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From the editors desk ...

“What you do has far greater impact than what you say” – Stephen R Covey

Dear readers,

Greetings!

Welcome to third issue of IJOGR ...and world of academics... Volume, 8 Issue 3, July – September 2021



Indian journal of obstetrics and gynecological research is an attempt to give pen to researchers, academicians, and residents to give words to their thoughts....

We have tried to accommodate from research article to case study- a whole bunch of bouquet.

Here in this issue we have ...

Review and Original Research Article form all over India as well as international....

Original Research Article

Women with raised uric acid in pregnancy are interlinked with more incidence of unfavourable outcomes in pregnancy such as gestational diabetes mellitus. The study aims at testing the hypothesis that elevated uric acid in first trimester of pregnancy is associated with subsequent development of gestational diabetes.

Materials and Methods: All pregnant women less than 12 weeks were included in this study after informed consent. Blood samples were collected for serum uric acid analysis and all these patients were followed up with oral glucose tolerance test at twenty-four to twenty-eight weeks of gestation.

Increased first trimester serum uric acid as a predictor of Gestational diabetes mellitus by Irkm Sivasarupa et al from *Dept. of Obstetrics and Gynecology, Shri Sathya Sai Medical College and Research Institute, Tamil Nadu, India*

Ectopic pregnancy is a challenging and life-threatening emergency, which can cause significant maternal morbidity and mortality. The present study aims at determining the risk factors, clinical features at presentation, diagnostic tools, management modalities and outcome of ectopic pregnancies in a tertiary care teaching hospital.

Risk factors, clinical presentation and management of ectopic pregnancy in a rural tertiary care centre- An observational study by Lingampalli Naga Saketha et al form *Dept. of Obstetrics & Gynaecology, Mahatma Gandhi Medical College and Research Institute, Pondicherry, India*

Ectopic pregnancy is a serious hazard to a woman's health and requires prompt attention and early aggressive intervention. These complications are not only fatal loss but also causes significant maternal morbidity and mortality. Minimal invasive surgery is considered to be safest effective surgical solution for tubal ruptured ectopic pregnancy to reduce intra operative blood loss, analgesic requirements and hospital stay.

A retrospective study of ruptured tubal ectopic pregnancy managed by open and minimal invasive surgery by Abhipsa Mishra et al from *Dept. of Obstetrics and Gynaecology and Dept. of Research and Development, Kalinga Institute of Medical Science (KIMS), Bhubaneswar, Odisha, India*

The importance of insulin resistance, compensatory hyperinsulinemia, and its effects, many of which have adverse effects on both the metabolic and reproductive organs. Treatment options for insulin resistance/hyperinsulinemia include lifestyle changes, exercise, weight loss, and or the use of thiazolidinediones (TZDs) or metformin. Weight loss measures are essential to the treatment of this condition. Lifestyle, exercise, and dietary changes, weight loss has been shown to reduce hyperandrogenism, increase ovulation and pregnancy rates, and improve immune conflict. Numerous studies have suggested that metformin plays an important role in the treatment of PCOS including restoring ovulation, weight loss, reducing androgen cycle levels, reducing the risk of miscarriage, and reducing the risk of gestational diabetes (GDM).

PCOS patients may develop severe dyslipidemia, such as increased LDL-C and TG levels and decreased HDL-C levels associated with hyperandrogenism, IR, and chronic inflammation. Therefore, statins are widely used in the treatment of PCOS patients to reduce inflammation, oxidative stress, hyperandrogenemia, and other metabolic disorders. Statins have been reported to block HMG-CoA inhibiting mevalonate synthesis, which is a necessary substrate for cholesterol production and can be used to synthesize other important lipid links, therefore, statins can improve lipid status and hyperandrogenism.

A clinic biochemical study of status of fasting serum insulin and lipid profile in PSOS patients and to determine correlation between BMI and HOMA index in PSOS patients by Manisha Gupta et al from *Dept. of Obstetrics and Gynaecology, MGM Medical College and MY Hospital, Indore, Madhya Pradesh, India*

Genetic factors contribute 15% of all causes of Male infertility. Y chromosome microdeletion is second most common genetic cause of male infertility. Screening is important for Yq microdeletion as the defect can be transferred to offspring. Aim of our study is to detect the frequency of the Y chromosome microdeletion in Idiopathic infertile men using both EAA and Non EAA markers in central region of India. Forty men from infertility clinic, seeking treatment of infertility were recruited in the study as case. Thirty normal fertile men of same origin were recruited as control. Semen analysis was done and cytogenetic normal infertile men were included in the study. Simplex and multiplex PCR methods were used detect Yq microdeletions. Frequency of deletion was 11/40 (27.5%). Single deletion of AZF a,b,c were 12.5%, 7.5%, 2.5% respectively (Figure 1). Double deletions of AZF a+c, b+c were 2.5% in each (Figure 2). Two subjects showed deletion for more than one loci. Overall frequency of deletion depends on sample size, no of markers used, inclusion criteria of subjects and geographic location. So, the screening is important for Yq microdeletion as the defect can be inherited to offspring

Observational study of Y chromosome microdeletion, EAA markers and non EAA markers in Chattishgarh By Manisha B Sinha et al form *Dept. of Anatomy, Dept. of Biochemistry, Dept. of Obstetrics and Gynecology, All India Institute of Medical Sciences, Raipur, Chhattisgarh, India and Dept. of Neurology, NH MMI Superspeciality Hospital, Raipur, Chhattisgarh, India*

Asymptomatic bacteriuria is defined as bacteriuria where colony count of same species is more than 10^5 colonies/ml of urine in a clean catch midstream urine sample in an asymptomatic women". This if left untreated in pregnancy, may progress to pyelonephritis. Due to the physiological and anatomical changes in the genitourinary tract during pregnancy, urinary tract infection is more common in pregnant women. Our aim was to study the effect of asymptomatic bacteriuria on pregnancy outcome and to find the most common organism responsible for asymptomatic bacteriuria in pregnant women.

Asymptomatic bacteriuria in South Indian pregnant women and treatment effect on outcome of pregnancy by Nalam Neelima et al from *Dept. of Obstetrics and Gynaecology and ²Dept. of Microbiology, Shri Sathya Sai Medical College and Research Institute, Ammapettai, Tamil Nadu, India*

The umbilical cord is very important for the well-being and survival of the fetus, however this is susceptible to compressions, kinking, traction and torsion which may influence the perinatal outcome and an abnormal umbilical coiling index has been related to adverse fetal and pregnancy outcomes.

Umbilical cord coiling index as a marker of perinatal outcome by Pragati Jain et al from Dept. of Obstetrics and Gynecology, Lady Hardinge Medical College, New Delhi, India, Dept. of Obstetrics and Gynecology, Fortis Hospital, New Delhi, India and Dept. of Obstetrics and Gynecology, Jaipur Golden Hospital, Rohini, New Delhi, India

Premature rupture of membrane is associated with a high risk of maternal morbidity and mortality. It is characterized by spontaneous rupture of chorioamnion before the onset of uterine contractions which leads to progressive cervical dilatation. It occurs in approximately 8% of all pregnancies.

In developing countries, the incidence of premature rupture of membrane is about 18-20%. Maternal morbidities are found in terms of chorioamnionitis which leads to endometritis, puerperal pyrexia, wound infection and placental abruption. Further, consequences may increase due to obstetric interventions in terms of instrumental deliveries and caesarean sections. It may be a result of fetal distress, dry labor or incoordinate uterine actions. Neonatal morbidities are mainly due to infection. Umbilical cord compression and cord prolapse may occur in PROM.

Maternal and fetal outcome in premature rupture of membrane by Ankita Kasliwal et al from Dept. of Obstetrics and Gynecology, SMS Medical College, Jaipur, Rajasthan, India and Dept. of Obstetrics and Gynecology, Santokba Durlabhji Memorial Hospital, Jaipur, Rajasthan, India

In order for induction to be successful, it should result in labour with adequate uterine contraction and progressive dilatation of cervix with the outcome of a vaginal delivery with minimal risk to both mother and foetus. Primary outcome of the current study was to compare various modalities of Induction of Labour, alone or in combination & to evaluate the different outcomes of mother and baby.

Various modalities of induction of labour and its fetomaternal outcomes: An observational study by Prachi Sharda from Dept. of Obstetrics & Gynecology, Institute of Medical Sciences, BHU, Varanasi, Uttar Pradesh, India

Pregnancy induced Hypertension (PIH) is strongly associated with intrauterine fetal growth restriction (IUGR), low birth weight (LBW) and admission to NICU. PIH is not by itself an indication for caesarean delivery. However, the incidence of caesarean is high because of the development of complications in mother and the need to deliver prematurely.

Comparative study of early neonatal outcome in low birth weight babies in hypertensive disorders complicating pregnancies with the mode of delivery Sivajyothi Pilli et al from Dept. of Obstetrics and Gynaecology, Mamata Medical College & General Hospital, Khammam, Telangana, India

Spontaneous abortion is unintentional pregnancy loss before 20 weeks of gestation. This study was done to find out the association between one spontaneous pregnancy loss and adverse pregnancy outcomes in the subsequent pregnancy and to compare these pregnancy outcomes in patients with prior one full term normal delivery.

Comparative study of obstetric outcome in women with one previous spontaneous miscarriage versus women with one previous normal delivery by Pallavi R Gangatkar et al from Dept. of Obstetrics and Gynaecology, Bangalore Medical College and Research Institute, Bangalore, Karnataka, India, Dept. of Obstetrics and Gynaecology, Kamineni Institute of Medical Sciences, Sullia, Telangana, India and Dept. of Obstetrics and Gynaecology, K.V.G Medical College and Hospital, Sullia, Telangana, India.

Maternal body mass index during pregnancy is one of the important parameter which gives us the clue regarding maternal complications and fetal outcome. Routine weight measurement of pregnant women has now become accepted as one of the important tools of prenatal care in modern obstetrics, the importance of which was first enlightened by Gasser in 1962. The women are weighed at their first antenatal visit to note the booking weight and height of the patient which is taken to calculate BMI.

Effect of body mass index on fetal outcome in pregnancy by Rachna Chaudhary et al from Dept. of Obstetrics and Gynaecology, Lala Lajpat Rai Medical College, Meerut, Uttar Pradesh, India.

Fetal movement counting may assist clinicians to intervene at the right time and improve perinatal outcomes, but may sometimes cause unnecessary interventions. A recent Cochrane review in 2015 concludes that there is insufficient evidence to influence practice. This prospective observational study was conducted to evaluate pregnancy outcomes of 103 pregnant women presenting with primary complaints of reduced fetal movements to our Institute.

Pregnancy outcomes in women presenting with single versus multiple episodes of reduced fetal movements: A prospective observational study Prudvi Rani Podili et al from Dept. of Obstetrics & Gynaecology, Mahatma Gandhi Medical College & Research Institute, Pondicherry, India.

Spinal anaesthesia (SP) is considered the safest and widely accepted form of anaesthesia in Obstetric and Gynaecological surgical practice. Although, this technique is known as safer, but reported to have increased incidences of post dural puncture headache (PDPH). First described by August Bier in 1898 and classically presents as a postural headache following therapeutic or diagnostic interventions of the epidural or spinal space. According to the International Headache Society, the criteria for a low cerebrospinal fluid (CSF) pressure PDPH includes headache that develops <7 days after a spinal puncture, occurs or worsens <15 minutes after assuming the upright position and improves after <30 minutes in the recumbent position. The accompanying symptoms are usually nausea, vomiting, and neck stiffness. The incidence of PDPH is estimated to be between 30-50% following diagnostic or therapeutic lumbar puncture, 0-5% following spinal anaesthesia and up to 81% following accidental dural puncture during epidural insertion in pregnant woman.

Influence of demographic profiles and spinal anaesthesia procedures on patients with treated and untreated coffee related to post dural puncture headache pain score by Jyotsana et al from Dept. of Obstetrics and Gynecology, Command Hospital, Panchkula, Haryana, India and Command Hospital, Lucknow, Uttar Pradesh, India
Anaemia in pregnancy is a public health problem in developing countries.

An observational study of anaemic pregnant women was carried out at the Department of Obstetrics and Gynecology from 1st December 2015 to 30th may 2017, to determine the effects of maternal anaemia on the newborn babies according to the severity of anaemia.

Maternal anaemia and neonatal outcome: An observational study on rural pregnant women by Monika Aggarwal et al from Dept. of Obstetrics and Gynecology, Lady Harding Medical College, Delhi, India And Dept. of Obstetrics and Gynecology, D. Gardi Medical College, Ujjain, Madhya Pradesh, India

Advanced maternal age (AMA) is defined as childbearing in a woman over 35 years of age and is a growing trend in high income countries. In many contemporary studies, the cut-off for AMA has been changed to the age of 40. 1-3 The trend of pregnancy occurring in mothers of advanced age is most commonly due to older primi gravid women who delay childbearing by lifestyle choice or due to underlying subfertility, but also includes multiparous women continuing childbearing. This is also due to advancements in assisted reproductive technologies.

Pregnancy outcome of advanced maternal age in a tertiary care centre, North Kerala by Suneela M S from Dept. of Obstetrics and Gynaecology, Government Medical College, Kozhikode, Kerala, India.

Fetal compromise as a major contributor to neonatal morbidity is of great concern for obstetricians. Antenatal risk assessment profiles are often insufficient in picking up these cases and hence need to be improved. Antenatal Umbilical cord Coiling Index (AUCI) is one such potential predictor which helps in identifying pregnant women who need close antepartum and intrapartum monitoring. It is determined by ultrasonogram antenatally and noted to be fixed throughout the pregnancy. This study aims at determining the association between AUCI and pregnancy outcome.

Antenatal umbilical cord coiling index as a predictor of pregnancy outcome by Takkellapati Aanandini et al from Dept. of Obstetrics and Gynecology, Mahatma Gandhi Medical College and Research Institute, Pondicherry, India.

Post-partum family planning aims to prevent an intended pregnancy within the first year postpartum. Closely spaced pregnancy within the first year of PP is associated with higher risk of preterm birth, low birth weight or small for gestational age. However, the perceived uptakes of postpartum contraceptives is very low. The intention of this study was determine uptakes and associated factors of postpartum family planning in southern Ethiopia.

Uptakes and associated factors of postpartum family planning in southern Ethiopia: A cross sectional study Sintayehu Assefa et al from Dept. of Midwifery, Hawassa Health Science College, Hawassa, Ethiopia and Dept. of Midwifery, Hawassa University, College of Medicine and Health Science, Hawassa, Ethiopia.

We have case reports are.....

1. A rare case of intestinal obstruction in pregnancy by Somya Saxena et al from Dept. of Obstetrics & Gynaecology, Motilal Nehru Medical College, Prayagraj, Uttar Pradesh, India
2. Misplaced IUCD by M. P Kinker et al from Dept. of Gynecology and Obstetrics, Kinker Laparoscopy & IVF Centre, Kota, Rajasthan, India
3. A rare case of uterine leiomyosarcoma: A case report by Bhuvana Preethi et al from Dept. of Obstetrics and Gynecology, Vijaya Hospital, Chennai, Tamil Nadu, India
4. Acardia anceps- A case report by Sarasjothi et al from Dept. of Obstetrics and Gynecology, Vilasrao Deshmukh Government Medical Institute of Sciences, Latur, Maharashtra, India
5. An ovarian mucinous cystadenoma, presenting with umbilical herniation by Aparna Khan Mandal et al From Dept. of Obstetrics and Gynecology and Dept. of Surgery, R G Kar Medical College and Hospital, Kolkata, West Bengal, India
6. Cesarean myomectomy: A lesson learnt by Monika Anant et al From Dept. of Obstetrics and Gynecology, All India Institute of Medical Sciences, Patna, Bihar, India
7. Ovarian teratomas in bimodal age groups- Case report by Shweta Bhatia et al from Dept. of Obstetrics and Gynecology and Dept. of Pathology, Kasturba Medical College, Mangalore, Karnataka, India
8. Pregnancy with double outlet right ventricle in university Airlangga hospital by Surabaya et al from Dept. of Obstetrics and Gynecology, Airlangga University, Jawa Timur, Indonesia
9. Predicting malignancy in dermoid cyst: A case report and literature review by Navkiran Kaur et al from Dept. of Obstetrics & Gynecology, Government Medical College & Hospital, Chandigarh, India
10. Glassy cell carcinoma of cervix: A case report by Agya Shrestha et al from Dept. of Pathology and Dept. of Obstetrics and Gynecology, Nepal Police Hospital, Maharajgunj, Kathmandu, Nepal
11. Ovarian cyst mimicking acute appendicitis in pregnancy: A case report by Supriya et al form Dept. of General Surgery, Dr. Rajendra Prasad Government Medical College, Kangra, Himachal Pradesh, India, Dept. of General Surgery, and Dept. of Paediatrics, Indira Gandhi Medical College & Hospital, Shimla, Himachal Pradesh, India
12. Syphilis in pregnancy: The menace continues to haunt by Manisha Jhirwal et al from Dept. of Obstetrics & Gynecology and Dept. of Pathology, All India Institute of Medical Sciences(AIIMS), Jodhpur, Rajasthan, India

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Individually we achieve, together we excel...

Regards

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