



AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY

# AOGS TIMES

## “SUTRA”

“Thread” of concise knowledge

**Theme :** “Women’s Health : Prevent, Detect & Thrive”

**Motto :** “United in Purpose, Stronger Together”

AUGUST 2025

VOLUME 5

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James P. Allison



Tasuku Honjo

James P. Allison  
and  
Tasuku Honjo

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## TEAM AOGS MESSAGE



**Dr. Nita Thakre**  
President



**Dr. Parth Shah**  
Hon. Secretary

Good day dear friends,

Wishing you all a very happy Ganeshotsav!

On 31st August, we came together for a CME on Hypertensive Disorders in Pregnancy, and it turned out to be a truly engaging and well-attended event. AOGS members attended in large numbers, in the presence of national faculties, with a jam-packed hall, and the energy in the room showed how much everyone valued the discussions. The talks were practical, with a lot of spontaneous interactions, and left many of us with new ideas and perspectives to take back to our clinics. It was heartening to see colleagues learning, sharing, and enjoying the experience together.

We all know how serious hypertensive disorders can be for our patients, and, thanks to the Gestosis India Association, the sessions reminded us why staying updated matters so much. As clinicians, we left the CME with a stronger resolve to do our very best to reduce the risks these conditions bring. Whether it's early detection, timely interventions, or using the latest treatment options, we are committed to giving our patients the safest and most effective care. Together, we look forward to making a real difference in reducing the incidence of these hypertensive disorders and saving lives.

Lets hope to continue moving ahead with knowledge as our guide!

We look forward to welcoming Ambe Maa with the onset of Navratri. We are sure all our members will participate in our celebrations with enthusiasm and vigor!

**Dr. Nita Thakre**  
President

**Dr. Parth Shah**  
Hon. Secretary

## CENTERSTAGE



Tasuku Honjo

James P. Allison

In 2018, the Nobel Prize in Physiology or Medicine was jointly awarded to James P. Allison and Tasuku Honjo for their groundbreaking discoveries in cancer immunotherapy. They developed a new cancer therapy strategy by inhibiting negative immune regulation, known as immune checkpoint blockade.

Allison, an American immunologist, demonstrated that blocking CTLA-4, a receptor that downregulates immune responses, could release the “brake” on the immune system and unleash T-cells to attack tumors. His work led to the development of immune checkpoint inhibitors, most notably Ipilimumab, the first drug of its kind to show survival benefits in advanced melanoma. By proving that the immune system could be harnessed against cancer, Allison’s research changed the landscape of oncology.

Japanese scientist Tasuku Honjo discovered another key immune checkpoint molecule, PD-1, which similarly functions to suppress T-cell activity. His research revealed that inhibiting the PD-1 pathway could restore immune function and lead to dramatic tumor regression in several cancers, including lung cancer and renal carcinoma. Both of these, when inhibited, could unleash the body’s own immune cells to attack cancer cells. Therapies based on his work, such as Nivolumab and Pembrolizumab, are now widely used across oncology. Together, Allison and Honjo’s discoveries revolutionized cancer treatment, turning immunotherapy into a powerful “fourth pillar” of cancer care alongside surgery, chemotherapy, and radiation.

## MEDICAL NEWS

### IMA Issues Warning on Long-Term Safety of Weight-Loss Drugs

The Indian Medical Association has voiced concern over the long-term safety of newly available pharmacological weight-loss interventions, urging that lifestyle measures remain foundational amid limited long-term data.

### Supreme Court Upholds Abolition of AYUSH Advertisement Rule

The Supreme Court has dismissed the IMA's petition against Patanjali Ayurveda and upheld the removal of Rule 170, which required regulatory approval for AYUSH product advertisements, signaling deregulatory changes in traditional medicine promotion.

### Israel's Lab-Grown Kidneys Last 34 Weeks

Researchers in Israel have developed lab-grown kidneys that remain viable for 34 weeks—a significant stride toward eventually creating transplantable organs in the lab. Although clinical applications remain years away, this represents a promising leap in regenerative medicine.

### AI-Powered Neuroimaging for Stroke Diagnosis

EMVision Medical unveiled the emu™ brain scanner, a portable, AI-driven device designed to revolutionize stroke diagnosis with rapid imaging. If widely adopted, it could significantly improve outcomes by enabling faster detection and treatment in diverse healthcare settings.

### Coartem Baby: Malaria Drug Breakthrough for Infants

A newly approved antimalarial, Coartem Baby (also known as Riamet Baby), is designed specifically for neonates (2–5 kg). This sweet, dissolvable tablet fills a critical treatment gap for infants who couldn't tolerate existing therapies. It is a major win for malaria control among the most vulnerable.

## CME ON UPDATES IN URO-GENITAL INFECTIONS & URINARY ISSUES IN WOMEN

DATE : 21.08.2025



# CME : 20.07.2025



# CME : 31.08.2025



# Chronic Endometritis: Management Strategies to Improve Pregnancy Outcome



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Senior Resident

Narendra Modi Medical College, Ahmedabad



**Dr. Munjal Pandya**

Associate Professor

Narendra Modi Medical College, Ahmedabad



**Dr. Ashish Varma**

Assistant Professor

Narendra Modi Medical College, Ahmedabad

## Overview:

- Mild inflammation of endometrium, typically due to microbial colonization not associated with pregnancy that lasts  $\geq 30$  days (*Ravel J, 2021*)
- Associated with infertility, RPL, and RIF

## Epidemiology:

- Prevalence: 3–57%
- Possible endometrial inflammation associated with non-infective etiology (IUCD, Endometrial polyps, Submucosal leiomyomas) (*Song D, 2018*)
- E. coli, Streptococcus, Mycoplasma, Ureaplasma
- Genital TB in developing countries (*Kitaya K, 2018*)
- Multiple pregnancy, Prior Uterine intervention, Previous abortion, Experiencing AUB

## Pathophysiology:

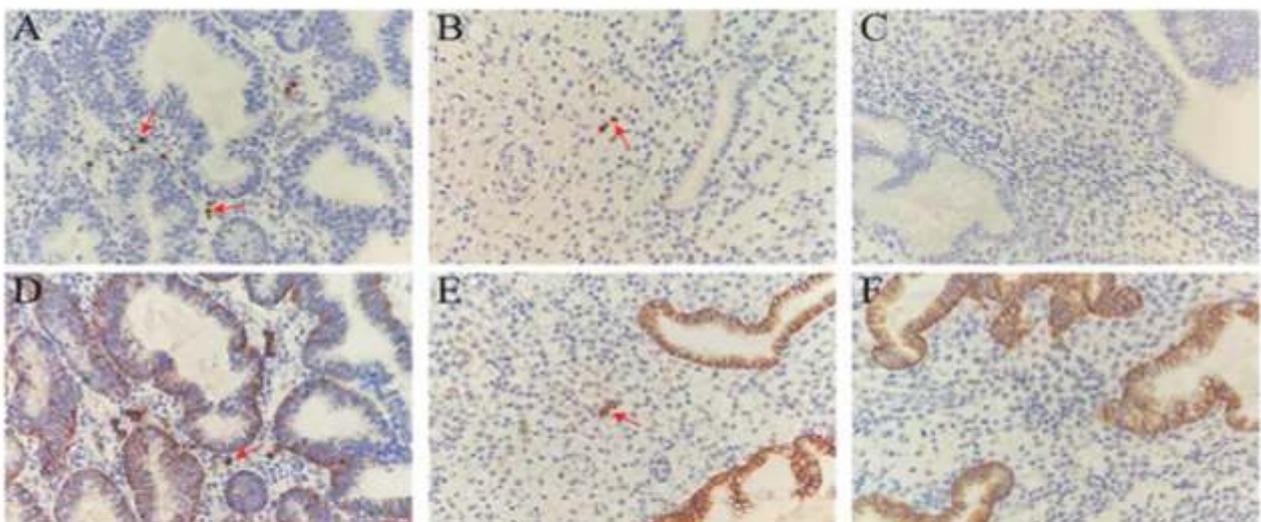
- Microscopic inflammation leads to immune response and chronic inflammation of endometrial stromal plasmacytes and development of micro-polyps (*Kitaya K, 2021*)
- Increased IL-b & TNF-Alpha  $\rightarrow$  increased 'E' synthesis in endometrial glandular cells  $\rightarrow$  micro-polyp
- Dysregulation of genes involved in E receptors & Decidualization contributing to poor reproductive outcomes (*Kitaya K, 2022*)

## Clinical Presentation:

- Often asymptomatic
- Pelvic discomfort, spotting, leukorrhea (*Kitaya K, 2018*)
- Associated with poor ART outcomes (*Kitaya K, 2021*)
- Examination: P/S: Vaginal discharge
- Bimanual Examination: Mild uterine discomfort (*Ravel J, 2021*)

## Diagnostic Tools:

- HPE: Plasma cells with increased N/C ratio, Spoke wheel pattern, basophilic cytoplasm



**FIGURE 2**

Mum-1<sup>+</sup>/CD138<sup>+</sup> immunohistochemical staining in the endometrium. (A–C) Mum-1<sup>+</sup> immunohistochemical staining in the strong positive, weak positive and negative groups. (D–F) CD138<sup>+</sup> immunohistochemical staining in the strong positive, weak positive and negative groups. The plasma cells in stroma were positively stained with anti-Mum-1/CD138 (red arrows). Magnification  $\times 400$ .

- Infiltration of ESPCs, Presence of micro-polyps < 1 mm, endometrial changes in proliferative and out of phase morphology reflecting mismatch b/w stroma and epithelium
- Accumulation of B cells in endometrial stroma & glands of pts with chronic endometrium, although significance is unknown (*Kitaya K, 2021; Pirtea P, 2021*)
- Strawberry spots: Hyperemic endometrial areas flushed with white central spots on endometrium (*Pirtea P, 2021*)
- Endometrial biopsy with H&E/CD138 IHC staining (*Kitaya K, 2021*)
- Hysteroscopy:
- Follicular phase of menstrual cycle: micro-polyps, stromal edema causing thick pale appearance, focal reddened areas of endometrium with sharp & irregular borders, large regions of hyperaemia
- No standardized diagnostic criteria
- Endometrial culture
- Limitations of Culture: Contamination with vaginal flora, limited culturability, delays in culturing bacteria
- HSG: Calcification of endometrium on plain film, irregularity of endometrium of contrast film due to fibrosis, scarring and calcification
- USG: Thin endometrium with hyperechoic areas that represents foci of calcification/fibrosis, irregular endometrial lining
- 4D USG: Irrelevant sequence of fibrosis and scarring or intra-uterine adhesion
- SIS: Intra-uterine adhesions appear as linear echogenic bridges fluid filled uterine cavity
- Early diagnosis & treatment of CE, before ART cycles, may improve pregnancy outcomes
- Int Working Group for standardization of CE Diagnosis: HP Diagnosis can be made if 1-5 ESPC/HPF or Discrete clusters of > 20 ESPCs by CD 138 staining (*Cicinelli E, 2019*)

#### D/D:

- AUB
- Infertility due to uterine/ tubal/ ovarian/ hormonal factors, chromosomal issues, male factors

#### Impact on Fertility

- Linked with implantation failure and miscarriage
- CE clearance: improves live birth rates (up to 34%) and improves embryo implantation
- Untreated/ Persistent CE: Correlates with poor ART results.

#### Management Approach

- First-line:
- Doxy: Covers bacteria, mycoplasma & other potential pathogens: 100 mg BD for 14 days
- Metronidazole (500 mg/day) & Ciprofloxacin (400 mg/day) for 14 days: Along with Doxy or as Second Line
- Persistent CE: Cipro (1000 mg/day) + Metro (1000 mg/day) for 14 days
- Doxy (200 mg/day) + Amoxi/Clavulinic acid (2 g/day) for 8 days
- Ofloxacin (800 mg/day) + Metro (1000 mg/day) for 14 days
- Empirical or targeted therapy based on cultures
- AKT: Isoniazid (300 mg/day) + Rifampicin (450-600 mg/day) + Ethambutol (800-1200 mg/day) + Pyrazinamide (1200-1500 mg/day)

#### Post-treatment Assessment

- F'up Hysteroscopy and EB assessment for treatment effectiveness & clearance of CE
- Test of cure (TOC) after 1-2 weeks
- Second course of antibiotics if CE persists

#### Adjuvant Therapies

- Platelet-Rich Plasma (PRP) contains Growth factors and Cytokines: tissue repair, improved receptivity; particularly for refractory CE
- Probiotics for microbiota balance: Improves implantation and pregnancy outcomes

- Steroids in select cases: Inflammation modulation, for persistent cases

#### PRP and Antibiotic Combination

- Shown to improve clinical pregnancy and implantation rates in pts with RIF
- Recommended for persistent CE after antibiotic therapy

#### Live Birth Outcomes

- Cleared CE: ~34% LBR (60-65%)
- Untreated CE: ~5.6% LBR (6-15%) (*Cicinelli E, 2018*)
- Similar LBR between cleared CE and non-CE groups

#### Clinical Recommendations

- Screen RPL/RIF patients for CE
- Use standardized IHC protocols
- Treat sexual partners, advise barrier contraception

#### Future Directions

- Need for standardized diagnostic criteria
- Further trials on PRP, probiotics, and steroids
- Long-term follow-up studies
- ? Intra-uterine Antibiotics (*Sfakianoudis, 2018*)

#### Conclusion

- CE is treatable and its management improves pregnancy outcomes
- Multimodal approach recommended
- Early diagnosis is key

*Congratulations!*

### TO ALL THE WINNERS IN FOGSI ELECTIONS

Dr Madhuri Patel, President, FOGSI

Dr Niraj Jadav & Dr Bela Bhatt, VP West Zone

Dr Mitra Saxena, VP North Zone

Dr Shobha Gudi, VP South Zone

Dr Bhagyalakshmi, VP East Zone

Dr Alpesh Gandhi, FOGSI Representative to SAFOG

Dr Laxmi Shrikhande, FOGSI Representative to AFOG

Dr Suchitra Pandit, FOGSI Representative to FIGO



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**Dr. Parul Kotdawala**  
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For registration click the link below

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# 48<sup>th</sup> SOGOG 2025

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DECEMBER, 2025

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**Operative Obstetrics Skills : Precision & Practice**
- WORKSHOP 3  
**Endometriosis & Fibroids : Comprehensive Approach**
- WORKSHOP 4  
**Vaginal Surgeries & Urogynecology : Optimizing Patient Outcome**

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- PAPER / POSTER PRESENTATION
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SOGOG Members (Conference+Workshop):	₹11,800/-
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Corporate registration (Per Delegate):	₹14,160/-
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**REGISTRATION GUIDELINES**

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- Provide us your updated email id and WhatsApp Mobile number; it will be used for the registration receipt and other conference communication. ● Conference Organizers are not responsible for postal delays / failure of delivery by post or failure of electronic communication. ● PG. Students should attach a letter from HOD as a Proof of belonging to that College / University.

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**Liability and Safety**

- Management is not responsible for the loss of personal belongings of the guest. Guests are requested to take care of their belongings. ● Guests carrying valuables such as fragile items, money, jewellery, silverware, cameras, electronics / laptop or photographic equipment, antiques, artefacts, work of art, precious metals and other similar valuables at their own risk. ● Organizers reserves the right to cancel reservation without any prior notice in case of any Central/State Government Event/Meetings/Visits or any unwanted natural calamities. In which case, alternative dates can be set or full refund will be given. ● All guests can opt for adequate insurance coverage through their Insurance Company prior to travel.

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**CANCELLATION & REFUND**

**Delegate Registration Cancellations**

- Cancellations made on or before November 1, 2025 will receive a 50% refund. ● Cancellations made after November 2, 2025 are not refundable.

**No-Shows :** Delegates who do not attend the conference ("no-shows") are not eligible for a refund.

**Transfer of Registration :** Delegate registrations can be transferred to another individual, subject to approval by the SOGOG 2025 organizing committee. A transfer fee of 500 INR will apply.

**Conference Cancellation or Postponement**

- In the event that SOGOG 2025 is canceled or postponed due to unforeseen circumstances, registered delegates will have the option to: Receive a full refund of their registration fee.
- Transfer their registration to the rescheduled conference date (if applicable).

**Refund Process**

- All refund requests must be submitted in writing to sogog2025@gmail.com ● Refunds will be processed within 30 business days of approval. ● Refunds will be issued to the original payment method used during registration.

**Exceptional Circumstances**

- Refunds may be considered in exceptional circumstances (e.g., medical emergencies, bereavement) at the discretion of the SOGOG 2025 organizing committee. Supporting documentation will be required.

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# MEDICAL QUIZ

## Diagnosis of Different Types of Fevers

**Q1. A 25-year-old man presents with fever, chills, myalgia, retro-orbital pain, and a maculopapular rash. Platelets are 90,000/ $\mu$ L. Which is the most likely diagnosis?**

- A. Malaria
- B. Dengue fever
- C. Typhoid fever
- D. Leptospirosis

**Q2. A 35-year-old female returns from a rural area with intermittent high-grade fever, chills, and profuse sweating. Peripheral smear shows ring forms in RBCs. What is the likely diagnosis?**

- A. Enteric fever
- B. Malaria
- C. Brucellosis
- D. Scrub typhus

**Q3. A 40-year-old man presents with prolonged step-ladder fever, abdominal pain, relative bradycardia, and rose spots on the trunk. Which test is most specific for diagnosis?**

- A. Widal test
- B. Typhidot
- C. Blood culture in first week
- D. Stool culture in first week

**Q4. A patient presents with high fever, conjunctival suffusion, jaundice, and renal dysfunction after working in flooded fields. The most likely etiology is:**

- A. Leptospirosis
- B. Scrub typhus
- C. Malaria
- D. Typhoid fever

**Q5. A 28-year-old farmer develops acute fever with eschar at the axilla, lymphadenopathy, and pneumonitis. Which is the most probable diagnosis?**

- A. Brucellosis
- B. Scrub typhus
- C. Leptospirosis
- D. Malaria

**Q6. A 45-year-old cattle handler presents with undulating fever, profuse sweating, arthralgia, and hepatosplenomegaly. Which is the most probable diagnosis?**

- A. Brucellosis
- B. Malaria
- C. Dengue
- D. Enteric fever

**Q7. A young adult presents with fever, severe sore throat, generalized lymphadenopathy, and splenomegaly. Peripheral smear shows atypical lymphocytes. Which test is confirmatory?**

- A. ELISA for EBV IgM
- B. Monospot (heterophile antibody test)
- C. Throat swab culture
- D. PCR for CMV

**Q8. A 30-year-old man with HIV presents with intermittent fever, weight loss, hepatosplenomegaly, and pancytopenia. Bone marrow shows amastigotes within macrophages. Diagnosis?**

- A. Malaria
- B. Leishmaniasis (Kala-azar)
- C. Brucellosis
- D. Histoplasmosis

**Q9. A 29-year-old male presents with fever, night sweats, weight loss, and cough with hemoptysis for 3 weeks. Which is the most probable diagnosis?**

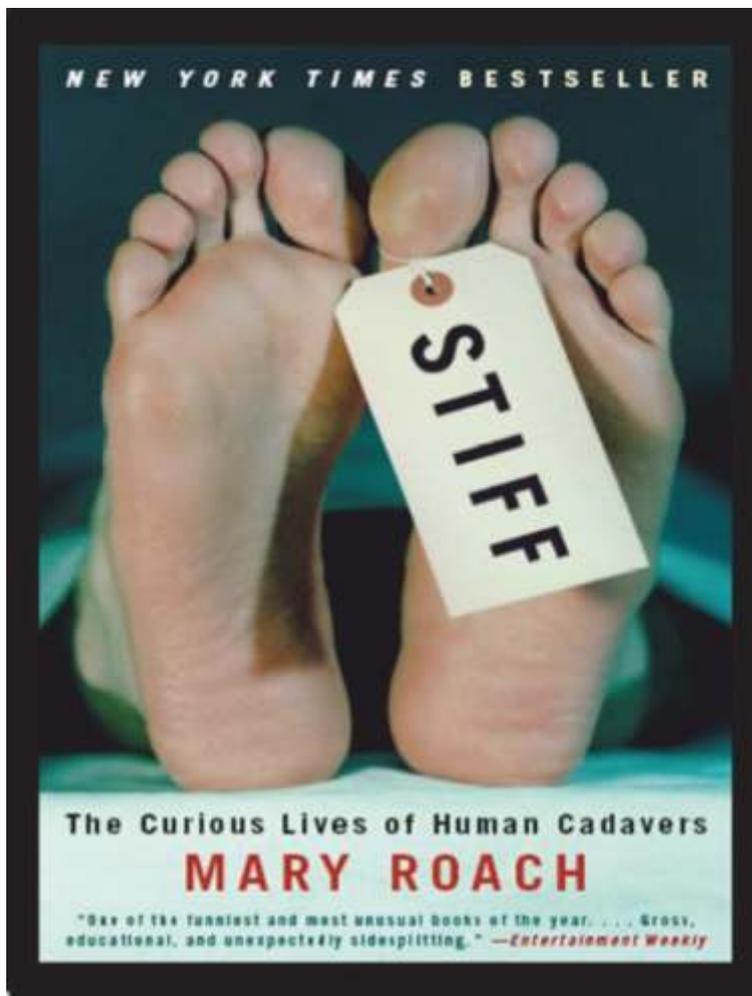
- A. Typhoid fever
- B. Malaria
- C. Pulmonary tuberculosis
- D. Dengue

**Q10. A patient presents with quotidian fever (spiking daily), salmon-colored rash, arthritis, and leukocytosis. Which is the most likely diagnosis?**

- A. Adult-onset Still's disease
- B. Systemic lupus erythematosus
- C. Rheumatic fever
- D. Brucellosis

Answer Key : 1.B. 2.B. 3.C. 4.A. 5.B. 6.A. 7.B. 8.B. 9.C. 10.A.

## READER'S CORNER



Mary Roach's *Stiff* (2003) is an unusual yet fascinating exploration of what happens to the human body after death. Rather than treating death with solemnity or avoidance, Roach approaches the subject with curiosity, wit, and scientific rigor. The book investigates the varied ways cadavers have contributed to science, medicine, and society throughout history.

For two thousand years, cadavers—some willingly, some unwittingly—have been involved in science's boldest strides and weirdest undertakings. They've tested France's first guillotines, ridden the NASA Space Shuttle, been crucified in a Parisian laboratory to test the authenticity of the Shroud of Turin, and helped solve the mystery of TWA Flight 800. For every new surgical procedure, from heart transplants to gender confirmation surgery, cadavers have helped make history in their quiet way. *Stiff* investigates the strange lives of

our bodies postmortem and answers the question: What should we do after we die?

What makes the book compelling is Roach's ability to balance humor with respect. She never trivializes death but instead opens a window into the strange, often overlooked world where science and mortality intersect. Her journalistic style brings in voices of surgeons, scientists, and technicians, making complex or macabre topics approachable to the general reader.

Thematically, *Stiff* raises important questions about mortality, ethics, and the value of donating one's body to science. Roach invites readers to reflect on how death, often seen as an ending, can in fact contribute to knowledge and life-saving discoveries.

In summary, *Stiff* is both entertaining and thought-provoking. It is not a book for the faint of heart, but for those willing to explore the subject with an open mind, it offers a rare blend of science, history, and humor. Mary Roach succeeds in transforming a topic many avoid into a captivating narrative that makes us reconsider the meaning of death and the legacy of the human body.

Verdict: A unique, witty, and informative read that demystifies the science of cadavers while keeping the reader engaged.



# Shukan Hospital

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