

CONTENTS

Volume 68 No.2 March/April 2018

EDITORIAL

Dr. Suvarna Khadilkar	Journey of Research Article
-----------------------	------------------------------------

PRESIDENTIAL ADDRESS

Jaideep Malhotra	From the desk of Dr. Jaideep Malhotra: President FOGSI 2018
------------------	--

INVITED MINI REVIEW ARTICLE

Suvarna Satish Khadilkar	Short-Term Use of Injectable Contraception: An Effective Strategy for Safe Motherhood
--------------------------	--

ORIGINAL ARTICLES

OBSTETRICS

Prameela Kavya D. Sharma	Comparison Between Use of Oral Misoprostol Versus Vaginal Misoprostol for Induction of Labour at Term Abstract: Background and Objective In modern obstetrics, around 30% of cases require induction of labour for various reasons. Misoprostol is gaining popularity as pharmacological inducing agent, though the route and dosage of administration are not standardised. The objective of the study is to compare the safety and efficacy of the two routes of misoprostol administration—oral (100 µg 4th hourly) and vaginal (25 µg 4th hourly), for induction of labour at term. Methods In this randomised trial, 104 women having crossed the expected date of delivery without going into spontaneous labour and cases which had premature rupture of membranes <12 h were considered for labour induction and were divided into two equal groups. Group A received 100 µg misoprostol orally 4th hourly, and group B received 25 µg misoprostol vaginally 4th hourly. Labour characteristics and maternal and foetal outcome were compared. Results In terms of maternal outcome, mean number of doses for oral group is 2.73 and vaginal group is 3.04. In oral group, mean induction to vaginal delivery interval was 13 h 43 min and in vaginal group interval is 13 h 26 min which was statistically not significant. The need for oxytocin augmentation was also statistically not significant. Both
-----------------------------	---

CONTENTS

Volume 68 No.2 March/April 2018

	<p>groups had equal number of failed inductions. Emergency LSCS done for foetal distress was more in vaginal group 2.9% compared to oral group which is 1%, but difference was not statistically significant (p value -0.55). Number of thick MSL in oral group was 3.2% as compared to vaginal group which is 10.7% which was statistically significant (p value -0.04). APGAR score at 5 min 7/10 was seen in 7.7% in vaginal group as compared to 0% in oral group which was also statistically significant (0.004). Number of NICU admissions was also more in vaginal group compared to oral group.</p> <p>Conclusion Misoprostol in either oral or vaginal route has proven to be equally effective for inducing labour in women at term pregnancy. However, occurrence of lesser incidence of meconium-stained liquor and NICU admissions and fewer caesareans with better neonatal outcome in women induced with oral misoprostol outweighs its advantages over the vaginal misoprostol.</p>
<p>Bibhas Kar Subbiah Sivamani Shankar Kundavi Thankam Rama Varma</p>	<p>The Importance of Cytogenetics and Associated Molecular Techniques in the Management of Patients Carrying Robertsonian Translocation and Their Pregnancy Outcome by Intracytoplasmic Sperm Injection.</p> <p>Abstract :</p> <p>Objective The present study outlines three cases of a Robertsonian translocation and the consequences for the initiation of pregnancy by intracytoplasmic sperm injection (ICSI). Three case histories are presented documenting structural chromosome abnormalities in infertile males.</p> <p>Materials and Methods Semen analysis was performed according to the World Health Organization guidelines. Chromosome analysis was performed using G-banding. Y chromosome microdeletions were detected by multiplex polymerase chain reaction assays.</p> <p>Results Cytogenetic analysis revealed Robertsonian translocation 45, XY,der(14;21)(q10;q10) in a male with severe oligoasthenoteratozoospermia (SOAT) after three subsequent ICSI treatments were unsuccessful. The second case involved a Robertsonian translocation 45,XY, der(13,14)(q10;q10) with SOAT detected in a male after one pregnancy loss. Third case involved a Robertsonian</p>

CONTENTS

Volume 68 No.2 March/April 2018

	<p>translocation 45,XY,der(13,14)(q10;q10) with SOAT.</p> <p>Conclusion This case series emphasize the necessity of cytogenetic analysis of couples with primary infertility and recurrent miscarriages before any assisted reproductive technology is performed. For couples in whom one or more partners have a translocation, prenatal genetic diagnosis/preimplantation genetic diagnosis is recommended.</p>
A. Ramya Parameswari Prabha Udayakumar	<p>Comparison of Efficacy of Bupivacaine with Dexmedetomidine Versus Bupivacaine Alone for Transversus Abdominis Plane Block for Post-operative Analgesia in Patients Undergoing Elective Caesarean Section.</p> <p>Abstract:</p> <p>Background Increasing rate of Caesarean sections and inadequate pain relief following Caesarean section is seen in almost all parts of the world. Transversus abdominis plane block is gaining popularity as a part of multimodal analgesia for post-operative pain relief following abdominal surgeries.</p> <p>Aim To compare bupivacaine and bupivacaine with dexmedetomidine in transversus abdominis plane block for pain relief after Caesarean section.</p> <p>Method American Society of Anaesthesiologists I and II parturients with no comorbidities admitted for elective Caesarean section were included in the study. Thirty-five patients were in each study (with dex) and control (without dex) groups. At the end of Caesarean section done under spinal anaesthesia, transversus abdominis plane block was done bilaterally under ultrasound guidance using in-plane technique of needle insertion. 20 ml of 0.25% bupivacaine with 0.5 mcg/kg of dexmedetomidine in the study group and 20 ml of 0.25% bupivacaine in the control group were injected in the neurovascular plane.</p> <p>Results Eight patients from the study group and 15 from the control group were given opioids as rescue analgesia. The average time at which rescue analgesia was first sought was 14.25 and 7.73 h in the study and control groups, respectively. The <i>P</i> value of this difference was 0.0136 and was found to be statistically significant.</p>

CONTENTS

Volume 68 No.2 March/April 2018

	<p>Conclusion The addition of dexmedetomidine to bupivacaine in TAP block prolonged the duration of time at which first dose of rescue analgesia was sought and also reduced the total dose of opioid requirement in the first 24-h post-Caesarean section.</p>
<p>Nagaraja Katwa Akhila Vasudeva Leslie E. S. Lewis Pratap Kumar</p>	<p>There is Only a Modest Increase in Neonatal Respiratory, Morbidity Following Early Term Elective Cesarean in a South Indian Population</p> <p>Abstract:</p> <p>Objectives Elective cesarean deliveries (ECD) are still performed prior to 39 weeks. This study aimed to identify risk of neonatal respiratory morbidity (NRM) following ECD near term, in a South Indian population. Specifically, study aimed to measure the additional healthcare burden due to large number of ECDs performed prior to 39 weeks, in this local population.</p> <p>Methods We analyzed NRM among 1329 deliveries (584 ECD and 745 spontaneous vaginal delivery, SVD) in a tertiary hospital over 2 years. Neonates were grouped into: A: 35⁺⁰-36⁺⁶ weeks, B: 37⁺⁰-38⁺⁶ weeks, and C: ≥39 weeks. NRM was compared between ECD versus SVD.</p> <p>Results Majority (433/584) of ECDs were performed between 37⁺⁰ and 38⁺⁶ weeks. Overall, 32% received steroid prophylaxis. Of 1329 newborns, 18/584 (3.82%) in ECD and 6/745 (0.8%) in SVD group developed NRM (<i>p</i> value of 0.004, OR 3.9, CI 1.54-9.93). Need of respiratory support among ECD was 4.28% compared to 0.53% in SVD (<i>p</i> < 0.001, OR 8.28; CI 2.86-23.94). However, comparing neonates born by ECD between groups B Vs C; there was only a modest increase in NRM (2.07 vs 0.9%; <i>p</i> 0.48, OR 2.3 with CI 0.29-18.4) and in need of respiratory support (2.54 vs 0.9%; <i>p</i> 0.47, OR 2.84; CI 0.36-22.2).</p> <p>Conclusion NRM following early term ECD continues to be a healthcare burden in India. Interestingly in this South Indian population, early term ECDs caused only modest increase in NRM, and this ethnic variation requires further evaluation to determine ideal time for ECD in local population.</p>
<p>Varsha Laxmikant Deshmukh Shaswatee S Ghosh</p>	<p>Effects of Epidural Labour Analgesia in Mother and Foetus</p>

CONTENTS

Volume 68 No.2 March/April 2018

<p>Kanan A. Yelikar Shreeniwas N Gadappa</p>	<p>Abstract:</p> <p>Objective Aim of study was to determine effect of epidural analgesia on progress of labour and mode of delivery, to find out its complications in labour and puerperium and to evaluate neonatal outcome in terms of APGAR score.</p> <p>Method The present study was conducted in Department of Obstetrics and Gynaecology at Government Medical College Aurangabad over period of 2 years from June 2014 to June 2016 after taking approval from institutional ethical board. Hundred low-risk primigravidas were included in the study, 50 women received epidural analgesia for relief of labour pain at 3–4 cm and 50 women served as control. The important outcome FACTORS studied were the following : (1) duration of active phase of I stage, and II stage, (2) mode of delivery, (3) APGAR scores, (4) untoward reactions and intrapartum complications, (5) overall satisfaction of the mother.</p> <p>Results The operative delivery rates were not significantly different in both the groups (8% in the control group and 6% in the study group: <i>p</i> value NS, i.e. > 0.05). The duration of first stage (our study showed no significant difference in the duration of first stage in both the study and control groups <i>p</i> value > 0.05) and second stage of labour (<i>p</i> value NS > 0.05) and the need for oxytocin were comparable in the two groups. The side effects observed were minimal. It has given excellent pain relief and improved neonatal outcome (5 min). EA is associated with rates of vaginal delivery (88 v/s 84%) and LSCS rate (8 v/s 6%) which are comparable with control group.</p> <p>Conclusion Epidural analgesia is a very promising, safe and effective method of pain relief. No major complications and a good APGAR score make it a good option of care in modern obstetrics.</p>
--	---

GYNECOLOGY

<p>Upma Saxena Manisha Ramani Pushpa Singh</p>	<p>Role of AMH as Diagnostic Tool for Polycystic Ovarian Syndrome</p> <p>Abstract:</p> <p>Background To evaluate role of AMH as a diagnostic tool for PCOS.</p>
--	--

CONTENTS

Volume 68 No.2 March/April 2018

	<p>Methods This was a prospective case-control study on women attending Gynae OPD of Dr RML Hospital, New Delhi, from 1 November 2015 to 31 March 2017. Study comprised of 45 women with PCOS, diagnosed using Rotterdam criteria and 45 women as controls. Clinical history included oligomenorrhea, hirsutism, examination included BMI, Ferriman-Gallwey score, investigations included blood for FSH, LH, estradiol, TSH, prolactin, total testosterone, AMH level and pelvic USG which was done for all women.</p> <p>Results Both PCOS cases and control were matched for age and BMI. Median AMH levels of 4.32 ng/ml in PCOS cases was almost twice that of 2.32 ng/ml in controls ($p = 0.001$). Maximum diagnostic potential of AMH alone for PCOS was at a cut-off of 3.44 ng/ml with sensitivity of 77.78% and specificity of 68.89%. AMH was used as an adjunct to existing Rotterdam criteria as the fourth parameter OA+HA+PCOM+AMH (any three out of four) yielded sensitivity of 80%. However, when PCOM in Rotterdam criteria was replaced by AMH, OA+HA+AMH (any two out of three) or OA/HA+AMH resulted in sensitivity of 86.67 and 71.11%, respectively.</p> <p>Conclusion AMH levels were significantly higher in PCOS than in controls. AMH as an independent marker could not effectively diagnose PCOS. However, AMH levels as an adjunct to existing Rotterdam criteria for diagnosis of PCOS had good diagnostic potential.</p>
<p>Nidhi Jindal Shalini Gainer Lakhbir Kaur Dhaliwal Sunil Seth</p>	<p>The Role of MGIT 960 Culture Medium in Resolving the Diagnostic Dilemma for Genital Tuberculosis Patients Presenting with Infertility</p> <p>Abstract:</p> <p>Background The purpose of this study was to assess the utility of Mycobacteria Growth Indicator Tube (MGIT) 960 culture medium for the diagnosis of genital tuberculosis (GTB) in women presenting with infertility.</p> <p>Methods The premenstrual endometrial biopsy samples in 300 women presenting with primary and secondary infertility were subjected to AFB smear method, histopathological examination and culture on LJ and MGIT 960 media. Detection rates were compared for diagnostic modalities</p>

CONTENTS

Volume 68 No.2 March/April 2018

	<p>and their combinations.</p> <p>Results In total, 30 cases were positive for genital tuberculosis by either of the four tests employed. The detection rates for AFB smear, MGIT culture, LJ culture and HPE were 50, 46.7, 3.3 and 33.3%, respectively. A combination of smear examination for AFB, MGIT 960 culture and histopathological examination was able to detect all the positive cases. A combination of MGIT and LJ media provided no added advantage over MGIT alone since the only case where LJ culture was positive had been detected by positive MGIT culture. In as many as five positive cases (16.7%), only MGIT culture was positive.</p> <p>Conclusion The addition of MGIT 960 culture medium to routine battery of investigations in infertility patients significantly improves the diagnosis.</p>
<p>Purnima Gupta Madhavi Mathur Gupta Rachna Sharma</p>	<p>Intrauterine Copper Device (CuT380A) as a Contraceptive Method in the Indian Context: Acceptability, Safety and Efficacy Depending on the Timing of Insertion</p> <p>Abstract :</p> <p>Background</p> <p>Ideal time of Intrauterine copper device (IUCD) insertion either to space or limit births in Indian women should be known to check fertility effectively and safely. We therefore aimed to compare various IUCD related clinical factors to assess its acceptability, safety and efficacy in immediate postpartum vaginal insertion, intra-caesarean insertion, delayed postpartum insertion and interval insertion at a tertiary-care centre in India.</p> <p>Methods</p> <p>It was a retrospective analysis of prospectively collected data from July 2013 to July 2014. Data was reviewed about maternal age, socioeconomic status, education, occupation and parity of a total of 1631 eligible mothers and was compared between postpartum group and interval group. Data about spontaneous expulsion rate of IUCD, proportion of patients not able to feel thread, reasons for removal and failure rate of IUCD up to a follow-up period of 6 months was also collected in these women and compared among immediate vaginal insertion, intra-caesarean insertion,</p>

CONTENTS

Volume 68 No.2 March/April 2018

	<p>delayed postpartum insertion and interval insertion.</p> <p>Results</p> <p>Majority of women were between 20 and 35 years of age group, literate, multiparous, unemployed and belonged to middle/lower socio-economic strata in both postpartum and interval groups. Spontaneous expulsion rates were 1.84, 0.84, 2.83 and 1.63%; proportions of patients not able to feel thread were 3.07, 8.73, 4.45 and 1.63%; and removal rates were 7.99, 6.48, 7.69 and 3.47% in immediate vaginal, intra-caesarean, delayed postpartum and interval insertion groups, respectively. Failure was seen in only one case of delayed postpartum insertion.</p> <p>Conclusion</p> <p>IUCD was more acceptable among young, literate and multiparous women as a contraceptive method. Immediate postpartum period was the safest and most efficacious time for IUCD insertion with least expulsion rate, maximum continuation rate and no failure and, therefore, should be encouraged by adequate counseling of mothers.</p>
<p>Nitasha Garg Harkiran Kaur Khaira Manjot Kaur Smita Sinha</p>	<p>A Comparative Study on Quantitative Assessment of Blood Flow and Vascularization in Polycystic Ovary Syndrome Patients and Normal Women Using Three-Dimensional Power Doppler Ultrasonography</p> <p>Abstract:</p> <p>Purpose of the Study To compare the quantitative assessment of blood flow and vascularization of ovaries in polycystic ovary syndrome patients and normal women using three-dimensional power Doppler ultrasonography.</p> <p>Methods This cross-sectional quantitative study was conducted on women of reproductive age group (15–45 years) attending Gynaecology OPD AIMSRS, Bathinda, Punjab. Thirty women were enrolled in polycystic ovarian syndrome (PCOS) group and 30 healthy women in control group. Women were categorized as polycystic ovary syndrome according to Rotterdam's criteria. The women with PCOS underwent transvaginal USG Doppler on day 6 of the cycle using 3D power Doppler USG equipment (GE Voluson E8), and vascularization index (VI), flow index (FI) and vascularization flow index (VFI) were measured.</p> <p>Results</p>

CONTENTS

Volume 68 No.2 March/April 2018

	<p>The mean values of VI, FI and VFI measured by power Doppler ultrasonography were significantly increased (P value = 0.000) in women with PCOS when compared with healthy women.</p> <p>Conclusion This study suggests that blood flow and vascularization measured by 3D power Doppler ultrasonography in ovaries of polycystic ovary syndrome patients were significantly more than the ovaries of normal women.</p>
--	---

CASE REPORT

OBSTETRICS

Manisha M. Beck	<p>Ex Utero Intrapartum Treatment (EXIT) for a Large Fetal Neck Mass</p> <p>Abstract: Large fetal neck masses often result in polyhydramnios, hydrops and intrauterine demise. If the fetus survives till term, there is a risk of perinatal death and/or perinatal asphyxia due to airway obstruction. EXIT procedure is carried out in viable fetuses with complicated airways. It aims at securing the fetal airway while the fetus is still being supported by uteroplacental circulation. The success of this advanced perinatal resuscitation technique depends on careful planning and execution by a skillful multidisciplinary team.</p>
-----------------	---

GYNECOLOGY

Kalpana Mahadik Kunjan Ladikar	<p>A Rare Case of Multiple Pelvic Hydatid Cyst</p> <p>Abstract : Hydatid disease has a wide geographic distribution and is considered an important public health problem of the world. In endemic areas any patient presenting with a cystic mass, in any tissue or organ should be considered a potential case of hydatid disease. Primary hydatid cyst in the pelvis is extremely rare, 0.2% to 0.9%. Primary pelvic echinococcosis is exceptional even in endemic countries; it generates significant diagnostic difficulties as the symptoms are non specific. A 40 year female presented with pain and lump in abdomen. A cystic, mobile, non-tender mass with well defined margins, 14 -16 week size gravid uterus was palpable. Exploratory laparotomy revealed a large cystic lesion on anterior uterine wall and similar cystic lesions in the left broad ligament and pouch of douglas. Ten to fourteen cysts were excised en mass.. She was given tablet</p>
-----------------------------------	---

CONTENTS

Volume 68 No.2 March/April 2018

	Albendazole 1gm OD for 1 month. A high index of suspicion, radiology and histopathology is needed. Objective of this report is that a surgeon should also keep in mind this condition while doing laparotomy for pelvic cysts.
--	--

LETTER TO EDITOR

Anahita R. Chauhan Sumit Chamariya Madhva Prasad	The "Saturday Effect" in Obstetrics: A Comparison Between Referral Patterns on Saturday and Other Days of the Week
--	---



[PLEASE LOGIN TO READ FULL ARTICLE](#)