स्पंदन

AOGS

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BULLETIN

AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY

NEWS LETTER I JULY 2017

2017-18 AOGS AHMEDABAD

Aptitude for academics & servitude to the society

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॥ कृष्णं वन्दे जगत गुरुं ॥

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Dr. Hemant Bhatt
President

TEAM AOGS MESSAGE

Dr. Jignesh Deliwala
Hon. Secretary

Respected Seniors & Dear Collegues,

The month of July saw the unprecedented fury of rain in many parts of Gujarat, including Banaskantha & in our Ahmedabad. The scenario of towns of Banaskantha is particularly heart wrenching.

'મેઘ મહેર નહી આ તો મેઘ-કહેર છે
દુદરતના કોપ તણી, સજીવ ધન વેર વિખેર છે.'

Our feelings & sentiments are with those families who have lost not only their lively hood but also their near & dear ones.

From AOGS - our members are reaching out to help those needy by individually visiting those affected areas, supplying necessary medicinal & ration kits. One ration kit costs approx Rs. 700/- We would like to contribute to Govt. for helping those poor & down trodden. We will pass the resolution regarding the same in our ensuing GBM.

This month we will have a wonderful cultural programme of Sugam Sangeet on 5th August. One interesting academic CME on Ovulation Induction will be on 20th August.

Last month, our CMEs on AUB & Endometriosis drew wonderful response from AOGS members. Our webinar on 30th July on Viral Infections in pregnancy was unique one & attendant AOGS members enjoyed it thoroughly.

Our next four months are studded with lots of academic stuff with big conferences of Critical care, ISUOG supported imaging science conference & SOGOG. So, brace your self for absorbing academic ride.

Wishing you all for our Rakshabandhan, Janmashtami & 15th August - our 70th Independence day.

|| जननी जन्मभूमिश्च स्वर्गादपि गरीयसी ||

A SECOND CHANCE

It was their anniversary, and Aisha was waiting for her husband Rajiv to show up. Things had changed since their marriage, the once cute couple couldn't-live-without-each-other had turned bitter.

Fighting over every little things, both didn't like the way things had changed. Aisha was waiting to see if Rajiv remembered it was their anniversary!

Just as the doorbell rang she ran to find her husband wet and smiling with a bunch of flowers in his hand. The two started re-living the old days. Making up for fights, then was d plan for champagne, light music and it was raining outside! It was perfect.

But the moment paused when the phone in the bedroom rang.

Aisha went to pick it up and it was a man. "Hello ma'am I'm calling from the police station. Is this Mr Rajiv Mehra's number?"

"Yes it is!"

"I'm sorry ma'am; but there was an accident and a man died. We got this number from his wallet; we need you to come and identify his body."

Aisha's heart sank.!!! She was shocked! But my husband is here with me?"

"Sorry ma'am, but the incident took place at 2 pm, when he was boarding the train."

Aisha was about to lose her conscience. How could this happen?!

She had heard about the soul of the person coming to meet a loved one before it leaves!

She ran into the other room. He was not there. It was true! He had left her for good!!

Oh God she would have died for another chance to mend every little fight! She rolled on the floor in pain. She lost her chance! Forever!

Suddenly there was a noise from the bathroom, the door opened and Rajiv came out and said "Darling, I forgot to tell you my wallet got stolen today".

Moral :

Life Might Not Give You A Second Chance. So Never Waste A Moment When You Can Still Make Up For Your Wrongs!!!

Contributed by :

Dr. Atul Munshi - Ahmedabad

DE-ADDICTION CAMP AT POR VILLAGE
DATE : 02.07.2017








CME : 5 - APLA & RPL
DATE : 07.07.2017








CME : 6 - AUB
DATE : 09.07.2017








CME : 7 - ENDOMETRIOSIS SUMMIT








Gentle Reminder

1. Those AOGS members who have not received their FOGSI ballot papers kindly inform at AOGS office, So that we can pursue this matter further.
   Contact No. : 079 - 26586426
   Pinky - Mo. : 9722836780, Time : 12.00 noon to 06.00 pm
2. Those members who have not received their AOGS members directory kindly collect it from AOGS office between 11 to 6 pm except Sunday.

List of New Life Members

Sr.	Name	Mobile No.	Area
1.	Dr. Jay Yogeshkumar Modi	98251 66727	Memnagar, Ahmedabad
2.	Dr. Jigar Kanubhai Thakkar	96876 54011	Maninagar, Ahmedabad
3.	Dr. Mittal Satishkumar Patel	98258 89232	Ghodasar, Ahmedabad
4.	Dr. Priyangi Bharatbhai Purohit	94284 92901	Nava Vadaj, Ahmedabad
5.	Dr. Maulik Jashvantlal Shah	97148 66044	Satellite, Ahmedabad
6.	Dr. Rohan Dineshbhai Patel	97279 08881	Thaltej, Ahmedabad
7.	Dr. Maulesh Pravinchandra Modi	99795 10009	Ambawadi, Ahmedabad
8.	Dr. Aastha Rajpal Mehta	90999 41004	Ambawadi, Ahmedabad
9.	Dr. Harsh Vasantbhai Patel	89800 30087	Naroda, Ahmedabad

Movie Club

Dear Members,

We are planning once a month screening of classic movies during this year. Approximately 10 movies, all classic family entertainers, shall be shown in Mini-theatre. Please mail as your interest to enrol in this activity to allow us book adequate sized theatre. It will be priced in a subsidized manner. You are welcome to join an excellent family entertainment once a month.

Dr. Devindraben Shah

Congratulations

Hearty congratulations-It is a matter of great pride & previledge that one of our most admired & loved teacher Dr.Devindraben Shah has been felicitated by Ahmedabad Medical Association for Smt.Dinaben K.Sanghavi award for

'EXCELLENCE IN SOCIO-MEDICAL FIELD BY A LADY DOCTOR'

on 23rd July,2017. AOGS acknowledges the selfless services of madam to the society during her entire carrear & wishes her many more years of healthy & happy life for serving the needy people of our society.

Congratulations

Bavishi Fertility Institute received "Socrates award - Rose of Paracelsus" from Europe medical association 3rd July at Lucerne Switzerland at an event organised by Europe Business Assembly.

APLA WITH REPEATED PREGNACY LOSS

Pregnancy morbidity in antiphospholipid syndrome (APS) is defined by

- ≥ 1 unexplained fetal deaths in ≥ 10 weeks of gestation with normal morphology by prenatal ultrasound examination or direct postnatal examination.
- > 1 preterm deliveries of a morphologically-normal infant before 34 weeks of gestation due to severe preeclampsia, eclampsia, or features consistent with placental insufficiency.
- ≥ 3 unexplained, consecutive, spontaneous pregnancy losses in < 10 weeks of gestation, after exclusion of maternal anatomic and hormonal abnormalities and paternal and maternal chromosomal abnormalities.
- The pathogenesis of pregnancy morbidity in APS is incompletely understood. Antiphospholipid antibodies (aPL) are thought to affect platelet and endothelial cell activation, promote coagulation,and have direct effects on human placental trophoblast.
- It is unclear whether asymptomatic healthy women with aPL who do not meet criteria for APS are at increased risk of pregnancy morbidity. The bulk of evidence suggests little or no increase in risk in this group.
- Nonpregnant women with a definite diagnosis of APS, based on laboratory criteria for aPL and a history of arterial or venous thrombosis, are at high risk of recurrent thrombosis and are generally treated with warfarin for an indefinite period that may be lifelong. American College of Chest Physicians Evidence-Based Clinical Practice Guidelines suggest use of low molecular weight heparin (LMWH) for anticoagulation of these women during pregnancy, with resumption of warfarin postpartum. Suggested dose of LMWH throughout pregnancy is therapeutic rather than prophylactic dose. ACCP also suggest low dose aspirin to reduce the risk of preeclampsia.
- For women with laboratory criteria for aPL and ≥ 1 fetal losses in ≥ 10 weeks of gestation or ≥ 3 unexplained, consecutive, spontaneous pregnancy losses in < 10 weeks of gestation, combined therapy with low-dose ASA (50 to 100 mg per day) and prophylactic dose LMWH rather than low-dose ASA alone is recommended. Same regimen is to be continued for six weeks postpartum.
- For women with laboratory criteria for aPL and ≥ 1 preterm deliveries of a morphologically normal infant before 34 weeks of gestation due to severe preeclampsia, eclampsia, or other findings consistent with placental insufficiency, low-dose ASA therapy rather than no therapy or heparin is recommended . Prophylactic dose LMWH with low-dose ASA in cases of ASA failure or when placental examination shows extensive decidual inflammation and vasculopathy and/or thrombosis is suggested, although this approach has not been validated by a randomized trial.
- For pregnant women with the incidental finding of persistent aPL without meeting any of the clinical criteria for APS, low-dose ASA alone rather than no therapy is recommended.

WHEN TO SUSPECT APLA DURING PREGNANCY

- Obstetric indications
- Unexplained stillbirth
- Recurrent pregnancy loss
- Unexplained 2nd or 3rd fetal death
- IUGR
- Severe preeclampsia at less than 34 weeks.
- Placental abruption (previous or current)
- Non-obstetric indication
- False positive serologic test for syphilis
- Autoimmune diseases: SLE, thrombocytopenia
- Unexplained thrombosis
- Haemolytic anaemia
- Stroke, especially between 25-50 yr
- Laboratory Indication :
- Unexplained/Autoimmune Thrombocytopenia
- Unexplained aPTT prolongation.

PALM-COEIN classification for the etiologies of abnormal uterine bleeding proposed by the International Federation of Gynaecology and Obstetrics (FIGO)

AUB causes	Subclass	Characteristics	
Structural causes	Polyps (**AUB-P**)	➢ Present in endometrial and endocervical canal ➢ Categorized as absent or present	
	Adenoma (**AUB-A**)	➢ The genesis is controversial but minimal criterion is identification on ultrasound testing.	
	Leiomyoma (**AUB-L**)	0: Submucosal types, do not impact endometrial cavity Othres: 1: < 50% intramural 2: ≥50% intramural 3: totally extracavitary but lean on the endometrium, 100% intramural 4: intramural leiomyomas that are entirely within the myometrium 5: subserosal and atleast 50% intramural	6: subserosal and < 50% intramural 7: subserosal and attached to serosa by stalk 8: do not involve the myometrium include cervical lesions, lesions that exist in the round or broad ligaments without direct attachment to the uterus, and parasitic lesions
	Malignancy & hyperplasia (**AUB-M**)	➢ May occur because of ovulatory disorder ➢ Sub-classification according to the WHO or FIGO system.	
Non-structural causes	Coagulopathy (**AUB-C**)	➢ Coagulopathy represents both inherited and acquired ➢ Most common is inherited von Willebrand disease	
	Ovulatory dysfunction (**AUB-O**)	➢ Can lead to amenorrhea or heavy menstrual bleeding.	
	Endometrial (**AUB-E**)	➢ Likely to occur when other abnormalities are excluded in the presence of normal ovulatory function.	
	Iatrogenic (**AUB-I**)	➢ breakthrough bleeding during use of single or combined gonadal steroid therapy, intrauterine systems, or devices, systemic agents that interfere with dopamine metabolism, or anticoagulant drugs.	
	Not classified (**AUB-N**)	➢ **R**are or ill-defined conditions: Chronic endometritis, arteriovenous malformations, and myometrial hypertrophy.	

Suggested treatment options for abnormal uterine bleeding based on PALM-COEIN etiology

Etiology	Treatment
Polyp	Hysteroscopic surgical removal Multiple polyps or polypoidal endometrium and fertility is not desired– LNG-IUS can be combined with surgical removal
Adenomyosis	LNG-IUS, if LNG IUS is not accepted– GnRH agonists with add back therapy; if it fails OCP, NSAIDs, progestogens
Leiomyoma	Intramural or sub-serosal myomas (grade 2-6) Tranexamic acid or COCs or NSAIDs, LNG-IUS, if treatment fails myomectomy depending on location In women >40 years of age, fertility is not desired, for small fibroids (< 4-5 cm)– medical management followed by hysterectomy Short-term management (up to 6 months)– GnRH agonists with add back therapy followed by myomectomy Long-term management– LNG-IUS Newer medical options: ulipristal acetate or low dose mifepristone, currently not available in India Sub mucosal myoma (grade 0-1) hysteroscopic (< 4 cm) or abdominal(open or laparoscopic for > 4 cm)
Malignancy	Atypical endometrial hyperplasia– surgical treatment Continued fertility not desired– hysterectomy Hyperplasia without atypia LNG-IUS followed by oral progestins or PRMs
COEIN	LNG-IUS or tranexamic acid, NSAIDs, followed by COCs or cyclic oral progestins Medical or surgical treatment failed or contraindicated: GnRH agonists with add-back hormone therapy When steroidal and other options unsuitable: Centchroman

PALM : Polyp, Adenoma, Leiomyoma, Malignancy and hyperplasia; LNG-IUS: Levonorgestrel intrauterine system; NSAIDs: Non-steroidal anti-inflammatory drugs; COCs: Combined oral contraceptives; OCP: Oral contraceptive pill; PRMs: Progesterone receptor modulators; GnRH: Gonadotropin releasing hormone

CME : 8 - Ovulation Induction

Date : 20th August 2017 I Venue : Hotel Courtyard Marriott, Ramdevnagar Tekra, Satellite, Ahmedabad.

Chairpersons : Dr. Tejas Dave, Dr. Nisarg Dharaiya, Dr. Divyesh Panchal

Time	Topics	Speakers
09.30 to 10.00 am	Breakfast	
10.00 to 10.20 am	The Human ovary - Follicular dynamics & Reserve.	Dr. Kamini Patel
10.20 to 10.45 am	Oral Ovulogens & Adjuvants - Current global scenario.	Dr. Shital Punjabi
10.45 to 11.10 am	Ovulation Induction in Anovulatory women (WHO group 2) : A stepwise Approach.	Dr. Manish Banker
11.10 to 11.20 am	Discussion	
11.20 to 12.05 pm	COH & IUI - In day to day practice.	Dr. Himanshu Bavishi
12.05 to 12.15 pm	Discussion	
12.15 to 01.00 pm	Panel - Trouble shooting in managing Infertility . Moderator : Dr. Purnima Nadkarni (Vapi) Panellists : Dr. Jayesh Amin, Dr. Mukesh Savaliya, Dr. Dipesh Sorathiya Dr. Vishal Sharma, Dr. Sunil Shah, Dr. Mahesh Jariwala, Dr. Kishor Nadkarni, Dr. Kamlesh Jagwani	

Programme Co-Ordinator: Dr. Hina Shah , Dr. Snehal Kale

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