AOGS BULLETIN

www.ahmedabadobgyn.org

AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY NEWS LETTER VOL.1 APRIL 2012

President
Dr. Dipesh Dholakiya
99250 16031
drdipeshdholakiya@gmail.com

Hon. Secretary
Dr. Hemant Bhatt
98250 10940
drhsbhatt@yahoo.com.sg

President - Elect
Dr. Mahesh Gupta
94264 99922
pushpamgynec@yahoo.com

Vice President
Dr. Dilip Gadhavi
98980 47505
drdilipgadhavi@gmail.com

Treasurer
Dr. Kiran Desai
98250 87144
kiran1954@hotmail.com

Jt. Secretary
Dr. Mukesh Savaliya
98245 41292
mvsavaliya@yahoo.co.in

Managing Committee
Dr. Dhaval Shah
Dr. Hasmukh Agarwal
Dr. Jignesh Deliwala
Dr. Kamini Patel
Dr. Raj Iyengar
Dr. Snehal Kale
Dr. Tejas Dave
Dr. Uday Patel

Ex-Officio
Dr. Vijay R. Shah
Dr. Geetendra Sharma

Editor
Dr. Kanthi Bansal

Co-Editors
Dr. Kamini Patel
Dr. Neeta Thakre

Co-opt members :
Dr. Alpesh Gandhi
Dr. Rajesh Soneji

Special Invitee :
Dr. Atul Munshi
Dr. Kanthi Bansal
Dr. Prashant Acharya
Dr. Sapna Shah
Dr. Neeta Thakre

Theme :

Learning the latest while nurturing the basics

29th April 2012 : Conference on Genetics

6th May 2012 : CME on Male Infertility & High Risk Pregnancy

13th May 2012 : CME on DHEAS & PCOS - GBM

President's Message...

Dear AOGS members ,

Jonathan Swift once said that "Success is liking yourself, liking what you do, and liking how you do it."

I thank all the AOGS members for giving me the opportunity to serve AOGS as President for the year 2012-2013. I always believe that academic activities should be the main priorities of AOGS but at the same time family members should not be ignored. I do believe that the social programs and family entertainments do have a significant role in AOGS activities. So, my emphasis will be to keep one or two CMEs in a month and at least one family program every month as far as possible. In my tenure we will fully enjoy academics, social activities, excursions and family gatherings.

I do believe that as long as you're going to be thinking anyway, think big.

Best Wishes,
Dr. Dipesh Dholakia

Secretary's Message ....

Dear Friends,

Duty makes us do things well, but our Dedication makes us do them beautifully-W.Churchil

It was a great experience of having democracy in full bloom in selecting the new team of AOGS. We are very thankful to AOGS members who have entrusted the great responsibility for this year on us. We promise that your expectations will be fulfilled. We assure that all the participants for the activities of AOGS, like academics, social activities & RCH activities will be selected on merit basis without any favor or prejudice.

So I request all AOGS members to participate in full strength and make all the programmes successful.

We believe that only the best is good enough!

Warm Regards,

Dr. Hemant Bhatt

From the Editor's Desk.....

Dear Friends,

Nothing great was ever achieved without enthusiasm

As the summer peeps in so does the season of great fruits. With my heart filled with joy I greet one and all members of AOGS happy summer and welcome you to this new world of our AOGS bulletin. The theme of AOGS in the President ship of Dr. Dipesh Dholakia is "Respecting seniors and promoting young talent" .Keeping the theme in mind I have included the scientific article from a senior Gynaecologist, FOGSI's past President and the academic stalwart Dr. Narendra Malhotra. To add the toppings, the bulletin also includes an abstract which gives a perfect touch for it to be a scientific newsletter. I have kept into consideration the fun and all the updates regarding the AOGS programs. So, go ahead & just enjoy reading…….

You're happiest while you're making the greatest contribution.

Best Wishes

Dr. Kanthi Bansal

29TH APRIL
SUNDAY 2012
9AM TO 5 PM

Conference on Clinical Genetics

THE METROPOLE HOTEL,
SUBHASBRIDGE,
AHMEDABAD

Faculties :
Dr. Indrani Suresh, Director Mediscan, Chennai, HOD Fetal Echo
Dr. Sujatha Jagdeesh, Consultant, Perkin Elmer
Dr. Sheela Nampoothri, Amruta Hospital, Kochi
Dr. Meenal Agrawal, SGPGI Lucknow DM Genetics, MD Ob&Gy

Session 1 (9 am to 10 am)
Chairpersons : Dr. Jigish Trivedi, Dr. Kamal Parikh
- Scope and role of clinical genetics for an obstetrician and Neonatologist (20min) - Dr. Sujatha J
- Concept of mode of inheritance (30 min)
  Pedigree plotting - Dr. Sheela N,
  Practical Exercise - Dr. Sujatha J
- Discussion (10 min)

Session 2 (10 am to 11.45 am)
Looking beyond Chromosomal Disorder (Molecular Genetics)
Chairperson:Dr.Chirag Patel, Dr.Girish Patel
- Basic concept (15 min) - Dr. Sujatha J
- Risk prediction in genetic disorders (20 min) - Dr. Sheela N
- Metabolic disorders (30 min) - Dr. Sujatha J
- Mental retardation (30 min) - Dr. Sheela N
- Discussion (10 Min)

Coffee break (11.45 am to 12.00)

Session 3 (12 to 1.20 pm)
Chairperson : Dr.Supriya Dalal, Dr.Jayesh Seth
First Trimester risk prediction -Dr. Indrani Suresh
- NT and other markers
- Biochemical markers (Quality Control)
- Discussion (10 min)

Lunch (1. 30 to 2 pm)

Session 4 (2 pm to 3.30 pm)
Chairpersons : Dr.Shetal Desai, Dr.Jayesh Patel
- Approach to Hematological disorders (25 min) - Dr. Meenal A
- Approach to Skeletal Dysplasia (25 min) - Dr. Sujataha J
- Role of genetics in infertility, RPL, BOH (30 min) - Dr. Meenal A
- Discussion(10 MIN)

Session 5 (3.30 to 4.45pm)
Chairpersons : Dr. Vishal Kacchi, Dr. Parag Dagli
- New born screening where we are (20 min) - Dr. Sujatha J
- Mock session of counseling (20min) - Dr. Indrani Suresh
- Simplifying Algorithm of Prenatal diagnostic procedures (20min) - Dr. Indrani Suresh
- Literature search for Genetics and future (20min) - Dr Sujatha J, Dr. Meenal A
- Discussion (10 min)

Valedictory and Quiz (4.45 to 5 pm)
Organised by AOGS

Dr. Dipesh Dholakia
President AOGS

Dr. Hemant Bhatt
Hon Secretary AOGS

Co-Ordinators

Dr. Janak Desai
Dr. Mukesh Savalia

Dr. Mayank Chowdhury
Dr. Dhaval Shah

Earn crucial Credit points by attending this conference as per the requirements of Gujarat Medical Council

Sponsored By :

PerkinElmer For the Better
PERKINELMER INDIA

GE Healthcare

serono biotech & beyond

Medical Management of Symptomatic Uterine Fibroids: A New Option?

Andrew M. Kaunitz, MD
Authors and Disclosures

Posted: 04/12/2012; Journal Watch © 2012 Massachusetts Medical Society

Abstract and Introduction

Abstract : Ulipristal acetate was effective and did not cause hypoestrogenism.

Introduction : Uterine fibroids (the most common indication for hysterectomy) occur in one third of reproductive-age women. In two manufacturer-sponsored trials, European researchers assessed the efficacy of oral ulipristal acetate (UA) — a selective progesterone-receptor modulator — for treating women in whom surgery for symptomatic fibroids was planned. (UA is currently marketed as ella in the U.S. for emergency contraception [JW Womens Health Jan 12 2012].) The first study was a placebo-controlled trial of two different doses of UA; the second was a noninferiority trial designed to compare UA with monthly injections of leuprolide, a gonadotropin-releasing hormone agonist. In both trials, study drugs were administered for 13 weeks, at which time surgery could be pursued.

Both doses of UA were highly effective at reducing menstrual blood loss; in both studies, three quarters of women who received this agent became amenorrheic within 10 days. UA suppressed menstrual blood loss more rapidly than leuprolide. Although leuprolide alleviated symptoms associated with fibroid volume more effectively than UA, follow-up at 6 months in women who did not undergo surgery showed that fibroid shrinkage was more persistent with UA. Menstruation returned a mean of 32 days and 43 days after stopping UA and leuprolide, respectively. Unlike leuprolide, UA had little effect on serum levels of estrogen and bone markers and did not cause hot flashes. Although nonphysiologic endometrial changes typically associated with selective progesterone-receptor modulators occurred in almost two thirds of UA recipients during treatment, these changes resolved 6 months after UA discontinuation.

References :

Donnez J et al. Ulipristal acetate versus placebo for fibroid treatment before surgery. N Engl J Med 2012 Feb 2; 366:409.
Donnez J et al. Ulipristal acetate versus leuprolide acetate for uterine fibroids. N Engl J Med 2012 Feb 2; 366:421.
Stewart EA. Uterine fibroids and evidence-based medicine—Not an oxymoron. N Engl J Med 2012 Feb 2; 366:471

- Compiled by Dr.Kanthi Bansal

Jokes

Why is a Sardarji standing below a tube light with a open mouth.....
Because his doctor advised him "Today's dinner should be light"

One sardarji professor asked a plumber to come to his college.
U know Why?
Because he wanted to check where the question paper is leaking...

Sardar told his servant: Go and water the plants.
Servant: It's already raining.
Sardar: So what take an umbrella and go.

A teacher told all students in a class to write an essay on a cricket match.
All were busy writing except one Sardarji.
He wrote "DUE TO RAIN, NO MATCH!"

A Teacher lecturing on population - In India after every 10 sec a women gives birth to a kid.
A Sardar stands up- We must find & stop her!.

Susten Fertisure M

tambola

87 25 54 19 33
44 67 93 75 05

Exciting Prizes.....
1. First Full house : 16 inch LCD TV
2. Second Full house : Canon Digital Printer
3. Third Full House : Kodak Digital Photo frame
4. Fourth Full House : Titan Raga Watch

In case of a tie there will be a toss.
Preserve the tickets until you win.....
Wishing all members good luck.....

Oogenesis from Fetal Life to Adulthood

Dr. Narendra Malhotra, Dr. Neerja Sachdeva, Dr. Jaideep Malhotra

MALHOTRA TEST TUBE BABY CENTRE

Introduction

The life history of the oocyte is as intriguing as that of any cell, and a good deal more complex than the majority. Although germ cells are not essential for the survival of the body, they hold the key to the life cycle and generation of new individuals. The oocytes assume even greater importance than spermatozoa, for although they both transmit genetic information, they contribute virtually all the cytoplasm to the early embryo.

Early History of Germ Cells

Primordial germ cells (PGCs) pass into the developing hind gut and dorsal mesentry and more progressively closer to the nephrogonadoblastic ridge which will form the future gonad. PGCs reach this destination after day 26 in humans. PGCs are well adapted for self-propulsion and tissue invasion. Male and female PGCs appear identical but they are distinguishable from neighbouring somatic cells by their fine structure as well as alkaline phosphatase staining. These are large cells possessing a round nucleus with one or more conspicuous nucleoli and many glycogen granules, ribosomes and mitochondria and a few lipid droplets in the cytoplasm. PGCs proliferate during migration and have undergone six or more divisions by the time they colonize the future gonad.

ESTABLISHMENT OF THE GERM CELL POPULATION

Growth and Death of Germ Cells

The phenotype of the PGCs changes once they become established in the gonad, becoming more spherical with fewer cytoplasmic organelles and staining less intensely with alkaline phosphotase.

Human oogonia undergo many rounds of division over a period of several months until shortly before birth. At mid and late gestation, the human ovary is packed with germ cells at different stages of development spread throughout the organ, which still lacks a distinctive cortex and tunica albugenia.

The scheduling of the mitotic phase has a crucial bearing on the long-term functional capacity of the ovary because oogonia are the stem cells from which all oocytes in the postnatal life are derived.

Germ Cell Numbers

There is an inexorable decline in the numbers of ovarian oocytes with age because once the oogonia have disappeared no mechanism exists for replacing them.

Germ cells reach a peak of nearly 7 million at mid-gestation in normal human fetuses and fall dramatically during the third trimester when the rate of death exceeds that of replacement. Cell death is therefore a major factor determining the composition of the postnatal ovary, as it is for many other developing organs.

It is interesting that majority of deaths are associated with the timing of genetic recombination and that many synaptic errors occur between homologous chromosomes. The overall incidence of meiotic anomalies in human fetal ovaries is remarkably high as compared to male germ cells.

Significant numbers of oogonia and oocytes pass between epithelial cells at the ovarian surface leaving a temporary 'crater' and entering the peritoneal cavity where they presumably degenerate.

Prophase of Meiosis

After a number of rounds of oogonial divisions, germ cells begin to leave the mitotic cycles to enter meiosis. This early milestone in the sexual differentiation of the ovary, occurring as about 6 weeks post fertilization, contrasts with the situation is the testis in which germ cells become arrested at preleptotene stage and do not proceed to reduction divisions until puberty.

Gonadotropins in the fetal bloodstream FSH, LH and hCG, do not appear to trigger the initiation of meiosis. It is suspected that meiosis depends on the balance of stimulatory and inhibitory factors present within the gonad and differences in the balance and time of expression of these factors could explain the distinctive scheduling of meiosis in females and males.

There is no clear cut cortical medullary boundary in fetal ovaries, but some topographic organization evidently exists because the first cells to enter meiosis in the third month of gestation and generally found near the centre of organs.

The differentiation of primitive germ cells to form oocytes rather then spermatozoa is not determined by the presence of two 'X' chromosomes or the absence of a 'Y' chromosome. It is not the genetic sex that determines whether a cell will become either an oocyte or a sperm so much as the time of onset of meiosis and the somatic cell environment.

Reprogramming of Genome

Shortly after implantation, one of each pair of X-chromosomes in embryonic cells is activated to adjust the dose of active genes to that of the normal karyotype. Each daughter cell inherits the same pattern of X chromosomes expression as its proginator.

FORMATION AND DEVELOPMENT OF OVARIAN FOLLICLES

Folli Culogenesis

Rapid prolitration of somatic cells contributes to the enlargement of fetal ovaries and among this population is a group that associates with diplotene oocytes to form the rudiments of future primordial follicles. Follicles are the lifeboats of the ovary because they nourish and control the development of oocytes; any oocytes remaining packed are doomed to die. Follicles are the ovarian equivalents of the testicular cords and their granulosa cells are homologous to sertoli cells and probably share a common origin. Follicles and cords isolate their germ cells from systemic influences by sequestring them behind layers of epithelial like granulosa or sertoli cells where a special environment is created.

Follicles first become recognizable in human fetuses at approximately 22 weeks of gestation. Oocytes have lost any intracellular bridges by this stage and are enveloped by a single layer of flattened or polyhedral cells resting on a delicate basement membrane. These are so called primordial follicles and they number approximately 1 million at birth. The third follicular cells type, the theca is not morphologically recognizable until follicle growth has commenced.

Follicle Recruitment and Growth

Follicle recruitment is the process by which a primordial follicle makes an irreversible commitment to growth. Follicle are recruited continuously until the original store is exhausted shortly after menopause is midlife. Far more follicles than the single one required for ovulation are recruited each month. The fate of the surplus is artesia.

Follicle growth can be classified is two stages according to the stage of oocyte development.

1st Stage—growth of oocyte to almost full size (120 µm) with several layers of granulosa cells and fluid filled artrum appears.

2nd Stage—formation and expansion of artrum in the Graffain follicle with achievement of maximal steroid ogenic activity.

Dynamics of the Follicular Population from Birth to Menopause

Peak numbers of germ cells in human ovaries at mid-gestation.

↓

1 million at birth (all are diplotene oocytes invested is primordial follicles)

↓

During childhood (growing follicles at virtually all stages of development apart from dominant ones which secrete large amounts of oestradiol).

The child's ovary is in a state of latent readiness to respond as soon as the gonadotrophic environment becomes favourable.

↓

1/4th million primordial follicles at pre-pubertal stage.

Rate of decline of follicle numbers is not constant throughout life but increases more than two-fold after age 37, when about 25000 remain.

At the age of 51 yrs., approximately 1000 follicles remain.

"Thalassemia Testing Week"

Social Project

5 to 18 % of our patients are Thalassemia Minor, and if their husbands are also Minors, they all have a 25 % chance in every pregnancy of carrying a Tahlassemia Major child,whose survival beyond the 3rd decade is rare. Let us sensitise ourselves & our patients to this serious problem, and fulfill our moral duty towards Thalassemia Prevention.

The details are :

1. For a week i.e. 1st May,12 to 7th May,12 all antenatal patients visiting our OPD have to be screened for Thalassemia Minor.
2. 3 ml venous blood is required in EDTA, which can be collected by your staff/technician.
3. The sample would be collected by Indian Red Cross Society, Gujarat State Branch and would be tested on most modern Variant machines in NABL certified Laboratory where CBC & HPLC would be done.
4. The test would be done at a nominal cost of Rs. 250/- (pvt 700-800)
5. Reports would be sent back to your clinic within a week for follow-up.
6. Poster & ICE material would be provided for display & patient education.
7. Patients who cannot afford can be sent to nearby Urban Health Centre where it would be done free.
8. All participating doctors would be given a certificate of appreciation by Red Cross

Project Co-ordinators

Dr. Uday Patel — Dr. Anil Khatri
Dr. Mukesh Patel — Mr. Prakash Parmar

CME on Male Infertility & High Risk Pregnancy

Time : 10am onwards **Venue :** Courtyard Mariott **Sunday,** 6th May 2012

09:30 am Breakfast

Chairpersons : Dr. Mehul Damani & Dr. Kamini Patel
10:30 am to 11:30 pm - Male Infertility - All what a Gynaec wants to know - lecture by Dr. Rupin Shah
11:30 am to 12:00 am - Panel discussion
Moderator : Dr. Rupin Shah
Panel members : Dr. C. B. Nagori Dr. Manish Banker, Dr. Tejanshu Shah(Uro-Andrologist)

Chairpersons : Dr. Vilasben Mehta & Dr. Niruben Shah
12:00 pm to 1:00 pm - High Risk Pregnancy - Dr. S Tarakeswari,
Head, Obstetric Medicine Unit, Fernandez Hospital Pvt. Ltd. Hyderabad.

1:00 pm to 1:30 pm - Panel discussion
Moderator : Dr. Parul Kotadawala
Panelists : Dr. S Tarakeswari, Dr. Sapna Shah, Dr. Akshay Shah, Dr. Chirag Amin

LUNCH

Co-ordinators : Dr. Raj Iyengar & Dr. Manoj Pandya

CME on DHEAS & PCOS

Time : 10 am onwards **Venue :** Fortune Landmark **Sunday** 13th May 2012

Scientific Sessions
Chairpersons: Dr. Kiran Desai Dr. Jayesh Amin
- Role of DHEAS in infertility — Dr. Richa Jagtap (30min.)
- Role of Ultrasonography in PCOS — Dr. Sonal Panchal (30 min.)
- Ovulation Induction in PCOS — Dr. C. B. Nagori (30 min.)
- Audience participation (30 min.) & GBM at 1.00 pm

LUNCH
Co-ordinators :
Dr. Tejas Dave
Dr. Sunil Shah
Sponsored by Corona-Aarush Division.

"Members' Corner"

Congratulations

- Dr. Raj Iyengar won the All Ahmedabad Tennis Tournament organized for doctors by Ahmedabad Medical Association in both Singles & Doubles category.
- Dr. Kaushik Patel for receiving the best AOGS member trophy of the year 2011-2012.
- All the best to members going for Kashmir trip from 17th-20th May 2012. Have great fun and enjoy the holidays……

Announcements

- Parents are requested to submit names along with the certificates of meritorious students of 10th & 12th board exams. This will be published in the AOGS bulletin.
- AOGS members are requested to submit their suggestions, comments, compliments, appreciations, errors and criticism regarding the bulletin. These will be published as well as taken care of.
- This year the medical council of India has suggested that 150 credit hours should be earned by every medico in 5 years. Every year minimum 30 credit hours should be earned by attending the CMEs, Workshops & conferences. Gujarat Medical Council has accepted and started implementation for the same. So we are planning the AOGS activities in such a way that every AOGS member will get the minimum required credit points during the year.

Criteria for the Best AOGS Member Trophy :-

The following criteria will be used to determine the winner of this award

1. He/She shall not be a member or an office bearer in the managing council of 'AOGS' in the previous and the current year.
2. Attendance in the various activities of the society
3. Level of the participation in the various activities of the society
4. Initiative in the participation in the various activities of the society (attending diagnostic camps etc.)
5. Contribution in the membership drive.
6. Any other activity that may be considered by the award committee,

Ladies and gentlemen, so get ready now and grab the opportunity to win the "Member of the Year Award. "

A special appreciation prize will be given to all members who have 100% attendance in all academic sessions.

With Best Compliments From

LUPRIDE DEPOT 1M 3M
Leuprolide Acetate Depot Inj. 3.75 mg / 11.25 mg

Argiprime
L-Arginine IP 3gm + Proanthocyanidine 75mg

MAXOZA
Amino Acids, Vitamins and Minerals Supplement

FERTIGYN
Human chorionic gonadotrophin 2000 IU/5000 IU/10000IU

Ferinca
Iron Protein Succinylate 60 mg (elemental) + Zinc 25 mg + Folic Acid 1.5 mg + Vit. B_{12} 12 mcg

Inca Life Sciences
a division of Sun Pharmaceutical Industries Ltd.

HUMAN HEALTH

ENVIRONMENTAL HEALTH

GLOBAL STANDARD MATERNAL, FETAL AND NEWBORN HEALTH MONITORING

Celebrating 75 years of Making Life Better

PerkinElmer®
For the Better