AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY

AOGS TIMES

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THEME : IMPLEMENTATION OF EVIDENCE BASED CLINICAL CARE

MOTTO : SWEAT, SMILE & REPEAT

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TEAM AOGS MESSAGE

Dr. Jignesh Deliwala
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Dr. Munjal Pandya
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Dear Members,

This month, we saw significant relaxation from the wrath of COVID, and we hope for permanent relief from any of the pandemic henceforth. We wish health and happiness for every living being on the planet.

As the clouds of war and chaos are around humanity, with everyone getting affected directly or indirectly; we wish peace gets established soon with the earliest fullstop on the ongoing war between Russia and Ukraine.

As Medical professionals, we are fortunate to have been the channel for relief for many souls knowingly or unknowingly; and we all feel good about that. We wish we keep on contributing to the peace of individual soul as well as society at large.

Please download AOGS App, now available on both-Android and iStore, for getting all the updates and for all the links of CMEs and Conferences available on our YouTube channel. Do visit our new AOGS website as well and do give your feedback and suggestions for the same.

Wishing everyone peace, health and happiness!

Dr. Jignesh Deliwala
President

Dr. Munjal Pandya
Hon. Secretary

Editor's Message

Dr. Arati Gupte
Editor

Greetings dear teachers, seniors and colleagues,

"When knowledge is shared, it becomes power."

This is the principle that we imbibe when we bring to you our monthly issues of AOGS Times. Being co-editor of this prestigious bulletin for the last 2 years has given me a new perspective about connecting with our members.

We have strived to bring you a wide variety of articles, ranging from current advances, latest rules and regulations, updated studies and case reports to be able to provide you, the reader, with a succinct and summarized picture at a glance. We have also included events taking place in AOGS during the course of each month, so as to keep you involved and allow you a glimpse into the professional lives of our fellow members. In my view, this works not only to keep you informed, but to bond all of us together as a community, whose primary purpose is the welfare of our patients.

Given the crisis taking place in Europe today, with the senseless violence and loss of life, it gives a new perspective to the importance of peace and cooperation. The willingness to share our knowledge, our time and our skills to help those who need it more, is what sets us apart as a community.

May this team spirit always remain positive, and work to enlighten and illuminate!

Thankyou

Dr. Arati Gupte

It was a paradigm shift in my life a few years back when we relocated to Ahmedabad from my hometown Rajkot where I practised for over 15 years....I hardly knew a few people in the city and almost felt lost ..but the warmth of the city and especially our fraternity soon engulfed me. I was fortunate and privileged to work as an editor of our magazine and as a managing committee member of AOGS. this gave me the opportunity to interact with the esteemed mentors and seniors, writers, readers and fellow members of AOGS. It helped me connect with my new family ...every edition of this magazine is a reunion not only for us as we juggle to plan, gather and edit all the events for the magazine but for all out there reading it. This helps us celebrate each other's stories achievements and success while keeping in touch with the latest in our field. It helps us stay connected , for, our existence is nothing but a connection and a coincidence...

Dr. Hetal Patolia
Editor

On behalf of the editorial team I take this opportunity to thank each one of you for your contribution towards this endeavour and we welcome your guidance and inputs to make this connection stronger and better.

Read on as we open the Pandoras box of fetal abdomen in this issue, plan a trip together and celebrate the success of our family members.

So enjoy this episode of reunion....

PAST PROGRAMME

Emcure

Infertility Committee of Fogsi, Surat Ob Gyn Society,
in Association with
Ahmedabad, Baroda, Jamnagar obgyn Societies Organizes a CME on Ovarian masses

2nd February, 2022 5:00 PM - 7:00 PM

Dr. S. Shanthakumari, Hon President FOGSI
Dr. Madhuri Patel, Secretary General FOGSI
Dr. Fessy Louis, Vice President FOGSI
Dr. Kundan Ingale, Chairperson Infertility Committee FOGSI

Chief Guest: Dr. Gopal Hirani, President SOGOG

Program Convenor: Dr. Jagruti Desai, President Surat OBGY Society

Program Coordinator: Dr. Munjal Pandya, Secretary Ahmedabad OBGYN Society

Session-1
5.15 PM - 5.35 PM

Chairpersons: Dr. Jagruti Desai, President Surat OBGY Society; Dr. Dipti Vyas

Speaker: Dr. Parth Shah
TOPIC - USG Diagnosis of Ovarian Masses

Session-2

Chairpersons: Dr. Jignesh Deliwala; Dr. Archana Dwivedi

Speaker: Dr. Harshad Parasnis

Session-3

Chairpersons

Speaker
TOPIC - Surgical Management of Ovarian Masses

Panel Discussion

Moderator: Dr Kundan Ingale

Panelists

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Dr. Raisa Gupta

Daughter in law of
Dr. Mahesh Gupta
Got 288/400 Marks
and 47th Rank in
All India Mch Urology
Entrance Exams.
Dr. Raisa Gupta is Wife of
Dr. Aditya Gupta
Urologist, B.T. Sawani Urology
Hospital, Rajkot

Dr Sahil Agrawal

Dr Sahil Agrawal
(M.S.-Surgeon)
son of
Dr Atul Agrawal, Patan
who got 272/400 marks and
112 th rank
(out of 2200 students)
in all India
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Gastrointestinal Tract Anomalies

Dr. Parth Shah

MD DGO FIGE,
Fetal medicine expert and Endoscopy surgeon
Rajni women's hospital, CTM and
Rajni Fetal medicine center, Navrangpura

Dr. Parul Chaudhary Vali

MS OBGY, ICOG Fellow
Vali women's and Children's hospital Godhara

Fetal abdomen is a Pandora box with various organs and systems. But here we will be discussing the normal appearance and anomalies of gastrointestinal tract only. Fetal GI tract's appearance varies in ultrasound throughout the pregnancy, also, some organ may appear differently during the same ultrasound examination due to normal physiological acts of swallowing, gastric emptying and intestinal peristalsis. Another point to be kept in mind is that antenatal detection of GI anomalies is a difficult task because of frequent absence of any ultrasound detectable signs before third trimester.For better understanding of GI anomalies chapter is divided as following (table1.1).

Table 1.1 GIT Malformations

1.Obstruction of GI tract	2. Intrabdominal cyst of GI origin	3. Hepatobiliary system anomalies
• Esophageal atresia • Duodenal atresia • Jejunoileal atresia • Meconium ileus • Meconium peritonitis • Anal atresia	• Enteric duplication cyst • Mesenteric cyst • Meconium pseudocyst • Hepatic cyst • Splenic cyst • Choledochal cyst	• Agenesis of ductusvenosus • Persistent right umbilical vein **4. Echogenic bowel**

Echogenic bowel

Hyperechogenicity has been defined by most authors as bowel of similar or greater echogenicity than surrounding bone.

Ultrasound Diagnosis of echogenic bowel- This grading system (Table 1.4) is given by Slotnick et al.[13]

Table 1.4.Grading of echogenic bowel[13]

Grade	Description
Grade 0	Normal
Grade 1	Increased echogenicity, but less echogenic than bone
Grade 2	Echogenicity equal to bone
Grade 3	Echogenicity greater than bone

Whenever echogenic bowel is suspected,(Fig 1.11) the gain setting should be lowered(13),reduce the frequency of probe and harmonics should be off, to enable the comparison with bone and to ensure that bowel hyperechogenicity is real. This should help to minimize a false-positive diagnosis of hyperechogenicity.

Fig. 1.11 shows increased echogenicity of the bowel wall even after reducing the gain, the echogenicity is grade 2 i.e. echogenicity is equal to the bone.

Associations

These are the causes of echogenic bowel:

- Fetal aneuploidyin 9%[14], especially Trisomy 21 and less frequently trisomy 18 or 13, Turner's syndrome and triploidy. It is thought to be due to decreased bowel motility with increased water absorption from the meconium.
- Oligohydramnios. Echogenic bowel is also thought to be due to decreased amniotic fluid content of meconium.
- Hirschsprung's disease (increased frequency in fetuses with Down syndrome) could produce hyperechogenic bowel due to hypoperistalsis.
- Bowel atresia -Echogenic bowel is thought to be due to decreased amniotic fluid content of the meconium.
- IUGR.-The association of echogenic bowel with IUGR may be caused in part by ischemia from redistribution of blood flow away from the
- Intra-amniotic hemorrhage -Echogenic bowel is probably due to swallowed blood products resulting in a hypercellular meconium
- Cystic fibrosis (CF). Echogenic bowel has been reported to be found on ultrasound in 50% to 78% of fetuses affected with CF[15,16].The association of echogenic bowel with fetuses affected with CF is thought to be caused by changes in the consistency of meconium in the small intestine as a result of abnormalities in pancreatic enzymes.
- Other less common associations. Cytomegalovirus (CMV), Toxoplasmosis, Parvovirus. The association of congenital infections with echogenic bowel has been reported to be from 0% to 10%). The most commonly detected infectious agent is CMV.

Prenatal Management and counseling

Thorough history should be taken regarding any bleeding episode and any history of infections.

Hyperechoic bowel should prompt a complete and careful fetal anatomical survey, look for features of intra-amniotic bleed such as particulate matter floating in amniotic fluid, chorio-amniotic separation and echogenic material in fetal stomach.
It is reasonable to consider karyotyping even if no other ultrasound findings are detected.[14]
Direct fetal DNA testing for cystic fibrosis should always be considered when prenatal karyotyping is performed to exclude aneuploidy. Conversely, if parents are willing to avoid invasive procedure, parental carrier status may be initially determined and amniocentesis only offered to couples in which both are carriers of an identifiable mutation.[14]
Maternal serological testing for infections should be considered.
Serial sonographic assessment of fetal growth.
Counselling and treatment will depend upon the etiology of echogenic bowel.

Postnatal Treatment-

Treatment depends upon the etiology of the echogenic bowel.

Enteric Duplication Cyst

Enteric duplication cysts (EDCs) are rare congenital anomalies found anywhere along the gastrointestinal tract (GT) from the mouth to the rectum; most commonly in the ileum.

Incidence- 1:4,500 live births[11].

UsgAppearance of Enteric Duplication Cyst- the typical US features of an EDC are-

An inner hyperechoic epithelial lining containing the mucosa of the alimentary tract and the outer hypoechoic layer of smooth muscle closely attached to the gastrointestinal tract by sharing a common wall. This is known as muscular rim signor gut signature.However, the double-wall sign in other cystic lesions (mesenteric cyst, Meckel's diverticulum) may be seen.[11]
Cyst wall also shows the peristalsis. It appears as a transient change of the shape and contour of the cyst because of a concentric contraction of the cyst wall when the transducer stays still on the cyst for a while

Postnatal treatment-

Treatment of asymptomatic EDCs remains controversial. The clinical behavior of EDCs is unpredictable. EDCs tend to increase in size gradually and can cause symptoms and complications that might be fatal, such as obstruction, massive bleeding. Also,early excision is associated with less morbidity and a shorter length of stay compared to excision in symptomatic patients.
Cyst excision alone could be considered, but if there is a communication, sometimes a resection of the adjacent bowel is necessary. It is important to ensure that the cyst is entirely resected because recurrence or malignant changes may occur

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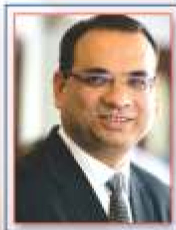
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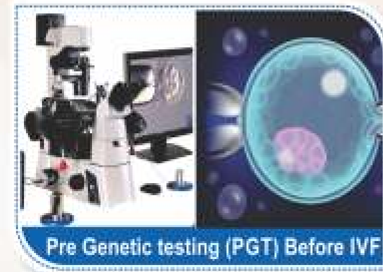
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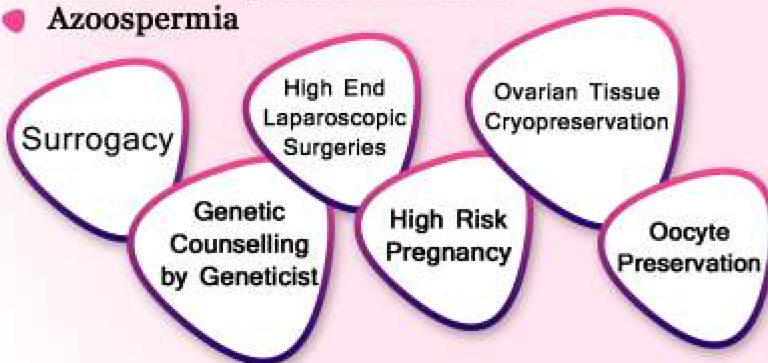

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