

MAATRIKA





EDITORIAL BOARD

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Dear friends,

It is our pleasure to bring the third issue of our newsletter 'MAATRIKA' and we are glad to write this column.

Medicine has grown by leaps and bounds. Along with this the array of investigations available has also added up to our armamentarium. In the yester years, the focus was initially on history taking & thorough clinical examination. With the advent & improved accuracy of investigations, the present-day clinicians have become more dependent on these investigations.

Clinical skills are being forgotten and replaced by these modern methods. Correct diagnosis is arrived only with the combination of elaborate history, clinical examination & requisite investigations. In our institute, we urge to sharpen the clinical acumen of our budding clinicians.

Editorial board.

QUIZ TIME!!

1. "Turtle neck sign" is seen in

A.Shoulder dystocia C. Both B.Cervical incompetence D.None

2.Serum fibrinogen levels in pregnancy

A.150-200 mg/dl B.200 – 300 mg/dl C.300-400 mg/dl D.400- 450 mg/dl

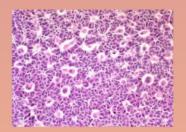
3."Carl-Exner bodies" are seen in

A. Granulosa cell tumour

B. Theca cell tumour

C. Endodermal sinus cell tumour

D. Sertoli cell tumour



4."Twin peak sign" is seen in

A. Dichorionic Diamniotic

B. Monochorionic Diamniotic

C. Monochorionic Monoamniotic

D. None of the above



5..The following diagram is

A. Essure C. Implanon
B. Skyla D. Fibroplant



George Nicholas Papanicolaou(1883-1962)

{Father of cytopathology}





-Born in kingdom of Greece.

-US Physician, Anatomist & Cytologist.

-Ph.D at University of Munich, Germany.

In the field of cytopathology: Pap smear test-

- Screening procedure for cervical cancer.
- Test the precancerous or cancerous cells in cervix.
- -Published Atlas of exfoliative cytology.
- -Published 4 books & 100 articles.

Rewards & Honours

- Borden award.
- Amory prize.
- Prestigious Albert Lasker award.
- Medal of Honour.
- Honorary membership.
- In 1978, US postal service honoured him with a commemorative 13 cent postage stamp.
- His image was featured on the Greek 10,000 drachma currency note.





NOT EVERY PREGNANCY RESULTS IN A HEALTHY BABY.

LMP: 8/4/17

GA: 20 wks

EDD: 13/1/18

ML: 7 months

Non-consanguineous

Primigravida with 5 months of gestation came to the hospital for regular antenatal checkup

Perceiving fetal movements well

OBSTETRIC HISTORY:

1st pregnancy-present pregnancy.

Conceived spontaneously 2 months after marital life.

Diagnosed by UPT in 2nd month.

1st TRIMESTER:

Dating scan done

• Folic acid supplementation NOT taken.

2nd TRIMESTER: •TIFFA scan done showed single live fetus of 20 weeks gestation with corpus callosal agenesis

GENERAL EXAMINATION:

VITALS: stable

ON EXAMINATION: Per abdomen: Uterus corresponding to 18-20wks, Relaxed, FHS+ on Op scan

INVESTIGATIONS: Blood group: O +ve, Hb: 13.2 gm/dl.

TIFFA SCAN: Single live intrauterine fetus.

EGA: 20 weeks. EFW: 400 gms.

Placenta: anterior and upper segment

AFI: adequate

CNS: Tear drop shaped ventricles noted and cavum septum pellucidum not seen.

"CORPUS COLLOSAL AGENESIS."

TREATMENT:

On admission, patient and party counselled regarding the risks involved with diagnosis.

Induced with 2 doses of misoprostol after opting for termination of pregnancy.

Details: A dead fetus of weight 430 gms expelled at 9:50 am on 27/8/17, placental weight:130gm.

<u>DISCUSSION</u>: IMPORTANCE OF TIFFA: TIFFA is recommended at 18-20 weeks, since termination of pregnancy is not legally permitted in India, for non-lethal anomalies beyond 20 weeks.

CORPUS CALLOSUM AGENESIS: 1.The corpus callosum is the major fiber bundle connecting reciprocal regions of the cerebral hemispheres.

2.Corpus callosum develops from commissural plate that lies in proximity to the anterior neuropore.

3.X linked recessive trait or autosomal dominant.

4.It occurs 1 in 5000 births.

5.Direct insult to commissural plate or disruption of genetic signaling which organizes this area during early embryogenesis causes corpus callosal agenesis.

6.If isolated corpus callosum agenesis -no neurological abnormalities.

If associated with brain anomalies –significant neurological abnormalities seen.

7.On USG, a normal cavum septum pellucidum cannot be visualized, and the frontal horns are displaced laterally. There is mild enlargement of the atria posteriorly—such that the ventricle has a characteristic "teardrop" appearance.

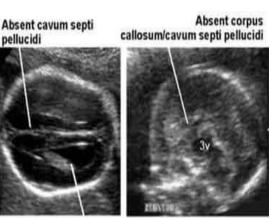
8.Depicted on CT/MRI – widely separated frontal horns with an abnormally high position of the third ventricle.



AGENESIS OF CORPUS CALLOSUM

TO PREVENT

TURMOIL



Tear-drop ventricles

ACADEMIC FEAST

DATE	Topic	Speaker
12/07/2017	Neonatal resuscitation	Dr. Sudarshini .P
18/07/2017	Radiotherapy	Dr. Manoj Yadav
20/07/2017	Physiology of micturition	Dr. Sunil Kolekar
11/08/2017	Human Papilloma virus	Dr. Manaswini Das
18/08/2017	Pre-cancerous lesions of cervix	Dr. Sailaja.P



HYSTERO-LAPAROSCOPY WORKSHOP BY DR.ROOMA SINHA ON 16/09/2017

Dr. Rooma Sinha, The Legend of Gynaecology & a famous robotic surgeon from Apollo Hospitals, Hyderabad, came to ASRAMS for Hystero-laparoscopy workshop. It was a visual treat to see her perform operations with such dexterity. She has made use of simpler techniques for various procedures during the operation. Overall it was a great learning experience for one and all.





WHAT'S NEW in the treatment of Endometriosis??

-DIENOGEST

ENDOMETRIOSIS: Definition: It is the abnormal growth of endometrium outside the uterus. It can present from dysmenorrhea to infertility. This disease ruins the life of a patient and is a challenge for the gynaecologist. Dienogest is a new drug in the medical treatment of this enigmatic disease.

Dienogest is a synthetic progestogen, derivative of 19-nor testosterone.

Available forms:

a) Dienogest alone

b)In combination:

Dienogest + Estradiol valerate (NATAZIA)

Dienogest + Ethinyl estradiol (VALETTE)

Pregnancy category: X

Price: 1strip of 10 tablets(Rs.520/-)

Mechanism of action:

- 1)Strong progestogenic effect
- 2)Anti-androgenic activity
- 3)NO estrogenic, glucocorticoid or anti mineralocorticoid activity.

Uses:

- 1)Treatment of endometriosis.
- 2)As an OC pill in combination with ethinyl estradiol.
- 3) Treatment of Acne and Hirsutism

Side effects:

Breast discomfort, headache, irregular menstrual periods.







Contraindications:

- 1) Known or suspected pregnancy
- 2) Active venous thromboembolic disorders
- 3) DM with vascular invasion
- 4) Liver diseases



CONFERENCES AND WORKSHOPS ATTENDED BY FACULTY & PGs

 "FOGSI-FIGO International Congress on Clinical Challenges in Obstetrics & Gynaecology" held on 4th-6th August 2017 at Hyderabad. Dr. Vandana(Professor & HOD) participated as a panel member for discussion on "Maternal Collapse"



ZONAL CME at Katuri Medical College on 27.08.2017.
 Dr. Tejasree – Asst Prof presented a lecture on "Breast feeding & Contraception in Heart Disease Complicating pregnancy".

Workshop on Instrumental
 Delivery held at Fernandez
 Hospital, Hyderabad on
 27.08.2017.
 Post Graduates of the Department participated in the hands-on training program.



CELEBRATION TIME!!!

DOCTORS' DAY 01.07.2017



INDEPENDENCE DAY 15.08.2017



TEACHERS' DAY 05.09.2017





STRESS BUSTERS



INTRODUCING NEW MEMBERS OF OUR OBGY FAMILY

