



AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY

AOGS TIMES

VIHAAN

SEPTEMBER 2023 | VOLUME 6

MOTTO : REDEFINING WOMEN HEALTH

THEME : CATCH THEM YOUNG

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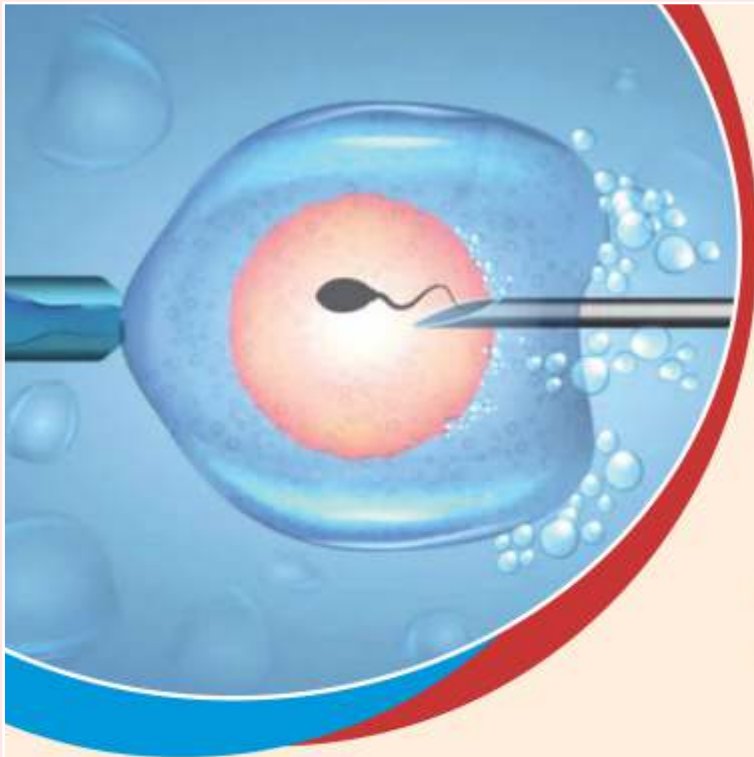
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Dr. Mukesh Savaliya
President

TEAM AOGS MESSAGE



Dr. Mukesh Patel
Hon. Secretary

Dear Members,

We hope this issue of bulletin finds you in the best of the health.

We had our AOGS Mid Term blast in first week of September, and all the faculties and delegates made the most of the time spent at Goa.

As the Monsoon is receding, we eagerly await our own ' नवली नवरात्री ' next month, a festival of devotion to 9 forms of Mataji, depicting the form of ' Shakti '.

We wish you all happy festive season and we wish everyone peaceful times in all aspects of life.

Thank you!

EDITORIAL



Dr. Azadeh Patel
Editor, AOGS



Dr. Munjal Pandya
Editor, AOGS

Cyproterone Acetate (CPA) and PCOS

- **The antiandrogenic effect of Progesterone is achieved via a number of different mechanisms**
 - Increase in hepatic SHBG production via estrogens
 - **Competition for the 5-alpha-reductase and androgen receptors** by progestogens; **effect is strongest when using CPA**
 - Competition on the androgen-receptor at tissue level with antiandrogenic progestogens like **CPA, can block the action of testosterone**
 - **Direct action on ovarian androgen production, especially when using CPA** as the antiandrogenic progestogen
- Acne (*Bitzer et al, 2017*): CPA/EE to be highly effective in improving acne as early as three months
 - When used alone or in combination
 - In women refractory to other types of treatment
 - Percentage changes in total lesion count with CPA/EE ranged from 53.6 % to 72 %
- Hirsutism (*Bitzer et al, 2017*): CPA/EE to be highly effective in reducing hirsutism scores (either F–G or mF–G), and frequency of shaving or hot wax treatment as early as three months
 - Statistically significant changes are generally seen between 6 and 12 months after initiation of treatment.
- Androgenic Alopecia: 83% of study subjects reported that their hair did not continue to fall after 3 months of antiandrogen therapy
 - Trichoscopy - hair regrowth in 77% of the cases
 - Acceptance of the treatment was very high, 86% patients were compliant
- Improves menstrual regularity
- Potential contraceptive benefits
- OC pills containing Desogestrel vs Cyproterone acetate vs Drospirenone (*Bhattacharya et al, 2012*): Significant differences noted for three parameters: the m-FG score, SHBG level, and FAI scores
 - The cyproterone acetate group showed a significant reduction in the m-FG score compared with both desogestrel and drospirenone groups
 - The SHBG level was maximally increased in the cyproterone acetate group, and this increase was significant compared with the desogestrel group
 - The cyproterone acetate group showed significant reduction in the FAI value compared with the desogestrel group
- **Pre-treatment with CPA/EE for 3-6 months followed by Ovulation Induction in PCOS patients improved the pregnancy rates** (*Yousif A et al, 2017*): Pregnancy rate with CPA/EE followed by Ovulation induction is 50% vs 16% in Ovulation Induction group
 - PCOS women who are do not respond to ovulation induction are better treated by CPA/EE with ovulation induction

AOGS MIDTERM BLAST, GOA : DATE - 1,2,3, SEPTEMBER 2023



AOGS MIDTERM BLAST, GOA : DATE - 1,2,3, SEPTEMBER 2023



FOGSI - AOGS SOCIAL AWARENESS PROGRAMME ON SAFE ABORTION AND CONTRACEPTION PRACTICE HELD ON 22ND SEPTEMBER, 2023 AT NURSING COLLEGE SHETH V.S. HOSPITAL AHMEDABAD

Social awareness programme on safe abortion and contraception practice among nursing students of Sheth V.S. Hospital Ahmedabad was held in association with Ahmedabad obstetrics & gynaecological society (AOGS) on 22nd September 2023. A Poster competition was also held on the same subject. There were more than 20 entries & prizes were given. Overall the programme was attended by more than 200 students & very well appreciated by all faculties. The programme was also attended by HOD & professors of Obst. & Gyn dept. of SMT. NHL medical college. Various faculties of nursing school were present during the lectures.

Programme Co Ordinator : Dr. Shashwat Jani

Following Stalwarts of AOGS were Present & Delivered their Talks on Safe Abortion & Contraception Practices.

**Dr. Parul T shah Professor & HOD | Dr. Sushma Shah Professor & HOU | Dr. Pushpa Yadav Professor & HOU
Dr. Rupa Vyas Associate Professor | Dr. Kruti Deliwala Associate Professor**



RECURRENT IMPLANTATION FAILURE



DR RIPAL PATEL

M.S GYNEC
 INFERTILITY AND IVF SPECIALIST
 CENTER HEAD
 MAYFLOWER HOSPITALS
 BOPAL, AHMEDABAD, GUJJURAT.

INTRODUCTION:

Implantation failure refers to the failure of the embryo to reach a stage when an intrauterine gestational sac is recognized by ultrasonography. From the clinical point of view, it is worthy to note that the term 'implantation failure' refers to two different types of situation, those in whom there has never been evidence of implantation (no detectable HCG production) and those who have evidence of implantation (detectable HCG production) but it did not proceed to beyond the formation of a gestational sac visible on ultrasonography. In the present era where the field of ART has been so advanced, the unexplained recurrent implantation failure poses a great challenge. Still there are so much of debates regarding the ideal approach towards these cases that there is no definite evidence based proven approach about dealing with these cases. In this review we have tried to simplified the approach towards RIF cases and to reach to possible conclusion keeping in mind the current treatment options available.

CAUSES:

1. Maternal causes :

- Advanced maternal age
- Thrombophilias
- Uterine factors like fibroids, polyps and intrauterine adhesions
- Immunological factors
- Some connective tissue disorders

2. Paternal causes :

- Varicocele
- Sperm DNA fragmentation
- Systemic infections

3. Embryonic factors :

Chromosomal abnormalities like translocations, mosaicism, inversions and deletions.

4. Idiopathic :

Level of Evidence	
Strong	Weak
<ul style="list-style-type: none"> • Hysteroscopy-routine use is not recommended 	<ul style="list-style-type: none"> • Parental Karyotyping
<ul style="list-style-type: none"> • Thrombophilia testing is not recommended 	<ul style="list-style-type: none"> • Sperm DFI testing should not be routinely used. The use of sperm DFI testing should be as such limited to research settings and counseling purpose.
<ul style="list-style-type: none"> • Immunological testing- only for research purpose 	<ul style="list-style-type: none"> • Screening for chronic endometritis should not be routinely offered.
<ul style="list-style-type: none"> • Endometrial Receptivity Array-limited to research settings 	
PGT-A:insufficient data to recommend for or against the case of RIF.	

THE KEY POINTS AS A TAKE HOME MESSAGE IN CASES OF RIF:

RIF with unknown cause significantly hampers IVF success.

It can be considered as an evolving field with a significant need for a well defined research.

The main treatment strategy in couples with RIF is to improve the quality of the embryos transferred by genetic testing and to find out the the receptivity of the endometrium by ERA testing.

Empirical treatments should be offered only after aneuploidy cause of embryo has been ruled out and they should be evidence based.

Counselling plays an important role in these cases which should be stressed on possibility of multiple ovum pick ups, embryo arrest, PGT-A and the role of ERA and other empirical treatments if all of these fails.

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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/m². 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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