



AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY

# AOGS TIMES

## VIHAAN

AUGUST 2023 | VOLUME 5

MOTTO : REDEFINING WOMEN HEALTH

THEME : CATCH THEM YOUNG

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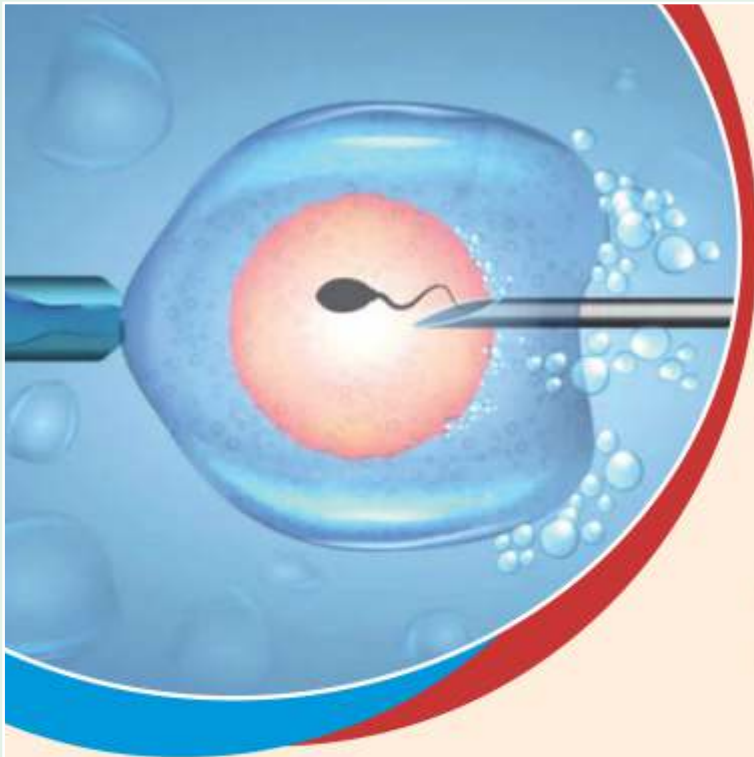
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## TEAM AOGS MESSAGE



**Dr. Mukesh Savaliya**  
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**Dr. Mukesh Patel**  
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Dear Members,

We hope that this you all have made the most of the academic feast in from of LOGYCON 2023, which had not only basic obstetrics, but also gynecology and infertility topics, along with dedicated Medicolegal segments. We had 8 workshops, and we thank all of you for making the workshops and the conference a huge success! We look forward to participation from all of you in forthcoming programmes, and we wish that learning from one another would be a continuous process for greater good of the society.

WE have upcoming GOA conference in first week of September, and we look forward to meeting you all at the Destination conference.

As the monsoon is ongoing, we wish better health for all of us, and may we get all the strength to serve the society with our own optimal health.

We do invite original articles (not the ones published in journal previously) so as to make this bulletin a common platform of sharing academics.

Wishing all great times ahead!

**EDITORIAL**



**Dr. Azadeh Patel**  
Editor, AOGS



**Dr. Munjal Pandya**  
Editor, AOGS

**Non Invasive PGT-A (Preimplantation Genetic Testing for Aneuploidy)**

**Introduction**

Preimplantation genetic testing (PGT) is used to test several chromosomal abnormalities and inherited genetic diseases in embryos to select normal/ genetically unaffected embryo for transfer. PGT-A is used to screen the embryos for chromosomal aneuploidies, PGT-M for monogenic disorders and PGD for Genetic disorders.

Initially, there has been day 3 embryo biopsy with retrieval of only 1-2 cell/s; which was improvised to blastocyst or Trophectoderm(TE) biopsy on days 5, 6 or 7, retrieving around 5-7 cells. Currently, TE biopsy is preferred over cleavage stage biopsy in view of more number of cells to analyse for accuracy and possibility to rule out mosaicism. Embryo biopsy requires highly skilled embryologist who are trained and validated to perform it, but still carries potential risk of damaging the embryos. Risk versus benefit of invasive biopsy has been always debated. A publication by Palini S et al in 2013, for the first time brought Non-invasive PGT-A into light, suggesting collection of genetic information from spent culture media. PGT-A itself has been in evolving with time.

Non invasive PGT-A (ni-PGT-A) extracts the DNA (typically called as cell free DNA, cfDNA) from the cells retrieve from spent embryonic culture media/ Spent Blastocyst Media (SECM/ SBM), while minimally invasive PGT-A (mi PGT-A) uses blastocoele fluid (BF). (Figure 1). Initial studies have achieved some success when performing cytogenetic and molecular genetic analysis.

Embryonic DNA is frequently detectable in BF and SCM of embryos produced during IVF treatment. However, in many cases, the efficiency has been restricted by technical complications associated with the low quantity and quality of the DNA. Concordance of detection of ploidy between SCM/BF samples and biopsied embryonic cells have been studied widely. General concordance is termed when overall embryo results (euploid vs aneuploid), both PGT-A and niPGT-A show aneuploid. Full concordance means presence of general concordance plus matching of specific chromosomal result. In some cases, a discrepancy with respect to cytogenetic data obtained after trophectoderm biopsy may be attributable to embryonic mosaicism or DNA contamination (usually of maternal origin). Some research indicates that aneuploid cells are preferentially eliminated from the embryo, suggesting that their DNA might be over-represented in SCM and BF samples; but this hypothesis requires further investigation. Recent data on Non invasive PGT-A has shown promising results with almost general concordance rates in comparison with TE biopsy (invasive) PGT-A.

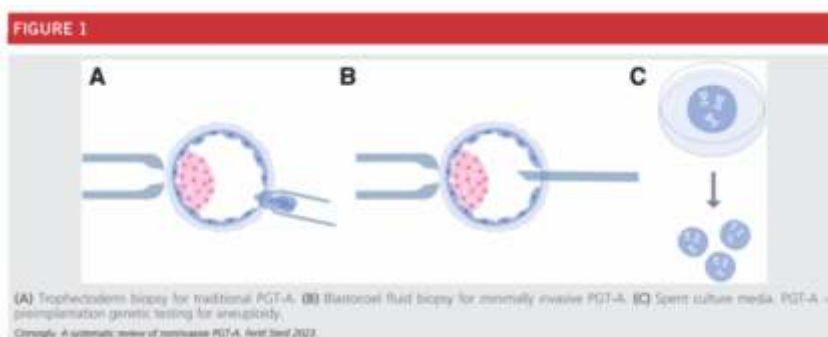


Figure 1: Traditional PGT-A, mi PGT-A, SCM (Spent Culture Media)



### **cfDNA from SECM/SBM**

Embryo grows in liquid culture medium which acts as a source of nutrition for growing embryo, thus, making the latter very important to the research. Studies have shown that, type of culture medium would actually decide the ultimate parameters life fetal growth and birth weight. Media would impact gene expression which decide cell cycle regulation, protein degradation, metabolism.<sup>4</sup> There are two types of media; 2 step media (sequential) where media are changed before transfer and cryopreservation, while in one step media, embryo remains in same fluid for duration of the culture. cfDNA in SECM originates from embryonic cells and, at some levels, non-embryonic cells such as maternal DNA and exogenous foreign DNA. The apoptotic pathway has been demonstrated to eliminate aneuploid cells in developing mosaic embryos which might culminate to the release of cfDNA in SECM.

Non invasive PGT-A is a new hope, but it also has its own challenges. DNA from SBM is typically fragmented and in low quantity<sup>4</sup>. There would be requirement that the embryo should be hatching, and the possibility of admixture of maternal DNA in sample. One of the important variables in niPGT-A is: Absence of standardized approach to DNA collection from media. Reviews are being made for factors like length of time spent in culture, single vs co-culture, media and collection protocol.

### **miPGTA from Blastocoele fluid**

miPGT-A extracts the DNA from blastocoele fluid through needle aspiration, which is accumulated in blastocoele cavity. It is based on the hypothesis that DNA is shed in this cavity, which is more representative of embryo than the one obtained from culture medium<sup>2</sup>. The method is minimally invasive, thus well tolerated by embryo.<sup>3</sup>

One more advent explored is: combination of niPGT-A and miPGT-A. Study by Kuznyetson et al concluded 97.8% concordance between miPGT-A and TE biopsy.<sup>4</sup> This promising approach needs further evaluation in terms of feasibility and cost factor.

### **Conclusion**

In clinical in vitro fertilization (IVF), the prevailing method for preimplantation genetic testing for aneuploidy (PGT-A) requires biopsying a few cells from the trophectoderm (TE), the lineage that forms the placenta. The test is invasive, requires specialized skills, and suffers from false positives and negatives because chromosome numbers in the TE and the inner cell mass (ICM), which develops into the fetus, are not always the same. Noninvasive PGT-A (niPGT-A), which is based on sequencing DNA released into the culture medium from both TE and ICM, may offer a solution to these problems but has previously had limited efficacy. The present results show improved sensitivity and reliability of niPGT-A, suggesting a potentially superior test for noninvasive and cost-effective PGT-A in clinical IVF.

### **References**

1. Huang L, Bogale B, Tang Y, Lu S, Xie XS, Racowsky C. Noninvasive preimplantation genetic testing for aneuploidy in spent medium may be more reliable than trophectoderm biopsy. *Proc Natl Acad Sci U S A* 2019; 116:14105–12
2. Palini S, Galluzzi L, De Stefani S, Bianchi M, Wells D, Magnani M, et al. Genomic DNA in human blastocoele fluid. *Reprod Biomed Online* 2013; 26:603–10
3. Leaver M, Wells D. Non-invasive preimplantation genetic testing (niPGT): the next revolution in reproductive genetics? *Hum Reprod Update*. 2020 Jan 1;26(1):16-42. doi: 10.1093/humupd/dmz033. PMID: 31774124.
4. Kuznyetsov V, Madjunkova S, Abramov R, Antes R, Ibarrientos Z, Motamedi G, et al. Minimally invasive cell-free human embryo aneuploidy testing (miPGT-A) utilizing combined spent embryo culture medium and blastocoele fluid-towards development of a clinical assay. *Sci Rep* 2020;10: 7244
5. Tarahomi M, Vaz FM, Van Straalen JP, Schrauven FAP, Van Wely M, Hamer G, et al. The composition of human preimplantation embryo culture media and their stability during storage and culture. *Hum Reprod* 2019;34: 1450–61

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# HDP Definitions



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World-wide there is disagreement about many aspects of the classification, diagnosis and management of the hypertensive disorders of pregnancy. This lack of consensus hampers our ability to study not only the immediate rates of adverse maternal and fetal outcomes for the various hypertensive disorders in pregnancy, particularly preeclampsia, but also the long-term health outcomes of women and babies who survive this condition. It also impacts upon research into the pathophysiology of this condition and has almost certainly delayed the development of effective screening tests and treatments, leading to poorer pregnancy outcomes.

Following the 2016 World Congress of the International Society for the Study of Hypertension in Pregnancy (ISSHP), it was agreed that a single up-to-date guideline should be available that reflects current evidence, and both the collective expertise of the ISSHP membership and the leadership role that ISSHP would like to take in improving hypertension-related outcomes in pregnancy. Following the Congress, ISSHP charged a small group of clinician researchers to update the last statements from ISSHP 2013 and 2014 [1,2]. The recommended classification for hypertensive disorders of pregnancy is as follows:

**Hypertension known before pregnancy or present in the first 20 weeks:**

1. Chronic hypertension a. Essential b. Secondary
2. White-coat hypertension
3. Masked Hypertension

**Hypertension arising de novo at or after 20 weeks:**

1. Transient gestational hypertension
2. Gestational hypertension
3. Pre-eclampsia\* – de novo or superimposed on chronic hypertension

**1. Chronic Hypertension**

Chronic hypertension refers to high blood pressure predating the pregnancy or recognised at < 20 weeks' gestation. In practice, this is often diagnosed for the first time at the first or early second trimester booking visit. Ideally, this 'office' or 'clinic' hypertension should be confirmed by 24 h. The majority of cases are due to essential hypertension. Secondary causes are uncommon.

**2. Transient Gestational Hypertension**

Transient gestational hypertension is de novo hypertension that develops at any gestation that resolves without treatment during the pregnancy. Transient gestational hypertension is not a benign disorder; it is associated with approximately 20% chance of developing preeclampsia and

further 20% chance of developing gestational hypertension. Therefore, such women should receive extra monitoring throughout their pregnancy, ideally including home BP measurements.

**3. Gestational hypertension (gestational hypertension)**

Gestational hypertension is persistent de novo hypertension that develops at or after 20 weeks' gestation in the absence of features of pre-eclampsia. Gestational hypertension is not a uniformly benign condition. The risk of complications is dependent on the gestational age at which it develops. Gestational hypertension is important for two reasons: Firstly, Pre-eclampsia may develop in 25% of such women, this rate being higher the earlier the presentation [4]; to date, no tests have reliably predicted which women with gestational hypertension will later develop pre-eclampsia [5]; Secondly, Gestational hypertension, like pre-eclampsia, is also associated with cardiovascular disease in the long-term [6-9]

**4. Pre-eclampsia**

Pre-eclampsia is gestational hypertension accompanied by one or more of the following new-onset conditions after 20 weeks' gestation: Proteinuria and/ or another maternal organ dysfunction

**Preeclampsia superimposed upon chronic hypertension**

About 25% of women with chronic hypertension will develop superimposed preeclampsia. This diagnosis is made when a woman with chronic essential hypertension develops any of the above maternal organ dysfunction consistent with pre-eclampsia.

1. A.L. Tranquilli, G. Dekker, L. Magee, J. Roberts, B.M. Sibai, W. Steyn, G.G. Zeeman, M.A. Brown, The classification, diagnosis and management of the hypertensive disorders of pregnancy: a revised statement from the ISSHP, *Pregnancy Hypertens.* 4 (2) (2014) 97–104.
2. A.L. Tranquilli, M.A. Brown, G.G. Zeeman, G. Dekker, B.M. Sibai, The definition of severe and early-onset preeclampsia. Statements from the International Society for the Study of Hypertension in Pregnancy (ISSHP), *Pregnancy Hypertens.* 3 (1) (2013) 44–47.
3. M.A. Brown, G. Mangos, G. Davis, C. Homer, The natural history of white coat hypertension during pregnancy, *BJOG* 112 (5) (2005) 601–606.
4. P. Soudan, M.A. Brown, M.L. Buddle, M. Jones, Does gestational hypertension become pre-eclampsia? *Br. J. Obstetr. Gynaecol.* 105 (11) (1998) 1177–1184.
5. G.K. Davis, C. Mackenzie, M.A. Brown, C.S. Homer, J. Holt, L. McHugh, G. Mangos, Predicting transformation from gestational hypertension to preeclampsia in clinical practice: a possible role for 24 hour ambulatory blood pressure monitoring, *Hypertens. Pregnancy* 26 (1) (2007) 77–87.
6. L.H. Theilen, A. Fraser, M.S. Hollingshaus, K.C. Schliep, M.W. Varner, K.R. Smith, M.S. Esplin, All-cause and cause-specific mortality after hypertensive disease of pregnancy, *Obstet. Gynecol.* 128 (2) (2016) 238–244.
7. A.-K. Wikström, B. Haglund, M. Olovsson, S.N. Lindeberg, The risk of maternal ischaemic heart disease after gestational hypertensive disease, *BJOG* 112 (1) (2005) 1486–1491.
8. B.J. Wilson, M.S. Watson, G.J. Prescott, S. Sunderland, D.M. Campbell, P. Hannaford, W.C.S. Smith, Hypertensive diseases of pregnancy and risk of hypertension and stroke in later life: results from cohort study, *BMJ* 326 (7394) (2003) 845.
9. J.A. Lykke, J. Langhoff-Roos, B.M. Sibai, E.F. Funai, E.W. Triche, M.J. Paidas, Hypertensive pregnancy disorders and subsequent cardiovascular morbidity and type 2 diabetes mellitus in the mother, *Hypertension* 53 (6) (2009) 944–951.

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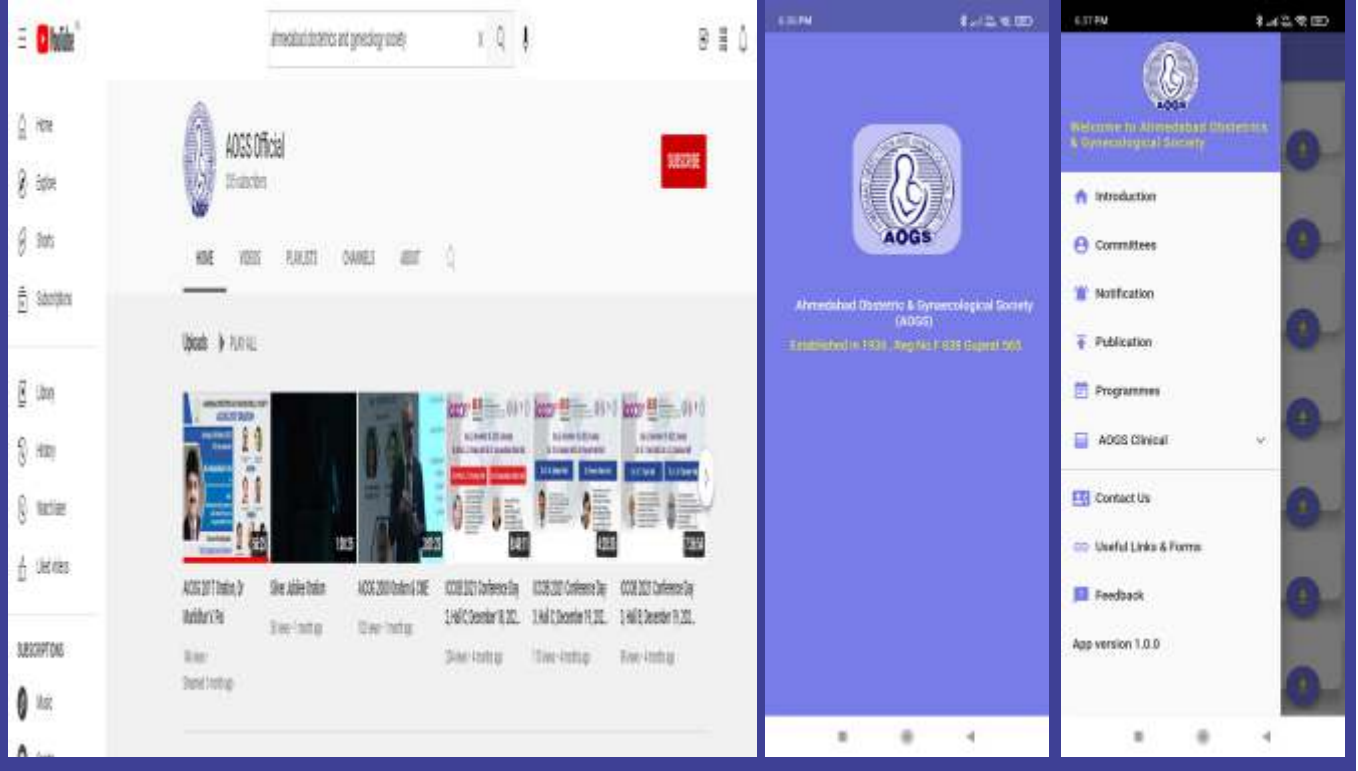


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## PRESENTING THE FIRST EVER STUDY FROM INDIA ON CARCINOMA ENDOMETRIUM

### SURGICOPATHOLOGICAL OUTCOMES AND SURVIVAL IN CARCINOMA BODY UTERUS: A RETROSPECTIVE ANALYSIS OF CASES MANAGED BY LAPAROSCOPIC STAGING SURGERY IN INDIAN WOMEN

**Objectives:** The context of this article is based on two main titles those being Gynecologic Oncology and Minimal invasive surgery. **The aim of this study was to report the laparoscopic management of a series of cases of endometrial carcinoma managed by laparoscopic surgical staging in Indian women.**

**Materials and Methods:** This study was conducted in a private hospital (referral minimally invasive gynecological center). This was a retrospective study (Canadian Task Force Classification II-3). Eighty-eight cases of clinically early-stage endometrial carcinoma staged by laparoscopic surgery and treated as per final surgicopathological staging. All patients underwent laparoscopic surgical staging of endometrial carcinoma, followed by adjuvant therapy when needed. Data were retrieved regarding surgical and pathological outcomes. Recurrence-free and overall survival durations were measured at follow-up. Survival analysis was calculated using Kaplan–Meier survival analysis.

**Results:** The median age of presentation was 56 years, whereas the median body mass index was 28.3 kg/m<sup>2</sup>. Endometrioid variety was the most commonly diagnosed histopathology. There were no intraoperative complications reported. The median blood loss was 100 cc, and the median intraoperative time was 174 min. There were a total of 5 recurrences (5.6%). The outcome of this study was comparable to studies conducted in Caucasian population. **The predicted 5-year survival rate according to Kaplan–Meier survival analysis is 95.45%, which is comparable to Caucasian studies.**

**Conclusion:** Laparoscopic management of early-stage endometrial carcinoma is a standard practice worldwide. However, there is still a paucity of data from the Indian subcontinent regarding the outcomes of laparoscopic surgery in endometrial carcinoma. The Asian perspective has been highlighted by a number of studies from China and Japan. **To our knowledge, this study is the first from India to analyze the surgicopathological outcomes following laparoscopic surgery in endometrial carcinoma.** The outcome of this study was comparable to studies conducted in Caucasian population.

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