



AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY

AUGUST 2026
VOLUME 5

AOGS TIMES

तथास्तु



Theme: Innovate. Integrate. Inspire.

Motto: Skilled Hands, Sensitive Hearts.

HOPE

Even the longest night
makes way for dawn.

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TEAM AOGS MESSAGE



President
Dr. Munjal Pandya



Hon. Secretary
Dr. Arati Gupte

Dear AOGS Family,

Hope is not merely the expectation that tomorrow will be better. It is the quiet strength that helps us work today so that tomorrow can become better. The theme of this issue—"Hope: Every New Dawn Brings New Possibilities"—beautifully reflects the spirit with which Team AOGS continues to move forward.

August has been a month of learning, outreach, celebration and preparation. Our CME provided another meaningful platform for scientific exchange, while the staging of the play 3 Men gave our members an opportunity to connect beyond academics.

Through the AOGS School Health Programme, with Dr. Hetal Patolia being the coordinator, our committed members reached five schools across Ahmedabad, carrying reliable health information and compassionate guidance to young students. We sincerely thank Dr. Sugandha Patel, Dr. Sonal Kotdawala, Dr. Aarti Vazirani, Dr. Riddhi Mehta, Dr. Kruti Deliwala and Dr. Namrata Patel along with everyone who supported these initiatives. Such efforts remind us that the influence of our profession extends far beyond the walls of our clinics and hospitals.

This month also brought immense pride to our fraternity with the election of our respected

Dr. M. C. Patel as FOGSI President for 2028–29. His journey is a powerful example of persistence, perseverance and purposeful leadership. The grand celebration on 20th August was not only a celebration of his victory, but also of the collective strength and legacy of AOGS.

As we cherish these moments, our eyes are now set on the AOGS Annual Conference on 19th and 20th September 2026 at Hyatt Vastrapur. Designed around interactive panels and debates, audience participation, quizzes after every session, prestigious orations and thoughtfully planned social experiences, the conference promises to be both academically enriching and personally refreshing.

It represents months of teamwork by our organising committee, patrons, advisors, coordinators and volunteers. We invite every member to participate wholeheartedly and make this truly a conference "By AOGS, For AOGS".

May every new dawn inspire us to begin again—with renewed purpose, greater unity and hope in action.

With warm regards,

Dr. Munjal Pandya
President, AOGS

Dr. Arati Gupte
Hon. Secretary, AOGS

EDITORIAL

The Language of Hope



Dear Readers,

Every consultation contains two conversations. One is spoken aloud—symptoms, investigations, risks, choices and treatment plans. The other often remains unspoken: “Am I safe? Am I being heard? Is there a way forward?” It is within this second conversation that the language of hope becomes profoundly important.

In obstetrics and gynaecology, we meet people during some of the most intimate, joyful and vulnerable moments of their lives. A first heartbeat may bring overwhelming happiness; an unexpected report may suddenly alter an entire imagined future. An adolescent may struggle to voice a concern, a woman in labour may look for reassurance, and a patient facing a difficult diagnosis may be trying to understand more than the medical facts before her. In each of these moments, our communication becomes part of the care we provide.

Patients may not remember every statistic or technical explanation, but they often remember our tone, our patience and whether they felt respected. A hurried sentence can magnify anxiety. A thoughtful pause, a clear explanation or a simple acknowledgement—“I understand that this is difficult”—can help a person regain a sense of control.

This does not mean offering false reassurance. Honest medicine sometimes requires us to discuss uncertainty, complications and outcomes that nobody wishes to hear. Yet honesty need not be harsh, and realism need not feel like abandonment. We can communicate limitations while still offering direction. We can say what is known, acknowledge what is uncertain and explain what we will do next. Such communication gives patients something firm to hold on to, even when the path ahead is unclear.

Listening, therefore, is not merely courtesy; it is a clinical skill. When we listen without interrupting, we often discover the fear behind the question, the hesitation behind non-compliance or the family concern influencing a decision. Good listening allows treatment to become more individual, ethical and humane.

The same sensitivity is equally important within our professional community. Behind competence and responsibility, doctors too may carry fatigue, difficult decisions, complications and self-doubt. The way we speak to a colleague, guide a junior or respond to an error can either deepen isolation or create the confidence to learn and recover. Mentoring without intimidation and correcting without humiliation are also expressions of responsible leadership.

As editors, we hope these pages offer a brief pause amid demanding schedules—a space to learn, reflect and reconnect with the human purpose behind our profession.

*May our words leave people not with promises we cannot make,
but with understanding, dignity and the courage to take the next step.*

Warm regards,

Dr. Arati Gupte
Editor

Dr. Dhrumi Prajapati
Editor

CME - DATE : 02.08.2026



DRAMA '3 MEN' ON 1ST AUGUST, 2026



AOGS SCHOOL HEALTH PROGRAMME

CONDUCTED BY DR SUGANDHA PATEL ON 8TH AUGUST 2026 AT BLUE BELL SCHOOL



**AOGS SCHOOL HEALTH PROGRAMME
CONDUCTED BY DR SONAL KOTDAWALA ON 12TH AUGUST 2026 AT ANKUR SCHOOL**



**AOGS SCHOOL HEALTH PROGRAMME
CONDUCTED BY DR AARTI VAZIRANI ON 12TH AUGUST 2026 AT SHRI RAMBALI VIDHYAMANDIR**



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CONDUCTED BY DR RIDDHI MEHTA ON 13TH AUGUST 2026 AT SHRI GANESH VIDYAMANDIR**



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CONDUCTED BY DR. KRUTI DELIWALA ON 13TH AUGUST 2026 AT SATYAM HIGH SCHOOL**



**AOGS SCHOOL HEALTH PROGRAMME
CONDUCTED BY DR. NAMRATA PATEL ON 25TH AUGUST 2026 AT H B MEHTA VALLABHNAGAR HIGH SCHOOL**



GRAND CELEBRATION OF VICTORY OF DR. M.C. PATEL SIR DATE : 20.08.2026





Congratulations

DR. M. C. PATEL

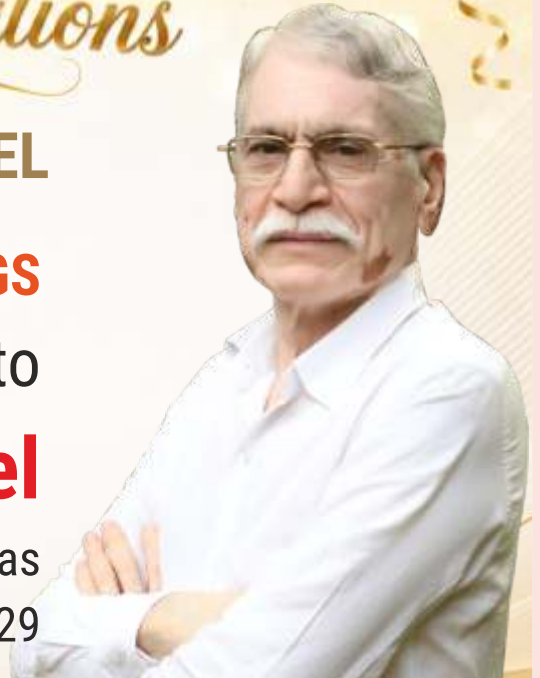
PRIDE OF AOGS

Heartiest Congratulations to

Dr. M. C. Patel

on being elected as

The President of FOGSI for 2028 - 2029



Your visionary leadership, dedication and unwavering commitment to the advancement of women's health and the fraternity continue to be an inspiration to us all.

Wishing you a successful and impactful tenure ahead!

HEARTIEST CONGRATULATIONS

DR. SUJAL MUNSHI

on being elected as

CHAIRPERSON

Urogynecology Committee,
FOGSI



With Pride and Warm Wishes
AOGS Family



ORGANIZED BY :

AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY



**AOGS
ANNUAL
CONFERENCE
2026**

19 & 20

SEPTEMBER, 2026

**VENUE : HYATT VASTRAPUR,
AHMEDABAD**

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Tentative Program



Venue: **HYATT VASTRAPUR, AHMEDABAD**

SESSIONS TIME

DETAILS



Sep 19, 2026; Saturday | Day - 1



08:00 AM - 09:00 AM

Registration & Breakfast



09:00 AM - 12:00 PM

Scientific Sessions (Quiz after Each Session)



12:00 PM - 12:15 PM

Inauguration



12:15 PM - 01:00 PM

AOGS Silver Jubilee Oration



01:00 PM - 02:00 PM

Lunch



02:00 PM - 04:30 PM

Scientific Sessions (Quiz after Each Session)



04:30 PM - 05:00 PM

Announcement of Quiz Winner
(To Be Honoured with a Medal & Exciting Prizes)



05:00 PM Onwards

Hi-Tea



07:00 PM - 08:00 PM



Art and Craft
WORKSHOP



08:00 PM - 9:00 PM

Drum circle

FEEL THE RHYTHM. CONNECT. CELEBRATE.



09:00 PM Onwards

Stand up comedy and Gala Dinner



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2026**

AOGS

Tentative Program


Venue: HYATT VASTRAPUR, AHMEDABAD

SESSIONS TIME		DETAILS
 Sep 20, 2026; Sunday Day - 2		
	09:00 AM - 12:15 PM	Scientific Sessions (Quiz after Each Session)
	12:15 PM - 01:00 PM	AOGS Golden Jubilee Oration
	01:00 PM - 02:00 PM	Lunch
	02:00 PM - 04:00 PM	Scientific Sessions (Quiz after Each Session)
	04:00 PM - 04:30 PM	Valedictory, Prize distribution and Announcement of Quiz Winner
	04:30 PM Onwards	Hi-Tea

*Together in Knowledge.
Empowering Women's Health.*





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2026**
19 & 20
SEPTEMBER, 2026
**VENUE : HYATT VASTRAPUR,
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REGISTRATION

Registration	Before 15-08-2026	After 16-08-2026
AOGS Member	₹7,000	₹9,000
Non AOGS Member	₹9,000	₹11,000
PG Student	₹4,000	₹5,000

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REGISTRATION**


PMOS

POLYENDOCRINE
METABOLIC
OVARIAN SYNDROME

Dr Chinmay Patel
MS OBGYN
Bhanujit Maternity & Nursing home

*A modern understanding
of a complex,
whole-body syndrome.*



1. WHY PCOS BECAME PMOS

The new name reflects the true nature of the syndrome.

PCOS

POLYCYSTIC
OVARY
SYNDROME



- Focus on ovaries
- Implies cysts
- Narrow perspective



PMOS

POLYENDOCRINE
METABOLIC
OVARIAN
SYNDROME



- Hormonal
- Metabolic
- Whole-body perspective

WHY IT MATTERS



More accurate
Represents the
real complexity
of the syndrome



Better diagnosis
Encourages
clinicians to look
at the whole body



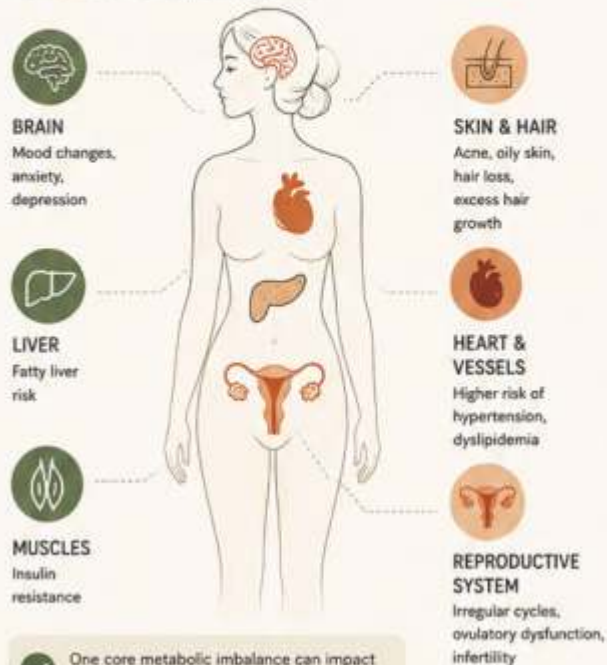
Less stigma
Moves away
from the word
"cysts"



Improved research
Supports a deeper
understanding
and better
treatment

2. PMOS AFFECTS THE WHOLE BODY

A complex name reflects the nature hormones, metabolism and multiple body systems.



3. CLINICAL SYMPTOMS

Symptoms vary among individuals in type and severity.



MENSTRUAL
Irregular or
absent periods



SKIN CHANGES
Acne, oily skin,
dark spots



EXCESS HAIR
Hirsutism
(face, chest,
abdomen)



WEIGHT GAIN
Difficulty
losing weight



FATIGUE
Low energy,
exhaustion



METABOLIC
Insulin resistance,
high blood sugar,
cholesterol



MOOD CHANGES
Anxiety,
depression,
irritability



FERTILITY
Ovulatory
dysfunction,
infertility

Not everyone experiences all symptoms.
The combination and severity are unique
to each individual.

4. DIAGNOSTIC PATHWAY

A comprehensive evaluation is essential.



Diagnosis is made when at least two of the following are present:

- Ovulatory dysfunction
- Hyperandrogenism (after exclusion of other conditions)
- Polycystic ovarian morphology



5. TREATMENT ECOSYSTEM

Management is personalized and multidisciplinary.



GOALS



Regulate hormones



Improve metabolism



Reduce symptoms



Protect long-term health & fertility

6. KEY TAKEAWAYS

What every patient and clinician should remember.



PMOS is a whole-body, multisystem disorder, not just an ovarian condition.



Insulin resistance plays a central role in many patients.



Diagnosis is comprehensive — clinical, hormonal, metabolic and imaging.



Treatment is individualized and should address root causes, not just symptoms.



Early recognition and management can prevent long-term complications.



Empowerment, education and support improve quality of life.



READER'S CORNER

Wait and Hope

A Review of
The Count of Monte Cristo
 by Alexandre Dumas

“All human wisdom is contained
 in these two words—
 Wait and Hope.”

Few novels explore betrayal, suffering, transformation and justice as powerfully as Alexandre Dumas' *The Count of Monte Cristo*. First published in 1844, this timeless classic is far more than an adventure story—it is a profound reflection on what suffering can do to a person and whether revenge can ever truly heal a wounded heart.

The novel follows Edmond Dantès, a young sailor whose life is filled with promise. He is about to become the captain of a ship and marry Mercédès, the woman he loves. However, jealousy, ambition and political manipulation lead to his wrongful imprisonment in the formidable Château d'If.

During his years in prison, Dantès meets Abbé Faria, a fellow prisoner who becomes his mentor. Faria educates him in languages, history, science and philosophy, while also revealing the existence of a hidden treasure on the island of Monte Cristo. This relationship transforms Dantès from a helpless young man into someone intelligent, patient and extraordinarily resourceful.

After escaping and discovering the treasure, he reinvents himself as the mysterious and wealthy Count of Monte Cristo. Armed with knowledge, influence and meticulous planning, he begins rewarding those who once helped him and punishing those responsible for his suffering.

What makes the novel remarkable is that Dumas does not portray revenge as a simple victory of good over evil. As Dantès' plans unfold, the reader is compelled to ask: When does justice become vengeance? Can punishment remain limited to the guilty, or does it inevitably hurt the innocent as well? Can someone who lives entirely to settle the past ever be truly free?

The novel is filled with dramatic escapes, secret identities, political intrigue and unexpected revelations. Yet its deepest strength lies in its emotional and philosophical layers. It reminds us that adversity can either deepen our wisdom or harden our hearts—the difference often lies in what we choose to do with our pain.

For medical professionals, this reflection carries special relevance. Our journeys expose us to pressure, disappointment, exhaustion and occasional injustice. Knowledge and perseverance may help us overcome these experiences, but true healing also requires compassion and the ability to move forward without allowing bitterness to guide us.

Ultimately, *The Count of Monte Cristo* is not merely a tale of revenge. It is a journey from innocence to suffering, from helplessness to power, and finally from vengeance towards understanding. Dumas leaves us with an enduring truth: we may not control what life takes away from us, but we can decide what our suffering turns us into.



Reviewed by:
Dr. Munjal Pandya


Verdict:

A gripping and unforgettable classic that entertains like an adventure while remaining with us as a lesson for life.

BULLETIN FEATURE

PHOTOGRAPHY MADE SIMPLE

SLR and mobile photography: different tools, one creative eye.



01 SLR PHOTOGRAPHY

CONTROL | LIGHT | DEPTH

SLR stands for Single-Lens Reflex. In an SLR camera, the same lens through which we compose the photograph is also used to capture it. Digital SLRs, commonly called DSLRs, record the photograph on a digital sensor. Their greatest advantage is the creative control they offer.



Aperture

controls the amount of light entering the camera and the depth of field: a wider aperture can create a softly blurred background, while a narrower aperture keeps more of the scene in focus.



Shutter speed

controls how movement is recorded; a fast shutter freezes action, while a slow shutter can create motion blur.



ISO

controls sensitivity to light, although very high ISO may add grain or noise.



Beginners need not learn every button immediately. Start with Aperture Priority mode (A or Av), use autofocus and practise in good daylight. Observe the direction of light, keep the background uncluttered and focus carefully on the main subject. Take several photographs of the same subject using different settings and compare the results. Good photography is not only about technical perfection; light, composition, timing and emotion are equally important.



A SIMPLE START

Hold steady

Focus carefully

Watch the background

Review, adjust and repeat

02 MOBILE PHOTOGRAPHY

MOMENT | FRAME | STORY



The greatest strength of mobile photography is that the camera is almost always with us. It allows us to preserve family moments, journeys, achievements, expressions and beautiful everyday scenes before they disappear.



Begin by cleaning the camera lens, as fingerprints can make photographs look hazy. Use the phone's main camera whenever possible because it generally provides the best image quality.



Tap the subject on the screen to set the focus and adjust the brightness if required. Activating the grid can help you keep horizons straight and compose images using the rule of thirds.



Avoid excessive digital zoom, as it reduces image quality. Instead, move closer when it is practical and safe. Hold the phone with both hands and pause briefly while pressing the shutter.



Look for natural light, simple backgrounds, reflections, leading lines and interesting viewpoints.



Portrait and Night modes can be useful, but they should support the photograph rather than become its purpose.



Keep editing subtle: small changes to cropping, brightness, colour and contrast are usually enough.



BEFORE YOU TAP

Clean the lens

Find the light

Simplify the frame

Wait for the moment

“ *Whatever the camera, the most important skill is learning to observe before pressing the shutter.* ”



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Precision in Embryo Biopsy



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Selection



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Success Rate



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Miscarriage



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Screening

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We are delighted to share that the case study by **Motherhood Women's & Child Care Hospital Pvt. Ltd.** has been successfully published

in the **International Journal of Clinical Obstetrics and Gynaecology**.

Published Research Topic:

Invasive versus Non-invasive PGT-A:

A Retrospective Comparative Study of Embryo Selection and IVF Outcomes in Women with Recurrent IVF Failure

Research By



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Consultant Gynaecologist & Obstetrician, IVF Specialist, Advanced Laparoscopic Surgeon



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International Journal of Clinical Obstetrics and Gynaecology 2026; 18(2): 978-985

International Journal of Clinical Obstetrics and Gynaecology

Invasive versus non-invasive PGT-A: A retrospective comparative study of embryo selection and IVF outcomes in women with recurrent IVF failure

Anand Patel and Prerana Shah

DOI: <https://www.doi.org/10.33548/2026.v18i2n.2147>

Abstract

Background: Recurrent IVF failure remains a significant clinical challenge, frequently attributed to embryonic aneuploidy. While invasive preimplantation genetic testing for aneuploidy (PGT-A) via trophectomy biopsy is well established, non-invasive PGT-A using cell-free DNA from spent blastocyst culture media has emerged as a promising alternative. However, real-world comparative outcome data remains limited.

Objective: To compare embryo aneuploidy and clinical pregnancy outcomes between invasive and non-invasive PGT-A in women with recurrent IVF failure.

Materials and Methods: This retrospective comparative study included 50 IVF cycles (30 invasive PGT-A, 20 non-invasive PGT-A) conducted from January 2023 to December 2024 at a single tertiary IVF center. Women aged >30 years with ≥2 failed IVF cycles, normal karyotypic findings, hormonal profile, and unobstructed fallopian tubes were included. Biopsied embryos were selected for single embryo transfer. The primary outcome was clinical pregnancy rate.

Results: The invasive PGT-A group demonstrated a higher clinical pregnancy rate per cycle (66.7% vs 40.0%, $p=0.03$) and a higher embryo transfer rate (75.0% vs 45.0%, $p=0.07$) compared to the non-invasive group. However, post-transfer clinical pregnancy rates were comparable (60.0% vs 50.0%, $p=1.00$). Abortion and failed live delivery rates were identical between groups (25.0% and 15.0%, respectively).

Conclusion: Invasive PGT-A was associated with a higher per-cycle clinical pregnancy rate compared to non-invasive PGT-A, possibly driven by a greater proportion of cycles proceeding to embryo transfer. Thus a single embryo was transferred. Both methods yielded comparable outcomes. Further large-scale prospective studies are warranted.

Keywords: Invasive PGT-A, Non-invasive PGT-A, Recurrent IVF failure, Trophectomy biopsy, Spent culture media, IVF outcome.

Introduction

Recurrent IVF failure, commonly defined as the failure to achieve clinical pregnancy after two or more consecutive IVF cycles with transfer of good-quality embryos, affects approximately 10-20% of couples undergoing assisted reproductive technology (ART) [1-3]. The aetiology is multifactorial, encompassing embryonic, endometrial, and immunological factors; however, embryonic aneuploidy remains the single most cited cause, accounting for 50-70% of implantation failures [1-5]. This recognition has driven the widespread adoption of preimplantation genetic testing for aneuploidy (PGT-A) as a strategy to improve embryo selection and clinical outcomes in IVF [1].

PGT-A has undergone significant evolution since its inception. First-generation approaches relied on fluorescence in situ hybridization (FISH) of single blastomeres biopsied at the cleavage stage, a method subsequently shown to lack clinical benefit owing to high mosaicism rates and technical limitations [6-8]. Contemporary PGT-A employs trophectomy (TE) biopsy at the blastocyst stage, coupled with comprehensive chromosomal screening (CCS) technologies such as next-generation sequencing (NGS), which offer markedly higher diagnostic accuracy [9-11]. Several multinational controlled trials and meta-analyses have demonstrated that TE biopsy-based PGT-A can improve implantation rates, reduce miscarriage rates, and shorten time-to-pregnancy in selected populations, particularly women of advanced maternal age and those with recurrent implantation failure [10,11].

A heartfelt thank you to our dedicated team whose expertise, collaboration, and passion made this success possible.



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NEWS



16 AUGUST 2026

Difficult Case Files: When Prognosis is challenging, solution is SNEH

Every patient tells a different story. At Sneh Hospitals, complex diagnoses meet compassionate expertise and advanced care. These cases highlight how individualized diagnosis and stepwise management can turn challenging fertility and pregnancy cases into successful outcomes.

CASE 1: TWO REAL SISTERS, TWO RARE DIAGNOSIS, TWO ROADS TO MOTHERHOOD AND SOLUTION: SNEH HOSPITALS, VADODARA CENTRE

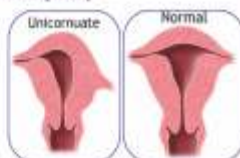
Two sisters, two uterine anomalies, two different treatment pathways and one shared destination. These cases highlight the importance of individualized diagnosis and stepwise management rather than a one-size-fits-all approach.

1.1 Unicornuate Uterus with Primary Infertility Successful Outcome via ICSI with PGT-A and Hysteroscopic Metroplasty

Case: 33-year-old with 8 years of primary infertility. HSG showed unicornuate uterus with multiple failed treatments elsewhere.

Management: Self-cycle IVF with ICSI + PGT-A. Hysteroscopic metroplasty performed. A single PGT-A euploid 4AA blastocyst was transferred.

Outcome: Conceived and delivered a healthy female child at term.



1.2 Septate Uterus with PCOS

Successful Conception via Hysteroscopic Septum Resection, PCO Drilling & IUI

Case: 36-year-old with 6 years of primary infertility and PCOS. HSG showed septate uterus.

Management: Hystero-laparoscopy with septal resection and ovarian drilling. Estrogen + progesterone for 3 months. IUD placed to reduce adhesion risk and maintained for 3 months, followed by controlled ovarian stimulation with IUI.

Outcome: Conceived with IUI and delivered a full-term healthy child.



CASE 2: A SECOND CHANCE BEFORE BIRTH TREATING A BABY IN THE WOMB, BARMER CENTRE



Managing Rh Isoimmunization : Early Detection & Intrauterine Blood Transfusion

Mrs. XYZ, 38, G5P4L2D2, was Rh-negative, while her husband was Rh-positive. Anti-D prophylaxis was not administered after her previous deliveries. Her subsequent pregnancies resulted in fetal loss due to Rh isoimmunization and hydrops fetalis. At 21 weeks, increased MCA-PSV indicated fetal anemia. After counseling, an ultrasound-guided intrauterine blood transfusion was performed using O-negative, PCV-crossmatched blood.

Outcome: Post-procedure MCA-PSV confirmed correction of fetal anemia.

CASE 3: ISTHMOCELE REPAIR PRIOR TO EMBRYO TRANSFER : CASE REPORT, MANINAGAR CENTRE

Case Details

38-year-old with two previous LSCS presented with secondary infertility. TVS identified isthmocele at the previous LSCS scar.

First Cycle – Pre-Repair

Embryo transfer on 4/9/2025 before repair resulted in a negative outcome. The uncorrected defect was suspected to affect implantation.

Intervention

Laparoscopic isthmocele repair performed on 11/11/2025. A 3-month healing interval was allowed.

Second Cycle – Post-Repair

FET on 19/3/2026 with 4AA blastocysts resulted in conception and a healthy ongoing pregnancy.



Discussion: Isthmocele repair restores myometrial continuity and may reduce fluid accumulation, improving the uterine environment before embryo transfer.



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