

Breaking Silos Across: Adolescence to Menopause

Date: 10th-11th August, 2019
Venue: Hotel Lalit, New Delhi

e-Abstract Book



Dr Nandita Palshetkar
President FOGSI



Dr Sudha Prasad
Vice President, FOGSI
Organising Chairperson



Dr Sunesh Kumar
President AOGD
Co-Chairperson



Dr Ashok Kumar
Vice President AOGD
Organising Secretary
& Scientific Chairperson

FOGSI Committees

Adolescent Health

Endometriosis

Family Welfare

Infertility

Medical Termination of Pregnancy

Mid Life Management

Public Awareness

Urogynecology

ICOG granted 10 credit points



Welcome to Breaking Silos Across: Adolescence to menopause

Welcome to New Delhi, laid out by British architect Edwin Lutyens, the Indian capital is a striking modern metropolis. A gracious contrast to old Delhi winding streets, the grand avenues and stately buildings of New Delhi are rich with history and culture. The capital city of India and base location to explore north India, Delhi is considered to be the city with the heart.

It gives us great pleasure to welcome you all on behalf of Federation of Obstetrics and Gynaecology society of India (FOGSI) and Association of Obstetricians and Gynaecologists of Delhi (AOGD) to this national conference, **“Breaking Silos Across: Adolescence to menopause”** on 10th and 11th August, 2019 in New Delhi.

Highlights of the conference include discussion on Antenatal care, High risk obstetrics, Intrapartum care, Endoscopic surgery and Infertility. With recent surge in medicolegal cases against doctors we have also incorporated a symposium on medicolegal issues. Oral and poster presentation will allow delegates to share their research and clinical experiences on a wider platform. To add to the enthusiasm we have added quiz for young delegates on emergency obstetrics.

The conference setting promotes extensive contact among speakers and participants with question periods, panels, and many opportunities for informal interaction. Care has been taken to ensure the postgraduates and fellows get ample opportunities to interact and clear their doubts with faculty of eminence.

Looking forward to welcoming you all!



Breaking Silos Across: Adolescence to Menopause

Date: 10th-11th August, 2019

Venue: Hotel Lalit, New Delhi

e-Abstract Book

Conference Secretariat

Dr Sudha Prasad, Vice President, FOGSI

IVF & Reproductive Biology Centre, Department of Obstetrics & Gynaecology

Maulana Azad Medical College & Lok Nayak Hospital, New Delhi - 110002

Tel.: 011-23238193, Email: breakingsilosacross2019@gmail.com

Contact: **Ms. Surekha**, +91 8851721639 | **Ms. Alice Jacob**, +91 9015756821

Organising Committee



Dr Nandita Palshetkar
President FOGSI



Dr Sudha Prasad
Vice President, FOGSI
Organising Chairperson



Dr Sunesh Kumar
President AOGD
Co-Chairperson



Dr Ashok Kumar
Vice President AOGD
Organising Secretary
& Scientific Chairperson



Dr Renu Tanwar
Treasurer



Dr Kamna Datta
Co-Treasurer



Dr Saumya Prasad
Web & Media Co-ordinator



Dr Taru Gupta



Dr Juhi Bharti



Dr Yukti Wadhawan
Joint Secretaries



Dr Neha Gupta



Dr Niharika Dhiman



Dr Poonam Laul



Dr Pikee Saxena



Dr Aparna Sharma
Scientific Committees



Dr Urvashi Miglani



Dr Pinkee Saxena



Dr Anubhuti Rana



Dr Asmita Kaundal



Dr Garima Sharma
Free Communication



Dr Astha Singh



Dr Poonam Kashyap



Dr Neha Purthy
Quiz Masters



Dr Kavita Agarwal

Contents

Messages	4
Scientific Programme.....	9
Presidential Oration.....	15
Abstracts:	
Invited Lectures.....	17
Free Communication:	
Oral/Poster presentation	31

डॉ. विनोद कुमार पॉल
सदस्य
Dr. Vinod K. Paul
MEMBER



भारत सरकार
नीति आयोग, संसद मार्ग
नई दिल्ली- 110 001
Government of India
NATIONAL INSTITUTION FOR TRANSFORMING INDIA
NITI Aayog, Parliament Street
New Delhi-110 001
Tele. : 23096809 Telefax : 23096810
E-mail : vinodk.paul@gov.in

7th August, 2019



MESSAGE

It gives me immense pleasure to know that Federation of Obstetrics and Gynaecology society of India (FOGSI) in association with Association of Obstetricians and Gynaecologists of Delhi (AOGD) is Organising the national conference **Breaking Silos Across: Adolescence to menopause** on 10th and 11th august 2019 in New Delhi.

Women's health is integral to overall health in families, communities, and society as a whole however in developing countries like in India, women health is usually put at the backburner by themselves or their families. FOGSI since its inception has been doing tremendous work towards promoting women's health and reproductive rights. This national congress is another attempt towards achieving these goals. Faculty of national and international repute will be discussing a range of women health issue from adolescent to menopause. The academic event will also provide a tremendous platform for the junior members of the fraternity to present their research in form of oral and poster presentations.

I congratulate Dr. Sudha Prasad, Organising Chairperson and vice president FOGSI and other members of the organising committee for their tremendous effort and wish this conference a grand success.

(Dr. V. K. Paul)



एक कदम स्वच्छता की ओर



Dr Nandita Palshetkar

MD, FCPS, FICOG
Gynaecologist & Infertility Specialist,
President FOGSI
Vice President ISAR & AMOGS

Message from the President - FOGSI

My Dear FOGSIAN's

I bring you greetings from The Federation of Obstetrics and Gynaecological Societies of India (FOGSI).

Our FOGSI theme this year is "*We for Stree- Safer, Stronger, Smarter*" and so we As Women's Health Care Providers all three if we should be talking about the challenges that our "Stree" faces from the time she enters womanhood and this conference "**Breaking Silos across Adolescence to Menopause**" spear headed by Dr Sudha Prasad is just about that. It's about beginning a dialogue about things we were so afraid to talk about and to talk about what we as Obstetricians and Gynaecologist can and should do to make a positive difference in the lives of our women.

I would like to congratulate Dr Sudha Prasad, Dr Ashok Kumar and the organizing committee for conceptualizing and executing such a brilliant and wonderful conference. The conference witnessed some thoughtfully curated sessions on Antenatal Care, High Risk Obstetrics, Reproductive and Adolescent Health. This scientific abstract book is the accumulation of all the scientific proceedings of this conference that can be referred at one's convenience.

Yours in FOGSI,

Nandita P. Palshetkar



Dr Nandita Palshetkar
President FOGSI 2019



Prof Tushar Kar

Professor
Department of Obstetrics & Gynaecology,
SCB Medical College
Cuttack

Message from the Chairperson - ICOG

It is indeed great pleasure to know that the National Conference 2019 of Federation of Obstetrics and Gynaecological Society of India in association with AOGD is going to happen at new Delhi on 10th and 11th August 2019. The theme **“Breaking Silos across Adolescence to Menopause”** has been rightly chosen. Truly this can cover all the streams of OBGYN in special reference to woman’s healthcare which will be quite useful for all the practitioners as well as entire fraternity

Fourth Dimension which includes Meditation, Spirituality & Exercise for adolescents to elder has a great impact on Physical, Mental as well as on Intellectual health. Moreover, we can have a critical analysis of various problematic situations in our clinical practice of different ages. Of course, this type of conference will help the clinicians & the PG to a great extent.

“If you stop learning, you become old whether at twenty or eighty.

If you keep learning, you stay young.”

I wish a grand success of the congress and my best wishes to our TEAM AOGD.

Dr Tushar Kar
Chairperson ICOG 2019



Dr Sudha Prasad

Dir Prof and IVF Coordinator
IVF & Reproductive Biology Centre
Department of Obstetrics and Gynecology
Maulana Azad Medical College
New Delhi

Message from the Organising Chairperson

Dear Friends,

It gives me great pleasure to welcome you all on behalf of Federation of Obstetrics and Gynaecology society of India (FOGSI) and Association of Obstetricians and Gynaecologists of Delhi (AOGD) to this national conference, **“Breaking Silos Across: Adolescence to menopause”** on 10th and 11th August, 2019 in New Delhi.

The field of Obstetrics and Gynaecology has taken significant strides in the recent decades however in a developing country like India equitable distribution of healthcare to women still remains a distant dream. As leaders in the field of women health, it is our duty to share our knowledge with everyone. Silo builds the wall in people’s minds and creates the barrier in their hearts. Our conference’s name “Breaking Silos” aims at collapsing the barriers and creating a vision that can spark innovation in unexpected ways.

With advent of IT revolution there has been an information explosion in the medical field and it has become very difficult for the practitioner of medicine to keep up with what is latest and cutting edge. With this in mind we have designed this conference to cover important and burning topics along with latest innovation in field of obstetrics and gynaecology through a wide range of high-quality lectures and presentations by faculty of national and international repute.

To ensure bidirectional exchange of knowledge, along with the regular sessions like symposium, debate and panel discussions we have also introduced as special sessions **“chai pe charcha”** enabling delegates to exchange ideas and experiences with opinion leaders from different obstetrical and gynaecological sub-specialities. Other key highlights of the conference include discussion on antenatal care, high risk obstetrics, intrapartum care, endoscopic surgery and infertility. With recent surge in medicolegal cases against doctors we have also incorporated a symposium on medicolegal issues. Oral and poster presentation will allow delegates to share their research and clinical experiences on a wider platform. To add to the enthusiasm we have added quiz for young delegates on emergency obstetrics.

I thank all the members of organising committee who have worked tirelessly in the preceding months to bring this endeavour to fruition. It also gives me immense pleasure to present the scientific proceedings and abstract book of this conference. We were pleasantly overwhelmed by the enthusiastic contributions of the young members of the society in form of oral presentation and posters. Organising the e-book was quite an arduous task and members of the editorial team deserve a special applause.

Once again I welcome you all and hope this congress will be an intriguing blend of intellectual discussion and momentous social interaction enriching your knowledge and add value to your daily work and also offer a unique opportunity to meet up with peers from both industry and academia.

Dr Sudha Prasad
Vice President FOGSI



Dr Ashok Kumar

Dir Prof.
Department of Obstetrics and Gynecology
Maulana Azad Medical College
New Delhi

Message from the Organising Secretary

It gives me immense pleasure to welcome you all to our National conference ***“Breaking Silos Across: Adolescent to Menopause”***. The programme has been meticulously mapped out to cover various contemporary topics related to women health through different stages of their lives.

The conference spanning over the period of two days includes scientific sessions, guest lecture, panel discussions, debate and quiz to enhance our understanding of complicated Obstetric and Gynecological issues. Seeing the growing distrust among the general public and doctors scientific committee has decided to understand the problem and find a solution to it through an interactive session between on *“Rebuilding the trust between Doctor-Patient relationship”*.

We are thankful to our young researchers for showing their enthusiasm in this academic event to make it a success. We have received more than 100 abstracts for our free communication session which have been compiled in our abstract book.

I gratefully acknowledge the contribution of all faculty and participants from all over India who have devoted their time and effort to disseminate knowledge. I am indeed indebted for having a dynamic and enthusiastic team in organizing this conference.

Looking forward towards your active participation.

Dr Ashok Kumar

Vice President AOGD
Organising Secretary
& Scientific Chairperson

Scientific Programme

Scientific Programme

Day 1, 10th August 2019

Hall A

Time	Topics	Speakers/ Panelists	Chairpersons / Moderators
Session I 09.00am-10.00am	Antenatal Care		
09.00am-09.15am	Antenatal Care Package	Dr Kiran Guleria	Dr Harsha Khullar
09.15am-09.30am	"Inverted Pyramid" Care	Dr Pratik Tambe	Dr Abhilasha Gupta
09.30am-09.45am	Vaccination During Pregnancy	Dr Madhavi M Gupta	Dr Ruchi Srivastava
09.45am-10.00am	Dying Art of Vaginal Delivery	Dr Seema Hakim	Dr Pinkee Saxena
Session II 10.00am-11.00am	High Risk Obstetrics		
10.00am-10.15am	How to Reduce Mortality in Peripartum Cardiomyopathy ?	Dr Reva Tripathi	Dr Manjeet Mohi
10.15am-10.30am	Role of Oral Hypoglycemics in GDM	Dr Jayam Kannan	Dr Deepa Masand
10.30am-10.45am	Obstetrics Triage: Need of the Hour?	Dr Ashok Kumar	Dr Raka Guleria
10.45am-11.00am	Saving Mothers- Extending Supporting Hand	Dr Rajender Singh Pardeshi	Dr Shehla Jamal
Session III 11.00am-12.00noon	Key Note Addresses		
11.00am-11.15am	Prophylactic Salpingectomy at Benign Hysterectomy	Dr Tushar Kar	Dr Rajat Mohanty
11.15am-11.30am	PCOS: Role of Insulin Sensitizers?	Dr K D Nayar	Dr A G Radhika
11.30am-11.45am	Future of Controlled Ovarian Hyperstimulation-Powerful but Physiological	Dr Gouri Devi	
11.45am-12.00noon	Application of Focused Ultrasound Surgery in Gynaecology	Dr Rosie Xing	
Session IV 12.00am-12.30pm	Presidential Oration		
12.00noon-12.30pm	Understanding Fertility Preservation	Dr Nandita Palshetkar	Dr S N Mukherjee Dr Urmil Sharma Dr Kamal Buckshee Dr Neera Agarwal Dr Sudha Prasad
12.30noon-01.15pm	Inauguration		
Session V 01.15pm-02.00pm	Lunch Session Skill & Drill - PPH Management Faculty Coordinators: Dr Rashmi Asif, Dr Aruna Nigam, Dr Juhi Bharti		
Session VI 02.00pm-03.00pm	Intrapartum Care- Guest Lectures		
02.00pm-02.15pm	Fluid Management in Labour	Dr Rakesh Kumar	Dr Pushpa Chandra
02.15pm-02.30pm	Blood and Blood Components in Labour	Dr Rati Ram Sharma	Dr Kiran Trivedi
02.30pm-02.45pm	Intrapartum Care- New Perspectives	Dr Achla Batra	Dr Bela Makhija
02.45pm-03.00pm	Practices for Positive Child Birth Experience	Dr Jyoti Agarwal	Dr Neeru Kiran
Session VII 03.00pm-04.00pm	Endoscopic Surgeries: Video Presentation I		
03.00pm-03.15pm	Lymphadenectomy in Gynaecological Malignancies	Dr Aswath Kumar	Dr Anupam Kapor
03.15pm-03.30pm	Fertility Enhancing Surgery	Dr Kuldeep Jain	Dr Mala Arora
03.30pm-03.45pm	Robotic Myomectomy	Dr Ranjana Sharma	Dr Manash Biswas
03.45pm-04.00pm	Robotic Hysterectomy	Dr Anupama Bahadur	Dr Sujata Swain
Session VIII 04.00pm-05.00pm	Endoscopic Surgeries: Video Presentation II		
04.00pm-04.15 pm	Laparoscopic Surgery in Adolescents	Dr Dinesh Kansal	Dr Neerja Goel
04.15pm-04.30pm	Retropubic TVT insertion - how do I do it?	Dr Neeta Thakre	Dr Mala Srivastava
04.30pm-04.45pm	Complications of Laparoscopic Surgeries	Dr Rohan Palshetkar	Dr Poonam Sachdeva
04.45pm-05.00pm	Adhesiolysis in Difficulty Cases	Dr Shivani Sabharwal	Dr Nidhi Khera
Session IX 05.00pm-06.30pm	Panel Discussion: Rebuilding The Trust between Doctor - Patient Relationship Anchor/Moderator: Ms Neha Khanna, Dr Neha Gupta Panelists: Dr Vipin Aggarwal, Dr Arun Gupta, Dr Girish Tyagi, Dr R N Tandon, Dr Sharda Jain, Dr Manu Bhatnagar, Ms Jayanti Ms Radhika Thapar, Ms Amrit Oberoi, Mr Samuel Nelson, Ms Upasana Arora		
06.30 pm onwards	Banquet		

Scientific Programme

Day 1, 10th August 2019

Hall B

Time	Topics	Speakers/ Panelists	Chairpersons / Moderators
Session 1 09.00am-10.00am	Guest Lectures		
09.00am-09.15am	Oophorectomy before 50	Dr Alok Sharma	Dr Anuradha Kapoor Dr Pushpa Kaul Dr Dimmy J Bakshi Dr Astha Singh
09.15am-09.30am	Sepsis in Obstetrics	Dr Archana Verma	
09.30am-09.45am	Hirsutism in Young Girls	Dr Girish Mane	
09.45am-10.00am	Thrombophilia- How prevalent in a recurrent miscarriage population?	Dr Basab Mukherjee	
Session II 10.00am-10.45am	Panel Discussion: Issues after Menopause Moderators: Dr Maninder Ahuja & Dr Rajendra Nagarkatti Panelists: Dr Sunita Malik, Dr Susheela Gupta, Dr Seema Prakash, Dr Anita Sabarwal, Dr Manju Khemani, Dr Pikee Saxena Dr Chitra Setya, Dr Anantha Laxmi		
Session III 10.45am-11.30am	Panel Discussion: Troubleshooting in Fertility Management Moderators: Dr Sonia Malik Panelists: Dr Ritu Jain, Dr Priya Varshney, Dr Lavleen Sodhi, Dr Surveen Ghumman, Dr Rita Bakshi, Dr Jyoti Bali Dr Seema Mittal, Dr Neena Malhotra		
Session IV 11.30am-12.00noon	Key Note Addresses		
11.30pm -11.45pm	Maternal Near Miss: An Opportunity to Improve Health Care?	Dr Kawita Bapat	Dr Sanjivini Khanna Dr Prabhjot Kaur Dr Geeta Kinra
11.45pm-12.00noon	Tricky Myoma: How to deal?	Dr Malvika Sabharwal	
Session V 12.00noon-12.30pm	Presidential Oration		
12.00noon-12.30pm	Understanding Fertility Preservation	Dr Nandita Palshetkar	Dr S N Mukherjee Dr Urmil Sharma Dr Kamal Buckshee Dr Neera Agarwal Dr Sudha Prasad
12.30pm-01.15pm	Inauguration		
Session VI 01.15pm-02.00pm	Lunch Session Skill & Drill: PPIUCD & Implanon Faculty Coordinators: Dr Rachna Sharma, Dr Shobha Gudi, Dr Taru Gupta		
Session VII 02.00pm-02.30pm	Debate: Adoption v/s Surrogacy	Dr Bhavneet Bharti Dr Nayana Patel	Dr S N Basu Dr Sunita Arora Dr Garima Sharma
Session VIII 02.30pm-03.00pm	Plenary Session		
02.30pm-02.45pm	Relaxation Techniques in Infertility Management	Dr Rima Dada	Dr Pushpa Singh Dr Narinder Kaur Dr Urmila Karya Dr Niharika Dhiman
02.45pm-03.00pm	Contraception at extremes of Reproductive Age	Dr Shobha Gudi	
Session IX 03.00pm-04.00pm	Symposium: Post-Partum Collapse		
03.00pm-03.15pm	Amniotic Fluid Embolism	Dr Jyotsna Suri	Dr Shashi Pratik Dr Anjila Aneja Dr Manju Purohit Dr Asmita Kaundal
03.15pm-03.30pm	Pulmonary Edema	Dr Vanita Suri	
03.30pm-03.45pm	Septic Shock	Dr Smiti Nanda	
03.45 pm-04.00pm	Eclampsia: Optimum Dose of Magnesium Sulphate?	Dr Rajiv Mahendru	
Session X 04.00pm-05.00pm	Symposium: Medico-Legal Issues		
04.00 pm-04.15pm	Informed Consent- When, How, What, By Whom?	Dr Hitesh Bhatt	Dr Vijay Kadam Dr Y M Mala Dr Kavita Mandrelle Bhatti
04.15pm-04.30pm	Documentation and Record Keeping	Dr M C Patel	
04.30pm-04.45pm	Intimate Partner Violence	Dr Kalyan Barmade	
04.45pm-05.00pm	Examination of Survivors	Dr Chetna Arvind Sethi	
Session XI 05.00pm-06.30pm	Quiz: Prelim Round		
06.30 pm onwards	Banquet		

Scientific Programme

Day 2, 11th August 2019

Hall A

Time	Topics	Speakers/ Panelists	Chairpersons / Moderators
Session I 09.00am-10.00am	Adolescent Health-Plenary Session		
09.00am-09.15am	Life Skill Development	Dr Chandan Kachru	Dr Asha Sharma
09.15am-09.30am	Life Style Modification	Dr Ishi Khosla	Dr Suman Mehdiratta
09.30am-09.45am	Adolescent Contraception	Dr Bharti Maheshwari	Dr Kiranjeet Kaur
09.45am-10.00am	Obesity: A Global Health	Dr Pratima Mittal	Dr Neha Gupta
Session II 10.00am-11.00am	Debates on Reproductive Health		
10.00am-10.20am	Pregnancy after Bariatric Surgery: Is it Safe & Improve Outcome?	For: Dr Deep Goel Against: Dr Priyanka Dahiya	Dr Sunita Goyal Dr Sunita Lamba
10.20am-10.40am	Fibroid Uterus in Infertility: Always requires a Cutting Knife?	For: Dr Saumya Prasad Against: Dr Mansi Jain	Dr Amita Saxena Dr Urvashi Miglani
10.40am-11.00am	Myoinositol in PCOS: Alternative Approach?	For: Dr Rhythm Ahuja Gupta Against: Dr Rashmi Vyas	
Session III 11.00am-12.15pm	Key Note Addresses		
11.00am-11.15am	Uncover Mechanism of Post-Menopausal Bone Loss	Dr Sheela Mane	Dr Surender Mohan
11.15am-11.30am	Maternal & Fetal Medicine in Rural India	Dr Milind Shah	Dr Ashok Kumar
11.30am-11.45am	PCOS: What's New?	Dr Hrishikesh Pai	Dr Nitika Sobti
11.45am-12.00noon	Optimising Caesarean Section Rate & Promoting Natural Births: Targets & Tactics	Dr Haresh Doshi	
12.00noon-12.15pm	Violence Against Doctors: Way Forward	Dr S Shantha Kumari	
Session IV 12.15pm-12.45pm	Plenary Session		
12.15pm-12.30pm	Effect of Kangaroo Mother Care among Preterm and LBW Infants	Dr Anubha Vidyarthi	Dr Chitra Raghunandan Dr Pushpa Rao
12.30pm-12.45pm	Progesterone in RPL	Dr Pankaj Talwar	Dr Shikha Seth
Session V 12.45pm-01.30pm	Panel Discussion: Minimising Risk and dealing Complications of Urogynecological Surgeries. Moderators: Dr Vineet Mishra & Dr Amita Jain Panelists: Dr Hara Pattnaik, Dr Geeta Mediratta, Dr Swatantra Nagendra Rao, Dr Sandhya Jain, Dr Nita Mishra Dr Uma Rai Swain, Dr J B Sharma		
Session VI 01.30pm-02.15pm	Lunch Session Skill & Drill: Repair of Perineal Tears Faculty Coordinators: Dr Yukti Wadhawan, Dr Jayshree Sunder		
Session VII 02.15pm-03.00pm	Quiz: Final Round Quiz Masters: Dr Poonam Kashyap, Dr Kavita Agarwal, Dr Neha Purthy		
03.00 pm	Valedictory		

Scientific Programme

Day 2, 11th August 2019

Hall B

Time	Topics	Speakers/ Panelists	Chairpersons / Moderators
Session I 09.00am-10.00am	Symposium: Aneuploidy Screening		
09:00am-09:15am	USG Markers for Aneuploidy	Dr Chanchal Singh	Dr Chinmayee Ratha Dr Shakuntla Kumar Dr Anubhuti Rana
09:15am-09:30am	Serum Biochemistry in Aneuploidy	Dr Vandana Chadha	
09:30am-09:45am	Position of NIPT in Screening Algorithms	Dr Seema Thakur	
09:45am-10.00am	Case Based Discussion		
Session II 10.00am-11.00am	Key Note Addresses		
10:00am-10.15am	Management of Rh Negative Pregnancy	Dr Vatsla Dadwal	Dr Sangeeta Gupta Dr Promila Malik Dr Vandana Gupta
10:15am-10:30am	Genetics for Obstetricians	Dr Mandakini Pradhan	
10:30am-10.45am	Preeclampsia Screening: An Update	Dr Kanwal Gujral	
10.45am-11.00am	Thyroid in Pregnancy	Dr Priti Bala Sahay	
Session III 11.00am-12.00noon	Symposium: Fetus as a patient		
11.00am-11.15am	Routine Third Trimester Scan?	Dr Vivek Krishnan	Dr Reena Ahuja Dr Reema Bhatt Dr Manisha Kumar
11.15am-11.30am	Vaso-occlusive Techniques for Monochorionic Twins	Dr K Aparna Sharma	
11.30am-11.45am	Laser Photocoagulation for Monochorionic Twins	Dr Anita Kaul	
11.45am-12.00noon	Approach to Fetal Malformations : Case Based Approach	Dr Ashok Khurana	
Session IV 12.00noon-01.00pm	Symposium: Imaging Techniques		
12.00noon-12.15am	Imaging in Twin Pregnancy	Dr Kuldeep Singh	Dr Nisha Jain Dr Sonia Naik Dr Tapasya Dhar Dr Kamna Datta
12.15pm-12.30pm	Role of USG in Labour	Dr Ameya Purandare	
12.30pm-12.45pm	Doppler in FGR	Dr Glossy Sabharwal	
12.45pm-1.00pm	USG in First Trimester Bleeding	Dr Chinmayee Ratha	
Session V 01.00pm-01.45pm	Plenary Session		
01.00pm-01.15pm	Screening for Ovarian Cancer	Dr S P Jaiswar	Dr Madhu Srivastava Dr Mrinalini Mani Dr Helai Gupta Dr Usha Chawla
01.15pm-01.30pm	Surgical Approach to reduce hemorrhage during cesarean hysterectomy for adherent placenta	Dr P K Saha	
01.30pm-01.45pm	Transdermal Estrogen Replacement Therapy- The way forward for FET, OD & ED treatment cycles	Dr K D Nayar	
Session VI 02.00pm-03.00pm	Debates		
02.00pm-02.30pm	All breech at Term should be Terminated by CS?	For: Dr Poonam Lau Against: Meenakshi Ahuja	Dr Manju Puri Dr Anita Rajorhia
02.30pm-03.00pm	Is Govt. Effort to Reduce CS Rate a Right thing?	For: Dr Leena Wadhwa Against: Dr Renu Tanwar	
03.00pm	Valedictory		



Presidential Oration

Understanding Fertility Preservation

Dr Nandita Palshetkar

MD, FCPS, FICOG

Gynaecologist & Infertility Specialist,
President FOGSI

Vice President ISAR & AMOGS



Fertility preservation is the effort to help men and women retain their fertility, or ability to procreate. It may be because the biological clock is ticking and they do not want to plan a baby and want to have the edge over time OR it is also an option that cancer patients have before they can start with their chemotherapy or radiotherapy, both these modalities being notorious for being gonado toxic.

Fertility preservation via egg freezing was originally offered to women suffering from cancer or medical reasons; but over the years the popularity of putting eggs on ice for non-medical reasons, dubbed “social freezing”, has grown rapidly.

Fertility preservation is mostly always done by the method of cryopreservation weather it is the embryo, oocytes, the sperms or the ovarian tissue itself. Cryopreservation is the process of freezing eggs, sperm or embryos to sub-zero temperatures for later use. When the eggs, sperm or embryos are needed, they are thawed and fertilized or used in a fertility treatment cycle. Cryopreservation provides indefinite longevity for the cells being frozen. At the time of freezing, all biological activity is suspended until the cells are thawed.

Cryopreservation typically uses liquid nitrogen to freeze the eggs, sperm or embryos to -320 degrees Fahrenheit. The lab uses cryoprotective agents to prevent damage to the cells during the process. It is unknown how long reproductive cells may be frozen and stored for future use, but cryopreservation is considered to be indefinite.

Fertility preservation continues to advance with innovative investigations. Each method has advantages and limitations and all procedures involve social, ethical, and legal considerations. Today, embryo cryopreservation is the official successful method of fertility preservation although its use is limited to women who have husbands or male partners or male partners who are willing to use sperm cryopreservation. Women who do not have partners can opt for oocyte freezing. The techniques of ovarian tissue cryopreservation are still considered to be experimental.

Dr Nandita Palshetkar

President FOGSI 2019

Abstracts
Invited Lectures

Saving Mothers - Extend supporting hand

Dr Rajendra Singh Pardeshi

Vice-President FOGSI

Jijai Maternity & Nursing Home, Garkheda, Aurangabad, Maharashtra



Maternal Mortality Ratio (MMR) is defined as the number of maternal deaths per 100,000 live births due to causes related to pregnancy or within 42 days of termination of pregnancy, regardless of the site or duration of pregnancy. Goal-5 of the Millennium Development Goals (MDGs) relates to improving maternal health. Under this goal, a target of a 3/4th reduction of Maternal Mortality Ratio (MMR) between 1990 and 2015 has been specified.

The **Maternal Mortality** Ratio (MMR) in **India** has declined from 167 in 2011–2013 to 130 in 2014–2016. India has reduced its infant mortality rate (IMR) by 42% over 11 years— from 57 per 1,000 live births in 2006 to 33 in 2017, as per the latest government data released on May 30, 2019. Saving Mothers, Giving Life (SMGL) was designed in 2011 within the Global Health Initiative as a public–private partnership between the U.S. government, Merck for Mothers, Every Mother Counts, the American College of Obstetricians and Gynecologists, the government of Norway, and Project C.U.R.E. SMGL's initial aim was to dramatically reduce maternal mortality in low-resource, high-burden sub-Saharan African countries. SMGL used a district health systems strengthening approach combining both supply- and demand-side interventions to address the 3 key delays to accessing effective maternity care in a timely manner: delays in seeking, reaching, and receiving quality obstetric services.

The SMGL approach was piloted from June 2012 to December 2013 in 8 rural districts (4 each) in Uganda and Zambia with high levels of maternal deaths. Over the next 4 years, SMGL expanded to a total of 13 districts in Uganda and 18 in Zambia. SMGL built on existing host government and private maternal and child health platforms, and was aligned with and guided by Ugandan and Zambian maternal and newborn health policies and programs. A 35% reduction in the maternal mortality ratio (MMR) was achieved in SMGL-designated facilities in both countries during the first 12 months of implementation.

Maternal health outcomes achieved after 5 years of implementation in the SMGL-designated pilot districts were substantial: a 44% reduction in both facility and districtwide MMR in Uganda, and a 38% decrease in facility and a 41% decline in districtwide MMR in Zambia. Facility deliveries increased by 47% (from 46% to 67%) in Uganda and by 44% (from 62% to 90%) in Zambia. Cesarean delivery rates also increased: by 71% in Uganda (from 5.3% to 9.0%) and by 79% in Zambia (from 2.7% to 4.8%). The average annual rate of reduction for maternal deaths in the SMGL-supported districts exceeded that found countrywide: 11.5% versus 3.5% in Uganda and 10.5% versus 2.8% in Zambia. The changes in stillbirth rates were significant (–13% in Uganda and –36% in Zambia) but those for pre-discharge neonatal mortality rates were not significant in either Uganda or Zambia.

With above experience and other models for reduction in maternal mortality rate in India, there is a model developed by Dr Nandita Palshetkar, President FOGSI to reduce maternal mortality, with the help of private sector. FOGSI's mission is to develop sustainable healthcare solutions for the poor, with Maternal Mortality Reduction (MMR) as a first step. Our President Dr Nandita Palshetkar Appeal to all FOGSI members from Private sector to do at least **ONE Delivery Free** in this year. FOGSI is having 35000 (Thirty Five Thousand) of member strength uptil now. Beneficiaries of This Initiative will be BPL (Below Poverty Line) mothers. As per Dr Nandita Palshetkar's appeal, every FOGSI Member can act as an efficient health centre for maternity care, with which they can take care of mothers. Even with One delivery free for a poor mother will help in Saving Mothers Initiative, hence will help in lowering maternal mortality rate.

Adolescent Obesity

Dr Pratima Mittal

Professor and Consultant

Department of Obst & Gynae, VMMC & Safdarjung Hospital, New Delhi



The adolescent period of human life is one of the vital times when most of the body growth and development occur. Preparation for adulthood takes place in this period in the form of physical, sexual, and psychological growth and development. WHO defined adolescence as a period between 10 to 19 years. Early adolescence is between 10 to 13 years, middle adolescence is between 14 to 16 years and late adolescence is between 17 to 19 years.

Nearly 35% of the global burden of disease has its root emergence in adolescence. World-wide, obesity among children and adolescents has acquired endemic proportions and is being perceived as a crisis in public health. The prevalence is increasing at a fast rate and presently about 200 million school-aged children are estimated to be overweight at the global level. World Health Organization (WHO) estimated that in 2008, India and China jointly accounted for total of 15% of total obese population of the world. According to 2013 estimates of global burden of disease (GBD), the prevalence of overweight and obesity in boys in developed countries is 23.8% and that in girls is 22.6%. At least 2.8 million people die each year as a result of obesity.^{1,2}

India is experiencing an epidemiologic and nutritional transition with increasing prevalence of non-communicable diseases (NCDs). There are reports from Indian subcontinent of increasing prevalence of overweight among children and adolescents during last decade with co-existing high prevalence of under nutrition. School surveys in Indian cities indicate that an increasing number of adolescents from the affluent population are either overweight or obese. A recent study carried out on 13-17 years old adolescents reveals that the prevalence of overweight in private schools was 27% - 6 times higher than the prevalence in the Government schools catering to lower socio-economic groups. Another multicentric study covering 38,296 students, aged 8-18 years, also found that higher socio-economic status was significantly associated with overweight and abdominal obesity; the overall prevalence of overweight and obesity was 24%.³

Overweight and obesity are defined as "abnormal or excessive fat accumulation that presents a risk to health. Abnormal growth of the adipose tissue can be due to an enlargement of fat cell size (hypertrophic obesity) or an increase in fat cell number (hyperplastic obesity) or a combination of both. Overweight is usually due to obesity but can arise from other causes such as abnormal muscle development or fluid retention. Overweight and obesity can manifest due to interactions & accumulation of various risk factors, throughout the life cycle

Adults have clear definition for overweight and obesity based on BMI thresholds of 23 and 30 kg/m² but no clear definition for adolescents' BMI values, wide variations are observed between regions and the period of the studies. BMI per se or 95th centile by itself may not be definitive indices of overweight. Waist measurement and waist/hip (W/H) ratios may not be applicable for adolescents due to their physiologically changing body shape. Overweight and obesity for children and adolescents, are defined using age and sex specific normograms for body mass index (BMI). Children with BMI equal to or exceeding the age-gender-specific 95th percentile are classified as obese. Elizabeth health path for adults and adolescents is a novel and easy chart, which is ideal for screening adolescents for risk of overweight Here the weight and height can be plotted in the same chart and BMI can be directly read from the right margin of the chart. It avoids the tedious calculation of BMI; The same chart can be used for both sexes; In addition to incorporating weight, height and BMI in the same chart, it also depicts the various curves denoting normal range, underweight or CED, overweight (tendency for obesity) and obesity.⁴

Factors responsible for adolescent obesity are unhealthy eating patterns, wrong choices of food, increased portions, increased oil consumption, snacks, colas, sedentary pursuits, long school hours, tuitions, reduced physical activity, increased vehicles use, reduced play areas, TV, telephones. Other factors which may be responsible are high glycemic index of foods, eating disorders genetic / constitutional predisposition

DOHaD (Developmental origin of Health and Disease) / Fetal origin of adult Diseases: It is hypothesized that early fetal origin is programmed to accumulate fat. The role of genes especially 'thrifty genotype' had also been suggested. In recent years' cohort studies from India however, have highlighted the importance of subsequent over nutrition in the development of this disorder. Deleterious effects of accelerated weight gain in childhood i.e. 'crossing of centiles' especially in LBW babies shows that indices of insulin resistance and CV risk factors were found to be highest in those that were born 'small' but were big by 8 years even though they were not obese in absolute terms. Accelerated growth in childhood is associated with early puberty and greater risk of obesity. Maternal Nutritional Studies also have shown convincingly that this high risk body composition is present even at birth, i.e. lower birth weight, lower muscle mass but relatively high fat mass and hyper insulinemia ('thin fat' phenotype) It is possible that such fat offers survival benefits to newborns but also endangers predisposition to insulin resistance from birth itself. Newborns, even relatively small at birth (BW < 2.9 kg) reported to have greater subscapular skin fold thickness, which is shown to correlate well with truncal obesity.⁵

Obesity in adolescents is found to have association with the occurrence of various lifestyle diseases such as diabetes, hypertension, dyslipidaemia, osteoarthritis during adulthood.

Childhood & Adolescent obesity in girls is associated with: Early onset of puberty, menstrual irregularities during adolescence, Polycystic ovary syndrome 50% obese,

body image issues and mental distress, infertility, poor ART outcomes and increased miscarriage rates. Fertility control can also be challenging too since the efficacy and safety of hormonal contraceptives can be compromised by increased body weight. Long term consequences of obesity in girls include endometrial cancer.

Evaluation of overweight and obese adolescent aims at identification of the treatable causes and screen for comorbidities.

The **history** should include a detailed nutritional and activity history. Age of onset of obesity is important as genetic or syndromic obesity usually manifests before two years of age.

History related to different body systems to diagnose co-morbidities should be elicited.

Psychosocial history as depression and psychosocial maladjustment are very important causes of obesity in an adolescent.

Examination include, distribution of fat, blood pressure, thyroid examination, presence of non-pitting oedema skin evaluation for texture (hypothyroidism), hirsutism (PCOS), Acanthosis Nigricans (insulin resistance)

Laboratory tests for type 2 diabetes mellitus, dyslipidaemias, polycystic ovary syndrome, fatty liver disease and obstructive sleep apnoea should be carried out

Management of the obese adolescent girl: Here the focus is on comprehensive multidisciplinary approach with involvement of a gynaecologist, endocrinologist, psychiatrist, dermatologist, dietician and occasionally a bariatric surgeon.

Dietary management, Physical activity enhancement, Good sleep hygiene, Pharmacotherapy and Bariatric surgery are the main stay of treatment. Individualized approach is advocated.

It has been seen that even a modest loss of weight of 5-10 % is effective in preventing metabolic complications and correcting ovulatory dysfunction. However, sustaining the weight loss always remains a challenging task.²

Life style modifications is the first and most important step., Healthy eating habits are encouraged along with a regular exercise schedule., Referral to a dietician is desirable who can suggest a wide range of healthy and appetizing meal plans for the growing adolescent. Good sleep hygiene is also recommended.

Pharmacotherapy options: very limited. Orlistat is considered the safest medication

Metformin is also used by many gynaecologists with the dual aim of reduction of weight and improving the

ovulatory functions in obese PCOS with insulin resistance. The role of Metformin with the aim of weight reduction is controversial

Surgical options: In morbid obesity and co-morbidities when the life style modifications and behaviour therapy does not work or when BMI is $>40 \text{ kg/m}^2$, Roux-en-Y gastric bypass (RYGB) and adjustable gastric banding (AGB) are the available options.

References

1. Prasad R V, Bazroy J, Singh Z. Prevalence of overweight and obesity among adolescent students in Pondicherry, South India. *Int J Nutr Pharmacol Neurol Dis* 2016;6:72-5
2. Malhotra A. Obesity among Indian adolescents: Some emerging trends. *J Obes Metab Res [serial online]* 2014;1:46-8
3. Shete JS, Wagh AV. A cross sectional study to estimate prevalence of obesity and its risk factors in adolescent school children in Western Maharashtra, India. *Int J Res Med Sci* 2018;6:3072-5.
4. Elizabeth KE. A novel growth assessment chart for adolescents. *Indian Pediatrics* 2001; 38: 1061-1064
5. Pathik D, Wadhwa, Claudia Buss, Sonja Entringer, James M. Swanson Developmental Origins of Health and Disease: Brief History of the Approach and Current Focus on Epigenetic Mechanisms: 2010 Semin Reprod Med. PMC May 3

How to Reduce Mortality in Peripartum Cardiomyopathy

Dr Reva Tripathi

Professor & HOD

Department of Obs & Gynae, Hamdard Institute of Medical Sciences & Research, New Delhi



Peripartum cardiomyopathy is an idiopathic, non familial cardiomyopathy with heart failure secondary to left ventricular systolic dysfunction towards the end of pregnancy or in the months following delivery, where no other cause of heart failure could be established. PPCM is a diagnosis of exclusion, mandating high index of suspicion for timely recognition and intervention. Diagnosis of PPCM needs echocardiographic identification of new left ventricular systolic dysfunction, depressed fractional shortening and ejection fraction. Timely intervention by a multidisciplinary team comprising of obstetrician, a Cardiologist, anesthesiologist can favorably change outcome. ECHO parameters are also used as sensitive predictors of recovery. Aggressive medical and obstetric management is imperative for a good outcome. Future pregnancies are better avoided.

Controlled Ovarian Hyperstimulation - What is new?

Dr M Gouri Devi

President

Indian Fertility Society, Director, Ridge IVF, New Delhi



COH is one of the important steps of IVF and in spite of millions of cycles performed still we are groping what should be the starting dose.

In the newer drugs we have Corifollitropin, a single injection given on day 3 is sufficient for 8 days of stimulation there by sparing everyday injections. Rekoville follitropin delta is a newer GTP for individualized stimulation according to AMH. These two are yet to come to India. As a trigger a newer drug Kisspeptin has been used with good results.

In stimulation protocols, stair step protocols with oral ovulagens have been tried. The necessity of fertility preservation has led to random stimulation protocols. Dual stimulation protocols have been used for poor responders as well as for fertility preservation. Progersterone primed protocols in PCOS patients is gaining popularity, as it is a cheaper option compared to antagonists.

PCOS: Role of insulin sensitizers

Dr K D Nayar

Chief Consultant

Akanksha IVF Centre, Mata Chanan Devi Hospital, New Delhi



Polycystic ovary syndrome (PCOS) is a common endocrine disorder affecting at least 5% to 15% of women of reproductive age. The disorder is heterogeneous, encompassing a broad spectrum of signs and symptoms of ovarian dysfunction. The 2003 Rotterdam consensus¹ revised diagnostic criteria for a diagnosis of PCOS are as follows, with two of the following being required:

1. Oligo or anovulation, or both, that is, menstrual disturbance.
2. Clinical or biochemical signs, or both, of hyperandrogenism.
3. PCO on ultrasound.
4. Exclusion of other aetiologies of menstrual disturbance and hyperandrogenism (such as congenital adrenal hyperplasia, androgen-secreting tumours, Cushing's syndrome).

The pathophysiology of PCOS symptoms is multifaceted, and is related to hyperandrogenism, obesity and insulin resistance. Increased insulin resistance and compensatory high insulin concentrations (hyperinsulinaemia) play a key role in the pathogenesis of PCOS. The mainstay of managing insulin resistant PCOS is with insulin sensitizers.

Metformin

Metformin is an oral biguanide antihyperglycemic drug. It works by inhibiting the production of hepatic glucose, reducing intestinal glucose absorption and improving glucose uptake and utilization and enhancing post receptor insulin sensitivity. Abu Hashim et al.² in 2016 conducted a metaanalysis and concluded that metformin significantly increased pregnancy rates and the live birth rates in women undergoing ovulation induction with gonadotropins and also decreased the risk of cancelled cycles. ESHRE 2018³ recommended adjunct metformin therapy (dose of between 1000 mg to 2550 mg daily) should be commenced at the start of GnRH agonist treatment in women with PCOS undergoing a IVF - ICSI therapy with a GnRH agonist protocol, to improve the clinical pregnancy rate and reduce the risk of OHSS.

Inositol

Inositol, a polyalcohol is a key messenger in the insulin signalling pathway. Deficiency of inositol may be linked to insulin resistance. Inositol exists in 9 forms, two of which are currently used in PCOS treatment:

1. Myoinositol (MI)
2. D-chiro-inositol (DCI)

MI is the most abundant form of inositol in humans. It is converted to DCI with the help of epimerase enzyme. Every organ has a specific MI/DCI ratio likely linked to specific biological processes controlled by each. Myo-inositol acts on the ovary leading to better oocyte quality and better ovulation. DCI improves insulin sensitivity at the periphery leading to normal insulin level, thereby stopping the vicious cycle of Insulin resistance-hyperandrogenism-PCOS. The missing link in PCOS management is the "Combination of MI and DCI". DCI supplementation alone is not recommendable for several reasons: (a) High doses of DCI/day have been considered toxic to ovaries and oocyte maturation (b) DCI is not converted into MI; therefore, the specific action exerted by the last one would be lost. The ratio of MCI:DCI in healthy condition is 100:1 which is reduced to 0.2:1 in PCOS. Therefore, rather than following a ratio which is not defined, it is always better to provide the therapeutic dose of each ingredients. Showell et al.

in 2017 concluded that it is uncertain whether MI improves live birth rate or clinical pregnancy rate in subfertile women with PCOS undergoing IVF pre-treatment taking MI compared to standard treatment. ESHRE 2018 ³ also remarks that Inositol (in any form) should currently be considered experimental in PCOS, with emerging evidence of efficacy highlighting the need for further research.

References

1. The Rotterdam ESHRE/ASRM-sponsored PCOS consensus workshop group. Revised 2003 consensus on diagnostic criteria and long-term health risks related to polycystic ovary syndrome (PCOS). *Human Reproduction* 2004;19(1):41.
2. Abu Hashim Twenty years of ovulation induction with metformin for PCOS; what is the best available evidence? *Reprod. Biomed Online* 2016 Jan; 32(1) 44-53.
3. International evidence-based guideline for the assessment and management of polycystic ovary syndrome 2018 ESHRE.
4. Showell et al. Inositol for subfertile women with polycystic ovary syndrome. *Cochrane Database of Systemic Reviews* 2018.

Intrapartum Care - New perspectives

Dr Achla Batra

Professor

Department of Obs & Gynae, VMMC & Safdarjung Hospital, New Delhi



Intrapartum care refers to the medical and nursing care given to a pregnant woman during labor and delivery. It extends from the beginning of contractions that cause cervical dilation to first 1 to 4 hours after the delivery of the newborn and placenta.

We are in a new era, our patients and their labors have changed on a global scale but to date the concept of "normality" in labour and childbirth is not universal or standardized. The newer perspectives in intrapartum care include newer terminology, duration of first and second stage, rate of progress of labor in latent and active phase, monitoring of progress of labor, monitoring of fetal wellbeing, position of women while birthing, techniques of labor augmentation and the most important the concept of positive pregnancy outcome and respectful maternity care.

Terminology: Abnormal labor, dystocia, failure to progress, have been replaced by term, protraction disorders (i.e., slower than normal progress) and arrest disorders (i.e., complete cessation of progress of labor).

Labor Progression: According to the standard Friedman partogram, 4 cm is the cervical dilation where there is a transition from the latent to the active phase of labor. However, Zang et al recommended 6 cm as the end point of the latent phase based on their study on 62,000 labors. WHO guidelines (2018) have adopted 5 cm as cut off for the end of the latent phase. Therefore the use of medical interventions to accelerate labor and birth (such as oxytocin augmentation or caesarean section) before this threshold is not recommended, provided fetal and maternal conditions are reassuring.

Duration of First Stage: It is important for obstetricians to know when labor is progressing too slowly, so that they can optimally manage protraction and arrest disorders of the first stage, thereby improving maternal and newborn outcomes. Based on data from the mid-20th Century, Friedman reported that active labor was associated with a rate of cervical change of >1.2 cm/hr in nulliparous and >1.5 cm/hr in multiparous women. Recent data shows that normal labor is associated with a much slower rate of cervical change in the active phase. It may be as slow as 0.5 cm/hr therefore, the duration of active phase of labor may be longer than previously thought. WHO guideline have stated that, the duration of active first stage (from 5 cm until full cervical dilatation) usually does not extend beyond 12 hours in first labors, and usually does not extend beyond 10 hours in subsequent pregnancies.

Duration of Second Stage: The duration of the second stage has also been extended, with no intervention till 3 hours in first labor and 2 hours for subsequent labors, provided maternal and fetal conditions are reassuring and cephalopelvic disproportion has been ruled out.

Clinical Pelvimetry: Routine clinical pelvimetry on admission to labor ward is not recommended, and only pelvic examination should be done. In case of suspicion of CPD or contracted pelvis due to height of the patient or size of the baby, clinical pelvimetry can be done. These recommendations are only for a low risk pregnancy.

USG assessment for progress of labor: The dilatation of cervix and descent of head can be measured by transperineal USG without repeated invasive pelvic examination and discomfort to women. The learning curve for labor USG is low and Ultrasound examination is more objective and reproducible than digital vaginal examination.

Fetal well being assessment: Auscultation using a Doppler ultrasound device or Pinard fetal stethoscope is recommended for the assessment of fetal wellbeing on labor admission and then monitoring can be done by intermittent auscultation. There is no role of admission CTG or continuous CTG in normal labor in low risk women.

Pain relief and position: Women should be allowed deliver in any position that she wants for labor and any kind of analgesia whenever she wishes. She should be encouraged to be ambulant and use upright position for labor.

Antispasmodics: The use of antispasmodic agents for prevention of delay in labor is not recommended.

Method of pushing: Women in the expulsive phase of the second stage of labor should be encouraged and supported to follow their own urge to push. For women with epidural analgesia in the second stage of labor, delaying pushing for one to two hours after full dilatation or until the woman regains the sensory urge to bear down is recommended in the context where resources are available for longer stay in second stage and perinatal hypoxia can be adequately assessed and managed.

Episiotomy: Routine or liberal use of episiotomy is not recommended for women undergoing spontaneous vaginal birth.

Active management of 3rd Stage: Sustained fundal massage is no longer recommended during management of 3rd stage of labor.

Neonatal care: In neonates born through clear amniotic fluid who start breathing on their own after birth, suctioning of the mouth and nose should not be performed and newborns without complications should be kept in skin-to-skin contact with their mothers during the first hour after birth to prevent hypothermia and promote breastfeeding.

Respectful maternity care with positive pregnancy outcome and experience: The most important change which has occurred is the strategy to provide women with a positive pregnancy experience along with good outcome. The women should be treated with respect and she should have full involvement in the decision making of any intervention. She should be provided complete information regarding all the aspects of labor. If she wishes, she should be allowed a companion of her choice.

Suggested Reading

- WHO recommendations: intrapartum care for a positive childbirth experience. <https://apps.who.int/iris/bitstream/handle/10665/260178/9789241550215-eng.pdf;jsessionid=0820C42F6B4D2F6105C55C869982FD62?sequence=1>
- Zhang J, Duan T. The physiologic pattern of normal labour progression. BJOG 2018;125(8):955.

Fertility Enhancing Surgery

Dr Kuldeep Jain

Director

KJIVF and Laparoscopy Center, New Delhi



In the era of ART, the role of reproductive surgery in treatment of female infertility is declining. RCTs stating the role present limited evidence for positive role for surgical interventions. Clinicians today prefer ART over corrective surgery. It needs to be evaluated if it is due to greater cost effectiveness of ART or lack of surgical expertise.

Dilemmas faced by clinicians are as under-ART or surgery in moderate to severe endometriosis. Whether surgery should be first line or after failed ART. Also there is debate in the role of diagnostic laparoscopy - how far can it help in prognosis of infertility.

Laparoscopic ovarian drilling in PCOD though not offered as primary treatment but can be offered in selected resistant cases.

Tubal reconstructive surgery or ART: Proximal tubal obstruction can be corrected by hysteroscopic tubal cannulation and often rewarding if rest of the tube is healthy and of non tubercular etiology.

Surgery for fibroids or no surgery-is there any difference in outcome

Role of diagnostic or operative surgery prior to IUI

All these are debatable issues and we need copious evidence in the form of RCTs before recommending good practice guidelines for clinical use. However there are certain surgeries which are needed to enhance the result of ART. There is no controversy associated with them. To enumerate they are hysteroscopic adhesiolysis in Asherman syndrome, septal resection, polypectomy, myomectomy of submucosal fibroids, delinking or salpingectomy in hydrosalpinx, endometrioma removal. Judicious use of these surgeries leads to better fecundity after IUI / IVF. And they should be offered on individualized basis however requires expertise.

Fibroids Uterus in Infertility: Always require a cutting knife

Dr Saumya Prasad

Senior Resident

IVF & Reproductive Biology Centre, Maulana Azad Medical College, New Delhi



Fibroids are benign tumors of smooth muscles of uterus. It occurs in 35-77% of reproductive age women. It is present in 5-10% of infertile women and it is the sole cause of infertility in 1-1.2% of patients. They are classified as submucosal (0- pedunculated intracavitary, 1- <50% intramural, 2- >50% intramural), others (3- intramural, 4- subserosal >50% intramural, <50% intramural, 7- subserosal pedunculated and 8- cervical/parasitic).

Fibroids leads to infertility by mechanical factor causing impedance to the transport of sperm, egg or embryo, by causing alteration of uterine contraction and by reducing the cytokine factors like IL 10, glycoelin and genetic factors like HOXA 10, HOXA 11. Infertility doesn't have to necessary depend upon the location of the fibroid since not only a cavity distorting but non- cavity distorting fibroid can also lead to implantation failure. Hence, myomectomy is required for all the fibroids detects. It has being seen that removal of the sub mucous myomas can increase the pregnancy rate and decrease the miscarriage rate. It has being postulated that intramural fibroids lead to decrease in pregnancy rate due to uterine vascularity, myometrial contraction- relaxation and endometrial function. It has also being studied that post myomectomy, there is increase in the expression of endometrial receptivity genes like HOXA-10, and HOXA-11 mRNA. Studies have busted the myth that only small size fibroids need to be removed. The mechanisms by which small fibroids exert their adverse on the success rate of IVF are unclear but may include myometrial contractility, uterine vascular distortion, endometrial inflammation, thinning and atrophy. Though medical management of all such fibroids may reduce the symptoms like pain and menorrhagia but to help in restoring fertility, surgery has being seen as a boost. All surgeries can lead to some adhesions but meticulous surgical technique and experience can decrease the iatrogenic adhesions dramatically.



Free Communication
Oral/Poster presentation

Free Communication

Oral Presentation

Code	Author	Title of Study	Category
OH-01	Dr Amrita Rathee	Assessment of Decidual T Cells in Women with Repeated Pregnancy Loss	High Risk Obstetrics
OH-02	Dr Aparajita	The Effect of Chorionic Villus Sampling on Placental Perfusion by Measuring Change in Uterine Artery Pulsatility Index Between First and Second Trimesters of Pregnancy	High Risk Obstetrics
OH-03	Dr Ch.sai Charishma	Increased Risk of Pre-Eclampsia in Women with Gestational Diabetes Mellitus and Periodontal Disease	High Risk Obstetrics
OH-04	Dr Divya Kv	Pregnancy Outcome in Hepatitis E Induced Acute Liver Failure	High Risk Obstetrics
OH-05	Dr Nadia Nabi	To Compare the Effectiveness and Safety Profile of Only Loading Dose of Magnesium Sulfate (MgSO ₄) and Standard (Pritchard) Regimen for the Management of Severe Pre-Eclampsia and Eclampsia	High Risk Obstetrics
OH-06	Dr Osho	Study on Maternal/Perinatal Outcome in Antenatal Cases of Severe Anemia	High Risk Obstetrics
OH-07	Dr Parul Singh	Maternal Mortality: Still a nightmare	High Risk Obstetrics
OH-08	Dr Sneha Mishra	Outcome of Expectantly-Managed Small-For-Gestational Age Pregnancies with Normal Doppler Parameters - A prospective cohort study	High Risk Obstetrics
OH-10	Dr Tanya Shubham	Comparison of Diagnostic Accuracy of DIPSI (Diabetes in Pregnancy Study Group India) Criteria with ACOG (American College of Obstetricians and Gynaecologists) Criteria for Diagnosis of Gestational Diabetes Mellitus	High Risk Obstetrics
OH-11	Dr Ishita Agarwal	Cerebroplacental (CPR) and Cerebrouterine Ratio (CUR) in Late Fetal Growth Restriction (FGR)	High Risk Obstetrics
OH-12	Dr Durga Kaushik	To Study the Relation Between Uterine Artery Doppler and Hypertensive Disorder of Pregnancy	High Risk Obstetrics
ML-23	Dr Renu	A Comparative Study Between Ultrasound and Endoscopic Findings in Abnormal Uterine Bleeding.	Miscellaneous
OH-13	Dr Gargi Choudhary	Lipid Profile in Pregnancy: As a predictor of pregnancy associated hypertension	High Risk Obstetrics
OH-14	Dr Pooja Sharma	To Analyze sFLT-1 (Soluble Fms Like Tyrosine Kinase)/PLGF (Placental Growth Factor) Ratio with Uterine Artery Doppler Indices For Prediction of Preeclampsia At 22-24 Weeks Period of Gestation	High Risk Obstetrics
OH-15	Dr Akanksha Dwivedi	Effect of Triple Drug Antiretroviral Therapy on Maternal CD4+ Count and Prevention of Parent to Child Transmission of HIV	High Risk Obstetrics
OH-16	Dr Anna Fatima	Evaluation of Feto-Maternal Outcome in Patients of Gestational Diabetes Mellitus	High Risk Obstetrics
OH-17	Dr Anjali Pathak	A Study of Clinical Profile and Perinatal Outcome of Obstetrics Patients Admitted to ICU	High Risk Obstetrics
OH-18	Dr Baseerat Kaur	Association of MTHFR Polymorphisms in Women with Preeclampsia & Eclampsia	High Risk Obstetrics
OH-19	Dr Ruchi Shrivastva	Retrospective Study of Severe Acute Maternal Morbidity at A Tertiary Care Centre Greater Noida	High Risk Obstetrics

0H-20	Dr Khushboo Malhotra	Comparison of Modified Biophysical Profile and Doppler Ultrasound in Prediction of Prenatal Outcome in High Risk Pregnancies	High Risk Obstetrics
0H-21	Dr Vaishali Gurwani	Correlation Between Placental Location and Development of Preeclampsia	High Risk Obstetrics
0H-22	Dr Khushboo Tongaria	To Predict the Adverse Maternal, Perinatal and Combined (Both Maternal & Perinatal) Outcome in Preeclampsia by Using Various Clinical and Laboratory Variables	High Risk Obstetrics
HA-01	Dr Anupama Yadav	Evaluation of Puberty Menorrhagia in Tertiary Care Centre	Adolescent Health
HA-02	Dr Vaishali Verma	Prevalence of Menstrual Disorders in Adolescent Girls	Adolescent Health
HA-03	Dr Ekta Jauhari	Menstrual Disorder in Adolescent	Adolescent Health
IN-01	Dr Nuzhat Zaman	To Evaluate the Role of Dydrogesterone in Preventing the Premature LH Surge in IVF Cycles and Its Clinical Outcomes Along with Frozen Embryo Transfer	Infertility
IN-02	Dr Nupur Niharika	To Study the Relationship of Demographic, Hormonal and Ultrasonologic Predictors in Young Women with Poor Ovarian Reserve Undergoing IVF/ICSI Cycles	Infertility
IN-03	Dr Priyanka Nandani	DNA Fragmentation Index in Normospermic Males with Tubal Infertility in Female Partner Undergoing In-Vitro Fertilization Cycles	Infertility
IN-04	Dr Astha Singh	Autologous Intrauterine Platelet-Rich Plasma Instillation Has Benefit For Infertile Women With Suboptimal Endometrium In Frozen Embryo Transfer Cycles	Infertility
IN-05	Dr Kriti Tiwari	Comparison of Gene Xpert/CB-Naat with Other Diagnostic Modalities in Detection of Genital Tuberculosis Amongst Women with Infertility	Infertility
IN-06	Dr Anugeet Sethi	Role of MGIT 960 in Diagnosing Genital Tuberculosis in Infertile Women	Infertility
IN-07	Dr Faeza Fatima	Serum Nesfatin 1 Levels In PCOS and Its Association with Biochemical and Metabolic Parameters	Infertility
IN-08	Dr Hargun Sahiwal	Laparoscopic Evaluation in Primary Infertility	Infertility
CO-01	Dr Kalyani Nair	Knowledge, Attitude and Practice of Contraception among Post Natal Mothers	Contraception
CO-02	Dr Nadia Khurshid	Post-Placental Intrauterine Device Insertion Versus Interval Intrauterine Device Insertion	Contraception
CO-03	Dr Inlo Miuli	Comparison of Acceptability Safety and Continuation Rate of Combined Hormonal Pills and Centchroman as Post Abortion Contraception	Contraception
CO-04	Dr Aakanksha Mishra	The Study of Clinical Outcome of Postabortal Insertion of Copper -T	Contraception
CO-05	Dr Yashika Singh	One Year Retrospective Study of Inj.dmpa as Long Acting Reversible Contraceptive: A critical appraisal	Contraception
CO-06	Dr Sangeeta Sharma	Evaluation of The Outcome of Post-Partum Intrauterine Contraceptive Device Insertion in Patients following Normal Vaginal Delivery and Lower Segment Cesarean Section	Contraception
GY-01	Dr Avani Aggrawal	A Correlation Study of Cervical Per-Speculum Findings with Pap Smear Findings in Patients of Bharati Hospital, Pune	Gynae Oncology
GY-02	Dr Reetu Yadav	Comparison of 4 Different Models (RMI, Iota Simple Ultrasound, Iota LR2 Model and Adnex Model) To Predict Risk of Malignancy in Ovarian Tumor	Gynae Oncology

ML-01	Dr Anu Handa	Efficacy of Surgical Abortion Using Manual Vacuum Aspiration for Termination of Pregnancy At 8-10 Weeks Gestation	Miscellaneous
ML-02	Dr Mohini Sachdeva	Chronic Endometritis: Decoding the unexplained recurrent pregnancy loss mystery	Miscellaneous
ML-03	Dr Ranjeet Kumar Mahato	Comparative Study of Ovarian Function in Patients Undergoing Hysterectomy with Or without Bilateral Complete Salpingectomy	Miscellaneous
ML-04	Dr Arundhati Chakrabarti	Mifipristone in Induction of Labour in Term Pregnancies	Miscellaneous
ML-05	Dr Vinamrata Singh	To Study the Levels of FSH, LH, Estradiol and Testosterone in Patients of Surgical Menopause and To Correlate the Changes in These Hormones with Postmenopausal Symptoms and Body Mass Index	Miscellaneous
ML-06	Dr Tulika Aggarwal	Do Horoscope Affect Fertility	Miscellaneous
ML-07	Dr Shabnam	Effectiveness of Antenatal Pelvic Floor Muscle Exercise in Preventing Stress Urinary Incontinence Among Primigravida During Third Trimester	Miscellaneous
ML-08	Dr Sathindra Sadhvi	Knowledge, Attitude and Practice of Breast Feeding among Post Natal Mothers in a Tertiary Care Centre	Miscellaneous
ML-09	Dr Saima Zaved	A Comparative Study of Dinoprostone Vaginal Pessary and Dinoprostone Intracervical Gel for Pre-Induction Cervical Ripening	Miscellaneous
ML-10	Dr Swapnik Boppudi	Ultrasound Evaluation of Caesarean Section Scar and Its Role in Determining the Mode of Delivery	Miscellaneous
ML-11	Dr Chotten Tsering	To Study the Maternal and Fetal Outcome in Nulliparous Women Undergoing Induction of Labour Between 39 ⁺ To 40 ⁺ Weeks of Gestation	Miscellaneous
ML-12	Dr Akshira Adhlakha	Association Between TSH, Age, Anemia and Obesity	Miscellaneous
ML-13	Dr Anubhuti Mohan	Histopathological Correlation in Abnormal Uterine Bleeding	Miscellaneous
ML-14	Dr Archana Kumari	Assessment of Physical and Sexual Quality of Life in Women Undergoing Planned Hysterectomy in Tertiary Care Hospital	Miscellaneous
ML-15	Dr Deepti Pachauri	Effect of Upright Position During First Stage of Labour on Labour Outcome	Miscellaneous
ML-16	Dr Apurva Nain	Recurrent Decidual Cast with Membranous Dysmenorrhea	Miscellaneous
ML-17	Dr Ritu Singh	Comparative Evaluation of Intravaginal Slow Release Dinoprostone Insert vs Transcervical Foley's Catheter for Induction of Labor in Patients with Poor Bishop's Score: A randomized control study	Miscellaneous
ML-18	Dr Nandhini Rajamani	Metabolic Syndrome in Pre- and Post-Menopausal Women	Miscellaneous
ML-19	Dr Nupur Khandelwal	Efficacy of Ormeloxifene and Oral Contraceptives in the Treatment of Abnormal Uterine Bleeding Due to Leiomyoma	Miscellaneous
ML-20	Dr Anupama Bahadur	Metformin Versus Combined Therapy with Metformin and Myoinositol (MI) And D-Chiro-Inositol (DCI) in Women with Polycystic Ovary Syndrome (PCOS)	Miscellaneous
ML-21	Dr K Arshdeep	Prevalance of Metabolic Syndrome in Postmenopausal Females	Miscellaneous
ML-22	Dr Ankita Mansinghka	Role of Intrauterine Instillation of Levobupivacaine as A Local Anaesthetic for Out Patient Gynecological Procedures	Miscellaneous

Poster Presentation

Code	Author	Title of Study	Category
HR-01	Dr Ankita Chandana	Cesarean Scar Ectopic Pregnancy – A case report	High Risk Obstetrics
HR-02	Dr Vinayak Jante	Near Miss Maternal Mortality Cases in Near Miss Diagnosis – Venture of Diagnostic & Therapeutic Challenges - A case series	High Risk Obstetrics
HR-03	Dr Nilofer Noor	Hypothyroidism with Pituitary Hyperplasia and Facial Palsy in Pregnancy: A case report	High Risk Obstetrics
HR-04	Dr Harsha Rajpal	Case Series on Ovarian Ectopic Pregnancies	High Risk Obstetrics
HR-05	Dr Shaveta Jain	Wernicke's Encephalopathy: A rare complication of hyperemesis gravidarum	High Risk Obstetrics
HR-06	Dr Shikha Sharma	Case of Antenatal Splenic Rupture: Managed conservatively	High Risk Obstetrics
HR-07	Dr Pratibha	Pregnancy in NCPF and Its Outcome	High Risk Obstetrics
HR-08	Dr Snighdha Soni	Pregnancy in Patients with Chronic Liver Disease and Chronic Kidney Disease: Difficulty in management	High Risk Obstetrics
HR-09	Dr Ankita Kumari	Case Report: Pregnancy outcome of placenta increta with placenta previa with previous 2 ISCS	High Risk Obstetrics
GO-01	Dr Shilpa Sharma	Torsion and Ruptured Granulosa Cell Tumor - A rare clinical presentation	Gynae Oncology
GO-02	Dr Shivani Bector	A Rare Case of Malignant Ovarian Tumour	Gynae Oncology
GO-04	Dr Vedika	A Rare Case Report of Fallopian Tube Cancer	Gynae Oncology
GO-05	Dr Priyanka Dahiya	Ovarian Sertoli-Leydig Cell Tumor: Rare carcinoma in A 21 Year Old Female	Gynae Oncology
GO-06	Dr Ummay Kulsoom	A Rare Variant of Carcinoma Cervix "Adenoid Cystic Carcinoma" - Case and Brief Review of Literature	Gynae Oncology
GO-07	Dr Ritu Singh	Ca-19- 9 Elevation in a Benign Ovarian Cystic Teratoma	Gynae Oncology
AH-01	Dr Gunjal Bhola	Rare Case Report of Massive Ovarian Mucinous Cystadenoma in Adolescent Girl	Adolescent Health
MP-02	Dr Amrita Mishra	Bilateral Dermoid Cysts in A Post Menopausal Female - A rare case report	Menopause
MS-01	Dr Sakina Johar	A Case Report: management of atonic post-traumatic postpartum hemorrhage (PPH) with B-LYNCH suturing	Miscellaneous
MS-02	Dr Raj Rathod	Microperforated Hymen: A case of delayed diagnosis	Miscellaneous
MS-03	Dr Latika	A Rare Case Report of Mesenteric Dermoid Cyst with Pregnancy	Miscellaneous
MS-04	Dr Kanika	An Unusal Case of A Large Cervical Angioleiomyoma Managed Laproscopically	Miscellaneous
MS-05	Sushila Chaudhary	Adenofibroma of Fallopian Tube in Pregnancy- A rare case report	Miscellaneous
MS-06	Dr Khushboo Singal	A Rare Case of Huge Central Cervical Fibroid: A report	Miscellaneous
MS-07	Dr Shreya Bhattarai	A Rare Case of Large Leiomyoma with Cystic Degeneration	Miscellaneous
MS-08	Dr Deepika Kashyap	Acquired Hematometra and Hematocolpos: A Rare Condition in a Perimenopausal Reproductive Female	Miscellaneous
MS-09	Dr Sukriti Ghai	Uterine Arteriovenous Malformation with Missed Abortion - Case report	Miscellaneous
MS-10	Dr Priyanka Bharti	Acum- A misdiagnosed entity or a rarity	Miscellaneous
MS-11	Dr Shikha Bharti	Ruptured Rudimentary Horn Pregnancy	Miscellaneous

MS-12	Dr Shruti Kainth	A Rare Case of Scar Endometriosis: Case report	Miscellaneous
MS-13	Dr Kaarthiga R G	A Case Report of Intravenous Leiomyomatosis Extending into Right Atrium	Miscellaneous
MS-14	Dr Apoorva	Fetomaternal Outcome in Near Miss Events in Obstetrics	Miscellaneous
MS-15	Dr Sandhya Nanda	Ovarian Hyperstimulation in A Spontaneous Singleton and Gonadotropin Induced Multiple Gestations - A care presentation	Miscellaneous
MS-16	Dr Pallavi Shekhawat	Rare Case of ACTH Independent Cushings Syndrome - A diagnostic dilemma	Miscellaneous
MS-17	Dr Divya Baruhee	A Rare Case of Vulvar Leiomyoma	Miscellaneous

Oral Presentations

High Risk Obstetrics

[OH-01]

Assessment of Decidual T Cells in Women with Repeated Pregnancy Loss

Dr Amrita Rathee, Dr Renu Arora, Dr Mohini Sachdev
Vardhman Mahavir Medical College & Safdarjung Hospital
New Delhi, India

Objective: To study T helper cell 1 (Th1) and T helper cell 2 (Th2) in the decidua of women with repeated pregnancy loss (RPL) at the time of miscarriage and compare with decidua of women undergoing induced abortion.

Methods: Thirty six women presenting with signs of abortion with history of previous one or more spontaneous abortions were taken as cases and 37 women undergoing surgically induced abortion were taken as controls. H and E staining followed by immunohistochemistry staining of tissue for T cells was done.

Results: Th1 cells were found in 25% women in cases and 29.73% women in controls whereas Th2 cells were positive in 16.67% and 8.11% in cases and controls respectively. Both Th1 and Th2 cells were found in a total of 16.44% women (5 cases, 7 controls). Out of which 60% cases (3/5) and 71.43% controls (5/7) had dominant Th1 cell. In women with primary RPL, 43.75% had Th1 and 12.50% had Th2 cells whereas in women with secondary RPL, Th1 cell were seen in 35% and

Th2 in 45%. In women with previous 1 abortion, 40.74% showed Th1 and 29.63% had Th2, whereas women with previous 2 abortions showed the presence of Th1 and Th2 cells in 25% each.

Conclusion: There was no significant difference in Th1 and Th2 cells in the decidua of women of cases and controls. Primary and secondary RPL cases did not show significant dominance of either type of T cell. Routine screening for immunological factors in women with RPL should not be recommended.

[OH-02]

The Effect of Chorionic Villus Sampling on Placental Perfusion by Measuring Change in Uterine Artery Pulsatility Index between First and Second Trimesters of Pregnancy

Dr Aparajita, Dr Sangeeta Gupta, Dr Sudha Prasad
Dr Anju Garg, Dr Seema Kapoor
Maulana Azad Medical College and Lok Nayak Hospital
New Delhi

Objective: The aim of this study was to evaluate the potential effect of CVS on placental perfusion by measuring change in uterine artery pulsatility index (UtA PI) between first and second trimesters of pregnancy.

Methods: This was a prospective observational study conducted between August 2017 to January 2019 which included measurement of UtA PI at 11+0 to 13+6 weeks and at 22+0 to 24+0 weeks of gestation. The study was divided into two groups CVS group (n=28, 7 were excluded due to affected fetus resulting in termination of pregnancy before 20 weeks) and control group (n=42). The changes in mean UtA PI in the first and second trimester were compared between the two groups. The patients were followed till delivery and the outcome was noted in terms of development of pre-eclampsia and/or fetal growth restriction (FGR).

Results: The demographic characteristics of the both groups were similar. There was pre-dominance of multipara in the CVS group (p= 0.008). The difference between first trimesters and second trimester mean UtA PI of case and control group were 0.71 ± 0.35 and 0.44 ± 0.45 respectively. This difference of fall in PI between the two groups was statistically significant (p= 0.010), with the fall in UtA PI being higher in the CVS group. No adverse pregnancy outcome was noted in terms of development of pre-eclampsia and/or FGR in either of the group.

Conclusion: This study found that CVS does not have any adverse effect on placental perfusion.

[OH-03]

Increased Risk of Pre-eclampsia in Women with Gestational Diabetes Mellitus and Periodontal Disease

Dr CH Sai Charishma, Dr Ashok Kumar
Dr Arundeeep Kaur Lamba, Dr Mahesh Verma
Dr Madhavi M Gupta, Dr Vanamail Perumal
Maulana Azad Medical College, Lok Nayak Hospital
New Delhi, India

Objective: To study the risk of pre-eclampsia in women with gestational diabetes mellitus and periodontal disease.

Methods: In this study a total of 584 primigravida at 12-14 weeks of gestation were evaluated. Oral health examination was carried out along with 75 g oral glucose tolerance test. GDM is diagnosed as per the DIPSI (Diabetes in pregnancy study group india) guidelines (>140 mg/dl). Women with normal values underwent a repeat 75 g oral glucose tolerance test at 24-28 weeks of gestation. All patients were followed up for pregnancy outcomes.

Results: Of 584 primigravida 332 (56.8%) had periodontal disease. It is associated with GDM with adjusted hazard ratio (aHR) of 2.85 (95%CI=1.47-5.53). Association of pre-eclampsia in women with periodontal disease is with an aHR of 2.20 (95%CI=0.86-5.60). Risk of preeclampsia in women with periodontal disease and GDM is with an aHR of 18.79 (95%CI=7.45-47.40).

Conclusion: There is a significant association of periodontal disease with GDM and an increased risk of developing pre-eclampsia in women with periodontal disease and GDM.

[OH-04]

Pregnancy Outcome in Hepatitis e Induced Acute Liver Failure

Dr Divya KV, Dr Ashok kumar
Dr Madhavi M gupta, Dr Suresh Kumar
Maulana Azad Medical College, New Delhi, India

Objectives: To study maternal and perinatal outcome in hepatitis E induced acute liver failure.

Methods: In this prospective observational study, a total of 80 pregnant women with jaundice in third trimester were evaluated. Of these, 35 patients presented with acute liver failure (ALF) due to hepatitis E. All patients were followed up for their pregnancy outcome.

Results: Hepatitis E viral infection in third trimester was seen in 43.75% of women with acute liver failure. Adverse maternal outcome and adverse perinatal outcome was seen in 27 (77.14%) and 28 (80%) patients respectively. Adverse maternal outcome include postpartum haemorrhage in 22/35 (62.85%), disseminated intravascular coagulation in 20/35 (57.14%), acute renal failure in 8/35 (22.85%). Maternal mortality was seen in 23/35 (65.71%) of which 4 (11.42%) died undelivered and rest 19 (54.28%) died in postpartum period. Adverse perinatal outcome include small for gestational age babies in 12/35 (34.28%), premature babies in 28/35 (80%), perinatal mortality in 15/35 (42.85%) of included women of which stillbirth in 14 (40%) and early neonatal death in 1(2.85%). There was significant association of bilirubin, international normalized ratio, serum creatinine in patients with acute liver failure who developed adverse outcome as compared to those with normal outcome.

Conclusion: Hepatitis E induced ALF in pregnancy leads to high maternal mortality and adverse maternal and perinatal outcome.

[OH-05]

To Compare the Effectiveness and Safety Profile of Only Loading Dose of Magnesium Sulfate (MgSO₄) and Standard (pritchard) Regimen for the Management of Severe Pre Eclampsia and Eclampsia

Dr Nadia Nabi, Dr Syed Masuma Rizvi
Hamdard Institute of Medical Sciences and Research
New Delhi, India

Objective: To compare the effectiveness and safety of only loading dose of magnesium sulphate and standard Pritchard regimen in severe pre-eclampsia and eclampsia. And to determine the maternal and perinatal outcome in these patients.

Methods: This was a Hospital based prospective observational study conducted over a period of 18months in GMC Srinagar. The sample size consisted of 100 patients. Group I was allocated to eclamptic patients and group II was allocated to severe pre eclamptic patients. Each group was further subdivided into two subgroups A and B of 25 patients each. Patients of subgroup A in each group were managed with Only Loading dose of

magnesium sulfate (4gm IV,10gm IM) and those of subgroup B in each group were managed with standard Pritchard's regime.

Results: Out of 25 eclamptic patients who received Only Loading dose of MgSo₄(IA), 1 patient was shifted to pritchards regime and out of 25 patients who received Prichard's regime(IB) Maintenance dose was stopped in 3 patients (due to decreased deep tendon reflexes) and 1 patient developed 3 more convulsions after receiving Prichard's regimen. In Severe preeclamptic group, no patient was shifted to subgroup IIB(Pritchard's regime). In Severe preeclampsia patients, who received Pritchard's regime, Maintenance dose was stopped in 2 patients due to decreased deep tendon reflexes and in 1 patient due to respiratory distress. The control of blood pressure and mode of delivery at the end of treatment was same in both the groups.

Conclusion: Only loading dose of MgSO₄ Is as effective and safe as Standard Pritchard's regime in both severe pre-eclampsia and eclampsia patients, as prophylactic and therapeutic anticonvulsant respectively. It is particularly suitable in developing countries for the following reasons: average body weight of patients is low, monitoring of patients on standard Pritchard's regime is difficult and resource-availability is limited. Thus, it involves relatively less number of health care professionals to take care of women, leading to more effective utilization of manpower and resources.

[OH-06]

Study on Maternal/Perinatal Outcome in Antenatal Cases of Severe Anemia

Dr Osho, Dr Bharti Maheshwari
Muzaffarnagar Medical College and Hospital, Muzaffarnagar

Objective: Anemia is defined as a reduction below normal in the number of erythrocytes per cubic millilitre or in the quantity of hb or in the volume of packed red cells. But clinically, anemia is a condition of low circulating hemoglobin in which hemoglobin concentration has fallen below a threshold, at 2SD below the median of a healthy population of same age, sex and stage of pregnancy. However, WHO has defined anemia during pregnancy as a hemoglobin concentration of less than 11 gm% and a hematocrit of less than 33%. CDC proposes a cut off point of 11 gm% first and third trimester and 10.5 gm% during second trimester.

Methods: A descriptive cross-sectional study was conducted in Muzaffarnagar Medical College and Hospital over 50 antenatal patients who were diagnosed with severe anemia included in the study irrespective of parity index and gestational age.

Duration of Study: Conducted for 8 months.

Results: Perinatal outcome noted in terms of low birth weight, preterm birth, IUGR, IUD,small for gestational age. Maternal outcome noted in terms of APH, PPH, Pre-eclampsia, Cardiac failure and Maternal death will be observed and results will be discussed at the time of presentation.

Conclusion: Anemia amongst pregnant women imposed a significant spectrum of health problems to both, mother and child. Hence active intervention by all level of health care

provider is imperative in order to decrease poor maternal and perinatal outcome and hence the overall economic burden.

[OH-07]

Maternal Mortality: Still a nightmare

Dr Parul Singh, Dr Smiti Nanda, Dr Shikha Para
Pt. B D Sharma PGIMS, Rohtak, Haryana

Objective: To analyse the cause of maternal mortality at a tertiary care hospital.

Methods: Retrospective study of maternal deaths from January 2017 to December 2018 were analysed and compared.

Results: Over the study period total maternal deaths were 116 and 21545 live births. The leading direct cause of maternal death were hypertensive disorders 26 (22.4%) and haemorrhage 20 (17.2%) and due to indirect cause was Anaemia (12.9%). Majority of patients were primigravida (48.3%), belonged to 21-25 years age group (55.1%), (82.8%) belong to middle class, majority expired within 24 hours (35.3%) and normal vaginal delivery was the commonest mode of delivery.

Conclusion: Maternal mortality can be prevented with early referral, proper identification, care. Analysing and auditing the cause for maternal mortality in a resource poor country will be helpful in identifying the reasons. Maternal mortality can be decreased by strengthening of first referral units with equipment's, adequately competent staff and blood bank.

[OH-08]

Outcome of Expectantly-managed Small-for-gestational Age Pregnancies with Normal Doppler Parameters - A prospective cohort study

Dr Sneha Mishra, Dr Krishna Agarwal, Dr Gauri Gandhi
Maulana Azad Medical College, New Delhi, India

Objective: Small for gestational age fetuses with normal Doppler parameters are not at risk of intrauterine fetal death. However, there is lack of consensus about timing of delivery of SGA fetuses. Clinicians commonly induce such pregnancies at 37 weeks of gestation. Expectant management of small for gestational age fetuses beyond 37 weeks is not well studied. Thus, this study was planned.

Methods: In our study, we followed up women with clinically suspected growth restriction with fetal biometry, doppler studies and biophysical profile. Pregnancies with fetal AC between 10th to 3rd centile with normal Dopplers were recruited in the study group and were allowed to go in spontaneous labor till 39+6/7 weeks or were induced at 39+6/7 weeks. The outcome of such 36 cases was compared with 36 controls who were induced at 37+0/7 weeks.

Results: Spontaneous labor occurred in 42% subjects in study

group whereas in control group all the women were induced. There was significant increase in the mean gestation at delivery (39.57 ± 0.71 wks vs 37.0 ± 0.0 wks, p value < 0.001). 81% of the subjects in study group delivered after 39 weeks of gestation. The rate of cesarean section (3% vs 22%, p value-0.024) and the risk of intrapartum fetal distress was lower in study group (3/36 vs 1/36). The mean birth weight in the study group was higher (2426.5 ± 154.1 gms vs 2297.9 ± 101.4 gms, p value < 0.001). However, other perinatal outcomes were comparable.

Conclusions: Expectant management of SGA pregnancies with normal Doppler parameters has favorable maternal and perinatal outcomes.

[OH-10]

Comparison of Diagnostic Accuracy of DIPSI (Diabetes in Pregnancy Study Group India) criteria with ACOG (American College of Obstetricians and Gynaecologists) criteria for diagnosis of gestational diabetes mellitus

Dr Tanya Shubham, Dr Pikee Saxena
Dr Manju Puri, Dr Anju Jain

Lady Hardinge Medical College & Smt. Sucheta Kriplani Hospital
New Delhi, India

Objective: To compare diagnostic accuracy of DIPSI, Carpenter-Coustan (CC) and NDDG (National Diabetes Data Group) criteria for diagnosing GDM.

Methods: 1061 pregnant women were included in the study, 8 were found to be overt diabetic and excluded from the study and 24 women did not come back in fasting state for OGTT by ACOG criteria. 1029 women attending ante-natal clinic and admitted in antenatal ward of Smt. Sucheta Kriplani Hospital and Lady Hardinge Medical College, New Delhi underwent 2 hour 75g OGTT in non-fasting state (DIPSI). After 3 to 7 days all women were called in fasting state and subjected to 100g OGTT and fasting, 1 hr, 2 hr and 3 hr samples were taken. GDM was diagnosed using DIPSI and ACOG thresholds.

Results: GDM was diagnosed in 10.4%, 6.4% and 3.1% women by DIPSI, CC and NDDG criteria respectively. DIPSI when compared to CC Criteria had a diagnostic accuracy of 95.82%. Cohen's kappa value of 0.730, sensitivity of 98.48% and specificity of 95.64% DIPSI when compared to NDDG criteria has a diagnostic accuracy of 92.52%, Cohen's kappa value of 0.418, sensitivity of 96.88% and specificity of 92.38%. Prevalence of impaired glucose tolerance by CC criteria was 3.9% and by NDDG criteria was 2.4%.

Conclusion: Since the diagnostic accuracy, sensitivity and specificity of DIPSI compared to CC criteria and NDDG criteria is good, DIPSI can be used for screening of antenatal women for GDM as it is simple, inexpensive, done in non-fasting state and a diagnostic test.

[OH-11]

Cerebroplacental (CPR) and Cerebrouterine Ratio (CUR) in Late Fetal Growth Restriction (FGR)

Dr Ishita Agarwal, Dr Shakun Tyagi, Dr Y M Mala
Maulana Azad Medical College, New Delhi, India

Objective: To compare fetal Cerebroplacental (CPR) and Cerebrouterine Ratio (CUR) by USG Doppler in pregnancies with late FGR and in normal pregnancies and to correlate them with adverse perinatal outcome.

Methods: In this cross-sectional study, we evaluated 50 women with pregnancy complicated by FGR and 50 normal pregnancies between 34-38 weeks period of gestation (POG). USG Doppler of Umbilical, Middle Cerebral and Uterine Arteries was performed, CPR and CUR were determined and were correlated with perinatal outcome.

Results: FGR was associated with a significantly lower CPR ($p < 0.00001$) and a lower CUR ($p < 0.00001$). Abnormal CPR (CPR less than 1) was associated with increased need for induction of labor ($p < 0.00001$), increased incidence of non reassuring fetal heart rate ($p = 0.000009$), APGAR less than 7 ($p = 0.0001$), Meconium Stained Liquor (MSL) ($p = 0.0008$), NICU admission ($p < 0.00001$) and prolonged hospital stay after delivery ($p < 0.00001$). Abnormal CUR (CUR less than 5th centile) was associated with increased need for induction of labor ($p < 0.00001$), emergency Caesarean section ($p = 0.0006$), non reassuring fetal heart rate ($p < 0.00001$), APGAR less than 7 ($p = 0.00007$), MSL ($p = 0.00004$), NICU admission ($p < 0.00001$), and prolonged hospital stay after delivery ($p < 0.00001$).

Conclusion: Both CPR and CUR were found to be significant predictors of uteroplacental insufficiency which results in FGR. Both ratios show a significant correlation with adverse perinatal outcome. Uterine Artery Doppler velocimetry was also found to be an important predictor of uteroplacental insufficiency in late FGR fetuses, in whom Umbilical Artery Doppler parameters are less reliable because the placental vascular defects are often too subtle to evoke a change.

[OH-12]

Role of Uterine Artery Doppler at 14-20 Week of Gestation as Predictor of Hypertensive Disorder in Pregnancy

Dr Durga kaushik, Dr Harvinder kaur, Dr L R Richhele
Deen Dayal Upadhyay Hospital Hari Nagar Delhi, India

Objective: a) Study of uterine artery doppler parameters pulsatility index(PI), Resistance index(RI) and systole to diastole ratio(S/D) at 14 – 20 weeks of pregnancy. b) Co-relation of PI, RI and S/D with Hypertensive disorder in pregnancy

Methods: A prospective observational study in which 240 normotensive, pregnant women selected between the gestational age of 14 to 20 weeks attending the ANC clinics, irrespective of parity. Pregnant women with essential hypertension, multiple pregnancy, gestational trophoblastic diseases and associated

systemic disease like heart disease, diabetes mellitus and renal disease were excluded from the study. Arterial Doppler of both uterine artery was done. All patients were kept in the regular ANC follow up till the delivery at regular interval for the development of sign and symptoms of hypertension. The patient develop new onset hypertension in pregnancy was noted.

Results: Using uterine artery Doppler study is significantly useful in early prediction of hypertensive disorder having sensitivity and specificity of parameters- PI 77.4% and 81.5%, RI as 67.7% and 67.4% and SD ratio as 69.4% and 81.5% respectively.

Conclusion: Abnormal uterine artery Doppler studies at 14-20 weeks may be associated with subsequent adverse outcomes. Among the Doppler parameters (PI, RI, S/D) PI is the most sensitive indicator. It can be a useful screening tool for early prediction of hypertensive disorders and the associated perinatal morbidity such as small for gestational age, preterm delivery and IUD.

[ML-23]

A Comparative Study Between Ultrasound and Endoscopic Findings in Abnormal Uterine Bleeding

Dr Renu, Dr Shimanku, Dr K Manjeet
Dr KM Manjit, Dr K Balwinder
Christian Medical College, Ludhiana

Introduction: Menstruation has 3 clinical characteristics; menstrual interval or cycle length [21-35 days], duration of flow [2-8 days], and the amount of flow [less than 80 ml]. Any variation in these is abnormal uterine bleeding. A pelvic USG is the best initial technique for evaluating uterine contour, endometrial thickness, any SOL and ovarian structure. Laparoscopy is the standard method for the diagnosis of endometriosis and tubo-ovarian abnormalities because no other imaging technique provides the same degree of sensitivity and specificity.

Objectives: (1) To evaluate the causes of AUB with ultrasound and endoscopic methods. (2) To compare the above 2 methods- ultrasound and endoscopy in AUB. (3) To correlate the ultrasound and the endoscopic findings with the histopathological findings.

Methods: The study was carried out on 75 patients presenting with abnormal uterine bleeding in the Department of Obstetrics and Gynaecology in Rajindra Hospital, Patiala. The patients were counselled about the various diagnostic modalities and the procedures required for it. Informed consent was taken after explaining all the complications of anaesthesia, endoscopic and surgical procedures.

Results: The sensitivity and specificity of ultrasound for the diagnosis of the pathology of AUB was 79.1% and 62.5% respectively. The sensitivity and specificity of endoscopy for the diagnosis of the pathology of AUB was 97.01% and 50% respectively. On comparison of ultrasound and histopathology, the p value is 0.027 which is highly significant and hence findings of USG are not comparable much with histopathology. On comparison of endoscopy and histopathology, the p value is 0.344 which is not significant and therefore results of endoscopy are comparable with that of histopathology results.

Conclusion: AUB must be thoroughly investigated to diagnose the pathology especially at perimenopausal age. Ultrasonography is safe, non-invasive, easily available and effective procedure to exclude endometrial and intrauterine abnormalities and select those cases in which further diagnostic evaluation is necessary. Laparoscopy further improves the diagnosis of the pathology of AUB especially in cases like endometriosis.

[OH-13]

Lipid Profile in Pregnancy: As a predictor of pregnancy associated hypertension

Dr Gargi Choudhary, Dr Neeta Bindal
Dr Pinkee Saxena, Dr Bhavesh Mishra

Deen Dayal Upadhyay Hospital, New Delhi

Objective: To study the predictive value of lipid profile in second trimester of pregnancy as a screening test for pregnancy associated hypertension (PAH).

Methods: This was Prospective observational study. 200 pregnant patients attending the outpatient were recruited. Lipid profile was done during 14-20 weeks of gestation. All the patients were followed up regularly during the course of pregnancy till delivery for development of hypertension. The patients developing new onset hypertension in pregnancy were noted. The lipid profile of normotensive patients was also done at 14 to 20 weeks. The data was analysed with those having pregnancy associated hypertension during pregnancy.

Results: In the present study, prevalence of PAH observed was 12.8%. TG, TC, LDL and VLDL were significantly ($p=0.0001$) higher among PAH cases than normotensive. HDL was significantly ($p=0.0001$) lower among PAH cases than normotensive cases. Detection of pregnancy associated hypertension by lipid parameters was maximum by total cholesterol (10.5%) followed by triglycerides and VLDL (9.3%). From ROC the cut-off value for TG, TC, LDL, HDL and VLDL were 180, 200, 140, 40 and 35 mg/dL respectively.

Conclusion: Second trimester lipid profile is a simple, easy and rapid test. It has a good sensitivity, specificity, high negative predictive value and can be used to predict development of hypertension during pregnancy.

[OH-14]

Comparative Study of sFlt-1/Plgf Ratio with Uterine Artery Doppler Indices for Prediction of Preeclampsia at 22-24 Weeks Period of Gestation

Dr Taru Gupta, Dr Sarika Arora, Dr Pooja Sharma
ESI-PGIMS, Basaidarapur, New Delhi

Objective: To analyze sFlt-1(soluble fms like tyrosine kinase)/Plgf (placental growth factor) ratio and uterine artery doppler indices among high risk patients and to compare these in prediction of preeclampsia at 22-24 weeks period of gestation.

Methods: A prospective observational study was conducted from September 2017 to February 2019 in which 100 patients giving consent and satisfying inclusion criteria were evaluated for various risk factors and were subjected to sFlt-1/Plgf ratio test and uterine artery doppler study at 22-24 weeks period of gestation. They were followed up and maternal outcome was analysed.

Results: Among the cohort of 100 women with high risk factors, 35 % of the study participants developed pre-eclampsia. Using sFlt-1/Plgf ratio 40% of them were screened positive for pre-eclampsia. This percentage of screened positive was 40%, 43%, and 53% using uterine artery RI, PI, and SD respectively. sFlt-1/Plgf was found to have a sensitivity of 91.4% and specificity of 87.7%. RoC curve analysis showed highest area under curve (AUC) for sFlt-1/Plgf (0.858).

Conclusion: sFlt-1 / Plgf ratio was found to be a better predictable biomarker than uterine artery Doppler indices in prediction of pre-eclampsia at 22-24 weeks period of gestation.

[OH-15]

Effect of Triple Drug Antiretroviral Therapy on Maternal CD4+ Count and Prevention of Parent to Child Transmission of HIV

Dr Akanksha Dwivedi, Dr K Usha Rani, Dr K C Aggarwal
Dr Ratan Gupta, Dr Ekta Bansal

Vardhaman Mahavir Medical College and Safdarjung Hospital
New Delhi, India

Objective: Triple drug ART was started in India in 2013 to prevent parent to child transmission of HIV. This study aims to study effects of ART on maternal CD4+ count and transmission to baby along with its adherence and side effects.

Methods: A prospective observational study was done on 40 HIV positive pregnant women on triple drug ART in Safdarjung Hospital. They were followed till delivery to see pregnancy outcome. The infants received nevirapine prophylaxis and HIV status was determined by DBS PCR at 6 weeks.

Results: The median CD4+ at initiation of ART was 317 and 397 after receiving ART for 6 months (p value <0.001). 62.5% women had full term and 17.5% had preterm vaginal delivery while 20% had caesarean section. Low birth weight was seen in 43.59% which was statistically significant but confounded because 76.4% of these babies were preterm. 23.06% of babies had an APGAR of <7 at 1 minute, out of which 77.7% were preterm. Nine out of 39 infants needed NICU admission with LBW being the leading cause. 41.02% women chose top feeding over breastfeeding. Amongst babies, 97.44% tested negative on DBS PCR at 6 weeks. Only one baby was HIV positive who died at 4 months due to pneumonia.

Conclusion: Our study has shown that prompt detection of HIV infection, early initiation and adherence to ART helps to minimize the risk of HIV transmission from mother to child. Single dose combination of TLE offers greater convenience and better safety profiles and allows adherence.

[OH-16]

Evaluation of Feto-maternal Outcome in Patients of Gestational Diabetes Mellitus

Dr Ana Fatima, Dr VK Kadam, Dr Urvashi Miglani

Deen Dayal Upadhyay Hospital, Delhi, India

Objective: Gestational diabetes mellitus (GDM) is a growing global public health problem that can have short- and long-term health consequences for the mother and the fetus. Despite its criticalness, many countries still do not have the epidemiological data which could guide them in responding to the problem. Due to the lack of knowledge on GDM and the fact that the prevalence of GDM is high in India, this study sought to determine its risk factors and its maternal and fetal outcomes.

Methods: This observational study enrolled 200 pregnant females attending ANC clinic of Deen Dayal Upadhyay hospital, between Jan 2017 to Dec 2018 and diagnosed as GDM by using IADPSG criteria and were followed up to delivery.

Results: Highest number of GDM subjects fall in BMI range of 25-29.9. PROM, preterm labor and polyhydramnios were seen in about 10.6%, 14.1%, and 15.1% of GDM patients in the present study. Out of 200 patients, 11.5% patients had shoulder dystocia, 7.6% babies of GDM mothers had fetal distress and 3.5% babies had APGAR score <7.

Conclusion: Universal need for screening should be reiterated especially in the high risk ethnic group of India. As most of the patients with GDM had BMI >25, probable causal association may be proposed. The importance of good glycemic control needs to be explained to the patients. Patients need to be educated about the importance of preconception counseling, regular ANC care and proper glycemic control in pregnancy.

[OH-17]

A Study of Clinical Profile and Maternal and Perinatal Outcome of Obstetric Patients Admitted to ICU

Dr Anjali Pathak, Dr Urvashi Miglani, Dr Poonam Lau,
Dr Sushmita Sarangi

Deen Dayal Upadhyay Hospital, New Delhi

Objective: To analyze factors predisposing to ICU admission, APACHE II score, maternal outcome, perinatal outcome and the relation of demographic factors like age, parity, literacy level, socio economic status and level of delay with outcome in the obstetric patients admitted to ICU.

Methods: A prospective study of obstetric patients admitted in ICU during the study period of 18 months. After admission to ICU detailed history was taken. Basic demographic variables and level of delay was recorded. APACHE II score was calculated. Outcomes were measured as prolonged ICU stay, maternal mortality, perinatal morbidity, perinatal mortality and long hospital stay.

Results: Incidence of obstetric ICU admission was 0.77%. Mean age was 26.03 years. Most common indication of ICU admission

was obstetrical hemorrhage (37.1%) followed by hypertensive disorder of pregnancy (25.8%). Type 1 delay was commonest followed by type 2. Mean APACHE II score was 14.77 ± 6.85 . Observed mortality rate (30.6%) was found to be higher than predicted mortality rate (25%). APACHE II score was significantly high in the presence of level 1 ($p=0.003$) and level 2 delay ($p=0.0001$) and it was significantly increased with the duration of delays.

Conclusion: unbooked and referred cases had high incidence of ICU admission. Presence of delay and increasing duration was associated with higher APACHE score thus poor outcomes.

[OH-18]

Association of MTHFR Polymorphisms in Women with Preeclampsia & Eclampsia

Dr Baseerat Kaur, Dr Shilpi Gupta, Dr Sangeeta Gupta

Maulana Azad Medical College, New Delhi, India

Objective: Preeclampsia and eclampsia is the most common serious medical disorder of pregnancy. It is thought to be multi-factorial in origin with multiple genes, environmental and social factors acting in conjunction. Variations in methylene tetrahydrofolate reductase (MTHFR) gene have been associated with elevated homocysteine, a risk factor for endothelial dysfunction, vascular disease and preeclampsia. The aim of this study is to investigate the association between MTHFR polymorphisms, C677T and A1298C, in women with preeclampsia and eclampsia.

Methods: This cross-sectional observational study was conducted in the department of obstetrics and gynaecology, Lok Nayak Hospital, Maulana Azad Medical College on 25 patients diagnosed with preeclampsia and eclampsia and equal number of controls with low-risk singleton pregnancy who were neither relative nor sibling of index cases. 4ml venous sample taken and genetically analysed. DNA- amplified by PCR; Digestion by Taq1 and Mbo11 restriction enzymes; Visualisation by 3% agarose gel stained with ethidium bromide. Statistical analysis using SPSS software package.

Results: The gestation age at delivery was significantly lower in preeclampsia compared to control group. MTHFR C677T CC wild homozygous was detected in 52% and 56% in preeclampsia and controls respectively. Whereas MTHFR C677T mutant alleles (combined CT heterozygous and TT homozygous) were 48% vs 44%. The difference was not statistically significant. MTHFR A1298C AA wild homozygous in 32% and 56% in preeclampsia and control group respectively. The mutant allele (combined AC heterozygous and CC homozygous) in 68% vs 44%. The difference again is not statistically significant.

Conclusion: In our study no association between MTHFR and preeclampsia was found probably because of low incidence of mutant gene in Indian population. The sample size, however, does not yet allow its complete exclusion. Larger studies in various ethnic population with good statistical power are required in this field.

[OH-19]

Retrospective Study of Severe Acute Maternal Morbidity at A Tertiary Care Centre Greater Noida

Dr Ruchi Srivastava, Dr Neerja Goel, Dr Shehla Jamal

School of Medical Sciences & Research
Sharda University Greater Noida

Objective: The present investigation was attempted to assess the occurrence of severe acute maternal morbidity (SAMM), maternal mortality, and mortality index at our centre. Auxiliary target was to think about the reasons for near miss mortality at our centre.

Methods: This retrospective cohort study of all the near miss cases was conducted in the department of Obstetrics and Gynaecology and ICU of School of Medical Sciences and Research, Greater Noida. The period of study reached out from Oct 2016 to Feb 2019. The cases were considered if they satisfied the parameters of WHO near miss criteria and assessment of statistic profile were finished. Obstetric parameters and all the near miss occasions were recorded and considered.

Results: During the study period out of a total of 16,740 emergency obstetrics admissions, there were 2,261 deliveries and 131 cases of SAMM. Most extreme cases had Hypertensive disorders of pregnancy (43%, OR 1.44), obstetrical haemorrhage (38%, OR 1.31), followed by anaemia (10%) and renal impairment (6%).

Conclusion: Despite comprehensive endeavours at all levels, major identifiable cause for SAMM was hypertensive disorders of pregnancy followed by anaemia, haemorrhage and then sepsis. They remain the main sources of maternal near miss and stay significant supporters of maternal mortality also. Setting protocols for all near miss cases will help to achieve efficiency in reducing incidence of near miss cases.

[OH-20]

Comparison of Modified Biophysical Profile and Doppler Ultrasound in Prediction of Perinatal Outcome in High-risk Pregnancies

Dr Khushboo Malhotra, Dr Archana Kumari, Dr H P Anand

Vardhman Mahavir Medical College and Safdarjung Hospital
New Delhi, India

Objective: To compare MBPP and umbilical artery doppler flow in high-risk pregnant women in prediction of perinatal outcome.

Methods: A Cohort study was done on 150 high-risk pregnant women over 16 months. Antenatal women with singleton pregnancy who delivered within 48hrs of performing MBPP and doppler USG, with presence of ≥ 1 high-risk factors like pre-eclampsia/gestational HTN, BOH, post-dated pregnancy, FGR, GDM, maternal heart disease, anaemia, hypothyroidism and IHCP were included in the study. MBPP (NST & AFI) and umbilical artery doppler was performed. Perinatal outcome was

measured in terms of stillbirth/IUD, LBW, APGAR < 7 at 5 minutes, admission to NICU, neonatal death within 48hrs of delivery, MSL and neonatal seizures within 24-48hrs. Quantitative variables were compared using independent T-test/Mann Whitney test. Qualitative variables were correlated using Chi square test/Fisher exact test. Sensitivity, specificity, NPV, PPV were calculated and p-value < 0.05 was considered statistically significant. Data analysis was done using social sciences (SPSS) licenced version 21.0.

Results: Majority belonged to the age group 21-25yrs and were between 37-40wks of gestation. It was found that highest perinatal complications occurred in those with both abnormal MBPP and doppler followed by those with only abnormal MBPP (p-value < 0.0001).

Conclusion: MBPP is a better predictor of perinatal outcome compared to umbilical artery doppler USG in high-risk pregnant women. MBPP should be done in all high-risk pregnancies even if doppler is normal. Both the tests must be performed in all high-risk pregnancies to improve perinatal outcome.

[OH-21]

Correlation Between Placental Location and Development of Preeclampsia

Dr Vaishali Gurwani, Dr Prashaant Uikey

Indira Gandhi Government Medical College, Nagpur, India

Objective: To find out if the lateral location of placenta as seen by ultrasound between 18-24 weeks of gestation can be used to predict the development of preeclampsia.

Methods: This prospective observational study was conducted in the department of obstetrics and gynecology in IGGMC, Nagpur between January 2017 and June 2018 for 18 months. Pregnant women, with singleton pregnancy and without any risk factor, attending the antenatal clinic were subjected to USG between 18-24 weeks of gestation. Accordingly patients were divided into two groups, 51 with lateral placenta and 51 with central placenta. All 102 women were followed till term. The end point of the study was development of preeclampsia i.e. BP $> 140/90$ and urine albumin > 300 mg in 24 hour sample. The data obtained was analyzed using appropriate statistical tests.

Results: Out of 102 patients, 21 developed preeclampsia, out of which 17(80.9%) were from lateral placenta group and only 4(19.1%) were from central placenta group. Sensitivity of this as screening test for preeclampsia was 80.9% while specificity was 58%, Odds ratio being 5.875. Relative risk for development of preeclampsia in patients with lateral placenta was 4.25. In predicting preeclampsia, lateral placenta had a meaningful effect with p value < 0.001 .

Conclusion: Placental laterality, as determined by USG between 18-24 weeks of gestation, is a simple yet reliable and cost effective screening test for development of preeclampsia. Lateral placentation helps to identify the population at risk and to be included in primary prevention programs

[OH-22]

To Predict the Adverse Maternal, Perinatal and Comined (both maternal & perinatal) Outcome in Preeclampsia by using Various Clinical and Laboratory Variables

Dr Khusbhoo Tongaria

Maulana Azad Medical College, New Delhi

Objective: To predict the adverse maternal, perinatal and combined (both maternal & perinatal) outcome in preeclampsia by using various clinical and laboratory variables.

Methods: Five hundred fifty women diagnosed with preeclampsia were included and twenty four women were excluded from the study due to exclusion criteria, six women decline to participate, twenty women were lost to follow up, three women withdrew consent, so a total of 497 women were followed up in the study.

Results: Mean age of study population was 26.82 ± 4.48 years. Majority of women with preeclampsia delivered vaginally. Forty five (9.05%) developed neurological complication. Mean gestational age at delivery (weeks) in patients who developed adverse outcome was 34.58 ± 3.74 weeks and in patients with normal outcome is 38.62 ± 1.59 weeks. Mean birth weight of newborns were 2.1 ± 0.73 kg and 1.85 ± 0.61 kg for newborns with adverse outcomes. Majority of perinatal complication was small for gestational age 267 (54.37%) followed by prematurity 262 (53.36%). Total number of adverse perinatal events was six hundred seventy seven as multiple neonates had more than one perinatal outcome. In combined (both maternal and perinatal) adverse outcome – 374 (75%) developed adverse outcome, 123 (25%) developed normal pregnancy outcome.

Conclusion: This study found out simple clinical, biochemical tools for monitoring pregnant women and accurately identifying who was at greatest risk of severe complications. By identifying those women at highest risk of adverse maternal outcomes well before that outcome occurs, transportation and treatment can be targeted to those women most in need. This clinical prediction tool found to be an important contributor as it offers the potential to improve health outcomes of women for a condition that is at the root of a large amount of morbidity and mortality in the developing world.

Methods: Study Design: Observational study. **Setting:** Department of Obstetrics and Gynaecology, Deen Dayal Upadhyay Hospital Hari Nagar New Delhi, India. **Methodology:** 60 Adolescent girls of aged between 11 to 19 years with menorrhagia (blood loss >80ml with score >100 according to PBAC chart) were taken. Detailed history, clinical examinations and investigations like Complete haemogram with peripheral blood smear, ESR, bleeding time, clotting time, Prothrombin time, INR, USG whole abdomen and pelvis, Chest x ray (P.A.view), Montoux test, Day 2 LH, FSH, Serum prolactin, serum TSH.

Results: The mean age of all girls was reported as 15.25 ± 2.08 years. Total 66.7% of girls reported as irregular menstrual cycle whereas 33.3% were regular. Mean age of menarche was 12.6 ± 1.65 years and mean PBAC score was 164.7 ± 56.74 of all studied girls. Anovulatory DUB was the commonest cause (78.3%) in our study followed by bleeding disorders (10%), hypothyroidism (6.6%) and PCOD (5%).

Conclusion: Most abnormal bleeding in adolescent is caused by immaturity of hypothalamic-pituitary-ovarian axis. Evaluation of bleeding problems in adolescents is justified, before considering them as normal physiological transition.

[HA-02]

Prevalence of Menstrual Disorders in Adolescent Girls

Dr Vaishali Verma, Dr Banashree Das

SGT University, Budhera, Gurugram

Objective: To determine the prevalence of menstrual disorders in adolescent girls. With special emphasis on PCOS among the adolescent girls studying in SGT Medical College

Methods: It is a Prospective observational study conducted at Faculty of Medical and Health sciences and SGT Hospital, SGT University, Gurugram. All adolescent students of MBBS, BDS and nursing were included in the study. Total 300 adolescent girls were interviewed with a preset semi-structured questionnaire to elicit information for any menstrual abnormalities and were clinically assessed for their weight, height, BMI and any abnormal hair growth and data was analysed.

Results: All students were between 17 -19 years of age. Mean age of menarche was 13 ± 1.1 years with wide variations i.e 11 - 18 years. Out of 300 students total of 70 (23.3%) had various kind of menstrual abnormalities. Majority of them (71.4%) had oligomenorrhoea, 35% had dysmenorrhoea and out of 300 girls interviewed 33 girls had various degrees hirsutism. Out of 70 with menstrual abnormalities 24.2% were already diagnosed as PCOS and were on treatment for the same. Most of the girls with menstrual irregularities were not consulting any specialists for their problems.

Conclusions: prevalence of menstrual irregularities is quite high among the adolescent girls and a very high percentage of girls are having oligomenorrhoea but majority are not seeking any medical help .

Adolescent Health

[HA-01]

Evaluation of Puberty Menorrhagia in Tertiary Care Centre

Dr Anupama Yadav

Deen Dayal Upadhyay Hospital, New delhi.

Objective: Evaluation of puberty menorrhagia in tertiary care centre.

[HA-03]

Menstrual Disorder in Adolescent

Dr Ekta Jauhari, Dr Deepa Masand

National Institute of Medical College & Hospital, Jaipur

Objective: India is home to more than 243 million adolescents, who accounts for a quarter of the country's population. Menstrual cycle is an important indicator of adolescent's reproductive health. The objective of the current study was to observe the menstrual disorders among adolescent females & to observe the demographic profile & assess hygiene practices during menstruation. There are parental concerns regarding menstrual management and hygiene, vulnerability to sexual abuse and pregnancy as well as inappropriate behavior.

Methods: A random selection of adolescent's female were done from gynaecology outpatient department of National Institute of medical science, Jaipur. Study done on 150 girls from September 01, 2018 to May 31st, 2019, it is a descriptive type of observational study.

Results: Dysmenorrhoea, heavy menstrual bleeding, irregular menstrual bleeding, low backache were some of the common menstrual morbidity. All these problems are associated with their practices used during menstruation. Poor menstrual hygiene was seen associated with abdominal cramps and mood swings, heavy menstrual bleeding & nutritional deficiency leads to moderate anemia.

Conclusion: Misconceptions & poor menstrual hygiene is leading cause in causing menstrual morbidities. menstrual symptoms is another leading cause of missing day to day activities like absence from school etc. So it is important to recognize the behavioural and emotional changes associated, to aware the pros and cons of the different management options available for menstrual disabilities.

cycle till the trigger day. Serum FSH, LH, E2 and progesterone on Day 2/3 of menstrual cycle, Day 6 of stimulation and trigger day. USG guided Oocyte retrieval done followed by cryopreservation of all the viable embryos which were thawed and transferred in subsequent menstrual cycles after endometrial preparation.

Results: The demographic characteristics were similar in both groups. On comparing the LH values levels from basal levels to trigger day (6.57 ± 2.46 vs 4.06 ± 2.36), it was found that there was statistically significant suppression of LH levels. (p -value - <0.001) None of the patients experienced premature LH surge. (premature surge was >10 IU/L). The Progesterone levels remained low (<1.0 ng/ml) during ovarian stimulation. None of the patients had moderate or severe OHSS. The number of oocytes retrieved was 12.42 ± 6.18 , mature (MII) oocytes was 10.21 ± 5.04 , fertilized oocytes was 8.11 ± 4.39 and number of day 3 embryos cryopreserved was 6.16 ± 3.58 . All the embryos were cryopreserved. All the Grade A embryos at Day 5 Blastocyst stage were transferred after thawing in subsequent menstrual cycles. We also found that mature oocyte rate was 80.8%, fertilization rate was 79.4%, viable embryo rate per oocyte retrieved was 48.75%, implantation rate was 35.3% and clinical pregnancy rate was 47.3%.

Conclusion: Oral Dydrogesterone administration during controlled ovarian stimulation was effective in preventing premature LH surge in IVF cycles. It was also observed that none of the patients experienced premature LH surge or any moderate and severe OHSS episode.

[IN-02]

To Study The Relationship of Demographic, Hormonal and Ultrasonologic Predictors in Young Women with Poor Ovarian Reserve Undergoing IVF/ICSI Cycles

Dr Nupur Niharika, Dr Sudha Prasad

Maulana Azad Medical College, New Delhi, India

Objectives: To study the association of demography with ovarian reserve predictors and find relationship between the number and quality of oocytes & embryos with clinical pregnancy rate during IVF/ICSI cycles in young women with poor ovarian reserve.

Methods: In this prospective cross sectional study we evaluated a total of 80 young women with poor ovarian reserve recruited from IVF centre, MAMC from November 2017 to March 2019. 10 patients were excluded, 70 patients underwent ART. We measured there ovarian reserve predictors (FSH, AMH, AFC, oocyte yield) and tried to find their association with demography and also followed them to find there ICSI/IVF cycle outcome.

Result: There was significant association of age and BMI with AMH ($p=0.018$, $p=0.005$), AFC ($p=0.027$, $p=0.021$), number of oocyte retrieved ($p=0.042$, $p=0.049$). Significant association was also found of AMH and AFC with each other and of each with number of oocytes retrieved and positive pregnancy. Mean number of oocytes retrieved ($p=0.02$), mature oocytes ($p=0.042$) and oocytes fertilized ($p=0.001$) were found higher in positive pregnancy group than non pregnant group. Other

Infertility

[IN-01]

To Evaluate the Role of Dydrogesterone in Preventing the Premature LH Surge in IVF Cycles and Its Clinical Outcomes Along with Frozen Embryo Transfer

Dr Nuzhat Zaman, Dr Renu Tanwar, Dr Sudha Prasad

Maulana Azad Medical College, New Delhi, India

Objective: To evaluate the role of oral dydrogesterone to prevent LH surge in patients undergoing IVF cycle. To evaluate pregnancy outcomes in subsequent frozen-thawed embryo transfer (FET) cycles.

Methods: In this study we evaluated a total of 20 patients undergoing IVF cycles for the treatment of various causes of infertility from November 2017 to March 2019. All the patients received Inj. human menopausal gonadotropin (hMG) along with oral Dydrogesterone 20 mg OD from Day 2/3 of menstrual

demographic factor does not show any relation with ovarian reserve predictors. No association between basal FSH and other ovarian predictors were seen. No significant association could be established between the grade of embryo transfer and pregnancy rates.

Conclusion: Demographic factors like AGE and BMI, Hormonal factors like AMH and ultrasonologic predictors like AFC have a significant impact on pregnancy. Clinical pregnancy rate is observed higher with high number of oocytes retrieved, mature oocytes and oocytes fertilized.

[IN-03]

DNA Fragmentation Index in Normospermic Males with Tubal Infertility in Female Partner Undergoing In-vitro Fertilization Cycles

Dr Priyanka Nandani, Dr Sudha Prasad
Maulana Azad Medical College, New Delhi

Objectives: The aim of this study was to compare DNA fragmentation index (DFI) in normospermic males with tubal infertility in female partner undergoing IVF with normal fertile males and find the effect of lifestyle on their DFI. We also tried to find out the relationship of DFI with pregnancy outcome in the study group.

Methods: In this cross-sectional analytical study, a total of 100 males were evaluated which included 50 study subjects whose female partner underwent IVF cycles between November 2017 and March 2019 versus 50 normal fertile males. DFI was calculated for all of them by sperm chromatin dispersion method and the impact of lifestyle factors like smoking, alcohol intake, stress and occupation were studied. Also, the relationship of DFI with fertilization rate, clinical pregnancy rate and miscarriages was investigated in the study group. The cut-off was taken as $DFI \leq 25$.

Results: The demographic features were comparable in both groups. There was no significant difference in the mean DFI of both groups ($p=0.616$). The difference in DFI of alcoholic vs non-alcoholic ($p=0.0001$) and smokers vs non-smokers ($p=0.0001$) was found to be statistically significant in the control group. No significant difference was observed in both groups based on stress ($p=0.738$ and 0.399) and occupational factor ($p=0.510$ and 0.059). The mean DFI of males with negative pregnancy outcome was significantly higher than the ones with positive outcome ($p=0.0005$) and positive clinical pregnancy ($p=0.002$). No significant difference was observed in fertilisation rate and miscarriage rate.

Conclusion: DFI was found to be a significant predictor of pregnancy outcome. The association of low DFI with smoking was found to be inconsistent. Occupation and stress were not found to affect DFI.

[IN-04]

Autologous Intrauterine Platelet-Rich Plasma Instillation has Benefit for Infertile Women with Suboptimal Endometrium in Frozen Embryo Transfer Cycles

Dr Astha Singh, Dr Sudha Prasad
Dr Saumya Prasad, Dr Garima Sharma
Maulana Azad Medical College, New Delhi

Objective: The purpose of this study was to evaluate the effectiveness of platelet-rich plasma (PRP) in women with suboptimal endometrium in frozen embryo transfer program (FET).

Methods: Study was conducted in IVF and Reproductive Biology centre, MAMC, New Delhi. Patients undergoing FET cycles were enrolled from February, 2018 to May, 2018. The inclusion criteria included: (1) age < 40 years (2) had a history of cycle cancellation due to suboptimal endometrium which was defined as endometrial thickness (ET) < 7 mm. For patients in PRP group, PRP was infused per intrauterine catheter on 11th and 13th day of endometrial preparation. The primary outcome were ET and clinical pregnancy rate (CPR).

Results: In total, PRP group included 13 patients, while the control group included 13 patients. After PRP infusion, the average ET on day of progesterone administration in PRP group was 7.66 ± 0.50 mm, which was significantly thicker than control group (6.54 ± 0.32 mm). Furthermore, PRP group had lower cycle cancellation rate when compared to control group (30.77% vs. 76.92%, $p=0.018$). Most importantly, clinical pregnancy rates in PRP group were significantly higher than control group (46.15 vs 7.69, $p=0.027$).

Conclusion: PRP holds promise in the treatment of women with suboptimal ET for embryo transfer. It would help to reduce the incidence of cycle cancellations and thus help reduce financial and psychological burden of repeated cancelled cycles.

[IN-05]

Comparison of Gene Xpert/CB-NAAT with Other Diagnostic Modalities in Detection of Genital Tuberculosis Amongst Women with Infertility

Dr Kriti Tiwari, Dr Sudha Prasad
Maulana Azad Medical College, Delhi, India

Objective: Genital tuberculosis (GTB) is one of the major causes leading to infertility in India. The diagnosis of GTB is difficult due to the paucibacillary nature of the disease. A study was conducted to evaluate the role of CB-NAAT in the diagnosis of GTB in female infertility and its comparison with existing diagnostic modalities.

Methods: This study included 176 infertile women who met the inclusion and exclusion criteria. After a detailed history and clinical examination; some specific investigations were done. Endometrial tissue was allocated for AFB smear, culture, HPE examination, PCR and CB-NAAT. A Composite Gold Standard

was created and case was labelled positive if either microscopy/ culture or HPE tested positive or Laparoscopy suggestive of affirmative findings of GTB were present in cases tested positive with PCR and CB-NAAT.

Results: A total of 16 cases were tested positive for GTB using Composite Gold standard. CB-NAAT was positive in 2 cases out of 176 cases. None of the patients with positive CB-NAAT showed rifampicin resistance. PCR was positive in 15 cases and was also positive in 1 case with positive CB-NAAT. On diagnostic laparoscopy performed in PCR and CB-NAAT positive cases, there were positive finding of GTB (caseous nodules, tubercles, shaggy areas) in 15 cases and 1 case was false positive on PCR. It shows that CB-NAAT has 11.1% overall sensitivity but has 100 % specificity for GTB.

Conclusions: There is no proven gold standard method for diagnosis of GTB. Although CB-NAAT depicted lower sensitivity but it had added advantage as it takes less amount of time and also detect rifampicin resistance.

[IN-06]

Role of MGIT 960 in Diagnosing Genital Tuberculosis in Infertile Women

Dr Anugeet Sethi, Dr Bindu Bajaj
Dr Deepthi Nair, Dr H P Anand

Vardhman Mahavir Medical College and Safdarjung Hospital
New Delhi

Objective: To study the role of MGIT 960 in detecting genital tuberculosis in infertile women.

Methods: A cross sectional study was carried out on 67 infertile females at Safdarjung hospital. Patients underwent thorough evaluation for infertility. A premenstrual endometrial aspirate was taken and was subjected to microscopy, Lowenstein Jensen (LJ) culture, MGIT960 culture and histopathology. Results were charted and interpreted.

Results: In the present study, microscopy, LJ culture, MGIT 960 culture and Histopathology showed 0%, 11.94%, 7.46% and 16.42% positivity for GTB respectively. None of the samples tested positive by all the three tests i.e. LJ, MGIT, and histopathology. However, LJ conventional culture method missed out all the 5 cases positive on newer MGIT 960 culture method. MGIT also failed to detect all 8 patients positive on conventional culture method. In the present study, LJ had a better detection rate than MGIT. This might be due to the fact that our choice of sample was endometrial tissue so a solid culture LJ medium was able to detect more than liquid culture MGIT 960.

Conclusion: None of the samples positive by LJ culture were positive by MGIT and vice versa. Hence, both the tests should be used in combination to diagnose GTB. MGIT has an advantage of giving results as early as 9 days over LJ which takes around 6-8 weeks.

[IN-07]

Serum Nesfatin 1 Levels in PCOS and It's Association with Biochemical and Metabolic Parameters

Dr Faeza Fatima, Dr Pikee Saxena, Dr Anju Jain

Lady Hardinge Medical College and Smt. Sucheta Kriplana
Hospital, New Delhi

Objective: To compare serum levels of Nesfatin 1 in women with PCOS and their age and BMI matched controls and to study the association of serum Nesfatin 1 with metabolic and clinical parameters.

Methods: 40 PCOS subjects and 40 age and BMI matched non PCOS controls were recruited from infertility OPD. PCOS was diagnosed by Rotterdam's criteria. Couples were evaluated for cause of infertility. The levels of serum Nesfatin 1, serum AMH, other hormonal and metabolic parameters were evaluated and compared in both groups.

Results: There was a significant difference in serum levels of serum Nesfatin 1 in PCOS subjects and controls (8.6 ng/ml vs 0.75 ng/ml, $p < 0.01$). Positive correlation was present between serum nesfatin 1 levels and post prandial blood glucose ($r = 0.009$; $p < 0.009$). A positive correlation was also present between serum AMH and Nesfatin 1 levels ($r = 0.512$; $p < 0.01$). No correlation was found between serum Nesfatin 1 and other endocrine, cardiovascular and metabolic parameters. Serum LH levels, LH/FSH ratio, post prandial blood sugar and post prandial insulin were significantly higher in PCOS subjects compared to controls.

Conclusion: The serum Nesfatin1 levels were ten times higher in PCOS subjects compared to controls irrespective of age and BMI. There was a positive correlation between serum Nesfatin 1 and post prandial blood glucose levels which indicates Nesfatin 1 may be a reliable marker of PCOS suggesting energy homeostasis imbalance in these women.

[IN-08]

Laprosopic Evaluation in Primary Infertility

Dr Hargun Sahiwal, Dr Ruby Bhatia
Dr Paramjit Kaur, Dr Gurpinder Kaur

Government Medical College, Patiala, India

Objective: To evaluate causes of primary infertility by diagnostic laparoscopy, visualize tubal morphology and patency by chromopertubation, study the external surfaces of internal pelvic organs and identify local pathologies, do minimal operative procedures.

Methods: Present study was conducted on 64 patients admitted in Department of Obstetrics and Gynaecology at Rajindra Hospital Patiala. After history, physical examination and laboratory work, all patients were subject to laparoscopy under short general anesthesia/spinal anesthesia in post menstrual phase. Pelvic organs were inspected. Peritoneal lavage and adhesiolysis were performed according to the need. Minimal operative procedures were performed. Chromopertubation was done for confirmation of tubal patency. The data was collected, compiled and analyzed statistically.

RESULTS: The mean of age of patients with primary infertility was 27.87 ± 4.57 . Most common presenting complaint was inability to conceive (100%) followed by menstrual irregularities (25%) & dysmenorrhoea (17.1%). On diagnostic laparoscopy, endometriosis was the most common finding, present in 23.43% patients, followed by pelvic inflammatory disease in 21.87%, tubal blockade in 10.9% patients, PCOD in 9.37% patients. 4.68% patients had fibroid and pelvic tuberculosis. Normal laproscopic study was found in 14.08% patients. Genital tuberculosis was found in 4.68% patients and were put on ATT. On chromopertubation, bilateral spill was seen in 60.93% patients, unilateral spill was seen in 18.75% patients and 9.37% patients had delayed spill.

CONCLUSION: Laparoscopy with chromopertubation it is not only diagnostic but also the therapeutic as minimally invasive operative procedures could be carried out by laparoscopy by all gynaecologist.

Contraception

[CO-01]

Knowledge, Attitude and Practice of Contraception Among Post Natal Mothers

Dr Kalyani Nair, Dr Saumya Prasad

Maulana Azad Medical College, New Delhi

Objective: Literatures have shown highest awareness but low utilization of contraceptives making the situation a serious challenge. Most of women in reproductive age group know little or have incorrect information about family planning methods. Even if there is knowledge about the contraception, its practice is daily routine is not present. The current study aimed in assessing the knowledge, attitude, and practice of family planning among mothers

Methods: A self-administered questionnaire was served to 50 mothers in the post natal ward in a tertiary care centre and the data was analyzed.

Results: All the participants had heard about some type family planning methods. The major sources of information were family friends and relatives (93.8%) and television (65.3%). Even though knowledge was present among all patients 47% of them still did not use any contraception method. The most common used method was condom (42.85%). IUCD method was chosen by 49% of the patients and 24.5% of them still did not chose to use any of the method from the contraception basket.

Conclusion: Our study lead to the conclusion that the level of knowledge and attitude toward family planning was good but utilization of family planning methods was quite low. In order to imbibe positive attitude among general public, more awareness have to be spread regarding the benefits of contraception basket.

[CO-02]

Post-placental Intrauterine Device Insertion Versus Interval Intrauterine Device Insertion

Dr Nadia Khurshid¹, Dr Shahnaz Taing²,
Dr Ambreen Qureshi², Dr Insha Jan Khanyari²
¹HIMSR, New Delhi, ²GMC Srinagar

Objective: To compare safety, effect on menstrual cycle, efficacy & satisfaction of postplacental IUD (PPIUD) insertion with interval IUD insertion (IIUD).

Methods: Patients meeting eligibility criteria were asked to choose between PPIUD or IIUD insertion. In PPIUD group, insertion was done within 10 minutes of expulsion of placenta by hand technique. In IIUD group insertion was done after 6 weeks by withdrawal technique. Both groups were followed at 6 weeks, 6 months, 12 months.

Results: 238 patients were allocated to PPIUD group and 273 to IIUD group. In the PPIUD group, there was no bleeding/spotting demonstrable during insertion as it was masked by the lochia. Mild pain at insertion was seen in only 11 patients in the PPIUD group. During insertion, slight bleeding/spotting was seen in 7.8% patients in the IIUD group, while mild to moderate pain was seen in 39.9% patients. Irregular bleeding or spotting was more in IIUD than in the PPIUD group. The difference was statistically significant at 6 weeks and 6 months, but was not significant at 1 year. At 6 weeks, 6 months and 1 year patients complaining of pelvic pain/ dysmenorrhea did not show any significant difference between the two groups. There was a statistically significant higher expulsion rate after PPIUD compared to IIUD insertion. The difference between the two groups was statistically significant for cumulative expulsion but was not significant for interval expulsion rate at 6 months and 1 year. No uterine perforation occurred during the study. Continuation rate was higher in the PPIUD group, but the difference was not statistically significant.

Conclusion: PPIUD is a safe, easy and effective alternative to IIUD insertion and qualifies to be popularized as a First-line contraceptive agent in eligible patients owing to its immediate and sustained contraceptive benefit, patient comfort, convenience and lower incidence of side-effects.

[CO-03]

Comparison of Acceptability, Safety and Continuation Rates of Combined Hormonal Pils and Centchroman as Post Abortion Contraceptives

Dr Inlo Miuli, Dr Kavita Agarwal
Vardhman Mahavir Medical College, New Delhi

Objective: To compare acceptability, safety and continuation rates of combined hormonal pill and centchroman as post abortion contraceptive.

Methods: The study was a prospective comparative randomised study conducted for 12 months in the department of obstetrics and gynaecology, VMCC and Safdarjung. A total of 240 women

willing for post abortion oral contraception were screened for eligibility of COC and Centchroman as per WHO MEC and the fulfilling eligibility criteria's for the study. Study subjects were randomised into group A, taking Centchroman or group B, those taking combined hormonal contraceptive. Each group consisted of 120 subjects. Oral contraception was started immediately following a surgical abortion or day 3 of a medical abortion. Study subjects were evaluated at intervals 1, 3, 6 and 12 months. Attempts were made to contact all subjects by telephone to ensure all follow up visits.

Results: The mean age of group A and B were 23.32 and 25.43 respectively. Among the study group, 88(73.33%) in combined hormonal contraceptive and 76(63.33%) in Centchroman was initiated after spontaneous abortion. Thirty one women (26.66%) in combined hormonal contraceptive and 44 (36.66%) in Centchroman group started OCP after induced abortion. After 12 months following were the results attained:

1. Menstrual Cycle Frequency:

- Prolonged cycles of 35-45 days were reported by 15(13.63%) women in Ormeoxifene and 5 (5.55%) COC users.
- Prolonged cycles of >45 days were more reported 7.27% in group A and 1.11% in group B.
- Four (3.63%) women in Ormeloxifene group and none in COC group had amenorrhoea at 1 year .

2. Menstrual Cycle Flow:

- Scanty flow was observed in 7.77% of group A and in 22.72% of group B

3. Pill Usage Pattern:

- Continuation usage pattern was observed in 63.15% of women in group A compared to 58.88% in group B. The statistical difference was significant (p value=0.0048).
- Missed pill pattern was 24.44% in group B compared to 15.78% in group A. This was not statistically significant.
- Discontinuation pattern was observed more in women using COC, (16.66% vs 6.77%) with statistically significant difference (p =0.004)

4. **Effectiveness:** In group A there was 1 user failure and 1 method failure; In group B there were 3 user failure and no method failure

5. **Side effects:** Side effects were more common in group B compared to group A (16.66% vs 3.6%; p value <0.0001)

6. **Continuation rates:** It was 91.66% for group A and 75% for group B.

7. **Safety:** None of the women had any untoward adverse effects in either groups.

8. **Acceptability:** Acceptance was more in group A, 93(77.5%) compared to group B, 78(65%) with statistically significant difference (p=0.0162)

Conclusion: The study reached the following conclusion points:

1. Initiation of oral combined hormonal or non hormonal contraceptive pills immediately post abortion is safe, effective and well tolerated.
2. Acceptability and continuation rates were higher for centchroman compared to combined hormonal pills.
3. Safety was found in both the group throughout the study.

[CO-04]

The Study on Clinical Outcome of Postabortal Insertion of Copper -T

Dr Aakanksha Mishra, Dr Rita Ranjan, Dr Megha Batra
Deen Dayal Upadhyay Hospital, Harinagar, New Delhi

Objective: To study the safety, efficacy and expulsion rate of postabortal CuT insertion, To study the complications of postabortal CuT insertion, To study the continuation rate of postabortal CuT insertion.

Methods: Patients for the present study were selected from those presenting with < 20 weeks of pregnancy with history of bleeding per vaginum with or without pain in abdomen suggestive of incomplete, missed or inevitable abortion (spontaneous abortion). 100 participants were admitted and intra uterine device(IUD) was inserted immediately after spontaneous abortion in the same sitting while the patient was still on the OT table. Fifty (50) patients accepted and received postabortal CuT 380A and Fifty (50) patients accepted and received postabortal ML Cu 375. Follow-up was done post procedure at 1, 3 and 6 months respectively. Confirmation of the postabortal CuT insertion was done during the follow up visit. During the follow up visit patient's thorough history was taken for any adverse events like pain, fever, vaginal discharge, expulsion, menorrhagia, missing thread, amenorrhoea. This was followed by Per abdomen and Per speculum examination to confirm the visibility of CuT thread. If thread was not visible ultrasonography was done to confirm the location of CuT.

Results: In the present study expulsion rate for CuT380A and Cu 375 was 6% and 2% respectively. One out of 100 expulsions were seen in less than 9 weeks of gestation and 3% in more than 9 weeks of gestation. No case of uterine perforation was seen during the insertion of postabortal intrauterine device. Downward displacement of IUD (MLCu 375) was seen in 1% during the first month of follow up. One out of 100 had CuT 380A removed due to complains of increased menstrual flow during the third month of follow up. One out of 100 became pregnant with copper T 380A in situ. During the first month of follow up, one patient (1%) was diagnosed as a case of mild pelvic inflammatory disease. We had a continuation rate of 93%, discontinuation rate of 7% and satisfaction rate of 97.9% at end of 6 months of follow up.

Conclusion: Postabortal intrauterine device (IUD) is an effective method of contraception and is comparable to permanent sterilization. Counselling and motivation of women about postabortal IUD and integration of IUD services with postabortal care can lead to better acceptance of the method.

[CO-05]

One Year Retrospective Study of inj. DMPA as Long Acting Reversible Contraceptive: A critical appraisal

Dr Yashika Singh, Dr P Lal
Lady Hardinge Medical College, New Delhi

Objective: To study the acceptability, compliance and efficacy of Inj.DMPA as long acting reversible contraceptive.

Methods: A retrospective analysis of patients accepting DMPA as contraceptive out of all those attending Family Planning OPD of Lady Hardinge Medical College & Hosps. during the time period Oct'17 to Sept' 18 was done. The women were analysed for their age, parity, socioeconomic status, compliance to first and further doses and complaints related to its use.

Results: A total of 1571 new patients visited the Family Planning OPD during the study period, out of which 18.9% (=297) accepted intramuscular DMPA as the method of contraception. 55.5% users were in the age group of 21-25 years, 79.8% were multigravidas and 66% were from a low socioeconomic status. Acceptability was 40% for second dose, 34.5% for third dose, 11% for fourth dose and 6.7% for fifth dose. Major cause of patient drop-out was irregular bleeding and spotting in 55.89% patients, next being socio-cultural factors as 30% were unable to follow since they were from rural areas and 12% due to lack of knowledge owing to low socioeconomic and literacy status. 3.3% reported amenorrhoea. However, patient satisfaction was >50%. No pregnancy was reported during the study period leading to a contraceptive efficacy of 100%. There were no significant changes in B.P. and weight of the patients.

Conclusion: DMPA is a very effective long acting reversible contraceptive. Proper selection of clients and effective counselling can play a very important role in its acceptance, compliance and efficacy.

[CO-06]

Evaluation of the Outcome of Post-partum Intrauterine Contraceptive Device Insertion in Patients following Normal Vaginal Delivery and Lower Segment Cesarean Section

Dr Sangeeta Sharma
DDU Hospital, New Delhi

Objective: The objectives of the study was to evaluate the outcome of post-partum intrauterine contraceptive device (PPIUCD) insertion in patients following normal vaginal delivery (NVD), and lower segment cesarean section (LSCS) in terms of bleeding; missed thread; foul smelling vaginal discharge; severe lower abdominal discomfort; removal; expulsion; uterine perforation; and patients' satisfaction.

Methods: A prospective interventional study was conducted on 513 full term pregnant women attending emergency and in labour room, Department of Obstetrics and Gynaecology, DDUH, New Delhi during August 2018 to May 2019. After PPIUCD (Cu-T 380A) insertion, patients were followed-up at 48 hours, 2 week, 6 weeks and three months. Statistical analysis was conducted using statistical tools including correlation coefficient, chi-square test and probit model regression.

Results: The PPIUCD was most accepted in the age group of 21-25 years, educated women, home makers and women with parity status P2. It had no negative impact on Hb level. The occurrence rates of irregular bleeding, increased duration of

bleeding, missed thread, foul smelling vaginal discharge, severe lower abdomen discomfort, removal and expulsion were 3.70 percent, 1.56 percent, 7.21 percent, 3.51 percent, 4.09 percent, 1.95 percent and 2.53 percent respectively. In general, NVD patients had high medical complications in comparison to LSCS patients. The satisfaction level was 95.16 percent with no cases of uterine perforation.

Conclusion: After PPIUCD insertion, patients were highly satisfied with no uterine perforation and low occurrence of medical complications. The occurrences of medical complications were high for NVD patients in comparison to LSCS patients.

Gynae Oncology

[GY-01]

A Correlation Study of Cervical Per-speculum Findings with Pap Smear Findings in Patients of Bharati Hospital, Pune

Dr Avani Agrawal, Dr Girija Wagh
Bharati Hospital, Pune

Objective: This study was conducted to determine the correlation of Per speculum findings of cervix & PAP smear findings for the diagnosis of inflammatory, premalignant and malignant lesions of the cervix.

Methods: This cross-sectional correlation study was conducted from 1st December 2018 to 30th May 2019, 375 women coming in the OPD of Bharati Hospital, Pune. All patients who presented with complaints of vaginal discharge, post-coital bleeding, intermenstrual bleeding, pain in lower abdomen and those who had come for routine cervical screening without any complaints were enrolled & per-speculum findings & Cervical PAP smears were taken & studied.

Results: Total 377 patients were enrolled, per speculum findings showed discharge in 40%, no gross pathology in 21%, hypertrophied cervix 13%, cervical erosion in 15%, prolapse in 08% & polyp in 03% cases. PAP smear reports showed NILM in 28.9%, Bacterial vaginosis in 2.1% smears, Inflammatory smear in 56.7%, ASCUS in 4.5%, Low grade squamous intraepithelial lesion (LSIL), HSIL 6%, Squamous cell carcinoma in 0.9% smears. Ratio of inflammation & other lesions to premalignant & malignant ones was 323: 54 [85.7% and 14.3%].

Conclusion: The PAP test is a cost-effective and easy screening method for the detection of cervical cancer. The newer technologies are costly & cannot be easily implemented in our population due to the low socioeconomic level. Screening by PAP smear should start at the age of 21 & above. Early detection can prevent further development of cancer and recommend continue screening at older age even after 70 years. The addition of HPV testing has now improved detection of cervical preneoplastic and neoplastic lesions.

[GY-02]

Comparison of 4 Different Models (RMI, IOTA Simple Ultrasound, IOTA LR2 Model and ADNEX Model) to Predict Risk of Malignancy in Ovarian Tumor

Dr Reetu Yadav, Dr Latika Sahu, Dr Asmita M Rathore
Maulana Azad Medical College, New Delhi

Objective: Comparison of 4 models (RMI, IOTA simple ultrasound based method, IOTA LR2 model and ADNEX model) to predict risk of malignancy in ovarian tumor.

Methods: This study was prospective observational study, study population recruited from out patient department and in patients from department of obstetrics and gynaecology, Maulana Azad Medical College, Delhi, over 1 year period, 100 patients were recruited in this study. Inclusion criteria-all ovarian tumor & gt; 5 centimeter size. Exclusion criteria-surgery performed after 120 days of ultrasound and absence of FNAC/ Biopsy/ Histopathology report. Patients with ovarian tumor & gt; 5 cms size recruited, detailed history taken and clinical examination done. In investigation serum CA 125 report collected and ultrasound performed for all these patients. Other relevant investigations also done to rule out metastasis or suspected primary site of tumor. By using serum CA125 level, menopausal status, ultrasound features RMI score were calculated. By using ultrasound features IOTA simple ultrasound based rule assessed benign and malignant nature of tumor, IOTA LR2 model also predict benign and malignant nature of tumor and its based on both clinical and ultrasound parameters. ADNEX model by using clinical parameters (age, menopausal status), referral centre, serum CA125 value and ultrasound parameters predict risk of malignancy in ovarian tumor and it also predict borderline tumor, stage of malignancy and metastasis status. After assessing the risk of malignancy by these model, this report is to be compared with the histopathology/ Biopsy/FNAC report of the tumor which should be collected within 120 days of ultrasound and to find out which model is best to predict risk of malignancy in ovarian tumor.

Results: Among these models ADNEX model have maximum sensitivity (93.44%), NPV.

(76.47%) and AUC (0.952). IOTA simple ultrasound based method have maximum specificity (96.43%) and PPV (99.08%) and RMI-2 have minimum sensitivity (82.79%), specificity (82.29%), NPV (54.35%) and AUC (0.952).

Conclusion: Among these 4 models ADNEX model is best to predict risk of malignancy in ovarian tumor and it also predict borderline nature of the ovarian tumor and tells about the stage of malignancy and metastatic status of the tumor.

Miscellaneous

[ML-01]

Efficacy of Surgical Abortion using Manual Vacuum Aspiration for Termination of Pregnancy at 8-10 Weeks Gestation

Dr Anu Handa, Dr Abha Singh, Dr Sharda Patra
Lady Hardinge Medical College
and Smt. Sucheta Kriplani Hospital, Delhi

Objective: The aim of this study is to assess the efficacy of surgical abortion using Manual Vacuum Aspiration for termination of pregnancy at 8-10 weeks gestation.

Methods: An observational prospective study was conducted in the department of Obstetrics and Gynecology, Lady Hardinge Medical College and SSK Hospital, Delhi from November 2016 to March 2018. A total of 96 women between 8-10 weeks of gestation were randomly selected from Family planning OPD and underwent surgical abortion by MVA. The primary outcome measure was to study efficacy, assessed through complete uterine evacuation without the need for further medical or surgical intervention. The secondary objective was to study feasibility assessed through number of charges required, time taken, blood loss, pain, complications and need of second procedure.

Results: Overall, (MVA) was 97 % effective in terminating pregnancy at 8-10 weeks of gestation. The mean number of charges required for complete evacuation was 2 charges and the mean duration of procedure was 10 ± 1.04 minutes. The mean blood loss was 52.47 ± 8.19 ml. The mean pain score analyzed by VAS was 5.53 ± 1.27 . 93.75% of the women did not have any complications.

Conclusion: Surgical abortion using MVA is an effective procedure at 8-10 weeks of gestation.

[ML-02]

Chronic Endometritis: Decoding the unexplained recurrent pregnancy loss mystery

Dr Mohini Sachdeva, Dr Renu Arora
Dr Nidhi Thakur, Dr Amrita Rathee
Vardhaman Mahavir Medical College (VMMC), New Delhi

Objective: To determine the prevalence of chronic endometritis in women with recurrent pregnancy loss (RPL).

Methods: It was an observational study done over 18 months in Vardhaman Mahavir medical college. Sample size was 65. Women with two or more than two pregnancy losses were enrolled in the study and underwent an endometrial biopsy. Haematoxylin and eosin (H&E) staining was done on all endometrial biopsies and plasma cells were identified by their morphology. Immuno-histochemical (IHC) staining was done for CD 138 (gold standard). Normally endometrial stroma has no plasma cells. Endometrial biopsies with one or more plasma cell is diagnosed as chronic endometritis.

Results: Out of sixty five patients, 32.31% (21/65) patients were CD 138 positive and 67.69% (44/65) were CD 138 negative. The sensitivity and specificity of H&E in diagnosing CE was 38.1% and 70.45% respectively taking IHC as gold standard. Sixty one percent patients with CE showed out of phase morphologies in biopsies.

Conclusion: The prevalence of chronic endometritis was 32.31% in our study group. Thus, the endometrial factor as a cause of unexplained recurrent pregnancy loss cannot be ignored. Out of the 21 patients positive for chronic endometritis 61% had out of phase morphologies on biopsy specimens as well. Endometrial biopsy is cost effective and treatment of CE is economical. Thus, screening for chronic endometritis in patients of RPL should be considered.

[ML-03]

Comparative Study of Ovarian Function in Patients Undergoing Hysterectomy with or without Bilateral Complete Salpingectomy

Dr Ranjeet Mahato, Dr Poonam Laul
Dr Urvashi Miglani, Dr Neelam Sood

Deen Dayal Upadhyay Hospital, Hari Nagar, New Delhi

Objective: To compare the ovarian function in patients undergoing hysterectomy with or without bilateral complete salpingectomy

Methods: 50 premenopausal women planned for hysterectomy for benign indications were randomised to undergo hysterectomy with bilateral complete salpingectomy (group-A) or hysterectomy alone(group-B). Blood samples was collected on pre-operative period for baseline FSH, LH and Serum estradiol(E2) level estimation. Group A(n=25) patients underwent total hysterectomy with complete excision of the fallopian tubes bilaterally and in group B (n=25) patients classical approach was done and ovaries and fallopian tubes were left in-situ. Duration of surgery, change in haemoglobin on day 3 post-operative day, post-op complications, and total duration of hospital stay was noted. The follow up of these patients was done three month after surgery and again blood sample was taken for serum FSH, LH and estradiol (E2) level estimation.

Results: Baseline demographic and clinical characteristics were similar between the two groups. There was also no difference in operative outcomes such as operative time, intra-operative blood loss or complications between the two groups. The mean FSH, LH, estradiol (E2) levels were not statistically significantly different at baseline or 3 months postoperatively after both the techniques.

Conclusions: Bilateral complete opportunistic salpingectomy at the time of hysterectomy does not appear to have any short-term deleterious effects on ovarian function or increased surgical risk.

[ML-04]

Mifepristone in Induction of Labour in Term Pregnancies

Dr Arundhati Chakrabarty, Dr Pinkee Saxena, Dr Neeta Bindal
Deen Dayal Upadhyay Hospital, New Delhi

Objective: To study efficiency of Mifepristone for induction of labour in term pregnancies.

Methods: A randomised control trial was conducted on 100 women carrying term pregnancy. They were randomly allocated into two equal groups. Group A women received Mifepristone 200 mg and Group B women received placebo. Bishop score was assessed at 24 and 48 hrs. At the end of 48 hrs data Analysis was done.

Results: After 48 hrs mean gain in bishop score was 2.5 in mifepristone group compared to 0.67 in placebo group. 50% of women of mifepristone group went into spontaneous labour, 80% delivered vaginally and mean induction to delivery time was 40 hrs. In comparison 70% women in placebo group delivered vaginally and mean induction to delivery interval was 48 hrs. Caesarean section rate was 20% in mifepristone group and 00% in placebo group. No major maternal complications were noted.

Conclusion: Mifepristone is effective in inducing labour and can be used as an alternative drug for induction.

[ML-05]

To Study The Levels of FSH, LH, Estradiol and Testosterone in Patients of Surgical Menopause and To Correlate the Changes in these Hormones with Postmenopausal Symptoms and Body Mass Index

Dr Vinamrata Singh

Deen Dayal Upadhyay Hospital, New Delhi

Objective: To study the levels of FSH, LH, Estradiol and Testosterone in patients of Surgical Menopause and to correlate the changes in these hormones with post-menopausal symptoms and Body Mass Index (BMI).

Methods: 24 premenopausal women planned for hysterectomy with bilateral salpingo-oophorectomy due to any pathological cause were included in study. Blood samples were collected preoperatively one day before surgery for baseline FSH, LH, Estradiol and Testosterone level estimation. Other blood samples were taken on postoperative Day 3 and Day 9 of surgery for estimation of serum Estradiol and Testosterone levels. Follow up of patients was done 6 weeks after surgery and samples were taken for FSH, LH, Estradiol and testosterone level estimation. Patients were also evaluated for postmenopausal symptoms at each postoperative visit.

Results: Serum FSH and LH levels increased postoperatively when evaluated postoperative 6 weeks after surgery while Serum Estradiol and Testosterone levels showed a decline postoperatively when compared to preoperative levels. Estradiol levels was positively correlated with BMI. All patients had postmenopausal symptoms of which Hot Flushes were most common and occurred even after a small fall in estradiol levels.

Conclusion: Surgical menopause is associated with abrupt changes in hormones namely FSH, LH, Estradiol and Testosterone. Due to sudden withdrawal of these hormones patients develop postmenopausal symptoms more frequently.

[ML-06]

Do Horoscopes Affect Fertility??

Dr Rita Bakshi, Dr Tulika Aggarwal

International Fertility Centre, H-6, Green Park Main, Delhi -16

Objectives: To study and evaluate the effect of astrology on infertility and its importance which remains enigmatic.

Methods: This study includes infertile couples, who underwent IVF treatment and controls who conceived naturally. Data of horoscope of couples was statistically analysed to determine its effect on infertility.

Results: Horoscope matching of the couples was done and we found that patient with no Bhakoot Dosha have 4.6 times probability of having fertility (OR 4.619(95% CI 0.998-21.375); $p=0.60$) and couples with no Nadi Dosha have 4.2 times of having fertility (OR 4.270(95%CI 0.685-26.603); $p=0.12$).

Conclusion: Every couple desires for a child to make their family complete. A child for them is a "bundle of joy" in the form of a fresh lease of life which gives them immense happiness and a proud sense of responsibility to raise that child in the best way possible for them. Role of astrology in infertility is not significant($p>0.05$) and is mere lucrative business. So, our study doesnot support role of astrology in infertility.

[ML-07]

Effectiveness of Antenatal Pelvic Floor Muscle Exercise in Preventing Stress Urinary Incontinence Among Primigravida during Third Trimester

Dr Shabnam, Dr Achla Batra

Vardhman Mahavir Medical College and Safdarjung Hospital
New Delhi

Objective: (1) To compare the incidence of stress urinary incontinence(sui) in third trimester in primigravida who performed pelvic floor muscle exercises (PFME) from 2nd trimester with those who received only routine antenatal care. (2) To compare pelvic floor muscle strength and quality of life in these two groups.

Methods: This was a case control study performed in all primigravida women attending ANC OPD in safdarjung hospital. Two groups were made. Intervention group-Taught to do pelvic floor muscle exercises from 2nd trimester onwards for atleast 12 weeks.Control group-provided routine antenatal care. PFMS was assessed by using modified oxford score and by using a specialised instrument called "peritron perineometer". Pelvic floor muscle strength of both the groups were compared in third trimester, along with this QOL and difference in incidence of SUI was also assessed.

Results: Women with SUI from intervention group had better QOL.Women of Intervention group had better pelvic floor muscle strength after doing PFME than controls. No significant difference was found in incidence of SUI between intervention and control group.

Conclusion: Supervised PFME could reduce incidence of SUI in pregnant patients and helps in improving PFMS.Women with SUI who do PFME have better QOL.

[ML-08]

Knowledge, Attitude and Practice of Breast Feeding Among Post Natal Mothers in a Tertiary Care Centre

Dr Sathindra Sadhvi, Dr Saumya Prasad

Maulana Azad Medical College, New Delhi, India

Objective: Breast feeding has several benefits for both the infants and mothers. However, despite strong evidences in support of breast feeding its prevalence has remained low worldwide. The objective of the present study was to examine the knowledge and attitude towards breast feeding and infant feeding practices among Indian postnatal mothers.

Methods: A cross sectional descriptive study was carried out among randomly selected postnatal mothers in the post natal ward at a tertiary care center. Data was collected through face-to-face interview using a structured questionnaire.

Results: Our findings revealed that a majority (95.9%) of the mothers were breast feeders where all of them were exclusive breast feeders and 61.22% initiated breast feeding within an hour. All patients were aware about exclusive breast feeding up to 6 months and burping after each feed. While mothers have good knowledge on breast feeding ($9.61 \pm 1.13 M \pm SD$). Mothers those who were currently breast feeding (8.70 ± 2.32) had more positive attitudes. Knowledge that breast feeding helps in mother and child bonding was present in 97.9%.

Conclusion: Since our patients were at a tertiary hospital, we have enough number health workers and staff nurses to assist the patients during breast feeding. This has given our patients good knowledge and developed a positive attitude towards breast feeding. Such practices should be incorporated in daily routine in all primary and secondary centers also.

[ML-09]

A Comparative Study of Dinoprostone Vaginal Pessary and Dinoprostone Intracervical Gel for Pre-induction Cervical Ripening

Dr Saima Zaved, Dr Achla Batra

Vardhman Mahavir Medical College and Safdarjung Hospital
New Delhi

Objective: 1) To find efficacy of dinoprostone intracervical gel and vaginal pessary as pre-induction cervical ripening agents. 2) To study the safety of these two preparations.

Methods: It is a prospective randomized study and was carried out in the department of OBGY in VMMC & SJH. The duration of study was 18 months. A total of 140 women, 70 in each group were randomly recruited. The data were entered in MS EXCEL spreadsheet and analysis was done using SSPSS version 21.0.

Results: There was no significant difference in various outcomes observed within 24 hours of insertion of dinoprostone intra-cervical gel and pessary (p value 0.473). The most common observed outcome was spontaneous onset of labour. There was no significant difference in mean bishop score at 24 hours between the groups (p value 0.779) as well as no significant difference in mean change of bishop score from initial to final in both the study group (p value 0.929). The mean duration of oxytocin use in gel group was higher (p value 0.005). The caesarean section rate and side effects were significantly lower in pessary group compared to gel group.

Conclusion: Dinoprostone gel and pessary both are equally effective as cervical ripening agents but vaginal delivery rate and duration of oxytocin requirement is low in pessary group. Both gel and pessary are safe but pessary has lower complications.

[ML-10]

Ultrasound Evaluation of Caesarean Section Scar and It's Role in Determining The Mode of Delivery

Dr Swapnika Boppudi, Dr Sangeeta Gupta
ESIC PGIMSR, Basaidarapur, New Delhi

Objective: To evaluate uterine scar of caesarean section by 3D, 2D ultrasound, Color Doppler and to assess their practical implications in determining the mode of delivery among pregnant women with previous caesarean section. To examine the most accurate ultrasonographic parameter for assessing the quality of scar on the uterus and to identify an objective approach which would help in predicting the mode of delivery.

Methods: It is an observational prospective cohort study including antenatal women with previous LSCS after 28 weeks of gestation. After history and routine antenatal exam, a 2D, 3D and color Doppler are done and scar parameters analyzed. The parameters analyzed are shape, thickness, vascularity, echo structure of lower uterine segment, continuity of scar, borders, volume.

Results: Among the 245 patients analyzed 65.3% had a VBAC and 34.7% underwent a repeat LSCS. The scar parameters which showed a statistically significant difference in affecting the mode of delivery are Shape of the scar, thickness, echostructure of the lower uterine segment. The mean of all the parameters as generated by the ROC curve also showed a statistical difference affecting the mode of delivery.

Conclusion: An objective approach to decide on the mode of delivery is essential in cases of previous caesarean section.

It is essential to devise an approach to identify asymptomatic scar dehiscence which would be missed on clinical evaluation alone and also to avoid false positive cases of scar tenderness clinically which turn out to be uneventful intraoperatively. Hence it is essential that a holistic method be devised taking into consideration the imaging, clinical factors, and a scoring system which predicts the risk and success of TOLAC be inferred.

[ML-11]

To Study The Maternal and Fetal Outcome in Nulliparous Women Undergoing Induction of Labour Between 39+ to 40+ Weeks of Gestation

Dr Chotten Tsering, Dr Ashok Kumar
Maulana Azad Medical College, New Delhi

Objectives: To study the maternal and fetal outcome in nulliparous women undergoing induction of labour between 39+ to 40+ weeks of gestation.

Methods: In this prospective observational study we evaluated a total of 30 cases with low risk at 39+ and 40+ who were admitted in the labor room. They were scheduled for induction of labour after cardiotocography and assessing their Bishop's score. Method of induction depended on the Bishop's score. If Bishop's score was less than 6, intracervical dinoprostone gel 0.5 mg was used for cervical ripening every 6 hours, for a total of 3 doses and dose of oxytocin titrated according to hospital protocol. If after 3 doses of dinoprostone and oxytocine infusion for 12 hours, the patient does not go into active labour (cervical dilatation of more than 5 cm and adequate uterine contraction was considered as failed induction). Maternal monitoring was done by pulse rate, blood pressure, uterine contraction, descent of fetal head and change in Bishop's score. Maternal and neonatal outcome was recorded before patient was discharged from the hospital.

Results: Caesarean section rate between women induced at 39+ weeks and 40+ weeks, were 44.4% and 58.3% respectively. Vaginal delivery rate were 55.6 in 39+ group, and 41.7% in 40+ groups. There were no cases of neonatal mortality or morbidity in both the groups. No cases of PPH in either groups. Comparing the indication of caesarean in both groups, 75% of caesareans in 39+ were due to failed induction compared to 42.9% in 40+ group. 12.5% caesareans were due to MSL in 39+ compared to 57.1 in 40+ group. However fetal distress leading to caesarean was seen in only one case in 39+ group.

Conclusion: There was a significant difference in caesarean section rate in women induced at 39+ weeks and 40+ groups. There was no difference in neonatal outcome in both groups. The outcomes were generally good and neonatal morbidity, caesarean section and operative vaginal delivery rates were low if pregnancy is induced at 39 weeks in low risk women.

[ML-12]

Association Between TSH, Age Anaemia and Obesity

Dr Akshira Adhlakha, Dr Bhawna Dawra
Tirath Ram Shah Hospital, Delhi

Objective: To find association between TSH levels with age, BMI and Anaemia.

Methods: The study was conducted at Tirath Ram Shah Hospital between March 2018 to 2019. 702 women aged above 35 years were included in the study.

Results: The mean age was 45.79 years, mean BMI was 28.07 kg/m², mean haemoglobin was 12.9 mg/dl, mean TSH was 3.94 mg/dl. 38.6% women were anaemic. 19.5% women had impaired thyroid function. No distinct pattern was observed between mean TSH and age of the patient. 43.7% of hypothyroid women were anaemic whereas 37.7% of euthyroid were anaemic and as the severity of anaemia increased, the mean TSH increased. 37.3% of hypothyroid women were obese whereas 31.2% of euthyroid women were obese. And as grade of obesity increased, mean TSH increased (except class 3 obese, where it was low).

Conclusion: There is no distinct pattern observed between mean TSH and Age. Though hypothyroid women were more anaemic and mean TSH increased with severity of anaemia but the association was not found to be statistically significant. Similarly in the hypothyroid women the prevalence of obesity is higher than the euthyroid women and mean TSH increased with degree of obesity. Association between BMI and TSH was not significant.

[ML-13]

Histopathological Correlation in Abnormal Uterine Bleeding

Dr Anubhuti Mohan, Dr Neha Varun, Dr Nidhi Gupta
Maulana Azad Medical College & Lok Nayak Hospital, Delhi

Objective: Abnormal uterine bleeding (AUB), a very commonly encountered gynaecological problem has 33% incidence in Gynae OPD. Dilatation and Curettage being the main diagnostic procedure was evaluated in the present study and histopathological findings were analysed.

Methods: A retrospective study consisting of total 150 patients was conducted in the department of Obstetrics and Gynaecology, Hamdard Institute over a period of one year and all cases of AUB, more than 35 years who underwent D & C were included in the study.

Results: Total 150 cases in the age group of 35-58 years were analysed and it was found that most common age group presenting with AUB was between 35-39 years. Most common presenting complaint being heavy menstrual bleeding (HMB) in 54% (81/150). Most commonly histopathology report was showing non organic causes in 80% (120/150) and among non-organic causes proliferative endometrium was the most common histopathology report in 43.33% (52/120). Most common organic cause was found to be Polyp in 40% (12/30)

followed by endometrial hyperplasia in 30% (9/30) and endometrial cancer in 20% (6/30).

Conclusion: D & C is a useful and the cost-effective diagnostic procedure in the evaluation of AUB and histopathology is 100% diagnostic in endometrial hyperplasia and endometrial carcinoma.

[ML-14]

Assessment of Physical and Sexual Quality of Life in Women Undergoing Planned Hysterectomy in Tertiary Care Hospital

Dr Archana Kumari, Dr Sunita Malik, Dr Sheeba Marwah
Vardhman Mahavir Medical college And Safdarjung Hospital
New Delhi

Objectives: To study the physical and sexual quality of life (SQOL) in women undergoing elective hysterectomy following six months after surgery.

Methods: This was a prospective observational study in which all women undergoing elective hysterectomies in the department and fulfilling inclusion criteria through any routes and benign indication were recruited after taking informed written consent. Women with endometriosis, previous pelvic surgery and emergency hysterectomies were excluded from study. Each women was subjected QOL questionnaires-SF-36 and SQOL-F prior and six months after surgery. Questionnaires used were in their own language, validated and already tested in pilot study. The required sample size was 65 (taking 20% lost to follow up) by using Epi-info software, total 78 eligible women taken in the present study. All data was recorded on EXCEL spread sheet and analysis done by SPSS -21.0 and Wilcoxon-test as appropriate.

Results: All aspects of physical QOL was found to have improved following hysterectomy by all routes. However, difference points being: physical health =29.69, role of limitation due to physical health =51.67, role of limitation due to emotional health= 67.51, energy =17.66, social function=31.93, bodily pain =39.62 and general health=6.22. However, emotional well being worsened by difference point -8.46 (p<.0001). SQOL also improved post hysterectomy (p <.0001).

Conclusion: Hysterectomy improves QOL post surgery (Abdominal route>vaginal). However, women need to be provided with adequate emotional support from her gynaecologist, family, and peer group after surgery to improve their emotional quotient in life.

[ML-15]

Effect of Upright Position During First Stage of Labour on Labour Outcome

Dr Deepti Pachauri, Dr Anjali Dabral, Dr H P Anand
Vardhman Mahavir Medical College and Safdarjung Hospital
New Delhi

Objective: To study the effect of upright position during first stage of labour on labour outcome

Methods: An interventional study was conducted on 60 primigravidae women in active phase of first stage of labour. The women assigned to upright position were encouraged to remain in upright group (sitting or walking) for at least 60% of the duration of first stage of labour while the women in supine group attended the routine protocol and it was ensured that they should not remain in upright position for more than 20%. The progress of labour was plotted on partograph and the results were compared.

Results: It was found that the progress of frequency of contractions/10 mins ($p < 0.001$) was significantly better in upright group. Similarly, in first ($p = 0.022$) and second hour ($p = 0.002$) of active labour, more patients from upright group had moderate and strong contractions as compared to supine group. Also the fetal head descent ($p < 0.05$) was better in upright position. Though not statistically significant but the duration of first and second stage of labour was shorter among women in upright position. The mode of delivery was comparable in both the groups.

Conclusion: Alternative maternal position may positively influence labour progression by improving the intensity and frequency of uterine contraction, descent of fetal head and the duration of labour. Therefore women should be encouraged to assume upright position in labour.

[ML-16]

Recurrent Decidual Cast with Membranous Dysmenorrhea

Dr Apurva Nain, Dr Nupur Gupta, Dr Pratiksha Gupta
ESIC Hospital, Basaidarapur, New Delhi

Decidual cast is the entire sloughed endometrium that takes the form of the endometrial cavity. It causes membranous dysmenorrhea because the intact cast passes through an undiluted cervix. It may be associated with ectopic pregnancy, incomplete abortion, non-pregnant state with use of progesterone, Depot medroxyprogesterone acetate (DMPA), rarely with oral contraceptive pills. Authors are reporting a case of recurrent decidual cast formation with membranous dysmenorrhoea in 33 years old woman P3L3 who was on norethisterone acetate treatment for a typical uterine bleed (AUB). She presented with heavy menstrual bleeding with severe dysmenorrhea in Gynae causality of ESI Basaidarapur medical college, Delhi. She expelled decidual cast and required therapeutic Dilatation and Curettage (D and C) to control bleeding per vaginum. Her histopathology report showed marked decidua like change of the stroma but no villi suggestive of endometrial cast.

We conclude that in non-pregnant women on hormonal therapy (progesterone or OCPs) complaining of severe cramping abdominal pain and bleeding with passage of tissue, decidual cast with dysmenorrhea membranacea though rare, should be a diagnosis.

[ML-17]

Comparative Evaluation of Intravaginal Slow Release Dinoprostone Insert vs Transcervical Foley's Catheter for Induction of Labor in Patients with Poor Bishop's Score: A randomized control study

Dr Ritu Singh, Dr Taru Gupta
ESI PGIMSR Basai Darapur, New Delhi

Objective: To compare clinical efficacy and safety of Intravaginal slow-release dinoprostone vaginal insert (DVI) with Transcervical Foley's catheter for induction of labour in patients with poor Bishop's score.

Methods: A randomized controlled study was done, 174 patients were randomised into three groups of 58 each (Group A: dinoprostone 10 mg slow release intravaginal insert, Group B: transcervical Foley's 16 French catheters, and Group C as control: 0.5 mg intracervical dinoprostone gel). The safety and efficacy was compared among the groups and the outcome was measured in terms of fetal and maternal wellbeing. A p value of < 0.05 was considered statistically significant.

Results: The mean insertion to active labor time (in hours) was significantly lower in Group A as compared to Group B (5.88 ± 3.06 vs 13.56 ± 2.8 , $P < 0.0001$). Meantime of insertion to delivery (in hours) was significantly lower in Group A as compared to Group B (10.91 ± 5.24 vs 21.17 ± 2.99 , $P < 0.0001$). The requirement of oxytocin for induction and augmentation in Group A was significantly lower as compared to Group B. Majority of the patients had normal vaginal delivery (NVD) in all the three groups.

Conclusions: This study concludes that intravaginal slow-release dinoprostone PGE2 insert is better in terms of efficacy as compared to transcervical foleys catheter for induction of labor as assessed by improvement in Bishop's score, insertion to active labor time and insertion to delivery time. Regarding safety profile as assessed by uterine tachysystole, maternal and perinatal outcome, we found that intravaginal slow-release dinoprostone PGE2 insert had more incidence of uterine tachysystole, but none of the cases had any fetal heart rate abnormality and the insert was removed. Maternal fever was more in the foleys catheter group, however, neonatal outcomes were comparable in both groups. Since there are limited studies available on intravaginal slow release dinoprostone PGE2 insert, we propose that more studies using this inducing agent should be conducted in the future.

[ML-18]

Metabolic Syndrome in Pre- and Post-menopausal Women

Dr Nandhini Rajamani
Vardhman Mahavir Medical College, New Delhi

Objective: The present study was planned to determine the prevalence of metabolic syndrome and its components in pre- and postmenopausal women. It also aimed to analyze the association of metabolic syndrome with menopausal status and socio demographic profile.

Methods: A cross sectional study was conducted in the Department of Obstetrics and Gynecology in VMMC and Safdarjung Hospital, New Delhi. A total of 220 women between the ages 40-60 years, attending gynecology clinic were analyzed. The study consisted of two groups: pre- and postmenopausal women. Anthropometric indices, blood pressure, fasting blood sugar and lipid profile were measured.

Results: The overall prevalence of MS in entire cohort was 42.3 %; In premenopausal group 33% were diagnosed with MS, while in postmenopausal women 51.9% had metabolic syndrome($P=0.005$). The commonest component was abnormal waist circumference in both groups. All the components were proportionately higher in postmenopausal group, however, only the difference in SBP and HDL reached statistical significance. Ms was significantly higher in women of urban residence, illiterates, housewives, low physical activity and high BMI. In logistic regression analysis, the prevalence of MS increases with age($P=0.043$) and postmenopausal status was found to be independently associated with MS when adjusted for age, SES, education, parity, BMI, residence and occupation($P=0.002$).

Conclusion: Prevalence of MS increases with age and postmenopausal state, hence preventive strategies should be started in premenopausal stage.

[ML-19]

Efficacy of Ormeloxifene and Oral Contraceptives in the Treatment of Abnormal Uterine Bleeding due to Leiomyoma

Dr Nupur Khandelwal, Dr Neeta Bindal, Dr Pinkee Saxena
Deen Dayal Upadhyay Hospital, New Delhi

Objective: To compare ormeloxifene with combined oral contraceptives in the treatment of abnormal uterine bleeding due to leiomyoma (AUB-L).

Methods: Eighty women with AUB-L were randomized after informed consent. Group 1 (N=40) was given ormeloxifene (a SERM i.e. selective estrogen receptor modulator) 60 mg twice per week and Group 2 (N=40) was given COC (ethinyl estradiol 30 mcg and levonorgestrel 150 mcg) on days 1-21 for 6 months. Menstrual blood loss was assessed on periodic blood loss assessment chart (PBAC) score and leiomyoma volume was assessed on ultrasound. Follow up was done at 1,3, and 9 months.

Results: Mean PBAC score reduced from 216 to 101 in group 1 and from 164 to 123 in group 2. There was significant rise in mean hemoglobin concentration in both the groups. Mean leiomyoma volume was marginally increased in both the groups. Delayed menses was most common side effect in group 1 and weight gain was most common side effect in group 2. No major adverse side effect was seen.

Conclusion: Ormeloxifene with its convenient twice weekly dosage schedule is effective in treating AUB-L. It is an effective alternative in treatment of abnormal uterine bleeding due to leiomyoma and it can be used for medical management of AUB-L in patients in whom steroidal treatment is not desired, especially in young patients who also request contraception.

[ML-20]

Metformin Versus Combined Therapy with Metformin and Myoinositol (MI) and D- Chiro-inositol (DCI) in Women with Polycystic Ovary Syndrome (PCOS)

Dr Anupama Bahadur, Dr Namrata Bhattacharya
Dr Hitanshi Arora, Dr Jaya Chaturvedi

All India Institute of Medical Sciences, Rishikesh, Uttarakhand

Objective: Insulin resistance plays pivotal role in etiopathogenesis of PCOS. To prevent long term health consequences of PCOS, besides life style modifications, use of insulin sensitizers has been proposed. Recently, inositols-Myoinositol (MI) and D-chiro-inositol (DCI) have shown to be efficient and safe alternative in PCOS management. To compare clinical effect of two insulin sensitizers, Metformin vs combined therapy with Metformin and Myoinositol and D-chiroinositol in women with Polycystic Ovarian Syndrome (PCOS) and study improvement in clinical parameters like weight, global acne score, waist & hip circumference after treatment in both drug groups.

Methods: Patients with PCOS were randomized into two groups, 30 in group I (Metformin) and 32 in group II (Metformin and MI and DCI). Group 1 received Metformin 500 mg twice a day for 3 months & in Group 2 received receive metformin 500 mg twice a day along with Myoinositol 550 mg + D-chiro-inositol 150 mg twice daily for 3 months. Clinical parameters like menstrual cycle regularity, acne, hirsutism, BMI, waist & hip circumference were compared at baseline and after 3 months of therapy.

Results: Baseline characteristics were similar in two groups. There was improvement in menstrual cycle and bleeding days in women in Group 2 (metformin + MI +DCI) after 3 months. There was no improvement in acne score. However, after receiving treatment for 3 months statistically significant improvement was seen in Group 2 (metformin + MI +DCI) in their clinical parameters like weight.

Conclusion: Using a comprehensive, detailed endocrinological assessment of clinical parameters our study shows a beneficial effect of Metformin in combination with MI + DCI in women with PCOS & insulin resistance. Combined therapy may have a therapeutic and promising role in women with PCOS. However, large randomized control trials are required to explore above hypothesis.

[ML-21]

Prevalence of Metabolic Syndrome in Postmenopausal Females

Dr K Navneet, Dr K Parneet, Dr K Arshdeep
Govt. Medical College and Rajindera Hospital, Patiala

Objectives: 1. To determine prevalence of metabolic syndrome in post-menopausal females. 2. To identify women at risk of developing cardiovascular and other chronic diseases. 3. To offer lifestyle, diet modifications to all females and necessary intervention to women at risk.

Methods: The present study was done in postmenopausal females presenting in menopause clinic at Govt. Medical college and Rajindra Hospital, Patiala from January 2017 to December 2017. Parameters of metabolic syndrome were assessed according to modified ATP III (2005) criteria

1. Abdominal obesity: waist circumference ≥ 88 cm
2. Serum TG level ≥ 150 mg/dl or on treatment for raised triglycerides.
3. Serum HDL < 50 mg/dl or on treatment for low HDL.
4. High blood pressure: systolic blood pressure ≥ 130 mmHg and/or diastolic blood pressure ≥ 85 mmHg or on treatment for hypertension
5. High fasting glucose: serum glucose level > 100 mg/dl or on treatment for diabetes mellitus.

Results: Out of 190 women, 129(67.89%) were diagnosed with metabolic syndrome as they fulfilled ≥ 3 modified ATP III criteria. 84(44.21%) subjects fulfilled 3 criteria, followed by 37(19.47%) having 4 criteria, 34(17.89%) having 2 criteria, 19(10%) having 1 criteria, 19(10%) having 5 criteria of metabolic syndrome.

Conclusion: We concluded that high prevalence of metabolic syndrome among postmenopausal women in our study is attributed to higher prevalence of hypertension & obesity in North India and this in turn could increase the burden of diabetes and cardiovascular disease.

[ML-22]

Role of Intrauterine Instillation of Levobupivacaine as a Local Anaesthetic for Out Patient Gynecological Procedures

Dr Ankita Mansinghka, Dr Taru Gupta
ESIC Hospital, Basaidarapur, New Delhi

Objective: Procedures such as intrauterine device (IUD) insertion and endometrial biopsy, are routinely performed in the outpatient setting for various indications. Satisfactory pain control for women undergoing outpatient gynecological procedures is critical for both patient comfort and procedure success. The perception of pain during gynecological procedures originates from manipulation of the cervix and/or uterus.

Methods: This study evaluated the role of intrauterine instillation of 0.5% levobupivacaine as local anesthetic in terms of pain score during and post outpatient gynecological procedures (endometrial aspiration biopsy and IUD insertion), reduction in need for post procedural analgesia and allowance of early return to normal activity. The trial medication was intrauterine anesthesia, either 5 mL 0.5% levobupivacaine or 5 mL 0.9% saline (control group) on 100 patients. Our primary outcome was self-reported pain scores on numerical pain scale at various points of procedure, point (0) was a grade for as no pain and the worst pain was graded as ten point (10) in this scale. During the procedure, degree of pain was specified by study subjects at 4 steps. These steps were 1) immediately after tenaculum application, 2) during the solution instillation and 3) IUD insertion or EB and 4) 15 minutes after the procedure and 24 hours later.

Results and Conclusions: Pain scores of the intrauterine levobupivacaine groups were found to be significantly lower than the control group also there was reduced need for additional analgesia and also, they had early return to normal activity.

Poster Presentations

High Risk Obstetrics

[HR-01]

Cesarean Scar Ectopic Pregnancy: A case report

Dr Ankita Chandna, Dr Kiran Negi, Dr Anju Thakral
Max Hospital Shalimar Bagh, New Delhi

Objective: To see outcome of surgical management of scar ectopic pregnancy after medical management.

Methods: 29 year old 4th gravida with previous one cesarean section was diagnosed with scar ectopic pregnancy at 8.5 weeks with cardiac activity present on ultrasound and confirmed on MRI. Inj. Methotrexate 2 does on alternate day was given and repeat scan showed 7.5 weeks scan with anterior bulge and near complete invasion of myometrium and serosal involvement without cardiac activity. Further decision for Hysteroscopy with USG guided suction evacuation was taken followed by laparoscopy to check for scar integrity. Post procedure 80% collapse of sac noted.

Results: Serial follow up scans and BHCG was done that showed a decline and procedure was successful.

Conclusion: Incidence of scar ectopic pregnancy 1/1800 to 1/2200 pregnancy. In this case, we demonstrated that viable cesarean scar ectopic can be treated safely by systemic methotrexate injection and subsequent dilation and curettage.

[HR-02]

Near-miss Maternal Mortality Cases in Near Miss Diagnosis: A venture of diagnostic and therapeutic challenges: A case series

Dr Vinayak Jante , Dr M Agarwal, Dr S Panda

North Eastern Indira Gandhi Regional Institute of Health and Medical Science, Shillong

Introduction: The pregnant women who suffer severe complications and come close to maternal death but do not die are the "near misses". As all of us aware that India being a country with higher maternal morbidity, maternal death review system has been institutionalised in India. However much more needs to be known. Near miss cases often precede the loss but are largely ignored because nothing (death) happened. Once we unfold the reasons for the near miss cases, we can take effective measures to avoid these eventualities. Sometimes we may face difficulty in diagnosing of these near miss cases due to presence of compound presentation.

Objective: These cases were documented to highlight the importance of appropriate management at the appropriate time to save the patients life, which were diagnostically challenged and near miss case.

Methodology: Case study

Results and Conclusion: Case 1: A 39 year old pregnant women with Diagnosis of G9P8L7 at 15 weeks of gestation with intrauterine fetal demise with gross ascites and severe Anemia, twice medical abortifacient was given but did not respond later the plan of laparotomy was done which showed left cornual ruptured ectopic and kept in ICU(intensive care unit) for 3 days, total of 6 PRBC (packed red blood cells), 4 FFP(fresh frozen plasma) transfusion done and discharged in a healthy condition.

Case 2: A 35 year old women P7L5 immediate postpartum day 1 came with bleeding per vaginum with severe Anemia with haemorrhagic shock, immediate resuscitation done and all the measures of medical management and non surgical management was done but patient did not respond and at appropriate time decision of laparotomy was taken, and it was diagnosed to be uterus rupture and hysterectomy was done patient was in ICU for 3 days, totally she received 9 PRBC, 5 FFP, 4 platelets and recovered well and discharged in healthy condition.

Case 3: A 30 year old women P1L1 post LSCS day 13 with severe Anemia with subinvolution with puerperal pyrexia with posterior uterine wall collection suggestive of hematoma, was treated with higher antibiotic but on non responding to conservative treatment patient planned for laparotomy and it was found to be a degenerating fibroid which is a rare case of puerperal pyrexia. Patient was in ICU for 2 days. Received 3 PRBC and 2 FFP. Patient recovered well and discharged in a healthy condition

[HR-03]

Hypothyroidism with Pituitary Hyperplasia and Facial Palsy in Pregnancy: A case report

Dr Nilofar Noor, Dr K Aparna Sharma
Dr Vatsla Dadhwal, Dr K K Roy

All India Institute of Medical Sciences, New Delhi

Background: Overt hypothyroidism during pregnancy is associated with an increased risk of anaemia, cardiac dysfunction, miscarriage, pre-eclampsia, placental abruption, premature birth, low birth weight and postpartum haemorrhage as well as detrimental effects on fetal neurocognitive development. It's also found to be associated with pituitary hyperplasia and only a few authors have reported its association with facial palsy. To our knowledge this is the first reported case of facial palsy and pituitary hyperplasia associated with hypothyroidism during pregnancy. **Case:** 32 years old G4P1+1+1+1 known hypothyroid, diabetic and hypertensive, with very high TSH values (512 mU/L) in the first trimester. She developed facial palsy at 24 weeks and MRI done due to persistent headache suggested pituitary hyperplasia. Both headache and palsy responded to a combination of steroids and thyroxine. High dose insulin and multiple antihypertensives were needed for control of blood sugar and blood pressure throughout her pregnancy. She

underwent an emergency caesarean at 35 weeks in view of pre-eclampsia with severe features and delivered a large for date baby. She was discharged on insulin, oral antihypertensives, prednisolone and thyroxine. At the time of discharge her TSH levels had fallen down to 8 mU/L. She is planned for a follow up TSH after 4 weeks and MRI at 6 months postpartum.

[HR-04]

Case Series on Ovarian Ectopic Pregnancies

Dr Harsha Rajpal, Dr Urvashi Miglani
Deen Dayal Upadhyay Hospital, New Delhi

Objective: To study different presentation of Ovarian Ectopic Pregnancy and its management.

Methods: All the 4 patients of Ovarian Ectopic Pregnancy presented in our hospital in the month of April 2019 were analysed.

Results: We reported 4 cases with a pre-operative provisional diagnosis of ruptured Ectopic Pregnancy and intra-operative diagnosis of Ovarian Ectopic Pregnancy, however Histopathological examination confirmed the diagnosis of Ovarian Ectopic Pregnancy in only 2 of the cases while the other 2 were ruptured Corpus Luteal Cyst. Wedge resection was performed in all 4 patients.

Conclusion: Ovarian Ectopic Pregnancy is rare and can be missed radiologically and intra-operatively. Establishing early diagnosis is a challenge to the clinician, it commonly mimics Tubal Ectopic or Ruptured Corpus Luteal Cyst. Provisional diagnosis can be made intra-operatively when a haemorrhagic mass is seen near the ovary with a normal fallopian tube but can be confirmed by histopathological examination. The chief goal of the treatment remains life saving intervention by early diagnosis to reduce maternal mortality and morbidity.

[HR-05]

Wernicke's Encephalopathy - A complication of hyperemesis gravidarum

Dr Shaveta Jain, Dr Nitin Jain
Pt. B D Sharma, PGIMS, Rohtak

Abstract: Wernicke's encephalopathy a potentially fatal but treatable condition caused by thiamine deficiency, is usually suspected in the setting of chronic alcoholism. It is under recognized when associated with other conditions. We describe a pregnant woman who presented with acute onset altered sensorium following repeated vomiting. Clinical suspicion, characteristic brain MRI, rapid recovery with thiamine confirmed the diagnosis of wernicke's encephalopathy. We report this case to illustrate the importance of early recognition of this rare condition and to emphasize importance of thiamine supplementation in patients of hyperemesis gravidarum in order to avoid permanent neurological deficit.

[HR-06]

Case of Antenatal Splenic Rupture: Managed conservatively

Dr Shikha Sharma, Dr Anshul Jain, Dr Jafar Husain
Military Hospital, Agra

Introduction: Splenic laceration antepartum or postpartum is a rare, frequently misdiagnosed, catastrophic pathology that can lead to high maternal and fetal mortality and morbidity.

Case Report: A 35 year old, booked patient, case of Thalassemia Minor presented at 39 weeks with lower abdominal and left rib pain in early labour delivered an alive baby boy of 3.1 kg by spontaneous vaginal delivery. Over 12 hrs post-partum she developed bilateral rib pain and gaseous abdominal distension which was initially managed as paralytic ileus. However, later significant free fluid was noted clinically which was proven radiologically by CECT along with splenic vein thrombosis or spasm, mild splenomegaly and focal bleed. Since, she continued to be hemodynamically stable with no signs of active bleeding, was managed conservatively with continuous monitoring. She improved significantly, was advised thrombophilia screen and explained the possibility of recurrence.

Discussion: Spontaneous splenic rupture during pregnancy is a rare event occurring most commonly in third trimester and in the absence of splenic artery aneurysm, thalassemia, infections or trauma. In this case it is quite possible that the mild increase in size must have been because of the venous spasm or thrombosis. It can be speculated that the bleed started post-partum and stopped on its own as the patient stayed compensated not requiring any surgery. The definitive management of splenic rupture is splenectomy with the requisite vaccine cover. However, since the patient did well on conservative management we were able to avoid surgery.

Conclusion: Spontaneous haemo-peritoneum during or after pregnancy can have a wide array of causes with overlapping symptomatology. A successful fetomaternal outcome depends on high index of suspicion, immediate surgical intervention, multi-disciplinary approach and good postoperative care.

[HR-07]

Pregnancy in NCPF and Its Outcome

Dr Pratibha
Maulana Azad Medical College, New Delhi

Introduction: Portal hypertension in pregnancy has been a well known entity and presents as a complex clinical situation. The most common cause of portal hypertension in pregnancy is varied, cirrhosis being the commonest cause in the western countries whereas extrahepatic portal vein obstruction (EHPVO) and non cirrhotic portal fibrosis (NCPF) contributing majorly to the incidence of portal hypertension in pregnancy in the Indian subcontinent. Pregnancy outcomes in portal hypertension depends on its etiology, being worse for cirrhotic in comparison to non-cirrhotic type. There are a number of common features in NCPF and EHPVO including splenomegaly, esophageal varices, episodes of bleeding, and the absence of cirrhosis, the major difference being the site of thrombosis: in EHPVO, large

branches of the portal vein are thrombosed, while in NCPF, smaller branches are involved. Liver histology shows a variable degree of portal fibrosis in NCPF in contrast to a normal histology in EHPVO. Complications during pregnancy can be anticipated in the form of upper gastroesophageal variceal bleed being the most dreaded complication, others include symptoms of hypersplenism like anemia and thrombocytopenia, ruptured aneurysms and maternal morbidity and mortality. There has been conflicting evidence regarding the outcomes of pregnancy with NCPF with earlier reports suggesting greater maternal and fetal complications and recent studies showing a near normal fertility with comparable incidence of spontaneous abortions and stillbirths as that of the general population.

Case: We present a rare case of pregnancy with NCPF and hypothyroidism in a gravida 2 para 1 live 1 with 35 weeks 5 days POG with previous caesarean section and moderate anaemia. Gastromedicine opinion was taken regarding mode of delivery and was advised mode of delivery as vaginal or cesarean. Patient presented with grade 3 MSL in early labour and was immediately taken up for cesarean section. She delivered a baby of birth weight 3.4 kgs alive and healthy. Post delivery patient was advised Fibroscan by gastroenterologists which was interpreted as normal by the same.

[HR-08]

Pregnancy in a Patient with Chronic Liver Disease and Chronic Kidney Disease: Difficulties in management

**Dr Snigdha Soni, Dr Nilofar Noor, Dr Juhi Bharti
Dr Aparna Sharma, Dr K K Roy**

All India Institute of Medical Sciences, New Delhi

Pregnancy associated with chronic kidney disease proves to be a challenging condition and is associated with an increased risk of adverse fetomaternal outcomes.

Case Report: Our patient presented as G4 P2+1+0+2 at 27+1 weeks POG with dyspnea, currently mMRC grade 3, with history of cough with expectoration with low grade fever and abdominal distension. She was a known case of Non cirrhotic portal fibrosis, post splenectomy (Oct, 2018) And presented with pulmonary edema and ascites. Her blood workup was suggestive of an underlying chronic kidney disease. And severe metabolic acidosis requiring initiation of dialysis. In view of the worsening maternal condition, decision was taken to terminate the pregnancy at 27+3 weeks.

Post operative management proved to be a challenge with the requirement of ICU care, inotropic support and multiple cycles of dialysis. On post op day 10, the patient was investigated for acute onset right upper quadrant pain and breathlessness, and diagnosed to have features of perforation peritonitis requiring emergency laparotomy. Intraoperative, hemorrhagic ascites with a loculated hematoma over bowel was noted. Post operatively, the patient gradually stabilised, receiving 13 cycles of dialysis in the process. Serial RFT monitoring and I/O charting was and gradually her parameters showed improvement with baseline urea/ creatinine remaining stable and a urine output >gt; 1000 ml/day. The patient was discharged in a stable condition, off dialysis.

Conclusion: Underlying medical co-morbidities with multiple pathologies at play prove to be a challenge with pregnancy. Chronic Kidney Disease usually worsens with pregnancy and managing such patients requires a multi-disciplinary approach.

[HR-09]

Case Report: Pregnancy outcome of placenta increta with placenta previa with previous 2 LSCS

**Dr Ankita Kumari, Dr Poonam Kashyap
Dr Ashok Kumar, Dr Latika Sahu**

Maulana Azad Medical College and Lok Nayak Hospital
New Delhi

Objective: Placenta accreta spectrum, refers to range of pathologic adherence of the placenta, including placenta increta, percreta and accreta. Placenta increta is a major cause of obstetric hemorrhage leading to maternal morbidity and mortality.

Methods: A case of 35 years old female G4P2L1A1 with focal placenta increta with placenta previa with previous 2 cesarean deliveries is presented.

Results: The patient was planned for elective cesarean delivery at 37 weeks of gestation. The baby was delivered by midline incision in upper segment. Intra operatively active bleeding was seen from a focal site of placental attachment and therefore primary cesarean hysterectomy with placenta in situ was performed. The problem of adhesions between rectus sheath, muscle and bladder with lower uterine segment was taken care of. The patient received 5 units whole blood and 4 units fresh frozen plasma in intra operative and post operative period. Post operatively the baby and mother were healthy and discharged from hospital on day 16. Histopathological examination of placenta confirmed the diagnosis of focal placenta increta.

Conclusion: Performing a cesarean delivery with primary cesarean hysterectomy before onset of labour has a favourable fetomaternal outcome in case of placenta increta.

Gynae Oncology

[GO-01]

Torsion and Ruptured Granulosa Cell Tumor - A rare clinical presentation

**Dr Shilpa Sharma, Dr Niharika, Dr Anjali Tempe
Dr Devender, Dr Pushpa Mishra**

Maulana Azad Medical College and Lok Nayak Hospital
New Delhi

Introduction: Granulosa cell tumor is a rare ovarian malignancy accounting for 1-2% of all ovarian tumors. These tumors arise most commonly after menopause and before puberty mainly in 5th decade of life. The unopposed secretion

of estrogen from these tumors may lead to uterine hyperplasia presenting as abnormal uterine bleeding, precocious puberty, breast enlargement and increased libido. To the best of our knowledge, there are only 4 cases of hemoperitoneum because of ruptured Granulosa cell tumor

Case Presentation: We report a case of 40yr old, Para3 live3 female presented in emergency with acute abdomen with complaint of abnormal uterine bleeding in shock. On detailed history, examination and investigation following differential diagnosis were made-1) Ruptured ovarian cyst with torsion, 2) Ruptured ovarian malignancy, 3) uterine fibroid with torsion (including leiomyosarcoma) and 4) other surgical causes like liver angiomyosarcoma, rupture of spleen. Patient was planned for emergency exploratory laparotomy. Later on histopathology report revealed granulosa cell tumor of ovary with areas of necrosis and haemorrhage

Conclusion: Differential diagnosis of acute abdomen is wide ranging from benign to malignant conditions including life threatening conditions. Clinicians must be aware of granulosa cell tumor which may occur at any age and are prone to rupture.

[GO-02]

A Rare Case of Malignant Ovarian Tumour

Dr Shivani Bector, Dr Bharti Maheshwari

Muzaffarnagar Medical College, Muzaffarnagar

Introduction: A 45 year old lady presented to OPD, with swelling in left lumbar region, sudden onset, progressive in nature, rapidly increasing in size (in fifteen days), not associated with pain. She also complained of chronic constipation. On palpation two masses were felt; first mass was 15* 12 cm approximately in left hypochondrium and lumbar region extending to right lumbar region. All margins felt, smooth surface, non tender with restricted mobility, firm to hard consistency. Second mass was approximately 7 * 5 cm in right iliac fossa. All margins felt, non tender, firm to cystic in consistency, smooth surface, freely mobile.

Percussion: shifting dullness present, fluid thrill absent.

P/V: Uterus size normal, ante-verted anti-flexed, firm with restricted mobility, fullness present in both the fornices.

P/R: A groove felt between the rectum and the mass.

USG Findings: mild to moderate ascites, multicystic loculated mass in pelvis 18 * 11.7 cm.

MRI: Bilateral multiseptated cystic ovarian mass? mucinous cyst adenocarcinoma with ascites with? scalloping of liver? pseudomyxoma peritonei with cholelithiasis.

Management: Laparotomy was done.

Result: Per op findings: small nodules on peritoneum seen, cavity filled with ascitic fluid, bilateral multiloculated cystic ovaries present measuring 19 * 17cm. Total abdominal hysterectomy with bilateral salpingo-oophorectomy done, ovaries sent for frozen section suggested mucinous cyst adenocarcinoma. Omentum loaded with metastasis, haemorrhages. Omentectomy done and sent for HPE. Secondaries were identified over liver, gall bladder, peritoneum, pouch of Douglas.

Conclusion: Staging laparotomy came out to be 3.

[GO-04]

A Rare Case Report of Fallopian Tube Cancer

Dr Vedika, Dr Devender Kumar

Maulana Azad Medical College and Lok Nayak Hospital, Delhi

Background: Primary fallopian tube carcinoma (PFTC) is a rare tumour of the female genital tract with an incidence of 0.1-1.8% of all genital malignancies, and it is very difficult to diagnose preoperatively, because of its non-specific symptomatology. In most cases, it is an intraoperative finding or a histopathological diagnosis. It is a tumour that histologically and clinically resembles epithelial ovarian cancer.

Case Presentation: We report a case of 52 year old female presented with the complaints of lower abdominal pain with examination findings of a firm, 16 weeks, irregular abdominopelvic mass. Her CA-125 was 384.5 with RMI score of 1153.5. Ultrasonography was suggestive of bilateral ovarian mass. Patient was planned for staging laparotomy. Intraoperative findings were 10 * 12 cm solid cystic mass arising from left fallopian tube with normal bilateral ovaries. Subsequently pathology report suggestive of papillary serous adenocarcinoma. Patient was started on chemotherapy.

Conclusion: Cytoreduction surgery followed by adequate cycles of chemotherapy is an important strategy to improve patients' prognosis

[GO-05]

Ovarian Sertoli-leydig Cell Tumor: Rare carcinoma in a 21year old female

Dr Priyanka Dahiya, Dr Atul Beniwal

Kalpna Chawla Government Medical College
Karnal, Haryana, India

Abstract: Sertoli-Leydig cell tumors belong to the group of sex-cord stromal tumors of the ovary. They account for less than 0.1% of all ovarian malignancies. The majority of these tumors are slow growing, and about 98% are unilateral confined to ovary. Here we present a case of Sertoli-Leydig cell tumor in a 21-year-old female. Patient presented with complaints of amenorrhoea, hirsutism abdominal fullness and dull aching pain. Serum levels of estrogen, progesterone were moderately elevated, while testosterone levels were elevated 7-8 times of the normal limit. Unilateral (right) salpingo-oophorectomy was performed. Microscopically, the tumor was poorly differentiated. IHC was done to confirm the pathological diagnosis. Follow-up upto 1 year was uneventful with no evidence of morbidity and recurrence. Although sertoli-leydig cell tumor lies in category of malignant tumors, due to its rarity and indolent behavior it needs to be differentiated from other ovarian malignancies as outcome is favorable.

[GO-06]

A Rare Variant of Carcinoma Cervix "Adenoid Cystic Carcinoma": Case and brief review of literature

Dr Ummay Kulsoom, Dr Nidhi Gupta, Dr Neha Varun
Dr Sabina Khan, Dr Chandna Bhatt, Dr Farhat Mazhari
Jawaharlal Nehru Medical College, AMU

Introduction: Adenoid cystic carcinoma (ACC) of the cervix is the rare and unusual variant of adenocarcinoma. It is a malignant epithelial neoplasm with a distinctive histological appearance accounting for 0.5-2% of all cervical carcinomas. It is generally a locally aggressive tumor and has a high tendency for local reoccurrence and distant metastasis. In this article we are reporting a case of a primary adenoid cystic carcinoma of the cervix and discuss a brief review of related literature.

Case Presentation: A forty-six-year-old postmenopausal female presented in the outpatient department with the history of postmenopausal vaginal bleeding. On examination, a 3*3 cm hard growth arising from the cervix was visualized. A clinical diagnosis of carcinoma cervix stage 2B was made and histopathological examination report of the cervical biopsy revealed adenoid cystic carcinoma of the cervix. The patient was successfully treated with radiotherapy.

Conclusion: Standard treatment of ACC has not been proposed yet because of the rarity of this condition. From the review of the literature, it appeared that the modalities (surgery, radiotherapy and chemotherapy) is required for the successful management and the long-term remission. For the locally advanced diseases, concurrent chemo-radiotherapy seems to be the logical option.

[GO-07]

CA 19-9 Elevation in a Benign Ovarian Cystic Teratoma

Dr Ritu Singh, Dr Taru Gupta
ESI PGIMS Basaidarapur, New Delhi

Abstract: Cancer Antigen 19-9 (CA 19-9), a tumour-associated glycoprotein antigen related to the Lewis blood group, is primarily utilized in the screening, treatment, and monitoring of pancreatic adenocarcinoma and other GI malignancies. However, this antigen can be elevated in the presence of benign and other malignant neoplasms, as well as in healthy individuals. In general, the accepted normal reference range of CA 19-9 is <37 U/mL. Aside from a handful of case reports [1-5] and larger analyses [5-7] the association between elevated CA 19-9 level and Mature Cystic Teratoma (MCT) is scarcely reported. Yet, CA 19-9's role in diagnosis remains unclear. CA 19-9 may be a useful tool in the diagnosis of MCT, as well as a possible predictor of larger tumour diameter and increased rate of torsion. In combination with CA125 it may also prove to be important in differentiating between MCT and ovarian cancer [9]. Here we present a case of a 29-year-old female with MCT who, prior to resection, had significantly elevated CA 19-9 levels.

Adolescent Health

[AH-01]

Rare Case Report of Massive Ovarian Mucinous Cystadenoma in Adolescent Girl

Dr Gunjan Bhola
Asian Hospital, Faridabad, Haryana

Superficial epithelial ovarian tumors are unusual in adolescent girls [when compared with adult women]. Epithelial tumors account for 8-10% of all ovarian tumors and are classified as mucinous or serous. Most common of benign epithelial ovarian tumor is cystadenoma, of which 75% are serous and 25% are mucinous. Ovarian mucinous cystadenomas are cystic neoplasms lined by mucin producing epithelial cells. Most ovarian masses encountered in the young adolescent girls are non-neoplastic lesions like benign functional cysts. We present a 18 year old girl with a large ovarian mucinous cystadenoma. 18 year old patient presented in opd with complaints of irregular cycles, bloating, fullness in abdomen and history of weight gain. On examination large mass felt in abdomen extending upto xiphisterum. Ultrasound was done showed large left adnexal mass cystic lesion 24cm x 22cm x 13cm. approx vol 3.5litres. Tumor markers done showed Ca 125 as 12.2U. MRI pelvis showed large well circumscribed multiseptated, multiloculated cystic mass arising from pelvis extending to abdomen [16.7cm x 9cm x 24cm]. Post contrast no significant enhancement seen. Patient was taken for laproscopic cystadenectomy /laparotomy for cystadenectomy. Laparotomy done as cyst was occupying whole of the abdominal cavity. Large multicystic mass was taken out after ovarian cystectomy. Almost 1 litre of mucin was drained. Post operative period was uneventful. Histopathology examination showed mucinous cystadenoma microscopically with multiple mucinous cysts on gross examination. As there are very rare cases of very large mucinous cystadenoma in young girls in today's scenario. Early detection for even vague symptoms make these cases all the more rare.

Menopause

[MP-02]

Bilateral Dermoid Cysts in a Post Menopausal Female - A rare case report

Dr A Mishra, Dr S Agrawal, Dr K Aggarwal
Lady Hardinge Medical College, New Delhi

Introduction: Germ cell tumours are derived from primordial germ cells of ovary. They are seen mostly in women in their second and third decades of life and very rarely in postmenopausal women.

Case Description: 55 years old female, P6L6, post-menopausal female (for 3 years) presented to Gynae OPD with complaints of pain in abdomen for 1^{1/2} years, associated with nausea and

vomiting. Examination and imaging studies were suggestive of large well defined hypoechoic lesion in bilateral adnexa measuring 35x52mm and 69x4mm with peripheral echogenicity with few internal floating hypoechoic strands likely bilateral dermoid cyst. Exploratory laparotomy with total abdominal hysterectomy with bilateral salpingo-oophorectomy was done. Histopathology revealed bilateral mature cystic teratoma.

Miscellaneous

[MS-01]

A Case Report: Management of atonic post-traumatic postpartum hemorrhage (PPH) with B-Lynch suturing

Dr Sakina Johar, Dr Shetal Prajapati
Pandit Deendayal Upadhyay Medical College
Rajkot Gujarat, India

Introduction: Life-threatening PPH is a significant risk, accounting for 30% of pregnancy-related deaths worldwide which result from hemorrhage of uterine origin. Uterine atony remains a leading source of PPH. Management options include bimanual uterine compression, uterotonic agents, uterine / ovarian or hypogastric artery ligation, uterine packing, angiographic selective artery embolisation, and intrauterine balloon tamponade. For intractable hemorrhage, hysterectomy is performed in order to avert mortality. In 1997, Christopher B-Lynch introduced the B-Lynch technique as an alternative management for PPH of uterine origin.

Case Report: I present a case of 22 year old patient, primi gravida with gestational age of 38 weeks 5 days with labour pains. The patient presented to our institute post lower segment cesarian section in case of face presentation with atonic traumatic postpartum haemorrhage. On arrival the patient was pulseless and BP was not recordable, with a severely pale complexion, resuscitation was performed along with multiple blood transfusions and vaginal and cervical exploration followed by emergency laparotomy with hemoperitoneum drainage with B-lynch suturing and bilateral internal iliac artery ligation was performed. The vaginal tear was repaired. Post operatively patient was started on higher antibiotics and appropriate supportive care was provided.

Conclusion: B-lynch suturing (brace suture) is an innovative method for conservative management of life threatening PPH which is simple to use and effective, with a successful outcome and is a better alternative to other complicated surgery including hysterectomy. It has the advantages of being easy to apply, relatively safer, life-saving potential and preservation of uterus thus fertility.

[MS-02]

Microperforated Hymen: A case of delayed diagnosis

Dr Raj Rathod, Dr Poonam Kashyap, Dr Latika Sahu
Dr Madhavi Gupta, Dr Chetna Arvind Sethi, Dr Ashok Kumar
Maulana Azad Medical College and Lok Nayak Hospital
New Delhi

Background & Objective: Imperforate hymen is a congenital condition with incidence of 1 in 1000. While imperforate hymen completely covers vagina, a microperforate hymen has small pin head size opening. Embryologically, it is because of failure of the cells of vaginal plate to break down and failure to dissolve in utero. This condition may be diagnosed late as the female does not present with primary amenorrhoea, cyclical pain, hematometra & hematocolpos as the menstrual blood is able to pass through the opening although slowly.

Methods: We report a case of 20 year old, unmarried female presented in outpatient department with complaints of heaviness during menses and difficulty in using tampons.

Results: The patient was called during menses to confirm the site from where she menstruates. The tiny opening in the hymen was seen in the lower left quadrant of the membrane (at 4 o'clock position). She was planned for hymenotomy under general anesthesia.

Conclusions: This entity is often missed and there is delay in diagnosis because there is lack of awareness by clinicians. The emphasis is on examination of such females during menstrual period so that this condition is not missed.

[MS-03]

A Rare Case Report of Mesenteric Dermoid Cyst with Pregnancy

Dr Latika, Dr Smiti Nanda
Pt B D Sharma, PGIMS, Rohtak, Haryana, India

Introduction: Mesenteric cyst is an extremely rare variety of cyst with incidence of 1 in 27,000 to 1 in 100,000 admissions. Various varieties of mesenteric cysts which are seen are lymphangiomas, benign and malignant cystic lymphangiomas, dermoid cyst and pseudocyst¹. It was for the first time described by an anatomist named Beneveni in 1507^{2,3}.

Case Report: A 27 year old female was referred to us in view of CPD with MSL. At admission, her vitals were stable. On PA examination, Uterus was term size, FHS was irregular and dipping to 80/min. On PV examination, bishop score was 4 and thick MSL was present. During Cesarean section, when peritoneal cavity was opened, a 6*6 cm cystic mass was noticed which was attached to mesentery at ileocecal junction. Excision of mass done, cut section showed hairy material with tooth and sebaceous material in cyst cavity suggestive of dermoid cyst. Cyst with contents was sent for histopathologic examination. HPE report showed mature teratoma.

Discussion: Mesenteric cyst is a rare variety of cyst. As per literature, around 50% of them were found in small bowel mesentery and half of which were seen to be associated with

ileum⁴. Dermoid cysts are rarely seen as mesenteric cyst. Although risk of malignancy in a case of mesenteric cyst is very low i.e <3%, still the mode of management is surgical excision and histopathologic examination⁴.

Conclusion: Mesenteric dermoid cysts are a rare presentation of extraovarian dermoid cyst and knowledge and suspicion regarding this is important for prompt diagnosis and management.

[MS-04]

An Unusual Case of a Large Cervical Angioleiomyoma Managed Laparoscopically

Dr Debasis Dutta, Dr Kanika Jain, Dr Kanika Chopra
Sir Ganga Ram Hospital, New Delhi

Background: Angioleiomyoma of uterine body is an extremely rare variety of leiomyoma and only few cases have been reported in the literature so far. Finding of a cervical angioleiomyoma is more so rare and its effective management laparoscopically makes our case unique.

Case: A, 45-year-old patient, P1L1, presented with complaint of heavy menstrual bleeding and heaviness in lower abdomen since last 2 months. Her examination was suggestive of a possibility of a cervical fibroid. An ultrasound pelvis revealed a single hypoechoic, well circumscribed lesion having central anechoic spaces of 77x81mm in the body of the cervix. She was planned for total laparoscopic hysterectomy with bilateral salpingectomy. Intraoperative findings were of a bulky uterus with a large central cervical fibroid of around 10x10 cm. Bilateral adnexae were normal looking. Owing to the presence of a large cervical fibroid, we used a 10 mm tenaculum via right assistant port to help in uterine manipulation. Hysterectomy was proceeded with meticulous step by step devascularisation of all capsular vessels of the fibroid, and endosuturing of bilateral uterine vessels. Estimated blood loss was around 20 ml and duration of surgery was 2 hours. She was allowed liquids and subsequently normal diet once by POD 2, urinary catheter was removed on POD2 and was discharge on day 3 of surgery. Histopathological examination revealed angioleiomyoma of the cervix with no features of cellular atypia, increase mitosis or necrosis.

Conclusion: Minimally invasive surgery has the advantage of minimal intraoperative blood loss, minimizing the need for blood transfusion, less postoperative pain, shorter hospital stays and early return to work. Laparoscopic management of Cervical fibroids are technically challenging because of the difficult accessibility and close proximity of vital structures like bladder and ureter, and thus the importance of being within the capsule of the fibroid while enucleating the fibroid. In this case, the importance and efficiency of pathologist cannot be undermined, as their acumen in detecting this rare benign variant of angioleiomyoma and differentiating it from other smooth muscle neoplasm is very important to ensure complete cure to the patient.

[MS-05]

Adenofibroma of Fallopian Tube in Pregnancy - A rare case report

Dr Sushila Chaudhary, Dr Savita Rani Singhal
Pt. BDS Post Graduate Institute of Medical Sciences
Rohtak, Haryana, India

Introduction: Benign and malignant neoplasms of fallopian tubes are uncommon. Adeno-fibromas are benign, solid, rare, fallopian tube tumor which are analogous to adeno-fibroma of ovary. Most common benign fallopian tube tumor is adenomatoid tumor of less than 1 cm. Till now only three cases of fallopian tube adeno-fibroma with pregnancy are reported in literature. These tumors are usually asymptomatic, require only tumor excision. We report a case of large fallopian tube adenofibroma, discovered incidentally during caesarean section.

Case Report: 21 year old G2 female with 39 weeks pregnancy was planned for elective caesarean section in view of previous caesarean section with short inter pregnancy interval. Her previous baby was still birth and caesarean section was done due to major degree of placenta Previa. After doing caesarean section in usual way, as per protocol bilateral fallopian-tubes and ovaries were examined and it was observed that fimbria of left fallopian tube had a solid papillary growth of size 9x4 cm. Right fallopian tube and both ovaries were normal. Fimbria growth sent for frozen section which revealed benign nature. Seeing the young age, one live issue, gross appearance of the growth and frozen section report decision in favour of excision of growth only was taken so that fertility of patient can be preserved. Post-operative period was uneventful. Histo-pathology of excised growth revealed adenofibroma with congested decidualized stroma with mixoid degeneration.

[MS-06]

A Rare Case of Huge Central Cervical Fibroid: A Report

Dr Khushbu Singal, Dr Ritu Singh, Dr Taru Gupta
ESI PGIMSR Basaidarapur, New Delhi

Fibroids arising from cervix are rare tumours accounting for 2% of all fibroids. A central cervical fibroid is usually either interstitial or sub mucous in origin and arises from supravaginal portion of the cervix so that it expands the cervix equally in all directions and displaces uterine vessels and ureters. On laprotomy it can be recognized at once, as it fills pelvis, with uterus on top of tumour like "the Lantern on the top of St. Pauls" As they arise from deep pelvis and get impacted, surgery poses difficulties and complications are not uncommon.

[MS-07]

A Rare Case of Large Leiomyoma with Cystic Degeneration

Dr Shreya Bhattarai, Dr Taru Gupta, Dr Sangeeta Gupta
ESI PGIMSR Basaidarapur, New Delhi.

Leiomyomas (uterine fibroid) are the most common benign neoplasms, occurring in 20% to 30% women of reproductive age, arising from the uterine smooth muscle and can vary in sizes and presenting complains such as AUB, pain, pressor symptoms, infertility, miscarriage. As fibroids enlarge they may outgrow their blood supply and undergo degeneration, hyaline degeneration is the most common type occurring in 60% of cases, cystic degeneration is rare and occurs in 4% of cases.

Case: 30 year old married nulliparous woman, visited OPD with complains of menorrhagia, dysmenorrhea and generalized weakness since last 1 year and primary infertility. On examination patient was moderately anemic, On per abdomen examination uterus was enlarged to 18-20 weeks of gravid uterus, no mass was felt separately and on PV uterus was 18 weeks in size, a large fibroid (6*6) was felt on posterior wall. Ultrasound showed a well defined cystic area (7*7) in the posterior wall of uterus showing myometrium all around it and displacing the endometrium. MRI showed large cystic lesion in posterior myometrium of upper uterine segment 6.4 * 6.3 * 6.0 cm in size displacing the endometrium anteriorly. A diagnosis of posterior wall intramural fibroid with cystic degeneration was made and open myomectomy under CSE was done. Myoma was removed, 400cc of serous fluid was aspirated and endometrium was reconstructed.

[MS-08]

Acquired Hematometra and Hematocolpos: A rare condition in a perimenopausal reproductive female

Dr Deepika Kashyap, Dr Reena Yadav, Dr Manisha Kumar
Lady Hardinge Medical College, New Delhi, India

Obstruction of the lower female genital tract leading to proximal dilatation and development of hematocolpos and hematometra is most commonly a result of congenital abnormalities. These conditions include an imperforate hymen, a complete transverse vaginal septum, vaginal and rarely cervical atresia. Hematocolpos in a reproductive women is uncommon because most cases are due to congenital anomaly and present during the neonatal or perimenarchal period. Acquired obstruction of the lower female genital tract is rare. Etiology of such acquired lesions include iatrogenic trauma to the uterus, cervix or vagina. In older women hematocolpos results from near or complete vaginal occlusion secondary to radiation therapy secondary to carcinoma. Common symptoms associated with this disorder include amenorrhea or dysmenorrhea in premenopausal women, pelvic pain or pressure urinary frequency and retention. We report a case of hematometra and hematocolpos, secondary to vaginal canal occlusion treated with vaginoplasty. The diagnosis of vaginal canal occlusion and associated hematocolpos and hematometra was suggested by TAS and confirmed by MRI. Characteristics on transabdominal sonography (TAS) and magnetic resonance imaging (MRI) as well as intraoperative findings, are described, together with the management and a review of the literature.

[MS-09]

Uterine Arteriovenous Malformation with Missed Abortion - Case report

Dr Sukriti Ghai, Dr Reena Yadav, Dr Manisha Kumar
Lady Hardinge Medical College, New Delhi, India

Case Description: A 22 year female G5P2L1A2 with 15 week gestation with history of dilatation and curettage in previous abortions presented with ultrasound showing missed abortion with well defined cystic lesion along posterior myometrium at fundal region of uterus measuring 40x46 cm suggestive of pseudoaneurysm of right uterine artery. On colour doppler Yin yang sign (appearance is created by blood within one side of aneurysm travelling towards probe coloured red and blood on the other side travelling away from the probe coloured blue) is present. CT angiography was done which showed arteriovenous malformation in right side of myometrium of uterus along with aneurismal dilatation of right uterine artery. Consultation was taken from interventional radiologist regarding uterine artery embolisation but prophylactic uterine artery embolisation was not advised. Patient was planned for medical termination of pregnancy. Tab mifepristone 200mg single dose was given and spontaneous fetus expulsion occurred. Slight increased post expulsion bleeding was present which was managed conservatively.

Discussion: Uterine arteriovenous malformation is rare condition which can be life threatening in conjugation with pregnancy. Limited case reports are available on effective management but mostly uterine artery embolisation has been used. In our case prophylactic uterine artery embolisation was not advised and woman was managed conservatively.

[MS-10]

ACUM - A misdiagnosed entity or a rarity

Dr Priyanka Bharti, Dr Manisha Jhirwal, Dr Vibha Pipal
AIIMS, Jodhpur, Rajasthan

Accessory and cavitated uterine mass (ACUM)-a rare mullerian anomaly mostly seen in young female presents with pelvic pain or dysmenorrhea. It is a hemorrhagic fluid filled cavity lined by endometrium and myometrium inferior to round ligament and does not communicate with normal uterine cavity. Ultrasound and MRI are two main diagnostic tool. A 17 yrs old unmarried female presented with pain in right iliac fossa for 1 year. Patient was investigated thoroughly and treated in line of dysmenorrhea. Her MRI revealed a lesion in right adnexa, likely hematosalpinx. She took OCP's for 2 months but still not relieved. Patient then referred to higher centre for further evaluation. Her MRI was repeated and differential diagnosis of ACUM was included. After routine workup, laparoscopy was done, showing a 3x2 cm cavitated mass arising from right side of uterus anterior and inferior to round ligament not communicating with endometrial cavity. Hemorrhagic fluid ~20cc drained. Mass was excised. B/L tubes, ovaries and rest uterus was normal looking. Patient discharged in satisfactory condition and on routine follow up she was symptom free. ACUM a rare mullerian anomaly a treatable cause of dysmenorrhea in young females. MRI helps in diagnosing this entity but laparoscopy seems to be the only confirmatory option for diagnosing and treating this rare disorder.

[MS-11]

Ruptured Rudimentary Horn Pregnancy

Dr Shikha Bharti

Vardhman Mahavir Medical College & Safdarjung Hospital
New Delhi

It is a rare occurrence for the rudimentary horn of uterus to harbour a pregnancy and the usual outcome is devastating leading to a spontaneous rupture in second trimester with the patient presenting in shock with massive intra-peritoneal haemorrhage and if appropriate management is not instituted in time it may lead to high rate of mortality. We report an unusual case of rupture rudimentary horn pregnancy who presented as a Primigravida at 22w 4d with shock. Laparotomy was performed which showed hemoperitoneum of 2.5 l and dead free floating fetus present in peritoneum. Excision of rudimentary horn was done to prevent future complications.

[MS-12]

A Rare Case of Scar Endometriosis: Case report

Dr Shruti Kainth

J P Hospital, Zirakpur, Chandigarh

Endometriosis is a common benign gynaecological condition in the reproductive age group women. This disease is characterized by the presence of functioning endometrial tissue outside the uterine cavity. Scar endometriosis is a very rare condition with the incidence of 0.3-1% among reproductive age group and it is very difficult to diagnose. Common complaints are mainly cyclical abdominal pain near the incision site at the time of menstruation with tender mass. Here, I am presenting a rare case of caesarean scar endometriosis which was diagnosed on suspicion in view of tender mass over the scar, during menstruation. Wide local excision was done and the diagnosis was confirmed on histopathology. The reported incidence of scar endometriosis is 0.03-0.4%.

[MS-13]

A Case Report of Intravenous Leiomyomatosis Extending into The Right Atrium

Dr Kaarthiga R G, Dr Devender Kumar, Dr Harpreet Singh
Dr Rohil, Dr Abhimanyu, Dr Anjali Tempe

Maulana Azad Medical College and Lok Nayak Hospital, Delhi

Background: Intravenous Leiomyomatosis (IVL) is an unusual clinical condition characterized by histologically benign smooth muscle lesions extending from the uterus into pelvic and systemic veins and, more rarely, into the right cardiac chambers. Although the radiological diagnosis is straight forward in most cases, IVL can occur in unusual locations or present with unusual growth patterns that make the diagnosis more challenging.

Case Presentation: A 40 year old women who underwent trans RA (Right Atrium) removal of IVC (Inferior Vena Cava) mass

extending from the pelvic mass diagnosed by two dimensional echocardiography and computerised tomography in 2013, presented now with engorgement of both lower extremities. Contrast enhanced computerised tomography of abdomen, thorax, pulmonary angiography, magnetic resonance imaging of abdomen and pelvis revealed a well marginated enhancing mass arising from uterine myometrium seen extending into left ovarian vein, renal vein, IVC and inferior accessory hepatic veins suggestive of IVL. The patient underwent one stage combined total abdominal hysterectomy with left salphingo ophorectomy and thrombectomy from IVC, left gonadal and renal vein. Subsequently, the pathological report confirmed leiomyoma.

Conclusion: Intravenous leiomyomatosis is a rare condition that can lead to serious complications. Early diagnosis followed by an appropriate treatment is very important and under diagnosis can be counteracted if the gynaecologist is aware of this entity.

[MS-14]

Fetomaternal Outcomes in “Near Miss Events” in Obstetrics

Dr Apoorva Kamboj, Dr Shalini Makkar, Dr Kavita Mandrelle

Christian Medical College, Ludhiana, Punjab

Objective: The study was performed to evaluate near-miss maternal morbidity events in our hospital sent either as referrals from elsewhere or developing in booked/unbooked admitted patients.

Methods: A retrospective review of obstetrical record was done at CMC and Hospital, a tertiary care teaching institute in North India and referral centre. The study was done from December 2018 to July 2019. Fifty cases of near miss were included in the study. Maternal near miss cases were taken as per WHO Criteria. Each case was analysed with primary obstetrical complication leading to maternal and fetal morbidity. We studied all cases for demographic characteristics, etiology for near miss event and maternal and neonatal outcomes. Demographic, diagnostic, and outcome data were taken from the medical records and discharge summaries for analysis.

Results: Total number of near miss cases that were studied was 50, between December 2018 to July 2019. Number of maternal deaths in the same time period was 7. The age of these patients ranged from 20 to 34 years. Twenty- two percent patients received ICU care. The leading associated risk factors for near miss events in our study were haemorrhage, hypertensive disorders and hepatitis E infection with hepatic encephalopathy. Seven patients (14%) patients required obstetrical hysterectomy. There were 9 cases of intrauterine fetal deaths and 42 % of neonates required NICU care.

Conclusion: The leading cause for near miss events in our study were haemorrhage, hypertensive disorder and hepatitis with encephalopathy. All these are preventable causes for near miss morbidity, which can be identified and treated early to prevent life threatening complications. Monitoring of near-miss morbidity along with maternal mortality surveillance could help to identify effective preventive measures and improve obstetrical and neonatal care.

[MS-15]

Ovarian Hyperstimulation in a Spontaneous Singleton and Gonadotropin Induced Multiple Gestations - A case presentation

Dr Sandhya Nanda

Nanda Nursing Home, Faridabad, Haryana

The ovarian hyper stimulation syndrome is the combination of increased ovarian volume, due to the presence of multiple cysts and vascular hyper permeability with subsequent hypovolemia and hemoconcentration. **Case 1:** We report a case of spontaneous syndrome in a singleton pregnancy. This was a spontaneous pregnancy with 12 weeks of gestational age. The pregnancy was uneventful until 11 weeks of gestational age. After that, the pregnant women complained of progressive abdominal distention associated with abdominal discomfort. She did not report other symptoms. In the first trimester, a routine ultrasonography showed enlarged ovaries, multiples cysts and ascites. Upon admission, the patient was hemodynamically stable, her serum b-hCG was 24,487mIU/mL, thyroid-stimulating hormone was 2.2uIU/mL and freeT4 was 1.8ng/dL. All results were within normal parameters. However, levels of estradiol were high (10,562pg/mL). During hospitalization, received albumin, furosemide and prophylactic dose of enoxaparin. The patient was discharged on the sixth hospital day.

Case 2: 2 nd case we reported, In patient with polycystic ovary syndrome which influences outcome and potential risks involved with controlled ovarian stimulation for natural cycle. Low dose step up FSH protocol was used in-patient showed ovarian hyper stimulation. Cycle cancellation was planned and asks for abstinence and follow up after 2 weeks planned. Patient reported after 3 weeks with urine pregnancy test positive with abdominal distension and discomfort. Ultrasonography whole abdomen done showed 3 tiny intrauterine Gestational sac with moderate ovarian hyper stimulation syndrome. Progesterone support given. The patient was hemodynamically stable, her serum beta HCG was rising progressively, all reports were within normal parameters (e.g. KFT, LFT, CBC, S TSH, S Electrolytes, PTI INR). However levels of estradiol were high (6660.73 pg./ml). During hospitalization she received high protein diet, furosemide and prophylactic dose of enoxaparin. The patient was discharged on 4 th hospital day with decreasing titer of estradiol and improved symptoms. Patient reported after 2 weeks with decreased Ascitic fluid and 6-7 weeks intrauterine viable triplet pregnancy. Now the patient is 17-18 weeks with normal going viable pregnancy.

Conclusion: Spontaneous OHSS is usually most severe in late first trimester (8-14 weeks) of pregnancy and drug induced OHSS(3-8 weeks)mainly occurs in first trimester.

[MS-16]

Rare Case of ACTH Independent Cushings Syndrome – A diagnostic dilemma

Dr Pallavi Shekhawat, Dr Leena Wadhwa, Dr Saket Kant

Dr Neelam, Dr D'Souza, Dr Shyamlal

ESIC PGIMSR Basaidarapur, New Delhi

A 24 year old unmarried girl presented to gynaecology OPD with oligomenorrhea followed by 5 month amenorrhea with weight gain, facial puffiness and striae over abdomen. On clinical examination she had centripedal obesity, moon facies, buffalo hump, broad dehiscent purple striae and proximal myopathy. She also had hypertension. On presentation she was being managed as PCOS and had been prescribed combined oral contraceptive pills. Ultrasonography revealed a tubular uterus with normal ovaries. Serum total and free testosterone, 17 OHP, thyroid profile, pooled prolactin and DHEAS were found to be normal. Basal serum cortisol was however elevated. ONDST followed by LDDST had unsuppressed cortisol levels. An ACTH was ordered which was found to be low. This was followed by CECT adrenals which revealed a well defined right adrenal mass. A diagnosis of cortisol secreting adrenal adenoma was made and patient planned for surgery. 24 hours urinary catecholamines and VMA were found to be elevated. A pheochromocytoma secreting cortisol or an adrenal tumor co-secreting catecholamines and cortisol was suspected but on confirmatory testing plasma catecholamines and fractionated metanephrines were found to be normal. She underwent an adrenalectomy and histopathology report confirmed an adrenocortical adenoma. This case highlights the importance of signs and symptoms in making a proper diagnosis and planning treatment. PCOS is a diagnosis of exclusion and rare disorders need to be ruled out as in our case to decrease morbidity and mortality as also for proper treatment of the condition.

[MS-17]

A Rare Case of Vulvar Leiomyoma

Dr Divya Baruhhee, Dr Ritu Singh, Dr Taru Gupta

ESI PGIMSR Basaidarapur, New Delhi

Leiomyoma is a benign monoclonal tumour arising from smooth muscle cells. Unlike uterine leiomyoma, leiomyoma of the vulva is rare and often misdiagnosed as Bartholin duct cyst. This is a case report of a 49 years old P5L5 woman who came to the OPD with complaint of a growth over left vulva for the past 20 years. The growth was initially asymptomatic which gradually increased in size over the past 6 months causing discomfort in daily activities. She also complained of heavy menstrual bleeding for 12 days. On examination a mass of approximately 6x7x7 cm was present on left labia near urethral meatus, with keratinisation over the anterior surface. It was sessile, firm in consistency, mobile, non reducible and painless. Ultrasonography showed bulky uterus of 8.7x4.2 cm, endometrial thickness of 7.9 mm and a vulvar mass with minimal arterial flow. MRI showed a well-defined multi lobulated heterogeneous soft tissue density lesion with smooth margins seen arising likely from the left vulva measuring 84x57x99 mm. It was surgically excised through vaginal approach and histopathology was suggestive of benign leiomyoma. Differentiation of leiomyoma from leiomyosarcoma is necessary by histopathology because of the need for radiation and/or chemotherapy in addition to surgical excision in leiomyosarcoma.

Conference Secretariat

Dr Sudha Prasad, Vice President, FOGSI

IVF & Reproductive Biology Centre, Department of Obstetrics & Gynaecology

Maulana Azad Medical College & Lok Nayak Hospital, New Delhi - 110002

Tel.: 011-23238193, Email: breakingsilosacross2019@gmail.com

Contact: **Ms. Surekha**, +91 8851721639 | **Ms. Alice Jacob**, +91 9015756821

