



AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY

AOGS TIMES

“SUTRA”

“Thread” of concise knowledge

Theme : “Women’s Health : Prevent, Detect & Thrive”

Motto : “United in Purpose, Stronger Together”

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Françoise Barré-Sinoussi was awarded the Nobel Prize in Physiology or Medicine in 2008

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TEAM AOGS MESSAGE



Dr. Nita Thakre
President



Dr. Parth Shah
Hon. Secretary

Good morning!

As we near the end of the financial year I thought this is a conversation we need to have: Medicine and money.

For a long time, doctors were told that if they worked hard, financial stability would automatically follow. That idea doesn't really hold true anymore. Rising education costs, changing healthcare models, inflation, and longer careers mean that many doctors—despite decent incomes—feel financially stressed. The problem isn't lack of earning, but lack of financial awareness. And that stress doesn't stay outside the clinic; it quietly affects wellbeing, job satisfaction, and even burnout.

Most of us were never taught how to manage money. So we learn through trial and error—sometimes expensive ones. Lifestyle creep, inadequate insurance, bad investment advice, and poorly planned tax decisions are common traps. Doctors are especially vulnerable because we're busy, trusting, and often targeted by advisors selling complex products. The truth is, finance doesn't need to be complicated. Just like medicine, the basics—planning, risk management, and consistency—matter far more than flashy promises.

Talking about money should not feel uncomfortable or unprofessional. Financial security actually supports ethical practice by reducing pressure and giving doctors more freedom to make patient-centred decisions. Whether it's managing a clinic, planning for retirement, or simply understanding where your income goes, financial literacy is no longer optional. Taking care of our finances is not about becoming rich—it's about protecting our independence, our peace of mind, and our ability to practice medicine well.

So let's decide to open up and have those uncomfortable conversations, and help each other along the way.

Dr. Nita Thakre
President

Dr. Parth Shah
Hon. Secretary

CENTERSTAGE



Françoise Barré-Sinoussi

Françoise Barré-Sinoussi was awarded the **Nobel Prize in Physiology or Medicine in 2008** (shared with Luc Montagnier) for her pivotal role in the **discovery of the Human Immunodeficiency Virus (HIV)**, the causative agent of AIDS. In the early 1980s, when AIDS was emerging as a mysterious and fatal syndrome, Barré-Sinoussi and her colleagues at the Pasteur Institute in Paris succeeded in isolating a novel retrovirus from the lymph node of a patient with early AIDS symptoms. Their meticulous virological work demonstrated that this virus specifically targeted CD4⁺ T lymphocytes, leading to immune system collapse. This discovery decisively established HIV as the etiological agent of AIDS, ending scientific uncertainty and redirecting global research efforts toward a defined viral target.

The identification of HIV transformed modern medicine and public health. Barré-Sinoussi's work laid the foundation for the development of **diagnostic tests**, enabling blood-screening programs that dramatically reduced transmission through transfusion. It also accelerated research into **antiretroviral therapies**, which have since turned HIV infection from a fatal disease into a manageable chronic condition for millions worldwide. Beyond the laboratory, Barré-Sinoussi has remained deeply engaged in global HIV/AIDS advocacy, emphasizing prevention, equitable access to treatment, and the importance of collaboration between scientists, clinicians, and affected communities. Her achievement stands as a landmark example of how fundamental biomedical research can rapidly translate into life-saving clinical and public health interventions.

MEDICAL NEWS

Record Organ Transplants at IKDRC

The Institute of Kidney Diseases and Research Centre (IKDRC) in Ahmedabad achieved a major medical milestone in 2025, performing **502 successful kidney transplants**, along with **86 liver transplants** – emerging as one of India's leading advanced transplant centers. Robotic transplant techniques are expanding under government healthcare schemes like Ayushman Bharat-PMJAY, improving access for lower-income patients.

Expanded Nutrition Tracking

Gujarat's Women & Child Development Department added **~645,000 new beneficiaries** to the Poshan Tracker app over two months, focusing on pregnant women, lactating mothers, and children under six to strengthen nutrition and maternal–child health outcomes

Nipah Virus Containment with Regional Vigilance

India recently **confirmed two cases of the deadly Nipah virus** in West Bengal earlier in January 2026, prompting extensive contact tracing and quarantine of nearly 200 individuals; all tested contacts remained asymptomatic. Despite heightened screening by neighboring countries, the World Health Organization states the **risk of broader spread beyond India is low**, as transmission remains limited and contained.

National Vaccine & Disease Prevention Priorities

Experts have highlighted major **vaccine breakthroughs anticipated in 2026**, particularly from mRNA platforms and advances toward HIV and other challenging pathogens – underscoring global immunization efforts and future pandemic preparedness.

World Health Trends Shaping 2026

Health authorities and medical analysts are focusing on how **gene therapy, AI in healthcare, aging populations, and chronic disease burdens** will shape global health in 2026, with innovation and public health investment prioritized alongside infectious disease vigilance.

Cancer Research Advances

Cancer research remains one of the fastest-moving and most impactful areas of global medical science. Breakthroughs reported through 2025 reflect major progress in **targeted therapies, immuno-oncology, and molecular diagnostics**, with several novel agents demonstrating improved survival and reduced toxicity. Equally significant are advances in **early detection**, including liquid biopsies and AI-assisted imaging, which promise to identify malignancies at earlier, more treatable stages. The focus is increasingly shifting from one-size-fits-all treatment to precision oncology, where therapy is guided by tumor biology and individual patient profiles.

Vaccine Innovation Roadmap

Global vaccine leaders stress ongoing development for next-generation vaccines – including those targeting HIV, influenza, and other high-impact diseases – aiming for broader immunity and outbreak prevention.

AOGS and Gujarat ISAR CME - Date : Sunday, 25th January, 2026



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IVF IS FAR MORE THAN JUST CONCEPTION



Dr. Jwal Banker,
Banker IVF

In Vitro Fertilisation (IVF) is commonly perceived as a treatment meant only for couples struggling to conceive as a last resort. While addressing infertility remains an important indication, the scope of IVF has expanded significantly in recent years to address multiple reproductive challenges.

IVF is increasingly used for couples with recurrent pregnancy loss (RPL)^{1,2} where chromosomal abnormalities account for nearly 50-60% of first-trimester miscarriages, especially with advancing maternal age. Through Preimplantation Genetic Testing for Aneuploidy (PGT-A), IVF allows the selection of chromosomally euploid embryos, thereby reducing miscarriage rates and improving live birth outcomes¹.

IVF also plays a vital role in fertility preservation for patients diagnosed with cancer, as chemotherapy and radiation therapy can permanently damage ovarian reserve and spermatogenesis. Cryopreservation of sperms, oocytes or embryos before treatment has now become an integral part of onco-fertility care³. In addition, it allows couples to cryopreserve embryos who choose to delay childbearing due to social, education or professional commitments, preserving reproductive potential at a younger age and planning pregnancies in their late 30s-40s⁴. In cases where a woman cannot carry a pregnancy due to uterine factor infertility, chronic medical conditions or repeated implantation failure, surrogacy offers a safe pathway to parenthood where IVF is essential to create embryos ensuring genetic parentage, which are then transferred to the surrogate⁵.

Beyond fertility and pregnancy outcomes, IVF has emerged as a powerful tool for genetic disease prevention. Preimplantation Genetic Testing for Monogenic disorders (PGT-M) enables couples who are carriers of inherited single-gene disorders to have unaffected children⁶. This is particularly relevant in our country, where genetic diseases such as β -thalassemia are highly prevalent with around 10,000 affected children being born each year, highlighting the importance of PGT-M to prevent affected births.

An advanced application of PGT-M is the saviour sibling concept, which transforms IVF into a life-saving intervention. Embryos are selected for both being free of the genetic disorder as well as Human Leucocyte Antigen (HLA) matched to the affected sibling which allows the disease free HLA-matched newborn's cord blood and bone marrow to be used for hematopoietic stem cell transplantation in conditions such as thalassemia major, aplastic anemia and certain immunodeficiency disorders. With appropriate counselling and ethical oversight, it enables families to welcome a healthy child while offering a potentially curative treatment to an existing one⁷.

Another important genetic application of IVF is Preimplantation Genetic Testing for Structural

Rearrangements (PGT-SR). PGT-SR is offered to couples where one partner carries a balanced chromosomal rearrangement, such as a translocation or inversion⁸. These individuals are often phenotypically normal, but have a higher risk of recurrent miscarriages and chromosomally abnormal offspring. By identifying embryos with a normal or balanced chromosomal complement, PGT-SR helps reduce miscarriage rates and improves the chances of a healthy live birth.

At our centre, IVF services have evolved to include advanced genetic testing and fertility preservation alongside conventional infertility treatment. Over the past 13 years, a total of 17,000 IVF cycles have been performed. About one tenth of these intending parents chose PGT before the transfer due to various reasons but with the same goal, a genetically fit and healthy baby. Among these, 176 cycles involved PGT-A for recurrent pregnancy loss, 44 cycles were performed for couples with chromosomal rearrangements, and 166 cycles (carried out for 77 couples) involved PGT-M for prevention of inherited genetic disorders with the most common indication for PGT-M being β -thalassaemia. Clinical pregnancy rates following transfer of genetically tested embryos have been approximately 70%, with a significant reduction in miscarriage rates in patients with RPL. Our centre reported the first successful saviour sibling case in India⁹ in 2019, and till date about thirty-one carrier couples have undergone PGT-M with HLA matching for saviour sibling.

In conclusion, IVF today is far more than a means to achieve pregnancy. It has become a cornerstone of preventive and therapeutic reproductive medicine, providing solutions for pregnancy loss, fertility preservation, surrogacy, genetic disease prevention, and even life-saving treatment.

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MEDICAL QUIZ

Human Immunodeficiency Virus (HIV)

1. A 32-year-old man presents 3 weeks after unprotected intercourse with fever, rash, and lymphadenopathy. HIV ELISA is negative. Which test is most appropriate to confirm the diagnosis?

- A. HIV-1 antibody by Western blot
- B. HIV-1 p24 antigen alone
- C. Repeat ELISA after 3 months
- D. HIV-1 RNA (viral load) by PCR

2. Which CD4 cell count threshold is an indication for Pneumocystis jirovecii pneumonia (PJP) prophylaxis?

- A. <500 cells/ μ L
- B. <350 cells/ μ L
- C. <200 cells/ μ L
- D. <100 cells/ μ L

3. A newly diagnosed HIV-positive patient has a CD4 count of 480 cells/ μ L and an HIV RNA of 45,000 copies/mL. According to current guidelines, antiretroviral therapy (ART) should be:

- A. Deferred until CD4 <350 cells/ μ L
- B. Started only if viral load exceeds 100,000 copies/mL
- C. Initiated immediately regardless of CD4 count
- D. Initiated only if symptomatic

4. Which antiretroviral drug class is most strongly associated with lipodystrophy and insulin resistance?

- A. Integrase strand transfer inhibitors (INSTIs)
- B. Non-nucleoside reverse transcriptase inhibitors (NNRTIs)
- C. Entry inhibitors
- D. Protease inhibitors (Pis)

5. A patient with advanced HIV presents with headache, fever, and altered sensorium. MRI shows ring-enhancing lesions in the basal ganglia. CD4 count is 45 cells/ μ L. The most likely diagnosis is:

- A. Primary CNS lymphoma
- B. Progressive multifocal leukoencephalopathy
- C. Toxoplasma encephalitis
- D. CMV encephalitis

6. Which opportunistic infection prophylaxis should be initiated in a patient with CD4 count <50 cells/ μ L?

- A. Fluconazole for cryptococcosis
- B. Azithromycin for Mycobacterium avium complex
- C. Acyclovir for HSV
- D. Isoniazid for tuberculosis

7. Immune reconstitution inflammatory syndrome (IRIS) most commonly occurs:

- A. Before initiation of ART
- B. During acute HIV infection
- C. Within weeks to months after starting ART
- D. Only in patients with high CD4 counts

8. Which ART regimen is preferred as first-line therapy in most treatment-naïve adults?

- A. Two NRTIs + an integrase inhibitor
- B. Two NRTIs + a protease inhibitor
- C. One NRTI + one NNRTI
- D. Monotherapy with an integrase inhibitor

9. A pregnant woman with HIV has an undetectable viral load on ART at 36 weeks. The recommended mode of delivery is:

- A. Elective cesarean section for all patients
- B. Vaginal delivery if viral load is suppressed
- C. Cesarean only if CD4 <200 cells/ μ L
- D. Assisted vaginal delivery with forceps

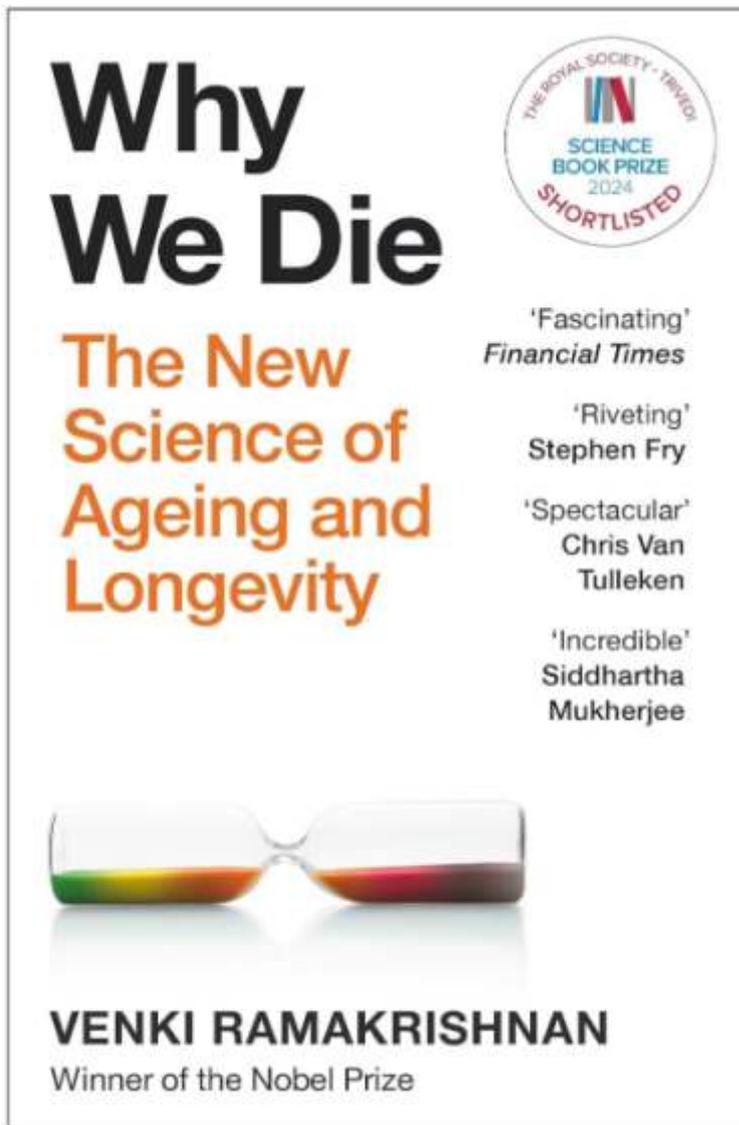
10. Which statement regarding HIV transmission is correct?

- A. Undetectable viral load eliminates the need for ART adherence
- B. HIV can be transmitted through saliva
- C. "Undetectable = Untransmittable (U=U)" applies to sexual transmission
- D. Breastfeeding is safe in all HIV-positive mothers

Answer Key

1.D, 2.C, 3.C, 4.D, 5.C, 6.B, 7.C, 8.A, 9.B, 10.C

READER'S CORNER



Book Review: Why We Die – The New Science of Ageing and Longevity

Venki Ramakrishnan

Why We Die is one of those rare science books that makes you pause—not because it overwhelms you with data, but because it asks questions we quietly avoid. Written by Nobel laureate Venki Ramakrishnan, the book explores something deeply personal yet universally relevant: why ageing happens, and whether science can meaningfully delay death. Ramakrishnan begins by cutting through the noise surrounding longevity research. We live in an era obsessed with “anti-ageing”—from miracle supplements to bold claims of reversing time. Instead of feeding into this hype, the author calmly explains what science actually knows. He walks us through the biology of ageing—telomeres, DNA damage, misfolded proteins, failing mitochondria—in a way that feels more like a thoughtful conversation than a lecture. Even complex ideas are explained clearly, without talking down to the reader.

One of the book’s strengths is its honesty. Ramakrishnan discusses promising areas such as caloric restriction, longevity genes, and drugs like metformin and rapamycin, but he is

careful not to oversell them. As physicians and scientists, this restraint feels refreshing. The message is clear: extending lifespan is far more complicated than fixing a single pathway, and living longer does not automatically mean living better.

The book becomes especially engaging when it moves beyond biology to the bigger picture. What would extreme longevity mean for society? Who would benefit, and who would be left behind? Ramakrishnan raises uncomfortable but important questions about inequality, healthcare systems, and whether the pursuit of immortality is even desirable. He is particularly critical of the commercial anti-ageing industry, reminding readers that improving healthspan—not just lifespan—should be medicine’s real goal.

Perhaps the most reassuring aspect of Why We Die is its humanity. Despite being written by a molecular biologist, it never loses sight of the lived experience of ageing, illness, and death. Ramakrishnan does not argue that death is a failure of science; instead, he frames it as a fundamental part of life that gives urgency and meaning to how we live.

In the end, Why We Die doesn’t promise eternal youth—and that is exactly why it works. It offers clarity instead of false hope, perspective instead of panic. For doctors, researchers, and curious readers alike, this book is a thoughtful reminder that the future of medicine lies not in chasing immortality, but in helping people live longer, healthier, and more dignified lives.



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15 FEBRUARY 2026

Turning Asherman Syndrome into Twin Smiles: A Story of Medical Precision and Hope

Mrs. XYZ came to our center from gota at the age of 33 with a long and painful history of infertility, having tried to conceive for 13 years. She suffered from scanty menstrual cycles and had been diagnosed elsewhere with Asherman syndrome and bilateral tubal block during hysteroscopy. She was advised surrogacy, leaving her heartbroken but still hopeful. At our center, we reassessed her condition with a relook hysteroscopy. Adhesiolysis was carefully performed, to improve the uterine lining. Ovarian stimulation resulted in three A-grade blastocysts. With hormone-based endometrial preparation, an endometrial thickness of 4.5 mm was achieved, and two blastocysts were transferred. Her pregnancy test was positive, and in December 2025, she delivered healthy twins, turning years of despair into a story of hope and triumph.



When One Perfect Embryo Changed Everything

At 43, Mrs. XYZ from nikol came to our IVF center after multiple IVF failures and years of emotional struggle. With a low AMH of 0.5 and poor ovarian reserve, her dream of motherhood seemed uncertain, yet her hope remained strong. A carefully tailored IVF protocol and personalized pre-medication were planned with utmost care.

From four retrieved eggs, one high-quality 4AA embryo was formed and confirmed normal through PGT-A testing. That single embryo carried all her dreams. The transfer led to success in the very first attempt. In January 2026, Mrs. XYZ welcomed a healthy baby boy, turning years of heartbreak into joy.

A Journey from Zero Sperm to New Life, Powered by Expertise and Advanced ART

Mrs. XYZ, aged 39 and her 43-year-old husband came to our center from bopal, after facing infertility due to azoospermia, a condition where sperm is absent in semen. The journey was emotionally challenging, but the couple remained determined. She underwent ovarian stimulation using a carefully planned protocol, while her husband underwent Micro-TESE, performed by an expert uro-surgeon to retrieve sperm directly from the testes. Seven mature eggs were obtained, from which a single good-quality blastocyst was formed. A single embryo transfer was performed with great care. The treatment resulted in a successful pregnancy, and in June 2025, Mrs. XYZ delivered a healthy baby, marking a joyful end to a long journey and a beautiful beginning for the family.



Over coming fear of needle prick to NO needle prick exclusive IVF approach at Sneh IVF

Mrs. XYZ, a 30-year-old woman, came to our center from baroda with secondary infertility due to bilateral tubal block. Although she wished for a second child, her journey was delayed for years because of a deep fear of injections. Understanding her concern, she chose our needle-free IVF approach, which helped her move forward with confidence and comfort.

Following treatment, 10 mature (M2) eggs were retrieved, resulting in four healthy embryos. A single embryo transfer was performed. Today, Mrs. XYZ is 8 weeks pregnant with a healthy pregnancy and good cardiac activity, joyfully stepping into the next chapter of motherhood.



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