



# NARCHI BULLETIN

MAMC, Issue 3, August 2021

## NARCHIDELCON 2021

27<sup>th</sup> Annual Conference of NARCHI, Delhi Chapter

27<sup>th</sup> - 29<sup>th</sup> August 2021

*Women's Health: Challenges & Breakthroughs*



**Souvenir  
and  
Book of Abstracts**

**NARCHI (Delhi) Secretariat**

Department of Obstetrics and Gynecology

Maulana Azad Medical College & Lok Nayak Hospital, Delhi-110002, Ph- 011-23235823

Email: [narchidelhimamc@gmail.com](mailto:narchidelhimamc@gmail.com) | Website: [www.narchidelhi.com](http://www.narchidelhi.com)

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Department of Obstetrics and Gynecology  
Maulana Azad Medical College, Lok Nayak Hospital  
Jawahar Lal Nehru Marg, Delhi-110002, Ph- 011-23235823  
Email: narchidelhimamc@gmail.com | Website: www.narchidelhi.com



# NARCHI Bulletin

MAMC, Issue 3, August 2021

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Dr Sangeeta Bhasin & Dr Shakun Tyagi on behalf of National Association for Reproductive & Child Health of India, Delhi Branch.

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NARCHI

## Message

It is a great pleasure for me to write a message for the 27<sup>th</sup> Annual Conference of NARCHI Delhi "NARCHIDELCON 2021" to be held from 27<sup>th</sup> to 29<sup>th</sup> August 2021 on a Virtual mode. My very best wishes for this conference to be a great success. The participants in the conference will enjoy a great scientific programme that will address the relevant issues confronting women's health in India.

Dr Asmita Rathore with her able team will do their best for the successful outcome of the conference.

Dr Subrataa Dawn



**Prof. K K Roy**  
President NARCHI - 2021

## Message

My dear NARCHIANS,

Namaste!

I stand in front of you as the National President of NARCHI, dedicating this presidential address, to fellow NARCHIANS and extend my heartiest gratitude for giving me this opportunity to serve you! I feel privileged and humbled to assume the office of President of NARCHI and extend my regards and wishes to each and every Obstetrician and Gynecologist, Pediatrician, Surgeon and other specialists, working towards saving lives of women and working with goal of reducing the maternal and neonatal mortality rate. The aim of NARCHI at inception is stabilization of Indian Population within next two decades through one-two child family by RCH care. As a president, I am committed to work towards achieving this goal.

It indeed is a great moment of pride and personal achievement for me, with immense humility, to be at the helm of NARCHI, and I realize the enormity of this responsibility. I envision that safe motherhood is a woman's legitimate right. The paucity of resources cannot be designated as an excuse. Saving a mother's life should be a cohesive, national responsibility and an utmost priority and we fellow NARCHIANS aspire for the same. For safety of our mothers, we wish to focus on activities for updating our knowledge, enhancing our skills, practicing protocols and training our paramedical staff for the different obstetric emergencies. This NARCHI- Delhi Conference, 2021 is enriched with updated and appropriate knowledge, which will be imparted to the attendees. With this common goal, I firmly believe that this virtual conference will be a great academic feast.

*"It does not matter how slowly you go as long as you do not stop."*

*-Confucius*

Warm Regards and best wishes

Prof. K K Roy



**Dr Veena Acharya**

Dean of ICMCH  
Past National President of NARCHI

## Message

It gives me pleasure to know that Delhi Branch of NARCHI is organizing the 27<sup>th</sup> Annual conference NARCHIDELCON 2021. The theme of conference is "*women health challenges and break through*". Women's life is always full of challenges in every aspect may it be health front or the home. In our National health programs maternal health parameters are very important indicators for the success of health programs of India. I am proud that NARCHI is Focusing on safe motherhood and working on improving the reproductive health and child welfare at grassroots level by way of training the budding gynecologist through Indian college of Mother and Child Health. These trained doctors's serves at periphery and contribute in National Health Programs. I am sure the delegates and the students will be benefited by attending the conference, workshops and CME and have fruitful interaction with learned faculties during the conference.

I wish a great success to the conference.

Dr Veena Acharya



# Message



**Dr. Ritu Arora**  
M.D. (Ophthal), DNB  
DEAN



सत्यमेव जयते

**Maulana Azad Medical College & Associated Hospitals:**

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- Lok Nayak Hospital
- Guru Nanak Eye Center

2, Bahadur Shah Zafar Marg,  
New Delhi - 110002 (India)  
Ph. : 91-11-23231478, 23231438  
Fax: 91-11-23235574 Ext.: 101-102  
Email : deanmamc.2012@gmail.com

24<sup>th</sup> August 2021

I am immensely delighted to know that the Department of Obstetrics and Gynaecology, Maulana Azad Medical College and Lok Nayak Hospital, is organising the 27th Annual Conference of National Association for Reproductive and Child Health (NARCH), Delhi Branch, on 27<sup>th</sup>, 28<sup>th</sup> and 29<sup>th</sup> August 2021.

I would like to congratulate Dr Asmita Rathore and her hard working team for bringing forth this very relevant conference on the pertinent topic of "Women's health: Challenges and Breakthroughs". The scientific programme of the conference has been very nicely chosen and planned to unveil this theme.

COVID 19 pandemic has challenged Health Care workers mentally as well as physically. Our doctors have been overwhelmed with COVID duties and this takes a toll on academic activities. This e- conference will be an attempt towards ongoing efforts to overcome this enormous challenge. I am sure the attending delegates and postgraduate students will immensely benefit from this scientific program.

I wish the conference great success.

*R. Arora*  
(Dr. RITU ARORA)



**Dr S N Mukherjee**

Former DGHS, GOI  
Past President, FOGSI  
Patron, NARCHI

## Message

It is a great pleasure to learn that the Delhi Chapter of NARCHI is organising the 27<sup>th</sup> Annual Conference on 27<sup>th</sup> -29<sup>th</sup> August, 2021.

Delhi Centre is very active and busy all around the year organising academic activities related to programs on maternal & child health, adolescent health, family planning, community awareness etc.

The Theme of the conference is **“Women’s health: Challenges and Break-throughs”**. The Scientific program includes seminars, workshops, poster sessions, discussions and debates on important topics in the field of Ob-Gyn.

Eminent teachers will address the delegates on current important subjects. I am sure that the participants will enjoy and benefit greatly from high standards of scientific deliberations.

Wish the Conference a grand success.

Dr S N Mukherjee





**Dr Urmil Sharma**  
Patron, NARCHI

## Message

I am delighted to know that NARCHI Delhi is hosting their Annual Conference of "NARCHIDELCON-2021" from 27<sup>th</sup> to 29<sup>th</sup> August 2021 with the theme **"Women's Health: Challenges & Breakthroughs"**. I would have loved to be personally present, however, due to the pandemic it is difficult for me to attend. I wish each and every member of NARCHI and all participants the very best. Would also like to congratulate all the organizers for being able to get-together so many people in these trying times.

Women's health is very important and there are several changes that one faces during one's life, but women have the where-with-all to handle the situation in different ways and we, Gynaecologists have learnt a lot in our lives to handle the challenges right from the time we joined medicine! I am aware over the last few years there have been several challenges and our Gynaecologists have worked very hard to develop new ways of handling very difficult situations. I wish them all the best and every success in their endeavours in the future.

Thank you so much for always remembering and honouring me.

Best wishes and warm regards,

Dr Urmil Sharma



**Dr Kamal Buckshee**  
Patron, NARCHI

## Message

Dear NARCHI Delhi, Colleagues and friends,

Warm greetings and best wishes to all of you.

It is indeed a great-pleasure to write a message for the 27<sup>th</sup> annual virtual conference of NARCHI. The platform of the conference is going to be unique and one of its kind. The topics are well chosen to provide the most needful update on the spectrum of medical, Obstetrical and gynaecological problems of our speciality. The galaxy of speakers, national and international, are the masters with vast experience, well known and recognised clinical academicians. They will enlighten us by providing the latest and best evidence based valuable information needed to improve women's health and quality of life. I am confident that each one of you after attending the conference will be richer, wiser and confident to meet day to day challenges in clinical practice. Heartiest congratulations to the organising team, the torch bearer twinkling stars - Dr. Asmita M. Rathore, Dr. Gauri Gandhi, Dr. Sangeeta Gupta, Dr. Niharika Dhiman and Dr. Chetna A Sethi who have worked hard for the grand academic feast and celebration spread over three days with preconference workshops. Newness - transgender care, vaccines to prevent / reduce COVID and cancer, critical care, patient safety, contraception and much more to quench delegates thirst and appetite for Academics.

Lets us all participate in the conference with discussions and debates but let us be brief and crisp and be innovative on women's problem orientated research.

Thanks and Regards

Stay Happy - Healthy-Safe and Wise

Dr Kamal Buckshee



**Dr Swaraj Batra**  
Patron, NARCHI

## Message

It gives me great pleasure to write a message for the 27<sup>th</sup> Annual Conference of NARCHI, Delhi, NARCHI DELCON 2021 with the theme of women's health challenges and breakthroughs. What an apt theme! Scientific programme incorporate pre-conference workshop, quiz, free communication and scientific deliberations by eminent speakers on diverse topics that shed light on important facets of women's health. I hope it will increase awareness, enhance skills and update knowledge of our fraternity. Best of luck to Dr. Asmita and team who worked tirelessly to make the conference a success.

My best wishes,

Dr Swaraj Batra



**Dr Asmita M Rathore**  
President, NARCHI Delhi

## Message

Greetings to all NARCHI members!

It is my proud privilege to welcome all the distinguished faculty & delegates to the 27<sup>th</sup> Annual conference of NARCHI, NARCHIDELCON 2021 on the 27<sup>th</sup>, 28<sup>th</sup> and 29<sup>th</sup> of August 2021.

The theme of the conference is "Women Health: Challenges and Breakthroughs", a topic which is as relevant in present times as it was years ago. Women's health has always posed challenges and NARCHI is committed to its goal of achieving Safe Reproductive and Child health through organizing various scientific activities.

The enthusiastic organizing team has worked tirelessly to bring to you this academic scientific bonanza of thought provoking discussions, lectures, debates and dedicated workshops on multiple disciplines on an easily accessible virtual platform. Deliberations by esteemed international and national faculty, an interesting quiz and research paper presentations will, I am sure, enhance the knowledge and skills of our delegates.

This is a good time to connect with your friends on the virtual platform and share ideas. I am hopeful that every delegate attending the conference will be enriched with knowledge and cherish the memories of this academic feast.

A very warm welcome to all of you!

*Unity is strength...when there is teamwork and collaboration, wonderful things can be achieved."* -Mattie Stepanek

Dr Asmita M Rathore



**Dr Gauri Gandhi**  
Vice President, NARCHI Delhi

## Message

Dear faculty, guests and delegates, greetings to all from NARCHI Delhi.

As you all know the National Association For Reproductive and Child Health of India (NARCHI) is a registered professional Voluntary Organization which was founded in 1975 with a mission to provide guidance and services regarding good healthcare services for women at all stages of their life, and also to optimize healthcare to the pregnant women and their infants. with special emphasis on the preventive aspects.

Since inception this organization is working tirelessly for promoting Reproductive and Child Health (RCH) by catering to the health needs of adolescents, women of reproductive age group, neonates, infants and children.

Some of the goals of this organization are to advocate activities that can lead to reduced maternal mortality, promote optimal Breastfeeding practices as advised by WHO, and promote the correct immunization practices for mothers and their neonates and infants.

The Annual Conference and the various CMEs organized under NARCHI are academic platforms which update our knowledge regarding these aspects and are of immense benefit to clinicians, postgraduate and undergraduate students.

As Vice President of this prestigious organisation, I am very happy to welcome you all to the Annual NARCHI Delhi conference from 27<sup>th</sup> to 29<sup>th</sup> of August 2021 at Maulana Azad Medical College and Lok Nayak Hospital New Delhi. Our team has left no stone unturned to make this an enriching academic experience. This event will cover some very informative workshops spread over 3 days which will focus on improving women's health.

We have encouraged junior doctors to participate by presenting papers and taking part in the exciting Quiz.

I hope you will enjoy and learn from the Workshops and the conference.

Dr Gauri Gandhi





**Dr Sangeeta Gupta**

Secretary

**Dr Niharika Dhiman**

**Dr Chetna Arvind Sethi**

Joint Secretaries

## Message

We are greatly honored to invite all the delegates to NARCHIDELCON-2021, the 27<sup>th</sup> NARCHI Annual Conference on 27<sup>th</sup>, 28<sup>th</sup> & 29<sup>th</sup> August 2021. Overcoming the challenge posed by the pandemic, we have successfully accomplished our academic pursuits through this vibrant virtual platform with the best in event technology.

Narchidelcon 2021, the 27th Annual National Conference of NARCHI Delhi with a theme of “Women’s Health: Challenges and Breakthroughs” aims to bring together the best in our fraternity at a common platform to share their knowledge, discuss their experiences and put forth evidence based perspectives related to various aspects of women’s health.

The Scientific Programme served as a locus for blending seminars, workshops, abstracts and poster sessions, discussions, debates and quiz for the young professionals.

We have five pre-congress workshops covering important topics of Contraception, Critical Care in Obstetrics, Hemovigilance, Optimizing Cesarean Section Rates and Patient Safety. We are honoured to have Dr Sabaratnam Arulkumaran for the Oration. There are about 150 participating national faculty. A Public Forum on Contraception has been organized which reiterates our commitment to women’s health.

We would like to express our appreciation to the organizing committee for their dedicated efforts to materialize the conference.

On behalf of organising team we wish to thank all the participants, invited faculty, sponsors, scientific committee, volunteers and those who have contributed in the successful organization of this great event.

We also take this opportunity to share with you that NARCHI and Maulana Azad Medical College have been invited to host a session in FIGO World Congress 2021. It is a matter of pride and honour for the association and the institution. We thank Dr Subrataa Dawn for his guidance and support.

We hope all the participants have a fruitful and beneficial experience.

With best wishes

Secretarial Team



**Dr Sangeeta Bhasin**  
**Dr Shakun Tyagi**  
Editors

**Dr Poonam Kashyap**  
**Dr Reena Rani**  
Co-editors

## Message

Greetings from the editorial team!

As the second wave of Covid-19 has almost receded and the dreaded third wave may, hopefully, not surface at all, we begin on a cheerful note and welcome you all to NARCHIDELCON 2021, an extravaganza spread over 3 days!

We are honoured to present this special e-souvenir issue of the NARCHI Bulletin as part of the 27<sup>th</sup> Annual conference of NARCHI (Delhi Chapter) and are extremely grateful to our vibrant NARCHI President Dr Asmita Rathore for entrusting us with the task of bringing out this Conference Souvenir and Abstract book.

The scientific programme of the conference has been designed to echo the theme of the conference- 'Women's health: Challenges and Breakthroughs' and includes a plethora of topics on Women's health, addressed through orations, lectures, panel discussions, debates and a keynote address by a galaxy of experts in their fields who have come forth to share their knowledge and experiences on this common virtual platform. The conference includes an engaging Quiz and Free Paper and Poster presentations for young professionals as well as 5 multidisciplinary workshops on currently relevant topics and a Public Forum on Contraception. We appreciate the efforts of the organizing team in putting together this colourful collage and sincerely congratulate them for this.

This Souvenir is a compilation of wonderful encouraging messages from dignitaries at the helm of our speciality and research paper abstracts from our young and budding gynecologists. We earnestly thank the Free Communication Committee for ensuring that all the abstracts that were received by the conference secretariat were compiled and shared with us in time so that they could be included in the abstract book. Our editorial team has worked hard and diligently to accomplish the mammoth task of compiling this e-souvenir and we are grateful to the organizing team for their invaluable inputs and help.

Last but not the least, the contribution of our publisher and printer at 'Process and Spot' has been exemplary for the timely publication of this souvenir issue and we are thankful to them.

August is a month of independence and freedom.....freedom of women from disease, oppression, diffidence and ignorance. So come, let's celebrate freedom ...and the empowered woman....together!

*"Conquer yourself and the whole universe is yours" -Swami Vivekanand*

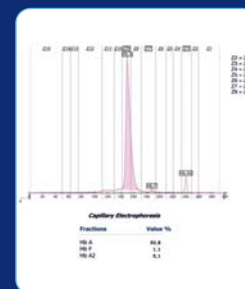
Wishing you all a wonderful experience of learning, thinking and gaining knowledge!

Once again, a very warm welcome to all of you!

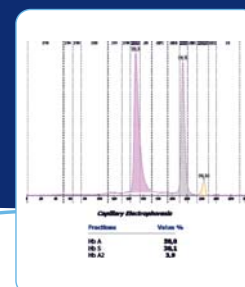
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# Hemoglobin Disorders Screening by *Capillary Electrophoresis*

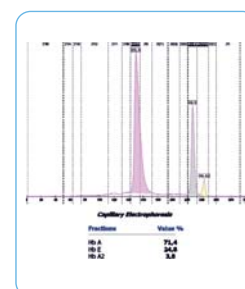
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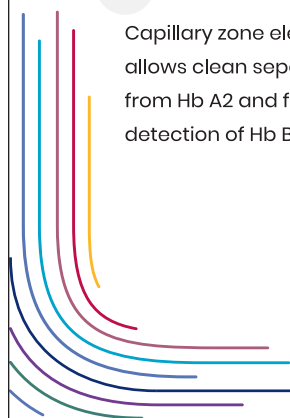
CAPILLARYS instruments allow high resolution separation of the major hemoglobin variants (Hb S, Hb C, Hb D and Hb E) and accurate quantification of the Hb A2 and Hb F.

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**27<sup>th</sup> Annual Conference  
National Association for Reproduction and  
Child Health of India, Delhi**

**27<sup>th</sup> - 29<sup>th</sup> August 2021**

**NARCHIDELCON 2021**  
**Virtual Conference**

**Programme**

*Women's Health: Challenges & Breakthroughs*

**NARCHI (Delhi) Secretariat**

Department of Obstetrics and Gynecology

Maulana Azad Medical College & Lok Nayak Hospital, Delhi-110002, Ph- 011-23235823

Email: [narchidelhimamc@gmail.com](mailto:narchidelhimamc@gmail.com) | Website: [www.narchidelhi.com](http://www.narchidelhi.com)

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**Dr Gauri Gandhi**

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**Dr Sangeeta Gupta**

*Organising Joint Secretary*  
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Dr Shikha Sharma  
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Dr Devender  
Dr Kamna  
Dr Reena Rani**

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**Critical care: Dr Anjali Dabral, Dr Jyotsna Suri, Dr Rekha Bharti,  
Dr Sheeba Marwah, Dr Dipti Sharma (SJH)  
Dr Nalini Bala Pandey (MAMC)**  
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Dr Shakun Tyagi**

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Dr Shakun Tyagi  
Dr Poonam Kashyap  
Dr Reena**

### Public Forum Committee

**Dr Anita Sabherwal,  
Dr Raksha Arora  
Dr Poonam Sachdeva  
Dr Pushpa Mishra**



# NARCHIDELCON 2021 AT A GLANCE

## 5 Pre-Conference Workshops

**Day 1 | Friday, 27<sup>th</sup> August 2021**

**Pre Lunch Workshop**

**Hall-A**  
(Time: 9.30 AM - 12.30 PM)  
**Contraception: A Responsible Choice**

**Post Lunch Workshop**

**Hall- A**  
(Time: 2.30 PM - 6.00 PM)  
**Critical Care in Obstetrics**

**Day 2 | Saturday, 28<sup>th</sup> August 2021**

**Pre Lunch Workshop**

**Hall-A**  
(Time: 9.00 AM - 12.30 PM)  
**Hemovigilance: Obstetric Perspective**

**Pre Lunch Workshop**

**Hall- B**  
(Time: 12.00 PM - 3.00 PM)  
**Optimizing CS Rates: Utilising the Quality Improvement Methodology**

**Post Lunch Workshop**

**Hall- A**  
(Time: 2.30 PM - 5.30 PM)  
**Patient Safety- An Emerging Healthcare Priority**

## Quiz for Residents

**Day 1 | Friday, 27<sup>th</sup> August 2021**

**Time: 12.00 Noon- 2.00pm**

**Endocrinological Disorders in Obstetrics & Gynaecology**

## Free Paper Communication (Hall B)

| Date                          | Day              | Time                |
|-------------------------------|------------------|---------------------|
| 27 <sup>th</sup> August, 2021 | Friday   Day 1   | 09.00 AM - 11.30 AM |
| 28 <sup>th</sup> August, 2021 | Saturday   Day 2 | 09.00 AM - 11.30 AM |
| 28 <sup>th</sup> August, 2021 | Saturday   Day 2 | 03.30 PM - 05.30 PM |

## Public Forum on Contraception

**28<sup>th</sup> August, 2021 | 5:30 - 7:00 PM**

## Scientific Programme

**29<sup>th</sup> August, 2021 | 9:30 AM - 5:00 PM**

# PRE-CONFERENCE WORKSHOPS

PRE-LUNCH WORKSHOP

27<sup>th</sup> August, 2021 | Friday | Day - 1

Hall - A | Time: 9.30 AM - 12.30 PM

## CONTRACEPTION - A RESPONSIBLE CHOICE

ORGANISED BY- DEPARTMENT OF OBSTETRICS & GYNECOLOGY,  
MAULANA AZAD MEDICAL COLLEGE, NEW DELHI

**Convener:** Dr Rachna Sharma

**Co-Convener:** Dr Pushpa Mishra

| Time               | Topic   | Speaker  |
|--------------------|---|--|
| <b>Session - 1</b> |   |  |
| 9:30 - 9:40 AM     | INTRODUCTION  | Dr. Rachna Sharma  |
| 9:40 - 10:00 AM    | <b>Chairpersons:</b> Dr. Madhavi M. Gupta, Dr. Monica Suri  |  |
|                    | EMERGENCY CONTRACEPTION (ROLE PLAY)   | Dr Nalini Bala Pandey  |
| 10:00 - 10:20 AM   | <b>Chairpersons:</b> Dr Shivlata Gupta, Dr Kavita Aggarwal  |  |
|                    | CHHAYA AND ANTARA (MYTHS & FACTS)   | Dr. Poonam Kashyap   |
| 10:20 - 11:05 AM   | <b>PANEL DISCUSSION (ABCD OF MEC) (VIDEO)</b><br><br><b>Panelist:</b><br>Dr. Raksha Arora, Dr. Sangeeta Bhasin,<br>Dr. Krishna Agarwal, Dr. Poonam Sachdeva,<br>Dr. Renu Tanwar, Dr. Preeti Singh | <b>Moderator:</b><br>Dr. Shashi Lata Kabra,<br>Dr. Bidhisha Singha |
| <b>Session - 2</b> |   |  |
| 11:05 - 11:25 AM   | <b>Chairpersons:</b> Dr. Latika Sahu, Dr Usha Raina   |  |
|                    | PPIUCD (DEMONSTRATION)  | Dr. Rachna Sharma  |
| 11:25 - 11:50 AM   | <b>Chairpersons:</b> Dr. Shikha Sharma, Dr. Mrinalini Mani  |  |
|                    | POST ABORTION CONTRACEPTION- A MISSED CHANCE (PROBLEM BASED)  | Dr. Pushpa Mishra  |
| <b>Session - 3</b> |   |  |
| 11:50 - 12:10 PM   | <b>Chairpersons:</b> Dr. Anjali Tempe, Dr. Puja Deewan  |  |
|                    | FAILED STERILISATION (CASE BASED APPROACH)  | Dr. Mitra Saxena   |
| 12:10 - 12:30 PM   | <b>Chairpersons:</b> Dr Anita Rajorhia, Dr Shivani  |  |
|                    | OBSTETRICIAN'S ROLE IN NSV (ROLE PLAY)  | Dr. Rekha Rani   |

**Hall - A | Time: 2.30 PM - 6.00 PM**

## CRITICAL CARE IN OBSTETRICS

**ORGANISED BY- DEPARTMENT OF OBSTETRICS & GYNECOLOGY  
VMMC AND SAFDARJUNG HOSPITAL, NEW DELHI**

**Convener:** Dr Anjali Dabral (Advisor),  
Dr Jyotsna Suri, Dr Rekha Bharti

**Co-Convener:** Dr Sheeba Marwah,  
Dr Dipti Sharma

**Master of Ceremony:** Dr Archana Mishra

| Time  | Topic  | Speaker  |
|---|--|--|
| 2:30- 2:45 PM   | Inauguration & Welcome Address   |  |
|   | Address by Chief Guest   | Dr Pratima Mittal  |
|   | Address by Guest of Honour, NARCHI President   | Dr Asmita Rathore  |
|   | Address by Guest of Honour, AOGD President   | Dr Achla Batra   |
|   | Welcome Address by HOD OBGY<br>Safdarjung Hospital   | Dr Anjali Dabral   |
| <b>Session 1</b>  |  |  |
| <b>Chairpersons - Dr Asmita Rathore, Dr Anjali Dabral</b> |  |  |
| 2:45- 3:30 PM   | <b>Management of Critically Ill Obstetric Patients</b>                                     |  |
| 2:45- 3:05 PM   | Early Recognition of Critically Ill Patients   | Dr Pratima Mittal  |
| 3:05- 3:25 PM   | Obstetric Shock and its Management   | Dr Jyotsna Suri  |
| 3:25- 3:30 PM   | Audience Interaction   |  |
| <b>Session 2</b>  |  |  |
| <b>Chairpersons - Dr Asmita Rathore, Dr Anjali Dabral</b> |  |  |
| 3:30-4:40 PM  | <b>Ward Round</b>  |  |
| 3:30- 3:50 PM   | Oxygen Therapy   | Dr Rekha Bharti<br>Dr Megha Mittal                         |
| 3:50- 4:10 PM   | ABG  | Dr Jyotsna Suri<br>Dr Niharika Dhiman                      |
| 4:10- 4:30 PM   | Emergency Drugs- Vasopressors<br>Magnesium sulphate,<br>Sodium Bicarbonate, Labetalol, NTG | Dr Monika Gupta<br>Dr Dipti Sharma<br>Dr Nalini Pandey     |
| 4:30 - 4:40 PM  | Audience Interaction   |  |
| <b>Session 3</b>  |  |  |
| <b>Expert: Dr Achla Batra</b>                             |  |  |
| 4:40- 5:40 PM   | <b>Case Based Discussion</b>   |  |
| 4:40 5:10 PM  | <b>Case 1:</b> Acute Kidney Injury   | <b>Moderators:</b><br>Dr Rekha Bharti,<br>Dr Sheeba Marwah |
|   | <b>Panelists:</b><br>Dr Kiran Guleria, Dr Madhu Goel                                       |  |
| 5:10-5:40 PM  | <b>Case 2:</b> Jaundice in Pregnancy   | <b>Moderators:</b><br>Dr Rekha Bharti,<br>Dr Sheeba Marwah |
|   | <b>Panelists:</b><br>Dr Manju Puri, Dr Taru Gupta  |  |
| 5:40- 6:00 PM   | Questions & Answers & Vote of Thanks   | Dr Archana Mishra  |

**Hall - A | Time: 9.00 AM - 12.30 PM****HAEMOVIGILANCE-OBSTETRIC PERSPECTIVE****ORGANISED BY- DEPARTMENT OF OBSTETRICS & GYNECOLOGY  
SIR GANGA RAM HOSPITAL, NEW DELHI, INDIA****Convener:** Dr. Kanwal Gujral**Co-Convener:** Dr. Chandra Mansukhani

| Time  | Topic  | Speaker                                      |
|---|--|--|
| 9:00- 9:10 AM   | <b>Inauguration</b>  |  |
| 9:10-9:15 AM  | Introduction to Subject  | Dr. Kanwal Gujral                            |
| <b>Session - 1</b>  |  |  |
| <b>Haemovigilance The Basics</b>  |  |  |
| <b>Chairpersons:</b> Dr. Harsha Khullar, Dr. Sunita Lamba, Dr. Sunita Kumar, Dr. Mamta Dagar            |  |  |
| 9:20-9:30 AM  | History & Status In India  | Dr. Rasika Dhawan                            |
| 9:30-9:45 AM  | Basic Clinical & Organisational Requirements For An Effective Haemovigilance                   | Dr. Anjali Sharma                            |
| 9:45- 10:00 AM  | Haemovigilance in Obstetrics – Special Issues  | Dr. Shakun Tyagi                             |
| 10:00 -10:10 AM   | Haemovigilance in Neonates   | Dr. Anup Thakur                              |
| 10:10-10:20 AM  | Discussion   |  |
| <b>Session - 2</b>  |  |  |
| <b>Haemovigilance Clinical Aspects</b>  |  |  |
| <b>Chairpersons:</b> Dr. Malvika Sabharwal, Dr. Geeta Mediratta, Dr. Mala Srivastava, Dr. Jasjeet Singh |  |  |
| 10:30-10:45 AM  | Hemostasis in Obstetric Haemorrhage – An Overview  | Dr. Urvashi Miglani                          |
| 10:45-11:00 AM  | Assessing Haemorrhage – Point of Care Tests  | Dr. Jyoti Kotwal                             |
| 11:00 -11:15 AM   | Know About The Blood & Blood Products  | Dr. Kamini Khillan                           |
| 11:15-11:30 AM  | What to transfuse, When & How?   | Dr. Anjeleena Gupta                          |
| 11:30-11:40 AM  | Discussion   |  |
| <b>Session - 3</b>  |  |  |
| 11:45 - 12:30 PM  | Panel Discussion - Transfusion Reactions - What We Need To Know?                               | <b>Moderators:</b><br>Dr. Hem Chandra Pandey |
|   | <b>Panelist:</b><br>Dr. Atul Gogia, Dr. Anshul Grover, Dr. Nitin, Dr. Swati, Dr. Rasika Dhawan |  |
|   | Vote of Thanks   | Dr. Chandra Mansukhani                       |

Hall - B | Time: 12.00 PM - 3.00 PM

## OPTIMISING CAESAREAN SECTION RATES : UTILISING THE QUALITY IMPROVEMENT METHODOLOGY

ORGANISED BY- SAFE MOTHERHOOD AND QI COMMITTEE , AOGD  
DEPARTMENT OF OBSTETRICS & GYNECOLOGY,  
LADY HARDINGE MEDICAL COLLEGE, NEW DELHI

**Convener:** Dr Manju Puri,  
Dr K Aparna Sharma

**Co-Convener:** Dr Shilpi Nain,  
Dr Juhi Bharti

| Time  | Topic  | Speaker            |
|---|--|--------------------|
| <b>Chairpersons:</b> Dr Neerja Bhatla, Dr Asmita Rathore            |  |                    |
| 12:00-12:15 PM  | Introduction and Objectives  | Dr Manju Puri      |
| 12:15-12:35 PM  | Understanding CS Audit   | Dr Nuzhat Aziz     |
| <b>Chairpersons:</b> Dr Achla Batra, Dr Monika Suri (DDU)           |  |                    |
| 12:40-12:55 PM  | <b>Step 1:</b><br>Review of Data and Making an AIM Statement           | Dr Manju Puri      |
| 12:55-1:05 PM   | Modifiable determinants Step 1 : Part 1 Review of Data                 | Dr Shilpi Nain     |
| 1:05-1:15 PM  | Targeting Interventions Step 1: Part 2 Making an Aim Statement         | Dr Nishtha Jaiswal |
| <b>Chairpersons:</b> Dr Taru Gupta (ESI), Dr Shailja Sinha (BMH)    |  |                    |
| 1:20-1:35 PM  | <b>Step 2:</b><br>Analysis of Problem and Identification of Indicators | Dr Sonali Vaid     |
| 1:35-1:45 PM  | Analysis : Application of tool to CS                                   | Dr Anubhuti Rana   |
| 1:45-1:55 PM  | Developing project specific indicators                                 | Dr Juhi Bharti     |
| <b>Chairpersons:</b> Dr Manisha Sharma (HRH), Dr Kavita Gupta (LBS) |  |                    |
| 2:00-2:15 PM  | <b>Step 3:</b><br>PDSA cycles  | Dr Manju Puri      |
| 2:15-2:30 PM  | Understanding PDSA in Relation to Optimizing CS Rates                  | Dr Sonali Vaid     |
| 2:35-2:45 PM  | <b>Step 4:</b><br>Sustaining Changes                                   | Dr Ankur Sooden    |
| 2:45-3:00 PM  | Audience Interaction   |                    |



**POST-LUNCH WORKSHOP****28<sup>th</sup> August, 2021 | Saturday | Day - 2****Hall - A | Time: 2.30 PM - 5.30 PM****PATIENT SAFETY: AN EMERGING  
HEALTHCARE PRIORITY****ORGANISED BY: DEPARTMENT OF OBSTETRICS & GYNAECOLOGY, UCMS & GTB HOSPITAL, DELHI  
(UCMS GOLDEN JUBILEE CELEBRATION YEAR 2021-21)****Convener:** Dr. Amita Suneja,  
Dr. Kiran Guleria**Co-Convener:** Dr. Himsweta Srivastava,  
Dr. Anshuja Singla

| Time  | Topic   | Speaker  |
|---|---|--|
| 2:30- 2:45 PM   | Inauguration & Introductory session   |  |
| <b>Session - 1</b>  |   |  |
| <b>Chairpersons</b> - Dr Ashok Kumar, Dr Achla Batra, Dr Kiran Guleria  |   |  |
| 2:45- 3:15 PM   | Patient safety: The Overview  | Dr AG Radhika  |
|   | Maternity Dashboard: A Strategy to Minimize Patient Risk  | Dr Prachi Renjhan  |
| <b>Session - 2</b>  |   |  |
| <b>Experts</b> : Dr Neelam B Vaid, Dr Amita Suneja                      |   |  |
| 3:15-4:15 PM  | Panel: Improving Patient Safety- Case Based Discussions<br><br><b>Panelists:</b><br>Dr Mala Srivastava, Dr Rinku Sen Gupta,<br>Dr Sonal Bathla, Dr Alka Sehgal, Dr Pikee Saxena | <b>Moderators:</b><br>Dr Himsweta Srivastava,<br>Dr Rashmi Malik |
| <b>Session - 3   Role Play</b>  |   |  |
| <b>Chairpersons</b> - Dr Abha Sharma, Dr Kiran Aggarwal, Dr Ashish Jain |   |  |
| 4:15-5:00 PM  | Patient Identification- Safety Checks   | Dr Seema Prakash<br>Dr Bindiya Gupta                             |
|   | Work Place Behavior   | Dr Rachna Agarwal<br>Dr Alpana Singh                             |
|   | Newborn Identification- Avoiding Havoc  | Dr Balkesh Rathi<br>Dr Sandhya Jain                              |
| <b>Session - 4   Role Play</b>  |   |  |
| <b>Chairpersons:</b> Dr Vanita Suri, Dr Deepti Goswami                  |   |  |
| 5:00-5:15 PM  | Patient for Patient Safety  | Dr Sumita Mehta  |
| 5:15-5:30 PM  | Vote of Thanks  | Dr Anshuja Singla  |

# PUBLIC FORUM ON CONTRACEPTION

*Contraception Enhances Health Of Women & Children,  
Prevents Unintended Pregnancy Reduces Need For Abortion*

**28<sup>th</sup> August, 2021 | 5:30 - 7:00 PM**

|  |   |  |
|--|---|--|
| 5:30 - 5:35 PM                           | Welcome Address   | Dr Asmita Rathore  |
| 5:35 - 5:40 PM                           | Warm Up Zumba   | Zin Aditi Sabharwal Mehta                                      |
| <b>Panel Discussion on Contraception</b> |   | <b>Moderators:</b><br>Dr Anita Sabharwal<br>Dr Poonam Sachdeva |
| 5:40 - 6:40 PM                           | <b>Panelists:</b><br>Dr Kawita Bapat, Dr Veena Acharya, Dr Sneha Bhuyar, Dr Jyoti Sachdeva,<br>Dr Richa Sharma, Dr Manju Chhugani, Dr Pushpa Mishra, Dr Vipin Aggarwal,<br>Dr Pooja Raizada, Dr Rachna Sharma |  |
| 6:40 - 6:50 PM                           | Q & A   |  |
| 6:50 - 6:57 PM                           | ROLE PLAY   | Dr Raksha Arora  |
| 6:57 - 7:00 PM                           | Vote Of Thanks  |  |

You Can Post Your Questions To The Experts & Get Live Answers.  
Also Participants Will Get A Certificate After Registration Which Is Free But Mandatory.



# SCIENTIFIC PROGRAM

29<sup>th</sup> August, 2021 | Sunday | Day - 3

| Time                | Topic   | Speaker  |
|---------------------|---|--|
| 9:15 - 9:45 AM      | <b>Chairperson:</b> Dr Sudha Prasad, Dr Sonia Malik, Dr Manash Biswas   |  |
|                     | <b>Treasuring the Ovaries</b>   |  |
|                     | Ovarian Rejuvenation  | Dr Surveen Ghumman   |
|                     | Ovarian Preservation  | Dr Leena Wadhwa  |
| 9:45 - 10:30 AM     | <b>Panel Discussion:</b><br>Evidence Based Use: Progesterones And Antenatal Steroids<br><b>Panelists:</b> Dr SN Basu, Dr Manju Khemani, Dr Indu Chawla, Dr Mamta Dagar, Dr Chetna Sethi | <b>Moderators:</b><br>Dr Manju Puri<br>Dr Niharika Dhiman      |
| 10:30 - 11:00 AM    | <b>Chairperson:</b> Dr Kamal Buckshee, Dr Neera Agarwal, Dr KK Roy, Dr Sharda Jain  |  |
|                     | <b>Smt. Lilawati Ghai Oration</b><br>Psychosocial Well-Being In Journey To Motherhood   | Dr Achla Batra   |
| 11:00-11:30 AM      | <b>INAUGURATION</b><br><b>Chief Guest:</b> Dr S Dawn, Secretary General, NARCHI India   |  |
| 11:30 AM - 12:00 PM | <b>Chairperson:</b> Dr Sunesh Kumar, Dr Sunita Malik, Dr Manisha Kumar  |  |
|                     | <b>Preventive Obstetrics</b>  |  |
|                     | Early Pregnancy Screening Protocols: Setting The Priorities Right   | Dr Sangeeta Gupta  |
|                     | Every Baby Counts: Stillbirth Prevention & Prediction   | Dr Chanchal Singh  |
| 12:00 - 12:30 PM    | <b>Chairperson:</b> Dr Deepti Goswami, Dr Geeta Mediratta, Dr Malvika Sabharwal   |  |
|                     | <b>Transgenders: Moving Towards Comfort</b>   |  |
|                     | Transgender Care - An Overview  | Dr Asmita Rathore  |
|                     | Role Of Gynaecologist In Transgender Health   | Dr Anjila Aneja  |
| 12:30 - 1:00 PM     | <b>Chairperson:</b> Dr Anjali Tempe, Dr JB Sharma, Dr Anita Sabharwal   |  |
|                     | <b>Embracing The Transitions</b>  |  |
|                     | Disorders Masquerading As PCOS: Diagnostic Algorithms For Adolescents   | Dr Kiran Guleria   |
|                     | Urogynaecological Issues In Climacteric And Beyond  | Dr Ranjana Sharma  |
| 1:00 - 1:40 PM      | <b>Chairperson:</b><br>Dr S N Mukherjee, Dr Veena Acharya, Dr Reva Tripathi, Dr Asmita Rathore  |  |
|                     | <b>Dr S K Das Oration</b><br>Fresh Look at Intrapartum & Neonatal Care  | Sir Sabaratnam Arulkumaran (UK)                                |
| 1:40 - 2:10 PM      | <b>LUNCH</b>  |  |
| 2:10- 2:30 PM       | <b>Chairperson:</b><br>Dr Swaraj Batra, Dr Suneeta Mittal, Dr Anjali Dabral, Dr Ashok Kumar   |  |
|                     | <b>Keynote:</b><br>Vaccination: A Weapon For Eliminating The Two Pandemics- COVID & Cancer  | Dr Neerja Bhatla   |
| 2:30 - 3:15 PM      | <b>Chairperson:</b><br>Dr Sanjeevani Khanna, Dr Ajay Kumar, Dr Seema Thakur, Dr Kishore Rajurkar  |  |
|                     | <b>Towards The Newer Horizons</b>   |  |
|                     | Learn To Live With It: OBGY Services In Post- COVID Era   | Dr Amita Suneja  |
|                     | MTP Act Amendment: Implications For Clinical Practice   | Dr Vijay Zutshi  |
| 3:15 - 4:00 PM      | NEEV (The Neonatal Early Evaluation Vision)   | Dr Seema Kapoor  |
|                     | <b>Panel Discussion:</b><br>Can It Harbor Malignancy - Decision Making<br><b>Panelists:</b> Dr Reena Yadav, Dr Dinesh Kansal, Dr Aruna Nigam, Dr Neena Bahl, Dr Seema Singhal           | <b>Moderators:</b><br>Dr Gauri Gandhi<br>Dr Y M Mala           |
| 4:00 - 4:30 PM      | <b>Moderators:</b> Dr Kanwal Gujral, Dr Pratima Mittal  |  |
|                     | <b>Debate</b><br>Low Risk Pregnancy - Should We Go Beyond EDD   | <b>For:</b> Dr Jyoti Bhaskar<br><b>Against:</b> Dr Jaya Chawla |
| 4:30 PM Onwards     | <b>VALEDICTORY</b>  |  |

# Schedule for Free Communications (Oral)

Chairpersons: **Dr Y M Mala, Dr Latika Sahu, Dr Krishna Agarwal, Dr Nalini B Pandey  
Dr Nilanchali, Dr Shalini Shakarwal**

## Oral Session 1: Perinatal Medicine

Date: 27<sup>th</sup> August, 2021 | Time: 09:00 am - 10:40 am

| S. No. | Oral Session | Name                     | Abstract Title  |
|--------|--------------|--------------------------|---|
| 1      | O-1/1        | Dr Sushree Monika Sahoo  | Serum homocysteine levels in women with unexplained stillbirths   |
| 2      | O-1/2        | Dr Sukanya Sanapala      | Comparison of VBAC and flamm score for the successful TOLAC   |
| 3      | O-1/3        | Dr Harshiba Kaur         | A step towards reducing stillbirths in booked cases in a tertiary care teaching hospital in north india: How many? Why? What to do? |
| 4      | O-1/4        | Dr Kritika Agnihotri     | Effects of maternal exposure to air pollution particulate matter <2.5 Micrometer (pm2.5) on birth weight                            |
| 5      | O-1/5        | Dr Shivangi Shanker      | Does zinc play role in causation of neural tube defects?  |
| 6      | O-1/6        | Dr Lakshmi Shankar       | Comparison of different doses of vitamin D in pregnant women with corona virus disease  |
| 7      | O-1/7        | Dr Benchumi Y Humtsoe    | Role of maternal factors, uterine artery doppler and PLGF in prediction of late onset fetal growth retardation                      |
| 8      | O-1/8        | Dr Ankita Maheshwari     | Antenatal fetal hydronephrosis and pregnancy outcome  |
| 9      | O-1/9        | Dr Rathod Raj Vijaykumar | Maternal and perinatal outcomes in covid-19 positive pregnancy with thyroid disorder: A pilot study                                 |

## Oral Session 2: Benign Gynecological Disorders

Date: 28<sup>th</sup> August, 2021 | Time: 09:00 am - 10:40 am

| S. No. | Oral Session | Name               | Abstract Title  |
|--------|--------------|--------------------|---|
| 1      | O-2/1        | Dr Kajal Sharma    | Correlation of ovarian volume and endometrial pathology in postmenopausal bleeding  |
| 2      | O-2/2        | Dr Suvidya Singh   | Assessment of knowledge, attitude and menstrual practices among adolescent girls  |
| 3      | O-2/3        | Dr Swati Dhar      | Serum zinc levels in patients of polycystic ovarian syndrome compared to BMI matched population   |
| 4      | O-2/4        | Dr Neeraj Jindal   | Comparison of letrozole alone with letrozole and HCG on pregnancy rates in PCOS women with anovulatory infertility: A randomized controlled trial                 |
| 5      | O-2/5        | Dr Bhanu Priya     | Implementation of surgical site infection prevention bundle in gynecological surgeries: A quality control initiative  |
| 6      | O-2/6        | Dr Rakhi Rai       | Comparison of ovarian drilling by harmonic shear and letrozole in infertile women with polycystic ovary syndrome: A pilot prospective randomized controlled trial |
| 7      | O-2/7        | Dr Kanika Chopra   | Insights from client experience with injection medroxyprogesterone acetate (MPA) in india: Lessons from the field.  |
| 8      | O-2/8        | Dr Anupama Bahadur | Evaluate effectiveness of enhanced recovery after surgery (ERAS) versus conventional approach in benign gynaecological surgeries, a randomized controlled trial   |
| 9      | O-2/9        | Dr Monal Garg      | Association of HOXA13 gene expression among premenopausal women with the severity of pelvic organ prolapse: A cross-sectional study                               |
| 10     | O-2/10       | Dr Jyoti Jaiswal   | Prevalence of chronic endometritis in RPL   |

## Oral Session 3: Miscellaneous

Date: 27<sup>th</sup> August, 2021 | Time: 02:30 pm - 04:10 pm

| S. No. | Oral Session | Name                  | Abstract Title   |
|--------|--------------|-----------------------|--|
| 1      | O-3/1        | Dr Guneet Kaur        | The performance of swede score for detection of premalignant and malignant lesions of cervix   |
| 2      | O-3/2        | Dr Srishti Prakash    | Feto-maternal outcomes in pregnant women with epilepsy   |
| 3      | O-3/3        | Prof Archana Mishra   | Comparison of psychological morbidity of health care workers posted in COVID and non COVID labour rooms  |
| 4      | O-3/4        | Dr Rajlaxmi Mundhra   | Diagnostic accuracy of combining CA 125, HE4 and IOTA simple rules in differentiating benign and malignant ovarian tumour                                  |
| 5      | O-3/5        | Dr Perna Tayal        | Comparison of pap test (liquid based cytology) and colposcopy for detection of pre-invasive lesions of the cervix in iatrogenically immunosuppressed women |
| 6      | O-3/6        | Dr Maneesha Jain      | Evaluation of prevalence, risk factors and outcome of GDM in a private setup   |
| 7      | O-3/7        | Dr Sumita Malhotra    | Studying symptomatology of postmenopausal women in rural population of haryana   |
| 8      | O-3/8        | Dr Kirti              | Anemia in pregnancy - The silent pandemic within the pandemic  |
| 9      | O-3/9        | Prof Sanjana N Wadhwa | To show changing trend in caesarean section and neonatal outcome in a tertiary hospital during and before covid pandemic                                   |
| 10     | O-3/10       | Dr Sadhana Singh      | Role of platelet indices in thrombocytopenia in pregnancy  |

## Schedule for Free Communications (Posters)

Chairpersons: **Dr Y M Mala, Dr Latika Sahu, Dr Krishna Agarwal, Dr Nalini B Pandey**  
**Dr Nilanchali, Dr Shalini Shakarwal**

### Poster Session 1: Perinatal Medicine

Date: 27<sup>th</sup> August, 2021 | Time: 04:15 pm - 04:45 pm

| S. No. | Poster Session | Name                          | Abstract Title   |
|--------|----------------|-------------------------------|--|
| 1      | P-1/1          | Dr Manisha Jhirwal            | Fetomaternal outcome in pregnancies complicated by intrahepatic cholestasis  |
| 2      | P-1/2          | Dr Shivangi Mangal            | Initiative to improve the quality of counseling provided to antenatal women admitted to a tertiary government hospital in india: A quality improvement project |
| 3      | P-1/3          | Dr Durga Sai Vathsalya Mamidi | Effect of caesarean delivery on success of breast feeding  |
| 4      | P-1/4          | Dr Garima Maan                | Impact of COVID-19 pandemic on routine antenatal care  |
| 5      | P-1/5          | Dr Nimisha Agrawal            | Guillain barre syndrome in pregnancy and postpartum: Series of two rare presentations  |
| 6      | P-1/6          | Dr Ankita Chonla              | Assessment of knowledge, attitude and practice of contraception among antenatal women in a tertiary care hospital  |
| 7      | P-1/7          | Dr Nishtha Jaiswal            | Rooming-in of COVID-19 suspect mother-newborn dyads: A quality improvement initiative  |
| 8      | P-1/8          | Dr Monisha Ravi               | Effect of bacterial vaginal colonization in low risk women in active labour on preterm birth.  |
| 9      | P-1/9          | Dr Aditi Chawla               | Prevalence and practices of early breastfeeding in vaginal vs cesarean birth: A pilot study  |



## Poster Session 2: Benign Gynecological Disorders

Date: 27<sup>th</sup> August, 2021 | Time: 04:45 pm - 05:15 pm

| S. No. | Poster Session | Name                    | Abstract Title  |
|--------|----------------|-------------------------|---|
| 1      | P-2/1          | Dr Deepika Kashyap      | Approach to deal with dense adhesions between uterus and anterior abdominal wall during total laparoscopic hysterectomy with previous surgeries.                          |
| 2      | P-2/2          | Dr Ashmita Saha         | Establishing the practice of clinical breast examination in all women attending gynecology clinic, as a part of breast cancer screening: A quality improvement initiative |
| 3      | P-2/3          | Dr Pallavi Behl         | Furosemide vs. Amlodipine in postpartum blood pressure control: A double blind randomized clinical trial  |
| 4      | P-2/4          | Dr Himal Singla         | Association between symptomatology and sonographic assessment of structural causes of abnormal uterine bleeding   |
| 5      | P-2/5          | Dr Aayushi Gupta        | Evaluation of factors that can predict live birth in women undergoing their first in-vitro fertilization (IVF) cycle  |
| 6      | P-2/6          | Dr Mallary Chandravadia | Knowledge, attitude and practices of hpv vaccination among female medical students  |
| 7      | P-2/7          | Dr Mukesh               | Contraceptive knowledge, attitude and practice: A tertiary hospital study   |

## Poster Session 3: Miscellaneous

Date: 27<sup>th</sup> August, 2021 | Time: 05:15 pm - 05:45 pm

| S. No. | Poster Session | Name                  | Abstract Title  |
|--------|----------------|-----------------------|---|
| 1      | P-3/1          | Dr Saumya Kulshrestha | Teleconsultation in antenatal women- Sharing our experience   |
| 2      | P-3/2          | Dr Mamta kumari Meena | A survey of knowledge of barrier in cervical cancer in india HPV  |
| 3      | P-3/3          | Dr Monica Sharma      | Kap study on covid vaccination amongst pregnant females   |
| 4      | P-3/4          | Dr Ankita Kumari      | Maternal and perinatal outcomes in COVID positive women with gestational diabetes mellitus  |
| 5      | P-3/5          | Dr Baseerat Kaur      | Hystero-laparo approach to caesarean scar ectopic pregnancy: A case series  |
| 6      | P-3/6          | Dr Pallavi Mourya     | Highly sensitive c-reactive protein as a predictor of severe feature in pregnancy induced hypertension                            |
| 7      | P-3/7          | Dr Minal Kashyap      | Pregnancy following augmentation cystoplasty: Case series of course during four pregnancies in a patient and review of literature |
| 8      | P-3/8          | Dr Nishtha Handa      | Fetomaternal outcomes of fibroid in pregnancy   |
| 9      | P-3/9          | Dr Soumya Darshan     | Study of feto-maternal outcome in patients with previous cesarean section   |

## Poster Session 4: Case Reports

Date: 27<sup>th</sup> August, 2021, Time: 10:45 - 11:30 am

Date: 28<sup>th</sup> August, 2021 | Time: 10:45 - 11:30 am | Date: 28<sup>th</sup> August, 2021 | Time: 03:30 pm - 05:30 pm

| S. No. | Poster Session | Name                | Abstract Title   |
|--------|----------------|---------------------|--|
| 1      | P-4/1          | Dr Shreya Gautam    | Case report on pregnancy with multiple leiomyoma's                               |
| 2      | P-4/2          | Dr Sonal Sangwan    | Genital TB presenting as deep vein thrombosis                                    |
| 3      | P-4/3          | Dr Padmini Kumari   | Mucinous cystadenoma complicating pregnancy                                      |
| 4      | P-4/4          | Dr Shikha Sharma    | Laparoscopic management of utero-cutaneous fistula                               |
| 5      | P-4/5          | Dr Vaishali Gautam  | A rare case report of massive ovarian mucinous cystadenoma in a 12 year old girl |
| 6      | P-4/6          | Dr Kaloni Subramani | Triple the ovaries - Triple the boon or bane!                                    |
| 7      | P-4/7          | Dr Anshul Grover    | Acute vaginitis- A rare case of labial adhesions                                 |

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|----|--------|------------------------|--|
| 8  | P-4/8  | Dr Shaheen             | Adnexal torsion  |
| 9  | P-4/9  | Dr Sara Guleria        | Carcinoma larynx in pregnancy  |
| 10 | P-4/10 | Dr Payal Dey           | Ulipristal acetate: Should it be used before myomectomy  |
| 11 | P-4/11 | Dr Priyanka Yadav      | Induced septic abortions- A life threatening complication even in modern era   |
| 12 | P-4/12 | Dr Somya Gupta         | Unusual finding of ovarian serous cystadenoma in an adolescent girl  |
| 13 | P-4/13 | Dr P Soumya Singh      | A curious case of acute coagulopathy of pregnancy  |
| 14 | P-4/14 | Dr Meena Parihar       | Primary fallopian tube carcinoma - Clinical diagnostic dilemma   |
| 15 | P-4/15 | Dr Deepika Kashyap     | Make way through adhesions   |
| 16 | P-4/16 | Dr Ria Katwala         | The abdomen- A human pandora's box   |
| 17 | P-4/17 | Dr Bhawana Meena       | Recurrence of osteogenesis imperfecta type II in normal parents: rare but possible   |
| 18 | P-4/18 | Dr Ankita Mann         | Pearl syndrome: A cardio facial syndrome   |
| 19 | P-4/19 | Dr Deeksha             | Multiple jeopardy in pregnancy: A case of pregnant woman with autoimmune poly-glandular syndrome type 3                          |
| 20 | P-4/20 | Dr Taslim Mansuri      | Gestational trophoblastic neoplasm - A rare case report  |
| 21 | P-4/21 | Dr Sakshi Lalwani      | A case of non immune hydrops fetalis. Is it multiple pterygium syndrome  |
| 22 | P-4/22 | Dr Saambhavi           | A rare case of hypertriglyceridemia of pregnancy   |
| 23 | P-4/23 | Dr K Sravani Reddy     | A rare case of congenital chylothorax: Successful outcome  |
| 24 | P-4/24 | Dr Ankita Agarwal      | Isthmocele due to genital tuberculosis leading to delayed and massive secondary postpartum hemorrhage: A diagnostic dilemma      |
| 25 | P-4/25 | Dr Banashree Nath      | Lithopedion diagnosed during infertility workup: A case report   |
| 26 | P-4/26 | Dr Surbhi Joshi        | Post-partum vaginal hematoma formation due to anticoagulation  |
| 27 | P-4/27 | Dr Priyanka Das        | A novel laparoscopy guided approach to myomectomy of a giant cervical leiomyoma: Surgical strike and surgeons plight.            |
| 28 | P-4/28 | Dr Anupriya Narain     | Large vulvovaginal hematoma managed with arterial embolization: Review of a rare approach  |
| 29 | P-4/29 | Dr Arpita De           | Huge abdominopelvic mass arising from cervical fibroid around a cervical diverticulum: A case report and a review of literature. |
| 30 | P-4/30 | Dr Uma Singh           | Management of ruptured ectopic pregnancy on anticoagulation therapy-report of rare case and review of literature                 |
| 31 | P-4/31 | Dr Barkha Vats         | Placental pathology in a COVID positive patient with abruptio placentae  |
| 32 | P-4/32 | Dr Niku Mandal         | Cryptococcal meningo-encephalitis in pregnant women with covid-19; dreaded disease with fatal outcome                            |
| 33 | P-4/33 | Dr Anapti Anil         | Successful pregnancy outcomes in pregnancy with chronic myeloid leukemia (CML)   |
| 34 | P-4/34 | Dr Sakshi Aggarwal     | Successful outcome of pregnancy with guillain barre syndrome: Report of a rare case and review of literature                     |
| 35 | P-4/35 | Dr Kavitha N           | An ovarian dermoid masquerading as ambiguous genitalia: A clinical conundrum   |
| 36 | P-4/36 | Dr Ankita Srivastava   | Rare case of EIN in young nulliparous woman  |
| 37 | P-4/37 | Dr Aprajita Gupta      | Minilap or laparoscopy: Which is better to prevent recurrence in case of multiple cystic teratomas?                              |
| 38 | P-4/38 | Dr Kumari Viplavi      | A case of hereditary spherocytosis in pregnancy managed conservatively   |
| 39 | P-4/39 | Dr Aishwarya Chaudhari | Pregnancy in a woman with dilated cardiomyopathy and very low ejection fraction: A fallout of covid pandemic                     |
| 40 | P-4/40 | Ms Kandapu Mounika     | Exit procedure in pregnancy with fetal cystic hygroma  |
| 41 | P-4/41 | Dr Priyadarshini Nayak | Vestibular schwannoma and severe covid at full term pregnancy: A double whammy   |

|    |        |                            |   |
|----|--------|----------------------------|---|
| 42 | P-4/42 | Dr Chinthala Sai Charishma | A rare presentation of cerebral tuberculoma in pregnancy  |
| 43 | P-4/43 | Dr Nitisha Verma           | Perimortem cesarean section - Always be on your toes!   |
| 44 | P-4/44 | Dr Vaishnavi Jayaram       | Metastatic yolk sac tumour: A diagnostic dilemma  |
| 45 | P-4/45 | Dr Neha Khatri             | Unusual presentation of pott disease in pregnancy as a massive subcutaneous lumbosacral abscess.  |
| 46 | P-4/46 | Dr Arpita Joshi            | A rare presentation: Vulval leiomyosarcoma with incidental endometrial adenocarcinoma   |
| 47 | P-4/47 | Dr Bandana Bharali         | Discordant findings in an abdominopelvic mass- Dilemmas in management   |
| 48 | P-4/48 | Dr Apoorva Hans            | Acute promyelocytic leukemia in COVID-19 positive pregnant patient: A rare case   |
| 49 | P-4/49 | Dr Tanu Sharma             | Pyometra drainage   |
| 50 | P-4/50 | Dr Divya Meena             | Pregnancy with lower segment fibroid  |
| 51 | P-4/51 | Dr Madhu Shree R G         | Optimizing thyroid status- A crucial step in management of molar pregnancy  |
| 52 | P-4/52 | Dr Lekshmi S A             | Diagnostic dilemma in a nulliparous female with adnexal mass  |
| 53 | P-4/53 | Dr Guguloth Chaithanya     | A rare case report of diaphragmatic hernia in pregnancy   |
| 54 | P-4/54 | Dr Kiran Sri Chittala      | Use of NIV during labour in a pregnant patient with severe covid disease - A gynecologist's perspective   |
| 55 | P-4/55 | Dr Rohini Gaonkar          | Pregnancy with torsion of paraovarian cyst- A rare event  |
| 56 | P-4/56 | Dr Deepali Garg            | Pregnancy outcome with ventriculo-peritoneal shunt in situ: A series of two cases   |
| 57 | P-4/57 | Dr Shweta Varun            | Successful pregnancy outcome following fetal reduction for anomalous twin.  |
| 58 | P-4/58 | Dr Vijaita                 | Rare case report of pregnancy with non-cirrhotic portal hypertension -successful outcome  |
| 59 | P-4/59 | Dr Sivalakshmi Ramu        | Post-curettage uterine arterio-venous malformation: A series of successfully managed cases  |
| 60 | P-4/60 | Dr Shabnam Firdous         | The tale of a bicornuate uterus with ruptured horn with placenta increta  |
| 61 | P-4/61 | Dr Rachita Garg            | Cutaneous lesions in pregnancy - A rare case of pemphigoid gestationalis  |
| 62 | P-4/62 | Dr Anuradha Sharma         | Near fatal hypersensitivity reaction to iron sucrose  |
| 63 | P-4/63 | Dr Bhagyashree Singh       | Rare case of pregnancy with acute lymphoblastic leukemia (ALL-B)  |
| 64 | P-4/64 | Dr Priyanka Lader          | Pregnancy related AKI (PRAKI) and maternal near miss following lower segment caesarean section.   |
| 65 | P-4/65 | Dr Garima Singh            | Complete urethral avulsion: Unusual and debilitating complication of obstructed labor   |
| 66 | P-4/66 | Dr Vidushi Gupta           | Pregnancy with von recklinghausen's disease: A case report  |
| 67 | P-4/67 | Dr Sandhya K S             | Androgen insensitivity syndrome   |
| 68 | P-4/68 | Dr Tarang Preet Kaur       | A rare cause of secondary amenorrhea and hematometra resulting from labial adhesions caused by pemphigus vulgaris: A case report and review of literature |
| 69 | P-4/69 | Dr Srishti Chandra         | Chronic uterine inversion - Rare case report and it's unique approach   |
| 70 | P-4/70 | Dr Kavita Sharma           | A bolt from the blue for an obstetrician: A case series of life threatening surgical emergencies following evacuation of unwanted pregnancy               |

# Abstracts

## Oral Paper Presentation

### Perinatal Medicine

#### Oral Session 1

Date: 27<sup>th</sup> August, 2021 | Time: 09:00 am - 10:40 am

[O-1/1]

### Serum Homocysteine Levels in Women with Unexplained Stillbirths

**Sushree Monika Sahoo, Sudha Prasad, B C Koner**

**Sangeeta Gupta**

Department of Obstetrics and Gynecology  
Vardhaman Mahavir Medical College, SJH, Delhi, India

**Aim:** To study the association of maternal serum homocysteine level with unexplained stillbirths.

#### Objectives

1. To study the level of homocysteine in serum of women with unexplained stillborn fetuses.
2. To compare the same with serum homocysteine of low-risk women delivering healthy babies.

**Materials and Methods:** We conducted a pilot case-control study. 35 patients with singleton pregnancy with a period of gestation of more than 28 weeks and intrauterine death were recruited as cases and 35 low risk patients delivering live appropriate for gestation babies as controls. Serum homocysteine levels were measured using commercially available kit. Placenta of the cases and controls were sent for histopathology examination.

**Results:** The birth weights (p value 0.02) and placental weights (p value < 0.001) of the stillborn foetuses were significantly lower than control group. The mean homocysteine level of women with unexplained stillbirths was found to be higher than that of the control group though not reach statistically significant (p value 0.14). Except for one case, we did not find an abnormal histopathology on the compound microscopic examination of the placentas of the women with stillbirth as well as the control group.

**Conclusion:** There was no significant association between maternal serum homocysteine level and unexplained stillbirth. Since a substantial and folate-independent reduction in total homocysteine occurs during pregnancy, total homocysteine may be a better biomarker of future pregnancy outcomes when measured in the non-pregnant state microscopic examination of the placentas of the women with stillbirth as well as the control group.

[O-1/2]

### Comparison of VABC and flamm score for successful TOLAC

**Sukanya Samapala, Anjali Dabral, Anita Kumar**

Department of Obstetrics and Gynecology  
Vardhaman Mahavir Medical College, SJH, Delhi, India

**Introduction:** Cesarean delivery rates have increased dramatically worldwide. In an attempt to reduce the rate of cesarean section, obstetricians offer a trial of labor to pregnant women who have had a previous 1 lower segment cesarean section (LSCS). Although a trial of labor after cesarean, (TOLAC) has its own benefits and risk; various scores assess its success and safety. We have compared two scores named VBAC and Flamm to assess the eligibility and success of patients for TOLAC.

**Objective:** To compare the VBAC and Flamm scores for the success of the Trial of labour after Cesarean Section (TOLAC).

**Methods:** We performed a prospective observational cohort study on 200 women of our hospital who have had an LSCS, over a period of 6 months from January 2021 to June 2021.

**Results:** A total of 200 women of previous LSCS were recruited and were counselled regarding the TOLAC, 50 patients consented for TOLAC out of which 45(90%) patients had success full VBAC. The patients with FLAMM score of 5 and above had success full VBAC, but VBAC score was not very sensitive in identifying patients for successful TOLAC. A major drawback of VBAC score was that it needed previous cesarean section records and cervical findings during present pregnancy are not taken into consideration.

**Conclusion:** Flamm score is most reliable for the TOLAC, the score of 5 and above having 90% success rate.

[O-1/3]

### A Step Towards Reducing Stillbirths in Booked Cases in a Tertiary Care Teaching Hospital in North India: How many? Why? What to do?

**Harshiba Kaur, Sangeeta Gupta**

Department of Obstetrics and Gynecology, Maulana Azad Medical College & Lok Nayak Hospital, Delhi, India

**Aims & Objectives:** To identify the causes of stillbirths in all the booked deliveries in our hospital over a period of 1 year, determine deficiencies in care and recommend strategies to reduce stillbirths

**Materials and Methods:** Retrospective study carried out in MAMC and LNH. Sample taken was Medical Records of all booked cases, who delivered a stillborn in our institute in 2019. Cause of stillbirth, was noted and classified according to the ReCODE classification. The stillbirths were divided into

preventable and non-preventable and deficiency of care was recognized in the preventable stillbirths. A recommendation was suggested based on the deficiency.

**Results:** Out of a total 10,296 births (live +stillbirths), there were 272 stillbirths making the still birth rate to be 26.4 per 1000 births, in our hospital in 2019. Out of the 272 stillbirths, 144 (53%) were booked cases. The most common group of causes was fetal cause (56.3%) out of which the most common cause of stillbirth was fetal growth restriction (32.3%), followed by congenital lethal anomalies (21.1%)(possibly, as our center is the regional referral center for fetal medicine cases).

**Conclusion:** The most common identifiable deficiency in care was inability to identify FGR in third trimester (late onset) resulting in antepartum or intrapartum hypoxia and fetal demise. We suggested recommendations on how to reduce the incidence of missing FGRs and preventing stillbirths in these cases.

[O-1/4]

## Effects of Maternal Exposure to Air Pollution Particulate Matter <2.5 Micrometer (PM<sub>2.5</sub>) on Birth Weight

**Kritika Agnihotri, Kiran Guleria**

**Himsweta Srivastava**

Department of Obstetrics and Gynaecology  
UCMS & GTB Hospital, Delhi, India

**Introduction:** Prenatal exposure to a variety of air pollutants like particulate matter (PM<sub>2.5</sub>) makes a fetus susceptible to growth restriction, low birth weight, preterm birth, stillbirth and malformations.

**Objective:** To estimate ambient and personal exposure - response relationship of prenatal exposure to air pollutant PM<sub>2.5</sub> on birth weight.

**Methods:** This prospective experimental study included forty women with singleton, low risk pregnancy <15week gestation at recruitment. Participants wore two personal sensors (Airspeck-P, for real time exposure levels and RESpeck for breathing and physical activity) for a continuous period of 24 hours in each trimester. Two stationary sensors (Airspeck-P) were placed, one in participant's house and one outside for ambient PM<sub>2.5</sub> exposures. Serial scans were done for fetal growth and birth weight recorded. The personal and ambient PM<sub>2.5</sub> exposures were correlated with birth weight.

**Results:** With increase in PM<sub>2.5</sub> exposure, birth weight decreased proportionately [correlation coefficient -0.053 for personal (p-value 0.851), -0.324 for residential (p-value 0.259), -0.505 for ambient (p-value 0.094)]. The correlation was strongest for second trimester personal exposure (correlation coefficient -1.0).

**Conclusion:** PM<sub>2.5</sub> exposure during pregnancy is associated with low birth weight. Thus, it is crucial to adopt strategies to reduce the personal and ambient air (PM<sub>2.5</sub>) pollution exposure of mothers to save the future generation

[O-1/5]

## Does Zinc Play Role in Causation of Neural Tube Defects?

**Shivangi Shanker, Manisha Kumar, Rajeev Goyal**

Department of Obstetrics and Gynecology  
Lady Hardinge Medical College, Delhi, India

**Introduction:** Neural tube defects (NTDs) in India have a higher incidence of 8.211000/ live birth. Although there is much evidence to suggest that the incidence of NTDs could be reduced by folic acid supplements but there may be other nutritional factors that contribute to etiology of NTDs because folic acid supplementation have not eliminated all NTDs. Recent studies shows that low levels of zinc may lead to NTDs but there is paucity of Indian data on this subject.

**Objective:** This study aimed to compare serum zinc, vitamin B12 and folate levels in antenatal women with and without fetal neural tube defect.

**Methods:** A case control study was conducted in Lady Hardinge Medical College and SSKH, from November 2019 to March 2021. 100 antenatal women with detection of fetal neural tube defect on ultrasound in the second trimester of pregnancy and a control group of 100 antenatal women with structurally normal fetus on ultrasound in second trimester of pregnancy and willing to take part in the study and concurrently serum zinc, vitamin B12 and folate levels were compared in both groups.

**Results:** The mean serum level of vitamin B12 among cases was 121.57 pmol/L and that among controls was 171.07 pmol/L (p value=0.0007) while mean serum folic acid level among cases and controls was 23.46 nmol/lit and 19.07nmol/L (p value is 0.08) respectively. The mean serum zinc level was 81.39µgm/dL among cases and 160.87µgm/dL among controls (p value <0.0001). Thus, the mean serum level of vitamin B12 and zinc was less in cases than controls.

**Conclusion:** Antenatal women with fetal NTDs were vitamin B12 and zinc deficient. The mean serum Vitamin B12 and zinc levels were significantly lower in cases compared to controls. Folic acid level among cases were in normal range.

[O-1/6]

## Comparison of Different Doses of Vitamin D in Pregnant Women with Corona Virus Disease: A randomized controlled trial

**Y M Mala, Shakun Tyagi, Lakshmi Shankar**

**Poonam Sachdeva, Anupriya Narain**

**Nalini B Pandey**

Department of Obstetrics and Gynecology, Maulana Azad Medical College and Lok Nayak Hospital, Delhi, India

**Objective:** Comparison of supplemental & therapeutic dose of Vitamin D administration on Covid-19 progression in antenatal women deficient in Vitamin D.

**Materials & Methods:** Eighty-seven COVID-19 positive pregnant women with Vitamin D levels less than 30 ng/ml were randomized into two groups. One group was given therapeutic dose (60,000



IU/weekly) and other group a supplemental dose (500 IU/day) of Vitamin D. Progression of disease was assessed by clinical, biochemical parameters & total duration of COVID positive status.

**Results:** The mean Vitamin D level was 19ng/ml. The mean duration of COVID positivity was more in patients of the supplemental group than those in the therapeutic group (11 vs 9 days, P-value 0.54). The derangements in liver function (0 vs 5.4%) & coagulation profile (8.1% vs 17.9%) was less in patients who received therapeutic dose but the difference was not statistically significant.

**Conclusion:** Vitamin D is a well-known immunomodulator and its deficiency is seen to be associated with progression to severe pneumonia. In our study, the prognosis of patients who received therapeutic dose was better compared to those given supplemental dose; however, study on a larger population is needed to derive significant results.

[O-1/7]

## Role of Maternal Factors, Uterine Artery Doppler and PLGF in Prediction of Late Onset Fetal Growth Restriction

**Benchumi Y Humtsoe, Manisha Kumar**

**Kirti Balyan**

Department of Obstetrics and Gynecology  
Lady Hardinge Medical College, New Delhi

**Introduction:** Foetal growth restriction is one of the leading cause of perinatal mortality and morbidity in newborns. It is a complex multifactorial condition resulting foetal and maternal disorders. Late onset fetal growth restriction (LO FGR) is said to occur when growth restriction occurs after 32 weeks of gestation. The main hurdle in the management of LO FGR is its failure of detection. Its adequate prediction by markers would help in risk stratification, providing more vigilance to those who are at high risk and less in low risk cases.

**Objective:** This study aimed to compare maternal factors at 28 – 30 weeks gestation along with uterine artery doppler and biomarkers alone and in combination among women with late onset foetal growth restriction (LO FGR) and those with adequate for gestational age (AGA) fetus.

**Methods:** A prospective cohort study funded by DHR ICMR and was conducted from November 2019 to March 2021 after ethical clearance. Total 205 cases selected for study, a detailed history, clinical examination, uterine artery PI (Ut A. PI) and biomarker PIGF estimation was done at 2830- weeks of gestation. The women were followed at regular intervals till delivery. Those with late onset FGR were cases and those with normal outcome were controls. The cases and controls were compared with respect to the variables.

**Results:** Total 205 cases were fully followed, 4220.5) 205/ %) were LO FGR. Among LO FGR 716.7%) 42/) had preterm delivery and 1023.8) 42/) were admitted to NICU. Average birth weight was 2205 gm among cases whereas 2822 gm among controls with significant difference between them. There was no significant difference in maternal factors like age, gravidity, BMI, MAP among cases and controls (p >.05). There was significant difference in Ut A. PI among cases and controls at 2830- weeks

(p = 0.020). The mean PIGF level among cases was 425.5 pg/ml whereas was 459.4 pg/ml among controls with no significant difference between the groups (p=0.523).

**Conclusion:** The maternal factors and PIGF levels did not play a major role in prediction of LO FGR, however high uterine artery Doppler could be a potential marker for the possibility of LO FGR.

[O-1/8]

## Antenatal Fetal Hydronephrosis and Pregnancy Outcome

**Ankita Maheshwari, Chinmayee Rath**

Resolution Fetal Medicine Centre and  
Research Institute, Hyderabad

**Aims and Objectives:** Fetal hydronephrosis is the most common fetal anomaly detected during mid-trimester prenatal scan. The aim of this study was to assess postnatal outcome in relation to the grade of fetal hydronephrosis found on prenatal ultrasound examination.

**Material and Methods:** All pregnant women with period of gestation 18 weeks or more during a period of Jan 1, 2019 to March 31, 2021 were included in study. Those whose fetuses had unilateral or bilateral hydronephrosis and single intrauterine fetus were taken as cases. Postnatal outcome was assessed in terms of need of surgery for various reasons or use of prolong antibiotics for urinary tract infection.

**Results:** Out of total 88 fetuses with hydronephrosis, 73 (83%) fetuses were classified as UTD A1 and 15 (17%) were classified as UTD A23-. Fetuses with UTD A1 (73), 8.8% received post-natal antibiotics for recurrent urinary tract intervention and no fetus needed surgical intervention. Out of all fetuses with UTD A215)3-), all needed postnatal intervention either in form of postnatal antibiotics (46.7%) or surgery for posterior urethral valve/ vesicourethral reflux (53.3%). The difference in outcome between the groups was statistically significant (P = 0.002).

**Conclusion:** Milder degree of fetal urinary tract dilatation runs a benign course or many at times it can be physiological dilatation only. This can help in reassuring parents and reducing their anxiety. On the contrary with multidisciplinary approach, early and apt management may help in higher degree of dilatation.

[O-1/9]

## Maternal and Perinatal Outcomes in Covid-19 Positive Pregnancy with Thyroid Disorder: A pilot study

**Rathod Raj, Vijaykumar, Latika Sahu**

Department of Obstetrics and Gynecology, Maulana Azad  
Medical College and Lok Nayak Hospital, Delhi, India

**Introduction:** The novel coronavirus disease 2019 (COVID-19) is associated with adverse outcomes with increasing severity of disease. Uncontrolled thyroid disorder causes many adverse maternal outcomes like gestational hypertension, increased cesarean section rates. Fetal adverse outcomes like low birth weight, neuro-cognitive impairment. As no data is available regarding the impact of both Covid-19 and thyroid disorders in pregnancy, this study was conducted to fill the void.



**Objective:** To study any increased risk of adverse maternal and perinatal outcomes in Covid-19 positive pregnant patients with thyroid disorder.

**Methology:** All antenatal patients in third trimester or delivered patients admitted in our centre between April to December, 2020 with thyroid disorder with COVID-19 positive result were prospectively enrolled in the study.

**Results:** Out of the 32 total cases, 23 were subclinical hypothyroidism (72%), 7 overt hypothyroidism (21%) and two hyperthyroidism (6.25%). All were either asymptomatic or mild Covid category. 12 cases were delivered via LSCS, making cesarean rate 37.5%. As per maternal adverse outcomes, 5 cases of gestational hypertension (15%), 3 severe pre-eclampsia (9.3%), three anaemia (9.3%), two IHCP cases (6.2%) noted. As per neonatal outcomes, 0, 1,5minute APGAR was normal and all tested negative for Covid. Three had low birth weight (9.3%) and NICU admission in 8 cases (25%), but no stillbirth or neonatal mortality.

**Conclusion:** Patients with mild Covid infection with controlled thyroid disorder had favorable maternal and perinatal outcomes. Maternal and perinatal morbidity were managed successfully with adequate antenatal and postnatal care with no cases of maternal and perinatal mortality

## Benign Gynecological Disease

### Oral Session 2

Date: 28<sup>th</sup> August, 2021 | Time: 09:00 am - 10:40 am

[O-2/1]

## Correlation of Ovarian Volume and Endometrial Pathology in Postmenopausal Bleeding

**Kajal Sharma, Pikee Saxena**

Lady Hardinge Medical College, Delhi

**Introduction:** Endometrial cancer is the second most common gynecological malignancy in the developing nations. It is well known that the endometrium irrespective of reproductive or menopausal status responds to circulating estrogen. Postmenopausal ovaries consist largely of stroma, which includes hormone synthesizing cells. Larger ovaries were more likely to contain luteinized cells and hilar cells, overall suggesting a link between size and potential for hormone synthesis.

**Objective:** A prospective observational and analytical study was conducted in which association between average ovarian volume and endometrial pathology was studied in women with postmenopausal bleeding.

**Methods:** 100 women with a normal PAPS smear were recruited out of 120 women with postmenopausal bleeding. Average ovarian volume and endometrial thickness were measured on transvaginal ultrasound, endometrial sampling was performed and the ultrasound findings were then correlated with the histopathological findings. The cutoff for ovarian volume was kept to be 3.5cc based on a previous study and that for endometrial thickness was kept to be 4mm.

**Results:** Out of total 100 endometrial biopsy samples, 80% of the histopathology reports were found to be benign lesions and remaining 20% had a malignant pathology. The mean of AOV in Benign group was 3.98cc (1.75), while for Malignant group it was 7.38cc. The mean endometrial thickness for benign group was 5.62, while it was 17.55 for malignant group. There was a significant difference between the two groups in terms of endometrial thickness ( $W = 43.50, p < 0.001$ ). Linear regression analysis showed an association between average ovarian volume and premalignant and malignant endometrial conditions ( $W = 137.000, p = < 0.001$ ). The cutoff of endometrial thickness in present study was calculated to be 8.75mm, it predicts endometrial malignancy with a sensitivity of 100%, and a specificity of 86%. The cutoff of average ovarian volume in present study was calculated to be 5.3cc. At a cutoff of AOV (cc)  $> 5.32$ cc, it predicts endometrial biopsy to be malignant with a sensitivity of 90%, and a specificity of 84%. At this cutoff value NPV was 97% and PPV was 58%.

**Conclusion:** Ovarian volume measurements can be used as an adjunct to endometrial thickness in ruling out endometrial carcinoma in women with postmenopausal bleeding.

[O-2/2]

## Assessment of Knowledge, Attitude and Menstrual Practices Among Adolescent Girls

**Suvidya Singh, Naseema, Rohan Sharma**

**Chetna Sethi, Sangeeta Gupta**

Maulana Azad Medical College and  
Lok Nayak Hospital, New Delhi, India

**Introduction:** Menstruation is a physiological process but it is surrounded with social taboos and supernatural beliefs. This poor knowledge has led to a lot of unsafe practices.

**Objective:** Aim is to assess knowledge regarding menstruation and menstrual hygiene in adolescent girl and to find out practice of menstrual hygiene among them.

**Methods:** This is a cross-sectional study conducted among adolescent girls via self-made questionnaire. A adolescent girls of 10-19 years who have attained menarche. Participants who will not complete the questionnaire will be excluded. The collected data will be entered in Microsoft Excel and then will be analysed.

**Results:** An interim result for 499 responses has been analysed. Out of 499 girls who participated in the study 49% were 13-15 years age and 37% 16-18 years age. 92% of the participants attend school. 85% of the participants believe that menses is a normal process and 80% of the participants believe that hormones are the cause of menses. Around 45% participants miss school during menses. Almost 56% of the participants in the study denied visiting holy places during menses. We are still accepting responses and the final analysis will be done after that.

**Conclusions:** Effort must be taken to bring about change in myths and misconception concerning menstruation, so as to develop and promote menstrual hygiene and practice.

[O-2/3]

## Serum Zinc Levels in Patients of Polycystic Ovarian Syndrome Compared to BMI Matched Population

**Swati Dhar, Reena Yadav, Anju Jain**

Lady Hardinge Medical College, Delhi, India

**Introduction:** Polycystic ovarian syndrome is a heterogeneous disorder characterised by hyper-androgenism and ovarian dysfunction. Although the pathogenesis of this disorder is unclear and multifactorial, insulin resistance and chronic inflammation are often implicated. Zinc plays a crucial part in insulin homeostasis and also influences the activity of various antioxidant enzymes. Therefore its deficiency might play a role in the development of PCOS.

**Objective:** This study aimed to compare the levels of zinc in women with and without pcos to help determine if it plays a role in disease etiopathogenesis.

**Methods:** A cross sectional study was conducted in lady hardinge medical college and sskh, from november 2019 to march 2021. 50 women aged between 18-35 years were diagnosed with pcos based on rotterdam's criteria and concurrently serum zinc levels were estimated. Bmi matched control group was taken for comparison.

**Results:** Mean serum zinc levels in both groups were compared and found to be significantly lower in the pcos group ( $p=0.01186$ ) compared to controls.

**Conclusion:** Serum zinc levels were found to be significantly lower in the PCOS group as compared to non-pcos group in our study, suggesting a likely role of zinc in the etiopathogenesis of PCOS. Larger studies or trials with zinc supplementation could further help in determining clinical relevance of the same.

[O-2/4]

## Comparison of Letrozole Alone with Letrozole and HCG on Pregnancy Rate in PCOS Women with Anovulatory Infertility: A randomised controlled trial

**Neeraj Jindal, Manju Puri**

Lady Hardinge Medical College, Delhi, India

**Aim:** To study whether adding HCG to Letrozole for ovulation induction increases the pregnancy rate in anovulatory infertile PCOS women.

**Objectives:** Primary objective: To compare the pregnancy rate in anovulatory infertile PCOS women treated with Letrozole alone to Letrozole with HCG. Secondary objective: To compare the d21 serum progesterone levels and luteal phase length in both groups.

**Methodology:** 60 women were randomly divided into two groups: group a and group B. Group a received Letrozole alone and group b Letrozole with HCG trigger. Letrozole in the dose of 2.5 mg /day orally starting on d3 of menstrual cycle for 5 consecutive days will be given to both groups and group b will receive 5000 iu of hcg injection along with letrozole at a follicle

size of >18mm and pregnancy rates were compared in these two groups.

**Results:** In present study, overall ovulation rate was 80% and pregnancy rate was 37.5%. In our study, the pregnancy rate in Letrozole only group was 34.7% and Letrozole + HCG was 40% and there is no difference in the pregnancy outcome in both groups. ( $p=0.2912$ ).

**Conclusion:** Addition of HCG to Letrozole ovulation induction therapy does not appear to improve pregnancy rates and d 21 progesterone levels in women with anovulatory infertility in PCOS women during natural intercourse advised cycles. Thus, either intercourse on alternate days from day 12 of the cycle or timed intercourse after HCG injection would not result in significant difference in pregnancy rates. Moreover it will increase the cost of treatment and stress and number of visits to the hospital to the patient.

[O-2/5]

## Implementation of Surgical Site Infection Prevention Bundle in Gynecological Surgeries: A quality control initiative

**Bhanu Priya<sup>1</sup>, Shalini Rajaram<sup>2</sup>, Sandhya Jain<sup>1</sup> Bindiya Gupta<sup>1</sup>, Anshuja Singla<sup>1</sup>**

<sup>1</sup>Department of Obstetrics and Gynaecology, Guru Teg Bahadur Hospital and University College of Medical Sciences, Delhi, India, <sup>2</sup>Department of Obstetrics and Gynaecology, All India Institute of Medical Sciences, Rishikesh, Uttarakhand, India

**Aims and Objective:** To determine whether surgical site infection (SSI) prevention bundle reduces the risk of SSI by 30 days postoperatively compared with the standard hospital protocol.

**Material and Methods:** It was a randomized control trial conducted from January 2019 to May 2020. All women who underwent elective gynecologic surgery were included. The women in the intervention group received the patient education; preoperative antibacterial soap; appropriate antibiotic prophylaxis; closing pan which included change of gloves and use of clean instruments at surgical closure; surgical dressing at 48 hours. The control group received the standard treatment as per hospital protocol. The primary outcome was the rate of SSI by 30 days postoperatively. Secondary outcomes included the risk factors for SSI, post operative infectious morbidity like fever, wound dehiscence, resuturing, and duration of hospital stay.

**Results:** Total 192 women were randomized for the study, 94 were assigned for the intervention group and 98 to the control group. Among the 192 women, nine in intervention group and 13 in control group were lost to follow up. The SSI rate at 30 days after surgery was 8 /85 (9.5%) in intervention group and 22/85 (25.8%) in control group ( $p$  value=0.005; RR=0.36;95% confidence interval [CI], 0.17-0.77). The relative risk reduction of SSI was 64% ( $p$  value=0.005) after bundle was implemented. In subgroup analysis, the primary outcomes were affected by the subgroups like age, co morbidities and operative characteristics.

**Conclusion:** SSI prevention bundle intervention led to significant decrease in overall SSI rate in electively planned gynecological surgeries.

[O-2/6]

## **Comparison of Ovarian Drilling by Harmonic Shear and Letrozole in Infertile Women with Polycystic Ovary Syndrome: A pilot prospective randomized controlled trial**

**Rakhi Rai, Kallol Kumar Roy, Manisha Bansal  
Juhi Bharti, Rinchen Zangmo**  
AIIMS, New Delhi, India

**Introduction:** The commonest cause of anovulatory infertility is Polycystic ovary syndrome. The main aim of infertility treatment in these patients is to give effective and safe ovulation induction. Letrozole is superior to clomiphene citrate with respect to ovulation and pregnancy rate with higher live birth rate. Laparoscopic ovarian drilling may decrease the requirement for medical ovulation induction with reduced risks of ovarian hyperstimulation syndrome and multiple pregnancy. The major concerns with use of ovarian drilling is unintentional diminution of ovarian reserve and postoperative adhesion formation.

**Objective:** We planned this study to compare ovarian drilling by harmonic scalpel with letrozole in infertile PCOS patients as a first line of management.

**Methodology:** Eighty infertile PCOS patients were recruited and randomised into 2 groups: one group received letrozole as first line and another group underwent laparoscopic ovarian drilling as first line treatment for ovulation induction.

**Results:** Both the groups were comparable in terms of age, BMI, presentation, hormonal profile and ovarian characteristics. There was no statistically significant difference in the biochemical response, ovulation rates, conception rates, miscarriage rates and take-home baby rates between the two groups.

**Conclusion:** Laparoscopic ovarian drilling by harmonic shear causes minimal ovarian tissue destruction thereby reduces the risks of ovarian reserve depletion and postoperative adhesion formation. Letrozole and laparoscopic ovarian drilling were comparable in terms of biochemical response, ovulation rate, pregnancy rate and reproductive outcomes in the present study. Hence, to conclude that in a situation where patients opt for one time intervention, Laparoscopic ovarian drilling with harmonic shear may be considered as first line management in patients of infertile PCOS.

[O-2/7]

## **Insights from Client Experience with injection Medroxyprogesterone Acetate (MPA) in India: Lessons from the field**

**Kanika Chopra, Swati Agrawal, Shilpa Sood  
Anuradha Singh, Aparajita, Shalini, Manju Puri**  
Lady Hardinge Medical College, New Delhi

**Introduction:** The injectable contraceptives have been recently added to the contraceptive basket of Government of India under the National Family Welfare program with the aim to reduce unmet need of contraception in our country. The present study

was conducted to analyse the continuation rates and concerns among acceptors of injection MPA.

**Materials and Methods:** The present study was an ambispective observational study conducted in out-patient department of family welfare division at our hospital over a period of 6 months. The study enrolled 483 acceptors of injection MPA who were interviewed and a proforma was filled which included demographic profile, obstetric history of the women, source of information about injection and its timing, number of doses received, side effects experienced and compliance status. The data obtained was subjected to statistical analysis.

**Results:** The mean age of studied population was  $28.44 \pm 4.73$  years and average parity was 2. It was found that injection MPA was initiated in interval period in 304 women (63.3%), post-abortion in 124 (25.8%) and postnatal in 52 (10.8%). The source of information about injection for most women was health workers (83.5%). Most women (74.3%) were pleased with the injection and showed their willingness to continue and 67.7% were continuing with the injection at the time of interview. Menstrual irregularity was the most common side effect observed in 48.5% women.

**Conclusion:** The present study showed a good continuation rate of injection MPA for the Indian population. The coverage for this excellent contraceptive modality can be enhanced further if more efforts to disseminate awareness about this method are made. Menstrual irregularity is the most common side effect causing discontinuation which can be mitigated to a significant extent with an effective pre-administration counselling.

[O-2/8]

## **Evaluate Effectiveness of Enhanced Recovery After Surgery (ERAS) Versus Conventional Approach in Benign Gynaecological Surgeries: A randomized controlled trial**

**Anupama Bahadur, Rajlaxmi Mundhra  
Payal Kumari**

All India Institute of Medical Sciences, Rishikesh, Uttarakhand

**Introduction:** Enhanced recovery after surgery (ERAS) is a multidisciplinary approach, comprehensively designed to improve post-operative outcome.

**Objectives:** To evaluate effectiveness of enhanced recovery after surgery (ERAS) model versus conventional approach in benign gynaecological surgeries (incorporating various routes of surgery).

**Methods:** This was a randomized controlled trial wherein patients undergoing gynaecological surgery for benign indications from January 2019 to July 2020 were recruited and randomized into ERAS and conventional protocol group using block randomization. The intended primary outcome was to compare median length of hospital stay in both groups. "Fit for discharge" criteria was used to assess the length of stay as patients who belonged to hilly terrain with limited transportation facilities stayed for longer duration.

**Results:** A total of 180 patients were recruited and 90 each



were randomized into ERAS and conventional protocol groups. Difference in length of hospital stay between ERAS (36 hours, range 24-96 hours) and conventional group (72 hours, range: 24-144 hours) was significant ( $p < 0.01$ ). A statistically significant difference was noted in the time for recovery of bowel function and tolerance for diet in the ERAS group. No significant difference in complications and readmission (within 30 days) rate was seen between the two groups. Quality of Life as assessed by WHO-QOL BREF on the day of discharge and day-30 was higher in ERAS group in physical and psychological domains while no difference was seen in environmental and social domains.

**Conclusion:** Our study as an institutional experience strengthen the existing evidence regarding efficacy of ERAS in reducing hospital stay and improving quality of life compared to the conventional peri-operative management protocol.

[O-2/9]

### Association of HOXA13 Gene Expression Among Premenopausal Women with the Severity of Pelvic Organ Prolapse: A cross-sectional study

**Monal Garg, Richa Sharma, B D Banerjee  
Amita Suneja, Kiran Guleria**

University College of Medical Sciences and  
Guru Teg Bahadur Hospital, New Delhi, India

**Introduction:** Pelvic organ prolapse (POP) occurs due to loss of support which is maintained by complex interaction between levator ani, vagina, and its connective tissue. HOXA13 gene (a member of homeobox genes) is a key regulator of extracellular matrix in upper vagina. Its altered expression in vaginal tissue may contribute to molecular mechanisms of POP.

**Objective:** To estimate and compare HOXA13 gene expression in vaginal wall tissue with the severity of POP among premenopausal women.

**Materials and Methods:** A cross-sectional study was conducted on a total of 60 premenopausal women. Subjects with  $\geq$  stage II POP were enrolled as cases while those with benign gynecological conditions other than prolapse were taken as controls. Vaginal tissues were obtained during surgical procedures and HOXA13 gene analysis was done using real time PCR. The fold change was calculated with respect to controls. Finally, the HOXA13 gene expression was associated with the severity of POP.

**Results:** Overall, HOXA13 gene was observed 1.21-fold downregulated in women with POP ( $p = 0.38$ ). The gene was diminished in higher stages (stage III and stage IV) of POP ( $p = 0.007$ ). It was found downregulated in most (84.21%) of the females above 40 years ( $p = 0.01$ ).

**Conclusion:** Diminished expression of HOXA13 gene was seen in majority of the women with POP, though not statistically significant. It was elicited significantly in advanced stages of POP as well as in women with age above 40 years. Thus, HOXA13 gene expression analysis can be used as a screening tool in young population to predict the risk and severity of having POP.

[O-2/10]

### Prevalence of Chronic Endometritis in Recurrent Pregnancy Loss (RPL) and Reproductive Outcome After Treatment

**Jyoti Jaiswal, Leena Wadhwa, Sanjana Wadhwa**

Department of Obst & Gynae, ESI PGIMS & Model Hospital  
Basaidarapur, New Delhi, India

**Introduction:** Chronic endometritis (CE) is persistent inflammation of uterus and is associated with a number of adverse reproductive outcomes including recurrent miscarriage. Diagnosis of CE is based on endometrial biopsy showing presence of plasma cell in endometrial stroma and on hysteroscopy.

**Objective:** To determine prevalence of chronic endometritis in women with recurrent pregnancy loss (RPL) and to find out reproductive outcome after antibiotic therapy.

**Methods:** Prospective observational study, 49 women with unexplained RPL were enrolled from OPD. Women having 2 or more first trimester miscarriages between 20-39 yrs of age were included and those with any uterine anomaly, uterine or adnexal pathology, submucosal fibroid, history of endometrial ablation, presence of APLA and endocrinal cause were excluded. All women underwent hysteroscopy and endometrial biopsy (EB) in postmenstrual phase. Presence of one or more plasma cell was taken as diagnostic for CE in EB. The findings of CE on hysteroscopy were presence of micropoly, hyperemia and stromal oedema. Women diagnosed with CE received Doxycycline for 14 days as first line therapy. Repeat EB was done as test of cure. All cases were followed for 3 months and clinical pregnancy rate was noted.

**Results:** In our study 49 women with RPL were included of which 9 were diagnosed with CE. The prevalence of chronic endometritis by endometrial biopsy was 18% (9/49) and by hysteroscopy 6.1% (3/49). Clinical pregnancy rate (CPR) in subsequent cycle after antibiotic therapy was 10.2% (5/49) and it was 20% (8/40) in RPL women without CE.

**Conclusion:** Unexplained RPL cases should be evaluated for Chronic endometritis as the treatment for the same improves future reproductive outcome.

### Miscellaneous

#### Oral Session 3

Date: 27<sup>th</sup> August, 2021 | Time: 02:30 pm - 04:10 pm

[O-3/1]

### The Performance of Swede Score for Detection of Premalignant and Malignant Lesions of Cervix

**Guneet Kaur, Vijay Zutshi, Sachin Kolte**

Department of Obgy, VMMC & SJH, New Delhi, India

**Introduction:** The abnormal findings on colposcopy have to be documented as per the nomenclature of IFCPC 2011. After documentation, lesions have to be given a score to avoid inter-

observer variability. In an attempt to standardize colposcopy, a new scoring system, swede score has been devised and is being advocated to be used by IFCPC.

**Objective:** To assess the diagnostic accuracy of swede score for detection of premalignant and malignant lesions of cervix.

**Methods:** A cross sectional study was done in the department of OBGY, VMMC & SJH from May 2019 to April 2021. After a written informed consent, a total of 92 women were recruited who fulfilled the inclusion criteria. The study was approved by the institutional ethics committee. Patients having a swede score of 5 and above, a colposcopy directed biopsy were taken from cervix and in those with a swede score between 0-4, a random, non-directed biopsy was taken from cervix and sent for HPE. -

**Results:** Out of 92 women, 47 had swede score of 0-4 and 45 had score of  $\geq 5$ . Indication of colposcopy were: unhealthy looking cervix (46), had abnormal paps (20), VIA positive (15), HPV-DNA testing positive (11). Colposcopy was done as per the IFCPC 2011 nomenclature and swede score was used for grading the lesions. The sensitivity, specificity, positive predictive value and negative predictive value of 91.5%, 55.6%, 68.3%, 86.2% respectively was found for Swede score for the detection of various grades of premalignant and malignant lesions of the cervix.

**Conclusions:** The Swede score has a diagnostic accuracy of 73.9% for detection of premalignant and malignant lesions of the cervix.

[O-3/2]

## Fetomaternal Outcomes in Pregnant Women with Epilepsy

**Srishti Prakash, Upma Saxena**

Vardhman Mahavir Medical College and  
Safdarjung Hospital, Delhi, India

**Introduction:** Epilepsy is a commonly encountered neurological disorder in pregnant females. Incidence of epilepsy in pregnant women is estimated to be 0.3-0.5% of all births. Pregnancy in women with epilepsy (WWE) is considered high risk as it is associated with increased maternal morbidity and mortality, pregnancy and neonatological complications. Treatment of seizure disorder in WWE is another challenge as most anti-epileptic drugs(AEDs) are known teratogens. To meet such challenges posed by seizures during epilepsy and its treatment, this study was done to study the feto-maternal outcome in pregnant women with epilepsy

**Aims and Objectives:** To compare fetomaternal outcome in pregnant women with and without epilepsy.

**Material and Methods:** A case control study was conducted in the department of obstetrics and gynecology of Vardhman Mahavir medical college and Safdarjung hospital in which 82 women with and without epilepsy participated voluntarily.

**Result:** The mean age of women was  $24.98 \pm 4.35$  years. The mean age of onset of Seizure was  $17.30 \pm 5.63$  years. It was observed that epileptic patients had statistically higher

incidence of induction of labor, cesarean section as well as hypertensive disorders of pregnancy(65.8%), anemia(50%) and postpartum hemorrhage(25%). A statistically significant proportion of epileptic patients also had fetal growth restriction (44.7%) and low birth weight (60.5%).

**Conclusion:** Women with epilepsy have a higher risk of maternal and fetal morbidity. Hence, they require a comprehensive planning before and during pregnancy and should be under vigilance of obstetrician and neurologist.

[O-3/3]

## Comparison of Psychological Morbidity of Health Care Workers Posted in COVID and Non-COVID Labour Rooms

**Archana Mishra, Sheeba Marwah**

**Renu Arora, Abhilasha Yadav, Nupur Anand Dalimi  
Mushahary**

Vardhman Mahavir Medical College and  
Safdarjung Hospital, New Delhi, India

**Introduction:** The COVID-19 pandemic had not only burdened healthcare systems all over the world but had also affected mental health of frontline Health Care Workers including Obstetricians

**Objective:** Objective of our study was to compare the psychological morbidity of health care workers posted in Covid labour room with their counter parts in Non Covid labour room with help of self administration of psychological scales SCL K-9, Anxiety Index, Depression scale and Insomnia index.

**Methods:** Present study was a cross-sectional study conducted on Health Care Workers of Covid and Non Covid labour in a span of 6 months.

**Results:** Insomnia in Covid labour room was found to be in 57% HCW as compared to none in non -Covid labour room (mean score  $7.47 \pm 2.74$  vs  $1.82 \pm 1.25$ , P Value  $< .0001$ ). Depression was prevalent in 92% of participants in Covid labour room as compared to 12.5% in Non Covid labour room; however, severe depression was found in 6% participants (mean score  $17.32 \pm 4.88$  vs  $2.12 \pm 1.65$ , P Value  $< .0001$ ). Prevalence of anxiety in present study was 90% in Covid labour room and 6% in non-Covid labour room (mean score  $11.47 \pm 4.57$  vs  $1.94 \pm 1.43$ , P Value  $< .0001$ ). Psychological morbidity as tested by Symptom Check List-k-9 was positive in 21.8% participants in Covid Labour room as compared to 1% in Non Covid labour room (mean score  $5.57 \pm 2.58$  vs  $2.22 \pm 1.89$ , P Value  $< .0001$ ).

**Conclusions:** Study revealed significantly high psychological morbidity, insomnia, anxiety and depression in the health care workers in Covid labour room than Non Covid labour room.

[O-3/4]

## Diagnostic Accuracy of Combining CA 125, HE4 and IOTA Simple Rules in Differentiating Benign and Malignant Ovarian Tumour

**Rajlaxmi Mundhra, Anupama Bahadur**

**Namrata Bhattacharya**

AIIMS Rishikesh, Uttarakhand, India

**Introduction:** Accurate prediction of adnexal tumors preoperatively is critical for optimal management of ovarian cancers. The International Ovarian Tumor Analysis Algorithms (IOTA) is a newer tool to characterize adnexal masses as benign or malignant and combining it with known tumour markers like CA 125 and HE4 can add to better diagnostic accuracy.

**Objective:** This study aimed to evaluate the diagnostic accuracy of combining serum CA-125 & HE4 to the International Ovarian Tumor Analysis (IOTA) Simple Rules for differentiating malignant and benign ovarian tumors preoperatively.

**Methods:** A Cross sectional study was conducted in the Department of Obstetrics and Gynecology on 100 patients with ovarian masses. Demographic and clinical data were prospectively collected. Histopathologic diagnosis was used as the gold standard test. Evaluation of the utility of HE4, CA125 and IOTs simple rules for preoperative identification of malignancy was based on the increment of the area under the receiver operating characteristic curve (AuROC).

**Results:** Out of the 50 suspected benign masses as per IOTA simple rules, post surgery (considering histopathology as gold standard) 32 (64%) were diagnosed as benign ovarian masses, 4 (8%) borderline and 14 (28%) other malignant ovarian tumors on final histopathology. Out of 50 suspected malignant masses as per IOTA simple rules, 26 (52%) were finally diagnosed as benign, 4 (8%) borderline and 20 (40%) were malignant. Sensitivity of combined testing of both tumour markers (HE4 and Ca-125) and IOTA together was calculated to be a 85.3% whereas its specificity increased to be 94.8%. Positive predictive value was determined to 90.6% (75-98) and negative predictive value was calculated 91.7% making its diagnostic accuracy as 91.3%.

**Conclusion:** Combining IOTA Simple rules with known tumour markers (CA125 and HE4) increases diagnostic accuracy in predicting malignant ovarian masses preoperatively.

[O-3/5]

## Comparison of PAP Test (liquid based cytology) and Colposcopy for Detection of Pre-invasive Lesions of the Cervix in Iatrogenically Immunosuppressed Women

**Prerna Tayal, Swati Agrawal, Reena Yadav, Smita Singh**

Lady Hardinge Medical College and

Smt. Sucheta Kriplani Hospital, New Delhi, India

**Background:** The various screening recommendations for cervical cancer are directed primarily at the general population

but there are no separate guidelines for high risk women such as those with secondary immunosuppression.

**Aim:** To compare pap test (Liquid based cytology) and colposcopy for detection of pre-invasive lesions of the cervix in iatrogenically immunosuppressed women.

**Method:** Seventy five iatrogenically immunosuppressed women who fulfilled the inclusion criteria were screened for cervical intra-epithelial lesions by both Pap test and colposcopy simultaneously. Biopsy was done if the SWEDE was  $\geq 5$ .

**Results:** Abnormal Pap test was found in 6.7% (5 out of 75 women) and abnormal colposcopy in 9.3% (7 out of 75 women). Pre-invasive and invasive lesions of the cervix was confirmed on biopsy in 6.7% (5 out of 75 women). It was observed that the lone false negative case with Pap smear was associated with low grade pre-invasive cervical lesion (CIN 1). Pap smear and colposcopy were found have almost perfect agreement by the kappa coefficient (0.819) in the detection of pre-invasive lesions of the cervix and cervical cancer for iatrogenically immunosuppressed women.

**Conclusion:** We conclude that Pap test should continue to be used as the primary screening modality for screening in high risk women. However, the frequency of screening may be annual rather than 3 yearly in these women to pick up any low grade lesions which might have been missed by the Pap test. Also, the clinicians should have a low threshold to perform colposcopy in this population.

[O-3/6]

## Evaluation of Prevalence Risk Factors and Outcomes of Gestational Diabetes Mellitus in a private setup - A study

**Manisha Jain, Samir Jain**

Galaxy Hospital, Moradabad, UP

**Objective:** Gestational Diabetes Mellitus (GDM) is carbohydrate intolerance with onset or first recognition during pregnancy. It poses numerous problems for both mother and fetus. The objective of this study was to find the prevalence of GDM, its risk factors and to compare maternal & prenatal outcome between the women with gestational diabetes & non-diabetic mother.

**Study:** A case control study was done. 300 patients were included in study from January- 2020 to December 2020 in a private setup in Moradabad-(UP)

**Material:** Universal screening was done in 300 women at 14-18 weeks pregnancy by DIPSI (Diabetes in Pregnancy study Group of India) criteria, which recommend non fasting OGTT with 75 gm glucose with cut off  $>140$  after 2 hours. If negative it was repeated at 32 weeks. If plasma glucose  $<140$  they were classified as Non-GDM group. Both groups were followed up maternal and prenatal outcome were assessed.

**Result:** The prevalence of GDM was 18%. It was more in women of Urban area and women with high BMI, past history of Macrosomic babies, recurrent abortions, IUD and GDM in past pregnancy and family history. The risk of PROM, APH, frequency of induction of labour and LSCS was significantly higher in GDM group. Most common neonatal complication in GDM group



were prematurity, hypoglycemia, respiratory distress, sepsis & Macrosomia.

**Conclusion:** The prevalence of GDM is increasing in India, so universal screening is required. DIPSI is cost effective, simple screening and diagnostic test. As the fetomaternal complication are significantly higher in GDM group, screening and proper management can significantly improve the outcome.

[O-3/7]

## Studying Symptomatology of Postmenopausal Women in Rural Population of Haryana

**Sumita Malhotra, Geetika Arora**

SGT Medical College and Hospital, Gurugram, Haryana, India

**Introduction:** Menopausal health demands priority in India due to extension in the life expectancy and growing population of menopausal women.

**Aims and Objectives:** To assess the awareness of postmenopausal symptoms in women in rural Haryana. To understand the impact of menopause on quality of life in women in rural Haryana

**Methods and Materials:** This is a cross-sectional study. It was conducted from the month of September 2020 to April 2021. This was conducted as a facilitybased study among the postmenopausal women (50-65 years) visiting the gynae opd of SGT HOSPITAL during outpatient hours. The menopause rating scale was used to assess the prevalence of menopausal symptoms and the QOL and data were collected for sociodemographic factors, relevant menstrual history and other variables.

**Result:** Prevalence of menopausal symptoms was found to be 85.6%. Most of the women had anxiety (82%) followed by irritability (73%), physical and mental exhaustion (69%), sleep problem (61.2%), Joint and muscular discomfort (59%), hot flushes were noted in 38%. The mean age of menopause was 48 standard deviation 3.5 years. The QOL was impaired in 72% of women participating in the study.

**Conclusion:** An integrated approach is required to improve quality of life in postmenopausal women.

[O-3/8]

## Anemia in Pregnancy - The Silent Pandemic within the Pandemic

**Kirti, Anshul Grover, Sumita Mehta, Ekta Kale**

Galaxy Hospital, Moradabad, UP

**Introduction:** Anemia is one of the most common hematological complication affecting women during pregnancy. Various socio demographic factors and nutritional habits effect development of anemia. The Covid pandemic with lockdown had exaggerated these issues with poor access to medical facilities for routine obstetrics patients.

**Material & Methods:** The study is a ongoing prospective analysis of 150 antenatal patients admitted for management

of moderate to severe anemia at Babu Jagjiwan Ram Memorial Hospital, Delhi from May 2021- August 2021. The patients were evaluated using a predesigned questionnaire to analyse the factors leading development of this nutritional deficiency as an after effect of the pandemic.

**Results:** 25.5% were an booked and presented with anemia as complication as they had no access to health facility during the pandemic. 39.21% of multigravida had conceived within 2 years of previous delivery suggesting unmet need for contraception. Only 19.6% women gave history of de-worming. Though 74.5% women gave history of iron intake but 71.05 % of these admitted that they had irregular intake during the pandemic due to hospitals being converted to Covid care facilities and depended on ASHA workers for supplements. 60.78% women gave history of their husbands not getting paid from their jobs during the pandemic, thus affecting their diet. 28.94% women went to their villages during the pandemic and discontinued the supplements for that duration.

**Conclusion:** Increase in prevalence of anemia is a silent indirect complication of the covid pandemic. The role of outreach health workers in continuum of health care during such disasters is emphasized through this study.

[O-3/9]

## To Show Changing Trend in Caesarean Section and Neonatal Outcome in a Tertiary Care Hospital During and Before COVID Pandemic

**Sanjana N Wadhwa, Leena Wadhwa  
Neelam RajPurohit**

ESIC PGIMSR Basaidarapur, New Delhi

**Introduction:** Proportion of caesarean section to the total births is considered as one of most important indicators of obstetric care. Since then caesarean section is increasing in both developed and developing countries. According to WHO ideal caesarean section should be between 10-15% to prevent maternal and perinatal morbidity and mortality. The present study is done at ESIC Hospital to compare the rate of caesarean section before and during covid pandemic.

**Objective:** Primary- To determine the trend of caesarean section deliveries in a tertiary care institution during and before covid pandemic. Secondary- To study maternal and neonatal outcome of caesarean section deliveries.

**Result:** The rate of caesarean section was increase in covid era(57.3%)as compare to non covid era(42.7%)and most common indication was MSL(11.3%) and it is value twice times as compare to non covid era(6.4%). The complication of caesarean section such as need for blood transfusion is 6% as compare to 2.9% in non covid era. The puerperal complication such as PPH decreases(1.7%) as comparison in non covid era(2.5%)& rate of puerperal sepsis decreases twice (3%) in comparison to non covid era( 6%). Although the surgical site infection is not significant, it is less (1%) as compared to 1.9% in the non covid era. Babies born in covid era have icu admission is 8%, as compared to icu admission18% in non covid era.The mean weight of newborn was same average of 2.6 kg in both era.

**Conclusion:** the present study shows caesarean section rate is

high in covid era but maternal and neonatal outcome is better as compared to non covid era . Still more data will be required to have a greater view of trends.

[O-3/10]

## **Role of Platelet Indices in Evaluation of Thrombocytopenia in Pregnancy**

**Sadhana Singh, Asmita M Rathore**

**Madhavi M Gupta, Sangeeta Bhasin**

Maulana Azad Medical College and LNH, Delhi

**Aim:** The objectives of this study were to study the platelet indices in pregnant women diagnosed with thrombocytopenia and its association with aetiology as well as to study maternal and fetal outcomes in these women.

**Methods:** This was a prospective case control study where 900 pregnant women irrespective of period of gestation were recruited. Finally, after exclusion 100 cases and 100 controls were followed. Serial Platelet indices were performed in every trimester, during delivery and postdelivery.

**Results:** Prevalance of thrombocytopenia in our study is 13.3% (120 pregnant women). 95 % of cases were diagnosed with

thrombocytopenia in second trimester. Mean of MPV and PDW in women with thrombocytopenia was significantly high as compared to nonthrombocytopenic women. Mean of MPV was significantly higher in women with preeclampsia (13.6 fL) as compared to other causes of thrombocytopenia like women with anaemia (MPV 12.6 fL), gestational thrombocytopenia (11.21 fL) and ITP (11.55 fL) during early gestation. Thrombocytopenia also represented a risk factor for low-mean birth-weight newborns  $2.72 \pm 0.28$  gm ( $p < 0.01$ ) and for premature delivery ( $p < 0.04$ ). There was an association found of cord blood platelet count with the maternal platelet count.

**Conclusions:** Mean of MPV and PDW in women with thrombocytopenia was significantly high as compared to nonthrombocytopenic pregnant women. Mean of MPV was significantly high in preeclampsia and PDW was maximally elevated in the women with anaemia. So, respective platelet indices can be used as a marker to differentiate the respective aetiology of thrombocytopenia. Thrombocytopenia in pregnancy was associated with increased perinatal morbidity, with the strongest association for both prematurity and low-birth-weight: the lower the platelet count, the higher the risks for the fetus/newborn.

## Poster Presentation

### Perinatal Medicine

#### Poster Session 1

Date: 27<sup>th</sup> August, 2021 | Time: 04:15pm - 04:45 pm

[P-1/1]

### Fetomaternal Outcome in Pregnancies Complicated by Intrahepatic Cholestasis

**Manisha Jhirwal, Pratibha Singh, Charu Sharma  
Shashank Shekhar, Priyanka Kathuria**

All India Institute of Medical Sciences Jodhpur, Rajasthan, India

**Introduction:** Intrahepatic cholestasis of pregnancy (IHCP) is characterized by pruritus of hand and sole with abnormal liver function test and bile acid metabolism. IHCP occurs in second and third trimester of pregnancy and usually resolves after delivery. The overall prevalence is about 1.2 to 1.5 %.

**Objective:** This study was conducted to assess the fetomaternal outcome according to maternal serum bile acids levels in patients with IHCP.

**Methods:** This ambispective observational study was conducted in the department of Obstetrics and Gynecology (OBG) for the period of two years at AIIMS Jodhpur, Rajasthan. It included all the pregnant women attending outpatient department of OBG with complaint of pruritis in palm and sole after 28 weeks of pregnancy and diagnosed with intra hepatic cholestasis of pregnancy after investigations.

**Results:** In two years, total number of deliveries conducted was 4,148. Only 152 pregnant women were diagnosed with IHCP with prevalence of 3.6%. Out of these 152 singleton pregnant women, 140 (92.11%) had mild IHCP, 10 (6.58%) had moderate IHCP and 2 (1.32%) had severe IHCP.

There was significant difference between the birth weight in mild, moderate and severe IHCP (P value- 0.004). About 12.5% (n=19) patients had meconium stained liquor during delivery. Two patients (1.32%) with moderate IHCP had intrauterine fetal death in third trimester, 6.58% (n=10) neonates were kept on continuous positive airway pressure.

**Conclusions:** IHCP is associated with adverse fetal outcomes like spontaneous or iatrogenic preterm delivery, low birth weight, increase in rate of LSCS and intrauterine death of fetus.

[P-1/2]

### Initiative to Improve the Quality of counseling provided to antenatal women admitted to a tertiary government hospital in India: A Quality Improvement Project

**Shivangi Mangal, Nilanchali Singh  
Deeksha, Archana, Priyanka Chaudhary  
Nisha, Soumya, Shainy, Deepali Garg  
Rinchen Zangmo, Aparna Sharma**

All India Institute of Medical Sciences, New Delhi, India

**Introduction:** Patient education and counseling is an important part of healthcare delivery system. In India, adequate in-patient counseling is lacking, because of high patient load in government hospitals and less focused training given on the patient education. It is well realized that when patients are informed about the treatment protocols during their hospital stay, required duration of stay in hospitals, maternal and fetal condition, and progress reports with involvement of their families, the satisfaction levels are significantly improved. The Obstetrics and gynecology department of All India Institute of medical sciences, New Delhi is a hearth of all the high-risk antenatal patients from all over the country and it is imperative to provide adequate and quality information along with the medical care. Thus, appropriate information should be delivered to all the inpatient antenatal women and their families.

**Objectives:** During daily ward rounds, it was gathered that the patients admitted in the ward were poorly informed about the maternal and fetal condition. This Quality improvement project was thus aimed at improving the counselling provided to our patients admitted in antenatal ward by using Point of Care Quality improvement (POCQI) approach.

**Methodology:** The study was conducted in All India Institute of medical sciences, New Delhi, Obstetrics and gynecology department from December, 2020 to April, 2021. Checklist containing the components of counseling and feedback questionnaire was developed for local needs. Baseline feedback on the adequacy of counseling was taken, and applying the POCQI approach, various interventions were made to improve the quality of counseling provided to the patients.

**Result:** After two PDSA (Plan-Do-Study-Act) cycles, the percentage of adequately counseled women were increased from 0% to 85% over a period of 9 weeks which was more than our target of 75%.

**Conclusion:** This project helps healthcare staff to re-integrate the craft of connecting with the patients, with easy steps that can become part of the system with minimal efforts. These changes can be achieved by the smallest of the efforts and can bring monumental changes in the way we practice medicine.

[P-1/3]

## Effect of Cesarean Delivery on Success of Breastfeeding

**M D S Vathsalya, Vijay Zutshi, Shubam Bidhuri**

Vardhaman Mahavir Medical College, New Delhi, India

**Introduction:** Caesarean delivery acts as hindrance for early initiation of breast feeding, prenatal breast feeding counselling can overcome this problem.

**Objective:** To study the effect of caesarean delivery and role of pre caesarean counselling on initiation of breastfeeding.

**Methods:** This questionnaire based cross sectional analytical study was done in department of OBGY at VMMC & SJH. 300 booked primigravidas with singleton pregnancy, which were divided into three groups of 100 each, included women with caesarean delivery without prenatal counselling as group A, with counselling as group B and a control group of women with vaginal delivery as group C. In the ward, at postnatal day zero, after obtaining informed consent a validated questionnaire form was filled by interviewing the mothers and data was analyzed.

**Results:** Out of 100 patients of group A, 48% started breastfeeding in less than 1 hour and 52% started it after 1 hour. Whereas in group B where prenatal counselling was done, it was found that 74% started breastfeeding within 1 hour and 26% started it after more than one hour. The delay in breastfeeding occurred even after prenatal counselling as baby was handed over late to the mothers.

In the control group C, 68% started the breastfeeding within less than 1 hour and 32% started it after more than one hour. Major reason for delay in this group was myths regarding colostrum. The main source of information for women in the study was hospital staff in 100% followed by family and media in 96% and 33% respectively.

**Conclusion:** The delay in handing over baby to the mothers after LSCS acted as a deterrent to initiate timely breastfeeding. Duration of initiation of breastfeeding improves if prenatal counselling is done.

[P-1/4]

## Impact of Covid-19 Pandemic on Antenatal Care: A tertiary care center survey based study in Delhi

**Garima Maan, Niharika Dhiman, Sangeeta Gupta**

Maulana Azad Medical College & Lok Nayak hospital New Delhi

**Introduction:** Covid-19 has challenged many health systems with a shortage of resources and caused an outcry from all corners with majority of healthcare facilities in Delhi transiently being converted to Covid-19 dedicated care facility, moreover with the changing phases of the pandemic has caused enormous stress on the women seeking antenatal care.

**Objective:** The aim of this study is to analyse the impact of covid 19 Pandemic on routine antenatal care.

**Methods:** It is a questionnaire based retrospective descriptive study in which questions were divided into 4 subcategories

consisting 4-5 questions each. It was provided to 70 Women and filled by only 55 patients over duration of 6 months.

**Results:** Only 12% women were completely booked, 50 % women missed their first trimester visit, 32% women did not get the anomaly scan done, 85 % women couldn't get the complete antenatal profile done, Results were attributed to fear of getting infection in 23% & travel difficulties were faced by 20% of women.

**Conclusions:** COVID 19 had significant impact on antenatal care which includes delay in recognizing the problem and reaching the health facility, from the expectant mother prospective fear of contacting the disease had been the major factor for noncompliance to routine Antenatal care.

[P-1/5]

## Guillain Barre Syndrome in Pregnancy and Postpartum: Series of two rare presentations

**Nimisha Agrawal, Deepali Garg**

**Rinchen Zangmo, Shainy P, Anapti Anil, Gayatri**

**Deeksha, Sivalakshmi R, Gyanu, K Aparna Sharma**

All India Institute of Medical Sciences, New Delhi

**Introduction:** Guillain Barre Syndrome (GBS) in pregnancy and postpartum is a rare co-occurrence of a rare neurological disorder characterized by acute inflammatory polyradiculoneuropathy with diminished power and reflexes. Incidence in pregnancy is only 1.2 to 1.9 cases per 1, 00,000 annually. Common in third trimester, GBS typically presents with upward progressive paresthesia, following recent viral infection. We report two unique cases of GBS in the perinatal period. A 34-year-old multiparous woman at 29<sup>th</sup> week presented with antepartum haemorrhage and GBS. Spontaneous preterm labor ensued followed by assisted breech delivery. GBS improved with supportive measures.

Second was a multiparous woman at 34 weeks with previous cesarean with morbidly adherent placenta (percreta). Following uterine artery embolization, classical cesarean done followed by subtotal hysterectomy was done in view of massive hemorrhage. In view of features of left lower limb arterial insufficiency post-operatively, CT angiography done showed complete external iliac thrombosis. After 5 days, she was diagnosed with progressive ascending quadriplegia (GBS). Intravenous Immunoglobulins (IVIG), total 150 g over 5 days was given. At 6 weeks follow-up, significant improvement reported in power of limbs.

**Conclusion:** Our main aim to report these cases is to underlie the significance of having high index of suspicion in any perinatal woman with muscle weakness and paresthesia. IVIG is usually safe and effective in pregnancy and postpartum. GBS usually worsens in post-partum, because of an increase in delayed hypersensitivity. Delayed diagnosis is common in pregnancy because the initial nonspecific symptoms may mimic pregnancy changes. Both cases had successful maternal and fetal outcome.



[P-1/6]

## Assessment of Knowledge, Attitude and Practice of Contraception Among Antenatal Women in a Tertiary Care Hospital

**Ankita Chonla, Poonam Kashyap, Sangeeta Gupta**  
Maulana Azad Medical College, New Delhi, India

**Introduction and Objective:** Reproductive health and family planning services have a great impact on maternal health in both antenatal and postnatal period. The aim of the study was to assess the level of awareness about different contraceptive choices and the practice of contraceptive methods adapted by antenatal women attending OPD in a tertiary care hospital.

**Methods:** This is a cross sectional study conducted over a period of two months in June-July 2021 in Lok Nayak hospital. Hundred women attending the antenatal clinic were randomly selected and interviewed via a self-made questionnaire. The data collected was statistically analyzed.

**Results:** Majority of the participants were between 25-30 years of age with 38 % (n=38) women being primiparous. 68 % (n=68) and 60% (n=60) of the women were aware of the need and benefit of birth spacing, respectively. 54%(n=54) women used contraception, out of which 36%(n=36) opted for barrier methods, 2%(n=2) for non-scalpel vasectomy and 42%(n=42) for natural methods. 46% (n=46) women opted IUCD in the postpartum period and only 12%(n=12) were willing for sterilization. Health care workers were the major source of information about contraception. Women who did not opt for any contraceptive did so because of wants of future pregnancy.

**Conclusion:** Measures need to be taken to enhance motivation for contraceptive usage amongst women.

[P-1/7]

## Rooming-in of COVID-19 Suspect Mother-Newborn Dyads: A quality improvement initiative

**Nishtha Jaiswal, Manju Puri**  
**Sonia Kamboj, Srishti Goel**

Lady Hardinge Medical College, New Delhi, India

**Introduction:** Many facets of life have been affected by COVID-19 pandemic including early neonatal period. In our health facility, all COVID-19 suspect postnatal mothers were transferred to 30-bedded ward which they shared with COVID suspect female patients from other clinical specialties who were usually symptomatic. This arrangement was due to shortage of manpower consequent to health care workers falling sick, shorter shift duties, mandatory 7-14days quarantine and limited availability of PPEs. Babies born to COVID-19 suspect mothers were shifted to nursery for fear of contracting infection from their mothers and other patients. Often due to shortage of beds both for mothers and babies, they were discharged separately to be bonded only after 2-3days at home thus depriving babies of mother's milk. This was the stimulus to undertake quality improvement (QI) initiative with aim to room-in eligible

COVID-19 suspect mother-newborn dyads.

**Aim:** To establish rooming-in of eligible COVID 19 suspect mother-newborn dyads from zero to greater than 90percent over a period of six weeks.

**Methods:** A QI team was formed, problem analysed and various Plan-Do-Study-Act(PDSA) cycles were run to test change ideas. This included advocacy, rearrangement, setting up of separate ward for COVID suspect mother-newborn dyads, counselling of mothers and their caretakers regarding infection prevention practices to be followed in care of newborn.

**Results:** The interventions were continued based upon problems identified with resultant increase in rooming-in to more than 90% in six weeks.

**Conclusion:** This initiative highlights importance of QI methods in developing effective strategies to improve the efficiency of care and contribute to sustained outcomes.

[P-1/8]

## Effect of Bacterial Vaginal Colonization in Low Risk Women in Active Labour on Preterm Birth

**Monisha Ravi, Sarita Singh, Sabeena**  
VMMC and SJH, New Delhi, India

**Introduction:** Preterm delivery is the leading cause of perinatal morbidity and mortality worldwide. This study aims to understand the correlation of preterm labour with vaginal colonization, and whether antibiotic prophylaxis is required for the same.

**Objective:** To find the incidence of preterm delivery in healthy laboring mothers with vaginal colonization.

**Methods:** This prospective cross-sectional study was conducted by enrolling 920 healthy antenatal women who were in active labour. After taking informed consent, 2 high vaginal swabs per woman were taken and cultured. The colonization rates between preterm and term gestations were then compared.

**Results:** Among 920 women, 41.11% of women in preterm labour had no growth on HVS, 17.8% of them had a mix of >2 organisms. Coagulase negative staphylococcus was present in 13.33%. All other remaining organism were present in <10% of women. There was no statistically significant difference observed between period of gestation and vaginal colonisation (p =0.236). There was no statistically significant difference seen in type of bacterial colonisation detected in active labour in relation to preterm or term gestation. (p =0.131).

**Conclusions:** There is no change in preterm birth rate with vaginal colonisation. This suggests that vaginal colonisation in active labour does not increase preterm deliveries in otherwise healthy women.

[P-1/9]

## Prevalence and Practices of Early Breastfeeding in Vaginal vs Cesarean Birth: A pilot study

**Aditi Chawla, Sarita Singh, Achla Batra**

Vardhman Mahavir Medical College  
and Safdarjung Hospital, New Delhi, India

**Introduction:** World Health Organization (WHO) recommends that breastfeeding should be initiated within one hour of delivery which is referred to as "early initiation of breastfeeding". The factors influencing breastfeeding practices need to be thoroughly assessed.

**Aims and Objectives:** To study the prevalence and practices of early initiation of breastfeeding (EIBF) and exclusive breastfeeding (EBF) after caesarean delivery (LSCS) and vaginal delivery (VD) and comparison of both the groups.

**Materials and Methods:** This questionnaire based cross-sectional study was conducted at a tertiary healthcare with a total of 100 participants with singleton pregnancies. Demographic and breast feeding parameters were obtained, compared and analysed.

**Results:** Mean age was 26.4 years (SD 4.5 years). EIBF was seen in 57% with 25% initiating after 4 hours. EBF was seen in 62%. 43.3% patients with preterm initiated breastfeeding after 4 hours compared to 65.7% of term, initiated in less than 1 hour (p value 0.01). EIBF was in 80% of patients with vaginal delivery compared to 34% LSCS (p-0.0002). 40% preterm had EBF compared to 71.5% of term (p - 0.003). EBF was more after vaginal delivery compared to LSCS (p-0.0003). EBF was seen in 77.4% patient with EIBF (p-0.002).

**Conclusion:** EIBF and EBF rates are not according to WHO standards even in baby friendly hospitals. Intervention is required for modifiable factors affecting breast feeding practices.

## Benign Gynaecological Disorders

Poster Session 2

Date: 27<sup>th</sup> August, 2021 | Time: 04:45 pm - 05:15 pm

[P-2/1]

## Make Way Through Adhesions

**Deepika Kashyap, Kallol Kumar Roy  
Nilanchali Singh, Saumya Kulshreshtha  
Anjaly Raj, Priyanka Das**

All India Institute of Medical Sciences, New Delhi, India

**Introduction:** Severe adhesion between uterus and bladder or rectum, especially caused by previous surgeries or endometriosis may pose a great challenge for surgeon in laparoscopic surgeries.

**Case:** A 47 year old P2L2 with previous 2 lower segment caesarean section presented with AUB-L. She was planned for total laparoscopic hysterectomy. On insertion of primary port, uterus and bladder was found to be densely adhered to anterior

abdominal wall. We decided to go about by laterally dissecting the bladder creating planes between bladder and anterior abdominal wall and proceeding further with dissection thus creating safe planes minimizing the risk of injury to bladder, ureter, rectum and major blood vessels.

**Conclusion:** laparoscopic surgeries are minimally invasive methods which gives us the benefit of less operating time, shorter hospital stay and minimal blood loss. On the contrary if there are adhesions between structures due to previous surgeries, it might lead to longer operating time, risk of injury to vital organs around and increase risk of thermal injuries as well. Thus meticulous surgical technique is crucial when planning laparoscopic surgeries on such patient.

[P-2/2]

## Establishing The Practice of Clinical Breast Examination in All Women Attending Gynecology Clinic, As a Part of Breast Cancer Screening: A quality improvement initiative

**Ashmita Saha, Nilanchali Singh, Priyanka Das**

**Ankita Aggarwal, Mohini Sachdeva**

**Nimisha Agarwal, Deepali Garg, Rinchen Zangmo**

**Jyoti Meena, K K Roy, Aparna Sharma**

All India Institute of Medical Sciences, New Delhi, India

**Introduction:** In India, breast cancer has surpassed cancers of the cervix and the oral cavity to be the most common cancer and the leading cause of cancer deaths. While the American Cancer Society does not recommend regular CBE (clinical breast examination) or BSE (breast self-examination) as part of a routine breast cancer screening in developing countries like us are still extremely relevant in early detection and reduction of breast cancer mortality.

**Objectives:** While attending OPDs, it was gathered that the patients are not informed and aware of breast and other gynecological cancer screenings. We aimed to establish the practice of CBE of all women (including antenatal women) attending the gynecological OPD irrespective of their chief complaint and counselling women regarding early detection of breast cancer by SBE, from existing 0% to 75% in 6 weeks' duration.

**Methodology:** The study was conducted in All India Institute of medical sciences, New Delhi, Obstetrics and gynecology department from January, 2021 to April, 2021. A quality improvement (QI) team was formed, problems were analyzed using fish bone chart, regular reminders were given to doctors about performing CBE and teaching women SBE, printed pamphlets were pasted in the examination room and the OPD room which read "Breast examination in every woman may be her only opportunity to breast cancer screening".

**Result:** After three PDSA (Plan-Do-Study-Act) cycles, the percentage of adequately counseled women were increased from 0% to above 90% over a period of 12 weeks which was more than our target of 75%.

**Conclusion:** Simple steps of QI methodology can be used to fill up the lacunae in our existing breast cancer screening approach.



[P-2/3]

## **Furosemide vs. Amlodipine in Postpartum Blood Pressure Control: A double blind randomized clinical trial**

**Pallavi Behl, Kiran Guleria, Rachna Gupta  
Prerna Batra, Richa Sharma**

University College of Medical Sciences and  
Guru Teg Bahadur Hospital, Delhi, India

**Introduction:** Hypertensive disorders are the most common medical complications of pregnancy. The ability of diuretics to lower blood pressure and reduce edema may well curtail fluid shift, and result in better control and less need for professional supervision.

**Aim & Objectives:** To compare the effectiveness of Furosemide with Amlodipine in management of postpartum hypertension. Secondary objectives were to compare the adverse effects and frequency of maternal complications in the two groups.

**Study Design:** 98 women having postpartum hypertension diagnosed within 48 hrs. of delivery were recruited and followed up in the study and were randomized into 2 groups of 49 (Group 1: tablet Furosemide 40 mEq OD with tab. Potassium chloride 10 mEq OD and Group 2: tab Amlodipine 5 mg OD with placebo).

**Results:** *Furosemide* resulted in a statistically significant percentage fall in mean systolic (p value 0.02), diastolic (p value 0.04) and mean arterial pressure (p value 0.031) from day 1 to 7th postpartum as compared to those who received amlodipine (10-11% vs. 7-8%). The requirement of additional antihypertensive was higher in the amlodipine group (59 % vs. 38%). Response to treatment was better in group 1 subjects who received furosemide among all classes of HDP with a significantly better response in *denovo* postpartum hypertension (mean SBP  $149 \pm 3.88$  vs.  $142 \pm 6$  mm Hg; p value 0.05).

**Conclusion:** Furosemide accelerates the blood pressure recovery and provides a better and faster blood pressure control in postpartum hypertension, reducing the need for additional antihypertensive drugs leading to savings for health care system.

[P-2/4]

## **Association between Symptomatology and Sonographic Assessment of Structural Causes of Abnormal Uterine Bleeding**

**Himal Singla, Jyotsna Suri, Amrita Rathee**

VMMC & SJH, New Delhi, India

**Introduction:** Abnormal Uterine Bleeding is one of the most common gynecological conditions worldwide. The International Federation of Gynecology and Obstetrics (FIGO) devised a system to classify causes of AUB, namely PALM-COEIN in 2011, which was revised in 2018.

**Objective:** The objective of this study is to analyze the clinical presentation of structural causes (PALM) of AUB diagnosed on sonography.

**Methods:** A cross-sectional study was performed taking 64 consenting premenopausal women with AUB. After a detailed history and examination, women underwent transvaginal/transabdominal ultrasound to determine the structural cause of AUB.

**Results:** Heavy Menstrual Bleeding was the most common presenting complaint (82.8%), followed by Irregular Menstrual bleeding (35.9%). Pain lower abdomen was the most common associated complaint (48.4%), followed by dysmenorrhea (25%). Patients diagnosed with Polyps presented with heavy menstrual bleeding. Patients diagnosed with Adenomyosis had heavy and irregular menstrual bleeding as their presenting complaint associated with pain lower abdomen. Heavy menstrual bleeding and irregular menstrual cycles associated with pain lower abdomen and dysmenorrhea was the main clinical presentation in women with Leiomyoma. Patients diagnosed with malignancy presented with irregular menstrual bleeding associated with pain lower abdomen.

**Conclusions:** The most common structural cause of AUB was Sub-type 4 Leiomyoma which was associated with heavy menstrual bleeding and pain lower abdomen.

[P-2/5]

## **Evaluation of Factors that can Predict Live Birth in Women Undergoing Their First in-vitro Fertilization (IVF) Cycle**

**Aayushi Gupta, Renu Tanwar**

MAMC & LNH, Delhi, India

**Aims and Objectives:** To study the impact of various factors on live birth in women undergoing their first IVF cycle.

**Materials and Methods:** This retrospective study was conducted in IVF & Reproductive Biology Centre Department of Obstetrics and Gynecology, MAMC. A total of 200 women were analysed and their various parameters were studied to find the impact on live birth.

**Results:** The data was compared between those with and without a live birth respectively. Parameters compared were age, duration, type and cause of infertility. We also compared the type of protocol used, number of oocytes retrieved, number of embryos transferred and also the day of embryo transfer was studied. The overall live birth rate was 44.5%. With increase in years of subfertility, successful IVF outcome decreases, and were least after 15 years. The data also showed desirable outcomes can be achieved when two embryos were transferred. Frozen day 5 embryo transfer yielded better results.

**Conclusions:** The significant parameters can be included in the list of predictors for deciding the probability of live birth after IVF treatment.

[P-2/6]

## Knowledge, Attitude and Practices of HPV Vaccination Among Female Medical Students

**Mallary Chandravadia, Reena Rani  
Anjali Tempe, Pushpa Mishra, Devender Kumar**  
Maulana Azad Medical College, New Delhi

**Aim and objective:** The purpose of this study is to assess knowledge, attitude, and level of awareness regarding cervical cancer among female medical students below 30 years of age with respect to risk factors, vaccination and the barriers in the acceptance of cervical cancer vaccine.

**Materials and Method:** A cross-sectional questionnaire based study was conducted among 122 female medical students below 30 years of age in Maulana Azad Medical College.

**Results:** Majority of the respondents (97.5%) were aware that cervical cancer is one of the most prevalent cancer among females. 99.2% respondents were aware that cervical cancer is caused mainly by HPV infection. 99.2% respondents were aware about the availability of vaccine against HPV but only 23.8% had received HPV vaccination out of which only 11.4% had received all 3 doses of the vaccination. Out of the 93 respondents that had not taken the vaccine 42 (45.2%) did not take vaccine because they were not aware of the center at which vaccine is available. 100% of the respondents said that they would recommend others to get vaccinated.

**Conclusion:** The findings reinforce that continued medical education of medical students and general public on HPV vaccination is needed for cervical cancer prevention, also steps have to be taken to spread awareness regarding the vaccination centers for HPV vaccine.

[P-2/7]

## Contraceptive Knowledge, Attitude And Practice: A tertiary hospital study

**Mukesh, Naik, Sarita Singh, Soumya Mahesh**

**Objective:** To access the knowledge, attitude and practice about family planning methods among reproductive age group patients in a tertiary care hospital.

**Methodology:** A cross-sectional study was conducted in 114 women of reproductive age group i.e., 15-45 years, attending Department of Obstetrics & Gynaecology, Safdarjung Hospital, New Delhi. A predesigned validated questionnaire was used to collect the data, which included socio-demographic features and knowledge, attitude and practices regarding contraceptive use.

**Results:** A total of 114 women were interviewed, most of the women were in the age group of 20-25 years (80%) and were aware of family planning methods. They procured the information from family, friends and mass media. Among interviewed women previously: barrier contraception (50.88%), IUCD (2.63%) and OC pills (3.51%) and about 42.98% were not

using any contraception. A 95.6% of women approved for using different contraceptive methods in future. Presently (31.58%) were using barrier contraception, IUCD (11.40%), injectables (8.77%) and permanent method like tubal ligation (10.53%) with OC pills (3.51%).

**Conclusion:** Ignorance regarding use and side effects of various contraceptive methods is the reason for inadequate practice of family planning methods. There should be emphasis on focused awareness programs, to bridge the knowledge gaps among the women in reproductive age group for the betterment of maternal and child health.

## Miscellaneous

### Poster Session 3

Date: 27<sup>th</sup> August, 2021 | Time: 05:15 pm - 05:45 pm

[P-3/1]

## Teleconsultation in Antenatal Women: Sharing our experience

**Saumya Kulshrestha, Nilanchali Singh, Sushmita Saha, Rinchen Zangmo, Deepali Garg, Nimisha Agarwal, K K Roy**

All India Institute of Medical Science, New Delhi

**Introduction:** Physicians and patients want to minimize hospital visits and find alternative ways of consultations during COVID era. Evidence suggests telemedicine provides comparable health outcomes when compared with traditional methods of health care delivery and it enhances patient satisfaction.

**Objectives:** The purpose of this study is to share our experience of starting a new tele-consultation unit for antenatal patients in terms of maternal and fetal outcomes in pregnancies managed by teleconsultation and the patient satisfaction rates.

**Methodology:** The teleconsultation facility was started in April, 2020. Antenatal patients were followed with teleconsultation and physical appointment was given when needed. Data of teleconsultation as well as the maternal and fetal outcomes of pregnancies managed by teleconsultation were recorded. A fraction of patients and provider were interviewed regarding their satisfaction with teleconsultation services.

**Results:** A total 1550 obstetric patients were provided teleconsultation over a period of 1 year. On an average, each antenatal patient had three teleconsultations and two physical visits. 76% patients were provided another follow up teleconsultation appointments. 18% patients were advised in-person visit. 3% patients were advised admission directly via teleconsultation. 2% patients were provided appointment for fetal medicine interventions like chorionic villi sampling or amniocentesis or specialized ultrasounds for fetal evaluation. 90% of the interviewed patients were satisfied with teleconsultation. The average duration of teleconsultation was 5 minute and 15 seconds.

**Conclusion:** Teleconsultation minimizes number of physical visits without affecting the maternal and fetal outcomes. Patient satisfaction is high.

[P-3/2]

## **A Survey of Knowledge of Barrier in Cervical Cancer in India HPV, Cervical Cancer Screening in Female College Students**

**Mamta Kumari Meena**

**Introduction:** Cervical cancer is the second most common cancer of women in India. Cervical cancer is preventable with organized HPV vaccination and cervical cancer screening program.

**Aims and Objective:** To assess the knowledge of HPV infection, HPV vaccination and cervical cancer screening in female college students.

**Material and Methods:** It was a cross-sectional study conducted in two colleges of New Delhi. A total of 310 students of age 18-25 years participated in the study.

**Results:** 82% of college students had adequate knowledge regarding HPV Infection, HPV vaccination and cervical cancer screening. Source of information for these participants were teachers in 50%, parents in 20% and media and friends in rest 28%. Only 2 % credited family physician and gynaecologists for information in this subject. Only 10% of participants thought that they are not at risk of developing cervical cancer. Approximately 90% of candidate knew then cervical cancer is caused by HPV which is transmitted sexually. Only 5% of participants had anybody screened for cervical cancer in family and only 2 students actually had vaccination against HPV.

**Conclusion:** Success of HPV vaccination and cervical cancer screening program depends upon the awareness in the target group. We recommend active participation of stakeholders like gynecologists family physicians, NGO, teachers and parents to promote awareness and facilitate HPV vaccination and cervical cancer screening.

[P-3/3]

## **Knowledge, Attitude & Practice Study on Covid Vaccination Amongst Pregnant Women**

**Monica Sharma, Anjali Tempe, Reena Rani  
Devender Verma, Pushpa Mishra**

Department of Obstetrics & Gynaecology, MAMC & LNH, Delhi

**Introduction:** Covid -19 infection during pregnancy may result in rapid deterioration of health of pregnant women and could also affect the foetus. MoHFW has approved vaccination of pregnant women against COVID -19 with condition that the pregnant women may be informed about the risks of exposure to COVID-19 infection along with risk and benefits associated with COVID – 19 vaccines.

**Aim:** To assess the knowledge, attitude and practice of pregnant women regarding COVID 19 vaccine.

**Objective:** To assess the awareness of pregnant women regarding covid -19 vaccine in pregnancy. To analyse the fears and apprehensions related to COVID -19 vaccines. To analyse the willingness to get the vaccination.

**Method:** It is a questionnaire-based study. Pregnant women visiting antenatal OPD in Lok Nayak are recruited. Recruited women are asked to fill the questionnaire based on their understanding. Women are then counselled regarding the vaccination.

**Result:** Since the study is still ongoing, the results are under evaluation.

**Conclusion:** In the era of covid 19 pandemic, it is necessary to understand the myths related to and beneficial effects of covid-19 vaccine among pregnant women so as to protect the mother and the baby from the serious covid infection. To help pregnant women make an informed decision to be vaccinated, they should be provided with information about risks of COVID -19 infections in pregnancy, the benefits of vaccination and likely side effects of vaccination.

[P-3/4]

## **Maternal and Perinatal Outcomes in COVID Positive Women with Gestational Diabetes Mellitus**

**Ankita Kumari, Latika Sahu, Sangeeta Gupta**

Maulana Azad Medical College and Lok Nayak Hospital

**Introduction:** SARS-CoV-2 infection causes respiratory distress syndrome and multisystem organ failure. Pregnant women are particularly susceptible to respiratory pathogens and severe pneumonia. Diabetes is a major risk factor for increased morbidity and mortality from COVID-19. To best of our knowledge no data is available regarding the impact of both covid-19 and gestational diabetes (GDM) in pregnancy and hence this study can fill the void so that the patient management can be guided and benefited.

**Objective:** To find the maternal and perinatal outcomes in terms of, cesarean section rate, prevalence of preterm delivery in COVID positive patients with GDM.

**Methods:** Prospective cohort study conducted in the department of obstetrics and gynecology in a tertiary care hospital.

**Results:** Total 30 cases of covid positive GDM women were studied out of which asymptomatic 19 (63.34%), mild 9 (30%), moderate 2 (6.66%). The obstetrical outcomes included 16 (53.34%) caesarean delivery and 14 (46.6%) vaginal delivery. Of all deliveries 20(66.67%) were preterm. Live birth was 28 (93.34%) and 2 (6.67%) macerated still birth. The birth weight of the babies was appropriate for gestational age 21 (70%), 8 (26.6%) small for gestational age and 1 (3.3%) large for gestational age. Out of these 30 babies 17 (56.67%) needed admission to nursery.

**Conclusion:** Although with two coexisting morbidities favourable perinatal outcome with high live birth rate was observed, however preterm birth rate, admission to nursery and maternal morbidity was increased.

[P-3/5]

## Hystero-laparoscopic Approach to caesarean Scar Ectopic Pregnancy: A case series

**Baseerat Kaur, Jyoti Mishra**

J P Hospital, Noida

**Introduction:** Caesarean scar ectopic pregnancy (CSEP) is an ectopic pregnancy implanted in the myometrium at the site of a previous caesarean section scar. Diagnosis and timely management is essential because if left untreated, it may pose a greater risk for maternal haemorrhage and ultimately maternal mortality. The objective of this study is to show that minimal invasive techniques over the years prove to be a valuable approach in the management of CSEP with less bleeding, improved recovery time, ability to protect and promote future fertility and to avoid recurrence of CSEP.

**Case Series:** We report a case series of 6 clinical cases of CSEP diagnosed by 2D transvaginal ultrasonography. In two cases, on hysteroscopy gestational sac was well visualized and managed by suction evacuation alone and checking the integrity of scar after the procedure hysteroscopically. Rest four cases were managed with combined approach. Initially temporary bilateral uterine artery ligation at origin was done in two cases to minimize anticipated blood loss. The other two cases were managed by instilling injection vasopressin around the uterine scar alone without ligating uterine arteries. Blood loss was observed to be similar in both the scenarios, with and without bilateral ligation of arteries. Postoperative period was uneventful in all the cases with no RPOCs or persistent elevation of Beta-HCG.

**Conclusion:** Surgical management of CSEP can be performed safely and efficiently under hysteroscopy and laparoscopy. The combined approach is an effective treatment strategy, particularly for ectopic sacs that are deeply implanted through the uterine wall.

[P-3/6]

## Highly Sensitive C-reactive Protein as Predictors of Severe Features in Pregnancy Induced Hypertension

**Pallavi Mourya, Jyotsna Suri**

VMMC and Safdarjung Hospital, Delhi, India

**Introduction:** Pregnancy induced hypertension (PIH) affects about 5-10% of pregnant women and is one of the leading causes of maternal morbidity and mortality. Systemic maternal inflammatory response is proved to be enhanced in pre-eclampsia in various study. Early identification of inflammatory marker such as highly sensitive C reactive protein (hs-CRP) may help in prediction of severe pre-eclampsia and prevent its complications.

**Objectives:** To define the cut off value of hs-CRP and its predictive value for diagnosing severe features in pregnancy induced hypertension.

**Methods:** 85 pregnant women with gestational age  $\geq 28$  weeks with hypertension diagnosed after 20 weeks were included in

the study group and 85 pregnant women with normal blood pressure taken as control, blood (serum) investigation for hs-CRP level measured in all at the time of recruitment. These women were followed during the antenatal period and till time of discharge for development of severe features. Cut off value and the predictive ability of hs-CRP for developing severe features were determined.

**Results:** In this study it was found that among PIH pregnant women (cases=85) who developed severe features (n=36) found to have higher mean levels of Hs-CRP than who didn't developed (n=49); (9.33+6.42 vs 5.27+3.16,  $p=0.009$ ). It was found that Hs-CRP have diagnostic accuracy of 70.6% and the optimal cutoff of Hs-CRP was 7.65mg/L by ROC with sensitivity of 52.8% and specificity of 83.7%.

**Conclusions:** Worldwide 10-26% of mortalities are contributed by preeclampsia with severe features and eclampsia. Hence a test which can predict severe features in PIH is useful

[P-3/7]

## Pregnancy Following Augmentation Cystoplasty: Case series of course during four pregnancies in a patient and review of literature

**Minal Kashyap, Sonia Goswami, Shakun Tyagi**

**Poonam Sachdeva, Y M Mala**

Maulana Azad Medical College, New Delhi, India

**Introduction:** Pregnancy following augmentation cystoplasty is a rare case scenario. In the available literature, we found 74 such cases. The pregnancies in these cases were associated with complications such as pyelonephritis and preterm labor. We report three pregnancies in a 26 year old woman with a history of augmentation cystoplasty.

**Case Report:** Patient X, 26-year-old, P4L4 underwent augmentation cystoplasty in childhood, for decreased bladder capacity following bladder injury. Subsequently, patient lost her urinary continence and required intermittent self-catheterizations every 4-6 hours.

- Pregnancy 1: 7 Years back, presented at 30 weeks with pyelonephritis, managed with I/V antibiotics. Spontaneous labor at 35 weeks and delivered vaginally.
- Pregnancy 2: 4 Years back, with 3rd degree uterine prolapse. Managed with silicon ring vaginal pessary. Threatened PTL at 34 weeks. Pessary removed; packing done. Delivered vaginally. pessary reinserted 3 days after delivery.
- Pregnancy 3: 2 Years back, Ring pessary removed at 28 weeks, presented at 32 weeks with gross hematuria and PTL. PRBC transfusion and bladder irrigation was done. USG showed moderate bilateral hydronephrosis. Delivered vaginally at 33 weeks. Hematuria improved in 5 days.
- Pregnancy 4: 5 months back, at 31 weeks of gestation with preterm premature rupture of membrane and third degree uterocervical descent. However, no gross or microscopic haematuria. Patient had acute kidney injury and bilateral hydronephrosis with left pyonephrosis delivered vaginally at 32 weeks. After delivery, patient was transfused 2 units



of PRBC and for uterocervical descent, reposition and roller gauge placement with sterile acridine glycerine packing was done.

**Discussion and Review of Literature:** 43 out of 74 reviewed cases describe pregnancies with no obstetrical complications in these patients. However, UTI and hydronephrosis are most common complications that can lead to preterm labour. In order to ensure a good maternal and fetal outcome, regular bacteriological analysis of urine is indicated to ensure that all infections are treated aggressively to decrease incidence of PTL and pyelonephritis.

**Conclusion:** The goal of management of patients with augmentation cystoplasty is safe delivery, while preserving urinary tract integrity and renal function. Multidisciplinary coordination is essential between the obstetrician and the urologist preferably in a tertiary center.

[P-3/8]

### Feto Maternal Outcomes of Fibroid in Pregnancy: A retrospective observational study

**Nishtha Handa, Neha Pruthi**

**Kamna Dutta, Bani Sarkar**

Atal Bihari Vajpayee Medical College and  
Ram Manohar Lohia Hospital, Delhi, India

**Introduction:** Uterine fibroid is one of the most common intrauterine masses among females of the reproductive age. Although most of the uterine fibroids are asymptomatic during pregnancy, serious complications may occur.

**Objective:** of the present study was to assess the obstetric outcome (maternal and fetal) in pregnancy with fibroid.

**Methods:** A retrospective observational study was performed over a period from May 2019 to July 2021 at OBGYN Department in ABVIMS and RML hospital. 10 pregnant patients with fibroid >2 cm were taken in the study. A detailed history regarding Obstetric complications like caesarean delivery, malpresentation, preterm delivery, placenta previa, abruptio placentae, premature rupture of membranes, PPH were studied. Fetal complications like incidence of growth restrictions, low birth weight, NICU admission were also studied.

**Results:** In our study 20% pregnancies ended up in spontaneous abortions, only 1 fetus had congenital anomaly detected in antenatal period, 20% underwent red degeneration, 20% had abnormal placentation, and 20% had pre-eclampsia. 20% had malpresentation Preterm births were 30%. 40% were small for gestational age. None had FGR. 20% had vaginal delivery. 60% had to undergo caesarean. Prolonged labor was common about 40%. Only 1 baby i.e 10% had low 1 minute Apgar score. 30% had NICU admission for varied reasons. PPH was seen in 40 % cases.

**Conclusion:** Though most fibroids in pregnancy are asymptomatic but may be associated with some complications affecting the course of pregnancy and labor. So, such pregnancies have to be cautiously screened in the antenatal period, regularly followed to detect any adverse obstetric complications and to improve the outcome

[P-3/9]

### Study of Feto-Maternal Outcome in Previous Cesarean Section

**Soumya Darshan, Suvidya Singh**

**Poonam Kashyap, Latika Sahu, Sangeeta Gupta**

Maulana Azad Medical College and  
Lok Nayak Hospital, New Delhi, India

**Introduction:** Over the past decade, caesarean rates have continued to trend upward. The major contributions to this high rate are from previous CS. A successful VBAC has fewer complications than an ERCS while a failed trial of labour has more complications than an ERCS.

**Objective:** To study maternal and fetal outcomes in patients with previous cesarean.

**Methods:** This was an ambispective study done at Lok Nayak Hospital. All antenatal patients with previous CS admitted at our hospital were recruited in the study and their obstetric and perinatal outcomes were followed. Cases were also recruited retrospectively from January 1<sup>st</sup> 2021 to June 30<sup>th</sup> 2021. Relevant details were collected from their case records.

**Results:** Out of total 80 cases, a total of 52 patients (65%) were given trial of labour. Out of 52 patients given trial of labour, 28 patients (54%) had successful VBAC after 1 previous LSCS. 24 (46%) had failed VBAC and were taken up for emergency caesarean. 1 (1.25%) case of previous caesarean presented with rupture uterus and was taken up for caesarean hysterectomy. 27 (38%) patients underwent ERCS. There were 8 (10%) NICU admission, 4 (5%) were still birth.

**Conclusions:** Patient evaluation prior to TOLAC, careful observation throughout labor in a well-equipped hospital with facility for emergency surgery and availability of expertise is the backbone for successful VBAC.

### E-Case Reports

Poster Session 4

**Date:** 27<sup>th</sup> August, 2021 | **Time:** 10:45 am - 11:30 am

**Date:** 28<sup>th</sup> August, 2021

**Time:** 10:45 am -11:30 am | **Time:** 03:30 pm - 05:30 pm

[P-4/1]

### Case Report on Pregnancy with Multiple Leiomyomas

**Shreya Gautam, Medha Yadav**

ESIC PGIMSR & Model Hospital Basaidarapur, New Delhi, India

**Introduction:** Uterine fibroid is the commonest benign smooth muscle tumour of the female reproductive tract with an estimated incidence in pregnancy of 0.1–2%.

**Case:** A 28yrs old primigravida at 36 wks of gestation with preeclampsia and moderate anemia presented to casualty with raised BP associated with proteinuria. On reviewing her antenatal scans she was found to have multiple submucosal and intramural fibroids with largest measuring 10x5 cm and

a cervical fibroid overlying internal os measuring 5x3 cms. On examination her PR: 98bpm and BP was 154/98 mmHg with +2 proteinuria and baby was in cephalic presentation with FHS dipping to 100 bpm. Preoperatively her Hb was 8.6gm%. Patient underwent emergency caesarean section for preeclampsia with fetal distress under spinal anaesthesia. Intra-operatively Uterus opened by kerr's incision and USG findings were confirmed. A large sub-mucosal fibroid of 10x5 cms in anterior wall of uterus was seen compressing baby's head. Additional multiple subserosal fibroids were also seen on uterine surface. An alive boy baby was extracted; baby cried at birth and weighed 2.5kgs. Haemostasis was secured, and estimated blood loss was 500 to 600ml. Patient was kept on Syntocinon infusion for 12 hours postoperatively anticipating risk of Postpartum haemorrhage. Patient was transfused 1 unit PRBC in post-op period.

[P-4/2]

## Genital TB presenting as Deep Vein Thrombosis

**Sonal Sangwan, Bindu Bajaj, Anjali Dabral**

Vardhman Mahavir Medical College and Safdarjung Hospital, New Delhi, India

**Case:** Deep vein thrombosis (DVT) is formation of semisolid coagulum within deep veins. Stasis of blood, endothelial damage and thrombophilia are factors for development of DVT. A 37 year unmarried female, presented to gynaecology OPD with history of bilateral leg swelling and right sided inguinal pain for 2.5 months. She was taking 3 mg warfarin, prescribed from district hospital. Examination revealed right sided matted axillary lymph nodes, tenderness and swelling of the both limbs. A tender midline abdominopelvic mass of 10\*12 cm was observed. Doppler confirmed DVT. Ultrasound revealed bilateral complex cystic ovarian masses? Endometriomas associated with acute thrombophlebitis. MRI revealed complex cystic lesions, dilated tubular structures in bilateral adnexa with infective/inflammatory ovarian cyst. Tumour markers were negative. Patient needed laparotomy with removal of adnexal masses. Preanesthetic clearance team advised CTVS consultation, CTVS team advised IVC sieve insertion. All super-specialities infrastructure was being utilised for COVID, it was decided to aspirate the mass to give temporary relief to patient. Thick greenish pus was aspirated under ultrasound guidance and sent for investigations. Diagnosis of infective/inflammatory mass was made. Patient did not respond to antibiotics given as per culture sensitivity reports. Genital tuberculosis is a diagnostic dilemma. ATT was started. Patient was followed with monthly ultrasounds. She started improving symptomatically after ATT. Size of TO masses was reduced, DVT subsided, anticoagulation was stopped. Therefore clinicians should consider genital tuberculosis as differential diagnosis when encountering clinical presentation of pelvic mass with DVT. Early initiation of ATT and anticoagulant therapy can prevent fatal complications of the disease.

**Keywords:** Genital TB, Pelvic mass, deep vein thrombosis.

[P-4/3]

## Ovarian Mucinous Cystadenoma Complicating Pregnancy- A case report

**Padmini Kumari**

Mahaveer Cancer Hospital

**Introduction:** Diagnosis of ovarian tumor during pregnancy presents a management dilemma.

**Case:** A case of huge ovarian cyst adenoma complicating pregnancy in a 25 years old gravida 3, previous two caesarian, presenting at 13 Weeks of pregnancy. She was referred from periphery for uterine size more than the period of gestation and ultrasound (USG) showing complex 25x12 cm ovarian cyst. USG was inconclusive. Planned exploratory laparotomy with left sided salpingoophorectomy was done under general anesthesia at 22 week of gestation. Post-operative period was uneventful. Patient was delivered by LSCS at 38 week of gestation.

**Discussion:** Most ovarian masses found during pregnancy are not malignant, even the malignant masses present at an earlier stage during pregnancy. Though there are suggested and researched standardized methods of care for ovarian cancer there is still not enough research due to its rarity. Treatment of ovarian cancer during pregnancy is individualized. If the tumor is in advanced stage, treatment should go on as if there were no pregnancy. Conservative surgery is reserved for early stage disease. Unless malignancy is suspected elective surgery should be delayed until 2nd trimester when the risk of spontaneous abortion is less and hormonal dependence on corpus luteum of pregnancy is reduced, also functional cysts will resolve by this time.

**Conclusion:** Management of ovarian tumors during pregnancy should be individualized. Patient should also be involved in decision making especially if there is suspected malignant ovarian mass. Accurate diagnosis and timely intervention results in good antenatal outcome.

**Key words:** ovarian cyst, pregnancy, management.

[P-4/4]

## Laparoscopic Management of Utero-cutaneous Fistula

**Shikha Sharma, Sampath**

**Amarinder Singh, SD Poddar**

Command Hospital, Chandimandir

Utero-cutaneous fistula is a rarity with only 15 cases reported in the last 20 years. It is usually seen following uterine surgeries, especially caesarean sections. Other etiologies include iatrogenic trauma, incomplete closure of uterine wound after surgeries, endometriosis, intra-abdominal infection, drain use, dislocation of intra-uterine devices. We present the case of a primigravida who underwent a caesarean section for failed induction of labour at term at another hospital and presented to us, two months later, with discharge from a small opening at one end of the abdominal scar and abdominal pain while passing urine. The discharge turned bloody when she got her first period after the delivery. CECT showed a tract communicating between the skin and the uterus. She was managed by laparoscopic fistula



tract excision with debridement of the necrotic uterine wall with subsequent repair of both the uterine defect as well as the deliberate cystotomy wound. The patient at her three month follow up is doing well.

[P-4/5]

### **A Rare Case Report of Massive Ovarian Mucinous Cystadenoma in a 12 Year Old Girl**

**Vaishali Gautam, Harsha S Gaikwad**  
VMC and Safdurjung Hospital, New Delhi

**Introduction:** Mucinous cystadenomas are among the most common benign ovarian neoplasms. They are known for their massive size causing compressive effects ranging from pressure, pain, bloating, and urinary symptoms. Although benign ovarian mucinous tumours are rare at the extremities of age, before puberty and after menopause, they are common between the third and the fifth decades.

**Case:** A rare case of a large mucinous cystadenoma, with a size of 32cm\*23cm\*10cm in a young girl of age 12years. This case describes the importance of extensive diagnostic evaluation and prompt surgical management of these ovarian tumors. It also brings attention to the significance of diagnosing the occurrence of epithelial ovarian tumors in a very young age.

[P-4/6]

### **Triple the Ovaries – Triple the boon or bane!**

**Kaloni Subramani, Kallol Kumar Roy, Rinchen Zangmo, Nilanchali Singh, Asmita Saha**  
All India Institute of Medical Sciences, New Delhi, India

**Introduction:** Ovarian tissue additional to two normal ovaries is a very rare finding, the etiology, terminology, classification and management of which is still debated. Ectopic ovaries include accessory ovaries and supernumerary ovaries incidence of which is 1:290000 to 1:700000 gynecology admissions. Preoperative diagnosis of this phenomenon is notoriously difficult and one of the most under reported Gynecological condition.

**Case:** 18-year-old unmarried girl presented with mass per abdomen. On examination had a 24 weeks abdomino pelvic mass. Radiological examination revealed a 17.5\*15\*12-centimeter multicystic multiseptated lesion. Tumor markers being normal patient underwent laparoscopic removal of the cyst. Intraoperatively 20\*20-centimeter cyst identified arising from left ovary and an ovary like structure seen adjacent to the left ovary with ligamentous attachments to the pelvic side wall. Biopsy was taken from the ovary like structure. Post operatively histopathology report proved that it was indeed ovarian tissue (accessory ovary) and the cyst to be a serous cystadenoma.

**Conclusion:** Accessory ovaries or supernumerary ovaries are of great clinical significance as they have a strong association with various congenital malformation and neoplasms. Suspecting an additional tissue plays a decisive role in the management of certain conditions where the removal of all

additional ovarian tissue is crucial, such as hormone dependent neoplasia, preventive oophorectomy and radical treatment of endometriosis.

[P-4/7]

### **Acute Vaginitis: A rare case of labial adhesions**

**Anshul Grover**  
Babu Jagjiwan Ram Memorial Hospital, Delhi

**Introduction:** Labial adhesions occur most often in infants and young girls and are associated with low estrogen levels. Herein, we report a case of labial adhesion in a 24-year-old young girl, who presented with acute retention of urine.

**Case:** The young girl had history of voiding difficulty and of recurrent urinary tract infection for past 6 months. Clinical examination revealed normally developed external genitalia and a thin membrane occluding the introital opening. Her secondary sexual characters were normal; the vagina was inflamed and congested. Dermatological examination and micturating cystourethrography were normal. The patient was managed by surgical adhesiolysis. She was asymptomatic at three months follow-up with completely healed labia.

**Discussion:** Labial fusion is rare in reproductive age group, due to sufficient levels of estrogen. Vaginal laceration after child birth, female circumcision, herpes simplex or dermatological conditions due chronic inflammation can cause labial scarring and fusion. In the present case, inflammation and irritation secondary to vaginitis may have caused superficial epithelium of labia to heal with fibrous adhesions thereby occluding the introitus. Recurrent urinary tract infection may have been the result of her passing urine and menstruating through the same opening. The diagnosis is clinical and the condition requires surgical adhesiolysis.

**Conclusion:** In young women irrespective of normal estrogen levels, untreated acute severe vaginitis can be a cause of labial adhesions.

[P-4/8]

### **Adnexal Torsion**

**Shaheen**  
Obstetrics and Gynaecology, VMMC & Safdarjung Hospital

**Introduction:** Adnexal torsion is a Gynaecology emergency. Most common etiologies behind adnexal torsion are benign teratoma and ovarian cyst. Torsion can result in ischemia of structures distal to the twisted pedicle which if delayed for surgical correction can lead to ischemic necrosis of ovary and preserving of fertility can be challenging. Most common symptom of Adnexal torsion is acute onset severe abdominal pain. Process of torsion occludes lymphatic and venous drainage of involved adnexa therefore torqued viscus rapidly increases in size and can be easily palpated on examination and can be detected on USG. Diagnosis of ovarian torsion is challenging. Surgical diagnosis laparoscopy and laparotomy remains diagnostic and therapeutic method of choice if suspicion of ovarian torsion on images. If ovarian torsion is suspected, timely

intervention is indicated to preserve ovarian function and prevent further complications.

**A Case of Ovarian Torsion:** A complicated case of adnexal torsion with ischemic necrosis of involved ovary and fallopian tube, presented with complaint of pain abdomen since 2 days. A large tender mass was palpable on p/v examination. Ultrasound findings were suggestive of adnexal torsion. Prompt surgical intervention was done and necrosed right sided twisted adnexa and ovary with paraovarian cyst was found. This case describes the need for prompt urgent surgical intervention required in case of ovarian torsion to preserve fertility and prevent further complications.

[P-4/9]

## **Carcinoma Larynx in Pregnancy: A case report**

**Sara Guleria, Sandeep Singh, Prof. Rama Thakur  
Prof. Kushla Pathania**

Indira Gandhi Medical College, Shima, India

**Introduction:** Cancer complicates approximately 0.1% of all pregnancies. Head and neck cancer during pregnancy is uncommon. Specifically, laryngeal cancer in pregnancy has only been previously reported 10 times.

**Case:** A 26 years old female (G<sub>2</sub>P<sub>1</sub>L<sub>1</sub>A<sub>0</sub>) at 30 weeks 3 days of pregnancy presented with pain in the throat, change in quality of voice and difficulty in swallowing for the past three months and with difficulty in breathing for the past 2-3 days. There was presence of cervical lymphadenopathy on the left side at level III of size 3x2 cm which was firm, non-tender and mobile.

**Nasopharyngoscopy:** Ulcero-proliferative growth present on bilateral false vocal cord, bilateral arytenoids, bilateral aryepiglottic folds and post cricoid region. The histopathological report confirmed the presence of moderately differentiated squamous cell carcinoma; Stage: T3 N1 M0 Patient underwent an elective caesarean section. Patient has currently received 5 cycles of chemo-radiation. She is doing well.

**Discussion:** From a maternal outcome perspective, 60% of laryngeal cancer during pregnancy cases reported recurrence-free survival. Patient should be counselled on the risk for potential disease recurrence after treatment and delivery.

**Conclusion:** Thus pregnant cancer patients should be treated in a multidisciplinary setting with access to maternal and neonatal intensive care units.

[P-4/10]

## **Ulipristal Acetate: Should it be used before Myomectomy?**

**Anuheet Sethi, Payal Dey, Bindu Bajaj**

Department of Obstetrics and Gynaecology, VMMC and  
Safdarjung Hospital, New Delhi

**Introduction:** Uterine Leiomyoma are most common benign tumours of the uterus. They are usually asymptomatic but sometimes they are associated with HMB (Heavy Menstrual Bleeding), infertility and recurrent pregnancy loss. Apart from

medical therapies to reduce the size of fibroids in patients of infertility, surgical removal is needed if it is a submucosal fibroid.

**Case:** A 29 year old female presented with primary infertility, HMB and dysmenorrhea. Her Endometrial biopsy showed secretory endometrium with no evidence of tuberculosis. Her tubes were patent on HSG. TVS showed a large Fibroid 6\*6 cm in fundo-anterior wall, also there were 4-5 small fibroid, 2-3 cm in size dispersed in posterior wall of uterus. The large fibroid was submucosal. Type 2 (FIGO Classification). She was given Ulipristal for 6 months and Myomectomy was done following that. Intraoperatively it was noticed that the 6cm large myoma slipped out with ease from within a 3 cm incision in the uterus. Also the myomas in the posterior-fundal wall of the uterus were slipping out as if glued to the main mass.

**Discussion:** The use of Ulipristal preoperatively effectively controls the bleeding and reduces size of myoma by 70%. The specimen of our case showed how gelatinous the connective tissue was around the fibroid forming one large mass.

**Conclusion:** Ulipristal may counter the effects observed with GnRH agonist which when used prior to myomectomy causes loss of tissue planes and results in missing out a few fibroids.

[P-4/11]

## **Induced septic Abortion- A life threatening complication even in modern era**

**Priyanka Yadav, Jayati Nath**  
SGT University, Budhera, Gurgaon

**Introduction:** Uterine perforation is uncommon but potentially serious complication of surgical abortion. It is usually recognized when instrument passes without resistance deep into pelvis.

**Case:** A 24 years old, P3L3A2, presented to OPD with complaint of bleeding per vaginum, associated with pain abdomen since 15 days. She had history of suction and evacuation 21 days back at about 12week gestation. She also had complaint of fever on and off, decreased appetite. On examination patient was haemodynamically stable, mild Pallor present. On per abdominal examination, tender boggy mass ~24week size, felt arising from pelvis. Foul smelling blood mixed discharge present on per speculum. Per vaginum, ~14week size uterus matted with mass, tender and boggy pouch of Douglas. Viral markers done, HBsAg reactive. On USG, gas under diaphragm present, bowel loops dilated with multiple air fluid levels and forming a mass near fundus. After antibiotic coverage, Exploratory Laparotomy followed by total Abdominal Hysterectomy done after taking universal precautions. Per operatively, ~20 ml foul smelling, purulent discharge seen in abdominal cavity, Omentum with Bowel loops adherent to uterine fundus forming a closed loop, ~2 cm rent seen on uterine fundus with areas of necrosis. Bowel loops entering the rent and sealing it. Patient made uneventful post-Operative recovery.

[P-4/12]

## Unusual Finding of Ovarian Serous Cystadenoma in an Adolescent Girl

**Somya Gupta**

SGT Medical College

**Introduction:** Epithelial tumor comprise of 60% of all ovarian neoplasm and 40% of benign tumor. The Ovarian serous cystadenoma are rare in children as well as in adolescent. They are the commonest type of ovarian epithelial neoplasm. The peak incidence is at the 4<sup>th</sup> to 5<sup>th</sup> decades of life. We present a case of a 12 year old adolescent girl with symptoms of serous cystadenoma ovary.

**Case Report:** A 12 year girl presented to gynaecology OPD with the complaints of amenorrhoea since 2 months of pain in abdomen more on right side since one month which is mild continuous, cramping in nature and also complain of increase in weight gain (especially in the last 3 months). Patient also gave history of constipation (once in 2 days) and history of hesitancy in urination which has aggravated. On Examination - Her vital were normal and her BMI is 32.1 and weight is 63 kg and flushing present over her face, no excessive face hair growth seen, mass felt 20×15cm, non-tender, no local rise of temperature, non-mobile Local examination- external genitalia was normal. Her USG shows pelvic abdominal anechoic cyst 23×18×11cm. MRI shows-Pelvic abdominal cyst s/o ovarian cystadenoma (24×20×13) in left adnexal regional and reaching upto the upper pole of left kidney. After taking informed consent an exploratory laparotomy with left ovarian cystectomy was done on 27.02.2021 under general anaesthesia. Patient was discharged on 03.03.2021 with uneventful post-operative period. Patient followed up after one week with her cytology report shows occasional degenerated cells only. No atypical malignant cells seen. Her histopathology report shows – serous cystadenoma with focal epithelial proliferation.

**Discussion:** Ciftci et al have reported a 14 year adolescent girl with complaint of abdominal pain and severe abdominal distention. After surgery the mass was found to be ovarian serous cystadenoma on histology.

**Conclusion:** Serous cystadenoma is common after the 3<sup>rd</sup> decade of the life and has less impact on the reproductive life of the person. The present case reports the similar condition in an adolescent girl and the impact might affect the reproductive life in her adult life.

[P-4/13]

## A Curious Case of Acute Coagulopathy of Pregnancy

**P Soumya Singh, Poonam Kashyap  
Sangeeta Gupta**

Department of Obstetrics and Gynaecology  
Maulana Azad Medical College, Delhi, India

**Introduction:** Acute Fatty Liver of Pregnancy (AFLP) is a rare, catastrophic disease affecting women in 3<sup>rd</sup> trimester of pregnancy with mortality as high as 25 percent. It is usually a diagnosis of exclusion and a strong index of suspicion can lead

to timely diagnosis. Delay in diagnosis is associated with morbid complications with high mortality.

**Case:** We report a case of 19 years old lady with 34+2 weeks pregnancy with DCDA twin with FGR in both twins presented with complaints of nausea, vomiting, peri-umbilical itching for 1 month, and fever and jaundice for 3 days. Her coagulation parameters, liver function test, and kidney function test were grossly deranged, USG suggestive of fatty liver. A clinical diagnosis of AFLP with AKI was made. Plan of termination of pregnancy after stabilization and PT-INR correction was made. The patient was induced by dinoprostone gel and delivered vaginally, liquor was meconium stained. 1st baby -male, 1700 gm, APGAR 3/7/8 while 2<sup>nd</sup> baby -male, 1300gm with APGAR 1/5/5, did not cry immediately and were admitted in NICU. The first baby was on CPAP for 2 days and second was intubated for 2 days. The postpartum course was complicated by puerperal sepsis and generalized tonic-clonic seizures. MRI was reported to be normal. Both mother and babies were discharged on day 23 of delivery.

**Conclusion:** Early suspicion and intensive management in AFLP is the key to a good fetomaternal outcome.

[P-4/14]

## Primary Fallopian Tube Carcinoma - Clinical diagnosis dilemma

**Meena Parihar, Reena Yadav, Nishtha Jaiswal**

Lady Hardinge Medical College, New Delhi, India

**Introduction:** Primary fallopian tube carcinoma is a rare gynecological malignancy accounts for less than 1 percent however its prevalence may be underestimated given that most ovarian serous carcinoma originate in the fimbria of fallopian tube and some from Mullerian remnants in coelomic epithelium. Its diagnosis is challenging due to its vague sign and symptoms on presentation and diagnosis is difficult preoperatively.

**Case:** A case of 47 years old postmenopausal woman P3L3 who presented with vaginal bleeding. The laboratory testing and gynecological examination were grossly unremarkable. Gynecological ultrasound suggested left adnexa normal, in right adnexa there was irregular heterogeneous solid lesion of size 10.6x5.4x6.8 cm. The lesion involving right ovary, the fat plane between ovaries appears to lose increased internal vascularity suspicious of neoplastic etiology. Her CT scan and PET scan were suggestive of similar findings of solid right adnexal mass. Endometrial biopsy was suggestive of endometrial hyperplasia without atypia and CA125 and inhibin was raised. Patient underwent total abdominal hysterectomy with bilateral salpingo-oophorectomy followed by omentectomy.

Histopathological examination showed endometrioid adenocarcinoma of right fallopian tube FIGO grade 2 with presence of cyst filled with serous fluid in right ovary, left tubes and ovary were unremarkable. Peritoneal washing were negative for malignancy. She was diagnosed as primary fallopian tube carcinoma on the basis of histopathology and started on chemotherapy with carboplatin and paclitaxel and has received two cycles till now.

**Discussion:** Primary fallopian tube carcinoma is the rare

gynaecological malignancy. Vaginal bleeding is the most common symptom present in almost 50% of cases. Endometrial carcinoma should be the first differential diagnosis, but fallopian tube carcinoma should be considered when endometrial curettage is negative and symptoms persist.

**Conclusion:** As the clinical presentation of primary fallopian tube carcinoma tends to be nonspecific and is often underdiagnosed so it should be considered as differential diagnosis whenever woman presents with vaginal bleeding or pain abdomen.

[P-4/15]

## Make Way Through Adhesions

**Deepika Kashyap, Kallol Kumar Roy  
Nilanchali Singh, Saumya Kulshreshtha  
Anjali Raj, Priyanka Das**

All India Institute of Medical Sciences, New Delhi, India

**Introduction:** Severe adhesion between uterus and bladder or rectum, especially caused by previous surgeries or endometriosis may pose a great challenge for surgeon in laparoscopic surgeries.

**Case:** A 47 year old P2L2 lady with previous 2 lower segment caesarean section, presented with AUB-L. She was planned for total laparoscopic hysterectomy. On insertion of primary port, uterus and bladder was found to be densely adhered to anterior abdominal wall. We decided to go about by laterally dissecting the bladder creating planes between bladder and anterior abdominal wall and proceeding further with dissection thus creating safe planes minimising the risk of injury to bladder, ureter, rectum and major blood vessels.

**Conclusion:** laparoscopic surgeries are minimally invasive methods which gives us the benefit of less operating time, shorter hospital stay and minimal blood loss. On the contrary if there are adhesions between structures due to previous surgeries, it might lead to longer operating time, risk of injury to vital organs around and increase risk of thermal injuries as well. Thus meticulous surgical technique is crucial when planning laparoscopic surgeries on such patient.

[P-4/16]

## The Abdomen- A human pandora's box

**Ria Katwala, D Y Patil**  
DY Patil Medical College, Pune

**Introduction:** In the past two decades there have been many great advances in imaging, to the extent that the diagnosis is almost certain before performing laparotomy or laparoscopy in a case of lump abdomen. Sometimes a massive abdominal lump in the reproductive age group can be challenging to diagnose and treat in spite such advanced imaging modalities, and we present one such case.

**Objective:** To realize that abdomen still remains a Pandora's Box.

**Case:** 37 year old nulligravida reported with a gradually growing lump occupying almost the whole abdomen and nonspecific complaints. After clinical examination and detailed investigations a provisional diagnosis of right adnexal probably ovarian mass was made. Intraoperative, a right cornual fibroid of 3.7 kg was excised. Both ovaries were normal. Fertility was preserved.

**Conclusion:** Differential diagnosis should always be considered before surgery to tackle rare cases where the intra-operative diagnosis is contradictory to preoperative diagnosis and is discovered on operation table.

[P-4/17]

## Recurrence of Osteogenesis Imperfecta Type II in Normal Parents: Rare but possible

**Bhawana Meena, Manisha Kumar, Sana Ansari**  
Lady Hardinge Medical College, New Delhi, India

**Introduction:** Osteogenesis imperfecta (OI) is a group of rare inherited disorder of connective tissue with the common feature of excessive fragility of bones with the prevalence at 1/15,000 births. 90% of cases are associated with mutation in collagen type 1.alpha 1, COL1A2 gene.

**Objective:** To present the prenatal diagnosis of recurrent osteogenesis imperfecta with unaffected parents.

**Materials and Methods:** A 27 year old G2P0L0A1, having non consanguineous marriage was referred to fetal medicine clinic at 18 weeks with ultrasound showing fractures and short long bones. There was history of similar affection in the previous pregnancy, in which termination of pregnancy was done followed by infantogram of the baby which showed multiple fractures and nibbling of long bones suggestive of lethal osteogenesis imperfecta.

**Results:** Review targeted scan showed that all long bones were short and less than 3rd centile. There were multiple fractures and healing with abnormal curvature of bilateral femurs. The FL/AC and thoracic circumference / abdominal circumference were done and suggested lethal skeletal dysplasia. History from parents did not reveal any family history of disorder and the sclera of the parents were normal on examination. Medical termination of pregnancy was done after consents. Cord blood was saved; baby was examined from head to toe. Infantogram suggested osteogenesis imperfect type II. The next generation sequencing showed COL1A1 c1777GA mutation which has autosomal dominant inheritance.

**Conclusion:** Prenatal diagnosis is easier in presence of positive family history and a precise description of phenotype. Recurrence in families may result from either dominant or recessive inheritance. Mutation identification is an important tool to assess risk and facilitates prenatal diagnosis in next pregnancy. Autosomal dominant OI may recur in the offspring of unaffected parents with parental gonadal mosaicism.



[P-4/18]

## **Pearl Syndrome: A cardio-facial anomaly**

**Ankita Mann, Sumita Mehta, Anshul Grover, Vikas**

Babu Jagjivan Ram Memorial Hospital, Jahangirpuri, New Delhi

**Introduction:** The occurrence of bilateral anotia or microtia with cardiac malformation is well known.

**Case:** We are reporting a case of baby born with unusual features of bilateral anotia, right sided facial palsy and congenital heart disease. The baby was born of consanguinous marriage at term with birth weight of 2.8 kg. He was symptomatic of a non-restrictive ventricular septal defect with congenital acynotic heart disease. On CNS examination baby had poor cry and right sided lower motor type facial palsy. MRI brain showed no abnormality.

**Discussion:** Firstly, presence of anotia with facial palsy and congenital heart disease was described by Pearl in 1984 and this triad now known as pearl syndrome. Such cases has been reported in association with teratogenic effect of thalidomide and retinoic acid. Karyotyping should be done in such cases for early diagnosis.

**Conclusion:** Early and timely diagnosis of Pearl syndrome is helpful in better management and counselling of parents for outcome of disease in future.

[P-4/19]

## **Multiple Jeopardy in Pregnancy; A Case of Pregnant Woman with Autoimmune Poly-glandular Syndrome Type 3**

**Deeksha, Shainy, Soumya, Deepali Garg, Nilanchali Singh, K Aparna Sharma**

Department of Obstetrics and Gynaecology, AIIMS, New Delhi

**Introduction:** Autoimmune polyglandular syndromes (APS) are conditions characterized by the association of two or more organ-specific disorders. APS Type 3 is characterized by autoimmune thyroiditis along with another organ-specific autoimmune disease like diabetes mellitus, pernicious anemia, vitiligo, alopecia, myasthenia gravis, and Sjogren's syndrome. If undiagnosed and untreated, autoimmune polyglandular syndromes may pose a serious risk to patients. Managing such patients in pregnancy may be challenging. It is a rare condition and its exact prevalence is not known due to its rarity. There are very few published case reports of APS in pregnancy and we could not come across any report with APS-III.

**Case:** A case of pregnant woman with autoimmune polyglandular syndrome type 3 with autoimmune hypothyroidism, secondary adrenal insufficiency, polyarthritis, secondary Anti-Phospholipid antibody syndrome (APLA), vitamin D deficiency, Interstitial Lung Disease with stage 1 FGR and moderate anemia. Patient was on oral Eltroxin and hydroxychloroquine. Patient was evaluated for secondary adrenal insufficiency with serum ACTH and serum cortisol, which were found to be normal. 2-D Echo was done to rule out Pulmonary Arterial Hypertension, which was found to be normal. She followed up with endocrinologists and her hormone profile was done once in each trimester.

Patient had antepartum hemorrhage at 36 weeks of pregnancy, for which she underwent emergency lower segment caesarean section. She was well monitored in post-partum and was advised for regular follow up.

**Conclusion:** APS-3 is an extremely rare condition and needs multidisciplinary approach in management. Antepartum hemorrhage is a risk due to associated APLA syndrome. Any women presenting with multiple endocrine disorders should be evaluated for these conditions.

[P-4/20]

## **Gestational Trophoblastic Neoplasm - A rare case report**

**Taslim Mansuri, Bindu Bajaj**

Department of Obstetrics and Gynaecology  
Safdarjung Hospital

**Introduction:** Gestational trophoblastic neoplasia (GTN) refers to a group of malignant neoplasms that consist of abnormal proliferation of trophoblastic tissue, and may follow a hydatidiform mole or a nonmolar pregnancy. GTN is comprised of the various histologic types.

**Case:** We report the first case of 24 year old parous female with complaint of amenorrhea and pain abdomen. History of suction and evacuation 7 months back. With raised hCG levels. USG and CT scan both s/o GTN outside endometrial cavity into myometrium, around left posterolateral wall of uterus and extending up to left parametrium. CT of chest suggestive of solitary nodule in the right lung. Patient receive 6 cycles of EMACO regime (FIGO score 9). After chemotherapy BHCG was negative with no residue of GTN. We observe it prospectively.

**Results:** presence of GTN around left posterolateral wall of uterus into myometrium extending into left parametrium and with lung metastasis. Post chemotherapy result was so surprising. Patient improved symptomatically, BHCG became negative and radiological evidence suggestive of no residue lesion in pelvis as well as in lungs.

**Conclusions:** Presence of GTN outside endometrial cavity is very rare. In this case it can be a consequence of breaching of endometrial cavity during suction and evacuation. Histopathological examination of retained product of conception is very important, we might miss out GTN.

[P-4/21]

## **A Case of Non Immune Hydrops Fetalis; Is it Multiple Pterygium Syndrome?**

**Sakshi Lalwani, Neha Bhagwati, Renu Arora**

VMMC and Safdarjung Hospital, New Delhi, India

**Background:** Hydrops fetalis refers to abnormal collection of fluid in fetal serous cavities and soft tissues. Nonimmune hydrops comprises of cases unrelated to red cell alloimmunisation. Multiple pterygium syndromes is a rare genetic disorder associated with NIHF and is characterized by webbing of neck, antecubital fossa and popliteal fossae and facial, skeletal and nervous system anomalies. Fetal akinesia



due to joint contractures restricts body movement leading to fluid collection. It has Autosomal recessive inheritance due to mutation in the CHRNG gene (2q31.1).

**Case:** A 24 year primigravida, married into a 3<sup>rd</sup> degree consanguineous marriage reported at 19 weeks POG in our Hospital with an ultrasound report showing cystic Hygroma. A detailed sonographic evaluation was done which showed cystic hygroma with fetal hydrops. No other anatomical malformations were detected and middle cerebral artery Doppler was not suggestive of fetal anemia. The mother was Rh positive with negative indirect Coombs test. Maternal serological testing for TORCH group of infections was normal. Amniocentesis was done and sample sent for karyotyping. Due to fetal prognosis, patient opted for medical termination of pregnancy followed by fetal autopsy. Fetus was grossly hydropic with cystic hygroma and showed characteristic phenotypic features suggestive of multiple pterygium syndrome. Clinical exome sequencing was advised for further genetic evaluation.

**Conclusion:** It is a rare and lethal disorder which has 25% chance of re-occurrence. So thorough genetic workup and prenatal counselling is essential. The final diagnosis can be made by Gene Sequencing study.

[P-4/22]

### **A rare case of Hypertriglyceridemia of pregnancy**

**Saambhavi**

Era's Lucknow Medical College and Hospital, Lucknow, UP, India

**Case:** A 24 year old female P1L1 presented to emergency on second day post cesarean with fever, chills and rigors for one day. The preoperative notes showed the presence of thick pinkish blood mixed with pus, which turned opaque white while sampling. On examination she had pallor and ultrasound showed bilateral mild pleural effusion with minimal Ascites. She was started on injectable antibiotics following which there was improvement in her symptoms. She was also started on Fenofibrate and orlistat following which her lipid profile improved and the blood stopped turning opaque white and she was then discharged against medical advice due to financial constraints.

[P-4/23]

### **A Rare Case of Congenital Chylothorax: Successful outcome**

**K Sravani Reddy, Sumitra Bachani, Sunita Malik**

VMMC & Safdarjung Hospital, New Delhi, India

**Introduction:** Congenital chylothorax is defined as the accumulation of lymph in the fetal pleural cavity.

**Objective:** To report a case of fetal chylothorax, its antenatal diagnosis, management and postnatal outcome.

**Case report:** A primigravida at 33 weeks POG was referred to the fetal medicine clinic in view of ultrasound done at 32 weeks suggestive of polyhydramnios with bilateral pleural effusion. The woman was Rhesus positive and ICT negative. Anomaly

scan, fetal echo, TORCH screening were normal. Ultrasound performed at 33 weeks revealed bilateral pleural effusion with polyhydramnios, skin edema (hydrops) and normal fetal Doppler's and placenta. No mediastinal shift was observed. Couple opted for QFPCR on amniotic fluid for trisomy 13, 18 and 21 which was normal. Left-sided thoracentesis done at 34 weeks 5 days showed lymphocyte predominance (> %95) suggestive of chylothorax. She went into spontaneous preterm vaginal delivery of a female baby of 2.79 kg at 36 weeks. Postnatally baby was grossly normal with generalized edema. Baby was Rhesus positive and DCT negative. Ultrasound on PND1 revealed right-sided pleural effusion with septations of 18 mm and mild free fluid in left pleural cavity. Ultrasound guided right sided pleural tapping was done suggestive of 95% lymphocytes. Baby was discharged on PND12 on low-fat milk diet. Ultrasound on day 30 of birth was normal.

**Conclusion:** Chylothorax should be included in differential diagnosis of fetuses with pleural effusion. Thoracentesis can serve the purpose of diagnostic and therapeutic modality which helps in counselling regarding various treatment.

[P-4/24]

### **Isthomocoele due to Genital Tuberculosis Leading to Delayed and Massive Secondary Postpartum Hemorrhage: A diagnostic dilemma**

**Ankita Agarwal, Nilanchali Singh, Juhi Bharti**

**K K Roy, Aparna Sharma**

Department of Obstetrics and Gynaecology, AIIMS, New Delhi

**Introduction:** A case of primipara with secondary PPH after caesarean delivery due to tuberculous endometritis and uterine scar niche, who was managed conservatively, to begin with but had to undergo hysterectomy eventually.

**Case Report:** We report a case of primiparaous lady with secondary PPH after caesarean delivery due to uterine scar niche. The patient presented with intermittent bleeding per vaginum with single episode of heavy bleeding, which was managed conservatively. She was diagnosed with scar niche on TVS. Medical management in form of combined estrogen and progesterone therapy was started along with antibiotic prophylaxis. However, the patient had massive bout of hemorrhage during the hospital stay and had to undergo hysterectomy. The histopathological findings of the scar niche area, were suggestive of genital tuberculosis. Also, the peritoneal fluid ADA level was raised, suggestive of tuberculosis. She was started on anti-tubercular therapy. The patient stayed asymptomatic during follow-up. This is the first reported case of scar niche formation due to genital tuberculosis, with a catastrophic presentation. Although, a life-threatening condition was averted, she had to undergo hysterectomy despite having further child bearing aspirations.

**Conclusion:** Uterine scar niche should be considered as a differential diagnosis of delayed PPH. Genital tuberculosis can be a cause of scar niche formation and attempts should be made to diagnose TB in cases of negative bacterial cultures.

[P-4/25]

## **Lithopedion Diagnosed During Infertility Workup: A case report**

**Banashree Nath, Robin Medhi**

All India Institute of Medical Sciences, Raebareli

**Case Report:** Lithopedion is an exceedingly rare entity in the modern era of medicine. Since the earliest case discovered in 1582 in France, less than 300 cases of lithopedion have been reported. Here we report a case of lithopedion in a young woman of 20 years resulting from ruptured ectopic pregnancy who attended our hospital for infertility. Laboratory workup revealed no abnormal values. X-ray of abdomen and pelvis in erect posture revealed radio-opaque shadow resembling foetal skeleton in right lumbar region. Ultrasound examination confirmed intra-peritoneal dead, calcified foetus of approximately 17 weeks gestational age along with an echogenic mass in left adnexa. Laparotomy was done and a calcified foetal skeleton adherent to the omentum was dissected off. Fallopian tube on the left side in the isthmic region contained a rent with a calcified growth that filled the tube causing a localized distension. Left sided salpingectomy was done. Postoperative recovery was uneventful. Only 4 months after the surgical procedure, the patient conceived. A rare entity though, lithopedion is not extinct and its diagnosis should not be missed in young infertile patients where period of retention may be small with minimal symptoms and vague obstetrical history.

[P-4/26]

## **Post-Partum Vaginal Hematoma Formation Due To Anticoagulation**

**Surbhi Joshi, Shalini, Nivedita, Uma**

**Y M Mala, Poonam Sachdeva**

Maulana Azad Medical College, New Delhi

**Introduction:** Vaginal hematoma is a rare complication of vaginal delivery (0.05% to 0.3%) which can cause serious maternal morbidity and can even be life threatening.

**Case report:** A 24-year-old G3P1L1A1 at 37+6 weeks of POG with RHD post MVR done in 2010 on Clexane presented in emergency with labour pains. Patient received inj. Clexane 8 hours back from the onset of labour with deranged INR (twice the normal) and delivered vaginally. Two hours after delivery patient complaint of perineal pain with urine retention. On examination a diagnosis of posterior vaginal hematoma of size 5\*4 cm was made which was managed conservatively and increased rapidly to a size of 10\*8 cm in 1 hour. Surgical evacuation was done under GA after correction of coagulation profile (6 FFP). 1 unit PCV was transfused during procedure and 1 after procedure. Post procedure patient kept on broad spectrum antibiotics and discharged on warfarin on day 5. Anticoagulation has found to be associated with an increased risk of hematoma formation as seen in this case. Management is generally conservative for small collections, surgery is needed when they acutely increase in size or there is worsening of symptoms.

**Conclusion:** It's important to have a careful watch and remain extra vigilant about every complaint as that can be the early warning signs of hematoma formation which if neglected can

result in severe complications like supra levator or retroperitoneal extensions which will need laparotomy and can increase further morbidities. Early recognition of risk factors (anticoagulation) and their timely management is equally important.

[P-4/27]

## **A Novel Laparoscopy Guided Approach to Myomectomy of a Giant Cervical Leiomyoma: Surgical Strike and Surgeon's Plight**

**Priyanka Das, Kallol Kumar Roy**

**Nilanchali Singh, Ashmita Saha, Anshul Kulshreshtha**

**Deepika Kashyap, Sonam Berwa**

Department of Obstetrics and Gynaecology, AIIMS, New Delhi

**Introduction:** Cervical myomas are rare presentation of fibroids with incidence of 0.6% worldwide. Myomectomy in a cervical fibroid is a nightmare for a surgeon due to its close proximity with vital structures like ureter, rectum, bladder and difficulty in maintaining structural anatomy. We present a case of a rare giant cervical fibroid managed with minimally invasive approach preserving fertility and cosmesis.

**Case Report:** A 30 year old unmarried female presented with 36 weeks size abdominopelvic mass for last 10 years. She kept on deferring the surgery in view of her cosmetic concerns and the fear of landing up into hysterectomy. On imaging it was reported as huge anterior uterine intramural fibroid. The possibility of leiomyosarcoma was excluded by imaging and tumor markers. During laparoscopy we faced difficulty and port placement was done using 5mm telescope. Upon visualisation a large anterior cervical fibroid was found. To the best of our knowledge this is the first case of myomectomy performed with a novel approach of laparoscopy assisted minilaparotomy for a giant cervical fibroid weighing 4 kg.

**Conclusion:** A large leiomyoma in young unmarried patient becomes a nightmare for her parents for cosmetic and fertility concerns. This novel approach of laparoscopy guided minilap myomectomy can address the concern of cosmesis in a young girl with large leiomyoma.

[P-4/28]

## **Large Vulvovaginal Hematoma Managed with Arterial Embolization: Review of a rare approach**

**Anupriya Narain, Poonam Sachdeva, Y M Mala**

**Shakun Tyagi, Mohit Gupta**

Maulana Azad Medical College and  
Associated Lok Nayak Hospital, Delhi, India

**Introduction:** The incidence of vulvovaginal hematomas is 2-4/1000 deliveries which if not timely diagnosed and managed can become life threatening. The management includes conservative or surgical depending on the clinical scenario.

**Objective:** To highlight the use of intervention radiology and arterial embolization as a suitable first line option in selected cases of vulvovaginal hematoma.

**Case Report:** A 25 year old primipara presented on postnatal day 3 with complaints of excruciating perineal pain and urinary retention. On examination, she was pale (Hb 7.1g %), afebrile, pulse rate was 100/min and BP 110/70mm Hg. There was a large hematoma (10x6 cm) on the right vaginal wall, the upper limit of which could not be reached. Immediate urinary catheterization was done and vitals were stabilized. Due to the large size of the hematoma, surgical exploration was deferred due to limited surgical dexterity in the vagina and subsequent risk of hemodynamic collapse. It was managed with arterial embolization immediately followed by blood transfusion. Surgical exploration was done one week later which was uneventful.

**Conclusion:** Proper judgement and patient selection can prevent catastrophic haemorrhage and ICU admission in cases of huge vulvovaginal hematomas. Interventional radiography with arterial embolization has emerged as a viable first line option in cases of large and/or recurrent hematomas.

[P-4/29]

## **Huge Abdominopelvic Mass Arising from Cervical Fibroid Around a Cervical Diverticulum: A case report and a review of literature**

**Arpita De, Reva Tripathi, Nidhi Gupta  
Abhinav Jain, Safia Rana**

Hamdard Institute of Medical Sciences and Research, Delhi

**Introduction:** Cervical fibroid growing over a primary cervical diverticulum is very rare. Only six cases of primary cervical diverticulum have been reported so far. Given this rarity, the diagnosis may be missed and may pose challenges for common gynecologists.

**Case:** A 44 year old woman presented to the hospital with a 18 week abdominopelvic mass with pain in lower abdomen and a failed surgery six months back, attempted to remove the mass. MRI gave the impression of a lower uterine segment fibroid. After due counselling, panhysterectomy was done as per patient wishes. Peroperative findings and histopathology report confirmed a cervical fibroid with a diverticulum within.

**Discussion:** Till date only 21 congenital uterine diverticula and six congenital cervical diverticula have been reported in literature. MRI is the imaging of choice.

Women may have menometrorrhagia, fertility issues, an abdominopelvic mass and pain abdomen. There may be intraperitoneal dense adhesions and fluid or pus collection within the diverticula, compromising postoperative recovery. MRI with final histopathology clinches the diagnosis. Resection of the cervical diverticulum with the fibroid or a hysterectomy can be done depending on the age and parity of the patient.

**Conclusion:** Cervical diverticulum is a very rare congenital anomaly. It can develop into a fibroid presenting as a big abdominopelvic mass. The diagnosis can be challenging and can be easily missed. It may get complicated with a pus collection in the diverticulum and subsequent sepsis, dense adhesions and may have future malignancy potential. Preoperative imaging and surgical planning are essential. Surgical options depend on the age and fertility status of the patient.

[P-4/30]

## **Management of Ruptured Ectopic Pregnancy on Anticoagulation Therapy - Report of rare case and review of literature**

**Uma, Lakshmi, Minal, Shalini, Shakun Tyagi  
Poonam Sachdeva, Y M Mala**

Maulana Azad Medical College, New Delhi

**Introduction:** Ruptured ectopic poses a great threat to women's life especially among the women who are on anticoagulation therapy with deranged coagulation profile. Bleeding in such patients is very severe and poses a very high risk of mortality.

**Case:** 28 years old female G2A1 with 8 weeks amenorrhea presented to gynaecology casualty with acute abdominal pain without history of bleeding per vaginum, trauma, and episode of syncope or loss of consciousness. Patient was a known case of DVT and was on tab warfarin 5mg OD for past 3 years. Her vitals were stable and coagulation profile was deranged.

**Diagnosis:** After initial assessment and USG a diagnosis of unruptured left tubal pregnancy with fibroid with red degeneration was made.

**Intervention:** Initially patient was managed conservatively with close monitoring while waiting for  $\beta$  HCG report but within few hours patient became hemodynamically unstable and decision for laparotomy in view of ruptured ectopic keeping in mind of the anticoagulation was taken. Before taking the patient to surgery, appropriate measures to reverse the anticoagulation were taken. Injection vitamin K and 2unit FFP were transfused preoperatively to correct the deranged coagulation profile. 2unit PCV and 2 more units FFP were transfused intraoperatively. Postop recovery was good and patient was discharged after 5 days on warfarin with INR of 2.3.

**Conclusion:** Patients with ruptured ectopic with severe intraperitoneal hemorrhage on anticoagulation is a deadly and emergency condition which requires more prompt and aggressive management including discontinuation of anticoagulation therapy, injection vitamin K for reversal and FFP transfusion for correction of coagulation profile before proceeding for surgical intervention.

On thorough research of literature only two cases of ruptured ectopic on anticoagulant were reported, hence we propose to discuss management in such case.

[P-4/31]

## **Placental Pathology in a Sars-cov2 Positive Patient with Abruptio Placentae - A case report**

**Barkha Vats, Nishtha Jaiswal**

Lady Hardinge Medical College, Delhi, India

**Introduction:** The effects of severe acute respiratory distress syndrome-associated coronavirus-2 on the placental tissue are still being explored. Whether these placental changes result in adverse fetomaternal outcome is not known. This is a report of Covid positive pregnant woman with abruptio placentae



unrelated to pre-eclampsia. On histopathological examination, the umbilical cord showed funisitis with increased peri-villous fibrin deposition on section from foetal and maternal surface of the placenta.

**Case Report:** A Covid positive 32 year old second gravida presented at gestation of 33 weeks with complaints of abdominal pain since one day and bleeding per vaginum. She had normal blood pressure. There was no precipitating factor for antepartum haemorrhage. On examination, the patient had significant pallor. The uterus was tense and tender. Fundal height corresponded to 36 weeks. Foetal heart sound was not heard. On per-speculum examination bleeding was present. On per-vaginum examination the patient was found to be in latent labour. The diagnosis of non-toxaemic abruptio placentae was made. Artificial rupture of membranes was done and blood mixed liquor was drained followed by torrential hemorrhage for which patient underwent an emergency caesarean section. She delivered a fresh stillborn foetus. Per operatively there was couvelaire uterus and placental weight was 260 grams with 750cc of retroplacental and 50cc of intra-placental clots. On histopathological examination the umbilical cord showed funisitis with increased peri-villous fibrin deposition on section from foetal and maternal surface of the placenta. The patient was managed supportively and was discharged in a stable condition after seven days of hospital stay.

**Conclusion:** SARS-CoV2 is characterized by the presence of a hypercoagulable state which may exacerbate pregnancy associated hypercoagulability. Histopathological presence of funisitis along with peri-villous fibrin deposition in the above patient may point towards an association with foetal vascular malperfusion.

[P-4/32]

### **Cryptococcal Meningo-Encephalitis in Pregnant Woman with COVID-19: Dreaded disease with fatal outcome**

**Niku Mandal, Soumya Kulshrestha, Shainy Nilanchali Singh, Deepali Garg**

**Nimisha Agarwal, Rinchen Zangmo**

**Jyoti Meena, Aparna Sharma**

All India Institute of Medical Sciences, New Delhi

**Introduction:** *Cryptococcus neoformans* infection is a known cause of meningoencephalitis in immunocompromised patients. However, it is less frequent in immunocompetent individuals. Here, we report a case of a 33-year-old, COVID-19 infected, pregnant patient with a history of several comorbidities, which lead to cryptococemia.

**Case Report:** We report a 33-year-old female, G2P1L1 at 22 weeks of gestation, a known case of autoimmune hepatitis with chronic liver disease and portal hypertension with COVID infection. Patient presented to AIIMS with complaints of severe headache, which was frontal and bilateral. During admission her blood pressure was found to be raised and was controlled with oral labetalol. MRI was performed which was suggestive of left sinus thrombosis and patient was started on anticoagulant therapy. As her headache persisted, a repeat MRI with MRV was

done which ruled out venous sinus thrombosis. Patient received injection mannitol and oral acetazolamide and improved for two days, however, later, she developed anhedonia, nausea, vomiting, and diplopia. Thereafter, lumbar puncture was performed and CSF was positive for cryptococcal antigen in latex agglutination test. Patient was started on amphotericin 200 mg IV OD and flucytosine 1.5 gm QID. Intra uterine fetus death detected later. Patient was induced and delivered vaginally. Patient remained sick and was admitted in ICU. She expired after 10 days of termination of pregnancy and the cause was multi-organ failure.

**Conclusion:** Cryptococcal meningitis should be considered in the patients with COVID-19, with any evidence of immunosuppressed state even in the absence of classical symptoms of meningitis like neck rigidity, fever altered sensorium. Patient may present with subtle sign or common complaints like headache only. This condition requires prompt treatment as the prognosis is grave.

[P-4/33]

### **Successful Pregnancy Outcomes in Pregnancy with Chronic Myeloid Leukemia (CML)**

**Anapti Anil, Sadia Mansoor, Poojitha Kanikaram**

**Deepali Garg, Nilanchali Singh**

**Rinchen Zangmo, Nimisha Agrawal**

**Aparna K Sharma**

Department of Obstetrics and Gynaecology, AIIMS, New Delhi

**Introduction:** Chronic myeloid leukemia (CML) is a rare myeloproliferative neoplasm with prevalence less than one in 10,000 pregnancies. Tyrosine kinase inhibitors (TKIs) are the standard of care but are teratogenic. Interferon alpha are safer than but not as effective as TKI. There are increased chances of disease progression during pregnancy especially if the cytogenetic and hematological response is not complete and medical treatment is stopped. We are presenting two cases of pregnancy with CML, which were managed successfully.

**Case:** A 34 years female, G2P1L1 at 25 weeks gestation with CML (Chronic phase) with severe anemia was referred to our institute. She was taking Nilotinib (TKIs) in the last 2 years and was in complete cytogenetic and hematological response. She was started on interferon-alpha during pregnancy. She was diagnosed with iron deficiency anemia and treated. At term she underwent ERCD and delivered a live and healthy baby. Postpartum she continued on interferon and breastfeeding.

The second case was of a 26 year, G2P1L1 with CML with B thalassemia trait who came to our hospital at 33 weeks. She was on imatinib (TKIs) for the last 1 year and was not in cytogenetic and hematological response. She was continued on Imanitib (TKIs) in view of incomplete response. Patient was diagnosed with stage 1 fetal growth restriction and was induced at 37 weeks. She delivered a healthy baby.

**Conclusion:** Pregnancy outcome can be optimized in a patient with CML with a multidisciplinary approach.

[P-4/34]

## Successful Outcome of Pregnancy with Guillain Barre Syndrome: Report of a rare case and review of literature

**Sakshi Aggarwal, Poonam Sachdeva, Y.M.Mala, Shakun Tyagi, Shalini Shakarwal, Anupriya Narain, Nivedita Tamta, Anuradha Sharma**

Department of Obstetrics and Gynaecology,  
Maulana Azad Medical College, Delhi, India

**Introduction:** Guillain Barre Syndrome is a rare autoimmune neurological disorder that has been reported to carry high maternal mortality risk of >10% if occurred during pregnancy. It is characterized by acute onset of symmetrical ascending paralysis with or without respiratory depression and autonomic dysfunction secondary to gastrointestinal or respiratory infection.

**Objective:** To study the maternal and fetal outcome in GBS with pregnancy

**Case Report:** A 30 years old multigravida presented at 19 weeks period of gestation with sudden onset back pain and bilateral lower limb weakness that progressed to involve bilateral upper limbs along with respiratory insufficiency. Based on clinical presentation and relevant investigations like serum electrolytes, arterial blood gas analysis, nerve conduction studies and a provisional diagnosis of GBS was made. In collaboration with the physician, she was managed with ventilator support for 12 days, intravenous immunoglobulin and supportive therapy. The patient had complete recovery and was extubated on 12<sup>th</sup> day and discharged on day 16. The patient was followed up with strict fetomaternal surveillance till term along with supplementation of tablet methyl cobalamin 1500 micrograms. She successfully delivered a healthy boy at 38 weeks of period of gestation by caesarean section done in view of grade 3 meconium stained liquor and fetal distress in early labour. Her post-operative course remained uneventful and was discharged on day 3 of LSCS..

**Conclusion:** To improve fetomaternal outcome, prompt diagnosis and early management with a multidisciplinary team approach should be used.

[P-4/35]

## Ovarian Dermoid Masquerading As Ambiguous Genitalia: A clinical conundrum

**Kavitha N, Revathy V, Jayanthi**

Guntur Medical College, Guntur, India

**Introduction:** Dermoid Cysts of ovary are the most common germ cell tumours. They are associated with 10 % bilaterally and are slow growing tumours.

**Objective:** To elucidate the variable phenotypic and clinical presentations of Dermoid cyst.

**Methods:** Consent for examination, conducting surgery, taking photos & invasive procedures and follow up of the patient done.

**Results:** Dermoid cyst can have variable phenotypic and clinical presentations

**Discussion & Conclusion:** A 30 year old came for evaluation of primary infertility. She was short, BMI -25kg/m<sup>2</sup>, had webbed neck and shield chest. She has well developed female external genitalia (labia majora, labia minora and vagina) and ill formed Male genitalia (micropenis and prepuce). Tanner stage was 2. Karyotyping revealed her as a genotypic female (46XX) with presence of Barr bodies She had an inguinal hernia. Surgical evaluation was done and mesh hernioplasty and micropenectomy were done. Patient was stable in the post-operative period. Hernial sac content was found to be dermoid cyst on histopathology.

**Conclusion:** Dermoid Cysts can have variable clinical and phenotypic presentations like inguinal hernia and ambiguous genitalia.

[P-4/36]

## Rare Case of EIN in Young Nulliparous Woman

**Ankita Srivastava, Tarun Das, Mamta Dagar  
Mala Srivastava**

Sir Ganga Ram Hospital, New Delhi

**Introduction:** Endometrial intraepithelial neoplasia is a rare disease in a young multiparous woman. It provides diagnostic dilemma as well as treatment challenges. We present here a case of EIN in a young multiparous woman.

**Case:** 28 year old nulliparous female presented in the gynae OPD with complains of pain in right lower abdomen since 6 months and heavy bleeding since 20 days. She was married for 4 years and came with primary infertility. Her periods were fairly regular. On physical examination, no abnormality was detected. Her BHCG was <1, AMH-2.11, Pap smear was NILM. CT scan showed a soft density enhancing lesion in endometrial cavity likely suggestive of polyp. Hysteroscopic D&C followed by polypectomy was performed. It revealed multiple polypoidal areas in endometrium. Histopathology of the endometrium showed complex hyperplasia with focal areas of atypia. We offered her fertility sparing options. Patient was given LNG-IUS and was counselled for repeat EB after 3 months.

**Conclusion:** AUB in a young multiparous woman should also raise suspicion of rare diseases. Being young, these patients should not be treated by OC Pills or other hormonal therapy without a histopathology report. These patients should be offered fertility sparing options and they should be given a chance to have at least one offspring. All under regular guidance.

[P-4/37]

## Minilap or Laparoscopy: Which is better to prevent recurrence in case of multiple cytic teratomas ?

**Aprajita Gupta, Kiran Aggarwal  
Muntaha, Shalini**

Lady Hardinge Medical College, New Delhi, India

**Introduction:** Mature cystic teratoma contains tissues derived from the three primary germ cell layers, predominantly



ectodermal components. In approximately 10% of cases of dermoid cysts are bilateral. Multiple ovarian teratomas in the same ovary is a rare condition and multiple bilateral teratomas are a rarer condition.

**Objective:** To find whether minilap is better than laparoscopy in preventing recurrence in multiple bilateral teratomas.

**Methods:** A 30 year old nulligravida female presented to OPD with complaints of pain abdomen since 4 months and primary infertility. On per vaginal examination, cervix was forwards with uterus retroverted normal size, with an irregular 8X5 cm firm to cystic mass felt anteriorly on right side and bulky ovary on left side. Ultrasound and CECT abdomen done and reported as bilateral mature ovarian teratoma with heterogenous, multilobulated and multiseptated 7 cm teratoma in right side. Patient taken up for laparotomy, 4 dermoid cysts removed from right side the largest being 8x8 cm and 2 from left side 2x2 cm and 1X1cm. All possible normal ovarian tissue was preserved. Post operatively, the stay was uneventful. Histopathology report confirmed the diagnosis of mature cystic teratomas.

**Results:** Mature cystic teratoma has a long term recurrence rate of 4.2%. In cases of multiple bilateral mature cystic teratomas recurrence may be due to undiagnosed small dermoid cysts during preoperative imaging and minilap offers the advantage over laparoscopy in diagnosing small teratomas.

**Conclusions:** Mature cystic teratoma is seen in one-third of women younger than 30 years of age. Fertility is of major concern among these women and surgery must focus on preserving ovarian tissue and minimizing adhesions. Risk of recurrence should be kept in mind.

[P-4/38]

## A case of Hereditary Spherocytosis in Pregnancy Managed Conservatively

**Kumari Viplavi, Neha Pruthi, Kamna Datta, Bani Sarkar**

ABVIMS & DR Ram Manohar Lohia Hospital

**Introduction:** Hereditary spherocytosis also known as Minkowski-Chauffard syndrome is a genetically determined disorder of the red cell membrane cytoskeleton complex causing hemolytic anemia. There is a wide spectrum of presentation ranging from mild anemia to severe anemia with splenomegaly and jaundice. Increased MCHC & spherocytes in peripheral blood smear and increased osmotic fragility confirm the diagnosis.

**Case:** A 24 years old lady G2P1L1 with a known case of hereditary spherocytosis presented to GOPD at 15 weeks of POG. On examination she had hepatosplenomegaly and was admitted in view of severe anemia and 1unit PRBC was transfused. Opinion for splenectomy sought from hematology department which was not needed according to them. Patient was conservatively managed till term on iron, folic acid & vitamin B12 supplementation as patient had moderate form of hereditary spherocytosis. She delivered a female baby of

birth weight 2.4 kg at 37 weeks POG by LSCS in view of scar dehiscence. Anticoagulation was given in this pregnancy. She was diagnosed with hereditary spherocytosis in last pregnancy, during which she received 2unit PRBC at 36 weeks of POG. Course of her last pregnancy was uneventful. She delivered a female baby of birth weight 2.6 kg in her last pregnancy. Postoperative period was uneventful. Presently Patient is under follow up in hematology OPD.

**Conclusion:** This case report suggests that a stepwise approach to management of hereditary spherocytosis in pregnancy may be adopted. Mild & moderate disease may be managed conservatively. Folic acid, supportive treatment and regular annual check-up usually suffice for mild and moderate disease while frequent hematological supervision and splenectomy is prudent for severe disease.

[P-4/39]

## Pregnancy in a woman with Dilated Cardiomyopathy and Very Low Ejection Fraction: A fallout of COVID pandemic

**Aishwarya Chaudhari, Bidhisha Singha  
Renu Tanwar, Deepti Goswami**

Maulana Azad Medical College, Delhi, India

**Introduction:** Dilated cardiomyopathy occurs in only 0.2-0.4% of pregnancies but accounts for the highest incidence of heart failure in pregnancy. We describe pregnancy course in a case with pre-existing DCMP and ejection fraction (EF) <20%.

**Case:** A 26-year-old, primigravida with 32-weeks pregnancy presented in cardiac failure (PR-102/min, RR-22/min, saturation-97%, bilateral basal crepts). She had DCMP for 8 years with CARPREG score-2. Due to COVID pandemic, she received no antenatal care. She was taking tablet Dytor 10mg and tablets Carvedilol 3.125mg OD and tablet Lasix 20mg BD. Her ECHO showed severe left ventricular systolic dysfunction, EF <20%, fractional shortening 13%.

The patient was managed in cardiac-care unit with injection Lasix along with other cardiac drugs. Intrauterine fetal death was diagnosed 3 days later. She had spontaneous labour and delivered a 1900g baby. PPH of 900mL was managed with balloon tamponade.

**Discussion:** Pre-existing DCMP with decreased EF is considered a contraindication to pregnancy. If such women conceive, they are offered termination of pregnancy as they do not tolerate pregnancy related cardiovascular changes. Those who continue with pregnancy often develop cardiac failure around 32 weeks of pregnancy, when physiological changes peak. COVID pandemic has affected antenatal services. In this case termination early in pregnancy could not be offered to this patient.

**Conclusion:** Severe cardiac compromise with EF <30% poses a grave risk to maternal life during pregnancy. There is an acute need for dedicated contraceptive services for women with severe heart disease.

[P-4/40]

## Exit Procedure in Pregnancy with Fetal Cystic Hygroma

**Kandapu Mounika, Renu Tanwar**

**Bidhisha Singha, Neha Kumar, Deepti Goswami**

Maulana Azad Medical College, Delhi, India.

**Introduction:** Cystic hygromas are malformations of lymphatic system with an incidence of 1 in 6000-16000 live births. A common site of occurrence is fetal neck. Large fetal neck mass can compress trachea causing airway obstruction necessitating intervention during delivery.

**Case Presentation:** A 20-year-old primigravida presented at 34-weeks pregnancy with ultrasonography report showing a large multiseptated cystic hygroma in the posterior aspect of fetal neck. There was no hydrops or polyhydramnios. In view of anticipated airway obstruction elective caesarean with EXIT (Ex-Utero Intrapartum Treatment) procedure was performed at term. A multidisciplinary team comprising of obstetrician, neonatologist, ENT specialist and anaesthetist were involved. The fetus was partially delivered while maintaining utero-placental circulation. Laryngoscopy was performed by the neonatologist. Once airway was deemed safe for spontaneous respiration, rest of the baby was delivered. The baby had a 10cm soft, cystic submandibular mass with no communication with anterior chest wall. The baby had no breathing and feeding difficulties after birth. Sclerotherapy for the neck mass is planned at 3 months of age.

**Discussion:** EXIT procedure allows securing fetal airway before umbilical cord clamping with maintained utero-placental circulation. Need for general anaesthesia, uterine atony and increased blood loss from incision site are some of the concerns with this procedure.

**Conclusion:** Fetal neck mass can lead to airway obstruction. Preparedness to handle any such problem at the time of delivery is essential. Multidisciplinary inputs with pre-discussed plan of management help ensure good fetal outcome.

[P-4/41]

## Vestibular Schwannoma and Severe Covid at Full Term Pregnancy: A double whammy

**Nayak Priyadarshini, Garg Nidhi, Singha Bidhisha, Goswami Deepti, Pandey Nalini Bala**

Maulana Azad Medical College, New Delhi

**Introduction:** Vestibular Schwannomas are benign skull base tumor arising from vestibular region of eighth cranial nerve. Hormonal influence in pregnancy may exacerbate the disease. We managed an antenatal patient with severe covid along with large symptomatic vestibular schwannoma.

**Case Presentation:** A 35 years G3P2L2 presented at 36 weeks with a diagnosis of vestibular schwannoma based on brain MRI report (large extra axial mass 3.5 x 3.7 x 4 cm in the left CP angle

extending to left acoustic canal with extensive mass effect). Patient complained of headache, neck stiffness, giddiness, paraparesis, gradual increase in hearing loss and partial loss of vision. She also had multiple episodes of seizure for 20 weeks of pregnancy. Patient had complained of cough and shortness of breath. She was diagnosed with severe covid and was treated with oxygen, steroids and anticoagulants. Caesarean delivery was done as she had raised intracranial pressure. On postoperative day-4 a ventriculoperitoneal shunt was placed and 4 weeks later suboccipito craniotomy was done.

**Discussion:** With incidence of 0.17/1,00,000 vestibular schwannomas are rare occurrence during pregnancy that exhibit substantial growth during last trimester of pregnancy. Hormonally, metabolic and hemodynamically changes during pregnancy may responsible for more vascularity and growth of the tumor during pregnancy.

**Conclusion:** Vestibular schwannoma is a rare tumor that worsens during pregnancy. Its occurrence in a Covid affected pregnant woman poses additional challenges in management that require multidisciplinary inputs.

[P-4/42]

## A Rare Presentation of Cerebral Tuberculoma in Pregnancy

**Ch Sai Charishma, Krishna Agarwal**

**Niharika Dhiman, Neha Agarwal, Gauri Gandhi**

Maulana Azad Medical College, Delhi, India

**Introduction:** Tuberculosis is endemic in India and worldwide. It affects one-third of the population and commonly it involves pulmonary system, rarely central nervous system in form of tubercular meningitis or tuberculoma. We hereby present a case report of a pregnant lady with unusual clinical presentation of cerebral tuberculoma with successful outcome.

**Case Presentation:** A 26-year-old primigravida at 22 weeks of gestation, presented with complaints of one episode of seizure followed by sudden onset of left-sided weakness for few days. MRI brain showed a 4.4 x 3.4 x 4.1cm size, irregular lesion in right fronto parietal area of cerebral cortex with surrounding edema. Magnetic Resonance Spectroscopy (MRS) was further carried out to differentiate tuberculoma from malignancy and pyogenic brain abscess and findings are suggestive of cerebral tuberculoma. Tuberculomas respond best with medical management alone. This case responded well and showed improvement in neurological deficit with in 2 weeks of starting anti tubercular therapy.

**Discussion:** The diagnosis in pregnancy is of a challenge because seizures with focal neurological deficit in pregnancy will mislead us to eclampsia, haemorrhagic stroke, and brain tumors. With the advent of MRS the diagnosis of tuberculoma has been made easy

**Conclusions:** High clinical suspicion for tuberculoma as a differential diagnosis for any seizure with focal neurological deficit in pregnancy can result in early diagnosis and successful outcomes.

[P-4/43]

## Perimortem Cesarean Section – Always be on your toes!

**Nitisha Verma, Nalini B Pandey  
Sangeeta Bhasin, Madhavi M Gupta  
Asmita M Rathore**

Maulana Azad Medical College, New Delhi

**Introduction:** Perimortem cesarean section (PMCS), sometimes referred to as resuscitative hysterotomy, is cesarean section done during maternal cardiac arrest, with the ultimate goal to successfully resuscitate both the mother and the foetus but presents significant logistical challenges to the health-care facility.

**Case Report:** A case of 38-year-old lady, G4P3L3 at 30 weeks POG with RHD/Moderate MS/severe MR admitted with NYHA class 3. On examination, tachypnic, had bilateral crepitations, heart rate 110 per min, blood pressure of 100/60 mmHg. Patient admitted in the Obstetrics HDU and conservatively managed with multidisciplinary approach. At POG of 32 weeks, patient had sudden breathlessness followed by cardiac arrest. CPR was started. Decision for PMCS was taken when there was no return of spontaneous circulation (ROSC) by 5 mins. The PMCS was done concurrently with the CPR at the place of the cardiac arrest, with the minimal initial requirement of a scalpel. It was a cumulative effort of the obstetricians, anesthetists and neonatologists. A baby girl delivered, did not cry at birth, Apgar of 0, 2, 5 CPR of mother continued for total 12 cycles, but could not be revived. The baby was intubated, admitted in NICU and was discharged after a month in a stable condition.

**Discussion:** In women over 20 weeks of gestation, if there is no ROSC to correctly performed CPR within 5 minutes of maternal collapse, consider immediate PMCS as per AHA 2020 guidelines. We recommend that all centres that provide care for obstetric patients have Perimortem Caesarean packs readily available. Perimortem cesarean section (PMCS), sometimes referred to as resuscitative hysterotomy, is cesarean section done during maternal cardiac arrest, with the ultimate goal to successfully resuscitate both the mother and the foetus but presents significant logistical challenges to the health-care facility.

[P-4/44]

## Metastatic Yolk Sac Tumour: A diagnostic dilemma

**Vaishnavi Jayaram, Sangeeta Bhasin  
Madhavi M Gupta, Asmita M Rathore**

Maulana Azad Medical College, New Delhi

**Case:** A 30-year-old P1L1 presented to Gynae OPD with complaints of gradually progressive pain abdomen with nausea, vomiting, loss of appetite and weight loss for past two months associated with fever on and off. On general examination patient was stable. Pallor was present. On abdominal examination, lower abdominal fullness noted. Vaginal examination revealed right adnexal fullness.

USG pelvis was suggestive of ovarian neoplasm. CECT whole abdomen was suggestive of mass arising from right adnexa

along with multiple lesions with internal necrosis in both lobes of liver. Tumour marker panel revealed elevated AFP (>1210ng/mL). FNAC liver suggested adenocarcinoma. Trucut biopsy from ovarian mass was inconclusive. After gastro surgery consultation, initial diagnosis of hepatocellular carcinoma was considered and patient was given 3 cycles of sorafenib to which she did not respond. Repeat trucut biopsy came positive for AFP and Glypican 3, suggesting yolk sac tumor. Patient underwent 4 cycles of Bleomycin-Etoposide-Cisplatin followed by 2 cycles of Etoposide-Cisplatin. Repeat imaging showed decrease in size of lesions and a falling AFP trend observed. She underwent Staging laparotomy with TAH + BSO, left lateral sectionectomy of liver, pelvic and paraaortic lymphadenectomy. HPE confirmed metastatic yolk sac tumor. Post operatively four cycles of Etoposide-Cisplatin given, followed by seven cycles of Etoposide. 6 months post last cycle of chemotherapy, PETCT showed no evidence of tumor anywhere in body and AFP level was 1.4ng/mL.

**Discussion:** Yolk sac tumor is the second most common ovarian germ cell tumor. Due to its varied histopathological appearance, it often leads to a dilemma in diagnosis. With early detection and use of new chemotherapy regimens, its prognosis has significantly improved.

[P-4/45]

## Unusual Presentation of Pott Disease in Pregnancy as a Massive Subcutaneous Lumbosacral Abscess

**Neha Khatri, Krishna Agarwal, Niharika Dhiman  
Neha Agarwal, Gauri Gandhi**

Maulana Azad Medical College, New Delhi

**Background:** Spinal tuberculosis in pregnancy is reported to be rare and its clinical presentation is varied. It commonly presents as quadriplegia or paraplegia due to spinal cord compression. Its presentation as subcutaneous abscess in lumbosacral and gluteal region in pregnancy is rare and has not been reported so far.

**Case:** A 20-year- lady G2P1L1 at 37 weeks period of gestation presented with swelling of size 20\*15 cm in lumbosacral region. She had difficulty in lying down supine and to carry out her day-to-day activities. There was no neurological deficit. 2.5 liters of pus were drained which was positive for tubercular bacilli. She was started on anti-tubercular drugs. Emergency LSCS under general anesthesia was done at 38 weeks in view of fetal distress. Postnatal period was uneventful.

**Discussion:** This atypical presentation in pregnant woman may lead to misdiagnosis and delay in treatment of Pott disease. Obstetric implication of this presentation is it poses difficulty in lying down in supine positions. Regional anesthesia is contraindicated as it may lead to meningitis and further complicate course of disease.

**Conclusion:** Spinal tuberculosis presenting as subcutaneous abscess may be misdiagnosed as bacterial abscess and delay in treatment may aggravate the course of disease. Hence a multidisciplinary approach should be used while handling such complicates cases.



[P-4/46]

## **A Rare Presentation: Vulval leiomyosarcoma with incidental endometrial adenocarcinoma**

**Arpita Joshi, Chetna A Sethi, Ankita Kumari**

**Varuna Mallaya, Sangeeta Gupta**

Maulana Azad Medical College, New Delhi

**Introduction:** Endometrial cancer is one of the common cancers affecting the female reproductive organs. About 90% of women with endometrial carcinoma present as vaginal bleeding or discharge, only 5% remain asymptomatic. Serous carcinoma is a relatively uncommon type of endometrial adenocarcinoma accounting for about 5% to 10% of cases. Vulval sarcomas represent 1.5% of vulvar malignancies, out of which leiomyosarcomas usually appears as enlarging, often painful masses, in the labium majus. There is no known association between leiomyosarcoma endometrial adenocarcinoma.

**Case:** A 70yr old, post-menopausal female, P2L2, presented with vulval mass which progressively increased over a period of one year with no postmenopausal bleeding. Trucut biopsy from vulval mass showed high grade sarcoma. USG showed uterine fibroid 7.5x5.4cm with collection in endometrial cavity. Endometrial aspiration was done and showed high grade endometrial adenocarcinoma. IHC of endometrium report showed adenocarcinoma (serous type) High grade.

**Result:** Patient underwent TAH with BSO with pelvic and para-aortic lymphadenectomy with wide local excision of vulval leiomyosarcoma. On final histopathology report, she was diagnosed with **high grade serous endometrial carcinoma (stage 1B) with vulval leiomyosarcoma**. Patient is enrolled for further chemotherapy.

**Conclusion:** Patient had favourable outcome after Staging laparotomy with TAH with BSO with pelvic and para-aortic lymphadenectomy with wide local excision of vulval leiomyosarcoma. It poses a challenge to prioritize, in the postoperative period the adjuvant therapy for either of the malignancy.

[P-4/47]

## **Discordant Findings in an Abdominopelvic Mass; Dilemmas in Management**

**Bandana Bharali, Deepti Goswami**

Maulana Azad Medical College, New Delhi

**Introduction:** Clinical findings, imaging and tumor markers aid in differential diagnosis of abdominopelvic masses. Difficulty in management arises when these findings are not concordant.

**Case:** A 45-year-old P2L2 presented with lower abdominal mass. On examination a well-defined non-tender cystic abdominopelvic mass of 20 cm size was palpated in left hypogastric and iliac region. Mass was felt separate from uterus on vaginal examination. There was no ascites. No nodularity was felt on rectovaginal examination. Patient had got MRI done elsewhere that showed 14 x14x 9 cm complex cystic

left adnexal mass. There were no other abnormal findings. Tumor markers (CA-125, CEA, CA 19-9) were within normal range. Laparotomy was done for presumed benign ovarian neoplasm. Per-operatively a 20x20 cm mass with smooth surface was found densely adhered to the uterus, bladder and rectum. Cut section revealed loculations and old blood-stained collection but no papillae or solid area. Frozen section revealed borderline tumor. Total abdominal hysterectomy with bilateral-salpingoophorectomy, infracolic-omentectomy and peritoneal biopsies was done. Final histopathology revealed ovarian papillary serous cystadenocarcinoma. The final stage was 1C1. She received 6 cycles of carboplatin and paclitaxel postoperatively.

**Discussion:** Differential diagnosis of abdominopelvic mass is made on basis of history, examination, imaging and tumor markers. Despite all investigations, per-operative findings may be discordant. Frozen section has limited diagnostic accuracy. 21% of borderline tumors diagnosed on frozen section may turn out malignant.

**Conclusion:** Possibility of malignant etiology must be kept in mind when operating large complex ovarian cyst.

[P-4/48]

## **Acute Promyelocytic Leukemia in COVID-19 Positive Pregnant Patient: A rare case**

**Apoorva Hans, Chetna Arvind Sethi, Ankita Kumari  
Sangeeta Gupta**

Maulana Azad Medical College, New Delhi

**Introduction:** Acute Promyelocytic Leukemia (APL) accounts for about 5-15% of all adult leukemias. During pregnancy, acute leukemias are an even rarer entity, affecting about 1 in 75,000 pregnancies. Timely diagnosis and commencement of therapeutic management is of paramount importance, considering its common complications of association with DIC, risk of fatal hemorrhage and multisystem organ dysfunction.

**Aims and Objective:** This case report serves to study a rare case of pregnancy complicated by APL and COVID-19 infection and its progression to multi-organ involvement with adverse pregnancy results.

**Material and Method:** A pregnant 22 year old female in her 34+0 weeks of gestation, diagnosed with acute promyelocytic leukemia with COVID-19 infection and how it complicated her pregnancy and affected its outcome.

**Result:** The patient presented very late in her diagnosis of acute promyelocytic leukemia- with blasts reaching upto 53%, and despite multi-specialty management of her complications like severe anemia, thrombocytopenia, coagulopathy, cerebral hemorrhage and acute kidney injury (AKI), the mother and fetus had poor outcomes.

**Conclusion:** APL can complicate pregnancies with rapid progression of disease causing DIC and multi-organ dysfunction. However initiating treatment with all-trans retinoic acid (ATRA) and arsenic trioxide (ATO) has shown complete remission reaching upto 90% and that is optimistic in face of fatal diagnosis of leukemia.

[P-4/49]

## **Pyometra Drainage in Post Natal Patient: A case report**

**Tanu Sharma, Shivani Aggarwal**

**Objective:** To assess pyometra drainage in post-natal patient with IUCD in situ with retained placental tissue via dilation and drainage.

**Case Report:** A 25 year old patient, who delivered via normal vaginal delivery with PPIUCD insertion, presented on day 12 of her delivery with complaints of pus discharge per vaginum associated with pain abdomen. On per speculum examination, profuse purulent foul smelling pus discharge was seen draining from inside internal os, with healthy cervical and vagina mucosa. On per vaginum examination, Uterus was found to be 14 weeks size soft in consistency, anteverted, with no forniceal tenderness bilaterally. On ultrasonography, a hypo echoic shadow of approximately 49 cc distending the uterine cavity was seen associated with a heterogeneous mass seen in the fundal part of the uterus of size 12 cc. An IUCD was also seen lying in the lower segment of the uterine cavity. After 48 hours of antibiotics coverage, she was planned for pyometra drainage. Preoperatively 100 ug tab misoprostol was given vaginum 6 hours before surgery. Drainage was done using serial hegar's dilator thereafter, and IUCD was not removed. The patient was kept on intravenous antibiotics for 7 days based on culture sensitivity report. Repeated weekly ultrasonography showed diminishing volume of placental tissue with negligible amount of intrauterine fluid. The patient was discharged after 3 weeks in healthy state with no complaints. A PPIUCD extraction was done at 6 weeks postpartum as demanded by the patient.

**Discussion:** Pyometra drainage in postnatal patient with retained placental tissue and IUCD in situ was done with misoprostol and serial dilatation so that minimum intraoperative manipulation is required.

**Conclusion:** PYOMETRA drainage is a surgically challenging procedure in post-natal patient, since the uterus is prone to perforation in the postpartum period. There is high risk as Serial passage of cervical dilators alone can lead to false passage creation. Therefore a combination of preoperative misoprostol followed by serial dilatation to decrease intraoperative manipulation. Serial ultrasonography done ensured diminishing placental tissue size with negligible fluid collection.

[P-4/50]

## **Pregnancy with Fibroid: A case report**

**Divya, Tripti, Nalini B Pandey, Madhavi M Gupta  
Sangeeta Bhasin**

Maulana Azad Medical College, New Delhi

**Introduction:** Uterine fibroid is the commonest benign tumour of the female reproductive tract with an incidence of 0.1–3.9% in pregnancy. Uterine fibroid in pregnancy is usually asymptomatic with complications occurring in 10–30% of cases.

**Case Report:** A 29 year old primigravida with 32+6 weeks of period of gestation came to casualty with the complaint of pain abdomen. After examination and investigations it was found

that there was fetal growth restriction with oligohydramnios with deranged Doppler parameters (Cerebro Placental Ratio < 1) with multiple fibroids in the uterus. There were two fibroids of size 13.6\*10.1 cm and 8.3\*8 cm in the lower uterine segment impinging on the cervix. She was admitted and managed conservatively for four weeks with daily NST, biweekly manning's and twice weekly Doppler. Fibroid mapping was done and a classical section was planned at 37 weeks period of gestation. She eventually had a classical cesarean section at 37+2 weeks of gestation with fibroids left in situ. The outcome was a live female baby with a birth weight of 1920 grams. Intra-op blood loss was around 800 cc. She was given injectable antibiotics for 4 days followed by oral for another 3 days. The postpartum period was uneventful. Myomectomy was performed 15 weeks after caesarean.

**Discussion:** Pregnancy with fibroids may have various complications which include ante-partum haemorrhage, acute abdomen, preterm labour, Feto-pelvic disproportion, malposition of the fetus, retention of the placenta, postpartum haemorrhage, red degeneration, dysfunctional labour, retained placenta, fetal growth restriction (FGR) and higher incidence of operative delivery. In addition, the fibroid may get infected in the post-partum period, undergo red degeneration or undergo haemorrhage. So all pregnant women should be carefully screened for the presence of fibroids and their size/ location/ type should be noted and followed up carefully in pregnancy to avoid complications

[P-4/51]

## **Optimizing Thyroid Status- A crucial step in management of molar pregnancy**

**Madhu Shree R G, Niharika Dhiman**

**Krishna Aggarwal, Shikha Sharma, Gauri Gandhi**

Maulana Azad Medical College, New Delhi

**Introduction:** In patients with GTD, 25-64% has increased thyroid function, but only about 5% have clinical signs of hyperthyroidism. GTD induced thyroid storm is a rare but life threatening complication of GTD. The mainstay of definitive treatment is evacuation of mole. Presentation can range from subclinical hyperthyroidism to thyrotoxicosis and thyroid storm. Due to undetected hyperthyroidism, the patient may develop tachycardia, arrhythmias, hyperthermia and high output cardiac failure and even progress to a life threatening thyroid storm during surgery. We describe a case of a patient with thyroid storm induced by molar pregnancy.

**Case:** 30 yrs old gravid 4, para 2, abortion 1 with previous 2 normal delivery followed by 1 abortion presented with amenorrhoea since 3 months, excessive vomiting since 1 month and spotting of vagina on and off since 1 month. Patient was lean and thin and her pulse rate was 102 beats/min, blood pressure was 100/70mmhg and spo2 was 98% on room air. She was admitted and her FT3:22.5pmol/L, FT4:71.1pmol/L and TSH :< 0.015mIU/L. She was diagnosed to be in thyroid storm and was immediately started on tab propranolol 40mg HS and tab Carbimazole 10mg BD. Molar evacuation was done. Blood loss was minimal. 48hrs after evacuation the FT3:8.49pmol/L, FT4:47.8pmol/L and TSH: 0.015mIU/L and thyroid function returned to normal after 12 weeks.



**Conclusion:** GTD induced thyroid storm is rare but potentially life-threatening condition. A high level of suspicion and early diagnosis is critical to obtain appropriate results and such management of thyrotoxicosis requires multidisciplinary approach.

[P-4/52]

## **Diagnostic Dilemma in a Nulliparous Female with Adnexal Mass**

**Lekshmi S A, Neha Agarwal, Krishna Agarwal  
Niharika Dhiman, Shikha Sharma, Gauri Gandhi**  
Maulana Azad Medical College, Delhi

**Introduction:** Adnexal mass in a nulliparous female is commonly benign but can also be malignant. Tuberculosis being endemic is one of the common benign lesions. The features common to abdominopelvic tuberculosis and advanced ovarian malignancy include abdominopelvic mass, ascites and elevated Ca-125 thus causing a dilemma in the diagnosis.

**Case:** 26 year nulliparous woman was referred with complaints of abdominal distension, loss of weight for 3 months and breathlessness for 20 days. The patient had been started empirically on anti-tubercular therapy from outside as there was no evidence of malignancy. On examination, a firm, tender, irregular 16 weeks abdominopelvic mass was felt in the hypogastric region, with restricted mobility. Tumor markers yielded raised Ca-125 levels. Ultrasonography revealed 11\*10\*9 cm complex mass with septae arising from left adnexa. MRI pelvis revealed similar heterogeneous solid mass encasing the left ovary with maintained fat planes and ascites. Chest radiograph showed right moderate pleural effusion which on cytology revealed features of malignancy. Patient was started on neoadjuvant chemotherapy.

**Discussion:** In a case of adnexal mass, malignancy should be ruled out even in a young female before starting ATT especially when the diagnostic modalities are inconclusive as the management of both entities differs with tuberculosis being medically managed and malignancy requires surgical intervention with or without chemotherapy.

[P-4/53]

## **A Rare Case Report of Diaphragmatic Hernia in Pregnancy**

**Anjali Tempe, Chaitanya, Alka, Subhodeep, Reena  
Devender, Pushpa**  
Maulana Azad Medical College, New Delhi

**Background:** Maternal diaphragmatic hernia identified during pregnancy is a rare condition. It poses significant challenges with regards to timing and mode of both delivery and further hernia repair.

**Case Report:** We describe an interesting case who presented at 31 weeks of gestation with intractable vomiting. After ruling out hepatic and gastrointestinal causes of vomiting, suddenly a rare diagnosis was revealed in incidental chest X ray and it was confirmed to be Diaphragmatic hernia. Due to stable maternal condition the patient is managed conservatively and planned delivery by cesarean section followed by surgical repair of hernia.

**Conclusion:** Maternal diaphragmatic hernia requires multidisciplinary care and individualized management in order to allow for optimal outcome of mother and fetus.

**Keywords:** Diaphragmatic hernia, Pregnancy, Rare.

[P-4/54]

## **Use of Non Invasive Ventilation (NIV) in Pregnant Patient with Severe Covid Disease - A gynecologist's perspective**

**Chittala Kiran Sri, Nalini B Pandey, Bidisha  
Sameena, Shakun Tyagi**  
Maulana Azad Medical College, New Delhi

**Introduction:** During Covid-19 pandemic outbreak, non-invasive ventilation (NIV) found its wide application in treating patients with moderate to severe acute respiratory failure. NIV can avoid intubation in almost half of the patients. This mode of ventilation is associated with less generation of aerosols and decreased risk of exposure to healthcare professionals.

**Case:** A 24 year female, G2P1L1, 35 week with previous LSCS, admitted with severe Covid infection. On presentation, her SpO2 at room air was 82%, tachypnea and increased work of breathing, PR- 92/min, BP-114/72mmHg. She was given oxygen therapy by non-invasive ventilation using BiPAP support (PS-12, PEEP-6, FiO2-80%). ABG is suggestive of Respiratory alkalosis, Chest X ray showed typical covid changes and ECG was normal. She was started on methyl prednisolone, enoxaparin, antibiotics, insulin and transfused 1@PRBC as her Hb -7.7 gm/dl. Other inflammatory marker was raised. She went into spontaneous labour, SpO2 dropped to 88%, and intensive monitoring by escalating BiPAP settings was done (PS-22, PEEP-12, and FiO2-90%). Labour was uneventful and she delivered a girl baby, weight 2500gms with APGAR of 3, 5, 6. Mother was continued on bilevel ventilation for 2 days which subsequently was gradually weaned off. Baby needed CPAP, IV fluids, inotropic support. After recovery baby was shifted to mother's side. Both mother and baby were discharged on postnatal day 13 in stable condition.

**Conclusion:** The data on use of non-invasive ventilation in pregnant Covid women is scarce. Our case is an example of successful use of NIV in a parturient with severe covid symptoms. It is possible that a greater proportion of pregnant patients may not eventually need mechanical ventilation while on treatment for covid 19 and NIV can be safely used by gynaecologist with minimal training during Covid Pandemic.

[P-4/55]

## **Pregnancy with Parovarian Cyst Torsion**

**Rohini Gaonkar, Nidhi Choudhary, Nalini B Pandey  
Madhavi Gupta, Sangeeta Bhasin, Asmita Rathore**  
Maulana Azad Medical College, New Delhi

**Introduction:** Paraovarian cysts account for 10-20% of adnexal masses. They arise from the broad ligament and may be complicated by haemorrhage, torsion and rupture.

**Case:** A case of 42 years old multigravida with 16 weeks Pregnancy came to obstetric emergency department with acute, severe lower abdominal pain and vomiting for 1 day. Clinically she was afebrile, pulse was 90/min. On abdominal examination there was rigidity and guarding, uterus was 16 weeks and there was a tender and cystic mass (10x15 cm) in right iliac region. Per vaginal examination confirms similar findings. USG showed a well-defined cystic lesion, measuring 10x10x85 mm with vol 500cc, having internal thick echoes in right adnexa with? torsion. Differential diagnosis of ovarian torsion/Ovarian haemorrhagic cyst/Intestinal duplication cyst made. Patient underwent emergency exploratory laparotomy. Intraoperative findings included a 16 weeks gravid uterus, twisted right parovarian cyst having two and half turns on an elongated pedicle along with twisted Right fallopian tube which was also tortuous dilated, congested and stretched over the cyst. The right ovary was separate and congested torsion was relieved manually and cyst removed. Left ovary and tube were normal. Postoperative period was uneventful and pregnancy progressed well.

**Discussion:** Incidence of adnexal mass undergoing torsion in pregnancy is 1-5 in 10000 pregnancies. These benign lesions can be detected in early trimester scans and can be treated well on time before they cause complications in pregnancy. Complications that can occur are rupture of cyst, torsion, infection of the cyst. Torsion of a paraovarian cyst is rare but three times more common in pregnancy. Hence a high index of suspicion should be used and the condition kept in the differential diagnosis of acute abdomen in pregnancy.

[P-4/56]

### **Pregnancy Outcome with Ventriculo-Peritoneal Shunt in Situ: A series of two cases**

**Garg D, Suresh G, Sivalaxmi, Shainy P, Saima, Zangmoo R, Sharma KA**

All India Institute of Medical Sciences, New Delhi

**Introduction:** Ventriculo-peritoneal shunt (VP shunt) present various challenges during pregnancy like raised incidence of malfunctioning, displacement, infection, cyst formation of the shunt. There are concerns for the mode of delivery and type of anesthesia. We are presenting two cases of young females who presented in the third trimester with VP shunt in place.

**Case:** A 29 year old, G4P3L0 at 35 week gestation was referred to our centre with history of cranioplasty for pilocytic astrocytoma and VP shunt placement 1 year back. Pilocytic astrocytoma is a low grade glioma. She had two prior vaginal and one caesarean deliveries. All the babies expired in early neonatal period with unknown reasons. On growth scan fetus was diagnosed with stage 1 growth restriction. She showed no signs of raised intracranial tension. On ultrasound it was found that VP shunt was draining properly. CE-MRI showed post-operative changes. Elective repeat caesarean delivery was done at 37 weeks under general anesthesia uneventfully.

**Second Case** was that of cerebellar hemangioblastoma which is a rare vascular lesion of brain. She was a 28 year old, G4 P1 L1 A2 with history of sporadic cerebellar hemangioblastoma resection and VP

shunt placement. Her antenatal period has been unremarkable. She is presently in her third trimester, cleared for vaginal delivery and following up in the antenatal clinic. Multidisciplinary approach to management leads to optimal outcome.

[P-4/57]

### **Successful Pregnancy Outcome Following Fetal Reduction for Anomalous Twin**

**Shweta Varun, Suchandana Dasgupta  
Sumitra Bachani, Jyotsna Suri, Rekha Bharti  
Divya Pandey**

Vardhman Mahavir Medical College and  
Safdarjung Hospital, Delhi, India

**Introduction:** Incidence of multiple pregnancies is increasing due to increased maternal age at conception and use of artificial reproductive techniques. Congenital anomalies are 1.3 times higher than in singleton pregnancy. Most twin pregnancies are discordant for structural fetal anomalies regardless of type. Considering the type of discordant anomaly, there are three management options: conservative, selective foeticide of affected twin and termination of pregnancy.

**Case:** A 23 year old primigravida, spontaneous conception presented to the fetal medicine clinic at 14 weeks of gestation. The first trimester ultrasound revealed a dichorionic diamniotic twin pregnancy with anencephaly in one twin and she had been advised to undergo termination of pregnancy. The anxious couple was counselled regarding risks associated with twin pregnancies such as prematurity, polyhydramnios associated with Anencephaly and fetal demise. The options of conservative management and selective fetal termination were discussed. They opted for selective fetal termination after excluding any karyotypic abnormality by performing chorionic villi sampling in the normal fetus. Intracardiac potassium chloride 5 ml was instilled for the anencephalic fetal demise. Singleton pregnancy was followed up regularly. The fetus was detected to be growth restricted at 32 weeks of gestation. Serial ultrasound monitoring done with doppler and Biophysical profile. Labour was induced at 37 weeks of gestation and she delivered a baby boy of 1.93 kg.

**Conclusions:** A dedicated counselling for a discordant twin pregnancy ensures the optimal protocol of management. The couple should be encouraged to weigh up the benefits against risk associated with continuation of the pregnancy and appropriate intervention.

[P-4/58]

### **Rare Case Report of Pregnancy with Non-Cirrhotic Portal Hypertension; Successful Outcome**

**Vijaita, Poonam Sachdeva, Y M Mala, Shakun Tyagi  
Shalini, Divya Gaur, Lakshmi**

Maulana Azad Medical College, New Delhi

**Introduction:** Portal hypertension is characterized by increase in portal pressure(>10mmHg) most commonly due to cirrhosis

of liver but rarely due to non-cirrhotic disease (0.09%). It is associated with life-threatening complications such as gastrointestinal haemorrhage and hepatic encephalopathy.

**Case:** A 28 years old second gravida with 34+5 weeks of gestation and a provisional diagnosis of non-cirrhotic portal hypertension (for 5 years), splenomegaly and dilated paraumbilical veins presented with PTPROM. Per abdominal examination revealed a 32-week size gravid uterus (discrepancy of 2 weeks) with enlarged spleen up to the level of umbilicus without evidence of ascites. On investigation her liver function test, complete blood count and other coagulation profile were within normal limits except for thrombocytopenia (platelet count 33,000). She was kept under close fetal and maternal monitoring. She went into preterm labour and delivered at 35 weeks a 2.2 kg live baby. She did not have any complications like PPH, variceal bleed, Chorioamnionitis or hepatic encephalopathy. 7 units of platelets were transfused (2 units' antepartum and 5 units' intrapartum). Postnatal period was uneventful.

**Conclusion:** It is very important to keep a careful watch on life threatening complications due to haemorrhage (variceal bleed, PPH) especially in patients with hypersplenism to prevent maternal morbidity and mortality.

[P-4/59]

### **Post-curettage Uterine Arterio-Venous Malformation: A series of successfully managed cases**

**Sivalakshmi Ramu, Shainy, Deepali Garg, Rinchen Zangmo, Nilanchali Singh, Aparna Sharma**  
All India Institute of Medical Sciences, New Delhi

**Introduction:** Uterine arterio-venous malformation (AVM) is a rare cause of vaginal bleeding. It may be diagnosed post abortion and post dilatation and curettage (D & C) in 4.5 % of cases. Acquired AVMs are often the consequence of previous uterine trauma, such as curettage procedures, cesarean section, or pelvic surgery. Treatment depends on the symptoms, age, desire for future fertility, localization, and size of the lesion. Embolization of the uterine artery is an efficacious and effective method of treating AVM, particularly in patients of reproductive age.

**Case:** In this case series, we report three cases of post D & C uterine AVM. The age of patients ranged between 21-36 years. They presented with irregular menstrual bleeding post abortion. Diagnosis was made using ultrasound Doppler in all the cases. Uterine artery embolization using polyvinyl alcohol (PVA) particles of 300-500 micron or glue was done for these patients. Procedure was uneventful in all the cases. All the patients responded well to treatment and remained asymptomatic in follow-up.

**Conclusion:** Uterine AVM should be thought of as a differential diagnosis in all cases presenting with bleeding after miscarriage or curettage. UAE is one of the best treatment options for this condition, which is safe, effective and minimally invasive method with long-term efficacy, which can provide the preservation of fertility.

[P-4/60]

### **The Tale of a Bicornuate Uterus with Ruptured Horn with Placenta Increta** **Shabnam Firdous, Krishna Agarwal, Niharika Dhiman** **Neha Agarwal, Gauri Gandhi**

Maulana Azad Medical College and Lok Nayak Hospital

**Introduction:** Developmental defects in mullerian ducts can result in several uterine anomalies including a bicornuate uterus. Uterine anomalies are rare, affecting only 0.1–3.0% of all women and up to 10% of women who have lost three or more consecutive pregnancies. Of all the Mullerian duct anomalies the incidence of bicornuate uterus is 25%.

**Case Report:** A case of 20 years old G4P3L2 at 14 weeks of gestation with fever and history of 2 failed D & Cs. Provisional diagnosis of septic abortion with perforation of uterus and pelvic abscess was made clinically though ultrasound was suggestive of ruptured chronic ectopic. However laparotomy revealed bicornuate uterus with ruptured horn. Excision of the ruptured horn and contralateral fallopian tube was done. Histopathology report was suggestive of placenta increta.

**Conclusion:** Overall physician should be cautious about the risk of uterine disorders in the event of several failures in terminating pregnancy. Differentials such as bicornuate uterus or unicornuate uterus with rudimentary horn are more common in such cases and should be considered.

[P-4/61]

### **Cutaneous Lesions in Pregnancy: A rare case of pemphigoid gestationalis**

**Rachita Garg, Niharika Dhiman, Krishna Aggarwal**  
**Divya Singh, Gauri Gandhi**

Maulana Azad Medical College, New Delhi

**Introduction:** Pemphigoid gestationalis is a rare disease with incidence of 1 in 60000 pregnancies. It is an autoimmune sub-epidermal bullous dermatosis of pregnancy, caused by circulating IgG autoantibodies targeting the hemidesmosomal protein BP180. It causes blistering of the skin and mucosal membranes with symptom onset during the second and third trimester.

**Case:** A 36-year multiparous lady presented with non-pruritic skin lesions at 6 months of amenorrhoea. These lesions initially appeared over her hands which progressed to the entire limbs and abdomen and were confluent erythematous-squamous. Differential diagnosis included Intrahepatic Cholestasis of Pregnancy, Bullous Pemphigoid. Dermatology opinion was sought and the lesions responded to the application of topical steroids. A healthy baby was delivered by an elective caesarean section done at 39 weeks after no lesions were seen at the incision site.

**Discussion:** It tends to recur in subsequent pregnancies earlier and with a more severe course. There is a greater risk associated with preterm birth and foetal growth restriction, thought to be associated with mild placental failure caused by BP180 antibodies. Fetal prognosis is generally good, but due to passive



transfer of antibodies from the mother to the fetus, about 10% of newborns may develop neonatal pemphigoid. The lesions are self-limiting.

**Conclusion:** Correct recognition and differentiation from similar diagnoses is critical due to potential risk for the fetus, which can be lowered with adequate treatment.

[P-4/62]

### **Near fatal Hypersensitivity Reaction to Iron Sucrose in a Multigravida: A case report**

**Anuradha, Shakun Tyagi, Y M Mala, Poonam Sachdeva  
Shalini, Kajal, Sameena, Lakshmi, Sakshi**  
Maulana Azad Medical College, New Delhi

22 year old  $G_3P_2L_1A_0$  at 34 week gestation with severe iron deficiency anemia received 200ml iron sucrose diluted in 200ml NS. After 10 minutes of infusion she developed tingling sensation over feet and palm. Patient was administered inj. pheniramine and hydrocortisone. Within 5 minutes patient deteriorated, started having breathing difficulty became disoriented, PR-120/min, BP-96/50 mmHg, bilateral diminished breath sound and crepts, frothy blood stained sputum present, and suction was done. In next few minutes peripheral pulses: not palpable, BP: non recordable and extremities were cold. 80 mg I.V. noradrenaline started in 100ml NS. Patient deteriorated further, carotids not palpable, single cycle of CPR given and Bag & mask ventilation done. Patient resuscitated and maintained spontaneous respiration.

Patient shifted to ICU where her condition got stabilized. After 5hrs patient had abruption with uterine contractions and baby delivered by assisted breech vaginal delivery but had poor APGAR due to intrapartum hypoxia. The neonate was intubated and immediately shifted to NICU, diagnosed with HIE grade III and expired on day 5.

**Conclusion:** Although parenteral Iron sucrose is safest still anaphylactic reaction can occur. Only one case of fatal anaphylactic reaction has been reported till date. Therefore, iron sucrose infusion should be done in a center equipped with emergency services and ICU facility.

[P-4/63]

### **Rare Case of Pregnancy with Acute Lymphoblastic Leukemia (ALL-B)**

**Bhagyashree Singh, Suchandana Dasgupta  
Rekha Bharti, Sumitra Bachani  
Divya Pandey, Jyotsana Suri**  
Vardhman Mahavir Medical College and  
Safdarjung Hospital, Delhi, India

**Introduction:** Acute leukaemia diagnosed during pregnancy is uncommon (1 in 75,000-1,00,000) and one third of these are Acute lymphoblastic leukaemia (ALL-B). Challenges are maternal anaemia, thrombocytopenia, and adverse effects of chemotherapeutic agents, miscarriage, fetal growth restriction (FGR) and perinatal mortality.

**Case:** A 25 year old G2A1 presented at 12 weeks of gestation diagnosed with ALL-B, on chemotherapy since two months. Due to sudden onset headache she underwent Magnetic resonance imaging (MRI) soon after conception. MRI was normal however the Total leucocytic count (TLC) was 2,22,000 and subsequent bone marrow biopsy diagnosed ALL-B. Post counselling regarding maternal prognosis, future risk of infertility, antenatal complications and possible congenital anomalies in baby she opted to continue the pregnancy. She received multiple cycles of chemotherapy (Vincristine, Daunorubicin, L-Asparagine Methotrexate, Cyclophosphamide, 6 MP) She was monitored by TLC and also underwent bone marrow biopsy twice in Haematology. She took low dose Dexamethasone, Cotrimoxazole and Fluconazole for prophylaxis. She had regular antenatal care, labour was induced for fetal growth restriction stage 1 at 38 weeks and delivered a girl child, 2.01 kg weight by LSCS for failed induction.

**Conclusions:** Diagnosing ALL-B is more challenging in pregnancy as complications like anaemia, fatigue; bleeding pervaginum and thrombocytopenia are common comorbidities with pregnancy. Neuro developmental challenges can occur following pre-term birth or FGR Though long term outcomes are comparable, neonatal myelosuppression may occur if delivery is planned within 3 weeks of maternal chemotherapy. A multidisciplinary team is needed to manage such cases successfully.

[P-4/64]

### **Pregnancy Related AKI (PRAKI) - A maternal near miss!**

**Priyanka Lader, Nidhi, Nalini B Pandey  
Madhavi M Gupta, Sangeeta Bhasin, Asmita M Rathore**  
Maulana Azad Medical College, New Delhi

**Introduction:** Pregnancy related AKI (PRAKI) is a rare complication of pregnancy. The incidence of PRAKI is 1 in 56 in developing countries. The leading cause is Puerperal sepsis followed by hemorrhage in developing countries.

**Case Report:** A 28 year lady, Para3, Live3 who reported to us on Post-Operative Day 4 of emergency lower segment caesarean section done in view of scar tenderness. She was referred to Lok Nayak Hospital with breathlessness since POD1, anuria and acute gastroenteritis for 48 hours with deranged LFT and KFT, moderate anemia and thrombocytopenia. On admission patient was tested for COVID and found to be negative. Patient had elevated TLC, deranged KFT and LFT and hyperkalemia. Inflammatory markers were elevated. Patient was started on IV antibiotics and potassium correction was done. Patient received 10 units of platelets and 1 unit PRBC. Hemodialysis was done on alternate days. Blood culture and urine culture were done which showed no growth. Tests for typhoid, malaria and dengue were negative. Gradually patient improved symptomatically, there was gradually improving urine output by POD 14, her liver enzymes gradually reduced to normal and her platelet count improved, her blood urea, creatinine also reduced. A case of maternal near miss was well managed at tertiary care center.

**Conclusion:** PRAKI and maternal near miss is associated with increased maternal morbidity and mortality and it requires a multidisciplinary management. This patient received NSAIDs for

gastroenteritis, and inadequate fluid replacement in the post-operative period which is likely the cause for AKI. This situation needs to be identified at earliest to avoid consequence like end stage renal disease. Vigilant watch is required at district hospital as its always better to prevent than treating a complication.

[P-4/65]

## **Complete Urethral Avulsion: Unusual and debilitating complication of obstructed labor**

**Garima Singh, Zeba Khanam, Divya Pandey  
Jyotsana Suri, Sumitra Bachani, Rekha Bharti**

Vardhman Mahavir Medical College and  
Safdarjung Hospital, Delhi, India

**Introduction:** Neglected Obstructed labor (OL) is associated with fetomaternal mortality and morbidity in developing countries with overall reported incidence of 1-2/100 live births. Urethral rupture is an extremely rare and devastating complication of OL.

**Case:** A 28-year-old primigravida was referred for non-progress of labor with a dead impacted fetus in birth canal and avulsion of urethra following history of dai handling. On examination signs of dehydration and septic shock were evident. Abdomen was uniformly distended, tense, tender with a large bladder. Fetal head was deeply impacted in the vaginal canal with an enormous caput succedaneum. The avulsed urethra was seen hanging above the fetal head. An emergency caesarean delivery was performed with intraoperative cystostomy which drained meconium stained urine leading to detection of vesico-vaginal fistula (VVF). A left postero-lateral uterine rent was detected and repaired. A team of urologist repaired a 2x2 cm VVF visualized at the level of bladder neck and the avulsed urethra was anastomosed to the bladder neck. She received third generation antibiotics and care in high dependency unit. Necrosis of urethra followed one week later. A second stage VVF repair and urethroplasty is planned after 3 months. Patient is currently under follow-up at our institute.

**Conclusion:** Urethral avulsion remains a debilitating complication of OL even during an era of obstetric advancement. Successful management of such cases require fine tuning between the treating Obstetrician, Urologist and plastic surgeon at a center well equipped for handling such cases.

[P-4/66]

## **Pregnancy with Von Recklinghausen's Disease: A case report**

**Vidushi Gupta, Leena Wadhwa, Sanjana Wadhwa,  
Jyoti Jaiswal, Neelam Rajpurohit**  
ESI-PGIMS, Basaidarapur, New Delhi

**Introduction:** Neurofibromatosis-1 is a rare medical disorder encountered in obstetrics with reported incidence varying from 1:5000 to 1:18500 pregnancies. Current literature comprises of only few case reports and case series which document higher incidence of fetal and maternal complications, but no increased incidence of maternal mortality. Complications encountered

during such pregnancies include spontaneous first trimester abortions, fetal growth restriction, still-birth, oligohydramnios, and increased caesarean section rates, pre-eclampsia and maternal cerebrovascular complications. Worsening of NF-1 disease during antenatal and postnatal period are also reported with new onset optic gliomas, malignant nerve sheath tumors and malignant conversion of existing neurofibromas among other complications. Few authors have recommended avoiding pregnancy in affected women to avoid these grave complications. We present one such case report of 28-year multigravida with undiagnosed Von Recklinghausen's disease who presented with preterm PROM and aggravation of NF-1 lesions during pregnancy.

**Case:** An un-booked and uninvestigated 28-year female, G<sub>3</sub>P<sub>2</sub>L<sub>2</sub> with previous 2 preterm vaginal deliveries presented to obstetrics emergency department at 35+1 weeks period of gestation with preterm, premature rupture of membranes. On general physical examination, pallor, café au lait spots, multiple neurofibromas and axillary freckles were noted and a diagnosis of NF-1 was made, which was earlier undiagnosed as she had not received any obstetric care during previous pregnancies. There was history of increase in number and size of these lesions during each pregnancy. Her blood pressure, cardiovascular, neurological and ophthalmological examinations were unremarkable. Routine antenatal investigations revealed moderate anemia but other investigations were normal.

She went into spontaneous labor and delivered a low birth weight, preterm baby girl with no phenotypic features of NF-1 after 6 hours of admission. APGAR at 1 minute 5 minutes was 6/7 and baby had NICU stay for 2 days. Postpartum period was uneventful and she was discharged after 6 days. Follow-up till 6 months was uncomplicated.

**Conclusions:** This case report highlights the maternal and fetal complications in pregnancy with Neurofibromatosis-1 and increase in severity of disease during pregnancy. Thus, a very vigilant approach with thorough knowledge is essential for management of pregnancy in women with Von Recklinghausen's disease.

[P-4/67]

## **Androgen Insensitivity Syndrome - Disorder of Sexual Development**

**Sandhya K S, Madhavi M Gupta  
Sangeeta Bhasin, Asmita M Rathore**  
Maulana Azad Medical College, New Delhi

**Introduction:** Androgen insensitivity syndrome or testicular feminization syndrome is a disorder of sexual development due to mutation in the androgen receptor with X linked recessive inheritance.

**Case:** An 18years old female with chief complaints of inability to attain menarche and inguinal swelling. She attained normal growth spurt at 14 years of age with no history of spotting or cyclical abdominal pain. Her two younger sisters also have similar complaint. She has attained normal growth and secondary sexual development except scant pubic hair and absent axillary hair. Abdominal examination firm to cystic bilateral inguinal swelling was present. USG and MRI showed absent uterus and ovaries, soft tissue masses in bilateral



inguinal region suggestive of enlarged testes with multiple Sertoli cell hamartoma /adenoma. FNAC of the left inguinal swelling was suggestive of streak gonads or gonadal dysgenesis with possibility of atrophic testes. Karyotype was 46 XY done by GTG banding technique. Serum LH and AMH was increased, testosterone was in the normal range for males. By all the above findings diagnosis of complete AIS was made. As the patient had already achieved her growth spurt and secondary sexual characters, bilateral orchidectomy was done. Histopathology confirmed the diagnosis of atrophic testis. She was started on tab conjugated estrogen 0.625mg OD.

**Discussion:** AIS is a disorder of androgen action, with 46XY karyotype with receptor defect resulting in androgen insensitivity. Absent wolffian duct and Mullerian duct derivatives, normal testes development, female external genitalia with blind ending vagina are the main features. Psychological support directed towards reinforcement of their female gender identity, gonadectomy after the pubertal development and vaginoplasty before she becomes sexually active are the main stay

[P-4/68]

## **A Rare Cause of Secondary Amenorrhea and Hematometra Resulting from Labial Adhesions caused by Pemphigus Vulgaris: A case report and review of literature**

**Tarang Preet Kaur**

All India Institute of Medical Sciences, New Delhi

**Introduction:** Labial adhesion and hematometra formation in a case of pemphigus vulgaris is extremely rare.

**Case Presentation:** A 20-year-old girl, known case of pemphigus vulgaris presented with amenorrhea and cyclical abdominal pain for the last 2 months. Clinical and ultrasound findings were suggestive of labial adhesion and hematometra and hematocolpos. Topical triamcinolone therapy followed by successful manual separation of the fusion band was performed. Patient was continued on topical triamcinolone therapy for 4 weeks and didn't have any recurrence at 6 weeks follow-up.

**Conclusion:** In reproductive age group female with ulcerative mucosal disorders presenting with secondary amenorrhea and cyclical abdominal pain, always keep possibility of labial and vaginal adhesion secondary to ulcers as a causative factor. The clinician should try for manual method of adhesiolysis along with topical steroid application instead of surgical adhesiolysis for treatment of this adhesion.

[P-4/69]

## **Chronic Uterine Inversion: A rare case report with unique approach**

**Srishti Chandra, Kamna Datta**

**Neha Pruthi, Bani Sarkar**

ABVIMS & RML Hospital, New Delhi

**Introduction:** Uterine inversion is the inside out turning of the uterine fundus and prolapsing through the cervix. Most

commonly seen in puerperal period, non-puerperal causes are also encountered

**Objective:** Individualised approach to diagnosis and management of vaginal mass.

**Case:** 35 year old multiparous female presented with acute abdominal pain and sudden onset urinary retention for 3-4 days, associated with heavy menstrual bleeding for 1.5 years and severe anemia. Heavy menstrual bleeding was associated with foul smelling discharge, weight loss and feeling of heaviness over perineal region. With an uneventful obstetric history and non-significant personal and family history, patient was further investigated to rule out cause of acute symptoms. With USG suggestive of vaginal mass completely filling the vaginal canal and endometrial cavity and features of uterine inversion, patient taken for laprotomy after anemia correction. Abdomino-perineal approach was used to extract the mass and perform hysterectomy. Fibroid extracted was 11\*5\*4 cm, fragmented, sessile, with degenerative changes. She had an uneventful post-op period and on review in Gynae OPD with HPE report, findings were suggestive of leiomyoma with hemorrhage and cystic degeneration

**Conclusion:** Non-puerperal uterine inversion are rare cases encountered in practice. The diagnosis requires knowledge and experience. The management of such cases should be individualised.

[P-4/70]

## **A Bolt from the Blue for an Obstetrician: A case series of life-threatening surgical emergencies following evacuation of unwanted pregnancy**

**Anandhita Neelakandan, Kavita Sharma**

**Rachna Agrawal, Shilpa Singh**

Guru Teg Bahadur Hospital, New Delhi

**Introduction:** Unwanted pregnancies are those that are mistimed, unplanned or unwanted at the time of conception and mostly end up in induced abortion. Dilation and curettage (D&C) is a surgical procedure in which the cervix is opened (dilated) and a thin instrument is inserted into the uterus to remove tissue from the inside of the uterus (curettage). D&C is associated with quite a few complications, one being perforation of the uterus which isn't an uncommon accident during D&C. Uterine perforation associated intestinal perforations and prolapse are not only common with inexperienced and untrained persons but also even amongst experienced doctors in certain cases. The commonest surgical management of uterine perforation with bowel injury is repair of the uterine wall as well as resection and anastomosis of the injured bowel.

**Case:** We present three cases of abortions performed by cervical dilatation and curettage of which two resulted in uterine perforation and bowel prolapse through the vagina and one was a suspected perforation. Both patients with bowel prolapse underwent intensive resuscitation followed by an emergency laparotomy. Though complications such as perforation and bowel injury are inevitable, further morbidity to the patients can be alleviated if handled with expedient identification and intervention.

## Judges for Free Communications

Dr Aishwarya Kapur

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<sup>#</sup> Mirza F, et al., Dydrogesterone use in early pregnancy, Gynecol Endocrinol. 2016;32(2):97-106. <sup>†</sup> Schindler AE. Progestational effects of dydrogesterone in vitro, in vivo and on human endometrium. Maturitas. 2009;65(1):S3-S11.  
<sup>^</sup> Novel-Estradiol hemihydrate first time in India. <sup>+</sup> Safer-As compared to conjugated equine estrogens. Smith NL et al Lower risk of cardiovascular events in postmenopausal women taking oral estradiol compared with oral conjugated equine estrogens. JAMA Intern MED. 2014; 174(1):25-31. <sup>\*</sup> As Prescribing Information of Solfe, version 1, Dated: 25th July 2013

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