



MAATRIKA

NEWS LETTER FROM THE OBGY FAMILY

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FROM THE DIRECTOR'S DESK: DR. ANJI REDDY



My hearty compliments for the Faculty and Residents of the OB&GY department of ASRAM for the commendable and thoughtful decision of publishing a Quarterly News Letter with a blend of Academics and social activities in the department. I am sure this will be useful for the younger generation and public in creating interest and provoke them to be committed for study and service in the speciality of their choice.

Andhra Pradesh is not doing too well in mother and child programs even when compared to some smaller southern states. As per the latest NHS-IV survey (2016) by MH & FW, Government of India, teenage pregnancy is highest in Andhra Pradesh with 11.8% either already mothers or pregnant between the age of 15 to 19 years. This is more pronounced in rural areas. Maternal mortality is 92 per 1,00,000 deliveries while it is 61 in Kerala and 79 in Tamil Nadu. IMR is 35 per 1000 live births while under 5 mortality is 41 per 1000 live births while it is 7 per 1000 in Kerala, equivalent to that of USA. Even though we achieved 91.6% institutional deliveries, still it is less compared to Kerala with 99.9% and Tamil Nadu with 99.2%. Even in breast feeding within 1 hour after birth in Andhra Pradesh it is only 40.1% when compared to Goa with 73%, Kerala 64% and Tamil Nadu with 55%. We need to work hard and go a long way to achieve targets and realize our vision.

This department with large number of highly qualified faculty and residents should be able to take active role to bring down the maternal and infant mortality. This department in ASRAM must be an epicenter for excellence in maternal and infant care and training and improve the credibility of this great institution.

Wishing you all the success in your efforts in this maiden venture
MAATRIKA.

With Best Wishes,

K. Anji Reddy
22/03/2017
(Dr.K.Anji Reddy)
DIRECTOR::ASRAMS



FOR A HEALTHY LIFE!!!



- 0- HOURS OF TELEVISION
- 1- HOUR OF EXERCISE
- 2- LITERS OF WATER
- 3- CUPS OF HOT GREEN TEA
- 4- SHORT MENTAL BREAKS
- 5- SMALL MEALS
- 6- AM WAKE UP TIME
- 7- MINUTES OF LAUGHTER
- 8- HOURS OF SLEEP
- 9- PM END OF THE DAY & OFF TO BED
- 10- PRAYERS OF GRATITUDE



QUESTION 5:



People who made a difference



DR. CHRISTOPHER BALOGUN LYNCH

The legend who pioneered the life saving B Lynch sutures in case of PPH

- Born in 1947
- Educated in Oxford & Bartholomew's medical college, London.
- Graduated in Medicine from Bart's in 1973.
- Chief assistant to Queen's Gynaecologist at Barts from 1981-83
- 1984: Consultant at Oxford region basics at Milton Keynes general hospital.
- **Described life saving suturing technique for PPH in 1997.**
- **The B-Lynch suture mechanically compresses an atonic uterus in case of severe PPH & potentially preserves fertility.**

QUIZ TIME:

1. What is the Expectant management of placenta previa called?
2. Clue cells are characteristic of which vaginal infection ?
3. Which congenital anomaly is specific for diabetic complicating pregnancy?
4. What is the measurable diameter of pelvic inlet?
5. Identify the picture to the left and what is it used for?

RARE CASES IN THE DEPARTMENT

SCAR ENDOMETRIOSIS



CHIEF COMPLAINT:

A 35 year old woman with swelling on caesarean scar for 1 year, cyclical pain and increase in size of swelling during menstruation for 6 months. All the symptoms started 1 year after her 2nd caesarean section.

MENSTRUAL HISTORY:

Age of menarche:15 years Cycles:regular,6-8/30days,normal flow, h/o dysmenorrhea present since 6 months

OBSTETRIC HISTORY:

P2L1D1, Two LSCS, LCB-3 years back.

ON EXAMINATION:P/A: Suprapubic transverse scar present, swelling of size 7×7 cm size spherical in shape, pigmented, well defined borders over previous scar. Mass is tender, indurated and firm in consistency, mass is less prominent with restricted mobility on leg raising test.

P/S: cervix and vagina healthy, No signs of endometriosis.

P/V: Uterus anteverted,mobile, fornices free, no forniceal tenderness. Uterus felt separately from the abdominal mass.

P/R:Rectal mucosa free,No mass or nodularity felt.

INVESTIGATIONS:

USG:Round hypo-echoic solid mass of size 22×19mm in suprapubic anterior abdominal wall below stitch line, extending upto 2mm below the skin.

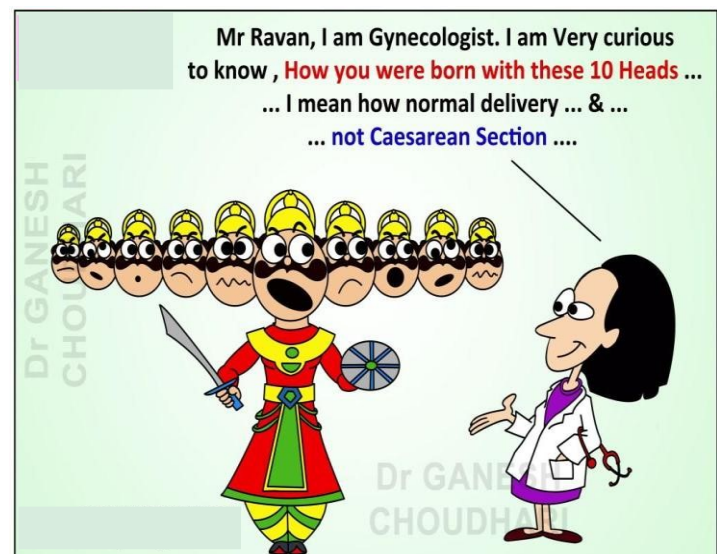
FNAC- Stromal cells,hemosiderin laden macrophages,cells resembling glandular epithelium are seen.

TREATMENT: Wide excision of mass with a margin of 1cm healthy tissue was done, rectus sheath was also excised, prosthetic mesh was used to close the defect. Inj. Leuprolide 3.75 mg monthly for 3 months post- operatively.

HPE OF THE SPECIMEN: Features suggestive of scar endometriosis.

Discussion:

- Endometriosis is presence of functioning endometrial glands and stroma in sites other than uterine mucosa.
- scar endometriosis usually follows a previous abdominal surgery with an incidence of 1% after mid trimester abortion (hysterotomy) , 0.03% - 0.45% after caesarean sections. This explains direct mechanical implantation theory for endometriosis.
- Diagnosis is by ultrasonography, colour Doppler, biopsy of the site.
- Hallmark of diagnosis is histological findings showing endometrial glands, stroma, hemosiderin laden macrophages.
- Treatment is surgical , medical or combined. Surgical includes wide local excision with 1cm margin with / without mesh placement depending on the size of lesion. Medical therapy includes danazol, progesterone/ GnRH analogues, selective progesterone receptor modulators.



What's new?? In the prevention of cervical cancer

GARDASIL-9 (9-VALENT RECOMBINANT HPV VACCINE)



Introduction: we have been using CERVARIX and GARDASIL 4 these many years. But now we have GARDASIL 9. GARDASIL-9 is non infectious recombinant vaccine prepared from purified virus particles of major capsid protein of HPV types 6,11,16,18, 31,33,45,52 and 58. It helps in preventing cervical cancer caused by these 9 strains.

It also helps in the prevention of:

- 1.Vaginal cancer
- 2.Vulval cancer
- 3.Anal cancer
- 4.Genital warts } for both males and females

Contraindications: In individuals with hypersensitivity including severe allergic reactions to yeast protein (vaccine component).

Storage: Temperature – 2 to 8°C, Do not freeze.

Dosage and administration:

- 0.5 ml intramuscular in deltoid region of upper arm or higher anterolateral area of thigh.
- Available as single dose vial and prefilled syringes.
- Appears as white cloudy liquid.

Age group:9-26 years

Schedule: 0-2-6 months

Adverse reactions:Injection site pain, erythema, swelling and headache.

Prevention is better than cure.

Together let us make India a cervical cancer free country.

Dept of OBGY has been regularly giving this vaccine(Gardasil 4)

Also PAP smear is also being done in the dept for screening of cervical cancer.

For further details about vaccine please contact Ph no: 1081



CONFERENCES ATTENDED

Active participation by OBGY PGs in the National Conference AICOG 2017 at Ahemedabad.

AICOG- 2017

VENUE: Ahemedabad

DATE: 25/1/2017 to 29/1/2017

S.No.	NAME	TOPIC- poster presentation
1.	Dr. R. Swethasree	A rare case report of rupture of corpus luteum in early pregnancy
2.	Dr. Veena	A rare case report of methotrexate therapy in placenta accreta
3.	Dr. Havya	Giant benign phyllode tumour of left breast in pregnancy
4.	Dr. Harika	A rare case report of scar endometriosis
5.	Dr. Bhavika	Heterotropic pregnancy after gonadotrophic stimulation and IUI.





Guest lectures



At Anatomy dissection hall

We had guest lectures by Dr. Suneetha (Associate professor Dept of Anatomy)

1. Anatomy of pelvic floor.
2. Lymphatic drainage of pelvis
3. Blood supply of pelvis.

Demonstration in Anatomy dissection hall brought nostalgic memories of 1st year MBBS.

**PATIENT: THE PROBLEM IS THAT OBESITY RUNS IN OUR FAMILY.
DOCTOR: No, THE PROBLEM IS THAT NO ONE RUNS IN YOUR FAMILY.**



AT GYNAEC SEMINAR HALL

We also had guest lecture by Dr. Thammi Raju (Dept of Cardiology) on, “management of cardiac disease complicating pregnancy”. The vast topic was put in a nut shell clearing our doubts regarding managing cardiac disease.

INTRODUCING NEW MEMBERS IN THE OBGY FAMILY

DR.SRI TANAYA (Associate professor)



DR.JABEEN (Assistant professor)

Answers for quiz:

1. Mac affe Johnson regime
2. bacterial vaginosis
3. sacral agenesis and caudal regression
4. diagonal conjugate
5. cytobrush , used for endocervical scrapings

CELEBRATIONS GALORE!!

NEW YEAR, WOMEN'S DAY, HOLI

NEW YEAR CELEBRATION: JAN 2017

A fresh start 2017 with the OBGY family in BLUE

We had a bright start this year with a cool note in blue, hoping the year ahead would be blissful and full of achievements.



Another celebration on the same day, celebrating our Professor Dr. MURMU's Birthday.



Staff of Obgy recognized for their cooperation over these years with a small token of gratitude.





WOMENS DAY CELEBRATIONS

Our beloved HOD Dr. K. Vandana, was felicitated as PRIDE OF ANDHRA PRADESH on International Women's Day for her valuable services.

HOLI- THE FESTIVAL OF COLOURS!!!!
A SPLASH OF COLOURS IN THE OBGY DEPT.....



WHAT TECHNOLOGY CAN DO IN FUTURE!!!

