AOGS BULLETIN

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AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY NEWS LETTER MAY 2015

2nd floor, Ahmedabad Medical Association Building, Opp. H. K. Collage, Ashram Road, Ahmedabad-380009.
Phone : 079-26586426 **e-mail :** ahmedabadobgynsoc@gmail.com **Website :** ahmedabadobgyn.org

Theme : Optimizing Clinical Practice with Evidence Based Medicine

for those
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in life we don't take chances

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Women's Hospital

"Sunflower Women's Hospital has been awarded best gyneac hospital by quality mark trust through the auspicious hands of **Honorable industrial Minister Mr. Saurabh Patel** and **Bollywood diva Evelyn Sharma"**

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- Endopath Laboratory

Sunflower Women's Hospital, Ahmedabad welcomes candidate for six month & one year fellowship in Infertility & Endoscopy. Visit our website or contact in person.

Dr. R. G. Patel
MD, Gynec
Infertility (IVF) Specialist
Endoscopic Surgeon
M. 098250 68696

Dr. Raman S. Patel
MD, DGO
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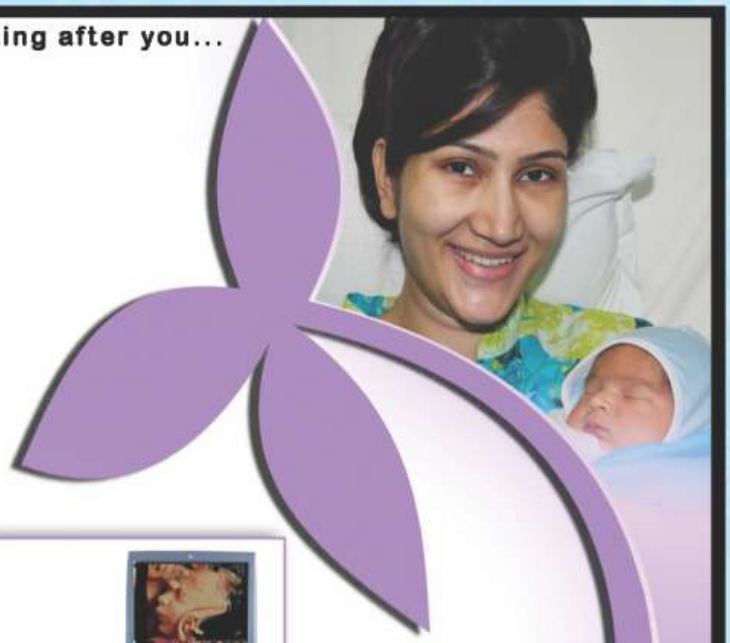
Mayflower
Women's Hospital

Looking after you...



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Dr. Jaya Patel MB DGO
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Obstetrician & Gynecologist
Infertility & IVF Specialist
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Fetal Physician
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VANI IVF CENTER

Swagat Kijiye
Good News Ka...

Dr. Kamini Patel
Infertility Specialist
Vani IVF Centre

VANI HOSPITAL
32, Asmita Society, Nr. Rly. Crossing, Maninagar East, Ahmedabad, Gujarat, India.
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Next Workshop 05.06.2015

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Prior Registration Required
Contact No. 9879777799
(Dr. Rita Hitesh Shah)

Workshop duration : 3 hours

Registration Form is Available with Dr. Rita Shah

Memories of CME - 1

Subject : Infertility





Memories of CME - 2

Subject : Perimenopausal Bleeding






CME - 3

Venue : Hotel Radisson Blu, Nr. Panchvati Cross Road, Off. C.G. Rd, Ahmedabad

Date & Day : 7th June 2015, Sunday **Time:** 9.15 A.M. Onwards

Subject : Basics in Infertility

Programme Co-ordinators :
Dr. Mukesh Patel
Dr. Rita Shah

Chairpersons :
Dr. Mukesh Savaliya
Dr. Lata Trivedi

Time	Topic	Speaker
9.15 A.M. to 9.50 A.M.	Breakfast	
9.50 A.M. to 10.00 A.M.	Introduction	
10.00 A.M. to 10.25 A.M.	Ovulation Induction for IUI (20 Minutes + 5 Minutes Discussion)	Dr. Kamini Patel
10.25 A.M. to 10.50 A.M.	Optimising Pregnancy rates in IUI (20 Minutes + 5 Minutes Discussion)	Dr. Sunita Tandulwadkar
10.50 A.M. to 11.15 A.M.	USG in Infertility (20 Minutes + 5 Minutes Discussion)	Dr. Jigish Trivedi
11.15 A.M. to 11.30 A.M.	Launch of Discussion Forum	
11.30 A.M. to 11.45 A.M.	Quiz	Dr. Nita Mishra Dr. Dhaval Shah
11.45 A.M. to 12.35 P.M.	Panel Discussion : Endometriosis Moderator : Dr. Sunita Tandulwadkar Panelists : Dr. Sanjay Patel, Dr. Anil Mehta, Dr. Tejas Dave, Dr. Bhavit Shah, Dr. Sanjay Shah, Dr. Sunil Shah	
12.35 P.M. to 12.50 P.M.	Role of Amphotericin B in Vulvo Vaginal Candidiasis	Dr. Kiran Desai
12.50 P.M. to 01.00 P.M.	Vote of thanks and Lucky Draw	
01.00 P.M. onwards	LUNCH	

Scientific Session will start at sharp 10.00 A.M. so we request you to take seat latest by 10.00 A.M.

Only those who have entered and signed in registration book kept outside CME Hall by 10.15 am, will be eligible for special lucky draw.

Programme sponsored by : Sybella | INTAS

CME - 4

Venue : Four Point by Sheraton, Opp. Gujarat College, Ellisbridge, Ahmedabad.

Date & Day : 21st June 2015, Sunday **Time:** 9.15 A.M. Onwards

Subject : Thyroid Update

Programme Co-ordinators :
Dr. Vishal Sharma
Dr. Snehal Kale

Chairpersons :
Dr. Hemant Bhatt
Dr. Divyesh Panchal

Time	Topic	Speaker
9.15 A.M. to 9.50 A.M.	Breakfast	
9.50 A.M. to 10.00 A.M.	Introduction	
10.00 A.M. to 10.30 A.M.	Physiological Changes & Thyroid Function Tests During Pregnancy (25 Minutes + 5 Minutes Discussion)	Dr. Ramesh Goyal
10.30 A.M. to 11.00 A.M.	Hyperthyroidism in Pregnancy (25 Minutes + 5 Minutes Discussion)	Dr. Parag Shah
11.00 A.M. to 11.30 A.M.	Hypothyroidism in Pregnancy (25 Minutes + 5 Minutes Discussion)	Dr. Tiven Marwah
11.30 A.M. to 11.50 A.M.	Neonatal Screening for Thyroid (15 Minutes + 5 Minutes Discussion)	Dr. Shalmi Mehta
11.50 A.M. to 12.10 P.M.	Quiz	
12.10 P.M. to 12.30 P.M.	Thyroid in infertility (15 Minutes + 5 Minutes Discussion)	Dr. Vivek Arya
12.30 P.M. to 12.45 P.M.	Vote of thanks and Lucky Draw	
12.45 P.M. onwards	LUNCH	

Scientific Session will start at sharp 10.00 A.M. so we request you to take seat latest by 10.00 A.M.

Only those who have entered and signed in registration book kept outside CME Hall by 10.15 am, will be eligible for special lucky draw.

A novel molecule in treatment of Fibroid uterus : Ulipristal Acetate

- Dr. Parul Kotdawala

Approximately 25% of women in India develop detectable fibroid/s in their reproductive life (NIH data). At any given time, nearly 15-25 million Indian women have fibroid uterus. Most fibroids are detected in 30–50 yrs and they grow maximally & are most symptomatic in this age. Generally they regress during menopause. The major burden of fibroids is the symptoms of excessive bleeding, pain, infertility & recurrent abortions. They also contribute to almost 40% of all hysterectomies. Malignant changes are rare (0.2% of uterine fibroids) and hence there is interest in developing long term medical therapy to curb the symptoms of fibroid till menopause is reached.

A majority of symptomatic uterine fibroids are currently treated by surgical interventions (myomectomy or hysterectomy) or radiological treatments (UAE or MRgFUS). Although hysterectomy constitutes a 'cure', the operation remains unacceptable to a majority of women. Myomectomy is a major operation with associated risks of morbidity and mortality. It may lead to adhesion formation, and a potential risk of recurrence of fibroids. In recent years uterine artery embolization (UAE) and magnetic resonance-guided focused ultrasound surgery (MRgFUS) are tried. UAE & MRgFUS have a range of complications including premature ovarian failure, chronic vaginal discharge and in rare cases pelvic sepsis, and are ineffective in larger fibroids. While they have varying degrees of efficacy, they have major cost implications too! There is clearly a need for medical therapy that eliminates the need for surgery, is relatively cheap and has efficacy equivalent or superior to surgery.

Barring pain relievers (NSAIDs) for pain symptoms, the mainstay of current medical therapy for fibroids is hormonal therapy, and they include Oral contraceptive pills (OCPs), Oral Progesterone therapy, intrauterine progesterones (LNG-IUS) & depot progesterone injections (DMPA) and Gonadotropin-releasing hormone agonists (GnRHA). Medical therapies which are available, for treatment of fibroid have limitations. The most effective current therapy is the use of Gonadotropin-releasing hormone (GnRH) agonists, but the side effects of profound hypo-estrogenic state including hot flashes & uro-genital symptoms can be troublesome. The safety concerns (loss of bone mineral density) preclude its long term use. The progesterones and estrogens have varied effect on fibroid symptoms. They are effective in a proportion of patients, but in some they increase the symptoms! Progestins are often associated with breakthrough bleeding that limits their use, and they may promote proliferation of fibroids. The LNG IUS can be used in patients, who do not have large uteri distorted by fibroids, but irregular bleeding is frequent, expulsion of the device is common, and the effect on fibroid volume is controversial.

Current understanding in tumor genesis of fibroids suggests that the initial trigger is somatic mutations. The subsequent development and growth of a fibroid is dependent on ovarian steroid hormones. The facts that fibroids regress after menopause, and also reduce in size when the women are given GnRHA, strongly implicate ovarian hormones in leiomyoma growth.

While estrogen has been considered the major mitogenic factor in the uterus, there is growing evidence from clinical, biochemical, histological, and pharmacological studies that progesterone and its receptor (PR) play a key role in leiomyoma growth & development. Higher mitotic activity is observed in fibroids during secretory phase compared to proliferative phase of menstrual cycle. Treatment of women with progesterone resulted in increased cellularity and mitotic activity in the leiomyomas.

The simplified mechanism suggests that estrogen through binding to estrogen receptors activates signaling pathways leading to up-regulates the progesterone receptors, ultimately leading to cellular growth proteins. Two main progesterone receptors (PRa & PRb) are identified. Progesterone, by binding and activating the PRs leading to higher growth proteins & vasculogenesis, results in to growth of fibroids. Anti-estrogen (or synthetic progestins) medications may bring about moderate suppression of estrogen receptors, which will retard growth of progesterone receptors, and bring about moderate symptom resolution. But progesterones, by direct action on PRs are the prime agents for growth of fibroids. This effect exceeds the estrogen suppression, which has been observed in

are the prime agents for growth of fibroids. This effect exceeds the estrogen suppression, which has been observed in many cases on anti-estrogen medications, where the growth of fibroid continues. With this new insight in growth of fibroids, there is growing interest in primarily suppressing the progesterone effects for treating fibroids.

A progesterone antagonist, Mifepristone (RU486) has been studied for restricting fibroid growth. The dose (5 mg/day for 6 months) is much lower than that used for abortion (600 mgm/single dose). The efficacy in terms of reducing blood loss & myoma size reduction is quite good, but quick re-growth after stopping the therapy & frequent occurrence of hyperplastic endometrium are the major concerns.

Selective progesterone receptor modulators (SPRMs) working on the PR – both PRa & PRb – have shown very promising results. They quickly reduce the size of fibroid/s, bring about amenorrhea & have milder side effect profile. Three molecules studied for their effects on fibroids are Ulipristal (CDB-2914), Proellex (CDB-4124) & Asoprisnil (J867). Ulipristal Acetate (UA) is the most studied SPRM for fibroid treatment. It reversibly blocks the progesterone receptors in target tissues (uterus, cervix, ovaries, hypothalamus) and acts as a potent, orally active anti-progestational agent. Clinically, the SPRMs are attractive because of reduced side effects on non-target tissues, such as the breast and brain. Ulipristal Acetate inhibits proliferation, induces apoptosis, alters ECM (extra cellular matrix) regulation only in leiomyoma cells, and may reduce angiogenesis. A 12 year follow-up study has shown that the beneficial effects of UA lasts for further 9 months after completion of 3 month course of therapy. No other medical therapy for fibroids has shown such long term efficacy results.

Series of original prospective trials are published recently about UA have shown that UA is very effective in comparison to placebo in fibroid treatment, is equal to GnRHA monthly injections in efficacy with significantly reduced side effects. Repeated 3-month courses of oral UA 10 mg/day are effective, well-tolerated and can provide a long-term therapy for fibroids.

The effect of SPRMs on endometrial histology is very interesting and unique. Generally there are no visible pre-malignant lesions (atypical hyperplasia or EIN) seen. But asymmetry of stromal & epithelial growth resulting in prominent cystic, dilated glands with a mixture of estrogen (mitotic) and progestin (secretory) epithelial effects are often observed. These changes are so novel that new terminology and diagnostic criteria are required for pathologists to recognize them. This underlines the need to avoid misclassification by pathologists in a routine diagnostic setting. It is recommended to use the term PAEC (SPRM Associated Endometrial Changes) to describe the endometrial changes in the context of stromal–epithelial dyssynchrony, and the perturbed process of tissue morphogenesis.

UA should be avoided in women who are asthmatic or is allergic or sensitive to any of the ingredients in the medicine, pregnancy & breast-feeding, cancer of the uterus, cervix, ovary or breast, kidney or liver problems, vaginal bleeding of unknown cause. Ulipristal acetate interacts with grapefruit juice, might interfere with ability to drive or operate machinery safely. It may make oral contraceptive pills less effective. It interacts with many medications and careful check must be made if patient is on any other long term therapy.

The vast majority of adverse reactions are mild, have not led to discontinuation of therapy and resolved spontaneously. These include hot flushes, headache, functional ovarian cysts, vertigo, nausea, acne, sweating, muscle pain and tiredness.

Congratulations!

: RCH Activity :

A live interactive seminar on Breast and Cervical Cancer was organised at Heritage, Usmanpura by **Dr. Rita Shah** along with 35 family members of Jain International Trade Organisation (JITO) on 24th April 2015.

Redefining the Milestones in Gynaec Endoscopy

AN AOGS EVENT BY AOGS MEMBERS

TWO DAYS LIVE SURGICAL WORKSHOP

(13th-14th JUNE 2015)

VENUE : GCS MEDICAL COLLEGE CAMPUS

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REGISTRATION FEES (Limited 300 Registrations)

Early Bird 1000 INR (up to 5th June 2015) Spot Registration 1500 INR (Only if Seats Available)

For Registration Contact : AOGS office on (079) 26586426 between 2.00pm to 6.00pm

Conference Chair Persons
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Conference Co-Chairpersons
Dr. Geetendra Sharma Dr. Hemant Bhatt

Conference Secretaries
Dr. Anil Mehta Dr. Vinod Arora

Conference Joint Secretary
Dr. Mukesh Patel

Conference Tresurer
Dr. Mukesh Savaliya

Programme Co-ordinators
Dr. Sujal Munshi Dr. Bhavit Shah

AOGS Managing Committee
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Dr. Mahesh Gupta's

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are accepted for presentation in FIGO 2015 Conference

Talent evening.....

Contact :
Dr. Nita Mishra , Dr. Lata Trivedi

Dear Aogsians
We are planning to organise a talent evening in midst of August so interested participants be ready to participate and show your talent.....
Drs have multifaceted personality. So this is an opportunity so grab it.....

hum kisi se kam nahi...

An appeal.....

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Contact Mr. Mukesh Gohil on (079) 26586426 between 2.00pm to 6.00pm

INTERNATIONAL TOUR

(TENTATIVE PROGRAMME)

: Time :

During Diwali Vacation

: Departure :

12th November, 2015

: Duration :

6 Night 7 Days

3 Nights Singapore

1 Night Singapore + 2 Nights Cruise

3 Nights Indonesia

(Either Bali Or Bintan)

Approximate Cost : 90,000 - 95,000
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Interested Members Should Contact AOGS Office

Those who want to contribute for "Nepal Earthquake Relief Fund" - Please contact AOGS Office

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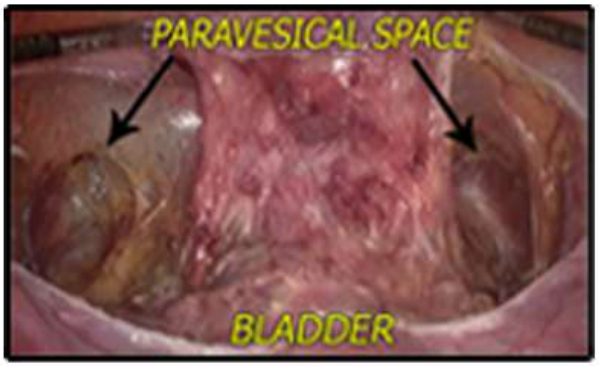

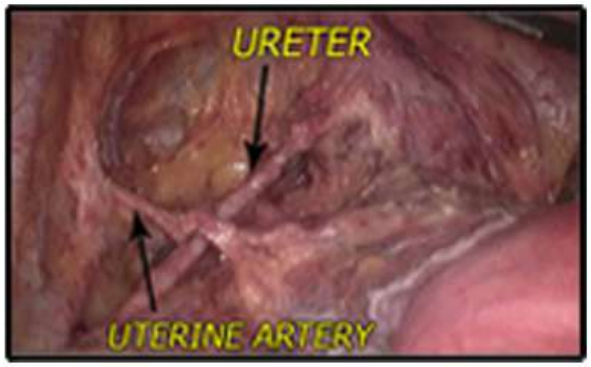

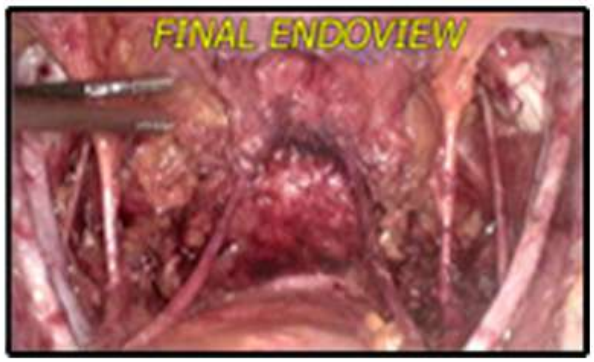

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