



The Mumbai Obstetric & Gynaecological Society
MOGS NEWSLETTER
Buzz & Bytes

WWW.MOGSONLINE.ORG

JANUARY 2023 • VOLUME 1 • ISSUE 3



» MOGS NEWS HEADLINES



Mumbai medics cycle 102 km to create awareness on cervical cancer

By ABC | Published January 26, 2022 07:26 PM

Mumbai, Jan 26 Over four dozen gynaecologists and others participated in a 102 km long cyclothon across Mumbai on Sunday.

Mumbai medics cycle 102 km for cervical cancer awareness

मुंबईत 'एमओजीएस'ची सायक्लोथॉन यशस्वी महिलांना शिक्षित करण्यासह आदर करण्याचा संदेश

मुंबई - महाराष्ट्र च्या मुंबई शहरात, आज सोमवार, २६ जानेवार रोजी, ४६ डॉक्टर यांच्या नेतृत्वात १०२ किलोमीटर लांबीची सायक्लोथॉन (बायसीकल) प्रवासाला सुरुवात करण्यात आली. यावेळी महिलांना शिक्षित करण्यासह आदर करण्याचा संदेश देण्यात आला. यावेळी ४६ डॉक्टरांच्या नेतृत्वात १०२ किलोमीटर लांबीची सायक्लोथॉन प्रवासाला सुरुवात करण्यात आली. यावेळी महिलांना शिक्षित करण्यासह आदर करण्याचा संदेश देण्यात आला.

गर्भास्य कर्करोग जागरूकता महिना

गर्भास्य कर्करोग हा एक सामान्य, परंतु अजूनही अनेक महिलांना माहित नसलेले आजार आहे. यावेळी महिलांना शिक्षित करण्यासह आदर करण्याचा संदेश देण्यात आला.



Why it's hard being a male gynaecologist in India

Lata Mishra • THE DOCTORS.COM

Published On 5, 2022, 2:23:57

Why this story

The upcoming Bollywood film 'Doctor G' has triggered a conversation around male gynaecologists, a fast-shrinking tribe in India. Three practicing male doctors in... [Read More](#)

आपलं महानगर 1^{वा} महानगर

मुंबईतील ५.२ टक्के नागरिक ऑस्टिओपोरोसिसने बाधित

नागरिकांनी काळजी घेण्याचे आवाहन

मुंबई - महाराष्ट्र च्या मुंबई शहरात, आज सोमवार, २६ जानेवार रोजी, ४६ डॉक्टरांच्या नेतृत्वात १०२ किलोमीटर लांबीची सायक्लोथॉन प्रवासाला सुरुवात करण्यात आली. यावेळी महिलांना शिक्षित करण्यासह आदर करण्याचा संदेश देण्यात आला.

ऑस्टिओपोरोसिस हा एक सामान्य, परंतु अजूनही अनेक महिलांना माहित नसलेले आजार आहे. यावेळी महिलांना शिक्षित करण्यासह आदर करण्याचा संदेश देण्यात आला.



Dr. Niranjnan Chavan
PRESIDENT



Dr. Rajendra Sankpal
SECRETARY



Dr. Geetha Balsarkar
TREASURER

We request our esteemed readers to send their valued feedback, suggestions & views at mogs2012@gmail.com

CONTENTS

1	MOGS News Headlines	53	Winners of Slogan & Poster Competition
3	From the Desk of President	57	Premature Rupture of the Membranes: Current Thoughts and Concepts
4	From the Desk of Secretary	64	Live Operative Workshop held on 27th November 2022 jointly by MOGS, AFG and SOVSI
5	From the Desk of Editors	67	Report of MOGS FOGSI Respectful Abortion Care CME held on 29th November 2022
6	Cosmetic and Esthetic Gynecology	69	FOGSI JOGI MOGS PICSEP Workshop 2022 held on 5th December 2022, organised by MOGS
11	Report of MOGS SHARP Global Gynaecology Conference held on 3rd and 4th of September 2022	71	Report on Diabetes Research and Solutions Conference in collaboration with MOGS & IMA (Mumbai West) held on 13th November 2022
17	Report of Happy Learning 99th CME held on 13th September 2022	72	Report on IAVA World Congress 2022 on Functional and Aesthetic Gynaecology in Association with MOGS held on 9th December 2022
18	Report of Out of the Box CME held on 17th September 2022	73	FOGSI presents Modern Approaches to Gynaecology and Obstetrics (FEMTEK-1) held on 22nd October 2022 with MOGS.
19	Thyroid Dysfunction and Infertility	75	FOGSI Presidential CME (Karyashala) in Association with MOGS held on 29th January 2023
25	MOGS Quiz Time	78	MOGS Republic Day Celebration at The Cama and Albless Hospital on 26th January 2023.
26	Report of Teacher's Day Felicitation Program held on 25th September 2022	81	Mogs Dr. N A Purandare Teaching Program at Seth Gsmc and Kem Hospital held on 13th January, 2023
28	Glimpses of Outreach Programmes	82	Academic Events in the New Year-2023 Highlights
30	Report of MOGS FOGSI UNICEF Dheera Violence Against Women CME held on 18th October, 2022	87	Forthcoming Events
32	BMD Osteoporosis Detection Camp held on World Osteoporosis Day, 19th October 2022 by MOGS	89	Gynaecology Crossword
41	Benign Gynecological Surgeries and the Role of Robotics	90	Answer Keys
44	Three Dr. NA Purandare Teaching Programs were Organized by MOGS in the Last Quarter. One at Wadia Hospital on 8th October 2022, Second at Bombay Hospital on 24th September 2022 and 3rd at Nair Hospital & TNMC on 3rd December 2022.		
47	Report of AICC RCOG Annual Conference 2022 held on 4th to 6th November 2022		
51	Anemia Mukh Bharat Conclave 2022 held on World Anemia Day on 26th November 2022 by MOGS		

Published By :

MUMBAI OBSTETRICS & GYNAECOLOGICAL SOCIETY

For Free Circulation Amongst Medical Professionals

C-14, 1st Floor, Trade World, D-wing Entrance, S. B. Marg, Kamala City, Lower Parel (W), Mumbai 400013

Tel. : 022-35114385 / +919022361841 • email: mogs2012@gmail.com

From the Desk of President



Dr. Niranjjan Chavan

MD, FCPS, DGO, DFP, DICOG,
MICOG, FICOG,

Diploma in Endoscopy (USA),
Training In Minimal Access
Surgery. (Hampstead, U.K)

Dear MOGS members,
A very Happy New year and season's greetings to all! It gives me great pleasure to present to you all MOGS Newsletter BUZZ & BYTES, January 2023 issue as President of MOGS and Editor-in-Chief of this newsletter. Editors – Dr. Komal Chavan, Dr. Parikshit Tank and Co-editors – Dr. Pratik Tambe and Dr. Pradnya Changede have curated a fascinating newsletter for you all. We present to you interesting scientific content with articles on Functional and Aesthetic Gynaecology by Dr. Narendra Malhotra, Thyroid dysfunctions in Infertility by Dr Sanjeeva Reddy, Current thoughts and concepts in Premature Rupture of Membranes by Dr Krishnendu Gupta and role of Robotics in benign Gynaecological surgeries by Dr Rooma Sinha. The last quarter of the year was an academic extravaganza with multiple CMEs like the Diabetes Research Conference organised in association with IMA, The DHEERA CME on Violence against women, MOGS-FOGSI-JOGI PICSEP workshop on Research methodology, a surgical workshop organised in association with SOVSI and a truly unique hands-on workshop on Aesthetic gynaecology conducted in association with IAVA. This newsletter includes reports of MOGS programs like the Bone Mineral Densitometry camp, a mega event spanning over several hospitals conducted in celebration of World Osteoporosis Day, Anaemia Mukht Bharat Conclave held in celebration of World Iron Deficiency Day which also had a Poster & Slogan Competition in which several MOGS members and non-MOGS members contributed in large numbers. Winners of this competition were awarded cash prizes. We bring to you glimpses of the several Outreach CMEs held from September 2022 to January 2023; they are a visual delight. This newsletter also includes the report on three Dr N A Purandare Teaching Programs held in the last quarter of the year at Bombay Hospital, Wadia Hospital and Nair Hospital. The newsletter also includes a list of all forthcoming programs of MOGS. I would like to thank the Editors, Co-Editors, Dr. Divita and Dr. Manan. The year 2023 looks very exciting! Hope you all enjoy the Quiz, Sudoku and Crossword provided for your entertainment.

A handwritten signature in blue ink that reads "N Chavan". The signature is fluid and cursive, with a horizontal line underneath.

Dr. Niranjjan Chavan
President, MOGS

www.mogsonline.org

From the Desk of Secretary



Dr. Rajendra Sankpal

Dear Friends & Colleagues,

We are extremely pleased to present to you the MOGS Newsletter BUZZ & BYTES, January 2023 issue.

This newsletter includes all the exciting events that were conducted by MOGS, almost every single weekend like the MOGS outreach programs, Dr. N. A. Purandare teaching programs, Anemia Mukht Bharat Conclave, IAVA Aesthetic Gynecology Workshop, AFG SOVSI Live Operative Workshop and FOGSI-JOGI-MOGS PICSEP workshop. It also showcases MOGS celebration of the World Iron Deficiency Day - Poster and Slogan competition. I hope, like me, you too are excited to see all photographs of each and every event!

If that's not enough, there are enthralling articles on some of our favorite topics ranging from Functional and Aesthetic Gynecology to Thyroid Dysfunction and Infertility and for those looking to rack their brains with some teasers, there is Quiz, Sudoku and Crossword. Do enjoy pictures of all conferences and events to relive all the fun that we all had in the past few months. Editors Dr. Komal Chavan, Dr. Parikshit Tank and Co-Editors Dr. Pratik Tambe, Dr. Pradnya Changede have compiled this wonderful newsletter for MOGS with great detail.

With kind regards,

A handwritten signature in black ink that reads "R. Sankpal". The signature is written in a cursive style with a horizontal line underneath.

Dr. Rajendra Sankpal
Secretary MOGS



From the Desk of Editors

EDITORS



Dr. Komal Chavan



Dr. Parikshit Tank

CO-EDITORS



Dr. Pratik Tambe



Dr. Pradnya Changede

www.mogsonline.org

Dear MOGS members,
Wishing you a very Happy New Year 2023!

This January 2023 issue of MOGS newsletter - BUZZ and BYTES, is very informative and keeps all the members abreast of common topics in the field of Obstetrics and Gynaecology. The first issue of MOGS newsletter had given glimpses of HER World Congress on Labour and Delivery, World Congress on Anaemia, Menstrual Hygiene Day celebration which was highly appreciated by all. The second MOGS newsletter of the year 2022 was equally exciting. It focused on the latest developments in the field of Gynaecology. This newsletter includes all the exciting events that were conducted by MOGS, almost every single weekend like the MOGS outreach programs, Dr. N. A. Purandare teaching programs, SHARP Conference and Glimpses of workshop, Glimpses of MOGS IAVA Aesthetic Gynaecology Workshop & MOGS AFG SOVSI Live Operative Workshop, Anemia Mukht Bharat CME and PICSEP. It also showcases MOGS celebrations of the World Anemia Day Poster and Slogan Competition. This newsletter includes scientific articles written by experts in their respective fields. We thank them for their contributions. Along with this academic feast, we also have brain tickling quiz time, Sudoku and crosswords for our enthusiastic members. We thank MOGS President Dr Nirranjan Chavan and office bearers for allowing us to be a part of this initiative. We also thank our Co-editors and the entire team of Buzz and Bytes for compiling this newsletter so efficiently. We hope you enjoy reading the articles and find them useful. We would welcome any comments or suggestions and encourage you to reach out to us with feedback.

Wishing you and your family good health and happy reading.

Thank you

Dr. Komal Chavan

Dr. Parikshit Tank

Editors

Dr. Pratik Tambe

Dr. Pradnya Changede

Co-Editors

Cosmetic and Esthetic Gynecology



Dr. Narendra Malhotra

Department of Obstetrics and Gynecology, Malhotra Nursing and Maternity Home, Centre for Women Care and Research, Apollo Pankaj Hospitals, Agra, Uttar Pradesh, India

INTRODUCTION

Cosmetic gynecology can also be called functional gynecology, which involves regenerative and esthetic gynecology procedures for conditions that women usually shy away from. Some of the common unspoken esthetic gynecological conditions are as mentioned below:

- Pelvic organ prolapses – Symptomatic/asymptomatic
- Urinary dysfunction
- Stress urinary incontinence (SUI)
- Sexual dysfunction
- Overactive bladder
- Fecal incontinence
- Pelvic pain
- Vulval/vaginal itching and pain
- Abnormal vaginal discharge
- Cosmetic issues with genitalia

Based on this outlook, we can see newer emerging specialties in gynecology such as female pelvic medicine, reconstructive surgery, and cosmetic and esthetic gynecology. The common procedures involved under these specialties include:

- Vaginal tightening
- Post-delivery rehabilitation
- SUI management
- Vaginal dryness
- Vulvar rejuvenation
- Removal of scars

- Vulvodynia/vestibulitis
- Lichen sclerosis
- Vaginal infections
- Bleaching

The common causes of tissue aging and laxity are as follows:

- Genetics
- Menopause
- Low estrogen status
- Pregnancy and childbirth
- Smoking
- Obesity
- Significant weight fluctuation

UNSPOKEN GYNECOLOGICAL CONDITIONS

Urinary incontinence

However, among all, urinary incontinence is the most prevalent condition as compared to other chronic diseases in women. This condition is observed in women across all age groups and not just menopausal women. SUI is not a regular problem as it largely affects the quality of life (QoL) of a woman. Urine leakage is normally triggered due to coughing, sneezing, laughing, lifting, exercising, or straining. Age, pelvic floor muscle degeneration, and endopelvic fascial disruption are also some of the reasons for SUI.

Types of urinary incontinence are as follows:

- SUI

- Urge incontinence
- Mixed incontinence
- Overflow incontinence
- Atypical incontinence

Urinary incontinence leads to symptoms such as urgency, frequency, nocturia/enuresis, and dysuria and the causes can range from urinary tract infections, medications, abnormal growths, urinary tract abnormalities, neuromuscular problems, or most importantly, pelvic support problems.

Urinary incontinence can be treated effectively using the following steps:

- Lifestyle changes such as weight reduction, avoiding smoking, and usage of pads and garments.
- Bladder training
- Physical therapy
- Pessary
- Medications
- Bulking agents
- Surgery
- Laser vaginal rejuvenation

In cases where surgery is required, it needs to be well-planned with the help of a surgeon. The surgery can make use of tape, mesh, or laparoscopic Burch to lift the pelvic floor.

Kegel exercises are routinely recommended in women with incontinence problems. Kegel master is a device that helps a woman to perform proper and effective Kegel exercises by applying adjustable targeted resistance against the muscles of the female pelvic floor. The Kegelmaster has 15 levels of resistance with a maximum of 4.5 lbs of pressure required to close the unit. The advanced Kegelmaster has 64 levels of resistance with a maximum of 9.5 lbs of pressure required to close the unit.¹

The different types of surgeries performed for SUI

are as follows:

Vaginal

- Anterior repair
- Needle suspension

Slings

- MUS

Abdominal

- MMK
- Colposuspension
- Slings
- Artificial sphincter.

Urethral

- Bulking agents

Laparoscopic

- Colposuspension
- Slings

Urogenital Prolapse

- Pelvic organ prolapse affects almost half the women above 50 years of age, with clinically significant prolapse seen in about 10–20% of women.
- For the majority of asymptomatic women, no treatment is indicated
- There is an 11% chance of undergoing at least one operation for prolapse or incontinence by the age of 79 years.
- The treatment for urogenital prolapse includes lifestyle changes, bladder training, physical therapy, pessary, vaginal mesh, surgery, and the latest being laser vaginal rejuvenation.

Vaginal Atrophy

- Urogenital atrophy is the only symptom all menopausal women will experience at some point; however, only <1/2 of the women undergoing menopause with vaginal atrophy symptoms are receiving treatment.

- Symptoms associated with vulvovaginal atrophy (VVA), such as lack of lubrication and pain with intercourse, affect 20–45% of midlife and older women.^[2]
- Over time, VVA can be progressive and less likely to resolve without intervention. It can have a significant effect on a woman's sexual health and QoL.
- The symptoms of vaginal atrophy include vaginal dryness, burning, decreased lubrication during sexual activity, painful intercourse, vaginal bleeding or vulvar fissures, vaginal discharge, and urinary tract symptoms.
- The treatment includes hormonal and non-hormonal medications including vaginal lubricants and moisturizers along with regular sexual activity.
- Laser vaginal rejuvenation can be offered as a treatment option too.

Atrophic Vaginitis

- This condition is seen in pre-pubertal, lactating, as well as post-menopausal women and is caused due to reduced endogenous estrogen.
- This causes thinning of the vaginal epithelium making it susceptible to trauma and infections with a pH value on the higher side.
- The symptoms of vaginitis are abnormal vaginal discharge, pruritis, irritation, burning, soreness, odor, dyspareunia, bleeding, and dysuria.

The treatment for atrophic vaginitis includes oral or vaginal estrogen replacement, oral birth control pills, estrogen in combination with medroxyprogesterone, vaginal creams, and estrogen vaginal rings.

Vaginal Relaxation Syndrome

- This is a common medical condition described as the loss of normal vaginal structure and is usually associated with vaginal delivery and natural aging.

- This condition usually leads to sexual dysfunction, urinary incontinence, and urogenital syndrome of menopause.

Vestibulodynia/Vulvodynia

- A common condition involving unexplained pain around introitus with 1 million cases per year, seen in women of all ages with hypersensitivity to touch.
- The causes are multiple, different, and unexplained.

Lichen Sclerosus/Lichen Planus

- Comprises 70% of benign epithelial disorders with epithelial thinning, inflammation, and histological changes in the dermis.
- Etiology is unknown with itching, vaginal soreness, and dyspareunia being the common symptoms.
- The signs include crinkled skin, labia minora atrophy, constriction of the vaginal orifice, adhesions, ecchymoses, and fissures.
- Treatment modalities include intravaginal hydrocortisone suppositories, steroid creams, vaginal estrogen cream, vaginal dilators for stenosis, surgery, vulvar hygiene, and emotional support.

Vulvar Psoriasis

- The physical appearance resembles red moist lesions with or without scales.
- The treatment usually includes topical corticosteroids.

NEWER TREATMENT OPTIONS

Non-invasive measures such as external energy application, CO2 laser, YAG lasers, radiofrequency, and ultrasound are available.

Radiofrequency/ThermiVa

- It is a non-invasive temperature-controlled radiofrequency device
- Radiofrequency energy is delivered deeply into

the vulva/vagina which helps with immediate tissue tightening

- Newer and tighter collagen stimulation results in softer and smoother skin in as less as 15–30 min.³
- It remodels the collagen below the skin due to the heating of the skin and mucosa promoting immediate contraction of collagen, immediate collagen remodeling, elasticity, and long-term stimulation of the production of new collagen.
- It is a non-surgical, non-anesthesia, and painless OPD procedure with immediate results.
- Can be used for loose vagina, loose labia, dry vagina, leaky bladder, and orgasmic problems.

Vaginal Laser Therapy

- This procedure is robotic and automatic. The FemiLift is an FDA-approved pixel CO₂ laser that allows selectively targeted treatment where Habitat Conservation Plans can target specific areas or zones 45 degrees at a time.
- This could be used for vulvovaginal dryness, vaginal laxity, mild-to-moderate urinary incontinence, mild prolapse, and vulval diseases.
- The effects of laser on the tissues are photostimulation, photodynamic reaction, and photothermolytic action.
- The laser heats the area 6 mm below the skin to stimulate the production of collagen, elastin, and fibroblast activity, thereby treating and

improving SUI, vaginal laxity, and dryness.¹⁴

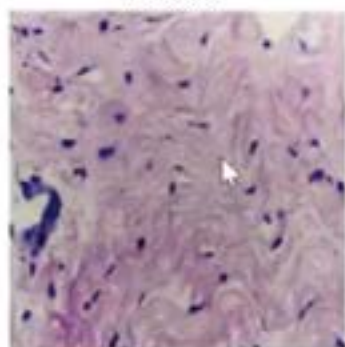
- The ER: YAG laser with 2940 nm wavelength is commonly used in India.
- Pixel CO laser uses a diffractive optical element to pixelate the beam into 81 microscopic pixels in a 9 × 9 pattern. This pattern promotes faster healing with effective mechanisms such as thermal damage, superficial shrinkage, deep aseptic wound, and collagen remodeling.
- The acute thermal damage phase lasts for 48–72 h with edema, the release of chemical mediators, and collagen shrinkage. A second sitting is recommended in the next 30 days when fibroblasts recruit and remodel and then the third sitting after 30 days. A memory setting is recommended after a year.
- The figure represents vaginal wall colposcopy image after FemiLift treatment and through the microholes PRP gets absorbed after smearing the vagina with PRP. It improves healing.

How Does Vaginal Laser Therapy Work?

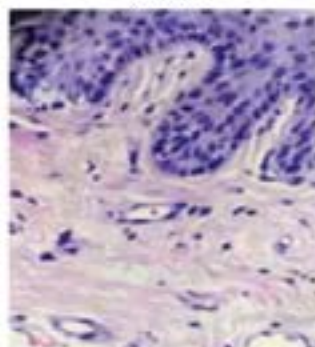
- The machine has multiple settings and it can move 360° in the vagina. The energy levels can be adjusted too.
- A total of five passes are given in and out of the vagina but when the laser beam comes out the energy is reduced because the vulva is more sensitive.
- It is completely robotic and the patient feels no pain.

Collagen re-growth 6 months post FemiLift Treatment

Before



After



- In the beginning, colposcopy is done with the scope which has a camera. This will help in measuring the vaginal canal and then the laser procedure is initiated.
- This is an OPD-based procedure, no anesthesia or lubricant is required only baby oil will suffice.

Protocol for FemiLift Probe

- Apply liquid lidocaine 2% introitus and wait for 3 min.
- Three passages in the inner part of the introitus 25 mj/p; three passages in the outer part of the introitus 15 mj/p.
- Repeat the same, if necessary, after 1 month.

The IBM's Monalisa probe is also used for vaginal tightening. These probes can improve vaginal microflora in postmenopausal women. It can help in skin lightening and removes wrinkles too.

PRE-TREATMENT CONSULTATION

It usually involves the following steps:

- Complete health history questionnaire
- Vaginal/bladder questionnaire
- Complete OB/GYN history including Pap smear results
- Pelvic examination

CONTRAINDICATIONS

- Active HPV/herpes
- Abnormal Pap smear
- Active vaginal infection
- GYN cancer
- Undiagnosed vaginal bleeding
- Uncontrolled diabetes
- Pregnancy
- Recent vaginal injury
- Any active bleeding

Some other non-gynecological uses in women include:

- Pregnancy stretch marks
- Facial laser
- Warts
- Dark spots and moles
- Scar marks post keloids
- Evolving indications
- External operation with a cut laser

All these indications should be recognized as the "unspoken problems" of women and the need should be valued and treatment options must be presented to them.

CONCLUSION

Several women are afraid of being stigmatized if they go to their gynecologists about their gynecological problems. Women of all ages must be made aware of and educated about various gynecological conditions that may affect them, and their needs must be acknowledged, as well as treatment choices are given.

REFERENCES

1. Huang YC, Chang KV. Kegel exercises. In: StatPearls. Treasure Island, FL: StatPearls Publishing; 2022.
2. Symptoms Associated with Vulvovaginal Atrophy (VVA); 2021. Available from: <http://www.docplayer.net/21031889-Symptoms-associated-with-vulvovaginal-atrophy-vva.html> [Last accessed on 2022 Jan 21].
3. Dayan E, Burns AJ, Rohrich RJ, Theodorou S. The use of radiofrequency in aesthetic surgery. *Plast Reconstr Surg Glob Open* 2020;8:e2861.
4. Available from: http://www.ja.monalisatouch.com/img/media/csmb65_201408.pdf [Last accessed on Jan 21].

Report of MOGS SHARP Global Gynaecology Conference held on 3rd and 4th of September 2022

MOGS conducted the SHARP Global Gynaecology conference on the 3rd and 4th of September 2022 at the St. Regis Hotel, Mumbai

This conference was conducted under the leadership of Dr. Niranjana Chavan (President of MOGS), Dr. Rajendra Sankpal (Secretary of MOGS) and Dr. Geetha Balsarkar (Treasurer of MOGS). The conveners of this conference were Dr. Atul Ganatra, Dr. Rohan Palshetkar, Dr. Riddhi Desai and Dr. Gaurav Desai. A total of 16 National & international organisations' faculty were involved.

There were 3 pre-congress workshops conducted at various centres in Mumbai on 2nd September 2022. The infertility workshop was conducted in collaboration with ISAR at the MET centre in Mumbai. The workshop conveners were Dr Nandita Palshetkar, Dr Hrishikesh Pai and Dr Rishma Pai. The Minimal Access Gynaecology Surgery workshop was conducted in collaboration with IAGE & Apollo Hospital, Hyderabad at Sion Hospital. The workshop conveners were Dr. Bhaskar Pal, Dr. Arun Nayak and Dr. Sudha Tandon. The Gynaecological Oncology workshop was conducted at the CPS College and the conveners were Dr. Sarita Bhalerao, Dr. Anita Maheshwari and Dr. Gaurav Desai.

The conference was conducted at Hotel St. Regis, Mumbai. The conference was attended by nearly 500 people with varied interests and age groups that included residents of postgraduate colleges to consultants. They had valuable inputs which made the sessions more interactive and enlightening. The active participation of the audience was appreciated by everyone. The halls were divided into 3 halls - Speroff (infertility hall), Te Linde

(Endoscopy), Berek and Novak (Oncology). There were 23 talks, 12 panel discussions, 31 Keynote Addresses, 3 debates and 2 orations. The MOGS Bhanuben Nanavati Oration was delivered by Dr. CN Purandare on Technique of Modified Radical Hysterectomy and the MOGS SHARP Conference Oration was delivered by Dr. PC Mahapatra on Dying Art or Growing Science? Difficult Vaginal Hysterectomy. The conference inauguration was conducted by Dr. Komal Chavan and Dr. Rohan Palshetkar. Mrs. Vidya Balan, Film Actor was the guest of Honour and Dr. CN Purandare was the Chief Guest. In the evening, there was the MOGS Talent show where all our members performed and Drs Sargam Soni, Rohan Palshetkar, Amrita Tandon, Prashant Mangeshkar, Kaushalya, Siddhesh Iyer and Amruta Bhende, Dr Mestry were awarded prizes for their performances. In the evening we had the Vision for HER walk where we had our MOGS Office bearers, managing committee members and youth council members walk with their daughters, sisters, mothers and grandmothers. Dr Shanthakumari, Dr Hrishikesh Pai, Dr Rishma Pai, Dr Nandita Palshetkar, Dr Jaydeep Tank & Dr Rajendrasing Pardesi were felicitated in traditional Maharashtrian style with Pagadi, Shawl & Shreefal and bestowed with Plaque of The MOGS SHARP Global Excellence Award by President MOGS Dr. Niranjana Chavan and Office Bearers & past Presidents of FOGSI & MOGS.

The Valedictory was conducted by Dr. Riddhi Desai and Dr. Gaurav Desai. The prizes for the best paper and poster presentation were distributed. We had 75 paper and poster presentations. Dr. Rajendra Sankpal, Secretary MOGS delivered the vote of thanks.

Here are some glimpses from the conference.











Felicitation of Past President and Secretary General FOGSI & MOGS President Dr. C B Purandare prior to SHARP Global Gyn. Conference

Report of Happy Learning 99th CME held on 13th September 2022

The 99th CME of the Happy learning Web series was held on 13th September 2022 from 6 pm onwards in association with the medical disorders in pregnancy committee, AMOGS and Mumbai Obstetrics & Gynaecological Societies on the topic of 'Preventive Oncology'

Dr M.C. Patel was the Program Director, Dr. Mandakini Megh and Dr Sneha Bhuyar were the Program Convenors and Dr B.Kalpna and Dr Shreya Prabhoo Lotlikar were the Program Coordinators. The Master of Ceremony were Dr. Shruti Thar and Dr. Ashwini Sakhalkar.

The program was inaugurated by the program director and convenors along with Dr. Usha Saraiya our esteemed Chief guest who blessed the occasion. Dr Niranjana Chavan (President MOGS), Dr. Rajendra Sankpal (Secretary MOGS), Dr. Rajendrasing Pardeshi (President AMOGS) and Dr Sujata Dalvi (Secretary AMOGS, Librarian MOGS) were our guests of honor who graced the occasion and congratulated Dr MC Patel for the 99th episode of his web series.

There were 3 talks by the esteemed speakers

1. Dr Sarita Bhalerao spoke on HPV testing for cervical cancer screening. The session was chaired by Dr. Bipin Pandit and Dr. Anahita Chauhan



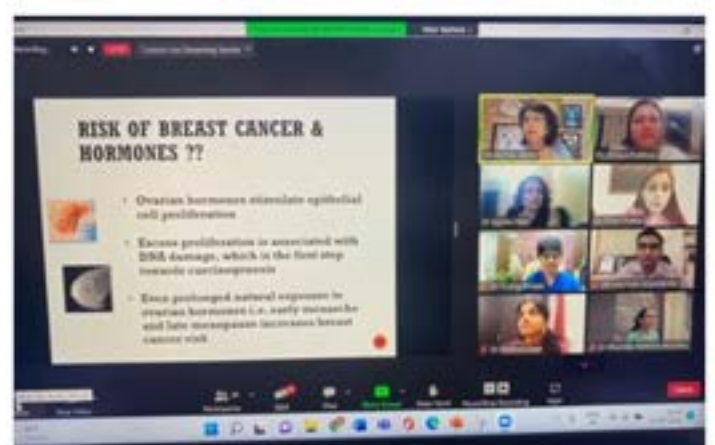
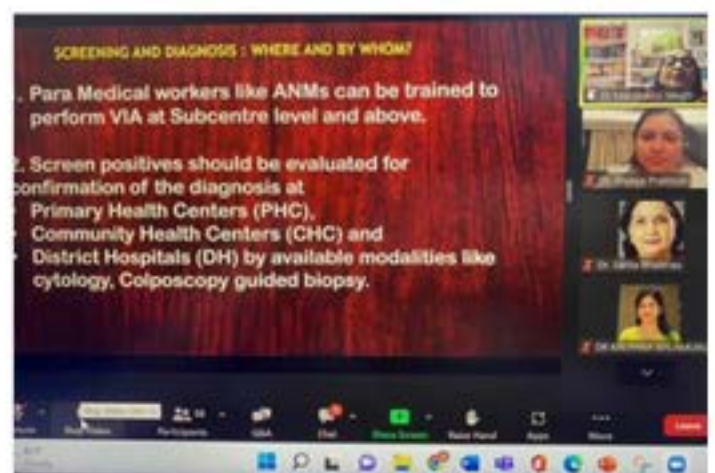
2. Dr Mandakini Megh spoke on Cervical cancer screening . Dr Rajendra Sankpal and Dr Komal Chavan chaired this session.
3. Dr MC Patel spoke on Legal issues in Gynaec oncology. This session was chaired by Dr Ganpat Sawant and Dr Ashok Shukla.

It was followed by a very interactive and informative panel which was moderated by Dr Reena Wani and Dr Shreya Prabhoo

The panelists were Dr Sujata Dalvi, Dr Priya Vora, Dr Gautam Sonawane, Dr Pradnya Supe, Dr Bhumika Kotecha, Dr Nidhi Shah and Dr Sidra Khot.

A formal vote of thanks was given by Dr B Kalpna. A total attendance of 62 gynecologists attended the program.

Academic Partners- Zydus, Gynnext & Gynova.



Report of Out of the Box CME held on 17th September 2022

MOGS conducted the OUT OF THE BOX CME on 17.9.22 at St. Regis. The convenors for this program were Dr. Komal Chavan and Dr. Rohan Palshetkar. The Masters of Ceremony for this program were Dr. Tanushree Padgaonkar and Dr. Esha Chainani. The CME began with a panel on Recurrent implantation failure moderated by Dr. Rohan Palshetkar and Dr. Parzan Mistry. The panelists were Dr. Ritu Hinduja, Dr. Shreedevi Tanksale, Dr. Tejal Poddar, Dr. Nishita Shah, Dr. Shruti Thar, Dr. Rana Chaudhary. The second panel was on Micronutrients in Pregnancy moderated by Dr. Komal Chavan and Dr. Punit Bhojani. The esteemed panelists were Dr. Sarita Bhalerao, Dr. Suchitra Pandit, Dr. Anahita Chauhan, Dr. Reena Wani, Dr. Mandakini Megh, Dr. Ameya Purandare and Dr. Priya Vora. This was followed by the felicitation of all the MOGS Past Presidents, FOGSI Office Bearers and Managing committee members by our President Dr. Niranjn Chavan, Secretary Dr. Rajendra Sankpal and Treasurer Dr. Geetha Balsarkar.

We, the convenors would like to thank Dr. Niranjn Chavan, Dr. Rajendra Sankpal and Dr. Geetha Balsarkar for giving us this opportunity.



Thyroid Dysfunction and Infertility



Dr. Nallepalli Sanjeeva Reddy

Department of Reproductive Medicine and Surgery, Sri Ramachandra Medical College and Research Institute, SRIHER, Chennai, Tamil Nadu, India

Dr. Radha Vembu

BACKGROUND

Thyroid hormones are required for regulating metabolism and reproductive health. In females, the ovarian cycle is regulated by the synchronized action of thyroid hormones, luteinizing hormone (LH), follicle-stimulating hormone (FSH), and prolactin on the hypothalamic-pituitary-ovarian axis.¹ The progesterone release from the corpus luteum occurs only when thyroid hormones act along with FSH, LH, and hCG.

Thyroid hormone receptors (TR- α 1 and TR - β 1) are seen on the ovarian surface epithelium and in oocytes of primordial, primary, and secondary follicles. They participate in the complex regulation of ovarian function. In animal models, thyroid hormones synergize with FSH to exert direct stimulatory effects on granulosa cell function, such as morphological differentiation, LH/hCG receptor formation, induction of 3 β -hydroxysteroid dehydrogenase, and aromatase.² They influence fertility by altering the GnRH and prolactin secretion, SHBG levels, and coagulation factors

THYROID DISORDERS AND INFERTILITY

Prevalence

The prevalence of thyroid disorders is increasing worldwide probably due to increased awareness and diagnosis. It is more common in the age group of 20–45 years. The prevalence of subclinical hypothyroidism (SCH) is 5–7%, overt hypothyroidism is 2–4.5%, hyperthyroidism is 0.5–1%, and thyroid autoimmunity (TAI) is 5–10%.³

Whom to Screen

It is recommended to screen women with signs and symptoms of hypothyroidism, elevated levels of cholesterol, menstrual irregularities, and infertility. However, it is preferred to screen all infertile women for thyroid disorders even though it is controversial. ATA 2017⁴ guidelines recommend screening for all infertile women but not so by ASRM (2015).⁵ The SOGC committee opinion (2020)⁶ suggests that the clinicians who check thyroid-stimulating hormone (TSH) in all infertile women with minor elevations of TSH (4–10 mIU/L) should have repeat tests at least 4 weeks later because minor elevations in TSH will normalize. The recent European Thyroid Association (ETA 2021)⁷ recommends that all women seeking medical advice for subfertility should be screened for serum TSH and TPOAb. The main justification for this recommendation is to ensure that overt thyroid dysfunction is detected and managed appropriately before pregnancy. Since overt thyroid dysfunction can negatively affect fertility and pregnancy outcomes, this approach has gained support.

HYPOTHYROIDISM AND INFERTILITY

In hypothyroidism, serum TSH levels are elevated with normal or low FT4 levels. Subclinical hypothyroidism is an association of raised serum TSH levels above the upper limit of normality with normal FT4 with no symptoms of thyroid deficiency. In overt hypothyroidism, in addition to elevated serum TSH level, FT4 is low with symptoms of thyroid hormone deficiency. If this upper limit

of normality for the population is not available, then the upper limit of the reference range of the assay is used. This range varies in each society guidelines. If an age-based upper limit of normal for a third-generation TSH assay is not available in an iodine-sufficient area, an upper limit of normal of 4.12 mIU/L should be considered.⁸ However, this upper limit is 4.5–5.0 mIU/L according to ASRM.⁹ Hence, TSH levels used in different studies to determine the association of thyroid function with fertility problems varied considerably. In general, association with adverse fertility outcomes seem to emerge at TSH levels above 4.0 mIU/L.⁹

EFFECTS OF HYPOTHYROIDISM

Ovulatory Disturbance

Thyroid disorders are associated with disturbed folliculogenesis. It can cause anovulation by its direct and indirect action as depicted in Figure 1.

Menstrual Changes

These women can present with disturbance in cycle length, abnormal uterine bleeding, and defects in hemostasis. Menstrual abnormalities are more prevalent in hypothyroid women (25–60%) when compared to euthyroid women (10%) and the predominant menstrual disturbance in these women is oligomenorrhea.¹⁰

Hormonal Changes

The rate of metabolic clearance of androstenedione and estrone is decreased, but there is increased peripheral aromatization. In addition, there is decrease in plasma binding activity of SHBG. Hence, the plasma concentration of total testosterone and estradiol is decreased with increase in their unbound fraction. There is also a blunted LH response which, in turn, stimulates TRH secretion and increase serum prolactin levels. All these changes lead to ovulatory dysfunction, corpus luteum insufficiency, and low progesterone levels in the luteal phase.¹⁰

Infertility

This is due to altered estrogen metabolism, hyperprolactinemia, ovulatory dysfunction, and disturbance in GnRH secretion.

THYROID AUTOIMMUNITY AND FEMALE INFERTILITY

TAI is defined as presence of the thyroid autoantibodies – anti thyroperoxidase antibody (Anti TPO -ab), or anti thyroglobulin antibody (Anti Tg- ab). This is the most common cause of hypothyroidism among women of childbearing age.¹¹

In women with TPO-ab, the relative risk of female infertility is increased (RR - 2.25; 95% CI 1.02–5.12; $P = 0.045$).¹² Women with recurrent miscarriages have a higher incidence of Tg - ab and / or TPO -ab amounting to as high as 25%.¹³

There is a 2–3fold increase in the risk of spontaneous miscarriage among antibody-positive women than those who test negative. Among the two antibodies, TPO - ab is considered as a more sensitive marker of TAI.¹⁴

INDICATIONS FOR TESTING THYROID ANTIBODIES [TABLE 1]

According to the American Association of clinical endocrinologists,⁸ antibody testing is indicated in women with (a) TSH >2.5 mIU/L on repeated testing, (b) history of recurrent miscarriage, and (c)

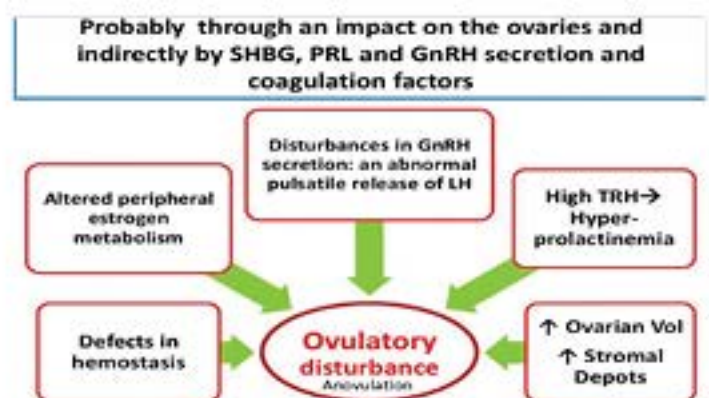


Figure 1: Ovulatory disturbance in thyroid dysfunction

Table 1: Endocrine societies guidelines for TSH and anti-thyroidantibody testing²⁴

Guideline recommendation	ASRM 2015	ACOG	SOGC 2020	ETA 2021
Routine TSH testing	No	No	No	Yes
Routine TPO/TG antibodies	No	No	No	Yes
Treatment if TSH >2.5	No	No	No	Yes
	if TSH >4.0		if TSH >4.0	

TSH: Thyroid-stimulating hormone

serum TSH between 2.5 and 4 mIU/L. In addition, ESHRE2015¹⁵ recommends screening in women with a diminished ovarian reserve and premature ovarian insufficiency. Recently, ETA (2021)⁷ has suggested TPO-ab testing for all women seeking infertility evaluation.

The indications for TAI testing are increasing among the various causes of infertility. A meta-analysis showed that euthyroid patients with thyroid antibodies are associated with unexplained infertility (OR 1.5, 95% CI 1.1–2.0).¹⁶ The other causes linked to TAI are PCOS which can be explained by polymorphism of PCOS-related gene for fibrillin 3, influencing the activity of TGF- β , and a key regulator of immune tolerance. They contribute to autoimmunity along with lower TGF- β , Vitamin D levels, and high estrogen-to-progesterone ratio.¹⁷ There is evidence that endometriosis is also linked with TAI as there are immunological changes associated with it.

TAI AND OVARIAN STIMULATION (OS)

During OS, there is a rapid and supraphysiologic increase in serum estradiol levels. This results in excess thyroxine-binding globulin (TBG) production and sialylation by the liver and reduced clearance of TBG. In addition, there is a direct effect of raised estradiol levels on TRH. All these mechanisms explain the raise in TSH during OS which is more pronounced in women with TAI. Hence, the overall effect of OS in women with TAI is a decrease in FT4 levels with an increase in TSH levels and this is more evident when the TSH level is >2.5 mIU/L before OS. Hence, it is suggested to test TSH level

1–2 weeks before OS to keep TSH <2.5 mIU/L and on the day of β -hCG testing. It is not recommended to monitor serum TSH levels during OS as results obtained during the course of OS may be difficult to interpret.⁴

TAI AND ASSISTED REPRODUCTIVE TECHNOLOGY

Women with TAI have an increased risk of developing (sub) clinical hypothyroidism.

TAI is associated with adverse pregnancy outcomes such as the increased risk of miscarriage, and preterm delivery in both spontaneous and assisted reproduction treatment (ART) pregnancies. A study by Zhong *et al.*¹⁸ comparing *in vitro* fertilization (IVF) outcomes in TAI-positive and TAI-negative women revealed that TAI-positive women had a significantly lower fertilization rate (64.3% vs. 74.6%), implantation rate (17.8% vs. 27.1%), pregnancy rate (33.3% vs. 46.7%), and a higher risk of miscarriage rate (26.9 vs. 11.8%) following IVF-ET compared to their TAI negative counterparts.¹⁸ This can be explained by alteration in endometrial receptivity that affects the fetal allograft, and changes in the profile of endometrial T cells with reduced secretion of interleukin - 4 and 10 along with hypersecretion of interferon-g have been reported. The hyperactivity and increased migration of cytotoxic natural killer cells may also alter the immune and hormonal response of the uterus in women with TAI.¹⁹ However, a prospective study by Sakar *et al.*²⁰ showed comparable pregnancy and miscarriage rates between 49 TAI-positive and 202 TAI-negative women after IVF.

Thyroid antibodies can have an unfavorable

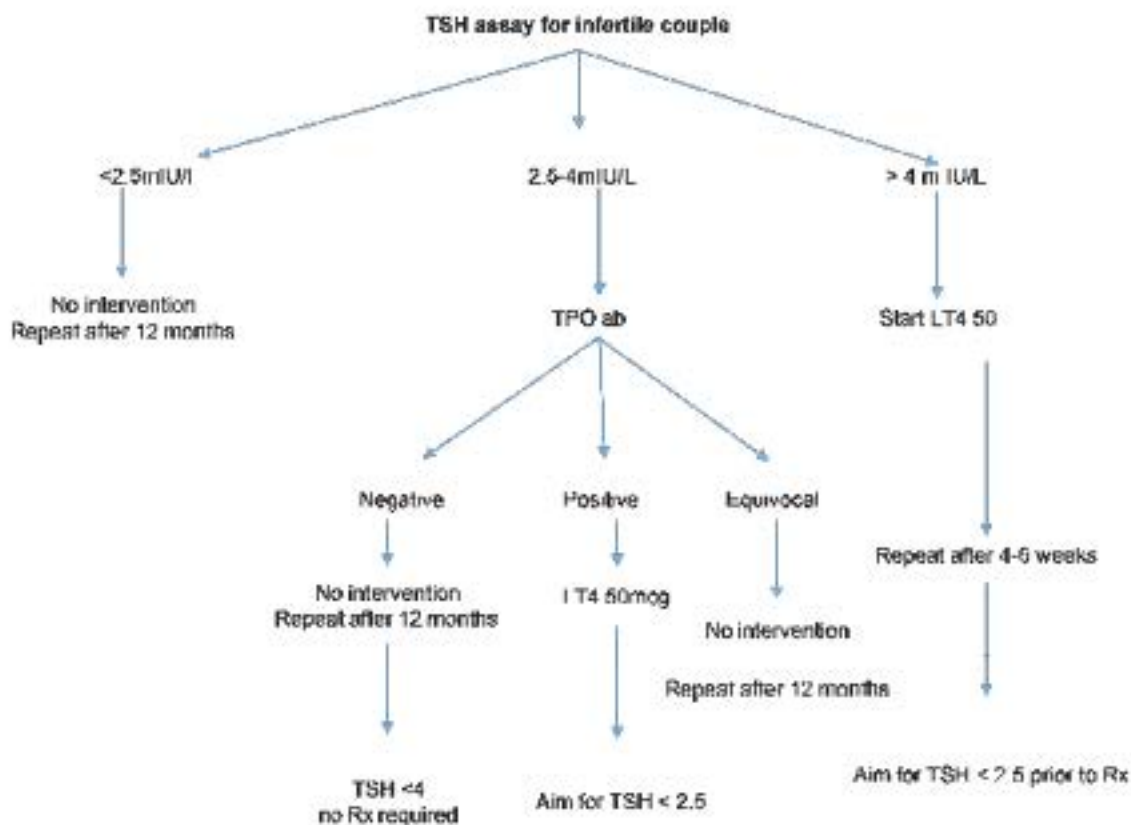


Figure 2: Algorithm for evaluation of infertile women with suspected thyroid dysfunction

effect on oocyte and embryo quality. Since thyroid hormones play an essential role in oocyte maturation and implantation, it has been hypothesized that the decline in thyroid function induced by the stimulation protocol in women with TAI may negatively influence the pregnancy rate in ART. Hence, it is preferred to keep TSH < 2.5 mIU/L before starting infertility treatment in these women.

SCH AND ART OUTCOME

SCH increases the risk of miscarriage when compared to euthyroid women in spontaneous pregnancies. A meta-analysis among women with SCH and euthyroid before 20 weeks of pregnancy showed a higher prevalence of miscarriage in SCH than euthyroid women (RR - 1.45, 95% CI 1.07–1.96, *P* - 0.02) (95%CI 1.07 ±

1.96, *P* - 0.02).²¹

According to ASRM,⁵ there is insufficient evidence that SCH (TSH >2.5 mIU/L with normal FT4) is associated with infertility and miscarriage. However, there is fair evidence that SCH (TSH

>4 mIU/L) is associated with miscarriage and

levothyroxine treatment is associated with an increase in pregnancy rate and a decrease in miscarriage rate.⁵ Most of the evidence suggests that ART outcomes do not differ between women with serum TSH <2.5 mIU/L and those with very mild TSH elevations, defined as a TSH between 2.5 and 4.0 m IU/L.

MANAGEMENT OF HYPOTHYROIDISM

The aim of starting levothyroxine (LT4) is to improve the obstetric and neonatal outcomes following treatment. The indications to start LT4 include (a) overt hypothyroidism, (b) serum TSH levels >4.0 mIU/L irrespective of TAI, and (c) serum TSH level between 2.5 and 4.0 m IU/L with TPO-ab positive.⁷

LT4 treatment is not recommended in euthyroid women with TAI undergoing IVF/ICSI and serum TSH level between 2.5 and 4.0 m IU/L with TPO-ab negative.⁶ This is supported by the TABLET trial which did not show any beneficial effect of LT4 on live birth rate in these women.²²

LT4 is started in the dose of 25–50 mcg/day for 4

weeks based on clinical and biochemical assessment and serum TSH levels are monitored. The dose is increased every 4 weeks by 25 mcg based on serum TSH levels Figure 2.

ROLE OF GLUCOCORTICOIDS IN TPO AB POSITIVITY

It is not recommended to start glucocorticoids in women with TPO ab positive until further information on the risks and benefits of steroids in early pregnancy is available.⁶

Overtreatment

With LT4 is not recommended as it has a deleterious effects during early pregnancy on offspring and brain morphology in childhood. It can lead to subclinical hyperthyroidism in 14–21% of women and there is an increased risk of preterm deliveries and gestational diabetes.²³

Hyperthyroidism and Female Infertility

Epidemiological evidence regarding a potential link between infertility and thyrotoxicosis is scarce and inconclusive. The prevalence of hyperthyroidism is 0.5–2%. Subclinical hyperthyroidism is diagnosed if serum TSH is suppressed with normal FT4, without any symptoms. If serum TSH is suppressed with high FT4 or FT3 and if the patient is symptomatic, they are labeled as overt hyperthyroidism.

There are an increased concentration of SHBG, LH, plasma androgens, and serum estradiol levels. Menstrual disturbances are common in these women of which hypomenorrhea, polymenorrhea, oligomenorrhea, and hypermenorrhea are more prevalent.

These women should postpone pregnancy for at least 6 months after starting treatment. The anti-thyroid drugs used are Methimazole (10–20 mg initially and maintenance dose of 5–10 mg after 4–8 weeks) and Propylthiouracil (PTU) (100–600 mg /day in three divided doses per day) and when pregnancy is planned, should be changed to PTU. Other drugs which are tried are lugol's iodine and

radioactive iodine. Surgery is indicated only if not tolerating the drugs and in non-compliant patients.

THYROID DYSFUNCTION IN MALES

It is less common in men when compared to women and its effects on reproductive function are less delineated. Hypothyroidism in men is associated with reduced libido, impotence, affects spermatogenesis, and sperm morphology. They have reduced SHBG, testosterone, DHEA, and pregnenolone sulfate.

In hyperthyroidism, linear motility is the most common semen parameter which is affected; they can also present with erectile dysfunction in up to 70% and is reversible after treatment. These men have increased SHBG, estradiol, and testosterone levels.

According to ETA 2021 guidelines,⁷ universal screening of all males presenting for evaluation is not recommended. They suggest screening for thyroid dysfunction in men with erectile and ejaculatory dysfunction and with altered semen parameters. It is recommended not to delay IVF/ ICSI in case of subclinical or overt hypo or hyper thyroidism in males as long as sperm parameters are not strongly affected.

CONCLUSION

It is recommended to evaluate for thyroid dysfunction in all women seeking infertility evaluation. LT4 treatment is recommended when TSH is >4.0 mIU/L and if TSH between 2.5 to 4 mIU/L with TPO-ab positive.

REFERENCES

1. Saxena S, Gupta R, Agarwal L, Srivastava PC, Mallick AK. Correlation of serum thyroid stimulating hormone and prolactin in female infertility a case control study. *Indian J Obstet Gynecol Res* 2016;3:388-92.
2. Anasti JN, Flack MR, Froehlich J, A potential novel mechanism for precocious puberty in

- juvenile hypothyroidism. *J Clin Endocrinol Metab* 1995;80:276-9.
3. Valdes S, Maldonado-Araque C, Lago-Sampedro A, Lillo JA, Garcia-Fuentes E, Perez-Valero V, *et al*. Population-based national prevalence of thyroid dysfunction in Spain and associated factors: Di@bet.es study. *Thyroid* 2017;27:156-66.
 4. Alexander EK, Pearce EN, Brent GA, Brown RS, Chen H, Dosiou C, *et al*. 2017 guidelines of the American thyroid association for the diagnosis and management of thyroid disease during pregnancy and the postpartum. *Thyroid* 2017;27:315-88.
 5. Practice Committee of the American Society for Reproductive Medicine. Subclinical hypothyroidism in the infertile female population: A guideline. *Fertil Steril* 2015;104:545-53.
 6. Donovan L, Cockwell H, Tallon N, Yamamoto J. Committee opinion No. 407: Thyroid disease and infertility. *J Obstet Gynaecol Can* 2020;42:1279-82.
 7. Poppe K, Bisschop P, Fugazzola L, Minziori G, Unuane D, Weghofer A. 2021 European thyroid association guideline on thyroid disorders prior to and during assisted reproduction. *Eur Thyroid J* 2020;9:281-95.
 8. Garber JR, Cobin RH, Gharib H, Hennessey JV, Klein I, Mechanick JI, *et al*. Clinical practice guidelines for hypothyroidism in adults: Co-sponsored by the American Association of clinical endocrinologists and the American thyroid association. *Endocr Pract* 2012;18:988-1028.
 9. Unuane D, Velkeniers B. Impact of thyroid disease on fertility and assisted conception. *Best Pract Res Clin Endocrinol Metab* 2020;34:101378.
 10. Joshi JV, Bhandarkar SD, Chadha M, Balaiah D, Shah R. Menstrual irregularities and lactation failure may precede thyroid dysfunction or goiter. *J Postgrad Med* 1993;39:137-41.
 11. Vissenberg R, Manders VD, Mastenbroek S, Fliers E, Afink GB, Ris-Stalpers C, *et al*. Pathophysiological aspects of thyroid hormone disorders/thyroid peroxidase autoantibodies and reproduction. *Hum Reprod Update* 2015;21:378-87.
 12. Poppe K, Glinoe D, Van Steirteghem A, Tournaye H, Devroey P, Schiettecatte J, *et al*. Thyroid dysfunction and autoimmunity in infertile women. *Thyroid* 2002;12:997-1001.
 13. Iravani AT, Saeedi MM, Pakravesh J, Hamidi S, Abbasi M. Thyroid autoimmunity and recurrent spontaneous abortion in Iran: A case control study. *Endocr Pract* 2008;14:458-64.
 14. Thangaratinam S, Tan A, Knox E, Kilby MD, Franklyn J, Coomarasamy A. Association between thyroid autoantibodies and miscarriage and preterm birth. *BMJ* 2011;342:d2616.
 15. Webber L, Davies M, Anderson R, Bartlett J, Braat D, Cartwright B, *et al*. ESHRE Guideline: Management of women with premature ovarian insufficiency. *Hum Reprod* 2016;31:926-37.
 16. Van den Boogaard E, Vissenberg R, Land J, van Wely M, van der Post JA, Goddijn M, *et al*. Significance of (sub)clinical thyroid dysfunction and thyroid autoimmunity before conception and in early pregnancy: A systematic review. *Hum Reprod Update* 2011;17:605-19.
 17. Gaberscek S, Zaletel K, Schwetz V, Pieber T, Obermayer-Pietsch B, Lerchbaum E. Mechanisms in endocrinology: Thyroid and polycystic ovary syndrome. *Eur J Endocrinol* 2015;172:R9-21.
 18. Zhong YP, Ying Y, Wu HT, Zhou CQ, Xu YW, Wang Q, *et al*. Relationship between antithyroid antibody and pregnancy outcome following *in vitro* fertilization and embryo transfer. *Int J Med Sci* 2012;9:121-5.

19. Twig G, Shina A, Amital H, Shoenfeld Y. Pathogenesis of infertility and recurrent pregnancy loss in thyroid autoimmunity. *J Autoimmun* 2012;38:2e3.
20. Sakar MN, Unal A, Atay AE, Zebitay AG, Verit FF, Demir S, *et al.* Is there an effect of thyroid autoimmunity on the outcomes of assisted reproduction? *J Obstet Gynaecol* 2016;36:213.
21. Zhang Y, Wang H, Pan X, Teng W, Shan Z. Patients with subclinical hypothyroidism before 20 weeks of pregnancy have a higher risk of miscarriage: A systematic review and meta-analysis. *PLoS One* 2017;12:e0175708.
22. Dhillon-Smith RK, Middleton LJ, Sumner KK, Cheed V, Baker K, Farrell-Carver S, *et al.* Levothyroxine in women with thyroid peroxidase antibodies before conception. *N Engl J Med* 2019;380:1316-25.
23. Maraka S, Mwangi R, McCoy RG, Yao X, Sangaralingham LR, Ospina NM, *et al.* Thyroid hormone treatment among pregnant women with subclinical hypothyroidism: US national assessment. *BMJ* 2017;356:i6865.
24. Maheshwari A, Bhide P, Pundir J, Bhattacharya S. Routine serum thyroid-stimulating hormone testing optimizing pre-conception health or generating toxic knowledge? *Hum Reprod* 2017;32:1779-85.

MOGS Quiz Time

by Dr. Divita Kamble and Dr. Radhika Bhutada

1. 1st women to undergo a Caesarean section is?
 - a. Asclepius
 - b. Coronis
 - c. Apolla
 - d. Julius
2. Who is Father of Modern Caesarean section?
 - a. Julius Sanger
 - b. Max Sanger
 - c. Pagel
 - d. Crede
3. Who was the first baby conceived by IVF?
 - a. Louise Joy Brown
 - b. Patrick Steptoe
 - c. Robert Edwards
 - d. Jean Purdy
4. Who is founder president of The Mumbai Obstetric and Gynaecology Society?
 - a. Dr N A Purandare
 - b. Sir Mangaldas Mehta
 - c. H V Tilak
 - d. Chamanlal Mehta
5. Who is first Indian female doctor
 - a. Dr Anandibai Joshi
 - b. Dr Kadambini Ganguly
 - c. Dr Sarojini Naidu
 - d. Dr Padmavati Iyer

Report of Teacher's Day Felicitation Program held on 25th September 2022

The Mumbai Obstetrics and Gynecological Society organized a CME with Teacher's Felicitation Program on 25th Sept 2022 at Hotel Taj Santacruz from 7.00 pm to 10.30 pm.

The Convenors for the event were Dr Rajendra Nagarkatti and Dr Komal Chavan and the MOC's for the program were Dr Supriya Arwari, Dr Nishita Parikh, Dr Ashwini Sakhalkar and Dr Shruti Thar.

The first Session was an academic session with 3 talks. The first talk was chaired by Dr S M Sanjanwala, Dr Geetha Balsarkar and Dr S R Desai. It was presented by Dr Jaydeep Tank on Current Management of PCOS - Controversy to Consensus. True to the title of the talk, Dr Jaydeep dwelt on each controversy related to PCOS and suggested evidence-based solutions for each.

The second talk was chaired by Dr Madhuri Mehendale and Dr Michelle Fonseca. It was given by Dr Jatin Shah on Low AMH and Poor Ovarian reserve. The talk was in his usual quick-fire style packed with various options and newer regimens for these women. Today with Donor IVF cycles becoming difficult with the new ART bill, these options were lapped up by the audience.

The third talk in this Session was chaired by

Dr Rajendra Saraogi and Dr Rajeshri Tayeshete.

It was presented by Dr Deepak Jumari in his inimitable and flamboyant style. He had the audience in rapt attention with his quotes, phrases and pictures on Sexuality and Spirituality!

This was followed by the Teachers Felicitation Program. The MOC for this part of the program was the Shayari queen Dr Supriya Arwari. This year we had two categories of Felicitation Awards.

In the first part we felicitated our Senior teachers with the "Teacher of Teacher's" Award. This was presented to Dr Shirish Sheth, Dr P R Vaidya (who was presented the Felicitation award at her residence and had sent her recorded video message), Dr P K Shah, Dr V R Badhwar and Dr S N Agarwal. Dr Niranjan Chavan spoke from his heart about how these teachers had taught him and many others and shaped their careers.

All the senior stalwarts remembered their teaching days and also gave pearls of wisdom to the attendees.

The next section was Felicitation of eminent Teachers from our Mumbai Obstetrics and Gynecological Society who have served the Society and taught many students and colleagues. The Teachers



included were Dr Aspi Raimalwalla, Dr Shashikant Kamat, Dr Sarita Bhalerao, Dr Sanjay Shah, Dr Mahesh Ashar, Dr Jatin Shah, Dr Rahul Mayekar, Dr Swati Allahbadia, Dr Malcolm Fonseca, and Dr Tushar Palve.

All the teachers thanked MOGS for the honour bestowed on them and also spoke of the values and importance of a teacher in one's life.

This was followed by a grand dinner.

The hall was jam-packed and the total participation in this program was 170.

We, the convenors Dr Rajendra Nagarkatti and Dr Komal Chavan thank Dr Niranjan Chavan, Dr Rajendra Sankpal, Dr Geetha Balsarkar and the entire Team MOGS for giving us this opportunity.



Glimpses of Outreach Programmes

The MOGS Outreach Program in Sunville Banquets, Worli Saturday 1/10/2022



The MOGS Outreach Program on Updates in OBGYN was held on October 9, 2022, at Courtyard by Marriot



The MOGS Outreach Program on updates in infertility was held on November 30, 2022, at The GCC Club, Mira Road



The MOGS Outreach Program on Women's Health First was held on December 4, 2022, at Lavender Bough



Report of MOGS FOGSI UNICEF Dheera Violence Against Women CME held on 18th October, 2022

The MOGS FOGSI UNICEF Dheera VAW CME was conducted online on Tuesday, 18th October, 2022 between 2 to 4 pm. The event was supported by FOGSI and was attended by about 25 gynecologists.

The programme coordinators were Dr Parikshit Tank and Dr Pratik Tambe. Eminent current and past FOGSI office Bearers were present as faculty for the event. The programme was accredited with 3 ICOG credit points.

The scientific proceedings began with a message from the MOGS President Dr Niranjan Chavan who introduced the Dheera Violence Against Women program as the flagship program of the FOGSI President Dr Shanthakumari, which was being conducted all over the country by FOGSI Societies. The conveners Dr Parikshit Tank and Dr Pratik Tambe then welcomed the delegates and thanked the MOGS Office Bearers for the opportunity to conduct this event. This is a standardized programme with a prepared set of slide presentations which were delivered by key faculty as per the FOGSI guidelines regarding the same.

Our chairpersons for the first session were Dr Pratik Tambe and Dr Mansi Medhekar. The first speaker was Dr Madhuri Patel, Secretary General FOGSI who gave an overview on VAW. Dr Mandakini Megh, Past Chair ICOG explained the Approach to Women Facing Violence. The next speaker was Dr Ramaridevi, Past VP FOGSI who illustrated the Effects of VAW on Pregnancy and the Newborn. Dr Parikshit Tank, Co-convenor and Treasurer FOGSI highlighted a much neglected topic - Mental Support for Women.

The Chairpersons for the second session were Dr Ameya Purandare and Dr Komal Chavan. The speakers in this session were all Master Trainers of

the Dheera programme. Dr Sujata Dalvi, Clinical Secretary MOGS spoke on Challenging Issues and Self Care in Dealing with VAW. Dr Kiranmai, FOGSI Chairperson VAW explained the Support Systems and Resources for Survivors. Dr Madhuri Mehendale, Managing Committee member MOGS highlighted the Approach to Sexual Violence and finally, Dr Anita Sabharwal, one of the key contributors to the slide presentations spoke on Examination of a Survivor and Collection of Evidence.

The Vote of Thanks was proposed by Dr Parikshit Tank. The various issues regarding prevention and tackling VAW were appreciated by the audience. The pre-test and post-test questionnaires were administered to the attendees as per the protocol.

We would like to thank the MOGS and the office bearers, our esteemed President Dr Niranjan Chavan and Secretary Dr Rajendra Sankpal for this opportunity, the close cooperation by the UNICEF team and Mr Ajey Bharadwaj for his guidance.

Please find attached some pictures which we took at the event.



VIOLENCE AGAINST WOMEN – AN OVERVIEW

Dr. Krutika Desai
Dr. Vidhya T
Curated - Mr Ajay Bhardwaj

For DHERRA,
An initiative by Dr. Shantha Kumari,
President of The Federation of Obstetric and Gynaecological Societies of India

VIOLENCE AGAINST WOMEN ENCOMPASSES - BUT NOT BE LIMITED TO

Physical, Sexual and Psychological violence

Family Community

Listen

DO ✓	DON'T ✗
Allow for silence. Give her time to think.	Don't try to finish her thoughts for her.
Stay focused on her experience and on offering support.	Don't tell her about someone else's story or talk about your own troubles.
Acknowledge what she wants and respect her wishes.	Don't think and act as if you must solve her problems for her.

MENTAL HEALTH ISSUES - WOMEN WHO SUFFERED Violence

Dr. Ramanidevi
Dr. Deepa Mukundan
Curated - Dr D Krammal, Mr Ajey Bhardwaj

For DHERRA,
An initiative by Dr. Shantha Kumari,
President of The Federation of Obstetric and Gynaecological Societies of India

EFFECTS OF VAW ON PREGNANCY AND NEWBORN

Dr. Anandaraman
Dr. Anand T
Curated - Dr D Krammal, Mr Ajey Bhardwaj

For DHERRA,
An initiative by Dr. Shantha Kumari,
President of The Federation of Obstetric and Gynaecological Societies of India

Danger signs

- Frequency
- Presence of severity of injuries
- Alcohol misuse
- Threatening to kill
- Sexual violence
- Isolate victim from support
- Access to weapons
- Mixed jealousy to partner

BHAROSA (TRUST)

Bharosa centre and SHE teams office.

An all in one for violence against women with police, counsellors, psychologist, legal advisor, medical help.

The help line is 100 and will be directed to Bharosa if it's violence.

A woman can walk in with the assurance that her consent and confidentiality will be respected and protected

BMD Osteoporosis Detection Camp held on World Osteoporosis Day, 19th October 2022 by MOGS

The Mumbai Obstetrics & Gynaecological society conducted the bone mineral densitometry detection camp on 19th October 2022 from morning 9 am to 6 pm. This was the first time such an event was organized by MOGS.

A total of 38 centres participated in this event in the city of Mumbai and suburbs organised by MOGS President Dr Nirranjan Chavan, where a world record was created for doing a maximum number of BONE MINERAL DENSITOMETRY (BMD) evaluations done in the women population on a single day in a metro city of India.

3566 patients were screened for bone mineral density at multiple centres across Mumbai on the 19th of October 2022, of which 200 (5.2%) patients were detected to have osteoporosis.

1700 (47.6%) patients had osteopenia with a T score of -1.0 to -2.5.

Educational Qualification:

1660 (41.2%) patients held a degree or were pursuing a degree course.

1400 (28.9%) were secondary school graduates.

700 (17.3%) had completed primary school education. whereas 312 (8.8%) were uneducated.

Around 75% of patients were not on any dietary supplementation, whereas the remaining 25% people were already taking Calcium and Vitamin D supplementation.

38 centres conveners were felicitated by the esteemed hands of Dr. Dilip Mhaisekar, Director, DMER and Ex Vice Chancellor, MUHS on 20th October 2022.

Disorders in pregnancy committee, MOGS, MC member and Dr. Rajendra Sankpal, Secretary, MOGS.

The purpose of this camp was to screen the Vit D levels in the bone as it is an important marker for detecting osteoporosis amongst women in all age groups so that they know indirectly the calcium level in their body which is an important element for bone formation and making the bones healthier & stronger.

The list of centers and the names of Coordinators who were felicitated is as follows:

1. LTMGH, Sion Hospital – 311 responses

Dr Nirranjan Chavan
Dr. Arun H. Nayak
Dr Deepali Kapote
Dr Zubin Sheriar





2. St. Elizabeth Hospital

Dr Anahita Chauhan

St. Elizabeth Hospital

Ruxmani Lying-in Hospital, Girgaon

Dr. Sujata Dalvi

St. Elizabeth Hospital

Ruxmani Lying-in Hospital, Girgaon

Dr. Ameya Purandare

St. Elizabeth Hospital

Ruxmani Lying-in Hospital, Girgaon

Dr. Vora's Hospital, Haji Ali

Dr. Priya Vora



3. Sangita Maternity Surgical and Diagnostic Centre, Andheri West- 100 responses

Dr Priti Vyas



4. Mukund Hospital, Andheri East- 76 responses

Dr. Bipin Pandit • Dr Shreya Prabhoo



5. R N Cooper Hospital- 88 responses

Dr Reena Wari



6. Masina Hospital, Byculla – 77 responses
Dr Bhumika Kotecha • Dr Punit Bhojani



7. V N Desai Hospital, Santacruz East- 163 responses
Dr Komal Chavan • Dr Lalita Mayadeo



8. Tandon Hospital, Chembur – 35 responses
Dr Sudha Tandon
Dr Aditi Tandon
Dr Anurita Tandon

9. Padmashree D Y Patil Hospital- 99 responses
Dr. Rohan Palshetkar
Dr. Mayuri More



10. Sunshine Fertility & IVF Centre (Atulok Hospital), Vikhroli
Dr. Amiti Agrawal



11. Bandra Bhabha Hospital- 190 responses
Dr Rajeshwari Khyade • Dr Sangeeta Upadhayay



12. Govandi Shatabdi Hospital- 134 responses
Dr. Siddhi Kore • Dr. Saroj Dhaka • Dr. Shruti Nayak



13. BYL Nair Hospital, Bombay Central- 139 responses
Dr. Shailesh Kore • Dr. Alka Gupta
Dr. Priya Misar

14. Shushrusha Hospital, Dadar- 129 responses
Dr Mansi Medhekar • Dr Medha Tankhiwale
Dr Reena Sengupta



15. KEM Hospital, Parel- 117 responses

Dr Niranjan Mayadeo

Dr Hemangi Chaudhary

16. Sir J J Group of Hospitals, Byculla – 156 responses

Dr Ashok Anand • Dr Priti Loius



17. Cama & Albless Hospital, CST- 147 responses

Dr Tushar Palve • Dr Zaveria Kazi



18. Khan Bahadur Bhabha Hospital, Kurla- 111 responses

Kimaya Clinic, Wadala – 26 responses • Dr Vijaya Babre



19. Khan Bahadur Bhabha Hospital, Kurla
Birth and Beyond, Parel & Wadala- 26 responses
Dr Roshu Shetty

Khan Bahadur Bhabha Hospital, Kurla
Dr Hemlata Kuhite



20. Noble Plus Hospital, Ghatkopar West – 53 responses
Dr Ganpat sawant • Dr Shrutika Kamble



21. Ashirwad Hospital – 2 responses
Dr Rajendra Nagarkatti

22. Shobhana Hospital- 63 responses
Dr S R Desai



23. Sai Ashirwad Maternity & Nursing Home- 52 responses

Dr Ashok Shukla

24. Wockhardt Hospital Mira Road –350 responses

Dr. S N Agarwal

Dr. Mangala Patil

Dr. Rajashri Tayshetye



25. Hitanshi Nursing Home – 44 responses

Dr. Preeti Sharma

26. Juana MCCH- 68 responses

Dr. Jagruti Ghosh



27. Dhanvantri Hospital- 38 responses

Dr. Gayatri Jadhav

28. Ruby Hospital, Vikhroli – 82 responses

Dr Yogesh Trivedi



29. Thar Women's Hospital, Mulund- 127 responses

Dr Shruti Thar



30. BDBA Hospital, Kandivali- 107 responses

Dr. Nimish Tutwala • Dr. Siddesh Iyer

31. Saidham Hospital, Nallasopara – 42 responses

Dr Sanjay Manjalkar

32. Padmakar Mhatre hospital, Mira Road - 88 responses

Dr Pramod Survase



33. Ankoor Fertility Clinic- 124 responses

Dr Kedar Ganla • Dr Rana Chowdhary



34. Dr. Vora Hospital, Haji Ali- 84 responses



Benign Gynecological Surgeries and the Role of Robotics



Dr. Rooma Sinha

Professor, Gynecology Apollo Health Education & Research Foundation, Associate Professor, Macquarie University, Australia, Laparoscopic & Robotic Surgeon, Apollo Hospitals, Hyderabad, India

INTRODUCTION

India is the pioneer in gynecological endoscopy in the world, by bringing in and adapting new technologies that have propelled us further in the field of gynecology. The introduction of video laparoscopy and the first laparoscopic hysterectomy (in 1988) have been the game changers in gynecological surgeries. It was difficult to teach and learn at the beginning; however, the introduction of video laparoscopy proved to be a boon in gynecology.

Hysterectomy is performed through various modalities which have progressed over time. For women requiring a benign hysterectomy procedure, it should not be considered challenging to use 2-dimensional options, straight stick laparoscopic skills, etc., and a long learning curve and difficulty in suturing should not be limiting for doctors to perform open surgeries.

With the advent of laparoscopy and having experienced laparoscopic surgeons, performing open gynecological surgeries raises an ethical question that when laparoscopy is feasible, can all surgeries be done, and can all the surgeons perform gynecological surgeries using laparoscopy? This is the area where robotics in gynecology could play a key role, where laparoscopic surgery is performed with an advanced computer-assisted technology. The purpose of this article is to review the current literature and discuss the role of robotics in benign gynecological surgeries.

MYOMECTOMY

Minimal access surgeries for myomectomy depend on factors such as the size, number and location of fibroids,

and scientific evidence before proceeding with the surgery. However, myomectomies can be performed using techniques such as laparoscopy, hand-assisted laparoscopy, robotic myomectomy, and hybrid myomectomy techniques.

A study by Sinha *et al.*, presented at the American Academy of Gynecologic Laparoscopists in 2015 compared the outcomes of laparoscopic-assisted myomectomy (LAM) versus robot-assisted laparoscopic myomectomy (RALM) in about 76 patients. The clinical outcomes of RALM suggested that the operative time was high (106 min vs. 101); however, it significantly reduced the length of stay and blood loss as compared to LAM. Furthermore, the weight and number of fibroids were much higher with RALM. Hence, it can be concluded that in complex myomectomy cases, RALM can be successfully used.

ADVANTAGES OF ROBOTICS TECHNIQUE

This technique is used for myoma extraction, uterine reconstruction including myoma bed suturing, and for complex myomectomy.

Myoma Extraction

When compared to general laparoscopy, myoma extraction is much more than traction, counter traction, and suturing in two layers. Intracapsular myomectomy is performed to save the pseudo capsule that consists of the vascular network and the neuroendocrine bundle, thereby mediating inflammation and wound healing. Gentle myomectomy by coagulating and cutting the

fibrous bridges constitutes the extraction of myoma from the fibromuscular layer using the PushSpreadToggle technique.^[1] Sharp and simple sutures can help in preserving endometrium infertile patients.

Uterine Reconstruction

A transmural defect of about 10–12 cm interior wall myoma from the serosa to the endometrium cannot be closed in two layers. Furthermore, quick suturing can help in controlling the heavy blood loss as there is continued blood loss while suturing. Hence, sometimes, it may require up to 5 layers of suturing as well.

Robotics offers the advantage of a 540° twist of the robotic needle driver that simulates the rotation of a human wrist compared to that of a 45° shoulder movement in laparoscopy with a lap needle holder. Therefore, this technique results in deep bites, and precision multilayer closure of the uterine defect in less time.

A study by Chandra *et al.* compared the laparoscopic versus robotic suturing performance by experts and novices and the results are mentioned in Table 1.

In conclusion, robotics is an advanced and improved enabling tool for gynecological surgeries.

COMPLEX MYOMECTOMY

Complex myomectomies can be due to fibroids/myoma that is large, multiple in number, at an odd location, abnormal capsule or has multiple pathologies together. A large oddly located myoma, in the lower uterine segment closer to the cervix needs careful

Table 1: Results from comparison of laparoscopic versus roboticsuturing performance

Robot vs. laparoscopy	Lap expert	Lap novice
Smoothness of the task	No difference	Better
Total task time	Better	Better
Instrument path length (Economy of movement)	Improved	Better (Persistent enabling effect)

evaluation and operation as the bladder is in proximity. In an abnormal myoma capsule, we can usually see an alteration in the fibroid tissue texture and a complete loss of the dissection plane making it difficult to locate the myoma.

Complex pathological myomas such as bilateral endometriomas, and fibroids with coexistent adenomyoma require a strong strategy and means to resolve. For all such cases, robotics techniques will prove to be beneficial.

APPLICATIONS OF ROBOTICS IN THE FOLLOWING CONDITIONS

Robotic Hysterectomy

There are two types of hysterectomy that are prone to conversion – large specimen and endometriosis. For a case with a large fibroid, regular port placement is practiced. Port placement at the umbilicus traces the upper pedicles and then moves to the cervix for opening and closing the vault to complete the hysterectomy procedure. Robotic instruments with their maneuvering ability help a great deal in such cases. Manipulation becomes difficult in a large specimen with multiple large myomas. Skillful rotation with an upward push of the colpomotizer makes it easier to handle.

Bladder dissection in certain cases is difficult especially when it is placed in the lower segment scar. A head-on robotics approach is followed with bipolar forceps in the left hand to push the uterus up making space for the bladder dissection easily.

Tacking Uterine Vessels in Large Uterus

Only two instruments are used for tacking the uterine vessels where hot shears are for coagulation and retraction while bipolar forceps are used to hold and stretch. The alternation technique with both instruments is similar to doing a ballet.

A study by Sinha *et al.*, comparing robotic versus laparoscopic hysterectomy in a large uterus stated that the conversion rate was 4% with robotic surgery as compared to 10.9% with laparoscopic surgery.²

Endometriosis

The adhesive nature of this disease creates favorability for robotic surgery as compared to laparoscopic surgery for adhesiolysis. Robotics offers much precision to tackle endometriosis surgeries, however, the cost factor is a higher vis-à-vis laparoscopic procedure.

Robotic Sacrocolpopexy

Dissection of the rectum from behind and the bladder in front of the vaginal vault is done using robotics. In benign urogynecological cases, dissection and suturing are easy with the help of robotics.

Youssef's Syndrome

This syndrome involves the adherence of the bladder with the lower segment of the uterus with the presence of membra. The bladder base with the uterus is identified and dissected off the uterine wall with the help of robotics. The bladder is repaired and the uterine scar is fixed with the help of a peritoneal patch to prevent fistulae forming and is sutured in two layers.³

Cervical Cerclage

For preventing pregnancy loss, mersilene tape is used as a suture in all types of surgeries. The precision of using mersilene tape can be slightly better with robotics.

Concerns with Robotic Technology

The three major concerns when using robotics are more time required, the higher cost involved, and more ports. Suitable modifications have been suggested to address these concerns.

For myomectomy, the following steps are proposed to make a difference:

- Preoperative magnetic resonance imaging
- Reduced ports and instruments
- Barbed suture (30/45 cm)

- Cold knife morcellation and indigenous bags
- Hybrid myomectomy

As far as the time taken for the surgery with robotics is concerned, the clinical outcomes suggest that though robotic myomectomy demands more time, it is performed for complex cases with higher fibroid weights; thereby reducing the length of stay, IV analgesia administration, and blood transfusion.

CONCLUSION

Robotics in benign gynecologic surgery is still evolving. It is expected that in the next 10 years, gynecology as therapy will see a steep rise in the use of robotics as a means to manage various conditions and surgeries. Medtronic also plans to launch a new soft tissue robot against the existing da Vinci in India.⁴

Soon, robotic technology will be available on the counter side to laparoscopy in gynecology. However, at a point where robotics can be more beneficial to women, it stands a chance to replace the existing laparoscopic techniques.

REFERENCES

1. Tinelli A, Malvasi A, Hurst BS, Tsini DA, Davila F, Dominguez G, et al. Surgical management of neurovascular bundle in uterine fibroid pseudocapsule. *JLS* 2012;16:119-29.
2. Sinha R, Bana R, Sanjay M. Comparison of robotic and laparoscopic hysterectomy for the large uterus. *JLS* 2019;23:e2018.00068.
3. Shanmugasundaram R, Gopalakrishnan G, Kekre NS. Youssef's syndrome: Is there a better way to diagnose it? *Indian J Urol* 2008;24:269-70.
4. Chiu LH, Chen CH, Tu PC, Chang CW, Yen YK, Liu WM. Comparison of robotic surgery and laparoscopy to perform total hysterectomy with pelvic adhesions or large uterus. *J Minim Access Surg* 2015;11:87-93.

Three Dr. NA Purandare Teaching Programs were Organized by MOGS in the Last Quarter. One at Wadia Hospital on 8th October 2022, Second at Bombay Hospital on 24th September 2022 and third at Nair Hospital & TNMC on 3rd December 2022.

Report of Dr. N A Purandare teaching program held on 8th October, 2022 at Wadia Hospital.

- The Dr. NA Purandare Teaching program was conducted at Wadia hospital on 8th October 2022 in association with Mumbai Obstetrics and Gynecological society. Dr. Geetha Balsarkar, Dr. Sujata Dalvi, and Dr. Sunil Tambvekar were the Convenors of the program. The Master of Ceremonies was Dr. Vrushti Solanki.
- Session 1 was a lecture on Examination Tips by Dr. M J Jassawalla and Fetal Growth Retardation by Dr. Vandana Bansal. This was chaired by Dr. Sunil Tambvekar and Dr. Vandana Bansal.
- Session 2 was a case presentation on Previous C Section. The Examiners were Dr. Pooja Bandekar, Dr. Rachna Dalmia, and Dr. Deepali Kale.
- Session 3 was a case presentation on Post-Menopausal Urinary Symptoms. The examiners were Dr. Geetha Balsarkar, Dr. Sujata Dalvi, and Dr. Payal Lakhani.
- Session 4 comprised of three capsules. This session was chaired by Dr. Priya Vora and Dr. Kinjal Shah. Dr. Sarita Naik spoke on 'UTI-Prevention and Basics of Management' and Dr. Sarita Bhalerao spoke on 'Cervical Cancer Screening'

Dr. NA Purandare teaching program was held on 24th September, 2022 at Bombay Hospital.

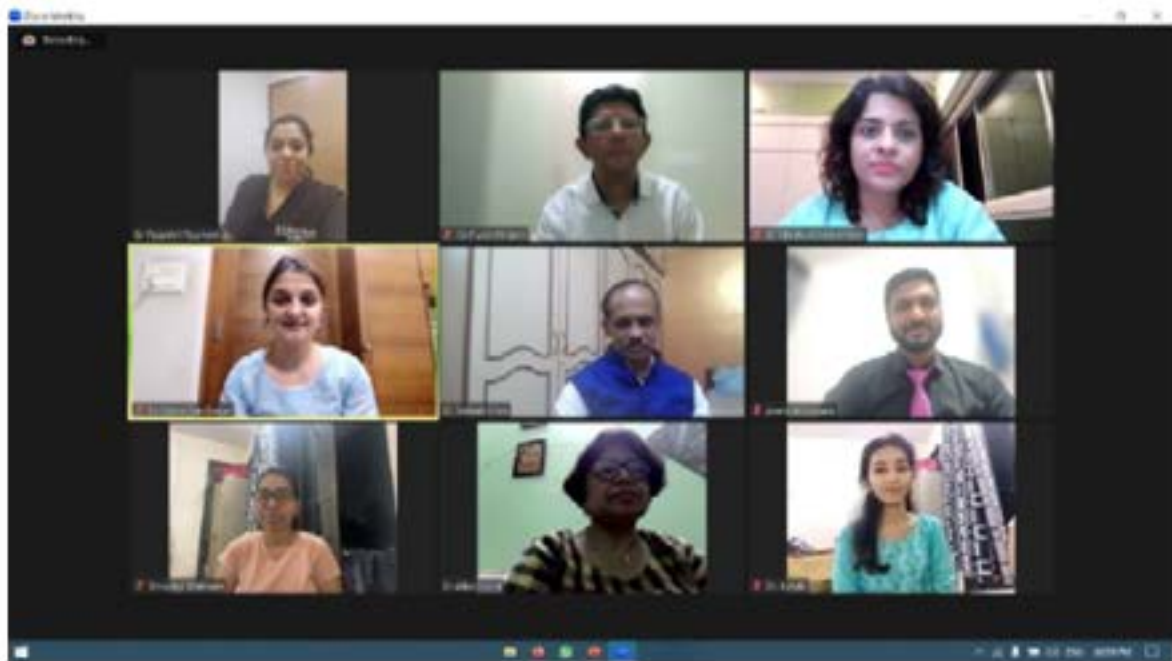
- Dr. NA Purandare Teaching program was conducted at Bombay hospital on 24th September, 2022 in association with Mumbai Obstetrics and Gynecological society. Dr. Suvarna Khadilkar, Dr. Shashi Goyal, and Dr. Kunjal Bathija were the Convenors of the program. The Master of Ceremony was Dr. Rajashree Tayshete.
- The program was inaugurated by MOGS president Dr. Niranjana Chavan, Secretary Dr. Rajendra Sankpal and the treasurer Dr. Geetha Balsarkar. The Chief guests were Dr. R Patil (Medical director, Bombay hospital) and Dr. Satish Khadilkar (Dean, Bombay Hospital)
- There were 2 case presentations, one on Placenta previa in pregnancy and the other one on Postmenopausal bleeding. The examiners were Dr. Niranjana Mayadeo, Dr. Sujata Dalvi, Dr. Kunjal Bathija, Dr. Nitin Pai, Dr. Survana Khadilkar, Dr. Shashi Goyal and Dr. Ameya Purandare.
- Talks were given by esteemed speakers
- Dr. Rahul Baxi - Current Trends of Diabetes in pregnancy.
- Dr. Sheela Mane - Management of PPH.

- Dr. Niranjan Mayadeo - Screening Methods of Gynecological Cancer.
- Dr. Richa Bansal - Newer Management of Gynecological Cancer.
- Dr. Sarita Naik - Medical & Surgical Management of Urinary Incontinence After Menopause.
- These talks were chaired by senior gynecologists- Dr. Satish Tibrewala, Dr. Shilpa Ambekar, Dr. Varsha Pai, and Dr. Arpita Chakraborty
- 1600 students from different cities attended this program online.
- Dr. Tejashree Kamble then gave the Vote of Thanks and ended the program.

Dr. NA PURANDARE TEACHING PROGRAM was held on 3rd December, 2022 at BYL Nair Hospital and TNMC, Mumbai –

- MOGS Dr. N A Purandare program was hosted on Saturday 3rd December 2022 by BYL Nair Hospital and TNMC, Mumbai via Webinar.
- The conveners were Dr. Shailesh Kore, Dr. Mansi Medhekar, and Dr. Pradnya Supe. The total no of registrations was 499 with 216 people in live attendance.
- Session 1 was a Case presentation on Abnormal Uterine bleeding (Ovarian) presented by Dr. Soumya Sharan.
- Session 2 had two capsules. This was chaired by Dr. Siddhi Kore and Dr. Aditi Phulpagare. The speakers were Dr. Mansi Medhekar who spoke on POP-Q classification and Dr. Sanket Pisat who spoke on Adhesion Prevention strategies in GYN surgeries. Dr. Niranjan Chavan, President MOGS, and Dr. Pravin Rathu, Dean, BYL Nair Hospital sent video messages wishing all the students.
- Session 3 was a case presentation on Twin pregnancy presented by: Dr. Ketki Patil. The examiners were Dr. Shailesh Kore, Dr. Pournima Satoskar, Dr. Kirti Bendre, and Dr. Arundhati Tilve.
- Session 4 comprised of two capsules. This session was chaired by Dr. Munira Ansari and Dr. Shreya Prabhoo. Dr. Pooja Vazirani spoke on 'Perinatal Infections: Points to ponder' followed by Dr. Vandana Bansal who spoke on 'Twin Pregnancy where one goes wrong'.
- Session 5 was of short cases which were presented by two students. Dr. Shrutika presented 'Vaginal Infections' and Dr. Piyusha presented a case on 'IUD'. The examiners for this session were Dr. Madhuri Mehendale, Dr. Punit Bhojani, and Dr. Rajashri Tayshette.





THE MUMBAI OBSTETRIC AND GYNAECOLOGICAL SOCIETY
MOGS - Dr. RA. Parandare Teaching Program
Hosted by
TM Medical College & BYL Nair CH Hospital

 Dr. Niranjan Chavhan President MOGS	 Dr. Rajendra Sanigal Secretary MOGS	 Dr. Pravin Rath Dean, TMNC & BYL Nair Hospital	 Dr. Abha Gupta Prof. and HOD, TMNC & BYL Nair Hospital
 Dr. Geetha Deshpande Treasurer MOGS			 Dr. Shalish Kote Professor & HOD, Consultant, & Secretary-MOGS
 Dr. Sujata Desai TMNC Nair Hospital			 Dr. Ananya Parandare Coordinator
 Dr. Pradnya Jape Coordinator			

Report of AICC RCOG Annual Conference 2022 held on from 4th to 6th November 2022

The AICC RCOG Annual Conference 2022 was held from November 4th to 6th, 2022, at CPS College, Parel and Hotel Taj Land's End, Bandra, Mumbai.

4 Pre-conference workshops were held. Challenges in Obstetrics was wonderfully designed by Dr. Suchitra Pandit, Dr. Anahita Chauhan and Dr. Komal Chavan, Dr. V. P. Pailey, Dr. Tim Draycott and Dr. Patrick O'Brien who were faculties for the program. The highlight was the hands-on session on obstetric models.

The Infertility Workshop was organized by Dr. Ameet Patki, Dr. Sunita Tandulwadkar and Dr.

Anand Nanavati who covered latest developments in the field. Dr. Rupin Shah and Dr. Firuza Parikh gave excellent talks.

Abnormal uterine bleeding workshop was held in collaboration with IAGE. Conveners were Dr. Sudha Tandon, Dr. Gaurav Desai, Dr. Sudeshna Ray. Audience appreciated the videos, talks and interactive panels.

The Conference inauguration was crisp & short and beautifully conducted by Dr. Priti Vyas.

The Scientific Program was meticulously planned by Dr. Ameet Patki and his team of Dr. Reena Wari, Dr. Punima Satoskar, Dr. Pratik Tambe, Dr. Priya

Workshops



Vora, Dr. Siddesh Iyer, Sudeshna Ray, Dr. Kinjal Shah and Dr. Rupali Dharwadkar.

There were 3 Orations given by Prof. Eddie Morris, President, RCOG, Dr. Raneer Thakar, Vice President, RCOG and Dr. Hrishikesh Pai, President, FOGSI.

Dr. Abdul Sultan gave the SIMS Black Lecture and Dr. Bhaskar Pal give a wonderful keynote address on C Section rates.

In the evening Dr. Sudha Tandon and Dr. Aditi Tandon had planned a fantastic banquet. Dr. Kedar Ganla with Dr. Sandhya Saharan and Dr. Supriya Arwari presented a comedy show Koffee with Kedar which entertained the audience. There were dances on the theme of festivals of India. There was a group dance Jerusalem in which there was participation from international & National guests plus MOGS members and youth council.

The delegates appreciated the Scientific content. There were excellent master classes. The Master Class Fetal Medicine had eminent faculty from

UK. Dr. Manjiri Khare, Dr. Ranjit Akolekar and Dr. Pranav Pandya, Dr. Raneer Thakar. Mr. Abdul Sultan conducted an excellent workshop on Obstetric anal sphincter injury .

International faculty Prof. Eddie Morris, Dr. Tim Draycott, Dr. Patrick O'Brien, Dr. Jo Mountfield, Dr. Sue Ward, Dr. Raneer Thakar, Dr. Jyotsna Acharya, Dr. Amar Bhide, Dr. Pranav Pandya, Dr. Ranjit Akolekar, Dr. Yatin Thakur, Dr. Vidya Thakur attended the event.

The Valedictory session and lucky draw were beautifully organized and conducted by Dr. Pradnya Supe and Dr. Shreya Prabhoo.

Dr. Ameet Patki and Dr. Sarita Bhalerao expressed their gratitude to MOGS President, Dr. Niranjan Chavan and all office bearers and managing committee for their participation.

The MOGS staff Divyaben, Manohar, Hemant, Naresh and Mandar worked very hard and did an excellent job.

Conference







Anemia Mukht Bharat Conclave 2022 held on World Anemia Day on 26th November 2022 by MOGS

The Mumbai Obstetrics & Gynaecological society organised 'Anemia Mukht Bharat Conclave' on 26th November 2022 from evening 7 pm to 10:30 pm on the occasion of World Anemia Day.

This event was held at the Sofitel Hotel, Mumbai in the presence of many renowned Obstetricians and Gynecologists. It was a well-organized and executed event with key speakers, panel discussions, and a slogan and poster competition.

The conference was inaugurated by Dr. Niranjan Chavan (President of MOGS), Dr. Hrishikesh Pai (Chief Guest and President of FOGSI), Dr. P C Mahapatra (Guest of Honor and Past President of FOGSI), Dr. Abhay Bhawe (Key Speaker and Hematologist at Lilavati & Global Hospital, Mumbai) and was attended by approximately 150 Obstetricians and Gynecologists of Mumbai.

Dr. Abhay Bhawe, Hematologist at Lilavati & Global Hospital, Mumbai, was the Key Speaker, and gave a lecture on 'Management of Iron Deficiency in Pregnancy.' 3 panel discussions were held.

1. Hematological Disorders in Pregnancy-Case Scenarios.

Moderators: Dr. Reena Wani and Dr. Priya Vora

Panelists: Dr. Satish Sanjanwala,
Dr. Abhay Bhawe, Dr. Hemangi Chaudhary,
Dr. Rajeshree Katke, Dr. Rakesh Pandia,
Dr. Shweta Khade

2. Changing Approaches in Management of Anemia ~ Newer Molecule

Moderators: Dr. Reena Wani, Dr. Punit Bhojani

Panelists: Dr. Madhuri Patel, Dr. Shailesh Kore,
Dr. Shyam Rathi, Dr. Ganpat Sawant,
Dr. Madhuri Mehendale, Dr. Mansi Medhekar

3. Real Case Discussions on Obstetrics Emergencies Leading to Anemia

Moderators: Dr. Ameya Purandare and Dr Komal Chavan

Panelists: Dr. Hara Patnaik, Dr. Arun Nayak,
Dr. Aspi Raimalwala, Dr. Lalita Maydeo,
Dr. Pradnya Changede, Dr. Jyotsana Patel,
Dr. Mohini Shinde Abreo, Dr. Namita Padwal

An interesting and thoughtful slogan and poster competition was organized prior to the event. Total 65 entries were recorded from senior & junior MOGS members along with many MOGS non-members. Winners of this competition were announced at the end of the conclave.





Winners of Slogan & Poster Competition

Slogan Competition Winners - Sénior Category

- First Prize: Dr Shailesh Kore
Second Prize: Dr Aspi Ramaiwala
Third Prize: Dr Pramod Survase
Dr Neena Patwardhan

Slogan Competition Winners -Junior Category

- First Prize: Dr Manan Boob
Second Prize: Dr Zeba Pathan
Third Prize: Dr Mrinal Chatterjee

Slogan Competition - Non Member

- First Prize: Dr Pushpa C
Dr Vandana Gandhi
Second Prize: Dr Jyotibunglowala
Third Prize: Dr Radharani Talla

Poster Competition - Sénior Category

- First prize: Dr Shreedevi Tanskale
Second Prize: Dr Riddhi Desai
Third Prize: Dr Rana Choudhary

Poster Competition - Junior Category

- First Prize: Dr Cara Saldhana
Second Prize: Dr Shreya Kampoowale
Third Prize: Dr Soumya

Poster Competition - Non Member

- First Prize: Dr Vidyadhar Ranande
Second Prize: Dr Palak Bansal

Third Prize: Dr Hetvi Somaiya

Slogan Competition - Special Prizes

- Dr Jyotsana Patel
Dr Amarjeet Kaur Bava
Dr Shweta Khade
Dr Rakesh Dadhmal
Dr Divita Kamble
Dr Priyanka Vora
Dr Darshana Ajmera
Dr Radhika Bhutada

Poster Competition - Special Prizes

- Dr Ketki Patil
Dr Ankita Kumari
Dr Mitali Sharma
Dr Bindu G.
Dr Shital Londhe

Slogan Competition - Senior Category

1st Prize: Dr Shailesh Kore

नियमित जांचं लोह गोलिया खानेमे पालक
तभि तो बनेगा अमेमिया मुक्त भारत

2nd Prize: Dr Aspi Ramaiwala

In life sometimes IRON is more precious than
PEARLS

3rd Prize Dr Pramod Survase

"चांगल्या आरोग्यासाठी लोहयुक्त आहार अन्
औषध घेऊया.....

अनेमिया मुक्त भारताचे स्वप्न साकारुया."

3rd Prize Dr Neena Patwardhan

हरी सब्जियां, फलोंका सेवन, उचित इलाज
करवाना

अनिमियामुक्त बनाओ भारत अपना

Slogan Competition - Junior Category

1st Prize: Dr Manan Boob

Iron: It was good enough for Iron Man, it's good
enough for you!

2nd Prize: Dr Zeba Pathan

Catch them RED, before they turn WHITE

3rd Prize: Dr Minal Chatterjee

Ek goli laal, kare door malal; Khaye Jo Pregnancy
me, ho Sehat me Sudhar aur Anemia ka upchar.

Slogan Competition - Non Member

1st Prize Dr Pushpa C

"शिशु को मिलेगा तभी सुकून,
जब माँ में होगा पर्याप्त खून"

1st Prize Dr Vandana Gandhi

मधल्या सुटीपूर्वीच ,
पहिला घास लोहाच्या गोळीचा
अध्या तासानंतर डबा खाताना
दुसरा घास पोळीचा
आणि दर सहामाही व वार्षिक परिक्षा
संपताच

2nd Prize: Dr Jyoti Bunglowala

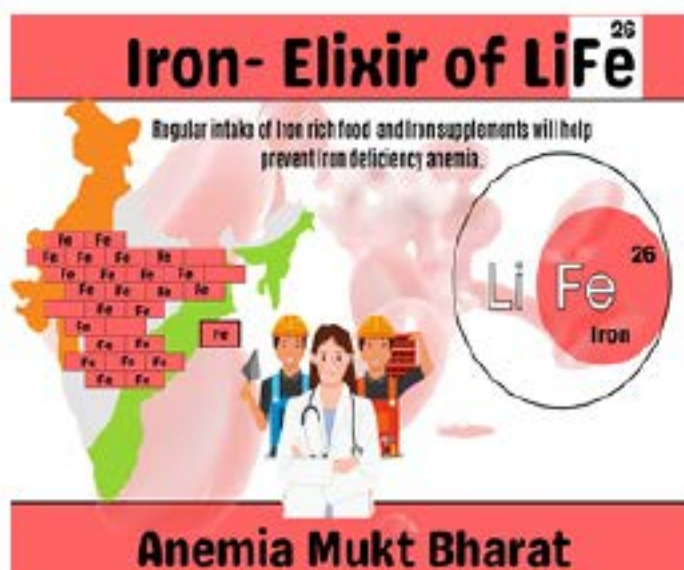
एनीमिया को अगर भगाना है
आयरन की गोली रोज़ खाना है
आयरन की गोली कब तक
एनीमिया दूर ना हो तब तक

3rd Prize Dr Radharani Talla

Go for more green and turn from pale to pink

Poster Competition - Senior Category

1st Prize Dr Shreedevi Tanskale



2nd Prize Dr Riddhi Desai



3rd Prize: Dr Rana Choudhary

2nd Prize Dr Shreya Kampooale

TEST TREAT TALK

Anemia Mukht Bharat

SYMPTOMS

- Fatigue
- Headache
- Weakness
- Decrease of hemoglobin
- Shortness of breath
- Headaches
- Blurred vision
- Palpitations
- Headache

Anemia In Pregnancy

ADVERSE EFFECTS	CONSEQUENCES
Low weight gain for newborn Prematurity	Disturbed bone metabolism and bone density Iron deficiency
POST-NATAL EFFECTS	COMPLICATIONS
Perinatal loss Sick - transfusion Infections	Iron deficiency Iron deficiency anemia Iron deficiency anemia Iron deficiency anemia Iron deficiency anemia

Prophylactic Iron & Folic Acid supplementation
Deworming
Behaviour Change Communication Campaign - SOLID BODY, SMART MIND
Delayed cord clamping
Testing anemia & treatment of anemia
Provision of Iron & Folic Acid fortified foods in Govt Rationed programmes

DO'S & DON'TS

- DO'S:** Eat iron-rich foods, Drink plenty of water, Eat fruits and vegetables, Eat whole grains, Eat lean meats, Eat fish, Eat eggs, Eat dairy products, Eat nuts and seeds, Eat fortified cereals.
- DON'TS:** Don't drink tea or coffee with meals, Don't take iron supplements without a doctor's advice, Don't take iron supplements with calcium supplements, Don't take iron supplements with zinc supplements.

IN SILVER JEWELRY

TAKE IRON SERIOUSLY

GOAL: BY 2025 ACHIEVE A REDUCTION OF 50% IN THE RATE OF ANEMIA OF REPRODUCTIVE AGE

PREVENTION IS BETTER THAN CURE

I PLEDGE TO MAKE INDIA BREAK FREE FROM ANEMIA!!!

NATURAL SOURCES OF B12

- MEAT
- FISH
- EGGS
- DAIRY

- TAKE PROPER DIET, RICH IN IRON, VITAMIN B12, FOLIC ACID AND VITAMIN C
- AWARENESS ABOUT ANEMIA
- AVOID TEA/COFFEE WITH MEALS
- ROUTINE BLOOD CHECK-UP
- TAKE SUPPLEMENTS IF NEEDED
- TRAVEL DEWORMING

Poster Competition - Junior Category

1st Prize: Dr Cara Saldhana

3rd Prize: Dr Soumya

Anaemia Mukht Bharat
Take IRON Seriously

Why is Anaemia Mukht Bharat needed?

Anemia is a silent epidemic, impacting our physical, mental and social wellbeing, and lives of future generations.

58% of population are iron deficient

54% of population are iron deficient

29% of population are iron deficient

12% of population are iron deficient

50% of population are iron deficient

18% of population are iron deficient

Anemia Mukht Bharat aims to reduce the prevalence of anemia through a 6 x 6 x 6 strategy

6 PILLARS: 1.17 million, 2.2 million, 3.3 million, 4.4 million, 5.5 million, 6.6 million

6 INTERVENTIONS: 1.17 million, 2.2 million, 3.3 million, 4.4 million, 5.5 million, 6.6 million

6 ANTI-NUTRITIONAL FACTORS: 1.17 million, 2.2 million, 3.3 million, 4.4 million, 5.5 million, 6.6 million

Key performance indicators:

- Percentage of population with anemia (Hb < 12 g/dL) in India (2019-2023)
- Percentage of population with anemia (Hb < 12 g/dL) in India (2019-2023)
- Percentage of population with anemia (Hb < 12 g/dL) in India (2019-2023)
- Percentage of population with anemia (Hb < 12 g/dL) in India (2019-2023)
- Percentage of population with anemia (Hb < 12 g/dL) in India (2019-2023)
- Percentage of population with anemia (Hb < 12 g/dL) in India (2019-2023)

What's new?

Web portal

Coordinated management efforts

Web app

Web app

Anemia Mukht Bharat
INTENSIFIED NATIONAL IRON PLUS INITIATIVE (INPI)

Why is Anaemia Mukht Bharat needed?

Anemia is a silent epidemic, impacting our physical, mental and social wellbeing, and lives of future generations.

58% of population are iron deficient

54% of population are iron deficient

29% of population are iron deficient

12% of population are iron deficient

50% of population are iron deficient

18% of population are iron deficient

Anemia Mukht Bharat aims to reduce the prevalence of anemia through a 6 x 6 x 6 strategy

6 PILLARS: 1.17 million, 2.2 million, 3.3 million, 4.4 million, 5.5 million, 6.6 million

6 INTERVENTIONS: 1.17 million, 2.2 million, 3.3 million, 4.4 million, 5.5 million, 6.6 million

6 ANTI-NUTRITIONAL FACTORS: 1.17 million, 2.2 million, 3.3 million, 4.4 million, 5.5 million, 6.6 million

Key performance indicators:

- Percentage of population with anemia (Hb < 12 g/dL) in India (2019-2023)
- Percentage of population with anemia (Hb < 12 g/dL) in India (2019-2023)
- Percentage of population with anemia (Hb < 12 g/dL) in India (2019-2023)
- Percentage of population with anemia (Hb < 12 g/dL) in India (2019-2023)
- Percentage of population with anemia (Hb < 12 g/dL) in India (2019-2023)
- Percentage of population with anemia (Hb < 12 g/dL) in India (2019-2023)

What's new?

Web portal

Coordinated management efforts

Web app

Web app

Poster Competition - Non Member

1st Prize: Dr. Vidyadhar Ranande

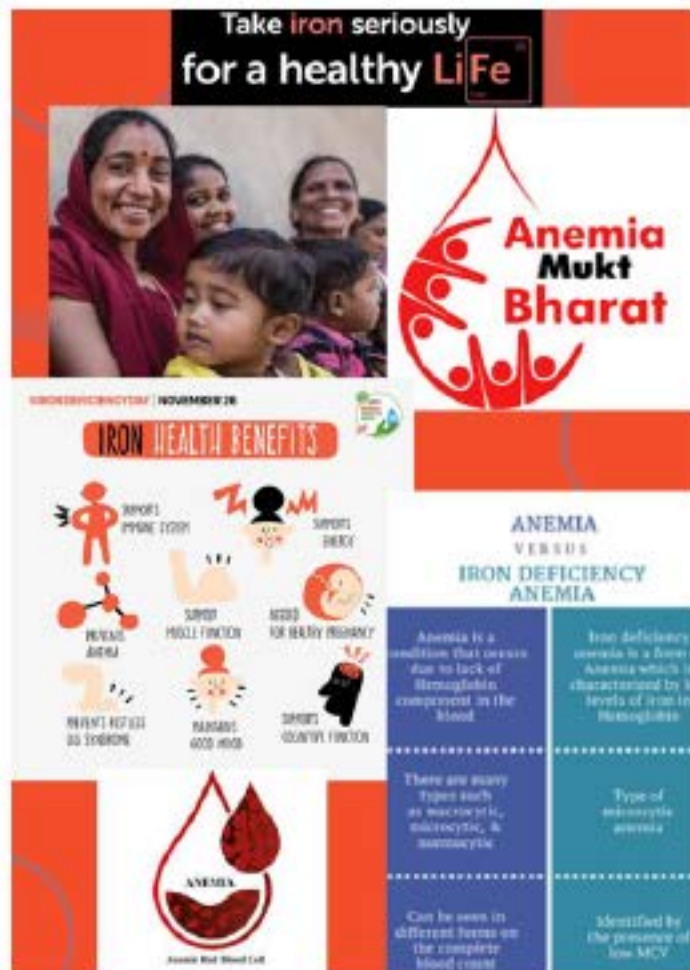


पालक मेथी बीट खाओ
 एनीमिया को दूर भगाओ
 पालक मेथी बीटरूट खा आणि
 दूर पळवा एनीमिया ला.
 सशक्त मी झाले झाले
 हिमोग्लोबीन झाले बारा आता
 स्वस्त आणि मस्त रोज करा
 जेवणात हे फस्त

2nd Prize: Dr Palak Bansal



3rd Prize: Dr Hetvi Somaiya



Poster Competition - Special Prizes

- Dr Ketki Patil
- Dr Ankita Kumari
- Dr Mitali Sharma
- Dr Bindu G.
- Dr Shital Londhe

Premature Rupture of the Membranes: Current Thoughts and Concepts



Dr. Krishnendu Gupta

Department of Obstetrics and Gynaecology, Vivekananda Institute of Medical Sciences (VIMS), Kolkata, West Bengal, India

INTRODUCTION

Premature rupture of membranes or pre-labor rupture of membranes (PROM) refers to the rupture of fetal membranes before the onset of labor.¹ It affects about 10% of all pregnancies.^[1] Term PROM occurs at term, more than 37 weeks of gestation. If membrane rupture occurs before 37 weeks of gestation, it is referred to as preterm PROM (PPROM). The incidence is about 3%. It is responsible for about 30–40% of all preterm births.

IMPORTANT DEFINITIONS

- Low birth weight (LBW): Neonates weighing 1500–2500 g
- Very low birthweight: Neonates weighing 1000–1499 g
- Extremely low birthweight: Neonates weighing 500–999 g

In 1960, if a baby was born with a birth weight of less than 1000 gm, the risk of death was 95%. Because of the advancement of medical science, in 2007 it was the opposite, which showed a survival rate of >95%.

PPROM: PATHOPHYSIOLOGY

Fetal membranes are bound together by different layers of extracellular matrix, composed of the amnion and chorion.⁴ Matrix is the key factor that defines the elasticity of the fetal membranes.⁴ Any process that weakens the matrix, increases the chance of PROM.

PPROM: RISK FACTORS

- Infection is the greatest risk factor

- Previous history of PROM (Recurrence rate: 21%)
- History of antepartum hemorrhage, multiple pregnancies, polyhydramnios mechanical distension
- In urban areas, hazards of smoking and drug abuse are well-known
- Cervical incompetence (insufficiency)
- Iatrogenic: cerclage operation, amniocentesis, fetoscopy.

PPROM: INFECTION

- Bacterial proteases potentially decrease the strength and elasticity of the membranes. They produce phospholipases which stimulate the release of prostaglandins formed from arachidonic acid leading to premature uterine contractions⁴
- This infection which causes the host immune response to release cytokines and mediators which weaken the membranes which damage the matrix and causes release of matrix metalloproteinases (MMP)⁵
- MMPs are a family of enzymes that are released from the extracellular matrix and decrease membrane strength by increasing collagen degradation
- Increased risk of PPROM is seen in women infected with gonorrhea, trichomonas, and chlamydia. Group B streptococcus (GBS) should be treated carefully: *Streptococcus agalactiae*, *Gardnerella vaginalis*

- Doctors should remember that if the sign of clinical infection is 1–2% and subclinical infection is as high as 40% and if not treated, then it may cause problems. Hence, it is necessary to diagnose and treat the infection as early as possible.

PPROM: HOW TO DIAGNOSE?

- History of leakage of liquor amnii per vagina (PV)/dribbling PV
- Per speculum (P/S) examination: To visualize the leakage of liquor/dribbling
- Valsalva maneuver such as coughing to visualize the leakage well when not evident
- Avoid per vaginal/digital examination to prevent ascending infection
- Examination of escaping fluid by biochemical tests to confirm the diagnosis.

PPROM: TESTS

- Nitrazine paper test
- Fern test
- Nile blue sulfate test
- Others: Indigo-carmin test, Detection of fetal fibronectin
- New: Amniotic leak detection kit/pad (AminoSense™)- worn in a panty liner. If there is a leak or discoloration it becomes blue and if after an hour or after drying the color remains blue, then it can be concluded that it is a kind of amniotic fluid and not the urine.

PPROM: ROLE OF ULTRASOUND

The role of USG is not only to diagnose the leak of urine but also liquor or amniotic fluid volume/index

- Assessment of the cervix: length dilatation of the cervical os, funneling (if any)
- Assessment of the fetus: gestational age, heart rate, and presentation
- Placenta: Localization.

PPROM: MATERNAL COMPLICATIONS

- Infection: Chorioamnionitis (13–60%) Puerperal sepsis Chorioamnionitis (clinical/acute): Presence of pyrexia and the presence of any two of the following- Maternal and fetal tachycardia, uterine tenderness, foul-smelling vaginal discharge, maternal leukocytosis.
- Abruptio placentae (4–12%) Because of all these complications, there is an increased incidence of cesarean section.

PPROM: FETAL AND NEONATAL COMPLICATIONS

- Prematurity
- Infection: neonatal septicemia
- Fetal asphyxia: oligohydramnios, cord compression, or cord prolapse
- Fetal pulmonary hypoplasia (more common if PROM <26 weeks of gestation)
- Musculoskeletal deformity because of the cramping of the uterus (due to chronic oligohydramnios): limb, talipes, craniofacial defects
- Respiratory distress syndrome
- Cerebral palsy (CP) (Extremely important)*

MgSO₄ ROLE: EARLY OBSERVATIONAL DATA

In the 1980's Van de Bor, and Leviton's studies showed decreased rates of intraventricular hemorrhage (IVH) and CP in very low birth weight (VLBW) infants born to women with preeclampsia who were given MgSO₄. In the early 1990s, a study by Kuban demonstrated that VLBW infants exposed to MgSO₄ for tocolysis also had decreased rates of IVH. In 1996, Grether *et al.* showed a lower rate of CP in VLBW infants exposed to MgSO₄. As per the above studies, it could be concluded that exposure to MgSO₄ can be beneficial.

PPROM: ROLE OF MgSO₄

Magnesium sulfate is used in women at risk of preterm birth for neuroprotection of the fetus. Antenatal administration of MgSO₄ in imminent preterm birth protects the offspring from the risk of developing CP.

INDICATIONS

“Imminent preterm birth” which includes:

1. Preterm labor with or without PPRM
2. Planned preterm birth for fetal or maternal indication.

HOW DOES MgSO₄ WORK?

It works in one of four ways.

1. MgSO₄ decreases neuronal injury by “downregulation” of excitatory stimuli. Damaged neurons are sensitive to the excitatory neurotransmitter glutamate, but the blocking of N- methyl-D-aspartate receptors by magnesium prevent the influx of calcium that causes cell death ^{4,5}
2. The vasoactive properties of magnesium minimize the hypoxic-ischemic damage by the resulting increased cerebral blood flow due to cerebral vasodilatation⁵
3. MgSO₄ has been shown to prevent neuronal injury by reducing both oxygen free radicals and proinflammatory cytokines⁵
4. Magnesium may directly reduce neuronal loss as it has anti-apoptotic (programmed cell death).⁵

It imparts the best protection to the preterm birth that occurs within 24–32 weeks of gestation.

DOSE

- MgSO₄ is administered as a 4 g IV loading dose over 30 m followed by a 1 g/h maintenance infusion until birth⁶
- For planned preterm birth, it is started ideally

within 4 h before birth, as a 4-g IV loading dose over 30 min, followed by a 1 g/h maintenance dose until birth⁷

- MgSO is discontinued if delivery is no longer imminent, or a maximum of 24 h of therapy has been given
- When MgSO is given for fetal neuroprotection, another tocolytic(s) is/are usually discontinued, as magnesium sulfate itself acts as a tocolytic. Based on this, it is found that it has a role in preventing CP.

MgSO₄ FOR NEUROPROTECTION: HOW TO ADMINISTER

Loading dose and Maintenance dose- 1 ampoule of MgSO₄ contains 1 gm in 2 mL (50% solution).

Initial: 4 g IV over 30–60 min.

Dilute 4 amps of MgSO₄: 8 mL+12 mL of normal saline (NS) = 20 mL; Infuse 20 mL in 30–60 min.

Maintenance: 1 g IV per hour for 24 h.

Dilute 10 amps MgSO₄: 20 mL + 30 mL of NS = 50 mL; infuse 5 mL/h for 24 h. Check for any signs of MgSO₄ toxicity.

MgSO₄: CLINICAL EVIDENCE

A study by Doyle *et al.*, in the Cochrane Database of Systemic Reviews 2009, concluded that the neuroprotective role of antenatal magnesium sulfate therapy given to women at risk of preterm birth for the preterm fetus is now established.

The American College of Obstetricians and Gynecologists (ACOG) Committee guideline in 2010 which without any change has been reaffirmed in 2020 with their opinion on magnesium sulfate given before anticipated preterm birth for neuroprotection.⁸

The Royal College of Obstetricians and Gynecologists (RCOG) took a Scientific Impact Paper in 2011 speaking positively about magnesium sulfate. The paper showed that magnesium sulfate given to

mothers shortly before delivery reduces the risk of CP and protects against gross motor dysfunction in those infants who are delivered preterm. The effect may be greatest at early gestations and is not associated with adverse long-term fetal or maternal outcomes. Women should be advised of an increase in minor adverse effects associated with the medication.⁹

Nguyen *et al.* conducted a study in the Cochrane Database of Systemic Reviews 2013 for determining the role of magnesium sulfate in women at term for neuroprotection of the term fetus.¹⁰ They found that there is currently insufficient evidence of the efficacy and safety of magnesium sulfate when administered to women for neuroprotection of the term fetus. There has been recent evidence for the use of magnesium sulfate for neuroprotection of the preterm fetus. Hence, magnesium sulfate can be given to preterm, for term gestation the studies are inadequate.

The Royal College of Physicians of Ireland 2015 Clinical practice guideline is currently under revision.

PPROM/PROM: CLINICAL EVIDENCE

The decision to prescribe antibiotics for women with PROM is not clear-cut. Co-amoxiclav has an increased risk of neonatal necrotizing enterocolitis, and thus should be avoided in women at risk of preterm delivery. Another paper by Tchirikov *et al.*, clearly shows which antibiotic can be used.

Erythromycin is the choice of antibiotic for PPRM as per the evidence available [Table 1].

PPROM: MANAGEMENT

The data from ACOG 2016, 2017 on the management of PPRM by gestational age categories are mentioned in Table 2.

Single corticosteroid course may be considered
Tocolytics: no consensus

Antimicrobials may be considered

- The combination of birthweight, gestational age, and sex provides the best estimates of chances of survival and should be considered in individual cases.¹¹

PPROM RECOMMENDATIONS

RCOG Green-top guideline no. 73., June 2019 stated that-

- The diagnosis of spontaneous rupture of the membranes is made mainly by the combination of maternal history and a sterile speculum examination (Grade D)
- If on speculum examination, no amniotic fluid is seen, clinicians should consider performing an insulin-like growth factor-binding protein1 or placental alpha microglobulin-1 test of vaginal fluid for further management (Grade B)
- Following the diagnosis of PPRM, an antibiotic (preferably erythromycin) should be given for 10 days or until the labor is established (whichever is earlier)
- Women who have PPRM between 24+0 and 33+6 weeks' gestation should be offered corticosteroids; steroids can be considered up to 35+6 weeks' gestation (Grade A).
- A combination of clinical assessment, maternal blood tests, and fetal heart rate can be used to diagnose chorioamnionitis in women with PPRM; these parameters cannot be used in isolation¹² (Grade D) as one parameter is not sufficient
- Women whose pregnancy is complicated by PPRM after 24+0 weeks' gestation and who have no contraindications to continuing pregnancy should be offered expectant management until 37+0 weeks; timing of birth should be discussed with each woman on an individual basis with careful consideration of the patient preference and ongoing clinical assessment (Grade A).¹³ A discussion is important, in every guideline,

Table 1: Antibiotics in PPROM: Review

Organization	Antibiotics	Comment
ACOG (USA)	Penicillin Ampicillin (alternative) Erythromycin (up to 32% resistance) Clindamycin	Not commended Only if the isolate is susceptible to 04 sensitive 5 Mio. E. I initial, then 2.5 Mio. E. I 4 h until delivery
DGGG (Germany)	Penicillin G Mezlocillin, piperacillin, clindamycin, ampicillin, erythromycin, or cefazolin (alternative)	
RANZCOG (Australia and New Zealand)	Ampicillin/amoxicillin and erythromycin Erythromycin (alternative single-use IAP regime for GBS colonized women: penicillin or alternative ampicillin IV; with penicillin allergy clindamycin and erythromycin after sensitivity testing because of resistants! Alternative cefazolin or vancomycin (20 mg/kg N every 8 h - maximum 2 g)	(PPROM 2 g IV 6 h and then 250 mg PO 8 h for 5 days: 250 mg 532 weeks) PO 6 h for 48 h, then 500 mg PO 8 h for 5 days) 250 mg PO every 6 h for 10 days
RCOG (UK)	Penicillin Erythromycin (may be used if allergic to penicillin) IAP regime for GBS colonized women: benzylpenicillin (3 g IV and 1.5 g 4-h until delivery) or clindamycin (900 mg IV 8-h) if allergic to penicillin; alternative vancomycin by resistant	For 10 days
SOGC (Canada)	Ampicillin erythromycin (alone if allergic to penicillin) IAP regime for GBS colonized women: penicillin G 5 million units IV, then 2.5 million 4 h instead of ampicillin or cefazolin (2 g IV then 1 g IV 8 h) if penicillin allergic but not at risk of anaphylaxis or erythromycin (500 mg I every 6 h) or clindamycin (900 mg IV every 8 h) if penicillin-allergic and at risk of anaphylactic shock	2 g IV every 6 h for 48 h and amoxicillin 250 mg PO and/or every 8 h for 5 days 250 mg I every 6 h for 48 h followed by 333 mg PO every 8 h for 5 days or 250 mg PO every 6 h for 10 days

Table 2: Management of PPRM by gestational age ¹¹

Gestational Age	Management
34 weeks or more	Plan delivery: Labor induction unless contraindicated Group B Streptococcal prophylaxis Single corticosteroid course up to 36 ⁶⁷ weeks
32 weeks to 33 completed weeks	Expectant management Group B Streptococcal prophylaxis single corticosteroid course Antimicrobials to prolong latency ¹¹
24 weeks to 31 completed weeks	Expectant management Group B Streptococcal prophylaxis single corticosteroid course Tocolytics: no consensus Antimicrobials to prolong latency Magnesium sulphate for neuroprotection may be considered
Before 24 weeks	Patient counseling Expectant management or induction of labor Group B Streptococcal prophylaxis is not recommended

the patient or the couple must be involved in the plan of the management because not only the risk involved to the baby but also the cost involved is extremely important

- In women who have PPRM and are in established labor or having a planned preterm birth within 24 h, intravenous magnesium sulfate should be offered between 24+0 and 29+6 weeks of gestation (Grade A).¹³

CONCLUSION

Accurate diagnosis of PROM in term and preterm pregnancies is important for gestational-age-

specific intervention and management. Early detection and diagnosis of PPRM are of utmost importance. It is also vital to identify potential risk factors for PPRM. A single most important risk factor is infection.

The use of Co-amoxiclav should be avoided. As per the available evidence, erythromycin is the antibiotic of choice for PPRM. Magnesium sulfate should be offered for fetal neuroprotection.

REFERENCES

1. Dayal S, Hong PL. Premature rupture of membranes. In: Stat Pearls. Stat Pearls Publishing; 2021.
2. Manohari SG. Active Versus Expectant Management in Women with Preterm Premature Rupture of Membranes between 34 and 37 Weeks of Gestation. Chennai: Stanley Medical College; 2010.
3. Medical Informatics and Evidence-Based Medicine; 2016. Available from: <https://www.studylib.net/doc/7486163/medical-informatics-and-evidence-based-medicine> [Last accessed on 2022 Jan 16].
4. Available from: https://www.ranzcog.edu.au/publications/o-g_pdfs/o&g-winter-2010/mgso4_preterm%20birth_walker.pdf [Last accessed on 2022 Jan 16].
5. Available from: https://www.media.sogc.org/covid19/26thed_manual_en.pdf [Last accessed on 2022 Jan 16].
6. Merrill L. Magnesium sulfate during anticipated preterm birth for infant neuroprotection. Nurs Womens Health 2013;17:42-51.
7. Doyle LW, Crowther CA, Middleton P, Marret S, Rouse D. Magnesium sulfate for women at risk of preterm birth for neuroprotection of the fetus. Cochrane Libr 2009;1:CD004661.
8. Magnesium Sulphate to Prevent Cerebral Palsy

following Preterm Birth; 2022. Available from: <http://www.docplayer.net/1481043-Magnesium-sulphate-to-prevent-cerebral-palsy-following-preterm-birth.html> [Last accessed on 2022 Jan 16].

9. Nguyen TM, Crowther CA, Wilkinson D, Bain E. Magnesium sulfate for women at term for neuroprotection of the fetus. *Cochrane Libr* 2013;2:CD009395.
10. Compendio ACOG, Scribd; 2022. Available from: <https://www.scribd.com/document/228802200/compendio-acog> [Last accessed on 2022 Jan 16].
11. Medica. Many Women Whose Waters Break Early Can Safely Continue Pregnancy, Wilm-

ington Healthcare; 2020. Available from: https://www.onmedica.com/posts/63088-many-women-whose-waters-break-early-can-safely-continue-pregnancy?badge_id=1069-news [Last accessed 2022 Jan 16].

12. Thomson AJ, Royal College of Obstetricians and Gynaecologists. Care of women presenting with suspected preterm prelabour rupture of membranes from 24+0 weeks of gestation: Green-top Guideline No. 73: Green-top Guideline No. 73. *BJOG* 2019;126:e152-66.
13. Available from: <http://www.medind.nic.in/jaqt05/i2/jaqt05i2p118.pdf> [Last accessed on 2022 Jan 16].



Live Operative Workshop held on 27th November 2022 jointly by MOGS, AFG and SOVSI

The Association for Fellow Gynecologists in association with MOGS and SOVSI (Society of vaginal surgeons of India) had organized a live operative workshop on 27th of November 2022 from morning 8:30 am to 5:00 pm at the Bharat Ratna Dr. Babasaheb Ambedkar Municipal Hospital Kandivali, Mumbai in the presence of many renowned Obstetricians and Gynecologists.

Inauguration of the event happened in the august presence of Dr. Shirish Sheth (Past President, FIGO, FOGSI and MOGS), Dr. P C Mahapatra (Past President, FOGSI), Dr. Hara Patnaik with Dr. Raju Sahetya (President), Dr. Nitin Shah (Secretary), Dr. Anurag Bhate (Treasurer), Dr. Rajendra Saraogi (well Known Gynecologist and Infertility Specialist), Dr. Niranjana Chavan (President, MOGS and Convenor), Dr. Nimish Tutwala (Convenor), Dr. Mohan Gadani (well Known and highly experienced Gynecologist).

Surgeries which were demonstrated live at the workshop included:

Obstetrics:

1. Brace Sutures (B- Lynch, Hayman's, Cho's)
2. Systemic De-vascularization,
3. Forceps Delivery at Cesarean Section,
4. C Section - Uterine Artery compression Stitch for Placenta Previa

Gynecology:

1. Non-Decent Vaginal Hysterectomy with salpingectomy in previous 2 LSCS
2. Hysterectomy with Energy Sources,
3. Non-Decent Vaginal Hysterectomy with

salpingectomy in bulky uterus, clamp less

4. Sacro-spinous fixation,
5. Colporrhaphy and Colpoperineorrhaphy in third degree perineal tear,
6. VH with high uterosacral suspension
7. McCall's Culdoplasty,
8. SUI Repair TOT Repair)
9. NDVH in bulky uterus

Operative Faculty:

1. Dr. Shirish Seth: Consultant at Breach Candy Hospital, Saifee Hospital and Sir Hurkisondas Hospital Mumbai.
2. Dr. P C Mahapatra: Past President of FOGSI and Director at Prachee Institute of Mother and Child Care.
3. Dr. Ramkrishna Purohit: Inventor of Purohit Technique of Vaginal Hysterectomy
4. Dr. Hara Patnaik: Renowned Gynecologist at Cuttack
5. Dr. Ashok R Anand: (well known for Dr Ashok Anand Stitch to minimize blood loss in cases of placenta previa.
6. Dr. Mukesh Rathi: well-known Gynecologist
7. Dr. R M Saraogi: well-known Gynecologist and Infertility Specialist
8. Dr. Mahesh Asher: Infertility Specialist at Laxmi Advance Women's care Centre
9. Dr. Mohan Gadani: well-known and highly experienced Gynecologist
10. Dr. Nimish Tutwala: Gynecologist at Sai

Swayam Maternity & Nursing Home

11. Dr. Ankesh Sahetya: Gynecologist and infertility specialist
12. Dr. Ramchandra Gite: well Known Gynecologist at Navi Mumbai

Co-ordination with OT was done in an excellent

manner by Dr Motwani, Dr Rajkumar Shah, Dr Nikhil Datar, Dr Arun Nayak, Dr Urmila Surekha and Dr Komal Chavan

This event received a massive response with a total of 119 registrations and took place with great enthusiasm.

Glimpses of the Morning session:



Glimpses of Inauguration:





Report of MOGS FOGSI Respectful Abortion Care CME held on 29th November 2022

The MOGS FOGSI Respectful Abortion Care CME was conducted online on Tuesday, 29th November, 2022 between 4 to 6 pm. The event was supported by FOGSI and was attended by about 20 gynecologists.

The program coordinators were Dr Parikshit Tank and Dr Pratik Tambe. We were privileged to have eminent FOGSI Office Bearers as faculty for the event. The program was accredited with 2 ICOG credit points.

The scientific proceedings began with a message from the MOGS President Dr Niranjan Chavan who introduced the Respectful Abortion Care program which was launched under the dynamic leadership of our Immediate Past President of FOGSI Dr Shanthakumari. This was conducted all over the country by FOGSI Societies. The conveners Dr Parikshit Tank and Dr Pratik Tambe welcomed the delegates and thanked the MOGS Office Bearers for the opportunity to conduct this event. This is a standardized program with a prepared set of slide presentations which were delivered by key faculty as per the FOGSI guidelines regarding the same. The Master of Ceremony was Dr Jagruti Ghosh.

Our chairpersons for the first session were Dr Pratik Tambe and Dr Ameya Purandare. The first speaker was Dr Parikshit Tank, Co-Convenor and Treasurer FOGSI who elucidated the Recent Amendments in the MTP Act. Dr Krishnakumari, Past President OGSF spoke on Safe Abortion where she highlighted the techniques prescribed by WHO on the subject.

The Chairpersons for the second session were Dr Komal Chavan and Dr Priti Vyas. Dr Laxmi Shrikhande, Chairperson ICOG spoke on the WHO SAVER Toolkit on Safe Abortion Values which illustrated the concept with a number of beautiful

videos. The final speaker was Dr Kiranmai D, FOGSI Chairperson for No to Violence Against Women Committee who gave important tips on Pre and Post Abortion FP Counselling.

The Vote of Thanks was proposed by Dr Pratik Tambe. The various issues regarding safe abortion techniques, the legal changes in the amended MTP Act and the fact that in India abortion is still safe, accessible and permitted by law were highlighted by the speakers and were much appreciated by the audience. The pre-test and post-test questionnaires were administered to the attendees as per the protocol.

We would like to thank the MOGS and the Office Bearers, our esteemed President Dr Niranjan Chavan and Secretary Dr Rajendra Sankpal for this opportunity, the close cooperation by the UNICEF team and Mr. Ajey Bharadwaj for his guidance.

MOGS-FOGSI
RESPECTFUL ABORTION CARE CME

Tuesday 29th November, 2022 4 pm to 6 pm
<https://bit.ly/MOGSFOGSIRAC> 2 ICOG POINTS

Dr Niranjan Chavan
President, MOGS

Dr Rajendra Sankpal
Secretary, MOGS

Dr Geetha Baharkar
Treasurer, MOGS

Dr Hrishikesh Pai
President, FOGSI
2022-2023

Dr S Shanthakumari
President FOGSI
2021-2022

Dr Madhuri Patel
Secretary General
FOGSI

Conveners: Dr Parikshit Tank, Dr Pratik Tambe
MOC: Dr Jagruti Ghosh

President's message: Dr Niranjan Chavan
Chairpersons: Dr Pratik Tambe, Dr Ameya Purandare
New Amended MTP Act: Dr Parikshit Tank
Safe Abortion: Dr Krishnakumari
Chairpersons: Dr Komal Chavan, Dr Priti Vyas
WHO SAVER Toolkit Safe Abortion Values: Dr Laxmi Shrikhande
Pre and Post Abortion FP Counselling: Dr Kiranmai D
Vote of Thanks



Sudoku

by Dr. Shreya Kampoowale and Dr. Shruti Rane

3		5	4		2		6	
4	9		7	6		1		8
6			1		3	2	4	5
		3	9			5	8	
9	6			5	8	7		3
	8	1	3		4		9	2
	5		6		1	4		
2			5	4	9		7	
1	4	9			7	3		6

FOGSI JOGI MOGS PICSEP Workshop 2022 held on 5th December 2022, organised by MOGS.

The Mumbai Obstetrics & Gynaecological Society organized 'FOGSI JOGI MOGS PICSEP WORKSHOP' on 5th DECEMBER 2022 from afternoon 12:00 pm to 5:30 pm.

This event was held at Main Auditorium, 3rd Floor, College Building, Lokmanya Tilak Municipal Medical College and General Hospital, Sion, Mumbai in the presence of many renowned Obstetricians and Gynaecologists. It was a well-organized and executed event with Key Speakers followed by a quiz competition.

The conference was inaugurated by Dr Mohan Joshi (Chief Guest and Dean of LTMMC & GH),

Dr. Hrishikesh Pai (Guest of Honor and President of FOGSI), Dr. Niranjana Chavan (President of MOGS), Dr. Geetha Balsarkar (Editor-in-Chief, JOGI), Dr. Arun Nayak (Head of Department, OBGY at LTMMC and GH), Dr. Madhuri Patel (Secretary General, FOGSI), Dr. Suvama Khadilkar (Deputy Secretary General, FOGSI) and Dr. Pradnya Chagede (Secretary & Manager, JOGI) with the lamp lighting ceremony. It was attended by 119 Obstetricians and Gynecologists which included 33 faculty and 86 postgraduate students. MMC Observer for this event was Dr. Shivaji Kachare.

1. The event started with an introduction to the workshop by Dr. Pradnya Chagede (Secretary & Manager, JOGI).
2. Dr Arun H Nayak (Professor and Head of Department, OBGY at LTMMC and GH), delivered a lecture on 'Selection of Topic for Research' which was chaired by Dr. Niranjana Chavan (President of MOGS and Professor and Head of Unit, OBGY at LTMMC and GH)

and Dr. Nitin Karnik (Head of Department, Medicine at LTMMC and GH).

3. The next session was by Dr. Sujata Dalvi, Consultant Bhatia Hospital, Secretary AMOGS, on 'Types of Studies in Research' which was chaired by Dr. Rahul V Mayekar. (Head of Unit, Department of OBGY at LTMMC and GH).
4. Dr. Madhuri Patel, Secretary General, FOGSI spoke on the important topic of 'The Art and Science of Scientific Writing'.
5. Dr. Geetha Balsarkar, (Treasurer, MOGS and Editor in Chief JOGI) then delivered a talk on 'The Other Side: What Reviewers and Editors Want' which was chaired by Dr. Swati Manerkar (Head of Neonatology) and Dr. Amarjeet Bawa (Associate Professor in Department of OBGY at LTMMC and GH).

This was followed by the inauguration ceremony and lunch.

6. There was an enlightening session on 'Overview of Evidence-Based Medicine and Relevance to Practice' by Dr. Komal N Chavan which was chaired by Dr. Paras Kothari (Head of Department of Pediatric Surgery at LTMMC and GH) and Dr. Shruti Bhojar (Head of Unit of Department of OBGY at LTMMC and GH)
7. Dr. Suvama Khadilkar then spoke on a session on 'Ethical Principles in Guiding Research' which was chaired by Dr. Shailesh Kore (Professor, Department of OBGY, TNMC), Dr. Archana Bhosale (Associate Professor, Department of OBGY), and Dr. Deepali Kapote (Associate Professor, Department of OBGY).

8. Mrs. Vasunathi Sriganesh then had an illuminating session on 'Literature Search and Referencing' which was chaired by Dr. Shailesh Kore (Professor, Department of OBGY, Nair Hospital), Dr. Reena Wani (Professor, Head of Department, OBGY, R. N. Cooper) and Dr. Prasad Deshmukh (Assistant Professor, Department of OBGY, LTMMC and GH).
9. Dr. Anahita Chauhan then took a session on 'Critical Evaluation of Journal Article - Use of PICO Tool' which was chaired by Dr. Swati Gawai (Assistant Professor, Department of OBGY, LTMMC and GH) and Dr. Shweta Khade (Assistant Professor, Department of OBGY, LTMMC and GH).
10. The last session was delivered by Dr. Pallavi Shelke (Department of PSM, LTMMC, and GH) on 'Basics of medical statistics' which was chaired by Dr. Seema Bansode (Head of

Department, PSM, LTMMC, and GH) and Mr. Kiran Jagtap (Biostatistician, Department, PSM, LTMMC, and GH).

An interesting and thoughtful quiz was organized at the end of the event by Dr. Gaurav Desai (Assistant Professor, Department of OBGY, KEMH). Winners of this competition were as follows:

First Prize: Dr. Manan Boob, Second Prize: Dr. Soham Gholba, and Third Prize: Dr. Sumedha Pathade, were announced at the end of the event.



Report on Diabetes Research and Solutions Conference in collaboration with MOGS & IMA (Mumbai West) held on 13th November 2022

The HAPO Symposium (Hyperglycaemia in Pregnancy) a Diabetes Research and Solutions conference was held on day 2 of the conference (13/11/22) at The Club, Andheri from 9.00 am to 10.00pm. This was a conference by Mumbai Diabetes care foundation in collaboration with MOGS and IMA (Mumbai west). This was a hybrid program and was live streamed with 1000 active logins from all over the nation.

This symposium was chaired by Dr Kulin Shah and Dr Shreya Prabhoo.

The first talk was given by Dr Komal Chavan on Screening and monitoring for Diabetes in Pregnancy – What do Obstetricians Do? The talk was elaborate and informative and was very well taken by the audience with the conference hall being full on a Sunday morning.

The second talk was given by Dr Benny Negalur, Diabetologist and a consultant physician from Thane on preparing a woman with Diabetes for pregnancy. The third talk was given by Dr Usha

Sriram, an Endocrinologist from Chennai on Controversies and Consensus in GDM. Both the talks were lucid and the speakers emphasised important points in the management of diabetes in pregnancy.

The fourth talk was by Dr Bhumika Kotecha Mundhe on peripartum management of pregnancy and Diabetes. The topic was covered with good take-home messages and practical tips in regards to management and was very interactive with the audience too.

The fifth talk was by Dr Shilpa Joshi, a dietitian and diabetes educator from Mumbai. She spoke on medical nutrition therapy in GDM. Her talk aptly covered the nutritional aspect in the management of GDM patients.

At the conclusion of the session, the organiser's team Dr Manoj Chawla, Dr Purvi Chawla and Dr Ketan Mehta thanked MOGS President Dr Niranjan Chavan, Secretary Dr Rajendra Sankpal & Treasurer Dr Geetha Balsarkar for the collaboration.



Report on IAVA World Congress 2022 on Functional and Aesthetic Gynaecology in Association with MOGS held on 9th December 2022

IAVA World Congress 2022 on Functional and Aesthetic Gynaecology in association with MOGS was a very memorable event.

The main headings of topics covered were Pelvic Floor, Urinary Incontinence, Sexual Dysfunction, Menopause and the newer modalities to treat them along with the established older methods. These newer modalities included surgeries and non-surgical methods like Energy Based Devices: Radiofrequency and Lasers, HIFEM Devices, PRP, Botulinum Toxin, Peels etc.

Newer topics in the mixed bag were Instagramming for gynaes, V-NOTES, Vaginal Colposcopy, etc.

International and national faculties (from so many parts of the country), each a stalwart in their own field were a part of this program. Once the delegates

came in, they were glued to their seats and many stayed till the end.

There were 5 Live Demos of procedures (which is not usual for Aesthetic Gynae) and 2 Panel Discussions.

There were 3 Pre-Congress Workshops on Radiofrequency, HIFEM Chair, PRP and Diode Laser which were well attended.

Dr. Hrishukesh Pai, President FOGSI, Dr. Niranjan Chavan, President MOGS, Dr. Mandakini Megh, President ICOG, Dr. Prabhu Mishra, President IASRM were involved in the inauguration, along with Dr Sejal Ajmera, President IAVA.

The dinner at Soho House was super fun.

It was 3 days of intense Academic Feast.



FOGSI presents Modern Approaches to Gynaecology and Obstetrics (FEMTEK-1) held on 22nd October 2022 with MOGS.

The FEMTEK-1 was a super successful Gala Event, a mix of academics, fellowship, and fun. A Galaxy of Stalwarts witnessed the Grand Installation ceremony of a great Visionary and a great Human being, Dr Hrishikesh Pai sir as the 61st FOGSI President with his new team at Hotel St. Regis Mumbai. We had Aditi Golvitrikar as MOC, Karishma Kapoor & Lara Dutta as Chief Guests & Poonam Dillon & Padmini Kolahapure as Guests of Honour from Bollywood. Glimpses of the grand show.





FOGSI Presidential CME (Karyashala) in association with MOGS held on 29th January 2023

FOGSI Presidential CME (Karyashala) in association with MOGS

Venue: Hotel Courtyard by Marriot, Andheri East, Mumbai.

Date and time: 29/01/2023 • 8.00am -2.00pm

Conveners:

Dr Bela Bhatt, Chairperson FOGSI Imaging Science Committee.

Dr Charulata Bapaye, Chairperson Study of Female Breast Committee.

Dr Supriya Jaiswal, Chairperson Adolescent Health Committee.

MOC: Dr Parzan Mistry, Dr Shruti Thar

Educational grants from Alembic Pharma

Session 1:

Chairpersons: Dr Saraogi, Dr Urmila Sureka, Dr Minaxi Nagvekar

- Anaemia in Pregnancy
Dr Rohan Palshetkar
- Management of PPH
Dr Komal Chavan
- Prediction & Prevention of Preterm Labour
Dr Ameya Purandare

Session 2:

Chairpersons: Dr Rajkumar Shah, Dr Rupali Dharwadkar, Dr Jyotsna Patel, Dr Priti Vyas

- Adolescent Sexuality
Dr Supriya Jaiswal
- Adolescent AUB
Dr Parag Biniwale
- PCOS in Adolescents
Dr Sujata Dalvi

Lighting of Lamp with address by FOGSI President Dr Hrishikesh Pai, Secretary General Dr Madhuri Patel & MOGS President Dr Niranjana Chavan.

Session 3:

Chairpersons: Dr Dhrupti Dedhia, Dr Deepali Saboo, Dr Suruchi Desai

- Non-immune Hydrops Fetalis - Changing Scenario
Dr Bela Bhatt
- Evolving Structural Abnormalities
Dr Pooja Vazirani
- Fetal Therapeutic Interventions
Dr Priya Deshpande

Session 4:

Chairpersons: Dr Rajkumar Shah, Dr Siddesh Iyer

- Breastfeeding: Mothers with special needs
Dr Madhuri Patel

Panel : Breast Dialogues

Moderators: Dr Sneha Bhuyar, Dr Charulata Bapaye

Expert: Dr P.K.Shah

Panelists:

Dr. Ameya Purandare, Dr Pradnya Chandede
Dr Priya Vora, Dr Karishma Kirti,
Dr Rashmi Parikh.

Total attendance: 80

Highlights of the programme

Excellent academic sessions were appreciated by each & every delegate. Presence of FOGSI President Dr Hrishikesh Pai & MOGS President Dr Niranjana Chavan was like icing on the cake! Conveners thanked the President FOGSI Dr Hrishikesh Pai, MOGS President Dr Niranjana Chavan & all the faculties & delegates.





MOGS Republic Day Celebration at The Cama and Albles Hospital on 26th January 2023.

The event was attended by Convener Dr. Tushar Palve, MS Cama Hospital, Dr. Niranjana Chavan (Chief guest; President MOGS & Professor and Unit Chief LTMMC & GH), Dr. Madhuri Patel (Guest of honour and Secretary General FOGSI). Other dignitaries were Dr. Komal Chavan, Dr. Ameya Purandare, Dr. Shruti Thakkar, Dr. Sujata Dalvi along with CAMA Hospital faculty, staff, paramedical staff, class 4 employees and security force and commandos.

The event started with hoisting done at 7:55 am; following which the dignitaries were welcomed by Dr. Tushar Palve. It was a well organised and executed event which included singing and dancing on patriotic songs by the paramedical staff, speeches by the dignitaries and felicitation of, paramedical staff, class 4 employees and security force and commandos.







MOGS DR. N A Purandare Teaching Program at Seth GSMC and KEM Hospital held on 13th January, 2023

MOGS Dr. N A Purandare teaching program webinar was conducted on virtual platform on

Friday, 13th January, 2023 from 5:00 to 8:00 p.m

The convenor for this webinar was Dr Gaurav Desai, managing committee member MOGS.

Master of ceremony was Dr Akriti Saxena, Asst Prof KEM hospital. This webinar was meant

to educate the students and residents in medical colleges and postgraduate institutes on case

scenarios in OBGYN as well as instruments, drugs, specimens and table viva.

Session 1 was an obstetric case on Autoimmune disorders in Pregnancy which was presented

by Dr Mukulika Sharma and Dr Janvi Josan. Chairpersons for this session were Dr Varsha

Nimbalkar and Dr Prachi Patil. The expert faculty examiners for this session were Dr

Padmaja Samant, Dr Anjali Rajadhyaksha and Dr Kimaya Mali.

Session 2 was a gynaec case on Gestational Trophoblastic Disease. This case was presented

by Dr Parimal Udupurkar and Dr Ayushi Kanoi both final year residents in the department of

OBGYN. Examiners for this session were Dr Ching Ling Yi, Dr Hemangi Chaudhari and Dr

Anahita Chauhan. Chairpersons for this session were Dr Priyanka Rane and Dr Ankita Mathur.

Session 3 consisted of a table viva on instruments in OBGYN, drugs and specimens in

OBGYN as well as NST and CTG analysis. Chairpersons were Dr Rani Daruwale and Dr

Nazreen Bilagi. Resident doctors were Dr Sanchari Pal, Dr Anushka Mehta and Dr Minal

Tibrewal. Examiners for this table viva were Dr Niranjan Maydeo, Dr Ajit Virkud and Dr

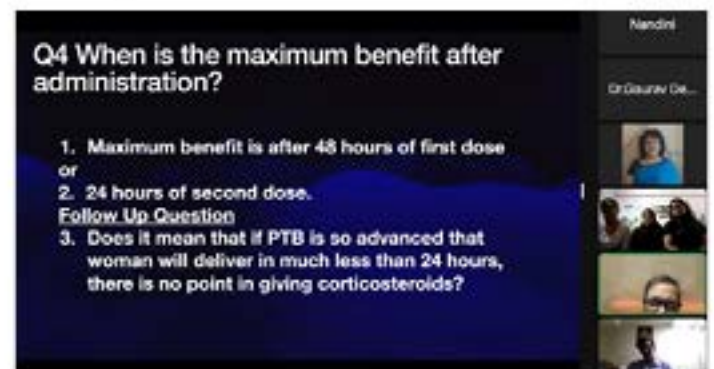
Reena Wani.

The discussions were very educational and all viewers and participating residents appreciated the knowledge the experts shared.

We the faculties and convener would like to thank MOGS team, President Dr. Niranjan Chavan,

Dr Rajendra Sankpal Secretary & Dr. Geeta Balsarkar Treasurer .

Total registrations were 569.



Academic Events in the New Year-2023 Highlights

Inauguration of AICOG 2025 stall at AICOG 2023, Kolkata.

The Organising Committee of
AICOG Mumbai 2025 invites your esteemed
presence at the Inauguration of the
AICOG Mumbai 2025 Stall
at the **AICOG 2023 Kolkata**.

Date: 6th January 2023
Venue: Registration area, AICOG 2023 Kolkata
Time: 1.15 pm IST

Chief Guest:
Dr Hrishikesh Pai President FOGSI

Guest of Honours:
Dr Jeanne Conry President FIGO
Dr Anne Kilars President Elect FIGO
Dr Ranee Thakar President RCOG
Dr C N Purandare Past FIGO President & Trustee MOGS

Special Invitees
Dr Shantha Kumari Imm. Past President FOGSI
Dr Jaydeep Tank President Elect FOGSI
Dr Madhuri Patel Secretary General FOGSI

Organising Chairperson: Dr Nandita Palshetkar
Scientific Chairperson: Dr Hrishikesh Pai
Organising Secretary: Dr Niranjan Chavan
(Team AICOG Mumbai 2025)



MOGS Dr. N A Purandare teaching program webinar was conducted on a virtual platform in collaboration with Seth G.S Medical College and KEM Hospital Mumbai.

The Mumbai Obstetric & Gynaecological Society
Dr. N. A. Purandare Teaching Program
 Webinar by
 Department of Obstetrics & Gynaecology
 Seth GSMC KEM Hospital

Friday, January 13, 2023 | 5.00 pm to 8.00 pm

1 MMC & 1 ICOG Point

Click Here to Enroll

SCIENTIFIC PROGRAMME

Master of Ceremony: *Dr Akruti Saxena*

5.00 pm – 5.10 pm **Welcome**

SESSION 1 - OBSTETRIC CASE

5.15 pm – 6.00 pm **Autoimmune Disorders in Pregnancy**
Case Presenters: Dr. Mukulika Sharma, Dr. Janvi Josan,
Examiners: Dr. Padmaja Samant, Dr. Archana Sonawane,
Dr. Kimaya Mali

SESSION 2 - GYNAEC CASE

6.05 pm – 6.50 pm **Gestational Trophoblastic Disease**
Case Presenters: Dr. Parimal Udapurkar, Dr. Ayushi Kanol,
Examiners: Dr. Ching Ling YL, Dr. Hemangi Chaudhari,
Dr. Anahita Chauhan

SESSION 3 - TABLE VIVA INSTRUMENTS, SPECIMEN, NST, DRUGS

7.00 pm – 7.45 pm **Case Presenters: Dr. Sanchari Pal, Dr. Anoushika Mehta,**
Dr. Minal Tibrewal

Dr. N A Purandare Teaching Program- online webinar held on 14th January 2023 in association with Masina hospital

The Mumbai Obstetric & Gynaecological Society
Dr. N. A. Purandare Teaching Program
 In Association with - Masina Hospital
 Saturday 14th January 2023 | 5.00 pm - 9.00 pm

LIVE ON WEBINAR

1 MMC & 3 MCOG POINTS

Registration Free But Compulsory
<https://bit.ly/dr-n-a-purandare-teaching-program>



Dr. Niranjan Chavan
President MOGS



Dr. Rajendra Sankat
Secretary MOGS



Dr. Geetha Bhatnagar
Treasurer MOGS



Dr. Sujata Dahiya
Office Bearer Incharge
MOGS Dr. N. A. Purandare Program



Dr. Ameya Purandare
MOGS Dr. N. A. Purandare Program
Co-ordinator

CO-MODERATORS



Dr. Punj Bhojani



Dr. Bhumika Katocha Mundhe



Dr. Bhavini Balkrishnan

Dr. N. A. Purandare Teaching Program In Association with - Masina Hospital



Zoom Meeting

Meeting ID: 911 257 4140

Join Meeting

Participants: 10

Chat: [Active]

Microphone: [Muted]

Video: [Off]

Meeting Controls

Host: [Name]

Co-host: [Name]

Participants: [List of names]

Meeting Status: [Details]

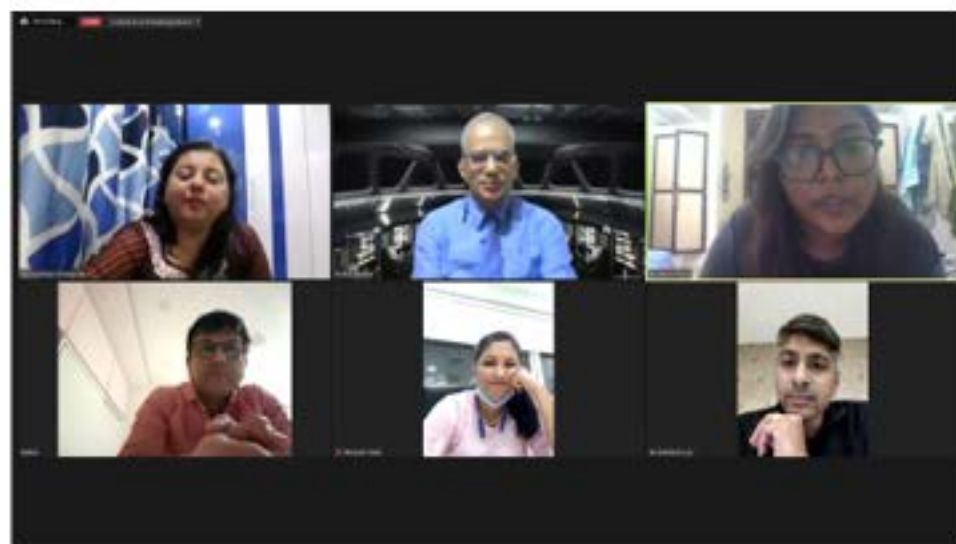
Meeting Partner: 

SCIENTIFIC PROGRAMME

MOC: Dr. Bhavini Balkrishnan, Dr. Prasad Surve

SESSION 1 - CASE PRESENTATION – (LONG CASE)	
5.00 pm - 5.45 pm	CASE PRESENTATION & DISCUSSION ON "PRETERM LABOUR" Presenter: Dr. Aishwarya Agrawal (Sion Hospital) Examiners: Dr. Anil Ramaniwal, Dr. Rajendra Nagarkatti, Dr. Prithi Vyse Dr. Dhanraj Kulkarni, Dr. Bhavini Balkrishnan, Dr. Aruna Shetty
SESSION 2-CAPSULES	
Chairpersons: Dr. Madhuri Patel, Dr. Komal Chavhan, Dr. Priya Vora, Dr. Nikin Gala	
5.45 pm - 6.05 pm	USG INTERVENTIONS IN OB/GYN Dr. Pradyota Supre
6.05 pm - 6.25 pm	TESTS OF FETAL WELL BEING Dr. Yashvanta Bhandari
6.25 pm - 6.30 pm	DISCUSSION
INAUGURATION	
6.30 pm - 6.45 pm	VIRTUAL LAMP LIGHTING <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Address by Dr. Niranjan Chavan MOGS President</p> </div> <div style="text-align: center;">  <p>Address by Dr. Vijay Shakti CEO Masina Hospital</p> </div> </div>
SESSION 3 - CASE PRESENTATION – (LONG CASE)	
6.45 pm - 7.30 pm	CASE PRESENTATION & DISCUSSION ON "POST-PARTUM HEMORRHAGE" Presenter: Dr. Divya Kamble (Sion Hospital) Examiners: Dr. Rahul Solunke, Dr. Pratik Tambe, Dr. Siddesh Iyer Dr. Anshika Chitambar
SESSION 4 -CAPSULES	
7.30 pm - 8.15 pm	MECHANISM OF LABOUR - NORMAL & ABNORMAL PRESENTATIONS (With Dummy pelvis) Presenter: Dr. Aman Kooch & Dr. Shivya Examiners: Dr. Mahan Godam
SESSION 5 - CASE PRESENTATION – (SHORT CASE)	
Experts: Dr. Sujata Dahiya, Dr. Ameya Purandare	
8.15 pm - 8.35 pm	CASE 1 - ECTOPIC GESTATION Presenter: Dr. Jyotsna Mittal (Jaijee Hospital) Examiners: Dr. Punj Bhojani, Dr. Manzar Shakti, Dr. Bhumika Katocha Mundhe Dr. Bhavini Balkrishnan
8.35 pm - 8.55 pm	CASE 2 - JAUNDICE IN PREGNANCY Presenter: Dr. Priya Gupta (Sion Hospital) Examiners: Dr. Punj Bhojani, Dr. Manzar Shakti, Dr. Bhumika Katocha Mundhe Dr. Bhavini Balkrishnan
8.55 pm - 9.00 pm	Vote of Thanks Dr. Punj Bhojani

Educational Partners



'Basics in OBGY' MOGS outreach program held on 15 January 2023 at Lavender bough, Banquet Hall Ghatkopar West Mumbai.



MOGS Outreach Program held on 21st January 2023 in association with Fortis Hospital.



MOGS Cyclothon 2023 -An Awareness Drive for prevention of Cervical cancer, Anemia and PIH arranged on 29th January 2023.



FOGSI Presidential CME held on 29th January 2023



Forthcoming Events





Sir H. N. Reliance Foundation Hospital
&
The Mumbai Obstetric & Gynaecological Society
Cordially invite you for a Workshop on

RECENT ADVANCES IN INFERTILITY CME

2nd February 2023 | 2:00 pm - 5:00 pm
 Venue: Convention Center, 1st Floor, Kap of Nivas,
 Sir. H. N. Reliance Foundation Hospital, Girgaon, Mumbai - 400 004

(Live relay of the workshop will be followed by Lecture)

1:00 pm - 2:00 pm	Lunch
2:00 pm - 2:20 pm	Welcome and Registration
2:20 pm - 2:30 pm	Inauguration and Lamp lighting
	 Dr. Tarang Gianchandani CEO, Sir H. N. Reliance Foundation Hospital
2:30 pm - 3:30 pm	Guest: Dr. Shrikant Shah "Rare Sperm Vitrification" Workshop Michael Belenky (MBC) Assuta Ashdod Medical Center, Tel Aviv
3:30 pm - 3:50 pm	Chairpersons: Dr. Trupti Mehta, Dr. Aranya Purandare "Microspermia in Male Infertility" Dr. Niranjan Chavan President MOGS
3:50 pm - 4:15 pm	Chairpersons: Dr. Rakhi Singh, Dr. Jatin Shrivastava "Temporal Decline in Sperm Parameters" Dr. Pinza Parikh Director - Well Women Centre
4:15 pm - 4:50 pm	Chairpersons: Dr. Asha Datta, Dr. Rishi Hinchaj "A New Attitude Towards Sperm Selection For ICSI Procedure" Dr. Aris Berkowitz (MD) Department of Obstetrics and Gynecology Meir Medical Center, Kfar Saba
4:50 pm - 5:00	Vote of Thanks

Conveners For Workshop From Mogs Council


Dr. Aranya Purandare

Co Conveners


Dr. Rakhi Singh

Co Conveners


Dr. Trupti Mehta

Co Conveners


Dr. Navina Singh

Co Conveners


Dr. Shrikant Shah

Registration Free but Compulsory.
 RSVP: Ms. Sivagayathi +91 99697 67730
 or Email on : sivagayathir.f.s@rthospital.org


Dr. Niranjan Chavan
 President MOGS


Dr. Pinza Parikh
 Director Well Women Centre


Dr. Rajendra Sanjpal
 Secretary MOGS


Dr. Geetha Baharwal
 Treasurer MOGS



www.rthospital.org

EMERGENCY NO.: 022-15475065

TOLL FREE NO.: 1800 890 1111





Mumbai Obstetric & Gynaecological Society
presents

WORLD CANCER DAY

in association with
SAFOG Oncology Committee Members

Theme : CLOSE THE CARE GAP

Saturday 4th February 2023 | 5:00 pm IST to 8:30 pm IST.


Chief Guest
Dr. Hrishikesh Pal
 President FOGSI
 Group & Society Liaison,
 FOG Women's Cancer
 Committee


Special Guest
Dr. Madhuri Patel
 FOGSI
 Secretary General

Guests of Honour


Dr. CN Purandare
 Past President
 FOG FOGSI MOGS


Dr. Rabana Hattithotawa
 President SAFOG
 AFOG Secretary General


Dr. Shyam Desai
 Past President FOGSI MOGS
 President Elect SAFOG

SESSION - 1

5:00 pm - 5:05 pm **Welcome, Inauguration & Lamp Lighting.**

SESSION - 2

5:10 pm - 5:25 pm **Chairpersons: Dr. Jananajaya Mahapatra, Dr. Shalini Rajaram**
Results & Analysis of MOGS Cervical Cancer Awareness KPA Survey - Dr. Kamal Chavan

5:25 pm - 5:40 pm **Chairpersons: Dr. Sarita Shalimrao, Dr. Ashok Kumar Padhy**
Updates in Management of Ca Endometrium
Dr. Harshad Parvati

SESSION - 3

5:40 pm to 6:25 pm **Panel Discussion:**
Adolescent Ovarian Tumours – Demystified!
Moderators: Dr. Niranjan Chavan, Dr. Bhagyashree Nayak
Panelists: Dr. Aliya B. Aziz, Dr. Ujyen Sharma, Dr. Sabera Khatun, Dr. Ulzma Chishti, Dr. Tahira Yasmeen, Dr. Yapa Wijeeratne, Dr. Sujata Weerasinghe

6:25 pm - 6:30 pm **Vote of Thanks:**

Conveners:


Dr. Niranjan Chavan
 Past Chair FOGSI
 Oncology Committee


Dr. Aliya B. Aziz
 Chair SAFOG
 Oncology Committee


Dr. Bhagyashree Nayak
 Past Chair FOGSI
 Oncology Committee


Dr. Niranjan Chavan
 President


Dr. Rajendra Sanjpal
 Secretary


Dr. Geetha Baharwal
 Treasurer

Forthcoming Events

MOGS - GOLDs 2023

51ST Annual Conference of MOGS

(Gynaecology & Obstetric Learning Dilemmas solved)



Theme Subjects

- Minimal Access Gynaecological Surgeries
- Emergency & Operative Obstetrics
- Modern Technology in Fertility Control
- Miscellaneous

Five Orations

- Dr. M D Adatia Oration
- Dr. Shradhanand Thakur Oration
- Dr. Subhash J Penkar and Dr. Marie Pereira Silver Jubilee Oration
- Dr. Usha Krishna Oration
- MOGS Presidential Oration

Congress Highlights

- MOGS Dr. Shirish Sheth Workshop on Pelvic Floor
- MOGS Dr. Ganatra Trust CME
- MOGS Dr. K Sankari Symposium

Dr. Niranjnan Chavan
President, MOGS

Dr. Rajendra Sankpal
Secretary, MOGS

Dr. Geetha Balsarkar
Treasurer, MOGS

TEAM MOGS (2022-2023)

www.mogsonline.org

FINAL ANNOUNCEMENT

FOLLOW MOGS ON

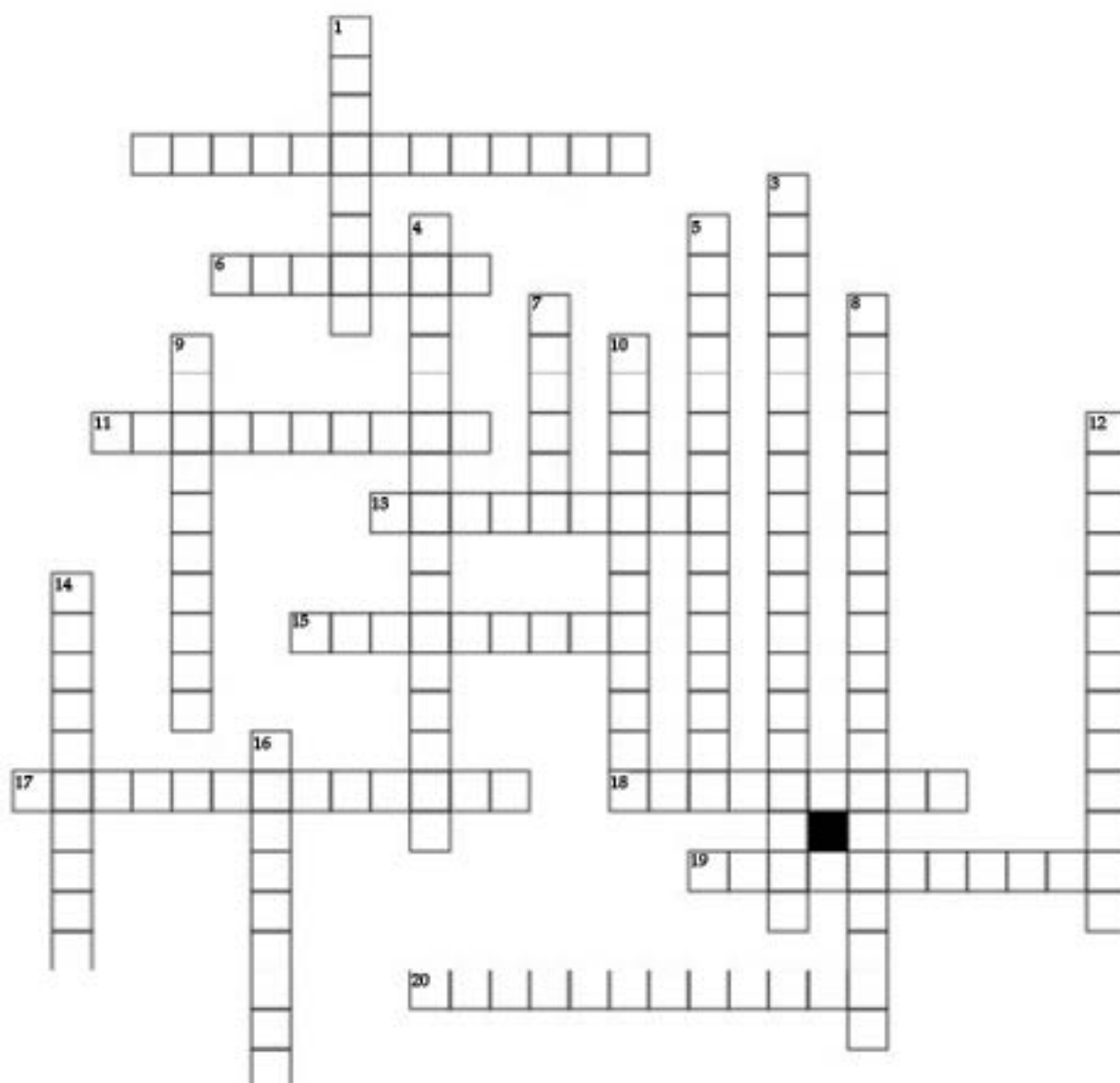
MMC & ICOG POINT APPLIED



11th-12th February 2023 • J W Marriott, Juhu, Mumbai

Gynaecology Crossword

by Dr. Manan Boob and Dr. Darshana Ajmera



Across

2. Modulator of the biochemical activity in tissues
 6. Oxygen deficiency
 11. Destroyed by means of an electric current
 13. Period of development from fertilization to birth
 15. A bacterium that causes one of the most prevalent sexually transmitted diseases
 17. Voluntary prevention of pregnancy prescriptions

18. To rupture during labor when your water doesn't break
 19. Painful intercourse
 20. Usual method for calculating expected date of birth

7. Vaginal discharge appears during postpartum puerperium
 8. Being born with existing at time of birth

Down

1. Expansion of an orifice or organ
 3. A biopsy of the uterine cervix using an instrument
 4. Inherited blood disorder that may shorten life span
 5. Delivery of the fetus through surgical incision into the uterus

9. Cysts on the ovaries
 10. A women pregnant for the first time
 12. Painful menses
 14. Emergency contraception also called preven or plan B
 16. Complication of pregnancy that includes general edema, hypertension and proteinuria

Word Bank

- | | | | |
|-----------------------|------------------|---------------|----------------------|
| Amniotomy | Fulgurated | Lochia | Contraception |
| Cervical punch biopsy | Cesarean section | Chlamydia | Congenital anomalies |
| Dysmenorrhoeal | Dilation | Dyspareunia | Eclampsia |
| Gestation | Hypoxia | Nagele's Rule | Polycystic |
| Postcoital | Primigravida | Prostaglandin | Sickle cell anemia |

Gynaecology Crossword Answer Keys

Across:

2. Prostaglandins
6. Hypoxia
11. Fulgurated
13. Gestation
15. Chlamydia
17. Contraception
18. Amniotomy

19. Dyspareunia

20. Nagele's Rule

Down:

1. Dilation
3. Cervical Punch Biopsy
4. Sickle cell anaemia
5. Cesarean section
7. Lochia

8. Congenital Anomalies

9. Polycystic

10. Primigravida

12. Dysmenorrhoea

14. Post coital

16. Eclampsia

Sudoku Answer Key

3	1	5	4	8	2	9	6	7
4	9	2	7	6	5	1	3	8
6	7	8	1	9	3	2	4	5
7	2	3	9	1	6	5	8	4
9	6	4	2	5	8	7	1	3
5	8	1	3	7	4	6	9	2
8	5	7	6	3	1	4	2	9
2	3	6	5	4	9	8	7	1
1	4	9	8	2	7	3	5	6

MOGS Quiz Answer Key

Quiz Answer Key

1. b
2. b
3. a
4. a
5. a



The Office Bearer &
Members of the Managing Council of
The Mumbai Obstetric & Gynecological Society

Cordially invite you to the
INAUGURATION
of
MOGS GOLDs 2023
51st Annual Conference of MOGS
(Gynecology & Obstetric Learning Dilemmas solved)

At
J. W Marriott, Juhu

Chief Guest
Dr. Hrishikesh Patil
President, FOGSI

Guest of Honor
Mr. Yashraj Ugaonkar
Indian Film Actor

Dr. Niranjan Chavan
President, MOGS

Dr. Rajendra Sanikpal
Secretary, MOGS

Dr. Geetha Balraker
Treasurer, MOGS

PROGRAM

MOC	Dr. Pratik Tambe, Dr. Priya Vora
Invocation	Dr. Pooja Bandekar
Lamp Lighting	
Welcome by Secretary	Dr. Rajendra Sanikpal
MOGS Presidential Address	Dr. Niranjan Chavan
Address by Chairman, Board of Trustees	Dr. Shyam Desai
Felicitations of Immediate Past President	Dr. Smita Bhalekar
Introduction of Guest of Honor	Dr. Surveen Khadikar
Address by the Guest of Honor	Mr. Yashraj Ugaonkar
Introduction of Chief Guest	Dr. Niranjan Chavan
Address by the Chief Guest	Dr. Hrishikesh Patil
Introduction of Dr. B. N. Parandare Award	Dr. Rajendra Sanikpal
Address by Dr. B. N. Parandare Award	Dr. Waheem Dikhan Patil
Introduction of MOGS Awardees	Dr. Shalish Korn, Dr. Sahita Dalvi, Dr. Rajendra Sanikpal
MOGS - Dr. Sanjiv Desai Award	Dr. Alpana Ganesh
MOGS - Dr. Ganatra Awards	Dr. Madhu Patel, Dr. Himani Chavan
MOGS - Mrs. Shalaja and Mr. Narayan Pandit Awards	Dr. Armita Parandare, Dr. Paritosh Thank
MOGS - Dr. Anant Patil "Be Global - Touch Local" Award	Dr. Muzer Shinde
MOGS - Dr. Nalini N. Chavan Waikar for IHR Award	Dr. C. N. Parandare, Dr. Hrishikesh Patil
MOGS - Dr. Smita Bhalekar Award in Medical Teaching	Dr. P. K. Shah, Dr. Anas Nayak
MOGS - Dr. Bipin Patel & Snehal Kamde Carthig Bhatt Medicalous Award	Dr. Shubhdeep Kaur
MOGS - Global Excellence Award	Dr. Frank Louwen
MOGS - President's Outstanding Award	Dr. Shweta Kulkarni, Dr. Neelika Palkethkar, Dr. Anshika Chavan, Dr. Surveen Khadikar, Dr. Rajendra Sanikpal, Dr. Geetha Balraker
MOGS - Dr. Pramila Bhate Awards	Dr. Pralaya Chougale, Dr. Gaurav Desai
MOGS - Dr. Shantabai Galabchi Award	Dr. Maitreyee Patilkar
Vote of Thanks	Dr. Geetha Balraker

MOGS ACADEMIC PARTNERS

PLATINUM



DIAMOND



GOLD



SECRETARIAT



Mumbai Obstetrics & Gynecological Society

C-14, 1st Floor, Trade World, D-wing Entrance, S. B. Marg, Kamala City, Lower Parel (W), Mumbai 400013.
Tel. : 022-24955324 / 24975035 / 35114384 / 85 • Mobile: 9022361841 • email: mogs2012@gmail.com

www.mogsonline.org