



AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY

AOGS TIMES

॥ ज्ञानम् ॥

JUNE 2024 | VOLUME 03

Motto : Knowledge is Power - Unity is Strength
Theme : Health & Happiness for Her



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- 🔪 Sonography
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- 🔪 Investigation of Male
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- 🔪 Maternity
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418, Sahitya Arcade, Haridarshan Cross Road, Vasant Vihar 2, Nava Naroda, Ahmedabad, 382330 | Call : 079 46010728, +91-9099400221

TEAM AOGS MESSAGE



Dr. Sunil Shah
President



Dr. Akshay C. Shah
Hon. Secretary

Dearest AOGS colleagues,

Wishing you all a happy and healthy monsoon. We are eagerly waiting for rain and hopefully it will rain as the forecast is.

Last month we had wonderful CMEs on various topics. We had renowned faculties from different sub specialties and who delivered great academic feasts.

Team AOGS is working hard to select good and a variety of topics. We have also worked hard to select a variety of cuisine.

Kashmir AOGS tour is on and it's in the month of September.

Dr. Parul kotadawala is an ICOG chairperson and he has brought the ICOG conference to Ahmedabad. Team AOGS along with ICOG- FOGSI has organised 9th national conference on 18,19 and 20th October 2024 at Karnavati club. There will be many eminent local, national and international faculties. Be ready for this academic bonanza.

Dr. MC PATEL our own AOGS member is contesting for the post of FOGSI president. It's our moral duty to see him winning with a thumping majority. Let's vote and support him.

Please encourage us and keep guiding team for better academic and social activities by AOGS.

LATE ONSET ANOMALIES



Dr. Bela Bhatt

Ob.Gyn & Fetal Medicine Consultant, Mumbai
Chairperson FOGSI Imaging Science Committee (21-24)

Introduction:

Anomaly scan at 18-22 wks is important for detection of anomalies in the fetus but there are some anomalies which can't be picked up at anomaly scan & will be picked up in late second & third trimesterscan only. This include:

- The abnormality develops during late second/ third trimester, such as :
CNS : Some of Ventriculomegaly, intracranial cysts, intracerebral hemorrhage, Mega cisterna magna, microcephaly with lissencephaly etc.
- The abnormality is present from early pregnancy but phenotypic expression of the abnormality becomes apparent only after 20 weeks which include GI & Genito-Urinary anomalies like CDH, LUTO, GI atresia.
- Skeletal Dysplasia
- TORCH Infection

The Benefits of picking up Late onset Anomalies:

1) Few can be treated intrauterine

- Urethral valve ablation in LUTO
- Shunts/Repeated aspirations: Pleural Effusion, Vesicoamniotic shunt, Hydrocephalus
- Meningomyelocele

2) Antenatal Consultation& keeping necessary specialist present at the time of delivery

3) Helps planning of remaining pregnancy ,plan place of deliverybased on type of anomaly like Cardiac anomalies, Oesophageal atresia, Diaphragmatic hernia Exomphalos / Gastroschisis, LUTO

4) Parents are mentally, Financiallybetter prepared to deal with the postnatal management

Conclusion :

Let's be vigilant in doing late 2nd& 3rd trimester scans as they are not just the growth scans but also anomaly scans. And by picking them up antenatally we can improve overall perinatal outcome.



Figure 1: Mild Ventriculomegaly



Figure 2: Absent Corpus Callosum



Figure 3 : Duodenal Atresia



Figure 4 : Fetal Abdominal Cyst

TIPS FOR AZOOSPERMIA MANAGEMENT



Dr. Ruchi Shah



Dr. Anchita



Dr. Nisarg Trivedi

Dr. Sunil Shah (Guide) MD., FICOG, Sarvamangal IVF, Ahmedabad.

Infertility occurs in upto 15% of couples, in which male factor is contributory in upto 50% of cases (1). Male factor in its most severe form is known as azoospermia, which is found in 15-20% of men. It is defined as absence of sperm in the ejaculate after at least 2 separate centrifugations for 15 minutes at 3000 rpm or greater. It may be classified as Obstructive Azoospermia (OA) or Non-Obstructive Azoospermia (NOA).

Etiology

A. Non-Obstructive-

<i>Testicular failure</i>	<i>Hypogonadotrophic hypogonadism (HH)</i>
Y chr microdeletions	Kallmans Syndrome
Klinefelter syndrome	Normosmic HH
Postinfectious (mumps)	Prader Willi syndrome
Radiotherapy	Jacob Syndrome
Chemotherapy	Pituitary tumors
Testicular trauma	Steroid abuse
Testicular torsion	
Idiopathic	

B. Obstructive-

Postsurgical- vasectomy, epididymal cysts removal, hernia repair, Scrotal surgery, prostatectomy
CBAVD
Postinfectious
Ejaculatory duct obstruction
Idiopathic

Diagnosis and Investigations

A detailed medical, surgical and reproductive history with clinical examination is mandatory.

1. Semen analysis remains the most important investigation in diagnosing the male factor and has been standardized by the WHO, a clear understanding of each parameter with regards to its etiology and treatment is of utmost importance.
2. Hormonal profile (determines Treatment protocols)
 - S. FSH- 1.5 – 11 IU/L (<4 - low normal and >7.6 - high normal)
 - S. LH- 1.6 - 8.4 IU/L (<4 - low normal and >7 - high normal)
 - S. Estradiol- Variable (<30 pg/ml low normal and >40pg/ml high normal)
 - Total Testosterone- 300-1000 ng/ml It plays a major role in Spermatogenesis in the testis.
 - S. Prolactin- 25-30 ng/ml
 - S. TSH- rarely done along with S. prolactin
 - T:E ratio- 10
- S. testosterone/ S. estradiol x10
This ratio is decreased HH and is a predictor of Metabolic syndrome and infertility treatment prognosis.
3. Karyotyping
Non mosaic 47,XXY and Mosaic (46,XY/47, XXY) Klinefelter's Syndrome, 47XYY Jacob Syndrome
4. Genetic testing

- CFTR gene mutations to analyze any therapeutic consequence and counselling.
 - Y chromosome microdeletion screening (AZFa, AZFb, AZFc)- AZFc in 15% cases of testicular failure.
 - KAL1, FGFR1, PROK2, CHD7, FGF8 gene mutations in congenital HH.
5. Scrotal Ultrasound
To assess testicular size (3-5 cm length, 2-4cm breadth and 3 cm anteroposterior), volume (10-20 cc3) and varicocele.
 6. TRUS- Transrectal Ultrasound
It is done when azoospermia is associated with low seminal volume to rule out OA.
 7. Vasography
Rarely done now. Only indications include during vasal reconstructive procedures, hernia or pelvic surgery and fructose negative, low volume azoospermia with palpable vas.
 8. Testicular Biopsy
To differentiate between types of Azoospermia and assess presence or absence of focal spermatogenesis in NOA.
Testicular tissue contains sperm-producing cells of the seminiferous tubules and cells between the tubules called interstitial or Leydig cells.

Biopsy Patterns

- **Normal**-The testis architecture and sperm production appear normal which implies absence of sperm in the ejaculate is due to an obstruction or absence of the vas deferens.
- **Maturation Arrest**-Sperms are made from early germ cells that develop within the testis. The process of sperm maturation can be interrupted at several levels and can result in several "arrest" patterns.
- **Hypo spermatogenesis**- All elements of sperm production are present but few in number.
- **Germ Cell Aplasia**- There is absence of sperm in the testicular biopsy. This condition is also known as 'Sertoli Cell-Only Syndrome'.

Management

In NOA, Testicular sperm aspiration (TESA) and extraction (TESE) and in OA, microsurgical or percutaneous epididymal sperm aspiration (MESA/PESA) or TESA/ TESE is recommended for retrieval of sperms followed by ICSI.

(A) Treatment protocol depends on:

1. FSH AND TESTES SIZE

- **Elevated FSH, small testis—suggestive of NOA** due to genetic or immunological causes. Recovery rate depends on FSH levels, testicular consistency and size. FSH level < 15 IU- recovery rates are quite satisfactory (upto 70 %), as FSH level increases further, chances of recovery decreases
FSH upto 30 IU- procedure of TESA /TESE may be performed with guarded prognosis
FSH >30 IU- a lot of COUNSELLING IS REQUIRED BEFORE attempting any procedure as recovery rates are very poor and TESA/PESA /ICSI may not be possible. Insemination with donor sperms may be suggested.
- **Low FSH, small but firm testes or normal testes- hypogonadotropic hypogonadism.** This is one of the few conditions which responds to medical management. Gonadotropin replacement is possible and to

continue for atleast 6 months to one year to be effective. Recovery of immature to mature sperms is possible for ICSI.

• **Normal FSH and testes- suggestive of OA** – VEA (vaso-epididymal anastomosis) or PESA/TESA results in almost 100% recovery and this is followed by ICSI. Prognosis is good.

2. FRUCTOSE IN SEMINAL PLASMA

• **Azoospermic male with absent fructose** –obstruction at seminal vesicle, vas deferens or ejaculatory duct.

When vas is absent –PESA –ICSI after counseling [risk of cystic fibrosis] else donor IUI.

If vas is palpable and seminal vesicle is dilated –cyst in prostatic utricle may be the reason for which cystectomy or ICSI are treatment options.

When vas palpable and seminal vesicle is not dilated or absent -PESA /ICSI are the options.

• **Fructose positive with small testes, FSH low or high-** testicular failure-TESA /ICSI or Donor –IUI

(B) Role of Medical Management

Medical treatment is indicated in a limited cases of NOA and acquired causes of hyperprolactinemia or seminal tract infection.

Gonadotropin Replacement Therapy- FSH and LH exert a synergist role for spermatogenesis with LH acting on Leydig cells to produce androgens and FSH acting on Sertoli cells to produce androgen binding globulin (ABG) which carries androgen to the lumen of seminiferous tubules for development and maturation of spermatozoa.

In hypogonadotropic hypogonadism, substitution of gonadotropins with HMG and HCG can be done. HCG is a surrogate for LH and so it increases intratesticular testosterone. Start HCG alone for 3-6 months, 1500 IU S/C 3 times per week, this increases the testosterone levels in the body and also in the testes, which is further helps in spermatogenesis on adding HMG or rFSH 75-150 IU IM three times per week. Response period for spermatogenesis is 6 to 9 months.

Clomiphene citrate has also been used for milder grades of hypogonadotropic hypoandrogenism. It binds to hypothalamic and pituitary estrogen receptors, blocking estrogenic central feedback inhibition ensuring release of gonadotropins from the pituitary thus increasing intratesticular testosterone.

Pituitary tumors- Prolactin excess inhibits GnRH thus decreases FSH, LH, intratesticular testosterone impairing spermatogenesis. Dopamine agonists –cabergoline and screening for microadenoma if prolactin is

more than 50ng/ml can help in correcting the levels. Macroadenomas are treated with surgery.

Infections–evidenced by WBC in semen or bacteria on semen culture is treated by antimicrobial therapy, anti-inflammatory medication and antioxidants to reduce oxidative stress.

(C) Surgical management: is mainly done for OA but has a limited role-Varicocelectomy

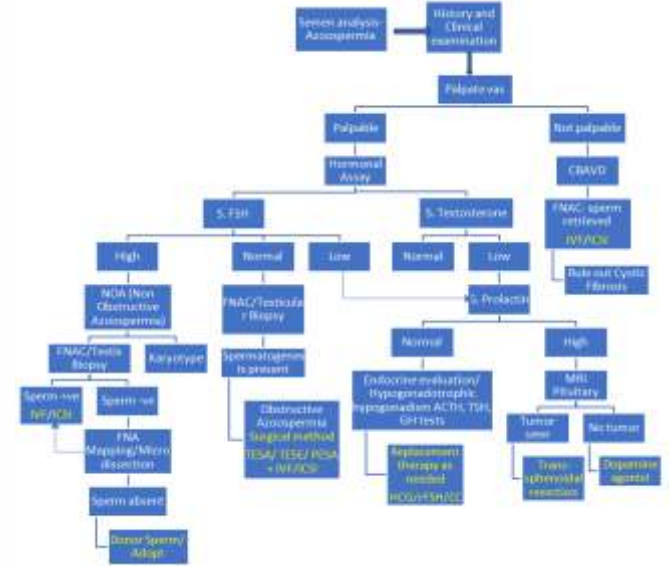
VEA-Vaso epididymal anastomosis

VVA-Vasovasal anastomosis

Resection of Mullerian cyst

Ejaculatory duct dilatation

Algorithm for management of Azoospermic Male



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SEEKING YOUR BLESSINGS AND SUPPORT FOR THE POST OF **PRESIDENT - FOGSI**

ELECTION YEAR 2024



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DR.M.C.PATEL



FINANCIAL TIPS

Dr. Jignesh C. Shah

Consultant Gynaecologist
Jigisha Multispeciality Hospital

Should doctors trade and invest in the stock market?

Warren Buffett has said, "Never ever depend on a single source of income." A lot of doctors are looking for additional sources of income. Some doctors enter into partnerships with others to do business in the fields of real estate projects, educational projects, restaurants, or other ventures. Interestingly, whenever any of our doctor colleagues make such announcements, they are uniformly greeted with well wishes and encouragement. However, our doctor friend is totally dependent on the skill and honesty of the partner with whom he/she has started the business. But once in a while, when someone posts about another type of business in the form of stock trading or investing, it is always met with negativity and discouragement.

In my opinion, stock market trading and investing is a good business model to generate a second source of income for doctors. Interestingly, there are many things that are common between the stock market and the medical profession. Let us see the similarities one by one.

Doctors study levels and trends

Doctors generally manage patients based on blood or other parameter levels and numbers. Dynamics of management, whether up-dosing or down-dosing the treatment, are decided by studying the trends of reports. Isn't the same thing required in the stock market?

Doctors scan and read charts

Right from medical inception, doctors scan and interpret charts, like ECG, EEG, fetal heart rate pattern monitoring, or even partograms. Almost similar chart reading skills are required in the stock market.

Doctors deal with uncertainty

Doctors deal with complications, the worst clinical scenarios, and changes in diagnosis and management of patients on a daily basis. Medical science is uncertain, and every patient has a different story. So doctors are trained to deal with uncertainty and to change management strategies. These are the qualities required in the stock market.

Doctors make fast decisions

Adaptability in an emergency is required to make life-altering decisions often in a split second. Fast decision-making is deeply rooted in every doctor's training. It is said that surgeons, pilots, and army personnel are the fastest decision-makers in the world. Stock market players are supposed to make fast decisions.

Doctors follow ethics

The Hippocratic Oath, which doctors take, upholds the highest ethical standards in decision-making in practice. The high pressure of performing in practice should not make a doctor give in to greed. It is important to prevent being influenced by external factors like tips and hearsay, and to maintain self-control while making rational and informed decisions.

Doctors always study

The medical profession requires years of sweat and blood to learn. Doctors know that the nuances of medicine are learned with patience, focus, and smart work.

My experience

With the above background, I started trading and investing and sharing my experience for the same with folks on telegram (t.me/bankniftydoctor) and Twitter ([@bankniftydoctor](https://twitter.com/bankniftydoctor)) and have a combined over 50k followers.

So, should doctors trade and invest in the stock market? In my opinion, yes. Doctors need a side income for financial independence. Doctors need a side income that can be managed from their own premises without requiring their physical presence. Doctors need a side income for which they already have the skills; they just need to be directed in the right way.

In conclusion:

- **Transferable Skills:** The analytical skills, data interpretation, and fast decision-making abilities inherent in the medical profession align well with those required in the stock market.
- **Financial Independence:** Engaging in the stock market offers doctors a potential source of financial independence and an additional income stream.
- **Convenience:** Stock market trading and investing can be managed without the need for physical presence, making it a convenient option for doctors.
- **Alignment with Professional Skills:** The skills doctors already possess can be effectively directed towards stock market activities with the right education and guidance.

Thus, with proper preparation, doctors can consider stock market trading and investing as a suitable and beneficial side income.

SHRIMAD BHAGWAD GITA

CHAPTER-9 THE ROYAL SECRET OF LIFE



Dr. Snehal Kale

MD (OBGY) Councillor for SIGNATURE BABY

अनन्याश्चिन्तयन्तो मां ये जनाः पर्युपासते ।
तेषां नित्याभियुक्तानां योगक्षेमं वहाम्यहम् ॥२२॥

“To those men who worship Me (LORD KRISHNA) alone, thinking of no other, to those ever self-controlled, I secure for them that which is not already possessed (YOGA) by them, and preserve for them what they already possess (KSHEMA)”.



Those who, with a single-pointed mind, thus meditate upon Him as the One and the Only Reality behind the entire universe, Krishna promises here that “TO THEM EVER SELF-CONTROLLED, I BRING Yoga AND Kshema”.

Activities gain a potency from the thought-power that feeds them.

Thoughts, from a single-pointed mind, must flow steadily in full Inspiration, Enthusiasm and Vigour towards the determined goal which the individual has chosen for himself in life.

The term ‘Upasana’ means “Worship”.

So far, THREE main secret factors without which success in life will not be assured are revealed

(a) CONSISTENCY OF WILLING AND THINKING.

(b) POURING OUT OURSELVES WITH A SINGLENES OF PURPOSE.

(c) SELF-CONTROL.

It is promised here by the Lord that to the one who is capable of maintaining the three factors described above, and pursuing them diligently, there need be

“NO ANXIETY TO GAIN, NOR WORRY TO GUARD”, because these two responsibilities will be voluntarily undertaken by the “Lord KRISHNA Himself”.

GOOD PARENTING TIPS



Dr. Kalpana Patel

MD DGO



Dr. Mita Patel

MD (Gynaec)

Good parenting is a journey which requires patience, understanding and dedication.

Children learn from what they see and parent's behavior have 60% impact on children's development.

Parenting is a team work of mother and father. It is not the competition to be good mother or good father but it's a combined effort to be true parents. Instead of separate opinion both parents should complement each other in nurturing their kids.

Here are some tips to be followed by parents for helping kids to be good, kind, self sufficient and respectable human being.

1. Give love and supportive environment where child feel safe and valued. If you give love they will give love to you as well as others in return. And will develop good bonding in all relationships.
2. Listen to them whenever they want to talk with you. If you are in busy schedule make sure to give them massage that you will spare special time for them to listen and understanding them properly. Understand their thinking and guide them if you feel it is required.
3. Every child is unique and has different potential. It's good to support them but let them explore their skill and learn individuality. Allow them to make age-appropriate decisions and explore their interest. Encourage them to view challenges as opportunities for growth and learning.
4. Spend quality time with your kids engaging in activities that learning joy and connection to your relationship and they feel frank and open with you.
5. Stay involved in their education and life. Show interest in your Child's academic and extra-curricular pursuits offering guidance and support but not yourself making decision on their behalf. Support and encourage them to strive for excellences.
6. Practice patience and understanding parenting can be challenging often so remember to remain calm, empathetic within difficult time. Understand the demands and act accordingly.
7. Take care of yourself too. Don't forget to prioritize your own physical, mental and emotional well being, as they will impact your ability to be a supportive and effective parent.
8. Remember parenting is a journey and it's okay to make mistake. By following these tips and open to learning a growth you will be able to build and maintain strong bonding/ relationship with your children.

THE MEDICAL TERMINATION OF PREGNANCY ACT 1971 AND (AMENDMENT) ACT 2003, 2020 AND AMENDED RULE 2021



Dr. M. C. Patel

Your Candidate for President FOGSI Election Year 2024

TIPS FOR SAFE ABORTION PRACTICE

• Centre must be registered

- o For New registration application in prescribed Form A with requisite documents and fees.
- o Registration is given in Form B
- o It is to be displayed at conspicuous place at the place of business.

• Person must be qualified

- o Allopathic Registered Medical Practitioner (RMP) recognized by National medical commission/medical council
- o With requisite experience
- o Required experience varies as per age of Gestation.

• Consent

- o Adult and mentally sound may give consent
- o In case of Minor or mentally challenged :consent by Guardian
- o In prescribed Form C
- o Informed consent too

• Opinion:

- o Pregnancy: up to 20 wks: opinion from one RMP
- o In prescribed Form I
- o From 20 to 24 wks : opinion from two RMPs in some categories
- o In Prescribed E
- o Beyond 24 weeks in fetal anomaly incompetent with life: medical board's opinion in prescribed Form D
- o Beyond 24 weeks: rape victim with normal pregnancy : writ petition in high court

• Indications : Grounds :

• Up to 20 weeks of pregnancy

- o Risk to the life of the pregnant woman of grave injury to her physical or mental health
- o Risk of child were born physical or mental abnormalities as to be seriously handicapped
- o Pregnancy caused by rape
- o Pregnancy due to failure of contraception method by male or female

• More than 20 weeks and less than 24 weeks of pregnancy

- o Survivors of Sexual Assault / Rape / Incest
- o Minors
- o Change of marital status during the ongoing pregnancy (*widowhood and divorce*)
- o Women with physical disabilities [major disability as per criteria laid down under the Rights of Persons with Disabilities Act, 2016 (49 of 2016)]
- o Mentally ill women including mental retardation
- o The foetal malformation that has substantial risk of being incompatible with life or if the child is born it may suffer from such physical or mental abnormalities to be seriously handicapped
- o Women with pregnancy in humanitarian settings or disaster or emergency situations as may be declared by the Government

• More than 24 weeks of pregnancy

- o With opinion by medical board in prescribed Form D in Substantial foetal congenital anomalies incompatible with

life

- o Medical board is supposed to give opinion within 3 days of application received .
- o Pregnancy is to be terminated in five days of opinion from medical board
- **Pregnancy can be terminated at any gestational age, if it is immediate necessary to save life of patient (Sec.5 of MTP act)**
- **Confidentiality**
- o No entry of the name of the pregnant woman can be made in Case sheet ,Operation theatre register, Follow up card or any other document
- o References to the pregnant woman in such place other than the admission register is to be made by serial no. assigned to the woman in admission register i.e Form III
- o No RMP shall reveal the name and other particulars of a woman whose pregnancy is terminated under this act except to the person authorised by any law for time being in force
- o **Whoever contravenes the provision of confidentiality shall be punishable with imprisonment which may extend to one year or with fine or with both**

• Incomplete Abortion, Inevitable Abortion, Missed Abortion, Blighted Ovum do not come under the MTP Act?

• Gynaecologist terminating pregnancies in case of Incomplete Abortion, Inevitable Abortion, Missed Abortion, Blighted Ovum need not to fill up the specified Form "I", "E", Form "C" and make entry of such cases in MTP register ?

• RMP running only consulting room can prescribe RU-486 if he / She has access at any registered centre under MTP act

• Certificate of approval for access should be displayed at conspicuous place of clinic

- Details of Patient undergoing termination of pregnancy should be entered in MTP register i.e Form III
- Number is given to patient in MTP register as per calendar year.
- All other correspondence of patient with number given in MTP Register

• MTP register is secret document, cannot be opened except

- o Patient has asked for certificate to grant leave from Employer
- o Under authority of Law

• Necessary records to be sent in prescribed form II to Chief District Medical Officer in stipulated time

- Pre MTP sonography is not mandatory but advisable to rule out ectopic pregnancy

• OFFENCES AND PENALTIES

Termination of pregnancy by

- o 1. any person in any other place than an approved place
- o 2. any person other than RMP – Non RMP person will be **liable for Imprisonment: not less than 2 years may extend up to 7 years.**

• ANY CONTRAVENTION OF THE REQUIREMENT OF RECORD – KEEPING: Fine : which may extend to Rs.1000

• Comply with Provisions of law

Have a litigation free practice

CME : DATE - 9TH JUNE 2024



CME : DATE - 12TH JUNE 2024



CME : DATE - 16TH JUNE 2024



CME : DATE - 23RD JUNE 2024



CME : DATE - 26TH JUNE 2024



AOGS - KASHMIR TOUR

Departure : 5th September 2024

Land Cost : 45000/-* per person

Flight cost: approx 15000/-* (it can varies) group booking will help.

Tour organiser : Flamingo

Contact person/ Inquiry and Registration : Hemal Dave - 9601660955

Book as soon as possible to get benefits of low Air fares and better quality of Hotels.

Hurry to book to have best service with flamingo and this best rates.

Limited members will be registered due to high rush.

DR. SHIRISH DAFTARY

YOUNG TALENT AWARD



FOR AOGS MEMBERS.

Please Register Your Name Before 15/09/2024 with
Your Achievements and Details.

Age: below 40 years*.

Judges

Dr. Alpesh Gandhi
Past President, FOGSI

Dr. Parul Kotadawala
Chairman, ICOG

Dr. Atul Munshi
Past Chairman, ICOG



AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY SOCIAL SECURITY SCHEME

આપણી સોસાયટીની સોશિયલ સિક્યોરીટી સ્કીમ આશરે છેલ્લા ૧૫ વર્ષથી ચાલે છે.

IMA અને AMA ની જેમ આ આપણી પોતાની ગાયનેક સોસાયટીની

Unique Security Scheme આપણાં મેમ્બર્સ માટે ઉપલબ્ધ છે.

આ સ્કીમ દ્વારા આપણાં પરિવારજનોને હાલની તારીખમાં

રૂા. ૩,૨૫,૦૦૦ જેવી માતબર રકમ મળી શકે છે. જેમ મેમ્બર્સની સંખ્યા વધતી જશે તેમ
આ DFC Amount વધતું જશે.

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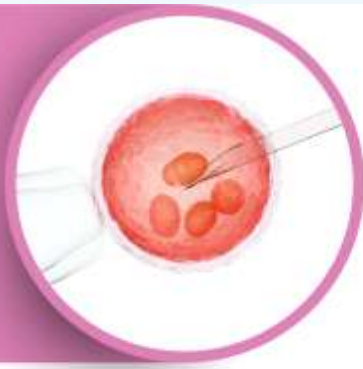
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