

AOGS BULLETIN

AHMEDABAD OBSTETRICS
AND GYNAECOLOGICAL SOCIETY
NEWS LETTER | FEBRUARY 2020



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OUR MOTTO

PRACTICE WITH PROTOCOL

AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY

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TEAM AOGS MESSAGE



Dr. Anil Mehta
President



Dr. Mukesh Savaliya
Hon. Secretary

Season's greetings,

This time we tried our best to start online election. We conducted Mock round also. But for some reasons, It could not be passed in GBM. So, we had to go for election by ballot paper. This time We decided to get rid of Pavbhaji, Pulav & gulabjamun & to serve something special in dinner during election. Everyone enjoyed Kathiyawadi dish with live dhokla, Mohanthal & Shankar's ice-cream.

This is perhaps for the last time that election was by ballot, Next year onwards I am sure it will be Online.

“The greatest glory in living lies not in never falling, but in rising every time We fall”

We are in the last month of our tenure. Some academics is still left. It was really a wonderful experience throughout the year.

8th of March is celebrated as **International Women's day**. Dr Alpesh Gandhi, President FOGSI, has taken an initiative for Cancer awareness & screening Camp for Breast & Cervical Cancer for Police and CRPF staff & families, all over India through all societies of FOGSI. You can enroll your name as a volunteer to work on 8th of March in various centers of Ahmedabad.

Festival of Holi is in near future. We wish **Happy Holi to all**.

Dr. Anil Mehta
President AOGS

Dr. Mukesh Savaliya
Hon. Secretary AOGS

CME : 19 - Date : 09.02.2020



CME : 20 - Date : 23.02.2020





Federation of Obstetrics and Gynecological Societies of India (FOGSI) &
Ahmedabad Obstetrics and Gynecological Society
on the occasion of

INTERNATIONAL WOMEN'S DAY

8th March

● Organizes ●
**Cancer Awareness &
Screening Camp for Breast and Cervical Cancer
for Police and CRPF Staff & Families**



Supported by : ISCCP

Congratulations!



Dr. Alpesh Gandhi

For being installed as President of FOGSI

Dr. Jignesh R. Shah

For being installed as President of IMS (Indian Menopause Society)

Dr. Dilip Gadhavi

For being installed as Joint Secretary of IMS

Dr. Sunil Shah

For being installed as Joint Secretary of FOGSI

● **AOGS ROCKS** ●

CAMPESTEROL

- Campesterol is known to be a precursor of progesterone. So, it is endogenously converted to progesterone in Luteogenic or Progestogenic environment.
 - o Example of PHYSIOLOGIC ENDOCRINE CONTROL.
- It is preferentially absorbed and concentrated in ovaries, corpus luteum and placenta.
- Used as an endogenous progesterone booster in cases of Luteal Phase Insufficiency, Threatened Abortion, RPL and Subfertility.

FERRIC PYROPHOSPHATE

- This is a novel oral iron preparation with advanced MICROSOMAL technology.
- Micronization of iron and its encapsulation in liposomes improves tolerance and absorption than conventional oral iron therapy.
- About 1.7g/dl increase in Hb was observed in pregnant women in 30 days.

CARBETOCIN

- Agonist at peripheral oxytocin receptors, particularly in the myometrium.
- 100 mcg as a single dose via bolus injection slowly over 1 minute, given after delivery of infant, preferably before removal of placenta.
- Indicated in prophylaxis of uterine atony and excessive bleeding after caesarean section.
- Oxytocin requires cold storage (2-80C) whereas heat-stable carbetocin does not require cold chain transport and storage.
- Inability to be used in induction or augmentation of labour and its high cost are its drawbacks.

ATOSIBAN

- Atosiban is the most uterospecific and acts only on myometrium/myoepithelial tissue.
- A competitive antagonist of human oxytocin receptor.
- Total dose and duration of one full course of atosiban therapy should not exceed 330mg and 48 hours respectively.

FENTICONAZOLE

- New member in the imidazole group of antifungals.
- Used in vulvovaginal candidiasis.
- 1 vaginal pessary (600 mg) inserted only during bedtime.
- Can be safely used from 2nd trimester onwards.
- Intravaginal preparations of fenticonazole may damage latex contraceptives and therefore, additional contraceptives measures are necessary.

KISS OF LIFE--KISSPEPTIN

Inj. hCG (5000 i.u / 10000 i.u.) is considered as gold standard for triggering ovulation, once follicle is mature. In infertility patients from natural monitoring to ART cycles, moderate to severe OHSS has been witnessed in past with triggering of ovulation with Inj.hCG. This is more common when induction is done with gonadotropin and targeting more than 15 good quality eggs. In earlier days, all IVF cycles were carried out with long term pituitary down regulation with GnRH agonist and triggering with inj hCG. The occurrence of moderate to severe OHSS is around 3% to 8% as per literature. Now it is era of Antagonist protocol where pituitary supersession is done with GnRH antagonist 0.25 mg daily (fixed or flexible protocol) and ovulation triggering is done with GnRH agonist. This in turn will stimulate pituitary to produce LH surge which is more physiological and short lasting. GnRH agonist trigger reduce the chance of OHSS remarkably. Still one will think about the remedy to avoid this dreaded complication of OHSS.

So what should be the strategy for triggering of ovulation?

- r LH trigger is impractical because of very short half life and high cost.
- Inj hCG 5000 iu /10000 iu for triggering is Gold standard but half life is long (96 hrs) and that is why complication of OHSS is increased .
- Inj GnRH agonist is more physiological and still the chance of OHSS remains.

Role of kisspeptin GPR54 ,leptin and neurokinin B also known as KNDy Neurons,which are found in pre optic area and arcuate nucleuse in hypothalamus.These are known for their property of awaking the hypothalamic pituitary ovarian axis (HPO axis). Inj Kisspeptin -54 results in LH surge of 12-14 hrs.It is given 36 hrs before plan OPU (dose 9.6 nmol/kg). Sometimes second dose of Inj Kisspeptin 10 hrs after the first dose will increase and sustain LH surge,This reduces the chance of OHSS even allows fresh ET cycle,even in a woman with increase risk of OHSS (Ali Abbabra). This may be because of

- 1) Its shorter duration of action in comparison of hCG.
- 2) Endogenous LH surge from the GnRH pool is individually determined so kisspeptin cannot produce excessive over response which causes OHSS.
- 3) Also it directly inhibits production of VEGF from Ovary which is culprit for vascular permeability.

In ovulatory cycles rising E2 level in early follicular phase will inhibit Kisspeptin expression but later stage of follicular dominance would exert activation effect leading to increase secretion of GnRH taking FSH and LH preovulatory peak. MVT -602 is a kisspeptin analogue develop for triggering the ovulation when given it stimulates the release of GnRH agonist which results in more physiologic preovulatory LH surge and this reduces the risk of OHSS.(B Jhonson et al ferti.steril 2018 vol110 issue 4). Though it is available and under clinical trial in European countries but this will be an additional armamentarium for safe ovulation triggering.

FUTURE USE OF KISS PEPTIN IN PCOS

As it is understood that dysregulated Gns secretions in PCOS patients (tonic LH level) may be because of altered kisspeptin inputs to KNDy neurons in hypothalamus. In such scenario kisspeptin antagonist may be therapeutic option for control of tonic LH in PCOS.

Pre-congress Workshop with Skill Station

INTERNATIONAL CONGRESS ON

CRITICAL CARE

in Obstetrics



BLOCK THE DATES

26 27 28

JUNE, 2020
AHMEDABAD

Proposed
International Faculties :

Dr. Brian Iriye
Prof. Arulkumaran
Dr. J. Ravichandran



Dr. Alpesh Gandhi
Org. Chairperson



Dr. Rajal Thaker
Org. Chairperson



Dr. Hemant Bhatt
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Dr. Sunil Shah
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Dr. Jignesh Deliwala
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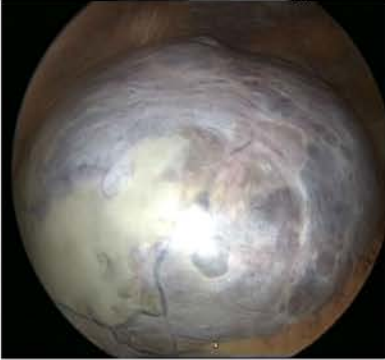


DR. DIPAK LIMBACHIYA

M.D., D.G.O., Endoscopy Specialist
Specialist in Advanced LAP Gynaec Surgeries &
LAP Onco Gynaec Surgeries

COMPLETE TREATMENT OF THE DISEASE AT SINGLE SITTING BY PROPER UNDERSTANDING AND TIMELY USE OF TECHNOLOGY

First Endoview of Ovarian Cyst



Intact Specimen Removed

- 75-year-old female with h/o Abdominal Hysterectomy done 30 years back came with c/o severe pain in left iliac region since 5-6 days.
- USG was S/O big septate ovarian cyst of approx 20 x 18 cm size in lower abdomen. LDH was raised, rests of the tumor markers were normal.
- **PLAN: Laproscopic management of suspicious big ovarian mass?malignancy**
- Frozen section report of the ovarian mass sent during operation turned out to be Boderline Mucinous Neoplasm. At the same sitting Lap BSO+ Omentectomy+ Appendicectomy+ Bilateral pelvic lymphadenectomy+ Para-aortic lymphadenectomy was carried out.
- Pt was discharged at day 2 post-surgery. Final HPR was Boderline mucinous neoplasm with microscopic foci of invasive mucinous carcinoma.



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Surgical Video

Eva Endoscopy Training Centre

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