



MAATRIKA

NEWS LETTER FROM THE OBGY FAMILY

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EDITORIAL BOARD

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INDEX

1. EDITORIAL COLUMN
2. QUIZ
3. PIONEER
4. INTERESTING CASE
5. WHATS NEW??
6. CONFERENCES
7. GUEST LECTURES
8. CELEBRATIONS
9. WORK PLACE RULES
10. BEST MOMENTS
11. LAUGHTER IN OBGY
12. A NEW OBGY INITIATIVE



Dear Friends,

It is our pleasure and honour to present the fifth issue of "MAATRIKA", a newsletter dedicated to informing the public on current healthcare practices.

As we venture into the digital age, technology is allowing healthcare professionals to pioneer new ways of patient treatment. New technology coupled with ground breaking research allows doctors to target the specific etiology and diagnosis of patients at unprecedented rates. New medications, vaccines and surgical practices are tremendously increasing patient's comfort and health during recovery from illness and surgery.

The key to medicine's future success lies in continuously integrating technology with medical practices to ensure that healthcare professionals are providing the finest healthcare. As patrons of "MAATRIKA" we are committed to being a part of medicine's future and strive to make sure that technology is being used appropriately and effectively in our healthcare practices.

Editorial Board



QUIZ TIME!!

1. When to start insulin directly in a patient with Gestational Diabetes Mellitus

- a. FBS > 126 mg/dl
- b. FBS > 130 mg/dl
- c. FBS > 135 mg/dl
- d. FBS > 140 mg/dl

2. When to start Anti hypertensives in a patient with Preclampsia if BP >/=

- a. 140/90 mmHg
- b. 150/100 mmHg
- c. 160/110 mmHg
- d. 180/100 mmHg

3. Post term pregnancy refers to

- a. 42^{0/7} and beyond
- b. 41^{0/7} and beyond
- c. 40^{0/7} and beyond
- d. 39^{0/7} and beyond

4. PID involves all the following organs except

- a. Parametrium
- b. Fallopian tubes and ovaries
- c. Uterus and cervix
- d. Vagina

5. Identify the following picture , seen in which condition
potter facies



- a. Polyhydramnios
- b. Oligohydramnios
- c. Abruption placenta
- d. HELLP syndrome

JOHN WHITRIDGE WILLIAMS



- Born in Baltimore

- American obstetrician, pathologist, bacteriologist
- M.D at University of Maryland, Baltimore.

In the field of Obstetrics and Gynecology

-Thesis on Tuberculosis affecting female genital organs

-Published *Williams* textbook of obstetrics, "**THE BIBLE OF EVERY OBSTETRICIAN**" in 1903,

-Published 120 papers ,most of them were on contracted pelvis, Toxemia of pregnancy, Placental abruption, Placental infraction, Syphilis and Tuberculosis during pregnancy.

Rewards

- Sc.D by University of Maryland in 1907 and university of Dublin in 1912
- LL.D by university of Pittsburg
- President of Glasgow gynecological and obstetric society in 1911-1912
- First Honorary Fellowship

INTERESTING CASE IN THE DEPARTMENT

UTERINE DIDELPHYS WITH COMPLETE VAGINAL SEPTUM

CHIEF COMPLAINT:

A 19 year old female presented to OPD with history of missed abortion one month back for further evaluation. She gives history of dyspareunia.

MENSTRUAL HISTORY:

She attained her menarche at an age of 15years.
Regular, 3-4/30days, normal flow with pain.

OBSTETRIC HISTORY :

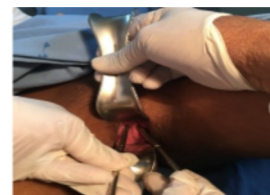
A1, Conceived spontaneously 5months after marriage. Induced abortion at 3rd month by Misoprostol due to absent cardiac activity on USG (showed uterine didelphys)

ON EXAMINATION :

P/S : longitudinal vaginal septum seen, 2 cervixes seen & healthy

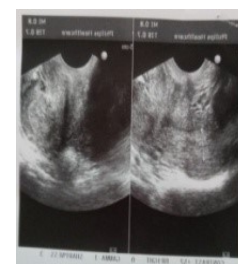
P/V : longitudinal vaginal septum felt, 2 cervixes felt & os closed.

Uterus retroverted, normal in size, bilateral fornices free, no fornicial tenderness.



INVESTIGATIONS :

USG : Uterus of size 7x3x8.1cm , two uterine horns with right ET measuring 14mm , left ET measuring 9.5mm , bilateral ovaries normal in size.



MRI : Two widely divergent uterine bodies with two separate cervixes and vagina with longitudinal vaginal septum were seen. Right uterine body measuring 6.6 x 3.3 x 3.8 cm and left uterine body measuring 6.2 x 3.6 x 3.9 cm. There were no other associated renal anomalies.

TREATMENT : SURGEON - Dr.K.Anji Reddy

Vaginal septal resection was done to relieve her symptoms and improve her fertility chances and she is being followed up.

DISCUSSION : UTERINE DIDELPHYS (CLASS III)

Anomalies of the Mullerian duct are congenital defects of the female genital system that arise from abnormal fusion of Mullerian ducts during embryological development. The abnormalities included are failure of development, fusion, canalization, or reabsorption, which normally occurs between 6 and 22weeks in utero. Incidence is 0.5 to 5%

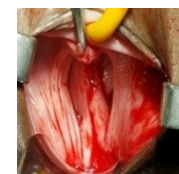
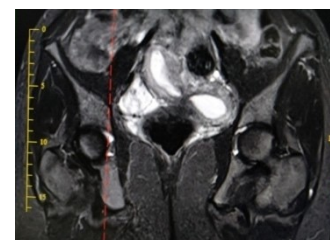
Uterine didelphys occurs as a result of complete failure of the fusion of the mullerian ducts resulting in two entirely separate hemiuteri, cervixes and usually double vagina with a longitudinal septum and it is one of the least common malformations of mullerian duct anomalies.

Patient may present with symptoms like vaginal bleeding despite placement of a tampon. This is because the tampon is placed in only one of the duplicated vaginas. They can also present with dyspareunia.

The triad of uterine didelphys, obstructed hemivagina, and ipsilateral renal agenesis is the

OHVIRA syndrome, also known as **Herlyn-Werner-Wunderlich syndrome**. Surgical correction of a longitudinal vaginal septum consists of excision of the obstructing septum, taking precautions to avoid injuries to urethra and rectum.

There may be chance of reoperation in case of vaginal stricture and recurrence of symptoms like Abnormal uterine bleeding, Dyspareunia, and Dysmenorrhoea.



WHAT'S NEW

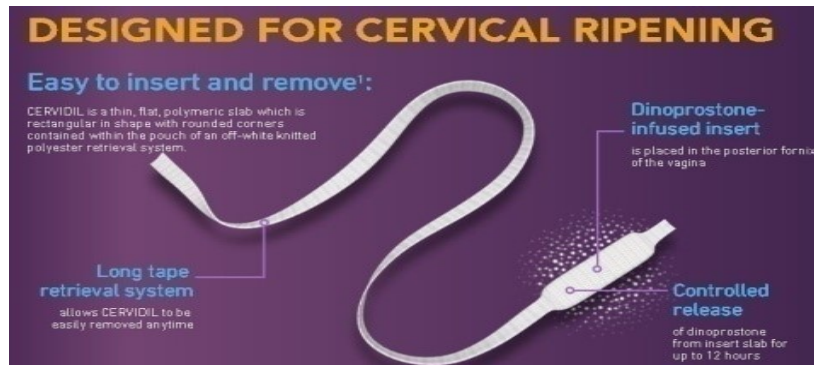
CERVIDIL-TIME RELEASED DINOPROSTONE

WHAT IS CERVIDIL?

Cervidil is a pessary (vaginal insert) containing **Dinoprostone**(Prostaglandin E2).

This is a **controlled release vaginal insert** used for induction of labour.

It is a thin flat polymeric slab which is rectangular in shape with rounded corners contained within the pouch of an white knitted polyester retrieval system.



HOW TO USE?

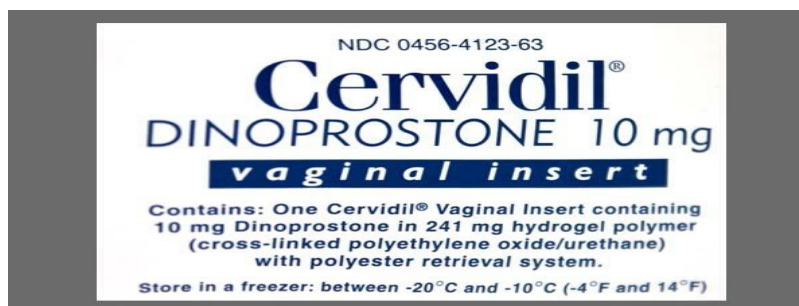
It is placed in the **posterior fornix** of vagina.

Each insert contains 10 mg Dinoprostone, over the maximum recommended usage period of 24 hours.

It has to be removed after 12 hours of insertion.

The insert gradually releases 0.3 mg of Dinoprostone per hour.

Studies demonstrated that Cervidil significantly reduced median time of delivery.



It is marketed under the trade name of CERVIDIL(US) and PROPESS(by FERRING pharmaceuticals)

It comes under pregnancy **category C**.

SIDE EFFECTS-

Vomiting, fever, diarrhoea, dizziness, and excessive uterine contraction.

CONTRAINDICATIONS:

Care should be taken in people with **Asthma** or **Glaucoma** and it is NOT RECOMMENDED in those who had prior '**C-SECTION**'.

CONFERENCE AND WORKSHOPS ATTENDED BY FACULTY AND PGS

“AICOG- All India Congress of Obstetrics & Gynaecology” held from 19th-21st January 2018 at Bhubaneswar, Orissa. 8 Post Graduates of the OBGY department participated in case presentation -paper & poster presentation.



FOGSI-FORCE-Workshop conducted on 10th & 11th March 2018 at “Dr.PinnamaneniSiddartha institute of medical sciences”. Post Graduates of the OBGY department participated in case presentations and pedagogys.



ACADEMIC FEAST

Guest Lectures :

03-01-18

Dr.Sailaja

TOPIC-Ovarian carcinoma and its management



31-01-18

Dr.Pushpa Raju

TOPIC – Epilepsy complicating Pregnancy



27-02-18

Dr.Venkateswararao

TOPIC – Cardiac disease complicating pregnancy



Inter Departmental Meets :

01-02-18

n

Dr.Uday Kumar

TOPIC – Antibiotics in pregnancy



21-02-18

Dr.Vasavi

TOPIC-Oral hypoglycemics and Insulin in pregnancy



29-03-18

Dr.Ananth

TOPIC – Cervical carcinoma insitu



CELEBRATION TIME!!!

New year celebrations : started on a sweet note.

A small token of gratitude to sisters & Staff



***BIRTHDAY TIME :
Dr.Murmu's Birthday***

P.G's Birthday



WOMEN'S DAY Celebrations - March 8th



WORKPLACE RULES FOR HAPPY LIFE

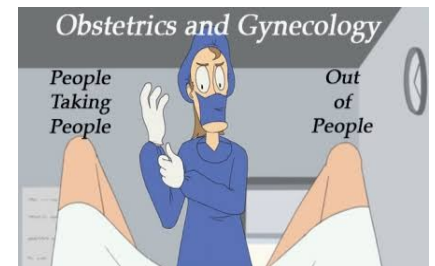
WHO – WORLD'S MENTAL HEALTH DAY THEME

1. *Trust no one but respect everyone.*
2. *What happens in office, must remain in office. Never take office gossip to home and vice versa*
3. *Enter office on time , leave on time . Your desktop is not helping to improve your HEALTH.*
4. *Never make relationships in work place . It always backfires.*
5. *Expect nothing . If somebody helps , feel thankful . If not, you will learn to know things on your own.*
6. *Never rush for a position . If you get promoted , congrats. If not, it doesn't matter. You will always be remembered for your knowledge and politeness , not for your designation.*
7. *Never run behind office stuff. You have better things to do in life*
8. *It doesn't matter how people treat you. Be humble. You are not everyone's cup of TEA.*
9. *In the end Nothing matters except family, friends, home, inner peace.*
10. *Avoid taking everything on your ego. Your salary matters. Use your assets to get happiness.*



BEST MOMENTS IN AN OBSTETRICIANS LIFE:

1. UPT positive without treatment in an infertile patient
2. A well effaced cervix and head in plus one
3. Clear liquor gushing
4. Those little mountains on CTG called accelerations
5. When the blades of a forceps lock easily
6. When the newborn delivered after fetal distress bawls away
7. That villainy PPH trickle stops and the uterus becomes a cricket ball
8. That stopping of the angle bleed hematoma in a C-section when you tie the second knot
9. When your family pampers you after a difficult night in the hospital
10. When the suspected malignancy report comes as benign
11. When the child you delivered comes back for her own delivery
12. When patients treat you as a family member



LAUGHTER IN OBGY

