

Dhriti Kapur, Reena Rani, Reetu Yadav, Anshul , Dr Puneet Kaur, Krishna Agarwal

Objective: Intrauterine Copper T devices are a well accepted means of reversible contraception in India. Relatively less common but potentially serious complications include uterine perforation and migration to adjacent organs. We report a case series of 3 misplaced IUCD with highly varied clinical presentations.

Case 1- P1L1, 3 months post vaginal delivery with PPIUCD, presented with complaints of pain during micturition. On USG, copper T was revealed to be in bladder. It was removed via cystoscopy.

Case 2- P1L1A6 ,presented with complaints of pain abdomen with missing threads. On USG, Copper T was revealed to be in utero-vesical pouch. On laparoscopy, the copper t was found embedded in the Utero-vesical Peritoneal tissue, which had to be retrieved via laparotomy.

Case 3 - G2P1L1 presented with incomplete abortion and history of conception with copper-T in situ. Cu T was visualised in peritoneal cavity with one arm embedded in myometrium on USG. Even though IUCD is a safe

contraceptive choice, its complications are varied and unpredictable. IUCD migrations from the uterus occur with a reported incidence of 0.5-1%/1000 IUCD insertions. One must stay aware of the possible risk factors like improper technique/timing of insertion, risk of perforation, risk of migration and susceptible uterine wall amongst many others. In the above cases, Xray as well as USG could help diagnose despite the varied presentations. Once diagnosed, the management involves choosing the best route of retrieval. Laparoscopy/ Laparotomy must be done to retrieve the misplaced IUCD to avoid bowel/ bladder injury and fistula formation.

Multi-modal case oriented management gives best treatment outcomes for retrieving the misplaced copper-t. Yet, these rare complications should not overshadow the multiple benefits of Copper T as a well accepted means of contraception. Instead the quest to prevent complications should continue.

OVARIAN TORSION: A CHALLENGE FOR DIAGNOSIS AND TREATMENT IN PRE-PUBERTAL GIRLS

Dhriti Kapur, Krishna Agarwal, Reena Rani, Smriti Thakur, Shalini Parashar, Lopamudra Panda

Objective: Ovarian torsion is a gynaecological surgical emergency. Yet, unlike in adults, its often diagnosed late in adolescents due to its non specific presentation. This explains the high percentage of non salvageable ovaries per-operatively. Often, it is associated with a primary diagnosis of benign adnexal or functional cysts. This case reports a pre-menarche girl with ovarian torsion. 13 year old girl presented with an episode of acute pain abdomen followed by dull aching pain with nausea and vomiting. On per rectal examination a 10*8 cm mass was felt in right fornix with tenderness. On USG ,heterogeneous hypo-echoic cyst measuring 5.2*7.7*7.3 cm was seen in right adnexa with peripheral vascularity. Decision for laparoscopy was taken, upon which 1.5 cycles of torsion was noted with a right ovarian hemorrhagic cyst of 10*7 cm. Ovarian detorsion was done, cyst was drained and wall sent for histopathology. Both ovaries were also seen to be bulky with polycystic pattern. This case brings to light the diagnostic hurdles of both ovarian torsion and polycystic ovarian syndrome in adolescents. Even though, pain and vomiting are the common presenting symptoms of adolescent torsion , most studies report about 50 % cases were missed as it mimics other non specific pathologies. Diagnosing polycystic ovary syndrome (PCOS) during adolescence too is challenging because features of normal pubertal development overlap with adult diagnostic criteria. Irrespective of the cause, laparoscopy and proceed, stays the main stay treatment for suspected torsion. High Degree of Suspicion and Clinical awareness are essential for a case of adolescent ovarian torsion . Ovarian torsion is an emergency which requires timely intervention. Underlying ovarian pathology should trigger a swift response to ensure ovarian function and future fertility is preserved.

VULVAL SYNECHIAE IN AN YOUNG GIRL- A RARE PRESENTATION OF VOLVO-VAGINAL-GINGIVAL(VVG) SYNDROME- A DILEMMA IN DIAGNOSIS

Prashanth S. Uppin, S. Archana, Anjali Dabral, Rekha Bharti,

INTRODUCTION- Vulvar lichen planus is an uncommon vulvovaginal dermatosis. It is estimated to affect 0.5 to 2 percent of the population. It often occurs in women 50 to 60 years of age, though younger and older women can be affected. The Volvo-vaginal- gingival (VVG) syndrome is a variant of erosive lichen planus that involves the epithelium of the vulva, vagina and mouth.

CASE PRESENTATION- A 21 year old unmarried sexually inactive girl presented to our out patient department with complaints of hypomenorrhea since 2 months and progressive dysuria since 10 months. There was no history of chronic pruritus vulvae or STD. On examination patient had normal secondary sexual characteristics, but had stenosis of labia majora leading to obliteration of vaginal introitus. A punctum was the conduit for dribbling of urine. Her buccal mocosa had purple violaceous patches. Ultrasonography of abdomen and pelvis revealed normal morphology with minimal collection in the endometrial cavity. Hormonal assay revealed normal LH, FSH and Estradiol levels.

MANAGEMENT- Patient was examined under anaesthesia in operating room. The punctum at the middle of the synechiae was opened to expose the vulva from posterior fourchette till the clitoral hood. Approximately 100cc of altered blood was drained. The labia minora was atrophic but the hymen, urethral meats and clitoris were normal in appearance. Punch biopsies were taken

from the lesion and buccal mucosa. Histopathological examination revealed acanthosis with basal cell vacuolar degeneration and clefting of epithelium with perivascular and perifollicular lymphomononuclear infiltration confirming the diagnosis of lichen planus. Patient was given oral steroid Tab. Prednisolone 20mg once daily and topical immunomodulator Tacrolimus ointment 0.1% twice weekly. Patient had spontaneous resumption of menstrual cycles after the treatment.

DISCUSSION- Lichen planus is an uncommon inflammatory condition of the skin and mucous membranes of unknown etiology; however, evidence suggests it to be an autoimmune disease of cellular immunity. It has varied presentation affecting skin, nails, oral mucosa and genitalia. Four types of vulvar lichen planus have been described: erosive lichen planus, papulosquamous lichen planus, hypertrophic and lichen planopilaris. Erosive lichen planus is the most common variant occurring in 85 percent of the cases. Women may present with erosions around the introitus, clitoris, and labia majora and minora. Vaginal involvement is common and patients may also present with contact bleeding, erythema, and scarring with synechiae. Treatment of local lesions is by use of a potent topical steroid ointment such as clobetasol applied twice daily. Steroid suppositories may be inserted intravaginally at night. If the patient is intensely symptomatic, oral steroids may be necessary. In postmenopausal women, topi- cal or systemic estrogen replacement can also be crucial to avoid additional mucosal thinning. Other treatments for resistant cases include methotrexate, oral retinoids, oral griseofulvin, dapsone, azathioprine, cyclophosphamide, and topical cyclosporine. Surgery may be necessary to separate vaginal adhesions or uncover a buried clitoris. Postoperatively, the use of vaginal dilators can prevent scar reformation. Patients are to be monitored at periodic intervals because of an associated increased risk of developing vulvar squamous cell carcinoma.

PREVIOUS 2 CAESAREAN SECTIONS WITH PLACENTA PREVIA WITH INCRETA

Anusha khare, Ranjana sharma, Anshuman Agrawal, Palak Jain

Case report: Presenting from Indraprastha Apollo Hospitals, Delhi, an unbooked 34 year old 28 weeks pregnant lady with previous two lower segment caesarean sections, and a central placenta previa with increta on MRI. As the mother and the fetus were stable, she was admitted for observation with preparation of emergency caesarean with or without hysterectomy. For suspected fetal distress emergency caesarean section and hysterectomy were performed when conservative measures failed.The baby was delivered through the placenta . An exceptionally dilated vessel was seen at the right bladder pillar, which became the major source of bleeding. Cystoscopy was performed at the end was normal. The postoperative period was uneventful until day 3, when suprapubic pain with passage of clots from sides of the catheter was noted. MRI revealed bladder filled with blood clots. On repeat cystoscopy, bladder had hypervascularity over the right posterolateral wall coinciding with abnormal vasculature noted during surgery. Bleeder was identified and coagulated. Patient kept on continuous bladder irrigation and drainage for 3 days. The patient was discharged on day 10 in a good condition. The patient received 8 units of blood and blood products all together.

Discussion – The urinary bladder is the most frequently involved extrauterine organ in placenta percreta but in this case, there was no percreta. Hence careful management including post-operative care in a well equipped hospital is crucial in saving mothers in such cases.

Conclusion: Proper antenatal care and imaging with timely referral to a tertiary care obstetric care centre in a case of placenta praevia spectrum especially with a previous caesarean and increta are key to a good outcome

STEROID CELL TUMOR- NOT OTHERWISE SPECIFIED (STC-NOS)- A RARE CASE REPORT

Romilo Arora

OBJECTIVE : Steroid cell tumors (STCs), not otherwise specified (NOS)) are rare sex cord stromal tumors of ovary, accounting for only 0.1% of all ovarian tumors. Most steroid cell tumors secrete steroid hormones and only 10-15% of patients remain asymptomatic. The clinical presentation includes abdominal pain, distention, irregular menstrual cycles, and hirsutism. STC NOS comprise more than half of all steroid cell tumors of ovary with upto 43% being malignant.

CASE Report : 44yr Post Total abdominal hysterectomy patient presented in OPD with complains of left lower

abdominal pain. On examination 4*5 left sided and 2*2 right sided firm, thick walled, fixed masses were felt. Usg suggestive of bilateral adnexal cystic mass (ORADS 4). CEMR suggestive of? mucinous cystadenoma/ carcinoma. Tumor markers were within normal range. Exploratory laparotomy with excision of bilateral tubo-ovarian mass was done and specimen was sent for histopathological examination (HPE). Per operative findings showed dense adhesions of mass bilaterally with bladder anteriorly and gut posteriorly. HPE report was suggestive of FIGO STAGE 1B left ovarian steroid cell tumor with bilateral xanthogranulomatous oophoritis. Patient was further advised a 6 monthly follow up with USG by oncology department.

DISCUSSION: Although more common in child bearing age group, it can present during third and fourth decade, rarely can also present in post-menopausal women. Steroid cell tumor usually presents with symptoms of virilization, such as hirsutism, menstrual irregularities, abnormal hair growth, male pattern baldness, but in many cases like this case, the diagnosis is made post operatively on finding a tumor in the ovary accidentally where these tumors do not show any symptoms of virilization.

CONCLUSION: STC NOS are extremely rare ovarian tumors with high propensity for malignancy. In older patients with high risk histopathogical parameters, aggressive approach must be adopted, since the risk of malignancy and recurrence both increases after the age of 40. While HPE is gold standard in most cases, Immunohistochemistry (IHC) can be used in atypical cases. (In this case tumor was inhibin positive. Inhibin and calretinin are important IHC markers in differentiating it from other steroid cell tumor.).

A RARE CASE OF CORNUAL ECTOPIC PREGNANCY

Rupal Gandhi, Kamlesh Yadav

Introduction - Cornual ectopic pregnancy is a rare form of ectopic pregnancy but has catastrophic presentation when diagnosis is missed. It is usually misdiagnosed as degenerated myoma at uterine fundus but can be differentiated by positive pregnancy test, absence of intrauterine gestational sac and diagnostic laparoscopy when necessary.

Case description - A 41 year-old female patient presented to the gynecological clinic in sardar patel Medical College on 07/04/2023 with chief complaints of mild lower abdominal pain and vaginal spotting of two days duration. She has two live sons who were the product of full term normal vaginal deliveries. On examination, she was cachectic, pale, with pulse of 84 beats per minute, blood pressure of 130/85 mmHg, temperature 37.20^{o}C, and respiratory rate of 26 per minute. Abdominal examination revealed mild tenderness on the left lower abdomen, while rebound tenderness was negative with no palpable masses. On vaginal examination, there was tenderness on the left lower abdomen on bimanual examination. By transvaginal ultrasound examination, there was a bulky empty uterus with a 6.0× 5.3cm hypoechoic heterogeneous lesion in the left adnexa with moderate free fluid with internal echoes.noted in pelvic region. S/o hemoperitonium. Serum beta subunit of human chorionic gonadotropin on 07/04/2023 was 718 mIU/mL. On 09/04/203 it was 497 mIU/mL while on 11/04/2023 it was 338 mIU/mL. Patient planned for laprotomy. Intraoperatively 3 fist of clots removed. Left cornual resection done removed gestational sac and surrounding cornual myometrium by means of wedge excision. Followed by layered myometrium closure.

Discussion - Cornual pregnancies are rare entities.These are less common thus early recognition is essential. Management with either surgical or medical. Rupture ectopic is managed surgically by Cornual resection by wedge excision or by cornuostomy involves incision on cornual myometrium ultrasound has high index of suspicion. Presentation can be assymptomatic or amenorrhea followed by pain n bleeding. For hemorrhage prevention intraoperatively vasopressin injection can be given. Elective C-section at 37 weeks of gestation is recommended for those with prior at risk myomectomy is reasonable.

ENDOCRINE DISORDERS LEADING TO LARGE OVARIAN CYST IN AN ADOLESCENT GIRL

Jyoti Ahlawat

INTRODUCTION: Ovarian cysts are common causes for gynecological surgery, but some ovarian cyst arise due to endocrine disorders & therefore, do not require surgical intervention.

CASE: 17 year old girl presented with complain of abdominal lump since 3 months associated with vague

pelvic pain with secondary amenorrhea since 8 months. On examination, patient had large abdominal lump of 16x16 cm. Imaging was suggestive of bilateral large multiseptated, multicystic ovarian masses (volume right ovary 480cc & left ovary 280cc). What amazed us were the lab reports suggestive of severe hypothyroidism (TSH & gt; 900Miu/l), severe anemia, hyperprolactinemia (100ng/ml). Tumor markers were within normal limits. Keeping in mind of patient future fertility, she was managed medically for 6 months & to the surprise patient's symptoms got vanished & disappeared completely with time. Appropriate diagnosis had avoided unnecessary surgery. Wernicke & # 39;s Encephalopathy: An Avertible Consequence of Hyperemesis Gravidarum Liji Sarah David, Evelina Jane K , Manisha Madhai Beck, Swati Rathore

Objectives: 1) To evaluate the maternal and fetal outcomes in women with Wernicke's Encephalopathy as a sequel of Hyperemesis Gravidarum.

2) To evaluate the impact of early diagnosis and treatment of Wernicke's Encephalopathy in women with Hyperemesis Gravidarum

Case Report: We present a case series of four pregnant women who presented with neurological and ocular symptoms following a history of intractable vomiting. Three women were in the early second trimester, and one in third trimester. All had signs which met the classical triad of Wernicke's Encephalopathy (WE) with dyselectrolytemia. MRI images also supported the diagnosis. They were treated with high dose thiamine alongside correction of electrolyte imbalance, and re-hydration. Significant improvement were observed in both maternal and fetal outcomes.

Discussion: Hyperemesis effects around 2-3% of pregnant women. If not identified and treated, it can have adverse maternal and fetal outcome. Excessive vomiting can precipitate dehydration, electrolyte imbalance and thiamine deficiency. WE is a sequel of uncorrected thiamine deficiency. Knowledge about these consequences and empirical treatment with thiamine, in these women, can prevent the occurrence of WE and its complication. Early prompting towards WE, when pregnant women with intractable vomiting, presents with associated neurological and ocular symptoms and early treatment with thiamine can result in good outcomes as was noticed in our case series.

Conclusion: Wernicke &# 39;s Encephalopathy is a preventable cause of Hyperemesis Gravidarum. Early diagnosis and treatment of thiamine deficiency and dyselectrolytemia in WE, results in good maternal and fetal outcomes.

PERIPARTUM CARDIOMYOPATHY (PPCM)

Vijaya Singh

Introduction- Peripartum cardiomyopathy (PPCM) is a rare form of unexplained cardiac failure of unknown origin, unique to the pregnant woman with highly variable outcome associated with high morbidity and mortality. The oxidative stress-mediated cleavage of the hormone prolactin into a cardiotoxic fragment has been identified as a driver of PPCM pathophysiology. This unpredictable condition is mainly evaluated according to echocardiographic criteria.

Aim – To study the role of Cabergoline in management of cases with PPCM and to establish the importance of serial echocardiography.

Objective - To manage and establish a follow up regimen for cases of PPCM to avoid maternal mortality.

Material and method – Studying the published papers, research on role to Cabergoline on patients with PPCM. A case of 24year old G2P1L1 with 30wks pregnancy with pre-eclampsia with heart disease with acute pulmonary oedema was taken. Diagnosis was made based on exclusion and serial echocardiography. Postoperative patient was discharged on Cabergoline.

Result- Diagnosis of PPCM was made by exclusion and serial Echocardiography. Pregnancy was terminated under general anaesthesia via LSCS. Post surgery patient received inj. Lasix and cabergoline and continues to follow up.

Conclusion – Due to its greater therapeutic efficacy, safer profile, and favourable pharmacokinetics, Cabergoline as prolactin inhibitor should be considered in the treatment regime of PPCM cases along with other drugs used in management of heart failure.

PERIPARTUM CARDIOMYOPATHY -A STITCH IN TIME MAKES NINE-A CASE SERIES

Pinky Mishra, Ritu Sharma

Objective- The incidence of cardiovascular disease in pregnancy is on rise.Peripartum cardiomyopathy (PPCM) is often under diagnosed and which leads to a delay in its management and hence results in dreaded outcomes. With appropriate armamentorium the complications associated with the condition can be prevented.The aim of this case series is to increase awareness of general care physician and obstetricians to this rare clinical entity .

Case Reports- This study comprises the case series of 5 patients. All the patients were young (Age 22-30 years). All 5 of them presented in their third trimester with features of congestive heart failure.The most common high risk factor amongst all patient was hypertension. Bedside Echocardiography revealed LV dilatation with LVEF< 45 % suggestive of PPCM.Patients were managed by multidisciplinary team and active management of heart failure was done.Two out of five patient were delivered vaginally ,rest three underwent cesarean section for different indications.One of the two patients delivered vaginally underwent cardiac arrest two hours post delivery and could not be resuscitated.Four out of five patients survived. Two of them recovered their left ventricular functions after 4 -6 weeks and were discharged home with no other sequel.One of these four patients had the longest duration of hospital stay of 3 months.She suffered three episodes of cardiac arrest post delivery. Patient suffered the cerebrovascular injury and developed paraplegia. Physiotherapy and rehabilitation was started and was discharged home on the same.

Discussion- PPCM is a rare clinical entity associated with dreaded complications if not diagnosed and managed on time.Preeclampsia was associated in all five cases .Studies in past have also shown association of pre ecclampsia with PPCM which suggests a shared pathophysiology of the two entities.

Conclusion- PPCM have a good recovery rate if treated on time. A high index of suspicion is warranted as the clinical features of PPCM overlaps with normal physiological changes of pregnancy leading to its delayed diagnosis and poorer outcome.Association of preeclampsia in this condition warrants future research to ascertain if recovery of ventricular function and hence the recovery of patient is different when PPCM is not associated with preeclampsia and if the management also differs in both the scenarios.

UTERINE ANGIOLEIOMYOMA-CASE REPORT OF RARE CLINICAL ENTITY

Shalini Parashar, Reetu Yadav, Dhriti Kapur, Nalini Bala Pandey, Krishna Agarwal, Asmita M Rathore

Objective: Uterine angioleiomyoma is an extremely rare variant of uterine leiomyoma. It is composed of smooth muscles and thick-walled blood vessels. It may be found throughout the body but more frequently occurs in the lower extremities. This paper presents a case report of angioleiomyoma detected in 17-year-old girl.

Case Report: A 17-year-old unmarried nulliparous presented with pain lower abdomen with irregular cycles of 6 month. On per abdominal examination 5*4 cm firm mass felt in right iliac fossa. An ultrasound of the abdomen and pelvis revealed left ovarian torsion with a likely broad ligament/subserosal fibroid 4*3 cm. MRI pelvis was suggestive of solid mass 6*6*7cm seen in midline in pelvis anterior to the uterus more towards right along with left ovary being slight bulky 3*2 cm likely torsion. Laprotomy with detorsion of left ovary along with removal of fibroid was performed. Histopathology report revealed features suggestive of angioleiomyoma of the uterus. However, there was no atypia, necrosis or increased mitotic figures.

Discussion: At present WHO does not classify uterine AL as a separate entity or leiomyoma variant in the group of uterine cancer. In general atypia, mitosis, pleomorphism and necrosis are absent in benign uterine angioleiomyoma. The treatment of angioleiomyoma both uterine and extrauterine is complete surgical excision of the tumour.

Conclusion: It is important for clinicians to keep the rare entity for angioleiomyoma in mind to differentiate it from tumors of similar characteristics including malignant neoplasm, to aid correct management of patient.

PREGNANCY ASSOCIATED WITH CML

Parul Bhugra, Meenakshi Chauhan, Pushpa Dahiya, Nirmala Duhan

Introduction: Chronic Myeloid Leukemia (CML) is a clonal myeloproliferative neoplasm that accounts for 10% of pregnancy associated leukemia, the median age for diagnosis is between 30-40 years.

Case Study: A 27- years- old primigravida presented to the Obstetrics and Gynaecology (OBG) department for termination of pregnancy in view of fifteen weeks missed abortion. While on chemotherapy the patient planned pregnancy, though discouraged by the haematologists in view of poorly controlled CML. The patient stopped taking treatment to avoid the toxic effect of chemotherapy on foetus. She reported to the haematologist with fifteen weeks pregnancy and blast phase of CML. The interferon was started but foetus eventually died in utero. The pregnancy was terminated and imatinib was started again.

Conclusion: Obstetrician should be aware that the successful pregnancy is possible in a patient with CML if the disease is in chronic phase, also, non- teratogenic options of chemotherapy are available.

UTERINE TORSION: A RARE CAUSE OF ACUTE ABDOMEN IN A NON GRAVID YOUNG FEMALE: A CASE REPORT

Anubha, Priyanka Kathuria, Pratibha Singh, Navdeep Kaur Ghuman, Garima Yadav, Taruna Yadav

Objective: Torsion of the non-gravid uterus is rare. In spite of availability of advanced diagnostic modalities, in most cases diagnosis is made on laparotomy. We here present a case report of a uterine torsion as a rare cause of acute abdomen in a non gravid young female.

Case report: A 26year old female presented to the emergency department with acute pain abdomen. On examination an abdomino-pelvic mass ~20 week size was palpable. Her pregnancy test was negative. All routine blood investigations and tumor markers were within normal limits. Radiologist suggested subserosal fibroid as cause of mass abdomen. Per operative findings revealed a subserosal fibroid of 20*18*10 cm arising from the left cornua of uterus. Uterus was twisted with a turn of around 360 degrees along its long axis. Detorsion and myomectomy was done, uterus was preserved. As CT scan and per operative findings were not correlating, so CT scan was reviewed retrospectively and images were reconstructed and torsion of the uterus with subserosal fibroid was reported. Her post-operative period was uneventful. On follow up patient had normal menstruation.

Discussion: Torsion of the uterus is defined as rotation of the body of uterus along its long axis for more than 45 degrees. Uterus has little mobility in its normal state and is supported at its position by various ligaments. Various risk factors for uterine torsion include gravid uterus, large subserosal myomas and congenital uterine anomalies. Symptoms can be acute, subacute. Various radiological modalities like ultrasound, contrast-enhanced CT and MRI can be used to diagnose uterine torsion as a cause of acute abdomen, if kept in mind.

Conclusions: There is always diagnostic dilemma in the cases of uterine torsion as they are rare and seldom mimic other more aggressive causes of acute abdomen. In young non gravid females uterine torsion though very rare should be suspected as one of the causes of acute abdomen in patients with risk factors.

MALIGNANT MIXED GERM CELL TUMOR OF OVARY IN AN ADOLESCENT GIRL: A CASE REPORT OF AN UNUSUAL COMBINATION

Dhruthi S, Shakun Tyagi, Y M Mala, Poonam Sachdeva, Krishna Agarwal, Sumita Agarwal

INTRODUCTION: Ovarian tumors and especially mixed germ cell tumors are rare estimated-only about 1/4 th of all ovarian tumors in females <16years are seen to be malignant. Mixed germ cell tumors of the ovary are malignant neoplasms comprising of two or more types of germ cell components. Most frequent combination consists of dysgerminoma with yolk sac tumor. There are only few case reports of mixed germ cell tumors with different combinations of malignant components

CASE REPORT: Patient was an 15 years old girl, presented with abdomen pain, distension and dypnoea since past 1 week, with huge abdominopelvic mass, well defined solid, non-tender, non-mobile measuring (~13x15x13cm) extending up to xiphisternum. The mass effect also led to massive right sided pleural effusion requiring tapping and Intercostal chest drain insertion. Ultrasound and CECT scan revealed large well defined heterogeneously enhancing right ovarian mass of ~13x22x30 cm with areas of vascularity and mass effect on all intraabdominal organs and vessels with mild ascites. AFP was grossly elevated (>50000IU/ml), LDH (691U/L), CA-125(751U/ml). We performed Fertility Sparing Surgery. Intra operative findings showed a huge right ovarian mass ~30x25x20cm bossulated, solid mass with irregular margin. Intra-op capsule rupture was seen. Right salphingo-ophorectomy

with infra-colic omentectomy, multiple peritoneal biopsies, peritoneal fluid sampling, omental lymph node biopsy were carried out. Postoperative phase was uneventful. Based on Histopathological report diagnosis of Malignant mixed germ cell tumor consisting of Yolk sac tumor with embryonal carcinoma was made. Peritoneal, omental LN biopsies and peritoneal fluid sample were found clear from malignancy. Patient was staged FIGO Stage 1C1 and planned for 4 cycles of adjuvant chemotherapy with BEP (bleomycin, etoposide, cisplatin) regimen.

CONCLUSION: Malignant mixed germ cell tumors of ovary are highly aggressive neoplasm and early intervention and fertility sparing surgery is required for any adolescent girl presenting with rapidly enlarging pelvic mass.

CASE REPORT OF A RARE PRESENTATION OF TUBERCULAR MENINGITIS IN POSTPARTUM FEMALE

Dhruthi S, Shakun Tyagi, Y M Mala, Poonam Sachdeva, Shalini Shakarwal

INTRODUCTION: Tuberculosis (TB) is a common infection in developing countries. The vast majority have latent rather than active TB. Central nervous system (CNS) involvement, one of the most devastating clinical manifestations of tuberculosis, is noted in 5-10% of extrapulmonary TB cases, and accounts for approximately 1% of all TB cases. CNS TB with pregnancy is a rare entity. We report a case of TB Meningitis in a previously healthy woman whose signs and symptoms developed immediately after delivery and were initially attributed to postpartum depression and psychosis, but by thorough workup, diagnosis was made timely and managed appropriately in our institute and we had a favourable outcome, thus highlighting the importance of early diagnosis and treatment.

CASE REPORT: A 35 years old P3L2 Lady, undergone uneventful normal vaginal delivery, delivered a healthy baby and her general conditions were also within normal limits postdelivery. 6 hours post-delivery, Patient started developing abnormal behaviour started with slurring of speech, not responding to attender's commands, not communicating with her attenders, not feeding her baby later even progressed to agitated behaviour accompanied with abnormal repeatative voluntary hand movements, lost her bowel bladder control, and was even intubated since had strained respiratory efforts with agitated behaviour. Her routine lab parameters were all within normal limits including total leucocyte counts, when CSF analysis, brain imaging (CT&MRI) helped in making a constructive diagnosis of Tubercular meningitis and ruling out other differential diagnosis. Immediate starting of antitubercular drugs brought a drastic improvement of her condition.

DISCUSSION: During pregnancy immune system is suppressed to prevent fetal rejection, and it gets reconstituted postpartum. During this reconstitution phase, reactivation of TB may occur, making it essential enough to test peripartum females for latent TB, especially those belonging to endemic regions.

CONCLUSION: CNS TB having most dreaded manifestations of increased morbidity and mortality, early screening can help in early diagnosis and timely treatment, which is proven to have favourable outcome.

CASE REPORT OF MYOMECTOMY IN A EARLY PREGNANCY COMPLICATED WITH FIBROID

Pallabi Mandal

INTRODUCTION: Uterine leiomyomas are the most common benign hormone responsive tumor originating from uterine smooth muscles and its incidence in pregnancy ranges from 0.3 to 2.6 % of which 10 % presented with complications.Myomectomy is rarely performed during antepartum period due to risk of abortion and torrential haemorrhage often necessitating hysterectomy.A rare case report of successful laparotomic myomectomy in 19 th weeks of pregnany is discussed here.

CASE PRESENTATION: A 32 years old primigravida had attended our department with c/o severe pain abdomen, vomiting and nausea for 4 days along with 9 months h/o abdominal swelling and h/o amenorrhoea for 19 weeks. After getting admission she was managed conservatively. Ultrasonography revealed a multilobulated subserous fibroid of approx. (12x11) cm size.She was performed myomectomy on account of her distressing abdominal pain .Exploratory laparotomy revealed a multilobulated subserous pedunculated fibroid with cystic degeneration of around (15x12) cm size originating from the right upper anterior part of uterine fundus.Her postoperative period

was uneventful and she was discharged on D7.She was given inj 17 OH progesterone caproate at intramuscular route weekly and advised to continue it upto 36 weeks She was adviced for follow up –every 4 weeks until 24 wks-every 3 wks from 24 wks to 34 wks-every 2 weeks.

Conclusion: Decision to perform myomectomy is debatable.Its accomplishment is considered safe only in selected cases with proper counselling regarding the risks, where conservative management fails.

A CASE REPORT OF TERM PREGNANCY IN UNICORNUATE UTERUS RESULTING IN A LIVE BIRTH

Debleena Chattopadhyay

Objective: Mullerian anomalies are usually fraught with poor pregnancy outcomes. However, the case reported here is an incidental diagnosis of term pregnancy in a unicornuate uterus. The mother also has a history of term vaginal delivery 4 years ago. Amidst the number of failed pregnancies in unicornuate uteruses, this case is a clinical eye opener.

Case history: A 24 yo female, G2P1+0 (one previous term vaginal delivery; 4 yo living child) presented at 37 weeks with complaint of pain in the abdomen. Her antenatal investigations were up to date with no abnormalities detected. General and systemic examinations were normal. Per vaginally, Bishop's score=1; labour had not started. Fetal movements were well perceived, cardiotocography had less baseline variability. Symphysis-Fundal height was at 34 weeks. The patient was prepared for LUCS (Indication: FGR at 37 weeks with suspicious cardiotocography), and intra-operatively diagnosed to have a type 2 unicornuate uterus. She delivered a live girl baby of 2000 grams.

Discussion: Unicornuate uterus is associated with gynaecological and obstetric abnormalities like renal/ ovarian dysgenesis, miscarriage, ectopic pregnancy, FGR or preterm labour but such poor outcomes are not inevitable. As such, a patient with a previous diagnosis of unicornuate uterus must be counselled preconceptionally, while physicians supervising seemingly normal pregnancies should be prepared to tackle complications like postpartum haemorrhage, malpresention or placental abnormalities in case of an incidental finding.

Conclusion: We presented a case of live birth at term in a unicornuate uterus, detected intraoperatively. Antenatal counselling regarding such eventualities and proper education regarding such congenital anomalies must be done. The patient should also be screened for anomalies of other organs.

UTERINE ARTERIOVENOUS MALFORMATION: AN UNFORESEEN COMPLICATION OF CAESAREAN SCAR PREGNANCY AND ITS MANAGEMENT

PARUL SINGH, Meenakshi Chauhan, Vani Malhotra, Susheela Chaudhary

Objective: Uterine Arterio-venous malformation (AVM) is a rare entity characterized by abnormal direct arteriovenous communication without normal intervening capillary network. AVM can occur secondary to conservative management of cesarean scar pregnancy(CSP). Suspicion of AVM and optimal management is a matter of perplexity for obstetricians specially when future fertility is desired. Herein, we present a case of CSP who underwent conservative treatment and was diagnosed with AVM and managed with uterine artery embolization(UAE).

Case report: A previous two caesarean 38 year old female with CSP was managed conservatively with injection methotrexate. The beta HCG levels plateau in seventh week on follow up. Sonography revealed multiple cystic spaces in uterus along with multiple vessels showing flow on both arterial and venous waveforms suggestive of AVM in both anterior and posterior myometrium. Angiogram showed bilateral dilated and tortuous uterine arteries with parenchymal blush. Bilateral UAE was done. Post procedural scan showed reduction in size of AVM and negative beta HCG levels.

Discussion: True incidence of AVM post CSP is unknown due to its rarity. Doppler findings of AVM may coincide with other differentials of arteriovenous shunting like gestational trophoblastic disease, hypervascular retained products of conception, placental polyp and endometrial neoplasm. Early diagnosis and management are necessary to prevent potentially life-threatening hemorrhage or perforation requiring hysterectomy specially when future fertility is desired. Meticulous follow up with beta HCG and ultrasonography plays a pivotal role. Management of AVM is done on the basis of clinical presentation, extent

of lesion and desire of fertility. UAE is considered as an effective modality for AVM.

Conclusion: A high degree of suspicion for uterine AVMs should be reserved in cases of CSP managed conservatively especially in patients of previous uterine surgery or uterine trauma. A multidisciplinary approach involving obstetrician and interventional radiology is required for preservation of patient's fertility.

SUCCESSFUL IN-UTERO FETAL THERAPY IN FETUS WITH SUPRAVENTRICULAR TACHYCARDIA WITH HYDROPS

Paridhi Gupta

Objective: Fetal tachyarrhythmias is one of the established causes of fetal tachycardia leading to non-immune fetal hydrops if not diagnosed early. Post natal fetal outcomes are highly determined by gestational age, presence or absence of hydrops and in utero transplacental therapy. This case report is an successful outcome of early diagnosis and timely initiation of in utero transplacental therapy.

Case report : 23 years female, G2P1L0 at 25 weeks period of gestation with fetal tachycardia was referred for fetal hydrops. Fetal echo revealed supraventricular tachycardia with structurally normal heart.She was started on tablet Flecainide 100 mg thrice daily on day 1, tablet digoxin was added on day 2. QRS and QTc intervals were monitored. Levels of serum sodium, potassium, magnesium and serum digoxin were monitored simultaneously. Features of hydrops were reduced on ultrasound. Patient was discharged on tablet Flecainide and followed weekly with fetal echocardiography and ECG. She had preterm vaginal delivery at 32 weeks. Baby was born with gross ascites and required intensive resuscitative measures in the delivery room including intubation, paracentesis, surfactant administration and adenosine for SVT. There was recurrence of SVT at 8 hours of life requiring maintenance beta-blocker therapy. Double volume exchange transfusion was done at 12 hours for neonatal jaundice. There was no recurrence of SVT and baby was transitioned to home with normal neurological examination.

Discussion: In utero treatment aims to convert SVT into sinus rhythm by transplacental therapy. Antiarrhythmic drugs include Digoxin, Flecainide, Sotalol. SVT has excellent prognosis in the absence of structural heart disease or cardiomyopathy.

Conclusion: Multidisciplinary approach in a tertiary care center results in the best outcome for these cases. Timely diagnosis and initiation of treatment in the antenatal period exponentially improves the prognosis of postnatal management.

ENDOMETRIAL TUBERCULOSIS PRESENTING AS PRIMARY AMENORRHEA AND HEMATOMETRA: A DIAGNOSTIC DILEMMA

Neha Varun, Deepali Garg, Rajesh Kumari, Jyoti Meena, Neeta Singh, Vatsla Dadhwal

OBJECTIVE: Although pulmonary tuberculosis remains the commonest and the most infectious type of TB, extra-pulmonary tuberculosis is becoming more prevalent especially in young women throughout the world. Here, we are presenting a case of unmarried female presented with primary amenorrhoea and hematometra and diagnosed to have genital tuberculosis.

CASE REPORT: 17 year old female, presented with the primary amenorrhoea and cyclical abdominal pain since one year. On examination secondary sexual characteristics well developed, rest within normal limits. Hormonal assay was normal, ESR raised and montoux was positive. Ultrasound pelvis suggestive of bicornuate uterus with collection in both the horns, bilateral ovaries normal looking. MRI abdomen suggestive of widely separated uterus and both uterine horn are distended with flat contour with single cervix, septa is noted in the lower part of both the horn and few mesenteric lymph nodes were enlarged. PET CT abdomen suggestive of right adnexal mass with focal metabolic activity along with metabolically active retroperitoneal, mesenteric and inguinal lymph nodes. Patient underwent diagnostic laparoscopy and hysteroscopy. Intraoperatively, adhesions present in the lower uterine cavity, broad uterine fundus, right fallopian tube is distorted, beaded appearance, caseous collection present at left cornua, left fallopian tube was normal, bilateral ovaries normal looking, findings suggestive of genital tuberculosis. Patient started on antitubercular treatment (ATT) for six months. Patient symptomatically improved and planned for repeat surgery after completion of ATT.

DISCUSSION: Primary amenorrhea due to genital tuberculosis, though very rare, is treatable. Primary amenorrhoea with hematometra is a very rare presentation of genital tuberculosis. Common differential is Mullerian anomalies.

CONCLUSION: Primary amenorrhea is an important gynaecological endocrinal condition that needs proper methodical approach for confirmation of diagnosis. Genital tuberculosis frequently presents without symptoms and diagnosis requires high index of suspicion. Laparo-hysteroscopy is a key tool for confirmation of diagnosis in case of primary amenorrhoea when the dilemma exists.

OVER-THE-COUNTER AVAILABILITY OF MTP PILLS, A BOON OR A CURSE

Puja Singh, Neha Varun, Rajesh Kumari, Jyoti Meena, Neeta Singh, Vatsla Dadhwal

Background: Abortion is an important health concern of women, but they are often shooed when coming to seek help especially poor, widows and unmarried. Hence illegal unsafe practices are the only alternatives they are left with. On other hand, some females use these pills regularly as contraception.

Case report: A 34 years old woman, G4P3L3, previous 3 LSCS, last child birth 8 months back, presented to emergency with history of fall from staircase. On examination, vitals are stable, laceration over left forehead and left eye, uterus enlarged upto 18 weeks size, on per-vaginal examination, cervical os 2 cm dilated and fleshy mass felt through os. UPT done, was positive. Ultrasound abdomen showed bulky uterus with large 16x4cm, hyperechoic heterogenous lesion with focal adherence (loss of myometrial interface) at fundus (3.8x2.4cm) and with internal vascularity, no fetal parts seen, likely GTN/ retained placenta with focal adherence. Patient later gave history of excessive bleeding per vaginum with passage of blood clots after taking MTP pills few days back. Hematological parameters were normal, beta hCG 4416 mIU/ml. Patient planned for laparotomy and proceed in view of retained placenta with focal accreta after UAE. Intra-operatively a rent of size 1.5x1cm noted over previous scar site, confined by omentum and foul smelling placental tissues seen bulging through it with focal adherent tissues at fundus. Decision of hysterectomy was taken in view of excessive bleeding. In post-operative period, patient had burst abdomen and resuturing was done and discharged in stable condition.

Discussion: Emphasis on regular use of contraception, restriction on freely availability and misuse would have saved this patient from undergoing hysterectomy at 34 years of age.

Conclusion: First-hand knowledge about MTP pills with their associated complications, need for restriction of over-the-counter availability of drugs and availability.

RETAINED BONE FRAGMENTS IN UTERUS AND CERVIX – A RARE CAUSE OF INFERTILITY

Rhythum Bhalla

Introduction: Retained intrauterine bony fragments are a very rare entity, often under- diagnosed with the reported incidence of 0.15% among diagnostic hysteroscopies. (1) The most common cause of retained intrauterine bony fragments is that of fetal bones after an abortion. (2) Other rare causes are osseous metaplasia, dystrophic calcification of the endometrium, and heteroplasia secondary to hypercalcemia, hyperphosphatemia, and hypervitaminosis D. Retained intrauterine bones usually present with gynecological problems such as infertility, menstrual irregularities, dysmenorrhea, vaginal discharge, and chronic pelvic pain. At times, they may be incidentally diagnosed on an ultrasound or hysteroscopy. (3)

Case Report: A 32 year old multiparous lady, with two living Girl children, both delivered by cesarean sections, presented to Cloudnine Outreach OPD at Karnal, Haryana with history of secondary infertility since last two years. After consulting multiple local doctors in the periphery, she was reassured that all tests pertaining to fertility were normal. Her general physical examination was normal. Her gynecological examination was also unremarkable. On her recent transvaginal scan, bright echogenic areas with posterior acoustic shadowing were noticed, with suspicion of retained fetal bone fragments associated with Asherman's syndrome. Upon taking detailed history, the patient revealed the history of an unsafe mid-trimester abortion done at a local hospital after sex determination. The patient was then planned for diagnostic hystero-laparoscopy at our centre. Intraoperative findings were suggestive of retained fetal bone fragments deeply embedded into the walls of the endometrial cavity, with the entire cavity obliterated with bad Asherman's

Syndrome.

Conclusion: A high index of suspicion is required to diagnose retained fetal bones in patients with infertility, dysfunctional uterine bleeding, dysmenorrhea, foul smelling vaginal discharge or chronic pelvic pain dating from a pregnancy or pregnancy termination. Hysteroscopy is an excellent diagnostic tool as well as a therapeutic technique for retrieval of the retained fetal bones. and a grasper or resectoscope can be used to remove embedded bone fragments

WHEN LIFE HANGS IN BALANCE : MANAGING DILEMMA OF IVF CONCEIVED CASE WITH CONGENITAL TTP

Anika Saraf, Snigdha Kumari, Lekshmon K S 3, Pankaj Malhotra

OBJECTIVE: Congenital TTP in itself is a rare condition and as a maternal indication for termination of pregnancy is an even rarer phenomenon. In some cases, symptoms do not develop until adulthood, especially during pregnancy in females

CASE REPORT: Patient was a 28-year-old primigravida at 10 weeks period of gestation following IVF conception with DCDA twin with known case of seizure disorder and chronic hypertension presented to medicine emergency of PGIMER, Chandigarh with complaint of purpura over whole body. At 9 weeks of gestation she had status epilepticus and stroke for which she was intubated for 6 days. On evaluation she was found to have severe ADAMTS 13 deficiency and was diagnosed with congenital TTP. She received plasma exchange therapy with 25 FFP and 25 cryoprecipitate, and had transfusion reaction as well. The hematologist opined that since she has had a severe life-threatening event in the current pregnancy and currently needed multiple plasma transfusions on a daily basis, and the chances of her condition worsening further during the course of her pregnancy was high. After extensively discussing the pros and cons of continuation vs termination of a precious' pregnancy, termination of her pregnancy was done under clause 1 of the MTP act.

DISCUSSION: Congenital TTP i is caused by mutations in the ADAMTS13 gene and its inheritance is autosomal recessive. It's diagnosis should be considered in all patients with thrombocytopenia and MAHA. Differentials such as atypical HUS, HELLP syndrome, iTTP should be kept in mind while diagnosing a patient with congenital TTP. During pregnancy regular plasma infusions are needed to maintain ADAMTS13 activity level at around 15%.

CONCLUSION: Before planning IVF, patients should be evaluated for their symptoms. Genetic counselling should be offered to such patients, and MTP can be planned to prevent exacerbation of such conditions.

POST CAESAREAN SEPSIS- AN UNTHINKABLE EYE OPENER

Kiran Aggarwal, Anuradha Singh

Objective: Caesarean delivery is the single most important risk factor for puerperal infection in immediate postpartum period. Post caesarean sepsis occasionally leads to severe debilitating consequences. We reported a rare case of 35year old Primigravida with 39 weeks POG with Gestational hypertension with Gestational Diabetes. She had past history of cervical tuberculosis and had high myopia in right eye. Patient had to undergo emergency LSCS for failed induction. Postoperatively patient developed sudden onset right side orbital cellulitis along with involvement of Chest with septic emboli, abdominal wall and left upper arm cellulitis. SSI. Despite aggressive antibiotic therapy she developed pan ophthalmitis , so right eye had to be eviscerated and implant was placed 1 month post LSCS. The intravitreal and stitch line culture showed growth of very rare organism Aeromonas hydrophila. It is a Gram-negative anaerobic bacilli which had diverse clinical manifestation ranging from diarrhea and soft tissue infections to serious fulminant soft tissue infection and meningitis, OM, myonecrosis, endocarditis, peritonitis, cholecystitis, septicemia in immunocompromised and high mortality. This organism is known for its virulence, genetic predisposition to antibiotic resistance. Multidrug resistance genes have also been identified in this group of bacteria which is of serious health concern. To the best of our knowledge this is first reported case of Aeromonas Hydrophila associated Orbital cellulitis and pan ophthalmitis . History of high myopia associated with severe scleral thinning was probably responsible for preferential right eye involvement through endogenous route. Any infection during pregnancy, especially among women in developing countries, should be promptly diagnosed and treated to prevent life threatening complications. Proliferative Increase in rates of CS especially primary

caesareans should be curbed. Avoiding un-indicated Caesarean sections and also the delay in indicated should be stressed.

MISCELLANEOUS AN INNOVATIVE TECHNIQUE IN LOCAL ANTIBIOTIC DELIVERY METHOD IN OPEN INFECTED WOUNDS OF THE MUSCULOSKELETAL SYSTEM

Chander Shekhar

Educational Research Foundation

Objective: Bone and soft tissue infections are difficult problems in orthopedic surgery. Infections resulting in chronic osteomyelitis if established are difficult to eradicate. The delivery of local antibiotics for the treatment of open infected wounds of the musculoskeletal system is a more logical approach to treat these infections. Antibiotics given systemically are unable to achieve minimum inhibitory concentration in areas of infected wounds that are ischemic or relatively avascular. Also, these antibiotics given over a prolonged period lead to significant toxicity and side effects and the emergence of resistant bacteria. The author has been treating difficult cases of infected wounds sustained in road accidents, wounds (diabetic ulcers) in Diabetes Mellitus with necrotizing fasciitis, and post-operative infections by discharging sinuses with infected implants inside by his own innovative method of antibiotic delivery. The infected open wounds have been treated by application of Vitamin D3 granules impregnated with Tobramycin or Tobramycin and Vancomycin combined. All the patients responded successfully to this novel method of treatment, which is extremely simple, effective, low cost, without any complications or side effects, and has shown excellent results. Not only do the Vitamin D granules act as a carrier of the antibiotic locally but also have properties of boosting immunity, and promoting tissue healing. It also produces an antibiotic-like substance Cathelicidin, which kills bacteria, promotes growth of the bone, and restores the bone mineral density. Keywords local antibiotic delivery method, open infected wounds, postoperative osteomyelitis, septicemia, diabetic foot ulcers, lower extremity wound CS *Inventor and PI Apollo Hospital Educational Research Foundation

UTERINE SCHWANNOMA NAQUERADING AS BROAD LIGAMENT FIBROID

Nikhil Ritolia, Kanika Jain, Debasish Dutta, Ila Sharma

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INTRODUCTION: A case of a 32 years old P2L2 female with large broad ligament fibroid (schwannoma). Broad ligament fibroid turning out to be a schwannoma on HPE is a rare case scenario.

CASE REPORT: Thirty two years old P2L2 female admitted with complaints of abdominal heaviness since 2-3 months and acute retention of urine on 16 th may. On examination, a large mass filling whole of the abdominal cavity was seen extending from hypogastric to umbilicus, firm to cystic in consistency, non tender with restricted mobility. Per-vaginum examination- Uterus deviated towards left, mobility+, cystic mass felt in right fornix Investigations done, Tumour markers done reported normal except that Ca-125 was high. USG revealed large, oval heterogenous lesion in right adnexae and pelvic cavity with large cystic areas indenting bladder lumen . MRI pelvis with contrast revealed large fibroid with myxoid degeneration within pelvic cavity displacing uterus to left. Patient underwent lap myomectomy a 12x 15 cm broad ligament mass cystic in consistency with cystic and hyaline degeneration was seen arising from right side extending upto right deep inguinal ring laterally, superiorly till IP ligament and inferiorly uptill left ovarian fossa .Myomectomy was done and fibroid removed in endo bag piecmeal and sent for HPE On histopathology multiple tissue together measuring 10x11x7 cm whorled appearance with sections showing spindle cells with features of nuclear palisading and focal Verocay body like arrangement with areas of myxoid change and focal hyalinisation and on IHC diffusely positive for desmin and negative for S-100.

CONCLUSION: Broad ligament fibroid turning out to be a schwannoma has been reported in literature and is a very rare case scenario.

ENOXAPARIN INDUCED SKIN NECROSIS-A RARE COMPLICATION OF A COMMON DRUG

Huma Ali, Geeta Mediratta

Objective: Enoxaparin induced skin necrosis is a rare complication of heparin injections either at injection or distant sites, in which there is necrosis due to the inadequate blood supply. Three likely mechanisms causing the necrosis exist:

1. Immunologically mediated intravascular thrombosis resulting from heparin-induced immune aggregation of platelets (heparin-induced thrombocytopenia) 0.2% of cases.
2. Formation of antigen-antibody complexes in cutaneous blood vessels (type III hypersensitivity syndrome).
3. The LMWH persisting in subcutaneous tissue, due to poor circulation within the adipose tissue. The skin reaction begins 1-25 days after drug exposure, followed by erythema and tenderness at injection-site, evolving into plaques and skin necrosis. Antiheparin–platelet factor.
4. Antibodies are present in 90% and 50% had thrombocytopenia.

CASE: A 24 year Primigravida with 30+3 week POG with oligohydramnios presented with swelling

and pustular lesions in upper left limb, bilateral thighs and anterior abdominal wall since 10 days. Patient was booked outside in a private hospital, she was started on Inj. Lonopin 40mg s/c along with Inj. Amino-acid as her level 2 reported oligohydramnios following which she developed swelling & pain in left upperlimb, thighs and anterior abdominal wall. Her swelling progressed gradually to pustular lesions over bilateral thigs (5x4cm and 6x4cm), left forearm (5x4cm) and over umbilicus (6x4cm) and 5x4 cm lesion over abdomen, gradually progressing to tender abscess. Her gel HITcard test and CRP was positive. Patient was managed with antibiotics, wound debridement and by stopping Inj. Lonopin. HPE reported non specific acute inflammatory lesion with neutrophils. Her pregnancy continued and she delivered at 38 weeks. Conclusion So, LMWH should be used cautiously to avoid such dreadful complications.

A UNIQUE CASE OF & QUOT; THE MISSING MIRENA&QUOT

Shreya Aggarwal

OBJECTIVE: Intrauterine devices (IUDs) are a commonly used form of contraception worldwide. Commonly encountered problem with IUD insertion is its migration from normal position i.e., expulsion/displacement causing uterine perforation

Case report: 39yrs, P2L2, previous LSCS with AUB-Adenomyosis (AUB-A) Conservatively managed with Mirena. However, patient had persistent symptoms. Examination revealed non visualization of Mirena thread. TAS: IUD not visualized in utero. CT abdomen-pelvis: IUD noted between bladder & uterus. Patient planned for TAH i/v/o failure of medical management. Intra op: Uterus bulky,10 x 6 cm with Bilateral adnexa normal. Mirena noted to be embedded in the omentum.

Discussion: IUD insertion can be done for medical management of AUB patients, wherein ideal time for IUD insertion would be late follicular phase (Day 8–15). It is important to note that the inherent cause of AUB can also cause iatrogenic uterine perforation. For example, highest rates of IUD migration have been noted in patients of adenomyosis and endometriosis, due to inherent weakening of the uterine structure. In post-partum patients, IUD can be used as a means of contraception, wherein minimum risk of perforation is in c/o post placental insertion and insertion after 6 months postpartum. Maximum risk is noted in c/o IUD insertion 0–6 months postpartum. Increasing parity decreases the risk and increasing number of abortions increases the risk of perforation.

Conclusion: The benefits of IUD insertion far outweigh the risk of any untoward complications related with the same. However, every practitioner should proceed with caution. Serial ultrasounds (both TAS and TVS) should be done to watch for any migration of the IUD even in the absence of any symptom. Patients should be explained about warning signs to look out for and should review with their local gynecologists at the earliest

THE HARLEQUIN BABY: DIAGNOSING THE UNDIAGNOSED

Leenakshi Garg

Objective: We aim to improvise the knowledge about harlequin icthyosis among health care workers and its

management in pregnancy.

Case Report: A case of 28 year old, unbooked 2nd gravida female with previous issue via normal vaginal route presented at 39 weeks gestation in first stage of labor was taken, observed and managed according to vaginal examination. Augmentation of labor was done to shorten the labor duration. After USG scan and further evaluation, decision of LSCS was taken in view of uncertain presentation and the non descent of presenting part.

Discussion: She delivered a male child of 3.7kg with scaly plaques all over the body. Poor socio-economic status, low literacy level and limited access to antenatal checkups restricted its prenatal diagnosis. Hence, the case was diagnosed postnatal by typical clinical appearance which included parchment like yellowish, thick and rigid armor like scales with wide red cracks, ectropion, eclabium etc. However, he died after 13 days of birth due to fulminant sepsis.

Conclusion: HI is a rare genetic skin disorder, which follows autosomal recessive mode of inheritance for which DNA analysis is confirmatory. Characteristic features on prenatal USG tend to appear late so the scans should be repeated even after normal second trimester anomaly scan. Prenatal diagnosis should be offered to women with previously affected babies. Our case emphasize the importance of early prenatal USG findings of such cases in our setting, where DNA analysis are not routinely and readily available, with a focus on termination of such pregnancy in permissible gestation period.

TREATMENT OF HIDRADENITIS SUPPURATIVA DURING PREGNANCY USING ER:YAG LASER

Seema Sharma

Objective: The objective of the case report is to present the case of Mrs X with reactivation of Hidradenitis Suppurativa (HS) during pregnancy which was treated experimentally with an Er:YAG laser (Fotona laser, Slovenia, EU) after current standard of care treatments failed to show results. The case report shows that with further research, laser debridement may be considered as a possible standard of care for pregnant women with HS.

Case Report: Presenting the case of Mrs X with reactivation of Hidradenitis Suppurativa (HS) during pregnancy which was treated experimentally with an Er:YAG laser (Fotona laser, Slovenia, EU) after current standard of care treatments failed to show results.

Treatment of HS in the case of Mrs X was initially approached with treatment options within the limitations outlined for pregnant patients. After failure of these methods to show results, Mrs X was counselled and briefed to experimentally attempt laser debridement of one abscess since laser treatment is not a standard of care for HS treatment in pregnant patients at present. Minimal topical anaesthesia with lignocaine cream was applied 30 minutes prior and a 3mm beam was used in Short-Pulse (SP) mode. This led to superficial debridement with release of pus which was then sent for culture and sensitivity testing.

Discussion: The case report shows that with further research, laser debridement may be considered as a possible standard of care for pregnant women with HS.

Conclusion: Results of the Er:YAG laser treatment showed complete healing and minimal scarring of the abscess within three days with other lesions still persisting as such. The successful outcome of Er:YAG laser treatment for HS in pregnant patients shows promising results. With further research and studies, laser debridement can be added to the standard of care for pregnant women.

AN INCIDENTAL DIAGNOSIS OF A GIANT PARAOVARIAN CYST OF BORDERLINE NEOPLASM

Peuly, Pragya, Uma, Aakriti, Poonam Sachdeva, Y. M. Mala

Objective: Preoperative misdiagnosis often occur in cases of parovarian cysts

Case Report: 35 year old female P0L0A1 with obesity with hypothyroidism with secondary infertility with giant paraovarian cyst

Discussion: Paraovarian cyst origin, presentation, diagnostic modalities, management

Conclusion: Paraovarian cysts are rare tumors.Among them borderline neoplasm of paraovarian cysts are extremely rare

COEXISTING PATHOLOGY OF UNRUPTURED ECTOPIC PREGNANCY WITH CONCURRENT IPSILATERAL DERMOID CYST : A RARE OCCURRENCE

Anne Nicole Fuentes

Objective: This case report demonstrates the importance of considering the coexistence of different gynecologic pathologies in the same patient and clinical importance of an accurate diagnostic evaluation

Case Report: A case of a 29-year-old pregnant who presented at the emergency department with a 5 week history of amenorrhea, vaginal spotting associated with intermittent abdominal pain. No associated symptoms were noted such as vomiting, fever, foul smelling discharge nor changes in bowel habits. She was admitted for the first time in our institution on February 2021 with unremarkable past medical history , family history and denies any heredo-familial diseases. Last menstrual period was 5 weeks and 2 days on admission. The patient had regular menstrual cycles occurring every 24-31days, lasting for approximately 3-4 days. She denied any use of contraception and history of sexually transmitted infections. Review of systems were unremarkable.

Upon Admission, patient is alert, ambulatory with minimal abdominal pain. She had stable vital signs. Physical examination revealed no note of pallor with pinkish palpebral conjunctivae. Abdominal examination revealed direct tenderness on the right lower quadrant. Speculum exam revealed smooth cervix with no masses nor lesions. No noted bleeding per cervical os nor foul smelling vaginal discharge. Bimanual examination revealed short closed cervix, with no cervical motion tenderness, small uterus and palpable right adnexal mass. Transvaginal ultrasound revealed normal sized anteverted uterus, thickened endometrium (2.78cm) with normal Left ovary and note of Right adnexal mass to consider: 1) Tuboovarian complex probably inflammatory 2) Right tubal pregnancy unruptured with right ovarian new growth probably endometrioma. (There is a 6 x 4 x 5cm (vol 94.6ml) unilocular mass with medium level echoes, no solid component, no acoustic shadowing, no color flow. Medial to this mass is an elongated heterogeneous mass with incomplete septation measuring 6 x 3 x 5cm (vol 64.27ml) probably tubal; no color; no ascites, no tenderness on probe manipulation). Diagnostic examination revealed normal values. She was initially managed as a case of tuboovarian abscess with a consideration of unruptured ectopic pregnancy and was started on antibiotics. Serum quantitative bHCG was also requested and result came out 2 days after admission and the value was 9000mIU/mL. Laparoscopy was performed since tubal pregnancy size shows measurement beyond the cut off levels with elevated bHCG of 9000mIU/mL. In our patient, expectant and medical management were both discontinued due to the size of the mass and due to the increased value of BHCG. The decision for surgical intervention was considered to remove the enlarging mass and the surgical goal is to prevent further damage to her adnexae and prevent intra-peritoneal bleeding. Options for surgical management includes conservative and radical treatment. Part of the plan is to do a salpingostomy with possible cystectomy however intraoperative findings were conclusive to do unilateral Salpingooophorectomy.

Intraoperatively, there was no hemoperitoneum noted. A tuboovarian complex was noted with filmy adhesions and adherent to the sigmoid colon. There was a unilocular yellowish cyst with smooth wall noted within measuring 4x4 cm encapsulated by densely adherent fallopian tube measuring 6 x 7cm, normal ovarian tissue were not identified. Uterus was slightly enlarged with grossly normal looking

left fallopian tube and ovary. We then proceeded with right salpingooophorectomy. On cut section: There was noted products of conception with blood clots in the fallopian tube (Figure 1). The right ovarian mass contains cheesy material, with tufts of hair and tooth-like structure. No normal ovarian tissue seen. No hemorrhages/necrosis noted (Figure 2,3) Histopathologic report showed tubal pregnancy on the right with mature cystic teratoma on the right ovary (Figure 4).

Discussion: Coexistence of mature teratoma, tuboovarian complex and unruptured ectopic pregnancy occurring ipsilaterally has been reported but there are very few cases with the same pathology6. Transperitoneal migration is a mechanism for oocyte retrieval that is generally demonstrated in certain cases of ectopic pregnancy which may be correlated in our index patient. She appeared to have ovulated from her left ovary as evidenced by corpus luteum cyst noted on ultrasound. Ovulation may have occurred on the left side with fertilized ovum transfer to the right side7.

Transvaginal ultrasound is the initial diagnostic modality of choice to diagnose ectopic pregnancy. When an ultrasound finding showed an adnexal mass in a pregnant patient with no confirmed intrauterine pregnancy, an ectopic pregnancy should always be considered and prompt evaluation and treatment are necessary. It is also prudent to determine the value of serum quantitative serum quantitative bHCG level to correlate with the case and decide the option of treatment. Management of ectopic pregnancy includes medical, surgical and expectant management 4. Certain criteria for each intervention should be met to proceed with the management. In our case, the patient presented at the emergency department with abdominal pain and vaginal spotting. Ultrasound revealed ectopic pregnancy with presence of tuboovarian abscess and ovarian new growth. Primary consideration at the time of admission was unruptured ectopic pregnancy with presence of pelvic inflammatory disease. Correlating the ultrasound findings with the patient√¢,Ç¨,Ñ¢s condition the choice of treatment for tuboovarian complex or abscess alone would still be medical management.

Initial management of the woman with a suspected Tuboovarian abscess is dictated by clinical findings and ultrasound. In the presence of systemic sepsis, Appropriate resuscitation and prompt surgery, with concurrent commencement of broad-spectrum intravenous antibiotics, may be considered. The √¢,Ç¨Àúsepsis six√¢,Ç¨,Ñ¢ protocol should be followed: administer oxygen, take blood cultures prior to commencing antibiotics, commence intravenous antibiotics, measure serum lactate, commence intravenous fluids and accurately measure urine output. In the event of an acute abdomen where rupture of an abscess is suspected, surgery may be necessary. 8 On admission, patient did not show any signs of acute abdomen and remained hemodynamically stable, thus, she was started on antibiotic regimen for tuboovarian abscess. Administration of Clindamycin and Gentamycin was started since it has the advantage of providing excellent coverage for anaerobic infections and facultative gram-negative rods. Therefore it is preferred for patients with an abscess, pelvic infection. Intravenous clindamycin, metronidazole and cefoxitin have higher abscess cavity penetration and have been shown to reduce abscess size9. Reed et al.10 looked at antibiotic regimens in a series of 119 women with a TOA. They demonstrated that extended-spectrum antibiotic coverage, including single-agent broad-spectrum antibiotics such as cefoxitin, in conjunction with doxycycline has efficacy that is equivalent to that of clindamycin-containing regimens. Women who do not respond to medical management within 72 hours should be reevaluated. Operations are restricted to life-threatening infections, ruptured tuboovarian abscesses, laparoscopic drainage of a pelvic abscess, persistent masses in some older women for whom future childbearing is not a consideration, and removal of a persistent symptomatic mass.

Patient was observed and additional laboratory examination of quantitative serum bHCG was requested, however, results only became available 48hrs post admission due to its unavailability in our institution thus a delay in management.The dilemma for this case is the window period between the expectant vs medical vs surgical management for ectopic pregnancy while waiting for the BHCG value because of the increased probability of tubal rupture. Hence, close monitoring of the patient for any signs of acute abdomen was emphasize and was also thoroughly explained to the patient.

Result of serum quantitative bHCG values revealed 9000mIU/L and correlating to the size of the tubal pregnancy, it did not meet the criteria for medical management, therefore the decision to perform surgery was considered to prevent further damage to the adnexae and prevent intra-peritoneal bleeding. In lieu of the adnexal mass, the principal goals of the evaluation of an adnexal mass are to determine whether the mass is “almost certainly benign,” has a “reasonable chance of being malignant,”and whether there is an urgent condition that requires prompt medical or surgical treatment. According to RCOG (Royal College of Obstetricians and Gynecologists), Women with small (less than 50 mm diameter) simple ovarian cysts generally do not require follow-up as these cysts are very likely to be physiological and almost always resolve within 3 menstrual cycles. Women with simple ovarian cysts of 50√¢,Ç¨,Äú70 mm in diameter should have yearly ultrasound follow-up and those with larger simple cysts should be considered for either further imaging (MRI) or surgical intervention3.

Although dermoid cyst is a common ovarian tumor, the coexistence of this neoplasm with ectopic pregnancy is rare. Coexistence of different gynecologic pathologies as seen in the reported case, presents a challenge to the clinician and importance of careful diagnostic evaluation

is manifested. The principal goals of the evaluation of an adnexal mass are to determine whether the mass is almost certainly √¢,Ç¨≈ìbenign√¢,Ç¨¬ù, has a "reasonable chance of being malignant," and whether there is an urgent condition that requires prompt medical or surgical treatment. Aside from complete history taking and physical examination, diagnostic tools such as transvaginal ultrasound can aid in diagnosing pathologies in the adnexa. However, additional laboratory work ups are needed to support diagnosis which may present vague in transvaginal ultrasound.

Conclusion: Ectopic pregnancy still accounts for the highest maternal rate of maternal death related to early pregnancy. Correlating beta HCG values and ultrasound findings with the patient√¢,Ç¨,Ñ¢s present condition remains to be the cornerstone of its management. Aside from prompt treatment and evaluation, the case highlights the importance of considering the simultaneous coexistence of different gynecologic pathologies in the same patient. Accurate clinical assessment and adequate imaging of all pelvic organs form a critical part in the decision of treatment modality in these cases. Awareness of the possibility of this coexistence is vital.

HYSTEROSCOPY REMOVAL OF MISSING PART OF IUD

Munaza Shora

Objective: Hysteroscopy is the technique to visualise the uterine cavity through endoscopy.

Design: Introduction: Case report: 50 year old came with chief complaint of missing IUD in the uterine cavity.

She was attempted to remove Mirena from uterine cavity which she had got inserted. 5 years ago. While removing it at a private clinic , half part of the horizontal arms of "T" part was left inside the uterine cavity.

Method: Radiology investigations (X ray and USG);showed presence of IUD part in left side of uterus in the body of uterus.

Hysteroscopy was performed

Result: The missing part of IUD was removed Hysteroscopically through grasper

Conclusion: Hysteroscope gives adequate visualisation of the uterine cavity and can be an effective tool for removal of foreign body from uterus under vision

RECURRENT ARTERIO-VENOUS MALFORMATION AFTER SPONTANEOUS VAGINAL DELIVERY

Akanksha G, Seema S, Richa V, Neena M, Shivanand

Objective: Introduction: Uterine arteriovenous malformation (AVM) is an uncommon diagnosis and the time-tested treatment modality of treatment for it over the years is uterine artery embolization (UAE). They are acquired after any uterine instrumentation like dilation and curettage or any uterine surgery, post GTN, post-delivery or any event disturbing the uterine endovascular layer. It mostly occurs after interventions like dilation and curettage, but recurrence is rare.

Case Report: Case: A 31 Years old P1L1A1 woman presented to casualty with abnormal heavy menstrual bleeding 6 months after medical termination of pregnancy and upon imaging diagnosed with uterine AVM. She underwent uterine artery embolisation for same and was asymptomatic for 2 years. She conceived spontaneously and delivered a healthy baby by uncomplicated vaginal delivery. She presented to us again on post-partum day 20 with heavy bleeding. At presentation she was hemodynamically stable. The present episode was diagnosed with a recurrence of AVM on color doppler and managed with repeat UAE. The patient had regular cycles with average flow after the procedure.

Discussion: Till date only 3 cases of recurrence of uterine AVM has been reported in literature, all after normal vaginal deliveries.(1) (2) (3) We are presenting a case of recurrent AVM after uncomplicated vaginal delivery.

Conclusion: Conclusion: Uterine AVM is a rare diagnosis which can have recurrence even after successful treatment and without uterine instrumentation. So, in patients presenting with heavy menstrual bleeding after treatment of AVM, recurrence must be suspected.

A CHALLENGING DIAGNOSIS OF PLACENTAL MESENCHYMAL DISEASE MASQUERADING AS MOLAR PREGNANCY WITH A GOOD MATERNAL AND FETAL OUTCOME: A CASE REPORT

K Aparna Sharma, Oishika chakraborty, Ila Jain, Tanisha Gupta

Objective: Placental mesenchymal dysplasia (PMD) is

an extremely rare placental abnormality characterised by placentomegaly and grape like vesicles resembling partial mole by ultrasonography, but in contrast to partial mole can co-exist with a viable fetus. It is a potentially misdiagnosed entity and usually diagnosed retrospectively on histopathological examination of the placenta.

Case Report: A 28year old primigravida presented at 22 weeks with a suspected diagnosis of partial mole but with a normal growing fetus. Her scan revealed a normal growing fetus with multiple cystic spaces occupying about 30% of the placenta. The differential diagnosis of placenta mesenchymal disease, partial mole, twin pregnancy with a molar pregnancy was made, Beta HCG, amniocentesis, chromosomal microarray analysis was normal and there were no features of beckwith- weidmann syndrome. With the probable diagnosis of PMD, patient was counselled explaining the maternal and fetal risks and she opted to continue her pregnancy. She delivered a healthy 2.4 kg male baby and histopathology confirmed placental mesenchymal dysplasia.

Discussion: PMD is extremely rare with incidence of 0.02% and the most common differentials are twin pregnancy with a molar placenta co-existing with a normal fetus and partial mole. Although the karyotype is normal, the fetus is at increased risk for intrauterine growth restriction, intrauterine fetal demise or perinatal death and Beckwith √¢,Ç¨,Äú Wiedemann syndrome and mother at increased risk of hypertensive disorders.

Conclusion: The early diagnosis and management of placental mesenchymal dysplasia can be challenging, especially considering the rarity of the condition. Prenatal recognition of PMD during early as well as late gestation could prevent unnecessary termination of pregnancy.

AN UNUSUAL PRESENTATION OF KRUKENBERG TUMOR OF OVARY

Arikatla Sai Aishwarya, Anjali Dabral

Objective: Our case is an unusual presentation of Krukenberg tumor in a young female with unsupervised ,uninvestigated asymptomatic antenatal period.

Case Report: Our case is a 23 year old female admitted on postop day 7 of EMLSCS(i/v/o iud with ?uterine rupture) with complaint of pain abdomen, nausea, vomiting ,abdominal distension Per-op findings were uterus was found intact,greenish yellow free fluid in the peritoneal cavity, large left ovarian cyst was seen,large retroperitoneal hematoma was seen. She was febrile but hemodynamically stable ,abdomen was distended ,tense, tender, soft to firm mass of 30 weeks size felt ,non mobile. Ultrasonogram findings were suggestive of retroperitoneal hematoma . She underwent exploratory laparotomy and was found to have large bilateral ovarian masses with encapsulated hematoma and an solid smooth growth at the pyloric region of stomach not obscuring the lumen . Histopathological findings were bilateral krukenberg tumor of ovary with a upper gastrointestinal tract primary. She is currently under follow up of medical oncology department.

Discussion Our case highlights the fact that signs and symptoms of primary gastric carcinoma can be concealed due to physiological symptoms of pregnancy leading to widespread metastasis at the time of diagnosis with a poor maternal prognosis . Also highlights the need for proper antenatal care ,awareness and follow up. Krukenberg tumors is a metastatic malignancy of the ovary characterized by mucin-rich signet-ring adenocarcinoma that most commonly arises from a gastrointestinal tract . These tumors are bilateral over 80% of cases. The overall incidence of malignancy in adnexal masses in pregnancies is 1-6% . They are often diagnosed at a late stage.

Conclusion: Prompt diagnosis and cytoreductive surgery with perioperative chemotherapy improve the prognosis and survival rate by 15%; life expectancy by 1-2 years and decreases patients morbidity.

TONSILLAR HERNIATION: A DREADFUL COMPLICATION

Poojapreeti Goyari, Dr Rekha Bharti, Nutan

Objective: A tonsillar herniation is characterized by the descent of the cerebellar tonsils through the foramen magnum which compresses the medulla against the odontoid process. Progressive compression of the medulla causes cushing reflex, eventually resulting in brain death. Lumber puncture is one of the most common cause. We report a post-caesarean case of tonsillar herniation leading to death.

Case Report: 28 years old booked, low risk primigravidae, presented with labour pains. Vitals were normal, she was normotensive. She had fetal distress in active labour with grade 3 meconium. Emergency caesarean section was

done under spinal anaesthesia. Both mother and baby were stable in postoperative period and were shifted to obstetric ward. After 5 hours of cesarean section patient started complaining of severe headache. She was given IV analgesics and IV fluids at 125 ml/hour. Also IV antibiotics were started. An hour later she had tonic clonic seizures with altered sensorium. Patient was shifted to obstetrics ICU. She later developed hypotension and was started on ionotropes and intubated. The patient never experienced hypertensive episodes and was treated with antiepileptics. NCCT head was done which was suggestive tonsillar herniation. No active intervention from neurosurgery could be done due to poor GCS. Eventually she had cardiac arrest and couldn√¢,Ç¨,Ñ¢t be revived after resuscitation.

Discussion: After Lumber puncture and subsequent CSF drainage, the change in CSF pressure gradient above and below the foramen magnum probably lead to herniation. There are few reported cases of tonsillar herniation following lumbar puncture in the absence of increased intracranial tension, any space occupying lesion or infection like meningitis.

Conclusion: Tonsillar herniation is medical emergency and requires urgent assessment. Though it√¢,Ç¨,Ñ¢s a rare complication of Lumbar puncture, all postpartum patients undergoing EMLSCS under spinal anaesthesia, this complication must be considered. Tonsillar herniation is typically considered a terminal event. When it occurs, the chance of recovery is significantly reduced. When a herniation syndrome produces respiratory compromise there is no chance of a meaningful recovery.

GIST PRESENTING AS ADNEXAL MASS

Suman Kumari, Anjali Dabral

Objective: An unusual presentation of an adnexal mass with abnormal uterine bleeding (AUB) and dysmenorrhea.

Case Report: 43 years female P4L4A1 presented with AUB and dysmenorrhea. On abdominal examination an abdominopelvic mobile mass of size 20 weeks, non-tense, non-tender was palpated. On per-vaginal examination the uterus could not be felt separately from the mass, bilateral fornices were free. USG diagnosed a solid mass lesion with lobulation in pelvis with right ovary not visualized separately ?Malignant etiology. Uterus and left ovary were normal, no ascites or lymphadenopathy seen. Rest of abdominal organs normal. Inhibin b was elevated, rest of the tumor markers were normal. PAPS- Negative for intraepithelial lesion, EA for HPE- endometrium in secretary phase. Pre op diagnosis of granulosa cell tumor was made. On staging laparotomy, a highly vascular and friable mass of 20week size which bled on touch was found below the rectus sheath anterior to fundus of uterus. Uterus and bilateral ovaries were normal. Per op diagnosis of leiomyosarcoma/ wandering fibroid was made. Histopathology report however was suggestive of GIST. On re-exploration friable soft lesion of size 10x8x6 cms arising from the jejunal wall around 100 cm distal to DJ flexure with pedunculated stalk and vascular supply was identified and removed.

Discussion: GIST are mesenchymal neoplasms of gastrointestinal tract. Large tumor size, high mitotic rate and high ki67 index are associated with increased risk of metastasis. GIST comprises 1% of all GIT malignancy, mostly asymptomatic and are diagnosed incidentally. Final diagnosis is made by histopathology and IHC.

Conclusion: Awareness of this tumor is low and we should be cognizant of extraovarian pathologies in patients presenting with an atypical pelvic mass.

THE SINISTER SIBLING OF UTERINE MYOMA- UTERINE LEIOMYOSARCOMA!

Tanya Mudgal, Kiran Aggarwal, Prabha Lal, Mansi Kumar

Objective: Leiomyosarcoma, a common subtype of soft tissue sarcomas, is the malignant counterpart of a benign Leiomyoma. Uterus is the most common location for leiomyosarcoma, however, accounting for only 2 to 5% of all malignancies of the uterus. Its diagnosis and treatment pose a great challenge because of its resistance to standard therapy and recurrence. Strong clinical suspicion is the cornerstone for its timely diagnosis and prompt management.

Case Report: A 69 years old, Parity 2 Living issues 2, lady presented with a complaint of post menopausal bleeding per vaginum, single episode in the last 3 months. Ultrasonography revealed a√Ç¬† hypoechoic uterine lesion of size 5.8√É,Äî4.1√É,Äî5cm with thinning of myometrium and extending till the isthmus. Magnetic resonance imaging pelvis confirmed <50% myometrial involvement with no local spread. Endometrial biopsy

suggested a diagnosis of Carcinosarcoma of the uterus. With informed consent, Total Abdominal Hysterectomy with Bilateral salpingo oophorectomy with infracolic omentectomy with bilateral pelvic lymphadenectomy was done. Histopathology report of the specimen revealed leiomyosarcoma without any positive lymph nodes, stage pT1bNxMx; Internation Federation of Gynaecology and Obstetrics (FIGO) stage 1b. Post operative period was uneventful and the patient was then followed up every 3 months to assess for any recurrence.

Discussion: Presenting with vague uterine symptoms and usually mimicking the profile of benign uterine pathologies, diagnosis of uterine leiomyosarcoma warrants a great clinical suspicion. Usually patients do not have any predisposing factors like prior radiation therapy, tamoxifen use. Preoperative diagnosis of leiomyosarcoma can rarely be made and histopathological examination of the uterine specimen is usually required. Ultrasound and magnetic resonance imaging reveal its size, extension within the uterus and the local spread. Hysterectomy with bilateral salpingo oophorectomy with complete resection of gross tumor remains the mainstay of the treatment. Smooth Muscle Actin (SMA), Desmin and Beta Catenin positivity indicate a leiomyosarcoma in immunohistochemical examination of the specimen. Systemic therapy and radiotherapy do not have much clinical significance. However, continuous research is being carried out regarding novel immunotherapies and chemotherapies for advanced leiomyosarcomas.

Conclusion: Leiomyosarcoma is a rare, aggressive tumor with unfavorable prognosis. Multidisciplinary approach is required for appropriate management. However, a complete resection of gross tumor and a stringent follow up post operatively may improve the overall survival outcome of patients.

ATYPICAL HEMOLYTIC UREMIC SYNDROME IN PREGNANCY-RARE ENTITY (CASE REPORT)

Asmita Dongare, Raj Pol, Nagarkar, Jeloka

Objective: Atypical HUS is an acute, rare life-threatening condition. It is not caused by infections and has a genetic pre-disposition and pregnancy is one of the triggers. The main challenges are identification of the disease and timely intervention before it becomes adverse and needs multi-disciplinary team approach.

Case Report: Case Report:- A 31-year old primigravida, 26 weeks of singleton pregnancy, brought to emergency room, with history of 3 episodes of GTCS with uncontrolled hypertension. In ER, the patient stabilized and emergency hysterotomy under spinal anaesthesia in OT. Post operatively, the patient shifted to ICU in view of eclampsia. And managed by MDT including obstetrician, intensivist, hematologist, transfusion medicine specialists, pathologists and nephrologists. Hematological pictures showed normal levels of ADAMTS13 and its antibodies were negative. She was treated with FFP, 5 days of plasma exchange and thromboprophylaxis once platelets were more than 50000. aHUS screen showed large deletions in CFHR genes and duplications in CFH genes thus, suggesting susceptibility for occurance of aHUS triggered by pregnancy in our case.

Discussion: aHUS is a complement mediated disorder due to uncontrolled activation of alternate complement pathway, platelets are activated, endothelium is damaged and white blood cells are activated leading to TMA and hemolysis. This leads to multiorgan damage-especially renal system due to microthrombi-related damage. Since, TTP, AFLP, HELLP and aHUS have similar clinical picture, it is challenging to differentiate between them and diagnose a condition. Due to its life-threatening nature plasma exchange is main stay of the treatment. Early intervention is life-saving but long-term renal prognosis is poor.

Conclusion: Pregnancy is a trigger for aHUS. Early diagnosis and early intervention can reduce maternal morbidity and mortality. Involvement of multi-disciplinary team members is crucial. The mainstay of management is plasma exchange, hemodialysis and supportive measures.

A RARE CASE OF JOUBERT SYNDROME: COUNSELLING DILEMMAS

Mahrukh Zaidi, Manisha Kumar, Reena Yadav

Objective: To discuss the diagnosis and counselling in a case of Joubert syndrome.

Case Report: We present the case, 35 year old, G4P2L1, non-consanguineous couple, and overt diabetes mellites on metformin. Her previous two children were delivered by Cesarean section, had congenital brain anomaly and died in the early neonatal period. She presented to the fetal medicine clinic at 19 weeks gestation. The targeted transabdominal scan, in axial trans-cerebellar

view, showed a communication between the fourth ventricle and Cisterna Magna. The supiror cerebellar peduncles looked stretched. The liquor was adequate, but kidneys were echogenic. The couple was counselled regarding the possibility of Joubert syndrome, an autosomal recessive genetic disorder with 25% chances of recurrence. The counselling regarding poor prognosis and need for further genetic tests was done. The couple communicated their inability to get genetic test done due to financial constraints, and expressed their willingness to continue pregnancy. The couple was called for follow up ultrasound and counselling at 22 weeks. On repeat ultrasound, the findings were similar with vermian hypoplasia on Mid-Sagittal view on neurosonogram. The couple was counselled again but they wanted to continue pregnancy. Respecting the couple's choice, patient was followed till term.

Discussion: The female baby, 2.35kg, was delivered by elective LSCS, she had episodes of apnea and hypercapnia, with hypotonia. A fetal MRI showed thickened and elongated superior cerebellar peduncles with midline cleft at the pontomesencephalic junction giving the characteristic appearance of molar tooth with severe hypoplasia of cerebellar vermis and prominent fourth ventricle. These MRI findings were suggestive of Joubert√¢,Ç¨,Ñ¢s syndrome. The Karyotype of peripheral blood was done in our genetic lab, which showed normal Karyotype. The fetal blood DNA extraction was done and saved in our lab. On USG KUB, echogenic kidney and CMD lost were noted with rest being normal. On ophthalmological evaluation no abnormalities were noted. Baby was discharged from hospital after two weeks stay in NICU. Baby is currently alive and is being asked to come for follow up.

Conclusion: The case report highlights the challenges faced in counselling of a rare case of Joubert syndrome, and emphasizes the need for non- directive counselling and respecting the informed choice of the parents.

RUPTURED ENDOMETRIOMA MIMICKING OVARIAN MALIGNANCY

Radha Rani, Jyoti Meena, Isha Nim, Neha Varun, Neeta Singh, Vatsla Dadhwal

Objective: RUPTURED ENDOMETRIOMA MIMICKING OVARIAN MALIGNANCY

Case Report: A 51-year-old nulligravida, with hypertension, class I obesity, history of cerebral stroke (on ecosprin), presented in emergency with acute abdominal pain associated with vomiting and abdominal distension since 4-5 days. On examination pallor present, PR 110/min, BP 108/70mmHg, abdominal distension and tenderness present. Investigations reported, Hb-8gm%, rest within normal limits apart from elevated tumour markers, rising CA-125 levels (41 to 2200 mIU/ml) and CA 19.9 (15 to 323U/ml). Ultrasound pelvis suggestive of ? ruptured hematosalpinx with mass approx. 15 x 8cm and CE-MRI abdomen and pelvis demonstrated a 13X10cm right adnexal cystic mass with coarse internal echoes and peripheral vascularity along with large septate fluid collection in pelvis around cyst with mesenteric nodularity and omental thickening. Differential diagnosis of ruptured hematosalpinx /ruptured ovarian malignancy was made. Patient underwent emergency laparotomy in view of hemoperitoneum. Intra-operatively, 800cc hemoperitoneum with ruptured right endometriotic cyst 10x8 cm was present. Total abdominal hysterectomy with B/L salpingo-ophorectomy was performed. Patient stood well in postoperative period and discharged in stable condition.

Discussion: 80 % of epithelial ovarian carcinomas has elevated CA-125 levels but there are many benign conditions also which are associated with elevated CA-125 levels including endometriosis. Present case demonstrated that serum CA 125 levels can be significantly elevated in patients with ruptured endometrioma. High index of suspicion should be there to diagnose a ruptured endometrioma in an elderly female with adnexal mass and rising serum CA-125 & CA19.9 levels.

Conclusion: Ruptured endometrioma should be kept as a differential diagnosis in elderly female with adnexal mass presenting with acute abdomen and elevated Ca 125 levels.

TAKAYASU AND PREGNANCY

Anshul Bhartiyam, Krishna Agarwal, Ayushi, Aparna

Objective: Takayasu arteritis is a rare large vessel arteritis usually seen in women of reproductive age group. It is often associated with risk of cardiovascular complications such as hypertension, CHF . Here, I am presenting a case of a pregnant women who presented with hemiparesis which was later diagnosed as takayasu arteritis.

Case Report: A 30y old, G3P2L2, previous 2 LSCS, referred

to department of obs and gynae, Lok Nayak Hospital with 8 months of amenorrhea and right sided residual hemiparesis . On examination, patient had right sided weakness in both upper and lower limb with left radial and brachial pulses not palpable and difference of more than 20mm Hg in BP between arms, thus scoring 5 as per ACR Criteria2022. Provisional diagnosis of takayasu arteritis was made, however due to pregnancy, CT aortogram was postponed till after delivery for confirmative diagnosis and start of definitive treatment. Meanwhile, patient was kept on regular BP monitoring and biophysical profile for fetal well being. After cardiology and neurology opinion, patient was planned for elective LSCS under high risk at 38 weeks. The caesarean went uneventful. Patient had bilateral CT aortogram later in post op period which confirmed the diagnosis of takayasu and was started on prednisolone with cardiologist√¢,Ç¨,Ñ¢s consultation.

Discussion: Takayasu is a chronic inflammatory disease that involves the aorta and it√¢,Ç¨,Ñ¢s branches. The incidence of the disease is higher in women of childbearing age and among Asians. The symptoms may range from as mild as fever, weight loss, fatigue to as severe as coronary artery disease, stroke and uncontrolled hypertension. Although pregnancy is advised only after the disease is controlled and the BP is stable.

Conclusion: It√¢,Ç¨,Ñ¢s reported that there is no exacerbating effect of pregnancy on Takayasu Arteritis, however, multidisciplinary care for patients is important for favourable maternal and fetal outcome.

VERTICAL TRANSMISSION OF DENGUE

Vishali, Ashima

Objective: vertical transmission of dengue is possible mode of transmission.

Case Report: We report a case of G2P0010@ 36+5 weeks POG with dengue and subsequently baby was found to be dengue positive on day 5 of life.

Discussion: In management of dengue with pregnancy early diagnosis, close monitoring and multidisciplinary approach is essential. Dengue occurring women suffering from dengue in the early period of gestation neonate of these mothers do not develop congenital dengue, in contrast to infection in a later period of gestation risk of transmission is maximum as there is not enough time for protective antibodies to be formed.

Conclusion: Laboratory diagnosis of congenital dengue infection required paired detection of dengue virus from cord blood as well as from blood after delivery. So high suspicion is important for diagnosis and a cord blood sample is a must.

CHRONIC NON PUERPERAL INVERSION OF UTERUS PRESENTING AS MALIGNANCY

Shilpa Biswas, Kiran Aggarwal, Prabha Lal, Kajal Sharma, Mansi Kumar, Aishwarya Yadav

Objective: Most non puerperal uterine inversions are rare and chronic. Only 10% have acute presentation and are most commonly associated with uterine leiomyomas. In our case patient presented with acute onset urinary retention, which is an uncommon presentation of uterine inversion.

Case Report: A 52 year old woman with previous two normal vaginal deliveries, presented with complaints of heavy menstrual bleeding for 2-3 years and acute onset urinary retention, following which she visited a medical facility, where she was taken up for laparotomy but was aborted due to clinical suspicion of malignancy. Post-operative MRI also suggested malignancy. Patient then visited our hospital with indwelling foley's catheter on post operative day 4. On examination she had a mass per vaginum, fundus couldn't be felt, fornices were deep and clear. Uterine inversion was suspected. Urinary tract infection was treated. MRI done at our hospital suggested fundal fibroids causing partial uterine inversion. Malignancy was ruled out by PET scan. She was taken up for vaginal myomectomy followed by haultain procedure followed by total abdominal hysterectomy. Post-operative period was uneventful.

Discussion: Non-puerperal uterine inversions are rare, representing 16% of all uterine inversions and most commonly associated with uterine leiomyomas. The pre- operative diagnosis can be challenging as it may have unusual presentations and requires a high degree of suspicion as it can also mimic malignancy. Surgery remains the mainstay of treatment.

Conclusion: A good history taking, careful examination and imaging enables prompt diagnosis of this condition. This case of fibroids with acute urinary retention should merit a differential diagnosis of chronic uterine inversion. Chronic uterine inversion has a good prognosis when

managed timely.

CONSERVATIVE MANAGEMENT OF POST PARTUM UTERINE PROLAPSE

J Jaiswal, Anjum Khan, Nisha Watti, Preetisha Chatterjee

Objective: Non surgical management of post partum prolapse with antibiotic coverage and packing.

Case Report: 32 year old Post natal day 1 P5L5 belonging to rural tribal community came to the hospital following normal vaginal delivery with the complaint of something coming out of her vagina. On examination she was found to have pelvic organ prolapse with multiple cervical erosions and edematous cervix with fowl smelling discharge.Patient gave no previous history of similar complaints in the past or during her entire pregnancy.

Under antibiotic coverage and after local dressing, the prolapsed uterus was reposited back under sonographic guidance. The prolapsed pelvic organ was then packed twice a day daily with betadine vaginal pessary.

With serial dressings and antibiotic coverage the inflammation progressively reduced and patient was educated regarding pelvic floor exercises and was discharged after 10 days with monthly followup.

Discussion: Uterine prolapse in pregnancy is a rare condition. The main causes may be childbirth trauma, obstetric history of difficult deliveries or large babies, congenital connective tissue disorders, obesity, increased intraabdominal pressure, physiologic changes of pregnancy causing cervical elongation, hypertrophy and relaxation of the supportive ligaments. The management strategies reported in the literature are conservative management, use of vaginal pessary, laparoscopic uterine suspension and concomitant cesarean hysterectomy with abdominal sacrocolpopexy. Conservative management consists of gyneacological hygiene and bed rest in a slight Trandelenburg position and this is reported to be successful.

In our case, the patient gradually improved on conservative management and did not require surgical intervention. Patient was compliant for followup hence was conservatively managed and discharged.

Conclusion: Management strategies should be targeted to reduce complications of patient discomfort, urinary tract infections, urinary retention, cervical laceration, preterm labor, fetal and maternal infections and death. In this case we managed uterine prolapse successfully with a pessary and avoided all these complications.

A RARE CASE OF EPIDERMAL CYST OF THE POSTERIOR VAGINAL WALL- A CASE REPORT

Aditi Guin, Reena Yadav, Nishtha Jaiswal, Manisha Kumar

Objective: Vaginal cysts are rare having a reported prevalence of 1 in 200 women. Epidermal cysts are benign tumors formed due to the invagination of stratified squamous epithelium and constitute a mere 25% of all vaginal cysts. Epidermal cysts are common in hairy regions. The occurrence of epidermal cysts in the vagina is rare.

A 41-year-old P4L4 female a known hypertensive, presented with a complaint of mass felt in the vagina associated with pain in the perineal region for the last 6 months. Physical examination revealed a 5*5 cm pedicled cystic mass arising from the posterior wall of the vagina. All routine investigations and her PAP Smear report were within normal range. Her pelvic ultrasound revealed a normal study. The patient underwent surgical excision of the cyst under saddle block. Intraoperatively, the cyst was carefully dissected from the surrounding vaginal wall. Histopathological examination of the excised specimen confirmed the diagnosis of an epidermal cyst. The patient experienced complete resolution postoperatively and remained asymptomatic in the follow-up period.

Epidermal cysts in the posterior wall of the vagina are rare, with only a few cases reported in the literature. The diagnosis can be challenging due to the absence of classical clinical features and the need for differential diagnosis with other vaginal cystic lesions. Surgical excision remains the mainstay of treatment, ensuring complete removal and alleviating symptoms.

Conclusion: Epidermal cysts in the vagina present with vague symptoms, making their diagnosis challenging. This case report emphasizes the importance of considering epidermal cysts in the differential diagnosis of vaginal cystic lesions ensuring early diagnosis and successful surgical management.

OVARIAN TORSION IN A POSTMENOPAUSAL WOMEN

Shalini, Kiran Aggarwal, Anuradha, Prabha lal, Aishwarya, Mona

Objective: Most of the Adnexal or ovarian torsions occur in the reproductive age group and are less common in postmenopausal age. Exact Incidence of Torsion of adnexal mass is unknown, however the annual prevalence is About 2% to 6 % .

Case Report: A 45 year old postmenopausal women presented in emergency with lower abdominal pain since 4-5 days . The pain was constant and not radiating. Physical examination revealed normal pulse rate, blood pressure and temperature. On per abdomen examination a cystic swelling 7cm √É,Äî 6 cm present in left iliac fossa and tender on palpation .

Ultrasound showed a large unilocular cyst in left Adnexa with internal echoes measuring 6.5 cm . 4.5 cm with twisted pedicle showing whirlpool sign - suggestive of left ovarian torsion and Mild fluid in POD. Emergency laparotomy followed by left Salpingo-oophorectomy was done . On histopathology examination small focus within the cyst wall showed features suggestive of serous cystadenoma with marked hemorrhage in the cyst wall .

Discussion: High degree of clinical suspicion and identification of unique features on USG and MRI enables prompt diagnosis of this condition. Our case presented with abdominal pain, nausea, vomiting, and abdominal tenderness, diagnosed as adnexal/ovarian torsion due to large unilocular cyst in left Adnexa on ultrasound findings.

Conclusion: Adnexal torsion in postmenopausal women is an uncommon event with a unique presentation. Once adnexal/ovarian torsion is suspected, surgery is the main treatment line using conservative ovarian surgery (ovarian cystectomy and/or detorsion) or radical ovarian surgery (oophorectomy or adnexectomy) according to the patient√¢,Ç¨,Ñ¢s age and fertility potential.

PREGNANCY WITH ACUTE LEUKEMIA

Ritu parashar, Medha Davil, Anita Yadav, Shuchita Mundle

Objective: To analyze the clinical profile and successful treatment outcomes of pregnancy and malignancy with further prognosis in a pregnant women with acute lymphoblastic leukemia at tertiary care centre with multispeciality approach

Case Report: A 22 yr old primi at 33+6 weeks with B-ALL with oligohyramnios in labour on vincristine,daunorubicin,L asparginase and prednisone with multiple transfusion history of RDP and SDP induced by T miso 25 mcg and augmented by inj oxytocin o.6 ml/ hour delivered female baby of 2.35 kg with APGAR of 8/9/9 on HB of 8.8 gm,WBC of 11.3k and platelets of 300k with antibiotics with postpartum period uneventful

Discussion: The occurenece of cancer in pregnancy is relatively rare with 1:100 pregnancy, most common tumor are breast followed by Cervical cancer followed by melanoma,leukemia,lymphoma. Management neess multidisciplinary approach with mumtiple restrictions to treatment approach.

A challenging task to decide which to give and avoid in 1st trimester with further leading to risks of teratogenicity, IUGR, neonatal death, myeoloma suppression.

Needs a rigorous and careful approach for management of leaukemia and along with it pregnancy and its termination

Conclusion: Patient with B ALL with pregnancy can be managed successfully at multispeciatlity hospital

PRIPRIMARY BILATERAL OVARIAN BURKITT LYMPHOMA; A RARE CASE IN GYNECOLOGIC ONCOLOGY

Anushka Gupta, Renu Panwar, Madhavi M Gupta

Objective: The purpose of this presentation to draw the attention of the health care provider to the possibility of ovarian Burkitt lymphoma which should be kept in the differential diagnosis of ovarian tumor

Case Report: We report a case of a primary ovarian Burkitt√¢,Ç¨,Ñ¢s lymphoma with bilateral involvement in a 20-year-old patient. She firstly presented with weight loss, pain abdomen, fever and abdominal distension. The purpose of this presentation to draw the attention of the health care provider to the possibility of ovarian Burkitt lymphoma which should be kept in the differential diagnosis of ovarian tumor. The diagnosis of malignant Burkitt lymphoma was established after bilateral salphingo-oopherectomy and histological study of excised tissue

Discussion: Primary bilateral non-Hodgkin√¢,Ç¨,Ñ¢s lymphoma of the ovary is a rare occurrence. An ovarian involvement by non-Hodgkin lymphoma (NHL) may

include one of the four subtypes of lymphoma: diffuse large B-cell lymphoma, Burkitt√¢,Ç¨,Ñ¢s lymphoma (BL), lymphoblastic lymphoma or anaplastic large cell lymphoma. Burkitt√¢,Ç¨,Ñ¢s lymphoma is a rare entity with a specific poorly differentiated pattern.

Conclusion: Although bilateral Burkitt Lymphoma is a rare primary ovarian neoplasm due to absence of lymphatic tissue with in the ovaries. Most of the patients suffering from ovarian Burkitt Lymphoma underwent surgery after the ovarian tumor had been detected, surgical treatment is not the treatment of choice in patients with ovarian lymphoma. The mainstay of therapy is chemotherapy without further surgery. The prognosis is better if the chemotherapy protocol is more aggressive which improves the survival rate.

THE GREAT MASQUERADER

Nibedita Chakraborty, Reeta Neog

Objective: Early diagnosis of Interstitial ectopic pregnancy by TVS and serum Beta HCG titre though challenging can be life saving.

Case Report: Mrs XY a 26 yrs female G2P1 was brought to District Hospital OPD on 11th of April 2023 at 9 am with History for amenorrhea for 14 wks with severe pain abdomen for last 12 hours. Pain was of acute onset, colicky in nature with radiation to shoulder tip.

On Examination she had severe pallor and tachycardia with PR 138/min, BP 80/60. Per abdominal examination reveals tense and distended abdomen. Urine for pregnancy test was positive. Abdominal paracentesis showed hemoperitoneum.

Provisional diagnosis of ruptured ectopic pregnancy was made. Ultrasonography showed live intrauterine pregnancy with CRL corresponding to 12 weeks 6 days gestation with massive hemoperitoneum with multiple uterine fibroids. After fluid resuscitation and arranging blood she was taken up for urgent laparotomy with due consent and after explaining all the possible risks and complications.

Abdomen was opened by Longitudinal paramedian incision and massive hemoperitoneum seen. Clots were removed. Live fetus with G Sac for size 8√É,Äî10 cm seen along rent in right cornu of uterus with multiple uterine fibroids. Left fallopian tube and bilateral ovaries were normal. The site of bleeding was first clamped and repair was done. 3 unit blood transfusion given. Post operative period was uneventful. She was subsequently discharged from hospital on 5th post operative day.

Discussion: Interstitial Ectopic Pregnancy poses a major diagnostic and therapeutic challenge and is associated with greater maternal mortality risk than ampullary ectopic pregnancy. Undiagnosed interstitial pregnancy usually rupture following 8 to 16 weeks amenorrhea due to greater distensibility of myometrium covering interstitial segment of fallopian tube. Chorionic villi usually erode into blood vessels of cornu and because of proximity of these pregnancies to uterine and ovarian vessels can lead to catastrophic haemorrhages. Early diagnosis of Interstitial Ectopic pregnancy can be challenging as it may mimic eccentrically implanted intrauterine pregnancy, pregnancy associated with fibroids, pregnancy in bicornuate uterus or angular pregnancy.

Conclusion: Interstitial ectopic pregnancy is an uncommon type of ectopic pregnancy and delayed diagnosis and risk of torrential haemorrhage on rupture can lead to catastrophy. Interstitial pregnancy is often confused with lateral flexion of gravid uterus, uterine fibroids, pregnancy in bicornuate uterus or angular pregnancy. Early diagnosis using TVS and serum beta HCG titre though challenging can be life saving and can prevent catastrophic haemorrhage and life threatening complications in such cases.

TAKAYASU ARTERITIS IN A KNOWN CASE OF RHEUMATIC HEART DISEASE IN PREGNANCY:A RARE CASE REPORT

Pragya Saini, Sumita, Shakun Tyagi

Objective: To evaluate the maternal and fetal outcome and impact of Takayasu arteritis in a known case of rheumatic heart disease in pregnancy.

Case Report: we report a case of a 36year lady, G2A1 with known case of rheumatic heart disease post mitral valve replacement (done in 2006) with NYHA class 1. She was taken for cesarean section where difference in pulse rate and blood pressure was noticed in the upper limbs intra operatively and she was further investigated and diagnosed with Takayasu arteritis. She was managed with an interdisciplinary approach from radiologist, cardiologist and gynaecologists with no adverse maternal and fetal outcome.

Discussion: Takayasu arteritis commonly affects young women of Asian or oriental descent during childbearing age. Worldwide incidence of Takayasu arteritis in pregnancy is 2.6 cases per million per year. There is paucity of literature about Takayasu arteritis in a known case of rheumatic heart disease in pregnancy in India.This article aims to review the diagnosis, management and outcome of takayasu arteritis in a known case of rheumatic heart disease in pregnancy

Conclusion: An interdisciplinary collaboration of rheumatologists, nephrologists, radiologists and obstetricians is necessary to improve maternal and fetal prognosis for management of Takayasu arteritis in a known case of rheumatic heart disease in pregnancy.

A RARE CASE OF POST INFECTION DESQUAMATION IN A POST PARTUM PATIENT

Madhavi Sarin, Aashia Rumman, Rekha Bharti

Objective: Post infection desquamation is caused by streptococcus dysgalavtiae supspecies equisimilis, traditionally considered non pathogenic. Disseminated infections can lead to shedding of outermost layer of tissue. Various conditions that can lead to desquamation include injury or infections. Extensive desquamation is seen in steven johnson syndrome, staphylococcal scalded skin syndrome and post infection desquamation. It is also seen in immunocompromised patients.

Case Report: We present a case of extensive desquamation resulting from post cesarean infectious morbidity with wound sepsis. A 27-year-old female G3P1L1A1 at POG 37+4 weeks with PROM underwent repeat CS I/V/O not willing for TOLAC. Patient was discharged on POD3. She again presented to emergency on POD8 with sore throat, fever and loose stools since 3 days, swelling and erythema over palms and soles since 1 day. On examination she had a patch of desquamation resembling a bedsore and also had oral ulcers.There was discharge from stitchline, suture removal was done and wound gape occurred. She was put on inotropic support and started on iv piptaz, clindamycin, which was upgraded to teicoplanin in view of multiple fever spikes. She had deranged KFT and high TLC on admission. Wound culture showed mixed growth. On discharge Vitals, KFT was within normal limit and Skin condition also improved. Wound healing occurred by secondary intention after 1 month. The baby was asymptomatic throughout.

Discussion: Post operative desquamation following cesarean section is a rare entity. It should be differentiated from Steven Johnsons syndrome, which involves full thickness desquamation and mucosal involvement as well as staphylococcal scalded skin syndrome , in which there is no dermal inflammation. Post infection desquamation is usually associated with other features of streptococcal infection such as soar throat , tonsillitis and cervical lymphadenopathy

Conclusion: Timely start of antibiotics is important to save life of the patient.

SUCCESFULL PREGNANCY OUTCOME IN A TWIN PREGNANCY WITH INTRACRANIAL TUBERCULOMA

Vinukonda Anusha, G Sharmila

Objective: high risk pregnancy and its outcome.

Case Report: √¢‚Ç¨¬¢A 32-year-old pregnant woman precious primi gravida with 27 wks of GA with DCDA TWINS presented with multiple episodes of GTCS seizures. She Conceived after IVF treatment due to tubal blockage. MRI and DWI shows tuberculoma lesions and raised lipid in mri spectroscopy.

Discussion: managemant and outcome of the pregnancy :y.pt was started on ATT , steroids and anti epileptics .EMlscs was done i/v/o precious priimi with 31wksGA with PPROM with first twin breech presentation.delivered healthy babies with 1.4kg (female)and 1.5 kg (male).post operative period unevent ful.patient discharged healthy and advised regualr follow up.

Conclusion: In our case, even though typical CNS-TB findings are absent, a history of close contact with a pulmonary TB patient, tubal blockage causing infertility in a high-TB endemic area, and a tuberculoma finding on MRS have aided us in final diagnosis. A complete approach led to successful twin pregnancy outcomes and also saved the life of the mother

THE GREAT MASQUERADER

Nibedita Chakraborty, Reeta Neog

Objective: Early diagnosis of Interstitial Ectopic pregnancy by TVS and serum Beta HCG titre can be life saving

Case Report: 26 yrs female admitted with amenorrhea for 14 weeks and pain abdomen in shock. Ultrasonography revealed live intrauterine pregnancy with multiple uterine fibroid with hemoperitoneum. Laparotomy revealed ruptured Interstitial ectopic pregnancy with G sac having live fetus along rent in left cornu with multiple uterine myoma.

Discussion: Interstitial ectopic pregnancy confused with Eccentrically implanted intrauterine pregnancy, multiple myoma, pregnancy in bicornuate uterus.

Conclusion: Early diagnosis of interstitial ectopic pregnancy can prevent catastrophy.

ROLE OF MIFEPROSTONE AND MISOPROSTOL VS MISOPROSTOL ALONE FOR ABORTION

Swati, Sonia, Richa, Elza, Liji

Objective: To assess the effectiveness on abortion

Case Report: This is a retrospective study Don in tertiary care hospital.

Discussion: Both drugs has comparable results. depending on availability,cost, follow up. one type compares With o5

Conclusion: Various dosage and different combinations of medical drugs

EPITHELIOID TROPHOBLASTIC TUMOR OF OVARY- CASE REPORT OF THIS EXTREMELY RARE TUMOR

Deepika Singh Hooda, Suneeta Mittal

Objective: case report of this extremely rare tumor-presentation, management and review

Design: case report

Method: case report

Result: patient is disease free. Attained her regular cycles. beta HCG came down to negative

Conclusion: a high clinical suspicion for ETT, histopathological diagnosis and knowledge about its management will prevent misdiagnosis and further delay in treatment

DEEP INFILTRATING ENDOMETRIOSIS WITH PRIMARY PRESENTATION AS OBSTRUCTIVE UROPATHY: REPORT OF TWO CASES

Richa Vatsa, Neena Malhotra, Juhi Bharti, Vidushi Kulshrestha

Objective: Peritoneal endometriosis can sometimes affect ureters leading to scarring and adhesion formation. These adhesions can cause obstruction resulting in backpressure changes in kidneys and ureters. We are reporting these cases of renal damage caused by endometriosis.

Case Report: Case 1: A 27-year-old female presented with complain of severe pain in left loin around 10 months back for which USG was done, which showed endometriotic cysts in both ovaries along with grade IV hydronephrosis on left side kidney. Double J (DJ) stent was put on left side, which was removed later. DTPA scan was showed not visualization of left kidney. Her KFTs were normal. She underwent laparoscopic left nephrectomy, right sided DJ stenting, cystoscopy, right ovarian cystectomy, left salpingoophorectomy and right salpingectomy.

Case 2: A 27-year-old female had complaint of pain lower abdomen and abdominal swelling on left side for last 2 months. USG showed ovarian cysts. She presented to emergency with sudden onset severe pain abdomen, USG suggested bilateral grade IV hydronephrosis for which B/L percutaneous nephrostomy was done. Her creatinine was 2.6 mg/dl. With the provisional diagnosis of endometrioma causing pressure effect on B/L ureters, she underwent laparoscopy, left salpingo ophorectomy, right cystectomy, adenomyomectmy.

Discussion: Ureteral endometriosis is generally asymptomatic for long term. By the time symptoms arises, renal damage can be irreversible. It can be a silent killer for kidneys. Non-functioning kidney needs to be removed as it can result in recurrent pyelonephritis or stone formation. Diagnosis of ureteral endometriosis is not easy to find and high index of suspicion is needed. Medical management can be tried in patients of UTE, but surgical management should be done when response to medical management is not there.

Conclusion: So, in reproductive age females presenting with obstructive uropathy, endometriosis should always be kept as differential diagnosis.

CONSERVATIVE MANAGEMENT OF CAESEREAN SCAR SITE ECTOPIC PREGNANCY WITH MORBIDLY ADHERENT PLACENTA : A CHALLENGING SCENARIO

Ira Arora, Swati Agrawal, Ratna Biswas

Objective: Caeserean Scar site ectopic pregnancy is defined as implantation in defect of previous uterine incision. Incidence is increasing due to increasing caesrean sections rate.

The prevalence of cesarean ectopic pregnancy is estimated to be one in 2,000 pregnancies, which could be potential viable pregnancies or miscarriages into the scar

Case Report: A 31 Year old lady Gravida 4 Para 3 Live birth 1 with history of previous 3 caeserean section presented with chief complaints of amenorrhea since past 2 months . Physical examination demonstrated stable vital signs while bimanual examination revealed an enlarged uterus with no adnexal masses. Transvaginal ultrasound revealed a single live intrauterine gestational sac was seen occupying the lower segment of uterus (11+2 weeks POG) along with placenta seen in lower part of uterus extending from scar area covering os and going posteriorly which was suggestive of Caeserean scar site ectopic pregnancy with placenta praevia . Decision for MRI (Magnetic resonance imaging) along with beta hcg (√É≈∏-subunit of human chorionic gonadotrophin) measurement was done. MRI revealed a single intrauterine fetus with heterogenous placental mass measuring 72*89*81 mm along with focal area of loss of placental myometrial vesical interface with prominent intervening vascular channels with prominent flow voids on T2 weighted image suggestive of vascular nature. Initial beta hcg (√É≈∏-subunit of human chorionic gonadotrophin) was 15,000 mIU/mL. Since the patient was asymtomatic and haemodyanamically stable but had deranged blood sugar levels along with being high risk for surgical intervention , decision for conservative management was taken. 25mg intracardiac methotrexate was administered (DAY 1) followed by systemic (intramuscular) methotrexate on DAY 4 and DAY 10. Serial monitoring of beta hcg was done . An initial rise of 60 % from baseline value of beta hcg was noticed 2 days after intracardiac methotrexate which was followed by 20%, 50 % and 90% fall from initial values in next 3 weekly measured values. Patient was asked to follow up with weekly beta hcg till value negative and monthly ultrasound imaging or if patient becomes symptomatic. Two month after methotrexate administration review ultrasound and MRI was done for the patient which revealed significant reduction in the size of mass in lower uterine segment from 7.2*8.9*8.1 cm to 6.6*6.4*4.6 cm with absent vascularity with normal beta hcg(2.61 mIU/ML) values after 2 months of methotrexate administration. Patient is now being followed up on monthly beta hcg values and ultrasound imaging.

Discussion: Ceaserean Scar site ectopic pregnancy is challenging scenario in terms of risk for torrential life threatening haemorrhage, ICU stay , multiple blood transfusion, organ injury and need for mechanical ventilation. Decision for definitive surgery versus conservative surgery needs to be decided taking in account the general condition of patient , haemodyanmic status of the patient as well as taking in account whether patient is willing for long follow up or not .

Conclusion: Need for emergency surgery and dangers signs should be explained to be the patient opting for conservative management.

A CASE SERIES OF PREGNANCY RELATED AKI IN PATIENTS WITH ABRUPTIO PLACENTA

Rakshitha Yadav M, Reetu Yadav , Latika Sahu

Objective: Acute kidney injury that occurs during pregnancy or in the post-partum period (PR-AKI) is a serious obstetric complication with risk of significant associated maternal and fetal morbidity and mortality.

Case Report: Three cases of pregnant women who had PIH experienced abruption placenta, leading to the development of acute kidney injury (AKI) were followed up. The abruption was associated with fetal complications, requiring emergency interventions. Postnatally, the patients exhibited reduced urine output, deranged kidney function, and complications involving other organs, leading to MODS. Intensive care, fluid therapy, and dialysis were administered, resulting in recovery from MODS in all cases. As part of her recovery process, the patients were started on regular dialysis, indicating that kidney function did not fully recover, and they subsequently developed CKD.

Discussion: These cases highlight the association between abruption placenta and AKI. When abruption

placenta occurs in the context of preeclampsia, it can further exacerbate renal complications. The compromised blood flow to the kidneys resulting from preeclampsia, coupled with the additional stress placed on the kidneys during abruption, can lead to acute kidney injury (AKI). The combination of reduced perfusion, inflammation, oxidative stress, and thrombotic microangiopathy in preeclampsia can contribute to kidney damage.

Conclusion: The management of AKI in patients with preeclampsia-related abruption involves a multidisciplinary approach, including obstetricians, nephrologists, and intensivists. Close monitoring of renal function, fluid balance, and electrolyte status is crucial. Supportive measures such as optimising blood pressure control, managing fluid and electrolyte imbalances, and providing renal replacement therapy are essential to the management plan. Further research is needed to understand the underlying mechanisms better and develop targeted strategies for prevention and treatment of these intertwined complications.

DELIVERING A HUGE SACROCOCCYGEAL TERATOMA VAGINALLY: A CASE REPORT OF UNCONVENTIONAL MANAGEMENT

Shweta Prasad

Objective: This case report calls attention the mode of delivery of fetuses with large SCT. Here, we successfully delivered a fetus with huge SCT vaginally, after antenatal transabdominal drainage of the cystic fluid.

Case Report: A 31 years old, G3P2L2 at 33 weeks√¢,Ç¨,Ñ¢ gestation came with ultrasound report of 22x21x13cm extra-pelvic cystic lesion which was later confirmed on MRI as Type 1 SCT infiltrating the pelvic floor muscle. Since majority of it was cystic, she was planned for antenatal teratoma drainage during early labor. At 35+4 weeks during labour, 1100cc of clear cystic fluid was drained transabdominally and labour eventually progressed spontaneously with the vaginal delivery of a live baby girl of 4140gms after 6 hours of the procedure. Excision of SCT was performed on day1. Pathological findings revealed mature teratoma with no evidence of yolk sac tumour or other malignant elements. The baby was discharged after three weeks.

Discussion: The diagnosis of SCT requires careful counselling by multidisciplinary team involving fetal medicine expert, pediatrician and pediatric surgeon to plan and counsel the parents about the further course of treatment. Delivery by Caesarean section at 36 weeks is recommended in fetuses with low-risk SCT of tumour diameter √¢,Ä∞¬•5 cm) after establishing pulmonary maturity to avoid dystocia, tumor rupture, and haemorrhage11. The main therapy for SCT is complete surgical resection within few days of life. Delayed surgery is associated with a higher rate of recurrence or malignancy. Factors associated with poor fetal outcomes are tumour size, percentage of solid components, rate of growth, vascular density, grade of cardiac function impairment, fetal edema, polyhydramnios, and maternal comorbidities.

Conclusion: Huge SCT is a rare entity, and requires thorough evaluation at the time of antenatal diagnosis in order to prognosticate the couple and also plan further course of management, including mode of delivery.

SWYER SYNDROME-PRIMARY AMENORRHEA IN 20 Y/O FEMALE

Akshita Phogat

Objective: Primary amenorrhea is a distressing condition that bothers the young female population with causes ranging from anatomical to hormonal to genetic. This condition requires the correct set of investigations and long follow up to maintain a healthy reproductive life of a female and deserves a well informed study and timely intervention.

Case Report: A 20 year old, unmarried female presented in OPD with history of primary amenorrhea, no history of any medical disorder/surgery, no history of cyclical pain, normal bladder bowel movement. Her urine pregnancy test was negative. Her family history was not significant with her younger sister having attained her menarche at 10 years of age. On examination, there was no pallor, thyroid enlargement. Breasts were poorly developed, Tanner stage 2. Scanty pubic and axillary hair were present(Tanner stage 2). No features of webbed neck, shield chest were visible. Per abdomen, it was soft, no palpable mass was felt. On local vaginal examination, vaginal opening was normal without any bulging seen. Tests including complete blood count, serum estradiol, testosterone, FSH, LH, TSH, prolactin, USG pelvis were conducted. FSH(54.3 mIU/ml) LH(26.7mIU/ml) were found to be very high and USG showed hypoplastic uterus and streak gonads.

She was counselled for karyotyping, the first suspect being that of Turner√¢,Ç¨,Ñ¢s syndrome. The Karyotype though was found to be 46XY A diagnosis of Swyer Syndrome was made. Though rare, proper counselling was required to remove the stigma associated with the finding. Patient was started on cyclical hormonal therapy which included daily estrogen supplements. This resulted in cyclical bleeding and development of secondary sexual characters. Patient was counselled about the need of future gonadectomy and further fertility options when required.

Discussion: A thorough physical and clinical assessment along with a preliminary ultrasound and blood tests like FSH/LH form the backbone of diagnosing the cause of primary amenorrhea. Correct interpretation and diagnosis is important in cases like that of Swyer syndrome for the overall health of the patient as they may have future repercussions like gonadoblastoma along with the usual problems of infertility which is mentally distressing.

Conclusion: Timely intervention, enlightening masses and breaking the taboo along with maintaining the reproductive health of the female is very important as a practitioner. Primary amenorrhea with the correct set of investigations is treatable/modifiable.

DIDELPHYS UTERUS IN PREGNANCY AN UNCOMMON MULLERIAN DUCTS ANAMOLIES

Senaga Umadevi

Objective: Management of pregnanat women with didelphys uterus which found incidentally on ultrasound and risks associated with it

Case Report: A primigravida with 39 weeks +6 days POG with didelphys uterus came with false labour pains . Didelphys uterus found incidentally on 20 weeks ultrasound on per speculum examination shows two cervix with vaginal septum

Discussion: DIDELPHYS UTERUS is uncommon mullerian duct anamaly under class 3 ASMR classification accounting for around 5% cases it may be asymptomatic or may present with pregnancy and non pregnancy related problems.if vaginal septum seen they may present with dysmenorrhea and dyspereunia other complaints include infertility,it may associated with preterm delivery and FGR .It may associated with syndromes like herlyn Werner wunderlich syndrome where there is uterine didelphys,obstructing hemivagina,ipsilateral renal agenisis

Conclusion: Mullerian ducts anamolies are incidental findings mostly or present with some pregnancy and non pregnancy related problems.these anamolies occur due to failure of development fusion, cannulization,or reabsorption which normally occurs between 6-12 weeks inutero life. These account for 0.5% to 5% in general population of female

MANAGEMENT OF TUBAL ECTOPIC WITH HIGH BETA HCG: A CASE REPORT

Vaishali yadav

Objective: Role of methotraxate in ectopic pregnancy with high value of Beta HCG. The incidence of ectopic pregnancies in India is 0.91% out of which tubal ectopic is most common (95%). Ectopic pregnancy is an obstetric emergency. If the diagnosis is missed it can lead to rapid hemodynamic compromise and maternal morbidity and mortality.

Case Report: Mrs. A, a 30 year old G6P1L1A4, lady presented to the emergency department with chief complaints of pain in lower abdomen with spotting per vaginum. Her last mentrual period was 2 months back. She was married for 7 years and had a female child of 5 years delivered vaginally followed by 4 induced abortions. There was no other significant medical or surgical history other than mentioned above. On physical examination, general condition of the patient was fair. Vitals were stable with BP 124/76 and pulse rate 96 beats per minute. Systemic examination revealed no significant abnormality. On abdominal examination there was mild tenderness in the right lower quadrant. Bimanual examination revealed a normal size uterus with ill defined mass in the right fornix, tender on palpation. There was no cervical motion tenderness. Her hemoglobin was 10gm/dl, liver function tests were within normal limits. Transvaginal sonography revealed a mixed echogenic SOL of 28*28 mm with gestational sac of 5.6*4.1 mm with no cardiac activity in the right adenxa. Both ovaries were normal and there was no fluid in th pouch of Douglas. Serum beta hcg was 27000 mIU. Since the size of the gestational sac was small and there was no cardiac activity, patient was treated with injection methotraxte 50 mg im single dose. D4 and D7 beta hcg values were 22000 mIU and 20000mIU

respectively. Since the fall was more than 15% patient was observed for the following week. After 1 week the beta HCG came down to 5000. Within 2 months the beta HCG reached the pre pregnant value.

Discussion: The risk factors for ectopic pregnancy include, previous history of ectopic pregnancy, pelvic inflammatory diseases, tubal blockage, infertility, progesterone containing contraceptives, multiple miscarriages, smoking and multiparity.

In this case recurrent abortions was a high risk factor.

The indications for medical management of ectopic pregnancy include,

i) stable patient

ii) absence of cardiac activity in gsac

iii) size of gsac less than 4 cm (no CA), less than 3 cm (if CA +).

iv) beta HCG value less than 5000mIU

v) no contraindications to methotraxate

In this case all the criteria were met except the beta hcg value. Medical management was successful in this case probably because of small gsac size.

Conclusion: Ectopic pregnancy requires high index of suspicion for diagnosis when patients present with triad of symptoms and should be managed promptly under strict monitoring for vitals.

A RARE CASE OF VULVAL TUMOR (GRANULAR CELL TUMOR)

D Anusha, Sushma P Sinha

Objective: To substantiate the importance of high degree of suspicion of Granular cell tumor (GCT), a rare entity but often misdiagnosed.

Case Report: 38-year-old female presented with complaints of swelling in vagina for 1 year which was diagnosed as bartholins cyst by her local gynecologist. She had mild discomfort but no history of pain, discharge, fever, or weight loss Examination showed bulky uterus, a large irregular mass, firm to hard in consistency in left vulvovaginal area (4 x 4 cm) without regional lymphadenopathy. On excision, round calcified hard mass noted which looked just like leiomyoma. Histopathology showed round to polygonal cells, abundant granular eosinophilic cytoplasm, round nuclei arranged in nests and cords. No necrosis, atypia or increased mitosis seen. Immunohistochemistry showed S-100 and CD68 positive, Desmin negative and ki67 proliferation index -1 to 2%. Final conclusion was Granular cell tumor.

Discussion: GCT is a rare mesenchymal neoplasm (neurogenic origin) with eosinophilic granular cytoplasm, mostly from head and neck region, unusual in vulva (5√¢,Ç¨,Äú15%). Only 130 cases reported so far worldwide, presents as small, slow growing, skin-coloured nodule in fourth to sixth decade. The differential diagnosis includes vulval leiomyoma, Bartholin√¢,Ç¨,Ñ¢s cyst, melanoma, hidradenoma. Diagnosis is mainly by histopathology, complemented by immunohistochemistry. Mostly benign tumours, with 1% to 2% risk of malignancy, with high rate of metastases and short survival. The tumour is yellow-grey, fleshy on cross section with irregular margins often extending beyond the macroscopic growth, hence wide excision is necessary.

Conclusion: Vulvar GCT√¢,Ç¨,Ñ¢s are very rare and often misdiagnosed. Though it can be differentiated from Bartholin√¢,Ç¨,Ñ¢s cyst clinically, because of firm to solid consistency, it is almost impossible to distinguish from vulval leiomyoma and can only be confirmed after histopathology and immunohistochemistry. 1 to 2% are malignant and the tumour

MUCINOUS LABIAL CYST

Zeba, Soni, Shilpi, Manju Puri

Objective: Mucinous labial cyst is a rare case. Its etiology can be classified into embryonic or non-embryonic in origin. Embryonic cyst are more common and can arise from mullerian duct, mesonehric duct or urogenital sinus.

Case Report: A 23 year old unmarried girl presented with complaints of swelling in perineal region which is gradually increasing in size not associated with any difficulty during micturition, defecation and periods. Pt denied any history of trauma, unusual activity, any medical or surgical history.

Discussion: Histologically many cysts can look similar, for example mucinous epithelium of a mucous cyst is identical to bartholin glands. Indeed, the pathophysiology in this case is indeterminate between bartholin gland, skene gland and mucinous cyst.

Conclusion: The pathology of this case is yet indeterminate. But the histopathological report of this case is acute on chronically inflamed ulcerated mucous retention cyst.

ATRIAL FIBRILLATION IN PREGNANCY

Asmita Anand, Niharika Dhiman, Deepti Goswami

Objective: Atrial fibrillation is one of the most common cardiac arrythmias. Incidence of AF in pregnancy among women with no known heart disease and those with structural heart disease is 0.3% and 2.2% respectively. We are reporting this case because of life-threatening condition, its rarity and successful use of DC cardioversion in maternal AF.

Case Report: A 28-year primigravida at 32 weeks of gestation with known case of rheumatic heart disease with severe mitral regurgitation with NYHA grade 2 admitted from OPD in view of safe confinement for heart disease and clinically FGR. She was on tab erythromycin tab metoprolol and tab Lasix. At the time of presentation her BP-118/70, PR-86/min,spo2 96% on room air and JVP was not raised ,on CVS examination there was pansystolic murmur and bilateral chest clear. On obstetric examination fundal height is of 28 week and FHS was present. On day 2 of admission 2D echo was done which shows Mitral regurgitation and severe pulmonary hypertension. CTG and doppler was reassuring. On day 23 of admission, she complained of chest pain and chest discomfort and pulse was irregularly irregular with rate of 180/min and BP of 90/60. Patient was started on tab digoxin and injection clexane after which her heart rate settled and she was planned for lscs under high risk. Lscs was done under GA at 35 week, a baby boy weighing 1.5kg was delivered who got admitted in NICU and Patient was shifted to ICU for further management. In ICU patient had atrial fibrillation for which DC shock given and started on amiodarone infusion. On post op day 4 patient was extubated and transferred to CCU of GB Pant hospital where she was managed conservatively and planned for mitral valve replacement.

Discussion: New onset maternal AF is rare. Potential factors including direct effects of hormones on cardiac electrophysiology, autonomic tone, and hemodynamic perturbations, can provoke arrhythmias in pregnancy, labor, and delivery.

Conclusion: AF is a recognized complication of untreated valvular disease. It is a potentially life-threatening complication for the mother.AF and Congestive heart failure compromise maternal cardiac output and are detrimental to mother and foetus. Multidisciplinary approach is needed for its management.

INVASIVE MOLE: A CASE REPORT

K Rini, Niharika Dhiman, Deepti Goswami

Objective: Gestational trophoblastic neoplasia (GTN) are malignant lesions that arise from abnormal proliferation of placental trophoblast. The risk of developing GTN after a complete hydatidiform mole (CHM) and a partial hydatidiform mole (PHM) is 15√¢,Ç¨,Äú20% and 1√¢,Ç¨,Äú4%, respectively.

Case Report: A 28-year-old lady presented with complaint of bleeding per vaginum since 15 days along with passage of clots. She had history of amenorrhea for 3 months and suction and evacuation done in view cystic changes in ultrasound suggestive of molar pregnancy at a private hospital. The histopathology report was suggestive of partial mole with retained p57 expression in villous stromal cells and cytotrophoblasts. A repeat evacuation was done in view of bleeding per vaginum in our hospital. Post evacuation, serial beta HCG monitoring was done which showed a rising trend. A single agent chemotherapy with methotrexate and folinic acid was started. On further investigation, MRI pelvis findings were suggestive of gestational trophoblastic neoplasia likely invasive mole. Even after receiving methotrexate, beta HCG showed a rising trend. EMACO regimen was considered and started for the patient, after which beta HCG value showed a falling trend.

Discussion: Invasive mole is responsible for most cases of localized gestational trophoblastic neoplasia. Invasive mole may arise from any pregnancy event, although in most cases it is diagnosed after molar pregnancy. Although definite diagnosis of invasive mole is based on pathology, with √é¬≤HCG or radiologic diagnosis, invasive mole is diagnosed as well.

Conclusion: Overall cure rate in low-risk patients is nearly 100% and in high-risk patients is 90%. The best treatment option is chemotherapy (according to stage and score, with single or multiple agent) and in patients where fertility is not the matter, hysterectomy can be done.

CASE SERIES OF PORTAL HYPERTENSION IN PREGNANCY

Himakshi Boro, Ishita Aggarwal, Sangeeta Gupta, Reena Rani, Pallavi Gupta

Objective: Management of Pregnancy in portal

hypertension

Design: Observational Study

Method: Case1: 27y, G3P2L0, previous 2 LSCS, known case of non-cirrhotic portal fibrosis with active oesophageal varices with splenic artery aneurysm, was booked at 26weeks. Patient was admitted and detailed history and examination done. Gastroenterology opinion

Result: Case 1-Patient went into spontaneous labour at 35weeks and emergency LSCS done. Live baby of 2700g with APGAR 9 at 5 mins delivered. Post-operative period uneventful. Case2- elective LSCS done at 39 weeks. A live baby delivered with APGAR 9 at 5 minutes.

Conclusion: Pregnancy outcome depends on the disease status and presence of oesophageal varices at the time of conception. Pre-conceptional counselling and proper planning of management during pregnancy can decrease the burden of disease and better outcome. There is the anticipation of increased intraabdominal pressure during hyperemesis in first trimester and also during labour where there is the risk of variceal bleed and hence a multidisciplinary approach is required with gastroenterology opinion.

WERNICKE'S ENCEPHALOPATHY: AN AVERTIBLE CONSEQUENCE OF HYPEREMESIS GRAVIDARUM

Liji Sarah David, Evelina Jane K , Manisha Madhai Beck, Swati Rathore

Objective: 1) To evaluate the maternal and fetal outcomes in women with Wernicke's Encephalopathy as a sequel of Hyperemesis Gravidarum. 2) To evaluate the impact of early diagnosis and treatment of Wernicke's Encephalopathy in women with Hyperemesis Gravidarum

Case Report: We present a case series of four pregnant women who presented with neurological and ocular symptoms following a history of intractable vomiting. Three women were in the early second trimester, and one in third trimester. All had signs which met the classical triad of Wernicke's Encephalopathy (WE) with dyselectrolytemia. MRI images also supported the diagnosis. They were treated with high dose thiamine alongside correction of electrolyte imbalance and re-hydration. Significant improvement were observed in both maternal and fetal outcomes.

Discussion: Hyperemesis effects around 2-3% of pregnant women. If not identified and treated, it can have adverse maternal and fetal outcome. Excessive vomiting can precipitate dehydration, electrolyte imbalance and thiamine deficiency. WE is a sequel of uncorrected thiamine deficiency. Knowledge about these consequences and empirical treatment with thiamine, in these women, can prevent the occurrence of WE and its complication. Early prompting towards WE, when pregnant women with intractable vomiting, presents with associated neurological and ocular symptoms and early treatment with thiamine can result in good outcomes as was noticed in our case series.

Conclusion: Wernicke's Encephalopathy is a preventable cause Hyperemesis Gravidarum. Early diagnosis and treatment of thiamine deficiency and dyselectrolytemia in WE, results in good maternal and fetal outcomes.

FERTILITY PRESERVATION IN A CASE OF SWYER SYNDROME WITH SUCCESSFUL PREGNANCY OUTCOME AN INNOVATIVE ART APPROACH

Yashaswi Pandey, Kalyani Saidhandapani, Nandhana Vekateshwaran

Objective: To study and discuss the role of fertility preservation in a case of Swyer syndrome with successful pregnancy outcome.

Case Report: A 27-year-old, married female presented with the complaints of primary amenorrhea, pelvic pain, and a feeling of lump on the right side of the lower abdomen and abdominal distension for the last 4 months. The background knowledge of the patient revealed that she had no uterus (based on the previous workup by a local clinician). The clinical examination showed the female phenotype with relatively underdeveloped breasts (Tanner stage III), sparse pubic hair, and normal external female genitalia. The urine pregnancy test was negative.

Patient was hemodynamically stable.

Ht=164 cm Wt= 60 kg

P/A: She had 20-22 weeks size hard fixed abdominal lump, mobile,

non-tender. No inguinal mass was palpable. No lymph nodes palpable.

L/E: External genitalia was normal

P/S: Cervix was small and Vagina was found to be healthy

On Bimanual examination: 22 weeks size mass felt; Cervix deviated to left side; uterus could not be felt separately; right side fornix was obliterated USG and MRI were done which revealed hypoplastic uterus and cervix with normal vagina. Bilateral ovaries were not visualised separately.

Solid mass lesion was noted arising from Right adnexa with multiple internal septations, calcific foci, hemorrhage; f/s/o solid abdomino-pelvic mass arising from Right adnexa.

LH=300 and FSH=150 mIU/ml

serum estradiol=10 pg/ml Prolactin, TSH levels were within normal limits.

low serum testosterone levels (0.45 ng/dl)

Karyotyping revealed 46XY pattern genotype

Tumor markers such as serum beta HCG, LDH, AFP and CA-125 were within normal limits.

Patient and family were counselled regarding disorder of gonadal dysgenesis with probability of tumor and operative procedure (Staging\ laparotomy with gonadectomy) and presevation of uterus for reproductive function with IVF.

She was explained regarding post-op need for HRT; its risks and benefits.

Hysteroscopy followed by Exploratory laparotomy and surgical staging was performed.

Discussion: Patient suspected to suffer from Swyer syndrome are first subjected to laboratory testing for measurement of FSH, LH, TSH, free T4, estradiol, testosterone. In the described case, FSH and LH levels were elevated and estradiol levels were low; these findings were suggestive of hypergonadotropic hypogonadism.

D/D: MRKH syndrome, Complete androgen insensitivity syndrome (Morris syndrome). Karyotyping should be done in case of any pubertal delay and elevated gonadotropins. Once gonadal dysgenesis is confirmed, tumor markers should be done. Transabdominal USG is the first choice diagnostic imaging. MRI is restricted to cases not diagnosed by USG.

After surgical treatment, HRT is indicated. Estrogen should be induced as soon as possible to ensure adequate bone mass formation and prevent reduction in bone mineral density that lead to osteopenia and osteoporosis, breast development and for prevention of further uterine hypoplasia.

Conclusion: Patients with Swyer syndrome should be subjected to Gonadectomy as soon as diagnosed because of their high risk for tumors such as Gonadoblastoma. In cases of high risk of malignancy, bilateral gonadectomy with adjuvant chemotherapy should be considered. Cyclic Estrogen and Progesterone is indicated till the age of 50 years The accurate and early diagnosis of these abnormalities would allow for conservative treatment, which can ensure the preservation of fertility, reduce emotional trauma, and improve patient survival. Patients with gonadal dysgenesis must undergo fertility preservation surgeries and pregnancy through oocyte donation is possible with hormone replacement therapy.

UNVEILING THE UNSEEN: PRENATAL DIAGNOSIS OF BILATERAL CHOROID PLEXUS PAPILLOMA

Srishti Prakash, Tyagi hospital, agra, india Shardul Tyagi,

Objective: Choroid plexus papilloma is a rare brain tumor, and prenatal diagnosis of such cases contributes to the medical community's understanding of the disease's presentation and behavior. Prenatal diagnosis allowed for appropriate patient counseling, and management of our patient.

Case Report: We present a rare prenatal diagnosis of bilateral choroid plexus papillomas in a 26 year old with gestational hypothyroidism demonstrated by obstetrical ultrasound and fetal MRI at 28weeks 6 days of gestation. The fetal ultrasound with Doppler showed echogenic masses with increased vascularity within the choroid plexus. Fetal MRI demonstrated macrocephaly with heterogenous mass filling the bilateral lateral ventricle causing gross hydrocephalus. The combined features on ultrasound and MRI suggested bilateral choroid plexus papillomas with increased cerebrospinal fluid production causing ventriculomegaly. The diagnosis was confirmed by postnatal pathology, which demonstrated choroid plexus papillomas.

Discussion: In children younger than two years of age, the Choroid plexus papillomas are among the most common brain tumors . Approximately 5% of perinatal brain tumors and 10% of all brain tumors in infants are of choroid plexus etiology. In this report, we present the fetal

ultrasound and MRI findings of a rare case of prenatally diagnosed bilateral choroid plexus papilloma. Only a few case reports of congenital choroid plexus tumors diagnosed in utero exist in the literature. Knowledge of prenatal diagnosis allows for timely and informed decision-making. Medical practitioners can work collaboratively to create a comprehensive management plan for the patient, including discussions about potential interventions, surgery, and postnatal follow-up.

Conclusion: The prenatal diagnosis of an intracranial neoplasm is an uncommon event . The combination of imaging findings on fetal ultrasound and MRI can help to refine the differential diagnosis and increased diagnostic confidence regarding this rare diagnosis, In essence, a case report of prenatal diagnosis of bilateral choroid plexus papilloma in a 26-year-old woman enhances medical practice by promoting awareness, interdisciplinary collaboration, and improved patient care in the context of a rare and challenging medical scenario.

NEAR MISS: MASSIVE OBSTETRIC HAEMORRHAGE WITH COAGULOPATHY

Mullamitha Khadija, Mamta Dagar, Chandra Mansukhani

Objective: Introduction: Massive obstetric haemorrhage is one of the major causes of maternal morbidity and mortality worldwide. Early recognition and a multidisciplinary team approach in the management are the cornerstones of improving the outcome of such cases. We report here a case of massive obstetrical haemorrhage with coagulopathy which had successful maternal and perinatal outcome involving multidisciplinary team approach.

Case Report: Case report:A 29 year old third gravida with previous two caesarean deliveries presented at 32+2 week gestation with massive bout of bleeding per vaginum since last 2-3 hours. She was admitted at outside hospital since 2 days in view of high BP, hyperbilrubinemia (s.bilirubin-4.6mg/dl) with coagulopathy (INR-2.2) and deranged kidney function test (S.creatinine-2.53mg/dl) and was referred to our institute for further management.

Management: On admission to our hospital, after resuscitation and initiating massive blood transfusion protocol, she was taken up for emergency caesarean delivery and she delivered alive male baby of 1612 grams with APGAR 5 and 8, shifted to NICU after resuscitation per operatively. Uterus was atonic managed with uterotonics. Estimated blood loss was 3.5-4 litres blood loss intraoperatively, 6 units FFP and 2 units PRBCs was given. She was shifted to ICU postoperatively in intubated state where she was managed collectively by obstetricians, intensivist, Gastroenterologist and nephrologist team. She gradually improved, coagulopathy managed in consultation with haematologist.She received 2 units PRBCs and 3 units megacryoprecipitate in post operative period.Bleeding gradually reduced and was discharged on post operative day 9 with favourable maternal and neonatal outcome.

Discussion: Discussion:Massive obstetric haemorrhage is defined as the loss of over 1500 ml blood , decrease in haemoglobin >4g/dl or acute transfusion requirement >4 units and is associated with significant morbidity, the need for admission to intensive care, and the indication of obstetric hysterectomy. Uncontrolled haemorrhage leads to lethal triad of hypothermia, acidosis and coagulopathy each of which exacerbates the other.

Conclusion: Conclusion: In our case, prompt communication, initiation of massive transfusion protocol and multidisciplinary team approach played a vital role in this near miss situation which resulted in favourable perinatal outcome.

ACTIVE PULMONARY TUBERCULOSIS DURING PREGNANCY: MATERNAL AND PERINATAL OUTCOME

Aayushi Ruia, Mamta Dagar, Purvi Khandelwal

Objective: Tuberculosis (TB) remains a critical health concern, particularly when occurring during pregnancy, due to its potential impact on maternal and fetal health. Adverse perinatal outcomes such as low birth weight, inadequate gestational growth, increased perinatal mortality, and heightened maternal morbidity and mortality are associated with TB. We present a successful case of managing active pulmonary TB in a young primigravida during her third trimester.

Case Report: A 20-year-old primigravida at 30 +4 weeks gestation presented in emergency with chief complaints of high grade fever (102 degrees) for last 4 days associated with cough and chills , tachycardia (heart rate √¢,Ç¨,Äú 120 per min), tachypnea (rate 22/ min) , BP √¢,Ç¨,Äú 120 /80 mm of Hg , was on oxygen support (4 litres of

oxygen) , saturation 90 % . She gave past history of cough associated with sputum for last 3 months and low-grade fever which was undocumented. She was admitted at a private hospital where she got chest X- ray and HRCT done, conservative management was done with antipyretics, antibiotics and IV fluids. Her HRCT chest was suggestive of cavitation and consolidating lesions in left lower anterior lobe suggestive of granulomatous etiology. She subsequently took LAMA from there. After her admission in isolation ward in our hospital and stabilisation her investigations were sent . Her haemoglobin was 7.1 gms %, deranged LFT (SGOT 243 , SGPT 69) ,sputum AFB came out to be positive (3 +) , GeneXpert and Mantoux positive and obstetrical sonography done which showed anhydramnios, perinatal prognosis explained , low-dose anti-tuberculosis treatment (ATT) was started. She progressed into spontaneous preterm labour and henceforth delivered female neonate of 1200 grams with APGAR score at 1 min was 8 , kept on HFNC . After delivery placental tissue and neonatal blood samples were sent for screening and diagnosis of congenital TB. Mother was later started on pyrazinamide after her LFT improved, and injectable antibiotics. She was kept under strict observation in our hospital for 7 days during which her oxygen requirement decreased, her symptoms relieved and she responded well to ATT. Neonate also improved in NICU was tested negative for TB, and they took discharge on request after 14 days of NICU stay.

Discussion: This case underscores intricacies surrounding managing pregnancy alongside TB treatment. Prompt identification of tuberculosis in expectant mothers is imperative, given its profound repercussions on both maternal and fetal well-being. It advances understanding of managing TB during pregnancy and necessity of early diagnosis, comprehensive management strategies.

Conclusion: The interconnectedness between maternal health and fetal outcomes underscores urgency of multidisciplinary collaboration, tailored interventions, and vigilant monitoring for women confronting dual challenge of tuberculosis and pregnancy.

ANTEPARTUM ECLAMPSIA AND SEQUELAE :COULD IT HAVE BEEN PREVENTED?

Payal Hooda , Mamta Dagar, Purvi Khandelwal

Objective: Eclampsia refers to the occurrence of generalised tonic-clonic seizure in a patient with severe preeclampsia provided that other neurologic conditions have been excluded. Severe PET is one of the leading causes of maternal and perinatal morbidity and mortality worldwide. Early diagnosis and appropriate management are essential to optimize fetomaternal outcomes. We present a case report of a woman who had antepartum eclampsia with thrombotic occlusion of left sagittal sinus.

Case Report: A booked 32 year old fifth gravida with previous caesarean deliveries was admitted in Labour ward at 32+5weeks gestation with severe PET with moderate oligohydramnios for fetomaternal surveillance. In view of uncontrolled BP, dose of antihypertensives were increased and low dose aspirin with LMWH were stopped. She developed occipital headache and decision for an emergency caesarean section was taken in view of impending eclampsia. She developed antepartum eclampsia for which she was resuscitated, Inj MgSO4 was given as per pritchard regimen and labetalol infusion was started. Delivery by caesarean section was performed under GA. An alive male baby with APGAR score of 6/10 was born and shifted to NICU after intubation.

Postoperatively, BP was controlled with labetalol infusion , Inj MgSO4 was continued till 24hours. She was shifted out of ICU after 36hours on LMWH daily. In view of persistent headache neurologist opinion was sought and NCCT head was done which was normal, MRI brain with MR venography was done which reported partial thrombotic occlusion of left sagittal sinus and patient was switched to oral anticoagulants. Patient was discharged on POD 16 and baby was discharged from NICU after 25 days in stable condition.

Discussion: Studies have reported that preeclampsia is an independent risk factor for thromboembolic events, specifically DVT and cerebral thrombosis in pregnancy and postpartum period. Incidence of cerebral venous sinus thrombosis (CVST) is 11.6 per 100,000 deliveries. Evaluation and management of severe PET / eclampsia requires a multidisciplinary approach with other specialties such as neurology and intensive care unit.

Conclusion: Even though headaches are common presentation in pregnancy, one must have a higher index of suspicion for more serious causes of headache. Timely recognition and management of antepartum eclampsia and cerebral venous sinus thrombosis with LMWH followed by oral anticoagulants optimized maternal

outcome in this case.

CONSERVATIVE SURGICAL MANAGEMENT

Smriti Gupta, Mamta Dagar, Punita Bhardwaj

Objective: Caesarean scar pregnancy (CSP) is one of the most uncommon with an incidence of 1/1800 pregnancies. It requires prompt intervention on diagnosis. Both medical and surgical management opted depending on patient factors and disease characteristics. Surgical management of CSP requires expert surgical skill and patient selection. One such case of CSP with conservative surgical management is presented here.

Case Report: A 32 year old parous female,3rd gravida with previous C-section and previous one miscarriage presented at 8+3 weeks period of gestation with bleeding per vaginum and ultrasound suggestive of? cervical ectopic pregnancy. On Examination, she was hemodynamically stable. Abdominal examination was normal. On per vaginal examination 8 weeks gravid uterus was felt. MRI pelvis revealed low lying gestational sac size 4.3 mm with cardiac activity at caesarean scar site with thinning of overlying uterine myometrium. On admission B-HCG was 16934.77 mIU/L. In view of MRI findings and hemodynamical stablities, decision of conservative surgical management was taken. She received 2nd dose of Inj. Methotrexate 1mg/kg IM on Day 1 and 3 after admission in view of increased vascularity before surgery. Peroperatively hysteroscopy showed gestational-sac implanted over the caesarean scar site. On laparoscopy, exophytic growth of ectopic tissue lying over the previous caesarean scar and was excised, margins of previous scar line freshened and repaired in layer to restore uterine cavity, Ectopic tissue was confirmed on histopathological examination. Patient had uneventful postoperative period and discharged in stable condition after 48 hours.

Discussion: In CSP, cesarean section infiltrate into the myometrium and penetrates the uterine wall. It causes uncontrolled bleeding for the blind curettage and may require hysterectomy, and endanger the lives of the patients. Therefore, early detection and timely treatment are instrumental to preserve fertility and avoid severe disease complications.

Conclusion: CSP is becoming more common due to rising caesarean section rates. Being a clinical entity with drastic consequences, clinicians must be familiar with this pathological entity and be prepared for its management. Gynaecologists must be well versed in various types, presentations and management options of CSP to optimise obstetric outcome.

NEAR MISS: A CASE OF POST ABORTAL SEPSIS

Rutushree Pattnaik, Mamta Dagar, Chandra Mansukhani

Objective: Septic abortion still remains one of the primary causes of maternal mortality and morbidity. A case report of post abortal sepsis with multi organ failure with near miss situation is presented here.

Case Report: 30 year old parous female (P1L1A3) with previous 1 caesarean delivery and previous 3 miscarriages, presented to casuality with complaint of bleeding per vaginum, multiple episodes of loose motions, vomitting since 2 days following surgical evacuation at 10 weeks gestation at outside facility. At the time of admission, she had tachycardia (HR-147/min), tachypnea(RR-30/min), icterus and hypotension(BP- 80/50 mm Hg). Abdominal examination revealed distension and tenderness. On per vaginal examination, uterus was bulky with blood mixed unhealthy discharge. She was immediately admitted to ICU, intubated and required inotrope support. Nephrologist opinion sought and dialysis was started in view of anuria and deranged KFT(S. Creatinine- 4.7 mg/dl). Imaging studies revealed bilateral pleural effusion with emphysematous endo-myometritis. After clinical, biochemical and imaging evaluation, a diagnosis of post abortal septic shock with AKI with hyperbilirubinemia with deranged coagulation profile was established. Decision of hysterectomy in view of emphysematous endo-myometritis was taken after informed consent as a life saving procedure. On laparotomy, mild ascites with oedematous, friable uterus of 10-12 weeks size was present. Hysterectomy was performed. Cut section revealed gangrenous foul smelling, necrotic tissue in the endometrial cavity. Post-operatively, she underwent dialysis every alternate day, gradually improved symptomatically and was weaned off ventilator support on POD-4. Biovac and pelvic drain were removed on POD-12 and POD-14 respectively. Foley√¢,Ç¨,Ñ¢s catheter was removed on POD-17. She was discharged in stable condition on POD-19.

Discussion: This case emphasises the importance of recognising the source of sepsis after ruling out all other

possibilities. Timely intervention and multimodality treatment measures reduced septic abortion mortality and boosted the patient's survivability.

Conclusion: Complications from septic abortion still remains a major health issue among women in developing countries. Early detection, timely identification of the source of infection, and focused therapy along with the collaboration of nephrologist, infectious disease specialist, intensivist, and obstetric team, considerably improved the prognosis and survival of our patient with severe sepsis and septic shock.

TOXOPLASMOSIS IN PREGNANCY- TERITIARY CARE CENTRE EXPERIENCE

Priyanka Uppalapati, Minakshi Rohilla

Objective: To study the indications of TORCH testing in pregnancy, prevalence at tertiary care centre, management of infected antenatal women

Case Report: ASE: 28yr G3P1011@ 24+4wks was referred due to an incidental finding of decreased liquor on ultrasound. Her antenatal period was uncomplicated except for history of fever 2 weeks ago. Ultrasound examination done at our institute showed AFI-3.8 cm and early onset IUGR(<3rd centile).. TORCH work up showed toxoplasma IgM positive and IgG positive suggesting acute infection. She was started on Spiramycin. PCR was done on maternal blood and amniotic fluid, both showed positive PCR suggesting acute maternal infection and fetal infection. Cotrimoxazole was started. Currently she is undergoing fetal monitoring 2 weekly

Discussion: Indications of maternal screening for TORCH include : √¢,Ç¨¬¢ Maternal symptoms (fever, myalgia, adenopathy)

√¢,Ç¨¬¢ Fetal sonographic abnormalities (early onset IUGR, cranial calcification, echogenic bowel etc.)

Total of 210 patients are tested in our centre by serology and PCR from maternal blood. 21 patients tested toxoplasma PCR positive.Of the 21 patients IgM is negative in 8 patients. Spiramycin is started in PCR positive patients and amniocentesis is advised. 10 patients underwent amniocentesis and rest denied for the same. Only one patient discussed above depicted toxoplasma PCR positive in amniotic fluid.

Total of 12 patients received Spiramycin after PCR positive result, of which all had healthy live births. Rest 9 people who denied treatment had 1 still birth, 4 abortions and 4 live births

Conclusion: Early diagnosis of toxoplasmosis in pregnancy by sensitive methods like PCR followed by initiation of drug therapy with positive results reduces trans placental transmission and mitigates fetal sequelae.

EXPLORING THE UNCHARTERED : A RARE CASE OF TAKAYASU ARTERITIS IN HIGH RISK PREGNANCY

Aisha Adam, Devdatta Dabholkar, Vedant Jain, Sushil Kumar

Objective: Takayasu Arteritis is a vasculitis that affects young pregnant women, and the diagnosis is made through clinical characteristics and imaging, hence close surveillance is necessary in pregnancy induced hypertension.

Case Report: A 32-year-old unregistered primigravida, 39 weeks gestation presented with PIH, headache, and epigastric pain. SBP 160 mmHg and DBP 100 mmHg along with a normal anomaly scan. Emergency C-section was performed due to fetal distress and adhered placenta was found for which Obstetric Hysterectomy was done. Patient had elevated BP in one arm and maintained a normotensive BP in the other. CT Aortogram revealed severe stenosis of left thoracic and upper abdominal aorta with left subclavian artery stenosis. The patient was started on beta blockers and anti-inflammatory as maternal complications were anticipated with Takayasu arteritis leading in the differentials.

Discussion: Takayasu Arteritis is a chronic granulomatous large vessel vasculitis of unknown origin usually affecting the aorta and its primary branches. The most common presentation of Takayasu arteritis in India is hypertension. Obstetric complications such as PIH, pre-eclampsia, spontaneous abortion, IUGR, IUFD seem to be frequent in pregnancies with TA along with antepartum hemorrhage, post-partum hemorrhage, renal insufficiency and pulmonary embolism.

Conclusion: TA progresses with relapses and remissions therefore pregnancy may affect the diagnosis, outcome and management of TA. Adequate control of hypertension during pregnancy, planning of the timing and mode of the delivery, and proper monitoring during the intrapartum and post-partum period along with preconceptional

counselling is essential for an optimum feto-maternal outcome. FDG-PET/CT is a new diagnostic tool that is now emerging to be useful for TA.

RETAINED INTRAUTERINE FETAL BONE FRAGMENTS AS A CAUSE OF ABNORMAL UTERINE BLEEDING : AN UNUSUAL CASE REPORT

Ritika, Swati Aggarwal

Objective: Retention of fetal bones in the uterine cavity is a rare occurrence and almost always a consequence of second trimester termination of pregnancy. The patient may present with complains such as abnormal utrine bleeding,chronic pelvic pain and infertility or may remain asymptomatic . Histroscopy may remains the main stay for the dignosis and treatment.

Case Report: A 28 year old P1L1A3 lady presented to the outpatient department of our hospital with chief complaint of abnormal uterine bleeding for last 4 months. Her menstrual cycles had been normal and regular until the termination of a 16 weeks missed abortion by blind dilatation & curettage done 4 months back at a private clinic, following failure of medical methods of abortion. She developed high grade fever in the postoperative period which was managed with injectable antibiotics and anti-inflammatory agents. Her menstrual cycles ever since became heavy with intermenstrual spotting lasting for 15-20 days in a month. Her obstetric history revealed 1 spontaneous abortion and 1 medical abortion both in the first trimester and a full term caesarean section done 2 years back which was uneventful. Her general physical, systemic as well as pelvis examination was unremarkable. Blood investigations were normal . Beta HCG was negative. Transvaginal scan revealed multiple linear highly echogenic foci inside the uterine cavity with an endometrial thickness of 8.7 mm. The patient was given single shot of co-amoxiclav preoperatively as per institutional protocol. Hysteroscopy showed multiple pale flattened bone like tissue in varying shapes and sizes inside the uterine cavity with a thin and congesteds endometrium. A diagnosis of retained fatal bones was made and 18 bone fragments were removed hysteroscopically. Postoperatively, the patient was put on high dose estrogens- Tablet progynova 2 mg twice a day for 21 days. The histopathology report confirmed mature osseous tissue in the retrieved tissue consistent with fetal bone. Postoperative transvaginal ultrasound showed a smooth and regular endometrial lining without any contents (Figure 4). The patient resumed her normal regular menstrual cycles 1 month after the procedure and conceived spontaneously 2 months after the procedure. She is carrying well with her pregnancy in the second trimester at present.

Discussion: Retained fetal bones is a very rare complication of surgical termination of pregnancy (STOP) and is almost always a consequence of second trimester termination of pregnancy. The presence of retained fetal bones act like an intrauterine device preventing implantation and thus leading to secondary infertility. It is also speculated that the presence of bones can also lead to an increase in endometrial prostaglandins and inhibit implantation. Imaging studies especially a pelvic ultrasound usually help in making a definitive diagnosis but hysteroscopic evaluation is the gold standard for diagnosis and treatment Imaging studies especially a pelvic ultrasound usually help in making a definitive diagnosis but hysteroscopic evaluation is the gold standard for diagnosis and treatment. Also, this case highlights the need to avoid surgical termination of second trimester abortion unless it is it is done by a skilled person or done under ultrasound guidance.

Conclusion: This case highlights the need to avoid surgical termination of second trimester abortion unless it is it is done by a skilled person or done under ultrasound guidance.

Video Presentations

NERVE SPARING CLITOROPLASTY IN PRESERVING FEMALE SEXUAL FUNCTION AS AESTHETIC & FUNCTIONAL PROCEDURE

Sanjay Pandey

Case report: Reduction procedure with preservation of the neurovascular supply to the glans clitoris.

The technical details for the same have been demonstrated in the video.All three patients have been followed up for a period of over a year and have satisfactory cosmetic and sexual function.

Conclusion Management of the enlarged clitoris, because of its importance for sexual function, has been and remains one of the most controversial topics in female sexual function and a road sadly less travelled in needy. Early controversy surrounding clitoroplasty resulted from many factors including an incomplete understanding of clitoral anatomy and incorrect assumptions of the role of the clitoris in sexual function. With a better understanding of anatomy and function, procedures have evolved to preserve clitoral tissue, especially with respect to the neurovascular bundles. These changes have been made in an effort to preserve clitoral sensation and preserve orgasmic potential.

FEMALE URETHRAL DIVERTICULUM : MISSED OUT -PHENOTYPES & CURE

Sanjay Pandey

Objective : Female urethral diverticulum's classical presentation of Dysuria and Dyspareaunia may not be a common presentation always.The diagnosis is usually missed out until advanced or with complications. Identifying the right diagnosis in background of above advanced nature or with complications is the need of the hour towards reconstruction and cure.

Case report : four ladies in prime of life from 37 to 55 presented with below

a. Gross intermittent pus discharge per urethra and recurrent febrile UTI with strangury

b. Retention of urine with faceted calculi in urethra

c. Mass in vagina from a bilateral horseshoe diverticulum

d. Intermittent urethrorrhagia

All above advanced presentations led to the final diagnosis of urethral diverticulum after missed out diagnosis and were taken for curative reconstructions and logical conclusion

Discussion : Missed out diagnosis is related to missed out in history and thorough physical examination in suspicious cases and many continued to be treated as recurrent UTI. Need of he hour is for both early and timely diagnosis as an examination in suspicious cases and later in all cases of as advanced as above take it to the logical conclusion of curative urethroplasty with interposing flaps.

RUPTURED NON-COMMUNICATING RUDIMENTARY HORN PREGNANCY MANAGED ROBOTICALLY- EXPANDING THE HORIZON IN ROBOTICS

Anupama Bahadur, Rajlaxmi Mundhra, Gayatri Suresh, Udit Chauhan

Background: Unicornuate uterus with non-communicating rudimentary horn is rare Mullerian duct anomaly during embryogenesis. Rudimentary horn pregnancy is rare with a reported incidence of 1 in 76,000-150,000. Although rare but pregnancy sometimes occurs in these horn due to transperitoneal migration of either sperm or ovum and the pregnancy is prone to rupture between first and second trimester and may be associated with life threatening hemorrhage due to poorly differentiated musculature that cannot stretch. Management usually consists of rudimentary horn excision along with ipsilateral tube, traditionally by laparotomy.

Case presentation: Primigravida at 21+4 weeks period of gestation presented to Emergency Department with history of pain abdomen. On initial evaluation ultrasound was suggestive of secondary abdominal pregnancy. Patient's vitals were stable. On further evaluation MRI was done and the patient was diagnosed as a case of unicornuate uterus with ruptured rudimentary horn pregnancy with intra-uterine fetal demise and

hemoperitoneum. Prompt intervention was necessary to remove the ruptured horn and its tube. As patient's vitals remained stable she was planned for left internal iliac vessel embolization followed by rudimentary horn excision Robotically.

Conclusion: Although rare but if such a patient presents with stable vitals, she can be managed with minimally invasive surgery including robotic approach, surpassing exploratory laparotomy thereby giving a small scar, less blood loss and early postoperative recovery.

SUCCESSFUL OUTCOME OF PULMONARY EMBOLISM IN A COVID-19 POSITIVE WOMEN: A CASE REPORT

Ritesh Joshi, Shilpa Sapre, Rummi Bhatacharya

Introduction:

Being a hypercoagulable state, the development of venous and arterial thromboembolic disorders increases during pregnancy. A condition such as lung infections, prolonged hospitalization, and surgery may add fuel to the fire. Since the first Coronavirus Disease 2019 (COVID-19) outbreak in Wuhan city of, China, humanity is still struggling to cope with the impacts that COVID-19 has on us.

Apart from the flu-like illness, Coronavirus infection can also cause hypercoagulation, blood stasis, and endothelial damage, ultimately leading to life-threatening conditions such as thromboembolic disorders [1]. Therefore, the prophylactic anticoagulants regime remains one of the primary treatment modalities to overcome such complications [2]. This case report highlights the development of COVID-19 related coagulopathy in postpartum women even after being on prophylactic anticoagulants. Timely diagnosis and management of Pulmonary embolism led us to successful maternal and fetal outcomes.

Case Report:

An antenatal female of 34 years G2P1L1, previous vaginal delivery, no other associated comorbidities, at 32 weeks of gestation referred to our emergency department with chief complaints of breathlessness, fever, cough, and fatigue since past seven days, which gradually worsened over time. Initially, the patient was self-treated at home with over-the-counter medications, mainly due to fear of being infected with COVID-19. Otherwise, her previous and current pregnancy was straightforward without any complications. She had multiple antenatal visitsat a private hospital, where all basic antenatal investigations and scan reports were normal.

On arrival at the hospital, the patient was conscious, afebrile, pulse-120 bpm, blood pressure- 100/60mmhg, and Spo2 of 80% on room air. The bilateral crackling sound is heard during lung auscultation. Per abdomen examination, the uterus was approximately 32week size with no activity, and fetal heart sound was present. With high suspicion of being infected with COVID-19, the patient was admitted to the ICU under a multidisciplinary team, including Obstetrician, Intensivist,Pulmonologist, and Neonatologist. Investigations, such as FBC, C-RP, coagulation profile, COVID-19 RT-CPR, and chest X-ray with shield ordered for her, later confirmed atypical viral pneumonia due toCOVID-19. Initially, the patient was treated with an NRBM mask of 15 liters of O2, broad-spectrum antibiotics, steroids, anticoagulants, and other supportive medications.

Given Refractory Hypoxia and increasing Respiratory Distress, a decision was made by the

multidisciplinary team to intubate the mother and deliver the fetus as soon as possible. Hence, LSCSperformed at 33weeks of gestation for maternal condition. A healthy male child weighing 2.3kg was delivered, the baby was kept in NICU for observation, and his COVID-19 test was negative; therefore, on the 7th post-natal day baby was discharged. Mother was in ICU on mechanical ventilation support along with other COVID-19 remedies.Even though the post-operative period was uncomplicated, the patient blood profile, including D-dimer and APTT, was drastically elevated along with persistently oxygen requirement on ventilatorsupport. Which made the multidisciplinary team think of other possible causes such as cardiac failure or pulmonary embolism. Hence, a 2D echo and CTPA were ordered for her, which later confirmed acute thromboembolism in the lumen of the right interlobar artery, right middle lobar pulmonary artery, and right lower lobar pulmonary artery [Fig.1]. After thoroughly explaining thepros and cons of the thrombolysis treatment, informed and written consent was obtained from the patient.Hence, Inj. Alteplase 50mg IV was given over 2 hrs, followed by infusion at a 25mg/hr, Later, she shifted to a ward on a minimal oxygen requirement of 6lit/min nasal prongs,

besides the medications, chest physiotherapy, and limb mobilization has given to her. With time her oxygen requirement drastically reduced, and she started to maintain her oxygen saturation on roomair. Her repeat investigation showed a reduction in D-dimer level [Fig.2] along with APTT and CRP.Hence, the patient was discharged with stable hemodynamics after one-month-long standing combat against death.

Discussion:

A large portion of pregnant women infected with SARS-CoV-2 infection remains asymptomatic, Our patient had raised parameter of coagulation profile similar to COVID-19 related coagulopathy

A prophylactic dose of low molecular weight heparin (LMWH) reduces the risk of developing the thromboembolic disorder inpatient with COVID-19. However, our patient developed pulmonary embolism despite being on prophylactic LMWH since admission to the hospital.

Regarding risk factors for venous thromboembolism (VTE), our patient had no underlying causes such as high Body Mass Index, family or personal history of VTE, except for pregnancy, COVID-19 infection, and surgery.

Conclusion:

To our best knowledge, this is the first case that has been reported in the literature to date with the successful outcome of COVID-19 related coagulopathy in postpartum women. The involvement of a multidisciplinary team, prompt diagnosis, and early intervention is key to our success. By sharing our experience of an eye-opening incident, we believe it may guide front-line COVID-19 warriors in dealing with patients with high suspicion of thromboembolic disorders.

HYSTEROLAPAROSCOPY IN EVALUATION OF UNEXPLAINED INFERTILITY

Ritesh R Joshi

Objectives: Unexplained infertility is growing concern of the society. In the absence of clear- cut guidelines for diagnosis and management in this particular category; many modern-day fertility specialists face difficulties and obstacles in their day-to-day practise. Objective of this paper is to identified the incident of various pathological conditions in the female reproductive tract leading to unexplained infertility and to decide role of ART in unexplained infertility.

Material and methods: This is a prospective study conducted in fertility department of Ruby Hall Clinic during time period of 2018 to 2020. In this study, 100 patients with Unexplained Infertility recruited and they underwent diagnostic and therapeutic Hysterlaparoscopy between 1st May 2018 to 20th February 2020. Those patients who had no detectable risk factor for infertility based on history, physical examination and basic infertility work-up and had treatment for at least three cycles in the form of ovulation and intrauterine insemination were included in the study. Whereas, known male and female factor infertility were exclusion criteria.

Results: Out of 100 patients, 76 patients found to have abnormalities in Hysterolaparoscopy, confirming the actual diagnosis of unexplained infertility only in 24 of studied patients. The major pathologies were endometriosis (36%), intraperitoneal adhesion (25%), endometrial polyp (18%), tubal factors (16%), intrauterine adhesion (10%) and uterine septum (4%). In the same setting, operative intervention like adhesionolysis, endometriotic tissue ablation, septal resection and polypectomy were performed. Of 100 patients, 92 patients were advised to undergo natural try/Intrauterine Insemination and 8 were offered with Invitro fertilization.

Conclusion: In the light of the present study results, it was concluded that Diagnostic Hysterolaparoscopy is an effective, safe, and minimally invasive tool in the evaluation of infertility by which we can also correct the abnormalities that are missed by routine history, examination, and usual imaging procedure. Hysterolaparoscopy may help to prevent unnecessary treatment wherein success rates are low.

DIFFERENT OUTCOMES OF SECONDARY ABDOMINAL PREGNANCY REPORTED AT SAME TERTIARY CARE CENTRE OF WESTERN PART OF INDIA – A CASE SERIES.

Ritesh R Joshi

Abdominal pregnancy remains a rare entity among all the ectopic pregnancies and carries the highest mortality and morbidity not only for the mother but also for the

foetus. Prompt diagnosis and early intervention remains the main modality of treatment to prevent catastrophic complications. We present three cases of secondary abdominal pregnancy with different outcomes over a period of 3 years from 2018 to 2021.

Case one:

A 30-year-old woman G3P2A0L1 presented to our emergency department at 36.5 weeks of gestation. She was referred from a private hospital to our setting as her scans suggested abdominal pregnancy or rudimentary horn pregnancy. On general examination, her vital signs were within normal limits. Abdominal examination was inconclusive. An emergency laparotomy was performed with the suspicion of an abdominal pregnancy. The foetus was seen in an intact amniotic sac and there was no hemoperitoneum. A live female neonate was delivered weighing 2.5 kg.

Case two:

A 24-year-old women G2P1L1 with 6 months of amenorrhea, presented to our emergency department with chief complains of pain in abdomen and spotting P/V since last two days. Patient was referred from a private hospital for further management of scar pregnancy or a rupture uterus. On examination patient was found to be hemodynamically unstable, pale and cold clammy extremities. Per abdomen examination revealed tense and tender abdomen, uterine contour could not be identified. Emergency laparotomy was done. An old macerated female fetus delivered from the abdominal cavity. Placental was adherent in the right iliac fossa removed by sharp and blunt dissection.

Case three:

40-year-old grand multiparous women was referred to our emergency department for management of severe anaemia and septic shock. She was in her fifth pregnancy, with 5 months of amenorrhea and her previous pregnancies were uneventful. Massive Blood Transfusion protocol activated, as her condition deteriorated further, patient was intubated, inotropes stared and taken for emergency laparotomy. An intact sac with fetus was observed on the left side of uterus attached to back of uterus and bowel.

Discussion:

Women with abdominal pregnancy often present with various non-specific signs and symptoms such as pain in abdomen, painful foetal movements, abnormal presentation, vaginal bleeding and syncope. In our series, the first patient was asymptomatic with normal observations, however, the last two patients had these non-specific complaints; pain abdomen and hypovolemic shock were common for both.

As being a rare condition, picking up abdominal pregnancy early by doing just clinical examinations or sonography is not an easy task for the modern clinician, mainly due to lack of experience and/or awareness of the condition. Similar pattern was followed in all the three cases; where preoperative diagnosis of abdominal pregnancy was possible in the first case with help of ultrasound, which remains the gold standard in diagnosing abdominal Pregnancy. The main treatment modality for abdominal pregnancy remains early detection and termination of the pregnancy either by medical or surgical methods. However, which one to choose solely depends upon various factors such as gestational age, hemodynamic condition of mother, location of the placenta and expertise of the clinician in handling rare Entity.

Conclusion:

Abdominal pregnancy remains the rarest entity among all ectopic pregnancies. However, it causes maximum morbidity and mortality to the mother as well as the fetus. Timely, diagnosis and intervention are the key factors for successful outcomes. Hence, seeking early help from the expert sonologist is inevitable, which could prevent not only a physical burden but also, a psychological trauma for future mothers.

TWO STAGED HYSTEROSCOPIC MYOMECTOMY FOR FIGO TYPE 2 FIBROID

Rhythum Bhalla

OBJECTIVE

To emphasize on the importance of operative hysteroscopy in the treatment of FIGO Type 2 Submucosal fibroids, thereby avoiding invasive surgical techniques like laparoscopic myomectomies/ hysterectomies in their management .To explain the importance of LASMAR'S Classification (STEP-W), in decision making regarding the two staged hysteroscopic myomectomy procedure, to ensure appropriate patient selection.To stress upon the significance of meticulous Fluid management in these difficult operative hysteroscopic procedures.

CASE REPORT: A 42 year old multiparous lady presented with history of dysmenorrhea and menorrhagia (abnormal uterine bleeding AUB-L) since last 2 years. She has two children both born by uncomplicated vaginal deliveries. Her past history was otherwise unremarkable. There were no high-risk medical conditions. She had no history of any surgeries in the past. She had no drug allergies. Her gynecological examination was suggestive of a bulky uterus on per vaginum examination, otherwise unremarkable. **Discussion**: On transvaginal ultrasound, a 3.5 cm submucosal fibroid (FIGO Type 2) was diagnosed arising from right wall of uterine cavity with a significant intramural component (>2 cm away from serosa). Patient was meticulously counseled about the need for a two staged hysteroscopic myomectomy procedure, which was performed 2 months apart. Postoperatively, the endometrial lining was noted to be thin, and patient was relieved of her symptoms**.**

Conclusion: The patient is asymptomatic till date and on regular annual follow up.

CYSTOSCOPIC DIAGNOSIS AND ABLATION OF HUNNER'S LESION

Apeksha Raheja

Objective: Hunner's lesion is a distinct subtype of interstitial cystitis/bladder pain syndrome (IC/BPS) characterised by typical cystoscopic appearance. We present a cystoscopic video to demonstrate the appearance of typical Hunner lesions in patients with IC/BPS.

Case Report: During cystoscopy, under anesthesia, the bladder is distended up to 100-150 cc capacity, and the mucosal lining is carefully examined using a rigid cystoscope. Hunner√¢,Ç¨,Ñ¢s lesions are circumscript erythematous patches usually on the expansile part of urinary bladder, exhibiting small almost parallel blood vessels radiating from a central pale stellate scar. The number and location of Hunner√¢,Ç¨,Ñ¢s lesions may be noted before hydrodistention. Hydrodistention is performed at 80cm of water for two minutes. Maximum bladder capacity under anaesthesia is noted. Hunner√¢,Ç¨,Ñ¢s lesions can be ablated using ball electrode or resected. In this video we have ablated the Hunners lesions using ball electrode. The bladder is then drained overnight with a Foley catheter.

Discussion: BPS/IC with hunners lesions is a rare but real challenge and the need to identify these lesions on Cystoscopy under anaesthesia cannot be emphasised enough as √¢,Ç¨≈ìyour eyes will see only what your mind knows√¢,Ç¨¬ù. These are often missed not only because they can be easily overlooked, but also when cystoscopy is performed under local anaesthesia.

Conclusion: Cystoscopic recognition is essential for identifying and confirming the presence of Hunner's lesions in patients with IC/BPS. Inspection of bladder under general anaesthesia by surgeon who is used to identifying such lesions is the key to diagnosis.

UTERUS WITHIN UTERUS: ACUM

Amrita Kesari

Objective: When to suspect Accessory and Cavitated Uterine Mass(ACUM) and diagnosing it clinically as well as intraoperatively.

Case Report: A 35 year old female, nulliparous, have complains of severe pain during menstrual cycles, severe lower abdominal pain on and off, heavy menstrual bleeding, iliac fossa pain and wanting to conceive since 10 years. Her USG reported as normal. Her MRI showed focal Adenomyosis on the anterior wall measuring 4.3*3.2 cm. Bilateral ovaries normal.

Decision to do a laparoscopic adenomyomectomy was taken keeping in mind her severity of pain and wanting fertility preservation.

Discussion: ACUM is a rare uterine anomaly with a uterus like mass within the uterus. It is non communicating with the main uterine body. It is considered to be a developmental anomaly. Patients presents with pelvic pain and pain during menstrual cycles, at a younger age that us <30 years. It√¢,Ç¨,Ñ¢s typically located along the uterine wall just under the round ligament. In our case the pain presents at a later age and on laparoscopy we found out a focal lesion on the right anterior wall close to the round ligament. The entire mass was excised and the myometrial bed was closed using barbed sutures. The main fire entails to be kept in mind are juvenile cystic adenomyoma and unicornuate uterus with obstructed rudimentary horn. This video gives us an overview of an approach for such cases

Conclusion: ACUM, a rare entity, but needs to be kept as a differential in cases of suspected focal Adenomyosis, especially in younger female population. The fertility preserving path for its treatment lies in the expertise of

resection.

A DIFFICULT TLH IN A CASE OF SEVERE ADHESIONS

Namrata seth

Objective: To present a case of difficult TLH

Case Report: It is a video presentation of very difficult TLH in which the uterus was hidden by dense adhesions

Discussion: After proper adhesiolysis uterus was reached and it was removed

Conclusion: Correct plane and knowledge of anatomy helps to delineate boundaries and make surgery safe and possible.

IMPERFORATE HYMEN AND COMPLICATIONS

Arbinder Dang

Objective: Congenital imperforate hymen is the most common obstructive anomaly leading to hydrocolpos, Hydrometrocolpos and rarely complicated by hydrosalpinx.

Case Report: A case of thirteen-year-old girl with cyclical abdominal pain for six months followed by acute pain abdomen. Clinical examination, Ultrasound, and MRI revealed Hematocolpos, large Hematometra and Right-sided hydrosalpinx. Hymenectomy with decompression of hematocolpos and hematometra done followed by laparoscopic decompression of Right-sided hydrosalpinx.

Discussion: Congenital Imperforate Hymen is a rare entity and in the majority of the cases, the presentation is of Hematocolpos.

Management is by Hymenectomy.

In this case, probably due to 6 months duration of undiagnosed imperforate hymen, there was a significant amount of hematometra and retrograde flow leading to Right sided hydrosalpinx, necessitating Laparoscopy and decompression of the hydrosalpinx.

All cases of cyclical abdominal pain in adolescent girls, yet to attain menarche needs a thorough clinical examination and evaluation with Ultrasound and if needed a MRI to prevent long-term complications.

Conclusion: A high index of suspicion for congenital imperforate hymen in adolescent girls with persistent abdominal pain and a basic clinical examination to palpate the abdomen and inspect the vulva and vagina.

LAPAROSCOPIC RETROPERITONEAL PELVIC LYMPH NODE DISSECTION FOR ADENOSQUAMOUS CARCINOMA OF CERVIX STAGE 1 B 1

Arbinder Dang

Objective: Laparoscopic Retroperitoneal Pelvic lymph node dissection was done for cancer cervix adenosquamous stage 1B1 diagnosed on HPE report following Laparoscopic-assisted vaginal hysterectomy for Postmenopausal bleeding.

Case Report: A 50-year-old lady presented with Postmenopausal bleeding. On examination, the cervix appeared normal with no lesion or growth. Ultrasound and CT Scan revealed no lesions or lymph nodes with menopausal uterus and thin endometrium.

Pap smear was done outside was normal.

Conselled for EUA and biopsy of cervix and endometrium, which the patient refused.

Lap assisted Vaginal Hysterectomy was done and was uneventful with no growth seen on the specimen. HPE report revealed Adenosquamous cancer cervix stage 1b1.

Gynae oncologist opinion was taken, counseled, and proceeded for RPLND for cancer staging, prognosis, surgical, and postoperative management.

Discussion: Post-menopausal bleeding needs to be thoroughly evaluated and Hysteroscopy and colposcopy-directed biopsy should be offered in all cases and documented if the patient refuses.

Conclusion: All missed cases of cervical malignancies on initial hysterectomy need to have RPLND as a secondary procedure to stage, prognosticate and treat the disease.

LASER IN HYSTEROSCOPIC PROCEDURE- TECHNICAL AND CLINICAL IMPLICATIONS

Sanchita Dube

Objective: The primary objective of this presentation is to evaluate the technical and clinical implications of employing a diode laser with combined wavelengths of 1470 and 980 nm in hysteroscopic procedures. The specific aims include assessing the feasibility, safety, and efficacy of the diode laser in various intrauterine pathologies such

as endometrial polyps, submucosal fibroids, and uterine septa. The potential clinical benefits of using LASER in these procedures were analyzed in terms of operative time, visualization, and patient outcomes

Case Report: A retrospective analysis was conducted on a series of 12 cases, involving patients who underwent hysteroscopic procedures using the diode laser with combined wavelengths of 1470 and 980 nm. The cases included instances of endometrial polyps, submucosal fibroids, and uterine septa. Patient demographics, preoperative indications, procedural details, operative time, perioperative complications, and postoperative outcomes were meticulously collected and analyzed.

Discussion: The findings from this study showcase the multifaceted benefits of utilizing the diode laser with combined wavelengths of 1470 and 980 nm in hysteroscopic procedures. The laser system demonstrated remarkable precision, minimal thermal damage to adjacent tissues, and efficient hemostasis. In the subset of cases involving endometrial polyps, submucosal fibroids, and uterine septa, the diode laser exhibited successful tissue ablation, reduced operative durations, and favorable postoperative recovery. Moreover, patient-reported outcomes reflected decreased pain levels and improved satisfaction.

Conclusion: The integration of a diode laser with combined wavelengths of 1470 and 980 nm into hysteroscopic procedures presents a groundbreaking advancement in the field of gynecological surgery. The versatility of this laser system was evident in successfully treating diverse intrauterine pathologies, including endometrial polyps, submucosal fibroids, and uterine septa. The improved precision and reduced thermal impact contributed to enhanced clinical outcomes, shorter operative times, and improved patient experiences. The outcomes from this case series underscore the potential of the diode laser to reshape the landscape of hysteroscopic interventions, ultimately benefiting both patients and practitioner.

"There is immense power when a group of people with similar interests gets together to work toward the same goals."

-Idowu Koyenikan

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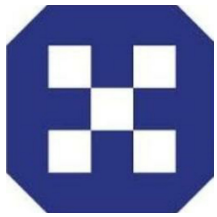

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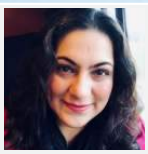
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