MAATRIKA

NEWS LETTER FROM THE OBGY FAMILY

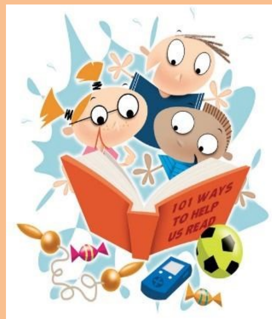
Vol II:April-June, 2017

EDITORIAL BOARD

Dr. K. VANDANA
Dr. A. PADMAJA
Dr. K. ABHIJNA
Dr. P. HAVYA
Dr. M. HARIKA
Dr. R. SWETHA SREE

INDEX

1. EDITORIAL COLUMN
2. QUIZ
3. HERO OR VILLAIN
4. FUN COLUMN
5. INTERESTING CASE
6. WHAT'S NEW??
7. ZONAL CME
8. INTERDEPARTMENTAL SESSION
9. HEALTH TIP
10. CELEBRATIONS
11. INTRODUCING NEW MEMBER



Dear friends,

It's already time for the second issue of our newsletter 'MAATRIKA' and we are glad to write this column. We would like to extend a very warm welcome to our new batch of postgraduate students entering the realm of OBGY.

'Dreams and dedication are a powerful combination'.

We at ASRAMS are blessed to have eminent professors and experienced staff in all departments with immense clinical experience and who are always approachable.

Little pearls of wisdom:

1.Never to forget that patients are individuals with personal problems.

2.Clinical judgment is vital and should guide your investigations.

3.Examine the patient as a whole and not compartmentalize to a specific system.

We wish all the best and a very bright future to the new Post Graduates.

Editorial board.

QUIZ TIME!!

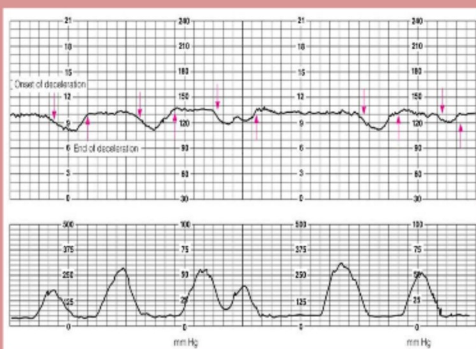
1. Minimum beta HCG(in mIU/ml) levels at which gestational sac detected by TVS is
   a.500 b.1500
   c. 2500 d. 4000

2. All the following maneuvers help in managing shoulder dystocia except
   a.Mc Robert's maneuver
   b. Wood's maneuver
   c. Rubin's maneuver
   d. Lovset maneuver

3. Triple marker test includes all except
   a.HCG b. AFP c. UE3
   d.Inhibin A

4. Criteria for Ovarian Pregnancy ?
   a.Speilberg criteria
   b.Studdiford criteria
   c.Paalman's criteria
   d.Rotterdam's criteria

5. Identify the type of deceleration



SIR JAMES MARION SIMS-

"HERO OR VILLAIN"

"FATHER OF MODERN GYNECOLOGY"

Graduated from Jefferson Medical College.

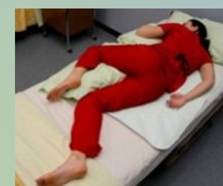
Contributions:

-Vaginal surgery : fistula repair.

Sims triad: Sim's speculum

Sim's position

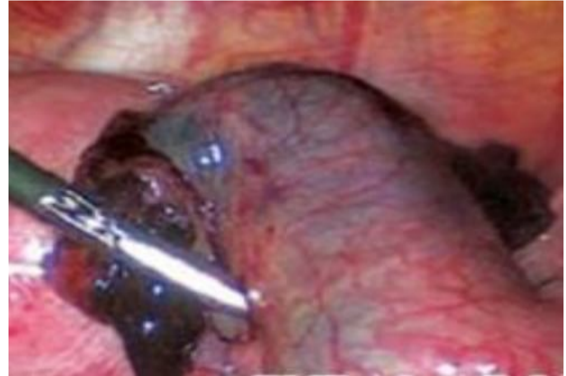
Silver wire



-Infertility treatment : **post coital test.**
-Hospital care for cancer patients.
-Abdominal bullet injury: **laparotomy and repair.**
-Neonatal tetanus**: sanitation**plays a role.

-He is called as **'the villain'** as he performed vaginal fistula repair many times on slaves without their consent and without giving anaesthesia.

INTERESTING CASE IN THE DEPARTMENT



- A 21year old G3P2L1D1 with one and half months amenorrhea came with
  -vomitings of 2 days duration.
  -associated with pain lower abdomen since 1 day, intermittent, dull aching type, non radiating , relieved on taking over the counter medication.
  -there is no history of bleeding PV

OBSTETRIC HISTORY:

- 1ST PREGNANCY: Term/IUD/MCH/terminated by vaginal route
- 2nd PREGNANCY: Term/NVD/MCH/1.5years/3.5KG/active and immunized
- 3rd PREGNANCY: i.e. present pregnancy

MENSTRUAL HISTORY :
Previous cycles :
4-5 days / 30days / Regular / Normal flow / no clots / no dysmenorrhea

MARITAL HISTORY :
Marital life = 4years
3rd degree consanguinity.
ON EXAMINATION :
Vital data - stable
P/A : Soft , No MC.Burneys point tenderness
P/S : minimal bleeding through the os
P/V } not done
INVESTIGATIONS :
UPT = Positive
Sr. BETA HCG : 1556 mIU/mL
USG (TAS) Uterus size 6.8×2.7 cm
Endometrial thickness- 13mm
No intrauterine gestational sac,
Rt ovary -3.2×2.8cm
Lt ovary 3.6×2.4cm
Evidence of 3×4 mm cystic area seen adjacent to left ovary
No free fluid in the pouch of Douglas
TVS : Cystic area of size 2×2 cm in left adnexa
EARLY LEFT TUBAL PREGNANCY.
ON DOPPLER: **Ring Of Fire Appearance**
TREATMENT :
On admission, patient and party counselled.

They opted for medical management.
The patient was given Inj. METHOTREXATE 75mg IM Stat dose based on B.S.A = 1.5 sqm
While under observation in LR, patient complained of dizziness and pain in the lower abdomen, 12 hrs after administration of methotrexate.
CULDOCENTESIS done – Blood aspirated from pouch of Douglas suggestive of ruptured ectopic. We proceeded with emergency laparotomy.

Operative findings- uterus normal size. Hemoperitoneum present around-200ml. Ampullary end of left tube was distended & trickle of bleed seen from fimbrial end s/o left tubal abortion. Left salpingectomy done and peritoneal lavage given.

HPE- Features suggestive of Tubal Pregnancy (abortion)

DISCUSSION-

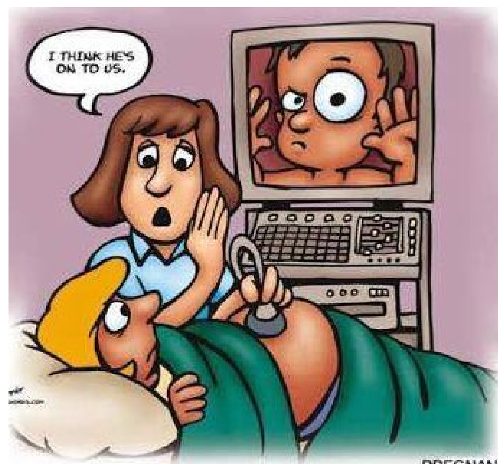
Implantation of blastocyst outside the endometrium is ectopic pregnancy.
Most common site is ampulla of tube(70%)
Management of ectopic: medical or surgical

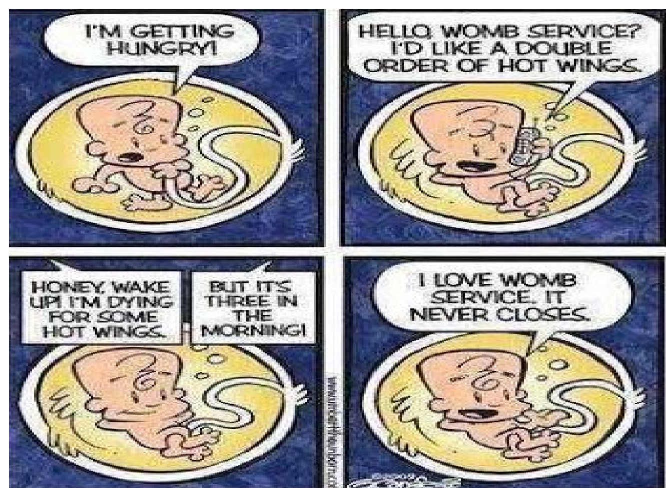
MEDICAL MANAGEMENT- methotrexate (Dihydrofolate Reductase inhibitor)
Criteria for medical management in the patient-

1. Patient hemodynamically stable
2. serum beta Hcg - < 3000 IU/ml(here:1556mIU/ml)
3. tubal ectopic diameter <3.5cm(here 2cm)
4. no intra abdominal hemorrhage
5. patient compliance

Methotrexate given as single dose or multiple dose regimen.
Single dose 50mg/ BSA .
Multiple dose 1mg/kg.Bwt D1, D3, D5, and D7
Side effects include – headache , nausea vomiting with associated bone marrow suppression
leucovorin rescue given 0.1mg/ kg b wt on D2,4,6,8 in multiple dose regimen
Follow up by serial beta HCG on D4 and D 7 .

SURGICAL MANAGEMENT Following the treatment with methotrexate, if the beta HCG level does not fall, is rising or plateauing.
It is by- laparoscopy or laparotomy- salpingectomy / salpingostomy





WHAT'S NEW??

IN THE MEDICAL TREATMENT FOR FIBROIDS!!! –ULIPRISTAL ACETATE

- Selective progesterone receptor modulator(SPRM).

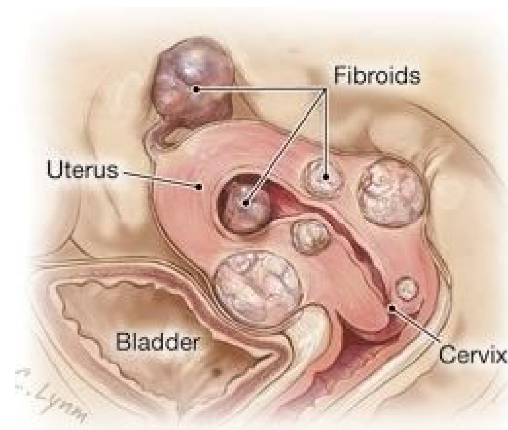
Mechanism of action:

- Partial agonistic and antagonistic activities on progesterone receptor.
- Prevents progestin from binding to the progesterone receptor.
- Postpones follicular rupture when administered prior to ovulation-inhibiting/ delaying ovulation.
- Alters the normal endometrium-impairing implantation.
- Reduces the size of uterine fibroids by inhibiting cellular proliferation and inducing apoptosis.

Uses:.

- **Treatment of fibroids-**
  Dose: 5mg OD – pre-op reduces the size of fibroid. Should be used for 13 weeks for effective control of size & symptoms.

- **OTHER USE** :**Emergency contraception-**
  Dose:30 mg tablet to be taken within 120 hours (5 days) after an unprotected intercourse or contraceptive failure. More effective than levonorgestrel for emergency contraception.



- Trade names: ESMYA , ELLA
- Price : Rs.5O/- per tablet.
- Pregnancy : Category X

- Major advantage over GnRH agonists is, it does not cause osteoporosis & has better efficacy than GnRH agonists.

ZONAL CME HELD ON 14-05-2017

1. Management of Cardiac disorders in pregnancy-Dr Thammi Raju
   (Cardiologist, ASRAMS)
2. Management of Diabetes Mellitus in pregnancy-Dr K.Vandana
   (Prof & HOD,Dept of OBGY, ASRAMS)
3. Management of Thyroid disorders in pregnancy- Dr PrabhaDevi
   (Prof & HOD,Dept of OBGY,NRI)
4. Management of Epilepsy complicating pregnancy- Dr Usha
   (AsstProf,Dept of OBGY,SMC)
5. Management of Hypertensive disorders in pregnancy -Dr Sri Lakshmi
   (AsstProf,Dept of OBGY,PSIMS)

Our beloved Director Dr. Anji Reddy garu, Dr.Uma Maheswara Rao garu (Principal of ASRAM), Dr. Vijaya Mohan Rao garu(Superintendent),Hanumantha Rao garu (CAO) , Dr.Sadasiva Rao garu & PGs from other colleges attended the CME program and made it a grand success.

ACADEMIC FEAST

INTERDEPARTMENTAL SESSIONS

(RADIOLOGY & OBGY) MAY- 2017

6/5/17	MRI in uterine malignancy	Dr.S.Ramya
8/5/17	Fetal MRI	Dr.Syed Nazneen
11/5/17	Ovarian Cystic Lesions	Dr.V.Mrudula
13/5/17	USG in 1st Trimester	Dr.V.Mrudula
15/5/17	USG in 2nd Trimester	Dr.G.Ramu
18/5/17	Placental Abnormalities	Dr.Syed Nazneen
22/5/17	USG in 3rd Trimester	Dr.S.Ramya

WORKSHOP-

Wertheim's Hysterectomy by Dr.Sailaja (surgical oncologist) on 3rd June 2017.

Indication : Carcinoma Cervix Stage IB

EVERYONE'S DREAM- TO BE SLIM N TRIM

MAGICAL MENU FOR WEIGHT LOSS!!!

1200 calorie diet

MENU	CALORIES
EARLY MORNING	
1 glass warm water with lemon	-
1 cup Tea(without sugar)	35
2- Marie biscuits	56
	Total calories: 91
BREAKFAST	
3 idlis	120
1 table spoon kottimera chutney	30
	Total Calories- 152
OR	
Omelette- 2 egg whites	75
2 slices Toasted brown bread	100
	Total calories- 175
MID MORNING:	
1 apple/ Mixed fruit bowl(60gms)	40
Green tea (no sugar)	-
LUNCH	
1 soup bowl(50 gms uncooked) Dampudubiyyam	200
1 soup bowl sambar	152
1 bowl cucumber	75
	Total calories 427
10 min walk post lunch + 1 cup warm water with lemon or Green Tea (no sugar)	
EVENING:	
1 cup Green Tea /Coffee (without sugar)	35
2 Wheat rusk	80
	Total Calories: 105
DINNER	
1 soup Bowl (Godhumaravva)VegUpama with Lemon	152
1 Bowl Onion & Cucumber Raita	100
Salad	30
1 Bowl curd rice	100
	Total Calories: 380
10 min walk post dinner + 1 cup warm water with lemon or Green Tea(no sugar)	
BED TIME	
1 glass warm water with lemon	-
4 soaked almonds	20
	Total calories:20

EXERCISE OPTIONS

150 minutes (30min×5days)- moderate intensity exercise/ week.

Or

Vigorous physical activity- 20 minutes/3days/week

Or

Resistance training for 2 non consecutive days in a week.

CELEBRATION TIME

Birthday celebrations in the department for the three months- April, May & June.

Bidding farewell to the outgoing PGs. Wishing them a bright future ahead!!

Introducing the new member in the OBGY Family:

Dr. M. Teja Sree(Asst Professor)

Warm welcome to the freshers

Answers for QUIZ

1.b

2.d

3.d

4.a

5.late decelerations