



COGS

NEWSLETTER



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FROM THE EDITORS' DESK:

**DR PREMALATHA KRISHNA KUMAR AND
DR SUDHA SUNDARAM.**

Dear fellow COGSians

Welcome to the second edition and first issue of this year. We hope you will all provide the necessary backing for us to continue with this service.

In this issue we have an interesting case of INVO fertilisation by Dr Silambuchelvi et al: A case discussion of an uncommon but not rare case of labial fusion and management thereof by Dr Thiruvani et al; A short gist of guidelines from Government of India's initiative LaQshya – Labour room and Maternity OT Quality Improvement Initiative. Though these measures are laid down to follow in Government hospitals, it is a worthwhile guideline to follow in private set up in order to achieve a common goal. Also included is a short beautiful poem by Dr Rathika and sincerely hope it would kindle the writer in you.

We welcome seniors to contribute in the form of 'Tips and Tricks' or Pearls of wisdom for younger generation to assimilate and use in their practise. Seniors especially in teaching hospital can kindly encourage your juniors to use this platform as a launch pad towards academic success.

As always we hope this issue is useful to you and looking forward to your feedbacks and constructive criticisms.

President's address:

DR. CHITRA T V

Dear all,
Hope the first edition of the LETTER was interesting and useful. Requesting COGS members to share your knowledge and to actively contribute and use this tool to showcase your talents and personal interests. As a socialist responsibility COGS is conducting paper smear camp to police women folk on women's day - March 8th for 500 women. Please do join hands and support us. This Newsletter has some interesting articles, and surprising showcase of talent. Let's CoGs grow stronger in wisdom and friendship.

Dr.Chitra.T.V
President – Covai OG Society

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FIRST INVO CELL BABY OF COIMBATORE BY INTRAVAGINAL CULTURE

Silambuchelvi D., and Sujatha M., Vamsam Fertility Research Centre, Coimbatore, INDIA

Introduction

Conventional *in vitro* fertilization (IVF) is the original technique of the so-called test-tube babies and currently an established treatment for infertility. The fertilization of the oocytes with the spermatozoa is performed in the laboratory, by simulating the physiological conditions to which the gametes are exposed *in vivo*. Intra vaginal culture (IVC), also called INVO (intra vaginal culture of oocytes), is a procedure developed by Ranoux et al., 1988, proposed as a simplified alternative option to conventional IVF . Intra vaginal culture (IVC), also called INVO (intra vaginal culture of oocytes), is an assisted reproduction procedure where oocyte fertilization and early embryo development are carried out within a gas permeable air-free plastic device, placed into the maternal vaginal cavity for incubation.

History:

Female:
35 yr old female
M/L : 10 yr, known Hypothyroid
FSH- 5.02 LH -4.4 TSH-9.4 AMH -3.1
HSG- Lt tubal block
HLS – Dense adhesion of Lt tube to sigmoid colon
Male:
Count-87M/ml, AM 45%,NF – 7% (WHO criteria2010)
Repeated IUI failure
Indication: Tubal disease

Ovarian stimulation and oocyte retrieval:

- T. Letrozole D2 – D5 Step up
- IVF M 150IU D6-D10
- E2 – 673(D10)
- RO 17mm -1,18mm-1,15mm-1
- Trigger-Fertigyn-10,000IU

Under IV sedation OPU done. 5 Oocytes were retrieved.

INVO procedure:

A total of 5 oocytes were retrieved .The maturity of the oocytes morphologically assessed under stereo microscope, based upon the expansion and radiance of the cumulus/corona oocyte complex (COC). The INVO cell device (Sanzyme) is composed of an inner chamber with a rotating valve and a protective outer rigid shell. The INVO procedure was performed as semen sample was treated by the *swim-up* method. Initially the device inner chamber is filled with pre gazed and pre warmed fertilization (G IVF plus, Vitrolife Sweden), then a count of around 30.000 spermatozoa were loaded, followed by the oocytes. After assembly of the device, it was immediately positioned into the vaginal cavity, in proximity to the uterine cervix, altogether with a diaphragm as retention system. After a 72-hour culture period the INVO cell device was removed and 5 embryos were retrieved and immediately evaluated according to their development and fragmentation degree. The selected three embryos (8C¹, 6C¹·5C¹-) were transferred under trans abdominal ultrasound guidance.

Luteal support:

- Inj.Gestofit 100mg 1 amp IM OD
 - T.Duphastan 1-0-1
 - T.Folic acid 1-0-0
 - T.Eltroxin(125mg) 1-0-0

After 15 days of transfer serum βHCG pregnancy determination was performed. And it was 252.18 .After 20 days of βhcg the presence of gestational sac with fetal heart beat by ultrasonography was used to confirm the clinical pregnancy.
➤ TVS done on 7/7/14 (S IUP 6 weeks 2 days)
➤ 15.2.2015 Delivered an alive female baby 3.4 kg

LaQshya - Labor room & Maternity OT Quality Improvement Initiative- Guidelines

(Abridged version, for full guidelines see nhs.uk/laqshya)

There has been substantial increase in the number of institutional deliveries (79.8%) However, this increase in coverage has not translated in the expected reduction of maternal and newborn mortality and stillbirths.

It is estimated that approximately 46% maternal deaths, over 40% stillbirths and 40% newborn deaths take place on the day of the delivery.

Half of the maternal death each year can be prevented if we provide higher quality health care.

In this respect, Ministry of Health and Family Welfare has launched program ‘LaQshya’- quality improvement initiative in labor room & maternity OT, aimed at improving quality of care for mothers and newborn during intrapartum and immediate post-partum period.

- Objective
 - To reduce preventable maternal and newborn mortality, morbidity, still birth
- Goal
 - To improve quality of care to pregnant woman and new born in labor room and maternity OT
- Target Areas
 - Government Medical Colleges, District Hospitals, Sub divisional Hospitals, FRU, high case load CHC.
- Areas for improvement in Medical College under LaQshya
- Three areas from every medical college will be selected for the implementation of LaQshya program
 - Labour Room
 - Maternity Operation Theatre
 - Obstetric ICU/HDU
 - LaQshya Interventions
- Ensuring skill assessment of all staff of LR & Maternal OT through OSCE
- Creating an enabling environment for natural birthing process.
 - Ensuring systematic facility-level audit
 - Operationalization of ‘C’ Section audit.
 - Quality Improvement Cycles.
- Implementation of Clinical Guidelines, Labor Room Clinical Pathways, Referral Protocols, safe birth checklist (in labor room and Obstetric OT) and surgical safety check-list.
- Ensuring round the clock availability of Blood transfusion services, diagnostic services, drugs & consumables
 - Expected outcome
- Improve quality of care during the delivery & immediate post-partum care.
- Institutionalization of LaQshya quality efforts.
 - Adherence to checklists and guidelines.
 - Enhanced satisfaction & positive Birth experience
- States to ensure to achieve their targets of LaQshya certification as committed in desk review.
- Reduction in maternal and newborn mortality and morbidity.

A RARE CASE REPORT OF POSTMENOPAUSAL
LABIAL ADHESION

DR. THIRUVENI SENTHILVEL1, DR.KEERTHIGA
PONNUSWAMY2, DR. PREETHI3

1. CONSULTANT 2. SENIOR RESIDENT 3. DNB POST GRADUATE

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY, SRI
RAMAKRISHNA HOSPITAL, COIMBATORE, TAMILNADU

ABSTRACT:

Complete labial fusion is a rare clinical condition in postmenopausal women. It occurs when the labia minora have become fused in midline through either flimsy or dense adhesions. Labial fusion has been associated with local irritation and inflammation due to hypoestrogenism. Topical estrogen treatment is usually done. If refractory to conservative management, surgery may then be required. Here we present a case of 72 years of postmenopausal woman, parity one normal vaginal delivery, postmenopausal 30 yrs back, not sexually active for past 42 years, admitted with the complaints of thin stream of urine and incomplete evacuation of urine for past 2 years. Patient required surgical excision of fused labial fold to relieve the symptoms.

INTRODUCTION:

Labial adhesion (also called as labial agglutination and synechia vulvae) is defined as complete or partial fusion of labia minora or majora in the midline through flimsy or dense adhesions. It is a benign genital disorder which is most commonly described in prepubertal girls (0.6-5% incidence) with peak incidence of upto 3% in second year of life and less often reported in postmenopausal women. Labial fusion can be caused by chronic inflammation due to poor hygiene, eczema, recurrent urinary tract infection, trauma to the genitalia, lack of sexual activity, lichen sclerosus or lichen planus, seborrheic dermatitis. Severe labial adhesion leave a small pinhole through which urine can escape and vagina fills with urine causing urocolpos and dribbling. These can predispose to ascending infections.

CASE REPORT:

A 72 years old postmenopausal woman, parity one normal vaginal delivery , not sexually active for past 42 years, attained menopause 30 yrs back was admitted with complaints of thin stream of urine and incomplete evacuation of urine for past 2 years. She denied history of burning micturition, stress urinary incontinence, mass descending per vagina, vaginal discharge or bleeding per vagina. Her physical examination was normal with stable vitals. Past medical history was insignificant. Per abdominal examination was unremarkable. On per vaginal examination, there was evidence of complete fusion of labia minora from clitoris to the posterior fourchette with pinhole opening at anterior 1/3rd of introitus through which she was voiding. Urethral orifice was not visible. A tiny hole opening between clitoris and anus .On per rectal examination, a patent vaginal canal was palpated. Sparse pubic hair appeared to be consistent with her post menopausal status. External genitalia showed cutaneous signs of lichen sclerosus. A provisional diagnosis of complete labial fusion was made. Investigation showed normal renal profile. Ultrasonography of abdomen and pelvis was unremarkable. Surgical intervention done under spinal anaesthesia. Digital separation of labia minora done through tiny hole opening. A curved artery used to separate remaining portion of vagina. Urethra was visualised and catheterised with foley’s catheter. Skin edges were sutured to the vaginal epithelium. Urinary catheter removed after 24 hrs. Patient recovered well post operatively and was discharged. Patient was able to pass urine without any complaints. She was advised local application of estrogen cream into the vagina to prevent reformation of adhesions. On follow up examination, patient has been able to maintain an open introitus and normal urine flow.

DISCUSSION:

Labial adhesion typically seen in young girls and at any age prior to puberty. Fusion may be partial or complete. Fusion usually starts at posterior fourchette and progresses towards the clitoris. Labial



PREOPERATIVELY



POSTOPERATIVELY

BIBLIOGRAPHY:

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- 3. Singh P,et al. Labial adhesions in postmenopausal women: Presentation and Management.IntUrogynecol J. 2019.
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adhesions are usually the result of local inflammation and chronic irritation due to hypo estrogenised vulval tissue at this age. In hypoestrogenism, suppression of keratinisation happens in vaginal mucosa, thus becoming susceptible to inflammation. Furthermore, the production of glycogen, a nutrient source for doderlein bacillus related to intravaginal self cleaning action is reduced. Patient is usually asymptomatic or present with urinary or vulval symptoms. However postmenopausal women can experience significant symptoms including urocolpos, inability to void, infections and interfere with sexual activity.

Management in mild cases (superficial flimsy adhesions) includes the application of topical estrogen with or without topical steroids and gentle massage. If not responding to topical therapy, surgical separation under anaesthesia should be performed. Postoperative estrogen cream should help to prevent recurrences and repeat surgery. Recurrence is often a problem in the treatment of labial adhesions and its recurrence rate is 14%-20%.

CONCLUSION:

Postmenopausal labial fusion is a very rare condition. Very few cases have been documented in literature till now. So most of the treatment were based on the own experience of operating surgeon. However, this condition should be properly evaluated to rule out the underlying causes and can be managed with surgical separation under anaesthesia and proper postoperative care.

மழை

வானமென்னும் கோட்டை தன் வாயிலை
திறந்து
இடியும் மின்னலுமாய் பரிவாரங்கள்
முழங்க
தோழிகள் புடைசூழ வந்தாள்
மேகமெனும் மகாராணி!
மழையெனும் பொன்னினை வாரி வாரி
இரைகின்றாள்!
அது மண்ணை அடைந்து அருவியாய்
வழிந்து
ஓடைதனில் ஓடி நதியாய் பாய்ந்து
அணைகளில் தஞ்சம் புகுந்து
மடைகள் திறக்கையில் கழனியை
அடைந்து
பயிர்கள் செழிக்க ஓடி
குடிகளின் குடிசையில் பானையை
அடைந்து
உயிர் ஊட்டிய களிப்பில்
தன் கடமை முடிந்ததால் கடலினில்
கலந்து
காத்திருக்கிறது மறுபடியும்
பிறப்பதற்கு ...

V. Radhika
Ranga Hospital



RECENT EVENTS

EMOCK – PG refresher
Date: 8th to 10th Nov 2019 (8am to 5pm)
Venue: PSG IMSR Auditorium

- In co-ordination with COGS, PSG IMSR Conducted an annual CME program for postgraduates in Obstetrics & gynaecology – EMOCK.
- It is a forum committed to postgraduate learning.
- The aim is equip them with the knowledge and skills to face the culmination of their three years of handwork with success and confidence.



CME on “Fetal Growth Registration”
Venue: Radison Blu
Date: 28th Nov 2019 (2 to 4 pm)

- Dr Pratheeba talked about the point of care, test for predicting pre-eclampsia
- This was followed by a talk by Dr Suresh on Fetal growth restriction. He dissected and simplified in a way for all to understand how to identify growth restricted baby.

Interesting cases were discussed by Dr Maheswari and Dr Gowri Lakshmi.





CME on Progesterone – The good hormone

Date: 28th Dec 2019 (2 to 4 pm)

Venue: Grand Regent

- The meeting was conducted on the topic “Progesterone – The good hormone”.
- Dr.Kannaki Uthraraj gave a very interesting lecture on the uses of Progesterone in luteal phase. Following which there was a panel discussion on Progesterone from menarche to menopause. Dr.T.V.Chitra was the moderator & the panellist are Dr.Ramya.T, Dr.Sharadha, Dr.Thilagam Rajesh, Dr.Gayathiri, Dr.Chandrakala Magudapathy, Dr.Thilagavathy.
- The programme winded up with New Year wishes from COGS to members.



CME on Endometriosis

Date: 22nd Feb 2020 (2 to 4 pm)

Venue: #6 Hotels

- Dr Asha Rao is the Chairperson of Endometriosis Committee FOGSI 2020- 2023. In her first talk she gave an indepth analysis of medical management of endometriosis.
- Panel discussion on endometriosis was chaired by Dr PratapKumar who is a expert teacher. His Dos and Don'ts in endometriosis management was enlightening.

Core Committee meeting

Date: 28th Nov 2019 (4 to 5 pm)

Venue: Radison Blu

Date: 11th Jan 2020 (3:30 to 4:30 pm)

Venue: PSG IMSR

Members Present:

Dr.T.V.Chitra - President COGS
 Dr.Manonmani - Vice President COGS
 Dr.Reena Abraham - Secretary COGS
 Dr.Baburani - Joint Secretary COGS
 Dr.Ramya.T - Treasurer
 Dr. C.V.Kannaki - Advisory Committee
 Dr.Premalatha.K - Clinical secretary
 Dr.Sudha.S - Clinical secretary
 Dr. Chandrakala Magudapathy - Advisory Committee

- On 11th Jan 2020 at 3.30pm at PSG IMSR-OG department there was a core committee meeting where action plan for Anemia prevention among adolescent school girls and treatment was discussed.
- As per FOGSI directive March 8th 2020. International Womens day is planned to be celebrated by Cancer Screening for cervical and breast among female police women, CRPF women & their family.
- It was planned to involve all COGS volunteers in both these projects.

Dr.T.V.Chitra introduced the meeting agenda and the following issues were discussed:

- It was decided to have a meeting of core committee after every monthly CME.
- The requirement of secretary was discussed with a salary of Rs.5000/-We should have representative from COGS members of Peripheral Taluks like Pollachi, Mettupalayam & Tiruppur.
- We should conduct COGS meeting once in 6 months in the selected Peripheral Towns.
- Dr.Meenakshi Priya & Dr.Poorani devi have been sponsored from COGS (to be included as speakers) to organizing committee of YUVA FOGSI Visakapattinam for YUVA FOGSI March 2020.
- Discussed about post graduate presentations at National conference.
- We have decided to continue issuing COGS Newsletter quarterly and involve more members to contribute.
- Try to conduct atleast 2 and if possible more meetings at IMA Hall.It has been decided to choose a social project every year and involve COGS members for the welfare of the society.
- For the year 2020, the Society project title is “Detection and prevention of Anemia in Schools” has been decided.
- It has been decided to select a school at Ganapathy, Coimbatore and do a pilot study to know the practical possibilities and difficulties.

UPCOMING EVENTS

LIVE
WORKSHOP

COGS

BASIC
SURGICAL
SKILLS ON
OBSTETRICS
&
GYNAECOLOGY

Dr. V.P.Paily

BLOCK YOUR
DATES

MARCH 14, 2020
PSG IMSR
AUDITORIUM

*Registration is mandatory.



8th March

International Women’s Day

is planned to be celebrated by Screening for cervical and breast cancers among female police women, CRPF women & their family.