E-ABSTRACT BOOK

68th All India Congress of Obstetrics & Gynaecology

aicog Delhi 2026

Advocate Innovate Challenge Optimise Globalise

Conference Theme

68th AICOG 2026 DELHI

All India Congress of Obstetrics & Gynaecology

Inspire, Include, Invent: Improving Women's Health in India

Conference Dates :
14th - 18th January, 2026

Venue :
Yashobhoomi, Dwarka (India International Convention & Expo Centre) New Delhi



www.aicog2026.com

AICOG 2026

WELCOME

Dil Ki Dilli

Namaste and Warm Greetings from the Heart of India - Delhi!

*Welcome to **AICOG 2026** - The **68th All India Congress of Obstetrics & Gynaecology**!*

Namaste and Warm Greetings from the heart of India - Delhi!

*It is with immense pride and excitement that we invite you to AICOG 2026, a grand convergence of brilliance in Obstetrics and Gynaecology from **14th to 18th January, 2026** at **Yashobhoomi Convention Centre, Dwarka, New Delhi**, for an unforgettable journey of a lifetime.*

Delhi - Where Heritage Meets Modernity, a city of timeless charm and modern marvels, sets the perfect stage for this prestigious congress. A stroll through the streets is a witness to the mesmerizing fusion of history and progress. From the iconic Qutub Minar, the architectural splendour of the Lotus Temple and Akshardham Temple to the bustling lanes of Chandni Chowk and the grandeur of India Gate, Delhi offers an experience like no other. Here, history comes alive with the majestic Red Fort, serene Humayun's Tomb and several other landmarks.

Delhi provides seamless connectivity and unmatched convenience. Indira Gandhi International Airport connects the city to all major destinations in India and across the globe, making travel effortless. With its extensive metro network and excellent road infrastructure, navigating the city is a breeze for everyone.

Delhi's warmth and hospitality are legendary. Indulge in a culinary journey through Delhi's vibrant food scene, where every meal is a celebration of flavors, from tantalizing street food to exquisite fine dining.

***AICOG 2026** is set to be a transformative event, which aims to Advocate, Optimise and Globalise women's health by overcoming Challenges and bringing together the brightest minds to explore Innovations and cutting-edge advancements in Obstetrics and Gynaecology.*

Under the inspiring theme: "Inspire, Include, Invent: Improving Women's Health in India," the congress will feature stimulating scientific sessions, hands-on workshops, and vibrant discussions to spark new ideas and collaborations.

*Beyond the congress, immerse yourself in Delhi's rich history, vibrant culture and unmatched legacy. Join us to make **AICOG 2026**, a magnificent success and a cherished memory.*

We eagerly await your presence in Dil Ki Dilli – where every moment is an inspiration and every interaction a celebration.

Looking forward to seeing you all !

Warm regards,
The Organising Committee
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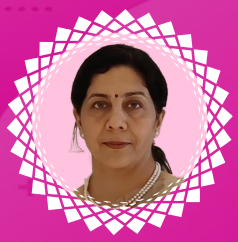


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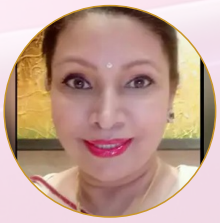
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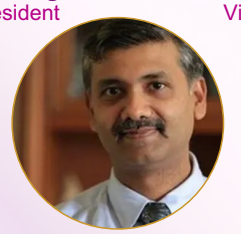
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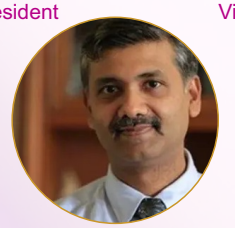
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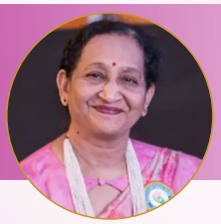


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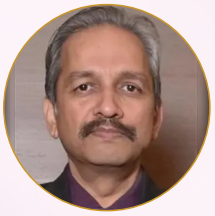
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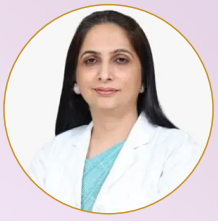

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January 8, 2026

Message

It is a pleasure to convey my warm greetings to the organizers and delegates of AICOG 2026. The All India Congress of Obstetrics and Gynaecology has, over the years, played a pivotal role in advancing maternal and women's health through academic excellence, innovation, and evidence-based practice.

India's progress in reducing maternal mortality and improving reproductive health indicators has been strengthened by the commitment and expertise of obstetricians and gynaecologists across the country. Platforms such as AICOG are vital for knowledge exchange, capacity building, and aligning clinical practice with national health priorities and global best practices.

I commend the organizing committee for their efforts in bringing together experts, practitioners, and young professionals for meaningful academic deliberations. I am confident that the discussions and insights emerging from this congress will further strengthen healthcare delivery and contribute to improved outcomes for women and newborns in India.

I wish AICOG 2026 every success and hope it proves to be a stimulating and enriching experience for all participants.

(Vinod Paul)
MD PhD, FAMS, FNASc, FASc, FNA
Former Professor and
Head, Department of Pediatrics
All India Institute of Medical Sciences

Message from **Dr Pawan Kumar** ADC

Dr. Pawan Kumar
MBBS, MD, DNB, MBA
Additional Commissioner, Incharge (MH & Immunization)

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GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
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Message

It gives me great pleasure to extend my heartfelt congratulations to the Federation of Obstetric and Gynaecological Societies of India (FOGSI) and the Organising Committee for convening All India Congress of Obstetricians and Gynecologists (AICOG) 2026, one of the most important national scientific platforms in the field of obstetrics and gynaecology.

AICOG has consistently contributed to advancing clinical excellence, professional learning, respectful maternity care, and the adaptation of evidence-based practices across the country. FOGSI, through its extensive professional network and strong technical leadership, has played a significant role in supporting the Government of India's visionary initiative, *Surakshit Matritva Aashwasan (SUMAN)*, which aims to achieve zero preventable maternal and newborn deaths and ensure assured, high-quality maternal and newborn care services nationwide.

India has made notable progress in reducing the Maternal Mortality Ratio (MMR) through improved access and coverage of maternal and newborn care services, which has been acknowledged on global platforms. The current phase of health sector reforms is focused on strengthening assured, dignified, respectful, and quality healthcare delivery.

The scientific deliberations at AICOG 2026 provide a valuable opportunity to reinforce national commitments towards zero preventable maternal mortality and improving maternal and newborn health outcomes. I commend FOGSI for its continued dedication and leadership in this vital area and wish AICOG 2026 every success.

Date: 01.01.2026

(Dr Pawan Kumar)

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Message from
Dr Bhaskar Pal
President FOGSI, 2026



It gives me immense pleasure to write this message for the souvenir to be published on the occasion of the 68 th All India Congress of Obstetrics & Gynaecology, the annual national conference of FOGSI, to be held at New Delhi on January 14-18, 2026. AICOG is the most important and the flagship event in the annual calendar of FOGSI, and after eighteen long years it is back in the national capital. It is an AICOG of particular importance to me, as I will be installed as the 63 rd President of FOGSI. I consider myself fortunate to be installed in the capital of India.

FOGSI is a federation of 292 constituent societies with over 46000 members serving women over a diverse geography and economics. Hence the challenges faced by our members is varied and we try our best to rise to these challenges. I take this opportunity to applaud our members for the superlative work they do to make women's lives better, which reflects in the various indicators especially the steady decline in MMR.

The souvenir is a keepsake of a conference which will soon be forgotten; the souvenir serves as a memoir of the hard work of the organizers in managing this mammoth event. I have had the opportunity to engage with the organizing team closely over the past one year, and congratulate each and every member of the team on a job well done. Selection of a great convention centre, well planned scientific agenda encompassing clinical and public health areas, wide choice of workshops, enjoyable cultural evenings and warm hospitality in the backdrop of the cold weather. While I eagerly look forward to this event, I hope the fog does not create major disruption to the travel plans of the thousands of participants.

I hope the knowledge sharing in this congress will contribute to more improvements in the health of women in our country; I am sure the participants will have a memorable and enjoyable meeting. The souvenir will remain in collection to remind us of this extraordinary congress.

Well done Publication Team of AICOG 2026.

Yours in FOGSI

Dr Bhaskar Pal
President FOGSI, 2026

Message from
Dr Sunita Tandulwadkar
President FOGSI, 2025



“Every conference is a classroom - and every colleague, a teacher.”

As President of FOGSI, it is my privilege to welcome you to **AICOG 2026, Delhi (14–18 January 2026, Yashobhoomi, Dwarka)** - a landmark academic gathering built around the theme **“Inspire, Include, Invent: Improving Women’s Health in India.”**

In a rapidly evolving speciality, conferences are not optional add-ons - they are where we update evidence, refine skills, and align practice with what is safest and best for women and newborns. AICOG offers the ideal space to learn from masters, participate in hands-on workshops, debate new research, and carry home practical points that improve outcomes in everyday clinical work. It is also where mentorship begins, collaborations grow, and young FOGSIANs find direction and confidence.

My warm congratulations and best wishes to the Delhi team - Organising Chairperson Dr Ashok Kumar; Organising Secretaries Dr K Aparna Sharma and Dr Madhavi M Gupta; and Scientific Chairperson Dr Neerja Bhatla - for shaping this prestigious congress.

“Let us learn, innovate, and return to our patients with better science and deeper purpose.”

Warm regards

Dr Sunita Tandulwadkar
President, FOGSI 2025

Message from
Dr Suvarna Khadilkar
Secretary General, FOGSI



It is my great pleasure to welcome you to the **68th All India Congress of Obstetrics & Gynaecology (AICOG 2026)**, which will take place at the **Yashobhoomi Convention Centre, Dwarka, New Delhi**, from January **14–18, 2026.** AICOG is the biggest and most important event of FOGSI, bringing together more than **10,000 delegates** from across India. It is a wonderful opportunity to learn, exchange ideas, meet colleagues, and build bonds of friendship and teamwork.

This year's theme is: **"Inspire, Include, and Invent – Improving Women's Health in India."** This conference is not just an academic gathering—it is a celebration of our **FOGSI family of 47,000-members,** where we learn together, grow together, and enjoy moments of connection and joy. It also hosts many international experts & dignitaries an opportunity for us to learn advances in the field.

We are delighted to host this congress in **New Delhi**, a city known through time as **Indraprastha, Shahjahanabad, and Dilli** - a place rich with history, culture, and timeless monuments. Delegates will also have the chance to explore **Red Fort, India Gate, Qutub Minar and other iconic sites.**

Our host society, **AOGD – The Association of Obstetricians & Gynaecologists of Delhi**, is working tirelessly to make this event truly special. Under the leadership of **Prof. Ashok Kumar**, Organising Chairperson, **Dr. K. Aparna Sharma & Dr. Madhavi Gupta** our Organising Secretaries with guidance from **Prof. Alka Kriplani** Scientific Advisor and **Prof. Neerja Bhatla**, Scientific Chairperson. We look forward to great scientific deliberations. Alongside academics, the cultural evenings, social events, and Delhi's unique hospitality will make this congress unforgettable.

After successfully hosting AICOG 2025 in Mumbai as the President of MOGS and Vice Chair of the Organising Committee, I now look forward to another successful AICOG in Delhi in 2026. I was installed as Secretary General in Mumbai in 2025, and Delhi will mark the beginning of my second year in this role.

AICOG marks the beginning of the new FOGSI Year under leadership of new President and his team, making this gathering especially meaningful. I look forward to meeting many of you personally and sharing this milestone together.

Let us all join hands to make **AICOG 2026** a grand success. When FOGSIANS come together, we strengthen the future of women's health.

Long Live FOGSI!

Dr Suvarna Khadilkar
Secretary General, FOGSI

Message from
Dr Madhuri Patel
President FOGSI, 2027



Dear FOGSIans,

It is with immense Pride I pen this message on the occasion of the 68th All India Congress of Obstetric and Gynecology, organised by the Association of Obstetric and Gynaecology of Delhi, scheduled from 14th to 18th January 2026.

The theme of the conference "Inspire, Include, Invent: Improving Women's Health in India" is very apt for this mega event.

The stimulating scientific sessions, hands on workshops and vibrant discussions are very carefully curated by the organising team. The panel of expert faculty will discuss the latest research findings and its practical usage to change the outcome of women's health in upward trend.

Let us reaffirm our commitment to the well-being of both the current and future generation of women.

I sincerely congratulate Dr. Bhaskar Pal, President FOGSI, Prof. Suvarna Khadilkar, Secretary General, FOGSI, Professor Ashok Kumar, Organising Chairperson, Professor Alka Kriplani, Scientific Advisor, Professor Neerja Bhatla, Scientific Chairperson and all the members of the organising committee of the AOGD family for accomplishing the task of organising this mega conference.

I am sure, all the faculty and delegates will enjoy and appreciate the scientific deliberations, culinary delights and warm hospitality of Delhi.

Warm and personal regards.

Dr. Madhuri Patel
President, FOGSI 2027
Secretary General, FOGSI June 2021 - 2024
Editor in Chief, JOGI 2024

Message from
Dr Jaydeep Tank
President FOGSI, 2024



My dear fellow FOGSIAN's

It is my pleasure and privilege to write this message and welcome you to what promises to be an exciting, stimulating, informative and one of the largest AICOG's of our time.

The AICOG is the showpiece event of the FOGSI calendar and is a window into FOGSI's efforts towards achieving optimum women's health. It is an opportunity for our partners and colleagues from all over the word to come together and share their expertise and forge new paths to newer and healthier destinations.

I am very grateful to all the efforts of the Association of Obstetricians and Gynaecologists of Delhi, the Organising Chair Dr Ashok Kumar, the Organising Secretaries Dr K Aparna Sharma and Dr Madhavi Gupta, Scientific Chairperson Dr Neerja Bhatla, Scientific Advisor Dr Alka Kriplani, all the advisors Dr Kamal Buckshee, Dr Neera Agarwal, Dr Reva Tripathi, Dr Malvika Sabharwal, Dr Sudha Prasad, Organising Joint Secretaries Dr Arpita De, Dr Chanchal Singh, Dr Neha Pruthi Tandaon, Dr Nidhi Khera, Dr Niharika Dhiman, Dr Reema Bhatt, Dr Satinder Kaur, Dr Sharda part, Dr Sonal Prasad, Dr Shruthi Bhaskaran and Treasurers Dr Kamna Datta and Dr Neha Mishra and the entire organising committee and AOGD led by the President Dr Reena Yadav and Secretary Dr Ratna Biswas for their stellar efforts to put this conference together.

Congratulations are also due to President Dr Sunita Tandulwadkar for a fantastic tenure and Dr Suvarna Khadilkar for successfully managing the administrative responsibilities of the Federation, all the Vice Presidents and administrative officers and the team from the Journal, the Indian College and the Committee Chairs. I am delighted to welcome the incoming team led by Dr Bhaskar Pal and am sure that the coming year will see FOGSI ascend to even greater heights.

FOGSI has an onerous responsibility and we have never shirked from fulfilling it. This AICOG and the ideas that emerge from it will help us in achieving our goal of a healthy life for the women of our country,

Welcome to Delhi and I look forward to seeing all of you there.

Dr. Jaydeep Tank
Past President FOGSI
(2024 - 25)

Message from
Dr Hrishikesh Pai
President FOGSI, 2022-23



Dear Colleagues,

It gives me immense pleasure to convey my warm greetings to the Organising Committee and all delegates of AICOG 2026, Delhi. The All India Congress of Obstetrics and Gynaecology has always been a platform that reflects the strength, unity, and progressive vision of our fraternity. As we stand at a pivotal time in women's healthcare, AICOG 2026 comes with an important responsibility - to embrace scientific advancements while remaining deeply rooted in ethical practice, compassion, and patient-centric care.

Rapid developments in reproductive medicine, digital health, artificial intelligence, and evidence-based clinical protocols are transforming the way we practice obstetrics and gynaecology. Conferences such as AICOG play a vital role in bridging knowledge, encouraging dialogue, and nurturing the next generation of clinicians and leaders.

I commend Dr. Alka Kriplani, Dr. Ashok Kumar, Dr. Neerja Bhatla, Dr. Aparna Sharma, Dr. Madhavi Gupta and the entire Organising Committee for their dedication and vision in curating a scientific programme that inspires learning, collaboration, and innovation. I am confident that AICOG 2026 will leave a lasting impact on every participant and further strengthen our commitment towards improving women's health across India and beyond.

I congratulate the outgoing President, Dr. Sunita Tandulwadkar, for her exemplary leadership and outstanding contributions, and warmly welcome the incoming President, Dr. Bhaskar Pal, under whose guidance I am confident FOGSI will scale even greater heights.

I wish the Congress every success and extend my best wishes to all delegates for a fulfilling and enriching academic experience.

Warm regards,

Prof. Hrishikesh Pai
MD, FRCOG (UK-HONS), FICOG, FCPS, MSc (USA)
- CEO, World Association for Gynaecology and Obstetrics WAGO
- Prof. of Reproductive Medicine, DY Patil Medical College
- Chief Administrator, FOGSI Manyata Initiative
- Founder and MD, Bloom IVF
- Past President FOGSI/ISAR/IAGE/MOGS/MSR
- Past FIGO Trustee Asia Oceania Region
- Committee Member, Innovation Equity Forum Gates Foundation

Message from
Sir S Arulkumaran
PhD DSc FRCS FRCOG
Professor Emeritus of Obstetrics & Gynaecology



Dear Learned friends and colleagues,

Re.- 68'th All India Congress of Obstetrics & Gynaecology in New Delhi - January 2026

It is with great pleasure that I write this message for the souvenir of this important major O&G conference with the theme 'Advocate, Innovate, Challenge, Optimize and Globalise'. The annual AICOG conference is the "Kumba mela" of Obstetrics & Gynaecology in India which attracts over 10,000 senior and junior O&G colleagues, policy makers and tradesmen to come and exchange ideas. The discussions would include innovations in practice that are step changes to improve management that gives the best outcome in treatment with safety as the back bone of high-quality care. These discoveries when advocated and implemented should provide the best quality of evidence-based care. There are several pre-congress workshops that will provide the powerhouse of knowledge and practical training that should enable attendees to become trainers to teach and train that would help to sustain and replicate the evidence-based practice in the centres they come from.

The CG Saraiyah CME day and the main conference covers topics from a to z in our field. The topics are challenging and the speakers are world renowned experts in the field.
Their wisdom based on knowledge and experience would help us to learn how the evidence-based practice that applies to Mrs. Average or a standard patient, at times need to be modified due to socio-economic factors and facilities available in the health centres. Final management should be patient centred by paying respect to the wishes of the woman based on correct and appropriate information provided to them.

The extensive scientific program provides the opportunity to learn from the start to end of the conference. Topics from all subspecialty areas are covered. In addition, Professional, education & training, Medico legal, ethical and policy issues are dealt with appropriate lectures and symposia. This conference provides information on recent inventions and the influence of artificial intelligence as it applies to our field.

The social events organised at the AICOG conferences are very special – they provide an opportunity to renew old friendships and forge new friendships that would be long lasting. As for me, I have made hundreds of friends by attending the AICOG conference over the years. It has been always a pleasure to meet old friends and make new friends and jointly enjoy the cultural programs which are most enjoyable.

My best wishes for the conference to be a great success and warm regards to each one of you.

Sir S Arulkumaran
Past President of the Royal College of Obstetricians & Gynaecologists.
British Medical Association & International Federation of Obstetrics & Gynaecology

Message from
Dr Frank Louwen
President FIGO



Dear colleagues,

In challenging times, FIGO stands alongside its members, the national societies, colleges, associations and federations for obstetrics and gynaecology, to work specifically in countries for women's health, sexual health and rights, and for our healthcare workers. India has played a major role in FIGO's history with AICOG and FOGSI. Three Indian colleagues have already served as presidents, and many colleagues have served as officers, chairs and members of committees.

FIGO is currently developing the structure of our committees to become even more effective, reaching out beyond our more than 140 member countries and developing membership regulations, placing cooperation and collaboration with international organisations such as UNFPA and WHO, and with foundations, on a new footing. All this is also to support AICOG and FOGSI in taking a major step towards reducing cervical cancer, breast cancer and maternal mortality, and to stand alongside FOGSI in preventing violence against women.

I am very much looking forward to meeting hundreds of friends in Delhi.

Dr. Frank Louwen, MD, PhD
FDGGG, FRCOG, FRCPI, FICOG, MSOGC, MCNGOF, MAOGU

Message from
Prof. Kihara Anne Beatrice
President Emeritus, FIGO



AICOG 2026 Souvenir Message - Inspire, Include, Invent: Improving Women's Health in India

As we gather under the inspiring theme of Inspire, Include, Invent to advance women's health at AICOG 2026, we reaffirm our collective leadership in confronting persistent challenges across the life course of women's health - from girlhood, adolescence through reproductive years to menopause and beyond. This life course perspective is fundamental to dismantling historical gaps in women based research, care delivery, and policy that have long undermined optimal outcomes for women globally.

To truly transform women's health, we must scale and embrace digital and data-driven innovation, integrating digital health platforms, Fem-Tech solutions, and Fin-Tech models that enhance access, personalization, equity and their decision making in care. Digital technologies such as AI-enabled diagnostics, wearable health monitoring, and telemedicine are reshaping how we detect, prevent, and manage conditions across obstetrics and gynecology and with chronic diseases. Yet innovation thrives only where regulatory sandboxes and supportive research ecosystems accelerate evidence generation and ethical adoption of new technologies.

Systemic thinking is paramount: we must catalyze multidisciplinary, multisectoral collaborations and synergistic public-private partnerships that align clinical, technological, regulatory, and financing strategies into the Fem-Tech ecosystem. Our pursuit of innovations never losing sight of gender-responsiveness, health equity, and environmental sustainability, ensuring that every woman's journey is supported by accessible, fair, and resilient health systems. Through our united leadership and innovation, we can fulfil the promise of saving more lives and contributing to national development.

Prof. Kihara Anne Beatrice
President Emeritus, FIGO

Message from
Dr Ravi Chandran
President-Elect FIGO



Dear Colleagues

It is indeed an honour and privilege to be able to pen a few words in commemoration of this AICOG2026 Conference in Delhi.

For over a decade, I have had the pleasure of attending the AICOG, initially as an officer of the Asia Oceania Federation of OBGYN (AOFOG) and latterly as an officer of the International Federation of OBGYN (FIGO). Every year, the Conference seems to get bigger and better. This year is no exception, and it is obvious that the Organising Committee has pulled out all stops to ensure a memorable and rewarding experience for all delegates.

This Conference will not only cover the length and breadth of subjects that matter to our profession but will also afford us the opportunity to network and renew old friendships while forging new ones.

Although the world continues to present its challenges, it has also created opportunities to collaborate and innovate. This Conference is one such opportunity that will enable us to move forward with strength, clarity and shared purpose. Let's embrace the future with optimism and enthusiasm!

Congratulations to the AICOG2026 team and I am confident that it will be a great success!

Dr Ravi Chandran
President-Elect FIGO

Message from
Dr John Tait
President AOFOG



Thank you for inviting me to send a message congratulating the AICOG 2026 for putting together such an impressive academic programme and for encouraging important networking.

My name is John Tait and I am President of AOFOG, the Asian-Oceanic Federation of Obstetrics and Gynaecology.

AOFOG is a federation of 23 national societies including FOGSI . Using collaboration with the national societies through education and advocacy the aim is to improve the health, health outcomes,and wellness of women, mothers and babies.

We are very grateful to have an AOFOG session ,enabling us to take part in this rewarding, exciting, stimulating and educational conference. Collaboration and partnership is the way forward if we are going to improve health outcomes for women in our region,

Dr John Tait
President AOFOG

Message from
Dr Rohana Haththotua
Secretary General AOFOG



I am grateful to the Organising Committee of AICOG 2026 for kindly providing me the opportunity to convey a message to the **68th All India Congress of Obstetrics & Gynaecology (AICOG 2026)**, the annual scientific conference of the Federation of Obstetric & Gynaecological Societies of India (FOGSI), being held from **14th to 18th January 2026 at the Yashobhoomi Convention Centre, Dwarka, New Delhi.**

The AICOG Congress has, over the years, grown into a truly mammoth academic gathering, with over 10,000 delegates participating from India and across the globe. With the presence of world-renowned speakers from many countries, the congress is certain to offer an outstanding scientific programme showcasing the latest developments and innovations in obstetrics and gynaecology. I am confident that this year's congress, hosted in the capital city of New Delhi, will surpass all previous AICOG meetings in both scale and academic excellence.

I sincerely thank the Organising Chairperson, Dr. Ashok Kumar; Scientific Advisor, Dr. Alka Kriplani; Scientific Chairperson, Dr. Neerja Bhatla; and all members of the Organising Committee for graciously including an AOFOG session within the busy scientific programme.

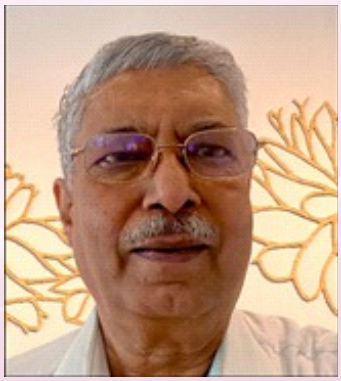
I also wish to express my appreciation to the FOGSI President, Dr. Sunita Tandulwadkar, and Secretary General, Dr. Suwarna Khadilkar, for their efforts in further strengthening the association between FOGSI and AOFOG during 2025.

I look forward to meeting colleagues and friends at AICOG 2026, and I warmly invite everyone to the AOFOG 2026 Congress, to be held in Sydney, Australia, from 12th to 15th October 2026.

With best wishes for a highly successful congress.

Dr. Rohana Haththotuwa
Secretary General
Asia & Oceania Federation of Obstetrics & Gynaecology (AOFOG)

Message from
Prof Shyam V Desai
President South Asia Federation of Ob Gyn



It gives me immense pleasure to convey my warm greetings and best wishes to the organizers and delegates of the All India Conference of Obstetricians and Gynaecologists 2026.

India has long been a leader in advancing women's health through excellence in clinical care, research, education, and innovation in obstetrics and gynaecology. This conference provides a valuable platform for sharing knowledge, strengthening professional bonds, and fostering collaboration across regions and generations of practitioners.

On behalf of the South Asian Federation of Obstetrics and Gynaecology , I commend the organizing committee for their dedication and vision in bringing together experts committed to improving maternal and women's health. I am confident that the scientific deliberations and discussions at this conference will contribute meaningfully to evidence-based practice and better outcomes for women and families across Asia and beyond.

I wish the conference every success and extend my best regards to all participants for a productive and enriching academic experience.

With warm regards,

Prof Shyam V Desai
President SAFOG

Message from
Dr Parag Beniwal
ICOG President



Greetings from Indian College of Obstetricians & Gynaecologists !

It is indeed heartening to know that the annual FOGSI conference AICOG is being organised by the Association of Obstetricians & Gynaecologists of Delhi (AOGD) from 13 -18 January 2026. AOGD is the largest society of FOGSI and has arranged excellent scientific events in the past. Indian College of Obstetricians & Gynaecologists is happy to be an academic collaborator in this academic activity which focuses on key issues of Obstetrics & Gynaecology The scientific program is extensive and covers important aspects of relevant issues related to women's health .I am sure the forthcoming conference will be immensely beneficial for our Ob Gyn colleagues.

ICOG is the academic wing of FOGSI and it was established in 1984 to promote education, training, research and spread of knowledge in the field of Obstetrics, Gynecology, Reproductive health, Family Welfare & related areas. Every year ICOG ties up with FOGSi societies to arrange 20 CME s per year.
ICOG currently is carrying out training in subspecialities like Reproductive medicine , Gynaecological endoscopy, Foetal medicine , Ultrasound , Vaginal surgeries & critical care in Obstetrics. The courses are 6 months or 1 year. ICOG has accredited a few centres to impart onsite training. There is a standard online lecture series conducted by ICOG where stalwarts in the field are taking theory classes and case presentations.

Fellowship of ICOG : The eligibility criteria for the online Fellowship is as follows:
Holding of MD/DGO or equivalent qualification for 10 years.
Membership of FOGSI for 5 years.
100 ICOG Credit Points over any 3 years OR Publication of 3 papers in any reputed Journal / Newsletter / FOGSI Focus etc in the last 10 years.
Attendance of 2 FOGSI sponsored Congresses in the last 10 years.
Faculty Certificate or Presentation of at least 2 papers at FOGSI / FIGO / AOFOG / National / State Level Congresses as 1st author in the last 10 years.

The fellowship application is now online . Younger doctors can become members of ICOG. ICOG offers travelling award to young ICOG members and visiting professorship to teachers. ICOG is also conducting online certificate courses along with many web based activities.
I sincerely appeal to delegates to join ICOG and contribute to Academics.

AICOG is an important event in the ICOG calendar where New teams are installed in a traditional convocation ceremony. We also honour some contributors to women's health by conferring them with Honorary Fellowship of ICOG along with our own Ob Gyn fraternity who fulfill the criteria to become fellow or member .The signature event of ICOG is Dr C L Jhaveri endowment symposium where speakers deliberate on the FOGSI theme subject for that year. This AICOG will witness first Dr Sunita Rajesh Tandulwadkar Sampoorna Oration which will be delivered by the outgoing Chairperson of ICOG. We in ICOG are looking forward to the forthcoming academic Extravaganza at AICOG Delhi and go back home richer in knowledge.

Dr Parag Biniwale
Chairman
ICOG 2025

Message from
Dr Sujata Dalvi
Editor-in-Chief, JOGI



As the Editor-in-Chief, of JOGI it gives me immense pleasure to pen a few words for the souvenir of AICOG. This prestigious conference is not only a celebration of academic excellence but also a reflection of our collective commitment to advancing women's health in India and beyond.

AICOG has always been a platform where knowledge meets innovation, where experience blends with youthful curiosity, and where ideas transform into meaningful practices. Each year, it brings together eminent clinicians, researchers, and academicians to share insights, debate challenges, and inspire progress in obstetrics and gynecology.

This souvenir is more than a keepsake—it is a record of our journey, our achievements, and our aspirations. It captures the spirit of collaboration and the dedication of countless individuals who work tirelessly to make this event a success.

I extend my heartfelt gratitude to the organizing committee, contributors, and participants who enrich this conference with their presence and wisdom. May this souvenir serve as a reminder of the bonds we strengthen and the milestones we achieve together.

With best wishes for a memorable and enriching AICOG!

Dr. Sujata Dalvi,
Editor-in-Chief
JOGI

Message from
Dr Kamal Buckshee
Advisor



AICOG 2026, the premier national conference of FOGSI, stands as a distinguished confluence of scientific excellence, service, and professional unity. Hosting the conference in Delhi adds special significance, positioning the nation's capital as a dynamic center for learning, innovation, and collaboration.

In an era of rapid technological advancement and evolving regulatory frameworks, AICOG provides an essential platform to reflect upon and redefine our roles as caregivers, educators, and leaders in women's health.

I commend FOGSI, Dr. Neerja Bhatla, Dr. Ashok Kumar, and the entire organizing committee, faculty, and participants for their dedication to creating an impactful academic experience. I also congratulate Dr. Sunita Tandulwadkar on her successful tenure as President, FOGSI, and extend my best wishes to Dr. Bhaskar Pal, President-Elect, FOGSI, for the year ahead.

May AICOG Delhi inspire collaboration, innovation, and a renewed commitment to compassionate and comprehensive care for women.

Best Wishes

Dr. Kamal Buckshee
Advisor, AICOG 2026

Message from
Dr Neera Agarwal
Advisor



Warm greetings and best wishes to the organisers and delegates of 68th All India Congress of Obstetrics and Gynaecology.an important academic meeting of our fraternity.

Over the years such conferences have helped Obstetrician and Gynaecologist come together to learn.share experiences and update themselves with latest developments in women's health .

This year Congress holds special significance because as our theme suggests. We endeavour to collaborate to improve women's health through inclusive and innovative means.

It is most fortunate that such an important academic event is held in Delhi- the jewel in the crown of our proud nation; a city which has nurtured every Indian resident with open arms much like every doctor in our 45'000+ strong FOGSIAN family .
I congratulate Prof Ashok Kumar the Organising Chairperson the two dynamic secretaries and other excellent team members for their sincere efforts and careful planning in putting together this conference .

I personally vouch for the hard work of every single member of the organising team.

I am confident that the scientific sessions will be informative; practical and management oriented. Cultural program are also well planned to do justice to feel happy, relaxed and enjoy .

To achieve healthy women let us inspire every delegate through collaborative learning.professional respect and shared laughter

Cheers to an enriching conference!

Prof. Neera Agarwal
Advisor, AICOG 2026

Message from
Dr Reva Tripathi
Advisor



Dear Reader,
I am honoured to write a message for the souvenir of the 68th AICOG which is being conducted in Delhi after 17 years with great effort having been put in by the core organizing team.

The annual AICOG is the flagship event of FOGSI and an event looked forward to by almost all practicing specialists, irrespective of age and seniority. It serves as an opportunity to advance academics in a relaxed atmosphere together with giving an opportunity to meet old colleagues as well as build bridges with new ones and to learn from the different strengths of each other.

This year the conference is being held at the Government of India's new mega event showpiece venue, Yashobhoomi, which is still a novelty for Delhiwallahs, not to speak of outstation visitors and I genuinely recommend you to explore this vast space – if you can!

I recall the time when I was the Organising Secretary for the Conference held way back in 1992. The conferences have undergone a sea – change since then, which is a reflection of the humungous changes in communication, technology and day to day practices over these past decades.

The other important add-on benefit of the conference is an opportunity to be exposed to newer cultures and to see different parts of this great country. Of course, most people must have been to Delhi many times before, but I am sure that this city has so much to offer that one can always be exposed to new, novel and interesting niche areas of this heritage metropolis.

I wish all the participants an interesting conference and a pleasant stay – despite the vagaries of the north Indian winter and other, par for the course, aspects of Delhi!!
Looking forward to a stimulating conference.
With best wishes,

Dr Reva Tripathi
- Senior Consultant & Head, Dept. of OBG, Sitaram Bhartia Institute of Science and Research, New Delhi -110016
- Advisor and Executive Committee member, Association of Obstetricians & Gynaecologists of Delhi (AOGD)
Formerly
- Director Prof. &; HOD OBG - Maulana Azad Medical College, New Delhi-110002
- Dean - Faculty of Medicine, Delhi University, Delhi-110007
- Prof. & HOD, Dept. of OBG - Hamdard Institute of Medical Sciences and Research, Jamia Hamdard,
New Delhi-110062

Message from
Dr Malvika Sabharwal
Advisor



Dear Friends,

It gives me immense pleasure to welcome you to the AICOG 2026, DELHI, a prestigious academic gathering that brings together clinicians, academicians, researchers, and young professionals from across the country and abroad. This conference stands as a testament to our collective commitment to advancing women's health through excellence in clinical care, innovation, research, and education.

The field of obstetrics and gynaecology is evolving rapidly, with emerging technologies, evidence-based practices, and multidisciplinary approaches reshaping the way we care for women at every stage of life.

This conference has been thoughtfully curated to address these advancements through a rich scientific programme consisting of keynote lectures, orations, panel discussions, workshops, and interactive sessions. It provides a valuable platform for sharing knowledge, exchanging experiences, and fostering meaningful professional collaborations.

I strongly encourage all delegates, especially postgraduate students and young practitioners, to actively participate, question, debate, and learn. Such academic interactions not only enhance individual competence but also strengthen our specialty as a whole.

I congratulate the organizing committee for their dedication and meticulous planning, and I wish the conference great success. May this gathering inspire new ideas, strengthen professional bonds, and ultimately contribute to better maternal and women's health outcomes in India and across the nations.

Dr. Malvika Sabharwal
Advisor, AICOG 2026
Awarded Padma Shri by The President of India
Director & Head, Dept. of Obs -Gyn & Endoscopic surgery
Jeewan Mala Hospital, New Delhi

Message from
Dr Sudha Prasad
Advisor



AICOG, the flagship national conference of FOGSI—the largest federation of obstetricians and gynecologists in the country—stands as a true celebration of science, service, and solidarity. Hosting AICOG 2026 in Delhi this year adds special significance, as the capital becomes a confluence of ideas, innovation, and collective wisdom from across India.

This prestigious platform not only showcases cutting-edge research and evolving clinical practices, but also reinforces our shared commitment to ethical, evidence-based, and compassionate care for women across all stages of life. In an era of rapidly advancing technology and changing regulations, AICOG provides an invaluable opportunity to reflect, recalibrate, and re-envision our role as clinicians, teachers, and leaders.

I extend my heartfelt appreciation to FOGSI, the organizing committee, faculty, and delegates for their tireless efforts in making this academic congregation meaningful and memorable. May AICOG Delhi inspire collaboration, nurture young minds, and strengthen our resolve to deliver holistic and humane women's healthcare.
With best wishes for a successful and impactful conference.

Warm regards,

Dr. Sudha Prasad
Past Vice President FOGSI
Advisor AICOG 2026

Message from
Dr Alka Kriplani
Scientific Advisor



Dear Esteemed Colleagues,

It is with great pride and enthusiasm that I welcome you to the AICOG 2026, a premier gathering dedicated to the advancement of gynecology and women's health. This conference is not merely an academic event; it is a testament to our shared commitment to improving the lives of women through science, innovation, and compassionate care.

From reproductive health and fertility to preventive care, oncology, and minimally invasive surgery, our field continues to evolve rapidly, demanding that we remain both scientifically rigorous and deeply empathetic.

I encourage each of you to engage wholeheartedly in the sessions, workshops, and discussions. It is through such collective effort that we can address pressing challenges—whether they be maternal health disparities, advances in reproductive technologies, or the integration of digital tools into clinical practice.

As scientific advisors, clinicians, and educators, we carry a profound responsibility. Let this conference reaffirm our dedication to evidence-based practice, ethical responsibility, and the relentless pursuit of excellence. May this gathering serve as a catalyst for progress and a reminder of the extraordinary impact we can achieve when science and humanity walk hand in hand.

With warm regards,

Padmashree Prof Dr. Alka Kriplani
Scientific Advisor 68th AICOG Delhi
Ex HOD OB & GY AIIMS
Chairperson Paras Health Gurugram

Message from
Dr Sharda Jain
Advisor AOGD



It gives me immense pleasure, as an Advisor, Association of Obstetricians & Gynaecologists of Delhi (AOGD), to extend a warm and heartfelt welcome to all delegates for AICOG 2026.

Dr Sharda Jain Secretary General DELHI GYNAECOLOGIST FORUM Chairman of North India Gynaecologist FORUM Member Ethical committee National Medical Council for 6 years Delhi is eagerly waiting to host you in the pleasant winter months at the magnificent Yashobhoomi, a world-class, cozy, and futuristic convention venue that truly reflects the aspirations of modern India. The capital city, rich in history and vibrant in spirit, will provide the perfect backdrop for learning, reflection, and rejuvenation.

AICOG 2026 promises to be a grand academic confluence - a platform for sharing cutting edge science, exchanging ideas, updating clinical practices, and shaping the future of obstetrics and gynecology. Equally important, it will be a wonderful opportunity to reconnect with friends, build networks, strengthen fellowship, and celebrate the unity of the FOGSI fraternity.

This conference will also witness a proud and historic moment as we watch the grand installation of the new FOGSI President, Dr. Bhasker Pal. His leadership marks a new chapter of vision, innovation, and commitment to women's health in India.

I am confident that AICOG 2026 will be academically enriching, professionally rewarding, and personally memorable for every participant. On behalf of AOGD, I invite you all to Delhi in winter - to learn, to lead, and to celebrate together.

Warm regards,

Dr. Sharda Jain
Senior Gynecologist & Advisor, AOGD

Message from
Dr Ashok Kumar
Organising Chairperson
AICOG 2026



It gives me immense pleasure to welcome you to the **All India Congress of Obstetrics and Gynaecology (AICOG) 2026**, to be held from **14th to 18th January 2026** at the iconic **Yashobhoomi, New Delhi**. AICOG has long been a beacon of academic excellence and professional camaraderie, and AICOG 2026 aspires to further strengthen this proud tradition.

The theme of AICOG 2026 - **"Inspire, Include, Invent: Improving Women's Health in India"** - reflects our collective commitment to advancing women's healthcare through inspiration, inclusivity, and innovation. It calls upon us to inspire future generations, include diverse perspectives and practices from across the country, and invent sustainable, evidence-based solutions tailored to the evolving needs of Indian women.

The scientific programme has been thoughtfully curated to align with this theme, encompassing state-of-the-art lectures, hands-on workshops, panel discussions, and interactive sessions that bridge research with clinical practice. Special emphasis has been laid on young professionals, fostering innovation, and encouraging collaborative learning.

The souvenir you hold is a testament to the dedication and teamwork of the organising committee, various subcommittees, and countless volunteers who have worked tirelessly behind the scenes. I express my heartfelt gratitude to FOGSI, our esteemed faculty, mentors, sponsors, and members for their constant support and guidance.

I warmly invite you to be part of AICOG 2026 and join us in this collective journey of learning, innovation, and service towards improving women's health in India.

With warm regards and best wishes,

Dr Ashok Kumar,
Organising Chairperson
AICOG 2026

Message from
Dr Neerja Bhatla
Scientific Chairperson
AICOG 2026



Dear Seniors, Colleagues, Friends,

It is a great pleasure and honour to welcome you all to AICOG 2026 at Yashobhoomi, Delhi. The Scientific Committee Conveners and Members have worked tirelessly to put together a programme of talks, panel discussions, debates and video sessions that is practice-oriented and geared to providing you with latest guidelines, newer drugs, and skill enhancement. Sessions on core subjects of obstetrics and gynaecology as well as sub-specialties of infertility, minimal access surgery, fetal medicine, critical care, oncology and urogynaecology have comprehensively covered all the recent developments in our field.

I am confident that this programme caters to the interests of each and every one of you. I hope that you will enjoy hearing and interacting with the galaxy of international and national speakers. Equally we have focused on giving our young Fogsians a place on the dais.

I hope you will return feeling enriched from the scientific deliberations, public forums as well as the numerous sociocultural experiences.

Wishing you a memorable and enjoyable AICOG Delhi and a very happy and prosperous 2026.

Warm regards,

Dr Neerja Bhatla
Scientific Chairperson
AICOG 2026

Message from
Dr Reena Yadav
President AOGD



Dear Delegates,

Warm greetings from the association of Obstetricians and Gynaecologists of Delhi. It gives me immense pleasure to extend a heartfelt welcome to all the delegates attending AICOG. As the Congress returns to Delhi after a span of 17years,this occasion is a matter of great pride for our association and the entire Obstetrics and gynaecology fraternity of Delhi. A rich and stimulating academic feast awaits you with a thoughtfully curated scientific programme designed to encourage learning, interaction, and exchange of ideas. The organizing committee under the able and visionary leadership of Dr Ashok Kumar has worked tirelessly and with great dedication to ensure that every aspect of the Congress is meticulously planned. Their commitment and attention to detail promises a smooth engaging and memorable experience for all participants.

January in Delhi is known for chilly winter weather ,and we advise delegates to be prepared accordingly. However, the conference venue at Yashobhoomi is fully temperature controlled to ensure your comfort throughout the scientific sessions.

I extend my best wishes to Dr Ashok Kumar and his entire team for the grand success of the Congress.

We look forward to warmly welcome you all to Delhi for an enriching and rewarding academic experience.

Warm regards.

Dr Reena Yadav
President AOGD

Message from
Dr K Aparna Sharma
Organising Secretary
AICOG 2026



It is my great honour and privilege to welcome you to **AICOG 2026**, being hosted in the national capital. AICOG has always been a flagship academic event that brings together obstetricians and gynaecologists from across the country to share knowledge, experiences, and advancements aimed at improving women's healthcare.

AICOG 2026 has been meticulously planned with a strong emphasis on academic excellence, skill enhancement, and meaningful professional engagement. The scientific programme has been carefully curated to address current clinical challenges, emerging trends, and evidence-based practices, while also providing ample opportunities for interaction and collaboration among delegates.

This prestigious conference is the result of the collective efforts of a dedicated and enthusiastic organising team, working tirelessly to ensure a seamless, enriching, and memorable experience for every participant. I express my sincere gratitude to our senior mentors, faculty, speakers, sponsors, and all committee members for their invaluable guidance and unwavering support.

I warmly welcome all delegates and wish you a rewarding academic experience and a pleasant stay during AICOG 2026.

With warm regards,

Dr K Aparna Sharma
Organising Secretary
AICOG 2026

Message from
Dr Madhavi M Gupta
Organising Secretary
AICOG 2026



It gives me immense pleasure to welcome you to AICOG 2026, being hosted in the national capital. AICOG has always stood as a beacon of academic excellence, collaboration, and commitment to women's health, and the 2026 edition continues this proud legacy.

This conference is the result of months of meticulous planning, teamwork, and dedication by a large group of committed professionals who have worked tirelessly behind the scenes. Every scientific session, workshop, and academic exchange has been thoughtfully curated to ensure meaningful learning, vibrant discussions, and practical take-home messages for clinicians at every stage of their career.

Beyond academics, AICOG 2026 also offers an opportunity to reconnect with colleagues, forge new professional bonds, and experience the warmth and cultural richness of Delhi. I sincerely hope that your time here is both professionally enriching and personally memorable.

I extend my heartfelt gratitude to the faculty, delegates, sponsors, and organizing team for their unwavering support and trust. Wishing all participants a stimulating and rewarding AICOG 2026.

Warm regards,

Dr Madhavi M Gupta
Organising Secretary
AICOG 2026

Message from
Joint Secretaries
AICOG 2026

It is our proud privilege to welcome you to the 68th All India Congress of Obstetrics and Gynaecology ,AICOG 2026, Delhi, the flagship scientific event of the Federation of Obstetric and Gynaecological Societies of India (FOGSI). This national congress offers a unique opportunity for clinicians, academicians, faculty, and postgraduate students from across the country and abroad to come together for shared learning and professional engagement.

AICOG 2026 has been carefully curated to present a relevant and forward looking scientific program focussing on current challenges emerging evidence and evolving practices that shape the future of obstetrics and gynaecology.

This congress reflects the commitment and collaborative spirit of the organising team with a common purpose to create a smooth and fulfilling experience for all participants. We are deeply grateful to our esteemed seniors, mentors, faculty, and colleagues for their continued guidance and encouragement, and we look forward to an inspiring, engaging, and memorable AICOG 2026.

With warm regards,

Joint Secretaries
68th AICOG 2026, Delhi


Dr. Arpita De


Dr. Chanchal Singh


Dr. Neha Pruthi Tandon


Dr. Niharika Dhiman


Dr. Reema Bhatt


Dr. Satinder Kaur


Dr. Sharda Patra


Dr. Sonal Prasad


Dr. Sruthi Bhaskaran

Abstract Index

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
GO/OP/01	Dr.	Satinder Kaur	LIGHTING THE PATH: SENTINEL NODE IDENTIFICATION WITH INDOCYANINE GREEN IN UTERINE CONFINED ENDOMETRIAL CANCER
GO/OP/02	Dr.	Astha Pachori	CHALLENGES OF DUAL MALIGNANCY IN GYNAECOLOGY
GO/OP/03	Dr.	Alfiya Qamar	COMPARATIVE STUDY TO ASSESS EFFECTIVENESS OF PAP SMEAR, VISUAL INSPECTION WITH ACETIC ACID AND COLPOSCOPY FOR ASSESSMENT OF CERVICITIS, UNHEALTHY CERVIX AND PREMALIGNANT LESION OF CERVIX
GO/OP/04	Dr.	Bollineni Sai Manaswitha	CLINICAL, RADIOLOGICAL AND PATHOLOGICAL FEATURES IN PATIENTS WITH OVARIAN MASSES: A PROSPECTIVE OBSERVATIONAL STUDY
GO/OP/05	Dr.	Monal Garg	BORDERLINE OVARIAN TUMOURS: A SINGLE-CENTRE SERIES OF 10 YEARS' EXPERIENCE WITH CLINICOPATHOLOGICAL, SURGICAL AND REPRODUCTIVE OUTCOMES
GO/OP/06	Dr.	Lakshmi	THE FIBROID IMAGE- A MIRAGE?
GO/OP/07	Dr.	Monika Jain	DUAL DISRUPTION OF TP53 AND PIK3CA: A MOLECULAR SYMPHONY IN THE EVOLUTION OF OVARIAN TUMORS
GO/OP/08	Dr.	Rajneet Bhatia	TRANSFORMING CLINICAL PRACTICE THROUGH COMPREHENSIVE HPV PAP TESTING
GO/OP/09	Dr.	Priya	COMPARISON OF THE DIAGNOSTIC ACCURACY OF RISK OF MALIGNANCY INDEX-4 (RMI-4) AND OVARIAN-ADNEXAL REPORTING AND DATA SYSTEM (O-RADS) IN PREDICTING MALIGNANCY IN OVARIAN MASSES
GO/OP/10	Dr.	Bade Prasanna	EVALUATION OF TUMOR FREE DISTANCE AND DEPTH OF MYOMETRIAL INVASION AS PROGNOSTIC FACTORS FOR LYMPH NODE METASTASES IN ENDOMETRIAL CANCER
GO/OP/11	Dr.	Bathula Himabindu	DIAGNOSTIC COMPARISON OF RMI(1-4) IN THE RISK STRATIFICATION OF ADNEXIAL MASSES
GO/OP/12	Dr.	Pooja Rani	LIQUID-BASED CYTOLOGY VERSUS HPV DNA TESTING: A COMPARATIVE STUDY IN CERVICAL CANCER SCREENING
GO/OP/13	Dr.	Shikha Seth	PRACTICAL TRIAGE APPROACH FOR HPV-POSITIVE WOMEN AT LMIC
GO/OP/14	Dr.	Anika Varshney	EFFECTIVENESS OF HEALTH EDUCATION ON CERVICAL CANCER AWARENESS AND HUMAN PAPILLOMA VIRUS VACCINE ACCEPTABILITY AMONG CAREGIVERS OF GYNAECOLOGICAL CANCER SURVIVORS AND THEIR RELATIVES
GO/OP/15	Dr.	Palak Bansal	HEALING BEYOND THE CERVIX: SEXUAL FUNCTION AND QOL POST-LEEP
GO/OP/16	Dr.	Sushree Sangeeta Rout	MOLECULAR PROFILING IN ENDOMETRIAL CANCERS- AN AMBISPECTIVE OBSERVATIONAL STUDY
GO/OP/17	Dr.	Shivani Bedi	CRYOTHERAPY AS A MODE OF TREATMENT IN CERVICAL EROSION: AN OBSERVATIONAL STUDY
GO/OP/18	Prof.	Vandana Bhuriya	LIFE BEYOND THE DIAGNOSIS: MEASURING QUALITY IN OVARIAN CANCER JOURNEYS

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
GO/OP/19	Prof.	Shuchi	ASSOCIATION BETWEEN NAD (P) H: QUINONE OXIDOREDUCTASE 1 C609T GENE POLYMORPHISM AND RISK FACTORS IN CASES OF CERVICAL CANCER IN INDIAN WOMEN
GO/OP/20	Dr.	Shilpa Verma	EFFECTIVENESS OF HEALTH EDUCATION ON AWARENESS OF CANCER CERVIX UTERI AND HUMAN PAPILLOMA VIRUS VACCINATIION AMONG UNDERGRADUATE HEALTH CARE STUDENTS IN MAULANA AZAD MEDICAL COLLEGE
GO/OP/21	Dr.	Nirmal Kanwar	HISTOPATHOLOGICAL PROFILE AND SURGICAL MANAGEMENT OF OVARIAN MALIGNANCIES: A CASE SERIES COMPARING PRIMARY DEBULKING VS. NEOADJUVANT CHEMOTHERAPY APPROACHES
GO/OP/23	Dr.	Nilanchali Singh	CERVICAL CANCER SCREENING IN PREGNANCY BY URINARY HPV TESTING: COMPARING THE RESULTS OF REAL TIME-PCR AND HYBRID CAPTURE-2 FOR DETECTING URINARY HPV
GO/OP/24	Dr.	Chennareddy Sai Sankeerthana Roy	PREVALENCE OF ENDOMETRIAL PATHOLOGY IN LOW RISK PREMENOPAUSAL WOMEN PRESENTING WITH AUB
GO/OP/25	Dr.	Megha Nandwani	FROM SELF-TESTS TO SAVING LIVES: EVALUATING HPV SELF-SAMPLING TO ACHIEVE WHO'S 2030 CERVICAL CANCER TARGETS — A FEASIBILITY STUDY FROM EASTERN INDIA
GO/OP/26	Dr.	Prachi Sharma	ASSESSING PREOPERATIVE MODIFIED FRAILTY INDEX AS A METHOD TO PREDICT SURGICAL COMPLICATIONS IN ENDOMETRIAL CARCINOMA
GO/OP/27	Dr.	Aditi Sharma	MOLECULAR AND HISTOLOGICAL RESPONSES OF DISORDERED PROLIFERATIVE AND NON ATYPICAL ENDOMETRIAL HYPERPLASIA TO LEVONORGESTREL INTRAUTERINE SYSTEM THERAPY A PROSPECTIVE STUDY
GO/OP/28	Dr.	Shulia Lydia	UTERINE DOPPLER FOR DIAGNOSIS OF ENDOMETRIAL DISEASE IN PERI MENOPAUSAL AND POSTMENOPAUSAL WOMEN
GO/OP/29	Prof.	Bharti Parihar	COLPOSCOPIC EVALUATION OF UNHEALTHY CERVIX IN VIA POSITIVE WOMEN AND ITS CORRELATION WITH HISTOPATHOLOGY
GO/OP/30	Prof.	Poonam Kashyap	ASSESSMENT OF CLINICAL EPIDEMIOLOGY, TREATMENT PATTERNS AND OUTCOMES OF EPITHELIAL OVARIAN CANCER. A RETROSPECTIVE ANALYSIS FROM A TERTIARY CANCER CENTRE IN NORTH INDIA
GO/OP/31	Dr.	Ritu Sharma	ISOTHERMAL AMPLIFICATION BASED HIGH-RISK HUMAN PAPILLOMAVIRUS TESTING AS POINT-OF-CARE TEST FOR PRIMARY CERVICAL CANCER SCREENING
GO/OP/32	Dr.	Kavita Khoiwal	SURGICO-PATHOLOGICAL PARAMETERS, TREATMENT PATTERNS, AND ONCOLOGICAL OUTCOMES IN UTERINE CANCER: AN. AMBISPECTIVE STUDY.
GO/OP/33	Dr.	Jyoti Rani	IMMUNOHISTOCHEMICAL EXPRESSION OF CYCLIN D1 AND KI-67 IN HYPERPLASTIC AND NEOPLASTIC ENDOMETRIUM
GO/OP/34	Dr.	Devanshi Agarwal	HUMAN PAPILLOMA VIRUS IN URINE: CAN WE RETHINK CERVICAL CANCER SCREENING?
GO/OP/35	Dr.	Shipra Gupta	EFFICACY OF COLPOSCOPY AND CERVICAL CYTOPATHOLOGY IN DETECTING CERVICAL PRECANCEROUS AND CANCEROUS LESIONS
GO/OP/36	Dr.	Eshwarya J Kaur	HOW MOLECULAR STAGING REDEFINED ADJUVANT DECISIONS AND DELAYED THE CLOCK IN ENDOMETRIAL CANCER: PRECISION VS PRACTICALITY

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
GO/OP/37	Dr.	Srilekhya Chilukuri	COMPARATIVE STUDY OF AI-INTEGRATED PORTABLE COLPOSCOPE AND PAP CYTOLOGY FOR CERVICAL CANCER SCREENING
GO/OP/38	Dr.	Maney Deepthi Chandana	HISTOPATHOLOGICAL SPECTRUM OF OVARIAN TUMORS: A RETROSPECTIVE STUDY AT A TERTIARY CARE HOSPITAL
GO/OP/39	Dr.	Reshma	COMPRASION OF 2 DIMENSIONAL VS 3 DIMENSIONAL CT WITH VOLUME RENDERING IN PREOPERATIVE EVALUATION OF DISEASE EXTENT IN EPITHELIAL OVARIAN CANCER
GO/OP/40	Dr.	Anagha S Bagi	EVALUATION OF ADNEXAL MASSES USING OVARIAN ADNEXAL REPORTING AND DATA SYSTEM ULTRASOUND
GO/OP/41	Dr.	Bhakti Agrawal	SERIAL B-HCG MONITORING IN PREDICTING RISK OF POST-MOLAR GTN
GO/OP/42	Dr.	Hithaishi K	URBAN–RURAL DIFFERENCES IN KNOWLEDGE, ATTITUDE, AND AWARENESS OF HUMAN PAPILLOMAVIRUS INFECTION AND VACCINE AMONG ADOLESCENT GIRLS: A CROSS-SECTIONAL STUDY
GO/OP/43	Dr.	Sampada Kundal	FEASIBILITY AND IMPACT OF A STRUCTURED YOGA PROGRAM ON QUALITY OF LIFE IN WOMEN WITH EPITHELIAL OVARIAN CANCER
GO/OP/44	Dr.	Riddhika Bharihoke	CORRELATION OF CLINICAL, ULTRASONOGRAPHIC AND BIOCHEMICAL MARKERS WITH HISTOPATHOLOGY OF OVARIAN MASSES IN RURAL HOSPITAL SETUP
GO/OP/45	Dr.	Nisha Singh	IMPACT OF HEREDITARY GYNAE CANCER CLINIC INITIATIVE IN A TERTIARY CARE TEACHING HOSPITAL IN NORTH INDIA
GO/OP/46	Dr.	Rakhi	SIGNIFICANCE OF HPV VIRAL LOAD AS A PREDICTOR OF SEVERITY OF CERVICAL INTRAEPITHELIAL LESION
GO/OP/47	Dr.	Nabnita Patnaik	ASSESSING KNOWLEDGE, ATTITUDES, AND PERCEPTIONS OF PERSONALIZED RISK-STRATIFIED CERVICAL CANCER SCREENING AMONG INDIAN WOMEN USING THE COM-B FRAMEWORK: A MIXED-METHODS STUDY
GO/OP/48	Dr.	Prerna Lakhwani	CANCER VULVA MANAGEMENT - A CASE SERIES AT TERTIARY CANCER CENTER
GO/OP/50	Dr.	Vandana	IMPACT OF COUNSELLING ON DEPRESSION, ANXIETY, STRESS, AND SEXUAL FUNCTION IN WOMEN WITH GYNECOLOGICAL CANCERS- AN OBSERVATIONAL STUDY
IO/OP/01	Dr.	Ranjana	EFFECT OF MIFEPRISTONE ON SERUM PROGESTERONE LEVEL AND MODIFIED BISHOP SCORE IN INDUCTION OF LABOUR AT A TERTIARY CARE CENTRE IN BIHAR, INDIA
IO/OP/02	Prof.	Gowri Dorairajan	LOW-RISK PREGNANCY BACK REFERRAL" TRIAGE MODEL AT A TERTIARY CARE TEACHING INSTITUTE: AN ORGANISATIONAL MEASURE TO OPTIMISE RISK AND RESOURCES.
IO/OP/03	Dr.	Shilpi Nain	A FEASIBILITY STUDY TO ASSESS THE USABILITY, USEFULNESS, AND ADHERENCE TO STANDARD TREATMENT GUIDELINES IN INDIAN HEALTHCARE SETTINGS WITH THE USE OF “AREZZO®”- A DECLARATIVE ARTIFICIAL INTELLIGENCE BASED CLINICAL DECISION SUPPORT SYSTEM AND PATHWAY TECHNOLOGY
IO/OP/04	Dr.	Mitali Gupta	EXPERIENCE OF ROBOTICALLY ASSISTED SURGERY FOR ENDOMETRIOSIS USING A NOVEL SYSTEM IN A ROBOTIC SURGERY CENTRE

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
IO/OP/05	Dr.	Amrit Krishna Bora	MANAGEMENT OF HIGH RISK PREGNANCY IN RURAL SETUP WITH INTERNET ON THING (IOT) DEVICE- A GAME CHANGER
IO/OP/06	Dr.	Parakh Mittal	EXTENDING HORIZONS IN OBSTETRICS AND GYNAECOLOGY: USE OF VENTOUSE IN GYNAECOLOGICAL SURGERIES
IO/OP/08	Dr.	Yukti Ajmera	ECHOES BEFORE THE EMERGENCY: RETROSPECTIVE EVALUATION OF PHYSIOLOGICAL TRENDS AND PROPOSAL OF A MODIFIED EARLY OBSTETRIC WARNING AND MATERNAL DETERIORATION PATHWAY (MDP) MODEL TO PREDICT MATERNAL NEAR-MISS: A FIVE YEAR STUDY.
IO/OP/10	Dr.	Pushplata Kumari	RISK SCORING SYSTEM BASED ON ULTRASOUND INTERNATIONAL ENDOMETRIAL TUMOR ANALYSIS (IETA) GUIDELINE FOR PREDICTION OF ATYPICAL HYPERPLASIA AND ENDOMETRIAL CARCINOMA IN WOMEN WITH POSTMWNOPAUSAL BLEEDING IN INDIAN POPULATION
IO/OP/11	Dr.	Ramani Devi Thirunavukkarasu	IMPROVED PREGNANCY OUTCOMES FOLLOWING TREATMENT OF CHRONIC ENDOMETRITIS – A DESCRIPTIVE STUDY (INSIGHTS FROM THE PREGNANCY-RELATED ENDOMETRIAL MICROBIAL ANALYSIS (PREMA))
IO/OP/13	Dr.	Radhika Ruhela	A COMPARATIVE STUDY BETWEEN GESTOSIS SCORE AND QUANTUM VECTOR MACHINE LEARNING FOR PREDICTION OF PREECLAMPSIA
IO/OP/15	Dr.	Ankita Srivastava	TO ANALYSE THE CORRELATION OF LH LEVELS ON THE DAY OF AGONIST TRIGGER WITH THE OOCYTE MATURATION RATES, FORT AND FOI IN GNRH-ANTAGONIST CYCLES
IO/OP/16	Prof.	Anupama Dave	ULTRASOUND IN LABOUR : THE GAME - CHANGER FOR PROLONGED SECOND STAGE
IO/OP/17	Dr.	Hazeline Ashwita Lobo	FETAL HEART RATE AS A PREDICTOR OF GESTATIONAL DIABETES: A PROSPECTIVE STUDY
IO/OP/18	Dr.	Dasari Sushma Reddy	STUDY OF PRESENCE OF DUAL ENDOCRINOPATHY IN PREGNANT WOMEN AND IT'S IMPACT ON MATERNAL AND FETAL OUTCOMES
IO/OP/19	Dr.	Mehak Arora	OPTIMIZING OUTCOMES IN PLACENTA ACCRETA SPECTRUM: IMPACT OF A STANDARDIZED MULTIDISCIPLINARY SURGICAL APPROACH
IO/OP/21	Dr.	Renu Azad	ARTIFICIAL INTELLIGENCE IN ULTRASOUND AND FETAL ANOMALY DETECTION: ENHANCING PRECISION IN PRENATAL DIAGNOSIS
IO/OP/23	Dr.	Shailja Katiyar	ARTIFICIAL INTELLIGENCE IN PREDICTION OF PRETERM BIRTH: MACHINE LEARNING ANALYSIS OF CERVICAL AND BIOCHEMICAL MARKERS
IO/OP/24	Dr.	Shivani Chopra	EVI-GYN – A DIGITAL ECOSYSTEM FOR EVIDENCE-BASED GYNECOLOGY
IO/OP/25	Dr.	Nutan Agarwal	LOWER DOSE OF ULIPRISTAL THERAPY IN FIBROIDS- 2.5 MG VS. 5 MG: ITS EFFICACY AND SAFETY
IO/OP/26	Dr.	Neekita Pradhan	RIBBON TECHNIQUE IN ENDO BAG ABDOMINAL MANUAL MORCELLATION IN LAPAROSCOPIC MYOMECTOMY – SAFE AND ZERO COST ALTERNATIVE TO POWER MORCELLATOR.
IO/OP/27	Dr.	Priyanka	THE ROLE OF INTRAPARTUM ULTRASOUND TO PREDICT THE MODE OF DELIVERY:A PROSPECTIVE OBSERVATIONAL STUDY

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
IO/OP/28	Dr.	Aayushi Jain	ROLE OF CRYOTHERAPY IN CHRONIC CERVICITIS/EROSION IN NON RESPONSIVE TO MEDICAL TREATMENT
IO/OP/29	Dr.	Amita Jain	EVALUATION OF AN APP-BASED STRUCTURED BEHAVIORAL THERAPEUTIC PROGRAM FOR INTERSTITIAL CYSTITIS / BLADDER PAIN SYNDROME (IC/BPS): PRELIMINARY INSIGHTS FROM A PILOT STUDY
IO/OP/30	Dr.	Niharika Dhiman	SERIAL 2-D SONOGRAPHIC PLACENTAL VOLUMETRY AND OBSTETRIC OUTCOMES
IO/OP/31	Dr.	Rujuta Puranik	TURNING RISK INTO RECOVERY: FERTILITY-SPARING MANAGEMENT OF UTERINE ARTERY AVMS – A SIX-CASE SERIES FROM A TERTIARY CENTRE
IO/OP/32	Dr.	Vibhuti Garg	DEVELOPING A SIMPLE CLINICAL SCORING TOOL FOR EARLY SUSPICION OF ENDOMETRIOSIS IN RESOURCE-LIMITED SETTINGS
IO/OP/33	Dr.	Roopesh Narayanachary	VISISPEC – DEPLOYABLE INTRA-BLADE CAMERA SPECULUM FOR AI-ASSISTED CERVICAL IMAGING
IO/OP/34	Dr.	Bhavya	DIGITAL BRIDGES IN MATERNAL CARE: EVALUATING MOBILE HEALTH SUPPORT IN A HIGH- VOLUME TERTIARY HOSPITAL SETTING
IO/OP/35	Dr.	Drishti Chola	EFFECT OF ANTENATAL PERINEAL MASSAGE ON VAGINAL BIRTH RELATED PERINEAL TRAUMA IN PRIMIPARAE -RANDOMISED CONTROL TRIAL
IO/OP/36	Dr.	Kajal Rani	LETROZOLE AS AN ALTERNATIVE TO MIFEPRISTONE FOR MEDICAL TERMINATION OF FIRST-TRIMESTER PREGNANCY: CLINICAL OUTCOMES AND SAFETY ASSESSMENT
IO/OP/37	Dr.	Amita Suneja	A NOVEL TECHNIQUE OF ENDOMETRIAL SAMPLING USING ENDOCERVICAL CYTOBRUSH FOR DETECTION OF ENDOMETRIAL PATHOLOGY - A PILOT STUDY
IO/OP/38	Dr.	Divya Yadav	OBJECTIVE QUANTIFICATION OF POSTPARTUM BLOOD LOSS USING THE CHHATTISGARH DRAPE AND HEMODYNAMIC CORRELATES: CARBETOCIN VS STANDARD ACTIVE MANAGEMENT IN VAGINAL DELIVERIES
IO/OP/39	Prof.	Manisha Kumar	ULTRASOUND PLACENTAL IMAGE TEXTURE ANALYSIS USING ARTIFICIAL INTELLIGENCE: A NEW MODEL TO PREDICT FETAL GROWTH RESTRICTION
IO/OP/40	Dr.	Amita Yadav	A COMPARATIVE STUDY ON THE EFFECTIVENESS OF VAT METHOD VERSUS BSD OF ANTENATAL EXAMINATION AS A TEACHING TOOL FOR MEDICAL STUDENT PHAS III
IO/OP/41	Dr.	Neharika Malhotra	EFFICACY AND SAFETY OF VAGINAL ARABIN PESSARY IN PREVENTING SPONTANEOUS PRETERM BIRTH: A PROSPECTIVE CLINICAL STUDY FROM INDIA
IO/OP/42	Dr.	Abhigya	THE GDM CRYSTAL BALL: HARNESSING ADIPOKINE SIGNATURES FOR EARLY DETECTION
IO/OP/43	Dr.	Joshy Joseph Neelankavil	SINGLE OPERATOR EXPERIENCE OF KIELLAND'S FORCEPS IN SOUTH ASIAN WOMEN: A 10-YEAR RETROSPECTIVE OBSERVATIONAL STUDY
IO/OP/44	Dr.	Shivangi Sharma	EVALUATING THE IMPACT OF ENHANCED RECOVERY AFTER SURGERY (ERAS) PROTOCOLS VERSUS CONVENTIONAL CARE IN ELECTIVE CESAREAN SECTIONS

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/OP/01	Dr.	Aradhana Bhalla	FLAT FACIAL PROFILE IN FETUSES: A CASE SERIES OF 16 CASES AND THEIR OUTCOMES
MCH/OP/02	Dr.	Sharda Brata Ghosh	RESULTS OF ALTERNATE SEQUENTIAL SUTURE TIGHTENING: A NOVEL TECHNIQUE FOR UNCONROLLED POSTPARTUM HAEMORRHAGE
MCH/OP/03	Dr.	Sushma Nigam	PREDICTORS OF DELIVERY IN MEDICALLY INDUCED BIRTHS: AN OBSERVATIONAL BASED ANALYSIS
MCH/OP/04	Dr.	Anu	MATERNAL DEPRESSION AND STRESS IN PREGNANT MOTHER WITH ANTENATAL DIAGNOSIS OF FETAL STRUCTURAL ANOMALY
MCH/OP/05	Dr.	Swastik Majumdar	ENHANCED RECOVERY AFTER CESAREAN DELIVERY
MCH/OP/06	Dr.	Priyanka Priyadarsini	INCIDENCE OF UNRECOGNISED OBSTETRIC ANAL SPHINCTER INJURY IN PRIMIGRAVIA DELIVERED VAGINALLY OR HAD A CESAREAN SECTION, AND TO CORRELATE WITH THE RISK FACTORS
MCH/OP/07	Dr.	Deepika Sharma	FETO-MATERNAL OUTCOMES IN FIBROID COMPLICATING PREGNANCY OVER 1 YEAR AT SMGS HOSPITAL JAMMU: A RETROSPECTIVE DATA ANALYSIS
MCH/OP/09	Dr.	Alekya Mittapally	COMPARISON OF PREGNANCY OUTCOMES BETWEEN TWIN PREGNANCIES WITH AND WITHOUT GESTATIONAL DIABETES MELLITUS-A PROSPECTIVE COHORT STUDY
MCH/OP/10	Dr.	Shikha Jain	ANALYSIS OF CLINICAL PROFILE OF THE OBSTETRIC HIGH DEPENDENCY UNIT ADMISSIONS IN A TERTIARY CARE CENTRE
MCH/OP/11	Dr.	Neha Poddar	COMPARATIVE STUDY OF IRON ISOMALTOSIDE AND FERRIC CARBOXY MALTOSE IN MANAGEMENT OF IRON DEFICIENCY ANAEMIA
MCH/OP/12	Dr.	Nishat Fatima	EVALUATION OF OBSTETRIC INTENSIVE CARE UNIT ADDMISSION AND RISK FACTORS RESPONSIBLE FOR INTENSIVE CARE ADMISSION
MCH/OP/13	Dr.	Shriya Attri	CORRELATION BETWEEN EARLY FEEDING AND POSTOPERATIVE RECOVERY IN WOMEN UNDERGOING CESAREAN SECTION
MCH/OP/14	Dr.	Tanisha Gupta	FETAL REDUCTION STRATEGIES IN DICHORIONIC TRIAMNIOTIC AND MONOCHORIONIC TRIAMNIOTIC TRIPLETS AND PREGNANCY OUTCOME: A COHORT STUDY
MCH/OP/15	Dr.	Susovan Banerjee	DOUBLE FOLEYS CATHETER IN POST CS PAS HYSTERECTOMY
MCH/OP/16	Dr.	Mridu Mishra	“RUPTURE UTERUS AND MATERNAL OUTCOMES: THE IMPACT OF DELAYS AND DEFICIENCIES IN REFERRAL PATHWAYS”
MCH/OP/17	Dr.	Inlo	A PROSPECTIVE COHORT STUDY COMPARING PLACENTAL ANGIOARCHITECTURE, USING PLACENTAL DYE STUDIES, IN COMPLICATED VERSUS UNCOMPLICATED MONOCHORIONIC TWINS AND ITS CORRELATION WITH PERINATAL OUTCOMES
MCH/OP/18	Dr.	Parul Singh	CEREBROPLACENTAL RATIO: A WINDOW TO FETOMATERNAL OUTCOME IN REDUCED FETAL MOVEMENTS

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/OP/19	Dr.	Urvashi Sharma	HYPOTHYROIDISM IN PREGNANCY AND ITS FETOMATERNAL OUTCOME
MCH/OP/20	Dr.	Ankita Sharma	FETO-MATERNAL OUTCOMES IN INSTRUMENTAL VAGINAL DELIVERIES OVER 3 YEAR PERFORMED AT SMGS HOSPITAL, JAMMU: A RETROSPECTIVE DATA ANALYSIS
MCH/OP/21	Dr.	Kedarnath Padhi	ESTIMATION OF SFLT1:PLGF IN PREGNANT WOMEN WITH HYPERTENSIVE DISORDERS IN A TERTIARY HEALTH CARE- A CROSS SECTIONAL STUDY
MCH/OP/22	Dr.	Anshuman Jena	A PROSPECTIVE STUDY ON GESTOSIS SCORE-AN INDICATOR OF HYPERTENSIVE DISORDER OF PREGNANCY IN A TERTIARY CARE CENTER
MCH/OP/23	Dr.	Shifa Qureshi	OPTIMISING TIMING OF EXPECTANT MANAGEMENT IN PRE-LABOUR RUPTURE OF MEMBRANES IN LOW-RISK PREGNANCIES
MCH/OP/24	Dr.	Anita Bharti	INITIATING LABOUR USING MIFEPRISTONE
MCH/OP/25	Dr.	Indrani Mukhopadhyay	"A CROSS-SECTIONAL STUDY TO DETERMINE THE PREVALENCE AND EFFECTS OF HYPOTHYROIDISM IN INFERTILE WOMEN OF REPRODUCTIVE AGE GROUP IN WESTERN MAHARASHTRA"
MCH/OP/26	Dr.	Jyoti Snehlata Marandi	MATERNAL AND FETAL OUTCOME IN INTRAHEPATIC CHOLESTASIS IN PREGNANCY IN KOLHAN REGION, JHARKHAND
MCH/OP/27	Dr.	Gopalaxmi Prusti	A PROSPECTIVE RANDOMIZED STUDY OF OPTIMIZING OBSTETRICS OUTCOME BY PROGRAMMED LABOUR IN A TERTIARY CARE HOSPITAL
MCH/OP/29	Dr.	Sakshi Gupta	COMPARISON OF EFFICACY OF SINGLE DOSE VERSUS MULTIPLE DOSES OF ANTIBIOTIC PROPHYLAXIS IN PREVENTION OF POST CAESAREAN SECTION INFECTIONS
MCH/OP/30	Dr.	Kiranbala	GOOD PREDICTORS OF SUCCESSFUL VAGINAL BIRTH AFTER CESAREAN (VBAC): A PROSPECTIVE OBSERVATIONAL STUDY
MCH/OP/31	Dr.	Swati Jain	TIMING OF PERIMORTEM CAESAREAN IN MATERNAL ARREST: A FIVE-YEAR REVIEW AND PROPOSAL FOR STRUCTURED RESPONSE.
MCH/OP/32	Dr.	Farazia Rizvi	ASSESSMENT OF KNOWLEDGE OF WOMEN ON POSTPARTUM AND NEONATAL CARE PRACTISES: A CROSS-SECTIONAL STUDY
MCH/OP/33	Dr.	Saumya	JOURNEY FROM REPORTING TO RESPONDING: A TWO-YEAR COMPARATIVE STUDY UNDER MDSR FRAMEWORK
MCH/OP/34	Dr.	Rajni Agrawal	DERMOID CYSTS IN PREGNANCY: AN ENIGMA IN MANAGEMENT FOR GYNAECOLOGISTS: AN ANALYSIS
MCH/OP/36	Dr.	Preetisha Chatterjee	COMPARATIVE STUDY OF CARBETOCIN VERSUS OXYTOCIN FOR THE PREVENTION OF POST PARTUM HEMORRHAGE IN TWIN PREGNANCY
MCH/OP/37	Dr.	Harshita	COMPARISON BETWEEN CARBETOCIN AND OXYTOCIN IN AMTSL IN PREVENTING PPH IN VAGINAL DELIVERY

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/OP/38	Dr.	Harsha S Gaikwad	EPIDEMIOLOGY OF STILLBIRTHS IN INDIA: FINDINGS OF A HOSPITAL-BASED SENTINEL SURVEILLANCE NORTH INDIA
MCH/OP/39	Ms.	Lata Rajput	STUDY OF PLATELET INDICES IN HYPERTENSIVE DISORDERS OF PREGNANCY
MCH/OP/40	Dr.	Bijay Laxmi Pradhan	FETOMATERNAL OUTCOMES IN OBESE PREGNANT WOMEN : A RETROSPECTIVE STUDY
MCH/OP/41	Dr.	Priyanka Shah	WHEN PREGNANCY MEETS KIDNEY FAILURE: UNMASKING THE RISK FACTORS OF PRAKI- A CASE CONTOL STUDY
MCH/OP/42	Dr.	Lakshya Tyagi	EFFICACY OF DHAKA REGIMEN IN COMPARISON TO ZUSPAN REGIMEN IN PREVENTION OF ECLAMPSIA: A RANDOMIZED CONTROL TRIAL
MCH/OP/43	Dr.	Shruti Sharma	EVALUATION OF LOWER URINARY TRACT SYMPTOMS IN POST-CESAREAN POSTPARTUM WOMEN: A CASE COHORT STUDY
MCH/OP/44	Dr.	Tuhina Gupta	INSTRUMENTAL DELIVERIES A FORGOTTEN ART? A RETROSPECTIVE STIDY OVER 5 YRS IN A TERTIARY CARE INSTITUTE ABOUT INDICATIONS, NEONATAL AND MATERNAL COMPLICATIONS AND PROGNOSIS.
MCH/OP/45	Dr.	Gargi Sharma	MATERNAL RISK FACTORS FOR EARLY ONSET NEONATAL SEPSIS
MCH/OP/47	Dr.	Nihar Ranjan Samal	STUDY OF ASSOCIATION OF FETAL CEREBROPLACENTAL RATIO WITH ADVERSE PERINATAL OUTCOME IN UNCOMPLICATED TERM AGA PREGNANCIES
MCH/OP/48	Dr.	Varsharani Debata	EVALUATION OF DIFFERENT MANUAL PERINEAL PROTECTION MANOEUVRES IN PREVENTION OF OBSTETRIC ANAL SPHINCTER INJURIES - A PROSPECTIVE STUDY.
MCH/OP/49	Dr.	Neelofar Shaikh	RESPECTFUL MATERNITY CARE DURING CHILDBIRTH:A CROSS SECTIONAL STUDY EXPLORING THE DISRESPECT AND ABUSE AMONG WOMEN IN A DISTRICT HOSPITAL IN CENTRAL INDIA
MCH/OP/50	Dr.	Katyani Sharma	PREDICTION AND ANALYSIS OF TREND OF CESAREAN SECTION RATES IN A TERTIARY CARE CENTRE IN INDIA BY USING ROBSON CLASSIFICATION SYSTEM
MCH/OP/51	Dr.	Nidhu Yadav	A PROSPECTIVE STUDY OF SEIZURES DURING PREGNANCY AND FETOMATERNAL OUTCOME
MCH/OP/52	Mrs.	Sruthi Yenikapati	RETROSPECTIVE ANALYSIS OF BREAST-FEEDING RATES IN NORMAL WEIGHT BABIES AND LOW BIRTH WEIGHT BABIES
MCH/OP/53	Mrs.	Keerthi Srinivasan	"TWO HEARTS, ONE FAILS : THE HIDDEN PERIL OF PERIPARTUM CARDIOMYOPATHY"
MCH/OP/54	Dr.	Sumedha	IDENTIFYING MODIFIABLE CAUSES OF STILLBIRTH: COMPARATIVE ASSESSMENT OF RECODE AND ICD-PM CLASSIFICATION SYSTEMS
MCH/OP/55	Dr.	Nidhi Gupta	RELIABILITY OF CLINICAL METHODS IN PREDICTING FETAL WEIGHT IN LOW-RISK TERM PREGNANCIES: A PROSPECTIVE STUDY

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/OP/56	Dr.	Rabiya Sultana	INFRARED LAMP THERAPY ON EPISIOTOMY PAIN AND WOUND HEALING
MCH/OP/57	Dr.	Shalini Mishra	STUDY OF CORRELATION OF HBA1C WITH ANEMIA IN PREGNANCY
MCH/OP/58	Mrs.	Neelam Tejwani	STUDY OF EFFICIENCY OF NST & DOPPLER IN PREDICTING ADVERSE FETAL OUTCOME FOR PREGNANCY >32 WEEKS
MCH/OP/59	Dr.	Nishi Mishra	UNSUPERVISED OVER THE COUNTER MEDICAL ABORTIONS:HIDDEN DETERMINANTS AND THEIR IMPACT ON MATERNAL HEALTH AND HEALTHCARE FACILITIES
MCH/OP/61	Dr.	Purnima Kiran Gautam	WHEN PLACENTA WON'T LET GO: RETROSPECTIVE INSIGHTS INTO ACCRETA SPECTRUM DISORDERS
MCH/OP/62	Dr.	Shruti Singh Parihar	CLASSIFYING FOR CHANGE: USING ROBSON'S SYSTEM TO CURB RISING CAESAREAN TRENDS
MCH/OP/63	Dr.	Komal Dhanraj	A STUDY ON MODIFIED EARLY OBSTETRIC WARNING SYSTEM (MEOWS CHART) AS A SCREENING TOOL IN PREDICTION OF OBSTETRIC MORBIDITY
MCH/OP/64	Dr.	Navaswati Padhi	SAME DISORDER, DIFFERENT FATES: DIVERGENT MATERNAL NEAR MISS, MORTALITY AND NEONATAL COMPLICATIONS IN EARLY VS. LATE-ONSET PREECLAMPSIA
MCH/OP/65	Dr.	Mounisha S	DIAGNOSTIC ACCURACY OF THE CEREBROPLACENTAL RATIO FOR PREDICTING COMPOSITE ADVERSE PERINATAL OUTCOMES AT TERM: A SINGLE-CENTRE PROSPECTIVE STUDY
MCH/OP/66	Prof.	Smriti Anand	COMPARATIVE ANALYSIS OF OBSTETRIC AND NEONATAL OUTCOMES AMONG TEENAGE AND NON - TEENAGE MOTHERS
MCH/OP/67	Dr.	Alisha Priyadarshani Sahoo	MATERNAL HIGH-RISK FACTORS IN PRETERM DELIVERY AND ITS PERINATAL OUTCOMES IN A TERTIARY HEALTH CARE CENTRE IN ODISHA
MCH/OP/68	Dr.	Banumathy M	PREDICTABLE, PREVENTABLE, AND PUGNACIOUS APPROACH TOWARDS POST PARTUM HAEMORRHAGE
MCH/OP/69	Ms.	Akanksha Verma	MIFEPRISTONE INDUCING AGENT IN TERM PREGNANCY
MCH/OP/70	Prof.	Shazia Parveen	IMPLICATIONS OF HUMAN PAPILLOMA VIRUS INFECTION IN PREGNANCY AND FETO-MATERNAL OUTCOME: AN OBSERVATIONAL STUDY IN A TERTIARY CARE HOSPITAL
MCH/OP/71	Dr.	Rachayita Vijay Sundram	FETOMATERNAL OUTCOME IN PROM PATIENTS AT TERTIARY CARE HOSPITAL
MCH/OP/72	Dr.	Priyanka Jaisinghani	MODIFIED SHIRODKAR CERCLAGE IN CASES OF CERVICAL INCOMPETENCE AND ITS OUTCOME: A PROSPECTIVE CASE STUDY
MCH/OP/73	Dr.	Jayshree Chimrani	FETAL KIDNEY AS AN ADJUNCT FOR BETTER DETERMINATION OF GESTATIONAL AGE
MCH/OP/74	Dr.	Vlpm Siddhi Sastry	PLACENTAL LOCATION AND FETOMATERNAL OUTCOMES IN A TERTIARY-CARE COHORT

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/OP/75	Dr.	Sujatha Venkatraman	INCIDENCE AND OUTCOMES OF RELAPAROTOMY FOLLOWING CAESAREAN SECTION: A RETROSPECTIVE COHORT STUDY
MCH/OP/76	Dr.	Ash Sujit G	FROM OUTREACH TO OUTCOME: A STEP TOWARDS ANEMIA-FREE MOTHERHOOD
MCH/OP/77	Dr.	Usri Bhattacharjee	CRITICAL EVALUATION OF CAESAREAN SECTION RATE BY USING ROBSON'S CLASSIFICATION SYSTEM IN A TERTIARY CARE CENTRE IN EASTERN INDIA
MCH/OP/78	Dr.	Apoorva Hans	MATERNAL AND FETAL OUTCOMES FOLLOWING VARICELLA INFECTION IN PREGNANCY: A RETROSPECTIVE STUDY
MCH/OP/79	Dr.	Radhika	IMPACT OF STRUCTURED COUNSELLING ON AWARENESS AND ACCEPTANCE OF FIRST TRIMESTER ANEUPLOIDY SCREENING IN A RURAL TERTIARY CARE CENTRE
MCH/OP/81	Dr.	Suparna Grover	MANAGING PLACENTA ACCRETA: CHANGING SCENARIO, THE LEARNING CURVE AND LESSONS LEARNT
MCH/OP/82	Dr.	Tudi Nakshtthra Reddy	PRETERM PREMATURE RUPTURE OF MEMBRANES AND ITS MATERNAL AND PERINATAL OUTCOME
MCH/OP/83	Dr.	Amatul Khaliq Mariam	BLISSFUL POSTPARTUM ERA
MCH/OP/84	Prof.	Richa Rathoria	KNOWLEDGE AND ATTITUDE REGARDING BREASTFEEDING AMONG ANTENATAL MOTHERS
MCH/OP/85	Dr.	Saumya	CHRONIC MYELOID LEUKAEMIA IN PREGNANCY: MATERNAL AND FOETAL OUTCOMES IN A TERTIARY CARE CENTEA
MCH/OP/86	Ms.	Viswanadharao Tanuja	ASSESSING MATERNAL MENTAL HEALTH:THE ROLE OF EDPS IN SCREENING PERINATAL DEPRESSION
MCH/OP/88	Dr.	Kanika Bansal	BIRTH COMPANION PRESENCE AND RESPECTFUL MATERNITY CARE: DETERMINANTS OF POSITIVE MATERNAL AND NEONATAL OUTCOMES
MCH/OP/89	Dr.	Shreya Srivastava	IMPACT OF EARLY VS. DELAYED SURGICAL EVACUATION ON MATERNAL OUTCOMES IN SEPTIC ABORTION CASES: A COMPARATIVE STUDY
MCH/OP/90	Dr.	Tina Verma	PRENATAL EVALUATION AND OUTCOME OF FETAL-INTRAABDOMINAL HYPERECHOGENICITY: A RETROSPECTIVE CASE SERIES
MCH/OP/91	Dr.	Prasanna Bala	COMPARATIVE ANALYSIS OF SR CANNULA AND COMPRESSION SUTURES IN THE MANAGEMENT OF POSTPARTUM HAEMORRHAGE: A PROSPECTIVE OBSERVATIONAL STUDY
MCH/OP/92	Dr.	Samreen Zehra	COMPARISON OF ORAL TRANEXAMIC ACID PLUS ORAL MISOPROSTOL WITH INTRAMUSCULAR OXYTOCIN IN MANAGEMENT OF THIRD STAGE OF LABOR
MCH/OP/93	Prof.	Astha Lalwani	COMPARISON OF LARGER VOLUME OF INTRACERVICAL FOLEYS (80ML) FOR LONGER DURATION (48HRS) VS (60ML) FOR 24HRS IN 2ND/3RD TRIMESTER PREGNANCY TERMINATION WITH SCARRED UTERUS.

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/OP/94	Dr.	Garima Keshav	ROLE OF CT / MRI IN NEUROLOGICAL COMPLICATIONS OF ECLAMPSIA
MCH/OP/95	Dr.	Divya Arora	CAESAREAN SCAR SITE PREGNANCY: NAVIGATING THERAPEUTIC DILEMMAS IN MODERN GYNAECOLOGY
MCH/OP/96	Dr.	Anamika Dewraja	FETOMATERNAL OUTCOME IN SICKLE CELL DISEASE: A TERTIARY CARE CENTRE EXPERIENCE.
MCH/OP/97	Dr.	Spurti Javalgi	ELECTIVE VERSUS EMERGENCY. A DECADE OF EXPERIENCE WITH CAESAREAN HYSTERECTOMY IN PLACENTA ACCRETA SPECTRUM AT A TERTIARY CARE CENTER.
MCH/OP/98	Dr.	Nandini Yadav	TO STUDY THE VARIOUS FETAL CAUSES OF STILLBIRTH AND THE ROLE OF CYTOGENETIC ANALYSIS IN THESE CASES – OUR EXPERIENCE !
MCH/OP/99	Dr.	Riya Gupta	MANAGEMENT OF OVARIAN TUMORS IN PREGNANCY AND THEIR REPRODUCTIVE OUTCOMES
MCH/OP/100	Dr.	Jagriti	FROM SURVIVAL TO MOTHERHOOD: PREGNANCY OUTCOMES POST TREATMENT OF MALIGNANCY
MCH/OP/101	Dr.	Anushree C.M.	EFFICACY OF TRANSCERVICAL FOLEY'S CATHETER PLACEMENT, FOR 6 HOURS VERSUS 12 HOURS, FOR INDUCTION OF LABOR -A RANDOMISED CONTROL TRIAL
MCH/OP/102	Dr.	Anuradha	COMPARISON BETWEEN PREOPERATIVE VERSUS POSTOPERATIVE RECTAL MISOPROSTOL IN CONTROLLING BLOOD LOSS AFTER CESAREAN SECTION-A DOUBLE-BLIND RANDOMISED CONTROLLED TRIAL
MCH/OP/103	Dr.	Megha Bhatia	MTP AMENDMENT ACT 2021: MTP BEYOND 24 WEEKS PERIOD OF GESTATTION – THE GAINS MADE!
MCH/OP/104	Dr.	Paritosh Gupta	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) FOR LABOUR ANALGESIA: A RANDOMISED CONTROLLED TRIAL
MCH/OP/105	Dr.	Simi Chatterjee	ADOLESCENT PREGNANCIES IN WEST BENGAL: SOCIAL DETERMINANTS AND MATERNAL–PERINATAL OUTCOMES FROM A PROSPECTIVE COHORT STUDY
MCH/OP/106	Dr.	Riya Sehgal	MATERNAL AND FETAL OUTCOME IN PREGNANCY ASSOCIATED WITH MECONIUM-STAINED AMNIOTIC FLUID – A PROSPECTIVE OBSERVATIONAL STUDY
MCH/OP/107	Dr.	Sheril Sharma	ASSESSMENT OF CESAREAN SECTION RATES USING THE ROBSON CLASSIFICATION SYSTEM IN A TERTIARY CARE CENTRE
MCH/OP/108	Dr.	M.Meena	ECLAMPSIA AND ITS TOLL:MATERNAL AND FETAL OUTCOMES AT A TERTIARY CARE CENTRE.HOPE IN CRISIS
MCH/OP/109	Dr.	Manjari Joshi	FROM TRADITION TO TRANSFORMATION: EFFECTIVENESS OF ERAS PROTOCOL IN ACCELERATING RECOVERY AFTER ELECTIVE CESAREAN DELIVERY
MCH/OP/110	Dr.	Swati Agrawal	ROLE OF MODIFIED EARLY OBSTETRICS WARNING SYSTEM (MEOWS) IN THE PREDICTION OF OBSTETRICS MORBIDITY

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/OP/111	Dr.	Gurugubelli Lavanya	"SILENT MARKERS, LOUD MESSAGES: DECODING THE LINK BETWEEN SECOND-TRIMESTER SOFT MARKERS AND AMNIOCENTESIS OUTCOMES"
MCH/OP/112	Dr.	Neha Thakur	TIMELY IDENTIFICATION OF HIGH-RISK PREGNANCIES UNDER PMSMA: A EFFECTIVE STRATEGY TO REDUCE MATERNAL MORTALITY
MCH/OP/113	Dr.	Supriya	COMPARISON OF PGE_2 GEL AND TRANSCERVICAL FOLEY'S SINGLE BALLOON CATHETER FOR INDUCTION OF LABOR IN TERM PREGNANCY: AN OPEN LABELLED RANDOMIZED CONTROLLED TRIAL
MCH/OP/114	Dr.	Alekhya B V	COMPARATIVE EVALUATION OF MIFEPRISTONE PRETREATMENT AND MISOPROSTOL ALONE FOR LABOUR INDUCTION FOLLOWING ANTEPARTUM STILLBIRTH
MCH/OP/115	Dr.	Nikita Banerjee	A NARRATIVE REVIEW OF ORAL NATURAL MICRONIZED PROGESTERONE FOR LUTEAL PHASE SUPPORT IN INFERTILITY
MCH/OP/116	Dr.	Riya Srivastava	CAUSES AND DEMOGRAPHIC DETERMINANTS OF STILL BIRTH AT A TERTIARY CARE CENTER – A HOSPITAL BASED STUDY
MCH/OP/117	Dr.	Devulapelli Harshitha	"ANEMIA AND THROMBOCYTOPENIA IN PREGNANCY " A SIX CASE SERIES FROM GOVERNMENT MATERNITY HOSPITAL HANAMKONDA
MCH/OP/118	Dr.	Raji Raj G	UMBILICAL CORD PH -UNRAVELING THE MATERNAL PREDICTORS AND NEONATAL OUTCOMES
MCH/OP/119	Dr.	Aruna Nigam	CTG CORRELATES OF MECONIUM-STAINED LIQUOR (MSL) AND FETAL OUTCOME USING PHYSIOLOGICAL CTG INTERPRETATION (2024)
MCH/OP/120	Dr.	Poorvika K	AWARENESS, ATTITUDE AND PRACTICE OF CONTRACEPTION AMONG ANTENATAL WOMEN - A CROSS SECTIONAL STUDY
MCH/OP/121	Dr.	Namrata	CHORIONICITY AND ITS IMPACT: A RETROSPECTIVE STUDY IN A TERTIARY CARE HOSPITAL
MCH/OP/122	Dr.	B Sanjana	A CROSS SECTIONAL STUDY OF PRETERM BIRTH AND RISK FACTORS ASSOCIATED WITH PRETERM BIRTH IN A TERTIARY CARE HOSPITAL
MCH/OP/123	Dr.	Zikra Perveen	FUNCTIONAL–STRUCTURAL DUAL ASSESSMENT OF THE FETOPLACENTAL UNIT: UMBILICAL ARTERY DOPPLER VERSUS PLACENTAL HISTOMORPHOLOGY IN SGA OUTCOMES
MCH/OP/124	Dr.	Megha Bandil	UNNECESSARY CARDIOTOCOGRAPHY - A CAUSE OF INCREASED RATE OF CAESAREAN SECTION
MCH/OP/125	Dr.	Mediboina Lahari	MATERNAL & PERINATAL OUTCOMES IN SEVERE PRE ECLAMPSIA & ECLAMPSIA IN A TERTIARY CARE HOSPITAL - A RETROSPECTIVE STUDY
MCH/OP/126	Dr.	Priya Nayak	EVALUATION OF SERUM BIOMARKERS (GHRELIN AND C-PEPTIDE) AND ENERGY, NUTRIENT INTAKE IN POSTPARTUM GESTATIONAL DIABETES MELLITUS: A PROSPECTIVE COHORT STUDY
MCH/OP/127	Dr.	Mercy Choudhary	FROM ACCRETA TO ATONY: A FIVE-YEAR REVIEW OF LIFE-SAVING OBSTETRIC HYSTERECTOMIES AT A TERTIARY CARE CENTRE

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/OP/128	Prof.	Nasreen Noor	SUBCUTANEOUS WOUND IRRIGATION WITH BETADINE VERSUS NORMAL SALINE TO PREVENT SURGICAL SITE INFECTIONS IN ELECTIVE CAESAREAN SECTION
MCH/OP/129	Dr.	Neetu Mandia	HISTOPATHOLOGICAL CHANGES IN PLACENTAS IN EARLY VS LATE ONSET FGR & ASSOCIATED DOPPLER CHNAGES
MCH/OP/130	Dr.	Katyani Kumari	ASSOCIATION OF MODIFIED BIOPHYSICAL PROFILE, PLACENTAL POSITION AND UMBILICAL ARTERY PH WITH PERINATAL OUTCOME IN WOMEN WITH DECREASED FETAL MOVEMENTS
MCH/OP/131	Prof.	Sonia Dahiya	ASSOCIATION OF COMBINED BIRTH WEIGHT OF NEWBORNS IN MULTIFETAL PREGNANCY WITH THE BLOOD LOSS DURING DELIVERY
MCH/OP/132	Dr.	Eshani Bahl	UTEROCERVICAL ANGLE BY ULTRASONOGRAPHY AS A POSSIBLE PREDICTOR OF SPONTANEOUS PRETERM LABOUR- AN OBSERVATIONAL STUDY
MCH/OP/133	Dr.	Itishree Jena	EFFICACY OF HAEMOLOCK CATHETER (UTERINE BALLOON TAMPONADE) IN CONTROLLING ATONIC POSTPARTUM HEMORRHAGE AND ITS COMPARISON WITH OTHER ROUTINELY USED UBTS: A PROSPECTIVE ANALYTICAL STUDY
MCH/OP/134	Dr.	Anita Nelakuditi	IMPLEMENTATION OF WHO LABOUR CARE GUIDE FOR A POSITIVE CHILDBIRTH EXPERIENCE
MCH/OP/135	Prof.	Shuchi Manish Jain	INTRODUCTION OF MIDWIVES LED EVIDENCE BASED CARE FOR IMPROVEMENT OF MATERNAL AND CHILD HEALTH
MCH/OP/136	Dr.	Sangeeta Palsania	MLCU IN DISTRICT HOSPITAL UJJAIN SERVICES
MCH/OP/137	Dr.	Anusha Khare	CORRELATION OF EARLY FETAL ADIPOSITY AND ROUTINE GESTATIONAL DIABETES SCREENING IN INDIAN PREGNANT WOMEN
MCH/OP/138	Dr.	Preeti Yadav	PLATELET INDICES AND PLATELET FUNCTION TESTS IN PREECLAMPSIA
MCH/OP/139	Prof.	Deepika Meena	FROM PREVALENCE TO PROGRESS: QUALITY IMPROVEMENT STRATEGIES FOR ANEMIA REDUCTION IN PREGNANCY
MCH/OP/140	Dr.	Shreya Singhwal	SOCIODEMOGRAPHIC FACTORS CONTRIBUTING TO ECLAMPSIA AND THEIR CORRELATION WITH PERINATAL AND MATERNAL OUTCOME
MCH/OP/142	Dr.	Muskan Goyal	PLACENTAL GROWTH FACTOR LEVELS AND ITS ASSOCIATION WITH PRETERM BIRTH IN FETAL GROWTH RESTRICTION
MCH/OP/143	Dr.	Adhibha Babu T	TO STUDY THE ROLE OF SERUM NETRIN-1 AND URINARY KIM-1 LEVEL IN RISK STRATIFICATION OF PREECLAMPSIA
MCH/OP/144	Dr.	Samhitha Kulkarni	EFFECT OF MATERNAL BODY MASS INDEX ON ESTIMATION OF FETAL WEIGHT USING ULTRASONOGRAPHY
MCH/OP/145	Dr.	Prarthana Priya	CLINICAL CORRELATES OF GESTATIONAL DIABETES MELLITUS: MATERNAL RISK FACTORS AND PREGNANCY OUTCOMES

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/OP/146	Dr.	Sapna Sridhar	MATERNAL AND NEONATAL OUTCOME IN PREGNANCY IN WOMEN AGED 35 YEARS AND ABOVE: A RETROSPECTIVE OBSERVATIONAL STUDY
MCH/OP/147	Dr.	Tejaswini Mudri	ASSESSMENT OF CULTURAL BELIEFS AND PRACTICES DURING THE POSTNATAL PERIOD AFFECTING POSTPARTUM RECOVERY AND ITS MANAGEMENT IN A TERTIARY CARE HOSPITAL- A CROSS SECTIONAL STUDY
MCH/OP/148	Dr.	Kavita Agarwal	TO STUDY CHALLENGES OF INTERFACILITY TRANSFER AND PROFILE OF OBSTETRIC PATIENTS REFERRED TO A TERTIARY CARE HOSPITAL.
MCH/OP/149	Dr.	Nancy Bhagat	PRENATAL DIAGNOSIS OF FETAL DIGESTIVE AND URINARY TRACT MALFORMATIONS AND PREGNANCY OUTCOME AT TERTIARY REFERRAL CENTER, A RETROSPECTIVE STUDY.
MCH/OP/150	Dr.	Ishita Paliwal	VITAMIN B12 LEVELS AS A PREDICTOR OF THREATENED ABORTION-A PROSPECTIVE OBSERVATIONAL COHORT STUDY
MCH/OP/151	Dr.	Naveli	UTILISING A CLINICAL AUDIT OF OBSTETRIC CHOLESTASIS AS A PERINATAL QUALITY IMPROVEMENT TOOL.
MCH/OP/152	Dr.	Chennaboina Divya Divya	COMPARISON OF MATERNAL PLASMA SYNDECAN-1 AND SPINT-1 LEVELS IN SMALL FOR GESTATIONAL AGE AND APPROPRIATE FOR GESTATIONAL AGE FETUSES
MCH/OP/153	Dr.	Reshma Khatoon	EVALUATION OF MATERNAL ULTRASONOGRAPHIC ADIPOSE TISSUE MEASUREMENTS AND BMI IN GESTATIONAL DIABETES MELLITUS.
MCH/OP/154	Dr.	Sherasiya Asif Abdulrahim	DUAL PROSTAGLANDIN APPROACH VERSUS STANDARD DINOPROSTONE FOR LABOUR INDUCTION IN TERM PREGNANCY
MCH/OP/155	Dr.	Natasha Tyagi	KNOWLEDGE AND PRACTICES REGARDING ANEMIA IN PREGNANCY IN NEW DELHI: WHERE DO WE STAND?
MCH/OP/156	Dr.	Sunnam Jyothi Priya	A RETROSPECTIVE STUDY OF CHANGING TRENDS,INCIDENCE,COMPLICATIONS OF PLACENTA PREVIA IN A TERTIARY CARE HOSPITAL AND ITS FETOMATERNAL OUTCOME
MCH/OP/157	Dr.	Anupama Mathur	PERINATAL OUTCOME IN EARLY AND LATE ONSET OF GESTATIONAL DIABETES MELLITUS
MCH/OP/158	Dr.	Ashwini Mishra	EVALUATION OF INCIDENCE AND RISK FACTORS FOR OBSTETRIC ANAL SPHINCTER INJURIES IN VAGINAL DELIVERIES.
MCH/OP/159	Dr.	Tanushree Jain	ROLE OF PROPHYLACTIC ADD ON TRANEXAMIC ACID IN ACTIVE MANAGEMENT OF THIRD STAGE OF LABOUR: A PROSPECTIVE RANDOMISED STUDY
MCH/OP/160	Dr.	Pooja	SERUM LACTATE DEHYDROGENASE LEVELS AND ITS ASSOCIATION WITH MATERNAL OUTCOME IN PREGNANT WOMEN WITH PREECLAMPSIA – A PROSPECTIVE OBSERVATIONAL STUDY.
MCH/OP/161	Dr.	Adeeba Naaz	FIRST TRIMESTER BMI AS PREDICTOR OF GESTATIONAL DIABETES AND HYPERTENSIVE DISORDER IN PREGNANCY

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/OP/162	Dr.	Raksha R Parashar	STATUS OF UTILIZATION OF ASPIRIN AMONG PATIENTS ADMITTED WITH HYPERTENSIVE DISORDERS OF PREGNANCY.
MCH/OP/163	Dr.	Vidhi Goyal	ASSOCIATION OF CERVICOVAGINAL INTERLEUKIN-6 WITH LATENCY PERIOD IN WOMEN WITH PRETERM PREMATURE RUPTURE OF MEMBRANES
MCH/OP/164	Dr.	Farheen Naaz	A STUDY ON RISK FACTORS AND CLINICAL PRESENTATION OF ECTOPIC PREGNANCY AT TERTIARY CENTER HYDERABAD SEPTEMBER 2016 TO AUGUST 2017
MCH/OP/165	Dr.	Tanuja Tatrari	ASSOCIATION OF SFLT-1/PLGF RATIO WITH ADVERSE MATERNAL AND FETAL OUTCOMES IN PREECLAMPSIA
MCH/OP/166	Dr.	Tamanna	PREVALENCE OF ABRUPTIO PLACENTAE AMONG THE PREGNANT WOMEN WITH PREECLAMPSIA AND ITS FETOMATERNAL OUTCOMES AT TERTIARY CARE INSTITUTE
MCH/OP/167	Dr.	Samarina Kamal	A CASE SERIES STUDY OF MATERBAL NEAR MISS CASES AT A TERTIARY CARE CENTRE OF JHARKHAND
MCH/OP/168	Dr.	Shruthi H P	TUBERCULOSIS AND PREGNANCY – CASE SERIES
MCH/OP/169	Dr.	G. Thenmozhi	“WHEN PREGNANCY TURNS PERILOUS:THE UNSEEN BURDEN OF HYPEREMESIS GRAVIDARUM “
MCH/OP/170	Dr.	Kommineni Sri Pooja	MATERNAL OUTCOMES IN HYPERTENSIVE DISORDERS OF PREGNANCY IN A TERTIARY CARE HOSPITAL
MCH/OP/171	Dr.	Neeti Gupta	EFFECTIVENESS OF MAGNESIUM SULPHATE IN REDUCING MATERNAL AND FETAL COMPLICATIONS IN HYPERTENSION IN PREGNANCY - RETROSPECTIVE STUDY.
MCH/OP/172	Dr.	Sangati Bhargavi	ASSESSMENT OF FETAL OUTCOME AND COMPLICATIONS IN CASES OF PPROM
MCH/OP/173	Dr.	Gangadasu Manogna	ASSESSMENT OF PREVALENCE OF TEENAGE PREGNANCY AND ITS OBSTETRIC AND PERINATAL OUTCOME IN A RURAL TERTIARY CARE HOSPITAL,
MCH/OP/174	Prof.	Anupama Bahadur	SWASTHGARBH (HEALTHY PREGNANCY) AN INNOVATIVE MOBILE APP FOR IMPROVING ANTENATAL CARE IN IMPROVING MATERNAL AND FETAL HEALTH
MCH/OP/175	Dr.	Sunita Bora	ASSOCIATION OF FIRST TRIMESTER SERUM URIC ACID LEVEL WITH GESTATIONAL DIABETES MELLITUS - A PROSPECTIVE COHORT STUDY
MCH/OP/176	Dr.	Supriya Chaubey	"TARGETED REDUCTION OF CESAREAN DELIVERIES USING ROBSON TGCS AND PDSA CYCLES IN A TERTIARY CARE SETTING"
MCH/OP/177	Dr.	Lubna	ASSOCIATION BETWEEN CTG FINDINGS AND FOETAL OUTCOMES IN POST-DATED PREGNANCIES
MCH/OP/178	Dr.	Jagriti Varshney	CORRELATION OF MID-PREGNANCY SERUM FERRITIN WITH GESTATIONAL DIABETES MELLITUS AND NEONATAL OUTCOME

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/OP/179	Dr.	Sujata Deo	EVALUATING THE ROLE OF ULTRASONOGRAPHY AND FIGO GRADING IN PREDICTING SURGICAL OUTCOMES IN PLACENTA ACCRETA SPECTRUM DISORDER.
MCH/OP/180	Dr.	Ratnpriya	FETAL GROWTH RESTRICTION: PREVALENCE, ETIOLOGY AND PREGNANCY OUTCOMES IN A TERTIARY CENTER.
MCH/OP/181	Dr.	Rose Khandelwal	FIRST TRIMESTER TWO-HOUR POST-CHALLENGE GLUCOSE AND HBA1C AS PREDICTORS OF GESTATIONAL DIABETES MELLITUS: A PROSPECTIVE COHORT STUDY
MCH/OP/182	Dr.	Nallamilli Satwika Reddy	TRENDS IN MATERNAL MORTALITY IN A TERTIARY CARE CENTRE
MCH/OP/183	Dr.	Anu	AWARENESS AND PRACTISES OF EXCLUSIVE BREASTFEEDING AMONG MOTHERS IN A TERTIARY HOPITAL IN DELHI- CONTINUED EFFORT NEEDED
MCH/OP/184	Dr.	Miloni More	CAN CRP/ALBUMIN RATIO PREDICT SURGICAL SITE INFECTIONS?
MCH/OP/185	Dr.	Syeda Sarah Bibi Fatima	COMPARATIVE EFFECT OF INTRAVENOUS AND ORAL MATERNAL HYDRATION ON AMNIOTIC FLUID INDEX IN PREGNANCIES COMPLICATED BY OLIGOAMNIOS
MCH/OP/186	Dr.	Ananya Kaushik	CHRONIC KIDNEY DISEASE IN PREGNANCY: MATERNAL AND FETAL OUTCOMES – EXPERIENCE FROM A TERTIARY CARE CENTRE
MCH/OP/187	Dr.	Kishore Kumar Hansda	INCIDENCE OF GDM AMONG PREGNANT WOMEN WITH FIRST TRIMESTER PPBS BETWEEN 110 TO 140 MG/DL : A PROSPECTIVE OBSERVATIONAL COHORT STUDY
MCH/OP/188	Dr.	Somya Aggarwal	EARLY PREGNANCY THYROID MARKERS AND THEIR ASSOCIATION WITH DEVELOPMENT OF GESTATIONAL DIABETES MELLITUS: A CROSS SECTIONAL STUDY
MCH/OP/189	Dr.	Shamaila Rashid	UNMASKING POSTPARTUM URINARY RETENTION: THE ROLE OF INTRAPARTUM RISK FACTORS
MCH/OP/190	Dr.	Tanmay Vinayak Deshpande	STUDY OF RE-EXPLORATORY LAPAROTOMIES IN OBSTETRICS AND GYNAECOLOGY : A 10-YEAR RETROSPECTIVE ANALYSIS AT A TERTIARY CARE CENTER
MCH/OP/191	Dr.	Akanksha Dalal	QUALITY DRIVEN INTERVENTIONS TO DECREASE CAESAREAN SECTION RATES USING MODIFIED ROBSON CLASSIFICATION
MCH/OP/192	Dr.	Nisha Chopra	GROBMAN SCORE FOR PREDICTION OF SUCCESSFUL TRIAL OF LABOUR AFTER CESAREAN SECTION
MCH/OP/193	Dr.	Yakkala Lakshmi Chaitanya	MATERNAL SERUM INFLAMMATORY MARKERS IN STILL BIRTH
MCH/OP/194	Dr.	Sana Fatima	TO STUDY THE FOETAL PULMONARY ARTERY DOPPLER CHANGES IN PREGNANCIES COMPLICATED WITH INTRAHEPATIC CHOLESTASIS OF PREGNANCY: A CASE CONTROL STUDY
MCH/OP/195	Dr.	Sakshi Jha	TO ASSESS THE PREVALENCE OF HYPERHOMOCYSTEINEMIA IN PREGNANCY AND THE CHANGE IN THE LEVELS OF HOMOCYSTEINEAFTER TREATMENT WITH VITAMIN B12 AND FOLIC ACID

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/OP/196	Dr.	Jyoshna Devi	PREGNANCY OUTCOMES IN TAKAYASU ARTERITIS-A CASE SERIES
MCH/OP/197	Dr.	Ritu Agrawal	FROM SENSITIVITY TO RESPONSIVENESS: ASSESSING INDIA'S NATIONAL HEALTH POLICIES (1983–2017) USING THE WHO GENDER ASSESSMENT TOOL
MCH/OP/198	Dr.	Dasari Lakshmi Prasanna	CARDIAC DISORDERS IN PREGNANCY AND MATERNAL OUTCOMES
MCH/OP/199	Dr.	Smruti Damodar Gedam	BEYOND BLOOD PRESSURE: MATERNAL AND PERINATAL OUTCOMES ACROSS THE SPECTRUM OF HYPERTENSIVE DISORDERS IN PREGNANCY
MCH/OP/200	Dr.	Vanishree Mangalsing Chavhan	PROSPECTIVE COMPARATIVE STUDY OF MISOPROSTOL ALONE VERSUS MIFEPRISTONE PLUS MISOPROSTOL FOR SECOND-TRIMESTER PREGNANCY TERMINATION
MCH/OP/201	Dr.	Sukriti Kapoor	BETWEEN PATIENCE AND RISK – WHEN DO WE DELIVER SGA FETUSES WITH NORMAL DOPPLER? A CLINICAL AUDIT
MCH/OP/202	Dr.	Vilas N. Kurude	REVIEW OF MATERNAL MORTALITY AT TERTIARY CARE TEACHING INSTITUTE- A DECADE STUDY
MCH/OP/203	Dr.	Mehanaz Habeeb	COMPARISON OF OXYTOCIN VS CARBETOCIN IN PREVENTION OF POSTPARTUM HEMORRHAGE FOLLOWING NORMAL VAGINAL DELIVERY
MCH/OP/204	Dr.	Kavita Dwivedi	A PROSPECTIVE STUDY TO DETERMINE PREDICTIVR ABILITY OF HDP GESTOSIS SCORE FPR THE DEVELOP OF PRE ECLAMPSIA
MCH/OP/205	Dr.	Roobina Grewal	CASE SERIES - INTRAUTERINE TRANSFUSION
MCH/OP/206	Dr.	Deokar Swati Vishnu	PROSPECTIVE OBSERVATIONAL STUDY TO IDENTIFY EFFECTIVENESS OF DIGITAL, ADVANCED, REAL-TIME AND COMPREHENSIVE (ARC) PARTOGRAPHY IN REDUCING MATERNAL AND FETAL COMPLICATIONS IN A RURAL TERTIARY CARE HOSPITAL
MCH/OP/207	Dr.	Yalavarthi Harini	MATERNAL AND FETAL OUTCOME IN HELLP SYNDROME
MCH/OP/208	Dr.	Avni Gupta	EVALUATION OF THE MATERNAL AND PERINATAL OUTCOME IN ABRUPTIO PLACENTA IN CONCERN TO COAGULATION PROFILE
MCH/OP/209	Ms.	Vangalapati Mamata Preeth	"A REVIEW OF DERMATOLOGICAL MANIFESTATIONS IN PREGNANCY AND THEIR CLINICAL SIGNIFICANCE"
MCH/OP/210	Dr.	Shilpa Bhowmik	METABOLIC DYSFUNCTION ASSOCIATED STEATOTIC LIVER DISEASE IN THE FIRST TRIMESTER AND ITS ASSOCIATION WITH THE SUBSEQUENT DEVELOPMENT OF HYPERTENSION IN PREGNANCY: A PROSPECTIVE COHORT STUDY
MCH/OP/211	Dr.	Shambhavi Kore	CYTOGENETIC ANALYSIS OF PRODUCTS OF CONCEPTION IN FIRST TRIMESTER SPONTANEOUS ABORTIONS: A CROSS-SECTIONAL STUDY AT A TERTIARY CARE CENTRE
MCH/OP/212	Dr.	Sweety Sinha	MEASURING THE BRAIN'S BRIDGE: CORPUS CALLOSUM NOMOGRAM IN APPROPRIATELY GROWN FETUSES AND ITS COMPARISON IN GROWTH RESTRICTED FETUSES
MCH/OP/213	Dr.	Soniya Vishwakarma	COMPARATIVE STUDY OF COMBINED WITH SILDENAFIL AND NIFEDIPINE ALONE FOR MANAGEMENT OF THREATENED PRETERM LABOUR.

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/OP/214	Dr.	Archana Merrin Bobby	MATERNAL AND NEONATAL OUTCOMES IN PREGNANCY WITH CHRONIC KIDNEY DISEASE
MCH/OP/215	Dr.	Nirosha Nalam	STUDY OF ASSOCIATION OF FETAL CEREBROPLACENTAL RATIO WITH ADVERSE PERINATAL OUTCOME IN UNCOMPLICATED TERM AGA PREGNANCIES
MCH/OP/216	Dr.	Jagdeep Kaur	TRENDS IN MATERNAL MORTALITY AT A TERTIARY HOSPITAL IN PUNJAB OVER LAST 8 YEARS – ARE WE HEADING TOWARDS AN OBSTETRIC TRANSITION ?
MCH/OP/217	Dr.	Kunduru Vyshnavi	OBSTETRIC AND PERINATAL OUTCOMES IN TEENAGE PREGNANCY: A RETROSPECTIVE ANALYSIS
MCH/OP/218	Dr.	Akalya	FROM HEART FAILURE TO HOPE:A WINDOW INTO PERIPARTUM CARDIOMYOPATHY-A CASE SERIES
MCH/OP/219	Dr.	Bushra Shereen	POSTPARTUM MOOD DISTURBANCES AND THEIR PREDICTORS: ASSOCIATION WITH MATERNAL MEDICAL DISORDERS, OBSTETRIC RISK FACTORS AND PERINATAL OUTCOMES
MCH/OP/220	Dr.	Abhinitha Bairi	A CLINICAL STUDY OF ECTOPIC PREGNANCY IN TERITIARY CARE HOSPITAL
MCH/OP/221	Dr.	Prof. Pragati Divedi	TO COMPARE WHO LABOUR CARE GUIDE VERSUS MODIFIED PARTOGRAPH FOR MATERNAL AND FETAL OUTCOME AT RURAL CARE CENTER: A PREVENTIVE RANDOMIZED CONTROL TRIAL
MCH/OP/222	Dr.	Shweta	FETAL HEMOGLOBIN, CYSTATIN-C, PREGNANCY ASSOCIATED PLASMA PROTEIN-A ALONG WITH UTERINE ARTERY DOPPLER AS POTENTIAL PREDICTIVE FIRST TRIMESTER MARKERS OF PRE-ECLAMPSIA
MCH/OP/223	Dr.	Sunita Attri	FETOMATERNAL OUTCOME IN CASES OF OLIGOHYDRAMNIOS AT TERM : A CASE CONTROL STUDY
MCH/OP/224	Dr.	Tania Verma	IMPACT OF ADVANCED MATERNAL AGE ON FETOMATERNAL OUTCOMES: A PROSPECTIVE COMPARATIVE STUDY IN A TERTIARY CARE SETTING
MCH/OP/225	Dr.	Anjali	A RANDOMISED CONTROLLED TRIAL COMPARING ORAL VERSUS INTRAMUSCULAR VITAMIN B12 THERAPY IN PREGNANT WOMEN WITH VITAMIN B12 DEFICIENCY ANEMIA
MCH/OP/226	Dr.	Karri Pavani Sai Ganga Bhavani	EFFICACY OF CARBETOCIN VERSUS OXYTOCIN IN THE ACTIVE MANAGEMENT OF THE THIRD STAGE OF LABOR
MCH/OP/227	Dr.	Manikonda B Satyasri Alekhya	CORRELATION BETWEEN MIDDLE CEREBRAL ARTERY PEAK SYSTOLIC VELOCITY (MCA-PSV) AND FETAL ANEMIA
MCH/OP/228	Dr.	Anamika Das	EFFECT OF PREOPERATIVE RECTAL MISOPROSTOL ON INTRA AND POSTOPERATIVE BLOOD LOSS IN ELECTIVE CAESAREAN DELIVERY
MCH/OP/229	Dr.	Prof. Lopamudra B John	EXPECTANT VERSUS ACTIVE MANAGEMENT OF SMALL FOR GESTATIONAL AGE PREGNANCIES WITH NORMAL DOPPLER PARAMETERS: AN OBSERVATIONAL STUDY
MCH/OP/230	Dr.	Sushma Yadav	TO STUDY CORRELATION BETWEEN DEMOGRAPHIC FACTOR AND UTILIZATION OF MATERNAL HEALTH SERVICES ON MATERNAL MORTALITY IN DISTRICT GURUGRAM.

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/OP/231	Dr.	Kavya Kosuri	"INDICATIONS FOR BLOOD PRODUCT TRANSFUSION IN OBSTETRIC CASES: A SIX-MONTH OBSERVATIONAL STUDY"
MCH/OP/232	Dr.	Kesireddy Bhargavi	A STUDY ON INCIDENCE AND ANALYSIS OF MATERNAL NEAR MISS CASES IN A TERTIARY CARE HOSPITAL
MCH/OP/233	Dr.	Medha Tirkey	MATERNAL NEAR MISS CASES IN TERTIARY CARE TEACHING HOSPITAL OF JHARKHAND
MCH/OP/234	Dr.	Kanchan Prasad	EFFECT OF VIRTUAL REALITY ON LABOR PAINS, MATERNAL ANXIETY AND CHILD BIRTH SAISFACTION
MCH/OP/235	Dr.	Vidushi Verma	AN ANALYSIS ON INDUCTION OF LABOR IN TERTIARY CARE CENTRE
MCH/OP/236	Dr.	Akshita Maheshwari	COMPARISION OF PLATELET INDICES OF PREECLAMPTIC AND NORMOTENSIVE PREGNANT WOMEN
MCH/OP/237	Dr.	Reetu Yadav	EVALUATION OF MATERNAL SERUM CYSTATIN-C LEVELS IN PRE-ECLAMPSIA.
MCH/OP/238	Dr.	Surya Chandrika Bondada	PREGNANCY IN TETRALOGY OF FALLOT: CLINICAL COURSE AND OUTCOMES
MCH/OP/239	Dr.	Deekshitha Pothula	DIFFERENT PATTERN OF PRESENTATION OF ECTOPIC PREGNANCY AND ITS MANAGEMENT
MCH/OP/240	Dr.	Tanvir Singh	EFFECTIVENESS OF GESTOSIS SCORE FOR PREDICTION OF HDP (HYPERTENSIVE DISORDER OF PREGNANCY) IN A TERTIARY HOSPITAL
MCH/OP/241	Dr.	Sushmita M Patil	COMPARATIVE STUDY ON DILUTED OXYTOCIN 2.5 U INTRAVENOUS IN THIRD STAGE OF LABOUR VERSUS UNDILUTED OXYTOCIN 10 U INTRAMUSCULAR IN THIRD STAGE OF LABOUR
MCH/OP/242	Dr.	Tarini Singh	ASSOCIATION OF UMBILICAL CORD BLOOD PH IN WOMEN UNDERGOING LSCS FOR CATEGORY II AND III CARDIOTOCOGRAPHY
MCH/OP/243	Dr.	Shilpa Verma	SURGICAL SITE INFECTION IN CONTINUOUS VERSUS INTERRUPTED SUBCUTANEOUS CLOSURE DURING PRIMARY CAESAREAN DELIVERY
MCH/OP/244	Dr.	Sai Pragyna Sree	INCIDENCE OF SURGICAL SITE INFECTION AFTER ANTIBIOTIC PROPHYLAXIS WITH CEFAZOLIN AND AZITHROMYCIN IN WOMEN UNDERGOING CESAREAN SECTION - A PROSPECTIVE OBSERVATIONAL STUDY
MCH/OP/245	Dr.	Manisha Chandel	FETOMATERNAL MONITORING IN LATENT AND ACTIVE PHASE OF LABOR TO DETECT ADVERSE PREGNANCY OUTCOMES
MCH/OP/246	Dr.	Sakshi Bajaj	ROLE OF DEXAMETHASONE IN POST CAESAREAN ANALGESIA AND RECOVERY
MCH/OP/247	Dr.	Shambhavi Jha	A CROSS-SECTIONAL STUDY ON MENTAL HEALTH ISSUES DURING PREGNANCY.
MCH/OP/248	Dr.	Vrunda Joshi	SEVERE CHRONIC ANAEMIA IN PREGNANCY: ROLE OF INFLAMMATION

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/OP/249	Dr.	Gangula Gnana Prasoona	A CASE SERIES ON SEVERE PREECLAMPIA AND ITS COMPLICATIONS IN TERTIARY CARE HOSPITAL
MCH/OP/250	Dr.	Harshita Panthi	STUDY OF CARDIO-METABOLIC RISK FACTORS IN 4TH TRIMESTER OF WOMEN AT MEDICAL COLLEGE HOSPITAL OF CENTRAL INDIA
MCH/OP/251	Dr.	Saloni Kamboj	FETAL CONGENITAL PULMONARY AIRWAY MALFORMATION (CPAM) : PRENATAL DIAGNOSIS, MANAGEMENT AND OUTCOMES
MCH/OP/252	Dr.	Prerna Chandila	INTRODUCTION OF NEWER STRATEGIES FOR THE HIGHEST IMPLEMENTATION OF DELAYED UMBILICAL CORD CLAMPING AFTER CAESAREAN BIRTH – A QUALITY IMPROVEMENT STUDY
MCH/OP/253	Dr.	J.YAVANA SURIYA	KNOWLEDGE, ATTITUDE, PRACTICE AND BARRIERS OF PRENATAL YOGA AND EXERCISES IN A TERTIARY CARE HOSPITAL IN SOUTHERN INDIA – A CROSS-SECTIONAL STUDY
MCH/OP/254	Dr.	Vasudha Singal	COMPARISON OF FOETAL MYOCARDIAL PERFORMANCE INDEX IN WOMEN WITH AND WITHOUT GESTATIONAL DIABETES MELLITUS
MCH/OP/255	Dr.	Nandini Verma	FETOMATERNAL OUTCOME IN PREGNANCY RELATED ACUTE KIDNEY INJURY(PRAKI)
MCH/OP/257	Dr.	Venigalla Rama	PLANNED PREGNANCY IN WOMEN WITH CONNECTIVE TISSUE DISORDERS IMPROVES OUTCOME.
MCH/OP/258	Dr.	Smita Batni	IMPROVING MATERNAL SATISFACTION DURING CHILDBIRTH: A STUDY OF NON-CLINICAL FACTORS WITH LAQSHYA-BASED RECOMMENDATIONS
MCH/OP/259	Dr.	Shivani Mishra	A STUDY ON STAGE 1 HYPERTENSION IN EARLY PREGNANCY AND OBSTETRIC OUTCOMES
MCH/OP/260	Dr.	Asha	STUDY OF FETO-MATERNAL OUTCOME IN HIGH-RISK PREGNANT WOMEN STRATIFIED BY MEWTS TOOL
MCH/OP/261	Dr.	Mitanshi Garg	RESTORING HOPE TO HEAL HEARTS BEYOND THE SILENCE: STRUCTURED PERINATAL GRIEF ASSESSMENT AND COMPASSIONATE CARE FOR BOTH MOTHERS AND FATHERS FOLLOWING INTRAUTERINE FETAL DEMISE
MCH/OP/262	Dr.	Gargi Agarwal	CHANGING TRENDS IN PRIMARY CAESAREAN SECTION: A ONE-YEAR RETROSPECTIVE ANALYSIS FROM A CORPORATE HEALTHCARE SETTING
MCH/OP/263	Dr.	Dr Shreya Mahajan	COMPARATIVE ANALYSIS OF ORAL IRON WITH INJECTABLE FERRIC CARBOXYMALTOSE FOR TREATMENT OF POST PARTUM IRON DEFICIENCY ANAEMIA
MCH/OP/264	Dr.	Sanskriti Gupta	IMPACT OF INTRAPARTUM COMPUTERIZED CARDIOTOCOGRAPHY ON MATERNAL AND PERINATAL OUTCOME IN HIGH RISK PREGNANCY : A RETROSPECTIVE STUDY.
MCH/OP/265	Dr.	Wagisha Sisodia	OPHTHALMIC ARTERY DOPPLER AT 11-13 WEEKS AND PREDICTION OF PRE-ECLAMPSIA IN A TERTIARY CARE HOSPITAL
MCH/OP/266	Prof..	Reema	“THE DELICATE TRADE-OFF: HOW MULTIFETAL PREGNANCY REDUCTION SHAPES MATERNAL AND NEONATAL FUTURES”

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/OP/267	Dr.	Ananta	SILENT SIGNALS, LOUD OUTCOMES: ROLE OF NT PROBNP IN PREDICTING MATERNAL CARDIAC EVENTS
MCH/OP/268	Dr.	Shadia Bano	MATERNAL SND FETAL OUTCOMES IN THE PATIENTS OF PLACENTA ACCRETA SPECTRUM DISORDER
MCH/OP/269	Dr.	Kumili Neelima	LACTATE ENHANCED QUICK SEQUENTIAL ORGAN FAILURE ASSESSMENT SCORE (" LQSOFA") AS A TOOL TO PREDICT THE PROGNOSIS IN PATIENTS DIAGNOSED WITH SEPSIS IN GYN & OBS INTENSIVE CARE UNIT
MCH/OP/270	Dr.	Samala Bhavani	ABRUPTION IN HYPERTENSIVE DISORDERS OF PREGNANCY AND ITS MATERNAL AND FETAL OUTCOME
MCH/OP/271	Dr.	Anupama Bhute	"ECHOCARDIOGRAPHIC ASSESSMENT OF CARDIAC DYSFUNCTION IN PRE-ECLAMPSIA: EXPERIENCE FROM A TERTIARY CARE CENTRE IN CENTRAL INDIA"
MCH/OP/272	Dr.	Aayush Jain	PERINATAL OUTCOMES AND CHARACTERISTICS OF CONGENITAL ANOMALIES DETECTED IN THE THIRD TRIMESTER: A SINGLE CENTER EXPERIENCE
MCH/OP/273	Dr.	Sunitha C	EFFECT OF MATERNAL AND FETAL OUTCOME IN TEENAGE PREGNANCY
MCH/OP/274	Dr.	Damini Rathee	STUDY OF SERUM CALCIUM, MAGNESIUM AND URIC ACID AND ITS CORRELATION WITH OUTCOMES IN PREGNANT WOMEN WITH AND WITHOUT HYPERTENSIVE DISORDERS
MCH/OP/275	Dr.	Shahna Salam M	RISK FACTORS, DELIVERY PATTERNS, AND PERINATAL OUTCOMES OF PRETERM BIRTHS IN AN ART-ENABLED TERTIARY CARE HOSPITAL: A THREE-YEAR RETROSPECTIVE STUDY
MCH/OP/276	Dr.	Vidhi Sambyal	IMPACT OF OLIGOHYDRAMNIOS ON FOETOMATERNAL OUTCOME : A PROSPECTIVE STUDY
MCH/OP/277		Prof. Prasad Laxmikant Bhanap	CLINICAL AUDIT AS A TOOL FOR IMPROVING MATERNAL SAFETY USING DIGITAL HEALTH STANDARDS
MCH/OP/278	Dr.	Yashika	PREDICTION OF ADVERSE PREGNANCY OUTCOMES BY USING COMBINATION OF MATERNAL CHARACTERISTICS, MEAN ARTERIAL PRESSURE AND UTERINE ARTERIAL DOPPLER AT 11-14 WEEKS OF PREGNANCY
MCH/OP/279	Dr.	Surya Kumari Bondada	UTERINE ARTERY LIGATION PRIOR TO UTERINE INCISION IN PLACENTA PREVIA: A CASE SERIES
MCH/OP/280	Dr.	Shivangi Bhagat	FETOMATERNAL OUTCOMES IN PREGNANCIES COMPLICATED BY OLIGOHYDRAMNIOS: A CROSS-SECTIONAL OBSERVATIONAL STUDY IN A TERTIARY CARE HOSPITAL
MCH/OP/281	Dr.	Tanya Khajuria	TO EVALUATE THE ASSOCIATION BETWEEN CPR AND ADVERSE PERINATAL OUTCOMES IN TERM AGA PREGNANCIES.
MCH/OP/282	Dr.	Kalaivani Kannaiyan	FROM MILKY BLOOD TO MATERNAL WELLNESS: INSULIN MANAGEMENT IN HYPERTRIGLYCERIDEMIA IN PREGNANCY
MCH/OP/283	Dr.	Jyoti Prabha Jena	AMNIOTIC FLUID FLOATERS IN DETERMINING TIME OF DELIVERY
MCH/OP/284	Dr.	Radhika Phophaliya	CLINICAL EXPERIENCE WITH RFVIIA IN SEVERE ATONIC PPH: A RETROSPECTIVE OBSERVATIONAL STUDY FROM A TERTIARY CARE CENTRE IN INDIA

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/OP/285	Dr.	Shailja Bhamri	ANALYSIS OF STILLBIRTHS AT A TERTIARY CARE CENTRE USING RECODE CLASSIFICATION SYSTEM
MCH/OP/286	Dr.	Nanthini Soundararajan	PLACENTA ACCRETA SPECTRUM AND ITS OUTCOMES
MCH/OP/287	Dr.	Panchampreet Kaur	PERINATAL OUTCOMES AND CLINICAL IMPLICATIONS OF ART PREGNANCIES REQUIRING OBSTETRIC CRITICAL CARE
MCH/OP/288	Dr.	Nishita Purohit	FROM SUSPICION TO CONFIRMATION: ROLE OF OPHTHALMIC ARTERY DOPPLER IN WOMEN WITH SUSPECTED PE
MCH/OP/289	Dr.	Smriti Sonakar	MATERNAL DYSLIPIDAEMIA IN PREGNANT WOMEN WITH INTRAHEPATIC CHOLESTSIS OF PREGNANCY
MCH/OP/290	Prof.	Monica Verma	A STUDY TO PREDICT SUCCESS OF INDUCTION OF LABOUR IN PRIMIGRAVIDA BEYOND 40 WEEKS OF PREGNANCY BY ULTRASONOGRAPHIC MEASUREMENT OF FETAL ADRENAL GLAND SIZE
MCH/OP/291	Dr.	Priyanka Prasad	EVALUATION OF PROPHYLACTIC USE OF NEGATIVE INTRAUTERINE SUCTION DEVICE IN HIGH-RISK WOMEN DURING THE THIRD STAGE OF LABOR FOR PREVENTION OF ATONIC POSTPARTUM HAEMORRHAGE
MCH/OP/292	Dr.	Akshita Jain	BIRTH AFTER PREVIOUS CAESAREAN SECTION
MCH/OP/293	Dr.	Megha Verma	COMPARISON OF NON-BIOMETRIC FETAL SONOGRAPHIC PARAMETERS IN DIABETIC AND NON-DIABETIC GRAVIDAS AND THEIR CORRELATION WITH MATERNAL GLYCEMIC CONTROL, BIRTH WEIGHT, AND PERINATAL OUTCOME
MCH/OP/295	Dr.	Anubhuti Rana	FETAL TACHYARRHYTHMIAS: MANAGEMENT STRATEGIES AND PERINATAL OUTCOMES FROM A SEVEN YEAR EXPERIENCE AT A TERTIARY CARE HOSPITAL
MCH/OP/296	Dr.	Harshita	FROM CONVULSIONS TO CRADLES: MANAGING SEIZURE DISORDERS IN PREGNANCY — A CASE SERIES AND LITERATURE REVIEW AT A TERTIARY CARE CENTRE.
MCH/OP/297	Dr.	Himakshi Boro	PERINATAL OUTCOMES IN FETUSES WITH ABSENT/REVERSED FLOW IN UMBILICAL ARTERY DOPPLER
MCH/OP/298	Dr.	Pooja	UTEROCERVICAL ANGLE AS A PREDICTOR OF PRETERM BIRTH
MCH/OP/299	Dr.	Chanchal	COMPARATIVE OUTCOMES OF MULTIFETAL REDUCTION VERSUS EXPECTANT MANAGEMENT IN DCTA TRIPLETS: A SINGLE CENTRE EXPERIENCE
MCH/OP/300	Dr.	Hanisha Romani	ROLE OF COLOUR DOPPLER IN PERINATAL OUTCOME IN TERM PRE-ECLAMPSIA
MCH/OP/301	Dr.	Swati Trivedi	PRENATAL ULTRASONOGRAPHIC ANALYSES OF UMBILICO-PORTAL VENOUS SYSTEM CONNECTION VARIANTS: A NORMATIVE DATA FROM NORTH-WEST INDIA.
MCH/OP/302	Dr.	Annu Kumari	PROTOCOL-POWERED PRECISION : A NEW ERA IN FGR MANAGEMENT
MCH/OP/303	Dr.	Sushree Monika Sahoo	PERINATAL OUTCOMES IN NON-CIRRHOTIC PORTAL HYPERTENSION: A SINGLE-CENTRE, FIVE-YEAR RETROSPECTIVE COHORT STUDY
MCH/OP/304	Dr.	Madhurya Nagesh	“ARTIFICIAL INTELLIGENCE–DRIVEN MODEL FOR EARLY PREDICTION AND DETECTION OF PREECLAMPSIA FROM ECG DATA.”

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/OP/305	Dr.	Sarfaraz Kazi	THE S 4 TECHNIQUE : A SIX STITCH TECHNIQUE BY SARFARAZ KAZI TO SAVE THE UTERUS IN PLACENTA ACCRETA SPECTRUM
MCH/OP/306	Dr.	Pratibha Roy	FIRST- TRIMESTER PREDICTION OF PRETERM PREEC LAMPSIA USING COMBINED CLINICAL AND BIOMARKER MODELS
MCH/OP/307	Ms.	Prachi Tuli	COMPARISON OF LOW DOSE VERSUS HIGH DOSE MAGNESIUM SULPHATE IN SEVERE PRE-ECLAMPSIA AND ECLAMPSIA
MCH/OP/308	Dr.	Neeti Singhal	AN OBSERVATIONAL STUDY ON POST PARTUM MENTAL HEALTH IN A TERTIARY HEALTH CARE CENTRE
MCH/OP/309	Dr.	Lakshmi Priya	"EVALUATING THE IMPACT OF INTEGRATED AYURVEDA AND ALLOPATHY CARE ON PREGNANCY OUTCOMES IN WOMEN WITH PREVIOUS CAESAREAN DELIVERIES"
MCH/OP/310	Dr.	Beenu Kushwah	REFERRALS BETWEEN PUBLIC SECTOR HEALTH INSTITUTIONS FOR HIGH-RISK PREGNANT WOMEN IN HIGH FOCUS STATE OF INDIA: A QUALITATIVE ANALYSIS OF BARRIERS AND FACILITATORS
MCH/OP/311	Dr.	Deepali Gautam	COMBINED USE OF TRANSCERVICAL FOLEY'S CATHETER WITH VAGINAL MISOPROSTOL VS VAGINAL MISOPROSTOL ALONE FOR SECOND TRIMESTER ABORTION
MCH/OP/312	Dr.	Priyanka Kundal	IMPACT OF PREVIOUS SPONTANEOUS ABORTION ON MATERNAL AND FETAL OUTCOMES IN SUBSEQUENT PREGNANCIES
MCH/OP/313	Dr.	Swati Tomar	THE CARDIAC OBSTETRIC JOURNEY: INDUCTION AND DELIVERY OUTCOMES IN PREGNANT WOMEN WITH CARDIAC DISEASES
MCH/OP/314	Dr.	Neha Sharad Lal	ASSOCIATION OF APO E GENE POLYMORPHISM AND SERUM TNF ALPHA WITH LIPID PROFILE IN PREECLAMPSIA
MCH/OP/315	Dr.	Ravela Esha	VAGINAL FLORA PATTERNS IN PPROM:A CASE-CONTROL STUDY WITH MATERNAL AND NEONATAL OUTCOMES.
MCH/OP/316	Dr.	Tanishka	FETOMATERNAL OUTCOME IN WOMEN WITH PRETERM PREMATURE RUPTURE OF MEMBRANE IN 32-34 WEEKS VS 34+1WEEK -36 WEEK
MCH/OP/317	Prof.	Pikee Saxena	PREVENTION OF GESTATIONAL DIABETES MELLITUS BY TREATING EARLY GESTATIONAL GLUCOSE INTOLERANCE (EGGI) WITH AND WITHOUT METFORMIN – A RANDOMIZED CONTROLLED TRIAL
MCH/OP/318	Dr.	Ambreen Fatima	SERUM LEVEL OF PAPP-A AND DOPPLER VELOCIMETRY IN THE ASSESSMENT OF FETO MATERNAL OUTCOME IN HIGH RISK PREGNANCY
MCH/OP/319	Dr.	Ankita	ROLE OF MODIFIED BIOPHYSICAL PROFILE IN PREDICTING FETAL OUTCOME IN SINGLETON PREGNANCIES
MCH/OP/320	Dr.	Manisha	COMPARISON OF INDUCTION ABORTION INTERVAL IN MID TRIMESTER TERMINATION OF PREGNANCIES WITH AND WITHOUT INTRA-AMNIOTIC DIGOXIN - A RANDOMIZED CONTROL TRIAL
MCH/OP/321	Dr.	Mansi R	PREDICTION OF PRE-ECLAMPSIA IN GESTATIONAL HYPERTENSION USING PLATELET COUNT AND MEAN PLATELET VOLUME

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/OP/322	Ms.	Sana Tarannum Bijapur	OBSTETRIC ANALGESIA AND ANAESTHESIA IN WOMEN WITH INHERITED BLEEDING DISORDERS
MCH/OP/323	Dr.	Kadmisetty Sai Aashrita	A TASTE OF TRADITION : TODDY CONSUMPTION AND ITS ASSOCIATION WITH PREGNANCY OUTCOMES - A HOSPITAL BASED OBSERVATIONAL STUDY
MCH/OP/324	Dr.	Sanghmitra	EFFECT OF INTERVAL BETWEEN ADMINISTRATION OF SPINAL ANAESTHESIA AND DELIVERY OF FETUS ON UMBILICAL ARTERIAL CORD PH OF NEONATES: A PROSPECTIVE OBSERVATIONAL STUDY
MCH/OP/325	Dr.	Bojjalwar Alekhya	STUDY OF MATERNAL AND PERINATAL OUTCOME AND CAUSES OF ABRUPTIO PLACENTA IN A TERTIARY CARE CENTRE
MCH/OP/326	Dr.	Ritu Kushwah	EVALUATION OF THE APPROPRIATENESS OF ANTENATAL DEXAMETHASONE ADMINISTRATION TIMING IN WOMEN AT RISK OF PRETERM BIRTH
MCH/OP/327	Dr.	Sonal Prasad	EFFECT OF DIFFERENT DOSES OF VITAMIN D SUPPLEMENTATION ON MATERNAL & FETAL OUTCOME IN VITAMIN D DEFICIENT MOTHERS.
MCH/OP/328	Dr.	Pooja Thurkal	TENS FOR LABOUR ANALGESIA
MCH/OP/329	Dr.	Devineni Hemalatha	CUTTING THROUGH THE DATA: ROBSON TEN GROUP ANALYSIS OF CAESAREAN DELIVERIES IN A TERTIARY CARE HOSPITAL
MCH/OP/330	Dr.	Kalyanamsupriya	A STUDY OF OLIGOHYDRAMNIOS IN THE ANTENATAL PERIOD AND ITS IMPACT ON FETAL OUTCOME
MCH/OP/331	Dr.	Rakshitha Magar	A RANDOMIZED CONTROL TRIAL ON SAFETY AND EFFICACY OF ORAL MIFEPRISTONE IN CERVICAL RIPENING AND INDUCTION OF LABOUR IN TERM PREGNANCIES
MCH/OP/332	Dr.	Arunav Arora	NAUSEA AND VOMITING IN PREGNANCY—IS IT ALWAYS HYPEREMESIS?
MCH/OP/333	Dr.	Shreya Pourush	FROM TRANSPLANT TO TRIUMPH : MATERNAL AND FETAL OUTCOMES IN RENAL TRANSPLANT RECIPIENTS
MCH/OP/334	Dr.	Sanjana Nallamilli	FETOMATERNAL OUTCOMES AND ASSOCIATED FACTORS AMONG MOTHER'S WITH OBSTRUCTED LABOUR
MCH/OP/335	Dr.	Priyanka Sharma	EFFECT OF LABETALOL AND NIDEDEPINE REGIMENS ON CEREBROVASCULAR BLOOD FLOW INDICES AND SYMPTOMATOLOGY IN SEVERE PRE- ECLAMPSIAATERNAL
MCH/OP/336	Dr.	Arifa Anwar Elahi	MISOPROSTOL-INDUCED SEVERE HYPERTHERMIA WITH ALTERED MENTAL STATUS: A CASE SERIES OF A RARE ADVERSE DRUG REACTION
MCH/OP/337	Dr.	Dr Rajkishori Dandotiya	TITLE- STUDY OF MATERNAL NEAR MISS CASES AT TERTIARY CARE CENTRE – A RETROSPECTIVE OBSERVATIONAL STUDY.
MCH/OP/338	Dr.	Aparajita Soni	WHEN SURVIVAL TELLS A STORY: A RETROSPECTIVE ANALYSIS OF MATERNAL NEAR-MISS EVENTS IN AN INDIAN TERTIARY CARE CENTRE
MCH/OP/339	Dr.	Anurati Arora	ANTENATAL SCREENING FOR HAEMOGLOBINOPATHIES AT A TERTIARY CARE CENTRE

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/OP/340	Dr.	Arti Saini	COMPARISON OF FIRST-TRIMESTER ABSOLUTE IMMATURE PLATELET COUNTS IN PREGNANT WOMEN AT HIGH AND LOW RISK OF DEVELOPING PREECLAMPSIA
MCH/OP/341	Dr.	Lakshita	BRIDGING AWARENESS AND ACTION : UNDERSTANDING MATERNAL RESPONSE TO PREGNANCY DANGER SIGNS IN RURAL INDIA
MCH/OP/342	Dr.	Sabiya	KNOWLEDGE, ATTITUDES, AND PRACTICES OF LABORING WOMEN REGARDING ANTENATAL AND LABOR EXERCISES: A CROSS-SECTIONAL STUDY.
MCH/OP/343	Dr.	Smita Kumari	TRENDS OF MATERNAL MORTALITY AT TERTIARY CARE CENTRE: A RETROSPECTIVE CROSS SECTIONAL STUDY
MCH/OP/344	Dr.	Neha Mishra	ASSOCIATION OF LEUCOCYTE INDICES, PLATELET INDICES, AND C-REACTIVE PROTEIN(LOW COST MARKERS) WITH SEVERITY OF PREECLAMPSIA
MCH/OP/345	Dr.	Akshaya	COMPARING THE EFFICACY OF INTRAVENOUS IRON SUCROSE AND ORAL IRON IN ANEMIA OF PREGNANCY IN SECOND AND THIRD TRIMESTER.
MCH/OP/346	Dr.	Satish R Pidai	A RANDOMISED CONTROLLED TRIAL TO COMPARE THE EFFICACY OF CARBETOCIN OVER OXYTOCIN IN THE PREVENTION OF POSTPARTUM HAEMORRHAGE IN A TERTIARY CARE CENTRE
MCH/OP/347	Dr.	Mayakka Doddamani	THE USE OF ECHOCARDIOGRAM IN THE ASSESSMENT OF CARDIOVASCULAR CHANGES IN PRE-ECLAMPSIA: A CASE CONTROL
MCH/OP/348	Prof.	Ratna Biswas	OPHTHALMIC ARTERY DOPPLER INDICES IN PREDICTION OF ADVERSE MATERNAL OUTCOME IN PREECLAMPSIA.
MCH/OP/349	Dr.	Jyotsna Sharma	REFLECTIONS ON SECOND AND THIRD TRIMESTER MEDICAL TERMINATION OF PREGNANCY
MCH/OP/350	Dr.	Vinisha Gourishetty	PREDICTION OF PRE-ECLAMPSIA USING FIRST TRIMESTER CLINICO-RADIOLOGICAL & BIOCHEMICAL SCREENING MARKERS
MCH/OP/351	Dr.	Aparna Sharma	EX UTERO INTRAPARTUM THERAPY (EXIT): EXPERIENCE FROM SIX CASES WITH ANTICIPATED FETAL AIRWAY OBSTRUCTION
MCH/OP/352	Dr.	Srishti Bajaj	“DECODING THE PLACENTAL CLOCK: PREDICTIVE ROLE OF FETAL ADRENAL GLAND ENLARGEMENT IN LABOR INDUCTION SUCCESS”
MCH/OP/353	Dr.	Nirupama Gupta	GESTATIONAL DIABETES MELLITUS AND MATERNAL CARDIAC DYSFUNCTION A PROSPECTIVE COHORT STUDY
MCH/OP/354	Dr.	Vartika Maheshwari	IMPROVING PERINATAL OUTCOMES THROUGH STRUCTURED AUDITS: INSIGHTS FROM INDIAN TERTIARY CARE EXPERIENCE
MCH/OP/355	Ms.	Archana B S	FETOMATERNAL OUTCOME OF INTERNAL ILIAC ARTERY LIGATION
MCH/OP/356	Dr.	Hitha	COMPARISON OF LEVELS OF SERUM GLYCOSYLATED FIBRONECTIN IN PATIENTS WITH PREECLAMPSIA AND GESTATIONAL HYPERTENSION WITH THAT OF NORMOTENSIVE PREGNANT WOMEN

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/OP/357	Dr.	Ushasravanthi	FAILED INDUCTION LEADING TO PRIMARY CAESAREAN SECTION - A STUDY AT TERTIARY CARE HOSPITAL
MCH/OP/358	Dr.	Shobha Shyavi	EFFICACY OF DYNOPROSTONE PESSARY IN INDUCING LABOUR IN A RURAL SETTING
MCH/OP/359	Dr.	Pratima Agarwal	CONGENITAL FETAL MALFORMATIONS AND MEDICAL TERMINATION OF PREGNANCY: A RETROSPECTIVE STUDY
MCH/OP/360	Dr.	Akash Ajay Gandhi	IMPACT OF COMPREHENSIVE VS CONVENTIONAL ANC COUNSELLING ON MATERNAL CHILDBIRTH EXPERIENCE IN A TERTIARY CARE CENTRE
MCH/OP/361	Dr.	Satakshi Singh	CORRELATION OF PRE- AND POST-TREATMENT MCA-PSV CHANGES WITH ANTIHYPERTENSIVE DRUG DOSAGE IN SEVERE HYPERTENSION IN PREGNANCY
MCH/OP/362	Dr.	Indira Palo	AWARENESS, ATTITUDE AND ACCEPTANCE OF LONG ACTIVITY REVERSIBLE CONTRACEPTION AMONG WOMEN ATTENDING LABOUR ROOM MKCG MEDICAL COLLEGE HOSPITAL, BERHAMPUR, ODISHA
MCH/OP/363	Dr.	Neha Sahay	TIMING MATTERS: A COMPARATIVE ANALYSIS OF EARLY VERSUS LATE REDUCTION IN TRIPLET PREGNANCIES
MCH/OP/364	Dr.	Archana Kumari	GESTATIONAL WEIGHT GAIN AND POSTPARTUM WEIGHT RETENTION IN WOMEN SIX MONTHS AFTER DELIVERY
MCH/OP/365	Prof.	Jaya Chawla	ASSOCIATION OF FETAL MAIN PULMONARY ARTERY DOPPLER ACCELERATION TIME TO EJECTION TIME RATIO WITH NEONATAL RESPIRATORY DISTRESS SYNDROME (RDS) IN PRETERM NEONATES'
MCH/OP/366	Dr.	Shashi Thakur	HIGH RISK PREGNANCY IN TRIBES ALONG NARMADA RIVER BELT. A STUDY OF 5504 CASES
MCH/OP/367	Dr.	Naureen Akhter	RISK FACTORS OF PRETERM DELIVERY-A CROSS SECTIONAL STUDY IN NORTHERN INDIA
MCH/OP/368	Prof.	Swati Rathore	PLACENTA PREVIA AND ACCRETA : OBSTETRICIAN AND CHALLENGES
MCH/OP/369	Prof.	Zeba Khanam	RASI: A NOVEL TOOL FOR OBSTETRIC SEPSIS SCREENING
MCH/OP/370	Dr.	Tarini Singh	A RETROSPECTIVE STUDY ON OUTCOME OF PREGNANCY AT SUB DISTRICT HOSPITAL OF UT OF JAMMU AND KISHMIR
MCH/OP/371	Dr.	Debasmita Daschowdhury	TEENAGE PREGNANCY- THE GEN Z MENACE
MCH/OP/372	Dr.	Pooja Kumari	TITLE: A COMPARATIVE STUDY OF EFFICACY OF ORAL DYDROGESTERONE, ORAL MICRONISED PROGESTERONE AND VAGINAL MICRONISED PROGESTERONE IN THREATENED ABORTION.
MCH/OP/373	Prof.	Apoorva Kulshrestha	INTEGRATED PRENATAL SCREENING AND PREECLAMPSIA SCORING USING THE FMF CALCULATOR: CORRELATING DUAL TEST BIOMARKERS WITH BIRTH OUTCOMES — A ONE-YEAR RETROSPECTIVE STUDY IN A TERTIARY CARE TEACHING HOSPITAL
MCH/OP/374	Dr.	Apala Singh	COMPARISON OF PREVENTION OF POST-PARTUM HEMORRHAGE USING CARBETOCIN VS OXYTOCIN IN CESAREAN SECTION: AN OPEN-LABEL RANDOMIZED CLINICAL TRIAL IN CENTRAL INDIA

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/OP/375	Dr.	Anupama	TRIGLYCERIDE-GLUCOSE INDEX IN RISK PREDICTION OF GESTATIONAL DIABETES: A PROSPECTIVE COHORT STUDY IN RURAL INDIA
MCH/OP/376	Dr.	Shagufta	PATTERN AND BURDEN OF CONGENITAL ANOMALIES IN A RURAL HOSPITAL, NORTH INDIA.
MCH/OP/377	Dr.	Bonala Kavya Sree	AN INSTITUTIONAL STUDY ON ROLE OF EXPECTANT MANAGEMENT IN PROLONGED PRETERM PRELABOUR RUPTURE OF MEMBRANES
MCH/OP/378	Dr.	Mansi Kumar	ANALYSIS OF INCREASING CESAREAN SECTION RATE BY ROBSON'S 10-GROUP CLASSIFICATION SYSTEM IN A TERTIARY CARE PUBLIC CHARITABLE HOSPITAL IN HARYANA
MCH/OP/379	Dr.	Aishwarya V Yajaman	ANTENATAL DETERMINANTS OF SMALL FOR GESTATIONAL AGE NEWBORNS DELIVERED AT TERM
MCH/OP/380	Dr.	Harsha Sree	A CLINICAL STUDY OF PLACENTA PREVIA AND ITS EFFECT ON MATERNAL AND FETAL OUTCOME
MCH/OP/381	Dr.	Vandanapu Srujana	INTRAUMBILICAL VERSUS INTRAMUSCULAR OXYTOCIN IN THE MANAGEMENT OF THIRD STAGE OF LABOUR
MCH/OP/382	Dr.	Uzma Rashid	INTRAOPERATIVE MANAGEMENT STRATEGIES AND MATERNAL OUTCOMES IN PLACENTA ACCRETA SPECTRUM: A RETROSPECTIVE STUDY FROM A TERTIARY CARE CENTRE IN NORTH INDIA
MCH/OP/383	Prof.	Shyam Pyari Jaiswar	ANTENATAL MYOMECTOMY- A SURGICAL NECESSITY AND MANAGEMENT!
MCH/OP/384	Dr.	Reena Rani	BREAKING THE PRESSURE: MATERNAL-FETAL OUTCOME AFTER BALLOON MITRAL VALVULOPLASTY IN PREGNANCY- CASE SERIES INSIGHTS
MCH/OP/385	Dr.	Nitika Sharma	PREVALENCE AND RECENT ANTIBIOTIC SUSCEPTIBILTY TRENDS OF ASYMPTOMATIC BACTERIURIA (ASB) IN ANTENATAL POPULATION: CROSSSECTIONAL STUDY
MCH/OP/386	Dr.	Shivasai Maithreyi Jallu	PLACENTA ACRETA SPECTRUM - DETECT EARLY,ACT EARLY
MCH/OP/387	Dr.	Gobidesi Padma	A STUDY ON FETOMATERNAL OUTCOME IN OLIGOHYDROMNIOS IN PREGNANCY IN TERTIARY CARE HOSPITAL
MCH/OP/388	Dr.	Anshul Rohatgi	AN INSIGHT INTO THE T4 INITIATIVE AT BJRM HOSPITAL, DELHI
MCH/OP/389	Dr.	Beenish Geelani	MATERNAL OUTCOME IN PREGNANCIES COMPLICATED BY SEVERE AMEMIA
MCH/OP/390	Dr.	Dunga Navya	TITLE : STUDY OF IMPACT OF HEMOGLOBINOPATHIES ON FETO-MATERNAL OUTCOMES IN PREGNANCY
MCH/OP/391	Dr.	Doopam Himabindu	EXCLUSIVE BREAST FEEDING
MCH/OP/392	Dr.	Prashanth S Uppin	FETOMATERNAL OUTCOME IN WOMEN WITH INTRAHEPATIC CHOLESTASIS OF PREGNANCY

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/OP/393	Dr.	Anshu Paul	MECONIUM STAINING OF AMNIOTIC FLUID- A POOR INDICATOR OF FETAL COMPROMISE
MCH/OP/394	Dr.	Sheetal Rani	EVALUATING THE IMPACT OF ANTEPARTUM HAEMORRHAGE ON MATERNO-FOETAL OUTCOMES IN HIGH-RISK REFERRAL CENTRE
MGG/OP/02	Prof.	Archana Sinha	EFFECT OF PERI-URETHRAL INJECTION OF AUTOLOGOUS PLATELET-RICH PLASMA IN FEMALE GENUINE STRESS INCONTINENCE- A SINGLE ARM INTERVENTIONAL PILOT STUDY
MGG/OP/04	Dr.	Sheetal Dogra	ASSESSMENT OF QUALITY OF LIFE IN WOMEN BEFORE AND AFTER VAGINAL HYSTERECTOMY: A PROSPECTIVE STUDY
MGG/OP/05	Prof.	Ritu Vaibhav Jain	MORBIDITY PROFILE & QUALITY OF LIFE (QOL) IN MENOPAUSAL WOMEN FROM SEMI URBAN CENTRAL INDIA- INSIGHTS FROM HOSPITAL BASED ANALYSIS.
MGG/OP/06	Dr.	Nafeya Farheen	OBSERVATIONAL STUDY ON THE EFFECT OF VASOPRESSIN VERSUS NORMAL SALINE IN THE AMOUNT OF BLOOD LOSS IN PROCIDENTIA SURGERY
MGG/OP/07	Dr.	Devyani Misra	GYNECOLOGICAL CONSULTATIONS IN POSTMENOPAUSAL WOMEN: EXPANDING FOCUS FROM MENOPAUSAL HEALTH TO OVERALL HEALTH AND FUTURE WELLBEING
MGG/OP/08	Dr.	Isha Yadav	THE DOUBLE BURDEN: UNRAVELING OBESITY'S COMPLEX IMPACT ON MENOPAUSAL SYMPTOMS AND CARDIOMETABOLIC HEALTH
MGG/OP/09	Dr.	Shivani Sharma	- TO EVALUATE THE POSSIBLE ASSOCIATION BETWEEN VITAMIN D DEFICIENCY AND PELVIC FLOOR DISORDERS'
MGG/OP/10	Dr.	Vaishnavi Maurya	EVALUATION OF PELVIC FLOOR DYSFUNCTION AFTER ABDOMINAL HYSTERECTOMY: A PROSPECTIVE COHORT STUDY
MGG/OP/11	Dr.	Priyanka Rapaka	~STUDY OF GYNAECOLOGICAL PROBLEMS IN POSTMENOPAUSAL WOMEN IN TERITIARY CARE HOSPITAL~
MGG/OP/12	Dr.	Monica Agrawal	"UNVEILING THE HIDDEN TRIAD OF PERIMENOPAUSE: PSYCHIATRIC MORBIDITY, SEXUAL HEALTH, AND QUALITY OF LIFE — A CROSS-SECTIONAL OBSERVATIONAL STUDY."
MGG/OP/13	Dr.	Sayali Alaspurkar	CLINICAL AUDIT OF HYSTERECTOMIES IN A RURAL TERTIARY CENTRE
MGG/OP/14	Dr.	Farha Fareed Khan	ASSESSMENT OF MENOPAUSAL SYMPTOMS USING MODIFIED MENOPAUSE RATING SCALE
MGG/OP/15	Dr.	Soudip Saha	STUDY ON GYNECOLOGICAL PROBLEMS IN GERIATRIC PATIENTS IN INDIA
MGG/OP/16	Dr.	Rajlaxmi Mundhra	ADIPOSITY INDICATORS AS PREDICTOR OF METABOLIC SYNDROME IN MENOPAUSAL WOMEN: A PROSPECTIVE OBSERVATIONAL STUDY.
MGG/OP/17	Dr.	Sakshi Verma	TRANSPERINEAL ULTRASONOGRAPHY-A NEW HOPE FOR PELVIC FLOOR ASSESSMENT IN POSTMENOPAUSAL WOMEN

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MGG/OP/18	Dr.	Sai Priya Mandem	TO ASSESS THE IMPACT OF MENOPAUSAL SYMPTOMS AND COPING STRATEGIES ON QUALITY OF LIFE AMONG POST MENOPAUSAL WOMEN
MGG/OP/19	Dr.	Tanishqa Deepak Kadu	MENOPAUSE,MUSCLE AND BONE: CORRELATING SYMPTOMS, ACTIVITY AND BONE MINERAL DENSITY
MGG/OP/20	Dr.	Charu Pathak	MENOPAUSAL HORMONE THERAPY (MHT)
MGG/OP/21	Dr.	Toshi Jain	THE SILENT SUFFERING : AWARENESS AND TREATMENT SEEKING FOR URINARY INCONTINENCE AMONG ELDERLY INDIAN WOMEN IN A TIER 2 CITY
MGG/OP/22	Dr.	K C Thabitha	PREVALENCE AND IMPACT OF GENITOURINARY SYNDROME OF MENOPAUSE (GSM) IN POSTMENOPAUSAL WOMEN: A PROSPECTIVE OBSERVATIONAL STUDY
MGG/OP/23	Dr.	Archana Bharti	IS HYSTERECTOMY A RISK FACTOR FOR URINARY INCONTINENCE?
MGG/OP/24	Dr.	Sadaf Kareem	SEVERITY OF POSTMENOPAUSAL SYMPTOMS IN TRANSITION PHASE OF MENOPAUSE:A CROSS -SECTIONAL OBSERVATIONAL STUDY IN NORTH INDIA.
MGG/OP/25	Dr.	Priyanka Rai	IMPACT OF SURGICAL MENOPAUSE VERSUS PHYSIOLOGICAL MENOPAUSE ON QUALITY OF LIFE AND MENTAL HEALTH: A CROSS-SECTIONAL STUDY IN EASTERN PART OF INDIA
MGG/OP/26	Dr.	Gitanjali Kapoor	SIGNIFICANCE OF CLINICAL AND HISTOPATHOLOGICAL EVALUATION IN WOMEN WITH POSTMENOPAUSAL BLEEDING
MIGS/OP/01	Dr.	Shyamji Tiwari	EFFECTIVENESS OF WARM SALINE FOR PAIN RELIEF IN OFFICE HYSTEROSCOPY: A PROSPECTIVE RANDOMIZED CONTROL TRIAL
MIGS/OP/02	Dr.	Aishwarya	¨LAPAROSCOPIC SURGICAL SPECTRUM OF MULLERIAN ANOMALIES: A CASE SERIES OF RARE PRESENTATION AND MANAGEMENT
MIGS/OP/03	Dr.	Megha Kansara	IMPLEMENTATION OF ENHANCED RECOVERY AFTER SURGERY PROTOCOL IN TOTAL LAPAROSCOPIC HYSTERECTOMY – A PROSPECTIVE RANDOMIZED CONTROL TRIAL
MIGS/OP/04	Dr.	Aaliya Tabasum	REDEFINING THE ROLE OF LAPAROSCOPY IN ECTOPIC PREGNANCY: A TWO-YEAR TERTIARY CARE EXPERIENCE
MIGS/OP/05	Dr.	Richa Vatsa	ROBERT'S UTERUS REVISITED: A VIDEO JOURNEY FROM MISDIAGNOSIS TO MASTERY IN HYSTEROSCOPIC UNIFICATION OF UTERINE CAVITY
MIGS/OP/07	Dr.	Aakanksha Jeph	A STUDY OF DIAGNOSTIC ACCURACY OF DYNAMIC ULTRASOUND FOR DEEP AND PELVIC ENDOMETRIOSIS IN COMPARISON TO THE ENZIAN CLASSIFICATION ON LAPAROSCOPY
MIGS/OP/08	Dr.	Shreya Jain	RESIDENT INSIGHT ON LAPROSCOPIC ENTRY: VNI VS DTI IN A TERTIARY CARE CENTRE
MIGS/OP/09	Dr.	Sharan Walter	EFFICACY OF UTERINE ARTERY EMBOLIZATION IN THE MANAGEMENT OF UTERINE ADENOMYOSIS
MIGS/OP/10	Dr.	Sameera	COMPARISON OF VAGINAL NATURAL ORIFICE TRANSLUMINAL ENDOSCOPIC SURGERY (VNOTES) AND CONVENTIONAL LAPAROSCOPIC HYSTERECTOMY IN BENIGN, NON-PROLAPSE CASES.

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MIGS/OP/11	Dr.	Prachi Gupta	LAPAROSCOPIC MANAGEMENT OF CESAREAN SCAR ECTOPIC PREGNANCY: RETROSPECTIVE STUDY WITH VIDEO PRESENTATION
MIGS/OP/12	Dr.	Manasi Deoghare	MANAGING THE 'MESS OF MESH': A VIDEO PRESENTATION OF LAPAROSCOPIC MESH REMOVAL
MIGS/OP/13	Dr.	Harshita Awasthi	COMPARISON OF THE EFFECTS OF MINIMALLY INVASIVE HYSTERECTOMY WITH BILATERAL SALPINGECTOMY VS OPEN HYSTERECTOMY WITH BILATERAL SALPINGECTOMY ON OVARIAN FUNCTION & MENOPAUSAL SYMPTOMS: A PROSPECTIVE COHORT STUDY
MIGS/OP/15	Dr.	Ayushi Bansal	UNDERSUSPECTED, UNDERDIAGNOSED, UNDERTREATED – A RARE CAUSE OF REFRACTORY DYSMENORRHOEA: ACUM- A VIDEO PRESENTATION
MIGS/OP/16	Dr.	Juhi Bharti	LAPAROSCOPIC REPAIR OF CESAREAN SCAR DEFECT WITH HYSTEROSCOPIC ASSISTANCE: A DUAL-VIEW PRECISION
MIGS/OP/17	Dr.	Penzy Goyal	RUPTURED ENDOMETRIOMA – A RARE YET CRITICAL CAUSE OF ACUTE ABDOMEN
MIGS/OP/18	Dr.	Monica Jayanth	REDEFINIG PELVIC SUPPORT : THE LAPAROSCOPIC ERA IN UROGYNECOLOGICAL SURGERY
MIGS/OP/19	Dr.	Muntaha	A TERTIARY CARE HOSPITAL EXPERIENCE OF DORSAL ON-LAY BUCCAL MUCOSAL GRAFT URETHROPLASTY IN FEMALE URETHRAL STRICTURE– AN EFFECTIVE APPROACH (VIDEO PRESENTATION)
MIGS/OP/20	Dr.	Pydi Saroja	ROLE OF HYSTEROLAPROSCOPY IN EVALUATION OF INFERTILE WOMEN IN CENTRAL RURAL INDIA
MIGS/OP/21	Dr.	Bhupinder Deep Kaur	MINIMALLY INVASIVE APPROACHES TO ACCESSORY CAVITATING UTERINE MASS: ADDRESSING DIAGNOSTIC CHALLENGES
MIGS/OP/22	Dr.	Rabia Zaman	A PROSPECTIVE RANDOMISED CONTROLLED TRIAL ON UTERINE ARTERY LIGATION IN TOTAL LAPAROSCOPIC HYSTERECTOMY IN A TERTIARY CARE HOSPITAL
MIGS/OP/23	Dr.	Neha Varun	VASCULAR RETAINED PRODUCTS OF CONCEPTION – AN INTEGRATIVE MANAGEMENT INVOLVING INTERVENTIONAL RADIOLOGY AND MINIMALLY INVASIVE APPROACH
MIGS/OP/24	Dr.	Meenakshi Gupta	BIPOLAR VESSEL SEALER IN NON-DESCENT VAGINAL HYSTERECTOMY: A STEP FORWARD IN MINIMALLY INVASIVE GYNAECOLOGICAL SURGERY
MIGS/OP/25	Dr.	Lucky	COMPARATIVE EVALUATION OF LAPAROSCOPIC SACROCERVICOPEXY USING NO. 5 ETHIBOND SUTURE VERSUS CONVENTIONAL POLYPROPYLENE MESH IN UTERINE PROLAPSE.
MIGS/OP/26	Dr.	Shilpa Dodani	BENEFIT OF LAPAROSCOPIC BURCH COLPOSUSPENSION WITH TLH IN PATIENTS WITH MILD TO MODERATE CYSTOCELE
MIGS/OP/27	Dr.	Reshab Das	EFFECT OF TRANSCERVICAL INTRALESIONAL VASOPRESSIN ON OPERATIVE PARAMETERS IN HYSTEROSCOPIC MYOMECTOMY: A RANDOMIZED CONTROLLED TRIAL
MIGS/OP/28	Dr.	Mustafeez Ur Rehman	LAPAROSCOPIC HUSL SUSPENSION – AN EFFECTIVE NATIVE TISSUE TECHNIQUE FOR APICAL PROLAPSE

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MIGS/OP/29	Dr.	Bhavna Kaushik Chaudhry	LAPAROSCOPIC ISTHMOCELE REPAIR: A TERTIARY CARE EXPERIENCE WITH POSTOPERATIVE OUTCOMES
MIGS/OP/30	Dr.	Priyanka Gupta	LAPAROSCOPY IN THE DIAGNOSIS OF TUBERCULOSIS IN CHRONIC PELVIC PAIN
MIGS/OP/31	Dr.	Divya R	UTILITY OF DYNAMIC TRANSVAGINAL ULTRASONOGRAPHY IN THE PREDICITION OF PELVIC ADHESIONS DURING LAPAROSCOPIC PELVIC SURGERIES
MIGS/OP/32	Dr.	Ritika Malviya	MYOMA SCREW OR MANGESHKAR MANIPULATOR -A COMPARATIVE STUDY
MIGS/OP/33	Dr.	Suman Lal	ROBOTIC ASSISTED HYSTERECTOMY FOR LARGE UTERUS: OUR EXPERIENCE IN TERTIARY CARE
MIGS/OP/35	Dr.	Ashraf Ali M	A STUDY ON LAPAROSCOPIC STERILISATION USING 5MM LAPAROSCOPE AND DIRECT TROCAR ENTRY METHOD AT DISTRICT HOSPITAL BALLARI KARNATAKA .
MIGS/OP/36	Dr.	Bhumika Chandra	HYSTEROSCOPIC EVALUATION IN ASYMPTOMATIC POSTMENOPAUSAL WOMEN WITH INCREASED ENDOMETRIAL THICKNESS.
MIGS/OP/37	Dr.	Ashu Rana	TO STUDY THE EVIDENCE OF ENDOMETRIAL INFLAMMATION ON HYSTEROSCOPY AND ITS CORRELATION WITH HISTOPATHOLOGICAL FINDINGS IN GYNAECOLOGICAL DISORDERS.
MIGS/OP/38	Dr.	Paridhi Gupta	LAPAROSCOPIC DAVYDOV VAGINOPLASTY : A CASE SERIES
MIGS/OP/40	Dr.	Ritu Raj	LAPAROSCOPIC MANAGEMENT OF PREGNANCY RELATED COMPLICATIONS: CASE SERIES AND REVIEW OF LITERATURE
MIGS/OP/41	Dr.	Isha Kriplani	MANAGING INFECTED ENDOMETRIOMAS - SURGICAL CHALLENGES AND FERTILITY CONSEQUENCES
MIGS/OP/42	Dr.	Monika Madaan Gaur	ABDOMINAL TUBERCULOSIS VERSUS OVARIAN CARCINOMA: A DIAGNOSTIC DILEMMA AND LAPAROSCOPY AS AN AID IN DIAGNOSIS
MIGS/OP/43	Dr.	Vartika Srivastava	¨RARE ADOLESCENT MULLERIAN ANOMALY: BICORPOREAL BICOLLIS UTERUS WITH UNILATERAL CERVICAL DYSGENESIS SUCCESSFULLY MANAGED BY HYSTEROSCOPIC CREATION OF A NEO-CERVIX
MIGS/OP/44	Dr.	Sutindra Sarkar	FLUOROSCOPY GUIDED LAPAROSCOPIC CONSERVATIVE SURGERY FOR PELVIC ENDOMETRIOSIS
MISC/OP/01	Dr.	Roopika Garg	ROLE OF METFORMIN & MYOINOSITOL IN COMPARISON TO METFORMIN ALONE IN PATIENTS WITH PCOD IN INFERTILITY.
MISC/OP/02	Dr.	Manveen Isher	SECOND TRIMESTER MEDICAL ABORTION WITH TWO SEQUENTIAL DOSES OF MIFEPRISTONE FOLLOWED BY CATHETER PLUS MISOPROSTOL VERSUS SINGLE DOSE OF MIFEPRISTONE FOLLOWED BY CATHETER WITH MISOPROSTOL
MISC/OP/03	Dr.	Upasana Verma	REAPPRAISAL OF PLATELET LEVELS IN THROMBOCYTOPENIA OF PREGNANCY: A PROSPECTIVE STUDY IN A TERTIARY CARE HOSPITAL
MISC/OP/04	Dr.	Sindhuja Seervi	A COMPARATIVE STUDY OF FETAL WEIGHT ESTIMATION BY SYMPHYSIOFUNDAL HEIGHT AND ULTRASOUND BIOMETRY IN WOMEN AT TERM

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MISC/OP/05	Dr.	Menka Verma	ASSESSMENT OF MENOPAUSAL SYMPTOMS IN WOMEN ATTENDING GYNECOLOGY OUTPATIENT DEPARTMENT AT A TERTIARY CARE HOSPITAL IN NORTHERN INDIA
MISC/OP/06	Dr.	Kiran Lata	CORRELTION OF ENDOMETRIAL THICKNESS BY TRANSABDOMINAL AND TRANSVAGINALULTRASOUND AND HISTOPATHOLOGY REPORT IN PERI MENOPAUSAL WOMEN WITH ABNORMAL UTERINE BLEEDING
MISC/OP/07	Dr.	Chandra Jyoti	AKI IN PREGNANCY: MATERNAL HEALTH OUTCOMES AND MANAGEMENT STRATEGIES: AN OBSEVATIONAL STUDY
MISC/OP/08	Dr.	Swarnima Agrawal	EFFICACY OF COPPER IMPREGNATED WOUND DRESSING FOR WOUND HEALING IN REPEAT CAESAREAN DELIVERY: A PILOT STUDY
MISC/OP/09	Dr.	Aakanksha Mahajan	CLINICAL INSIGHTS AND DIAGNOSTIC CORRELATION OF FEMALE GENITAL TUBERCULOSIS
MISC/OP/10	Dr.	Honey Paulson	CORRELATION BETWEEN HISTOLOGY AND BLEEDING PATTERN IN A CASE OF AUB AND RISK FACTORS ANALYSIS OF AUB IN REPRODUCTIVE AGE GROUP
MISC/OP/11	Dr.	Aprajita	TITLE- FETAL FOOT LENGTH AS A PARAMETER OF GESTATIONAL AGE DETERMINATION & ITS COMPARATIVE EVALUATION WITH OTHER FETAL BIOMETRIC INDICES
MISC/OP/12	Dr.	Narmadha D	TUBERCULOSIS IN PREGNANCY-A CASE SERIES HIGHLIGHTING THE IMPACT OF EARLY DIAGNOSIS AND FOLLOW UP ON MATERNAL AND PERINATAL OUTCOMES
MISC/OP/13	Dr.	Priyanka Rana	IMPACT OF MATERNAL HEAT EXPOSURE DURING PREGNANCY ON ADVERSE FETAL OUTCOMES: A CROSS-SECTIONAL STUDY FROM WEST BENGAL
MISC/OP/14	Dr.	Bhargavi Vade	BEYOND THE TUBES: MODERN PERSPECTIVES ON NON-TUBAL ECTOPIC PREGNANCIES
MISC/OP/15	Dr.	Kanik Pandita	TO ASSESS THE ROLE OF NIFEDIPINE AS A TOCOLYTIC AGENT IN PRETERM LABOUR-A TERTIARY CARE HOSPITAL BASED PROSPECTIVE STUDY
MISC/OP/17	Dr.	Triveni GS	“RELAPAROTOMY AFTER CAESAREAN DELIVERY: A CONUNDRUM OF ESOTERICA
MISC/OP/18	Dr.	Neha Nohria	PREDICTIVE PROBABILITY OF FETAL FIBRONECTIN , USG CERVICAL LENGTH AND MCA PI DOPPLER IN FAILURE OF INDUCTION OF LABOUR
MISC/OP/19	Dr.	Nishu	PLACENTA ACCRETA SPECTRUM -A CASE SERIES
MISC/OP/20	Dr.	Harleen Oberoi	REASSESSING CAESAREAN SECTION STRATIFICATION: APPLICATION OF A MODIFIED ROBSON'S SYSTEM AT A TERTIARY HOSPITAL
MISC/OP/21	Dr.	Sushila Chaudhary	TO STUDY HISTOMORPHOLOGICAL CHANGES IN PLACENTA IN PREGNANCY ASSOCIATED SEVERE ANEMIA
MISC/OP/22	Dr.	Archana Saini	EVALUATION OF PELVIC ADHESIONS ON LAPAROSCOPY IN PATIENTS WITH UNEXPLAINED INFERTILITY
MISC/OP/23	Dr.	Aditi Verma	ANDROGEN LEVELS IN WOMEN WITH PREMATURE OVARIAN INSUFFICIENCY

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MISC/OP/25	Dr.	Priyanshu Sharma	A COMPARATIVE STUDY BETWEEN SUBLINGUAL MISOPROSTOL (PGE) VERSUS INTRACERVICAL DINOPROSTONE GEL (PGE) IN THE INDUCTION OF LABOUR IN PREGNANT WOMEN AT A TERTIARY CARE CENTRE
MISC/OP/26	Dr.	Aarushi Chaudhary	A REVIEW ON MEDICAL TERMINATION OF PREGNANCY AT A TERTIARY CARE CENTER IN HARYANA
MISC/OP/27	Dr.	Rajeev Chhabra	A PROSPECTIVE, SINGLE-ARM STUDY TO EVALUATE THE EFFICACY AND SAFETY OF BIZFER-XT® (FERROUS BISGLYCINATE 60MG+ ZINC BISGLYCINATE 15MG + FOLIC ACID 1MG + METHYLCOBALAMIN 500MCG TABLET) FOR THE TREATMENT OF IRON DEFICIENCY ANEMIA (BIZFER-IDA TRIAL): AN INTERIM ANALYSIS
MISC/OP/28	Dr.	Devika	COMPARISON OF PIPELLE ENDOMETRIAL SAMPLING AND DILATATION CURETTAGE IN ABNORMAL UTERINE BLEEDING
MISC/OP/29	Dr.	Divya Khurana	OPTIMIZING ANTIBIOTIC USE RATE IN LABOR ROOM SETTING USING SIX SIGMA APPROACH
MISC/OP/30	Dr.	Greeshma VR	PREVALENCE AND PATTERN OF CONGENITAL ANOMALIES AMONG DELIVERIES AND TERMINATIONS AT A TERTIARY CARE CENTRE: A CROSS-SECTIONAL STUDY
MISC/OP/31	Dr.	Duvvuru Saisreya	ABDOMINAL WALL ENDOMETRIOSIS : A SINGLE CENTRE CROSS SECTIONAL STUDY
MISC/OP/32	Dr.	Poonam Jain	TUBERCULOSIS AND MYRIAD PRESENTATIONS - CASE SERIES, OUR EXPERIENCE!
MISC/OP/33	Dr.	Akshita Agrawal	MATERNAL OUTCOMES FOLLOWING CAESAREAN SECTION IN ENHANCED RECOVERY AFTER SURGERY PROTOCOLS VS CONVENTIONAL CARE
MISC/OP/34	Dr.	Puli Pallavi Krishna	TITLE-RETROSPECTIVE STUDY ON EFFICACY AND ACCEPTABILITY OF LEVONORGESTREL INTRAUTERINE DEVICE (MIRENA) IN A TERTIARY CARE CENTRE
MISC/OP/35	Dr.	Sri Vaishnavi Satakshi Challa	WHEN A SCAR BLEEDS: CLINICAL INSIGHTS INTO CAESAREAN SCAR ENDOMETRIOSIS AND ITS MANAGEMENT
MISC/OP/36	Dr.	Veldi Srujana Laxman	“A RANDOMISED PLACEBO-CONTROLLED TRIAL TO COMPARE THE EFFICACY OF INTRAUTERINE LIGNOCAINE INSTILLATION WITH PARACERVICAL BLOCK IN PERIMENOPAUSAL WOMEN UNDERGOING OUTPATIENT ENDOMETRIAL BIOPSIES AT A TERTIARY CARE CENTRE IN TELANGANA”
MISC/OP/38	Dr.	Priyanka Dahiya	A CLINICO-RADIOLOGICAL MODEL FOR THE PREDICTION OF PLACENTA ACCRETA SPECTRUM DISORDERS
MISC/OP/39	Dr.	Rohan Palshetkar	REPRODUCTIVE OUTCOMES AND SAFETY PROFILE IN PATIENTS TREATED WITH DYDROGESTERONE FOR LUTEAL PHASE SUPPORT IN ASSISTED REPRODUCTIVE TECHNIQUES: A PROSPECTIVE STUDY
MISC/OP/40	Dr.	Anila Reddy Chilukuri	COMPARISON OF FIRST-TRIMESTER FASTING BLOOD SUGAR WITH IADPSG CRITERIA AT 24–28 WEEKS IN DIAGNOSIS OF GESTATIONAL DIABETES MELLITUS: A ONE-YEAR OBSERVATIONAL STUDY
MISC/OP/41	Dr.	Bollam Manisha	INFERTILITY AND ITS IMPACT: A CROSS-SECTIONAL STUDY ON PSYCHOSOCIAL WELL-BEING, OUT OF POCKET EXPENDITURE, AND COPING STRATEGIES AMONG INFERTILE COUPLES
MISC/OP/42	Dr.	Parul Sinha	UTERINE FIBROIDS UNDER THE KNIFE—A RETROSPECTIVE STUDY OF CLINICAL PRESENTATION, HISTOPATHOLOGY AND EPIDEMIOLOGICAL INSIGHTS

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MISC/OP/43	Ms.	P. Dhanusha	PREVALENCE, MATERNAL AND FOETAL OUTCOMES OF HYPERTENSIVE DISORDERS IN PREGNACY IN A TERITIARY CARE CENTRE - A PROSPECTIVE STUDY.
MISC/OP/44	Dr.	Pooja Verma	A COMPARATIVE STUDY OF INTRA-OPERATIVE COMPLICATIONS DURING UTERINE EXTERIORISATION AND INTRA-PERITONEAL REPAIR IN CESAREAN SECTION AT A TERTIARY CARE CENTRE OF THE GARHWAL REGION
MISC/OP/45	Dr.	Sarthak Dutta	GESTATIONAL DIABETES MELLITUS & ACARBOSE - A PROMISING NEW POSE
MISC/OP/46	Dr.	Mohammed Ismail-Khan	VERTICAL INTEGRATION PROMOTES EQUITABLE COGNITIVE PROCESSING ACROSS STUDENT PROFILES IN UNDERGRADUATE OBSTETRICS & GYNAECOLOGY EDUCATION
MISC/OP/47	Dr.	Nupur Rawat	IMPACT OF VITAMIN D SUPPLEMENTATION ON OVULATORY, METABOLIC, AND INFLAMMATORY OUTCOMES IN LEAN AND OBESE WOMEN WITH PCOS: A PROSPECTIVE COHORT ANALYSIS
MISC/OP/48	Dr.	Jagrati Kiran Naagar	OPTIMIZING CERVICAL CANCER SCREENING IN LOW RESORCE SETTING FOCUS ON VIA LIQUID BASED CYTOLOGY AND PAPS SMEAR
MISC/OP/49	Dr.	Vidushi Agarwal	ROLE OF UTERINE ARTERY EMBOLISATION IN THE MANAGEMENT OF VASCULAR RETAINED PRODUCTS OF CONCEPTION
MISC/OP/50	Prof.	Indu Verma	A STUDY OF ETIOPATHOLOGICAL FACTORS AND OUTCOME IN PREGNANT WOMEN WITH RUPTURED UTERUS IN A RURAL TERTIARY CARE HOSPITAL OF NORTH INDIA
MISC/OP/52	Dr.	Madhuri Wahane	BURDEN OF ANAEMIA AND ITS ASSOCIATED FACTORS AMONG PREGNANT WOMEN IN UJJAIN
MISC/OP/53	Dr.	Poonam Lal	A RETROSPECTIVE OBSERVATIONAL STUDY OF ADNEXAL MASSES IN ADOLESCENT GIRLS : DIAGNOSIS AND MANAGEMENT
MISC/OP/54	Prof.	Alpana Singh	EFFECT OF LETROZOLE THERAPY IN UNSUCCESSFUL INTRAUTERINE INSEMINATION IN ADENOMYOSIS UTERUS
MISC/OP/55	Dr.	Shreya Puri	FETO-MATERNAL OUTCOMES IN DELAYED INTERVAL DELIVERY IN TWIN PREGNANCIES
MISC/OP/56	Dr.	Srishti Chandra	DICHORIONIC TWIN PREGNANCY WITH DISCORDANT ANOMALY – PERINATAL OUTCOME AFTER SELECTIVE REDUCTION – A RETROSPECTIVE ANALYSIS
MISC/OP/57	Prof.	Rajib Roy	LETROZOLE VS CLOMIPHENE CITRATE FOR OVULATION INDUCTION IN INTRAUTERINE INSEMINATION CYCLE: A PROSPECTIVE COMPARATIVE STUDY
MISC/OP/60	Dr.	Shazia M Zargar	ABNORMAL UTERINE BLEEDING IN PERIMENOPAUSAL WOMEN:CORRELATION WITH SONOGRAPHIC FINDINGS AND HISTOPATHOLOGICAL EXAMINATION OF HYSTERECTOMY SPECIMENS
MISC/OP/61	Dr.	Subhashree Mohanty	A CLINICO-SOCIAL STUDY ON IMPACT OF POLY CYSTIC OVARIAN SYNDROME ON QUALITY OF LIFE OF REPRODUCTIVE AGE GROUP WOMEN
MISC/OP/63	Dr.	Bikki Ramya Sri	CUT, SCOPE, OR NATURAL ROUTE -WHICH HYSTERECTOMY DELIVERS BETTER OUTCOMES?

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MISC/OP/64	Dr.	Pooja	MAJOR CONGENITAL MALFORMATION RISK FOLLOWING INTRACYTOPLASMIC SPERM INJECTION (ICSI): A CONTEMPORARY 4 YEAR RETROSPECTIVE OBSERVATIONAL ANALYSIS (2020-2024)
MISC/OP/65	Dr.	Manika Sachdeva	MID-LUTEAL SERUM PROGESTERONE LEVELS AND PREGNANCY OUTCOME IN FROZEN EMBRYO TRANSFER CYCLES: A PROSPECTIVE COHORT STUDY
MISC/OP/66	Dr.	Anshivi Raje	TITLE: EVALUATING THE DIAGNOSTIC ACCURACY OF 3D ULTRASOUND AND PELVIC MRI AND ITS CONCORDANCE WITH SURGICAL DIAGNOSIS IN SEPTATE UTERUS
MISC/OP/67	Dr.	Sangjukta Laskar	EVALUATION OF ACCEPTANCE AND CONTINUATION RATE OF ORMELOXIFENE (CHHAYA) AND PPIUCD AMONG IMMEDIATE POSTPARTUM WOMEN - A PROSPECTIVE OBSERVATIONAL STUDY.
MISC/OP/68	Dr.	Sanchaita Mitra	“STEPWISE UTERINE DEVASCULARISATION: AN UNPARALLELED APPROACH IN MANAGEMENT OF MEDICALLY FAILED PPH CASES WITH ADDED BENEFIT OF FERTILITY PRESERVATION.”
MISC/OP/70	Dr.	Sunita Kittalj Kittali	“THROMBOCYTOPENIA CAUSES AND MANAGEMENT IN PREGNANCY IN A TERTIARY CENTER- A PROSPECTIVE STUDY “
MISC/OP/71	Dr.	Rashmi Singh	KNOWLEDGE AND AWARENESS OF OBSTETRIC DANGER SIGNS AMONG PREGNANT WOMEN:A WESTERN UP GOVERNMENT MEDICAL COLLEGE BASED STUDY
MISC/OP/72	Dr.	Vrishti Goel	A STUDY ON EFFECTS OF INTRA-OVARIAN INFUSION OF AUTOLOGOUS PLATELET-RICH PLASMA ON IVF OUTCOMES IN WOMEN WITH POOR OVARIAN RESERVE
MISC/OP/73	Dr.	Swati Vijay Mhaske	A COMPREHENSIVE LOOK AND PROMPT MANAGEMENT OF OVARIAN CYST
MISC/OP/74	Dr.	Rohina Somesh Aggarwal	COMPARATIVE STUDY OF HYSTEROSCOPY AND 3D ULTRASOUND FOR DIAGNOSING UTERINE CAVITY ABNORMALITIES
MISC/OP/76	Dr.	Deepshikha Talan	ASSOCIATION OF CA-125 AND CLINICOPATHOLOGIC CHARACTERISTICS IN WOMEN WITH ENDOMETRIOSIS
MISC/OP/77	Dr.	Pragati Trigunait	ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING FOR PREDICTING OBSTETRIC AND GYNECOLOGIC BLEEDING: A SCOPING REVIEW (2020–2025)
MISC/OP/78	Prof.	P.M. Gopinath	CONSENSUS ON VAGINAL PROGESTERONE USE FOR PRETERM BIRTH PREVENTION: THE SUSTAIN-V2 CONSENSUS
MISC/OP/79	Prof.	Sanjay Gupte	SUSTAIN-O2: EXPERT CONSENSUS ON ORAL SUSTAINED-RELEASE PROGESTERONE IN THREATENED ABORTION AND LUTEAL SUPPORT
MISC/OP/80	Dr.	Sanjana B.S	A COMPARATIVE STUDY ON BIRTH PREPAREDNESS AND COMPLICATION READINESS AMONG ANTENATAL WOMEN AT TERTIARY CARE CENTRE
MISC/OP/81	Dr.	Shweta Yadav	CLINICAL PROFILE AND MANAGEMENT OUTCOMES OF OVARIAN MASSES IN PREGNANCY:A RETROSPECTIVE STUDY
MISC/OP/82	Dr.	Manju Lata Verma	EFFICACY AND SAFETY OF THERMAL ABLATION VS CRYOTHERAPY IN SYMPTOMATIC CERVICAL ECTROPION -A RANDOMIZED CONTROLLED STUDY

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MISC/OP/83	Ms.	Neha R	ROLE OF CHEWING GUM IN ENHANCING GASTROINTESTINAL MOTILITY IN THE POSTOPERATIVE PERIOD FOLLOWING TOTAL LAPAROSCOPIC HYSTERECTOMY – A RANDOMISED CONTROL TRIAL
MISC/OP/84	Dr.	Nancy Jena	A COMPARATIVE STUDY OF ORAL MIFEPRISTONE VS FOLEYS WITH ORAL MIFEPRISTONE IN INDUCTION OF LABOUR IN IUFD
MISC/OP/85	Dr.	Soumya S Hegde	A COMPARATIVE STUDY OF TRANSVAGINAL ULTRASONOGRAPHIC CERVICAL LENGTH AND MODIFIED BISHOP'S SCORE IN PREDICTING SUCCESS OF LABOUR INDUCTION IN TERM PRIMIGRAVIDA
MISC/OP/86	Dr.	Arti Yadav	CORRELATION OF RASI (RESPIRATORY ADJUSTED SHOCK INDEX) WITH LACTATE LEVELS IN WOMEN WITH OBSTETRIC INFECTION
MISC/OP/87	Dr.	Chandhana Poludasu	PERIPARTUM HYSTERECTOMY - PLANNING SAVES LIVES
MISC/OP/88	Dr.	Pamu Krishna Sameera	"PREDICTIVE VALUE OF FETAL HEAD -PUBIC SYMPHYSIS DISTANCE MEASURED BY ULTRASOUND BEFORE INDUCTION OF LABOUR IN DETERMINING MODE OF DELIVERY "
MISC/OP/89	Dr.	Shweta Patel	ASSOCIATION OF BODY FAT INDEX (BFI) AND ADIPONECTIN LEVELS IN WOMEN WITH POLYCYSTIC OVARIAN SYNDROME (PCOS): A CASE-CONTROL STUDY
MISC/OP/90	Dr.	Gurpreet Kour	A PROSPECTIVE STUDY ON MATERNAL AND PERINATAL OUTCOMES IN OBESE PREGNANT WOMEN IN A TERTIARY CARE HOSPITAL OF JAMMU
MISC/OP/91	Dr.	Bharathi Venkatesh	ANALYSIS OF CAESAREAN SECTION ACCORDING TO WHO ROBSON CLASSIFICATION
MISC/OP/92	Dr.	Sushma Prasad Chaurasiya	A RANDOMIZED CONTROLLED TRIAL TO EVALUATE THE EFFECT OF ORMELOXIFENE ON UNSCHEDULED VAGINAL BLEEDING IN WOMEN USING LEVONORGESTREL-RELEASING INTRAUTERINE SYSTEM
MISC/OP/93	Dr.	Shreya	CHRONIC INFLAMMATORY MARKERS IN WOMEN WITH POLYCYSTIC OVARIAN SYNDROME
MISC/OP/94	Dr.	Rajandeep Kaur	UTILITY OF URINE DIPSTICK TEST FOR THE SCREENING OF URINARY TRACT INFECTION IN POSTOPERATIVE CATHETERISED WOMEN
MISC/OP/95	Prof.	Pratap Kumar	LIVELY CONSENSUS: ESTABLISHING LETROZOLE AS THE PREFERRED AGENT FOR OVULATION INDUCTION IN INDIA
MISC/OP/96	Dr.	Rashi Batra	CORRELATION OF ULTRASONOGRAPHIC ESTIMATED WEIGHT WITH ACTUAL BIRTH WEIGHT IN A TERTIARY HEALTH CARE FACILITY
MISC/OP/98	Dr.	Chandrika Anand	OPTIMIZING ENDOMETRIOSIS MANAGEMENT WITH DIENOGEST + ETHINYL ESTRADIOL: INSIGHTS FROM THE SYNERGY CONSENSUS
MISC/OP/101	Dr.	Risha	EVALUATE MATERNAL OUTCOMES INCLUDING QUALITY OF LIFE SCORES IN WOMEN REQUIRING OBSTETRIC CRITICAL CARE.
MISC/OP/102	Dr.	Shivani M	RARE TUMOURS AND PREGNANCY OUTCOMES
MISC/OP/104	Dr.	Amrita Sarkari Jaipuriar	INCIDENCE OF LIVER DISORDERS IN PREGNANCY & MATERNAL & FOETAL OUTCOME

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MISC/OP/105	Dr.	Neha Moreshwar Mahajan	DIAGNOSTIC ULTRASONOGRAPHY, HYSTEROSCOPY IN PERI-MENOPAUSAL WOMEN WITH ABNORMAL UTERINE BLEEDING AND IT'S CORRELATION TO HISTOPATHOLOGICAL FINDINGS
MISC/OP/106	Dr.	Anshu Kumari	A COMPARATIVE STUDY ON THE IMMATURE PLATELET FRACTION(IPF) IN NORMOTENSIVE PREGNANT WOMEN VERSUS WOMEN WITH PREECLAMPSIA
MISC/OP/107	Dr.	Twinkle Rathore	IMPACT OF PREVIOUS CAESAREAN SECTION ON NDVH OUTCOMES: A PROSPECTIVE COMPARATIVE STUDY
MISC/OP/109	Dr.	Harsha Rathiya	EFFECTS OF BIRTH PREPAREDNESS SESSIONS ON ANXIETY LEVEL IN ANTENATAL WOMEN
MISC/OP/110	Dr.	Saishna Gupta	PREDICTING PRETERM BIRTH: MATERNAL AND PERINATAL OUTCOMES IN PREGNANCIES WITH SHORT CERVIX"
MISC/OP/111	Dr.	Renu Parel	TO COMPARE THE EFFICACY OF MECHANICAL HYGROSCOPIC CERVICAL DILATOR (DILAPAN -S) VERSUS INTRACERVICAL FOLEYS CATHETER FOR PREINDUCTION CERVICAL RIPENING
MISC/OP/112	Dr.	Nimeesha Venkatesh	STUDY OF BONE HEALTH IN PERIMENOPAUSAL WOMEN
MISC/OP/113	Dr.	Khushboo Yadav	A STUDY OF SURGICAL SITE INFECTION AND THEIR OUTCOME FOLLOWING OBSTETRICS AND GYNAECOLOGICAL SURGERIES: A PROSPECTIVE OBSERVATIONAL STUDY.
MISC/OP/114	Dr.	Arzoo Sana	EFFICACY AND SAFETY OF TRANSOBTURATOR TAPE (OUTSIDE-IN) PROCEDURE IN WOMEN WITH STRESS URINARY INCONTINENCE
MISC/OP/116	Dr.	Roshan Hussain	DIAGNOSTIC ACCURACY OF ABDOMINAL ULTRASONOGRAPHY VERSUS HYSTEROSCOPY IN EVALUATING ABNORMAL UTERINE BLEEDING: A HISTOPATHOLOGICAL CORRELATION STUDY
MISC/OP/117	Dr.	Soumya Singh	DIAGNOSTIC ACCURACY OF CEREBROPLACENTAL RATIO IN PREDICTION OF POSTNATAL OUTCOMES IN OLIGOHYDRAMNIOS
MISC/OP/119	Dr.	Shaheen Bano	COMPARING INJECTABLE AND ORAL PROGESTINS FOR ABNORMAL UTERINE BLEEDING: EXPERIENCE FROM A RURAL TERTIARY CARE CENTER
MISC/OP/121	Dr.	Pragya Shukla	TRABECULAR BONE SCORE (TBS) AS AN ADJUNCT TO DUAL-ENERGY XRAY ABSORPTIOMETRY(DEXA) SCAN FOR ASSESSMENT OF BONE HEALTH IN PRIMARY OVARIAN INSUFFICIENCY(POI).
MISC/OP/122	Dr.	Sarika Pandey	COMPARATIVE STUDY OF USE OF CARBETOCIN VERSUS OXYTOCIN FOR PREVENTION OF POSTPARTUM HEMORRHAGE IN CESAREAN SECTION: A RANDOMIZED CONTROL TRIAL AT A RURAL TERTIARY CARE CENTRE
MISC/OP/124	Dr.	Asma Bashir Khanday	CAN ULTRASOUND PREDICT RUPTURE OR TRANSFUSION IN ECTOPIC PREGNANCY? A RETROSPECTIVE ANALYSIS OF 100 CASES
MISC/OP/125	Dr.	Debjani Sinha Mahapatra	A COMPARATIVE STUDY OF TRANSVAGINAL SONOGRAPHY AND HYSTEROSCOPY FOR DETECTION OF ENDOMETRIAL AND INTRACAVITARY LESIONS IN WOMEN WITH ABNORMAL UTERINE BLEEDING AND POST MENOPAUSAL BLEEDING.
MISC/OP/126	Dr.	Mohit Singh Mann	CORRELATION OF SECOND AND THIRD TRIMESTER SONOGRAPHIC PLACENTAL THICKNESS RATIO WITH FETAL OUTCOME AND PLACENTAL HISTOPATHOLOGY

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MISC/OP/127	Dr.	Allu Anila	A PROSPECTIVE STUDY ON CLINICOPATHOLOGICAL EVALUATION OF PATIENTS WITH POSTMENOPAUSAL BLEEDING IN A TERTIARY CARE HOSPITAL
MISC/OP/128	Dr.	Pinki	VIGILANCE BEYOND THE SCALPEL: THE POST-OP STORY
MISC/OP/129	Dr.	Leema Sisodia	HORMONAL AND LIPID PROFILE IN VARIOUS PHENOTYPES OF PCOS:A CROSS SECTIONAL STUDY
MISC/OP/130	Dr.	D. Anusha Mary	PREDICTION OF PREECLAMPSIA WITH SERUM PROLACTIN LEVELS - A PROSPECTIVE STUDY
MISC/OP/131	Dr.	Modiya Bhumi	FETOMATERNAL OUTCOME IN RELATION TO PLACENTAL AND UMBILICAL CORD ABNORMALITIES
MISC/OP/132	Dr.	Vishma H Shetty	COMPARATIVE EVALUATION OF HYSTEROSALPINGO CONTRAST SONOGRAPHY USING LIGNOSAL AS CONTRAST WITH LAPAROSCOPY FOR DETERMINATION OF TUBAL PATENCY IN INFERTILITY
MISC/OP/133	Dr.	N Mansi	PLACENTAL PULSATILITY INDEX AS A PREDICTOR OF CRITICAL PERINATAL OUTCOMES IN GROWTH RESTRICTED FOETUSES
MISC/OP/134	Dr.	Shreem Sharma	A COMPARATIVE STUDY: WITH OR WITHOUT SUBCUTANEOUS DRAIN INSERTION IN PREVENTION OF SURGICAL SITE INFECTIONS
MISC/OP/135	Dr.	Pratyusha Sarvakota	RELATIONSHIP BETWEEN MATERNAL HYPOTHYROIDISM AND GESTATIONAL DIABETES MELLITUS AND ITS IMPACT ON MATERNAL AND FETAL OUTCOMES
MISC/OP/136	Dr.	Ruchika Sood	NONINVASIVE PRENATAL SCREENING-CAN WE TRUST IT BLINDLY ?
MISC/OP/137	Dr.	Medha Deep	LINK BETWEEN ADENOMYOSIS TYPES AND THEIR ULTRASOUND APPEARANCE (MUSA 2022)
MISC/OP/138	Dr.	Gauri Myne	TO STUDY ASSOCIATION BETWEEN DECREASED FETAL MOVEMENT AT TERM AND PERINATAL OUTCOME
MISC/OP/139	Dr.	Monika Rao	ASSOCIATION OF MATERNAL SERUM PROCALCITONIN AND C-REACTIVE PROTEIN LEVELS IN PRETERM PREMATURE RUPTURE OF MEMBRANES WITH HISTOLOGICALLY DIAGNOSED SUBCLINICAL CHORIOAMNIONITIS: A PROSPECTIVE OBSERVATIONAL STUDY
MISC/OP/140	Dr.	Sanju Kumari Khichar	ROLE OF POSTPARTUM HAEMORRHAGE IN MATERNAL NEAR MISS CASES
MISC/OP/142	Dr.	Riyal Ranasaria	3D ULTRASOUND — A NON-INVASIVE GAME CHANGER IN INFERTILITY WORK-UP
MISC/OP/143	Dr.	Gorle Priyanka	EFFECTIVENESS OF LOW-DOSE ASPIRIN IN PREVENTING PREECLAMPSIA – A RANDOMIZED CONTROLLED TRIAL
MISC/OP/144	Dr.	Ankita Khowala	ASSOCIATION BETWEEN $MGSO_4$ AND IL-6 LEVELS IN PATIENTS PRESENTING WITH PREECLAMPSIA – A PROSPECTIVE CROSS-SECTIONAL STUDY
MISC/OP/145	Prof.	Sumitra Bachani	CONGENITAL DIAPHRAGMATIC HERNIA: ANTENATAL DIAGNOSIS AND PREDICTION OF POSTNATAL OUTCOMES

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MISC/OP/147	Dr.	Isha Dash	ACCEPTANCE AND EFFECTIVENESS OF HORMONAL INTRA-UTERINE DEVICE IN PATIENTS OF ABNORMAL UTERINE BLEEDING DUE TO BENIGN DISEASES AT A TERTIARY CARE CENTRE: A PROSPECTIVE STUDY
MISC/OP/148	Dr.	Seema Mehrotra	SONOGRAPHIC PREDICTORS OF ADVERSE PERINATAL OUTCOMES IN PREGNANCIES COMPLICATED BY HYPERGLYCAEMIA
MISC/OP/149	Dr.	Shashank Kale	INCIDENCE AND CLINICOPATHOLOGICAL PROFILE OF BENIGN OVARIAN TUMORS IN WOMEN AGED 12–23 YEARS: A RETROSPECTIVE OBSERVATIONAL STUDY
MISC/OP/150	Dr.	Ojasvi Shanker	POSTPARTUM URINARY RETENTION AFTER VAGINAL DELIVERY: ASSESSMENT OF RISK FACTORS IN A CASE CONTROL ANALYTICAL STUDY
MISC/OP/151	Prof.	Rekha Sachan	PPRESEPSIN IS A EARLY BIOMARKER OF SEPSIS IN CRITICALLY ILL PATIENTS
MISC/OP/152	Dr.	Renuka Brijwal	SECOND/THIRD TRIMESTER TERMINATION OF PREGNANCY IN INDIA: A RETROSPECTIVE STUDY OF INDICATION, PROCEDURE AND OUTCOME
MISC/OP/153	Dr.	Gita	A COMPARATIVE STUDY BETWEEN COMBINATION OF INTRACERVICAL FOLEY'S CATHETER WITH VAGINAL MISOPROSTOL VERSUS VAGINAL MISOPROSTOL ALONE FOR INDUCTION OF LABOR AT TERM NULLIPAROUS: A PROSPECTIVE RANDOMISED CONTROLLED STUDY.
MISC/OP/154	Dr.	Tejaswani Raj Gaur	COMPARATIVE ANALYSIS OF DELAYED CORD CLAMPING AND UMBILICAL CORD MILKING ON HAEMATOLOGICAL AND CLINICAL OUTCOMES IN MOTHER AND NEONATES
MISC/OP/155	Dr.	Sharanya Satish	IMPLEMENTATION OF ERAS PROTOCOL IN BENIGN GYNECOLOGICAL SURGERIES
MISC/OP/156	Dr.	Kritika Gupta	ASSOCIATION OF VARYING DEGREES OF MECONIUM-STAINED AMNIOTIC FLUID WITH UMBILICAL CORD BLOOD PARAMETERS AND PERINATAL OUTCOMES.
MISC/OP/157	Dr.	Neha	STUDY OF AGREEMENT BETWEEN ULTRASOUND GIRADS CLASSIFICATION FOR UTERINE CAVITY OR ENDOMETRIAL LESIONS AND HISTOPATHOLOGY IN ABNORMAL UTERINE BLEEDING
MISC/OP/158	Dr.	Mahesh Koregol	Y-CHROMOSOME MICRODELETION- EFFECTS AND CONSEQUENCES ON REPRODUCTIVE OUTCOME.
MISC/OP/159	Dr.	Arbinder Dang	SERUM PROGESTERONE LEVELS, A BIOMARKER AND ULTRASOUND MARKERS IN EARLY PREGNANCY IS A GOOD PREDICTOR OF VIABLE PREGNANCY: AN ACTUALITY OR A FALLACY
MISC/OP/160	Dr.	Rujdabanu Riyajahmad Patva	COMPARITIVE STUDY OF DIAGNOSTIC ACCURACY OF HYSTEROSCOPY AND USG IN MANAGEMENT OF ABNORMAL UTERINE BLEEDING
MISC/OP/161	Dr.	Simarjot Kaur	"GUARDING THE GOLDEN HOUR:CARBETOCIN VS OXYTICIN F PREVENTION OF POSTPARTUM HAEMORRHAGE IN HIGH-RISK VAGINAL DELIVERIES
MISC/OP/162	Dr.	Nishu Priya Chib	KNOWLEDGE, ATTITUDE AND PRACTICE TOWARDS CERVICAL CANCER AND SCREENING AMONGST NURSING STAFF IN A TERTIARY LEVEL TEACHING INSTITUTE OF NORTH INDIA: A CROSS-SECTIONAL STUDY.
MISC/OP/163	Dr.	Shalvi Srirang Kulkarni	OBSERVATIONAL STUD Y OF STILLBIRTHS
MISC/OP/164	Prof.	Manisha Bajaj	IMPACT OF MULTI-SOURCE FEEDBACK ON OBSTETRICS & GYNAECOLOGY POSTGRADUATES WORKING IN THE LABOUR ROOM: AN INTERVENTIONAL STUDY PROMOTING RESPECTFUL MATERNITY CARE

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
MISC/OP/165	Dr.	Saima Sadiq	EFFECTIVENESS AND SAFETY OF LEVONORGESTRAL-INTRAUTERINE DEVICE VS ORAL PROGESTERONE IN ABNORMAL UTERINE BLEEDING: COMPARATIVE CLINICAL STUDY
MISC/OP/166	Dr.	Arti Kapoor	ACHIEVING VIABLE OUTCOMES IN BIOPSY-PROVEN LUPUS NEPHRITIS AND ANTIPHOSPHOLIPID SYNDROME PREGNANCIES: A RETROSPECTIVE CASE REVIEW
MISC/OP/167	Dr.	Parul Sharma	INCIDENCE OF FOETAL ANAEMIA IN ICT POSITIVE RH NEGATIVE PREGNANCIES USING MCA-PSV COLOUR DOPPLER STUDIES
PS/OP/01	Dr.	Neha Kumari	A COMPARISON OF SUBCUTANEOUS VERSUS INTRAMUSCULAR DEPOT MEDROXYPROGESTERONE ACETATE AS A CONTRACEPTIVE METHOD
PS/OP/02	Dr.	Akanksha Tevatia	LONG HORIZONS: INSIGHTS INTO NEW-AGE CONTRACEPTIVE ACCEPTANCE
PS/OP/03	Dr.	Alisha Goyal	DECODING THE UNMET NEED FOR SPACING
PS/OP/04	Dr.	Rani Hansda	STUDY ON ACCEPTANCE AND OUTCOME OF POST-PLACENTAL INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD) INSERTION
PS/OP/05	Dr.	Ankita Singh	"WHAT WOMEN KNOW-ANALYSIS OF KNOWLEDGE AND ATTITUDE TOWARDS PPIUCD"
PS/OP/06	Dr.	Nehal Sahay	THE COPPER CLASH: CUT380A VS ML CU375 IN POSTPARTUM PRACTICE
PS/OP/07	Dr.	Rameshwari Beck	KNOWLEDGE ATTITUDE AND PRACTICE OF VARIOUS METHODS OF CONTRACEPTION IN WOMEN OF SBMCH HAZARIBAG
PS/OP/08	Dr.	Snehabarsa Mishra	COMPARISION OF OUTCOMES BETWEEN INTRA CAESAREAN & POST VAGINAL DELIVERY POST PLACENTAL INTRA UTERINE CONTRACEPTIVE INSERTIONS
PS/OP/09	Dr.	Pooja Yadav	ASSESSING THE ACCEPTABILITY, COMPLIANCE OF USE OF NON-HORMONAL CONTRACEPTIVE PILL - CENTCHROMAN: A CROSS-SECTIONAL STUDY AT TERTIARY CARE CENTRE IN NORTH INDIA
PS/OP/10	Dr.	Nisha R	MENSTRUAL PATTERN CHANGES IN FEMALES USING SUBDERMAL IMPLANTS AND DMPA INJECTION IN REPRODUCTIVE AGE FEMALES: A RANDOMIZED CONTROL TRIAL.
PS/OP/11	Dr.	Abhipsa Sharma	A STUDY OF THE IMPACT OF STRUCTURED COUNSELLING IN WOMEN'S SELECTION OF POSTPARTUM CONTRACEPTION IN RURAL TERTIARY CARE CENTRE
PS/OP/12	Dr.	Shaikh Sumayya Kulsoom	COMPARISON _PPIUCD VS SUBDERMAL IMPLANT
PS/OP/13		Prof. Vidushi Kulshrestha	IMPACT OF EXPANDED CONTRACEPTIVE WITH IMPLANON-NXT ON ACCEPTANCE OF OTHER LARC METHODS- SINGLE CENTRE EXPERIENCE
PS/OP/14	Dr.	Shatakshi Jaiswal	ROLE OF SINGLE-ROD SUBDERMAL IMPLANT (IMPLANON NXT) AND ITS COMPARISON WITH LEVONORGESTREL RELEASING INTRAUTERINE SYSTEM (LNG-IUS) AMONG WOMEN SEEKING LONG-ACTING REVERSIBLE CONTRACEPTION (LARC): IN VIEW OF BRIDGING THE GAP OF UNMET NEED FOR CONTRACEPTION
PS/OP/15	Dr.	Rahul Anand Kanakasabapathy	"THE OVERCORRECTED SOUTH" - FERTILITY DISTORTION & THE EMERGING DEMOGRAPHIC CRISIS - FROM THE FRONTLINES OF RURAL TAMIL NADU

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
PS/OP/16	Dr.	Meli Dodum	TO COMPARE ETONOGESTREL SUBDERMAL IMPLANT AND COPPER INTRAUTERINE CONTRACEPTIVE DEVICE IN TERMS OF CONTRACEPTIVE EFFICACY AND SIDE-EFFECT PROFILE: A PROSPECTIVE COHORT STUDY
PS/OP/17	Prof.	Seema Prakash	FEMALE STERILIZATION FAILURE: REVIEW OF 48 CASES OVER A DECADE AND ITS CLINICOPATHOLOGICAL CORRELATION
PS/OP/18	Dr.	Ruttala Siva Sai Anusha	A POSTPARTUM PATH TO PLANNED PARENTHOOD
PS/OP/19	Dr.	Swati	CONTRACEPTIVE PRACTICES AND REPRODUCTIVE HEALTH AWARENESS AMONG YOUNG MARRIED WOMEN IN EASTERN INDIA: A CROSS-SECTIONAL STUDY
PS/OP/20	Dr.	Surabhi Porwal	CORRELATES OF POST-PARTUM INTRAUTERINE COPPER -T DEVICES (PPIUCD) ACCEPTANCE AND RETENTION: AN OBSERVATIONAL STUDY FROM MIDDLE INDIA
SRH/OP/01	Dr.	Anuradha Mishra	TITLE: A QUALITATIVE RESEARCH TO KNOW THE GAP IN KNOWLEDGE ATTITUDE PRACTICE IN TERMS OF USING SELF ABORTIFACIENT MEDICATION OVER SAFE ABORTION PRACTICE
SRH/OP/02	Dr.	Anshika Agarwal	ASSESSMENT OF MENSTRUAL HYGIENE PRACTICES AND THEIR DETERMINANTS AMONG ADOLESCENT GIRLS IN URBAN SLUMS OF INDIA: A COMMUNITY-BASED CROSS-SECTIONAL STUDY
SRH/OP/03	Dr.	Sabuj Sengupta	ABSTRACT IDIOPATHIC INFERTILITY
SRH/OP/04	Dr.	Ankita Yadav	EFFECT OF TWO DIFFERENT DOSES OF VITAMIN D SUPPLEMENTATION ON CLINICAL, METABOLIC, AND HORMONAL PROFILES OF PATIENTS WITH POLYCYSTIC OVARY SYNDROME (PCOS) WITH INSULIN RESISTANCE: A RANDOMIZED CONTROLLED TRIAL
SRH/OP/05	Dr.	Deepali Shrivastava	AN AUDIT OF MTP IN WOMEN WITH HIGH RISK PREGNANCY
SRH/OP/06	Dr.	Akshita Gupta	EVALUATING THE CAUSES OF RECURRENT PREGNANCY LOSS: EXPERIENCE FROM A TERTIARY CARE HOSPITAL.
SRH/OP/07	Dr.	Sneha Natarajan	FROM STIGMA TO SUPPORT: EVALUATING THE FEASIBILITY AND ACCEPTABILITY OF AI-DRIVEN CHATBOTS FOR ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH COUNSELING-A CROSS SECTIONAL STUDY
SRH/OP/08	Dr.	Srividya Punyala	AWARENESS OF VASECTOMY AMONG MALES IN RURAL POPULATION
SRH/OP/09	Dr.	Manisha Malipatil	SOCIO-CULTURAL FACTORS ASSOCIATED WITH KNOWLEDGE, ATTITUDE AND MENSTRUAL HYGIENE PRACTICES AMONG REPRODUCTIVE AGE GROUP FEMALES IN TERTIARY CARE CENTRE IN RURAL
SRH/OP/10	Dr.	Shami Aara	DECODING INFLAMMATION IN RECURRENT PREGNANCY LOSS: ROLE OF SERUM FERRITIN, C-REACTIVE PROTEIN & INTERLEUKIN-6
SRH/OP/11	Dr.	Anibha Karn	PROBIOTICS AS AN ADJUNCT IN PID THERAPY: A RANDOMIZED COMPARATIVE EVALUATION OF CLINICAL AND MICROBIOLOGICAL OUTCOMES
SRH/OP/12	Dr.	Anita Paswan	ADIPOSITY INDICES AS RISK ASSESSMENT TOOL FOR IDENTIFYING CARDIOMETABOLIC RISK IN DIFFERENT PHENOTYPES OF PCOS
SRH/OP/13	Dr.	Natasha Gupta	CERVICAL CANCER AND HPV VACCINATION AWARENESS AMONG SCHOOL TEACHERS (CERVAST) IN JAMMU REGION, JAMMU & KASHMIR, INDIA – A CROSS-SECTIONAL DESCRIPTIVE STUDY

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
SRH/OP/14	Dr.	Kaveri Gupta	EFFECT OF PLATELET-RICH PLASMA THERAPY ON MENSTRUAL RESTORATION IN UTERINE CAUSES OF SECONDARY AMENORRHEA – A PILOT STUDY
SRH/OP/15	Dr.	Kairvi Kalra	CORRELATION OF OVARIAN AND STROMAL VOLUME WITH PRE AND POST PRANDIAL INSULIN LEVELS IN PATIENTS WITH PCOD
SRH/OP/16	Dr.	Kavita Ghadale Gupta	STUDY ON THE EFFICACY OF LETROZOLE AND FSH FOR OVULATION INDUCTION IN IUI CYCLES
SRH/OP/17	Dr.	Shravya A	BEYOND THE BINARY: KNOWLEDGE, ATTITUDE AND PRACTICE (KAP) SURVEY ON SAFE SEXUAL PRACTICES IN THE TRANSGENDER POPULATION IN INDIA
SRH/OP/18	Ms.	Komal Laddha	PSYCHOLOGICAL AND QUALITY OF LIFE IMPACT OF POLYCYSTIC OVARY SYNDROME IN ADOLESCENT GIRLS: AN UNDER-RECOGNIZED BURDEN- A CROSS SECTIONAL STUDY
SRH/OP/19	Dr.	Puja Vidushi	COMPARISON OF THE EFFECT OF INTRA-OVARIAN PLATELET-RICH PLASMA (PRP) INJECTION TO INTRA-OVARIAN SALINE INJECTION IN WOMEN WITH POOR OVARIAN RESERVE: AN OPEN-LABELED RANDOMIZED CONTROL TRIAL
SRH/OP/20	Dr.	Meenu Vaish	LAPAROSCOPY VERSES ART IN IN ADVANCED ENDOMETRIOSIS
SRH/OP/21	Dr.	Zakia Almas	PROSTATE SPECIFIC ANTIGEN-A NOVEL BIOMARKER REDEFINING POLYCYSTIC OVARIAN SYNDROME DIAGNOSIS
SRH/OP/22	Dr.	Saumya Bhagat	DEPRESSION IN INFERTILE WOMEN- A SILENT SUFFERING
SRH/OP/23	Dr.	Neha Yadav	JUSTIFYING ROLE OF DIAGNOSTIC HYSRERO-LAPAROSCOPY IN AN INFERTILE PATIENT
SRH/OP/24	Dr.	Aanchal Singh	COMPARISON OF LETROZOLE AND MIFEPRISTONE AS PRETREATMENTS IN FIRSTTRIMESTER MEDICAL ABORTION: A PILOT STUDY
SRH/OP/25	Dr.	Dammu Shiny Anuhya	UNMET NEEDS OF CONTRACEPTION IN WOMEN WITH CARDIAC DISEASE: A RETROSPECTIVE OBSERVATIONAL STUDY(2024- 2025)
SRH/OP/26	Dr.	Monisha Singh	INTIMATE PARTNER VIOLENCE IN THE CONTEXT OF INFERTILITY
SRH/OP/27	Dr.	Spoorthi V Raj	STUDY OF RISK FACTORS OF ECTOPIC PREGNANCY AND VARIOUS MODALITIES IN TREATMENT IN A TERTIARY CARE CENTRE: A RETROSPECTIVE STUDY
SRH/OP/28	Dr.	Fessy Louis T	COMPARATIVE ANALYSIS OF CONVENTIONAL AND EXTENDED LETROZOLE REGIMENS FOR OVULATION INDUCTION IN PCOS PATIENTS WITH BULKY OVARIES UNDERGOING IUI
SRH/OP/29	Dr.	Ankita Kumari	OVULATION INDUCTION IN PCOS IN INDIAN POPULATION: A COMPARATIVE ANALYSIS OF LETROZOLE AND CLOMIPHENE CITRATE
SRH/OP/30	Dr.	Nisha N	LENGTH, LAYERS & LIBIDO — PROCEDURE-SPECIFIC EFFECTS OF PELVIC FLOOR RECONSTRUCTION
SRH/OP/31	Dr.	Samhitha Yeeli	SELF-TESTING HPV KITS: AWARENESS AND ACCEPTABILITY AMONG MEDICAL PROFESSIONALS

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
SRH/OP/32	Dr.	Shalini V Singh	DECODING CERVICAL FIBROIDS: CLINICAL PROFILE, DIAGNOSTIC DILEMMAS AND MANAGEMENT CHALLENGES-OBSERVATIONAL STUDY
SRH/OP/33	Dr.	Pragya Kumari	COMPARISON OF CLOMIPHENE CITRATE VS HUMAN MENOPAUSAL GONADOTROPIN FOR CONTROLLED OVARIAN STIMULATION IN INFERTILE WOMEN WITH DECREASED OVARIAN RESERVE (DOR) -A RANDOMISED CONTROLLED TRIAL
SRH/OP/34	Dr.	Pragati Sampanna	ASSOCIATION BETWEEN SERUM AMH AND ENDOMETRIAL PATTERN IN OVULATION INDUCTION CYCLES
SRH/OP/35	Ms.	Kethineedi Kinnera	POSTPARTUM FAMILY PLANNING: KNOWLEDGE, AWARENESS AND ACCEPTANCE AMONG REPRODUCTIVE WOMAN
SRH/OP/36	Dr.	Shivangi Singh	“BRIDGING IMAGING AND SYMPTOMS: EVALUATING THE CLINICAL SIGNIFICANCE OF REVISED MORPHOLOGICAL ULTRASONOGRAPHIC ASSESSMENT (MUSA) CRITERIA IN ADENOMYOSIS”
SRH/OP/38	Dr.	Ananya Panda	ASSESSMENT OF PREVELANCE, SEVERITY AND METABOLIC CORRELATES OF METABOLIC DYSFUNCTION ASSOCIATED STEATOTIC LIVER DISEASE IN WOMEN WITH POLYCYSTIC OVARY SYNDROME: A CROSS-SECTIONAL STUDY
SRH/OP/39	Dr.	Yella Reddy Srinidhi Reddy	CLINICAL DIVERSITY AND DIAGNOSTIC HURDLES IN OHVIRA SYNDROME: EXPERIENCE FROM A TERTIARY CARE HOSPITAL
SRH/OP/40	Dr.	Nupur Mittal	TO COMPARE THE EFFICACY AND SAFETY OF ORAL ORMELOXIFENE AND NORETHISTERONE FOR THE TREATMENT OF ABNORMAL UTERINE BLEEDING
SRH/OP/41	Dr.	Srirameena	ALLOPURINOL IN IMPROVING THE QUALITY OF LIFE AND FEMALE SEXUAL FUNCTIONING : A RANDOMIZED CONTROLLED TRIAL
SRH/OP/42	Dr.	Priya Chauhan	STUDY OF ADNEXAL MASSES IN YOUNG ADOLESCENT GIRLS : A PROSPECTIVE OBSERVATIONAL STUDY
SRH/OP/43	Dr.	Sneha	COMPARISON OF PRIMARY HUMAN PAPILLOMAVIRUS TESTING, LIQUID-BASED CYTOLOGY, AND CO-TESTING FOR CERVICAL CANCER SCREENING
SRH/OP/44	Dr.	Tanya Chaudhary	COMPARISON OF PAIN PERCEPTION AND PATIENT SATISFACTION BETWEEN THREE-DIMENSIONAL HYSTEROSALPINGO-CONTRAST SONOGRAPHY (3D/4D HYCOSY) AND HYSTEROSALPINGOGRAPHY (HSG) IN EVALUATION OF TUBAL PATENCY: A RANDOMIZED CONTROLLED TRIAL
SRH/OP/45	Dr.	Ankita Shukla	CORRELATION OF SERUM URIC ACID LEVELS WITH OVARIAN RESERVE IN WOMEN WITH INFERTILITY.
SRH/OP/46	Dr.	Chekuri Rama Kavitha	TO STUDY THE INCIDENCE OF OBSTETRIC ANAL SPHINCTER INJURIES (OASIS) IN POSTPARTUM WOMEN USING INTROITAL ULTRASOUND
SRH/OP/47	Dr.	Sushma Dahiya	ESTIMATION OF VITAMIN D AND ANTI-MULLERIAN HORMONE (AMH) LEVELS IN SERUM AND FOLLICULAR FLUID AND ITS ASSOCIATION WITH INVITRO FERTILIZATION (IVF) OUTCOMES.
SRH/OP/48	Dr.	Nishtha Jaiswal	CONVENTIONAL-IVF VERSUS ICSI IN COUPLES WITH ISOLATED TERATOZOOSPERMIA: IS THERE ANY DIFFERENCE IN FERTILITY OUTCOME?
SRH/OP/49	Dr.	Neha Pruthi Tandon	BEYOND BENIGN: UNVEILING THE UNEXPECTED IN FIBROIDS

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
SRH/OP/50	Dr.	Rashi Agrawal	A COMPARATIVE STUDY OF ANTHROPOMETRIC MEASURE, VISCERAL ADIPOSITY INDEX AND INSULIN RESISTANCE WITH CARDIOMETABOLIC RISK IN VARIOUS PHENOTYPES OF POLYCYSTIC OVARY SYNDROME
SRH/OP/51	Dr.	Varsha Goluguri	PREVALENCE OF METABOLIC SYNDROME IN WOMEN WITH POLYCYSTIC OVARIAN SYNDROME OF REPRODUCTIVE AGE GROUP
SRH/OP/52	Prof.	Geeta Rustagi	PATTERN OF OCULAR MANIFESTATIONS IN PREGNANCY AND LABOUR: FROM THE BENIGN TO THE VISION-THREATENING
SRH/OP/53	Dr.	Krutika Dave	- CABERGOLINE AS A NOVEL ADJUNCT IN OVULATION INDUCTION FOR ENDOMETRIOSIS-ASSOCIATED INFERTILITY
SRH/OP/55	Dr.	Mamatha Pidugula	COMPARATIVE PROSPECTIVE STUDY OF ORAL MIFEPRISTONE COMBINED WITH VAGINAL MISOPROSTOL VERSUS VAGINAL MISOPROSTOL ALONE FOR SECOND TRIMESTER (13-24 WEEKS) ABORTIONS
SRH/OP/57	Dr.	Shabana Sultan	HEALING THE HIDDEN WOUNDS: PSYCHOSEXUAL WELLBEING AFTER GYNECOLOGIC CANCER TREATMENT
SRH/OP/58	Dr.	Supriya Sharma	EFFECT OF LETROZOLE ON MALE INFERTILITY
SRH/OP/59	Dr.	Shubham	EFFECT OF PROBIOTIC SUPPLEMENTATION ON CLINICAL PREGNANCY RATES IN PCOS WOMEN UNDERGOING OVULATION INDUCTION WITH IUI
SRH/OP/60	Dr.	Bhavneet Kaur	EFFICACY OF AN EXTENDED 10-DAY LETROZOLE REGIMEN COMPARED TO THE 5-DAY REGIMEN IN ENHANCING OVULATION IN INFERTILE WOMEN WITH POLYCYSTIC OVARY SYNDROME: A RANDOMIZED CONTROLLED TRIAL
SRH/OP/61	Dr.	Priyanka Singh	PREVALENCE OF CHRONIC ENDOMETRITIS IN RECURRENT PREGNANCY LOSS AND REPRODUCTIVE OUTCOME AFTER ANTIBIOTIC THERAPY: A PROSPECTIVE OBSERVATIONAL STUDY
SRH/OP/62	Dr.	Anjali Agarwal	IMPACT OF ENDOMETRIOSIS ON OOCYTE QUALITY AND REPRODUCTIVE OUTCOMES IN FEMALES UNDERGOING ART CYCLES
SRH/OP/63	Dr.	Anita	CORRELATION OF SERUM AMH WITH POLYCYSTIC OVARIAN MORPHOLOGY AS PER 2023 PCOS GUIDELINES: DIAGNOSTIC VALUE AND CLINICAL IMPLICATIONS
SRH/OP/64	Dr.	Khushboo Rani	COMPARISON OF INTRAUTERINE INSEMINATION DONE 36 AND 42 HOURS AFTER HUMAN CHORIONIC GONADOTROPIN INJECTION IN UNEXPLAINED INFERTILITY: A RANDOMIZED CLINICAL TRIAL
SRH/OP/65	Dr.	Anshu Bajpai	EPIGENETICS IN INFERTILITY AND IVF - A COMPLETE CLINICAL EXPLANATION
SRH/OP/66	Dr.	Sowmiya R	BEYOND INSULIN-TYG INDEX AS A SURROGATE MARKER OF INSULIN RESISTANCE IN PCOS
SRH/OP/67	Dr.	Sangeeta Rai	HEAVY METAL LEVELS AND THEIR MOLECULAR INTERACTIONS IN PCOS: A CASE-CONTROL STUDY
SRH/OP/68	Dr.	Tarini Taneja	EXPLORING THE IMPACT OF STRESS ON INFERTILITY - THE UNSEEN STRUGGLE

ORAL PRESENTATION

Abstract ID	Title	Name	Abstract Title
SRH/OP/69	Dr.	Neha Pandey	EFFECT OF ENDOMETRIAL THICKNESS ON LIVE BIRTH RATES IN WOMEN UNDERGOING FROZEN EMBRYO TRANSFER IN IVF CYCLE
SRH/OP/70	Dr.	Nisha Katiyar	STUDY OF WOMEN SEEKING ABORTION IN HOSPITAL FOLLOWING THE MTP AMENDMENT ACT 2021
SRH/OP/71	Dr.	Lata	A STUDY ON PREVALENCE &DETERMINANTS OF HPV IN HIGH-RISK WOMEN IN THE AGE GROUP (30-59YRS) ATTENDING GYNECOLOGY OPD OF A TERTIARY CARE HOSPITAL OF JHARKHAND.

E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
GO/PP/01	Dr.	Samiksha Wankhade	POSTER ON SUSPECTED ABDOMINAL MALIGNANCY TUNRING INTO A RARE CASE OF BILATERAL OVARIAN DERMOID.
GO/PP/02	Dr.	Dharma Sowmya	A RARE CASE OF JUVENILE GRANULOSA CELL TUMOR IN PREGNANCY
GO/PP/03	Dr.	Navya N	SILENT GROWTHS AND BLEEDING TRUTHS: A RARE SYNCHRONOUS MALIGNANCY IN A POST MENOPAUSAL WOMEN.
GO/PP/04	Dr.	Tulika Sinha	GASTROINTESTINAL STROMAL TUMOURS(GIST) ARE RARE MESENCHYMAL TUMOURS THAT ARE SOMETTIMES MISDIAGNOSED AS OVARIAN TUMOURS IN WOMEN
GO/PP/05	Dr.	Denia Mary Yeldho	TWO P'S IN CONFLICT:PREGNANCY AND PAPILLARY CARCINOMA THYROID
GO/PP/06	Dr.	Mahima Rajput	ASSESSMENT OF AWARENESS, KNOWLEDGE AND PERCEPTION ABOUT HPV VACCINATION AND THEIR ATTITUDE TOWARDS IT AMONG YOUNG WOMEN OF UTTAR PRADESH
GO/PP/07	Dr.	Manali Bhure	A RARE CASE OF MALIGNANT BRENNER TUMOR IN A POSTMENOPAUSAL WOMAN
GO/PP/08	Dr.	Vaishnavi Shrikrishna Sakkarwar	LARGE CERVICAL FIBROID PRESENTING AS MASS PER ABDOMEN
GO/PP/09	Dr.	Divya Gupta	PAP SMEAR VERSUS VISUAL INSPECTION WITH ACETIC ACID AND LUGOL'S IODINE AS A SCREENING TOOL FOR CERVICAL CANCER – A COMPARATIVE STUDY
GO/PP/10	Dr.	Neha	VARIABLE PRESENTATIONS MANAGEMENT AND OUTCOMES OF GESTATIONAL TROPHOBLASTIC NEOPLASIA :CASE SERIES
GO/PP/11	Dr.	Rukhsar Akhtar	VAGINAL LEIOMYOMA-AN UNUSUAL PRESENTATION
GO/PP/12	Dr.	Nupoor Yogeshwar Chaware	BICORNATE UTERUS: AN INTERESTING CASE REPORT OF A SUCCESSFUL PREGNANCY ¨OUTCOME IN A RARE MULLERIAN ANOMALY
GO/PP/13	Dr.	Puja Dubey	A CASE OF DERMOID CYST WITH TORTION
GO/PP/14	Dr.	Roopali Chaturvedi	SYNCHRONOUS TUMORS: DUAL MALIGNANCIES, SINGULAR CHALLENGE
GO/PP/15	Dr.	Archana Mishra	APPLICATION OF CLAVIEN-DINDO CLASSIFICATION FOR SURGICAL COMPLICATIONS IN CASES OF INTERVAL CYTOREDUCTIVE SURGERY FOR OVARIAN CANCER AT A TERTIARY CARE CENTRE
IO/PP/01	Ms.	Dimpal Dinesh Maurya	DINOPROSTONE VAGINAL PESSARY(DVP) FOR INDUCTION OF LABOUR : KNOWN YET UNNOTICED
IO/PP/02	Dr.	Taiyaba Fatma	COMPARATIVE ASSESSMENT OF ADVERSE MATERNAL OUTCOME BETWEEN 'MODIFIED EARLY OBSTETRIC WARNING SYSTEM (MEOWS)' AND STANDARD OF CARE GROUPS AMONG HIGH RISK PREGNANT WOMEN
IO/PP/03	Dr.	Ramya Thallapally	INVESTIGATING THE IMPACT OF GENETIC SCREENING ON THE MANAGEMENT OF FETAL ANOMALIES: A MULTICENTRE STUDY
IO/PP/04	Dr.	C P Sahana	PLACENTAL RADIOMICS : MRI BASED PREDICTION OF ADVERSE PERINATAL OUTCOMES.

E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
IO/PP/05	Dr.	Phadnisrao Pandharinath Patil	"DR P P PATIL STITCH" FOR THE PREVENTION AND CURE OF ATONIC PPH
IO/PP/06	Dr.	Ranjitha R	SPONTANEOUS OVARIAN HYPERSTIMULATION SYNDROME WITH PRIMARY HYPOTHYROIDISM – A CASE REPORT
IO/PP/07	Dr.	R Varalaxmi	INCIDENCE, RISK FACTORS, AND MICROBIAL PROFILE OF POST-CAESAREAN SURGICAL SITE INFECTIONS: A PROSPECTIVE COHORT STUDY
IO/PP/08	Ms.	Mishquat Khan	INNOVATIONAL MANAGEMENT OF HUGE CERVICAL FIBROID.
IO/PP/09	Dr.	Preeti Priyadarshani	VIA SCORING SYSTEM FOR DETECTING CERVICAL LESIONS IN LMIC- A PILOT STUDY
IO/PP/10	Dr.	Anubhi Agrawal	SERUM URIC ACID IN 1ST TRIMESTER AS A PREDICTOR FOR DIAGNOSIS OF GESTATIONAL DIABETES MELLITUS
IO/PP/11	Dr.	Huma Ali	DIAGNOSTIC ACCURACY OF CONTRAST ENHANCED ULTRASOUND, 2-D AND ULTRASOUND DOPPLER IN UTEROADNEXAL PATHOLOGIES
IO/PP/12	Dr.	Rashi Jain	ARTIFICIAL INTELLIGENCE IN OBSTETRICS AND GYNAECOLOGY IN INDIA: TRENDS, APPLICATIONS, GOVERNMENT INITIATIVE AND FUTURE PROSPECTS
IO/PP/13	Prof.	Jayakumar	ENROUTE MATERNAL DEATH DUE TO PPH
IO/PP/14	Dr.	Neelu Rajput	PREDICTION OF PREECLAMPSIA USING FIRST TRIMESTER UTERINE ARTERY DOPPLER: A PROSPECTIVE COHORT STUDY
MCH/PP/01	Dr.	M Bhavyadiksha	WHEN AORTA AND UTERUS COLLIDE: NAVIGATING PREGNANCY IN TAKAYASU ARTERITIS
MCH/PP/02	Dr.	Jagrati Pariya	CAESAREAN SCAR PREGNANCY - A NEW MONSTER IN 21ST CENTURY CAUSES INCREASE IN MATERNAL MORBIDITY AND MORTALITY
MCH/PP/03	Prof.	Girija Wagh	REAL-WORLD EVALUATION OF THE EFFECTIVENESS AND SAFETY OF FERRIC CARBOXYMALTOSE (FCM) IN PREGNANCY-ASSOCIATED IRON DEFICIENCY ANEMIA IN A TERTIARY CARE HOSPITAL IN PUNE
MCH/PP/04	Dr.	Bhavana Kolli	THE MOLE THAT CROSSED THE LINE – A DIAGNOSTIC DILEMMA-INVASIVE MOLE
MCH/PP/05	Dr.	Garima Patidar	THYROID FUNCTION IN PREGNANCY AND ITS ASSOCIATION WITH MATERNAL COMORBIDITIES
MCH/PP/06	Dr.	P. Jayanthi	A CASE REPORT ON EBSTEIN ANOMALY WITH PREGNANCY
MCH/PP/07	Dr.	Anjali Singh	PLACENTAL MASS OR A BLOOD TRAP ? A RARE CASE OF CHORANGIOSIS WITH SUBAMNIOTIC HAEMATOMA WITH FAVOURABLE NEONATAL OUTCOME
MCH/PP/08	Dr.	Nancy	ONE LOST, ONE LIVED: A TALE OF TWIN SURVIVAL
MCH/PP/09	Dr.	Vedha Sruthy Behara	BLINDNESS THAT SEES AGAIN-THE ECLAMPSIA PARADOX
MCH/PP/10	Ms.	Monika Chinthala	EVALUATION OF OBSTETRIC NATIONAL EARLY WARNING SCORE (ONEWS)IN PREDICTING MATERNAL OUTCOMES :A PROSPECTIVE OBSERVATIONAL STUDY

E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/PP/11	Dr.	Shruti Nirmale	ANALYSIS OF MODIFIED ISTH DIC SCORE IN CASES OF ABRUPTIO PLACENTAE AND ITS CORRELATION WITH SEVERITY OF PLACENTAL ABRUPTION
MCH/PP/12	Dr.	Divya Gurusamy	CASE SERIES OF CVT AND ITS PREGNANCY OUTCOME
MCH/PP/13	Dr.	Koruturu Divya Sai	A RARE CASE OF HYPEREMESIS GRAVIDARUM COMPLICATED BY ACUTE INFLAMMATORY DEMYELINATING POLYNEUROPATHY IN PREGNANCY
MCH/PP/14	Dr.	Archana	IMPORTANCE OF OGTT SCREENING AT 32 WEEKS OF GESTATION
MCH/PP/15	Dr.	Javvadi Geetha Pravallika	MATERNAL MORTALITY AT A TERTIARY CARE CENTRE
MCH/PP/16	Dr.	Sinchana M H	IMPACT OF GESTATIONAL AGE AND MATERNAL AGE ON PULMONARY ARTERY SYSTOLIC PRESSURE IN PREGNANT WOMEN
MCH/PP/17	Dr.	Kritika Singh	EFFICACY AND SAFETY OF CARBETOCIN VERSUS OXYTOCIN IN PREVENTION OF POST PARTUM HEMORRHAGE IN HIGH RISK WOMEN.AN OPEN LABEL RANDOMISED CONTROLLED TRIAL
MCH/PP/18	Dr.	Dr Shweta	THE RIVETING STORY OF FETAL CARDIAC RHABDOMYOMA
MCH/PP/19	Dr.	Mansi Gupta	FROM CRISIS TO CURE: NAVIGATING THROMBOTIC THROMBOCYTOPENIC PURPURA IN PREGNANCY
MCH/PP/20	Dr.	Harshitha Nagaraj	A RARE CASE OF THIRD-DEGREE UTEROVAGINAL PROLAPSE IN EARLY PREGNANCY: CONSERVATIVE MANAGEMENT AND FAVORABLE OUTCOME
MCH/PP/21	Dr.	Pooja B Patil	FETAL ARNOLD CHIARI 2 MALFORMATION AT 34 WEEKS IN THE ELDERLY MULTIGRAVIDA WITH UNDIAGNOSED DIABETES MELLITUS ,INCLUDING ABSENCE OF FOLIC ACID SUPPLEMENTATION
MCH/PP/22	Dr.	Kavithra K	STICH OF SCIENCE -A THREAD OF HOPE- NOW DOUBLED
MCH/PP/23	Dr.	Karuturi Sri Ramya	TWIST OF FATE: A RARE CASE OF RECURRENT UTERINE TORSION IN PREGNANCY
MCH/PP/24	Dr.	Tanaya Bhoraskar	FROM JAUNDICE TO RECOVERY: A SEVERE CASE OF ACUTE FATTY LIVER OF PREGNANCY IN A PRIMIGRAVIDA
MCH/PP/25	Dr.	Monika Dayal Sharma	OLD WOUNDS, NEW CHALLENGES: A MOTHERHOOD COMPLICATED BY OLD CASE OF PULMONARY TUBERCULOSIS
MCH/PP/26	Dr.	Pranjali Divyam Dwivedi	RE-EMERGING THREAT: CLINICAL SPECTRUM OF MATERNAL AND FETAL SYPHILIS -A CASE SERIES
MCH/PP/27	Dr.	Sonika Rochlani	BLEEDING AGAINST ALL ODDS: SUCCESSFUL SALVAGE OF A DCDA TWIN PREGNANCY WITH GESTATIONAL IMMUNE THROMBOCYTOPENIA AND REFRACTORY POSTPARTUM HEMORRHAGE
MCH/PP/28	Dr.	Akula Naga Sai Himaja	PAIN BEYOND THE SCAR: SCAR ENDOMETRIOSIS
MCH/PP/29	Dr.	Madhuri G Y	THE MISSING CALVARIUM : A 15 WEEK ULTRASOUND EXPOSING ANENCEPHALY.
MCH/PP/30	Dr.	Vadlapatipadmapriya	MATERNAL ANEMIA AS A RISK FACTOR FOR FETAL GROWTH RESTRICTION

E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/PP/31	Dr.	Purva Pokhriyal	ON THE EDGE AND BACK AGAIN: DECODING OBSTETRICS NEAR- MISS MIRACLES (WHO BASED SEVERE MATERNAL OUTCOME / MATERNAL NEAR-MISS CRITERIA)
MGG/PP/01	Dr.	Mehakdeep Singla	MANCHESTER OPERATION: REVISITING THE OLD ART, ITS ADVANTAGES AND LIMITATIONS
MGG/PP/02	Dr.	Kavya Velayudam Mudaliyar	BENIGN YET BOTHERSOME- URETHRAL CARUNCLE PRESENTING AS LOWER URINARY TRACT SYMPTOMS IN POSTMENOPAUSAL WOMEN
MGG/PP/03	Dr.	Seema Prasad Bhanap	THE ECONOMIC DISRUPTION OF THE HYSTERECTOMY PARADIGM: ANALYZING THE EVIDENCE FOR INDUSTRY-DRIVEN DISPLACEMENT OF VAGINAL HYSTERECTOMY
MGG/PP/04	Dr.	Gutti Mayukha	A RARE CASE OF NON PUERPERAL UTERINE INVERSION WITH AKI WITH RETROVIRAL POSITIVE STATUS AND ITS MANAGEMENT
MGG/PP/05	Dr.	Vijaya Shree Chelamkuri	A CASE OF GYNECOLOGICAL EMERGENCY WITH SPONTANEOUS UTERINE PERFORATION DUE TO PYOMETRA PRESENTING AS PERITONITIS WITH SEPTIC SHOCK.
MGG/PP/06	Dr.	Balwani Manishaben Maheshkumar	FEMALE SEXUALITY ACROSS THE MENOPAUSAL AGE GROUP: A CROSS SECTIONAL STUDY
MGG/PP/07	Dr.	Shalini Bhushan	PREVALENCE AND RISK FACTORS OF URINARY INCONTINENCE IN WOMEN AGED 50 YEARS AND ABOVE
MGG/PP/08	Dr.	Sowndarya	CHRONIC UTERINE INVERSION WITH SUBMUCOSAL FIBROID
MIGS/PP/01	Dr.	Supriya Mahipal	WHEN DYSMENORRHEA DEFIES DIAGNOSIS: RECOGNIZING ACCESSORY CAVITATED UTERINE MASS (ACUM)
MIGS/PP/02	Dr.	Ameya Sunil Mulay	A RARE CASE OF CORNUAL MOLAR ECTOPIC PREGNANCY.
MIGS/PP/06	Dr.	Nupur Khandelwal	DELAYED URETERIC COMPLICATION FOLLOWING TOTAL LAPAROSCOPIC HYSTRECTOMY : DIAGNOSTIC DILEMMAS AND MANAGEMENT OUTCOMES
MISC/PP/01	Dr.	Namrata Singh	¨THE BARTHOLIN IMPOSTOR: A HIDDEN MULLERIAN CYST OF THE VAGINA
MISC/PP/02	Dr.	Padmam Warrier	REDUCING HYSTERECTOMIES IN BENIGN GYNAECOLOGICAL LESIONS. HOW AND WHY?
MISC/PP/03	Dr.	Piyush Malhotra	IMPLEMENTING EVIDENCE-BASED AESTHETIC GYNECOLOGY FOR INDIAN WOMEN---A PRACTICAL BLUEPRINT FOR PRP, DIODE-LASER & GSM CARE
MISC/PP/04	Dr.	Narendula Amulya	DOUBLE TROUBLE : WHEN PREGNANCY MEETS A TWISTED OVARY

E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
MISC/PP/05	Dr.	Anushaya Kuchekar	DIAGNOSTIC – THERAPUTIC HYSTEROLAPROSCOPIC PROFILE OF INFERTILE PATIENTS ATTENTIDNG TERTIARY HEALTH CARE
MISC/PP/06	Dr.	Maddela Tejasree	RARE CASE OF A GIANT CHORIOANGIOMA OF PLACENTA
MISC/PP/07	Dr.	Shaheen Perween	EFFECT OF GESTATIONAL DIABETES MELLITUS ON FETO-MATERNAL OUTCOM
MISC/PP/08	Mr.	Nikunj Malpani	GEOGRAPHIC DISTRIBUTION OF ANEMIA IN REPRODUCTIVE-AGE WOMEN IN RURAL RAJASTHAN: A CROSS-SECTIONAL STUDY USING NEODOCS HB TESTING DEVICE
MISC/PP/09	Dr.	Saumya Himagrish	KNOWLEDGE, ATTITUDE AND PRACTICE ABOUT MENSTRUAL CUP AMONG MEDICAL STUDENTS
MISC/PP/10	Dr.	V.S.Thamizharasi	WHEN THE ORDINARY CONCEALS THE RARE-THE LETHAL POTENTIAL OF A MISDIAGNOSED BARTHOLIN'S CYST
MISC/PP/11	Dr.	Mada Deepthi	HIRSUTISM AS A MANIFESTATION OF PITUITARY MACROADENOMA IN CUSHING'S DISEASE — A CASE REPORT.
MISC/PP/12	Dr.	Shivangi Karwasra	¨THE HOLE OF WONDERS": OBSTRUCTIVE MULLERIAN ANOMALY MIMICKING UTERINE PROLAPSE
MISC/PP/13	Dr.	Fazeelat Jahan	SPIRAL CURRICULUM IN PRACTICE: INTEGRATING BASIC SCIENCES WITHIN THE SECOND-YEAR UNDERGRADUATE GYNAECOLOGY CLINICAL CURRICULUM
MISC/PP/14	Dr.	Manjeera Kommisetti	A RARE CASE OF RUPTURED ECTOPIC PREGNANCY IN THE OVARY: A CASE REPORT
MISC/PP/15	Dr.	Gaurav Puppalwar	DUAL-MODALITY LUTEAL PHASE SUPPORT USING VAGINAL AND AQUEOUS PROGESTERONE IN FROZEN EMBRYO TRANSFER (FET) CYCLES WITH SUBOPTIMAL SERUM PROGESTERONE LEVELS
MISC/PP/16	Dr.	Bavirisetti Swathi	A CASE OF GENITAL TUBERCULOSIS PRESENTING AS SECONDARY AMENORRHEA IN A UNMARRIED WOMAN
MISC/PP/17	Dr.	Ruby Kumari	CLINICAL SPECTRUM OF PRIMARY AMENORRHEA:A SINGLE CENTRE EXPERIENCE IN ONE YEAR
MISC/PP/18	Dr.	Ananya	LARGE PLACENTAL CHORANGIOMA PRESENTING WITH PPROM AND FETAL GROWTH RESTRICTION: A CASE-BASED OBSERVATION
MISC/PP/19	Prof.	Suneeta Singh	UTERINE ARTERY EMBOLISATION AND ITS COMPLICATIONS IN MANAGEMENT OF SYMPTOMATIC FIBROID
MISC/PP/20	Dr.	Sakshi Batra	THE ROLE OF MRI IN MANAGEMENT OF ULTRASONOGRAPHICALLY INDETERMINATE ADNEXAL MASSES
MISC/PP/21	Dr.	Mansi Goel	COMPARATIVE STUDY ON THE EFFICACY OF MEDICAL GRADE HONEY AND COLLOIDAL SILVER (32 PPM) (MEGA -HEAL) OINTMENT IN OPEN SURGICAL WOUND INFECTION FOLLOWING LAPAROTOMY
MISC/PP/22	Dr.	Meghali Das	"THE HIDDEN PASSENGER: A GIANT RETROPERITONEAL LIPOSARCOMA IN A PREGNANT WOMAN"

E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
MISC/PP/23	Dr.	Akkarapaka Vineela	RUPTURED CORNUAL ECTOPIC PREGNANCY IN A PRIMIGRAVIDA AT 9 WEEKS 1 DAY POG
MISC/PP/24	Dr.	Aakanksha Kumar	“REGRESSION OF A POSTERIOR UTERINE WALL ENDOMETRIOTIC CYST FOLLOWING MEDICAL MANAGEMENT: A CASE REPORT”
MISC/PP/25	Dr.	Aditi Asthana	FETAL BARTTER'S SYNDROME: ANTENATAL PRESENTATION,DIAGNOSTIC APPROACH, AND PERINATAL OUTCOMES-A CASE SERIES
MISC/PP/26	Dr.	R Sarojamma Chunchaiah	A STUDY TO COMPARE THE EFFECTIVENESS OF TRADITIONAL BED SIDE TEACHING AND LEARNER DOCTORS METHOD ON STUDENT CLINICAL TRAINING AND STUDENT’S PERCEPTIONS OF THESE METHODS.
MISC/PP/27	Dr.	Ruchi Verma	TITLE: ASSOCIATION OF SYSTEMIC INFLAMMATORY MARKERS WITH EARLY PREGNANCY LOSS – A PROSPECTIVE OBSERVATIONAL STUDY
MISC/PP/28	Dr.	Aaisha Ameer	OBSTRUCTED LABOR LEADING TO UTERINE RUPTURE IN MULPAROUS WOMEN
MISC/PP/29	Dr.	Sucharitha P	“SPECTRUM OF PRIMARY AMENORRHEA: A ONE-YEAR OBSERVATIONAL STUDY”
MISC/PP/30	Dr.	Darshan Wadekar	CASE OF RECURRANT ISOLATED POLYHYDRAMNIOS
MISC/PP/31	Dr.	Amrita	ROLE OF THE WHO SURGICAL SAFETY CHECKLIST IN REDUCING MORBIDITY AND MORTALITY AMONG OBSTETRICS AND GYNECOLOGY PATIENTS UNDERGOING SURGERY: A PROSPECTIVE COMPARATIVE STUDY
MISC/PP/32	Dr.	Preeti Verma	VASCULAR RPOC MASKING PAS
MISC/PP/33	Dr.	Misha Jain	COMPARATIVE EVALUATION OF ULTRASONOGRAPHY AND MAGNETIC RESONANCE IMAGING FOR ASSESSMENT AND MANAGEMENT OF LOWER UTERINE SEGMENT DEFECTS IN POST-LSCS WOMEN WITH ABNORMAL UTERINE BLEEDING
MISC/PP/34	Dr.	Bimal Kumarraj	CONSUMER CASES AGAINST DOCTORS, IMPOSED ILLEGALLY AND IRRATIONALLY, WITHOUT LEGAL BASIS AND SHOULD BE CHALLENGED TO KEEP IT OUT OF THE CONSUMER PROTECTION ACT
MISC/PP/35	Dr.	Sridevibala Loganathan	" ACUTE FATTY LIVER OF PREGNANCY : THE GREAT MASQUERADER "
MISC/PP/36	Mrs.	Jothi	POST PERCUTANEOUS TRANSVENOUS MITRAL COMMISSUROTOMY IN PREGNANCY
MISC/PP/37	Dr.	Nibedita Mahapatra	OUTCOME OF UNRUPTURED TUBAL ECTOPIC PREGNANCIES FOLLOWING MEDICAL MANAGEMENT WITH SINGLE DOSE OF INJECTION METHOTREXATE.
MISC/PP/38	Dr.	Dr Nargis Choudhary	ISOLATED FALLOPIAN TUBE TORSION SECONDARY TO A PARA-OVARIAN CYST; A RARE CAUSE OF ACUTE ABDOMEN: A CASE SERIES
MISC/PP/39	Dr.	Ashwini Kadepure	“UNDERSTANDING WOMEN'S KNOWLEDGE, ATTITUDE AND PRACTICES TOWARDS HYSTERECTOMY: A CROSS-SECTIONAL PERSPECTIVE
MISC/PP/40	Mr.	Navnit Wadwa	CERVIVE 2.0: EXPERT CONSENSUS ON CERVICAL ELASTOGRAPHY AND VAGINAL PROGESTERONE IN PREDICTING PRETERM BIRTH: INSIGHTS FROM THE FIRST INDIAN WEBINAR ON CERVICAL ELASTOGRAPHY
MISC/PP/41	Dr.	Lalitha. H.S.	THE IMPORTANCE OF GUT HEALTH IN OBG PRACTICE

E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
MISC/PP/42	Dr.	Biswajit Samal	CONCEALED ABRUPTIO-PLACENTA AND DISSEMINATED INTRAVASCULAR COAGULOPATHY: A NEAR FATAL MANAGEMENT IN HI-TECH MEDICAL COLLEGE AND HOSPITAL
MISC/PP/43	Dr.	Megha Agrawal	MENSTRUAL MYTHS AND TABOOS: CHALLENGES AND CHANGE IN WOMEN'S HEALTH AWARENESS
MISC/PP/44	Dr.	Reshma Quadros	EFFICACY AND SAFETY OF ELAGOLIX IN THE MANAGEMENT OF ENDOMETRIOSIS ASSOCIATED PAIN (EAP): A REVIEW
MISC/PP/46	Dr.	Roma Nag (Sonker)	ROLE OF BHAGWAT GEETA IN MEDICAL PROFESSION
MISC/PP/47	Dr.	Soniya Dhiman	WHEN BENIGN TURNS DISSEMINATED: LAPAROSCOPIC MORCELLATION AND THE HIDDEN RISK OF PERITONEAL LEIOMYOMATOSIS — LESSONS FROM A CASE SERIES
MISC/PP/48	Dr.	Vaishanavi	FROM STIGMA TO SUPPORT: ASSESSING PUBLIC AND PROFESSIONAL ATTITUDES ON MENSTRUAL LEAVE POLICY
MISC/PP/49	Dr.	Shama Firdosh Rabbani	ADOLESCENT COUNSELLING
MISC/PP/50	Dr.	Asha Baxi	NATIONAL CONSENSUS ON DROSPIRENONE-CONTAINING ORAL CONTRACEPTIVES IN PCOS: EVIDENCE FROM OVER 2000 MAN-YEARS OF CLINICAL EXPERIENCE
MISC/PP/51	Dr.	Desabattula Aakanksha	A STUDY ON EFFECT OF INPATIENT VS HOME BASED MATERNAL ORAL HYDRATION THERAPY IN BORDERLINE OLIGOHYDRAMNIOS IN A RURAL TERTIARY CARE HOSPITAL
MISC/PP/52	Dr.	Vimarshitha P	DOES HEAVY MENSTRUAL BLEEDING EFFECT ON QUALITY OF LIFE AND MENTAL HEALTH OF MENSTRUATING WOMEN? A HOSPITAL BASED CROSS SECTIONAL STUDY
MISC/PP/53	Dr.	Lekhna Saini	TO STUDY PRESENTATION AND MANAGEMEMT OF ECTOPIC PREGNANCY
MISC/PP/54	Dr.	Farha Naz	MISPLACED COPPER-T IUCD IN THE URINARY BLADDER- A CASE REPORT
MISC/PP/55	Dr.	Keshav Malhotra	PLATELET-RICH PLASMA (PRP) INJECTIONS FOR VAGINAL REJUVENATION AND URINARY INCONTINENCE: A PILOT CASE STUDY IN 45 WOMEN OVER 42 YEARS
MISC/PP/56	Dr.	Roshitha Leburu	BICORNUATE UTERUS
MISC/PP/57	Dr.	Neeraj Kumar	ASSESSMENT OF SERUM PLASMA CONCENTRATION OF ORAL NATURAL MICRONIZED PROGESTERONE SUSTAINED RELEASE (NMP-SR) AS LUTEAL PHASE SUPPORT AMONG INDIAN WOMEN: PROSPECTIVE SINGLE CENTRE STUDY
PS/PP/01	Dr.	Inderpreet Kaur	FROM CHOICE TO UPTAKE: UNDERSTANDING THE INTENTION–BEHAVIOR GAP IN POSTPARTUM CONTRACEPTION
SRH/PP/01	Dr.	Ravi Kotadia	A NEW ERA IN ORAL THERAPY FOR HEAVY MENSTRUAL BLEEDING ASSOCIATED WITH UTERINE FIBROIDS: SYSTEMATIC REVIEW OF THE FDC RELUGOLIX, ESTRADIOL, AND NORETHINDRONE ACETATE
SRH/PP/02	Dr.	Samskriti S Rao	A RARE BLOOM IN AN UNLIKELY PLACE: BENIGN PHYLLODES TUMOUR IN THE VULVA
SRH/PP/03	Dr.	Trapti Agarwal	NO WOMB AT THE INN: A MULLERIAN MYSTERY

E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
SRH/PP/04	Dr.	Riya Shah	A HIDDEN VASCULAR CULPRIT: UTERINE AV MALFORMATION
SRH/PP/05	Dr.	Jyoti Khatri Gupta	QUALITATIVE ANALYSIS OF IN-DEPTH INTERVIEWS OF WOMEN WITH PRIMARY INFERTILITY: A STIGMA SCRUTINY
SRH/PP/06	Dr.	Sheshagiri Saisruthi	CLINICAL PUZZLE OF PUBERTY: A CASE SERIES ON DECODING PRIMARY AMENORRHEA
SRH/PP/07	Dr.	Isha Ramneek	NOT JUST A PAINFUL SCAR: EARLY SUSPICION AND INDIVIDUALISED MANAGEMENT IN SCAR ENDOMETRIOSIS — INSIGHTS FROM FOUR CASES
SRH/PP/08	Dr.	Sunidhi Rathi	¨BRIDGING THE GAP IN MAYER-ROKITANSKY-KUSTER-HAUSER SYNDROME: A CASE SERIES EXPLORING INNOVATIVE SURGICAL AND NON-SURGICAL VAGINAL RECONSTRUCTION APPROACHES
SRH/PP/09	Dr.	Mhalo Shitiri	“HIDDEN ANATOMY, HIGH STAKES: EARLY DETECTION AND MANAGEMENT OF NON-COMMUNICATING RUDIMENTARY UTERINE HORNS”.
SRH/PP/10	Dr.	Preeti Sainia	FACTORS ASSOCIATED WITH EARLY CONTRACEPTIVE IMPLANT REMOVAL AMONG WOMEN USING IMPLANTS IN A TERTIARY CARE HOSPITAL IN DELHI

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SRH/PP/10	Dr.	Preeti Sainia	FACTORS ASSOCIATED WITH EARLY CONTRACEPTIVE IMPLANT REMOVAL AMONG WOMEN USING IMPLANTS IN A TERTIARY CARE HOSPITAL IN DELHI

CASE REPORT - E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
GO/CR/01	Dr.	Ankita Dadhwal	A RARE CASE OF ADVANCED STAGE ENDOMETRIAL CARCINOSARCOMA: A DIAGNOSTIC & THERAPEUTIC CHALLENGE
GO/CR/02	Dr.	Bhuvaneshwari K Bhoosanoormath	"A RARE CASE OF BROAD LIGAMENT FIBROID MIMICKING OVARIAN MALIGNANCY IN A PERIMENOPAUSAL WOMAN AND POSTMENOPAUSAL WOMAN"
GO/CR/03	Dr.	Subrat Kumar Pradhan	A CASE REPORT ON VULVAL INTRAEPITHELIAL NEOPLASIA AND VULVOPERINEAL RECONSTRUCTION WITH LOTUS PETALS FLAP (PUDENDAL ARTERY THIGH BASED FLAP)
GO/CR/04	Dr.	Ishika Sahu	"WHEN BLEEDING UNVEILS THE UNEXPECTED: MALIGNANT MELANOMA OF VAGINA PRESENTING AS PERIMENOPAUSAL AUB."
GO/CR/05	Dr.	Priti Prangya Panigrahi	A RARE CASE OF SEROUS TUBAL INTRAEPITHELIAL CARCINOMA (STIC) WITH BILATERAL LOW-GRADE SEROUS ADENOCARCINOMA OF OVARIES
GO/CR/06	Dr.	Arundhati Sharma	OVARIAN MALIGNANCY POST VAGINAL HYSTERECTOMY: A CASE REPORT
GO/CR/07	Dr.	Subhalaxmi Biswal	A RARE CASE OF KRUKENBERG TUMOR WITH MASSIVE INTRAPERITONEAL HEMORRHAGE
GO/CR/08	Dr.	Chandini P	FROM MOLAR TO MIRACLE – A JOURNEY OF HOPE AFTER GESTATIONAL TROPHOBLASTIC NEOPLASIA
GO/CR/09	Dr.	Chitradevi V	EXTRAPULMONARY TUBERCULOSIS MIMICKING OVARIAN MALIGNANCY- A DIAGNOSTIC CHALLENGE
GO/CR/10	Dr.	Aanchal Rana	SPOTTING THE PIGMENTED MONSTER : PRIMARY MALIGNANT MELANOMA OF CERVIX
GO/CR/11	Dr.	Anupriya	BOWENS DISEASE OF VULVA
GO/CR/12	Dr.	Simran Khubchandani	BILATERAL OVARIAN FIBROMA MIMICKING KRUKENBERG TUMOR : A CASE REPORT AND LITERATURE REVIEW
GO/CR/13	Dr.	Komal Modi	PIGMENTED VULVAR BOWEN'S DISEASE IN A POSTMENOPAUSAL WOMAN WITH HEPATITIS B POSITIVITY – A RARE CASE REPORT
GO/CR/14	Dr.	Sifat Tanveer	A RARE PRESENTATION OF VAGINAL WALL MASS IN GESTATIONAL TROPHOBLASTIC NEOPLASIA
GO/CR/15	Dr.	Parul Garg	AGGRESSIVE ANGIOMYXOMA OF VAGINA- AN UNCOMMON CLINICAL ENIGMA
GO/CR/16	Dr.	Meenakshi Thakur	COWDEN SYNDROME SUSPECTED IN A YOUNG WOMAN WITH ENDOMETRIAL CARCINOMA AND BILATERAL BREAST FIBROADENOMAS – A DIAGNOSTIC DILEMMA IN A RESOURCE-LIMITED SETTING
GO/CR/17	Dr.	Shivani Agarwal	THE SILENT INFILTRATOR-A RARE CASE OF YOUNG MIDDLE AGED FEMALE WITH LOW GRADE ENDOMETERIAL STROMAL SARCOMA MASQUERADING AS PELVIC SYMPTOMS
GO/CR/18	Dr.	Priyanka Mitra	FUSION GENES AT PLAY: A RARE CASE OF HIGH-GRADE ENDOMETRIAL STROMAL SARCOMA ARISING FROM OVARIAN ENDOMETRIOSIS IN A NULLIPAROUS FEMALE.

CASE REPORT - E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
GO/CR/19	Dr.	Tamima Nasreen	PERITONEAL STRUMOSIS FOLLOWING STRUMA OVARII: A RARE PRESENTATION IN A YOUNG NULLIPAROUS GIRL
GO/CR/20	Dr.	Roshni Ravi	A GIANT LEIOMYOMA MASQUERADING AS LEIOMYOSARCOMA IN A POSTMENOPAUSAL WOMAN
GO/CR/21	Dr.	Kareena Rai	HPV-NEGATIVE SQUAMOUS CELL CARCINOMA OF THE CERVIX IN A POSTMENOPAUSAL WOMAN WITH CONCURRENT PAPILLARY CARCINOMA OF THE THYROID: A RARE CASE REPORT
GO/CR/22	Dr.	Osupalli Sannuthi Padma Rajamani	INVASIVE MOLE PRESENTING WITH UTERINE PERFORATION AND METASTASIS: A CASE REPORT
GO/CR/23	Dr.	Janaswamy Shreyas	BORDERLINE LEFT OVARIAN MUCINOUS CYSTADENOMA WITH MICROINVASION
GO/CR/24	Dr.	Snigdha Tripathi	EPITHELIOID TROPHOBLASTIC TUMOUR – A RARE CASE PRESENTATION
GO/CR/25	Dr.	Supriya Borole	WOLF IN A LAMB'S SKIN: VULVAR CANCER MASQUERADING AS BARTHOLIN CYST
GO/CR/26	Dr.	Rachana S.R	BILATERAL BENIGN SOLID OVARIAN TUMOURS PRESENTING AS CAULIFLOWER-LIKE GROWTHS MIMICKING MALIGNANCY IN A YOUNG NULLIGRAVIDA – A DIAGNOSTIC CHALLENGE.
GO/CR/27	Dr.	Afrin Zaman	GRANULOSA CELL TUMOR OF THE LEFT OVARY IN A POSTMENOPAUSAL WOMAN: A CASE REPORT
GO/CR/28	Dr.	Gayathri I	BUSCHKE LOWENSTEIN TUMOUR- A RARE BUT DESTRUCTIVE REALITY
GO/CR/29	Dr.	Krishna Karthik Sanakkayala	PARAOVARIAN CYST: SIMPLE YET SIGNIFICANT
GO/CR/30	Ms.	Bhagawathgitha A	PREGNANCY OUTCOME FOLLOWING FERTILITY SPARING SURGERY AND CHEMOTHERAPY OF OVARIAN NEOPLASM.
GO/CR/31	Dr.	Saswati Sahoo	VAGINAL LEIOMYOMA A RARE CASE REPORT
GO/CR/32	Dr.	Abhiram P	ENDOMETRIAL ADENOCARCINOMA IN A YOUNG WOMAN - A RARE CASE REPORT
GO/CR/33	Dr.	Vijitha Arun	METASTATIC ADENOCARCINOMA OF THE CERVIX– A RARE PRESENTATION
GO/CR/34	Dr.	Kataru Nikitha	EMERGENCY HYSTERECTOMY FOR COMPLICATED GESTATIONAL TROPHOBLASTIC NEOPLASIA
GO/CR/35	Dr.	Prabin Pradeep	SCAR SITE ENDOMETRIOSIS WITH MALIGNANT TRANSFORMATION: A RARE CASE OF SUCCESSFUL MULTIMODAL MANAGEMENT
GO/CR/36	Dr.	Karunya J	HOW A BLOOMING PERIOD TURNS INTO GLOOMINESS IN A TEENAGE GIRL
GO/CR/37	Dr.	Nakka Bharathi	A RARE CASE REPORT OF PARTIAL MOLAR PREGNANCY FOLLOWING IVF WITH DONOR SPERM
GO/CR/38	Dr.	Mitali Goyal	PRIMARY OVARIAN NON-HODGKIN'S LYMPHOMA: A RARE CASE REPORT

CASE REPORT - E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
GO/CR/39	Dr.	Minakshi	OVARIAN FIBROMA WITH SEROUS CYSTADENOMA IN A POSTMENOPAUSAL WOMAN – A RARE CASE OF OVARIAN COLLISION TUMOR
GO/CR/40	Dr.	Dr Nidhi Singh	CHRONIC INFLAMMATION TO CARCINOMA: A RARE CASE OF FALLOPIAN TUBE CANCER ASSOCIATED WITH LONG TERM IUCD USE.
GO/CR/41	Dr.	Nazia Parvreen	BILATERAL HUGE SEROUS BORDERLINE OVARIAN TUMORS MIMICKING MALIGNANCY: A CASE REPORT HIGHLIGHTING DIAGNOSTIC CHALLENGES
GO/CR/42	Dr.	Sruthi Bhaskaran	PECOMA: SINISTER PATHOLOGY MASQUERADING AS UTERINE POLYP
GO/CR/43	Dr.	Ananya Jha	A GENETIC PREDISPOSITION MEETS A RARE MALIGNANCY: CARCINOSARCOMA IN PTEN HAMARTOMA SYNDROME
GO/CR/44	Dr.	Shivannagari Sushma	KNOWLEDGE AND PERCEPTION OF CERVICAL CANCER AMONG POSTMENOPAUSAL WOMEN ATTENDING A TERTIARY CARE CENTRE
GO/CR/45	Dr.	Rachita Garg	EPITHELIAL OVARIAN TUMOUR FOLLOWING MALIGNANT GERM CELL TUMOR IN 2ND DECADE OF LIFE
GO/CR/46	Dr.	Durgesh	TITLE- UNRAVELLING THE MICROCYSTIC STROMAL OVARIAN TUMOUR ENIGMA IN A TEENAGER
GO/CR/47	Dr.	Cheshta Arora	LEIOMYOSARCOMA OF OVARY
GO/CR/48	Dr.	Anshul Tripathi	VULVAL MELANOMA: A RARE AND AGGRESSIVE MALIGNANCY
GO/CR/49	Dr.	Veena N Parakpatil	A CASE REPORT ON PROLAPSED SUBMUCOSAL FIBROID.
GO/CR/50	Dr.	Deepika Ravi	PRIMARY FALLOPIAN TUBE CANCER: A RARE INTERESTING CASE REPORT
GO/CR/51	Dr.	Saumya Singh	GRANULOSA CELL TUMOR BEYOND REPRODUCTIVE AGE:AN ATYPICAL PRESENTATION
GO/CR/52	Dr.	Sunistha Sagar	CASE OF GTN WITH H/O H MOLE WITH RH NEG FEMALE WITH CHORIOCARCINOMA.
GO/CR/53	Dr.	Mohammad Waseem Malik	A CASE OF KRUKENBERG TUMOR IN PREGNANCY
GO/CR/54	Dr.	Goriparthi Rathnaprabha	“CERVICAL CANCER SCREENING OUTCOMES USING PAP SMEAR AND HPV DNA TESTING IN WOMEN AGED 21–75 YEARS: A CROSS-SECTIONAL STUDY”
GO/CR/55	Dr.	Ektha Shetty	A DIAGNOSTIC TWIST IN THE TALE: POSTOPERATIVE REVELATION OF A RARE OVARIAN LYMPHANGIOMA
GO/CR/56	Dr.	Nehaa B	SOLITARY SYNCHRONOUS VAGINAL METASTASIS IN EARLY STAGE ENDOMETRIOD ENDOMETRIAL CARCINOMA- AN UNUSUAL PRESENTATION
GO/CR/57	Dr.	Brahmandabheri Bhavitha	DECEPTIVE INNOCENCE: CARCINOSARCOMA MASQUERADING AS A CERVICAL POLYP
GO/CR/58	Dr.	Vaishnavi K S	A RARE CASE OF UTERINE CARCINOSARCOMA WITH CHONDROMATOUS TRANSFORMATION

CASE REPORT - E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
IO/CR/01	Dr.	Shipra Sharma	TURNING THE TIDE IN IMMUNE FETAL HYDROPS – THE IMPACT OF INTRAUTERINE BLOOD TRANSFUSION
IO/CR/02	Dr.	Isha Gupta	UTERINE ARTERY EMBOLIZATION: A CONSERVATIVE AND FERTILITY SPARING APPROACH- A CASE SERIES OF 5 PATIENTS
IO/CR/03	Prof.	Sweta Singh	UTERINE FIBROID EMBOLIZATION FOR ATTEMPTED FAILED SURGICAL MANAGEMENT: A CASE SERIES
IO/CR/04	Dr.	Shruthi B Ranjanagi	BILATERAL UTERINE ARTERIES WITH ANOMALOUS ORIGIN WITH PSEUDOANEURYSMAL RUPTURE REQUIRING ENDOVASCULAR INTERVENTION IN A GRAND MULTIPARA: A RARE LIFE THREATENING POSTPARTUM OBSTETRICS EMERGENCY
IO/CR/05	Dr.	Anshita P Soni	COMPARATIVE STUDY BETWEEN FERRIC CARBOXYMALTOSE AND IRON SUCROSE IN ANTENATAL WOMEN WITH IRON DEFICIENCY ANEMIA
IO/CR/06	Dr.	Padma Shukla	ROLE OF INNOVATIVE P SUTURE IN THE MANAGEMENT OF PLACENTA ACCRETA SPECTRUM
IO/CR/07	Dr.	Ketki Sanjay Dantkale	EXPULSION OF INFARCTED MYOMA FOLLOWING ULTRASOUND-GUIDED UTERINE ARTERY EMBOLIZATION: A FERTILITY PRESERVING APPROACH
IO/CR/08	Dr.	Palak Dang Mehra	USE OF COMBINATION OF VITAMIN D POWDER WITH GENTAMYCIN INJECTION IN MANAGEMENT OF NON-HEALING WOUNDS : TWO CASE REPORTS
IO/CR/09	Dr.	Pallavi	UTERINE CONSERVING SURGERY IN PATIENT WITH CERVICO VAGINAL AGENESIS A CASE REPORT
IO/CR/10	Dr.	Rashmi Patil	INFUSING THE ESSENCE OF LIFE: AMNIOINFUSION IN A CASE OF SEVERE OLIGOHYDRAMNIOS
IO/CR/11	Dr.	Mehak Singhal	SUCCESSFUL PREGNANCY OUTCOME IN A CASE OF INFRARENAL ABDOMINAL AORTIC ANEURYSM
IO/CR/12	Dr.	Swati Kumari	CAESAREAN SCAR ENDOMETRIOSIS-A RARE ENTITY FOR PAINFUL SCAR:A CASE SERIES AND REVIEW OF LITERATURE
IO/CR/13	Dr.	Mounika Rayala	WHEN MRKH SYNDROME MEETS A GIANT DERMOID : A RARE INTERSECTION OF CONGENITAL AND OVARIAN PATHOLOGY”
MCH/CR/01	Dr.	Lt. Col. Jayanta Kumar Biswas	A RARE CASE OF CENTRAL SEROUS RETINAL DETACHMENT WITH ACUTE KIDNEY INJURY SECONDARY TO POSTPARTUM SEVERE PRE-ECLAMPSIA MANAGED IN A LOW RESOURCE SETTING
MCH/CR/02	Dr.	Rajeshwari Kumari	: “BREAKING THE BULLAE: CYCLOSPORINE RESCUE IN STEROID-RESISTANT PEMPHIGOID GESTATIONIS”
MCH/CR/03	Dr.	Antara Chatterjee	RUPTURE IN AN UNSCARRED UTERUS: A RARE BUT CATASTROPHIC OBSTETRIC EMERGENCY
MCH/CR/04	Dr.	Akella Manasa Alekhya	ACUTE ONSET POSTPARTUM PLEURAL EFFUSION: A NEAR-MISS MATERNAL CASE DUE TO SCRUB TYPHUS INFECTION

CASE REPORT - E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/CR/05	Dr.	Batuljohra A Durani	CURIOUS CASE OF HYDROXYCHLOROQUINE IN RECURRENT PREGNANCY LOSS
MCH/CR/06	Dr.	Shruti Singh	NAVIGATING THE MULTISYSTEM CHALLENGES OF SJOGREN'S SYNDROME IN PREGNANCY
MCH/CR/07	Dr.	Asit Pritam Behera	A RARE CASE REPORT ON ACUTE UTERINE INVERSION A LIFE THREATENING OBSTETRIC EMERGENCY
MCH/CR/08	Dr.	Anish Gupta	DEFYING THE ODDS, FROM HYPOXIA TO HOPE: SUCCESSFUL PREGNANCY OUTCOME IN A CASE OF UNIVENTRICULAR HEART
MCH/CR/09	Dr.	Anjali Dhanraj Mankar	TORSION OF GIANT CORPUS LUTEAL CYST IN 34 WEEKS PREGNANCY: AN UNUSUAL CASE MANAGED BY EMERGENCY LSCS AND OVARIAN CYSTECTOMY
MCH/CR/10	Dr.	Shachi Shastri	A CASE OF TRAUMATIC POSTPARTUM HEMORRHAGE WITH BROAD LIGAMENT HEMATOMA
MCH/CR/11	Dr.	Anusha Senthil	A SUCCESSFULLY MANAGED CASE OF PLACENTA INCRETA – A MULTIDISCIPLINARY APPROACH
MCH/CR/12	Dr.	Sabyasachi Padhi	A RARE CASE REPORT ON SICKLE CELL DISEASE IN PREGNANCY COMPLICATED BY ACUTE CHEST SYNDROME AND POSTPARTUM THROMBOSIS
MCH/CR/13	Dr.	Keerthi CH	HETEROTOPIC PREGNANCY
MCH/CR/14	Dr.	Rutuja Karnawat	SELECTIVE FETAL GROWTH RESTRICTION IN DICHORIONIC TWINS WITH PRETERM LABOUR AND INTRAUTERINE DEMISE OF THE GROWTH-RESTRICTED TWIN – A CASE REPORT
MCH/CR/15	Dr.	Cheryl Mankar	PREGNANCY'S HIDDEN PASSENGER – THE DERMOID THAT ALMOST ESCAPED DETECTION.
MCH/CR/16	Dr.	Gaurav Khastgir	NAVIGATING THYROID DYSFUNCTION IN PREGNANCY: MATERNAL GRAVES' DISEASE WITH FOETAL GOITRE
MCH/CR/17	Dr.	Manaswini Janagam	ANATOMICAL RARITY, HEMODYNAMIC EXTREMITY: ABRUPTIO PLACENTAE AND DIC IN A ROBERT'S UTERUS – A MULTIDISCIPLINARY SUCCESS STORY
MCH/CR/18	Dr.	Diksha	THE SILENT PARASITE: UNMASKING TOXOPLASMOSIS IN PREGNANCY
MCH/CR/19	Dr.	Shreya Rame Mehrotra	FETAL ACRANIA: A CASE REPORT
MCH/CR/20	Dr.	Nallanagula Bindusree	NEUROFIBROMATOSIS TYPE-1 AND PREGNANCY-A CASE REPORT"
MCH/CR/21	Dr.	Madhusmita Hembram	A RARE CASE OF MEDICALLY MANAGED OVARIAN PREGNANCY
MCH/CR/22	Dr.	Tanya Pansari	PLACENTA ACCRETA... THE TOMB OF WOMB
MCH/CR/23	Dr.	Noela Tereza Correia	SPONTAENOUS INTRA-CRANIAL BLEED SECONDARY TO RARE MENINGIOMA MASQUERADING AS ECLAMPSIA

CASE REPORT - E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/CR/24	Dr.	Khushboo Singh	A RARE CASE OF SINGLE UMBILICAL ARTERY WITH IMPERFORATE ANUS IN A TERM PREGNANCY
MCH/CR/25	Dr.	Kritika Dhingra	HOPE BEYOND LOSS: SURVIVAL OF THE CO-TWIN AFTER SINGLE TWIN EXPULSION IN IVF DICHORIONIC PREGNANCY: A CASE REPORT
MCH/CR/26	Dr.	Ankush Namratha Priya	A CASE REPORT ON UTERINE RUPTURE WITH ASSOCIATED BLADDER RUPTURE IN MULTIGRAVIDA WITH PREVIOUS CESAREAN SECTION-A MATERNAL NEAR MISS
MCH/CR/27	Dr.	Madasu Pavani Sri	A CASE REPORT ON LEPTOSPIROSIS IN PREGNANCY
MCH/CR/28	Prof.	Madhulima Saha	A CASE OF INGUINAL HERNIA AND PRIMARY AMENORRHEA WITH A TWIST IN THE TALE
MCH/CR/29	Dr.	B.Pranavi	PROPHYLACTIC ANTEPARTUM ESOPHAGEAL LIGATION FOR ESOPHAGEAL VARICES-AN EMERGENCY PROCEDURE
MCH/CR/30	Dr.	Ankita Shaw	PLACENTA SUCCENTURIATA IN A CASE OF CERVICAL INSUFFICIENCY: SUCCESSFUL MATERNAL AND FETAL OUTCOME
MCH/CR/31	Dr.	Dhanalakoti Pragathi Varma	A CASE OF MONOCHORIONIC TRIPLET PREGNANCY WITH DISCORDANT ANOMALIES CULMINATING IN SPONTANEOUS SECOND TRIMESTER ABORTION.
MCH/CR/32	Dr.	Ruchika Arya	EARLY PREGNANCY WITH FIBROID UTERUS REQUIRING EMERGENCY MYOMECTOMY
MCH/CR/33	Dr.	Anusha	FETOMATERNAL OUTCOME IN SEVERE ANEMIA IN THIRD TRIMESTER AT A TERTIARY CARE HOSPITAL
MCH/CR/34	Dr.	Manya R Shekar	ASSESSMENT OF POSTPARTUM DEPRESSION AND ITS ASSOCIATED RISK FACTORS AMONG POSTNATAL WOMEN IN BANGALORE, KARNATAKA
MCH/CR/35	Dr.	Amrita Samantra	A RARE CASE OF ADVANCED ABDOMINAL PREGNANCY MISDIAGNOSED AS BREECH PRESENTATION IN A PRIMIGRAVIDA
MCH/CR/36	Dr.	Preeti Singh	A RARE CASE OF UPPER UTERINE SEGMENT PLACENTA ACCRETA SPECTRUM
MCH/CR/37	Dr.	Prachi Sharma	PREGNANCY IN A BICORNUATE UTERUS
MCH/CR/38	Dr.	Areena Siddiqui	WHEN ONE TWIN LIVES FOR TWO: A RARE CASE OF ACARDIAC-ACEPHALOUS-AMORPHOUS TWIN
MCH/CR/39	Dr.	Iksha Subba	OBSTETRIC COMPLICATIONS OF MULLERIAN ANOMALIES: A CASE SERIES OF 3 CASES
MCH/CR/40	Dr.	Rudhira Raga Rachana Dulala	TO EVALUATE AND MANAGE CHALLENGES OF PREGNANCY IN TAKAYASU ARTERITIS
MCH/CR/41	Dr.	Niveditha Rosangeline Janapati	A CASE REPORT ON SECONDARY PPH (ARTERIOVENOUS MALFORMATION)
MCH/CR/42	Dr.	Swathi Kannan	A RARE CASE OF FETUS IN FETU

CASE REPORT - E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/CR/43	Dr.	Meenakshi Rajan	THE DROWNING HEART: PERICARDIAL EFFUISON IN PREGNANCY
MCH/CR/44	Dr.	Kakara Maithri	WHEN MALIGNANCY MEETS MATERNITY: A RARE CASE OF ESOPHAGEAL CARCINOMA IN PREGNANCY
MCH/CR/45	Mrs.	Meghana MVJ	HIGH STAKES, TRIPLE JOY:OVERCOMING PREECLAMPSIA IN A TRIPLET PREGNANCY .
MCH/CR/46	Dr.	Kshipra Shukla	CASE REPORT: RECURRENT PREGNANCY LOSS WITH NEONATAL PYLORIC ATRESIA–EPIDERMOLYSIS BULLOSA COMPLEX IN A LUPUS-SPECTRUM AUTOIMMUNE MOTHER
MCH/CR/47	Dr.	Rimpa Khan	RARE CASE OF SUCCESSFUL PREGNANCY OUTCOME IN VHL SYNDROME
MCH/CR/48	Dr.	Janani N	SCAR PREGNANCY A RARE CRITICAL EMERGENCY
MCH/CR/49	Dr.	Mamta Singh	RESILIENCE REBORN: SUCCESSFUL MANAGEMENT OF QUADRIPLEGIA DUE TO CERVICAL SPINAL CORD INJURY IN A YOUNG POSTPARTUM WOMAN”
MCH/CR/50	Dr.	Mohanapriya G	PREGNANCY IN A WOMAN WITH TAKOTSUBO CARDIOMYOPATHY: PREDICTING DELIVERY OUTCOMES AND MULTIDISCIPLINARY MANAGEMENT APPROACH
MCH/CR/51	Dr.	Sushree Samparna	NAVIGATING A DIAGNOSTIC AND SURGICAL CHALLENGE: BILATERAL OVARIAN TORSION WITH SPONTANEOUS PREGNANCY IN THE SECOND TRIMESTER
MCH/CR/52	Dr.	Bavda Ashvini Mukeshbhai	CESAREAN SCAR ECTOPIC PREGNANCY: A THERAPEUTIC CHALLENGE
MCH/CR/53	Dr.	Erri Kovela	POSTPARTUM BELL'S PALSY: NEUROLOGICAL COMPLICATION FOLLOWING DELIVERY
MCH/CR/54	Dr.	Malladi Divya	INTERSTITIAL MOLAR PREGNANCY: A RARE AND CHALLENGING CLINICAL ENTITY.
MCH/CR/55	Dr.	Sindhu Bhargavi Puvvadi	“TRAPPED WITHIN THE WALL” A RARE CASE OF INTRAMURAL ECTOPIC PREGNANCY
MCH/CR/56	Dr.	Jhansi Lakshmi Juthuga	PREGNANCY IN BICORNUATE UTERUS – DIAGNOSTIC AND MANAGEMENT CHALLENGES
MCH/CR/57	Dr.	Archee Sinha	PERPLEXITY OF PARAPLEGIA IN PREGNANCY: A CASE REPORT
MCH/CR/58	Dr.	Krishna Sai Davala	A CASE OF SICKLE CELL TRAIT AND BETA THALASSEMIA MINOR IN PREGNANCY
MCH/CR/59	Ms.	P.Altha Ruth Anand	“A SILENT GENE, A SUDDEN CLOT: POST PARTUM PULMONARY EMBOLISM IN ALPHA THALASEMMIA CARRIER”
MCH/CR/60	Dr.	Vijaya Bhanu Duggirala	COORDINATED CARDIO-OBSTETRIC CARE- SAVING TWO LIVES - SEVERE MITRAL STENOSIS IN PREGNANCY
MCH/CR/61	Dr.	Riya Dhingra	EVALUATION OF SLIDING SIGN AS PREDICTORS OF INTRA-ABDOMINAL ADHESIONS
MCH/CR/62	Dr.	Sakshi Aggarwal	A RARE CASE OF SUCCESSFUL PREGNANCY IN AN UNCORRECTED TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION

CASE REPORT - E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/CR/63	Dr.	C.Anujothi	HETEROTROPHIC PREGNANCY
MCH/CR/64	Dr.	Vasavi R	SECONDARY PPH
MCH/CR/65	Dr.	B M Janu Priya	ABDOMINAL PREGNANCY
MCH/CR/66	Dr.	Suprajna Shetty	SILENT PARALYSIS – TWO LIVES, ONE FIGHT
MCH/CR/67	Dr.	Priyanka Mathe	BEYOND BLEEDIND: HIDDEN CLUES TO PLACENTA ACCRETA SPECTRUM
MCH/CR/68	Dr.	Anupama Gupta	TAKAYASU ARTERITIS IN PREGNANCY
MCH/CR/69	Dr.	Babiya Sonal	TWIN REVERSED ARTERIAL PERFUSION (TRAP) SEQUENCE IN A MONOCHORIONIC DIAMNIOTIC TWIN PREGNANCY: A RARE CASE REPORT
MCH/CR/70	Dr.	A Shravani	TWIN REVERSED ARTERIAL PERFUSION (TRAP) SEQUENCE IN A MONOCHORIONIC MONOAMNIOTIC TWIN PREGNANCY – A RARE CASE
MCH/CR/71	Dr.	Ruthradevi	"BRINGING THE BEAT BACK": RESTORING FETAL RHYTHM BEFORE BIRTH
MCH/CR/72	Dr.	Talla Yamini	INSIGHTS INTO TWIN-TO-TWIN TRANSFUSION SYNDROME
MCH/CR/73	Dr.	Fathima K.K	ACUTE TYPE B AORTIC DISSECTION IN APREGNANT WOMAN WITH UNDIAGNOSED MARFANS SYNDROME : A CASE REPORT.
MCH/CR/74	Dr.	Vasa . Sai Supriya	AN UNCOMMON SURGICAL EMERGENCY : LEFT ADNEXA TORSION IN PREGNANCY WITH MCDA TWINS
MCH/CR/75	Dr.	Sanchari Debnath	A TRAGIC AND RARE COMPLICATION OF A COMMON ENDOCRINE DISEASE
MCH/CR/76	Dr.	Nibha Kumari Patel	RARE CASE OF SUCCESSFUL PREGNANCY OUTCOME IN PORTAL HYPERTENSION WITH PANCYTOPENIA
MCH/CR/77	Dr.	Kamya Verma	RARE CASE OF SUCCESSFUL PREGNANCY OUTCOME IN WILSON'S DISEASE
MCH/CR/78	Dr.	Shivangi Kamboj	WHEN THE WOMB MEETS THE PANCREAS:A RARE CASE OF GALLSTONE-INDUCED NECROTIZING PANCREATITIS WITH INTRAUTERINE FETAL DEMISE AND ATONIC POSTPARTUM HEMORRHAGE
MCH/CR/79	Dr.	Meher Radhika Kalla	A HIDDEN BLOOM : UNVEILING A FETAL GONADAL CYST BEFORE BIRTH
MCH/CR/80	Dr.	Priyanka Ahuja	TRAPPED BABY AND THE FIBROID BARRIER
MCH/CR/81	Dr.	Divyasree Suripeddi	PREGNANCY-ASSOCIATED STROKE MISDIAGNOSED AS POSTPARTUM PSYCHOSIS
MCH/CR/82	Dr.	Arushi Sharma	TITLE: UTERO-VESICAL FISTULA WITH RETAINED PRODUCTS OF CONCEPTION FOLLOWING CESAREAN SECTION – A CASE REPORT
MCH/CR/83	Dr.	Aashna Khurana	THE SEQUENTIAL SALVAGE: PERIPARTUM MVR AND IMMEDIATE THROMBECTOMY FOLLOWING COMPLICATION OF PTMC

CASE REPORT - E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/CR/84	Dr.	Kruthika Racharla	PLACENTA ACCRETA SPECTRUM: A CASE SERIES ILLUSTRATING DIVERSE PRESENTATIONS AND MULTIDISCIPLINARY MANAGEMENT
MCH/CR/85	Dr.	Pranathi Pedaballi	POST MYOMECTOMY CESAREAN SECTION
MCH/CR/86	Dr.	Kadeeja Thasneem T	A CASE REPORT OF INTERSTITIAL PREGNANCY – CONSERVATIVE SURGICAL APPROACH AS MANAGEMENT
MCH/CR/87	Dr.	Snigdha Shahi	ONCE RUPTURED STILL HOPEFUL: SUCCESSFUL PREGNANCY OUTCOME
MCH/CR/88	Dr.	Ravi Kumar K M	A RARE CASE OF UTERINE FUNDAL RUPTURE FOLLOWING INDUCTION IN A CASE OF PRIMIGRAVIDA WITH UNSCARRED UTERUS
MCH/CR/89	Dr.	Shilpa Kumari	A CASE REPORT OF ABRUPTION PLACENTA WITH COUVELAIRE UTERUS
MCH/CR/90	Dr.	Deepali Garg	PRENATAL DIAGNOSIS AND SUCCESSFUL OUTCOME OF FETAL CARDIAC RHABDOMYOMA ASSOCIATED WITH TUBEROUS SCLEROSIS
MCH/CR/91	Dr.	Aakanksha M	ROLE OF TRANSVERSE CEREBELLAR DIAMETER TO ABDOMINAL CIRCUMFERENCE RATIO IN PREDICTING IUGR
MCH/CR/92	Dr.	Neetu Punia	RUPTURED UNICORNUATE UTERUS MIMICKING ABDOMINAL PREGNANCY AT 24 WEEKS
MCH/CR/93	Dr.	Dandu Therisa	DIAGNOSTIC VALUE OF MCA/UA PULSATILITY INDEX RATIO (CEREBROPLACENTAL RATIO) IN PREDICTING FETAL DISTRESS AND NEONATAL OUTCOME
MCH/CR/94	Dr.	Raksha Rai H	ACUTE FATTY LIVER OF PREGNANCY COMPLICATED BY POSTPARTUM FACIAL ´VARIANT OF GUILLAIN–BARRE SYNDROME
MCH/CR/95	Dr.	Priyanka S M	ACUTE FATTY LIVER OF PREGNANCY COMPLICATED BY MULTI-ORGAN DYSFUNCTION AND HEPATIC ENCEPHALOPATHY – A RARE CASE WITH MATERNAL RECOVERY
MCH/CR/97	Dr.	Amit M Gundapi	POSTPARTUM STATUS EPILEPTICUS AND POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME (PRES) IN A 23-YEAR-OLD POST-LSCS PATIENT WITH AUTOIMMUNE THYROIDITIS
MCH/CR/98	Dr.	Shipra Aggarwal	RECURRENT KARSCH–NEUGEBAUER SYNDROME IN PREGNANCY: A RARE CASE REPORT
MCH/CR/99	Dr.	Vaibhavi Iyer	A TELLTALE OF TWIN PREGNANCY
MCH/CR/100	Dr.	Hemant Nanasaheb Kadam	A RARE CASE REPORT OF ANTEPARTUM ACUTE PANCREATITIS PATIENT WITH ERCP WITH STENTING OF COMMON BILE.
MCH/CR/101	Dr.	Krishna Madhuri Gadde	CHRONIC MYELOID LEUKEMIA PRESENTING AS ASYMPTOMATIC LEUKOCYTOSIS IN PREGNANCY
MCH/CR/102	Dr.	Dipansha Maroo	A FATAL CASE REPORT: POST-CESAREAN HEMOPERITONEUM WITH BLADDER INJURY AND REFRACTORY MULTIORGAN FAILURE

CASE REPORT - E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/CR/103	Dr.	Mohd Aftab	SUCCESSFUL VAGINAL DELIVERY IN A MORBIDLY OBESE PREGNANT WOMAN: A CASE HIGHLIGHTING THE BENEFITS OF OPTIMAL MANAGEMENT
MCH/CR/104	Dr.	Vatsala Raje Rao	SERIAL IVIG AND INTRAUTERINE THERAPY FOR RH ISOIMMUNIZATION WITH ANTI-RH17 ANTIBODY: A SUCCESSFUL PREGNANCY OUTCOME
MCH/CR/105	Dr.	Mehak Arora	EXUDATIVE RETINOPATHY AND SUDDEN BLINDNESS IN PREGNANCY: WALKING THE DIAGNOSTIC TIGHTROPE BETWEEN PREECLAMPSIA AND TTP
MCH/CR/106	Dr.	Kavya Prakashchandra Bhat	A RARE OBSTETRIC ENCOUNTER: TRUE UMBILICAL CORD KNOT WITH TWO-VESSEL CORD AND CONGENITAL ANORECTAL MALFORMATION
MCH/CR/107	Dr.	Neha Thawale	A CATASTROPHIC EVENT OF MASSIVE CEREBRAL HEMORRHAGE IN HIGH-RISK PREGNANT WOMAN WITH CONNECTIVE TISSUE DISORDER WITH SYSTEMIC INVOLVEMENT: A MULTIDISCIPLINARY MANAGEMENT
MCH/CR/108	Dr.	Sravani Sakshi	" SEVERE THROMBOCYTOPENIA WITH RENAL AND HEPATIC INVOLVEMENT IN A NORMOTENSIVE PREGNANT PATIENT:A DIAGNOSTIC CHALLENGE"
MCH/CR/109	Dr.	Janvi Garapati	PERIPARTUM MANAGEMENT OF PREGNANCY WITH COMPLETE HEART BLOCK USING TEMPORARY PACEMAKER: A CASE REPORT
MCH/CR/110	Dr.	Shahista	POSTPARTUM LEPTOSPIROSIS PRESENTING AS PUERPERAL PYREXIA FOLLOWING CESAREAN DELIVERY: A CASE REPORT
MCH/CR/111	Dr.	Saumya Gupta	PEMPHIGOID GESTATIONIS : A RARE AUTO-IMMUNE BLISTERING DISORDEE OF PREGNANCY
MCH/CR/112	Dr.	Seerat Sandhu	PREGNANCY WITH A LARGE OVARIAN GERM CELL TUMOR COMPLICATED BY HYDRONEPHROSIS AND MATERNAL DETERIORATION: A MULTIDISCIPLINARY CHALLENGE
MCH/CR/113	Dr.	Marzia Faiz	A CASE PRESENTATION ON SEPTIC ABORTION WITH UTERINE PERFORATION
MCH/CR/114	Dr.	Divya Swetha	WHEN GENETICS DON'T PREDICT OUTCOME: TWO PREGNANCIES WITH FETAL HYPERECHOIC BOWEL AND BENIGN PATERNAL CHROMOSOME 4 MICRODELETION INHERITANCE
MCH/CR/115	Dr.	Ishvari Sureshkumar Yadav	CLINICAL CHALLENGES AND MANAGEMENT STRATEGIES IN A RARE CASE OF MYASTHENIA GRAVIS IN PREGNANCY COMPLICATED BY PRETERM PREMATURE RUPTURE OF MEMBRANES WITH SUCCESSFUL FETO-MATERNAL OUTCOME
MCH/CR/116	Dr.	Isha Sandeep Agrawal	A RARE CASE OF ACUTE UTERINE TORSION WITH ARCUATE UTERUS AND PREVIOUS CESAREAN SECTION PRESENTING WITH FETAL DISTRESS AT TERM
MCH/CR/117	Dr.	Vijaya Lakshmi Alli	A CASE REPORT OF POSTPARTUM THROMBOTIC MICROANGIOPATHY WITH RENAL CORTICAL NECROSIS
MCH/CR/118	Dr.	Aiman Abbasi	TYHROID STORM IN PREGNANCY A CAUSE OF SECOND TRIMESTER ABORTION
MCH/CR/119	Dr.	Divya M B	HYPEREMESIS INDUCED ACUTE LIVER INJURY MIMICKING VIRAL HEPATITIS IN EARLY PREGNANCY
MCH/CR/120	Ms.	Rohini Gaonkar	SLE IN PREGNANCY, A CHALLENGE IN MANAGEMENT: A TALE OF TWO UNIQUE CASE

CASE REPORT - E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
MCH/CR/121	Dr.	Niharika Sharma	A RARE CASE OF PREGNANCY WITH POST-MITRAL VALVE REPLACEMENT AND TWO THROMBOEMBOLIC EVENTS IN THE FIRST TRIMESTER
MCH/CR/122	Dr.	Spandana J C	SPONTANEOUS HETEROTROPHIC PREGNANCY WITH TUBAL RUPTURE
MCH/CR/123	Dr.	Deepti Asthana	EFFECT OF HODGKIN'S LYMPHOMA ON PREGNANCY AND SUCCESSFUL REVERSAL OF ADVERSE FINDINGS WITH THE START OF CHEMOTHERAPY IN THE SECOND TRIMESTER[DR DEEPTI ASTHANA (OBS & GYNAE)]
MCH/CR/124	Dr.	Akshita Kamboj	AORTIC DISSECTION IN PREGNANCY: THE ROLE OF PREGNANCY HEART TEAM IN SUCCESSFUL OUTCOME
MCH/CR/125	Dr.	Pathange Navya	HIGH RISK HARMONY : MANAGING FIBROIDS AND PLACENTA PREVIA TOGETHER
MCH/CR/126	Dr.	Vatsala Chaudhary	CASE REPORT ON A RARE CASE OF ACARDIAC MYELOCEPHALUS TWIN
MCH/CR/127	Dr.	Yogita	WHEN TWO EMERGENCIES COLLIDE: PLACENTA PERCRETA PRESENTING AS STRANGULATED UMBILICAL HERNIA AND SUSPECTED UTERINE RUPTURE
MCH/CR/128	Dr.	Sadhika Talwar	RARE CASE OF SUCCESSFUL PREGNANCY OUTCOME IN APS (SECONDARY APLA SYNDROME)
MCH/CR/129	Dr.	Rashi Verma	THE ODD ONE OUT: UNUSUAL PAS ENCOUNTER
MCH/CR/130	Dr.	Rekha Sushmitha Reddy	"WHEN THE BUMP MASKS THE BLOCK: A CASE OF ACUTE INTESTINAL OBSTRUCTION IN PREGNANCY ."
MCH/CR/131	Dr.	Srimathi P	TWO DELIVERIES FROM A SINGLE SURGERY – A SUCCESS STORY OF FIBROID IN PREGNANCY
MCH/CR/132	Dr.	Sravani Maramreddy	STITCHING HOPE BETWEEN DELIVERIES - EMERGENCY CERVICAL ENCERCLAGE EXTENDING INTERDELIVERY INTERVAL IN DCDA TWIN PREGNANCY
MCH/CR/133	Dr.	Dipsha Menghani	THE OVARY THAT SAID "NOT YET": A SURPRISING SPONTANOUES CONCEPTION AT 51 YEARS
MCH/CR/134	Dr.	Ritika Vij	PREGNANCY IN A PATIENT WITH DUCTAL CARCINOMA
MCH/CR/135	Dr.	Suvasmita Saha	DOUBLE LIVES IN A SPLIT ANATOMY: AN EXTRAORDINARY SPONTANEOUS TWIN ¨GESTATION IN A RARE COMPLEX MULLERIAN ANOMALY
MCH/CR/136	Dr.	Kirti Garg	SILENT DANGER: A RARE CASE OF UNRUPTURED CORNUAL PREGNANCY AT 13 WEEKS
MGG/CR/01	Dr.	Vidhi Jain	LANTERN ON DOME OF ST. PAUL'S CATHEDRAL: A RARE GIANT CERVICAL FIBROID IN A PERIMENOPAUSAL WOMAN
MGG/CR/02	Dr.	Anchal Sahu	CHRONIC UTERINE INVERSION ASSOCIATED WITH FIBROID:A RARE CASE REPORT
MGG/CR/03	Dr.	Urrjja Panigrahi	AN UNIQUE CASE OF BROAD LIGAMENT LEIOMYOMA

CASE REPORT - E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
MGG/CR/04	Dr.	Diksha Agarwal	GESTATIONAL TROPHOBLASTIC DISEASE PRESENTING AS POSTMENOPAUSAL BLEEDING
MGG/CR/05	Dr.	Anisha Chakraborty	MULTI-COMPARTMENTAL REPAIR FOR RECURRENT VAULT PROLAPSE-A UNIQUE AND NOVEL IDEA.
MGG/CR/06	Dr.	Tilakshi Sharma	BROAD LIGAMENT FIBROID: AN UNCOMMON PRESENTATION
MGG/CR/07	Dr.	Shreya Adhikari	HIGH LEVELS OF BETA HCG IN A CASE OF DEGENERATED UTERINE FIBROID IN A PATIENT WITH POST MENOPAUSAL STATUS : A DIAGNOSTIC DILEMMA
MGG/CR/08	Dr.	Juluganti Muni Venkata Sree Vyshnavi	WHEN THE SCAR BECOMES A CRADLE: REVISITING THE RARE BUT RISING OBSTETRIC EMERGENCY OF CESAREAN SCAR PREGNANCY IN MIDLIFE WOMEN
MGG/CR/09	Dr.	Deepthy Balakrishnan	MANAGEMENT OF BENIGN METASTASISING LEIOMYOMATOSIS- A CHALLENGE
MGG/CR/10	Dr.	Zainab Inam	A DIAGNOSTIC DILEMMA: INTACT CHORIOCARCINOMA PRESENTING AS A PARAURETHRAL NODULE IN A PERIMENOPAUSAL WOMAN
MGG/CR/11	Dr.	Tanvi Mittal	PRIMARY VAGINAL LEIOMYOMA MIMICKING CERVICAL MASS – A CASE REPORT
MGG/CR/12	Dr.	Shaik Karishma Begum	POSTMENOPAUSAL BLEEDING IN A 69-YEAR-OLD WOMAN WITH A MATURE CYSTIC TERATOMA: A CASE REPORT
MGG/CR/13	Dr.	Lakshmi Lalitha. Tammisetty	A RARE PRESENTATION OF UTERINE TORSION IN A PATIENT WITH ABNORMAL UTERINE BLEEDING–ADENOMYOSIS (AUB-A): A CASE REPORT
MGG/CR/14	Dr.	Poonam Rani	MULTIPLE URINARY BLADDER CALCULI : A RARE CAUSE OF IRREDUCIBLE UTEROVAGINAL PROLAPSE
MGG/CR/15	Dr.	Damarla Alekhya	ACUTE PROLAPSE OF A GIANT SUBMUCOUS FIBROID PRESENTING WITH URINARY RETENTION IN DEAF MUTE WOMEN WITH DIABETES-A CHALLENGING SURGICAL EMERGENCY
MIGS/CR/01	Dr.	Leena Bhatnagar	RECURRENT CORNUAL ECTOPIC PREGNANCY: A NOVEL, LEAST INVASIVE APPROACH.
MIGS/CR/02	Dr.	Sudwita Sinha	'A GYNAECOLOGICAL GASTROINTESTINAL CROSSROAD: RECTOUTERINE FISTULA PRESENTING AS MENOCHEZIA'
MIGS/CR/03	Dr.	Sagarika Gadh	PREOPERATIVE UTERINE ARTERY EMBOLISATION ENABLING BLOODLESS HYSTEROSCOPIC RESECTION OF HYPERVASCULAR TYPE 3 RETAINED PRODUCT OF CONCEPTION(RPOC)
MIGS/CR/04	Dr.	Yogavarshini	TRIPLE TROUBLE – A RARE CASE OF SPONTANEOUS HETEROTOPIC DCDA TWIN PREGNANCY WITH OVARIAN TORSION
MIGS/CR/05	Dr.	Shivangi Mishra	A NOVEL LAPAROSCOPIC UTERINE HAMMOCK SLING SURGERY FOR NULLIPAROUS PROLAPSE
MIGS/CR/06	Dr.	Divyasri M	A GREEN LANTERN FOR GYNAEC SURGERY : ROLE OF INDOCYANINE GREEN IN DISTORTED PELVIC ANATOMY

CASE REPORT - E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
MIGS/CR/07	Dr.	Vanisha Anand	BROAD LIGAMENT FIBROID : A RARE PRESENTATION ARISING FROM LATERAL PELVIC WALL
MIGS/CR/08	Dr.	Nidhi Rakesh Chandresh	PRECISION HYSTEROSCOPIC ADHESIOLYSIS AND SEPTAL RESECTION USING A MONOPOLAR HOOK IN A 37-YEAR-OLD FEMALE WITH SECONDARY AMENORRHEA AND INFERTILITY.
MIGS/CR/09	Dr.	Snehal Naikade	A RARE CASE OF ENDOMETRIAL POLYP IN AN ADOLESCENT GIRL : A CASE REPORT
MIGS/CR/10	Dr.	Dipali	HARNESSING HEAT: THE ROLE OF MICROWAVE THERMAL ABLATION IN ADENOMYOSIS MANAGEMENT
MIGS/CR/11	Dr.	Haira Khan	IATROGENIC CERVICOVESICAL FISTULA AFTER LOWER SEGMENT CESAREAN SECTION :DIAGNOSTIC AND SURGICAL CONSIDERATION
MIGS/CR/12	Dr.	Yash Balasaheb Karad	EXPULSION OF INFARCTED MYOMA FOLLOWING ULTRASOUND GUIDED UTERINE ARTERY EMBOLIZATION: AN APPROACH-PRESERVING THE UTERUS.
MIGS/CR/13	Dr.	Dhiranjali Sahoo	CASE REPORT -MANAGING A DEADLY COMBINATION OF A CAESAREAN SCAR PREGNANCY WITH AV MALFORMATION OF UTERUS
MIGS/CR/14	Dr.	Anubha Singh	LAPAROSCOPIC MANAGEMENT OF OVARIAN TORSION IN PREGNANCY - CASE REPORT
MIGS/CR/15	Dr.	Tina Goel	LAPAROSCOPIC SACROCERVICOPEXY, AN ALTERNATIVE TECHNIQUE
MIGS/CR/16	Dr.	Sanjana Bhalla	BEYOND THE SCAR: MULTIMODAL MANAGEMENT OF CESAREAN SCAR ECTOPIC PREGNANCY — LAPAROSCOPIC PRECISION WITH FERTILITY PRESERVATION
MIGS/CR/17	Dr.	Sankavi D	SUCCESSFUL TERM DELIVERY AFTER LAPROSCOPIC MESH SACROCERVICOPEXY FOR PELVIC ORGAN PROLAPSE
MIGS/CR/18	Dr.	Deepika Dewani	THE HIDDEN WOOD: RARE INTRAUTERINE FOREIGN BODY IN POSTMENOPAUSE
MISC/CR/01	Dr.	Nutan Saha	VAGINAL E-GIST : A RARE ENTITY AT A RARE SITE
MISC/CR/02	Dr.	Rishika Singh	A RARE CASE REPORT OF HB SUN PRAIRIE IN PREGNANT WOMAN WITH BAD OBSTETRIC HISTORY
MISC/CR/03	Dr.	Janhavi Joshi	RUPTURE OF GRAVID HORN IN A BICORNUATE UTERUS AFTER FAILED MEDICAL TERMINATION OF PREGNANCY BY SUCTION AND EVACUATION
MISC/CR/04	Dr.	Patil Megha Balavant	A CASE SERIES OF FOUR CASES OF SCAR ECTOPIC PREGNANCY MANAGED WITH DIVERSE MODALITIES OF TREATMENT.
MISC/CR/05	Prof.	Soumen Das Poddar	A VERY UNUSUAL PRESENTATION OF OVARIAN ABSCESS IN A YOUNG GIRL WITHOUT ANY RISK FACTORS OF PID
MISC/CR/06	Dr.	Aditi Singh	"A RARE CASE OF ACQUIRED UTERINE AVM PRESENTING AS DELAYED POST-ABORTAL HAEMORRHAGE"

CASE REPORT - E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
MISC/CR/07	Dr.	Akanksha Gupta	A CASE OF TWIN PREGNANCY IN A BICORNUATE UTERUS (ONE SAC IN EACH HORN) SUGGESTIVE OF MISSED ABORTION MANAGED VIA ULTRASOUND GUIDED SUCTION AND EVACUATION.
MISC/CR/08	Dr.	Sanjay Swain	THE CLINICIAN'S EYE AND THE PATHOLOGIST'S MICROSCOPE: COLLABORATIVE DIAGNOSIS OF AN INCIDENTAL GRANULAR CELL TUMOR IN PREGNANCY
MISC/CR/09	Dr.	Abhipreet Bhattachariya	ABNORMAL UTERINE BLEEDING IN A PERIMENOPAUSAL WOMAN WITH FIBROIDS PRESENTING WITH RARE UNDERLYING CAUSE
MISC/CR/10	Dr.	Shruti Agarwal	WHEN THE BRAIN SHRINKS LATE: A THIRD-TRIMESTER REVELATION OF TUBA1A GENE - RELATED PONTOCEREBELLAR HYPOPLASIA.
MISC/CR/11	Dr.	Kapa Lohitha	THE DOUBLE EDGED SWORD : A RARE CASE OF PLACENTAL CHORIOANGIOMA
MISC/CR/12	Dr.	Urvangi Pradeep Thacker	RECURRENT AGRESSIVE ANGIOMYXOMA OF PELVIS: A RARE CASE
MISC/CR/13	Dr.	Aparnaa SR	RESTORING CONTINENCE AND CONFIDENCE- THE MASTERY OF POSTOBSTETRIC RECTO-VAGINAL FISTULA REPAIR
MISC/CR/14	Dr.	B Sushma	VESICOUTERINE FISTULA FOLLOWING TWO CESAREAN SECTIONS: A CLINICAL CASE REPORT
MISC/CR/15	Dr.	Divya Tejaswini Gade	DOUBLE CERVIX, DOUBLE HORNS, AND COMPLETE DESCENT: A CASE OF PROCEDENTIA IN BICORNUATE BICOLLIS UTERUS: A RARE MULLERIAN ANOMALY
MISC/CR/16	Dr.	Sonal Tyagi	RUPTURED NON-COMMUNICATIONG HORN OF BICORNUATE UTERUS AT 22 WEEKS OF GESTATION PRESENTING AS HYPOVOLUEMIC SHOCK– A CASE REPORT
MISC/CR/17	Dr.	Kriti Narang	OUTLET OBSTRUCTION IN A MULTIGRAVIDA : AN INCIDENTAL DETECTION OF CHONDROSARCOMA DURING LABOR
MISC/CR/18	Dr.	Janmejaya Singh Jodha	A STITCH IN THE WOMB: RETAINED PROLENE SUTURE AS A RARE CAUSE OF SECONDARY INFERTILITY
MISC/CR/19	Dr.	Monika Rathi	HARLEQUIN ICHTHYOSIS NEWBORN- A RARE AND CHALLENGING CASE
MISC/CR/20	Dr.	Divya Mannava	MULLERIANOSIS OF THE URINARY BLADDER – A RARE CASE REPORT
MISC/CR/21	Dr.	Mayanka Singh	LONG-TERM UNOPPOSED USE OF MIFEPRISTONE IN A CASE OF ADENOMYOSIS LEADING TO GROSS ENDOMETRIAL HYPERPLASIA AND ITS CONSEQUENCES – A CASE REPOR
MISC/CR/22	Dr.	Divya Sri Vasantha	MANAGEMENT OF OBSTETRIC EMERGENCY IN A CASE OF SICKLE CELL CRISIS-CASE REPORT
MISC/CR/23	Dr.	Aartee Harsha	A RARE CASE OF CERVICAL ANGIOLEIOMYOMA MIMICKING MALIGNANT CAULIFLOWER-LIKE GROWTH
MISC/CR/24	Dr.	Ruchi Bansal	UNICORNUATE UTERUS WITH RECURRENT BREECH PRESENTATION

CASE REPORT - E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
MISC/CR/25	Dr.	Ashi Junaniya	A RARE CASE OF PARAURETHRAL FIBROID: DIAGNOSTIC AND SURGICAL CHALLENGES
MISC/CR/26	Dr.	Sonu Gupta	VULVAL LICHEN SCLEROSUS IN A POSTMENOPAUSAL WOMEN- A RARE CASE REPORT
MISC/CR/27	Dr.	Soma Sanjana	"BLISTERING IN PREGNANCY: A DIAGNOSTIC CHALLENGE – CASE REPORT ON PEMPHIGOID GESTATIONIS"
MISC/CR/28	Dr.	K. Vidhya	UTERINE-SPARING MANAGEMENT IN PLACENTA INCRETA: A CASE OF CONTROLLED HEMORRHAGE WITHOUT HYSTERECTOMY
MISC/CR/29	Dr.	Seema Rawat	UTERINE TUMORS RESEMBLING OVARIAN SEX CORD TUMORS MASQUERADING AS LOW-GRADE ENDOMETRIAL STROMAL SARCOMA – A CASE REPORT
MISC/CR/30	Dr.	Megha Chauhan	A RARE CASE OF TWISTED LARGE LUTEAL CYST IN FIRST TRIMESTER OF PREGNANCY
MISC/CR/31	Dr.	Bhumika Gupta	HUGE BILATERAL LUTEOMA IN EARLY PREGNANCY WITH MASSIVE HEMOPERITONEUM-A RARE CASE REPORT
MISC/CR/32	Dr.	Korapala Vyshnavi	HEMATOCOLPOS SECONDARY TO IMPERFORATE HYMEN IN AN ADOLESCENT GIRL CAUSING PRIMARY AMENORRHEA -A CASE REPORT
MISC/CR/33	Dr.	Anushree S	CAUGHT MID-TWIST : THE ENIGMA OF PARTIAL UTERINE TORSION
MISC/CR/34	Dr.	Mangani Deepika	WHEN A FIBROID DEMANDS A FILTER! A RARE INTERESTING CASE OF LARGE FIBROID CAUSING DEEP VENOUS THROMBOSIS TACKLED WITH IVC FILTER
MISC/CR/35	Dr.	Dimpal Kumari	CESAREAN SCAR ECTOPIC PREGNANCY & MEDICAL MANAGEMENT
MISC/CR/36	Dr.	Aayushi Sharma	A RARE CASE OF UNEVENTFUL PREGNANCY IN A CASE OF ATYPICAL COGAN SYNDROME
MISC/CR/37	Dr.	Moumita Das	SUCCESSFUL TERM PREGNANCY IN WOMEN WITH BICORPOREAL SEPTATE UTERUS : CASE REPORT
MISC/CR/38	Dr.	Ayesha Ahmad	SPONTANEOUS BILATERAL TUBAL ECTOPIC PREGNANCY
MISC/CR/39	Dr.	Shaista Jabeen	CHRONIC INTERSTITIAL ECTOPIC PREGNANCY WITH ATYPICAL PRESENTATION- A DIAGNOSTIC DILEMMA.
MISC/CR/40	Dr.	K. Sharda	INTACT NON-COMMUNICATING RUDIMENTARY HORN PREGNANCY: DIAGNOSTIC CHALLENGE AND MANAGEMENT
MISC/CR/41	Dr.	Shaghaf Khanam	CASE REPORT OF TWIN PREGNANCY OF PARTIAL HYDATIDIFORM MOLE CO-EXISTING WITH A NORMAL FETUS.
MISC/CR/42	Dr.	Aditi Bansal	PORTAL HYPERTENSION WITH PREGNANCY
MISC/CR/43	Dr.	Oce Thakur	SUCCESSFUL PREGNANCY OUTCOME IN A PATIENT WITH ACHONDROPLASIA; A RARE CASE REPORT AND REVIEW OF OBSTETRIC CHALLENGES.

CASE REPORT - E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
MISC/CR/44	Dr.	Nisha	PERIPARTUM CARDIOMYOPATHY- A NEAR MISS EVENT
MISC/CR/45	Dr.	Anvrita Sahay	BULLOUS PEMPHIGOID IN PREGNANCY
MISC/CR/46	Dr.	Chikati Swarna Geetha	A RARE CASE REPORT ON MANAGEMENT OF SCAR ECTOPIC PREGNANCY
MISC/CR/47	Dr.	R Janani Chandra	COMBINED PROTEIN C AND PROTEIN S DEFICIENCY AND CEREBRAL VENOUS THROMBOSIS HISTORY: A RARE SUCESSFUL PREGNANCY OUTCOME - CASE REPORT
MISC/CR/48	Dr.	Karri Aruna Keerthi	STUDY OF ANXIETY AND DEPRESSION IN ANTENATAL AND POST NATAL WOMEN IN A TERTIARY CARE HOSPITAL, A CROSS SECTIONAL STUDY.
MISC/CR/49	Ms.	Heba Fatma	METHOTREXATE AS AN ADJUNCT TO EXPECTANT MANAGEMENT IN PLACENTA ACCRETA SPECTRUM
MISC/CR/50	Dr.	Sunena Gupta	UTERINE DEHISCENCE MASQUERADING AS BLADDER FLAP HAEMATOMA: A POST-CAESAREAN COMPLICATION
MISC/CR/51	Dr.	K Mounika	A CASE REPORT ON UNRUPTURED ECTOPIC PRREGNACY IN RUDIMENTARY HORN OF UNICORNUATE UTERUS
MISC/CR/52	Dr.	Ayesha Javed Hasan	A RARE CASE REPORT ON CASCADE OF OBSTETRICS COMPLICATIONS FROM PLACENTA PREVIA TO POSTPARTUM STROKE : MULTIDISCIPLINARY SUCCESS STORY
MISC/CR/53	Dr.	Divya Pandurang Naik	A CASE OF MRKH TYPE 2 SYNDROME WITH PELVIC MASS-A RARE CLINICAL ENTITY
MISC/CR/54	Dr.	Eve Thomas	THE INSIDE-OUT EMERGENCY: RECOGNIZING UTERINE INVERSION IN TIME,SAVING MOTHERS LIFE
MISC/CR/55	Dr.	Subhashree Sahoo	VAN WYK GRUMBACH SYNDROME A RARE MANIFESTATION OF LONG-STANDING JUVELINE HYPOTHYROIDISM
MISC/CR/56	Dr.	Dubbudu Poojitha	NEUROCYSTICERCOSIS: MASQUERADING AS ECLAMPSIA: A CASE REPORT
MISC/CR/57	Dr.	Chaiti Saha	CHRONIC UTERINE INVERSION IN 32 YEARS WOMEN
MISC/CR/58	Dr.	Anjali A L	CYSTIC DEGENERATION OF BROAD LIGAMENT FIBROID MIMICKING AN OVARIAN CYST: A DIAGNOSTIC CHALLENGE
MISC/CR/59	Dr.	Sai Raja Nandini.K	DOUBLE TROUBLE: WHEN THE OVARY TAKES ANOTHER SPIN
MISC/CR/60	Dr.	Kavya K Kuttan	CHORIO-ANGIO-DRAMA :A GIANT SURPRISE
MISC/CR/61	Dr.	Sindhu Shree M	LAPAROSCOPIC MANAGEMENT OF A GIANT OVARIAN CYST IN AN ADOLESCENT GIRL: A CASE REPORT
MISC/CR/62	Dr.	Anjali Daglia	GESTATIONAL TROPHOBLASTIC NEOPLASIA : A CASE REPORT

CASE REPORT - E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
MISC/CR/63	Dr.	Renu Singh	OVARIAN HYDATID CYST: CASE REPORT
MISC/CR/64	Dr.	Pragathi V	INCIDENTAL UTERINE ANGIOMYXOMA IDENTIFIED DURING LOWER SEGMENT CESAREAN SECTION: A RARE CASE REPORT
MISC/CR/65	Dr.	Latha D	A PREGNANT FEMALE PRESENTED WITH OVARIAN FIBROMA – A RARE CASE REPORT DIAGNOSED ON HISTOPATHOLOGY
MISC/CR/66	Dr.	Urja Joshi	BORN IN A BUBBLE : EN CAUL DELIVERY AMIDST ANHYDRAMNIOS
MISC/CR/67	Dr.	Shivani Rai	FERTILTY PRESERVING SURGERY IN A HUGE BROAD LIGAMENT FIBROID - A RARE CASE REPORT
MISC/CR/68	Dr.	Shefali Garg	SCARRED BUT SILENT: A CAESAREAN SCAR PREGNANCY UNMASKED
MISC/CR/69	Dr.	Kamini Kumari	RECURRENT UTERINE ARTERIOVENOUS MALFORMATION: A CHALLENGING CASE WITH REPEATED CONSERVATIVE EFFORTS TO PRESERVE THE UTERUS
MISC/CR/70	Dr.	Kiran Kadur	VIRILIZING CONGENITAL ADRENAL HYPERPLASIA PRESENTING AS ACUTE RENAL FAILURE IN A YOUNG FEMALE WITH AMBIGUOUS GENITALIA
MISC/CR/71	Dr.	Yasmeen Farooq	MULTIPLE CONGENITAL ANOMALIES IN A FETUS OF A CONSANGUINEOUS COUPLE: A CASE REPORT
MISC/CR/72	Ms.	Saloni	BROAD LIGAMENT FIBROID AND ADNEXAL MASS – A DIAGNOSTIC DILEMMA
MISC/CR/73	Dr.	Akshitha Anand	RUPTURE UTERUS IN SECOND STAGE OF LABOUR WITH INTRAUTERINE FETAL DEMISE – A RARE PRESENTATION
MISC/CR/74	Dr.	Prerana Burman Ray	CASE REPORT ON NON-CLASSICAL CONGENITAL ADRENAL HYPERPLASIA WITH SUCCESSFUL PREGNANCY OUTCOME
MISC/CR/75	Dr.	Atiya Aziz	TRINITY OF MORBIDLY ADHERENT PLACENTA: A CASE SERIES
MISC/CR/76	Dr.	Devabattini Rani Neelima	A CASE REPORT ON RUPTURED RUDIMENTARY HORN ECTOPIC PREGNANCY
MISC/CR/77	Dr.	Lavanya S	SCLEROSING STROMAL TUMOUR OF THE OVARY:A BENIGN MASQUERADER IN YOUNG WOMEN
MISC/CR/78	Dr.	Lathasree Peddakotla	CASE REPORT ON PLACENTA INCRETA MANAGED CONSERVATIVELY IN A PRIMIGRAVIDA WITH POSTOPERATIVE METHOTREXATE
MISC/CR/79	Dr.	R Akhila Spandana	A CASE REPORT ON RIGHT UNRUPTURED OVARIAN ECTOPIC PREGNANCY
MISC/CR/80	Dr.	Santhana Vidhya S	EXPECTING THE UNEXPECTED – A CASE OF MEDIASTINAL TERATOMA IN PREGNANCY
MISC/CR/81	Dr.	Palati Bhargavi	SEROUS CYST ADENOFIBROMA MIMICKING MALIGNANCY: A RADIOLOGICALLY COMPLEX OVARIAN LESION IN A YOUNG WOMAN

CASE REPORT - E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
MISC/CR/82	Dr.	Bhukya Pooja	WHEN THE BRAIN DECEIVES THE OBSTETRICIAN – CEREBELLAR HEMANGIOBLASTOMA IN PREGNANCY
MISC/CR/83	Dr.	Usha Madhulika Horo	A NEGLECTED MOLAR PREGNANCY,A NUTURED CANCER
MISC/CR/84	Dr.	Bhagyasree	DUAL COMPLEXITIES: HETEROTOPIC PREGNANCY - A CASE REPORT
MISC/CR/85	Dr.	Oitrila Biswas	''BOLT FROM THE BLUE'':(OH)BOMBAY BLOOD :A RARE CASE REPORT
MISC/CR/86	Dr.	Diksha Malhotra	SYNERGY OF PATHOGENS, TRIUMPH OF TEAMWORK: POST CAESAREAN MELENEY'S ULCER WITH ABDOMINAL KOCH'S
MISC/CR/87	Dr.	Amita Gupta	IMPORTANCE OF HPV TESTING AS A SCREENING TOOL FOR CERVICAL PRECANCER OR CANCER: A CASE SERIES
MISC/CR/88	Dr.	Bijaya Shalini	COMPREHENSIVE MANAGEMENT OF PLACENTA INCRETA AND PERCRETA: A CASE REPORT
MISC/CR/89	Dr.	A Poornima	A RARE EXCEPTION TO STERILIZATION: THE CORNUAL PREGNANCY CONUNDRUM – A DIAGNOSTIC AND SURGICAL CHALLENGE
MISC/CR/90	Dr.	Tohfa Benazir	PERFORATING MOLE: A SURGICAL EMERGENCY
MISC/CR/91	Dr.	Poonam	ANGIOMYOLIPOMA OF THE CERVIX: A RARE CASE AND LITERATURE REVIEW
MISC/CR/92	Dr.	Kshitij Kaushal	WHEN HORMONE TOLD TWO STORIES: GRANULOSA CELL TUMOUR IN A WOMAN WITH POLYCYSTIC OVARIAN SYNDROME
MISC/CR/93	Dr.	Chhavi Shrivastava	PRURITIC URTICARIAL PAPULES AND PLAQUES OF PREGNANCY
MISC/CR/94	Dr.	Amanat Benipal	DO ALL MISSED INTRAUTERINE DEVICES NEED LAPAROSCOPY?
MISC/CR/95	Dr.	Aynala Naga Harini	A RARE CASE REPORT OF A POSTMENOPAUSAL WOMAN WITH BROAD LIGAMENT LIPOLEIOMYOMA
MISC/CR/96	Dr.	Navidha Arora	CHRONIC UTERINE INVERSION IN A NULLIGRAVIDA FEMALE :AN EXTREMELY RARE CASE
MISC/CR/97	Dr.	Gurmeher Kaur Shergill	THE ELEPHANT IN THE ROOM- VULVAL FILARIASIS
MISC/CR/98	Dr.	Shrushti Deepak Halari	CESAREAN SCAR ENDOMETRIOSIS – A RARE CASE
MISC/CR/99	Prof.	Rupal Samal	HYPOTHYROIDISM -ASSOCIATED OVARIAN ENLARGEMENT: AN OVERLOOKED ENDOCRINE GYNECOLOGIC LINK
MISC/CR/100	Dr.	Madhubala Manickavasagam	METHEMOGLOBINEMIA IN PREGNANCY: A RARE CASE REPORT OF INCIDENTAL HYPOXIA IN A TERM PRIMIGRAVIDA

CASE REPORT - E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
MISC/CR/101	Dr.	Mokshith Chandur	A RARE CASE OF CML IN PREGNANCY:CASE REPORT OF AN UNEVENTFULL CESARIAN SECTION OF CML PATEINT WITH NON COMPLAINT TO IMATINIB DURING PREGNANCY
MISC/CR/103	Dr.	Pooja Karnad	SINGLE SITTING VAGINAL PULL THROUGH TECHNIQUE FOR TREATMENT OF VAGINAL ATRESIA – A CASE REPORT
MISC/CR/104	Dr.	Shivani Sachan	SUCCESSFUL MANAGEMENT OF CORNUAL PREGNANCY BY ULTRASOUND-GUIDED DILATATION AND CURETTAGE: A CASE REPORT
MISC/CR/105	Ms.	Bonam Meghana	A RARE CASE OF PREGNANCY COMPLICATED BY AUTOIMMUNE PORTAL VASCULOPATHY AND NON-CIRRHOTIC PORTAL FIBROSIS: FROM THROMBOCYTOPENIA TO LIFE-SAVING PERIPARTUM HYSTERECTOMY
MISC/CR/106	Dr.	Aditi Vashishtha	JOURNEY OF SYSTEMIC LUPUS ERYTHEMASOSIS IN PREGNANCY
MISC/CR/107	Dr.	Dipti Bidyan Kindo	PLACENTA ACCRETA IN A PRIMIGRAVIDA - RARE CASE REPORT
MISC/CR/108	Dr.	Ayushi Agarwal	UTERINE TORSION IN NONPREGNANT WOMAN WITH LARGE UTERINE FIBROID
MISC/CR/109	Dr.	Vatsla Vats	TRIUMPH OVER THE TRIPLE THREAT: SUCCESSFUL LIVE BIRTH FOLLOWING MANAGEMENT OF RECURRENT HEMATOMETRA, UNDIAGNOSED HEMATOSALPINX, AND COMPLEX TUBO-OVARIAN MASS AFTER MULTIPLE IVF FAILURES
MISC/CR/110	Dr.	Dr Tejaswini H K	A RARITY IN LATE PREGNANCY - LAPAROTOMY FOR OVARIAN TORSION
MISC/CR/111	Dr.	Pallavi	SUCCESSFUL LIVE BIRTH FOLLOWING PREIMPLANTATION GENETIC TESTING FOR MONOGENIC DISORDER (PGT-M) IN A COUPLE CARRYING LAMB3 GENE MUTATION ASSOCIATED WITH EPIDERMOLYSIS BULLOSA DYSTROPHICA
MISC/CR/112	Ms.	Shefali	LAPAROSCOPIC ABDOMINAL CERCLAGE DURING PREGNANCY: REDEFINING SUCCESS IN REFRACTORY CERVICAL INSUFFICIENCY
MISC/CR/113	Dr.	Ayasha	UTERINE ARTERIOVENOUS MALFORM WITH PORTAL HYPERTENSION TREATED WITH UTERINE ARTERY EMBOLISATION- A CASE REPORT
MISC/CR/114	Dr.	Hansika Anuragi	FROM FLATLINE TO NORMAL SINUS RHYTHM — A MIRACLE STORY
MISC/CR/115	Dr.	Rachna	EARLY DIAGNOSIS AND SURGICAL MANAGEMENT OF CESAREAN SCAR MOLAR PREGNANCY: A LIFE-SAVING INTERVENTION
MISC/CR/116	Dr.	Soumya Reddy Bomma	ENIGMA OF SIRENOMELIA: INSIGHTS INTO THE DEVELOPMENTAL CATASTROPHE
MISC/CR/117	Dr.	Geetika Madhwani	RARE CASE OF TWIN PREGNANCY TRAPPED IN RUDIMENTARY HORN
MISC/CR/118	Dr.	Parul Agrawal	SUBMUCOSAL ANGIOMYOMA OF THE UTERUS PRESENTING AS REFRACTORY HEAVY MENSTRUAL BLEEDING WITH SEVERE ANEMIA: A RARE CASE REPORT
MISC/CR/119	Dr.	Nidhi Verma	A RETROSPECTIVE STUDY OF ACUTE OBSTETRIC CONDITION REQUIRING LAPAROTOMY:A ONE YAER EXPERIENCE FROM A TERTIARY CARE CENTRE
MISC/CR/120	Dr.	Pooja Kumari	SYNCHRONOUS MALIGNANCY BETWEEN ENDOMETROID & OVARIAN CARCINOMA

CASE REPORT - E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
MISC/CR/121	Dr.	Rhidam Chhaparia	PLACENTAL MESENCHYMAL DYSPLASIA: A RARE CLINICOPATHOLOGICAL ENTITY WITH FAVOURABLE PERINATAL OUTCOME
MISC/CR/122	Dr.	Pragati Amit Hapani	AN INCIDENTAL DIAGNOSIS OF TRANSMIGRATION OF COPPER-T: A CASE REPORT
MISC/CR/123	Dr.	Kaki Baby Srisatya Chakravani	A CASE OF SUCCESSFUL TERM PREGNANCY FOLLOWING SURGICAL RESECTION OF A TRANSVERSE VAGINAL SEPTUM.
MISC/CR/124	Dr.	Bhavna Anand	PRIMARY AMENORRHOEA: ONE SYMPTOM, MANY DIAGNOSIS
MISC/CR/125	Prof.	Manisha Madhai Beck	MONOCHORIONIC TRIAMNIOTIC TRIPLETS : CLINICAL INSIGHTS FROM A CASE SERIES
MISC/CR/126	Dr.	Gitanjali Verma	LARGE MULTIPLE UTERINE FIBROIDS CAUSING BILATERAL URETERIC COMPRESSION IN A 23-YEAR-OLD NULLIPAROUS WOMAN: A RARE CASE MANAGED WITH FERTILITY-PRESERVING MYOMECTOMY
MISC/CR/127	Dr.	Pooja Kumari	SCAR ECTOPIC PREGNANCY FOLLOWING MULTIPLE CESAREAN DELIVERIES WITH OVARIAN CYST – A CASE REPORT
MISC/CR/128	Dr.	Deepshikha Jaiswal	ACCESSORY CAVITATED UTERINE MASS (ACUM): A DIAGNOSTIC CHALLENGE
MISC/CR/129	Dr.	Sherin	DUAL CAVITY DYNAMICS: A CASE OF SUCCESSFUL INTRAUTERINE PREGNANCY IN A BICORNUATE UTERUS WITH POLYPS IN THE FUNCTIONAL HORN AND HEMATOMETRA IN THE RUDIMENTARY HORN.
MISC/CR/130	Dr.	Shobha Lalit Lad	TRANSVAGINAL SONOGRAPHIC DIAGNOSIS OF CAESAREAN SCAR ECTOPIC PREGNANCY: A CASE REPORT
MISC/CR/131	Dr.	Vandana N Kumar	INFLAMMATION TO NEOPLASIA: SEROUS TUBAL INTRAEPITHELIAL LESION WITH BILATERAL PYOSALPINX POST PELVIC TUBERCULOSIS
MISC/CR/132	Dr.	Lovina Singla	CASE REPORT-AN ATYPICAL PRESENTATION OF CHRONIC ECTOPIC AS ABNORMAL UTERINE BLEEDING
MISC/CR/133	Dr.	Bhoomika Tantuway	ACUTE KIDNEY INJURY IN PREGNANCY AND POSTPARTUM: CASE SERIES
MISC/CR/134	Dr.	Sonia Gothwal	A RARE CASE OF ACCESSORY CAVITATED UTERINE MASS (ACUM) IN A 25-YEAR-OLD FEMALE: DIAGNOSTIC AND SURGICAL MANAGEMENT
MISC/CR/135	Dr.	Shaik Shakeera	UTERINE DIDELPHYS AND A TERM PREGNANCY – A CASE REPORT
MISC/CR/136	Dr.	Eleena Mohapatra	A CASE OF SIRENOMELIA- A MERMAID BABY
MISC/CR/137	Dr.	Deepali Bhat	RETROPUBIC SPACE HEMORRHAGE : AN UNUSUAL COMPLICATION IN CESAREAN SECTION
MISC/CR/138	Dr.	Nekkanti Bhavana	A TWISTED TALE OF THE FALLOPIAN TUBE : A RARE SURGICAL EMERGENCY
MISC/CR/139	Dr.	Archana Srivastava	MOLAR PREGNANCY WITH COEXISTING FETUS
MISC/CR/140	Dr.	Maria Fazal	SUCCESSFUL MANAGEMENT OF CRANIOFACIAL TERATOMA USING INTRAPARTUM SURVEILLANCE AND EXIT PROCEDURE

CASE REPORT - E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
MISC/CR/141	Dr.	Manaswi Dutta	TWIN TUBAL ECTOPIC PREGNANCY: A DIAGNOSTIC SURPRISE AND SURGICAL CHALLENGE
MISC/CR/142	Dr.	Zeenie Girn	CASE REPORT: CERVICAL ECTOPIC PREGNANCY – A NOVEL TECHNIQUE FOR MANAGEMENT
MISC/CR/143	Dr.	Richa	URINOMA IN PREGNANCY: THE RETROPERITONEAL GIANT MASQUERADING AS AN ADNEXAL CYST
PS/CR/01	Dr.	Varshini S	FOETUS IN BROAD LIGAMENT: THE COST OF UNPLANNED PREGNANCY AND A LESSON IN POPULATION STABILISATION
SRH/CR/01	Dr.	Priti Kumari	HEMATOMETRA AND HEMATOSALPINX IN A CASE OF PRIMARY AMENORRHOEA DUE ¨TO MULLERIAN ANOMALY (ESHRE U5BC4V3) - A CASE REPORT
SRH/CR/02	Dr.	Rao Preethi Venkatachala	PERSISTENT URO GENITAL SINUS – A DIAGNOSTIC CHALLENGE: A CASE REPORT
SRH/CR/03	Dr.	Patel Asmabanu Dawood	A CASE OF PARAURETHRAL SWELLING WITH ABNORMAL DISCHARGE- A RARITY
SRH/CR/04	Dr.	Adyasha Mohapatra	TWIN PREGNANCY IN A CASE OF HERLYN -WERNER -WUNDERLICH SYNDROME : A RARE OBSTETRIC PHENOMENON
SRH/CR/05	Dr.	Sanjay Char	NOONAN SYNDROME : A JOURNEY OF HOPE AND RESILIENCE
SRH/CR/06	Dr.	Avasmica Toppo	"A TALE OF TWO WOMBS: NON- COMMUNICATING HEMI-UTERI PRESENTING AS PRIMARY AMENORRHEA"
SRH/CR/07	Dr.	Sucheta Mahapatra	A CASE OF MOSAIC TURNER SYNDROME - GONADAL DYSGENESIS AND BEYOND
SRH/CR/08	Dr.	Nikita Dilip Kamble	RUDIMENTARY HORN PREGNANCY (RHP) PRESENTING AS UNRUPTURED TUBAL ECTOPIC PREGNANCY AT 7 WK: A RARE CASE REPORT
SRH/CR/09	Dr.	Sweta Lal	RARE PRESENTATION OF A COMMON DISORDER -VWG SYNDROME
SRH/CR/10	Dr.	Somya Goyal	A MASSIVE FIBROEPITHELIAL POLYP IN AN ADOLESCENT, A RARE CASE REPORT
SRH/CR/11	Dr.	Kala S V S Bhargavi	UNSAFE PRACTICES, UNFORGIVING OUTCOMES SEPTIC ABORTION IN 21ST CENTURY. A PREVENTABLE PATH TO MULTIORGAN DYSFUNCTION
SRH/CR/12	Dr.	Subhashree Sahoo	A CASE OF PRIMI WITH BICORNUATE UTERUS WITH RUPTURED CORNUAL PREGNANCY
SRH/CR/13	Dr.	Janhavi	SONOGRAPHIC AND HISTOPATHOLOGICAL ASSOCIATION IN PERIMENOPAUSAL AND POST MENOPAUSAL WOMEN WITH ABNORMAL UTERINE BLEEDING
SRH/CR/14	Dr.	Prajnya	BEYOND THE USUAL SUSPECTS: A RARE CASE OF NORETHISTERONE-INDUCED LIVER INJURY
SRH/CR/15	Dr.	Ikshita Luthra	DERMOID CYST IN RUDIMENTARY UTERINE HORN IN A WOMAN WITH MRKH SYNDROME: A RARE CASE REPORT

CASE REPORT - E-POSTER PRESENTATION

Abstract ID	Title	Name	Abstract Title
SRH/CR/16	Dr.	Shikha Satyarthee	ADOLESCENT REPRODUCTIVE HEALTH: CHALLENGES, INTERVENTIONS, AND FUTURE DIRECTIONS
SRH/CR/17	Dr.	Ipsita Mohapatra	UNCLIPPING THE MYSTERY: A RARE CAUSE OF CHRONIC PELVIC PAIN
SRH/CR/18	Prof.	Shubhra Agarwal	WHEN TB TUNNELS : UNMASKING GENITAL TUBERCULOSIS THROUGH HIDDEN FISTULOUS TRACT CONNECTION, THE SILENT SCOURGE
SRH/CR/19	Dr.	Kanishka Agarwal	PRIMARY AMENORRHEA: A RARE CASE OF MULLERIAN AGENESIS
SRH/CR/20	Dr.	Shruti Shankar	¨CASE REPORT ON MAYER-ROKITANSKY-KUSTER-HAUSER (MRKH) SYNDROME
SRH/CR/21	Dr.	Shifana Febin P	NON-PUERPERAL UTERINE INVERSION
SRH/CR/22	Dr.	Mira Jasrai	BEYOND CHRONIC ILLNESS: UNMASKING THE UNDERLYING PATHOLOGY IN A CKD PATIENT WITH AMENORRHEA
SRH/CR/23	Dr.	Vinothini A	PARASITIC FIBROID- A RARE DIFFERENTIAL DIAGNOSIS OF AN ABDOMINO-PELVIC MASS
SRH/CR/24	Dr.	Bullu Priya Oraon	AN UNUSUAL PRESENTATION OF SECONDARY AMENORRHEA WITH SECONDARY SEXUAL CHARACTERISTICS IN PURE GONADAL DYSGENESIS 46XX
SRH/CR/25	Dr.	Vijaya Manohar Revankar	GENITAL TUBERCULOSIS MASQUERADING AS SECONDARY AMENORRHEA- A DIAGNOSTIC CHALLENGE
SRH/CR/26	Dr.	Anshita Goyal	AN UNSUAL CASE OF SECONDARY AMENORRHEA WITH HIRSUTISM
SRH/CR/27	Ms.	Hajra Khanam	DECODING OHVIRA : EMOPOWERING WOMEN THROUGH AWARNENESS AND SCIENCE
SRH/CR/28	Dr.	Upma Yadav Jaiswal	A RARE CASE OF PERIODIC PREMENSTRUAL PARALYSIS WITH ENDOMETRIOSIS
SRH/CR/29	Dr.	Vidushi Sharma	A RARE OCCURRENCE : PRIMARY AMENORRHEA UNMASKING GENITAL TUBERCULOSIS
SRH/CR/30	Dr.	Bheemaraju Sai Sumana	MODIFIED MCINDOE VAGINOPLASTY USING OXIDIZED REGENERATED CELLULOSE – A NEW LIFE TO WOMANHOOD
SRH/CR/31	Dr.	Rajeshwari Kumari	OVARIAN DERMOID CYST WITH INTRAVESICAL EXTENSION PRESENTING A BLADDER MASS: A RARE CLINICAL CHALLENGE
SRH/CR/32	Dr.	L.Nandini	SILENT OVARY, LOUD HORMONES: A RARE LUTEINIZED THECOMA UNVEILED”

Abstract ID: GO/OP/01

Presenter's Name: Dr Satinder Kaur

Co-Author(s):
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Country: India

Abstract Title:
LIGHTING THE PATH: SENTINEL NODE IDENTIFICATION WITH INDOCYANINE GREEN IN UTERINE CONFINED ENDOMETRIAL CANCER

Introduction :
Surgical evaluation of the lymph-nodes is an important part in guiding the need for adjuvant treatment of endometrial carcinoma. Sentinel lymph node dissection is an acceptable alternative to systematic lymphadenectomy for nodal staging in stage I/II endometrial cancer even in high risk type.

Aims & Objectives :
Our study aims to assess the feasibility and diagnostic accuracy of sentinel node mapping using indocyanine green dye and fluorescent imaging in women with uterine confined carcinoma endometrium undergoing minimal invasive surgery.

Materials & Methods :
We did a prospective observational study over a period of 2 years in 50 patients with uterine confined carcinoma endometrium. The patients with endometrial carcinoma underwent surgical staging with total hysterectomy with bilateral salpingo-oophorectomy, sentinel lymph node mapping and systematic lymph node dissection. The surgical approach was either laparoscopic or robotic. Intracervical injection of a total of 4ml of diluted ICG (2.5mg/ml) was used as a tracer and mapping was done using a Near-infrared camera (NIR).

Results :
The overall detection rate of sentinel nodes was 92% and the bilateral pelvic sentinel node detection rate was 80%. However, in only 4 patients (8%) failed mapping was observed. A total of 128 sentinel lymph nodes were detected. Negative predictive value was 100 %.Of these,37.5% were external iliac, 32.8% were common iliac, 18.7% were obturator and 10.9 % were internal iliac in location.

Conclusion :
Sentinel lymph node mapping with ICG and NIR camera seems to accurately detect the sentinel lymph nodes and hence can be used as a feasible tracer for this purpose.

Abstract ID: GO/OP/02

Presenter's Name: Dr. Astha Pachori

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Country: India

Abstract Title:
CHALLENGES OF DUAL MALIGNANCY IN GYNAECOLOGY

Introduction :
Dual malignancy is the occurrence of two or more distinct cancer in the same patient at different time [Metachronous] or simultaneously [synchronous]. Causes can be genetic predisposition, environmental & viral exposure, cancer therapy. Diagnostic criteria includes distinct histopathology, immunohistochemistry of both tumours. Metastatic tumours must be excluded. Cancer survivors are at higher risk for developing second primary cancer, their long term surveillance is important

Aims & Objectives :
To study the challenges faced in diagnosis and treatment of the patient of dual malignancy.

Materials & Methods :
A hospital based 3 years study was done at IGMC, Shimla. Twelve patients were diagnosed with second de novo malignancy. All patients with histologically proven second malignancy as per Warren & Gates criteria were included. The study also included the diagnostic challenges, genetic predisposition, management strategies, prognosis, and outcome associated with dual malignancies

Results :
In our study, dual malignancy within genital tract was 66.66% [Commonest Ca ovary with Ca Endometrium] and gynecological cancer associated with extra genital cancer was in 33.33% [Commonest gynecological cancer with Ca breast] Majority of patients were in perimenopausal age group with nonspecific symptoms. Genetic predisposition was in 16.66% cases. 45% of carcinomas were synchronous malignancy and 55% were metachronous. Majority of cases were treated primarily by surgery followed by chemotherapy & radiotherapy as per requirement

Conclusion :
Early recognition, precise histological differentiation, immunohistochemistry, genetic screening, and accurate diagnosis are key factors in better prognosis & management of dual malignancies which can significantly impact patient outcome & quality of life. Furthermore, treatment precision is important as treatment strategies varies significantly

Abstract ID: GO/OP/03

Presenter's Name: Dr. Alfiya Qamar

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Abstract Title:
COMPARATIVE STUDY TO ASSESS EFFECTIVENESS OF PAP SMEAR, VISUAL INSPECTION WITH ACETIC ACID AND COLPOSCOPY FOR ASSESSMENT OF CERVICITIS, UNHEALTHY CERVIX AND PREMALIGNANT LESION OF CERVIX

Introduction :
Cervical cancer ranks as the second most prevalent cancer among women in India and many developing nations. It is also the leading cause of cancer-related deaths among women in India. Looking at an unhealthy cervix with the naked eye can sometimes be misleading; what appears to be a simple case of inflammation might actually be an intraepithelial lesion. The main goal of screening is to detect and treat pre-invasive lesion of cervix to reduce the burden of invasive stage. Thus, this current study employed Pap smear, VIA (Visual Inspection with Acetic Acid), and colposcopy to detect abnormal cervical appearances in cervicitis, unhealthy and premalignant lesion suggestive of carcinoma.

Aims & Objectives :
1. To compare findings of Pap smear vs VIA and colposcopy in detecting premalignant lesions of cervix 2. To estimate the sensitivity and specificity of VIA and colposcopy against findings obtained on Pap smear.

Materials & Methods :
Hospital based cross-sectional observational study was conducted on 200 patient who attended OPD. Inclusion and exclusion criteria were defined. After taking consent, the eligible patients were taken for 3 step procedure: Pap smear, VIA and Colposcopy. Data was obtained and statistically analyzed.

Results :
Of the 200 patients, 34 (16.27%) had positive Pap test, 29 (13.87%) had positive VIA and 24 (11.43%) had positive VILI and 31 (14.75%) showed features of cervical intraepithelial neoplasia (CIN) on colposcopy.

Conclusion :
Our study showed that VIA and colposcopy had good sensitivity comparable to Pap smear and can thus be a suitable potential adjunctive screening test in a resource-poor setting as well in tertiary centre.

Abstract ID: GO/OP/04

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Abstract Title:
CLINICAL, RADIOLOGICAL AND PATHOLOGICAL FEATURES IN PATIENTS WITH OVARIAN MASSES: A PROSPECTIVE OBSERVATIONAL STUDY

Introduction :
Ovarian masses occur across all age groups and are often diagnosed late due to nonspecific clinical presentations, most commonly abdominal pain. Pelvic ultrasonography assists in early detection, while definitive diagnosis relies on histopathological examination of surgically excised tissue

Aims & Objectives :
To evaluate the clinical, radiological, and histopathological correlation of ovarian masses in different demographic groups.

Materials & Methods :
Forty women presenting with ovarian masses between March 2024 and July 2025, fulfilling the inclusion criteria, were studied. Detailed history, clinical examination, ultrasonography, and histopathological findings were analysed.

Results :
The majority of patients were aged 21–30 years (35%). Most were married between 18–25 years (47.5%) and had their first childbirth in the same age range (62.5%). Parity was common, with 45% having two children. Most women were premenopausal (87.5%) and overweight (27.5%). Abdominal pain was the most frequent presenting symptom (42%), and 73% had symptoms for less than six months. On examination, 55% of palpable masses were cystic, while 45% were solid. Serum CA-125 levels were <35 IU/ml in 57% of cases.

Ultrasonography revealed that most masses were <7 cm (60%), unilateral (92.5%), unilocular (62.5%), without internal echoes (70%), septations (70%), or ascites (97.5%). The most frequent surgical procedure was unilateral cystectomy (37.5%). Histopathology most commonly revealed luteal cysts.

Conclusion :
This study highlights the demographic profile, clinical features, imaging characteristics, and histopathological patterns of ovarian masses. Correlating these parameters enhances diagnostic accuracy and guides appropriate management.

Abstract ID: GO/OP/05

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Abstract Title:
BORDERLINE OVARIAN TUMOURS: A SINGLE-CENTRE SERIES OF 10 YEARS' EXPERIENCE WITH CLINICOPATHOLOGICAL, SURGICAL AND REPRODUCTIVE OUTCOMES

Introduction :
Many borderline ovarian tumours (BOT) are found in women under 40, prompting the adoption of fertility-preserving staging methods in the past decade. However, data on reproductive outcomes are still limited.

Aims & Objectives :
This study aimed to evaluate fertility and cancer outcomes in patients with BOT.

Materials & Methods :
The study retrospectively analysed patients diagnosed with BOT from October 1, 2011, to March 31, 2021, regardless of stage or treatment. The primary objective was to assess the 5-year Recurrence-Free Survival (RFS) and compare outcomes between patients who underwent oophorectomy versus cystectomy.

Results :
A total of 167 patients were diagnosed with BOT following surgery. Median age was 38 years. Complete surgical staging was done for 54%, partial for 22.7%, and 23.3% were unstaged. After a median follow-up of 37 months, 98.1% of patients were alive, with 87% showing no recurrences. Out of 46 patients eager to conceive, 14 became pregnant, yielding a success rate of 30.4% and a median conception time of 20 months. The live birth rate was 92.8%. There were 18 recurrences, mainly in opposite ovary (55.5%). The 5-year RFS rate was significantly lower for cystectomy patients (81%) compared to oophorectomy patients (93.6%, $p = 0.02$). Recurrence rates were higher in patients with mucinous histology after cystectomy ($p = 0.02$), but no significant differences in RFS rates were observed by histology or staging surgery extent ($p > 0.05$).

Conclusion :
Patients with BOT have favourable reproductive outcomes, but cystectomy results in lower rates of RFS than oophorectomy. Mucinous histology is linked to a higher recurrence risk.

Abstract ID: GO/OP/06

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Abstract Title:
THE FIBROID IMAGE- A MIRAGE?

Introduction :
Uterine fibroids are the most common benign gynecological tumors, but their symptoms—abdominal pain, distension, and menstrual irregularities—often overlap with other pelvic pathologies. Even with imaging, some lesions mimic fibroids, leading to potential diagnostic challenges.

Aims & Objectives :
Aim: To highlight how fibroid-like features on imaging can mask malignant or non-fibroid benign conditions.
Objective: To analyze cases initially diagnosed as fibroids on imaging but later identified as different pathologies on intraoperative and histopathological examination.

Materials & Methods :
A prospective-retrospective case series was conducted by reviewing medical records of patients diagnosed with uterine fibroids on imaging, whose final histopathology revealed alternate pathologies. Data regarding clinical presentation, imaging findings, intraoperative details, surgical management, and histopathology results were analyzed. Case Summary: Three patients presented with abdominal pain and distension, all provisionally diagnosed as having uterine fibroids on imaging- ultrasound and MRI. Case 1: A cervical fibroid on imaging was intraoperatively identified as an ovarian mass, confirmed histologically as ovarian fibroma. Case 2: A large pedunculated subserosal fibroid appeared degenerated intraoperatively but was diagnosed as a dysgerminoma. Case 3: A postmenopausal woman with a degenerated fibroid-like mass was confirmed to have stage IB leiomyosarcoma.

Results :
All three cases demonstrated discordance between imaging and histopathology, highlighting the limitations of imaging alone and the importance of intraoperative vigilance and histopathological confirmation.

Conclusion :
Fibroid mimickers pose a significant diagnostic challenge. Maintaining a broad differential diagnosis, careful intraoperative assessment, and thorough patient counselling are essential. Histopathology remains the gold standard for accurate diagnosis and optimal management.

Abstract ID: GO/OP/07

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Abstract Title:
DUAL DISRUPTION OF TP53 AND PIK3CA: A MOLECULAR SYMPHONY IN THE EVOLUTION OF OVARIAN TUMORS

Introduction :
Epithelial ovarian cancer (EOC) is the most lethal gynecologic malignancy due to late-stage detection and molecular complexity. TP53 regulates genomic stability through cell cycle arrest and apoptosis, whereas PIK3CA activates the PI3K/AKT/mTOR pathway to promote survival. Loss of p53 function may derepress PIK3CA, amplifying tumorigenic signaling. However, integrated analysis of both mRNA and protein (IHC) expression across the benign–borderline–malignant spectrum is limited.

Aims & Objectives :
To evaluate TP53 and PIK3CA mRNA (RT-qPCR) and protein (IHC) expression in ovarian tumors, compare tumor vs blood levels, and correlate findings with histotype, stage, and clinicopathological parameters.

Materials & Methods :
Forty-five patients (25 benign, 5 borderline, 15 malignant) underwent surgical excision. Tumor tissue and paired blood were analyzed using RT-qPCR ($2^{-}\Delta\Delta Ct$) with GAPDH normalization. IHC was performed for TP53 and PIK3CA. Statistical tests included ANOVA, Kruskal–Wallis, Mann–Whitney U, and chi-square.

Results :
TP53 mRNA was upregulated in 56% benign, 20% borderline, and 60% malignant tumors, highest in serous and endometrioid carcinomas. Tumor levels > blood ($p=0.07$). Early menarche correlated with higher TP53 expression ($p=0.046$). PIK3CA mRNA was predominantly downregulated (76% benign, 100% borderline, 66.7% malignant), with malignant mucinous tumors showing complete upregulation. TP53 IHC positivity was highest in malignant (66.7%)—notably 80% in serous carcinoma. PIK3CA IHC was positive in 52% benign and 60% malignant. mRNA–IHC correlations were insignificant for both genes, while TP53 and PIK3CA IHC strongly co-expressed ($p<0.001$), indicating cooperative pathway activation.

Conclusion :
Dual disruption of TP53 and PIK3CA reflects a synergistic molecular cascade driving ovarian tumor evolution. Integrated mRNA and IHC profiling reveals transcript–protein discordance and highlights the necessity of combined

Abstract ID: GO/OP/08

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Abstract Title:
TRANSFORMING CLINICAL PRACTICE THROUGH COMPREHENSIVE HPV PAP TESTING

Introduction :
Cervical cancer remains the second most common cancer in India with high-risk HPV viruses responsible for a majority of cases. WHO guidelines recommend HPV DNA testing as the preferred method for screening with a significant reduction in the incidence of cervical cancer.

Aims & Objectives :
To evaluate the prevalence of high-risk HPV infection in a large series of women in an urban practice, determine the HPV strain distribution and present the significant impact on our patient management.

Materials & Methods :
This is a comprehensive retrospective analysis of 4111 women undergoing HPV Pap smears in Aviva Clinic for Women, Khar over 8 years. The HPV Pap smear reports were collated and analyzed to determine prevalence of high-risk HPV infection, the HPV strains encountered, correlation with abnormal Pap smears and our management algorithm.

Results :
The prevalence of HPV positive cases in our practice is 5%. The most common strains were Type 16 followed by 39, 59 and 66. Pap smear abnormalities were diagnosed in 20 with 13 undergoing intervention in form of LEEP, conization and hysterectomy.

Conclusion :
Comprehensive HPV Pap relieved the testing burden for 95% of our patients with a 5-year time frame. Revelation of strains inspired a complete shift to the 9-strain vaccine with convenient dosing as per recent WHO guidelines. Vigilance and selective intervention ensures greater protection and safety in line with the WHO goal of eradicating cervical cancer.

Abstract ID: GO/OP/09

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Abstract Title:
COMPARISON OF THE DIAGNOSTIC ACCURACY OF RISK OF MALIGNANCY INDEX-4 (RMI-4) AND OVARIAN-ADNEXAL REPORTING AND DATA SYSTEM (O-RADS) IN PREDICTING MALIGNANCY IN OVARIAN MASSES

Introduction :
Ovarian cancer is the most lethal gynaecological malignancy due to delay in diagnosis. Accurate preoperative differentiation between benign and malignant ovarian masses is important. This study compares the diagnostic accuracy of RMI-4 and ORADS in an Indian population.

Aims & Objectives :
To compare the sensitivity, specificity, positive predictive value and negative predictive value of RMI-4 and O-RADS in predicting malignancy in ovarian masses.

Materials & Methods :
A prospective observational study was conducted on 105 non-pregnant women with USG detected ovarian masses planned for surgery at DDU Hospital, Delhi (Feb 2024–Sept 2025). RMI-4 was calculated using menopausal status, ultrasound score, tumor size, and serum CA-125 levels. O-RADS scores were assigned as per USG morphology and doppler findings. Histopathology was taken as gold standard. Diagnostic indices were then calculated.

Results :
Out of 105 patients, 28 (26.6%) masses were found malignant and 77 (73.4%) benign. RMI-4 showed sensitivity 82%, specificity 88%, PPV 76% and NPV 91%. O-RADS showed sensitivity 90%, specificity 86%, PPV 80% and NPV 94%. O-RADS showed higher sensitivity, while RMI 4 showed better specificity.

Conclusion :
Both RMI-4 and O-RADS are reliable, non-invasive tools for preoperative malignancy risk assessment of ovarian masses. O-RADS provides better sensitivity and standardized reporting, whereas RMI-4 remains a simple, cost-effective option. Combined interpretation may improve diagnostic accuracy and patient triage in resource-limited settings.

Abstract ID: GO/OP/10

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Abstract Title:
EVALUATION OF TUMOR FREE DISTANCE AND DEPTH OF MYOMETRIAL INVASION AS PROGNOSTIC FACTORS FOR LYMPH NODE METASTASES IN ENDOMETRIAL CANCER

Introduction :
Accurate prediction of lymph node metastasis (LNM) in endometrial carcinoma (EC) is essential for tailoring surgical management and minimizing morbidity. Traditional parameters like depth of invasion (DOI) and percentage of myometrial invasion (%MI) are widely used, though limited by interobserver variability and anatomical distortions. Tumor-free distance (TFD)—the distance from the deepest tumor front to the uterine serosa—has been proposed as a potential alternative marker.

Aims & Objectives :
To compare the predictive abilities of DOI, %MI, and TFD in determining nodal involvement in surgically staged EC patients.

Materials & Methods :
This observational study was conducted from 2023 to 2025 at Indraprastha Apollo Hospital, Delhi, including 50 patients undergoing radical hysterectomy with lymphadenectomy for EC. DOI, %MI, and TFD were measured histologically. Predictive accuracy for LNM, tumor grade, organ involvement, and FIGO 2023 stage was assessed using logistic regression and receiver operating characteristic (ROC) analysis.

Results :
LNM was present in 10% of cases. ROC analysis revealed DOI had the highest diagnostic accuracy for LND (AUC = 0.919, $p<0.001$), followed by moderate accuracy for tumor grade (AUC = 0.700) and organ involvement (AUC = 0.791). TFD demonstrated poor predictive value across all outcomes (AUC <0.60). Multivariate analysis confirmed DOI as an independent predictor of LND, organ involvement, and advanced FIGO stage ($p<0.05$), while %MI and TFD showed limited significance.

Conclusion :
DOI outperformed both %MI and TFD as a prognostic factor for lymph node metastasis and disease progression in endometrial carcinoma. TFD, though conceptually promising, lacks sufficient discriminatory power in current clinical settings.

Abstract ID: GO/OP/11

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Abstract Title:
DIAGNOSTIC COMPARISON OF RMI(1-4) IN THE RISK STRATIFICATION OF ADNEXIAL MASSES

Introduction :
Adnexal masses are a common presentation in gynecological practice among women of all age groups and are a frequent reason for referral to gynecologic oncology. Most adnexal masses are ovarian in origin. The Risk of Malignancy Index (RMI) is a simple, sensitive, and specific tool combining ultrasound findings (U), menopausal status (M), and serum CA-125 levels to help differentiate benign from malignant pelvic masses, enabling early referral and optimal treatment, which greatly impacts prognosis.

Aims & Objectives :
To compare the diagnostic performance of RMI 1–4 in distinguishing benign from malignant adnexal masses.

Materials & Methods :
This prospective study was conducted in the Department of Obstetrics and Gynaecology at Dr. Patnam Mahender Reddy Institute of Medical Sciences and Hospital, Chevella. It included 28 patients with adnexal masses admitted for evaluation and surgical management. Histopathological diagnosis served as the definitive outcome measure. RMI scores were calculated for each patient, and results were compared with histopathology reports to assess diagnostic accuracy.

Results :
Of the total cases, 14.3% were malignant ovarian tumors and 85.7% were benign. Statistical analysis revealed no significant difference in the diagnostic performance among RMI 1–4 in discriminating malignancy from benign disease.

Conclusion :
All four RMI models demonstrated comparable accuracy in identifying malignant adnexal masses and can be effectively used for case selection in routine gynecology practice. These indices are practical, cost-effective, and suitable for use in less specialized clinics to facilitate timely oncologic referral and optimal patient management.

Abstract ID: GO/OP/12

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Abstract Title:
LIQUID-BASED CYTOLOGY VERSUS HPV DNA TESTING: A COMPARATIVE STUDY IN CERVICAL CANCER SCREENING

Introduction :
Cervical cancer is a leading cause of morbidity and mortality among women in developing countries. Persistent infection with high-risk Human Papillomavirus (HPV) is the main etiological factor. Early detection of precancerous lesions significantly reduces disease burden. Liquid-Based Cytology (LBC) improves sample adequacy and cytological clarity, whereas HPV DNA testing detects high-risk viral infection before morphological changes occur. This study compares LBC and HPV DNA testing for cervical cancer screening.

Aims & Objectives :
To compare the diagnostic performance of LBC and HPV DNA testing in detecting cervical intraepithelial neoplasia (CIN) and evaluate their sensitivity, specificity, and concordance for effective cervical cancer screening.

Materials & Methods :
A comparative cross-sectional study was conducted on 100 women aged 25–65 years attending the gynecology outpatient department. Cervical samples were collected for both LBC and HPV DNA testing. LBC smears were interpreted using the Bethesda System (2023), and HPV DNA testing targeted high-risk types 16, 18, 31, 33, and 45.

Results :
High-risk HPV was detected in 14% of women, while LBC showed epithelial abnormalities in 10%. HPV DNA testing had a sensitivity of 95% and specificity of 90% for CIN2+ lesions, compared to 78% sensitivity and 95% specificity for LBC. Co-testing improved overall detection sensitivity to 98% with significant concordance ($\kappa = 0.82$).

Conclusion :
HPV DNA testing offers higher sensitivity for early detection of precancerous lesions, whereas LBC adds morphological detail. Co-testing provides optimal accuracy for cervical cancer screening in India.

Abstract ID: GO/OP/13

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Abstract Title:
PRACTICAL TRIAGE APPROACH FOR HPV-POSITIVE WOMEN AT LMIC

Introduction :
With the introduction of HPV-based cervical cancer screening, number of screen positive is increasing and a good triage policy is a challenge in LMIC. Coloposcopy is recommended triage tool while Visual Inspection with Acetic Acid (VIA) is feasible option but its interpretation is highly subjective.

Aims & Objectives :
to evaluate the utility of a structured VIA scoring system, to triage HPV-positive women as an alternative to colposcopy referral in Low resource settings. A total composite score will categorize the VIA findings as negative, or positive/ suspect.HPV-positive women attending screening clinics underwent VIA scoring by trained nurses, who took the quality images with smart phone too. Images were reviewed by expert gynecologists and further underwent colposcopic scoring for agreement assessment (2 step) . Outcome measures: sensitivity, specificity, and positive predictive value of the nurse-led VIA score in predicting significant lesions and inter-observer reliability in comparison to colposcopy.

Materials & Methods :
HPV-positive women attending screening clinics underwent VIA scoring by trained nurses, who took the quality images with smart phone too. Images were reviewed by expert gynecologists and further underwent colposcopic scoring for agreement assessment (2 step) . Outcome measures: sensitivity, specificity, and positive predictive value of the nurse-led VIA score in predicting significant lesions and inter-observer reliability in comparison to colposcopy.

Results :
This structured scoring model of VIA interpretation make it objective, and simple for health care worker point can be used alternative to Colposcopy. it reduce cancer fear, and burden for colposcopy clinics and unnecessary hysterectomies.

Conclusion :
Approach support triaging of HPV positive as alternative to colposcopy.

Abstract ID: GO/OP/14

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Abstract Title:
EFFECTIVENESS OF HEALTH EDUCATION ON CERVICAL CANCER AWARENESS AND HUMAN PAPILLOMA VIRUS VACCINE ACCEPTABILITY AMONG CAREGIVERS OF GYNAECOLOGICAL CANCER SURVIVORS AND THEIR RELATIVES

Introduction :
Cervical cancer, primarily caused by Human Papilloma Virus is among the most prevalent yet preventable cancers. Despite availability of effective vaccines, awareness and uptake remains low in India. The caregivers and family members of women who have survived gynaecological cancers can play a vital role and focusing on this group can help in strengthening cervical cancer screening and vaccination initiative and help in reducing overall disease burden in our country.

Aims & Objectives :
1)To determine the change in awareness about cervical cancer and HPV vaccine among caregivers of gynaecological cancer survivors and their relatives. 2)To determine acceptance of HPV vaccine following health education and to determine the reasons of non acceptance among who reject vaccination.

Materials & Methods :
70 female caregivers of gynaecological cancer survivors (18-26yrs) visiting gynaecological cancer OPD were given a questionnaire to assess their level of awareness about cervical cancer and HPV vaccine. Following which health education was imparted. These females were followed within 1 month and separate questionnaire was used to assess their awareness and acceptability of vaccine after health education imparted. The women willing for vaccination were vaccinated.

Results :
Awareness of cervical cancer and HPV vaccine among caregivers of gynaecological cancer survivors and their relatives increased from 5% to 90%. Around 40% of females received first dose of the vaccine. Around 80% females cited cost as the major factor for non acceptance.

Conclusion :
Health education significantly improved awareness on cervical cancer and HPV vaccination however cost and availability remains major barrier to vaccine acceptability.

Abstract ID: GO/OP/15

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Abstract Title:
HEALING BEYOND THE CERVIX: SEXUAL FUNCTION AND QOL POST-LEEP

Introduction :
Cervical cancer continues to pose a major public health burden in low- and middle-income countries (LMICs), with an estimated 604,127 new cases and 341,831 deaths reported annually (GLOBOCAN 2020). Early detection and prompt management of preinvasive cervical lesions are pivotal in reducing disease progression. The Loop Electrosurgical Excision Procedure (LEEP) has emerged as a widely accepted, minimally invasive diagnostic and therapeutic modality for high-grade Cervical Intraepithelial Neoplasia (CIN 2/3). Despite its clinical efficacy, concerns persist regarding its influence on women's sexual function, necessitating further exploration.

Aims & Objectives :
To assess the impact of LEEP on female sexual function by evaluating changes in sexual frequency, dyspareunia, postcoital bleeding, overall satisfaction, anxiety related to sexual activity, and partner-perceived satisfaction before and after the procedure.

Materials & Methods :
A prospective observational study was conducted among women diagnosed with CIN 2/3 at Gandhi Medical College, Bhopal, from June 2023 to January 2024. Participants completed a validated sexual function questionnaire pre- and post-LEEP. Women with major psychiatric illness, chronic comorbidities, or those undergoing hysterectomy or radiation after LEEP were excluded. Data was analyzed using SPSS v11.5, with significance set at $p < 0.05$.

Results :
Among 61 sexually active women, dyspareunia decreased from 39.3% to 18.0% and postcoital bleeding from 34.4% to 4.9%. Sexual satisfaction scores improved markedly, and anxiety levels declined. Partner satisfaction increased significantly post-procedure.

Conclusion :
LEEP favorably influences sexual function, reducing discomfort and bleeding while enhancing overall sexual and psychological well-being.Integrating comprehensive pre- and post-procedure counseling may further optimize sexual health and quality of life in affected women.

Abstract ID: GO/OP/16

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Abstract Title:
MOLECULAR PROFILING IN ENDOMETRIAL CANCERS- AN AMBISPECTIVE OBSERVATIONAL STUDY

Introduction :
Molecular subtyping of Endometrioid endometrial carcinomas (EC) can classify tumors into prognostically relevant groups and provide valuable insight into post operative management of patients which can help to reduce toxicity and improve patient recovery.

Aims & Objectives :
To estimate the prevalence of different molecular subtypes of Endometrial cancer in the hysterectomy specimens and study the association of different molecular subtypes of Endometrial cancer with demographic profile (age, BMI, pre/post-menopausal status, Comorbidities and Rural/Urban Background) and histopathological prognostic parameters (grade, stage, histology, lymph vascular space invasion, nodal involvement)

Materials & Methods :
We assessed an Ambispective cohort of women from a tertiary health care centre in Eastern India treated for Endometrioid endometrial carcinoma between 2015 and 2025. Formalin fixed paraffin embedded tissues from 55 Endometrioid EC were characterized for POLE mutations by Non genomic sequencing and for MMR and p53 by using immunohistochemistry. Mutational status was integrated along with the demographic & clinicopathological details.

Results :
Deep myometrial invasion (>=50%) was noted in 34.5% and LVSI was present in 12.73%. TCGA molecular classification was done on 35 patients and yielded 18 (50%) MMR-D, 2 (5.5%) POLE, 7(19.4%) p53abn, and 9 (25%) NSMP. POLEmut tumors were associated with high-grade histology but favorable outcomes. p53abn tumors correlated with higher grade, deep invasion, and nodal metastasis. MMRd tumors were linked with intermediate-risk features and family history of malignancy. NSMP cases were heterogenous but often presented with early-stage disease.

Conclusion :
The study highlights the potential of using molecular classification as an objective tool to cause a shift in the paradigm of EC pathology and management

Abstract ID: GO/OP/17

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Abstract Title:
CRYOTHERAPY AS A MODE OF TREATMENT IN CERVICAL EROSION: AN OBSERVATIONAL STUDY

Introduction :
Cervical erosion is a benign, hormone-dependent condition seen in about 14–15% of reproductive-age women, characterized by the extension of endocervical columnar epithelium onto the ectocervix. It often presents with vaginal discharge, pelvic pain, or postcoital bleeding. Cryotherapy employs cryogenic gases such as nitrous oxide to induce cytosolic crystallization and cellular destruction, providing a simple, safe, and cost-effective outpatient treatment option.

Aims & Objectives :
To evaluate the efficacy and safety of cryotherapy in treating symptomatic cervical erosion, document any complications, and analyze factors that influence its success.

Materials & Methods :
This observational study included 72 women aged 20–40 years attending the RMCH Gynaecology OPD (Nov 2022–Oct 2023). Cryotherapy was performed using a single freeze–thaw cycle at –80°C to –90°C for 90 seconds. Follow-ups were done at one, three, and six months to assess symptom relief and complications.

Results :
Most patients (33.78%) were aged 26–30 years; 63.51% were rural, and 41.89% were para two. Vaginal discharge was universal (100%). Symptomatic cure rates were 16.22%, 54.05%, and 62.16% after one, three, and six months, respectively ($p<0.05$). Minor, transient side effects included mild pelvic cramps (4.05%) and facial flushing (2.70%).

Conclusion :
Cryotherapy is a safe, effective, and minimally invasive outpatient procedure offering significant symptomatic relief in cervical erosion with negligible complications.

Abstract ID: GO/OP/18

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Abstract Title:
LIFE BEYOND THE DIAGNOSIS: MEASURING QUALITY IN OVARIAN CANCER JOURNEYS

Introduction :
Ovarian carcinoma especially in advanced stage is associated with increased morbidity and decline in quality of life (QOL). Chemotherapy-induced functional, psychological impairment and sexual dysfunction during treatment can have a great impact on the quality of life. This study was, thus, designed for assessment of quality of life in women with ovarian cancer.

Aims & Objectives :
To study and compare quality of life (QOL) in women with ovarian cancer at the time of diagnosis and after completion of 3 cycles of chemotherapy

Materials & Methods :
This was prospective cohort study and was conducted in Obstetrics and Gynaecology department at PGIMS Rohtak over one year. Women attending the gynae OPD /Ward with ovarian cancer were included in the study. Critically ill women, women with dual malignancies and prior major psychiatric illnesses were excluded. EORCTC QLQ C-30 (version 3) and EORCTC OV 28 questionnaires were used at the time of diagnosis of ovarian cancer and following three cycles of chemotherapy for assessing Quality of life. The differences were recorded and analysed statistically.

Results :
Total 55 women with ovarian cancer were included in the study. The mean physical functioning scores (44.97 ± 11.62 vs 78.88 ± 13.89; $p<0.001$) and role functioning scores (41.47 ± 13.45 vs 70.58 ± 17.98; $p<0.0001$) significantly improved after chemotherapy. The emotional and cognitive functioning declined after chemotherapy. In EORTC QLQ-28 scoring, the symptom scales, body image and attitude towards disease worsened

Conclusion :
Regular QOL evaluation can help clinician identify patient specific concerns and tailor supportive interventions.

Abstract ID: GO/OP/19

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Abstract Title:
ASSOCIATION BETWEEN NAD (P) H: QUINONE OXIDOREDUCTASE 1 C609T GENE POLYMORPHISM AND RISK FACTORS IN CASES OF CERVICAL CANCER IN INDIAN WOMEN

Introduction :
Human papillomavirus (HPV) infection is the primary causative agent of cervical cancer. Although most HPV infections are transient and self-limiting, failure to clear the virus in some women suggests underlying genetic susceptibility predisposing them to precancerous lesions and cancer.

Aims & Objectives :
To identify risk factors for cervical cancer in Indian women and to determine the distribution of NAD(P)H: quinone oxidoreductase 1 (NQO1) C609T gene polymorphism.

Materials & Methods :
The study included 142 women with biopsy-proven cervical cancer and 142 women with normal cytology as controls. DNA was extracted from blood using the QIAamp DNA Mini Kit, amplified, and genotyped. Genotype and allelic frequencies were compared between groups.

Results :
Most cases were stage II (69.7%) squamous cell carcinoma (97.2%), moderately differentiated (75.4%), and untreated (43.7%). Among the cases, the prevalence of genotypes CC, CT, and TT was 42.3%, 19.7%, and 38.0%, respectively, compared to 54.9%, 13.4%, and 31.7% in the controls. The odds of CC (OR = 0.64; 95% CI = 0.38–1.08) and CC/CT vs. TT (OR = 0.76; 95% CI = 0.46–1.23) were lower in cases, whereas the odds of allele T versus C were significantly higher (OR = 1.48; 95% CI = 1.06–2.06). The TT genotype was more frequent in advanced stages.

Conclusion :
The NQO1 C609T polymorphism, particularly the T allele, is significantly associated with increased risk of cervical cancer, suggesting a potential genetic predisposition influencing disease progression.

Abstract ID: GO/OP/20

Presenter's Name: Dr. Shilpa Verma

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Abstract Title:
EFFECTIVENESS OF HEALTH EDUCATION ON AWARENESS OF CANCER CERVIX UTERI AND HUMAN PAPILLOMA VIRUS VACCINATIION AMONG UNDERGRADUATE HEALTH CARE STUDENTS IN MAULANA AZAD MEDICAL COLLEGE

Introduction :
Cervical cancer, primarily caused by Human Papilloma Virus is among the most prevalent yet preventable cancers. Despite availability of effective vaccines awareness and uptake remain low in India. As a healthcare provider we are the first line of defense against preventable diseases not for just our patients but for ourselves too. By getting vaccinated, we don't just protect ourselves we set an example for our patients, our families, and our communities.

Aims & Objectives :
To study the change in awareness about cervical cancer and HPV vaccine post education in undergraduate health care students (medical, dental and nursing) at MAMC campus and the acceptance and non acceptance of HPV vaccine among undergraduate health care students or their female relatives who rejected HPV Vaccination.

Materials & Methods :
METHODS: 250 undergraduate students (18-26 years) of Maulana azad medical college, were given a questionnaire to assess their level of awareness about cervical cancer and hpv vaccine , following which health education was imparted. These students were followed within 1 week and separate questionnaire was used to assess their awareness and acceptibility of vaccine after health education imparted. The students willing for vaccination were vaccinated.

Results :
Awareness of cervical cancer and HPV vaccine among health care undergraduate students in Maulana Azad Medical College increased from 70 to 99%. Around 20% received first dose of vaccine. Around 80% of students cited cost as the major factor for non acceptance.

Conclusion :
Health care education significantly improved HPV vaccine awareness; however, cost and availability remain major barrier to vaccine acceptance.

Abstract ID: GO/OP/21

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Abstract Title:
HISTOPATHOLOGICAL PROFILE AND SURGICAL MANAGEMENT OF OVARIAN MALIGNANCIES: A CASE SERIES COMPARING PRIMARY DEBULKING VS. NEOADJUVANT CHEMOTHERAPY APPROACHES

Introduction :
Ovarian carcinoma (OC) management depends critically on the upfront strategy. Primary Debulking Surgery (PDS) is considered the standard, but Neoadjuvant Chemotherapy (NACT) followed by Interval Debulking Surgery (IDS) is often utilized for patients with advanced disease or high tumor burden.

Aims & Objectives :
This case series aims to characterize the histopathological spectrum and correlate the final FIGO staging with the chosen surgical management strategy (PDS vs. NACT-IDS) in eight post-menopausal women at our center

Materials & Methods :
A retrospective review was conducted on eight consecutive post-menopausal patients with suspected Ovarian Cancer (OC) managed at RNT Medical College over the last six months. Patients either underwent Primary Debulking Surgery (PDS) (Group A, n=4) or Neoadjuvant Chemotherapy (NACT) followed by Interval Debulking Surgery (IDS) (Group B, n=4). Data included demographics, surgical details, and detailed histopathology (WHO subtype, grade, and definitive FIGO stage).

Results :
The mean age of the cohort was 67.5 years (range: 55 to 80). Overall, 75% (n=6) of cases were diagnosed at FIGO Stage III/IV. Histopathology included High-Grade Serous Carcinoma (HGSC, n=5), Endometrioid (n=1), Mucinous (n=1), and Clear Cell Carcinoma (n=1). All NACT-IDS cases (n=4) were advanced stage, including three HGSCs. Optimal cytoreduction was achieved in 50% (2/4) of the PDS group and 75% (3/4) of the NACT-IDS group.

Conclusion :
The selection of NACT-IDS was strongly associated with advanced-stage (100%) and HGSC pathology, confirming its critical role for high tumor burden. NACT-IDS achieved a higher optimal cytoreduction rate (75%) compared to PDS (50%) in this small series, reinforcing the efficacy of NACT in achieving favorable surgical outcomes in

Abstract ID: GO/OP/23

Presenter's Name: Dr. Nilanchali Singh

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Abstract Title:
CERVICAL CANCER SCREENING IN PREGNANCY BY URINARY HPV TESTING: COMPARING THE RESULTS OF REAL TIME-PCR AND HYBRID CAPTURE-2 FOR DETECTING URINARY HPV

Introduction :
The antenatal period is often the only time women access healthcare, making it a crucial opportunity for cervical cancer screening. Past attempts, including cytology and VIA, faced challenges, but with institutional deliveries now exceeding 80%, screening uptake can improve. HPV testing is the most sensitive method for detecting CIN and is WHO recommended for primary screening. However, cervical sampling is invasive and often avoided due to pain and cultural factors. Urinary HPV testing offers a non-invasive alternative, expanding screening coverage and enhancing compliance, especially in low resource settings.

Aims & Objectives :
This study aims to evaluate the diagnostic accuracy, acceptability, and feasibility of urinary HPV DNA testing by real time-PCR and Hybrid capture-2 as compared to provider-collected cervical HPV DNA testing in pregnant women.

Materials & Methods :
The study is a Prospective observational study (Paired Study Design) for a duration of three years. Pregnant women aged >25 years were tested between 12 to 28 weeks of gestation.

Results :
250 pregnant women were screened by cervical and urinary HPV. 18 out of 250 women (7.2%) screened positive by cervical HPV but not by urinary HPV. They were followed in postpartum. 17/18 (94.4%) women stayed positive at six weeks postpartum and one patient had HPV clearance. Colposcopies were done in positive patients. Acceptability of urinary HPV was better than cervical HPV (98% vs 66%). In postpartum, HC-2 and PCR tests were used to test urine HPV. Results showed that PCR tests fare better as compared to HC-2 in detecting urinary HPV, when samples were collected by Colli-Pee device.

Conclusion :
Urinary

Abstract ID: GO/OP/24

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Abstract Title:
PREVALENCE OF ENDOMETRIAL PATHOLOGY IN LOW RISK PREMENOPAUSAL WOMEN PRESENTING WITH AUB

Introduction :
Endometrial hyperplasia is a disordered proliferation of endometrial glands, often due to unopposed estrogen exposure and relative progesterone deficiency. Abnormal uterine bleeding (AUB) is a frequent complaint among premenopausal women, yet the necessity of endometrial sampling in those without risk factors is unclear.

Aims & Objectives :
The primary aim of this study was to determine the prevalence and types of endometrial pathology in low-risk premenopausal women aged 35-45 who present with AUB. Secondary objectives included estimating the risk of developing endometrial carcinoma in this group.

Materials & Methods :
This was an epidemiological, observational study conducted among patients admitted to a gynecology ward, meeting strict inclusion (age 35-45, AUB) and exclusion criteria (absence of uterine, ovarian, breast, colon disorders, chronic anovulation, PCOS, high BMi, nulliparity, tamoxifen or hormone therapy). Endometrial samples were obtained using direct or hysteroscopic-guided biopsy and subjected to pathological examination.

Results :
Analysis revealed that the prevalence of significant endometrial pathology in low-risk premenopausal women with AUB was low. Most endometrial changes identified were benign, such as simple or complex hyperplasia without atypia, with rare cases of atypical hyperplasia or carcinoma.

Conclusion :
Endometrial sampling is not routinely done in low-risk premenopausal women with abnormal uterine bleedingas significant pathology is uncommon. A targeted approach reduces unnecessary procedures, patient anxiety, and costs, helping clinicians deliver evidence-based, individualized care for optimal gynecological management.

Abstract ID: GO/OP/25

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Abstract Title:
FROM SELF-TESTS TO SAVING LIVES: EVALUATING HPV SELF-SAMPLING TO ACHIEVE WHO'S 2030 CERVICAL CANCER TARGETS — A FEASIBILITY STUDY FROM EASTERN INDIA

Introduction :
HPV testing is now the recommended strategy for screening women for cervical cancer. Self-collected samples for HPV is a preferred choice for most women as it avoids a per speculum examination and maintains a woman's privacy. But, as we are approaching 2030, is HPV self-sampling enough to achieve the goal of eliminating cervical cancer is still not clear.

Aims & Objectives :
-To evaluate the feasibility of self-sampling-based screening. -To assess the compliance of HPV positive women for further treatment. -To evaluate if WHO 2030 goals are achievable with the help of self-sampling methods.

Materials & Methods :
A prospective observational study was conducted from January 2023 to December 2024 (2 years). All women from 30 to 60 years who were sexually active were screened from rural and semi-urban communities around West Bengal. All women were informed about their report and HPV positive women were called to our hospital where they underwent colposcopy and further treatment.

Results :
A total of 13,656 women were screened. 675 (4.9%) women were high risk HPV positive. Amongst these, 70.2% (474) were complaint and further underwent evaluation at our hospital. Out of the 474 women, 79% had normal colposcopy findings, 12.4% were LSIL and 5% were HSIL. On final histopathology, 4.4% women were diagnosed with squamous cell carcinoma of cervix and 1% (5 women) had CIN III and 1.7% had CIN II. Patients were called again for follow up after 12 months and only 38 women came back for repeat HPV testing.

Conclusion :
HPV self-sampling is feasible, acceptable method and has potential to achieve WHO

Abstract ID: GO/OP/26

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Abstract Title:
ASSESSING PREOPERATIVE MODIFIED FRAILTY INDEX AS A METHOD TO PREDICT SURGICAL COMPLICATIONS IN ENDOMETRIAL CARCINOMA

Introduction :
Postoperative complication rate among patients with endometrial cancer undergoing primary surgery is 16.2-37.9%. Early detection of complications improves patient outcome.

Aims & Objectives :
To evaluate the predictive value of the preoperative Modified Frailty Index (mFI) for postoperative complications in patients with endometrial carcinoma and to compare its predictive accuracy with the ASA classification.

Materials & Methods :
A prospective observational study conducted on 48 patients (after a 10% dropout rate), with 95% confidence level, 80% power, and 5% standard error, based on disease prevalence. Inclusion criteria: 1. Histologically confirmed primary endometrial carcinoma (Stage I–IIIA). 2. Patients undergoing surgery as primary treatment. Exclusion criteria: 1. Patients requiring primary chemoradiation or presenting with extrauterine disease (Stage IIIB or higher). 2. Patients who received chemotherapy or radiotherapy before surgery.

Results :
Among the 48 participants, the mean age was 58.6 years, majority (47.9%) aged between 51–60 years. Most patients were overweight (35.4%) or obese (37.5%), and comorbidities included hypertension (62.5%) and diabetes mellitus (60.4%). A majority were classified as ASA Grade 2 (72.9%), and 62.5% were diagnosed with Stage IA–IB disease. Regarding frailty, 41.7% had an mFI score of 1, 25.0% had a score of 2, and 22.9% had a score ≥3.

Conclusion :
The preoperative Modified Frailty Index is a reliable tool for predicting severe postoperative complications in patients with endometrial carcinoma. It demonstrated slightly superior predictive value compared to the ASA physical status classification. Patients with an mFI score ≥3 and those with non-endometrioid histology are at significantly higher risk for severe complications and may benefit from targeted perioperative optimization.

Abstract ID: GO/OP/27

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Abstract Title:
MOLECULAR AND HISTOLOGICAL RESPONSES OF DISORDERED PROLIFERATIVE AND NON ATYPICAL ENDOMETRIAL HYPERPLASIA TO LEVONORGESTREL INTRAUTERINE SYSTEM THERAPY A PROSPECTIVE STUDY

Introduction :
Endometrial Hyperplasia (EH) and disordered proliferative endometrium (DPE) are precursors to endometrial carcinoma. molecular markers PAX2 and PTEN may predict disease progression and therapeutic response. LNG IUS is a first line conservative treatment, but data on its impact on these molecular markers in non atypical lesions are limited .

Aims & Objectives :
To evaluate histological and molecular changes in DPE and non atypical EH following LNG IUS therapy, focusing on PAX2 and PTEN expression patterns.

Materials & Methods :
A prospective hospital based study including 140 women, presenting with AUB at Smt. Sucheta Kripalani hospital and Lady Hardinge Medical College, New Delhi (April 2024-September 2025). Endometrial Biopsy were classified as DPE (N=90) and EH without atypia (N=50). Cases demonstrating PAX2 and or PTEN loss were further categorised as reduced expression, focal loss, variable loss and global loss. All patients received LNG IUS therapy and were reassessed after three months for histologic and molecular outcomes.

Results :
Most cases of DPE (78%) and EH without atypia (80%) retained normal PAX2 and PTEN expression. isolated or combined marker loss occurred in 22% cases of DPE and 20% cases of EH without atypia. LNG IUS induced complete molecular regression in all isolated cases, where combined loss cases showed partial recovery. histological regression generally paralleled molecular normalisation.One EH patient with persistent global loss progressed to EIN (endometrial intraepithelial neoplasia).

Conclusion :
LNG IUS is highly effective in inducing regression in non atypical EH and DPE.Combined or global PAX2 and PTEN loss identifies a high risk group, emphasising biomarkers for individual risk stratification and follow-up

Abstract ID: GO/OP/28

Presenter's Name: Dr. Shulia Lydia

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Abstract Title:
UTERINE DOPPLER FOR DIAGNOSIS OF ENDOMETRIAL DISEASE IN PERI MENOPAUSAL AND POSTMENOPAUSAL WOMEN

Introduction :
Transvaginal ultrasound and power doppler vascular patterns has increased the reliability of ultrasonographic diagnosis and differentiation of various endometrial pathologies.

Aims & Objectives :
To evaluate Doppler waveform of uterine artery and endometrial vessels in endometrial disease and comparison of Uterine artery and endometrial vessels Doppler with endometrial thickness.

Materials & Methods :
This cross-sectional analytical study included 40 perimenopausal and postmenopausal women aged 40 to 70 years with AUB or PMB attending or admitted to the Obstetrics and Gynecology department. Participants underwent transvaginal ultrasound for endometrial assessment, followed by Doppler evaluation of uterine arteries and endometrial vessels, with histopathological confirmation through endometrial biopsy.

Results :
In perimenopausal women, an endometrial thickness above 15 mm had high specificity and sensitivity for detecting pathology. In postmenopausal patients, uterine artery and endometrial vessel Doppler identified carcinoma even when endometrial thickness was less than 5 mm. Heterogeneous echogenicity and disruption of the endometrial-myometrial junction were strongly associated with malignancy. Both uterine artery and endometrial vessel doppler indices (PI and RI) progressively reduced from benign to malignant pathology, with uterine artery PI showing the highest diagnostic accuracy. Endometrial vessel Doppler findings of reduced PI, RI, and PSV, as well as distinct vascular patterns, further aided endometrial carcinoma detection.

Conclusion :
A threshold endometrial thickness >15 mm in perimenopausal women showed high specificity and sensitivity for pathology. Endometrial carcinoma demonstrated lower doppler indices (PI, RI, PSV), with distinct vascular and echogenic patterns. This study demonstrated that endometrial malignancy may be present even in cases with thin endometrial lining, highlighting the importance of combining morphological and vascular doppler,

Abstract ID: GO/OP/29

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Abstract Title:
COLPOSCOPIC EVALUATION OF UNHEALTHY CERVIX IN VIA POSITIVE WOMEN AND ITS CORRELATION WITH HISTOPATHOLOGY

Introduction :
Cervical cancer is a leading cause of cancer-related morbidity and mortality among women in low- and middle-income countries. Despite being preventable, it often presents at an advanced stage due to lack of awareness and limited access to effective screening tools.

Aims & Objectives :
To evaluate the diagnostic accuracy of colposcopy in detecting cervical lesions by correlating colposcopic findings with histopathological examination in VIA-positive women with an unhealthy cervix.

Materials & Methods :
This was a single centre cross-sectional study conducted over 18 months at a tertiary care centre in Bhopal, India. A total of 150 women with unhealthy cervix who tested positive on VIA were enrolled. Colposcopic examination was performed and findings were recorded using Modified Reid's Colposcopic Index. Directed biopsies were taken from suspicious areas and analysed histopathologically. Diagnostic accuracy of colposcopy was calculated using histopathology as the gold standard.

Results :
The most common presenting symptoms were vaginal discharge (40%) and lower abdominal pain (26%). Colposcopy detected premalignant or malignant lesions in 86 (57.3%) participants. Histopathology confirmed 78 (52%) true positives and 64 (42.6%) true negatives. Colposcopy showed a sensitivity of 100%, specificity of 88%, positive predictive value of 90%, negative predictive value of 100%, and overall diagnostic accuracy of 78.4%.

Conclusion :
Colposcopy is a highly sensitive and fairly specific diagnostic tool for evaluating cervical lesions in VIA-positive women. It can serve as a reliable method for early detection of cervical pre-malignant and malignant lesions in low-resource settings.

Abstract ID: GO/OP/30

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Abstract Title:
ASSESSMENT OF CLINICAL EPIDEMIOLOGY, TREATMENT PATTERNS AND OUTCOMES OF EPITHELIAL OVARIAN CANCER. A RETROSPECTIVE ANALYSIS FROM A TERTIARY CANCER CENTRE IN NORTH INDIA

Introduction :
Ovarian cancer (OC) is ranked as the third most common gynaecologic cancer in various Indian cancer registries. In India, OC is seen in the younger age group, with a median age < 55 years being reported by most of the studies. The majority of patients are diagnosed in advanced stage (70%-80%), where the long-term (10-year) survival rate is poor, estimated at 15%-30%.

Aims & Objectives :
This study aims to evaluate clinical epidemiology, treatment patterns, and survival outcomes in patients with epithelial ovarian cancer.

Materials & Methods :
This was a retrospective analysis of 117 patients of epithelial ovarian cancer patients who were treated at Lok Nayak Hospital, New Delhi over a period of 5 years, from January 2020 to June 2025.

Results :
The median age of patients diagnosed with epithelial ovarian cancer (EOC) was 52.5 years. The majority of patients were diagnosed at advanced stages FIGO III and IV, comprising a total of 75.1%. Chief complaints included abdominal pain, followed by abdominal distention, heaviness, or bloating. The median duration of follow-up was 27 months (with a standard deviation of ±9.175). The median 5year survival for stage I, II was 100% and for stage III, and IV was 81% and 67% respectively, and these differences were statistically significant.

Conclusion :
Ovarian cancer patients are often diagnosed in advanced stages III and IV, primarily due to late diagnosis and the presence of vague symptoms. Therefore, it's crucial to raise awareness among general physicians in rural healthcare settings and the public about the symptoms of ovarian cancer to facilitate early detection

Abstract ID: GO/OP/31

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Abstract Title:
ISOTHERMAL AMPLIFICATION BASED HIGH-RISK HUMAN PAPILLOMAVIRUS TESTING AS POINT-OF-CARE TEST FOR PRIMARY CERVICAL CANCER SCREENING

Introduction :
To scale up cervical cancer screening in India, there is need for a point-of-care HPV test using a cost-effective indigenous device suitable for various low-resource settings with varied infrastructure and trained workforce availability

Aims & Objectives :
The objective was to determine the sensitivity and specificity of isothermal amplification-based High-risk-HPV testing using an indigenous device as compared to that of Hybrid Capture II (HC-2).

Materials & Methods :
In this cross-sectional study, married women of 30-65 years of age eligible for screening were enrolled. Two endocervical samples were obtained from each participant- one sample was processed for isothermal amplification based HPV detection (16, 18, 45) using an indigenous point-of-care device in OPD, the result of which was available within 35 minutes; other sample was sent to laboratory for HC2 based HPV detection, and positive samples were processed for genotyping. The presence of positive results with any one of the two tests/ both tests were considered a screen-positive case which were followed by conventional colposcopy, and directed biopsy.

Results :
Of 733 cervical samples, the HR-HPV DNA test was positive in 130 (17.7%) women by HC2 and in 112 (15.3%) by isothermal amplification based test. The sensitivity and specificity of isothermal amplification based testing HPV-HR were 90% and 89%, respectively.

Conclusion :
Isothermal amplification based high-risk HPV testing results were comparable to that of HC2 and have the potential to be used as a cost-effective, point-of-care test for primary cervical cancer screening in varied resource settings.

Abstract ID: GO/OP/32

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Abstract Title:
SURGICO-PATHOLOGICAL PARAMETERS, TREATMENT PATTERNS, AND ONCOLOGICAL OUTCOMES IN UTERINE CANCER: AN. AMBISPECTIVE STUDY.

Introduction :
Uterine cancer is a common gynaecologic malignancy globally, with increasing incidence in developing countries.

Aims & Objectives :
Primary Objective: To provide real-world insights into clinical and surgico-pathological parameters, treatment patterns, and oncological outcomes of patients with uterine cancer. Secondary Objectives: To determine overall survival (OS) and progression-free survival (PFS) among different histopathological types of uterine cancer at one year, 3-year, and 5-year, and to describe correlation of prognosis/ recurrence with different histopathological types of uterine cancer.

Materials & Methods :
This ambispective observational study included 111 patients diagnosed with uterine cancer and treated at a tertiary care centre between January 2018 and December 2024. Data on demographic parameters, clinical presentation, imaging, histopathology, molecular profiling, treatment modalities, and survival were analyzed using SPSS v25. Kaplan-Meier analysis was used to estimate OS and PFS.

Results :
Median age was 57 years, majority were postmenopausal (83.78%). Most common presenting symptom was postmenopausal bleeding (69.37%). Endometrioid adenocarcinoma was predominant histological subtype (68.93%) in endometrial biopsy. Surgery was performed in 91.89% of cases. FIGO 2023 staging classified 56.36% as stage I. Low-grade endometrioid carcinoma was most predominant (66.67%) histopathological type in final histopathology. On IHC, P53 mutation and MMR deficiency was noted in 18 and 33 patients, respectively. Median OS was highest (59.667 months) for low-grade endometrioid carcinoma. Node positivity was associated with significantly poorer OS ($p=0.002$). Histological subtype significantly influenced PFS ($p=0.006$), with sarcomas having worst outcomes.

Conclusion :
Endometrioid histology is most common subtype. OS is favorable in early-stage and non-aggressive histologies. Node positivity and aggressive histology have a significant impact on prognosis.

Abstract ID: GO/OP/33

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Abstract Title:
IMMUNOHISTOCHEMICAL EXPRESSION OF CYCLIN D1 AND KI-67 IN HYPERPLASTIC AND NEOPLASTIC ENDOMETRIUM

Introduction :
Differentiation between hyperplastic and neoplastic endometrium is crucial for early diagnosis of endometrial carcinoma. Immunohistochemical markers such as Cyclin D1 and Ki-67 play significant roles in cell cycle regulation and proliferation, and their overexpression is implicated in endometrial carcinogenesis.

Aims & Objectives :
To evaluate the immunohistochemical expression of Cyclin D1 and Ki-67 in hyperplastic and neoplastic endometrium and correlate their expression with clinicopathological parameters.

Materials & Methods :
A cross-sectional analytical study was conducted on 40 women aged 30–70 years presenting with abnormal uterine bleeding at tertiary health care center. Endometrial samples were categorized as hyperplasia without atypia, hyperplasia with atypia, and carcinoma. Immunohistochemistry for Cyclin D1 and Ki-67 was performed and scored semi-quantitatively. Statistical analysis was done using Fisher's Exact Test, with $p<0.05$ considered significant.

Results :
Among 40 cases, 12 (30%) had hyperplasia without atypia, 8 (20%) hyperplasia with atypia, and 20 (50%) endometrial carcinoma. Cyclin D1: High expression (Grade 2/3) was seen predominantly in endometrial carcinoma (90%) compared to hyperplasia with atypia (20%) and without atypia (0%). The difference was statistically significant ($p<0.001$). Ki-67: High-grade expression (Grade 3/4) was observed in 90% of endometrial carcinomas and 50% of hyperplasia with atypia cases, showing a significant association with endometrial carcinoma ($p=0.001$).

Conclusion :
Cyclin D1 and Ki-67 are significantly overexpressed in neoplastic endometrium compared to hyperplastic endometrium. Their combined evaluation serves as a valuable adjunct in differentiating benign from malignant endometrial lesions and may aid in predicting tumour aggressiveness and guiding management.

Abstract ID: GO/OP/34

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Abstract Title:
HUMAN PAPILLOMA VIRUS IN URINE: CAN WE RETHINK CERVICAL CANCER SCREENING?

Introduction :
High-risk human papillomavirus (HPV) testing is central to cervical cancer screening due to its high sensitivity and strong negative predictive value. However, dependence on clinician-collected cervical samples may reduce screening uptake, especially among women uncomfortable with pelvic examinations or with limited access to gynecologic services. Urine-based HPV DNA testing offers a non-invasive, acceptable alternative. This study evaluates diagnostic agreement between urine and cervical sampling for high-risk HPV detection.

Aims & Objectives :
To assess concordance, diagnostic performance, and feasibility of urine-based high-risk HPV DNA detection compared with clinician-collected cervical specimens.

Materials & Methods :
A cross-sectional study was conducted at Sant Parmanand Hospital involving 240 women aged ≥30 undergoing routine screening. Paired urine and cervical samples were analyzed for high-risk HPV DNA. Concordance was assessed using Cohen's kappa coefficient, with significance at $p < 0.05$.

Results :
Of 240 participants, 26 cervical samples (10.83%) tested positive for high-risk HPV DNA. Among these, 19 corresponding urine samples were positive. Cohen's kappa showed substantial agreement (≈0.75) between methods, and this association was statistically significant ($p < 0.001$). No false-positive urine results were observed, indicating high specificity.

Conclusion :
Urine-based high-risk HPV DNA testing shows substantial concordance with cervical sampling and offers a convenient, non-invasive option. Its high specificity and acceptability support its role in outreach screening, particularly in low-resource or screening-averse settings. However, moderate sensitivity limits its use as a standalone tool. Integration into self-sampling strategies may improve early detection, compliance, and population coverage while complementing conventional cervical screening.

Abstract ID: GO/OP/35

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Abstract Title:
EFFICACY OF COLPOSCOPY AND CERVICAL CYTOPATHOLOGY IN DETECTING CERVICAL PRECANCEROUS AND CANCEROUS LESIONS

Introduction :
Cervical cancer remains major health concern, presenting significant global burden in low and middle-income countries where organized screening programs are limited. Cervical cytology introduced in the mid-20th century played a pivotal role in reducing cancer mortality in high-income countries through Pap smear screening. However, its limited sensitivity (51–72.1%), prompted the introduction of adjunctive diagnostic methods such as colposcopy and HPV DNA testing.

Aims & Objectives :
To evaluate and compare the efficacy of cervical cytopathology (Pap smear) and colposcopy in detecting pre-cancerous and cancerous lesions of the cervix. Objective: To study findings of Pap smear and colposcopy in females of age group 21-65years.

Materials & Methods :
This was a observational descriptive cross-sectional study over a period of 2years among 110 women aged 21 to 65 years with symtoms of discharge pv ,intermenstrual bleeding and post menopausal bleeding,post coital bleeding who attended the obsgyne department at KNMH.Each participant underwent both Pap smear and colposcopy. Findings were correlated with biopsy reports, which were taken as the gold standard.

Results :
Out of 110 women screened, 84% showed abnormal cytology on Pap smear and 86% had abnormal colposcopic findings. On histopathology, 44% had pre-cancerous (CIN I–III) and 40% had malignant lesions. Sensitivity and specificity of Pap smear were 51.69% and 44.44%, respectively, whereas colposcopy showed 67.42% sensitivity and 72.22% specificity. When both methods were combined, the diagnostic accuracy improved significantly.

Conclusion :
Colposcopy is more sensitive in detecting pre-cancerous and cancerous cervical lesions , while Pap smear remains a simple and cost-effective screening tool. Combining both modalities enhances diagnostic accuracy in detecting cervical cancer.

Abstract ID: GO/OP/36

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Abstract Title:
HOW MOLECULAR STAGING REDEFINED ADJUVANT DECISIONS AND DELAYED THE CLOCK IN ENDOMETRIAL CANCER: PRECISION VS PRACTICALITY

Introduction :
The 2023 FIGO revision for endometrial carcinoma integrates molecular and histopathological predictors to improve prognostic precision. Translating this framework into routine clinical workflows, however, may introduce delays and logistical challenges.

Aims & Objectives :
To compare stage distribution between FIGO-2009 and FIGO-2023, assess changes in adjuvant-therapy recommendations, and evaluate the time and cost implications of molecular testing.

Materials & Methods :
A prospective observational study was conducted on 35 patients with surgically managed endometrial carcinoma (2019–2024). Each case was restaged concurrently under FIGO-2009 and FIGO-2023. Immunohistochemistry for mismatch repair (MMR) and p53 was performed in all; POLE testing was selectively outsourced. Adjuvant-therapy recommendations were reviewed using ESGO-ESTRO-ESP 2025 guidelines. Timelines from histopathology report to multidisciplinary-team (MDT) decision and adjuvant initiation were prospectively recorded.

Results :
Median age 60.5 years (IQR 8.8); 80 % postmenopausal. Endometrioid histology 70 %, grades I/II/III 39 %, 39 %, 9 %. Stage migration occurred in 25 %, mainly IB→II (upstaged by LVSI or cervical involvement). Adjuvant recommendations changed in 14 %. Molecular testing extended MDT finalization to 21 days (IQR 14–28) vs 8 days without testing. Incremental cost per changed adjuvant decision ≈ ₹ 11 000.

Conclusion :
Molecular restaging under FIGO-2023 redefined risk stratification and adjuvant decisions but introduced clinically relevant delays. Balancing precision vs practicality, an “IHC-first, selective-POLE” approach with structured MDT timelines can enable timely adoption of precision staging in Indian oncology practice.

Abstract ID: GO/OP/37

Presenter's Name: Dr. Srilekhya Chilukuri

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Country: India

Abstract Title:
COMPARATIVE STUDY OF AI-INTEGRATED PORTABLE COLPOSCOPE AND PAP CYTOLOGY FOR CERVICAL CANCER SCREENING

Introduction :
Cervical cancer remains a leading cause of morbidity and mortality among women in developing countries, primarily due to delayed detection. Conventional cytology (Pap smear) screening requires laboratory infrastructure and expert cytopathologists, often limiting its accessibility. Colposcopy aids in identifying cervical dysplasia and guiding biopsy, but interpretation can vary with observer experience. The integration of artificial intelligence (AI) into portable colposcopy offers a promising alternative by enhancing diagnostic accuracy, enabling real-time evaluation, and reducing dependency on specialist expertise.

Aims & Objectives :
To compare the diagnostic accuracy of an AI-integrated portable colposcope (Gyneye) with Pap cytology in detecting precancerous and cancerous cervical lesions.

Materials & Methods :
Ninety-one women in the Department of OBG, JSS Hospital, fulfilling inclusion criteria underwent detailed history taking, clinical examination, Pap smear, and AI-assisted colposcopy using Gyneye. Cervical images before and after application of 3% acetic acid and Lugol's iodine were captured. Observers were blinded to each other's findings. Biopsy was performed for cases testing positive by either method. Diagnostic accuracy and interobserver agreement were analyzed.

Results :
Among 91 participants, the AI-integrated colposcope classified 22.7% as abnormal compared to 17.5% by Pap cytology, showing higher detection of suspicious lesions.

Conclusion :
The AI-integrated portable colposcope demonstrates significant potential as an effective cervical cancer screening tool, particularly in low-resource or community settings. It offers immediate reporting, reduces manpower needs, enhances early detection, and minimizes loss to follow-up—making it a valuable complement or alternative to conventional cytology.

Abstract ID: GO/OP/38

Presenter's Name: Dr. Maney Deepthi Chandana

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Abstract Title:
HISTOPATHOLOGICAL SPECTRUM OF OVARIAN TUMORS: A RETROSPECTIVE STUDY AT A TERTIARY CARE HOSPITAL

Introduction :
Among gynecological malignancies, ovarian tumors remain the leading cause of mortality due to their asymptomatic nature and late clinical presentation. Accurate histopathological evaluation is essential for diagnosis, classification, and management. This study aimed to analyze the histopathological spectrum of ovarian neoplasms as per the World Health Organization (WHO) classification at a tertiary care hospital. Objective: To determine the histological patterns, clinical presentation, and age distribution of ovarian neoplasms.

Aims & Objectives :
To determine the histological patterns, clinical presentation, and age distribution of ovarian neoplasms.

Materials & Methods :
retrospective study was conducted at Government General Hospital, Kakinada, from November 2024 to October 2025. A total of 100 ovarian tumor cases were included after excluding functional cysts. Clinical data regarding age, parity, presenting symptoms, and imaging findings were collected. The excised specimens were subjected to histopathological examination and categorized according to the WHO classification.

Results :
Of the 100 ovarian tumors studied, 88 (88%) were benign, 7 (7%) borderline, and 5 (5%) malignant. The highest incidence was noted in the 40–59-year age group. Most patients were asymptomatic (37%), followed by abdominal pain (28%) and abdominal mass (20%). Serous cystadenoma was the most common benign tumor, while serous cystadenocarcinoma was the predominant malignant lesion

Conclusion :
Benign epithelial tumors were the most frequent ovarian neoplasms, followed by borderline and malignant tumors. Histopathology remains the cornerstone for distinguishing benign from malignant lesions, guiding therapeutic decisions, and improving survival outcomes. Early detection and proper classification are crucial for better prognosis in patients with ovarian tu

Abstract ID: GO/OP/39

Presenter's Name: Dr. Reshma

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Abstract Title:
COMPRASION OF 2 DIMENSIONAL VS 3 DIMENSIONAL CT WITH VOLUME RENDERING IN PREOPERATIVE EVALUATION OF DISEASE EXTENT IN EPITHELIAL OVARIAN CANCER

Introduction :
Ovarian cancer is the leading cause of death among gynaecological malignancies and has a lifetime risk of about 2%. Accurate assessment of tumour burden before surgery is crucial to prevent suboptimal cytoreduction and help gynaecologists select the appropriate primary treatment modality.

Aims & Objectives :
AIM-To assess and compare disease extent using 2D and 3D CECT images in preoperative evaluation of epithelial Ovarian Cancers PRIMARY OBJECTIVE To compare radiological PCI of 2D CT and 3D CT with surgical PCI SECONDARY OBJECTIVES To compare surgical, 3D and axial PCI scores for predictability for CC0 cytoreduction

Materials & Methods :
This prospective cross-sectional study was conducted from April 2023 – November 2024 for 30 cases of HGSOC post chemotherapy.

Results :
Axial CT-based PCI yielded a mean score of 6.3 ± 3.68, while the mean surgical PCI score was 8.23 ± 6.02. This difference was statistically significant ($p = 0.004$). The 3D CT PCI with VRT provided a mean score of 7.03 ± 4.28 mean surgical PCI score was 8.23 ± 6.02. The difference was not statistically significant $p = 0.01$. AUC for predicting CC0 resection was best with surgical PCI score >10/39(AUC-0.78), then by 3DCT PCI, PCI >7/39 (AUC-0.76) followed by axial PCI score, PCI>6/39 (AUC-0.73)

Conclusion :
Over axial CT was observed, 3D CT demonstrated enhanced detection of tumour deposits in key regions. These findings suggest that 3D CT may enhance surgical planning and improve disease mapping, especially in complex cases requiring complete cytoreduction.

Abstract ID: GO/OP/40

Presenter's Name: Dr. Anagha S Bagi

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Abstract Title:
EVALUATION OF ADNEXAL MASSES USING OVARIAN ADNEXAL REPORTING AND DATA SYSTEM ULTRASOUND

Introduction :
Accurate preoperative characterization of ovarian and other adnexal masses is essential to align management with malignancy risk. Likely benign lesions are suited to conservative or expectant care, whereas prompt referral to a gynecologic oncologist for suspected malignancy improves outcomes. The goal is to optimize ovarian cancer outcomes while avoiding unnecessary operations, minimizing surgical morbidity, and preserving hormonal function in low risk patients according to O-RADS US.

Aims & Objectives :
Evaluation, management and INCIDENCE OF VARIOUS OVARIAN AND ADNEXAL MASSES IN REPRODUCTIVE, PERIMENOPAUSAL & POST MENOPAUSAL AGE GROUP EVALUATION & RISK STRATIFICATION OF OVARIAN AND ADNEXAL MASSES USING O-RADS SCORING HISTOPATHOLOGICAL

Materials & Methods :
Prospective observational study (n=180), conducted Nov 2022 to May 2024 at a tertiary care teaching hospital (Dept. of OBGY, Heritage Institute of Medical Sciences, Varanasi).

Results :
The study of 180 ovarian tumor patients (mean age 32.36; SD 11.63; range 19 to 59) found 77 percent benign and 23 percent malignant. Benign tumors predominated under 40; malignancy rose after 40, especially 51 to 60 with 66.7 percent malignant. Malignancy was 5.7 percent at 31 to 40, none at 21 to 30, and 20 percent of malignancies occurred at 11 to 20. Labourers and homemakers were common; abdominal pain and distension were frequent. Papillary serous cystadenocarcinoma led (26.1 percent malignant; 6 percent overall). With CA125 less than 35, 96 percent were benign; at least 35, 42 percent malignant.

Conclusion :
Prospective observational study (n=180), conducted Nov 2022 to May 2024 at a tertiary-care teaching hospital (Dept. of OBGY, Heritage Institute of Medical Sciences, Varanasi).

Abstract ID: GO/OP/41

Presenter's Name: Dr. Bhakti Agrawal

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Abstract Title:
SERIAL B-HCG MONITORING IN PREDICTING RISK OF POST-MOLAR GTN

Introduction :
Gestational trophoblastic diseases include placental disorders resulting from abnormal trophoblastic proliferation. Hydatidiform mole is the most common form, with 15-20% progressing to post-molar GTN, detected through β-HCG monitoring.

Aims & Objectives :
To compare median β-HCG levels and ratios at defined time points between GTN and Regression groups; and to assess their predictive ability for GTN development.

Materials & Methods :
Women diagnosed with GTN following molar evacuation were classified into the GTN group, while those with spontaneous regression formed the Regression group. Clinical records were reviewed for β-HCG levels at time points: pre-evacuation, post-evacuation 48 hours, week 1, and week 2. β-HCG ratios (pre-evacuation/week 1, week 1/week 2, and pre-evacuation/week 2) were calculated and compared.

Results :
Pre-evacuation β-HCGs were comparable between groups and did not predict GTN progression.However, post-evacuation β-HCGs at 48 hours, week 1, and week 2 were significantly higher in women who developed GTN ($p < 0.001$); while median β-HCG ratios pre-evacuation/week 1, week 1/week 2 and pre-evacuation/week 2 were markedly lower ($p < 0.001$). ROC analysis established cutoffs of β-HCG levels and ratios at the defined time points for the prediction of GTN, and identified β-HCG ratios as superior predictors compared to absolute β-hCG values, with the pre-evacuation/week 2 ratio showing the highest diagnostic accuracy (91.67%).

Conclusion :
This study highlights the critical role of serial β-HCG monitoring and ratio trends in predicting the risk of post-molar GTN. β-HCG ratios demonstrated superior diagnostic performance compared to absolute β-HCG values, serving as a simple, cost-effective, and early predictive tool to identify women at higher risk of developing GTN.

Abstract ID: GO/OP/42

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Abstract Title:
URBAN–RURAL DIFFERENCES IN KNOWLEDGE, ATTITUDE, AND AWARENESS OF HUMAN PAPILLOMAVIRUS INFECTION AND VACCINE AMONG ADOLESCENT GIRLS: A CROSS-SECTIONAL STUDY

Introduction :
Cervical cancer is the fourth most common cancer among women globally, with an estimated 604,000 new cases and 342,000 deaths annually. Although HPV vaccination is a proven and effective preventive measure, its uptake in India remains low, largely due to limited awareness, sociocultural barriers, and cost.

Aims & Objectives :
To assess and compare the knowledge, attitude, willingness, and perceived barriers related to HPV infection and vaccination among urban and rural school girls.

Materials & Methods :
A cross-sectional comparative study was conducted from January to July 2025 among 200 adolescent girls (100 urban and 100 rural) aged 12–17 years, attending the outpatient department of a tertiary care center. Participants were selected using purposive sampling. Data were collected using a pre-tested structured questionnaire in three phases: baseline knowledge assessment, a standardized 20-minute educational intervention, and post-intervention evaluation of knowledge, attitude, willingness, and barriers.

Results :
Urban participants demonstrated significantly higher levels of HPV-related knowledge compared to rural participants (good knowledge: 48% vs. 7%, $p < 0.001$). Positive attitudes toward HPV vaccination were also more prevalent among urban girls (45% vs. 6%, $p < 0.001$). Willingness to receive the vaccine remained low overall but was absent among rural participants.

Conclusion :
Substantial disparities exist between urban and rural adolescent girls in terms of HPV knowledge, attitude, and vaccine acceptance. Education, socioeconomic status, and access to health information significantly influence awareness levels. Targeted school-based educational initiatives and subsidized vaccination programs are urgently needed to bridge this gap and enhance HPV vaccine uptake among adolescents in India.

Abstract ID: GO/OP/43

Presenter's Name: Dr. Sampada Kundal

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Abstract Title:
FEASIBILITY AND IMPACT OF A STRUCTURED YOGA PROGRAM ON QUALITY OF LIFE IN WOMEN WITH EPITHELIAL OVARIAN CANCER

Introduction :
Ovarian cancer survivorship is often complicated by treatment-related sequelae such as fatigue, anxiety, and impaired quality of life (QOL). Integrative interventions such as yoga have shown benefits in breast and other cancer survivors, but evidence among ovarian cancer survivors remains limited.

Aims & Objectives :
This study evaluated the impact of yoga on cancer-related fatigue (CRF) among epithelial ovarian cancer survivors.

Materials & Methods :
This prospective, randomised controlled pilot trial was conducted at a tertiary care hospital between August 2023 and June 2025. It included 60 ovarian cancer survivors who were randomised (1:1) to yoga (n=30) and control arm (n=30). Yoga arm performed structured, validated yoga module comprising supervised sessions twice weekly and home practice three times weekly over 12 weeks, while the control arm received routine care. CRF was measured using the modified Brief Fatigue Inventory.

Results :
Baseline Modified BFI scores were comparable between the yoga and control arms (19.8 ± 8.0 vs 16.1 ± 5.7; $p = 0.08$). After 12 weeks, a significant decline was observed in the yoga arm (16.6 ± 6.0; $p = 0.01$) compared to a non-significant change in controls (18.1 ± 5.1; $p = 0.25$). Within the yoga group, significant improvements occurred in “fatigue now” ($p = 0.004$), “walking ability” ($p = 0.005$), “relations” ($p = 0.003$), “enjoyment of life” ($p = 0.005$), and “overall fatigue” ($p = 0.05$).

Conclusion :
This study demonstrates that a structured yoga intervention significantly reduces fatigue and improves multiple quality-of-life domains among epithelial ovarian cancer survivors compared to controls

Abstract ID: GO/OP/44

Presenter's Name: Dr. Riddhika Bharihoke

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Abstract Title:
CORRELATION OF CLINICAL, ULTRASONOGRAPHIC AND BIOCHEMICAL MARKERS WITH HISTOPATHOLOGY OF OVARIAN MASSES IN RURAL HOSPITAL SETUP

Introduction :
The presence of ovarian masses is frequently observed in routine clinical settings and can be discovered either by chance or via the evaluation of individuals presenting with symptoms. The characterization of an ovarian lesion poses a diagnostic issue, which has significant relevance in the preoperative context for the purpose of devising appropriate treatment interventions and potentially impacting patient care

Aims & Objectives :
This study is aimed to correlate the diagnostic accuracy of clinical, ultrasonographic and biochemical markers of ovarian tumors with histopathological findings.

Materials & Methods :
STUDY DESIGN: The study was conducted as an observational study. DURATION:24 months (March 2022-march 2024) STUDY POPULATION: The study included female patients who had clinically suspected ovarian masses. Statistical analysis: For assessing associations between variables, the chi-square test was applied to examine relationships between categorical variables. For example, this test was used to investigate the association between clinical symptoms and histopathological outcomes. T-tests were employed to compare means between two groups, such as comparing variables in patients with different types of ovarian masses. The study employed Pearson correlation analysis to explore the relationships between continuous variables.

Results :
Our study's findings with the combined predictive values of biomarkers CA125, CEA, CA19-9, and USG score (RMI) in detecting ovarian masses we found the combined sensitivity is 98.8%, and specificity is 50%.Consistency: Solid consistency is highly indicative of malignancy in ovarian masses, as evidenced by high sensitivity in the present study.

Conclusion :
Overall, the study highlights the importance of comprehensive clinical, ultrasonographic, biochemical, and histopathological evaluations in diagnosing and managing ovarian masses.

Abstract ID: GO/OP/45

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Abstract Title:
IMPACT OF HEREDITARY GYNAE CANCER CLINIC INITIATIVE IN A TERTIARY CARE TEACHING HOSPITAL IN NORTH INDIA

Introduction :
Hereditary gynaecological cancers and syndromes significantly increase the risk of early-onset cancers particularly HBOC and Lynch Syndrome. Ovarian cancer is familial in 10-14%, mostly due to BRCA1 and 2 mutations. Screening is recommended through genetic testing that benefits through Risk reducing salpingo oophorectomy and mastectomy. However, there is paucity of Indian data on hereditary cancers. Hence, a Hereditary Gynae Cancer Clinic (HGCC) was established for creating awareness, performing risk assessment, counselling and genetic testing with support of KolGOTRG who trained our nurses. We hereby present outcome of this initiative through 100 women counselled over 18 months.

Aims & Objectives :
To estimate the acceptance and outcome of genetic counselling through HGCC initiative

Materials & Methods :
Data of 100 women was collected from records of HGCC. Details regarding their personal, family, surgical, and medical history were tabulated for demographic factors, risk assessment criteria, acceptance for genetic testing, genetic mutation detected and delay between counselling and testing. The results are presented as percentages and mean.

Results :
Out of 100 cases studied, 84 had HGSC of Ovary, 11 had breast cancer and 5 had family history of either. 38 women underwent BRCA testing of whom 11 had mutations (6- BRCA1, 4- BRCA2 and 01- both) . The mean delay between counselling and testing was 120 days. No significant difference was found in genetic testing uptake with age, literacy, residence or religion. Only two positive cases had a family history of such cancers .

Conclusion :
The high genetic testing acceptance (38%) and mutation rate (28.9%) emphasise the role and impact of HGCC initiative

Abstract ID: GO/OP/46

Presenter's Name: Dr. Rakhi

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Abstract Title:
SIGNIFICANCE OF HPV VIRAL LOAD AS A PREDICTOR OF SEVERITY OF CERVICAL INTRAEPITHELIAL LESION

Introduction :
Primary HPV screening is recommended by WHO for all resource settings. While interpreting the HPV test report, the significance of HPV viral load in the detection of cervical lesions is not clear.

Aims & Objectives :
The present study was conducted with an aim to evaluate the significance of HPV viral load as a predictor of the severity of cervical intra-epithelial neoplasia (CIN).

Materials & Methods :
A retrospective study was conducted in the Department of Obstetrics & Gynaecology, AIIMS New Delhi. The women who were screen positive using Hybrid capture 2 HPV test were recruited. High-risk HPV (hrHPV) viral load of more than 1.0 RLU/Cut off was considered positive. Viral load was divided into low (RLU ≤ 10), moderate (RLU 11-<100) and high (RLU >100). Women with positive HPV test underwent colposcopy and guided biopsy. The grade of CIN was assessed in relation to quantitative HPV viral load.

Results :
348 HPV positive women were recruited in the study and underwent colposcopy and guided biopsy. CIN 1 was detected in 97 (27.9%) patients, CIN 2 in 14 (4.0%), CIN 3 in 40 (11.5%) and invasive cancer in 06 (1.7%) patient on histopathology. There was significant association between high HPV viral load with grade of CIN (p 0.001). CIN 2, CIN 3 and invasive cancer was present in 7%, 23.0% and 5% women with high viral load as compared to 0.6%, 1.3% and 0.6% women with low viral load respectively.

Conclusion :
Severity of grade of CIN and chances of invasive cancer increases with rise in HPV viral load.

Abstract ID: GO/OP/47

Presenter's Name: Dr. Nabnita Patnaik

Co-Author(s):
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Country: India

Abstract Title:
ASSESSING KNOWLEDGE, ATTITUDES, AND PERCEPTIONS OF PERSONALIZED RISK-STRATIFIED CERVICAL CANCER SCREENING AMONG INDIAN WOMEN USING THE COM-B FRAMEWORK: A MIXED-METHODS STUDY

Introduction :
Cervical cancer is one of the leading causes of cancer mortality among Indian women, despite being largely preventable through vaccination and screening. Awareness and uptake of screening methods such as Pap smear, VIA, and HPV testing remain low due to limited knowledge, access, and social barriers. This study assessed the capability, opportunity, and motivation influencing cervical cancer screening behaviour among women in Hyderabad.

Aims & Objectives :
To evaluate women's knowledge, access, and motivation regarding cervical cancer screening, and to identify factors associated with screening uptake and willingness to participate in a risk-stratified screening program.

Materials & Methods :
A mixed-methods study was conducted among 430 women aged 18–60 years. Quantitative data were collected using a validated questionnaire based on the COM-B model, and analyzed using descriptive statistics, chi-square tests, and multivariable logistic regression. Qualitative data from in-depth interviews and focus group discussions were analyzed thematically to explore barriers and facilitators to screening.

Results :
Mean age of participants was 36.8 ± 10.2 years; 78.4% were married and 62.3% lived in urban areas. Only 39.5% could identify major risk factors, and 22.3% had ever undergone cervical screening. Higher knowledge, supportive social environment, and positive motivation were independently associated with screening uptake. Qualitative themes highlighted fear, stigma, and limited access as major barriers, but strong willingness to attend free, private, and doctor-recommended screening

Conclusion :
Low awareness and social barriers limit cervical cancer screening among women in Hyderabad. Targeted education and risk-stratified screening models may improve participation and early detection.

Abstract ID: GO/OP/48

Presenter's Name: Dr. Prerna Lakhwani

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Abstract Title:
CANCER VULVA MANAGEMENT - A CASE SERIES AT TERTIARY CANCER CENTER

Introduction :
Vulvar cancer is uncommon, representing about 4% of malignancies of the female genital tract and 0.6% of all cancers in women . Squamous cell carcinoma accounts for about 90% of all primary vulvar malignancies. There is miniscule clinical data on the female genital tract melanomas thus making them very rare cancers with prognosis being very poor.

Aims & Objectives :
The aim of this study was to correlate the risk factors, treatment protocols and the outcome of vulvar cancer cases over a period of 5 years in a tertiary care hospital.

Materials & Methods :
This is a case series of early-stage vulvar cancer in the Department of Surgical Oncology in Fortis Hospital Shalimar Bagh from Jan 2021 to date. Seven patients with histologically proven diagnosis of early-stage vulvar cancer were included

Results :
The mean age for the diagnosis of vulvar cancer was 57 years and the peak incidence was seen in postmenopausal age group. All of the cases were SCC in early stage except one which was a Vulvar Melanoma. All cases were treated primarily with surgery and vulvar flap reconstruction. Adjuvant therapy was given in only one case. Cases were followed from 6 months to date, and two recurrences and two mortalities noted.

Conclusion :
Surgical treatment in the form of modified radical vulvectomy with B/L inguinofemoral lymph node dissection and oncoplastic procedure in 6 cases and wide local excision with sentinel lymph node mapping in 1 case was the treatment modality chosen. I acknowledge the limitations of my study as it had less number of patients.

Abstract ID: GO/OP/50

Presenter's Name: Dr. Vandana

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Abstract Title:
IMPACT OF COUNSELLING ON DEPRESSION, ANXIETY, STRESS, AND SEXUAL FUNCTION IN WOMEN WITH GYNECOLOGICAL CANCERS- AN OBSERVATIONAL STUDY

Introduction :
Gynecological cancers impose profound physical, psychological, and sexual health burdens on women.

Aims & Objectives :
This study aimed to evaluate the impact of structured counselling and call-recall interventions on psychological wellbeing, sexual function, and supportive care needs among women treated for gynecological cancers.

Materials & Methods :
A prospective observational study was conducted over 18 months at the Gynaecologic Cancer Care Unit of a tertiary care center in Northern India .Total 187 women treated for gynecological cancers were enrolled. Women aged ≥18 years with histopathologically confirmed ovarian, cervical, endometrial, vulvar, vaginal cancers, or gestational trophoblastic neoplasia who had completed definitive treatment were enrolled. Sociodemographic and clinical data were collected, and baseline assessment was performed using the Female Sexual Function Index (FSFI), Depression Anxiety Stress Scales-21 (DASS-21), and Supportive Care Needs Survey-Short Form 34 (SCNS-SF34). Participants received a 30–45 minute structured counselling session addressing follow-up care, sexual health, and emotional wellbeing, supplemented with educational materials. Reassessment was done at six months.

Results :
Mean age of patients was between 41–60 years, 43.3%patients developed malignancy, ovarian cancer was found in 47.1%, cervical cancer in 28.9% and gestational trophoblastic neoplasia in 16.6%. 43.9% patients reported no sexual activity while 11.2% showed sexual dysfunction. Post-counselling, significant improvement was observed in depression ($p = 0.001$), anxiety ($p = 0.032$), and stress ($p = 0.001$) levels. Mean SCNS-SF34 scores decreased from 88.03 ± 12.39 to 77.89 ± 13.63 (mean difference 10.15 ± 5.90, $p = 0.001$).

Conclusion :
Structured counselling and follow-up interventions significantly improved psychological wellbeing and supportive care. Integrating such interventions into standard oncology

Abstract ID: IO/OP/01

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Abstract Title:
EFFECT OF MIFEPRISTONE ON SERUM PROGESTERONE LEVEL AND MODIFIED BISHOP SCORE IN INDUCTION OF LABOUR AT A TERTIARY CARE CENTRE IN BIHAR, INDIA

Introduction :
A favorable cervix is a fundamental prerequisite for success of Induction of labor, required for facilitating safe and timely vaginal delivery.

Aims & Objectives :
To evaluate the efficacy of oral mifepristone in inducing labor by assessing changes in the Modified Bishop's score and serum progesterone levels.

Materials & Methods :
In this case-control study, 220 participants fulfilling the inclusion criteria were divided into 2 groups: Group A (Case) with Bishop's score <3 received 200 mg oral mifepristone and Group B (control) presented with spontaneous labor pain with cervical dilatation <3 cm. Both groups were compared in terms of change in Modified Bishop's score, serum progesterone levels, number of patient's went into active labor, mode of deliveries, indications of LSCS and neonatal outcomes.

Results :
In Case group, mean Bishop Score significantly increased from 2.98 to 6.69 ($p < 0.001$) and the mean change in serum progesterone level was -28.02 (22.90) ng/ml. There was significant difference between the two groups in terms of serum progesterone level ($t=-3.946$, $p=<0.001$) with the mean serum progesterone level being highest in the control group. There was no significant difference between the 2 groups in terms of the number of patients went into active labor, mode of deliveries, Indications of LSCS and neonatal outcomes.

Conclusion :
Mifepristone significantly enhances cervical ripening by significant changes in Modified Bishop scores and lowers serum progesterone levels and shortened labor intervals without increasing maternal or neonatal risk. Hence, mifepristone is a valuable adjunct in obstetric practice, especially for women requiring cervical ripening and induction of labor.

Abstract ID: IO/OP/02

Presenter's Name: Prof. Gowri Dorairajan

Co-Author(s):
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Abstract Title:
LOW-RISK PREGNANCY BACK REFERRAL" TRIAGE MODEL AT A TERTIARY CARE TEACHING INSTITUTE: AN ORGANISATIONAL MEASURE TO OPTIMISE RISK AND RESOURCES.

Introduction :
A high volume of childbirth in a referral centre reduces the quality of care for needy high-risk women. The annual childbirth rate in our hospital (a tertiary care referral and teaching institute) had increased to above 18000 straining our resources. We designed and implemented a risk appropriate referral system.

Aims & Objectives :
To report the steps in the implementation and impact of the triage model

Materials & Methods :
We analyzed our 2019 data and identified the adjoining districts that contributed to a high proportion of low-risk births. We had a round table discussion with the district's health administrators regarding triaging and its implementation We designed a triage room at outpatient entry level, drafted new documents for risk assessment and referral of the low-risk woman to the facility close to their homes. A robust two-way communication channel was established

Results :
The triage model was implemented from the 15th of December 2022.The childbirths reduced from 1800 per month in 2019 to 799 in 2024-25 (40% reduction). The bed occupancy rate of 130-150% dropped to 85-90%. There was a significant reduction in scar rupture among women with previous caesarean undergoing labour from 0.8% in 2019 to 0.2% in 2023). ($X2=6.42$, $p=0.01$) and the Stillbirth rates reduced from 16.9 to 14.8 per 1000 live births). Feedback survey of nurses and doctors revealed a 90% agreement in improvement in intrapartum monitoring, and patient satisfaction improved to more than 98%.

Conclusion :
A “low risk back referral triage model” is implementable and improves quality care of high-risk women in our tertiary care institute.

Abstract ID: IO/OP/03

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Abstract Title:
A FEASIBILITY STUDY TO ASSESS THE USABILITY, USEFULNESS, AND ADHERENCE TO STANDARD TREATMENT GUIDELINES IN INDIAN HEALTHCARE SETTINGS WITH THE USE OF "AREZZO®"- A DECLARATIVE ARTIFICIAL INTELLIGENCE BASED CLINICAL DECISION SUPPORT SYSTEM AND PATHWAY TECHNOLOGY

Introduction :
Maternal health is a key indicator of equitable healthcare. In India, Antenatal Care coverage is critically low, with only 21% of women receiving full check-ups. Primary Healthcare Centers face severe strain due to limited resources and poor service adherence. Task-shifting to frontline workers, supported by technology like Clinical Decision Support Systems (CDSS), offers a promising solution. Arezzo® provides an AI-driven, evidence-based tool to strengthen guideline adherence, and improve care pathways.

Aims & Objectives :
We aimed to test the validity and accuracy of Arezzo® after adapting to Indian Standard Treatment Guidelines (STG) for various levels of care in maternal health, along with testing the feasibility of App through a Pilot intervention. We evaluated app usability, usefulness and adherence to STGs.

Materials & Methods :
The study was conducted in two phases: Phase I involved content validity and reliability testing after adaptation of STG to Computer Interpretable Guidelines. Phase II was carried out at district where health workers used Android tablets with the AMRIT app integrated with Arezzo® to deliver maternal health interventions.

Results :
Phase 1 confirmed validity and reliability of digitized guidelines, with AI-enabled individualized care pathways maintaining complete fidelity to STGs. Phase 2 demonstrated high positivity rates for usability (76%), usefulness (80%), and overall satisfaction (76%). Adherence to maternal STG indicators (77%) was achieved (95% CI: 65.0 – 89.6) with statistically significant mean adherence.

Conclusion :
Clinical Decision Support System empowered frontline workers, enhanced knowledge, improved referrals, and demonstrated strong potential for task-shifting and continuum of care.

Abstract ID: IO/OP/04

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Abstract Title:
EXPERIENCE OF ROBOTICALLY ASSISTED SURGERY FOR ENDOMETRIOSIS USING A NOVEL SYSTEM IN A ROBOTIC SURGERY CENTRE

Introduction :
Endometriosis is a chronic condition affecting approximately 10% of women and advent of robotic-assisted laparoscopic surgery has enabled more complex procedures to be performed minimally invasively. Robot-assisted endometriosis excision using the Da Vinci X system is a novel approach.

Aims & Objectives :
The aim of this study is to describe its setting and outcomes in a series of patients in a robotic surgery center.

Materials & Methods :
Case-series study included 17 patients enrolled retrospectively who were managed robotically for endometriosis between May 2024 and March 2025. All data were expressed as mean ± standard deviation (SD) or median and interquartile range (IQR). Student's t-test was used for comparison. A p value < 0.05 was considered statistically significant.

Results :
Disease-specific symptoms before and after surgery, endometriosis stage,intraoperative variables, early post-operative complications (<30 days) and follow-up (up to 3 months) and system setup were collected.

The median operative time was 230 min (IQR 130–360), the median estimated blood loss 100 ml (IQR 0–200).The median length of hospital stay was 2 days . A significant decrease in symptoms: mean dysmenorrhea (p=0.001), dyschezia (p=0.026), dysuria (p=0.358), dyspareunia (p=0.002) and chronic pelvic pain (p=0.001) was noted.

Conclusion :
RALS include greater precision, accuracy, reduced surgeon fatigue and faster learning curve, facilitated by advanced ergonomic and control systems. However, the high costs and extensive infrastructure requirements limit the accessibility of robotic surgery in smaller hospitals. Prospective comparative studies with larger cohort and longer follow- up are needed to assess potential advantages and to make robotic surgery more cost-effective and accessible.

Abstract ID: IO/OP/05

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Abstract Title:
MANAGEMENT OF HIGH RISK PREGNANCY IN RURAL SETUP WITH INTERNET ON THING (IOT) DEVICE- A GAME CHANGER

Introduction :
In rural and outreach areas the ASHA and ANM plays a crucial role for timely detection of high risk pregnancy. For bridging the gap between Consultant and Pregnant women, we have developed a portable device with the help of IOT technology which can be of great help to act as an interface during crisis situation.

Aims & Objectives :
1) Early detection of High risk pregnancy at doorstep with prompt communication with service provider.
2)Comparing the qualify of data generated from conventional method of measuring vital parameters vs new IOT device.

Materials & Methods :
The IOT device with sensor and digital app has been devloped for detection of Blood pressure , weight , temperature , SPO2 and Hemoglobin status through sensor incorporated in a single device . The captured parameters can be readily transmitted from the device to the Android platform. The web based portal/app has three interface: Patient , Consultant and Hospital dashboard.

Results :
Comparison of device done with conventional machine Dr Trust USA Professional series machine for SPO2 with 98% accuracy, Blood pressure recording shows 99 % accuracy with Diamond Mercury Blood pressure instrument and weight measurement variation 97% with conventional weight machine.

Conclusion :
Maternal mortality reduction , pregnancy's high risk status early detection is the cornerstone. The home based care given by this device is more satisfying to the family as it is offered by Village level ASHA or nearby ANM to the network of sectoral MO or Specialist of Nearby CHC/ FRU or District Hospital through app based consultation with real time vital parameters.

Abstract ID: IO/OP/06

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Abstract Title:
EXTENDING HORIZONS IN OBSTETRICS AND GYNAECOLOGY: USE OF VENTOUSE IN GYNAECOLOGICAL SURGERIES

Introduction :
The ventouse, long celebrated for its role in obstetrics is now emerging as a competent assisting tool in complex gynaecological surgeries. Its controlled suction and traction mechanics redefines surgical finesse and safety.

Aims & Objectives :
To assess the feasibility and safety of ventouse in gynaecological surgeries To assess the advantages and limitations of ventouse use

Materials & Methods :
A prospective pilot observational study was conducted at our tertiary care centre at 40 patients for a duration of 6 months. Ventouse-assisted traction was used in gynaecological procedures including myomectomy, hysterectomy, large cystic adnexal masses/tumours, deep-seated pelvic masses. Key parameters observed were intraoperative blood loss, tissue handling quality ,associated visceral and vascular injuries and surgeon’s ease.

Results :
advantages: • Decreased intraoperative blood loss thus improving visual clarity • No undue trauma or surface tearing observed, maintaining tissue integrity • No major visceral or vascular injuries attributable to ventouse use • Avoided use of additional traction instruments • No intra-peritoneal spillage seen • Surgeons reported superior control, ergonomic ease and less fatiguability in difficult dissections limitations: • Dependence on equipment- availability and sterilization logistics may restrict use in low resource settings • Not suitable for friable tissues where excessive suction could risk surface trauma

Conclusion :
This study demonstrates that ventouse is a safe, innovative and underutilised adjunct in gynaecological surgery representing a paradigm shift towards less traumatic precision. Its careful application can extend the horizons of obstetrics practice from delivery assistance to operative innovation.

Abstract ID: IO/OP/08

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Abstract Title:
ECHOES BEFORE THE EMERGENCY: RETROSPECTIVE EVALUATION OF PHYSIOLOGICAL TRENDS AND PROPOSAL OF A MODIFIED EARLY OBSTETRIC WARNING AND MATERNAL DETERIORATION PATHWAY (MDP) MODEL TO PREDICT MATERNAL NEAR-MISS: A FIVE YEAR STUDY.

Introduction :
Unrecognised maternal physiological decline often precedes life-threatening obstetric emergencies. Tools such as the Modified Early Obstetric Warning Score (MEOWS) are seldom applied in many Indian centres. Analysing existing ward and HDU records can reveal vital "echoes before the emergency" and inform a context-specific Maternal Deterioration Pathway (MDP) for early recognition and escalation.

Aims & Objectives :
To analyse physiological predictors of maternal near-miss (MNM) and, using retrospective findings, propose a simplified colour-banded Modified Early Obstetric Warning and Maternal Deterioration Pathway (MDP) model for early recognition and response.

Materials & Methods :
Five-year retrospective observational study (Jan 2020–Jun 2025) of 2,780 obstetric HDU/ICU admissions in a tertiary hospital (~15,000 deliveries/year). Admission vitals—pulse, blood pressure, respiratory rate, temperature, urine output—were correlated with WHO MNM outcomes. Post-hoc MEOWS-based scoring defined Green (0–2), Amber (3–4), Red (≥5) risk zones. ROC and logistic regression analyses identified predictive cut-offs and leading causes.

Results :
Of 2780 women ,218 women (7.8%) met MNM criteria. Leading causes: preeclampsia/eclampsia 38%, postpartum haemorrhage 32%, sepsis 18%. Tachycardia ≥110/min ($p=0.002$), MAP ≤65 mmHg ($p=0.004$), respiratory rate ≥24/min ($p=0.006$) strongly predicted deterioration. Score ≥5 showed sensitivity 83%, specificity 78%, AUC 0.86. MNM risk rose as Green → Amber → Red (p-trend < 0.001).

Conclusion :
Routine physiological trends contain actionable "echoes" of impending collapse. Even without existing MEOWS use, retrospective analysis demonstrates measurable thresholds that can inform a simple, colour-coded early-warning chart and structured Maternal Deterioration Pathway for future implementation. This locally derived model offers a scalable, low-cost innovation to strengthen maternal surveillance and reduce near-miss events in high-volume Indian hospitals.

Abstract ID: IO/OP/10

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Abstract Title:
RISK SCORING SYSTEM BASED ON ULTRASOUND INTERNATIONAL ENDOMETRIAL TUMOR ANALYSIS (IETA) GUIDELINE FOR PREDICTION OF ATYPICAL HYPERPLASIA AND ENDOMETRIAL CARCINOMA IN WOMEN WITH POSTMWNOPAUSAL BLEEDING IN INDIAN POPULATION

Introduction :
Postmenopausal bleeding is a common symptom requiring evaluation to exclude atypical hyperplasia (AH) and endometrial carcinoma (EC). Transvaginal sonography (TVS) based on the International Endometrial Tumour Analysis (IETA) guidelines offers a structured, non-invasive approach to endometrial assessment. However, no validated ultrasound-based risk scoring model exists for the Indian population

Aims & Objectives :
To develop and validate a Risk of endometrial cancer (REC) scoring system using IETA parameter to predict AH and EC in women with PMB in Indian population

Materials & Methods :
This prospective diagnostic included 200 postmenopausal women with PMB between February 2023 and July 2025. Each underwent TVS based on IETA guideline and a composite REC score was calculated. Histopathology report was taken as reference standard. Diagnostic accuracy was assessed using ROC analysis.

Results :
Among 200 women, 41 (20.5%) had malignancy (10 AH, 31 EC). A REC score ≥ 4 predicted malignancies with 80.5% sensitivity, 78% specificity, and 78.5% diagnostic accuracy. The AUC was 0.872 (95% CI: 0.822–0.922) and NPV was 93.9%, suggesting thigh reliability to rule out malignancy. Significant associations were found with endometrial thickness > 15 mm moderate to abundant doppler vascularity (p value < 0.001), while specific vascular pattern were not significant (p-value = 0.184).

Conclusion :
IETA based REC score is dependable, non-invasive tool for identifying AH and EC specially in low resources setting. It can guide triage and reduce the burden of invasive procedure and shorten diagnostic delays

Abstract ID: IO/OP/11

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Abstract Title:
IMPROVED PREGNANCY OUTCOMES FOLLOWING TREATMENT OF CHRONIC ENDOMETRITIS – A DESCRIPTIVE STUDY (INSIGHTS FROM THE PREGNANCY-RELATED ENDOMETRIAL MICROBIAL ANALYSIS (PREMA))

Introduction :
Recurrent implantation failure (RIF) is difficult to manage and nuisance for both patients and doctors. Polymicrobial infection leading to Chronic Endometritis (CE) is one important reason for RIF. This study evaluates CE as a cause for RIF.

Aims & Objectives :
The aim of this study was to evaluate chronic CE on reproductive outcomes based on a molecular diagnostic approach.

Materials & Methods :
In this prospective study, 103 infertile women were recruited. CE was diagnosed based on endometrial microbial analysis (multiplex RT-PCR test). Targeted antibiotics and probiotics given. Women with RIF were included. Endometrial specimen collected during follicular phase without prior antibiotic intake for past 3 months and DNA extracted. PREMA Test is a multiplexed RT-PCR test that detects 11 bacteria causing CE, 7 causing dysbiosis and 4 Lactobacillus spp, Test is repeated every 4 weeks to check for improvement.

Results :
Atopobium vaginae, Gardnerella Vaginalis, Escherischia coli, Klebsiella pneumonia, Streptococcus pneumonia, Ureaplasma urealyticum, parvum and Mycobacterium Genitalium are the common organisms detected. Mycobacterium genitalium was resistant to tetracycline and macrolides and Moxifloxacin 400mg) resulted in better treatment. Of the 103 subjects who were enrolled, 39 lost follow-up or were awaiting results, 64 were evaluated. 15 conceived spontaneously after 2 tests and were excluded. The remaining 49 were followed. Uterine dysbiosis was corrected by the end of the 3 cycles of the PREMA study. 33/64 (51.5%) conceived. 14/33 (42.4%) conceived spontaneously, 19/33 (57.6%) conceived following ART.

Conclusion :
CE is asymptomatic and undetectable through routine tests. Targeted antibiotics based on molecular diagnosis along with probiotics lead to improved conception rates.

Abstract ID: IO/OP/13

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Abstract Title:
A COMPARATIVE STUDY BETWEEN GESTOSIS SCORE AND QUANTUM VECTOR MACHINE LEARNING FOR PREDICTION OF PREECLAMPSIA

Introduction :
Preeclampsia is a leading cause of maternal and perinatal mortality. Early identification of high risk pregnancy is crucial. Gestosis score is a conventional classical tool that uses maternal risk factors to predict preeclampsia. Quantum Vector Machine Learning , an emerging approach based on quantum enhanced kernel methods , offers the potential to model complex, non linear relationships in clinical data improving prediction.

Aims & Objectives :
To evaluate and compare the predictive efficacy of a gestosis score vs QVML model in preeclampsia.

Materials & Methods :
A prospective cohort study was conducted on 200 pregnant women recruited during 1st trimester. Clinical, demographic and biochemical data were collected. Gestosis score was calculated by obstetrician and QVML model was developed by computer science professional using a quantum kernel support vector machine architecture. Both models were assessed for their predictive performance in terms of specificity, sensitivity, positive predictive value , negative predictive value and accuracy

Results :
QVML demonstrated significantly better performance for preeclampsia prediction thab the gestosis score. It showed higher sensitivity (97.2% vs 56.67%) , specificity (97.5% vs 95.29%) , PPV (97.02% vs 68%) , NPV (97.19% vs 92.57%). Overall accuracy (96% vs 89.5%) indicating it's superior diagnostic reliability.

Conclusion :
QVML demonstrated superior accuracy in predicting preeclampsia suggesting its potential as a valuable clinical decision support tool. It can be concluded that use of machine learning will greatly impact the medical field in future.

Abstract ID: IO/OP/15

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Abstract Title:
TO ANALYSE THE CORRELATION OF LH LEVELS ON THE DAY OF AGONIST TRIGGER WITH THE OOCYTE MATURATION RATES, FORT AND FOI IN GNRH-ANTAGONIST CYCLES

Introduction :
In GnRH-antagonist IVF cycles, a GnRH-agonist (GnRHa) trigger induces final oocyte maturation through an endogenous surge of LH and FSH while reducing the risk of OHSS. However, the degree of LH response varies among individuals and may affect oocyte yield and maturity. Assessing LH levels on the day of the trigger may help predict oocyte retrieval outcomes and guide individualized trigger protocols.

Aims & Objectives :
To evaluate the correlation between LH levels on the day of GnRH-agonist trigger and number of oocytes retrieved, oocyte maturation rate, follicular output rate (FORT), and follicle-to-oocyte index (FOI) in GnRH-antagonist cycles.

Materials & Methods :
A retrospective study was conducted on 119 women undergoing IVF-ICSI cycles with a GnRH-antagonist protocol at Amrita Institute of Medical Sciences, Kochi (Jan 2023–Nov 2024). Patients were grouped based on trigger-day LH levels: <1 IU/L and ≥1 IU/L. Those with AMH <1.2 ng/mL, AFC <5, pelvic surgeries, or endometriosis were excluded. Linear regression and comparative analysis were performed to assess correlations between LH levels and oocyte yield, maturation, FORT, and FOI.

Results :
Mean age: 31 years; mean oocytes retrieved: 16. Higher LH levels (>1 IU/L) on trigger day were associated with increased oocyte yield, maturation rate, FORT, and FOI ($p<0.001$), though the difference was not statistically significant. The basal-to-trigger LH ratio showed no correlation.

Conclusion :
Higher LH levels (>1 IU/L) on the day of agonist trigger were linked to improved oocyte yield and maturity. Monitoring LH on trigger day may help tailor trigger type and optimize IVF outcomes.

Abstract ID: IO/OP/16

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Abstract Title:
ULTRASOUND IN LABOUR : THE GAME - CHANGER FOR PROLONGED SECOND STAGE

Introduction :
Prolonged second stage of labour is associated with increased maternal and neonatal morbidity. Transperineal ultrasound (TPUS) offers objective assessment through measurable parameters such as the angle of progression (AOP) and head–perineum distance (HPD), which may help in dilemmas to take a decision for mode of delivery and predict delivery outcomes.

Aims & Objectives :
To evaluate the role of AOP and HPD as predictors of the mode of delivery and assess associated maternal and fetal outcomes in prolonged second stage of labour.

Materials & Methods :
A cross-sectional study was done in Department of OBGYN MTH Hospital ,MGM MC Indore MP it included 200 term singleton pregnancies with cephalic, occipito-anterior presentation and diagnosed with prolonged second stage of labour. TPUS was performed to measure AOP and HPD by blinded radiologists. Data were analyzed using correlation, logistic regression, and ROC curves.

Results :
Spontaneous vaginal delivery occurred in 49%, instrumental in 27%, and caesarean in 24%. Mean AOP was 123.5°, 115.1°, and 108.2° respectively ($p<0.001$); mean HPD was 3.9, 4.3, and 4.9 cm ($p<0.001$). AOP ≥120° predicted vaginal delivery (OR=3.92), HPD ≥4.5 cm predicted caesarean (OR=2.78). Combined ROC AUC=0.92 indicated excellent predictive accuracy.

Conclusion :
Transperineal ultrasound parameters—AOP ≥120° and HPD ≤4.2 cm—reliably predict successful vaginal delivery. Their use provides objective, non-invasive guidance in managing prolonged second stage of labour, improving fetomaternal outcomes and reducing unnecessary operative interventions.

Abstract ID: IO/OP/17

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Abstract Title:
FETAL HEART RATE AS A PREDICTOR OF GESTATIONAL DIABETES: A PROSPECTIVE STUDY

Introduction :
Gestational diabetes mellitus (GDM) is a prevalent pregnancy-related metabolic disorder that poses significant risks to both maternal and fetal health. Conventional diagnostic methods such as the DIPSI test detect GDM only in the second trimester, limiting opportunities for early intervention. Emerging evidence suggests that maternal hyperglycemia may affect fetal autonomic regulation, resulting in detectable alterations in fetal heart rate (FHR) during early gestation.

Aims & Objectives :
This study aimed to evaluate whether first-trimester FHR could serve as an early predictor of GDM.

Materials & Methods :
A prospective cohort study was conducted in a tertiary care centre in south India ,among 500 pregnant women between 6–9 weeks of gestation . FHR was recorded during routine first-trimester ultrasound, and participants were followed up between 24–28 weeks for GDM screening using the DIPSI test. Statistical analysis was performed using SPSS version 27. The Shapiro–Wilk test assessed data normality,group comparisons used t-test or Mann–Whitney U test. Associations were analyzed with Chi-square and logistic regression tests, and the receiver operating characteristic (ROC) curve evaluated predictive performance.

Results :
Among 500 participants, 23.8% developed GDM. Mean FHR was significantly higher in GDM (162.18 ± 19.47 bpm) versus non-GDM (150.47 ± 13.06 bpm, $p < 0.001$). ROC analysis (AUC 0.775, 95% CI 0.719–0.831) identified 164.5 bpm as optimal cutoff (70.6% sensitivity, 87.4% specificity

Conclusion :
A higher first-trimester FHR is significantly associated with the subsequent development of GDM. Early FHR measurement may thus serve as a simple, non-invasive, and cost-effective screening tool for identifying women at risk, enabling timely preventive interventions and improved pregnancy outcomes.

Abstract ID: IO/OP/18

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Abstract Title:
STUDY OF PRESENCE OF DUAL ENDOCRINOPATHY IN PREGNANT WOMEN AND IT'S IMPACT ON MATERNAL AND FETAL OUTCOMES

Introduction :
GDM and hypothyroidism are each associated with increased risk of pregnancy related complications and its combined morbidity is poorly studied.

Aims & Objectives :
The Aim of the study is to determine its combined morbidity and adverse effects on maternal and fetal outcomes.

Materials & Methods :
Single centre based retrospective study where GDM plus hypothyroidism are taken as cases and GDM alone as controls .50 cases and 50 controls taken. TSH value >4 is cutoff value.DIPSI after 75 gm glucose, 140 mg/dl after 2 hrs is cutoff value. Congenital hypothyroidism,hyperthyroidism, Overt DM and patients with other comorbidities are excluded. Multiple outcomes were assessed between cases and controls .

Results :
Age is significant correlator in development of dual endocrinopathy. Though not statistically significant,insulin therapy is more required in case with hypothyroidism rather than GDM alone .This could be the reason of macrosomia in women with hypothyroidism rather than GDM alone.Contrary to previous studies , there is no increased risk of caesarean births, preterm births , non reassuring FHR , Doppler changes, Preeclampsia and RDS.

Conclusion :
Findings from study suggest that there is caution of hypothyroidism in GDM if older than 30 years of age, also focuses on importance of increased vigilance for early detection and management of hypothyroidism in women with GDM as these two are common disorders which can be managed with proper treatment. It emphasises that these patients should be considered as high risk pregnancies and be managed effectively.

Abstract ID: IO/OP/19

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Abstract Title:
OPTIMIZING OUTCOMES IN PLACENTA ACCRETA SPECTRUM: IMPACT OF A STANDARDIZED MULTIDISCIPLINARY SURGICAL APPROACH

Introduction :
Placenta accreta spectrum (PAS) remains a major cause of obstetric hemorrhage and maternal morbidity, with incidence rising parallel to cesarean delivery rates. Early antenatal diagnosis and a coordinated multidisciplinary surgical plan are key to improving outcomes.

Aims & Objectives :
To compare maternal and surgical outcomes in PAS cases managed with a planned multidisciplinary approach versus those managed through unplanned or emergent intervention.

Materials & Methods :
A retrospective cohort study was conducted at Dayanand Medical College and Hospital, Ludhiana (January 2024–January 2025), including one hundred antenatally diagnosed PAS patients. Group A comprised patients managed with a planned multidisciplinary approach incorporating prophylactic internal iliac artery ligation, meticulous bladder dissection, and retrograde bladder filling. Group B included those requiring unplanned or emergent management. Demographic, intraoperative, and postoperative outcomes were compared.

Results :
PAS was antenatally diagnosed in 83.3% of cases, most of whom were multiparous with prior cesarean delivery. Group A demonstrated significantly reduced mean blood loss (1500 ± 113 mL vs. 2600 ± 174 mL, $p=0.003$), shorter operative time (160 ± 24 vs. 240 ± 45 min, $p=0.001$), and lower transfusion requirements (3 vs. 7 units, $p=0.001$). Recovery was faster with fewer ICU admissions ($p<0.05$). No maternal deaths occurred.

Conclusion :
A planned multidisciplinary approach employing structured surgical strategies significantly improves intraoperative efficiency and maternal outcomes in PAS, underscoring the importance of timely diagnosis and coordinated team management.

Abstract ID: IO/OP/21

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Abstract Title:
ARTIFICIAL INTELLIGENCE IN ULTRASOUND AND FETAL ANOMALY DETECTION: ENHANCING PRECISION IN PRENATAL DIAGNOSIS

Introduction :
Background: Ultrasound is the cornerstone of prenatal screening, yet its diagnostic accuracy remains limited by operator dependence and subjective interpretation. Artificial Intelligence (AI), through deep learning and image recognition algorithms, offers improved accuracy and standardization in fetal anomaly detection

Aims & Objectives :
1. To evaluate the role of AI-based algorithms in detecting fetal structural anomalies via ultrasound. 2. To compare AI-assisted diagnosis with expert radiologist interpretation. 3. To identify future trends and challenges in implementing AI-based fetal imaging systems

Materials & Methods :
A systematic review (2018–2025) and an institutional pilot study were conducted using 500 anonymized ultrasound images from 200 pregnancies (18–24 weeks gestation). AI models based on ResNet-50 and U-Net architectures were trained and validated against expert interpretations

Results :
AI algorithms achieved 92% sensitivity and 90% specificity in detecting congenital anomalies, including congenital heart disease and neural tube defects. Automated biometry measurements showed <3% deviation from expert readings. Integration of AI with 3D ultrasound reduced reporting time by 40% and enhanced anomaly visualization

Conclusion :
AI-assisted ultrasound interpretation demonstrates near-human accuracy, faster reporting, and the potential to bridge diagnostic gaps in low-resource settings. With rigorous validation and ethical integration, AI can revolutionize prenatal anomaly detection and significantly improve perinatal outcomes

Abstract ID: IO/OP/23

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Abstract Title:
ARTIFICIAL INTELLIGENCE IN PREDICTION OF PRETERM BIRTH: MACHINE LEARNING ANALYSIS OF CERVICAL AND BIOCHEMICAL MARKERS

Introduction :
Preterm birth (PTB), defined as delivery before 37 weeks, remains a major contributor to neonatal morbidity and mortality. Early identification of high-risk women allows timely preventive interventions such as progesterone therapy or cerclage. Conventional markers like cervical length and fetal fibronectin (fFN) have limited predictive accuracy when used alone. Artificial Intelligence (AI) enables integration of diverse clinical, biochemical, and imaging parameters for enhanced prediction

Aims & Objectives :
1. To develop and validate AI-based predictive models using cervical and biochemical markers for preterm birth. 2. To compare AI model performance with conventional logistic regression analysis. 3. To identify the most significant predictors contributing to preterm birth risk

Materials & Methods :
A prospective cohort study was conducted on 800 antenatal women (20–28 weeks). Clinical, sonographic, and biochemical parameters—maternal age, BMI, parity, cervical length, fFN, serum CRP, and psychosocial stress—were analyzed using Support Vector Machine (SVM), Random Forest (RF), and Gradient Boosting Model (GBM) algorithms. Results were compared with logistic regression analysis.

Results :
The GBM algorithm demonstrated the best predictive performance (AUC = 0.91, sensitivity = 90.8%, specificity = 88.6%, accuracy = 89.7%) compared to logistic regression (AUC = 0.78). The most influential predictors were cervical length (34%), fFN (27%), CRP (15%), and psychosocial stress (12%). AI-based stratification could have identified 72% of women who delivered preterm at least four weeks before labour onset.

Conclusion :
AI-driven models outperform conventional statistical methods in predicting preterm birth through integration of multifactorial data. Their clinical implementation can enable early interventions, thereby reducing preterm birth rates and improving neonatal outcomes.

Abstract ID: IO/OP/24

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Abstract Title:
EVI-GYN – A DIGITAL ECOSYSTEM FOR EVIDENCE-BASED GYNECOLOGY

Introduction :
With the rapid evolution of gynecological evidence, clinicians face difficulty keeping pace with constant updates from global authorities such as ACOG, RCOG, FOGSI, FIGO and AJOG. This gap between research and real-world practice often leads to protocol variability and inconsistent clinical outcomes.

Aims & Objectives :
To design and develop EviGyn, a centralized digital platform that provides simplified, evidence-based, and regularly updated gynecological protocols to improve uniformity of care and support continuous medical education.

Materials & Methods :
EviGyn compiles validated recommendations into concise, algorithm-based summaries. The app includes: - Smart Protocol Finder for condition-wise guidance - Dogma Alerts to identify obsolete practices - CME Learning Hub for quick updates - Resident Mode for postgraduate training All modules are updated quarterly and translated into multiple languages to ensure accessibility across varied healthcare setups.

Results :
Pilot feedback from postgraduate residents and consultants demonstrated improved recall of guideline-based management, faster clinical referencing, and enhanced confidence in evidence-based decision-making compared with manual reference methods.

Conclusion :
EviGyn serves as a user-friendly, evidence-integrated platform bridging academic literature and bedside practice. Its nationwide implementation can significantly enhance standardization and quality of gynecologic care across India.

Abstract ID: IO/OP/25

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Abstract Title:
LOWER DOSE OF ULIPRISTAL THERAPY IN FIBROIDS- 2.5 MG VS. 5 MG: ITS EFFICACY AND SAFETY

Introduction :
Ulipristal acetate is effective for fibroid treatment but its 5 mg dose is limited by hepatotoxicity. A 2.5 mg dose, if effective, may offer a safer option.

Aims & Objectives :
To compare the efficacy of 2.5 mg versus 5 mg ulipristal acetate in reducing symptoms and fibroid volume

Materials & Methods :
A randomized controlled trial was conducted in 40 women with symptomatic uterine fibroids > 3 cm and PBAC > 100; Group 1 (n = 20): 2.5 mg daily; Group 2 (n = 20): 5 mg daily. Treatment lasted 13 weeks. PBAC scores and fibroid volume were assessed at baseline, 1, 3, and 6 months (3 months post-treatment). Liver function and estradiol were monitored.

Results :
Mean PBAC scores reduced significantly from 282 (124–1384) to 34 (0–385) [87%] with 2.5 mg and from 362 (128–940) to 0 (0–284) [100%] with 5 mg ($p = 0.001$). After 6 months, PBAC increased but remained reduced by 56.7% and 54.4% from baseline, respectively. Amenorrhoea occurred in 30% vs 65% at 1 month and 75% vs 80% at 6 months (2.5 mg vs 5 mg). Fibroid volume reduced by 35.6% ($p = 0.002$) with 2.5 mg and 10.4% ($p = 0.526$) with 5 mg. Transient SGOT/SGPT elevations (222/399) were noted only in the 5 mg group. Estradiol levels remained unaffected.

Conclusion :
Ulipristal acetate 2.5 mg is non-inferior to 5 mg in controlling fibroid-related symptoms and bleeding, with fewer hepatic effects. The 2.5 mg dose appears to be a safer and effective alternative; further large-scale studies are warranted

Abstract ID: IO/OP/26

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Abstract Title:
RIBBON TECHNIQUE IN ENDO BAG ABDOMINAL MANUAL MORCELLATION IN LAPAROSCOPIC MYOMECTOMY – SAFE AND ZERO COST ALTERNATIVE TO POWER MORCELLATOR.

Introduction :
Laparoscopic myomectomy offers superior surgical outcomes; however, specimen extraction remains challenging. The use of power morcellators (PM) has been associated with an increased risk of tissue dissemination within the abdominal cavity. While contained PM reduces spillage risk, it incurs higher costs and prolongs operative time. Endo Bag Abdominal Manual Morcellation (AMM) has emerged as a cost-effective, safer, and faster alternative.

Aims & Objectives :
To evaluate the safety and efficacy of AMM during minimally invasive laparoscopic myomectomy.

Materials & Methods :
This prospective observational study was conducted from January 2022 to October 2025, at our instituton for all patients undergoing laparpscopic myomectomy . Inclusion criteria: - Women aged 18 to 40 years - BMI between 18 and 40 kg/m² - Symptomatic patients presenting with heavy menstrual bleeding, pelvic pain, or infertility - Presence of single or multiple myoma ranging from 4 to 20cm Exclusion criteria: - History of more than three laparotomies - Diagnosed malignancy Data collected included surgical type, specimen containment time, blood loss, and manual morcellation time. Surgical complications, both related (e.g., bowel or bladder injury, ureteral injury, vascular injuries, tumor dissemination) and unrelated (e.g., delayed wound healing, infection, hernia), were documented.

Results :
A total of 40 cases were analyzed. The average times for specimen containment and manual morcellation were 6.7 ± 5.0 minutes and 14.2 ± 11.2 minutes, respectively. No instances of urobag perforation or pouch-related complications were observed.

Conclusion :
The study indicates that ribbon technique in AMM is a safe and efficient method for specimen removal, offering a significantly shorter operative time compared to PM.

Abstract ID: IO/OP/27

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Abstract Title:
THE ROLE OF INTRAPARTUM ULTRASOUND TO PREDICT THE MODE OF DELIVERY:A PROSPECTIVE OBSERVATIONAL STUDY

Introduction :
The International Society of Ultrasound in Obstetrics and Gynecology (ISUOG) recommends intrapartum ultrasound as an objective adjunct for labor assessment.

Aims & Objectives :
Our study aims to evaluate the role of Angle of Progression (AoP) and Head–Perineum Distance (HPD) measured during the active phase of labor in predicting the likelihood of vaginal delivery and duration of labor.

Materials & Methods :
A prospective observational study was conducted at Fernandez Hospital, Hyderabad, from April 2024 to February 2025, including 268 term women in active labor (Robson groups 1–4). Intrapartum ultrasound was performed after 5cm dilatation to assess fetal head position, AoP, and HPD. The primary outcome was to determine optimal AoP and HPD cut-offs for predicting mode of delivery; secondary outcomes included duration of labor and neonatal outcomes

Results :
An AoP $\geq 116°$ strongly predicted spontaneous vaginal delivery with 91.4% diagnostic accuracy, 93.2% sensitivity and 87.0% specificity. Among 185 women with AoP $\geq 116°$, 94.6% achieved vaginal delivery, and only 5.4% required cesarean section. An HPD ≤ 5 cm also correlated significantly with vaginal delivery (82.1% accuracy, 85.7% sensitivity, 80.0% specificity). At an AoP>116, the median time to delivery was significantly shorter with good neonatal outcomes

Conclusion :
AoP and HPD measured at the onset of the active phase are robust, objective predictors of vaginal delivery. Incorporating these ultrasound parameters into routine labor monitoring enables individualized, timely interventions to improve obstetric outcomes.

Abstract ID: IO/OP/28

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Abstract Title:
ROLE OF CRYOTHERAPY IN CHRONIC CERVICITIS/EROSION IN NON RESPONSIVE TO MEDICAL TREATMENT

Introduction :
Cervicitis, often caused by infections, presents a treatment challenge when symptoms persist despite antibiotics, with a 30% clinical failure rate. It significantly impacts quality of life and may lead to complications like cervical dysplasia. Cryotherapy, using nitrous oxide at ≤ −20 °C with a double freeze–thaw technique, offers a safe, cost-effective, minimally invasive alternative for refractory cases. Evidence suggests it effectively manages chronic cervicitis and cervical ectopy resistant to medical treatment. This evaluates cryotherapy's efficacy and safety, aiming to improve clinical guidelines and patient care, though further studies are needed to refine protocols and long-term outcomes.

Aims & Objectives :
To evaluate cryotherapy's efficacy as salvage therapy for chronic cervicitis/recurrent cervical erosion resistant to medical treatment. Objectives: assess symptom relief, patient satisfaction, tolerability, lesion regression, and identify microbial involvement in cervical erosion.

Materials & Methods :
A prospective study at LLRM Medical College enrolled 80 reproductive-age women with chronic cervicitis refractory to treatment. After excluding malignancy, cryotherapy using nitrous oxide was performed post-menstrually. Patients underwent symptom assessment, lesion evaluation, and follow-up at 2 weeks, 6 weeks, and 3 months to evaluate safety and efficacy.

Results :
Cryotherapy provided significant symptom relief in chronic cervicitis and cervical erosion unresponsive to medical therapy. White discharge (83%), post-coital bleeding (86%), and dyspareunia (80%) improved markedly. VIA/VILI positivity reduced from 36.25% to 17.5%. Minimal complications occurred, confirming cryotherapy as an effective and safe therapeutic option. Result

Conclusion :
The study concludes cryotherapy is a safe, effective, low-cost outpatient treatment for chronic cervicitis and recurrent cervical erosion, providing significant symptom relief and lesion regression regardless of infection

Abstract ID: IO/OP/29

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Abstract Title:
EVALUATION OF AN APP-BASED STRUCTURED BEHAVIORAL THERAPEUTIC PROGRAM FOR INTERSTITIAL CYSTITIS / BLADDER PAIN SYNDROME (IC/BPS): PRELIMINARY INSIGHTS FROM A PILOT STUDY

Introduction :
Digital self-management tools that integrate cognitive-behavioral (CBT), mind-body, and lifestyle therapies have shown 40–60% symptom reduction in chronic pain and functional urologic disorders. However, despite promising early studies in IC/BPS (e.g., mobile CBT and algorithm-based texting), no scalable digital therapeutic exists. To bridge this gap, we developed an 8-week multimodal mobile program for IC/BPS, combining bladder retraining, guided hypnotherapy, pain reprocessing, pelvic floor relaxation, physiotherapy, and stepwise dietary modification.

Aims & Objectives :
To evaluate the feasibility, usability, user engagement, and preliminary clinical impact of the mobile program in adults with IC/BPS.

Materials & Methods :
This is a prospective, single-arm ongoing pilot study with 30 adults diagnosed with IC/BPS. Participants engage in an 8-week mobile app–delivered behavioral and physiologic self-management program with daily symptom tracking. Primary endpoints include feasibility, usability (System Usability Scale), and engagement (module completion rates). Secondary outcomes assess changes in the Apollo Clinical Scoring System and 3-Day Voiding Diary metrics (frequency, urgency, nocturia).

Results :
Early findings reflect strong feasibility and acceptability. Recruitment targets were rapidly met, with 100% of screened individuals expressing willingness to participate. User experience feedback demonstrates a clear preference for audio and video–based modules over text-based educational content, supporting the app's multimodal design. High initial engagement was observed across the first phase and qualitative responses highlight increased confidence in self-management.

Conclusion :
Preliminary findings demonstrate strong patient interest and positive early user experience trends indicate the potential of digital therapeutics to address unmet self-management needs in IC/BPS and, potentially, other chronic pelvic conditions of similar nature

Abstract ID: IO/OP/30

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Abstract Title:
SERIAL 2-D SONOGRAPHIC PLACENTAL VOLUMETRY AND OBSTETRIC OUTCOMES

Introduction :
A number of techniques, such as three-dimensional ultrasonography and magnetic resonance imaging, have been tested to assess placental volume during pregnancy. Both costly equipment and specific expertise are needed for these techniques. A method using two-dimensional sonography provides an immediate estimation of placental volume, requiring minimum skill and time.

Aims & Objectives :
To study the association of Estimated placental volume (EPV) with maternal and fetal outcome.

Materials & Methods :
One hundred antenatal women attending the antenatal clinic who met the inclusion criteria were recruited into the study. Two-dimensional ultrasonography was done at two occasions i.e. at 16-20 (EPV1) and 24-28 weeks (EPV2). Measurements to estimate placental volume used convex-concave shell formula.

Results :
The mean estimated placental volume (EPV1 and EPV2) was 173.57 cc and 367.95 cc. Significant association was observed between placental volume and FGR (EPV1($p=0.012$), EPV2($p<0.0001$)). There was significant discriminatory power of EPV1 (AUC 0.736; $p = 0.0029$) and EPV2 (AUC 0.741; $p< 0.0001$) to predict FGR. Significant association was observed between placental volume and birth weight< 2500 grams (EPV1($p=0.0006$), EPV2($p<0.0001$)). Significant association was observed between EPV2 and GDM (p-value < 0.05). Significant strong positive correlation was seen between EPV2 with placental weight with correlation coefficient of 0.606. EPV1 had significant discriminatory power to predict FGR and low birth weight. EPV2 had significant discriminatory power to predict GDM, FGR and low birth weight.

Conclusion :
Placental volumetry is simple and rapid technique, necessitating its use in routine ultrasonographic surveillance. This will help to predict and decrease the rate of maternal and perinatal complications.

Abstract ID: IO/OP/31

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Abstract Title:
TURNING RISK INTO RECOVERY: FERTILITY-SPARING MANAGEMENT OF UTERINE ARTERY AVMS – A SIX-CASE SERIES FROM A TERTIARY CENTRE

Introduction :
Uterine arteriovenous malformation (AVM) is an uncommon but serious cause of abnormal uterine bleeding, often masquerading as retained products of conception. Timely diagnosis and a conservative, fertility-sparing approach can avert catastrophic hemorrhage and unnecessary hysterectomy.

Aims & Objectives :
To share our experience with individualized, stepwise management of uterine AVMs in women of reproductive age.

Materials & Methods :
Six women (ages 24–30) presenting with post-abortion or postpartum bleeding were evaluated using Doppler ultrasonography and/or CT/MRI angiography. Imaging confirmed uterine AVM or RPOC with abnormal vascularity. Management strategies were tailored: three underwent uterine artery embolization (UAE) followed by hysteroscopic evacuation, two were managed conservatively with methotrexate and serial imaging, and one underwent hysteroscopic clearance alone.

Results :
Hemostasis was achieved in all six cases without hysterectomy. No recurrence or post-procedure complications were noted. Follow-up scans showed regression of vascularity, and all patients retained normal menstrual cycles; two conceived spontaneously thereafter.

Conclusion :
Early suspicion and Doppler evaluation in atypical post-abortal or postpartum bleeding are pivotal for diagnosing uterine AVMs. A multidisciplinary, fertility-sparing strategy integrating UAE and hysteroscopy ensures safety, efficacy, and preservation of reproductive potential — transforming a life-threatening condition into a story of recovery.

Abstract ID: IO/OP/32

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Abstract Title:
DEVELOPING A SIMPLE CLINICAL SCORING TOOL FOR EARLY SUSPICION OF ENDOMETRIOSIS IN RESOURCE-LIMITED SETTINGS

Introduction :
Endometriosis is a leading cause of chronic pelvic pain and infertility, yet its diagnosis is often delayed, particularly in low-resource hospitals without laparoscopic facilities. Early identification based on symptoms and basic imaging can improve timely management. This study aimed to develop a simple, symptom-based clinical scoring tool for early suspicion of endometriosis in such settings.

Aims & Objectives :
To formulate and evaluate a clinical scoring system for early suspicion of endometriosis and assess its correlation with imaging-based findings.

Materials & Methods :
A prospective observational study was conducted at DMCH from April to September 2025 among 100 women aged 18–45 years presenting with pelvic pain, dysmenorrhea, or infertility. Five clinical parameters—pain severity, dyspareunia, infertility duration, bowel/bladder symptoms, and pelvic tenderness—were scored 0–3. The total score was correlated with imaging findings (ultrasound/MRI) and patients were categorized as low (0–4), moderate (5–8), or high suspicion (≥9).

Results :
Twenty-seven percent of participants showed imaging-based evidence of endometriosis. The mean clinical score was significantly higher among confirmed cases (8.3 ± 1.4) compared to others (3.1 ± 1.1, $p < 0.001$). A cut-off score ≥6 predicted endometriosis with 82% sensitivity and 75% specificity.

Conclusion :
This simple clinical scoring tool effectively identifies high-risk women for endometriosis in facilities with limited diagnostic support. The score does not diagnose the disease but flags high-risk patients for targeted imaging and early hormonal therapy. In hospitals lacking laparoscopy, this approach can bridge the diagnostic gap and reduce delays in care.

Abstract ID: IO/OP/33

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Abstract Title:
VISISPEC – DEPLOYABLE INTRA-BLADE CAMERA SPECULUM FOR AI-ASSISTED CERVICAL IMAGING

Introduction :
Conventional colposcopy systems rely on external camera arms, inconsistent illumination, and high-cost setups, limiting accessibility, increasing procedure time, and reducing precision, especially in teleconsultation and low-resource settings. These limitations create barriers to early cervical cancer screening and point-of-care diagnosis.

Aims & Objectives :
This study introduces and validates VisiSpec, a next-generation vaginal speculum designed to provide integrated visualization of cervix and AI-assisted cervical pathology detection. The objective is to improve diagnostic accuracy, reduce procedure time, enable uniform illumination, and support scalable screening through onboard intelligent classification.

Materials & Methods :
VisiSpec was developed using iterative CAD-based mechanical design and prototype testing. The device incorporates a 3-DoF ball-and-socket camera mount, a 25 mm fixed internal illumination column, and an onboard EfficientNet-B0 AI classifier trained on 8,215 cervical images to classify Transformation Zones (TZ1, TZ2, TZ3). System performance was assessed for visualization alignment, illumination uniformity, classification accuracy, and procedural timing improvements.

Results :
The AI model achieved 94% classification accuracy across TZ1-3 categories. Prototype evaluations demonstrated center-aligned, obstruction-free visualization, uniform intravaginal illumination, and a 30% reduction in time to optimal visualization, demonstrating improved procedural efficiency compared to conventional setups.

Conclusion :
VisiSpec establishes a novel convergence of mechanical precision and AI-driven diagnostics, enabling faster, accurate, and patient-friendly cervical screening. The system supports remote consultation and equitable care by reducing dependency on external imaging setups and repeat visits. Future work includes real-time AI feedback, edge-learning deployment, confocal and spectral imaging compatibility, a 6-month multicenter feasibility study, and regulatory submission within 12 months, supported by GPU-enabled infrastructure. This innovation aligns with WHO's Cervical cancer eradication by2030

Abstract ID: IO/OP/34

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Abstract Title:
DIGITAL BRIDGES IN MATERNAL CARE: EVALUATING MOBILE HEALTH SUPPORT IN A HIGH- VOLUME TERTIARY HOSPITAL SETTING

Introduction :
Mobile-health (mHealth) tools are increasingly being leveraged to enhance antenatal and neonatal care service delivery in low- and middle-income countries. Evidence suggests improved uptake of key services, yet data from high-volume tertiary obstetric centers remain limited.

Aims & Objectives :
To compare the efficacy of combined smartphone-based mHealth interventions, along-with esanjeevani telemedicine app with standard antenatal care, vs standard antenatal care alone on feto-maternal and neonatal outcomes

Materials & Methods :
In this prospective comparative cohort study, 600 pregnant women (300 intervention arm receiving mHealth support + standard antenatal care; 300 control arm receiving standard antenatal care only) were enrolled at ≤16 weeks gestation, aged 18-35 years, after written informed consent and IEC. All patients in intervention arm were enrolled in the study WhatsApp group with regular reminders, tracking follow ups and compliance, besides educational images and videos. All women will be followed up till 6 weeks post-delivery. Outcomes included: number of ANC visits, supplement adherence, maternal anemia and hypertensive/diabetic complications, mode of delivery; neonatal gestational age at birth, birth weight, Apgar at 1 & 5 min, NICU admissions, exclusive breastfeeding initiation at 6 weeks. Statistical analyses included t-tests, chi-square, logistic regression adjusting for confounders.

Results :
The intervention group required lesser number of ANC visits, had decreased incidence of new onset anemia, besides higher Supplement adherence. Also, it was associated with a lesser fetal morbidity as compared to Control group.

Conclusion :
Integration of mHealth improved care utilization, adherence, and outcomes, underscoring digital innovation’s role in strengthening maternal–child health in India.

Abstract ID: IO/OP/35

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Abstract Title:
EFFECT OF ANTENATAL PERINEAL MASSAGE ON VAGINAL BIRTH RELATED PERINEAL TRAUMA IN PRIMIPARAE -RANDOMISED CONTROL TRIAL

Introduction :
Childbirth is often associated with perineal trauma, either in the form of spontaneous tears or episiotomy, both of which contribute significantly to maternal morbidity. Various preventive strategies have been explored to minimize perineal injury, among which antenatal perineal massage has proven benefits.

Aims & Objectives :
To compare the frequency of perineal tears in women who will recieve antepartum perineal massage as compare to women who will not recieve perineal massage.

Materials & Methods :
This randomized controlled trial was conducted in LHMC. A total of 110 low-risk primigravidae aged 18–35 years, recruited between 34–36 weeks of gestation, were enrolled after providing written informed consent. Women fulfilling the inclusion and exclusion criteria were randomized into two groups: the study group practiced antenatal perineal massage, while the control group received routine antenatal care without massage.

Results :
Antenatal perineal massage did not significantly shorten labour duration but was associated with clear benefits in perineal outcomes. The need for episiotomy was significantly reduced in the massage group (67.3% vs. 94.5%, $p < 0.001$), while the incidence of spontaneous tears was slightly higher but not significant. No severe (third- or fourth-degree) tears were observed. Importantly, postpartum pain scores were significantly lower in the massage group (5.76 vs. 7.13, $p < 0.001$), indicating improved maternal comfort. Neonatal outcomes were comparable across groups. Overall, perineal massage proved to be a safe and effective intervention, reducing episiotomy rates and postpartum pain without adverse maternal or neonatal effects.

Conclusion :
Antenatal perineal massage reduced the need for episiotomy and significantly lowered postpartum pain but no effect on perineal tears.

Abstract ID: IO/OP/36

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Abstract Title:
LETROZOLE AS AN ALTERNATIVE TO MIFEPRISTONE FOR MEDICAL TERMINATION OF FIRST-TRIMESTER PREGNANCY: CLINICAL OUTCOMES AND SAFETY ASSESSMENT

Introduction :
Medical abortion using mifepristone and misoprostol is widely practiced; however, mifepristone use is often limited by cost and availability. Letrozole, a selective aromatase inhibitor, has emerged as a potential alternative for first-trimester medical termination

Aims & Objectives :
To evaluate whether letrozole pre-treatment with misoprostol is non-inferior to mifepristone pre-treatment with misoprostol in achieving complete abortion in first-trimester missed miscarriage.

Materials & Methods :
A prospective, open-label, randomized controlled trial was conducted in the Department of Obstetrics and Gynaecology, Dr. S.N. Medical College, Jodhpur, from March 2025 to May 2025. Eighty women with intrauterine pregnancies ≤12 weeks, eligible for medical abortion, were randomized into two groups. Group A received oral letrozole 10 mg daily for three days, followed by vaginal misoprostol 800 µg on day 3. Group B received oral mifepristone 200 mg followed by vaginal misoprostol 800 µg after 48 hours. The primary outcome was the complete abortion rate; secondary outcomes included the induction-to-expulsion interval, bleeding duration, side effects, and haemoglobin change.

Results :
Complete abortion occurred in 92.5% of participants (95% in the letrozole group vs. 90% in the mifepristone group). The mean induction-to-expulsion interval was longer in the letrozole group (63.4 hours) than in the mifepristone group (54.8 hours), while mean bleeding duration and haemoglobin drop were lower. Both regimens were well tolerated, with mild side effects such as nausea, abdominal pain, and fever.

Conclusion :
Letrozole with misoprostol is a safe, effective, and well-tolerated alternative to the standard mifepristone–misoprostol regimen for first-trimester medical abortion.

Abstract ID: IO/OP/37

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Abstract Title:
A NOVEL TECHNIQUE OF ENDOMETRIAL SAMPLING USING ENDOCERVICAL CYTOBRUSH FOR DETECTION OF ENDOMETRIAL PATHOLOGY - A PILOT STUDY

Introduction :
Abnormal uterine bleeding is a common gynecological concern that necessitates endometrial assessment to identify underlying endometrial pathology. This study evaluated a novel, minimally invasive, and cost-effective tool using endocervical cytobrush with a protective sleeve with conventional cytology techniques for endometrial sampling.

Aims & Objectives :
To determine the accuracy and sampling satisfaction of endocervical cytobrush for endometrial cytology in the detection of endometrial pathology.

Materials & Methods :
his observational, cross-sectional pilot study included 60 women presenting with abnormal uterine bleeding (AUB) or postmenopausal bleeding. Endometrial samples were collected using an endocervical cytobrush with a protective sleeve and analyzed using conventional cytology techniques followed by D&C. The cytological findings were then compared with histopathology. Sensitivity, specificity, and overall diagnostic accuracy were assessed to evaluate the effectiveness of cytological analysis in detecting endometrial pathology. Ethical approval was obtained.

Results :
The sampling adequacy rate was 91.6%, with a sensitivity of 80% and specificity of 100% for detecting premalignant and malignant pathology, and overall diagnostic accuracy of 98.2%. The kappa agreement coefficient (0.86) demonstrated substantial concordance between cytology and histopathology.

Conclusion :
The new sampling device using endocervical cytobrush (supplied in the Pap kit) with a protective sleeve is an innovative, cost-effective, easily available, and minimally invasive alternative to other cytobrushes, making it suitable for endometrial sampling in resource-limited settings.

Abstract ID: IO/OP/38

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Abstract Title:
OBJECTIVE QUANTIFICATION OF POSTPARTUM BLOOD LOSS USING THE CHHATTISGARH DRAPE AND HEMODYNAMIC CORRELATES: CARBETOCIN VS STANDARD ACTIVE MANAGEMENT IN VAGINAL DELIVERIES

Introduction :
Accurate quantification of postpartum blood loss is vital for early recognition and management of postpartum hemorrhage (PPH). Conventional visual estimation is subjective and often underestimates actual loss. The indigenous Chhattisgarh drape enables calibrated, quantitative blood loss (QBL) measurement. Carbetocin, a heat-stable oxytocin analogue, offers prolonged uterotonic action with better compliance in low-resource settings. The present study aimed to integrate quantitative assessment with pharmacologic optimization for improved maternal outcomes.

Aims & Objectives :
To compare the effect of prophylactic carbetocin with standard active management using oxytocin on objectively measured blood loss using the Chhattisgarh drape and to correlate QBL with maternal hemodynamic parameters.

Materials & Methods :
A randomized controlled trial was conducted in 200 term parturients undergoing vaginal delivery, allocated equally to receive either IV carbetocin (100 µg) or standard oxytocin (10 IU) after fetal delivery. Quantitative blood loss was recorded using the Chhattisgarh drape during the third stage and up to one hour postpartum. Hemodynamic parameters (heart rate, mean arterial pressure, and shock index) were simultaneously recorded. Secondary outcomes included incidence of PPH (≥500 mL and ≥1000 mL), need for additional uterotonics or transfusion, hemoglobin fall at 24 hours, and adverse effects.

Results :
Mean QBL was significantly lower in the carbetocin group (372 ± 118 mL) compared to the oxytocin group (486 ± 142 mL, $p < 0.001$). The incidence of PPH (≥500 mL) was 10% with carbetocin versus 26% with oxytocin. Fewer women required additional uterotonics (8% vs 22%, $p = 0.01$), and the mean hemoglobin drop was less pronounced (0.8 ± 0.4g/dL vs 1.3 ±

Conclusion :
Carbetocin significantly reduces quantitative blood loss and PPH incidence compared to oxytocin when measured objectively using the Chhattisgarh drape. The correlation between QBL and hemodynamic

Abstract ID: IO/OP/39

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Abstract Title:
ULTRASOUND PLACENTAL IMAGE TEXTURE ANALYSIS USING ARTIFICIAL INTELLIGENCE: A NEW MODEL TO PREDICT FETAL GROWTH RESTRICTION

Introduction :
Over the past few decades, people have started working on artificial intelligence (AI) for medical data analysis.

Aims & Objectives :
Use of ultrasound placental image texture analysis (UPIA) for prediction of fetal growth restriction (FGR) using machine learning (ML) and deep learning (DL) algorithm.

Materials & Methods :
In this prospective observational study, the placental ultrasound (US) images at 11-14 weeks (T1), 20-24 weeks (T2), and 28-32 weeks (T3) were studied. Women with FGR were cases, and those with no adverse maternal or fetal outcome were controls. The image data of cases and controls were divided into training, validation, and testing subsets in the ratio of 75%, 15%, and 10%, respectively. Transfer learning models were used as deep learning techniques. The accuracy, sensitivity specificity, of the different DL techniques were calculated and compared.

Results :
A total of 190/1008 (18.8%) subjects had FGR.A total of 600/1008 (59.5%) subjects had a normal outcome and were taken as controls. Applying VGG16 model on T1and T2 images, the accuracy of EO FGR prediction, was 95.5% and 90.7% respectively. For LO FGR it was 74.8%, 87.2% and 89.6% for T1, T2 and T3 images respectively. Using Tabnet classifier with Vision transformer (ViT), the accuracy and AUROC scores were 90.1% and 0.862 for T1, 88.4% and 0.815 for T2 for the prediction of EO FGR. The sensitivity and specificity for EO FGR prediction for T1 was 100% & 94.8% for VGG16 and 70% & 95%, using ViT.

Conclusion :
UPIA using DL and ML could differentiate women with normal outcomes and those with FGR with excellent

Abstract ID: IO/OP/40

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Abstract Title:
A COMPARATIVE STUDY ON THE EFFECTIVENESS OF VAT METHOD VERSUS BSD OF ANTENATAL EXAMINATION AS A TEACHING TOOL FOR MEDICAL STUDENT PHAS III

Introduction :
This study investigates and compares the effectiveness of two teaching methodology-VAT and BSD on antenatal abdominal examination

Aims & Objectives :
To assess the improvement in student's knowledge following each teaching method

Materials & Methods :
A total of 40 Postgraduates medical student were randomly assigned to two equal groups Group A received training through BSD Group B received training through VAT

Results :
Both VAT and BSD Group showed statistically significant improvement in post tests score

Conclusion :
The study conclude that both video assisted teaching and bedside demonstration are effective teaching tool for antenatal examination. While VAT offer advantage such as visual clarity, repeatability and accessibility. BSD provides essential real time patient interaction and hands on practice.Neither method proved significantly superior in terms of overall performance, highlighting the potential benefits of a blended teaching approach that combines the strengths of both method to enhance learning outcomes.

Abstract ID: IO/OP/41

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Abstract Title:
EFFICACY AND SAFETY OF VAGINAL ARABIN PESSARY IN PREVENTING SPONTANEOUS PRETERM BIRTH: A PROSPECTIVE CLINICAL STUDY FROM INDIA

Introduction :
Spontaneous preterm birth (SPB) remains a major contributor to neonatal morbidity and mortality. The Arabin pessary is increasingly being explored as a non-invasive preventive option for women with cervical insufficiency.

Aims & Objectives :
To evaluate the efficacy, safety, and maternal satisfaction associated with the vaginal Arabin pessary in preventing SPB among high-risk Indian women.

Materials & Methods :
A prospective observational study was conducted involving 50 singleton pregnancies with transvaginal ultrasound-confirmed cervical length <25 mm between 18–28 weeks of gestation (2021–2025). Women with suspected infection or multiple gestations were excluded. Pessary insertion was followed by routine antenatal monitoring until delivery

Results :
Mean maternal age was 27.6 ± 4.1 years, mean parity 1.7, and BMI 27.3 kg/m². The mean gestational age at pessary insertion was 25 weeks, and mean gestational age at delivery was 37.3 weeks, giving a mean latency period of 12.3 weeks. In total, 64% delivered ≥37 weeks, 18% delivered 34–36+6 weeks, and 18% delivered <34 weeks. Mean birth weight was 2840 ± 412 g. Delivery mode was 52% caesarean and 48% vaginal. Complications included PPROM (32%), chorioamnionitis (2%), and minor discomforts (14% discharge; 4% insertion pain; 12% removal discomfort). No stillbirths occurred; neonatal survival was 98% with one neonatal death due to extreme prematurity. Maternal satisfaction was high, with 96% willing to opt for pessary again.

Conclusion :
The Arabin pessary is a safe, cost-effective, and well-tolerated intervention that significantly prolongs pregnancy and enhances neonatal outcomes in women with cervical insufficiency. Larger randomized controlled trials are needed for nationwide guideline adoption in India.

Abstract ID: IO/OP/42

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Abstract Title:
THE GDM CRYSTAL BALL: HARNESSING ADIPOKINE SIGNATURES FOR EARLY DETECTION

Introduction :
Gestational diabetes mellitus (GDM) remains a major contributor to maternal and perinatal morbidity. Conventional screening often delaying risk stratification and intervention has created a felt need for adipokine biomarkers especially in early pregnancy.

Aims & Objectives :
To determine the predictive utility of first-trimester visfatin and leptin levels for early identification of GDM

Materials & Methods :
This prospective cohort study, conducted over 18 months at VMMC & Safdarjung Hospital, included pregnant women aged 18–35 years enrolled at their first antenatal visit. Serum visfatin and leptin levels were measured using ELISA at first visit. All participants underwent a 75g, 2-hour OGTT at 24–28 weeks and again at 32–34 weeks using DIPSI criteria, and were followed longitudinally to assess the development of GDM.

Results :
Visfatin (AUROC 0.805) and leptin (AUROC 0.831) demonstrated strong independent predictive value. The combined visfatin-leptin model significantly outperformed individual markers, achieving excellent discrimination (AUROC 0.936) with a sensitivity of 97.4% and thereby accurately ruling out GDM risk in the first trimester.

Conclusion :
First-trimester visfatin and leptin levels demonstrate strong predictive utility for early identification of GDM, These findings highlight the potential of adipokine-based screening to enable earlier risk stratification, timely intervention, and improved maternal–fetal outcomes. Incorporating adipokine signatures into routine antenatal care may serve as a valuable adjunct to existing GDM screening strategies.

Abstract ID: IO/OP/43

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Abstract Title:
SINGLE OPERATOR EXPERIENCE OF KIELLAND'S FORCEPS IN SOUTH ASIAN WOMEN: A 10-YEAR RETROSPECTIVE OBSERVATIONAL STUDY

Introduction :
Kielland's forceps are designed to overcome malposition of the fetal head in the second stage of labour. After a decline in use due to reported adverse outcomes and fear of litigation, recent evidence suggests that they may be safe and effective in trained hands. We expect to document the 10-year experience of a single operator on Kielland's forceps in South Asian women by retrospectively observing both maternal and fetal outcomes.

Aims & Objectives :
To evaluate the single operator experience of using Kielland's forceps. Primary objective: To evaluate the efficacy of Kielland's forceps in preventing second-stage CS in South Asian women. Secondary Objective: To determine the incidence of maternal morbidity and the incidence of neonatal morbidity.

Materials & Methods :
This was a retrospective observational study of all Kielland's forceps deliveries conducted at Rajagiri Hospital, between November 2015 to December 2025. Data were obtained from the parturition register of the department. The collected data were analysed, and results were obtained.

Results :
Among a total of 14000 deliveries from 2015 to 2025, there were 100 cases of Kielland's forceps delivery. Out of which 99 were successful. There were 3 cases of traumatic PPH from vaginal lacerations. There was no fourth-degree tear. There was 1 case of 3B tear and 5 cases of 3A tear. Mean blood loss was ml. There was no case of HIE or injury to the baby.

Conclusion :
Kielland's forceps application for rotation and traction is a safe alternative to second-stage CS in a highly skilled obstetrician's hand.

Abstract ID: IO/OP/44

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Abstract Title:
EVALUATING THE IMPACT OF ENHANCED RECOVERY AFTER SURGERY (ERAS) PROTOCOLS VERSUS CONVENTIONAL CARE IN ELECTIVE CESAREAN SECTIONS

Introduction :
Enhanced Recovery After Surgery (ERAS) is a multidisciplinary approach aimed at optimizing perioperative care to accelerate recovery and reduce surgical stress. This study was conducted to overcome existing barriers and implement ERAS components to improve perioperative and postoperative care in cesarean section patients.

Aims & Objectives :
To compare postoperative recovery parameters and complications between ERAS and standard care groups, and to assess recovery quality and patient satisfaction using standardized questionnaires.

Materials & Methods :
A prospective study was conducted in the Department of Obstetrics & Gynaecology at the School of Medical Sciences and Research, Greater Noida. A total of 120 women undergoing elective cesarean section were randomly divided into two groups of 60 each—Group A (ERAS) and Group B (standard care).

Results :
The ERAS group showed significantly shorter hospital stays and earlier readiness for discharge. Postoperative pain scores (VAS) were lower in the ERAS group. Key ERAS components were implemented successfully, with notable improvements in time to ambulation, catheter removal, and resumption of oral intake. Patient satisfaction scores were also higher in the ERAS group.

Conclusion :
ERAS protocol implementation in elective cesarean section patients results in enhanced recovery, better pain control, shorter hospitalization, and improved patient satisfaction compared to standard practices.
Keywords: ERAS, Ceasrean Section

Abstract ID: MCH/OP/01

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Abstract Title:
FLAT FACIAL PROFILE IN FETUSES: A CASE SERIES OF 16 CASES AND THEIR OUTCOMES

Introduction :
A flat facial profile detected on a level 2 anomaly scan may signal chromosomal abnormalities, syndromic associations such as Binder syndrome (maxillonasal dysplasia), or isolated developmental variations.

Aims & Objectives :
This case series reviews 16 fetuses with a flat facial profile, detailing ultrasound findings, genetic testing, and outcomes.

Materials & Methods :
Sixteen fetuses identified between 2021–2025 at Dr Bhalla's Centre and Apollo Hospitals, Amritsar, were assessed at 18–20 weeks gestation. Ultrasound criteria included flattened nasal bridge, absent nasal bone, retrognathia or maxillary hypoplasia, reduced nasolabial angle, depressed columella, and associated anomalies. All patients were counseled for genetic investigations, including amniocentesis, and outcomes were recorded.

Results :
Of the 16 cases: • Five underwent amniocentesis; four had normal karyotypes and delivered healthy babies. One ongoing twin pregnancy showed 15q11.2q13.1 deletion in the affected fetus. • Two pregnancies were terminated without further testing, including one with renal anomalies. • Four resulted in pregnancy loss: one NIPT suggested Down syndrome; one had early-onset growth restriction with intrauterine demise; one had confirmed Sjögren-Larsson syndrome; and one twin pregnancy ended in PPROM. • Five continued without further testing, resulting in healthy live births. In total, nine pregnancies resulted in healthy children (eight are now over two years old). One twin pregnancy is ongoing.

Conclusion :
A flat facial profile warrants detailed ultrasound evaluation and genetic counseling. While some cases are associated with chromosomal abnormalities, others are normal variants with favorable outcomes. Thorough assessment and confirmatory testing are essential to guide management and parental decisions.

Abstract ID: MCH/OP/02

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Abstract Title:
RESULTS OF ALTERNATE SEQUENTIAL SUTURE TIGHTENING: A NOVEL TECHNIQUE FOR UNCONROLLED POSTPARTUM HAEMORRHAGE

Introduction :
The most described technique of modified B-Lynch suture may not be suitable for all the patients presenting with flabby, atonic uterus.

Aims & Objectives :
To evaluate the results of alternate sequential suture tightening techniques applied in cases of severe post-partum haemorrhages in a setting of tertiary care of hospital.

Materials & Methods :
A retrospective analysis of 106 patients with uncontrolled postpartum haemorrhage, who underwent this procedure from 2012 to September 2024, was conducted. In this novel technique, sutures are passed in the lower uterine segment and are tightened alternately to control uterine bleeding

Results :
Average duration of the procedure was 4 minutes (range 2-7 minutes). Average blood loss was 650 mL (range 550-2500 mL). One hundred and six patients (100%) were seen to have a successful outcome with only this technique. No patient required hysterectomy; all the patients had a minimum follow-up of 6 months; and many had pregnancy within one year.

Conclusion :
This technique is simple, quick, and effective. There was no adverse effect on the fertility potential. This technique can be considered as the primary surgical treatment in atonic postpartum haemorrhage in view of its easy technicality which can be easily done by resident and due to practically no side effects and no long-term complications. Technique published as Ghosh SB, Mala YM. Alternate sequential suture tightening: a novel technique for uncontrolled postpartum haemorrhage. Obstet Gynecol Int. 2015; 2015:145178. doi:10.1155/2015/145178. Epub 2015 Mar 22.

Abstract ID: MCH/OP/03

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Abstract Title:
PREDICTORS OF DELIVERY IN MEDICALLY INDUCED BIRTHS: AN OBSERVATIONAL BASED ANALYSIS

Introduction :
In India, the rate of medically induced births is rising due to post-term pregnancy, hypertensive disorders, diabetes, and non-reassuring foetal status. Predicting the likelihood of vaginal delivery in such cases optimizes maternal–neonatal outcomes, reduces unnecessary caesareans, and tailors induction protocols in the era of personalised medicine.

Aims & Objectives :
To identify clinical, cervical, fetal, and procedural predictors influencing the likelihood of vaginal delivery following medical induction of labour.

Materials & Methods :
A synthesis of literature, clinical guidelines, and observational data from a tertiary obstetric unit was analysed. Predictors assessed included maternal characteristics (parity, age, BMI, comorbidities), cervical parameters (Bishop score, ultrasound), fetal factors (presentation, engagement, estimated weight), and intrapartum management (ripening method, augmentation, supportive care). Outcomes were categorised as successful vaginal delivery versus operative intervention.Exclusion criteria:Previous uterine surgery, vasa previa, maternal cardiac disease, spontaneous labour, major foetal anomalies incompatible with life, placenta previa, multiple gestation, intrauterine foetal death, malpresentation, and gestational age <28 weeks.Labour induction protocol:Induction followed standard protocol using an intracervical Foley's catheter for mechanical ripening and 25 mcg misoprostol, up to 5 doses at 4-hour intervals. Induction failure was defined as lack of labour progression thereafter.

Results :
High Bishop score (≥6), cervical length <25 mm, anterior cervical angle ≥120°, multiparity, prior vaginal delivery, cephalic presentation, engaged head, and optimal fetal weight predicted success. Procedural optimisation further improved outcomes; unfavourable cervix, high BMI, macrosomia, and prolonged induction increased caesarean risk.

Conclusion :
Integrating maternal, cervical, fetal, and procedural predictors enables accurate counselling and individualised induction strategies, improving vaginal delivery rates while maintaining safety.

Abstract ID: MCH/OP/04

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Abstract Title:
MATERNAL DEPRESSION AND STRESS IN PREGNANT MOTHER WITH ANTENATAL DIAGNOSIS OF FETAL STRUCTURAL ANOMALY

Introduction :
Pregnancy is a natural process but increases vulnerability to stress and depression, often under recognized. The prevalence of depression is 7-25%, higher when fetal anomalies are detected on mid-trimester ultrasound. Anomalies occur in about 4% of births, though early detection improves care, it can also cause maternal stress. Poor mental health during pregnancy is linked with preterm birth, low birth weight, and postpartum depression. In India, limited data exist on maternal stress and depression after anomaly detection. Our study compares these outcomes in women with fetal anomalies versus normal ultrasound-findings.

Aims & Objectives :
Aim:Maternal Depression and Stress in pregnant mother with Antenatal Diagnosis of Fetal Structural Anomaly objective: To compare the levels of stress in expectant mothers with antenatal diagnosis of fetal structural anomaly and expectant mothers with normal ultrasound finding, assessed in antenatal clinic on their first visit within 2 weeks after anomaly ultrasound.

Materials & Methods :
A hospital-based cross-sectional comparative study was conducted from May 2023 to October 2024 in Department of Obstetrics and Gynaecology, Smt. Sucheta Kripani Hospital, Lady Hardinge Medical College, on pregnant women attending the antenatal clinic for obstetric ultrasound to detect fetal anomalies.

Results :
Nearly half of the women (48.4%) scored ≥24, indicating significant stress. Similarly, 53.1% scored ≥10, reflecting the presence of depression.

Conclusion :
This study showed markedly higher stress (48.4%) and depression (53.1%) in women with fetal anomaly diagnosis versus controls.Cases had 28-fold higher odds of stress and10-fold higher odds of depression, independent of background factors. Routine screening,counselling and psychosocial support should be integrated into antenatal care,to guide targeted interventions.

Abstract ID: MCH/OP/05

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Abstract Title:
ENHANCED RECOVERY AFTER CESAREAN DELIVERY

Introduction :
A multidisciplinary, evidence based strategy called ERAS aims to enhance surgical care throughout the perioperative period. It attempts to optimize patient outcomes without raising postoperative problems by reducing physiological response during surgery

Aims & Objectives :
To study feasibility of implementation of ERAC protocols in patients undergoing Cesarean delivery.To compare length of stay and post operative complications in patients managed under ERAC protocols

Materials & Methods :
Prospective , observational, cohort study including all cesarean deliveries. total 850 patients included out of which in 400 ERAC protocols were followed and in 450 patients protocols were not followed. Patients were evaluated for length of hospital stay, post op nausea & vomiting, post op analgesia, post op complications.

Results :
The present study reported that implementation of ERAC protocols results in significant reduction in length of hospital stay, improved post op analgesia and reduced requirement of opioids when cesarean is performed

Conclusion :
Our findings contribute to the body of evidence suggesting that a portion of ERAC protocols can be implemented for obstetric patients with a favourable outcome , despite the fact that there are hurdles involved in the administration of full ERAC protocols.

Abstract ID: MCH/OP/06

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Abstract Title:
INCIDENCE OF UNRECOGNISED OBSTETRIC ANAL SPHINCTER INJURY IN PRIMIGRAVIA DELIVERED VAGINALLY OR HAD A CESAREAN SECTION, AND TO CORRELATE WITH THE RISK FACTORS

Introduction :
Obstetric Anal Sphincter Injuries (OASIS) are well-recognized, but a high proportion of cases remain unrecognized at delivery. Occult OASIS leads to anal incontinence, a distressing condition that impairs quality of life. The reported prevalence of OASIS ranges from 0.5–5%, while unrecognized or occult OASIS is 6.8–13.5% of cases Diagnosis of occult OASIS can be challenging on routine examination. Endoanal ultrasound is considered the gold standard for detecting such injuries, enabling timely management and prevention of chronic morbidity

Aims & Objectives :
To find incidence of unrecognized obstetric anal sphincter injuries among primigravida delivered vaginally or had a cesarean section, and to find correlation with risk factors

Materials & Methods :
This is a prospective observational study carried out on 300 primigravida delivered vaginally or via caesarean section at or more than 36 weeks were included in the study. They were asked to answer questions to assess incontinence score followed by detailed perineal examination. The patient with high St Mark score or low DRESS score or short perineal body ie <2.5cm or had an operative vaginal delivery were likely candidate for occult OASIS, which was further evaluated by endoanal ultrasound.

Results :
Incidence rate of occult OASIS was 2%. Incidence of anal incontinence was 3.33% .Occult OASIS had significantly higher in vacuum delivery

Conclusion :
Occult OASIS occurred in 2% of primigravida, strongly linked with operative vaginal deliveries and higher neonatal weight. Endoanal ultrasound was crucial for diagnosis. The study highlights the importance of detailed interaction with patients along with methodological examination, which helped in detecting women with occult OASIS.

Abstract ID: MCH/OP/07

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Abstract Title:
FETO-MATERNAL OUTCOMES IN FIBROID COMPLICATING PREGNANCY OVER 1 YEAR AT SMGS HOSPITAL JAMMU: A RETROSPECTIVE DATA ANALYSIS

Introduction :
Uterine fibroids are common benign smooth muscle tumors of the uterus, affecting up to 70% of women during their lifetime. While often asymptomatic, fibroids may complicate pregnancy, leading to adverse maternal and fetal outcomes.

Aims & Objectives :
To determine the prevalence and fetomaternal outcomes in pregnancies complicated by fibroids at SMGS Hospital, Jammu over a one-year period

Materials & Methods :
A retrospective analysis was conducted from July 2022 to June 2023 in the Department of Obstetrics and Gynecology, SMGS Hospital, Jammu. Antenatal cases with fibroid-complicated pregnancies were identified from hospital records. Demographic characteristics, parity, gestational age, maternal complications, delivery mode, and neonatal outcomes were analyzed.

Results :
Out of 18,682 deliveries, 61 were complicated by fibroids, giving a prevalence of 0.3%. The mean maternal age was 29.1 ± 4.7 years, with primigravidas forming the largest group (54.1%). The mean gestational age at delivery was 36 weeks. Cesarean delivery occurred in 55.8% of cases, primarily due to previous cesarean section, non-progression of labor, fetal distress, and malpresentation. Common maternal complications included preterm labor (16.4%), preterm premature rupture of membranes (14.7%), blood transfusion requirement (13.1%), intrauterine growth restriction (11.5%), malpresentation (11.5%), and postpartum hemorrhage (9.8%). There were 59 live births (96.7%) and 2 intrauterine deaths (3.3%). Low birth weight (<2.5 kg) was seen in 31.2% of neonates, while 11.8% required NICU admission

Conclusion :
Pregnancy complicated with fibroids constitutes a high-risk condition with increased rates of cesarean delivery, preterm birth, malpresentation, growth restriction, and NICU admissions. Careful antenatal, intrapartum, and postpartum surveillance is essential to optimize maternal and fetal outcomes

Abstract ID: MCH/OP/09

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Abstract Title:
COMPARISON OF PREGNANCY OUTCOMES BETWEEN TWIN PREGNANCIES WITH AND WITHOUT GESTATIONAL DIABETES MELLITUS-A PROSPECTIVE COHORT STUDY

Introduction :
The rates of twin pregnancy and GDM are progressively growing and their simultaneous presentation is likely to increase which may further compound the adverse outcomes.

Aims & Objectives :
To compare pregnancy outcomes in Twin pregnancies with GDM and without GDM and to assess the factors associated with adverse pregnancy outcomes in twin pregnancies with GDM.

Materials & Methods :
This prospective cohort study was carried out from August 2023 to June 2025 in the Department of Obstetrics and Gynecology, Women and Children Hospital, Jawaharlal Institute of Postgraduate Medical and Research (JIPMER) Puducherry. A total of 348 pregnant women >18 years of age with twin pregnancies were included in the study. Women with type 1 or type 2 diabetes mellitus and those on steroids were excluded. The study participants were then divided into two groups based on the diagnosis of GDM and included 116 women with twins with GDM and 232 women with twins without GDM.

Results :
Twins with GDM had significantly higher mean maternal age (29.03 vs 27.21 years, p=0.002) GHTN (13.79%vs11.64%,p=0.036), Preeclampsia (13.79% vs 6.03%,p=0.036), genitourinary tract infections(6.03% vs 1.72%,p=0.047) and preterm birth (68.97% vs 54.74%, p=0.011) and significantly lower IUGR (6.9% vs 15.52%, p=0.023) compared to twins without GDM.

Conclusion :
Preeclampsia, genitourinary infections, preterm birth were significantly higher and intra uterine growth restriction was significantly lower in twins with GDM compared to twins without GDM.

Abstract ID: MCH/OP/10

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Abstract Title:
ANALYSIS OF CLINICAL PROFILE OF THE OBSTETRIC HIGH DEPENDENCY UNIT ADMISSIONS IN A TERTIARY CARE CENTRE

Introduction :
Obstetric high-risk cases pose a challenge in the management. There comes the role of the High Dependency Unit (HDU) in providing adequate care and management. HDU intervention can significantly reduce maternal morbidity and prevent ICU overburdening. However, despite their growing relevance, there is limited literature analyzing the clinical profiles, indications, and outcomes of patients admitted to obstetric HDUs in such environments.

Aims & Objectives :
This study aimed to analyse the clinical profile of the patients admitted under HDU in different facets in terms of socio-demographic characteristics, indications of admission and outcome.

Materials & Methods :
This is a descriptive type retrospective observational study of 72 cases which required HDU admission during the period of January 2022 to June 2022. All the cases were analyzed in different aspects in terms of socio-demographic characteristics, indication for HDU admission and outcome. A descriptive method and univariate analysis were used for statistical analysis.

Results :
The HDU admission rate was calculated to be 8.9%. The majority (43%) of women belonged to the 20-30 years age group, lower socio-economic status (57%) with unbooked status (78%). 65% of the admissions were due to obstetric complications and anaemia (18%) was the major contributing cause. The majority (53%) of the women were discharged after a complete recovery. The mortality was nil. Socioeconomic status, antenatal booking status and type of complication showed significance for outcome with a p-value of <0.05.

Conclusion :
HDU serving as an intermediate level of care could promote earlier admission of high-risk cases right from the time of detection promoting proper monitoring and care.

Abstract ID: MCH/OP/11

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Abstract Title:
COMPARATIVE STUDY OF IRON ISOMALTOSIDE AND FERRIC CARBOXY MALTOSE IN MANAGEMENT OF IRON DEFICIENCY ANAEMIA

Introduction :
More than 50% women of childbearing age, adolescent girls and pregnant women in India still suffer from iron deficiency anaemia. Globally this number is about 30-37%. Intravenous iron has been well established as a method of effective, quick and safe iron delivery. It has greatly decreased the need for blood transfusions. Intravenous iron formulations currently available in India are iron sucrose, ferric carboxy maltose(FCM) and iron isomaltoside.

Aims & Objectives :
To compare iron isomaltoside (relatively newer iron preparation) and ferric carboxymaltose (well established iron since more than 10 years) in management of iron deficiency anaemia

Materials & Methods :
Study was done over one year on 50 pregnant women between 27-34 weeks with mild to moderate anaemia. They were randomly divided into 2 groups. Group ‘A’ received ferriccarboxylmaltose 500 mg in 100cc NS over 15 minutes. Group ‘B’ received iron isomaltoside 500 mg in 100cc NS over 15 minutes. Multiple tests were done like hemoglobin(Hb), TLC, DLC, platelet count, PCV, MCV, MCH, MCHC, RDW, reticulocyte count, serum ferritin, TIBC, serum iron. These were done just before and 15 days after injection. Results were compared.

Results :
Significant improvement was seen in both groups in parameters like Hb, PCV, MCV, MCH, MCHC, TIBC, serum iron, reticulocyte count and ferritin levels. Results were comparable in both groups in terms of haemoglobin rise, serum ferritin rise. Minor adverse reactions were comparable in both the groups. No serious adverse reaction was noted in any group.

Conclusion :
Iron isomaltoside is comparable to ferriccarboxylmaltose in terms of infrequent dosing, safety and efficacy of quick haemoglobin rise.

Abstract ID: MCH/OP/12

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Abstract Title:
EVALUATION OF OBSTETRIC INTENSIVE CARE UNIT ADDMISSION AND RISK FACTORS RESPONSIBLE FOR INTENSIVE CARE ADMISSION

Introduction :
Critically ill patients represent an interesing group with unique characteristics.pregnant patients account for less than 2% of icu admissions in developed countries but may reach upto 10%or more in developing countries.Management of such patients becomes multidisciplinary involving obstetricians,anaesthetis,nursesand neonatologists.

Aims & Objectives :
To analyse obstetric admissions to ICU and to identify the associated risk factors responsible for icu admission.

Materials & Methods :
A retrospective analysis of 12 months period of all obstetric admissions was carried out in Department of OBGY at MGMMC Indore from may 2019 to may 2020.

Results :
In the study period,12828 women deliverd in hospital.Out ofthis 128 women were admitted in the obstetric icu with 61%survivors and 67% non survivors

Conclusion :
Obstetric hemorrhage remains the leading cause of ICU admission.Anemia still continues to be one of the major killers

Abstract ID: MCH/OP/13

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Abstract Title:
CORRELATION BETWEEN EARLY FEEDING AND POSTOPERATIVE RECOVERY IN WOMEN UNDERGOING CESAREAN SECTION

Introduction :
Traditionally, in women undergoing cesarean section (CS) initiation of oral feeding has been delayed until bowel sounds were auscultated or till passage of flatus. However, enhanced recovery after surgery (ERAS) protocols advocate early feeding to promote faster recovery

Aims & Objectives :
To find association between early feeding and postoperative recovery parameters like ambulation, passage of flatus, bowel opening, and duration of hospital stay.

Materials & Methods :
This was an observational study done over a period of 6 months in a tertiary care hospital in North India. The main outcome measures were time to initiation of oral liquid diet postoperatively (hours), time to ambulation (hours), time to passage of flatus (hours), time to bowel opening (hours) and duration of hospital stay (hours). Continuous variables were presented as Mean+/- Standard deviation. Categorical variables were expressed as frequencies and percentages. Statistical tests like chi-squared test and Spearman's correlation coefficient (rho) were used to assess various relationships.

Results :
260 women undergoing CS were enrolled in the study. There was a weak, statistically significant positive correlation between ambulation and initiation of oral feeding (rho = 0.28, 95% CI: 0.17–0.4, $p < 0.001$), and between passage of flatus and oral feeding (rho = 0.25, 95% CI: 0.13–0.36, $p < 0.001$). Correlations between oral feeding and bowel opening (rho= –0.01, $p = 0.892$) and hospital stay (rho = 0.06, $p = 0.322$) were not statistically significant.

Conclusion :
Early initiation of oral feeding after cesarean section shows favourable association with faster ambulation and earlier passage of flatus, without adverse effects on bowel function or hospital stay.

Abstract ID: MCH/OP/14

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Abstract Title:
FETAL REDUCTION STRATEGIES IN DICHORIONIC TRIAMNIOTIC AND MONOCHORIONIC TRIAMNIOTIC TRIPLETS AND PREGNANCY OUTCOME: A COHORT STUDY

Introduction :
Dichorionic triamniotic (DCTA) and monochorionic triamniotic (MCTA) triplet pregnancies are associated with significant maternal and fetal risks. Multifetal pregnancy reduction (MPR) or selective reduction (SR) may improve outcomes, but data specific to these complex chorionic configurations are limited.

Aims & Objectives :
This study aims to evaluate fetal reduction strategies and pregnancy outcomes in DCTA and MCTA triplets.

Materials & Methods :
This retrospective cohort study included 19 triplet pregnancies (14 DCTA, 5 MCTA) managed with MPR or SR at a tertiary care center in India between January 2021 and January 2025. Reductions were performed using intracardiac potassium chloride (KCl) or radiofrequency ablation (RFA), based on chorionicity and patient choice. Outcomes assessed included live birth, gestational age at delivery, and procedural complications.

Results :
Of the 19 pregnancies, 10 were reduced to singletons and 9 to twins (5 MCDA, 4 DCDA). The overall live birth rate was 89.47% (17/19), with 80% in singletons and 100% in twins. Preterm delivery occurred in 89.47% of pregnancies, with 15.78% delivering before 28 weeks. PPROM occurred in 4 cases (21.05%). Among DCTA pregnancies, RFA was associated with a 100% live birth rate and no extreme preterm births. Complications related to monochorionicity were observed in 31.57% of pregnancies before reduction.

Conclusion:

MPR and SR in DCTA and MCTA triplets are feasible and can yield favorable outcomes when tailored to chorionicity and gestational age. These findings add to existing evidence supporting early, tailored fetal reduction in high-order multiple pregnancies.

Abstract ID: MCH/OP/15

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Abstract Title:
DOUBLE FOLEYS CATHETER IN POST CS PAS HYSTERECTOMY

Introduction :
Most horrible part in obstetric hysterectomy in post cs placenta praevia acreta is bladder dissection. Maximum bleeding and catastrophe occurs here .

Aims & Objectives :
We designed our study to find a safe way of bladder dissection

Materials & Methods :
In our method after classical section baby delivery, keeping placenta intact inside uterus and suturing uterine incision we did both internal iliac tie .Then we tackled both cornual pedicles .After that we create a space in paravescical area using lateral window technique below the level of bladder adhesion with lower uterine segment .One Foleys catheter is passed in this area between bladder and cervix below bladder adhesion area and the catheter is tied around cervix giving a knot posteriorly to make temporary tamponade. Another Foleys catheter is passed in the same space and used to give traction to bladder anteriorly to help bladder dissection in correct plane from lateral to medial aspect . In this method we have done 12 cases in our unit in last two years . We also observed usual bladder dissection technique for post cs placenta praevia acreta - obstetric hysterectomy in other units in G&O dept.of our medical college for another 12 cases. We compared visual blood loss, mean operating time and complication in both methods.

Results :
We found our method superior in all aspects.

Conclusion :
Our bladder dissection technique is a very safe and reproducible way for post- cs PAS obstetric hysterectomy.

Abstract ID: MCH/OP/16

Presenter's Name: Dr. Mridu Mishra

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Abstract Title:
"RUPTURE UTERUS AND MATERNAL OUTCOMES: THE IMPACT OF DELAYS AND DEFICIENCIES IN REFERRAL PATHWAYS"

Introduction :
Uterine rupture is a catastrophic obstetric emergency associated with high maternal and perinatal morbidity and mortality. Despite medical advances, it remains prevalent in low-resource settings due to systemic delays and referral inadequacies.

Aims & Objectives :
To assess the types and impact of referral delays and deficiencies on maternal and perinatal outcomes in cases of uterine rupture, and to identify key gaps in the existing referral pathway.

Materials & Methods :
A retrospective observational study was conducted over one year (January–December 2023) including 37 women with clinically or surgically confirmed uterine rupture. Delays were categorized as: Type I – delay in decision to refer, Type II – delay in arranging referral, and Type III – delay in reaching the tertiary center. Maternal outcomes included morbidity and mortality indicators.

Results :
Mean age was 29.3 years; 86.5% were multiparous and 67.5% had a previous cesarean. Most (81.1%) were referrals with an average delay of 6.5 ± 2.1 hours. Cumulative delays occurred in 70.2%. Major deficiencies were inadequate pre-referral resuscitation (56.7%) and poor communication (81%). Severe morbidity was seen in 78% and maternal mortality in 13.5%. Perinatal mortality reached 89.1%.

Conclusion :
Systemic delays and referral deficiencies significantly worsen maternal and perinatal outcomes in uterine rupture. Strengthening early recognition, stabilization, and coordinated referral networks is crucial to reduce preventable mortality.

Abstract ID: MCH/OP/17

Presenter's Name: Dr. Inlo

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Abstract Title:
A PROSPECTIVE COHORT STUDY COMPARING PLACENTAL ANGIOARCHITECTURE, USING PLACENTAL DYE STUDIES, IN COMPLICATED VERSUS UNCOMPLICATED MONOCHORIONIC TWINS AND ITS CORRELATION WITH PERINATAL OUTCOMES

Introduction :
Monochorionic diamniotic (MCDA) twins share a single placenta with intertwin vascular anastomoses, arterio-venous (AV), arterio-arterial (AA), veno-venous (VV), and veno-arterial (VA). These determine hemodynamic balance and perinatal outcomes. Altered angioarchitecture is linked to complications, twin-to-twin transfusion syndrome (TTTS), selective fetal growth restriction (sFGR), twin anemia–polycythemia sequence (TAPS), and twin reversed arterial perfusion (TRAP).

Aims & Objectives :
To compare placental angioarchitecture between complicated and uncomplicated MCDA twins . To correlate anastomotic patterns in complicated MCDA twins with perinatal outcomes.

Materials & Methods :
A prospective study was conducted on MCDA twin pregnancies between August 2024 and 2025 in fetal medicine unit Christian medical college in liason with Mediscan centre. Vascular anastomoses were studied using placental angiography post-delivery. Statistical analysis used were Mann–Whitney U and Fisher's exact tests ($p < 0.05$).

Results :
Fifteen placentas were analyzed (8 complicated and 7 uncomplicated). Complications were sFGR (57%), TTTS, TAPS, and TRAP (each 14%). Complicated placentas had fewer anastomoses (2.4 ± 1.2 vs 6.8 ± 5.0; $p = 0.03$), AV (2.3 ± 0.9 vs 3.7 ± 3.1; $p = 0.12$) and VV (0.7 ± 0.6 vs 3.7 ± 2.1; $p = 0.02$). The ratio of AV : AA : VV : VA in uncomplicated cases was 2 : 1 : 1.5 : 1. In complicated cases, ratio was 3:1:0:0 in TTTS, 2:1:1:0 in sFGR, 2:1:0:0 in TAPS, and 0:1:1:0 in TRAP.AV-predominant placentas showed positive correlation with intertwin weight.

Conclusion :
Complicated MCDA placentas demonstrated reduced, AV-dominant, and unbalanced anastomoses leading to unidirectional transfusion causing adverse perinatal outcomes, whereas uncomplicated placentas exhibited balanced and compensatory vascular.

Abstract ID: MCH/OP/18

Presenter's Name: Dr. Parul Singh

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Abstract Title:
CEREBROPLACENTAL RATIO: A WINDOW TO FETOMATERNAL OUTCOME IN REDUCED FETAL MOVEMENTS

Introduction :
Fetal movement is a vital indicator of fetal well-being. Reduced fetal movement (RFM) may signify placental insufficiency and is associated with adverse perinatal outcomes. The cerebroplacental ratio (CPR), a Doppler-based measure, is a promising tool to predict fetal compromise. This study evaluates the correlation between CPR and fetomaternal outcome.

Aims & Objectives :
To evaluate CPR in women with RFM and correlate with fetomaternal outcome.

Materials & Methods :
This prospective observational comparative study included 200 antenatal women at ≥36 weeks gestation, divided into two groups: cases including women with RFM(n=100) and controls with normal fetal movements (n=100). CPR was calculated using Doppler indices of the umbilical and middle cerebral arteries. Feto-maternal outcomes were recorded and categorized as per the prescribed proforma. Statistical analysis was performed using SPSS v26.0, with significance at $p<0.05$.

Results :
Cases had significantly lower mean CPR (1.58±0.49) compared to controls (1.75±0.37; p=0.01). Cases had an increased rate of cesarean section for fetal distress, NICU admissions (16% vs. 0%; $p<0.001$), lower birth weights (2.82±0.55 kg vs. 3.04±0.29 kg; $p<0.01$), and lower APGAR scores at 1 minute (<7: 16% vs. 1%; $p<0.01$) compared to control. Regression analysis revealed that CPR significantly predicts NICU admission ($\beta=1.02$, p=0.05).

Conclusion :
This study concluded that RFM was significantly related to low CPR values, and CPR is a significant predictor of adverse feto-maternal outcomes in them. Incorporating CPR measurement in women with RFM may enhance early detection of compromised fetuses.

Abstract ID: MCH/OP/19

Presenter's Name: Dr. Urvashi Sharma

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Abstract Title:
HYPOTHYROIDISM IN PREGNANCY AND ITS FETOMATERNAL OUTCOME

Introduction :
Thyroid function is very intricately related to the reproductive performance in women.It becomes even more important functionally during pregnancy . Babies of women with hypothyroidism in pregnancy are at increased risk of impaired neurological development,premature birth,low birth weight and respiratory distress syndrome.Women with overt hypothyroidism are also at an increased risk for pregnancy complications.

Aims & Objectives :
To determine outcome of pregnancy complicated by hypothyroidism,mode of delivery,maternal as well as fetal outcome.

Materials & Methods :
The study was a prospective study conducted over a period of 6 months from July 2023 to Dec 2023 at OBGYN department of Smgs hospital,Gmc jammu.Sample size of study was 500 females. Inclusion criteria: Hypothyroid females with pregnancy in third trimester and singleton pregnancy. Exclusion criteria: Patients with multifetal gestation,known chronic illnesses like diabetes mellitus,hypertension, kidney disease,liver disorder and previous bad obstetric history. The patients were then followed up and inferences drawn.

Results :
78% pregnant females suffered from overt hypothyroidism and the rest 22% has subclinical hypothyroidism.The mean age of subclinical hypothyroidism population was 19-25 years and the mean age of overt hypothyroidism was 35-43 years. Out of maternal complications,anemia with or without signs of failure was the most common complication,21% followed by preterm delivery with incidence of 12.8% followed by hypertensive disorders of pregnancy 9.8%.39% had no complication during pregnancy.38% patients underwent cesarean section and 62% delivered vaginally.Most common neonatal complication was low birth weight ,25% followed by prematurity,12.8%.

Conclusion :
There is a high prevalence of hypothyroidism in Indian population.Universal screening for hypothyroidism may benefit both mother and fetus positively.

Abstract ID: MCH/OP/20

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Abstract Title:
FETO-MATERNAL OUTCOMES IN INSTRUMENTAL VAGINAL DELIVERIES OVER 3 YEAR PERFORMED AT SMGS HOSPITAL, JAMMU: A RETROSPECTIVE DATA ANALYSIS

Introduction :
Instrumental vaginal delivery (IVD) is an essential obstetric intervention aimed at reducing maternal and neonatal morbidity and avoiding unnecessary cesarean sections. Despite its clinical importance, declining use due to fear of complications has raised concern.

Aims & Objectives :
To determine the incidence of instrumental vaginal deliveries (IVD) To evaluate the feto-maternal outcome, indications of IVD and resulting feto-maternal morbidities in Vacuum and Forceps delivery

Materials & Methods :
This retrospective study was conducted at GMC, Jammu, analysing all antenatal women who underwent IVD between July 2020-June 2023. Patient records, delivery registers and NICU data were reviewed. Maternal and neonatal characteristics, indications, complications were compared between vacuum and forceps deliveries. Statistical analysis was performed using SPSS version 25, with chi-square and t-tests applied ($p < 0.05$= significant)

Results :
Among 31,360 vaginal deliveries, 58 (1.8/1000) were instrumental. 41 (70.7%) were vacuum-assisted and 17 (29.3%) forceps deliveries. Mean maternal age 28.5 ± 4.9 years, 67.2% being nullipara. The most common indications were delayed second stage (27.6%) and fetal distress (25.8%). Maternal complications included cervical and vaginal lacerations (15.5%), extension of episiotomy, traumatic PPH, and vulvar hematoma, the latter being significantly more with forceps. Neonatal complications, including facial abrasions, scalp injuries (12.1%), and cephalhematoma (10.3%), were more frequent with forceps.

Conclusion :
IVDs were infrequent but largely safe when performed by skilled obstetricians, with favorable maternal and neonatal outcomes in most cases. Vacuum was preferred over forceps due to lower complication rates. Training and skill enhancement in operative vaginal deliveries are essential to minimize unnecessary cesarean sections while ensuring maternal and neonatal safety

Abstract ID: MCH/OP/21

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Abstract Title:
ESTIMATION OF SFLT1:PLGF IN PREGNANT WOMEN WITH HYPERTENSIVE DISORDERS IN A TERTIARY HEALTH CARE- A CROSS SECTIONAL STUDY

Introduction :
Pre-eclampsia is a hypertensive disorder in pregnancy after 20wks of gestation characterized by high blood pressure (≥ 140/90mmHg) associated with signs of end organ damage with or without proteinuria. The SFlt-1/PLGF ratio plays a crucial role in diagnosing & predicting the onset of pre-eclampsia (PE) by reflecting an imbalance between anti-angiogenic & pro-angiogenic factors in the maternal blood that precedes clinical symptoms. A low ratio (e.g.≤ 33) can easily rule out pre-eclampsia onset within a short time frame, while a high ratio (≥ 85 or ≥110) depending on gestational age is associated with a high risk of PE .

Aims & Objectives :
Our study aims to determine the SFlt1 to PIGF ratio in pregnancy after 20 weeks of gestation with hypertension for early detection of the onset of PE & timely intervention to prevent its progression to eclampsia and other complication; thereby reducing maternal & perinatal mortality & morbidity.

Materials & Methods :
After obtaining consent for the study, 2ml of venous blood collected from study participants before administration of Inj. MgSO4. The sFlt1 and PlGF values were measured by using ELISA kit individually & ratio was calculated.

Results :
Out of 73 pts. with GHTN/Pre-Eclampsia/Sev.Pre-Eclampsia with Gestational Age >20wks ,70 samples were found to be having elevated sFLT1:PlGF (>33) & 3 samples were having values below 33.

Conclusion :
From the above study,sFLT1:PlGF found to be an important bio-molecular marker which is elevated in pregnant women with hypertensive disorders like PREECLAMPSIA & may be used as a screening test for early detection & interventions thereby preventing progression to Eclampsia.

Abstract ID: MCH/OP/22

Presenter's Name: Dr. Anshuman Jena

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Abstract Title:
A PROSPECTIVE STUDY ON GESTOSIS SCORE-AN INDICATOR OF HYPERTENSIVE DISORDER OF PREGNANCY IN A TERTIARY CARE CENTER

Introduction :
PRE-ECLAMPSIA (PE) ONE OF THE COMMONEST COMPLICATIONS IN PREGNANCY & AN IMPORTANT CAUSE OF MATERNAL & FETAL MORTALITY & MORBIDITY.THE GRAVE NATURE OF THE CONDITION CONTINUES TO BAFFLE US TO USE CERTAIN PREDICTIVE MARKERS IN THE EARLY PART OF THE PREGNANCY WHICH MAY HELP US TO IDENTIFY Women who MAY DEVELOP PE

Aims & Objectives :
To determine the sensitivity, specificity, Positive predictive value (PPV), negative predictive value (NPV) and diagnostic accuracy of HDP-gestosis score for predicting pre- eclampsia

Materials & Methods :
This prospective study included pregnant women who presented at the department of Obstetrics and Gynaecology,MKCG MCH . After 20 weeks of pregnancy, the patients were assessed for the development of pre-eclampsia. Details of age, gravida, obstetric history, menstrual cycle regularity, polycystic ovarian disease history, duration of marriage, parity, past medical and surgical intervention, previous/ present medication, and family history were taken. Gestosis score was calculated and classified into mild (score of 1), moderate (score of 2) and high risk (score of≥3) for the development of Pre-eclampsia (PE). Sensitivity, Specificity, PPV, NPV and diagnostic accuracy of HDP-gestosis score for predicting the development of PE were determined.

Results :
The mean HDP gestosis score in pts.of GHTN-4.3,PE-4.4 & ECLAMPSIA-4.34 with p-value 0.85.

Conclusion :
From my above study,GESTOSIS SCORE prove to be an important predictor of onset of PE in pregnancy & thus can help in decision making thereby improving fetomaternal outcomes.

Abstract ID: MCH/OP/23

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Abstract Title:
OPTIMISING TIMING OF EXPECTANT MANAGEMENT IN PRE-LABOUR RUPTURE OF MEMBRANES IN LOW-RISK PREGNANCIES

Introduction :
Term pre-labour rupture of membranes (PROM) presents a clinical challenge regarding optimal induction timing. Early induction may reduce infection risk, but delayed induction may allow for cervical ripening and spontaneous labour.

Aims & Objectives :
To compare the fetomaternal outcomes of allowing spontaneous onset of labour till 6-hours (Group A) versus 12-hours (Group B) in low-risk term PROM patients.

Materials & Methods :
This is a randomised prospective study of 100 low risk term PROM patients over the course of 1 year in Hamdard Institute of Medical Science and Research and HAHC Hospital, New Delhi. Patients were randomised into Group A (6 hours, n=51) and Group B (12 hours, n=49) after fulfilling inclusion criteria. Outcomes were analysed using Chi-square and Fisher's exact tests.

Results :
Spontaneous labour rates ($p=0.2504$) or overall progression to active labour ($p=0.2805$) were not significantly different in both groups. Duration of leaking till the onset of labour was significantly longer among induced patients of group B in comparison to group A($p<0.001$), however spontaneous onset of labour has no significant difference between both groups ($p=0.389$). Among the patients who needed induction, more number of patients, around 62% patients delivered vaginally in group B in comparison to 47% in group A, although this difference is not statistically significant. Other maternal and fetal parameters were not significantly different in both groups.

Conclusion :
Expectant management of term PROM patients can be done safely up till 12 hours of leaking without compromising fetomaternal outcomes, but larger randomised control trials are needed to further optimise the timing of induction.

Abstract ID: MCH/OP/24

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Abstract Title:
INITIATING LABOUR USING MIFEPRISTONE

Introduction :
Induction of labour is the process of initiating labour in a pregnant female for various indications like post-dated pregnancy, early termination owing to any medical disorder, intra-uterine fetal demise and congenital malformations. In present times, due to better investigations and screening modalities the indications for induction of labour have increased over the time. There are several guidelines and recommendations regarding the different methods and agents of induction and one such agent is Mifepristone. Mifepristone (RU 486) is a steroidal antiprogestin. It acts by competing with progesterone for receptor binding.

Aims & Objectives :
Aim of this study is to evaluate the role of mifepristone as the only agent to induce labour in pregnancies at gestation >20 weeks in both scarred as well as unscarred uterus.

Materials & Methods :
The study was a prospective study, conducted in the Department of obstetrics and gynaecology at SHKM Medical College, Nalhar, Haryana from April,2023 to December ,2024. Study comprised of 54 antenatal women at gestational age greater than 20 weeks requiring termination of pregnancy due to various reasons like intrauterine fetal demise, lethal fetal malformation & PPROM. These included patients with both scarred and unscarred uterus.Inclusion criteria- Singleton pregnancy, gestational age more than 20 weeks, absence of any features of labour(Bishop’s score <6) Exclusion criteria- Multiple pregnancy, sepsis, coagulation disorder, impaired renal or hepatic function.

Results :
Maximum patients(59.25%) delivered within 72 hours since the first dose of tab mifepristone without any additional uterotonics. 12.96% women required additional uterotonics in the form of tab misoprostol and intracervical foleys catheter.

Conclusion :
favourable outcomes

Abstract ID: MCH/OP/25

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Abstract Title:
"A CROSS-SECTIONAL STUDY TO DETERMINE THE PREVALENCE AND EFFECTS OF HYPOTHYROIDISM IN INFERTILE WOMEN OF REPRODUCTIVE AGE GROUP IN WESTERN MAHARASHTRA"

Introduction :
Hypothyroidism has been mostly linked to impaired infertility and irregular ovulation, seen in 2%–4% in the reproductive age group. The key pathway is through the stimulation of thyrotropin-releasing hormone(TRH) and hyperprolactinemia which inhibits the pulsatile release of GnRH with diminished secretion of LH and FSH, which are essential for follicular development and ovulation. Luteal phase defect(LPD) is another outcome. Women with hypothyroidism experience menstrual disturbances reflective of underlying endocrine dysfunction. The study highlights the importance of thyroid screening in infertility care.

Aims & Objectives :
To determine the prevalence of hypothyroidism in infertile women at a tertiary care centre and to evaluate menstrual irregularities in infertile women with hypothyroidism.

Materials & Methods :
A cross-sectional study on infertile women aged 15-45 years at a Tertiary Care Hospital in Western Maharashtra over 18 months.Infertile women with S.TSH>5µIU/ml and/or Anti TPO antibodies positive (>12IU/ml) were included and history taken for menstrual irregularities.

Results :
Out of 280 infertile women, majority were aged between 26–30 years (42.9%). 25% of infertile women(70/280) had hypothyroidism(subclinical+overt), subclinical(19.6%) being more prevalent than overt cases(5.4%). 47% of overt hypothyroid women had menorrhagia($p<0.001$ vs. subclinical). 23% of subclinical cases reported irregular cycles, while 77% were normal. 5.7%(4/70) of hypothyroid women had elevated prolactin with a higher prevalence in overt cases(13.3%) vs. subclinical(3.6%). 16.2% of euthyroid infertile women had Anti-TPO antibodies, indicating potential autoimmune thyroiditis risk. Anti-TPO positivity was significantly higher in hypothyroid groups vs. euthyroid($p<0.001$). Overt hypothyroidism correlated with lower AMH($p=0.03$).

Conclusion :
The findings reinforce the importance of thyroid screening in infertility evaluation to improve reproductive outcomes.

Abstract ID: MCH/OP/26

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Abstract Title:
MATERNAL AND FETAL OUTCOME IN INTRAHEPATIC CHOLESTASIS IN PREGNANCY IN KOLHAN REGION, JHARKHAND

Introduction :
Intrahepatic cholestasis of pregnancy presents with severe pruritus without any primary skin lesion with raised liver enzymes and bile acids. IHCP occurs in the second and third trimester of pregnancy and usually resolves after delivery. Maternal complications include risk of PPROM, PPH, increased operative delivery and deranged coagulation profile.While adverse perinatal outcomes like spontaneous preterm birth, meconium stained liquor and increased NICU admission.

Aims & Objectives :
To know the prevalence of IHCP and its feto-maternal outcome.

Materials & Methods :
It is a case control study conducted over a period of 14 months(June2024-July2025) where patients with IHCP were recruited as cases while apparently healthy pregnant women as control group .

Results :
The incidence of IHCP in our study population was 1.23%. 62% had pruritus in extremities especially palm and sole, followed by itching in whole body in 31%. Elevated ALT levels were detected in 53% while 61% had raised AST levels. Bile acids levels were >14 µmol/l in 86% of patients. Preterm delivery in 24 % case & Meconium stained liquor 28% There was statistically significant difference noted in neonatal jaundice cases between two groups. In 68% of cases, pruritus got relieved within 1 week postpartum and persisted for >1 week in 18% cases.

Conclusion :
Pruritus is the main complaint of IHCP while for diagnosis increased bile acids is main marker with raised liver enzymes. Early termination of pregnancy at 38 weeks is advocated in cases of raised bile acids to obviate the risk of sudden IUD in late pregnancy

Abstract ID: MCH/OP/27

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Abstract Title:
A PROSPECTIVE RANDOMIZED STUDY OF OPTIMIZING OBSTETRICS OUTCOME BY PROGRAMMED LABOUR IN A TERTIARY CARE HOSPITAL

Introduction :
Programmed labour protocol ensures adequate uterine contractions , providing optimum pain relief & close clinical monitoring of labor events. Study was conducted to evaluate the safety and efficacy of Programmed Labour protocol in a study group as against Spontaneous progression of labour.

Aims & Objectives :
To evaluate the impact of programmed labour on maternal and neonatal outcomes as compared to conventional labour management.

Materials & Methods :
This study is a tertiary care hospital based randomized prospective clinical study, conducted in Primigravida with singleton pregnancy with cephalic presentation with spontaneous onset of labor, age 21-35 years with no identifiable medical or obstetric complications, gestational maturity of 37-41 week, NST reactive, in active phase of labor with cervical dilatation 4cms and 50% effaced, no clinical evidence of cephalopelvic disproportion. 200 primigravidas were alternately allocated into 2 groups as study group who received programmed labour protocol & control Group were observed expectantly and underwent spontaneous labour.

Results :
Mean age of patients in study group was 22.15 ± 3.16 years and 22.75 ± 2.96 years in the control group. Period of gestation was 38.76 ±1.10 weeks in study group and 38.54 ± 1.02 weeks in control group. Parameters as duration of active phase of labour, rate of cervical dilatation, duration of 2nd and 3rdstage of labour, average blood loss, Pain relief were favourable in study group & difference was statistically significant ($p<0.05$).

Conclusion :
Programmed labour is safe, effective providing labour analgesia; facilitating cervical dilation and shortening duration of labour with good maternal and fetal outcomes.

Abstract ID: MCH/OP/29

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Abstract Title:
COMPARISON OF EFFICACY OF SINGLE DOSE VERSUS MULTIPLE DOSES OF ANTIBIOTIC PROPHYLAXIS IN PREVENTION OF POST CAESAREAN SECTION INFECTIONS

Introduction :
Antimicrobial agent for prophylaxis is given in LSCS to prevent complications related to infections. As per WHO guidelines, a simple and short (single dose, 30–60 minutes before surgery) antibiotic regimen is advisable for prophylaxis. Also, prophylactic antibiotics are recommended for both women undergoing elective or emergency caesarean section and should be given 30–60 minutes prior to skin incision, rather than intraoperatively after umbilical cord clamping.

Aims & Objectives :
To compare the efficacy of single dose versus multiple doses of antibiotic prophylaxis in preventing post caesarean section infections. Objective: To study and compare incidence of Postoperative fever and Surgical site infection between single dose and multiple dose antibiotic prophylaxis in preventing post caesarean section infections.

Materials & Methods :
The study included 2 groups of 150 pregnant females each who underwent LSCS at the center (either elective or emergency). First group was given only a single dose of the prophylactic antibiotic whereas the second group of patients was given multiple doses of the prophylactic antibiotics. All patients were examined for any signs of infection daily. The wound was also inspected for any infection.

Results :
Single dose group had a higher post operative fever rate, but the difference was not significant statistically. Whereas rate of SSI was similar in two groups.

Conclusion :
The efficacy of single dose antimicrobial prophylaxis and the multiple dose prophylaxis in caesarean patients was comparable with similar rates of post-operative fever and SSI.

Abstract ID: MCH/OP/30

Presenter's Name: Dr. Kiranbala

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Abstract Title:
GOOD PREDICTORS OF SUCCESSFUL VAGINAL BIRTH AFTER CESAREAN (VBAC): A PROSPECTIVE OBSERVATIONAL STUDY

Introduction :
Vaginal Birth After Caesarean (VBAC) is an important strategy to reduce repeat cesarean rates when properly selected. Predicting which women are likely to achieve successful VBAC is essential to ensure maternal and fetal safety.

Aims & Objectives :
To identify maternal and obstetric factors influencing successful VBAC among women with one previous lower segment cesarean section.

Materials & Methods :
A prospective observational study was conducted on 100 antenatal women with a single previous cesarean section at Hi-Tech Medical College and Hospital from January 2025 to august 2025. Inclusion criteria were singleton term pregnancies in cephalic presentation with no contraindication to vaginal delivery. Data were collected regarding maternal age, parity, BMI, indication for prior cesarean, interdelivery interval, Bishop score, and onset of labor. Outcome was categorized as successful VBAC or failed trial of labor(TOLAC)

Results :
Of the 100 women studied, 68% achieved successful VBAC. Success was significantly higher among women under 35 years, with a history of previous vaginal delivery, spontaneous onset of labor, favorable Bishop score ($\geq$6), non-recurrent indication for cesarean, interdelivery interval >18 months, and estimated fetal weight <3.5 kg. Continuous fetal monitoring and careful supervision minimized maternal and neonatal complications.

Conclusion :
VBAC is a safe and effective alternative to repeat cesarean in well-selected women. Spontaneous labor, previous vaginal delivery, favorable cervix, and non-recurrent indication for cesarean are strong predictors of success. Careful selection and intrapartum vigilance are key to improving VBAC outcomes.

Abstract ID: MCH/OP/31

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Abstract Title:
TIMING OF PERIMORTEM CAESAREAN IN MATERNAL ARREST: A FIVE-YEAR REVIEW AND PROPOSAL FOR STRUCTURED RESPONSE.

Introduction :
Maternal cardiac arrest is a rare but catastrophic obstetric emergency requiring an immediate multidisciplinary response. Perimortem caesarean section (PMCS), now termed resuscitative hysterotomy, has evolved from a fetal salvage procedure to a critical maternal resuscitative measure. Timely PMCS can improve outcomes, yet procedural delays are frequent.

Aims & Objectives :
To evaluate the effect of PMCS timing on maternal and fetal survival, identify barriers to timely intervention, and propose protocol-based improvements.

Materials & Methods :
This retrospective cohort study was conducted at a tertiary referral centre in Northern India. Records of 20 pregnant women who underwent PMCS following maternal cardiac arrest (≥20 weeks' gestation) between January 2020 and December 2024 were reviewed. Patients brought in dead or with incomplete data were excluded. Timing was classified as early (<5 minutes) or delayed (≥5 minutes) post-arrest. Outcomes were compared using Fisher's exact test, and ROC analysis assessed the predictive value of timing.

Results :
Early PMCS (<5 minutes) occurred in 35% of cases, yielding maternal and fetal survival rates of 28.6% and 100%, respectively. In the delayed group (≥5 minutes), survival declined to 15.4% (maternal) and 61.5% (fetal). Timing strongly predicted fetal (AUC 0.733) and moderately predicted maternal (AUC 0.594) survival. Hypertensive disorders were the most frequent comorbidity (45%). Cardiovascular causes showed better maternal outcomes than infectious etiologies.

Conclusion :
Timely PMCS (<5 minutes) significantly improves fetal and possibly maternal survival. Gestational age should not delay intervention. Institutional preparedness through simulation-based training and rapid-response teams (PRISM model) is vital to reducing delays and improving outcomes.

Abstract ID: MCH/OP/32

Presenter's Name: Dr. Farazia Rizvi

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Country: India

Abstract Title:
ASSESSMENT OF KNOWLEDGE OF WOMEN ON POSTPARTUM AND NEONATAL CARE PRACTISES: A CROSS-SECTIONAL STUDY

Introduction :
Postpartum care refers to the care of mothers and their children up to 6 weeks of childbirth. Quality postpartum care helps in reducing the maternal and neonatal mortality rate and also promotes the wellbeing of both mother and baby.

Aims & Objectives :
To assess the knowledge and practices of postpartum mothers on postpartum and neonatal care after discharge from a tertiary care hospital.

Materials & Methods :
It is a cross-sectional study done on 100 postpartum women using a questionnaire based on WHO guidelines to assess their knowledge and practices on maternal danger signs, baby danger signs, contraceptive use, infection prevention methods and postpartum care after their discharge at a tertiary care hospital in India. This will enable the health care providers to remove the barriers in accessing postpartum care and address the mental health of postpartum women.

Results :
The knowledge scores of postpartum women were different among different age groups, parity, area of residence, marital status and educational level. Most of the women pay very less attention to their mental health. The health care providers need to counsel these mothers on the specific aspects of postnatal care with poor scores.

Conclusion :
The first 6 weeks postpartum is a period of substantial risk for both mother and the baby. Addressing the mental health and educational needs of mothers during this period can help in significantly reducing maternal and neonatal morbidity and mortality.

Abstract ID: MCH/OP/33

Presenter's Name: Dr. Saumya

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Abstract Title:
JOURNEY FROM REPORTING TO RESPONDING: A TWO-YEAR COMPARATIVE STUDY UNDER MDSR FRAMEWORK

Introduction :
Maternal Death Surveillance and Response (MDSR) provides a structured approach to identify causes of maternal deaths, analyze contributing factors, and recommend preventive strategies. Standardized MDSR forms are designed to improve completeness and quality of death reviews.

Aims & Objectives :
To compare the quality and findings of maternal death reviews before and after MDSR form implementation at a tertiary care centre, and to identify persistent gaps.

Materials & Methods :
A retrospective–prospective comparative study was conducted at Shyam Shah Medical College, Rewa, Madhya Pradesh, over two years (September 2021–August 2023). From September 2021 to August 2022, 60 maternal death records were reviewed retrospectively from available case notes. From September 2022 to August 2023, 60 maternal death records were reviewed prospectively after mandatory MDSR form use. Statistical analysis included descriptive measures and chi-square tests; qualitative feedback from review committees was also obtained.

Results :
A total of 120 maternal deaths were analyzed. The leading direct causes of death in both years were hypertensive disorders of pregnancy, postpartum hemorrhage (PPH), and antepartum hemorrhage (APH). The leading indirect causes were anemia, jaundice, and acute respiratory distress syndrome (ARDS). Delay type 1 (delay in deciding to seek care) was most common, followed by type 2 and type 3 delays in both periods. After MDSR form implementation, the proportion of good-quality reviews increased significantly (1.66% vs 20.83%, $p<0.05$) compared to very limited discussion in the preimplantation phase.

Conclusion :
Implementation of MDSR significantly improved quality and frequency of maternal death reviews. Continued training, interdepartmental coordination, and follow-up are vital to reduce preventable maternal deaths.

Abstract ID: MCH/OP/34

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Abstract Title:
DERMOID CYSTS IN PREGNANCY: AN ENIGMA IN MANAGEMENT FOR GYNAECOLOGISTS: AN ANALYSIS

Introduction :
Dermoid Cyst or Mature Cystic Teratoma constitute about one-third of all benign tumours of ovary diagnosed during pregnancy . Their diagnosis and management during pregnancy is a dilemma for the gynaecologist

Aims & Objectives :
The study aimed to evaluate the clinical depiction, management and feto-maternal outcome of dermoid cysts in pregnancy.

Materials & Methods :
This retrospective observational study was conducted at MAMC, Agroha from Jan2019 to Dec2024 with recruitment of 87 patients. Data was analysed regarding clinical demographic details, radiological and intraoperative diagnostic characteristics , management approaches and feto-maternal sequalae of dermoid cysts in pregnancy. Conservative and Surgically managed groups were compared as well.

Results :
The mean age was 27.8+/-±4.6 years and the mean size of cyst was 6.8+/-±2.7 cm Most cases were diagnosed incidentally on routine ultrasound(82.8%) with only 17.2% presenting symptomatically. Torsion was noticed in 10.3% of cases Expectant management was deployed in more than half of cases,(56.3%),whereas antenatal surgical intervention, was needed in 24.1%, mostly via laparoscopy (76.2%). Most surgeries were executed in 2nd trimester (85.7%). Intraoperative complications were scarce and no malignancy was detected during histopathology. Mean gestational age at delivery was 38.1weeks and preterm delivery was noticed in 16.1% of patients Perinatal Outcomes, like birth weight, NICU admission were similar between the two groups

Conclusion :
Most dermoid cysts detected in pregnancy can be managed conservatively with serial ultrasounds. In cases where surgery is indicated, laparoscopic intervention in the second trimester is most suitable and associated with most beneficial maternofoetal end results

Abstract ID: MCH/OP/36

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Abstract Title:
COMPARATIVE STUDY OF CARBETOCIN VERSUS OXYTOCIN FOR THE PREVENTION OF POST PARTUM HEMORRHAGE IN TWIN PREGNANCY

Introduction :
Twin pregnancies are particularly prone to post-partum hemorrhage (PPH) due to increased uterine distension and atony. Oxytocin has limitations due to its short duration of action and cold-chain dependency. Carbetocin, a long-acting and heat-stable analogue of oxytocin, may offer improved efficacy in preventing PPH.

Aims & Objectives :
To compare the effectiveness of carbetocin and oxytocin in preventing PPH in twin pregnancies during the active management of the third stage of labor.

Materials & Methods :
A prospective randomized controlled trial was conducted on women with twin pregnancies beyond 34 weeks of gestation at Pt. J.N.M. Medical College and Dr. B.R.A.M. Hospital, Raipur. Participants received either Carbetocin (100 mcg IM) or Oxytocin (10 IU IM) after delivery of the second twin. Blood loss, post-delivery fall in haemoglobin, and the need for additional uterotonics, and transfusion were analysed.

Results :
Sixty patients were randomised into two groups of 30 each with similar baseline demographics and parity and underlying comorbidities. The EBL was significantly lower in the carbetocin group (551 mL) than in the oxytocin group (703 mL; $p = 0.021$). The fall in hemoglobin was smaller with carbetocin (0.7 g/dL vs 0.9 g/dL; $p = 0.048$). Fewer women required additional uterotonics (13.3% vs 40%; $p = 0.02$), and blood transfusion needs were reduced (10% vs 23.3%; $p = 0.016$)

Conclusion :
Carbetocin proved more effective than oxytocin in reducing EBL, hemoglobin drop, and the need for additional interventions in twin pregnancies. Despite higher cost, its heat stability and prolonged action makes it a superior alternative for PPH prevention in twin pregnancies.

Abstract ID: MCH/OP/37

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Abstract Title:
COMPARISON BETWEEN CARBETOCIN AND OXYTOCIN IN AMTSL IN PREVENTING PPH IN VAGINAL DELIVERY

Introduction :
Postpartum hemorrhage (PPH) remains a leading cause of maternal morbidity and mortality worldwide. Active management of the third stage of labor (AMTSL) is a key strategy to prevent PPH, with oxytocin being the conventional uterotonic agent. Carbetocin, a long-acting oxytocin analogue, has emerged as a potential alternative with prolonged uterotonic action and reduced need for additional doses.

Aims & Objectives :
To compare the efficacy and safety of carbetocin and oxytocin in the active management of the third stage of labor and in preventing postpartum hemorrhage following vaginal delivery.

Materials & Methods :
This prospective, randomized, comparative study included women undergoing vaginal delivery who were assigned to receive either intramuscular carbetocin 100 µg or oxytocin 10 IU as part of AMTSL. The primary outcomes measured were incidence of PPH and amount of blood loss. Secondary outcomes included duration of the third stage, need for additional uterotonics, and adverse effects.

Results :
Carbetocin was associated with a significantly lower mean blood loss, reduced need for additional uterotonics, and shorter third stage duration compared to oxytocin. Adverse effects were comparable between groups.

Conclusion :
Carbetocin is a safe and more effective alternative to oxytocin for AMTSL in vaginal deliveries, offering superior prevention against PPH.

Abstract ID: MCH/OP/38

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Abstract Title:
EPIDEMIOLOGY OF STILLBIRTHS IN INDIA: FINDINGS OF A HOSPITAL-BASED SENTINEL SURVEILLANCE NORTH INDIA

Introduction :
Stillbirth rate is an indicator reflecting quality of maternal healthcare services available to a pregnant woman in a country

Aims & Objectives :
This paper presents the stillbirth rate, its causes and characteristics of mothers who experienced stillbirth from five years data of hospital-based stillbirth surveillance system

Materials & Methods :
A multicentric hospital-based sentinel surveillance system for estimating the stillbirth rate and its causes was established across seven tertiary care government hospitals of Delhi, India in 2015.

Results :
Of the 12,569 stillbirths recorded among 4,16,677 deliveries during five-year period, the cumulative stillbirth rate was found to be 29.3 per 1000 births. Nearly 50% mothers who experienced stillbirths did not receive any antenatal care. Antepartum stillbirths were more common (75.7%), the remaining were the intrapartum stillbirths (24.3%). Among antepartum causes, the most prevalent maternal cause was preterm labour (25.7%) followed by placental abruption/placenta previa/hemorrhage in 15.2%. Among foetal causes, majority of the still births were due to fetal growth restriction (31.2%) followed by congenital malformations (7%). Uterine rupture and eclampsia were reported as major intrapartum causes leading to still births in 11% and 8.3% cases, respectively.

Conclusion :
Nearly half of the mothers did not receive any antenatal care and about 75% of the stillbirths took place during the antepartum period. This clearly reflects the need to strengthen the existing antepartum care. The stillbirth rate reported in this study corresponds to hospital-based surveillance. For effective planning and resource allocation, community-based surveillance is the need of the hour.

Abstract ID: MCH/OP/39

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Abstract Title:
STUDY OF PLATELET INDICES IN HYPERTENSIVE DISORDERS OF PREGNANCY

Introduction :
Study of platelets indices in hypertensive disorders of pregnancy

Aims & Objectives :
To determine platelet indices as early marker for preeclampsia

Materials & Methods :
Total 380 patients were taken , 190 hypertensive & 190 normotensive @20 wk or more gestation Complete blood count with platelet indices done (plt count , PDW,MPV&PC/MPV) at different gestation for the same patients with BP measurements

Results :
Results were significant in some cases

Conclusion :
These indices can act as marker for early detection of preeclampsia but needs further research and evaluation

Abstract ID: MCH/OP/40

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Abstract Title:
FETOMATERNAL OUTCOMES IN OBESE PREGNANT WOMEN : A RETROSPECTIVE STUDY

Introduction :
Obesity has become a major public health concern worldwide including among women of reproductive age group. Obesity during pregnancy is increasingly common and is associated with maternal complications such as gestational diabetes, Preelampsia and higher cesarean delivery rates. it also affects fetal outcomes including macrosomia, preterm birth and NICU admissions. Evaluating these outcomes is critical for improving maternal and neonatal care. Understanding these risks is crucial for optimizing antenatal care and minimizing complications.

Aims & Objectives :
Aims: To assess fetomaternal outcomes in obese pregnant women compared to non-obese women. Objectives:1. Evaluate the maternal complications and mode of delivery. 2.Assess the fetal outcomes and perinatal mortality. 3.Compare outcomes between obese and non-obese pregnant women.

Materials & Methods :
A retrospective observational study on 2084 women delivering from January to December 2024 including 804 obese and 1280 non-obese women at Hi-Tech medical College and Hospital , Bhubaneswar. Inclusion criteria: singleton pregnancies with documented BMI and complete records.. Exclusion criteria: multiple pregnancies, chronic medical conditions, congenital anomalies, incomplete records and pregnancies ending before 24 weeks. Statistical Analysis: Chi-square test for categrical variables, Student's t-test for continuous variables, $p < o.o5$ significant.

Results :
Obese women had higher rates of gestational diabetes , Preeclamsia , Cesarean section and NICU admissions. Preterm birth and macrosomia cases more in obese while low birth weight was higher in no-obese mothers. No significant difference in perinatal mortality was observed.

Conclusion :
Maternal obesity substantially increases the risk of adverse maternal and neonatal outcomes. Early nutritional counselling, antenatal regular checkups and weight management strategies essential to minimize complications.

Abstract ID: MCH/OP/41

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Abstract Title:
WHEN PREGNANCY MEETS KIDNEY FAILURE: UNMASKING THE RISK FACTORS OF PRAKI- A CASE CONTOL STUDY

Introduction :
Pregnancy-related acute kidney injury (PRAKI) remains a major cause of preventable maternal morbidity and mortality in low- and middle-income countries, unlike high-income nations where its incidence has drastically declined. Contributing factors include limited access to quality obstetric care, delayed diagnosis due to physiological changes in pregnancy, and high prevalence of sepsis, haemorrhage and hypertensive disorders. Early identification of high-risk women is crucial to improving maternal and perinatal outcomes.

Aims & Objectives :
Primary Objective: To evaluate the risk factors associated with acute kidney injury during pregnancy and the postpartum period. Secondary Objective: To assess maternal morbidity and mortality associated with PRAKI.

Materials & Methods :
A case–control study was conducted at a tertiary care hospital over one year. Thirty pregnant or postpartum women with AKI (cases) and 30 without AKI (controls) were enrolled. AKI was defined by RIFLE-based criteria (creatinine ≥1 mg/dL or rise ≥0.5 mg/dL, or urine output <0.5 mL/kg/hr). Clinical history, laboratory parameters and obstetric outcomes were recorded. Data were analysed using Chi-square test, t-test, odds ratios and multivariate logistic regression.

Results :
Sepsis (36.6% vs 6.6%, p=0.004) was the most significant risk factor, followed by haemorrhage (23.3% vs 3.3%, p=0.024) and hypertensive disorders (16.7% vs 10%). Majority of PRAKI patients were unbooked (63.3%). ICU admission (36.6% vs 0%), dialysis requirement (36.6% vs 0%) and maternal mortality (20% vs 0%) were significantly higher in the PRAKI group. Perinatal mortality was also increased (33.3% vs 16.7%).

Conclusion :
Sepsis, haemorrhage and hypertensive disorders are the leading preventable causes of PRAKI. Unbooked status strongly predisposes to severe outcomes. Early antenatal care, infection

Abstract ID: MCH/OP/42

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Abstract Title:
EFFICACY OF DHAKA REGIMEN IN COMPARISON TO ZUSPAN REGIMEN IN PREVENTION OF ECLAMPSIA: A RANDOMIZED CONTROL TRIAL

Introduction :
Severe preeclampsia leads to significant maternal and neonatal morbidity and mortality if not treated in time. Existing treatment with MgSO4 using high dose Zuspan regimen can lead to toxicity associated with high dose of Mg.

Aims & Objectives :
Our study compares low dose (Dhaka) with High dose (Zuspan) in efficacy of management of Severe preeclampsia.

Materials & Methods :
It's a pilot RCT with 30 cases in each arm. Group A received MgSO4 as per Dhaka Regimen and Group B received as per Zuspan regimen. Various maternal (Age, PoG, Proteinuria, Serum Mg levels, Eclampsia) and neonatal parameters(APGAR and NICU admission) were assessed.

Results :
In the present study average age in both the groups was 27 yrs with range between 20-39 years with no statistical difference. Commonest gestational age at presentation was between late preterm (34 wks – 36 wks) or early term (37-38 wks). Average BMI in low dose group (Group A) was 25.81 kg/m2 and that for high dose (Group B) was 24.39 kg/m2. Most of the maternal parameters in both the groups were comparable as the difference between them was statistically insignificant. There was no statistically significant difference in Fetal parameters. Results elaborated before show that the level of magnesium at 12th and 18th hour is less in Group A (Dhaka) in comparison to Group B (Zuspan). The reduced levels are statistically significant and also show that even with low dose MgSO4 eclampsia did not occur.

Conclusion :
It may be formulated that low dose Dhaka regime may be a safer than High dose Zuspan regime.

Abstract ID: MCH/OP/43

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Abstract Title:
EVALUATION OF LOWER URINARY TRACT SYMPTOMS IN POST-CESAREAN POSTPARTUM WOMEN: A CASE COHORT STUDY

Introduction :
Lower urinary tract symptoms (LUTS) occur after cesarean birth due to altered anatomy, obstetric & operative factors. These affect reflexes and voluntary mechanisms of normal micturition. Early evaluation and follow up with pelvic floor training will improve quality of life. No Indian study is available in this regard.

Aims & Objectives :
To evaluate incidence and risk factors of LUTS in post-cesarean women, analyze their association with serum vitamin D levels, and assess diagnostic accuracy of 2D transperineal ultrasound (TPUS) in stress urinary incontinence (SUI).

Materials & Methods :
In this prospective case-cohort study, 300 post cesarean women were assessed for LUTS using ICIQ-FLUTS questionnaire on postoperative day 10 and at 6 weeks. Obstetric and operative factors e.g. emergency or elective CS, anesthesia type, operating time, adhesions etc. were compared and serum vitamin D levels analyzed at 6 weeks. Urethral angles (α, β) and bladder neck descent were measured at rest and Valsalva in SUI cases.

Results :
Incidence of LUTS was 18.3% on day 10 and 22.5% at 6 weeks. Urinary frequency was most prevalent LUTS at both time points. Many women continued to experience symptoms at 6 weeks, with increase in prevalence of SUI. Significant risk factors included higher BMI, advanced labor, operating time, and prolonged catheterization ($p<0.001$). Serum vitamin D levels were lower in LUTS group($p<0.001$). Rotation angle Rβ at cut off 14° was best predictor of SUI.

Conclusion :
LUTS affects almost one in five women after cesarean delivery. TPUS is a reliable non-invasive tool for SUI evaluation, and vitamin D deficiency may contribute to pelvic floor dysfunction.

Abstract ID: MCH/OP/44

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Abstract Title:
INSTRUMENTAL DELIVERIES A FORGOTTEN ART? A RETROSPECTIVE STIDY OVER 5 YRS IN A TERTIARY CARE INSTITUTE ABOUT INDICATIONS, NEONATAL AND MATERNAL COMPLICATIONS AND PROGNOSIS.

Introduction :
Instrumental deliveries esp outlet forceps have become increasingly obsolete in current obstetrics. This mindset needs to change. In trained hands, an instrumental delivery maybe safer than a second stage LSCS and is a skill which must not be forgotten.

Aims & Objectives :
1.Calculate incidence of instrumental delivery over 5 yrs 2.discuss maternal and neonatal complications 3.discuss maternal and neonatal prognosis 4.compare safety of forceps vs Vacuum

Materials & Methods :
Data was gathered over 5 yrs and all neonatal and maternal factors noted and analysed.

Results :
Total 318 instrumental deliveries analysed. Incidence of complications, indication of use, prognosis, average baby weight, parity etc was analysed. Forceps ans Vacuum also conpared to each other for safety. 1 failure of instrumental delivery and conversion to LSCS noted also.

Conclusion :
Instrumental deliveries are safe and effective in trained hands and must not become obsolete. Emphasis on training for both instruments is the need of the hour.

Abstract ID: MCH/OP/45

Presenter's Name: Dr. Gargi Sharma

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Abstract Title:
MATERNAL RISK FACTORS FOR EARLY ONSET NEONATAL SEPSIS

Introduction :
Early-onset neonatal sepsis (EONS), occurring within the first 72 hours of life, remains a leading cause of neonatal morbidity and mortality in low- and middle-income countries. Maternal factors significantly influence neonatal susceptibility through vertical transmission and adverse intrapartum conditions. Despite advances in perinatal care, limited data exist from tertiary centres in India identifying specific maternal determinants of EONS.

Aims & Objectives :
This study aimed to evaluate maternal risk factors associated with culture-proven EONS and propose a quality-improvement bundle targeting modifiable determinants.

Materials & Methods :
A hospital-based case–control study was conducted over one year at Lok Nayak Hospital, New Delhi, including 100 mother–infant pairs: 50 cases (mothers of neonates with culture-proven EONS) and 50 controls matched for gestational age and birth weight. Maternal demographic, clinical, and intrapartum data were collected through medical records and structured interviews. Statistical analysis using SPSS v25 included univariate and multivariate models to identify independent predictors.

Results :
EONS was significantly associated with lower socioeconomic status ($p=0.001$), maternal anaemia ($p<0.001$), and prolonged rupture of membranes (>12 hours, $p=0.018$) were also linked to EONS. Maternal anaemia, febrile illness, and ≥3 vaginal examinations identified as independent predictors.

Conclusion :
Preventable intrapartum practices and maternal infections substantially contribute to EONS. Strengthening antenatal screening, infection control adherence, and limiting unnecessary vaginal examinations can significantly reduce EONS incidence. A structured quality-improvement bundle focusing on these modifiable factors may enhance neonatal outcomes in resource-limited settings.

Abstract ID: MCH/OP/47

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Abstract Title:
STUDY OF ASSOCIATION OF FETAL CEREBROPLACENTAL RATIO WITH ADVERSE PERINATAL OUTCOME IN UNCOMPLICATED TERM AGA PREGNANCIES

Introduction :
The cerebroplacental ratio (CPR), derived from Doppler indices of the middle cerebral artery (MCA) and umbilical artery (UA), has emerged as an important marker for predicting adverse perinatal outcomes. While extensively studied in small for gestational age (SGA) fetuses, its role in appropriate for gestational age (AGA) pregnancies remains underexplored.

Aims & Objectives :
To evaluate the association between fetal CPR and adverse perinatal outcomes in uncomplicated term AGA pregnancies.

Materials & Methods :
This prospective observational study was conducted at the Department of Obstetrics and Gynaecology, Hi-Tech Medical College And Hospital, Bhubaneswar over one year. Singleton pregnancies ≥37 weeks with no known risk factors underwent Doppler ultrasonography within one week of delivery. CPR was calculated as MCA PI/UA PI, with CPR ≤1 considered abnormal. Maternal, intrapartum, and neonatal outcomes were compared between groups.

Results :
Among 234 AGA pregnancies, 46 (19.65%) had CPR ≤1. Adverse perinatal outcomes occurred in 91.3% of these cases, compared to 20.2% in those with CPR >1 ($p < 0.001$). Low CPR was associated with significantly higher rates of cesarean section for intrapartum fetal compromise (OR: 9.65; 95% CI: 3.46–26.93), instrumental deliveries ($p = 0.025$), neonatal unit admission ($p < 0.001$), and low 5-minute Apgar scores ($p < 0.001$). Diagnostic accuracy of CPR ≤1 for predicting poor outcomes was 82.1%.

Conclusion :
CPR measurement is a reliable and practical tool for identifying fetuses at risk of adverse outcomes even in low-risk, term AGA pregnancies. Incorporating CPR assessment into routine late-third-trimester screening may aid timely intervention and improve perinatal outcomes.

Abstract ID: MCH/OP/48

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Abstract Title:
EVALUATION OF DIFFERENT MANUAL PERINEAL PROTECTION MANOEUVRES IN PREVENTION OF OBSTETRIC ANAL SPHINCTER INJURIES - A PROSPECTIVE STUDY.

Introduction :
Vaginal deliveries often lead to varying degrees of perineal trauma, among which obstetric anal sphincter injuries (OASIS) are associated with significant physical and psychological morbidity. The worldwide incidence of OASIS varies from 0.6 to 9%. Various risk factors are associated with it. This study aims to evaluate the role of manual perineal protection in reduction of OASIS.

Aims & Objectives :
To evaluate the effectiveness of two different manual perineal protection methods in preventing OASIS.

Materials & Methods :
A total of 1272 primigravidae with term pregnancy undergoing vaginal delivery with or without episiotomy were enrolled in this prospective cohort study. Caesarean sections, preterm deliveries, breech, and twin deliveries were excluded. Participants were randomized into two groups. Group A received perineal support as per standard WHO method, and Group B received modified manual perineal support method during delivery. OASIS incidence was recorded and compared.

Results :
The incidence of OASIS was 3.5% in Group A and 1.4% in Group B, showing a 2.1% reduction in Group B. This difference was statistically significant ($p = 0.018$).

Conclusion :
Modified manual perineal protection significantly reduced the incidence of OASIS. This method may be beneficial in preventing perineal injuries to minimize short- and long-term complications associated with OASIS. However larger studies are required to arrive at any conclusion.

Abstract ID: MCH/OP/49

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Abstract Title:
RESPECTFUL MATERNITY CARE DURING CHILDBIRTH:A CROSS SECTIONAL STUDY EXPLORING THE DISRESPECT AND ABUSE AMONG WOMEN IN A DISTRICT HOSPITAL IN CENTRAL INDIA

Introduction :
Respectful maternity care (RMC) is a basic human right for women worldwide. Providing RMC during childbirth is pivotal for health and wellbeing of both mothers and newborn. Women friendly, abuse free, discrimination free and timely care are the basis to improve the maternal and child health.

Aims & Objectives :
This study was planned to determine the prevalence of disrespect and abuse (DA) experienced by women during childbirth and its types.

Materials & Methods :
Cross sectional hospital-based study was done among 220 mothers selected by simple random sampling technique who gave birth within last 12-48 hours in district hospital, Satna between February 2025 – July 2025. Data was collected through interviews using pretested and structured questionnaire based on Person Centered Maternity Care (PCMC) scale covering seven dimensions of respectful care. Sociodemographic data and obstetric details were recorded. Descriptive statistics, chi square test, bivariate regression analysis using SPSS 26 at 95% significance level was used for statistical analysis.

Results :
This study revealed a high prevalence of DA, with 100% of mothers experiencing atleast one form from the seven identified dimensions. Mean (standard deviation) age of women was 25+- 5.2 years. The prevalence of any form of abuse present was 100 % with the highest found in ‘dignity and respect’ dimension (80.5%) followed by ‘privacy and confidentiality’ (77.2%) and ‘facility and environment’ (75.5%) dimension.

Conclusion :
This study reveals that all mothers experienced some form of DA during childbirth, highlighting an urgent need for policy action, awareness and advocacy to ensure dignified and respectful maternity care in health facilities.

Abstract ID: MCH/OP/50

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Abstract Title:
PREDICTION AND ANALYSIS OF TREND OF CESAREAN SECTION RATES IN A TERTIARY CARE CENTRE IN INDIA BY USING ROBSON CLASSIFICATION SYSTEM

Introduction :
Caesarean section classified as elective, emergency, and necessary .Short- and long-term complications of caesarean section include longer duration of hospital stay, Atonic postpartum hemorrhage, excessive blood loss and need for blood transfusion, postpartum puerperal sepsis, retained bits of placenta and possibility of adhesions in future pregnancies CS, stillbirths and maternal and fetal morbidity and mortality

Aims & Objectives :
To assess and predict trends in cesarean section rates in Department of Obstetrics & Gynecology, Bokaro General Hospital, a tertiary health institution in Jharkhand State using the Robson classification system and to determine which groups contribute most to the overall CS rate

Materials & Methods :
This observational, prospective, cross- sectional study was conducted over a period of one year from April 2024 to March 2025 and included 1200 women who delivered by cesarean section at the Department of Obstetrics & Gynecology , Bokaro General Hospital, a tertiary health institution in Jharkhand State. Each participant was categorized into one of the Robson group based on obstetric parameters such as parity, previous cesarean section, onset of labor, fetal presentation, and gestational age. Qualitative data data were analyzed with “Chi –square test” while “Bivariate analysis” and “Students unpaired test” used for quantitative data

Results :
A total of 2200 deliveries were analyzed in which the overall CS rate was 54.54% (1200/2200).Group 2A &2B were the leading contributors among all groups in terms of

Conclusion :
Continuous monitoring using this system can help identify target groups for reducing unnecessary cesarean deliveries and improving maternal and neonatal outcomes in tertiary care settings

Abstract ID: MCH/OP/51

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Abstract Title:
A PROSPECTIVE STUDY OF SEIZURES DURING PREGNANCY AND FETOMATERNAL OUTCOME

Introduction :
Seizures during pregnancy pose significant risks to both mother and fetus, often resulting from epilepsy, eclampsia, or metabolic and structural brain abnormalities. Prompt diagnosis and management are vital to reduce maternal and perinatal morbidity and mortality.

Aims & Objectives :
To determine various etiologies of seizures during pregnancy. To assess maternal and fetal outcomes associated with seizures.

Materials & Methods :
This prospective observational study included 119 pregnant women presenting with seizures at Government Medical College, Patiala, from August 2023 to July 2024. Patients were classified into two groups: Group A (epilepsy) and Group B (eclampsia). Detailed history, clinical examination, investigations, and feto-maternal outcomes were analyzed statistically.

Results :
Of 119 participants, 63 (52.94%) had epilepsy and 56 (47.06%) had eclampsia. The mean age was 27.2 ± 5.5 years. Most (78%) were from rural areas. Generalized tonic-clonic seizures were observed in 99% of cases. Maternal complications included hypertension (15%) and PPH (2.5%). Perinatal complications included prematurity (10%), low birth weight (22.5%), and IUGR (15%). No maternal deaths were reported.

Conclusion :
Seizures during pregnancy significantly impact maternal and fetal outcomes. Early diagnosis, multidisciplinary management, and strict antenatal supervision can reduce adverse events.

Abstract ID: MCH/OP/52

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Abstract Title:
RETROSPECTIVE ANALYSIS OF BREAST-FEEDING RATES IN NORMAL WEIGHT BABIES AND LOW BIRTH WEIGHT BABIES

Introduction :
Breastfeeding is recommended as the optimal feeding method for low birth weight and high-risk infants due to its protective and developmental benefits. This study aimed to analyze trends in breastfeeding initiation and duration among normal, low, and very low birth weight infants.

Aims & Objectives :
To evaluate and compare breastfeeding initiation and continuation rates between normal birth weight and low birth weight (LBW) infants through a retrospective analysis, . Objectives 1. To determine the breastfeeding initiation rate among normal weight and low birth weight babies 2.To provide evidence-based recommendations for improving breastfeeding support strategies, particularly for mothers of low birth weight infants.

Materials & Methods :
The study evaluated breastfeeding rates among normal and low birth weight infants using data from 300 participants. Breastfeeding included intake of mother’s or donor milk, whether directly, by bottle, or through enteral feeding. Data from singleton births with complete maternal responses were analyzed, with low-birth-weight infants (<2500 g) oversampled for accurate representation, and results were statistically analyzed using SPSS.

Results :
Breastfeeding initiation and continuation were highest among normal birth weight infants (72.8% and 36.6%), followed by LBW (54.3%, 28.6%) and VLBW infants (60%, 16.7%). Lower birth weight was associated with reduced breastfeeding rates, highlighting the need for enhanced lactation support in these

Conclusion :
The prevalence of lactation initiation among very low birth weight (VLBW) and normal birth weight (NBW) neonates has demonstrated progressive enhancement. However, infants within the low birth weight (LBW) category continue to exhibit suboptimal compliance relative to VLBW neonates. These findings underscore the necessity for targeted public health interventions

Abstract ID: MCH/OP/53

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Abstract Title:
"TWO HEARTS, ONE FAILS : THE HIDDEN PERIL OF PERIPARTUM CARDIOMYOPATHY"

Introduction :
Peripartum cardiomyopathy (PPCM) is an uncommon but potentially fatal cause of heart failure occurring towards the end of pregnancy or within months after delivery. The clinical spectrum ranges from mild to severe ventricular dysfunction. Early identification and multidisciplinary management are essential for optimal maternal outcomes.

Aims & Objectives :
To analyze the clinical presentation, echocardiographic findings, management strategies, and outcomes and recurrence in patients diagnosed with PPCM at a tertiary care center.

Materials & Methods :
A retrospective review of nine cases of PPCM admitted between 2021 and 2025 was conducted. Data on demographics, comorbidities, obstetric history, echocardiographic findings, management, and outcomes were collected and analyzed.

Results :
Patients ranged from 28–36 years, presented with dyspnea, orthopnea, and pedal edema in the late antenatal and early postpartum period. Echocardiography revealed severe LV systolic dysfunction (EF <35%) with variable pulmonary artery pressures. Associated conditions included preeclampsia, hypertension, diabetes mellitus, and autoimmune disease (SLE/APS). Patients managed with diuretics, beta-blockers, and bromocriptine-based therapy. Six patients improved with recovery of LV function, one succumbed despite resuscitation, two deteriorated but recovered with intensive care and one who had PPCM after a previous LSCS developed recurrence in subsequent pregnancy necessitating medical termination.

Conclusion :
PPCM presents with diverse clinical severity and outcomes. Early diagnosis, multidisciplinary management, and strong counseling regarding the risk of recurrence in future pregnancies are essential to optimize maternal health and survival. Keywords: Peripartum cardiomyopathy, ventricular dysfunction, echocardiography

Abstract ID: MCH/OP/54

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Abstract Title:
IDENTIFYING MODIFIABLE CAUSES OF STILLBIRTH: COMPARATIVE ASSESSMENT OF RECODE AND ICD-PM CLASSIFICATION SYSTEMS

Introduction :
Stillbirths are a silent epidemic. Preventable stillbirths are a burden on the society and stillbirth audits help in identifying these modifiable causes. Different classification systems are used to classify stillbirths. ICD-PM and ReCoDe are the most commonly used classification systems.

Aims & Objectives :
To identify the modifiable causes of stillbirths according to the ICD-PM and ReCoDe classifications and the compare the strengths and limitations of the two systems in analyzing the cause of stillbirth.

Materials & Methods :
This was a retrospective descriptive study. A total of 140 stillbirths which delivered at our hospital in the last 2 years were included in the study. Details of the antenatal history, medical and surgical history of the mother were filled in predesigned format. The details of labour and delivery were also noted. The stillbirths were classified according to the ReCoDe and ICD-PM systems. An analysis of the two classifications was done to study their limitations and strengths in analyzing stillbirths.

Results :
: Majority of the stillbirths were antepartum (67%). 40% mothers were healthy without any contributing factor. ReCoDe defined 25% of cases as unexplained as compared to 27.5% by ICD PM. 25% stillbirths were related to growth disorders, genetic causes and malformations accounted for10%. Hypertensive disorder in the mother was most commonly associated medical disorder.

Conclusion :
There is no significant difference between ReCoDe and ICD-PM classifications in minimizing unexplained/unspecified cases. However, ICD PM provides a more detailed analysis for stillbirth as it takes into account the fetal and maternal causes.

Abstract ID: MCH/OP/55

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Abstract Title:
RELIABILITY OF CLINICAL METHODS IN PREDICTING FETAL WEIGHT IN LOW-RISK TERM PREGNANCIES: A PROSPECTIVE STUDY

Introduction :
The estimation of fetal weight in the antenatal period helps in better management of high risk pregnancies and decreases perinatal morbidity and mortality.

Aims & Objectives :
To study the estimated fetal weight by clinical and ultrasound in comparison with the actual birth weight.

Materials & Methods :
This study was conducted in the department Of Obstetrics and Gynecology, HIMSR & HAHC Hospital, New Delhi over the period of two months. Fetal weight was calculated by Johnson's formula, Dare's formula & Hadlock's formula (USG). Singleton low risk pregnancies at or near term were included. Institutional Ethical Committee approval was taken.

Results :
Bland Altman statistical analysis was done and it was observed that the highest sensitivity was of clinical method followed by Dare's formula followed by Johnson's formula as given by 87.10, 83.87 and 61.29, respectively and it were able to explain approximately 89.9, 80.3 and 79.9 % of the observations respectively. Weight differences against mean weight of Actual vs. Clinical Dare's showed negative correlation coefficients and Actual vs. Johnson's and Actual vs. Dare's showed positive correlation coefficients when compared in terms of Body Mass Index (BMI), Period of gestation (POG) or gravida status.

Conclusion :
Clinical estimation of fetal weight, particularly Dare's formula, demonstrated good correlation with actual birth weight. Although ultrasound (Hadlock's formula) remains the standard reference.

Abstract ID: MCH/OP/56

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Abstract Title:
INFRARED LAMP THERAPY ON EPISIOTOMY PAIN AND WOUND HEALING

Introduction :
Pregnancy brings profound physical and psychological changes, and episiotomy remains a common obstetric procedure, especially among primiparous women. Infrared lamp therapy (IFR) serves as an effective intervention for episiotomy wounds by enhancing circulation, reducing inflammation, promoting tissue repair, and alleviating perineal pain. Hence; we assessed the effectiveness of IFR therapy on episiotomy pain and wound healing among postnatal mothers.

Aims & Objectives :
To assess the level of episiotomy pain among postnatal mothers before and after infrared lamp therapy. 2. To evaluate the wound healing process using the REEDA scale among mothers receiving infrared therapy compared to those receiving routine care. 3. To compare the effectiveness of infrared lamp therapy and conventional postnatal care on episiotomy wound healing and pain reduction. 4. To determine the statistical significance of changes in pain and wound healing scores between the study and control groups. 5. To provide evidence-based recommendations for integrating infrared lamp therapy into standard postnatal care protocols.

Materials & Methods :
This study evaluated the effectiveness of infrared (IFR) therapy on episiotomy pain and wound healing among 40 postnatal mothers, divided equally into study and control groups. The study group received IFR therapy twice daily for three days in addition to routine care, while controls received standard treatment. Pain and wound healing were assessed daily using REEDA and Numeric Pain Rating Scales, and data were statistically analyzed using SPSS.

Results :
Infrared therapy significantly reduced episiotomy pain and enhanced wound healing among postnatal mothers. Pain scores and REEDA parameters such as redness, ecchymosis, and discharge improved notably from Day 2 onward

Conclusion :
Infrared lamp therapy effectively alleviates episiotomy pain and enhances

Abstract ID: MCH/OP/57

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Abstract Title:
STUDY OF CORRELATION OF HBA1C WITH ANEMIA IN PREGNANCY

Introduction :
HbA1c is a biochemical marker to evaluate hyperglycemia status in past 2-3 months. HbA1c ≥6.5% as a diagnostic-criteria for diabetes mellitus according to American Diabetes Association (ADA). Recent studies suggest that anemia alters HbA1c levels but results are conflicting.

Aims & Objectives :
This study was planned to understand utility of HbA1c in relation to Hemoglobin(Hb) for the diagnosis of Gestational diabetes mellitus(GDM)

Materials & Methods :
An observational study was conducted on 193 pregnant women of <16 weeks gestation attending antenatal OPD of Department of Obstetrics and Gynecology, KGMU, Lucknow, over a period of one year. Blood glucose levels 2 hours after ingestion of 75 gm glucose load irrespective of last meal (DIPSI criterion) were determined at 3 Antenatal visits along with HbA1c and Hb level and categorized into diabetic, non-diabetic and anemic and non-anemic group

Results :
A total 416 tests were done for Hemoglobin and HbA1c in 193 women. Prevalence of GDM was 32.1%. Cut-off level of HbA1c was 4.8% in our study which varied according to gestation. Mean HbA1c level found to be higher in anemic compared to non-anemic (4.5 vs 3.96 %) in both diabetic and Non-diabetic women (5.1 vs 4.6).

Conclusion :
This study clearly shows that mean HbA1c varies across all trimesters, it showed a statistically significant difference in presence of anemia. HbA1c showed an inverse correlation with Hb in women with or without GDM.

Abstract ID: MCH/OP/58

Presenter's Name: Mrs. Neelam Tejwani

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Abstract Title:
STUDY OF EFFICIENCY OF NST & DOPPLER IN PREDICTING ADVERSE FETAL OUTCOME FOR PREGNANCY >32 WEEKS

Introduction :
Fetal well-being is assessed through various biophysical methods. While USG-based biophysical profiles can detect stress, early signs may be subtle. NST monitors fetal heart rate and movement using cardiotocography. Combining NST with Doppler improves predictive accuracy. Acute and chronic stress elicit fetal reactions, enabling timely interventions and referrals to higher centers.

Aims & Objectives :
To assess the efficacy of population-based NST and doppler at rural and primary healthcare levels.

Materials & Methods :
180 pregnant women >32 weeks were studied in the OBG department at R.D. Gardi Medical College, from Nov 2020 to Oct 2021. Weekly or biweekly Doppler studies of the umbilical and middle cerebral arteries were conducted, along with weekly NSTs. Apgar scores, minor fetal distress, and neonatal outcomes were evaluated. Patients were categorized as: 1. NST normal + Doppler normal (48) 2. NST reactive + Doppler abnormal (12) 3. NST nonreactive + Doppler normal (18) 4. Both NST and Doppler abnormal (24)

Results :
Among 182 patients: - Abnormal: 66 (36.3%) - Normal: 116 (63.7%) - Nonreactive: 72 (39.6%) - Reactive: 110 (60.4%) Doppler showed 100% sensitivity; NST showed 75%. Combined interpretation of NST and Doppler (umbilical–cerebral ratio) enhanced antenatal evaluation. Though both tests are complementary, Doppler better identified fetal compromise and proved more effective for screening.

Conclusion :
Though both NST and Doppler are useful tools, Doppler was found to be more sensitive and effective in identifying fetal compromise in late pregnancy, making it a better screening modality in high-risk populations.

Abstract ID: MCH/OP/59

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Abstract Title:
UNSUPERVISED OVER THE COUNTER MEDICAL ABORTIONS:HIDDEN DETERMINANTS AND THEIR IMPACT ON MATERNAL HEALTH AND HEALTHCARE FACILITIES

Introduction :
Unsafe abortions remain a major contributor to maternal mortality and morbidity, with unsupervised use of over the counter medical abortion pills significantly increasing hospital admissions and therefore burdening healthcare facilities.

Aims & Objectives :
To evaluate the demographic & clinical profile of patients presenting with complications following unsupervised intake of medical abortion pills & to assess the associated causes ,effects & management outcomes.

Materials & Methods :
A prospective observational study was conducted at Government Medical College & associated hospitals, Satna (M.P.) from January to September 2025.A total of 350 women presenting with complications following unsupervised medical abortion were included. Data was collected using a structured questionnaire in local language covering demographic details, clinical presentation, severity of symptoms ,need of critical care, blood transfusion requirements ,source of information and reasons of self medication.

Results :
The majority of patients(56%) were aged 26-30 years. Bleeding per vaginum was most common presenting complaint(92%).About 62% reported to hospital within 3-7 days of pill intake & 66% had consumed the pills at 7-9 weeks of gestation. Most patients(58%) confirmed pregnancy through missed periods & urine pregnancy tests. Easy accessibility was cited by 86% as primary reason for unsupervised use,18% required ICU/HDU care & most frequent complication encountered was moderate to severe anemia.

Conclusion :
Unsupervised use of abortion pills leads to significant maternal morbidity. Preventing indiscriminate drug use through strengthening comprehensive abortion care services, drug distribution regulation, awareness & counselling can substantially reduce preventable maternal complications.

Abstract ID: MCH/OP/61

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Abstract Title:
WHEN PLACENTA WON'T LET GO: RETROSPECTIVE INSIGHTS INTO ACCRETA SPECTRUM DISORDERS

Introduction :
Placenta accreta spectrum (PAS) disorders are increasingly encountered and are associated with significant maternal morbidity and mortality.

Aims & Objectives :
To describe the clinical profile, management, and outcomes of patients with PAS managed at a tertiary centre over a 15-month period.

Materials & Methods :
A retrospective case series was conducted at Muzaffarnagar Medical College, a tertiary care referral centre in Uttar Pradesh. All consecutive patients diagnosed with PAS and managed between June 2024 and August 2025 were included. Data on demographics, risk factors, antenatal diagnosis, intraoperative findings, and maternal and perinatal outcomes were extracted from case records and analyzed descriptively using Fisher's exact test for categorical data and Mann–Whitney U test for continuous variables.

Results :
Twelve patients were included. The majority 92.3% had a history of previous caesarean delivery. PAS was diagnosed intraoperatively in most cases, with antenatal suspicion achieved in only 2 patients (16.7%). Hysterectomy was required in ALL patients . Median estimated blood loss was 2.5L . Bladder injury occurred in 23.1% cases. Maternal ICU admission was required in 92.3 patients. There were 23.1% perinatal deaths.

Conclusion :
PAS disorders are associated with significant morbidity and mortality . Thus to reduce maternal morbidity and mortality Caesarean hysterectomy is the gold standard , treatment of choice in PAS . Conservative treatment has little role in treatment of PAS.

Abstract ID: MCH/OP/62

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Country: India

Abstract Title:
CLASSIFYING FOR CHANGE: USING ROBSON'S SYSTEM TO CURB RISING CAESAREAN TRENDS

Introduction :
The rising global trend in CS rates has sparked concerns about their medical justification and long-term implications for maternal and neonatal outcomes. To ensure rational use of CS, WHO recommends RTGCS as a standardized audit framework.

Aims & Objectives :
To analyze CS indications and evaluate the impact of implementing RTGCS with an educational intervention at GMC Satna

Materials & Methods :
This cohort study included all deliveries from September 2024 to August 2025. Cases were classified using RTGCS based on parity, presentation, and obstetric variables. An educational training on RTGCS was conducted in February 2025. Data were compared between the pre-intervention (Sept 2024–Feb 2025) and post-intervention (Mar–Aug 2025) periods to assess changes in CS patterns and clinical decision-making.

Results :
Out of 12,289 total deliveries, the overall CS rate was 32.8%. Groups 1 and 2 together contributed the largest proportion (~36%). The highest CS rates were observed in Group 5 (previous CS) and Group 9 (transverse/oblique lie). Notably, Group 5 showed a significant reduction in CS rate—from 98.6% to 60.2% post-intervention—indicating improved application of clinical judgment. Leading indications for CS included previous scar, fetal distress, and hypertensive disorders.

Conclusion :
RTGCS proved to be a practical and effective audit tool for evaluating and optimizing CS practices. Regular RTGCS-based review, promotion of VBAC/TOLAC, strengthened antenatal counselling, and targeted training can collectively reduce unnecessary caesareans and enhance maternal health outcomes, especially in resource-limited settings.

Abstract ID: MCH/OP/63

Presenter's Name: Dr. Komal Dhanraj

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Abstract Title:
A STUDY ON MODIFIED EARLY OBSTETRIC WARNING SYSTEM (MEOWS CHART) AS A SCREENING TOOL IN PREDICTION OF OBSTETRIC MORBIDITY

Introduction :
Pregnancy causes physiological changes preparing for childbirth but may be complicated by medical or pregnancy-related conditions. The Modified Early Obstetric Warning System (MEOWS) helps detect early maternal deterioration through monitoring vital parameters, enabling timely intervention and reducing maternal morbidity and mortality.

Aims & Objectives :
To identify common obstetric complications among the study population, such as hypertensive disorders and anemia. To evaluate the sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) of MEOWS in predicting maternal morbidity.To identify obstetric complications among the study population, such as hypertensive disorders and anaemia.

Materials & Methods :
The current study was a cross sectional study among 35 pregnant mothers of gestational age more than 28weeks and delivered mothers (upto 6weeks after delivery) from November 2024 to April 2025 in labor room of department of OBG at Rajarajeshwari Medical College and Hospital. Mothers with ectopic pregnancy, high risk pregnancies, and with abortions were excluded from the study. MEOWS scores categorised women as triggered or non-triggered for follow-up.

Results :
37% of mothers were in triggered group whereas 63% were in no-triggered group. Hypertensive disorders of pregnancy were most common (22.4%), followed by anemia (15.9%). In current study, the sensitivity of MEOWS score was 87%, specificity was 80.8%, Positive predictive value was 55% and negative predictive value was 96%.

Conclusion :
MEOWS is a sensitive, specific, and reliable tool for predicting obstetric morbidity. It offers an objective, reproducible assessment with low false positives. Regular use at primary healthcare levels enables early detection, better management, and reduced unnecessary referrals, applicable across diverse populations without modification.

Abstract ID: MCH/OP/64

Presenter's Name: Dr. Navaswati Padhi

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Abstract Title:
SAME DISORDER, DIFFERENT FATES: DIVERGENT MATERNAL NEAR MISS, MORTALITY AND NEONATAL COMPLICATIONS IN EARLY VS. LATE-ONSET PREECLAMPSIA

Introduction :
Preeclampsia remains a leading cause of maternal and perinatal morbidity and mortality. Early-onset preeclampsia (EOPE) and late-onset preeclampsia (LOPE), though sharing the same diagnosis, are increasingly recognized as distinct clinical entities with divergent outcomes.

Aims & Objectives :
To compare maternal near miss, maternal mortality, and neonatal complications in EOPE versus LOPE at a tertiary referral centre.

Materials & Methods :
This retrospective observational study was conducted at the Department of Obstetrics & Gynaecology, SCB Medical College & Hospital, Cuttack. A total of 140 women with preeclampsia were included and categorized into EOPE (<34 weeks, n=53) and LOPE (≥34 weeks, n=87). Maternal outcomes studied were maternal near miss, mortality, ICU/HDU admissions, referral status, and mode of delivery. Neonatal outcomes included preterm birth, low birth weight, NICU admissions, stillbirth, and neonatal death. Data were analyzed using odds ratios and comparative statistics.

Results :
Maternal Near Miss: EOPE 39.6% vs LOPE 23.0%. • Maternal Mortality: EOPE 28.3% vs LOPE 3.4%. • ICU/HDU Admissions: EOPE 64.2% vs LOPE 24.1%. • Neonatal complications (preterm birth, LBW, NICU admission, perinatal mortality) were significantly higher in the EOPE group.

Conclusion :
EOPE represents a deadlier phenotype of preeclampsia, carrying a disproportionate burden of maternal near miss, mortality, and neonatal complications compared to LOPE. Recognizing this divergence is critical for early referral, intensive care, and tailored resource allocation in tertiary centres.

Abstract ID: MCH/OP/65

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Abstract Title:
DIAGNOSTIC ACCURACY OF THE CEREBROPLACENTAL RATIO FOR PREDICTING COMPOSITE ADVERSE PERINATAL OUTCOMES AT TERM: A SINGLE-CENTRE PROSPECTIVE STUDY

Introduction :
At term, reliable antenatal markers of fetal vulnerability are limited; the cerebroplacental ratio (MCA-PI/UA-PI) integrates placental resistance and cerebral vasodilation and may predict adverse perinatal outcomes in otherwise uncomplicated pregnancies.

Aims & Objectives :
To determine the accuracy of cerebroplacental ratio in predicting perinatal outcomes in uncomplicated term pregnancies.

Materials & Methods :
This was a single-centre, prospective observational study at RajaRajeswari Medical College & Hospital (June–August 2025) of uncomplicated singleton, cephalic term pregnancies (≥37–≤41 weeks); standardized Doppler measured UA-PI (free-floating cord) and MCA-PI (proximal MCA, insonation angle <30°) to compute CPR = MCA-PI/UA-PI, with intrapartum CTG classified per FIGO.

Results :
Among 30 uncomplicated term pregnancies, mean age was 25.4 years, with 53.3% nulliparous. Doppler at 39.0 weeks and delivery at 38.9 weeks. UA-PI 0.9, MCA-PI 1.4, CPR 1.6; low CPR (<1.0) in 6 (20%). CTG was normal in two-thirds. Perinatal events included emergency caesarean 20% and NICU admission 16.7%; mean birthweight 3.1 kg. Compared with normal CPR, low CPR had a higher composite adverse outcome (66.7% vs 16.7%; p=0.029) and trends toward more intrapartum compromise and SGA, though not significant. NICU rates were identical, in this cohort. With CPR <1.0, sensitivity was 50% and specificity 90.9% (PPV 66.7%, NPV 83.3%); accuracy 80%. ROC discrimination was limited overall (AUC 0.318; p=0.133).

Conclusion :
Low CPR (<1.0) identified a subgroup of uncomplicated term pregnancies at significantly higher risk of adverse perinatal outcomes, with high specificity but modest sensitivity. CPR should be used as an adjunct to clinical assessment and FIGO-classified CTG rather than in isolation.

Abstract ID: MCH/OP/66

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Abstract Title:
COMPARATIVE ANALYSIS OF OBSTETRIC AND NEONATAL OUTCOMES AMONG TEENAGE AND NON - TEENAGE MOTHERS

Introduction :
Adolescent pregnancy can result in severe socioeconomic consequences, particularly in underdeveloped nations. According to WHO 2023, roughly 11% of global births occur among individuals aged 15-19 years, with 13 million infants born to mothers under the age of 20.Teenage pregnancy can be caused by a number of things, most frequently by personal,social, and economic conditions. There are number of maternal and neonatal complications that the adolescent mothers face during their pregnancy and after child birth.

Aims & Objectives :
To study feto-maternal outcome of teenage pregnancy as compared to non-teenage pregnancy.

Materials & Methods :
This research was conducted in the PGIMS, Rohtak. 100 women participated in the research. Patients were subsequently categorised into two categories. Group A comprised pregnant women aged 19 years or younger, with 28 weeks or more, who were admitted to PGIMS Rohtak for delivery. Group B consisted of pregnant women aged 20 to 34 years, with 28 weeks or more, who were admitted to PGIMS Rohtak for delivery. History and examination was done and maternal and neonatal outcomes were assesed and compared among both the groups.

Results :
Incidence of teenage pregnancy were 4.24 % at our institute.Mean age at marriage was significantly lower in group A compared to group B.Majority of patients in group A were of lower socioeconomic status,low education level(32%),Unbooked (90%).Most common complication was seen in teenage mothers was preterm labour,IUGR,anaemia etc.

Conclusion :
Programs that offer scholarships, vocational training, and work possibilities for young women can contribute to postponing early pregnancies. Furthermore, public awareness campaigns play a vital role in preventing teenage pregnancy.

Abstract ID: MCH/OP/67

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Abstract Title:
MATERNAL HIGH-RISK FACTORS IN PRETERM DELIVERY AND ITS PERINATAL OUTCOMES IN A TERTIARY HEALTH CARE CENTRE IN ODISHA

Introduction :
Preterm birth is a major global obstetric challenge and a leading cause of neonatal morbidity and mortality. In India, a significant proportion of neonatal deaths are attributed to complications of prematurity. Early identification and management of maternal high-risk factors can reduce adverse outcomes. This study aims to analyse maternal risk factors contributing to preterm delivery and assess associated perinatal outcomes in a tertiary care centre in Odisha.

Aims & Objectives :
To evaluate maternal high-risk factors associated with preterm delivery and their impact on perinatal outcomes in a tertiary health-care centre in Odisha.

Materials & Methods :
A prospective observational study was conducted from March 2024 to August 2025 among women delivering after 28 week to 37 weeks of gestation. Maternal demographic data, obstetric history, and antenatal complications such as anaemia, hypertensive disorders, premature rupture of membranes (PROM), and infections were recorded. Neonatal outcomes including Apgar score, birthweight, NICU admission, morbidity, and mortality were analysed.

Results :
The major high-risk factors identified were anaemia, hypertensive disorders, UTI,PROM, and previous preterm birth. Preterm neonates had higher rates of low birthweight, respiratory distress, sepsis, and NICU admissions, with mortality greatest among extreme preterm infants.Mean age of maternal presentation was 21 to 34 years,primigravida at gestational age 32-36wks,with average birth weight 2.1-2.5kg,with sncu admission rate of 100% in <1.5kg,82% in 2.1-2.5kg,49% in 2.6-3kg and 64% in 3.1-3.5kg with 8.9% neonatal death.

Conclusion :
Maternal anaemia,UTI, hypertensive disorders, and PROM are major determinants of preterm delivery. Focused antenatal surveillance and early intervention can improve perinatal survival and outcomes.

Abstract ID: MCH/OP/68

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Abstract Title:
PREDICTABLE, PREVENTABLE, AND PUGNACIOUS APPROACH TOWARDS POST PARTUM HAEMORRHAGE

Introduction :
Despite rapid strides in maternity care , Postpartum hemorrhage[PPH] remains a global threat. Even though the Incidence is 1-10% of deliveries, mortality ranges from 3- 25%.

Aims & Objectives :
To prevent mothers dying in childbirth on account of PPH by appropriate timely measures.

Materials & Methods :
Our institution is a well equipped tertiary care centre. Prophylactic measures are universally followed right from AN care upto parturition. We report the data from January ,2023 to September 2025 [33 months].. Complete range of Uterotonics, Tranexamic acid, blood component therapy,Uterine artery embolization , round a clock anaetheists and multidisciplinary team are our pillars to tackle the problem effectively

Results :
Out of 3616 deliveries 38 patients had PPH and the incidence of PPH is 1.05%. Primi-73.7%, rest were multi. Between 25-35 years of age 71.1%,; twin gestation seen in 18.4%,, Spontaneous conception in 57.9% and ART conception in 42.1% .Gestational age 57.9% were>37 weeks, 10.5% were 26-30 weeks. The risk factors are Preeclampsia 15.8%,; PAS / Placenta Praevia 10.4 % and Abruption 13.2% , Systemic Co morbidities in 53.3%. Uterine atony -89.5% and traumatic 7.9% .Mode of delivery was LSCS in 71.1%., 2 patients had Caesarean hysterectomy for Placenta Acreta Spectrum [PAS],surgical intervention in 34.2% and Uterine artery embolization in 07.9%. Follow up of these patients are done meticulously No morbidity or mortality encountered in our series.

Conclusion :
The golden hour is the precious time to judiciously use the available facilities to combat PPH WHO road map to combat PPH is an important milestone towards this burning problem.

Abstract ID: MCH/OP/69

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Abstract Title:
MIFEPRISTONE INDUCING AGENT IN TERM PREGNANCY

Introduction :
Mifepristone(The steroid hormone) progesterone, inhibits contractions of the pregnant uterus at all gestations. Antiprogestins (including mifepristone) have been developed to antagonise the action of progesterone, and have a recognised role in medical termination of early or mid-trimester pregnancy.

Aims & Objectives :
To determine the effects of mifepristone for third trimester cervical ripening or induction of labour.

Materials & Methods :
This was a prospective study involving 100 women with term pregnancy. Tab Mifepristone 200mg single dose was given to study subjects after written informed consent after assessing the bishop score at admission . Bishop's score was reassessed at the end of 48 hours, if the score was <6 , other methods of induction was given. If the bishop score was >6 ARM was done. Effect of Mifepristone was assessed by BISHOP score and IDI (Induction Delivery Interval)

Results :
Mifepristone is an effective drug for cervical ripening and initiation of labor when given in term pregnancy with poor Bishop’s score (<6) . In our study 70% women delivered vaginally .In the present study, the women who were induced with mifepristone noted with improved in cervical score within 48-72 hours and decreased the caesarean rate with Mifepristone .

Conclusion :
Mifepristone was efficient on inducing cervical ripening and labour in full-term pregnancy. There were no significant difference in main maternal and neonatal outcomes between mifepristone use and expectant management. There were no serious adverse side effects of , mifepristone has proved as a promising agent as a uterine sensitizer in inducing labor as it has significantly decreased induction to delivery time.

Abstract ID: MCH/OP/70

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Abstract Title:
IMPLICATIONS OF HUMAN PAPILLOMA VIRUS INFECTION IN PREGNANCY AND FETO-MATERNAL OUTCOME: AN OBSERVATIONAL STUDY IN A TERTIARY CARE HOSPITAL

Introduction :
Human Papilloma Virus (HPV) is the most common sexually transmitted infection and a well-established etiological factor for cervical intra epithelial neoplasia in pregnancy.Immunological and hormonal alterations may influence HPV persistence during pregnancy.

Aims & Objectives :
To assess the prevalence of Human Papilloma Virus infection in pregnancy and feto-maternal outcome in pregnant women.

Materials & Methods :
The present prospective cohort observational study was conducted in the Department of Obstetrics and Gynecology in collaboration with Department of Pathology at Jawaharlal Nehru Medical College and Hospital, AMU, Aligarh from April 2023 to March 2025. Cervical samples were collected from 61 pregnant women in their first and second trimester and were processed. The prevalence of HPV infection was recorded and its association with feto-maternal outcome was monitored and documented.

Results :
In our study, the prevalence of HPV infection (p16 positivity) was 29.5%. The most common maternal outcome was preterm delivery followed by term vaginal delivery, lower segment cesarean section and premature rupture of membranes.Adverse fetal outcomes such as preterm birth, RDS and Intra-uterine death among HPV-positive women. Primigravida status was the only statistically significant predictor of HPV positivity.

Conclusion :
The study emphasizes that incorporation of HPV screening into antenatal care protocols may be effective as a diagnostic tool during pregnancy in detecting HPV prevalence and its impact on feto-maternal outcome.

Abstract ID: MCH/OP/71

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Abstract Title:
FETOMATERNAL OUTCOME IN PROM PATIENTS AT TERTIARY CARE HOSPITAL

Introduction :
PROM refers to spontaneous rupture of membranes beyond 28 weeks of gestation and before onset of uterine contractions. If PROM occurs before 37 completed weeks (36 WEEKS + 6 DAYS) of gestation , it is called preterm PROM (PPROM) whereas if it occurs after 37 weeks of gestation , it is called term PROM. It can lead to complications like chorioamnionitis, puerperal sepsis, oligohydramnios, cord prolapse, fetal distress and IUD.

Aims & Objectives :
To study the maternal and fetal outcome in PROM patients admitted in labor room of OBG department of MGMMCH, Jamshedpur

Materials & Methods :
This is an observational prospective study in pregnant women with term pregnancies and having prom. Study was done from jan 2025 to sep 2025 .

Results :
There were total 4805 deliveries out of which 117 deliveries were complicated by PROM. Rate of caesarean deliveries were higher(68 cases) among which fetal distress(23 cases) was the common indication. Duration of prom more than 12hrs , rural residency , birth weight less than 2.5kg were commonly associated with unfavourable fetomaternal outcomes. Respiratory distress (17 cases) was the most common indication of NICU admission(29 cases). Need for higher antibiotics and longer duration of hospital stay was also seen among PROM patients.

Conclusion :
From the above study it was concluded that PROM was associated with poor fetomaternal outcome. Early diagnosis and prompt management depending on the gestational age and risk of complications is required for the better outcome of mother and baby.

Abstract ID: MCH/OP/72

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Abstract Title:
MODIFIED SHIRODKAR CERCLAGE IN CASES OF CERVICAL INCOMPETENCE AND ITS OUTCOME: A PROSPECTIVE CASE STUDY

Introduction :
Cervical incompetence is a leading cause of recurrent mid-trimester pregnancy loss and preterm delivery. The Shirodkar cerclage is a well-established surgical technique aimed at reinforcing a weak cervix. In the Modified Shirodkar Cerclage, a permanent suture is applied at the level of the internal os via an extraperitoneal approach. The final knot is placed outside the vaginal mucosa deep in the posterior fornix for easy removal. This modification offers better support, maintains cervical length, and reduces risks of infection and suture displacement, thereby improving pregnancy outcomes.

Aims & Objectives :
To evaluate the efficacy and outcomes of Modified Shirodkar cerclage in cervical incompetence.

Materials & Methods :
A prospective observational study was conducted on 32 patients aged 25–37 years, diagnosed with cervical incompetence based on history, clinical exam, and ultrasound. Of these, 26 (81.2%) underwent elective cerclage—18 (56.2%) in the first trimester and 8 (25%) in the second. Five (15.6%) had emergency cerclage and 1 (3.1%) had an interval cerclage. All underwent the Modified Shirodkar technique and were followed until delivery.

Results :
Of the 32 cases, 31 (96.8%) pregnancies reached 36–38 weeks with favorable neonatal outcomes except one patient (3.1%) landed up in inevitable abortion at 22 weeks. No significant intraoperative or postoperative complications occurred.

Conclusion :
Modified Shirodkar cerclage proved to be safe, effective procedure for cervical incompetence, achieving a 96.8% success rate with excellent outcomes for both elective and emergency cases

Abstract ID: MCH/OP/73

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Country: India

Abstract Title:
FETAL KIDNEY AS AN ADJUNCT FOR BETTER DETERMINATION OF GESTATIONAL AGE

Introduction :
In pregnant women accurate gestational dating is of paramount importance influencing the management. Obstetric sonography because of accurate and easily reproducibility plays a significant role in determination of gestational age. Fetal kidney length is emerging as a new parameter and is claiming to be more accurate in certain situations.

Aims & Objectives :
1. To evaluate the accuracy of fetal kidney length (FKL) measurement in estimating gestational age(GA). 2. To compare it's efficacy in estimating gestational age with other commonly used sonographic parameters like biparietal diameter (BPD), femur length(FL), head circumference (HC) and abdominal circumference (AC) .

Materials & Methods :
In this prospective observational study, 50 pregnant women with singleton uncomplicated pregnancies with the gestational age between 28 to 40 weeks of gestation were selected for the study. They underwent ultrasound fetal biometry and fetal kidney length measurement. These measurements were used to date the pregnancies and compared with clinical gestational age derived from last menstrual period and dating scan. Linear regression analysis was done to find out the best parameter for estimating gestational age.

Results :
The mean fetal kidney length showed a linear correlation with gestational age.

Conclusion :
Study concludes that fetal kidney length measurement is the most accurate method of determining gestational age than other fetal biometric indices like Biparietal diameter, head circumference, abdominal circumference and femur length between 28 to 40 weeks of gestation.

Abstract ID: MCH/OP/74

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Abstract Title:
PLACENTAL LOCATION AND FETOMATERNAL OUTCOMES IN A TERTIARY-CARE COHORT

Introduction :
Placental implantation site may influence uteroplacental perfusion and has been linked to hypertensive disorders, PPROM, fetal growth restriction, and delivery outcomes, warranting systematic evaluation of fetomaternal risks by placental location.

Aims & Objectives :
To determine the association between placental location (anterior, posterior, lateral), maternal complications and fetal/neonatal outcomes in singleton pregnancies managed at a tertiary-care hospital.

Materials & Methods :
We conducted a prospective observational study of singleton pregnancies, classifying participants into anterior, posterior, and lateral placental-location groups by real-time trans-abdominal ultrasonography (1–5 MHz curvilinear probe). Analyses were conducted in Stata v17.

Results :
Among 110 pregnancies, placental location was anterior in 49 (44.5%), posterior in 42 (38.2%), and lateral in 19 (17.3%). Baseline characteristics were comparable across groups (age 26.9–27.4 years, BMI 23.7–24.1 kg/m², gravidity 2.0–2.1; all $p>0.05$). Maternal morbidity varied by location: lateral placentation showed higher number of hypertensive disorders (68.4%) versus anterior (16.3%, 4.1%) and posterior (16.7%, 7.1%), with significant differences ($p=0.044$; $p=0.014$). Conversely, PPROM/PROM was more frequent with anterior placentas (28.6%) than posterior (9.5%) or lateral (10.5%; $p=0.040$). Other maternal outcomes—including malpresentation, PPH, and caesarean delivery—did not differ significantly (all $p>0.05$). Fetal metrics were less favourable with lateral placentas: mean gestational age was lower (37.5±1.4 weeks vs 38.6±1.3 anterior, 38.5±1.4 posterior; $p=0.005$) and birth weight was reduced (2700.0±480.0 g vs 2980.0±420.0 and 3020.0±410.0; $p=0.001$).

Conclusion :
Placental location had an independent impact on fetomaternal outcomes-while anterior placentation was associated with a greater risk of PROM and PPROM, lateral placentation correlated with higher rates of hypertensive disorders and lower gestational age and birth weight.

Abstract ID: MCH/OP/75

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Abstract Title:
INCIDENCE AND OUTCOMES OF RELAPAROTOMY FOLLOWING CAESAREAN SECTION: A RETROSPECTIVE COHORT STUDY

Introduction :
Relaparotomy after caesarean section refers to a surgical re-exploration of the abdominal cavity following an initial caesarean delivery, performed within the same hospital admission or shortly thereafter, due to complications arising from the primary surgery

Aims & Objectives :
Relaparotomy after caesarean section (RLACS) is associated with significant maternal morbidity/ mortality. Our aim was to study the incidence of RLACS in a tertiary referral institute and its outcome.

Materials & Methods :
We conducted a retrospective observational study. Case records from 1 st January 2015 to 31 st December 2024 were reviewed. Indication for RLACS, associated maternal risk factors, morbidity and mortality were studied.

Results :
In 10 years, total deliveries were 1,39,470 and caesarean sections (C.S) were 34,217. About 70 women underwent relaparotomy of which 47 were in-hospital C.S cases and 23 were referred after caesarean section. The incidence of RLACS was 0.13%. Commonest indications for relaparotomy were hemorrhage (44.2%), followed by burst abdomen (21.4%) and infection (21.4%). Common maternal risk factors among those who underwent RLACS were anemia (64%), previous caesarean section (44.2%), hypertensive disorders of pregnancy (22.8%) and hyperglycemia in pregnancy (21.4%). Severe Maternal complications were acute kidney injury (10%), massive blood transfusion (7.1%), colostomy/ ileostomy (4.2%), HIE following cardiac arrest (1.4%) and hysterectomy (7.1%). Nearly 47% had prolonged hospitalization of more than 21 days. About 5 women died and case fatality rate was 7.1%. Severe sepsis was the cause for mortality in 4 out of 5 women.

Conclusion :
Incidence of RLACS was 0.13%. Hemorrhage was the most common indication for Relaparotomy. The case fatality rate was 7.1%.

Abstract ID: MCH/OP/76

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Abstract Title:
FROM OUTREACH TO OUTCOME: A STEP TOWARDS ANEMIA-FREE MOTHERHOOD

Introduction :
Tribal villages in the interiors of Maharashtra continue to remain deprived of proper antenatal care even in the 21st century. Higher incidences of anemia, teenage pregnancy, multiple gestations, and preterm deliveries necessitate the need for structured and accessible antenatal care services.

Aims & Objectives :
-Strengthen antenatal care -Reduce maternal morbidity and mortality, and enhance perinatal outcomes -Identify, treat, and monitor anemia through targeted interventions

Materials & Methods :
Six antenatal camps were set up across 51 tribal villages to improve outreach and accessibility. Data were collected from each patient, including demographic details and obstetric information. Routine antenatal evaluations with basic blood and urine investigations. Antenatal ultrasound was advised at specific intervals. Anemia was identified, classified, and managed with iron supplements, periodic deworming, nutritional supplementation, and counselling. High-risk patients were closely monitored by the team, including a local doctor and ASHA worker supported by tele-consultation. Referrals for deliveries, post-delivery follow-up, and home visits were done on a case-by-case basis.

Results :
Antenatal anemia with a mean hemoglobin of 8.5 gm/dl emerged as the predominant finding. The incidence of newly detected anemia declined from 30% to 20%, with an improvement of up to 80% among follow-up patients receiving antenatal iron supplements. Improving anemia and overall nutritional status also contributed to reducing the preterm delivery rates and intrauterine growth restriction. Early identification of obstetric high-risk factors has significantly improved maternal health indicators.

Conclusion :
Despite socio-cultural and infrastructural challenges, a focused antenatal outreach program in the tribal areas has substantially improved maternal health, clinical awareness, anemia outcomes, and antenatal well-being.

Abstract ID: MCH/OP/77

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Abstract Title:
CRITICAL EVALUATION OF CAESAREAN SECTION RATE BY USING ROBSON'S CLASSIFICATION SYSTEM IN A TERTIARY CARE CENTRE IN EASTERN INDIA

Introduction :
As per NFHS-5 data (2019-2021), the national average rate of C-section in India is 21.5%, whereas globally it is 21% of all births. Although these rates are officially published, many institutions irrespective of government or private setup show a much higher prevalence rate.

Aims & Objectives :
1. To determine the overall rate and trends of lower segment caesarean section and stratification of their indications using modified Robson's criteria. 2. To identify areas for targeted interventions and to suggest specific methods, which can help to reduce caesarean section rate.

Materials & Methods :
It is a prospective observational study of antenatal mothers admitted at CSS, Kolkata, a premier tertiary care centre of eastern India. 1000 consecutive mothers undergoing caesarean section among those admitted from 1St March to 24th September 2025 have been taken in our study.

Results :
During the study period, the rate of caesarean section in this institution is 43.31% which is very high. The result of this study reveals that the greatest contributor to the overall rate of caesarean section is Robson's Group 1 (29.8%) {i.e. nulliparous, term, cephalic, spontaneous labour} followed by Group 5 (26.3%) {i.e. multiparous with prior caesarean section, cephalic} and then Group 2b (12.7%) {i.e. nulliparous, term, cephalic, C section before labour.}

Conclusion :
All the cases of C-sections need to be meticulously audited and classified into Robson's 10 groups. Careful labour monitoring and augmentation in Group 1, judicious induction of labour in Group 2b and well conducted VBAC in group 5 will reduce the high prevalent rate of C-section in our institution.

Abstract ID: MCH/OP/78

Presenter's Name: Dr. Apoorva Hans

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Country: India

Abstract Title:
MATERNAL AND FETAL OUTCOMES FOLLOWING VARICELLA INFECTION IN PREGNANCY: A RETROSPECTIVE STUDY

Introduction :
Chickenpox, caused by the varicella zoster virus, has a secondary attack rate of 60-100%. Its incidence during pregnancy is estimated at 2-3 per 1,000 pregnancies. Although the infection follows a benign course in the general population; its severity and associated fetal complications are significantly higher in pregnancy. Depending on the timing of maternal infection, fetal involvement can result in congenital varicella syndrome, neonatal varicella, or childhood herpes zoster.

Aims & Objectives :
To evaluate maternal and fetal outcomes in pregnancies complicated by primary varicella zoster infection.

Materials & Methods :
This retrospective observational study was conducted in the Department of Maternal and Reproductive Health of SGPGIMS, Lucknow, over a period of 10 years. Delivery and neonatal details were obtained from hospital records for women who delivered at our institute, and by telephonic follow-up for those who delivered elsewhere.

Results :
Over the past 10 years, among antenatal women attending the department, 75 were diagnosed with varicella infection during pregnancy or the postpartum period. The mean maternal age was 27.6 years, with most women between 26–30 years. Majority were affected in first trimester (58.6%). The mean gestational age at infection in the first, second and third trimesters was 10.07, 20.07 and 30.5 weeks, respectively. Fetal growth restriction noted in 9.3% cases and fetal anomalies were noted in 7% cases, involving the cardiovascular system, urinary tract, eyes (congenital cataract) and limbs (reduction defects).

Conclusion :
Varicella infection during pregnancy may lead to fetal developmental abnormalities, preterm delivery, and intrauterine growth restriction. Early identification of exposure and timely follow-up are essential for optimal antenatal care.

Abstract ID: MCH/OP/79

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Abstract Title:
IMPACT OF STRUCTURED COUNSELLING ON AWARENESS AND ACCEPTANCE OF FIRST TRIMESTER ANEUPLOIDY SCREENING IN A RURAL TERTIARY CARE CENTRE

Introduction :
Chromosomal aneuploidies significantly contribute to perinatal morbidity and mortality. Early detection through first-trimester screening enables timely counselling and informed decision making.

Aims & Objectives :
To assess the awareness, acceptance and reasons for refusal amog antenatal women who were counselled and screening outcomes.

Materials & Methods :
Structured counselling sessions provided information on the importance of aneuploidy screening, available tests, result interpretation, and follow-up options. The extracted data included maternal age, gravidity, education, consanguinity, family history, screening acceptance/refusal, reasons for refusal, and outcomes of screen-positive cases. Reasons for refusal were categorised as financial constraints, prior uneventful pregnancy, family influence, and lack of awareness. Outcomes for screen-positive women included uptake of non-invasive prenatal testing (NIPT), invasive testing (amniocentesis/chorionic villus sampling), refusal of further testing, and final pregnancy outcomes.

Results :
Of the 1,000 counselled women, 62% accepted screening, acceptance being higher among primigravida (72%) and in women >30 years (85%) and those who were educated (80%). Women from consanguineous marriages (68%) and with a family history of anomalies (85%) showed greater acceptance. Financial constraints (48%), prior uneventful pregnancies (30%), and family influence (18.6% in multigravidas) were the most common reasons for declining. Among the 620 women who accepted, 26 screened positive. Of these, 54% opted for non-invasive prenatal testing, 23% underwent invasive testing, and 23% declined further testing. Three aneuploidies were confirmed (two trisomy 21 and one trisomy 18), all resulting in pregnancy termination.

Conclusion :
Structured counselling significantly improved the uptake of aneuploidy screening. Addressing financial barriers and incorporating family centred counselling strategies may further enhance acceptance and support informed reproductive choices.

Abstract ID: MCH/OP/81

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Abstract Title:
MANAGING PLACENTA ACCRETA: CHANGING SCENARIO, THE LEARNING CURVE AND LESSONS LEARNT

Introduction :
Placenta Accreta Syndrome is a life-threatening condition in pregnancy and with increasing experience, management is more standardized and outcomes improved.

Aims & Objectives :
To study the cases of PAS at a tertiary care institute for changes in referral trends, surgical protocols and outcomes with time.

Materials & Methods :
An observational study conducted at an obstetric unit of Government Medical College Amritsar including all radiologically or clinically suspected or intraoperatively diagnosed cases of PAS from January 2021 to September 2025. Case files and operative notes were studied to record the demographic details, clinical presentation, radiological diagnosis, surgical details and interventions done. Surgical protocols, complications and outcome in first 2 years 2021-22 were statistically compared with those of 2023-2025

Results :
The incidence of PAS was 0.97% of all deliveries and 60% in all previous CS with placenta previa with 56 cases of major degree placenta increta/ percreta managed with Caesarean hysterectomy and 22 cases of focal placenta accreta managed with conservative surgical procedures. Between the two study periods, delayed referral with patients presenting in labor or with APH or severe anemia has substantially decreased and case fatality ratio which was 6/30(20%) in first 2 years has decreased to 1/48(2.08%). With timely referral and increasing exposure and experience, a decrease was observed in maternal mortality, mean surgical duration, need for massive transfusion and complications like hemorrhagic shock and bladder injury.

Conclusion :
Timely referral, radiological diagnosis, adequate preoperative preparation and multidisciplinary approach can optimize the outcome in PAS.

Abstract ID: MCH/OP/82

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Abstract Title:
PRETERM PREMATURE RUPTURE OF MEMBRANES AND ITS MATERNAL AND PERINATAL OUTCOME

Introduction :
Preterm premature rupture of membranes (PPROM) occurs before 37 weeks of gestation and causes significant maternal and fetal complications, including infection, prematurity, and increased cesarean rates. Risk factors include infection, poor nutrition, smoking, and low socioeconomic status, leading to adverse outcomes like sepsis, chorioamnionitis,fetal distress, and perinatal mortality. Hence present study was done to find the maternal and fetal outcomes among patients with pre-term pre-mature rupture of membranes.

Aims & Objectives :
To know the mode of delivery ,To know maternal complications in PPROM , To find out the perinatal morbidity and mortality in PPROM

Materials & Methods :
The current study was a cross sectional study among 36 singleton mothers with pre-term PROM (28 – 37weeks) from November 2024 to April 2025 in labor room of department of OBG at Rajarajeshwari Medical College and Hospital. Multiple pregnancies, IUGR, uterine anomalies, Myoma, Hypertensive, GDM, APH, CRF patients were excluded. Patient history and examination was entered in a structured questionnaire and required treatment was done.

Results :
The mean duration of PROM to admission was 5.79 ± 3.12hours and mean duration of PROM to delivery was 6.91 ± 2.08hours. 58% of patients had normal vaginal delivery, 32% of patients had cesarean section, 8% of patients had vaccum assisted delivery and 2% of patients had forceps delivery. 69% of patients were healthy, 16% of patients had urinary tract infection, 5% of patients had post-partum hemorrhage and sub-involution of uterus each, 2% of

Conclusion :
PPROM significantly increases maternal, neonatal, and economic burdens, highlighting the need to assess gestation-based outcomes for optimal management.

Abstract ID: MCH/OP/83

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Abstract Title:
BLISSFUL POSTPARTUM ERA

Introduction :
The postpartum period is a critical yet often neglected phase in a woman's life, encompassing physical recovery, emotional adjustments, and social reintegration. Traditionally viewed as a time limited to maternal convalescence, modern obstetrics now recognizes it as a continuum of care essential for long-term health. Ensuring a blissful postpartum era requires a multidimensional approach that includes medical, psychological, nutritional, and social support for the mother and newborn.

Aims & Objectives :
To assess the physical, emotional, and social well-being of women in the postpartum period. To evaluate the impact of structured postpartum care and counselling on maternal satisfaction and recovery.

Materials & Methods :
Study Design: Prospective observational study conducted at a tertiary care teaching hospital. Study Period: jan2024-june 2025. Sample Size: 200 postpartum women (both normal and caesarean deliveries). Data Collection Tools: Standardized questionnaires assessing maternal physical recovery, lactation success, mental health (EPDS for depression screening), and overall satisfaction. Intervention: Postpartum counselling sessions, diet and exercise plans, breastfeeding and newborn care workshops, and family involvement programs.

Results :
80% of participants reported improved emotional well-being after structured counselling. 72% achieved exclusive breastfeeding at 6 weeks postpartum. 65% showed better physical recovery scores due to guided physiotherapy and nutritional counselling. The incidence of postpartum depression decreased from 18% to 7% in the intervention group. Overall satisfaction index improved significantly ($p < 0.01$), demonstrating that integrated postpartum care enhances both maternal and neonatal outcomes.

Conclusion :
The postpartum phase should be a blissful era, not just recovery. Multidisciplinary care (medical, psychological, familial) is vital for better maternal health and well-being in India.

Abstract ID: MCH/OP/84

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Abstract Title:
KNOWLEDGE AND ATTITUDE REGARDING BREASTFEEDING AMONG ANTENATAL MOTHERS

Introduction :
Breastfeeding knowledge and attitude are essential for antenatal mothers.

Aims & Objectives :
To assess antenatal mothers' breastfeeding knowledge and attitudes, and their association with sociodemographic characteristics.

Materials & Methods :
A cross-sectional study was conducted among antenatal mothers using a semi-structured interviewer-administered questionnaire. Twenty-four knowledge-related questions were scored one mark for each correct response. Scores of 17–24, 9–16, and 0–8 were categorized as adequate, average, and inadequate knowledge, respectively. The Iowa Infant Feeding Attitude Scale, with 17 questions on a 5-point Likert scale (1–5), was used to assess attitudes. Scores of 70–85, 49–69, and 17–48 were categorized as positive toward breastfeeding, neutral, and positive toward formula feeding, respectively. Descriptive statistics and chi-square tests were used, with $p<0.05$ considered significant.

Results :
The mean age of mothers was 26.74±4.54 years. Mean knowledge and attitude scores were 13.02±4.40 and 54.12±14.64, respectively. Adequate knowledge and positive attitudes toward breastfeeding were observed in 23.5% and 25.1% of mothers, respectively. Elder age, urban residence, higher education, multiparity, and receiving breastfeeding instructions during antenatal care were associated with adequate knowledge and positive attitudes. Adequate knowledge was also associated with living in a nuclear family and receiving information from healthcare providers. A significant association existed between knowledge and attitude scores ($\chi 2=10.028$, $p=0.040$).

Conclusion :
Breastfeeding knowledge was inadequate in more than one-third of expectant women, emphasizing the need to strengthen counselling on breastfeeding advantages and management.

Abstract ID: MCH/OP/85

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Abstract Title:
CHRONIC MYELOID LEUKAEMIA IN PREGNANCY: MATERNAL AND FOETAL OUTCOMES IN A TERTIARY CARE CENTEA

Introduction :
Chronic myeloid leukaemia (CML) commonly affects individuals in their reproductive years, particularly in India where the median age at diagnosis is around 30 years. The use of tyrosine kinase inhibitors has revolutionized treatment outcomes, but their safety in pregnancy remains uncertain. Most guidelines recommend discontinuation of imatinib during pregnancy due to potential teratogenicity, yet emerging data suggest variable risks.

Aims & Objectives :
To assess the maternal and foetal outcomes of patients with CML and their correlation with antenatal TKI therapy.

Materials & Methods :
We conducted a retrospective, observational study at a tertiary care hospital in North India including 40 women with CML. Clinical records and follow-up data were analysed to assess maternal disease control, pregnancy outcomes, foetal safety of chemotherapeutic drugs, and long-term health of the offspring.

Results :
Median imatinib exposure time during pregnancy was 14 weeks (IQR: 5–33). Thirteen women opted for medical termination, while 20 continued their pregnancy. Two patients underwent MTP in view of anomalies attributable to Imatinib. The median birth weight was 2.6 kg (IQR :2.2-3.5), with no major congenital anomalies. Among mothers, 11 achieved a complete molecular response during pregnancy while 1 had a blast crisis.

Conclusion :
Our study, one of the largest single-center experience from India, demonstrates that inadvertent imatinib exposure during pregnancy may not invariably lead to adverse maternal or foetal outcomes hence patients require comprehensive counselling. With close monitoring, selected pregnancies may be carried to term safely, challenging the conventional view of imatinib teratogenicity.

Abstract ID: MCH/OP/86

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Abstract Title:
ASSESSING MATERNAL MENTAL HEALTH:THE ROLE OF EDPS IN SCREENING PERINATAL DEPRESSION

Introduction :
Perinatal depression can lead to a range of consequences, such as the deterioration of maternal care and the distress of the mother-infant rela- tionship. It may also cause adverse outcomes for the child's growth and development if it occurs during the puerperium period.It is vital, therefore, to pay special attention to the diagnosis and early treatment of perinatal depression.

Aims & Objectives :
To detect depression during pregnancy and in the immediate postpartum period using the Edinburgh Postpartum Depression Scale (EPDS) among women at Rajarajeswari Medical College and Hospital, Bangalore.

Materials & Methods :
A cross-sectional study was conducted from June 2025 to August 2025 involving 50 women aged 19 to 39 years receiving perinatal care. Participants completed the EPDS, with a cutoff score of 12 or higher indicating probable depression. Data on sociodemographic, obstetric, and psychosocial factors were collected through interviews.

Results :
Nine participants (18%) scored ≥12 on the EPDS, suggesting probable perinatal depression. Those with depression had a lower average monthly family income and fewer prenatal visits compared to non-depressed participants. Significant associated factors included previous history of emotional disorders (35% vs. 12%), poor partner relationship (33% vs. 10%), and psychological aggression (22% vs. 6%). Multivariate analysis identified prior emotional disorder history and psychological aggression as significant predictors of depression.

Conclusion :
The findings emphasize the importance of perinatal depression screening using the EPDS in Bangalore clinical settings. Early identification of psychosocial risk factors could facilitate timely intervention, improving maternal and neonatal health outcomes

Abstract ID: MCH/OP/88

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Abstract Title:
BIRTH COMPANION PRESENCE AND RESPECTFUL MATERNITY CARE: DETERMINANTS OF POSITIVE MATERNAL AND NEONATAL OUTCOMES

Introduction :
Respectful Maternity Care (RMC) is essential for ensuring positive birth experiences and optimal maternal–neonatal outcomes. This study evaluated RMC implementation in an industrial area hospital serving predominantly immigrant populations and examined its association with maternal and neonatal outcomes.

Aims & Objectives :
1. To assess the level of RMC provided to postpartum women. 2. To identify factors influencing RMC satisfaction in emergency and planned deliveries. 3. To evaluate the association between RMC, birth companion presence, and neonatal outcomes.

Materials & Methods :
A cross-sectional study was conducted among 105 postpartum women at Oxford Medical Hospital, Bangalore. A validated 13-item RMC questionnaire assessed dignity, privacy, autonomy, communication, supportive care, and trust. Sociodemographic, obstetric, and neonatal data were analyzed using chi-square tests, correlation analysis, and odds ratios.

Results :
Mean maternal age was 26.5±5.5 years, with most participants being immigrants from nearby industrial areas. Emergency LSCS occurred in 45.8%, and anemia (21%) was the commonest comorbidity. Birth companion options were offered to 51.4%, though only 41.9% had companions present. Overall RMC satisfaction ranged from 75–85%. Emergency LSCS patients reported poorer RMC (60.4%) than planned deliveries (86.0%, $p=0.002$). Birth companion presence correlated with good RMC ($p<0.001$) and fewer NICU admissions ($p<0.001$)Good RMC correlated with higher education, normal delivery, and absence of complications. Better RMC was significantly associated with higher 1-minute ($r=0.267$, $p=0.006$) and 5-minute APGAR scores ($r=0.312$, $p=0.001$). Mean neonatal weight was 2.91±0.47 kg; hyperbilirubinemia was the most frequent complication (39%).

Conclusion :
Overall RMC was satisfactory, though limited by industrial work constraints. Emergency deliveries compromised RMC, emphasizing the need for targeted, context-specific interventions.

Abstract ID: MCH/OP/89

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Abstract Title:
IMPACT OF EARLY VS. DELAYED SURGICAL EVACUATION ON MATERNAL OUTCOMES IN SEPTIC ABORTION CASES: A COMPARATIVE STUDY

Introduction :
Septic abortion remains a significant contributor to maternal morbidity and mortality, particularly in developing countries. Timely evacuation of infected uterine contents after antibiotic initiation is essential, but the ideal timing remains debated.

Aims & Objectives :
To assess and compare maternal outcomes in septic abortion cases undergoing early (≤6 hours) versus delayed (>6 hours) surgical evacuation following diagnosis.

Materials & Methods :
A prospective comparative study was conducted in the Department of Obstetrics and Gynaecology, [Institution Name], from January 2023 to December 2024. Sixty women with clinically and laboratory-confirmed septic abortion (≤20 weeks gestation) were enrolled and divided into two groups of 30 each: Group A (early evacuation) and Group B (delayed evacuation). All received intravenous broad-spectrum antibiotics, resuscitative care, and surgical evacuation by suction and evacuation or curettage. Maternal morbidity indicators (fever duration, hospital stay, ICU admission, hysterectomy) and mortality were analyzed using SPSS software, with $p < 0.05$ considered significant.

Results :
Early evacuation was associated with shorter fever duration, reduced hospital stay, and lower ICU and hysterectomy rates compared to delayed evacuation. Maternal mortality was also lower in the early group.

Conclusion :
Early surgical evacuation (within 6 hours of diagnosis) after initiating jb antibiotics significantly improves maternal outcomes in septic abortion, reducing morbidity and mortality. Prompt intervention should be integrated into standard management protocols for septic abortion.

Abstract ID: MCH/OP/90

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Abstract Title:
PRENATAL EVALUATION AND OUTCOME OF FETAL-INTRAABDOMINAL HYPERECHOGENICITY: A RETROSPECTIVE CASE SERIES

Introduction :
Intraabdominal hyperechogenicity warrants a thorough evaluation for prognostication.

Aims & Objectives :
We intend to present the differentials of intraabdominal hyperechogenicity with their outcomes.

Materials & Methods :
All fetuses with intraabdominal hyperechogenicity during the two-year study period were enrolled. Ultrasound was performed on Samsung V8 and GE Volusion E6 for diagnosis and follow up. The standard of care after diagnosis included invasive testing to rule out genetic aberrations and infections. Echogenicity of gall bladder(EGB) was evaluated postnatally because of late presentation.

Results :
A total of 11 cases of intraabdominal hyperechogenicity included bowel(n=5), GB(n=3) and Liver (n=2). Results of genetic evaluation in bowel were trisomy 21(n=1) ,CMV(1) rest were normal. Intestinal obstruction developed in one at 24 weeks onwards. The baby was delivered at 34 +4 weeks (LSCS-Indication PROM), 1.9 kg, cried spontaneously but had a significant abdominal distension. Postnatal- 24 hours Xray abdomen revealed a tiple bubble sign for which exploratory laparotomy was performed with multiple atretic segments of the jejunum requiring resection of 35 cm of jejunum and a primary anastomosis. TPN was started from birth and the neonate achieved full enteral feeds by post-operative day 21. The baby currently (7.5 months) is thriving well with normal developmental milestones. All 3 fetus with EGB were normal postnatally. In cases of liver hyperechogenicity: one had hepatic cyst with echogenicity and Hydrops, while other was normal.

Conclusion :
Our study explores the varied outcomes of intraabdominal echogenicity and also emphasizes on thorough antenatal evaluation, follow up, multidisciplinary team counselling and management for a successful outcome.

Abstract ID: MCH/OP/91

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Abstract Title:
COMPARATIVE ANALYSIS OF SR CANNULA AND COMPRESSION SUTURES IN THE MANAGEMENT OF POSTPARTUM HAEMORRHAGE: A PROSPECTIVE OBSERVATIONAL STUDY

Introduction :
Postpartum haemorrhage (PPH) remains the leading cause of maternal morbidity and mortality worldwide, especially in low-resource settings. When medical management fails, rapid mechanical interventions become lifesaving. Among them, SR cannula (developed by Dr. H. Samartha Ram) and uterine compression sutures are widely used for atonic PPH control.

Aims & Objectives :
To compare the efficacy, safety, and clinical outcomes of SR cannula and compression sutures in the management of atonic PPH.

Materials & Methods :
This prospective observational study included 50 women with atonic PPH unresponsive to medical therapy. Participants were divided into two groups: Group A (SR cannula, n = 25) and Group B (Compression sutures, n = 25). Parameters analysed were blood loss, duration of procedure, success rate in haemorrhage control, and procedure-related complications.

Results :
Both interventions were effective in controlling haemorrhage. The SR cannula showed advantages in terms of shorter procedural time, minimal invasiveness, and cost-effectiveness, with an easier learning curve—making it suitable for use even in peripheral centres. Compression sutures demonstrated a marginally higher success rate in severe cases but required laparotomy and greater surgical expertise. Procedure-related complications were minimal in both groups.

Conclusion :
Both SR cannula and compression sutures are effective and complementary methods for managing atonic PPH unresponsive to medical treatment. The SR cannula offers a simple, quick, and non-surgical alternative, ideal for resource-limited or primary healthcare settings, whereas compression sutures remain a reliable option in operative environments where surgical facilities are available.

Abstract ID: MCH/OP/92

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Abstract Title:
COMPARISON OF ORAL TRANEXAMIC ACID PLUS ORAL MISOPROSTOL WITH INTRAMUSCULAR OXYTOCIN IN MANAGEMENT OF THIRD STAGE OF LABOR

Introduction :
Postpartum hemorrhage is leading cause of maternal mortality. Oxytocin is a standard of care for prevention of PPH. In present study, combination of oral misoprostol and oral tranexamic acid was compared with intramuscular oxytocin.

Aims & Objectives :
Comparison of amount of blood loss using oral tranexamic acid plus oral misoprostol versus intramuscular oxytocin in third stage of labour.

Materials & Methods :
This randomised open label non inferiority clinical trial, was conducted over a period of 18 months. There were 110 women, at low risk for PPH, recruited during active labour. They were randomised in 2 groups, group A received oral tranexamic acid and oral misoprostol while group B received intramuscular oxytocin along with all other components of active management of third stage of labour. Blood loss along with predelivery and postdelivery haemoglobin were compared in both the groups.

Results :
The mean blood loss was comparable between both the groups (124.45 + 80.97 ml in tranexamic acid and misoprostol group and 123.36 + 65.62ml in oxytocin group with p value of 0.94). The predelivery and postdelivery hemoglobin was comparable in both the groups. The mean change in hemoglobin was 0.99 + 0.83 g/dl in tranexamic acid plus misoprostol group and 0.78 + 0.67 g/dl in oxytocin group. The difference was not significant statistically (p=0.121).

Conclusion :
The combination of oral tranexamic acid plus oral misoprostol was found to be comparable to oxytocin in terms of amount of blood loss, need of additional uterotonic agent, need of manual removal of placenta and difference in predelivery and postdelivery hemoglobin.

Abstract ID: MCH/OP/93

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Abstract Title:
COMPARISON OF LARGER VOLUME OF INTRACERVICAL FOLEYS (80ML) FOR LONGER DURATION (48HRS) VS (60ML) FOR 24HRS IN 2ND/3RD TRIMESTER PREGNANCY TERMINATION WITH SCARRED UTERUS.

Introduction :
Foleys catheter is a commonly used mechanical method for labour induction in 2nd and 3rd trimester of pregnancy, but the amount of volume that should be used and the maximum duration for which the bulb could be left in-situ is not yet clear. In scarred uterus its risky to use prostaglandins or oxytocin. Hence, we hypothesized that using larger volumes for longer duration is safe and effective way to minimize the use of prostaglandins in scarred uterus thereby preventing unnecessary operative interventions and aiding to set MTP protocols.

Aims & Objectives :
To evaluate the effect, safety of 80ml for 48 hrs Vs 60ml for 24 hrs on the induction delivery interval and subsequent need for additional agents.

Materials & Methods :
Randomised Control trial, for a period of 2 years. In group A serially dilated every 4 hrs by 20ml up to maximum 80ml for maximum 48 hrs or till spontaneously expelled. In Group B up to 60ml for max 24 hrs or till expelled. Outcomes were compared. Chi Square and Univariate regression analysis applied.

Results :
164 patients studied, with maximum 5 previous LSCS. Induction delivery interval (in min) significantly reduced in group B.604 (524-719) vs 846 (596- 990) ($p<0.001$), median time to onset of labour,240 (120-300) vs 360 (180-600) ($p<0.001$).Number of doses of miso significantly reduced(mean +-SD,1.4+_0.7 vs 2.4+_1.3;$P<0.001$). No difference in mode of delivery. No difference in maternal morbidity.

Conclusion :
Inflating Foleys bulb with larger volume(80ml) and retaining for longer duration (48hrs) is safe alternative in multiscarred uterus for pregnancy termination.

Abstract ID: MCH/OP/94

Presenter's Name: Dr. Garima Keshav

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Abstract Title:
ROLE OF CT / MRI IN NEUROLOGICAL COMPLICATIONS OF ECLAMPSIA

Introduction :
Eclampsia is a severe hypertensive disorder of pregnancy associated with seizures and remains a significant cause of maternal and perinatal morbidity and mortality. Neurological complications are among its most serious manifestations. Neuroimaging plays a vital role in early diagnosis, understanding pathophysiology, and guiding timely management.

Aims & Objectives :
To evaluate neuroimaging findings in eclamptic patients using CT and MRI, identify characteristic patterns of brain involvement, and assess lesion reversibility in pregnant and postpartum females.

Materials & Methods :
This case series, conducted in the Department of Obstetrics and Gynaecology, ANMMC, Gaya, included pregnant and postpartum females diagnosed with eclampsia. Patients presenting with seizures, headache, or altered sensorium underwent CT and/or MRI brain imaging. The neuroimaging findings were analyzed based on the site, distribution, and type of lesions and correlated with clinical recovery.

Results :
MRI revealed hyperintense signals on T2 and FLAIR images, predominantly in the parieto-occipital regions, consistent with Posterior Reversible Encephalopathy Syndrome (PRES). CT scans were helpful in identifying hemorrhagic changes and excluding infarction. Most patients demonstrated radiological resolution alongside clinical improvement.

Conclusion :
CT and MRI are invaluable for detecting neurological complications of eclampsia. MRI provides superior sensitivity for reversible lesions, whereas CT offers rapid assessment in emergency situations. Early neuroimaging facilitates accurate diagnosis, timely intervention, and improved maternal outcomes.

Abstract ID: MCH/OP/95

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Abstract Title:
CAESAREAN SCAR SITE PREGNANCY: NAVIGATING THERAPEUTIC DILEMMAS IN MODERN GYNAECOLOGY

Introduction :
Cesarean scar ectopic pregnancy (CSP) is the implantation of a gestational sac in the myometrium and fibrous tissues at the site of a previous uterine scar . The isthmocele is a myometrial defect resembling a pouch on the anterior wall of the uterine isthmus, over a previous cesarean scar is a recognized cause.

Aims & Objectives :
The aim of this study was to compare the management options of caesarean scar pregnancy (CSP).

Materials & Methods :
This was a prospective study of 30 patients of caesarean scar pregnancy (CSP) admitted at tertiary care hospital from January 2022 to June 2025. Of these 15 were managed by laparoscopic resection of scar pregnancy and isthmocele repair and 15 cases underwent a 2 step approach of Uterine artery embolisation (UAE) followed by Ultrasound guided Dilatation and curettage (D and C).Both the groups of cases were then followed for success rate, average blood loss, menstrual recovery and complications

Results :
In this study,30 cases of Caesarean scar pregnancy were managed. Mean gestation of presentation was 7.2 weeks. The cases that underwent laparoscopic resection of CSP and isthmocele repair had a success rate of 93%, average blood loss of 333ml, earlier resumption of regular menses 45.4 days, hystrectomy in one case. In comparison, the cases that underwent UAE followed by D and C had success rate of 86.6%, average blood loss 249ml, delayed menstrual recovery 74.06 days, uterine perforation requiring laparotomy and repair in one case and hysterectomy in one case.

Conclusion :
Surgical treatment is a favorable option associated with lesser complications and faster recovery.

Abstract ID: MCH/OP/96

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Country: India

Abstract Title:
FETOMATERNAL OUTCOME IN SICKLE CELL DISEASE: A TERTIARY CARE CENTRE EXPERIENCE.

Introduction :
Sickle Cell Disease (SCD) is an autosomal recessive hemoglobinopathy resulting from a mutation in the β-globin gene. It is prevalent in sub-Saharan Africa, the Middle East, and India—particularly in Chhattisgarh, which lies within the "sickle cell belt." Pregnancy in women with SCD poses significant risks, including maternal complications like anemia, infections, vaso-occlusive crises, preeclampsia, and preterm labor. Fetal complications include fetal growth restriction (FGR), abnormal fetal heart rate, preterm birth, and intrauterine fetal death.

Aims & Objectives :
To evaluate fetomaternal outcomes in pregnant women with SCD managed at a tertiary care centre.

Materials & Methods :
This retrospective observational study included all pregnant women with SCD beyond 20 weeks gestation who delivered at AIIMS Raipur between September 2024 and September 2025.

Results :
20 antenatal women with SCD were studied. Obstetric complications included gestational hypertension (5%), preeclampsia (10%), FGR (50%), and oligohydramnios (15%). Common medical complications were anemia (90%), vaso-occlusive crisis (25%), acute chest syndrome (10%), and infections such as urinary tract infection (15%) and pneumonia (5%). Fetal outcomes showed a high incidence of low birth weight (45%), low APGAR scores (5%), and NICU admissions (25%).

Conclusion :
Sickle cell disease in pregnancy is associated with high maternal morbidity and adverse perinatal outcomes. Early screening, preconception counselling, multidisciplinary antenatal care, and timely referral to tertiary care centres are essential to improve outcomes for both mother and baby.

Abstract ID: MCH/OP/97

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Abstract Title:
ELECTIVE VERSUS EMERGENCY. A DECADE OF EXPERIENCE WITH CAESAREAN HYSTERECTOMY IN PLACENTA ACCRETA SPECTRUM AT A TERTIARY CARE CENTER.

Introduction :
Placenta accreta spectrum (PAS) is common obstetric complication strongly associated with prior cesarean delivery and placenta previa. Its clinical significance stems from the high risk of massive obstetric hemorrhage, surgical complications and maternal mortality. Current guidelines recommend that suspected PAS be managed at an experienced center with a multidisciplinary team. This 10-year research addresses a gap in Indian data on maternal and surgical outcomes in instances of cesarean hysterectomy performed at a tertiary care institution

Aims & Objectives :
Compare maternal and surgical outcomes between elective and emergency CH in PAS. Assess blood loss, transfusion, ICU stay, surgical complications and maternal mortality.

Materials & Methods :
Study design: 10 year Retrospective observational study Setting: Tertiary care center Population: All PAS cases undergoing caesarean hysterectomy Group A: All PAS patients undergoing elective ceserean hysterectomy Group B: All PAS patients undergoing emergency caesarean hysterectomy Data collected: Demographics, blood loss, transfusion, surgical complications, ICU stay and mortality. Analysis: Chi-square, t-test; $p < 0.05$ significant

Results :
67 patients underwent caesarean hysterectomy for placenta accreta spectrum (PAS) between 2015 and 2024 Out of which 40 were Elective and 27 were Emergency caesarean hysterectomies. The mean maternal age was 33.06 ± 4.57 years . No statistically significant difference in transfusion requirements between Elective and Emergency cases. Bladder repair was performed in 49 out of 67 cases (73.1%). The mean ICU stay was 1.15 ± 0.86 days in Elective and 1.59 ± 0.89 days in Emergency cases. One maternal death was recorded.

Conclusion :
Elective cases allow better preparation and mortality remained low with multidisciplinary team.

Abstract ID: MCH/OP/98

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Abstract Title:
TO STUDY THE VARIOUS FETAL CAUSES OF STILLBIRTH AND THE ROLE OF CYTOGENETIC ANALYSIS IN THESE CASES – OUR EXPERIENCE !

Introduction :
More than 60 % of stillbirths remain unexplained, in which no definite identifiable cause like abruption, obstetric complications, cholestasis , infections , structural malformation is found. The common misconception is that genetic evaluation of fetus is needed only in those with congenital malformations and knowing the genetic cause is only for academic reason and not for treatment. Genetic evaluation of stillbirth could pave the way for the future pregnancies by knowing the type of disorder and its inheritance. One of the new emerging hypothesis about the genetic causes of unexplained stillbirth is hereditary heart diseases. (Cardiomyopathies, channelopathies), also metabolic disorders.Novel sequencing technologies might uncover new genes related to stillbirth

Aims & Objectives :
To know the fetal causes of stillbirth and to assess the role of cytogenetic analysis in determining cause of death.

Materials & Methods :
All antenatal patients attending gynae OPD or casualty from year January 2024 to April 2025 with diagnosed Stillbirth with either of following causes were recruited for the study. 1) Hydrops 2)FGR with polyhydramnios 3) Unexplained Stillbirth 4) Structural Anomalies 5) Family history of chromosomal anomaly 6) Infections.

Results :
There were around 916 cases of stillbirth in 18 months, out of which around 257 were fetal causes. Out of these, congenital malformations were found in around 22 % of fetal causes, 2% cases were due to hydrops fetalis. 4% were due to infections. 29 % due to hypoxia.15 % due to FGR. Rest around 28% were unexplained.

Conclusion :
Parents should be

Abstract ID: MCH/OP/99

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Abstract Title:
MANAGEMENT OF OVARIAN TUMORS IN PREGNANCY AND THEIR REPRODUCTIVE OUTCOMES

Introduction :
Ovarian tumors occur in 0.1–5% of pregnancies, most being benign and incidentally detected on antenatal ultrasonography. Their management requires balancing maternal surgical risk with fetal safety, guided by tumor characteristics, gestational age, and multidisciplinary input.

Aims & Objectives :
To evaluate the clinical profile, management, histopathological spectrum, and feto-maternal outcomes of pregnancy with ovarian tumors.

Materials & Methods :
A prospective cross-sectional study was conducted at MAMC & LNH over 30 months, included 14 pregnant women with clinico-radiologically diagnosed ovarian tumors. Evaluation included clinical examination, tumor markers, ultrasonography and MRI. Surgical timing, complications, tumor histopathology, delivery mode, and maternal–fetal outcomes were recorded and analyzed. Sample Size: 14 patients

Results :
The prevalence of ovarian tumors in pregnancy was 0.73 in 1000 pregnancies. The mean maternal age was 25.7 ± 4.7 years, with 85.7% being primigravidae. Most tumors were detected incidentally (85.7%), commonly during the first trimester (42.9%). Surgery was most often performed in the second trimester, postnatally and during caesarean section (21.43% each). 42.85% underwent cystectomy, 21.43% unilateral salpingo-oophorectomy, and 35.71% were managed conservatively. Histopathology revealed predominantly benign lesions—mucinous cystadenoma (21.43%), simple cyst (14.29%), serous cystadenoma (7.14%), and dermoid (7.14%). One patient had a malignancy (mucinous cystadenocarcinoma). 3 cases were complicated by ovarian torsion. Among those delivered, 57.14% had vaginal deliveries, and mean birth weight was 2875 ± 532.2g; only 2 neonates were low birth weight (< 2500 g).

Conclusion :
Ovarian tumors in pregnancy are predominantly benign and incidental. Individualized, conservative management with surgery in the second trimester or during cesarean section offers optimal maternal and fetal outcomes.

Abstract ID: MCH/OP/100

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Abstract Title:
FROM SURVIVAL TO MOTHERHOOD: PREGNANCY OUTCOMES POST TREATMENT OF MALIGNANCY

Introduction :
Around 2 million women of reproductive age are diagnosed with cancer annually. With improved survival and advances in fertility preservation, pregnancies following malignancy treatment are increasing. The most common cancers encountered in pregnancy are breast and childhood malignancies such as leukemia and lymphoma. These pregnancies present unique challenges due to potential effects of prior chemotherapy, radiotherapy and surgery on reproductive and obstetric outcomes. Indian data on such pregnancies is limited. Evaluating maternal and neonatal outcomes in cancer survivors can guide counselling and management.

Aims & Objectives :
To evaluate clinical profile, management strategies, and maternal–neonatal outcomes in pregnancies following malignancy treatment.

Materials & Methods :
A mixed retrospective–prospective observational study was conducted at a tertiary care center. Data of 46 months was analysed. Eight pregnancies in seven women with a history of malignancy treatment were analyzed. Data on age at diagnosis, type and treatment of malignancy, age at conception, mode of delivery, obstetric and neonatal outcomes were recorded

Results :
Prevalence of history of malignancy treatment was about 2.6 per 10,000 (0.026 percent) pregnancies in this study. Mean age at cancer diagnosis was 20.3 years. Five patients (62.5%) had history of germ cell tumors; one each had history of adenocarcinoma colon, gestational trophoblastic neoplasia and epithelial ovarian tumor. The mean interval between diagnosis and conception was 5.8 years. Three patients (37.5%) had preterm delivery, five (62.5%) underwent cesarean section, and one had oncologic complication with ICU admission.

Conclusion :
Pregnancy after cancer treatment is feasible. Personalised preconceptional counselling and vigilant antenatal monitoring are essential for optimal outcomes.

Abstract ID: MCH/OP/101

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Abstract Title:
EFFICACY OF TRANSCERVICAL FOLEY'S CATHETER PLACEMENT, FOR 6 HOURS VERSUS 12 HOURS, FOR INDUCTION OF LABOR -A RANDOMISED CONTROL TRIAL

Introduction :
Induction of labor is a pivotal obstetric intervention. Mechanical methods such as transcervical Foley's catheter are simple, inexpensive, and effective for cervical ripening, understanding the optimal duration for catheter placement is crucial for balancing efficacy and minimizing potential complications. This study is aimed to compare the efficacy of Foley's catheter induction over 6 hours versus 12 hours in women with a non-scarred uterus.

Aims & Objectives :
To compare induction to delivery interval, in 6 hours versus 12 hours transcervical Foley's catheter placement group and to evaluate associated maternal and neonatal outcomes.

Materials & Methods :
Sample size -100 A randomized controlled trial was conducted at Lok Nayak Hospital, New Delhi, over one year. 100 term pregnant women with singleton, cephalic, live fetuses and Bishop's score <6 were randomized into two groups of 50 each (6-hour vs. 12-hour Foley's catheter). Primary outcome was induction-to-delivery interval; secondary outcomes included mode of delivery, change in Bishop's score, duration of oxytocin use, and perinatal outcomes.

Results :
Both groups showed significant cervical ripening post-intervention. The mean induction-to-delivery interval was significantly shorter in the 6-hour group (14.58 ± 7.01 h) compared to the 12-hour group (20.00 ± 6.46 h) ($p < 0.001$). There were no significant differences in mode of delivery, cesarean rate, maternal infection, or neonatal outcomes including Apgar score, NICU admission, or sepsis.

Conclusion :
A 6-hour duration of Foley's catheter placement is as effective as 12 hours for cervical ripening while significantly reducing the induction-to-delivery interval without increasing cesarean rate, maternal or neonatal complications.

Abstract ID: MCH/OP/102

Presenter's Name: Dr. Anuradha

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Country: India

Abstract Title:
COMPARISON BETWEEN PREOPERATIVE VERSUS POSTOPERATIVE RECTAL MISOPROSTOL IN CONTROLLING BLOOD LOSS AFTER CESAREAN SECTION-A DOUBLE-BLIND RANDOMISED CONTROLLED TRIAL

Introduction :
Obstetric hemorrhage is leading cause of maternal mortality and morbidity. Atonic uterus is the commonest cause of postpartum hemorrhage (PPH). Misoprostol is routinely used postoperatively in our practice to prevent PPH. This study was conducted to observe whether preoperative Misoprostol per rectally is more effective in preventing PPH.

Aims & Objectives :
Primary objective: comparing the efficacy of pre & postoperative misoprostol in decreasing intraoperative & postoperative blood loss and adverse effects if any. Secondary objective: 1. Change in haematocrit. 2. Any adverse effect. 3. Need for additional uterotonics. 4. Use of additional surgical interventions. 5. Amount of fluid infused. 6. Need for blood transfusion. 7. Maternal near miss assessment. 8. Maternal death or severe maternal morbidity such as seizure, thromboembolic events, need for intensive care unit admission, hysterectomy. 9. APGAR score at 1min and 5min after delivery. 10. NICU admission.

Materials & Methods :
A double-blind, randomised, placebo-controlled trial from 1st July, 2020 to 30th June, 2021, among pregnant women at 37- 41 completed weeks, undergoing caesarean delivery. Exclusion criteria were conditions predisposing to uterine atonicity.

Results :
Blood loss during surgery was significantly decreased in patients with Preoperatively given Misoprostol compared to Postoperative group ($p<0.0001$.) with minor adverse effects in preoperaive misoprostol group. Postoperative blood lodd did not differ significantly. Apgar score did not differ significantly.

Conclusion :
Preoperative Misoprostol is better than postoperative one in reducing blood loss during cesarean section.

Abstract ID: MCH/OP/103

Presenter's Name: Dr. Megha Bhatia

Co-Author(s):
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State: Punjab

Country: India

Abstract Title:
MTP AMENDMENT ACT 2021: MTP BEYOND 24 WEEKS PERIOD OF GESTATTION – THE GAINS MADE!

Introduction :
The MTP Amendment Act 2021 allowed abortions beyond 24 weeks of gestation where there is substantial risk that if the child were born , it will suffer from any serious physical or mental abnormality

Aims & Objectives :
To study incidence, indications and outcomes of pregnancies terminated beyond 24 weeks gestation and their impact.

Materials & Methods :
This is an observational study conducted in the Department of Obstetrics and Gynaecology , BNMCC from March 2022 to June 2025 . Cases included were those who requested for MTP after 24 weeks of gestation due to congenital anomalies. Significant patient details and investigations were recorded using code numbers without recording the identity of the patient . Details of termination and pregnancy outcomes were studied for those allowed MTP.

Results :
Of the 24 women who requested MTP beyond 24 weeks , 20 women were allowed MTP by institutional MTP Board .Most common anomalies diagnosed were CNS abnormalties . Average gestational age at time of termination was 27 weeks .All affected patients were counselled by psychiatrist before termination. All 20 women underwent labour induction. 25% of women had previous history of LSCS ,with short inter conception interval or >1 CS . 95% of them delivered by vaginal route. Only 1 patient landed up in hysterotomy. No complications like PPH, sepsis ,scar dehiscence were encountered

Conclusion :
This Amendment Act serves as a crucial intervention in safeguarding women’s health by providing a structured ,legal pathway for terminating pregnancies with substantial fetal anomalies and prevents prolonged mental trauma and potential physical complications in the beneficiaries.

Abstract ID: MCH/OP/104

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Abstract Title:
TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) FOR LABOUR ANALGESIA: A RANDOMISED CONTROLLED TRIAL

Introduction :
Labour pain is one of the most intense physiological experiences, and the search for safe, non-pharmacological analgesia remains ongoing. Transcutaneous Electrical Nerve Stimulation (TENS) offers drug-free pain relief through peripheral nerve modulation and endorphin release.

Aims & Objectives :
To evaluate the efficacy of TENS in reducing labour pain compared with a sham device and to assess its effect on maternal satisfaction and perinatal outcomes.

Materials & Methods :
A single-blind randomised controlled trial was conducted on 70 primigravidae in active first-stage labour at AIIMS Raipur. Participants were assigned to either TENS (n = 35) or placebo (n = 35). Pain scores were assessed using a 100-point composite scale before and every two hours after intervention.

Results :
Baseline pain was comparable ($p = 0.064$). Post-intervention pain was significantly lower in the TENS group (5.66 ± 2.36 vs 12.89 ± 3.44; $p < 0.001$). Mean pain reduction was 8.29 ± 2.75 versus 2.20 ± 2.33 ($p < 0.001$). Rescue analgesia was required in 3.3 % vs 25.8 % ($\chi^2 = 4.96$, $p = 0.026$; NNT = 4.4). Maternal satisfaction was higher (8.26 ± 1.33 vs 3.77 ± 1.62; $p < 0.001$). Labour duration and neonatal outcomes were similar ($p > 0.05$) in both arms of the trial.

Conclusion :
TENS provides significant, safe, and well-tolerated analgesia during the first stage of labour and improves maternal comfort without affecting labour or neonatal outcomes.

Abstract ID: MCH/OP/105

Presenter's Name: Dr. Simi Chatterjee

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Country: India

Abstract Title:
ADOLESCENT PREGNANCIES IN WEST BENGAL: SOCIAL DETERMINANTS AND MATERNAL–PERINATAL OUTCOMES FROM A PROSPECTIVE COHORT STUDY

Introduction :
Adolescent pregnancy remains a major public health concern in India, particularly in West Bengal, contributing to adverse pregnancy outcomes. The Child in Need Institute (CINI) implements the "CINI Method," combining case management, community mobilization, and system strengthening approach to improve maternal and child health.

Aims & Objectives :
To examine the determinants and outcomes of adolescent pregnancies in West Bengal.

Materials & Methods :
A prospective cohort study (September 2023–July 2025) was conducted among 3,026 high-risk pregnant women from three hard-to-reach blocks: Gosaba (n=1419, South 24 Parganas), two blocks in Kalimpong (n=1105), and one block in Darjeeling (n=502). The intervention focused on system strengthening, behavioural change, risk reduction through four ANC visits, IFA and Calcium supplementation, dietary diversity, weight monitoring, institutional delivery, and family planning promotion.

Results :
Of 3,026 high-risk pregnancies, 924 (30.5%) were adolescents (median age at marriage: 17 years), largely from Gosaba (97.5%). Most were Hindu (72%) and from Scheduled Castes (47.6%). Adolescent families had lower incomes [INR-7000 vs 10000] and fewer completed schooling [13% vs 25%]. Adolescents were mostly primigravida (84%). Adolescent pregnancy increased gestational anaemia risk (OR: 3.2; 95% CI: 2.7–3.8, $p<0.001$), though anaemia improved with intervention (55%→47%, p=0.003). It was inversely associated with gestational diabetes (OR: 0.7, p=0.004). The risk of LBW was higher in adolescents (OR: 1.5; 95% CI: 1.15–1.99, p=0.003). Post-delivery family planning uptake improved (60% vs 38.2%).

Conclusion :
Adolescent pregnancies are linked with higher risks of anaemia and low-birth-weight infants, highlighting the need for convergent, participatory community-level interventions with systems strengthening.

Abstract ID: MCH/OP/106

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Abstract Title:
MATERNAL AND FETAL OUTCOME IN PREGNANCY ASSOCIATED WITH MECONIUM-STAINED AMNIOTIC FLUID – A PROSPECTIVE OBSERVATIONAL STUDY

Introduction :
Background: Meconium-stained amniotic fluid (MSAF) is a frequent intrapartum finding associated with increased risks of fetal distress, meconium aspiration syndrome (MAS), and perinatal morbidity, making the assessment of outcomes of utmost importance.

Aims & Objectives :
To study the maternal and fetal outcomes in pregnancies associated with meconium-stained amniotic fluid during the perinatal period and determine the association of fetomaternal risk factors/comorbidities with MSAF.

Materials & Methods :
A prospective observational study was conducted in the Department of Obstetrics and Gynaecology, MAMC Agroha Hisar from January 2023 to June 2024 including 105 pregnant women with meconium-stained amniotic fluid. Based on liquor consistency, cases were classified as Grade I, Grade II, and Grade III. Maternal outcomes such as mode of delivery and intrapartum complications, and fetal outcomes including Apgar score, NICU admissions, and perinatal mortality were assessed. Statistical analysis was performed using Chi-square test and Student's t-test, with $p < 0.05$ considered significant.

Results :
Among 105 cases, Grade I MSAF was observed in 43.8%, Grade II in 34.3%, and Grade III in 21.9%. Cesarean section rates increased with Grade II and Grade III. Fetal distress, low Apgar scores and NICU Admissions were significantly more frequent in Grade III cases. MAS was also observed predominantly with Grade III MSAF. Perinatal mortality was around 1%, predominantly in Grade 3 MSAF. No maternal mortality occurred.

Conclusion :
Adverse maternal and fetal outcomes increased with the severity of meconium-stained amniotic fluid. Timely detection and prompt obstetric intervention are crucial to improve perinatal outcomes.

Abstract ID: MCH/OP/107

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State: Madhya Pradesh

Country: India

Abstract Title:
ASSESSMENT OF CESAREAN SECTION RATES USING THE ROBSON CLASSIFICATION SYSTEM IN A TERTIARY CARE CENTRE

Introduction :
The rising rate of cesarean sections (CS) is a global public health concern. The Robson ten Group Classification System (TGCS), endorsed by the World Health Organization provides a standardized framework for analyzing and comparing CS rates by categorizing all deliveries based on specific obstetric characteristics

Aims & Objectives :
To determine the annual cesarean section rate at a tertiary care center and to analyze the contribution of each Robson group to the overall CS rate.

Materials & Methods :
The present retrospective observational study was conducted over one year (September 2024–August 2025) and included all pregnant women with a gestational age of more than 28 weeks who delivered at our institution. Data were analyzed using the Robson classification, which divides women into different categories based on various parameters.

Results :
Among 1,264 deliveries, 805 (63.7%) were cesarean sections and 459 (36.3%) were vaginal deliveries. The distribution by Robson group was: Group 1 (164), Group 2 (86), Group 3 (77), Group 4 (50), Group 5 (368), Group 6 (18), Group 7 (15), Group 8 (14), Group 9 (2), and Group 10 (11). The majority of cesarean deliveries occurred in Group 5 (previous CS, singleton, cephalic, ≥37 weeks)

Conclusion :
The study revealed a high cesarean section rate, primarily due to repeat cesarean deliveries. Reducing primary CS rates and encouraging vaginal birth after cesarean (VBAC) are essential strategies to lower overall CS rates and promote safer maternal outcomes.

Abstract ID: MCH/OP/108

Presenter's Name: Dr. M. Meena

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CHENGALPATTU MEDICAL COLLEGE

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State: Tamil Nadu

Country: India

Abstract Title:
ECLAMPSIA AND ITS TOLL:MATERNAL AND FETAL OUTCOMES AT A TERTIARY CARE CENTRE.HOPE IN CRISIS

Introduction :
Eclampsia remains a significant cause of maternal and perinatal morbidity and mortality, particularly in limited resource settings. It is a life-threatening complication of hypertensive disorders in pregnancy, characterized by the sudden onset of seizures in the absence of other neurological causes. This condition can occur before, during, or after labor—with the highest risk within the first postpartum week.

Aims & Objectives :
To evaluate the maternal and fetal outcomes among patients with eclampsia managed at a tertiary care teaching hospital.

Materials & Methods :
A retrospective case series was conducted in the Department of Obstetrics and Gynaecology at Chengelpet Medical College over a period of 9 months.Data were collected from 21 consecutive cases of eclampsia based on hospital records. Information on age, parity, antenatal care, timing of seizure onset (antepartum/intrapartum/ postpartum), management protocols, maternal complications, mode of delivery, and fetal outcomes was analyzed using descriptive statistics.

Results :
We had 21 cases of eclapmsia in the last 9 months. In that 9 cases had Antepartum eclapmsia ,1 case had intrapartum eclampsia and 11 cases of postpartum eclampsia . 6 cases were of teenage pregnancy. MRI findings of 4 patients were suggestive of PRES, 3 patients showed cortical venous thrombosis, one pt MRI report showed acute right cerebellar infarct /cortical laminar necrosis, one patient showed acute hemorrhagic infarct with partial thrombosis of superior sagittal sinus and one patient showed intracerebral hemorrhage,11 patients had normal study

Conclusion :
By improving first line awareness ,healthcare interventions and incorporating multidisciplinary approach can decrease maternal and neonatal mortality, morbidity along which outcomes can be significantly enhanced.

Abstract ID: MCH/OP/109

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Abstract Title:
FROM TRADITION TO TRANSFORMATION: EFFECTIVENESS OF ERAS PROTOCOL IN ACCELERATING RECOVERY AFTER ELECTIVE CESAREAN DELIVERY

Introduction :
Enhanced Recovery After Surgery (ERAS) protocols optimize perioperative care by minimizing surgical stress and expediting recovery. In cesarean delivery, ERAS—through preoperative counseling, multimodal analgesia, and early mobilization—improves maternal comfort, reduces opioid use, shortens hospital stay, and was evaluated it this study.

Aims & Objectives :
To evaluate the effectiveness of ERAS versus conventional care in elective cesarean delivery by comparing recovery, pain, analgesic use, maternal complications, and neonatal outcomes.

Materials & Methods :
A prospective randomized interventional study on 80 term parturients undergoing elective cesarean section under neuraxial anesthesia at Venkateshwara Institute of Medical Sciences, Gajraula, compared ERAS (Group E) and conventional care (Group C). Pain, opioid use, recovery, and complications were analyzed using standard statistical tests.

Results :
ERAS adherence was significantly higher ($p < 0.001$). Pain scores were consistently lower ($p \leq 0.004$), and opioid use was nearly halved ($p < 0.001$). ERAS reduced PONV (7.5% vs 22.5%; $p = 0.05$), prolonged catheterization >24 h (7.5% vs 27.5%; $p = 0.02$), and hospital stay (2.4 ± 0.5 vs 3.1 ± 0.6 days; $p < 0.001$). Breastfeeding began earlier (4.7 ± 1.6 h vs 8.8 ± 2.7 h; $p = 0.001$), with similar neonatal outcomes. Readmissions ≤30 days were fewer in ERAS (0% vs 5.0%), though not statistically significant ($p = 0.15$).

Conclusion :
The ERAS protocol significantly improved postoperative recovery, reduced opioid use, minimized complications, and enabled earlier breastfeeding without compromising safety. It proved to be a safe, effective, and patient-centered approach for elective cesarean delivery, supporting its adoption to enhance maternal recovery and overall perioperative outcomes.

Abstract ID: MCH/OP/110

Presenter's Name: Dr. Swati Agrawal

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Abstract Title:
ROLE OF MODIFIED EARLY OBSTETRICS WARNING SYSTEM (MEOWS) IN THE PREDICTION OF OBSTETRICS MORBIDITY

Introduction :
In busy obstetric units, managing many patients can make it hard to spot early signs of deterioration. Scoring system helps by scoring vital signs and flagging high-risk cases, allowing timely attention. The Modified Early Obstetric Warning System (MEOWS) is a bedside tool designed to use physiological parameters.

Aims & Objectives :
To evaluate the role of MEOWS as a bedside indicator of obstetrics morbidity. To evaluate maternal and neonatal outcome in women with low, intermediate and high MEOWS score.

Materials & Methods :
A prospective observational study was conducted over 12 months at a tertiary hospital in North India, involving 2,118 pregnant (≥28 weeks) and postpartum (<6 weeks) women. Detailed history, examinations, and 12-hourly vital sign monitoring were recorded using the MEOWS chart. Based on MEOWS scores, patients were categorized into low (0-3), intermediate (4-5), and high-score groups (>6). Outcome of each score category noted and analysed. Hospital protocols guided the management.

Results :
Findings revealed that those who are in low-risk category (score 0-3) had significantly favorable outcomes. A strong correlation is seen between high MEOWS scores and increased maternal and neonatal morbidity and NICU stay. Specifically, patients categorized within the high-risk MEOWS group (score ≥6) exhibited higher risk of intensive care unit (ICU) admission (56.25%), with a maternal mortality rate of 20.31%.

Conclusion :
MEOWS serves as an essential framework for maternal risk assessment. The findings of our study align with global maternal health initiatives, reinforcing the necessity of integrating MEOWS into routine obstetric practice especially in low resource setting.

Abstract ID: MCH/OP/111

Presenter's Name: Dr. Gurugubelli Lavanya

Co-Author(s):
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Abstract Title:
"SILENT MARKERS, LOUD MESSAGES: DECODING THE LINK BETWEEN SECOND-TRIMESTER SOFT MARKERS AND AMNIOCENTESIS OUTCOMES"

Introduction :
SECOND-TRIMESTER SOFT MARKERS ARE SUBTLE SONOGRAPHIC FINDINGS THAT MAY SIGNAL AN INCREASED RISK FOR CHROMOSOMAL OR STRUCTURAL ABNORMALITIES, PARTICULARLY WHEN MULTIPLE MARKERS COEXIST. ISOLATED SOFT MARKERS—SUCH AS ECHOGENIC INTRACARDIAC FOCUS, CHOROID PLEXUS CYSTS, OR PYELECTASIS—GENERALLY WARRANT REASSURANCE ,WHILE MULTIPLE CONCURRENT OR MAJOR SOFT MARKERS REQUIRE PRE NATAL INVASIVE TESTING.

Aims & Objectives :
THE ASSOCIATION BETWEEN SECOND-TRIMESTER SOFT MARKERS AND ANEUPLOIDY DETECTED VIA AMNIOCENTESIS IN WOMEN PREVIOUSLY CATEGORIZED AS LOW RISK AFTER FIRST-TRIMESTER COMBINED SCREENING

Materials & Methods :
A PROSPECTIVE OBSERVATIONAL STUDY WAS CONDUCTED AT AIIMS RAIPUR INCLUDING ANTENATAL WOMEN WITH LOW-RISK COMBINED FIRST-TRIMESTER SCREENING BUT POSITIVE SECOND-TRIMESTER SOFT MARKERS. DATA FROM THE COHORT (N≈50) INCLUDED SOFT MARKERS SUCH AS ECHOGENIC INTRACARDIAC FOCUS, PYELECTASIS, SHORT FEMUR, ECHOGENIC BOWEL, AND CHOROID PLEXUS CYST, HYPOPLASTIC NASAL BONE, ARSA, SUA, INCREASED NF THICKNESS. ALL UNDERWENT GENETIC COUNSELLING AND AMNIOCENTESIS. THE STATISTICAL ASSOCIATION BETWEEN SPECIFIC SOFT MARKERS AND CHROMOSOMAL ABNORMALITIES WAS ANALYSED

Results :
THE PRESENCE OF MULTIPLE SOFT MARKERS SIGNIFICANTLY INCREASED THE RISK FOR ANEUPLOIDY ($P<0.05$). ISOLATED SOFT MARKERS DID NOT DEMONSTRATE A SIGNIFICANT IMPACT ON CHROMOSOMAL OUTCOME BUT OCCASIONALLY CORRELATED WITH ADVERSE PERINATAL INDICATORS SUCH AS GROWTH RESTRICTION AND PRETERM BIRTH.

Conclusion :
SECOND-TRIMESTER SOFT MARKERS POSSESS LIMITED PREDICTIVE VALUE FOR CHROMOSOMAL ABNORMALITIES IN LOW-RISK POPULATIONS BUT RETAIN IMPORTANCE AS ADJUNCT INDICATORS FOR ADVERSE OBSTETRIC OUTCOMES. ISOLATED SOFT MARKERS DID NOT DEMONSTRATE A SIGNIFICANT IMPACT ON CHROMOSOMAL OUTCOME BUT OCCASIONALLY CORRELATED WITH ADVERSE PERINATAL INDICATORS SUCH AS GROWTH RESTRICTION AND PRETERM BIRTH. INVASIVE GENETIC TESTING REMAINS VALUABLE, ESPECIALLY WHEN MULTIPLE OR MAJOR SOFT MARKERS COEXIST, ENHANCING PRENATAL DIAGNOSTIC PRECISION AND COUNSELLING EFFICACY.

Abstract ID: MCH/OP/112

Presenter's Name: Dr. Neha Thakur

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Abstract Title:
TIMELY IDENTIFICATION OF HIGH-RISK PREGNANCIES UNDER PMSMA: A EFFECTIVE STRATEGY TO REDUCE MATERNAL MORTALITY

Introduction :
Health initiatives within the RMNCH+A framework, such as PMSMA (2016) and SUMAN (2019), provide free, quality antenatal and obstetric care for women. PMSMA has been key in identifying high-risk pregnancies for specialized intervention.

Aims & Objectives :
To calculate the total pregnant women registered under PMSMA and the prevalence of high-risk pregnancies among them and their maternal and neonatal outcomes.

Materials & Methods :
The study reviewed antenatal records from January to December 2023. PMSMA data was collected, categorizing registered women as high or low risk, and relevant details were documented.

Results :
The data included 3781 cases were admitted in department over a one-year period among them 1923 were registered under PMSMA, overall proportion of high-risk pregnancies among them was 45%. Among pregnant women registered under PMSMA, the majority (45%) had a previous scar, followed by anemia (32%) and pregnancy-induced hypertension (16%). Adverse maternal outcomes were more prevalent in high-risk pregnancies identified during PMSMA compared to low-risk pregnancies, with antepartum hemorrhage occurring at rates of 90.1% versus 10% and postpartum hemorrhage at 73.3% versus 13.3%.

Conclusion :
Early identification and management of these cases through targeted obstetric care effectively reduced complication, reflecting by ZERO maternal mortality among all admitted cases in department consecutively for 2 years.

Abstract ID: MCH/OP/113

Presenter's Name: Dr. Supriya

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Abstract Title:
COMPARISON OF PGE_2 GEL AND TRANSCERVICAL FOLEY'S SINGLE BALLOON CATHETER FOR INDUCTION OF LABOR IN TERM PREGNANCY: AN OPEN LABELLED RANDOMIZED CONTROLLED TRIAL

Introduction :
Induction of labor (IOL) is widely practiced when continuation of pregnancy poses greater risk than early delivery. While PGE_2 gel is commonly used for cervical ripening, it is associated with uterine hyperstimulation and gastrointestinal side effects. Foley's transcervical catheter is a cost-effective mechanical alternative with potentially fewer complications.

Aims & Objectives :
To compare the efficacy and safety of transcervical Foley's single balloon catheter versus intracervical PGE_2 gel for induction of labor in term pregnancies.

Materials & Methods :
This open-labelled randomized controlled trial was conducted at AIIMS Patna between February 2024 and February 2025. A total of 86 antenatal women at ≥37 weeks gestation, with singleton cephalic pregnancies and Bishop's score ≤3, were randomized into two groups: Group A (Foley's catheter, n=43) and Group B (PGE_2 gel, n=43). The primary outcome was change in Bishop's score after 18 hours. Secondary outcomes included time from induction to active labor, time to delivery, rate of cesarean section, failed induction, and adverse effects such as tachysystole, fetal distress, gastrointestinal symptoms, PPH, and puerperal pyrexia.

Results :
Foley's catheter group showed a significantly greater improvement in Bishop's score compared to the PGE_2 gel group ($p<0.005$). Time from induction to active labor and induction to delivery was comparable between groups. The incidence of tachysystole and fetal distress was significantly higher in the PGE_2 group. Cesarean rates and failed inductions were not significantly different.

Conclusion :
Transcervical Foley's catheter is a safe, effective, and low-cost alternative to PGE_2 gel for induction of labor in term pregnancies, especially suitable for low-resource settings.

Abstract ID: MCH/OP/114

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Abstract Title:
COMPARATIVE EVALUATION OF MIFEPRISTONE PRETREATMENT AND MISOPROSTOL ALONE FOR LABOUR INDUCTION FOLLOWING ANTEPARTUM STILLBIRTH

Introduction :
Stillbirth remains a major obstetric challenge, particularly in low-resource settings. Induction of labour after fetal demise must be effective, safe and time-efficient to minimise maternal morbidity and psychological trauma.

Aims & Objectives :
To compare the efficacy and safety of Mifepristone pretreatment followed by Misoprostol versus Misoprostol alone for labour induction in antepartum stillbirth

Materials & Methods :
A prospective randomised controlled trial was conducted on 52 women beyond 28 weeks with confirmed intrauterine fetal demise. Group I received oral Mifepristone 200 mg followed 24 hours later by Misoprostol 50 µg every 4 hours (max 4 doses). Group II received a placebo before the same Misoprostol regimen. Induction-to-delivery interval (IDI) was the primary outcome; total Misoprostol dose, oxytocin need and adverse effects were secondary outcomes.

Results :
Mean (SD) IDI was 8.6 ± 1.9 hours with Mifepristone versus 11.9 ± 3.7 hours with Misoprostol alone ($p < 0.001$). Mean Misoprostol dose was 65.4 ± 30.9 µg versus 126.9 ± 45.2 µg ($p < 0.001$). Oxytocin requirement (23.1% vs 30.8%) and side effects (26.9% vs 46.2%) showed no significant difference.

Conclusion :
Mifepristone pretreatment significantly shortens induction-to-delivery interval and reduces Misoprostol requirement without increasing adverse effects, making it a safe and more efficient option for labour induction in antepartum stillbirth.

Abstract ID: MCH/OP/115

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Abstract Title:
A NARRATIVE REVIEW OF ORAL NATURAL MICRONIZED PROGESTERONE FOR LUTEAL PHASE SUPPORT IN INFERTILITY

Introduction :
Infertility affects one in six individuals globally, with over 27 million Indian couples impacted. Luteal phase support (LPS) is essential in assisted reproductive technology (ART) cycles to improve implantation and pregnancy outcomes. Although vaginal and intramuscular progesterone are widely used, they pose tolerability challenges. Oral natural micronized progesterone (OMP), including sustained-release (OMP-SR) formulations, offers a more patient-friendly alternative.

Aims & Objectives :
This narrative review examines the clinical efficacy, effectiveness, and safety of oral micronized progesterone for LPS in infertility management.

Materials & Methods :
A comprehensive literature search was conducted in PubMed and the Cochrane Central Register of Controlled Trials (CENTRAL) from database inception to December 2023. Keywords included “oral micronized progesterone,” “luteal phase support,” and “infertility.” Randomized controlled trials and observational studies involving women aged 18–45 undergoing ART or related fertility treatments were included if they assessed oral NMP and reported reproductive outcomes such as implantation, clinical pregnancy, or live birth rates.

Results :
Eleven eligible studies (nine clinical trials and two observational studies) were reviewed. OMP showed comparable implantation, pregnancy, and live birth rates to vaginal and intramuscular progesterone. Adverse effects, including drowsiness and spotting, were generally mild. Sustained-release formulations demonstrated improved tolerability.

Conclusion :
OMP is an effective, well-tolerated option for LPS in infertility treatment. Its ease of use and patient acceptability support its broader integration into clinical practice, though further real-world data are needed.

Abstract ID: MCH/OP/116

Presenter's Name: Dr. Riya Srivastava

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RNT MEDICAL COLLEGE

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Country: India

Abstract Title:
CAUSES AND DEMOGRAPHIC DETERMINANTS OF STILL BIRTH AT A TERTIARY CARE CENTER – A HOSPITAL BASED STUDY

Introduction :
Stillbirth remains a significant public health concern in India . It is a key indicator of maternal & perinatal health. Identifying it's causes & associated demographic factors is essential for targeted preventive strategies. The Relevant Condition at Death (ReCoDe) classification system provides a structured approach to categorize causes of still birth.

Aims & Objectives :
The objective of this study is to analyse causes of still birth & delineate demographic & clinical factors associated with it.

Materials & Methods :
A retrospective observational study was conducted at RNT Medical College Udaipur over one year (JULY 2024–JULY 2025). Still births (>28 weeks gestation) were identified from hospital records. Maternal demographic characteristics & fetal characteristics were studied. Causes of stillbirth were classified into maternal, fetal and placental causes as per ReCoDe classification. Statistical analysis was done using appropriate methods

Results :
Out of total 7900 deliveries. 142 were stillborn, yielding still birth rate of 18 per 1000 births. 62% of mothers were aged between 20-29 years, 70% belonged to rural areas & around 51% were unbooked/ underbooked. As per ReCoDe classification, maternal causes contributed to 39% of stillbirth which included mainly hypertensive disorders, followed by fetal causes (34%) & placental causes making upto 19%. Around 8% were unexplained

Conclusion :
The stillbirth rate in the study underscores persistent preventable losses largely attributed to maternal medical causes.Better regulation of healthcare sector, provision of healthcare providers and better equipments in peripheral health centers with a well-chalked out referral system will contribute to reduction in the number of preventable stillbirths and improve perinatal health in India.

Abstract ID: MCH/OP/117

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Abstract Title:
“ANEMIA AND THROMBOCYTOPENIA IN PREGNANCY ” A SIX CASE SERIES FROM GOVERNMENT MATERNITY HOSPITAL HANAMKONDA

Introduction :
Anemia and Thrombocytopenia are clinically significant conditions that frequently complicating pregnancy.Anemia coexisting with thrombocytopenia poses great challenges in diagnosis and management due to broad range of underlying causes and many possible differential diagnosis. Early differentiation between nutritional and pathological causes is essential to optimize out comes.

Aims & Objectives :
To analyze the clinical presentation,identify the underlying etiology,and document the management and fetomaternal outcomes in six consecutive cases presenting with concurrent anemia and thrombocytopenia during pregnancy at a tertiary care centre.

Materials & Methods :
Retrospective studies of case series including 6pregnant women with Co existing severe anemia(Hb < 7g/dl)thrombocytopenia (platelets<1,50,000/cumm)in the month of September 2025 in GMH,Hanamkonda.Standard diagnostic work up including hemogram peripheral with smear,lactate dehydrogenase(LDH),iron studies, vitamin B12,folate levels, and HPLC were done

Results :
The mean gestational age at the diagnosis is 36weeks gestation,which are unbooked cases for our institution.Three cases were primarily nutritional deficiency anemias and two cases are associated with beta-thalassemia trait,one case assosciated with sickle cell. .Deliveries included three normal vaginal and three cesarean sections.Neonatal&maternal outcomes were good except for one case with low birth weight and late-onset FGR.

Conclusion :
Anemia with thrombocytopenia requires prompt attention and early diagnosis and comprehensive evaluation to differentiate nutritional from heriditary or pathological causes to ensure good maternal and neonatal outcome.Severe Iron deficiency or VitB12 deficiency may present with bicytopenia i.e anemia and thrombocytopenia.Even Hemoglobinopathies may present with Thrombocytopenia.Our place being endemic to hemoglobinoathies and Nutritional deficiency increased incidence of anemia and thrombocytopenia noted.

Abstract ID: MCH/OP/118

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Abstract Title:
UMBILICAL CORD PH -UNRAVELING THE MATERNAL PREDICTORS AND NEONATAL OUTCOMES

Introduction :
Umbilical cord pH measurement is an important clinical tool used to assess the acid base statusof mew born at birth and serves as an objective indicator of intrapartum hypoxia.Universal measurement of umbilical cord pH is a quality indicator in obstetric care and contributes to improved neonatal outcomes by guiding immediate management. An normal cord pH at birth is also a best defense for an obstetrician against intrapartum hypoxia

Aims & Objectives :
To study the incidence of cord pH less than 7 in tertiary care centre To assess the association of intrapartum CTG changes in babies with cord pH less than 7 To study the neonatal outcomes in these babies To assess developmental delay up to one year of age

Materials & Methods :
Study centre- Rajagiri Hospital ,A tertiary care centre Study period 2019 to 2024 study design -Retrospective cohort study Study population -Babies born with cord pH less than 7 and their mothers during the specified time frame at Rajagiri Hospital

Results :
The incidence of babies born with cord pH less than 7 is 1.52% Twenty eight percent of mothers had CS. Thirty two percent had instrumental delivery Thirty seven percent of babies needed resuscitation .Eight babies had HIE and six had developmental delay. forty eight percent of babies had CTG Changes.

Conclusion :
This study showed an incidence of 1.5 % babies born with cord pH less than 7. Low pH showed significant association with CTG changes

Abstract ID: MCH/OP/119

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Abstract Title:
CTG CORRELATES OF MECONIUM-STAINED LIQUOR (MSL) AND FETAL OUTCOME USING PHYSIOLOGICAL CTG INTERPRETATION (2024)

Introduction :
Physiological CTG interpretation (2024) focuses on fetal adaptive and decompensatory responses to hypoxia. Meconium-stained liquor (MSL) often indicates fetal stress. Understanding its association with physiological CTG features may improve prediction of adverse outcomes.

Aims & Objectives :
To correlate physiological CTG parameters—compensation/decompensation patterns, hypoxic stress types, and cycling loss—with the presence and severity of MSL.

Materials & Methods :
A prospective observational study over 12 months included 102 women with singleton pregnancies ≥36 weeks in labour who developed MSL. Poor-quality CTG and fetal anomalies were excluded. Traces were assessed for baseline, variability, cycling, decelerations, overshoots, and zigzag patterns per 2024 consensus definitions.

Results :
Mean maternal age was 28.3 years; 60% were primigravidae and 55% ≥40 weeks. Labour was induced in 55%, mainly for postdatism. Grade 3 MSL occurred in 80%, mostly during the latent/active phase. Cesarean section rate was 82%, NICU admission 46%. Comorbidities included GDM (21%), PIH (9%), IHCP (9%), and FGR (15%). Baseline FHR exceeded 140 bpm in 40% and was unstable in 75%, with gestational mismatch in 52%. Cycling was absent in 50% initially and lost completely in 92%. Variability was normal in 88% but later decreased in 17%. Zigzag patterns were seen in 23%, overshoots in 65%, and tardy decelerations in 35%. Myometrial irritability was noted in 65% and correlated with late decelerations and Grade 3 MSL.

Conclusion :
Loss of cycling, unstable baseline, overshoots, and tardy decelerations were strongly associated with severe MSL and poor neonatal outcomes, validating the physiological CTG framework for intrapartum fetal assessment.

Abstract ID: MCH/OP/120

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Abstract Title:
AWARENESS, ATTITUDE AND PRACTICE OF CONTRACEPTION AMONG ANTENATAL WOMEN - A CROSS SECTIONAL STUDY

Introduction :
Family Planning through contraception tries to achieve two main objectives, firstly to have only the desired number of children and secondly to have these children by proper spacing of pregnancies. A lack of knowledge of contraceptive methods or a source of supply, cost and poor accessibility are the barriers that exist in developing countries.

Aims & Objectives :
To assess the level of awareness about different types of contraception choices and also to find out the current practice of contraceptive methods by antenatal women admitted in OBG department, KIMS

Materials & Methods :
This is a cross sectional study conducted over a period of 3 months at kempoegowda institute of medical college. 100 antenatal women admitted in the department of OBG were randomly selected and were interviewed with predesigned questionnaire after getting an informed verbal consent.

Results :
The study is on going

Conclusion :
The study is on going

Abstract ID: MCH/OP/121

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Abstract Title:
CHORIONICITY AND ITS IMPACT: A RETROSPECTIVE STUDY IN A TERTIARY CARE HOSPITAL

Introduction :
Multiple pregnancies carry a higher risk of pregnancy-related complications. The incidence of multifetal pregnancies varies globally, with twins occurring in about 1 in 80 pregnancies and triplets in 1 in 6,400. In recent years, this rate has increased due to assisted reproductive technologies and advanced maternal age. Chorionicity, the number of placental membranes shared between fetuses, is an important determinant of outcomes. Monochorionic pregnancies are particularly prone to complications such as twin-to-twin transfusion syndrome (TTTS), selective fetal growth restriction (FGR), and perinatal morbidity. This study emphasises the significance of chorionicity for management and enhancing outcomes in multiple gestations.

Aims & Objectives :
AIM: To retrospectively evaluate the significance of chorionicity in multiple gestations and its implications on fetal outcomes, perinatal management, and decision-making in fetal medicine. Objective: 1. To analyse the impact of chorionicity on pregnancy outcomes 2. To evaluate fetal/neonatal outcomes

Materials & Methods :
This retrospective study included 164 patients with multiple pregnancies. Data was collected from hospital records, case files, and databases from June 2023–June 2025. Maternal and fetal parameters were analysed to assess outcome correlations with chorionicity.

Results :
Advanced maternal age was significantly associated with pregnancy complications. Chorionicity had a notable effect on fetal and neonatal outcomes, influencing TTTS, low birth weight, respiratory distress syndrome, jaundice, and NICU admissions. FGR was a strong predictor of NICU need. Invasive fetal procedures were more frequent in complex chorionic types.

Conclusion :
Chorionicity significantly affects maternal and fetal outcomes. Early determination enables better risk assessment, timely interventions, and improved perinatal results.

Abstract ID: MCH/OP/122

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Abstract Title:
A CROSS SECTIONAL STUDY OF PRETERM BIRTH AND RISK FACTORS ASSOCIATED WITH PRETERM BIRTH IN A TERTIARY CARE HOSPITAL

Introduction :
Preterm birth, incidence of 6–11% globally and 12% in India (Jana et al., 2019), causes 85% of neonatal deaths (Copper et al.). It remains a major obstetric complication leading to high neonatal morbidity, mortality, and psychological and financial burden, highlighting the importance of identifying risk factors and providing effective preventive strategies in obstetric care.

Aims & Objectives :
To assess the frequency of preterm birth and the risk factors associated with preterm birth in tertiary care hospital.

Materials & Methods :
The present study will be conducted on 170 patients delivered in Oxford medical College and hospital , in 18 months

Results :
In the present study, analysis of antenatal risk factors among women with preterm labour revealed that a large proportion, 79.4%, had at least one identifiable risk factor during pregnancy. The most frequent and statistically significant complications included hypertensive disorders (21.2%), which showed a very strong association with preterm labour ($\chi^2 = 60.9$, $p < 0.001$), followed by urinary tract infection (13.5%, $\chi^2 = 35.6$, $p < 0.001$) and malpresentation (11.8%, $\chi^2 = 49.2$, $p < 0.001$). Other significant risk factors were antepartum haemorrhage (10%, $\chi^2 = 27.7$, $p < 0.001$), multiple gestation (8.2%, $\chi^2 = 24.3$, $p < 0.001$), gestational diabetes mellitus (4.7%, $\chi^2 = 7.15$, $p = 0.008$), and anaemia (5.9%, $\chi^2 = 5.28$, $p = 0.02$). vaginal infection (3.5%$\chi^2 = 20.2$, $p < 0.001$). In contrast, polyhydramnios (2.9%) did not show any statistically significant relationship ($p = 0.13$).

Conclusion :
Early detection and treatment of conditions like HDP, GDM, UTI, and other illness can help reduction and

Abstract ID: MCH/OP/123

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Abstract Title:
FUNCTIONAL–STRUCTURAL DUAL ASSESSMENT OF THE FETOPLACENTAL UNIT: UMBILICAL ARTERY DOPPLER VERSUS PLACENTAL HISTOMORPHOLOGY IN SGA OUTCOMES

Introduction :
Small for Gestational Age (SGA) fetuses often result from placental insufficiency, contributing significantly to perinatal morbidity and mortality. The placenta reflects both functional and structural compromise. Umbilical artery Doppler offers a non-invasive assessment of fetoplacental circulation, while histopathology reveals direct structural alterations. Their correlation aids early detection of fetoplacental dysfunction.

Aims & Objectives :
To evaluate the relationship between umbilical artery Doppler findings and placental histomorphological changes in SGA pregnancies, and to assess their combined predictive value for perinatal outcomes.

Materials & Methods :
A prospective observational study was conducted on 86 antenatal women with clinically and ultrasonographically diagnosed SGA fetuses at a tertiary care hospital. Doppler indices (S/D ratio, RI, PI) were recorded and categorized. Post-delivery, placentas were examined grossly and microscopically for infarction, calcification, fibrinoid necrosis, syncytial knots, and villous edema. Perinatal outcomes—birth weight, Apgar score, NICU admission, and mortality—were correlated with Doppler and histological findings.

Results :
Abnormal Doppler flow was noted in 44.2% of SGA pregnancies and was significantly associated with placental infarction (60.5%), fibrinoid necrosis (68.6%), and syncytial knot proliferation (79.1%) ($p<0.001$). Abnormal Doppler indices showed strong correlation with adverse neonatal outcomes—low Apgar scores, NICU admission, and perinatal death—with sensitivity and specificity of 90.9% and 100%, respectively.

Conclusion :
Umbilical artery Doppler provides a reliable functional assessment, while placental histopathology confirms underlying structural compromise. Combined evaluation enhances diagnostic accuracy, guiding timely intervention and improving perinatal prognosis in SGA pregnancies.

Abstract ID: MCH/OP/124

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Abstract Title:
UNNECESSARY CARDIOTOCOGRAPHY - A CAUSE OF INCREASED RATE OF CAESAREAN SECTION

Introduction :
Cardiotocography (CTG) is widely used for intrapartum fetal surveillance, but its low specificity often leads to unnecessary cesarean deliveries for presumed fetal distress. Non-reactive CTG patterns, although concerning, but not always correlate with poor perinatal outcomes.

Aims & Objectives :
To evaluate increasing rate of caesarean section due to non-reassuring cardiotocography.

Materials & Methods :
This study is carried out in obstetrics and gynaecology department of Gajra Raja Medical College, Gwalior from September 2024 to September 2025. This is a retrospective study in which patients details were taken meeting inclusion criteria with non-reactive cardiotocography undergo caesarean section.

Results :
In our study, 3.95% of pregnant females underwent cesarean section for Non reactive CTG. Majority were primigravida (81.56%), aged 20–30 years (83.13%), and between 37-39 weeks (87.45%). Only 17.6% neonates showed distress (Apgar <7), indicating around 82% LSCS may have been unnecessary based solely on CTG findings.

Conclusion :
Cardiotocography is a useful and indispensable adjunct to monitor the condition of endangered fetus. However, there is a need to develop a standardized and unambiguous definition of FHR tracing to reduce the incidence of false positive findings that may result in increased incidence of unnecessary intervention particularly caesarean section.

Abstract ID: MCH/OP/125

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Abstract Title:
MATERNAL & PERINATAL OUTCOMES IN SEVERE PRE ECLAMPSIA & ECLAMPSIA IN A TERTIARY CARE HOSPITAL - A RETROSPECTIVE STUDY

Introduction :
Hypertensive disorders of pregnancy like severe preeclampsia & eclampsia are major contributors for high maternal & perinatal mortality & morbidity. Eclampsia causing maternal mortality of 1-5%. Despite advances in antenatal care, these conditions causes significant challenges due to its multisystemic involvement & sudden detoriation. Maternal complications like placental abruption, HELLP syndrome, pulmonary edema, acute renal failure, other neurological complications like CVA, focal motor deficit, etc contributes for poor maternal outcomes. Fetal complications like IUGR, prematurity & perinatal deaths. Evaluating such outcomes helps to identify preventable factors & improve management outcomes.

Aims & Objectives :
To assess the maternal & perinatal outcomes in women with severe pre eclampsia & eclampsia admitted to a tertiary care hospital.

Materials & Methods :
A retrospective observational study was conducted at Hi-tech medical College, Bhubaneswar. Case records of women with severe preeclampsia & eclampsia were analysed. Data on clinical, sociodemographic profile, mode of delivery, maternal complications & perinatal outcomes were analysed .

Results :
Among 71 women included in the study 57(80.3%) had severe pre eclampsia & 14(19.7%) had eclampsia. Major maternal complications included HELLP syndrome 6(8.4%), acute kidney injury 4(5.6%) & PRES 3(4.2%). 15(21.1%) women required ICU admission with 2 maternal deaths. Perinatal outcomes were 18(25.3%) low birth weight infants, IUGR in 11(15.5%). NICU admission was required in 28(39.4%) infants with 8 perinatal deaths.

Conclusion :
Severe preeclampsia & eclampsia substantially impact maternal & perinatal health, despite improvement in obstetrics care. Strengthening anetanal surveillance, creating awareness & training health care workers promotes early recognition, timely referral in providing multidisciplinary care at tertiary centres to improve outcomes.

Abstract ID: MCH/OP/126

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Abstract Title:
EVALUATION OF SERUM BIOMARKERS (GHRELIN AND C-PEPTIDE) AND ENERGY, NUTRIENT INTAKE IN POSTPARTUM GESTATIONAL DIABETES MELLITUS: A PROSPECTIVE COHORT STUDY

Introduction :
Gestational diabetes mellitus (GDM) is a common pregnancy complication associated with long-term risk of type 2 diabetes and adverse neonatal outcomes. Hormonal biomarkers such as ghrelin and C-peptide, along with maternal nutrition, may influence postpartum metabolic adaptation.

Aims & Objectives :
To compare serum ghrelin and C-peptide levels and dietary intake patterns in postpartum women with prior GDM versus euglycemic controls, and explore associations between these biomarkers and nutrient intake.

Materials & Methods :
A prospective cohort study was conducted at UCMS & GTB Hospital, Delhi (April 2024–August 2025), involving 60 postpartum women (30 GDM, 30 controls), assessed at 6 and 12 weeks postpartum. Dietary intake was measured using 24-hour recall and a validated food frequency questionnaire. Serum ghrelin and C-peptide were analysed via ELISA. Statistical analyses included t-tests, chi-square, and Pearson correlation.

Results :
GDM mothers had significantly higher BMI and neonatal birth weights ($p<0.001$). Ghrelin levels were lower in the GDM group at both 6 and 12 weeks ($p=0.029$), while C-peptide levels were higher ($p<0.001$). GDM participants reported higher energy, carbohydrate, and protein intake ($p<0.05$), but lower vitamin A and C intake. C-peptide correlated positively with energy and macronutrient intake, ghrelin showed inverse correlations.

Conclusion :
Postpartum women with GDM exhibit distinct metabolic and dietary profiles, marked by elevated C-peptide, reduced ghrelin, and suboptimal micronutrient intake. These findings highlight the need for targeted nutritional strategies and biomarker monitoring to reduce future metabolic risk.

Abstract ID: MCH/OP/127

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Abstract Title:
FROM ACCRETA TO ATONY: A FIVE-YEAR REVIEW OF LIFE-SAVING OBSTETRIC HYSTERECTOMIES AT A TERTIARY CARE CENTRE

Introduction :
Obstetric hysterectomy remains a life-saving procedure in cases of uncontrollable obstetric hemorrhage when conservative measures fail. Despite modern advances, it continues to pose significant maternal risk. Institutional audits are vital to identify preventable factors and improve outcomes.

Aims & Objectives :
To evaluate the indications, surgical details, and maternal outcomes of obstetric hysterectomies performed over five years in a tertiary care centre.

Materials & Methods :
This retrospective study included 25 obstetric hysterectomies performed between January 2021 to October 2025 at AIIMS Raipur. Demographic details, mode of delivery, indications, intraoperative findings, transfusion requirements, and postoperative outcomes were analyzed.

Results :
Out of 25 cases of obstetric hysterectomies the most common indication was morbidly adherent placenta (44%), followed by uterine atony refractory to medical and surgical measures (32%), and uterine rupture (16%). Total hysterectomy was performed in 68% and subtotal in 32% of cases. Massive transfusion was required in 80% of patients. Major complications included febrile morbidity (28%), bladder injury (8%), and wound sepsis (12%). There were four maternal deaths (16%) and no perinatal mortality directly attributable to the procedure.

Conclusion :
Obstetric hysterectomy, though rare, remains an indispensable life-saving procedure. Antenatal identification of high-risk cases, early intervention, and multidisciplinary preparedness are key to improving maternal outcomes.

Abstract ID: MCH/OP/128

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Abstract Title:
SUBCUTANEOUS WOUND IRRIGATION WITH BETADINE VERSUS NORMAL SALINE TO PREVENT SURGICAL SITE INFECTIONS IN ELECTIVE CAESAREAN SECTION

Introduction :
Background Surgical site infection (SSI) describes an infectious complication of surgical wounds. Although SSI is thought to be preventable, it still represents a major cause of morbidity and a substantial economic burden on the health system. Wound irrigation (WI) might reduce the level of bacterial contamination, but current data on its role in reducing or preventing SSI is conflicting.

Aims & Objectives :
is to investigate the effectiveness of Betadine solution versus normal saline before wound closure for the prevention of surgical site infection in patients undergoing an elective caesarean section

Materials & Methods :
The hospital-based prospective comparative study was conducted in the Department of Obstetrics and Gynecology, Jawaharlal Nehru Medical College, Aligarh Muslim University of Aligarh after approval from the Institutional Ethics Committee, Faculty of Medicine. The primary outcome was the rate of SSI, while allergy, postoperative fever, obstetric hemorrhages, need for antibiotic therapy, repeat surgical interventions, and duration of hospital stay were included in secondary outcome measures.

Results :
A total of 200 women were included for analysis. The incidence of superficial and deep SSIs was lower in the betadine group compared to the normal saline group. Similarly, there were significant differences in postoperative fever, antibiotic therapy requirements, and mean hospital stay in the two groups.

Conclusion :
Betadine solution for subcutaneous surgical wound irrigation before skin closure is a feasible and inexpensive approach for preventing surgical site infections.

Abstract ID: MCH/OP/129

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Abstract Title:
HISTOPATHOLOGICAL CHANGES IN PLACENTAS IN EARLY VS LATE ONSET FGR & ASSOCIATED DOPPLER CHNAGES

Introduction :
Fetal growth restriction is state of constrained fetal growth in utero, wherein the genetic growth potential of fetus has not been attained due to placental and non-placental pathologies.

Aims & Objectives :
1) Placental hispopatholgical percentage of various lesions according to Amsterdam criteria in the placentas of early and late onset FGR and comparison of these findings 2) Percentage of doppler abnormalities a/w abnormal placental histopathological findings in the early and late onset FGR groups

Materials & Methods :
Prospective observational study conducted at MAMC & Lok Nayak Hospital over 1 year period in women diagnosed with FGR. The placentas were collected after delivery and sent for HPE. Sample size- 50 per group

Results :
Early-onset FGR was predominantly seen in lower SES (94% vs 40%) and had lower mean gestational age (34 vs 36.6 weeks). Placentas with early-onset FGR group showed significantly reduced placental wt and placental wt <10th percentile, birth wt, and birth wt/placental wt ratio. Hypercoiling and eccentric umbilical cord insertion were more frequent in early-onset FGR group. Early-onset FGR placentas had more MVM lesions (recent infarcts, syncytial knots, mural hypertrophy, muscularized arteries, atherosis, distal villous hypoplasia), whereas late-onset FGR showed more FVM lesions (intramural fibrin deposition, avascular villi) and villitis of unknown etiology. CPR <5th is significantly a/w lesions in MVM and FVM category, while Ut PI and UA PI >95th centile are only a/w lesions in MVM category.

Conclusion :
Reviewing placental histopathology and Doppler changes in early and late-onset FGR can enhance understanding of its causes and management, especially in resource-limited Indian settings.

Abstract ID: MCH/OP/130

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Abstract Title:
ASSOCIATION OF MODIFIED BIOPHYSICAL PROFILE, PLACENTAL POSITION AND UMBILICAL ARTERY PH WITH PERINATAL OUTCOME IN WOMEN WITH DECREASED FETAL MOVEMENTS

Introduction :
Decreased fetal movements (DFM) are an early clinical indicator of fetal compromise and are associated with stillbirth, fetal growth restriction and neonatal morbidity. Evaluation using Modified Biophysical Profile (MBPP), placental localization and umbilical artery pH provides insight into fetal well-being and helps guide timely obstetric intervention.

Aims & Objectives :
To determine the association of Modified Biophysical Profile, placental position and umbilical artery pH with perinatal outcome in women presenting with decreased fetal movements.

Materials & Methods :
A total of 320 term singleton pregnancies with DFM were included. Each patient underwent MBPP and ultrasound for placental localization; umbilical artery blood gas analysis was performed after delivery. Perinatal outcomes—Apgar score, NICU admission, and stillbirth/early neonatal death—were correlated with these parameters. Statistical analysis was done using SPSS v23; $p < 0.05$ was considered significant.

Results :
The mean gestational age was 38.5 ± 0.9 weeks and mean umbilical artery pH 7.25 ± 0.12. Abnormal MBPP (<6) was noted in 26.9%, low AFI (<5 cm) in 7.2%, and NICU admission in 21.6% cases. Stillbirth/early neonatal death occurred in 4.1%. Significant associations were observed between low umbilical artery pH (<7.1) and stillbirth/ENND ($p < 0.001$), low AFI (<5 cm) and LSCS, low Apgar, stillbirth ($p < 0.001$), and abnormal MBPP and fetal distress ($p < 0.05$). Placental position showed no significant correlation with outcomes.

Conclusion :
Abnormal MBPP and low umbilical artery pH are strong predictors of adverse perinatal outcomes in women presenting with decreased fetal movements. Incorporating these parameters in routine evaluation can improve early identification of fetal compromise and optimize perinatal outcomes.

Abstract ID: MCH/OP/131

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Abstract Title:
ASSOCIATION OF COMBINED BIRTH WEIGHT OF NEWBORNS IN MULTIFETAL PREGNANCY WITH THE BLOOD LOSS DURING DELIVERY

Introduction :
Multifetal pregnancy is a well-recognised factor which can impose great challenges in obstetrical management because it is associated with many complications, starting from conception till the post-partum period.

Aims & Objectives :
AIM: To study the association of combined birth weight of newborns in multifetal pregnancies with the blood loss during delivery. OBJECTIVES: To identify the risk factors associated with increased blood loss. To determine the combined birth weight and the amount of blood loss during delivery

Materials & Methods :
A prospective observational study was done on a total of 100 antenatal women with multifetal pregnancy with a gestational age of 30 weeks or more. The quantification of blood loss was done immediately after the delivery/ caesarean by weighing the blood-soaked materials, counting the use of uterotonics, need for blood transfusion and requirement of ICU stay. A statistical analysis of blood loss with combined birth weight and other risk factors was done.

Results :
The incidence of PPH was 45%. There was a linear correlation between the amount of blood loss and the increasing combined birth weight. An odds ratio of 1.12 was observed, indicating an increased risk of PPH by approximately 12% for each 500g increase in combined birth weight.

Conclusion :
The results in the study may assist the obstetrician in identifying multifetal pregnancies at high risk for postpartum haemorrhage. An effective assessment of the risk could help with the strategic planning of patient care and incorporating preventive measures to manage PPH.

Abstract ID: MCH/OP/132

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Abstract Title:
UTEROCERVICAL ANGLE BY ULTRASONOGRAPHY AS A POSSIBLE PREDICTOR OF SPONTANEOUS PRETERM LABOUR- AN OBSERVATIONAL STUDY

Introduction :
Preterm birth is a global burden. Its prediction by a reliable and safe marker by ultrasonography will be very helpful in optimizing maternal and child health. Traditionally, cervical length (CL) has been used as a predictive tool from second trimester onwards. Here, we have explored the possibility of using Uterocervical angle (UCA) as a predictor from ist trimester onwards

Aims & Objectives :
Effectiveness of successive evaluation of uterocervical angle by ultrasonography for prediction of spontaneous preterm labor and to compare its effectiveness as a predictive tool with that of cervical length measurement in low risk population.

Materials & Methods :
It is a single center prospective observational study. 106 low risk patients were enrolled (Primi/Multigravida) with singleton pregnancy without any associated preterm labor risk. TVS (Transvaginal sonography) done for UCA and CL by single observer at each trimester along with our routine antenatal ultrasound at 11-13 weeks of gestation(early anomaly scan), 18-20 weeks of gestation (late anomaly scan) and at 28-30 weeks of gestation (growth scan).

Results :
Out of 106 patients, 18 patients spontaneously delivered preterm. Mean value of UCA was calculated for every trimester and compared between preterm and term delivered group, mean UCA value was high in preterm delivered group as compared to term group, and it was to be found statistically significant.

Conclusion :
The present study confirms the positive correlation between wide UCA and risk of spontaneous preterm labor. UCA has been found to be a better and early predictor for spontaneous preterm labor in low risk population than cervical length in this study.

Abstract ID: MCH/OP/133

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Abstract Title:
EFFICACY OF HAEMOLOCK CATHETER (UTERINE BALLOON TAMPONADE) IN CONTROLLING ATONIC POSTPARTUM HEMORRHAGE AND ITS COMPARISON WITH OTHER ROUTINELY USED UBTS: A PROSPECTIVE ANALYTICAL STUDY

Introduction :
Postpartum hemorrhage (PPH) remains a leading cause of preventable maternal mortality, with uterine atony accounting for nearly 50% of cases. While uterine balloon tamponade (UBT) devices are key in conservative management, existing options such as Bakri, Ellavi, and condom balloon tamponades are limited by cost, assembly time, or availability. The Haemolock catheter (Sterimed) is a pre-assembled, sterile UBT with a one-way valve and large-bore drainage port, designed for rapid deployment in obstetric emergencies.

Aims & Objectives :
To evaluate the efficacy, safety, and ease of use of Haemolock in controlling atonic PPH and compare it with Bakri, Ellavi, and condom balloon tamponades.

Materials & Methods :
A prospective analytical study was conducted at SN Medical College, Agra. Women with atonic PPH unresponsive to uterotonics were randomized into four UBT groups. Parameters assessed included estimated blood loss, hematocrit change, time to hemostasis, need for further intervention, and user satisfaction. Ethical approval and informed consent were obtained.

Results :
Haemolock achieved hemostasis in 91% of cases with an average deployment time of 3 minutes compared to 8–10 minutes for other devices. No major complications occurred, and user satisfaction was highest with Haemolock.

Conclusion :
Haemolock uterine balloon tamponade is a safe, effective, and rapidly deployable innovation for managing atonic PPH. Its cost-effectiveness and ease of use make it ideal for resource-limited settings, supporting India’s SDG goal of reducing maternal mortality.

Abstract ID: MCH/OP/134

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Abstract Title:
IMPLEMENTATION OF WHO LABOUR CARE GUIDE FOR A POSITIVE CHILDBIRTH EXPERIENCE

Introduction :
The WHO Labour Care Guide (LCG) was developed to replace the traditional partograph and address limitations in monitoring labor that focused primarily on cervical dilatation and fetal parameters. The LCG emphasizes real-time, woman-centered, evidence-based intrapartum care—integrating clinical observations with supportive, emotional, and respectful maternity care practices. Real-time monitoring through the LCG helps identify labor deviations early, promotes timely interventions, encourages companionship, mobility, and adequate pain relief, and ultimately enhances the childbirth experience.

Aims & Objectives :
This study aimed to implement the LCG in a tertiary hospital, evaluate its impact on women's health and process-of-care outcomes, and monitor cesarean section (CS) rates among Robson Groups 1, 2, 3, 4, and 10.

Materials & Methods :
A clinical audit was conducted over eight months (May–December 2024). Inclusion criteria: Nulliparous/multiparous women in active labor with vertex presentation, live fetus, and no contraindication for vaginal delivery. Exclusion criteria: Previous uterine scar, elective CS, and high-risk pregnancies. Fishbone analysis identified barriers and guided a two-phase implementation plan. Phase I (May–Sept): Staff training, awareness activities, and parallel documentation using the modified WHO partogram and LCG. Phase II (Oct–Dec): Exclusive LCG use, supportive supervision, and real-time monitoring with feedback on documentation and outcomes.

Results :
Real-time and complete documentation improved from 37% (May) to 100% (August). Positive birth experiences increased from 80% to 94%. The overall CS rate declined from 48% to 33%, with Robson Group 1 showing a reduction from 20% to 11%. Regular supervision and feedback enhanced compliance and quality of care.

Conclusion :
Training, mentoring, and supportive supervision ensured correct and consistent use of the

Abstract ID: MCH/OP/135

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Abstract Title:
INTRODUCTION OF MIDWIVES LED EVIDENCE BASED CARE FOR IMPROVEMENT OF MATERNAL AND CHILD HEALTH

Introduction :
The introduction of a new cadre of midwives in India - the Nurse Practitioner Midwife (NPM) - into the existing health system, in line with ICM standards will establish midwifery services to meet global standards across the country.

Aims & Objectives :
The study was conducted to study the impact of a new cadre of midwives in India - the Nurse Practitioner Midwife (NPM) on the maternity services in Midwifery Led Care Unit in a rural medical college in Central India.

Materials & Methods :
The various parameters that were studied were Episiotomy rates- primip/multip, alternative position at birth, birth documentation/ timings, evidence based practises during childbirth, neonatal outcomes, maternal morbidity-PPH, collaborative care between doctors and midwives, patient satisfaction and expressed in percentages.

Results :
No of births conducted by midwives 1442(24%), 99.9% women allowed to ambulate during labour. 100% of pregnant women provided non pharmacological pain relief. 57% women delivered in non supine position of their choice,16.44 squatting, 12,07% sitting,11.17% semi sitting, side lying 6.45%, kneeling 0.69% all four 1.04% and supine 43%. 8.9% women required collaborative care during birth.1% babies required resuscitation. 98% women received uterotonics immediately after childbirth.1.04%women had complication during and after child birth. Births in which episiotomy was given was 72% compared to 35 % in MLCU. New born breast feeding within 1hour was 99.6 %.

Conclusion :
Introduction of midwifery practise reduced need of medicalization and interventions and increased occurrence of spontaneous vaginal births. It created a positive birthing experience and empowered woman. Midwives helped in reducing maternal morbidity and mortality

Abstract ID: MCH/OP/136

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Abstract Title:
MLCU IN DISTRICT HOSPITAL UJJAIN SERVICES

Introduction :
GOVERNMENT OF INDIA INITIAHIVE FOR MATERNAL & CHILD HEALTH CARE

Aims & Objectives :
TO PROMOTE NORMAL VAGINAL DELIVERY, AVOID UNNESSARY LSCS,DECREASE MATERNAL AND INFANT MORTALITY RATE,RESPECTFUL MATERNITY CARE.

Materials & Methods :
GOVERMENT OF INDIA INITIATIVE IN MADHYA PRADESH.NATIONAL MIDWIFERY TRAINING INSTITUTE,STATE MIDWIFERY TRAINING INSTITUT E STARTED IN MP,JABALPUR AND UJJAIN.IN DISTRICT HOSPITAL UJJAIN SMTI STARTED IN SEPTEMBER 24,EMOTIONAL SUPPORT,NON PHARMOLOGICAL PAIN MANAGEMENT,LESS OF DRUG ADMINISTRATION,MOTIVATE INSTITUTIONAL DELIVERY,BREASTFEEDING PROMOTION,POSTNATAL CARE, FAMILY PLANNING COUNSELLING.

Results :
PRMOTION OF NORMAL VAGINAL DELIVERY.HEALTH AWARENESS IN WOMAN,WOMAN CENTERIC CARE.TIMELY DETCTION OF COMPLICATIONS BY MIDWIFE AND MANAGING IN THE INSTITUTE ITSELF.

Conclusion :
DISTRICT HOSPITAL ALREADY GIVING MATERNAL , AND CHILD HEALTH SERVICES, TO INCREASE SERVICES FOR NORMAL LABOUR IN PERIPHERAL PART OF DISTRICT,TRAINED MIDWIFERY INTERVENTION STARTED BY GOVERMENT OF MP .

Abstract ID: MCH/OP/137

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Abstract Title:
CORRELATION OF EARLY FETAL ADIPOSITY AND ROUTINE GESTATIONAL DIABETES SCREENING IN INDIAN PREGNANT WOMEN

Introduction :
Gestational diabetes mellitus (GDM) is a major pregnancy complication linked to adverse maternal and fetal outcomes. The oral glucose tolerance test (OGTT), the current diagnostic gold standard at 24–28 weeks, may miss early metabolic alterations. Fetal adiposity, reflected by anterior abdominal wall thickness (AAWT), may increase before biochemical diagnosis. This study evaluates whether fetal AAWT measured at 20 weeks can serve as an early ultrasonographic indicator of GDM compared to routine OGTT.

Aims & Objectives :
Aim: To determine whether fetal adiposity measured by AAWT at 20 weeks can predict GDM earlier than OGTT at 24–28 weeks. Objective: To estimate fetal AAWT in the second trimester and correlate it with subsequent GDM diagnosis.

Materials & Methods :
A prospective observational study was conducted at Indraprastha Apollo Hospital, New Delhi (March 2023–March 2025), including 130 low-risk singleton pregnancies. Fetal AAWT was measured at 20 weeks using a standard abdominal circumference plane. GDM was diagnosed at 24–28 weeks using OGTT, GCT, or DIPSI criteria. Data were analyzed with SPSS 21.0 ($p < 0.05$).

Results :
GDM was diagnosed in 25.4% (33/130). Mean AAWT was higher in GDM (1.80 ± 0.42 mm) than non-GDM (1.66 ± 0.27 mm, $p = 0.02$). AAWT > 1.70 mm predicted GDM with 54.5% sensitivity, 57.7% specificity (AUC = 0.60). GDM correlated with higher birth weight (3.05 ± 0.22 kg, $p = 0.001$) and cesarean delivery ($p = 0.001$).

Conclusion :
Fetal AAWT at 20 weeks was significantly higher in pregnancies that developed GDM, suggesting it may serve as an early marker. However, due to moderate sensitivity and specificity, combining

Abstract ID: MCH/OP/138

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Abstract Title:
PLATELET INDICES AND PLATELET FUNCTION TESTS IN PREECLAMPSIA

Introduction :
Hypertensive disorders of pregnancy are the second largest cause of direct maternal death with prevalence of 9.4% in India. Platelet indices and function tests vary according to the severity of preeclampsia with spectrum ranging from platelet activation to exhaustion.

Aims & Objectives :
To compare platelet indices and platelet function tests between preeclamptic and normotensive women. To study maternal and neonatal outcomes in preeclampsia with abnormal platelet test results.

Materials & Methods :
A cross-sectional analytical study was conducted over 12 months, recruiting 44 antenatal women between 30–36+6 weeks (22 preeclamptic and 22 normotensive). Platelet indices and platelet function tests were performed and results were analyzed.

Results :
PLCR was significantly higher in preeclampsia (41.04 vs 34.38, p 0.046). Other indices- PC, IPF, PDW, MPV and PCT showed a non-significant difference. Abnormal ADP aggregation in 46% preeclamptic women (p 0.021) showed a biphasic pattern from hyper-aggregation during platelet activation to hypo-aggregation due to platelet exhaustion in 23% respectively. Deranged platelet parameters in preeclamptic women correlated with adverse maternal and neonatal outcomes - eclampsia, HELLP syndrome, AKI, DIC, abruption, ICU admission, LBW, poor APGAR score and NICU admission.

Conclusion :
Preeclampsia demonstrates increased platelet turnover and altered aggregation response. PLCR and ADP aggregation emerge as potential early markers of disease severity and adverse maternal and neonatal outcomes. Aggregation tests aid in early detection and prediction of the severity of preeclampsia.

Abstract ID: MCH/OP/139

Presenter's Name: Prof. Deepika Meena

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Abstract Title:
FROM PREVALENCE TO PROGRESS: QUALITY IMPROVEMENT STRATEGIES FOR ANEMIA REDUCTION IN PREGNANCY

Introduction :
Anemia in pregnancy is a significant risk factor for maternal and perinatal morbidity and mortality. Despite government initiatives, anemia remains unabated in India. We observed that over 45% of booked pregnant women at our facility were anemic at childbirth, despite regular antenatal visits.

Aims & Objectives :
To reduce the prevalence of anemia in booked pregnant women admitted for childbirth from 46.9% to less than 30% within four months and further reduce and sustain the change.

Materials & Methods :
A multidisciplinary team used quality improvement methodology to identify and address the gaps in care by multiple plan do study and act (PDSA) cycles. Interventions included mandatory hemoglobin testing at their first visit, repeat assessment at 28 weeks and 36 weeks as per Government of India Guidelines, complete blood count and peripheral smear in all pregnant women with hemoglobin levels less than 11g %, establishment of anaemia room for counseling, nutritional education, dispensing supplements from antenatal OPD itself instead of general hospital pharmacy, use of parenteral iron for moderate anemia in third trimester and vitamin B12 supplementation in those with dimorphic anemia and those with knuckle hyperpigmentation.

Results :
The prevalence of anemia decreased significantly from 46.9% to 22.5%, with a notable reduction in moderate anemia (42.8% to 10.4%).

Conclusion :
This quality improvement initiative demonstrates the effectiveness of a Point of care Quality improvement approach in reducing anemia in pregnancy. Regular screening, targeted interventions, and focused counseling can significantly reduce prevalence of anemia at a busy heavy load public facility.

Abstract ID: MCH/OP/140

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Abstract Title:
SOCIODEMOGRAPHIC FACTORS CONTRIBUTING TO ECLAMPSIA AND THEIR CORRELATION WITH PERINATAL AND MATERNAL OUTCOME

Introduction :
Eclampsia remains a leading cause of maternal and perinatal morbidity and mortality, particularly in resource-limited settings. Sociodemographic variables such as age, education, residence, and antenatal care access play a significant role in the development and outcomes of this condition.

Aims & Objectives :
To evaluate the association of sociodemographic factors with the incidence of eclampsia and to assess their correlation with maternal and perinatal outcomes.

Materials & Methods :
A prospective observational study was conducted at Maharani Laxmi Bai Medical College, Jhansi, from October 2024 to September 2025. One hundred pregnant women diagnosed with eclampsia were enrolled. Sociodemographic data, antenatal care details, maternal complications, and perinatal outcomes were recorded and analyzed using SPSS software.

Results :
The majority of patients were aged 20–29 years (45%), illiterate (53%), from rural areas (73%), and of lower socioeconomic status (90%). Primigravida constituted 76%, and 90% were unbooked cases. Maternal complications included HELLP syndrome (5%), acute renal failure (5%), pulmonary edema (5%), and DIC (2%). LSCS was the most common mode of delivery (70%), primarily due to fetal distress and cephalopelvic disproportion. Perinatal complications included low birth weight (mean 1.8 kg), preterm birth (mean gestational age 34.2 weeks), and high NICU admission (79%). Stillbirth and neonatal death rates were 16% and 14%, respectively.

Conclusion :
Sociodemographic disadvantages—especially illiteracy, rural residence, and poor antenatal care—significantly contribute to adverse maternal and perinatal outcomes in eclampsia. Targeted community-based interventions and strengthened antenatal services are vital for risk reduction.

Abstract ID: MCH/OP/142

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Abstract Title:
PLACENTAL GROWTH FACTOR LEVELS AND ITS ASSOCIATION WITH PRETERM BIRTH IN FETAL GROWTH RESTRICTION

Introduction :
Fetal growth restriction (FGR) is a significant cause of perinatal morbidity and mortality, often complicated by preterm birth (PTB). Recent research highlights the potential of placental growth factor (PlGF), an angiogenic biomarker, in predicting placental dysfunctions contributing to PTB in FGR. However, data from the Indian context remain scarce.

Aims & Objectives :
This prospective observational study aimed to evaluate maternal plasma PlGF levels in pregnancies with FGR and investigate its association with PTB and adverse perinatal outcomes.

Materials & Methods :
Fifty pregnant women with singleton pregnancies and ultrasound-confirmed FGR between 28 and 35 weeks' gestation were recruited. Exclusion criteria were structural fetal anomalies, hypertensive disorders and preterm labor. Maternal PlGF was measured at recruitment, using high-sensitivity ELISA, and outcomes including latency to delivery, gestation at birth, intrapartum complications and neonatal morbidities were recorded. Data was analysed by comparing early- versus late-onset FGR and correlating PlGF levels with outcomes.

Results :
The mean maternal PlGF level was 83.47 pg/mL, with significantly lower values in early-onset FGR (57.55 pg/mL vs 111.55 pg/mL, $p<0.001$). Low PlGF strongly predicted shorter latency to delivery, higher risk of PTB, adverse doppler findings, and increased NICU admissions. PlGF below the 10th percentile was associated with a 14.9 fold higher risk of PTB, while values below the 5th percentile indicated imminent delivery.

Conclusion :
Maternal PlGF is a sensitive biomarker of placental dysfunction in FGR, predicting PTB, latency to delivery, and neonatal outcomes. Integrating PlGF with doppler findings and clinical surveillance can enhance perinatal risk stratification and decision making in FGR management, especially in resource limited settings.

Abstract ID: MCH/OP/143

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Abstract Title:
TO STUDY THE ROLE OF SERUM NETRIN-1 AND URINARY KIM-1 LEVEL IN RISK STRATIFICATION OF PREECLAMPSIA

Introduction :
Preeclampsia is a major cause of maternal and perinatal morbidity and mortality, is characterised by new onset hypertension and proteinuria after 20 weeks of gestation. This study aimed to evaluate the potential of serum Netrin-1 and urinary KIM-1 levels in the risk stratification of preeclampsia.

Aims & Objectives :
To study the circulating serum netrin-1 and urinary KIM-1 levels in women with preeclampsia and healthy pregnant women and to correlate their levels in pregnancy with maternal and fetal outcomes.

Materials & Methods :
A prospective observational study was conducted at the Department of Obstetrics and Gynecology, AIIMS Jodhpur. The study included 59 women with preeclampsia (case) and 59 normotensive pregnant women (control). Serum Netrin-1 and urinary KIM-1 levels were measured using ELISA. Statistical analysis was performed using SPSS version 30.

Results :
Serum Netrin-1 levels were significantly higher in women with preeclampsia (844.55 pg/mL) compared to healthy controls (378.24 pg/mL) ($p < 0.0001$). Similarly, urinary KIM-1 levels were also significantly elevated in the preeclampsia group (1.57 ng/mg creatinine) compared to the control group (0.62 ng/mg creatinine) ($p < 0.0001$). Women with preeclampsia had a significantly higher incidence of maternal complications compared to the control group ($p < 0.0001$). Fetal complications were also significantly higher in the preeclampsia group.

Conclusion :
Elevated serum Netrin-1 and urinary KIM-1 levels are positively correlated with preeclampsia and its severity. These biomarkers may be valuable in the early detection and risk stratification of preeclampsia, potentially improving maternal and fetal outcomes

Abstract ID: MCH/OP/144

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Abstract Title:
EFFECT OF MATERNAL BODY MASS INDEX ON ESTIMATION OF FETAL WEIGHT USING ULTRASONOGRAPHY

Introduction :
Obesity is one of the most common public health problems. According to ACOG committee opinion, at least one-third of the pregnant women are obese. Obesity in pregnancy is associated with multiple obstetrical complications. Many important clinical decisions depend on accurate determination of estimated fetal weight. Obesity impairs the visualization of fetal anatomy and degrades the image quality making it difficult for interpretation of fetal weight.

Aims & Objectives :
To study the possible effect of maternal obesity on the fetal weight estimated sonographically in the third trimester, maximum of 7 days before labour.

Materials & Methods :
This is a retrospective study of 100 singleton pregnancies with sonographic fetal weight estimation prior to scheduled delivery. Women were classified into five categories based on BMI (according to WHO guidelines): normal weight, BMI 18.5–24.9 kg/m2(n=20); overweight, BMI 25.0–29.9 kg/m2 (n=20); obese class I, BMI 30.0–34.9 kg/m2 (n=20); obese class II, BMI 35.0–39.9kg/m2 (n=20); and obese class III, BMI ≥ 40.0 kg/m2 (n=20). The fetal weight estimated sonographically was compared with actual birth weight and the difference between them was recorded as the error.

Results :
In this study, the mean absolute percentage error between the ultrasound estimated fetal weight and actual birth weight in class II and class III obesity was 4% and 5% respectively with a p-value<0.05 which was statistically significant. Therefore this study indicated that the accuracy of ultrasound fetal weight estimation decreases with increase in maternal BMI.

Conclusion :
Maternal obesity decreases the accuracy of ultrasound estimation of fetal weight. Hence clinicians should be aware of this limitation of ultrasound EFW

Abstract ID: MCH/OP/145

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Abstract Title:
CLINICAL CORRELATES OF GESTATIONAL DIABETES MELLITUS: MATERNAL RISK FACTORS AND PREGNANCY OUTCOMES

Introduction :
Gestational diabetes mellitus (GDM) is a pregnancy complication linked to adverse outcomes. Identifying maternal risk factors is important for management.

Aims & Objectives :
To assess maternal risk factors for GDM and to evaluate fetomaternal outcomes in women with and without GDM.

Materials & Methods :
In a prospective study (July 2024–July 2025) at Kasturba Hospital, New Delhi, 121 women at 24–28 weeks were screened using the DIPSI 75 g oral glucose test. GDM was diagnosed in 25 women (20.7%, 2-hour glucose ≥140 mg/dL); 96 were non-GDM. Data on age, BMI, gravidity, family history of diabetes, pre-pregnancy weight, and gestational weight gain were collected. Outcomes included delivery mode, preeclampsia, and NICU admission.

Results :
Women with GDM had higher BMI (25.7 vs 23.3, p=0.033) and were more often >30 years (52% vs 16.7%, p<0.001) or multigravida (72% vs 42.7%, p=0.01). They also more frequently had >10 kg weight gain (44% vs 6.3%, p=0.001) or a family history of diabetes (24% vs 4.2%, p<0.001) than non-GDM. GDM pregnancies had higher rates of cesarean delivery (60% vs 35.4%, p=0.045), preeclampsia (16% vs 4.2%, p=0.034), and NICU admission (32% vs 11.5%, p=0.012).

Conclusion :
Advanced maternal age, obesity, multigravidity, excessive weight gain, and family history of diabetes were significantly associated with GDM. GDM pregnancies had higher rates of cesarean delivery, preeclampsia, and NICU admission. Early screening and management of these risk factors may improve fetomaternal outcomes in GDM.

Abstract ID: MCH/OP/146

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Abstract Title:
MATERNAL AND NEONATAL OUTCOME IN PREGNANCY IN WOMEN AGED 35 YEARS AND ABOVE: A RETROSPECTIVE OBSERVATIONAL STUDY

Introduction :
Pregnancy in women aged ≥35 years,defined as advanced maternal age (AMA), is rising globally and is associated with increased maternal and neonatal complications.Women in this age group have an increased incidence of hypertension, gestational diabetes, and pre-eclampsia, with higher rates of cesarean delivery and pregnancy loss. Neonatal risks include prematurity, low birth weight, and greater need for NICU care. This study represents one of the largest single-centre datasets on AMA pregnancies from South India and evaluates outcomes in this high-risk population.

Aims & Objectives :
To assess maternal and neonatal outcomes in pregnancies among women aged >35 years over a six-year nine-month period at a tertiary care centre.

Materials & Methods :
A retrospective observational study was conducted at Mother Hospital, Thrissur. All women aged >35 years who delivered between 2019 and September 2025 were included. Maternal complications, mode of delivery, and neonatal outcomes were analyzed.

Results :
Of 17,456 deliveries, 1,140 (6.5%) occurred in AMA mothers. Multiparity was common, with 35.7% being grand multiparas and 17.3% primigravidas. Most (89.3%) conceived spontaneously. Cesarean delivery, hypertensive disorders, and gestational diabetes were more frequent in AMA pregnancies. No maternal deaths occurred. Neonatal complications included higher rates of prematurity, low birth weight, and NICU admissions. Three neonatal deaths were recorded.

Conclusion :
Although representing a smaller proportion of total deliveries, AMA pregnancies demonstrated increased medical and obstetric risks. As one of the largest single-centre studies from South India, these findings reinforce the necessity for vigilant antenatal surveillance and readily accessible tertiary obstetric and neonatal support to optimise outcomes in this growing high-risk demographic.

Abstract ID: MCH/OP/147

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Abstract Title:
ASSESSMENT OF CULTURAL BELIEFS AND PRACTICES DURING THE POSTNATAL PERIOD AFFECTING POSTPARTUM RECOVERY AND ITS MANAGEMENT IN A TERTIARY CARE HOSPITAL- A CROSS SECTIONAL STUDY

Introduction :
Childbirth is a time of transition and social celebration in India.The Postpartum period is a very special phase in the life of a woman. Her Body needs to heal and recover from pregnancy and childbirth. A good postpartum care and well balanced diet during puerperal period is very important for the health of a woman. But Cultural practices and food taboos adversely affect the daily consumption of protein, energy and some nutrients during the first month of nursing. In many Asian countries, including India, traditional postpartum practices encourage calorie-dense diets and limit physical activity under the belief that they aid recovery. There is limited research in India exploring how lifestyle factors contribute to postpartum recovery.

Aims & Objectives :
To assess lifestyle-related factors such as diet, physical activity, and sleep along with common myths, beliefs, and barriers to a healthy lifestyle

Materials & Methods :
A cross-sectional survey was done in a department of Obstetrics and Gynaecology at a tertiary care centre in India, using a validated questionnaire to assess the lifestyle-related behaviors, barriers, and myths in the postpartum period. 100 mothers were considered.

Results :
Over 79% of women had increased their diet intake postpartum. Vegetables such as brinjal and fruits like papaya were avoided by 57.9% and 63.6%. Household work was avoided by 67% of the women while 79.6% avoided going outdoors. Fewer than 10% engaged in low- to moderate-intensity physical activity

Conclusion :
Socio-demographic factors-socioeconomic status, education, and employment, were significantly linked to unhealthy lifestyle behaviors.

Abstract ID: MCH/OP/148

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Abstract Title:
TO STUDY CHALLENGES OF INTERFACILITY TRANSFER AND PROFILE OF OBSTETRIC PATIENTS REFERRED TO A TERTIARY CARE HOSPITAL.

Introduction :
There is delay in seeking care, delay in reaching health facility or delay in providing care by the health care facility that leads to increased maternal mortality. Hence, it is necessary for health centres providing birthing facilities to have interfacility transfer linkage. However, inadequate interfacility transfer and communication are bottlenecks in the optimal working of referral system.

Aims & Objectives :
To study challenges of communication and transport in interfacility transfer along with the profile and outcome of obstetric referrals.

Materials & Methods :
It was a Prospective Observational study. A total of 224 women attending the obstetric emergency, fulfilling inclusion and exclusion criteria were enrolled for the study. Demographic details, transportation, communication details, maternal and fetal outcome were recorded. Statistical analysis was done by entering data in excel spread sheet. Categorical variables were presented in number and percentage and continuous variables were presented as mean ± SD and median

Results :
Only 39.3% women were provided ambulance. The facilities of en-route stabilization were available in only 4.5% ambulances and only 1.3% were accompanied by health care worker. Also, 2.7% women had two referral units. In only 69.6% cases, referral slips were available and majority (93.6%) were incomplete. Only in 2 patients, prior information was sent.

Conclusion :
Health facilities do not have assured referral transport linkage. Referral slips are usually incomplete and no communication about the referred case is provided to the referral institution. This leads to increased maternal and perinatal morbidity and mortality.

Abstract ID: MCH/OP/149

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Abstract Title:
PRENATAL DIAGNOSIS OF FETAL DIGESTIVE AND URINARY TRACT MALFORMATIONS AND PREGNANCY OUTCOME AT TERTIARY REFERRAL CENTER, A RETROSPECTIVE STUDY.

Introduction :
The prenatal diagnosis of fetal gastrointestinal tract and urinary tract (I.e., abdomen) allows for timely evaluation and intervention which in turn reduced prenatal morbidity and mortality.

Aims & Objectives :
1.Pregnancy outcome in patients with gastrointestinal and/or urinary tract 2.Prognosis if associated with other organ system.

Materials & Methods :
Retrospective observational study, conducted from May 2023 to July 2025. Inclusion Criteria 1.Patients attending fetal medicine department for prenatal ultrasound. 2.Patients with Either gastrointestinal or urinary tract malformation. Exclusion Criteria 1.Patients not willing to participate in the study. After ethical clearance, the data was collected from the digital records, and followed up by telephone.

Results :
211 patients were included in this study of which 7 were lost to follow up. The most common Gastrointestinal tract anomaly was echogenic bowel 33/204(16.17%) and of urinary tract was UTDA1(89/204, 43%). Isolated Echogenic bowel was seen in 11/204 (5.39%), and isolated UTDA1 in 54/204, 26.47% of which none of the patient underwent abortion or adverse event during or after pregnancy. The other include atresis/obstruction(3.43%), intraabdominal cysts(3.92%), Gastroschisis(0.49%), omphalocele(1.96%), intrahepatic calcification(1.47%), fetal ascitis(1.96%). UTD A2-3 (12.25%) Echogenic kidney(4.90%) Unilateral absent kidney (0.98%) Dysplastic/multicystic kideny(4.41%), Polycystic kidney(0.98%), Megacystitis(4.11%), LUOT(4.11%), Ectopic kidney(4.11%). When associated with either other structural anomaly, soft markers , liquor or genetic anomaly, they increase the risk of adverse outcome

Conclusion :
This study establishes that concurrent gastrointestinal, urinary anomalies and other organ system anomalies exert a synergistic and significantly adverse influence on pregnancy outcomes.

Abstract ID: MCH/OP/150

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Abstract Title:
VITAMIN B12 LEVELS AS A PREDICTOR OF THREATENED ABORTION-A PROSPECTIVE OBSERVATIONAL COHORT STUDY

Introduction :
Threatened abortion can be described as the risk of losing a pregnancy before reaching 20 weeks of gestation; commonly known as a miscarriage.1 This occurs in approximately 20% of confirmed pregnancies. Ultrasonography aids in identifying threatened abortion, although additional tests may be necessary to rule out ectopic pregnancy.2 Risk factors for threatened abortion encompass advanced maternal age, smoking, obesity, previous abortion history, hypertension, and diabetes.3 Causes of threatened abortion involve chromosomal abnormalities, vascular issues, hormonal imbalances, infections

Aims & Objectives :
Aim: To investigate the role of vitamin B12 in threatened abortion. Objectives: 1. To assess the serum levels of vitamin B12 in pregnant women presenting with threatened abortion compared to women with uncomplicated pregnancies. 2. To determine the prevalence of vitamin B12 deficiency among women experiencing threatened abortion. 3. To explore correlations between vitamin B12 levels and clinical parameters associated with threatened abortion, such as gestational age, maternal age, and obstetric history.

Materials & Methods :
To assess the serum levels of vitamin B12 in pregnant women presenting with threatened abortion compared to women with uncomplicated pregnancies The study aims to compare the serum levels of vitamin B12 between these two groups, assess the prevalence of vitamin B12 deficiency among women with threatened abortion, and explore correlations between vitamin B12 levels and clinical parameters related to threatened abortion

Results :
AWAITED

Conclusion :
AWAITED

Abstract ID: MCH/OP/151

Presenter's Name: Dr. Naveli

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Abstract Title:
UTILISING A CLINICAL AUDIT OF OBSTETRIC CHOLESTASIS AS A PERINATAL QUALITY IMPROVEMENT TOOL.

Introduction :
High quality evidence in recent time corelates stillbirth risk in obstetric cholestasis with total Bile acid concentration >100micromol/litre. However obstetric interventions continue to be universally high due to the lingering fear of antepartum stillbirth.

Aims & Objectives :
We planned a retrospective clinical audit of mothers with obstetric cholestasis (OC) from 1st sept 2024 to 30th Sept2025 in a tertiary level hospital. The objective was to review clinical care practices to ensure adherence to established guidelines and to identify areas for improvement in diagnosis, management, and materno-fetal outcomes.

Materials & Methods :
Case records of all mothers with a provisional diagnosis of OC who had viable births were analysed. The audit will focussed on gestational age at diagnosis, antenatal investigations, treatment protocols, perinatal outcomes and extent of postnatal follow-up. These parameters were compared with RCOG 2022, SOGC 2024, SOMANZ 2022 guidelines as per a standardised structured format.

Results :
Out of total 1929 births , 249(1.29%) mothers were diagnosed with OC. Among them 113(45.3%) were induced, 67(26.9%) were taken up for planned caesarean section and 69(27.7%) went into spontaneous labour. Overall, 72.2% mothers had a planned delivery, either by induction or prelabour CS with a mean gestational age of 37 weeks 2 days at the time of Delivery. The diagnostic criteria, management and perinatal outcomes were analysed. Unadjusted odds ratio with 95% CI was calculated for clinically significant outcomes

Conclusion :
This retrospective clinical audit served as quality improvement tool to compare current practices and outcomes against latest established standards followed by implementing changes to enhance the quality of healthcare.

Abstract ID: MCH/OP/152

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Abstract Title:
COMPARISON OF MATERNAL PLASMA SYNDECAN-1 AND SPINT-1 LEVELS IN SMALL FOR GESTATIONAL AGE AND APPROPRIATE FOR GESTATIONAL AGE FETUSES

Introduction :
Small for gestational age (SGA) fetuses are at increased risk for perinatal morbidity and mortality, often resulting from placental insufficiency. Biomarkers such as Syndecan-1 and SPINT-1, involved in placental development and function, may offer non-invasive tools for early identification and risk stratification of SGA pregnancies and differentiating SGA from FGR.

Aims & Objectives :
To compare maternal plasma levels of Syndecan-1 and SPINT-1 in pregnancies complicated by SGA fetuses (with or without doppler changes) versus those with appropriate for gestational age (AGA) fetuses.

Materials & Methods :
This prospective observational study included singleton pregnancies classified into SGA (<10th percentile) and AGA (10th–90th percentile) based on estimated fetal weight. Maternal blood samples were collected in the third trimester, and plasma levels of Syndecan-1 and SPINT-1 were measured using enzyme-linked immunosorbent assay (ELISA). Statistical analysis was performed to assess differences between groups and evaluate the diagnostic performance of these biomarkers.

Results :
Maternal plasma levels of Syndecan-1 and SPINT-1 were significantly lower in the SGA group compared to the AGA group ($p<0.05$). Receiver operating characteristic (ROC) analysis demonstrated moderate discriminative ability for both markers in identifying SGA fetuses.

Conclusion :
Reduced maternal plasma levels of Syndecan-1 and SPINT-1 are associated with SGA fetuses, suggesting their potential role as biomarkers for placental dysfunction. Further large-scale studies are warranted to validate their clinical utility in screening and management of at-risk pregnancies.

Abstract ID: MCH/OP/153

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Abstract Title:
EVALUATION OF MATERNAL ULTRASONOGRAPHIC ADIPOSE TISSUE MEASUREMENTS AND BMI IN GESTATIONAL DIABETES MELLITUS.

Introduction :
Gestational diabetes mellitus (GDM) continues to increase globally, significantly fueled by rising maternal obesity rates. The pathogenesis of GDM, and its association with maternal and fetal morbidity, underscores the need for reliable and sensitive predictors beyond conventional indices. Evaluating maternal adipose tissue distribution by ultrasonographic measurement may provide deeper insights into the metabolic risks and clinical outcomes associated with GDM in pregnancy.

Aims & Objectives :
The primary aim was to evaluate maternal ultrasonographic subcutaneous adipose tissue (SAT) and visceral adipose tissue (VAT) thickness, along with BMI, and their association with the development and outcomes of GDM in an Indian obstetric population.

Materials & Methods :
Eighty antenatal women were enrolled: forty diagnosed with GDM (based on OGTT with DIPSI criteria at 24–28 weeks),and forty matched controls. All underwent comprehensive clinical assessment, and ultrasonographic assessment of SAT and VAT at mid-pregnancy

Results :
Women with GDM demonstrated statistically significant increases in both SAT and VAT thickness as well as BMI compared to controls. Notably, ultrasonographic VAT appeared as a stronger predictor of GDM and associated adverse outcomes, including higher rates of pregnancy-induced hypertension, cesarean sections, and neonatal complications such as macrosomia and NICU admissions. The integration of ultrasonographic adiposity measurement with BMI enhanced the predictive acuity for GDM and its perinatal sequelae.

Conclusion :
Ultrasonographic quantification of maternal adipose tissue, particularly VAT, serves as a valuable adjunct to BMI in risk assessment for GDM and related maternal-neonatal complications. Implementing these measures in routine obstetric evaluation can facilitate early identification of at-risk pregnancies and improve clinical management strategies. Further multicentric research in diverse

Abstract ID: MCH/OP/154

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Abstract Title:
DUAL PROSTAGLANDIN APPROACH VERSUS STANDARD DINOPROSTONE FOR LABOUR INDUCTION IN TERM PREGNANCY

Introduction :
Induction of labour is an intervention that artificially initiates uterine contraction leading to progressive dilatation and effacement of cervix and expulsion of fetus. Inspite of so many advances, failed induction of labour is still a big problem and results in cesarean delivery. In order to reduce the unnecessary cesareans from failed induction it is essential to devise ways of further priming the cervix.

Aims & Objectives :
To compare the efficacy and feto-maternal outcomes of labor induction in term pregnancies using a sequential approach with Dinoprostone gel followed by vaginal Misoprostol tablets vis-à-vis the use of Dinoprostone gel alone.

Materials & Methods :
Women getting induced with 3 dose of Dinoprostol gel and not going into labour will be randomized into 2 group Group A: Start oxytocin after 6 hours of 3rd Dinoprostone gel assessment Group B: Rest for 24 hours followed by Reinduction with vaginal Misoprostol tablet 4 hourly for 4 dose. Further augmentation as per departmental protocol.

Results :
In A group, out of total 36 women, induction was successful in 18 patient (50%), 21 patient underwent LSCS (58.3%), 15 patient had normal delivery (41.6%), 7 babies were admitted to NICU. In Group B, out of total 35 patient, successful induction was done in 29 patient (82.8%). 20 patient underwent LSCS (57.1%), 15 patient had normal delivery (42.8%). 8 babies were admitted to NICU.

Conclusion :
This study has shown encouraging results in terms of successful induction without increasing the morbidity in the newborn.

Abstract ID: MCH/OP/155

Presenter's Name: Dr. Natasha Tyagi

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Abstract Title:
KNOWLEDGE AND PRACTICES REGARDING ANEMIA IN PREGNANCY IN NEW DELHI: WHERE DO WE STAND?

Introduction :
Anemia during pregnancy remains a major public health issue, contributing to increased risks of maternal and neonatal morbidity and mortality. The prevalence of anemia in Indian women has increased between NFHS-4 and NFHS-5, from 53% in 2015-16 to 57% in 2019-21.

Aims & Objectives :
This study aimed to determine the prevalence of anemia in pregnant women and evaluate their understanding of its causes, prevention strategies and related health practices.

Materials & Methods :
A cross-sectional survey was conducted among 545 pregnant women attending antenatal clinics at Dr. Baba Saheb Ambedkar Medical College and Hospital, Rohini, New Delhi from January to December 2024. Data were collected through interviewer-administered questionnaires and clinical assessments, including hemoglobin measurement using a calibrated Sysmex analyzer. The questionnaire, covering sociodemographic data, anemia knowledge and practices was pre-tested for clarity and administered by trained assistants.

Results :
The study revealed a high prevalence of anemia among pregnant women, with 84% affected and 52.5% having moderate anemia. Awareness regarding anemia, its prevention and dietary sources of iron was low, with only 27.7% aware of anemia and 15% knowledgeable about prevention. Although 68.9% reported taking iron supplements, adherence to other preventive practices, including spacing iron and calcium intake (9.7%) and consuming a mixed diet (28.8%) was limited. Knowledge and preventive behaviors significantly declined as anemia severity increased ($p < 0.001$).

Conclusion :
This study highlights a high prevalence of anemia and insufficient knowledge and preventive practices among pregnant women. Targeted educational and health interventions are urgently needed to raise awareness and promote effective anemia prevention behaviors.

Abstract ID: MCH/OP/156

Presenter's Name: Dr. Sunnam Jyothi Priya

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Country: India

Abstract Title:
A RETROSPECTIVE STUDY OF CHANGING TRENDS,INCIDENCE,COMPLICATIONS OF PLACENTA PREVIA IN A TERTIARY CARE HOSPITAL AND ITS FETOMATERNAL OUTCOME

Introduction :
Placenta previa is defined as a placenta situated in the lower uterine segment, such that it is partially or completely covers the internal cervical os.Placenta previa is prone to antepartum haemorrhage,preterm deliveries, intraoperative complications, severe blood loss, caesarean hysterectomy.Studying these cases is of valuable importance to reduce complications to both mother and child while dealing a case.

Aims & Objectives :
To study incidence of placenta previa over last six months at tertiary care Centre,To study risk factors of placenta previa,To determine fetomaternal outcome of placenta previa,To know the incidence of preterm delivery and antepartum haemorrhage.

Materials & Methods :
It is a retrospective study conducted at Government maternity hospital Hanmakonda,Kakatiya medical college with women delivered at GMH in past 6 months

Results :
Out of total 2705 deliveries conducted at GMH, Hanamkonda placenta previa was observed in 30 cases (3-accreta, 1-percreta). Incidence in my study is 1.1%. Incidence amongst primi para was 16%, multipara was 84%.Analysing history of the patients revealed 33% cases had history of abortions, 22% cases had a history of IUD, 20% cases had a history of D and C, 22% had a history of previous LSCS, 16% cases were primigravida. 30% preterm terminations, 20% had APH.15% cases needed neonatal NICU admission.80% cases had a Apgar of more than 8/10 at birth.

Conclusion :
Placenta previa can lead to substantial maternal and neonatal morbidity and mortality.Early anticipation of problems and taking prompt action at right time will avoid grave consequences.Such cases must always be managed at a higher centre with NICU services, blood bank services

Abstract ID: MCH/OP/157

Presenter's Name: Dr. Anupama Mathur

Co-Author(s):
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Abstract Title:
PERINATAL OUTCOME IN EARLY AND LATE ONSET OF GESTATIONAL DIABETES MELLITUS

Introduction :
GDM is a common metabolic disorder of pregnancy with important implications for both maternal and neonatal health. Early-onset GDM (≤24 weeks) often reflects preexisting insulin resistance, while late-onset GDM (>24 weeks) is due to pregnancy-related metabolic changes. This study compared perinatal outcomes in women with early and late onset GDM.

Aims & Objectives :
To compare the perinatal outcome in women with early and late onset gestational diabetes mellitus. Objectives were to study maternal and fetal outcomes and to compare the pregnancy outcomes between these two groups.

Materials & Methods :
A prospective observational study was conducted over 18 months at VMMC and Safdarjung Hospital on 428 antenatal women diagnosed with GDM. Participants were divided into early (n = 112) and late (n = 316) groups. Data on maternal and neonatal parameters were analyzed using SPSS; $p < 0.05$ was considered significant.

Results :
Women with early-onset GDM had higher insulin requirement (41.1% vs 14.6%, $p < 0.001$) and earlier initiation of insulin therapy (29.2 ± 3.1 vs 33.3 ± 1.4 weeks, $p < 0.001$). Mean gestational age at delivery was lower (36.6 ± 3.3 vs 37.1 ± 2.8 weeks, $p = 0.004$), with more preterm births (20.5% vs 11.7%, $p = 0.022$). Maternal weight gain was greater ($p = 0.039$). Cesarean rates and birth weights were similar, though early GDM had slightly higher NICU admissions and congenital anomalies (1.8% vs 0.3%)

Conclusion :
Early-onset GDM shows higher insulin need, increased maternal morbidity, and greater preterm delivery risk than late-onset GDM, emphasizing early screening and intervention to improve maternal and neonatal outcomes

Abstract ID: MCH/OP/158

Presenter's Name: Dr. Ashwini Mishra

Co-Author(s):
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Abstract Title:
EVALUATION OF INCIDENCE AND RISK FACTORS FOR OBSTETRIC ANAL SPHINCTER INJURIES IN VAGINAL DELIVERIES.

Introduction :
Obstetric anal sphincter injuries (OASIS), comprising third- and fourth-degree perineal tears, cause significant maternal morbidity, including incontinence, dyspareunia, and pain. Their incidence varies globally, influenced by maternal, fetal, and obstetric factors. Identifying risk factors is crucial to prevent and optimise maternal outcomes.

Aims & Objectives :
To evaluate the incidence and risk factors for OASIS in vaginal deliveries.

Materials & Methods :
This prospective cohort study was conducted in the Department of Obstetrics and Gynaecology, Deen Dayal Upadhyay Hospital, New Delhi, including all term pregnant women presenting in labour and planned for vaginal delivery (excluding planned cesarean sections). Comprehensive obstetric, clinical, and demographic data were collected, including potential risk factors. Deliveries were managed as per standard protocol, and confirmed OASIS cases were classified according to Sultan and Thakar. Incidence and correlation of risk factors were analysed.

Results :
The incidence of OASIS was 2.9%, with a mean age of 25.06 ± 3.66 years. Significant associations were found with socioeconomic status, high BMI, gestational diabetes, hypothyroidism, severe anaemia, prolonged second stage, instrumental delivery, breech presentation, and shoulder dystocia. No association was noted with overt diabetes, hypertensive disorders, parity, gestational age, mediolateral episiotomy, or labour augmentation.

Conclusion :
Identifying high-risk factors enables targeted prevention and improved outcomes.

Abstract ID: MCH/OP/159

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Abstract Title:
ROLE OF PROPHYLACTIC ADD ON TRANEXAMIC ACID IN ACTIVE MANAGEMENT OF THIRD STAGE OF LABOUR: A PROSPECTIVE RANDOMISED STUDY

Introduction :
Postpartum hemorrhage (PPH) remains a leading cause of maternal mortality, especially in developing countries where anemia is prevalent. Active management of the third stage of labor (AMTSL) with uterotonics like oxytocin helps prevent PPH, but additional prohemostatic agents such as tranexamic acid (TXA) may enhance outcomes by inhibiting fibrinolysis. This study evaluates the efficacy of TXA as an adjunct to oxytocin in reducing postpartum blood loss.

Aims & Objectives :
To evaluate the efficacy and safety of prophylactic intravenous tranexamic acid as an adjunct to oxytocin in the active management of the third stage of labour for the prevention of postpartum hemorrhage (PPH).

Materials & Methods :
A randomized study was conducted on 156 women with term pregnancies divided into two groups: - Group T: 10 U oxytocin IM + 1 g TXA IV - Group O: 10 U oxytocin IM alone Blood loss was measured over 24 hours using calibrated drapes and pad weights. Hemoglobin levels, vital signs, and side effects were recorded and analyzed statistically.

Results :
Both groups were comparable in demographics and anemia status. Mean blood loss and pad use were significantly lower in Group T (207.55 ± 57.29 ml) compared to Group O (267.92 ± 63.21 ml; $p < 0.01$). Hemoglobin deficit was also less in Group T (0.53 g/dl vs. 0.71 g/dl; $p = 0.042$). No severe adverse effects (thromboembolism, renal failure) were reported. Minor side effects included nausea and vomiting. The need for additional uterotonics and blood transfusions was lower in Group T.

Conclusion :
Intravenous TXA, when combined with oxytocin during AMTSL, safely and

Abstract ID: MCH/OP/160

Presenter's Name: Dr. Pooja

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Abstract Title:
SERUM LACTATE DEHYDROGENASE LEVELS AND ITS ASSOCIATION WITH MATERNAL OUTCOME IN PREGNANT WOMEN WITH PREECLAMPSIA – A PROSPECTIVE OBSERVATIONAL STUDY.

Introduction :
Preeclampsia is a pregnancy-specific hypertensive disorder contributing significantly to maternal and perinatal morbidity and mortality. Lactate dehydrogenase (LDH), an intracellular enzyme released during tissue hypoxia and cellular damage, serves as a marker of disease severity and adverse outcomes.

Aims & Objectives :
Primary Objective: To determine the relationship between LDH and placental abruption. Secondary Objective: Include correlations with eclampsia, postpartum hemorrhage, ICU admission, preterm birth, low birth weight, and NICU admissions.

Materials & Methods :
A prospective observational study was conducted on 160 preeclamptic women > 28 weeks of gestation at Deen Dayal Upadhayay Hospital, New Delhi. Serum LDH was measured spectrophotometrically and categorized as <600 IU/L, 600–800 IU/L, and >800 IU/L. Maternal and fetal complications were compared across groups using SPSS v25.

Results :
Mean serum LDH was 742 ± 216 IU/L. Placental abruption occurred in 2.4% of women with LDH <600 IU/L, 16.7% in the 600–800 IU/L group, and 36.8% in the >800 IU/L group ($p < 0.001$). Eclampsia (18.4%), postpartum hemorrhage (10.5%), and ICU admissions (22%) increased proportionally with LDH levels. Low-birth-weight infants (41%) and NICU admissions (37%) were significantly higher among women with LDH >800 IU/L. These findings indicate a strong positive correlation between elevated LDH levels and poor feto-maternal outcomes.

Conclusion :
Elevated serum LDH correlates with the severity of preeclampsia and adverse feto-maternal outcomes. LDH estimation can serve as a useful, prognostic marker for early identification and management of high-risk pregnancies.

Abstract ID: MCH/OP/161

Presenter's Name: Dr. Adeeba Naaz

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Abstract Title:
FIRST TRIMESTER BMI AS PREDICTOR OF GESTATIONAL DIABETES AND HYPERTENSIVE DISORDER IN PREGNANCY

Introduction :
Obesity has become a growing health concern in India due to lifestyle changes. Asian populations have a higher risk of visceral adiposity and insulin resistance even at lower BMI values, prompting revised Asian guidelines defining obesity at BMI > 25 kg/m². Increased maternal BMI has been linked with gestational diabetes mellitus (GDM) and hypertensive disorders of pregnancy (HDP), leading to adverse maternal and perinatal outcomes.

Aims & Objectives :
To assess the effect of first-trimester BMI on the occurrence of gestational diabetes mellitus and hypertensive disorders in pregnancy.

Materials & Methods :
A prospective cohort study was conducted in the Department of Obstetrics and Gynaecology, VMMC and Safdarjung Hospital, over 18 months. Three hundred pregnant women attending antenatal OPD during the first trimester were enrolled, and 270 were followed till delivery. BMI was calculated at booking and categorized as per WHO Asia criteria. Participants were monitored for development of GDM (using DIPSI criteria) and hypertensive disorders (as per ISSHP classification).

Results :
Among 270 women, 36.7% were obese (BMI ≥ 25 kg/m²). The overall incidence of GDM was 11.5% and gestational hypertension 17%. Both conditions were significantly higher in obese women (GDM 24.2%, GH 34.3%) compared to those with normal BMI (GDM 2%, GH 7.8%) ($p < 0.001$).

Conclusion :
Higher first-trimester BMI is strongly associated with an increased risk of gestational diabetes and hypertensive disorders in pregnancy. Early BMI assessment aids in identifying high-risk women for targeted antenatal care.

Abstract ID: MCH/OP/162

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Abstract Title:
STATUS OF UTILIZATION OF ASPIRIN AMONG PATIENTS ADMITTED WITH HYPERTENSIVE DISORDERS OF PREGNANCY.

Introduction :
Hypertensive disorder is one of the most common but deadly conditions plaguing pregnancy, which can now be predicted and prevented using Aspirin. This study aims to understand the extent and patterns of aspirin utilisation among patients cared for in a tertiary setting for delivery.

Aims & Objectives :
o To assess the proportion of pregnant women with hypertensive disorders utilizing aspirin o To assess the adherence to 1st trimester uterine artery doppler screening / compliance to aspirin/ outcomes among pregnant women with hypertensive disorders.

Materials & Methods :
This is a retrospective study which is conducted in the Department of Obstetrics and Gynecology of SJMCH in which patient who were diagnosed cases of hypertensive disorders are included in the study. The details of the patients (demographic, Antenatal history, blood pressure details, management details, delivery details and neonatal details)is noted in a case record format and analysed.

Results :
Adherence to UAD screening - 95% (182/190) had an ultrasonography done, of which only 90% (165/182) had UAD done. Though 87.8% (145/165) had a high risk for PE noted in the scan report, 5% (7/145) did not show the report promptly to an obstetrician. 33.17% (63/190) were not advised aspirin prior to 20 weeks of gestation. 25.9% (33/127) reported poor compliance to Aspirin despite advise. Patients who were on Aspirin / showed good compliance showed significantly lower BP, higher GA at delivery, lesser need for Induction, lesser complications (all p values<0.05)

Conclusion :
Study highlights the poor adherence to standards about prediction and prevention of preeclampsia, prompting the need for research on the same

Abstract ID: MCH/OP/163

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Abstract Title:
ASSOCIATION OF CERVICOVAGINAL INTERLEUKIN-6 WITH LATENCY PERIOD IN WOMEN WITH PRETERM PREMATURE RUPTURE OF MEMBRANES

Introduction :
Preterm premature rupture of membranes (PPROM) is associated with subclinical intrauterine infection (IUI). Subclinical IUI is implicated in the rise of cytokines like IL-6 and shortens the latency period. Cervicovaginal IL-6 serves as a non-invasive marker to assess its association with LP in women with PPROM, aiding in the identification of high-risk mothers for timely referral and improved neonatal outcomes.

Aims & Objectives :
To study association between cervicovaginal IL-6 levels and LP in women with PPROM.

Materials & Methods :
Sixty pregnant women (28–34 weeks) with PPROM within 24 hours of onset were enrolled prospectively from April 2024 to August 2025. Women with PPROM were divided into short latency (<7 days) and LP ≥7 days groups. Cervicovaginal IL-6 levels were quantified using ELISA. Participants were followed until delivery, and latency period, histological chorioamnionitis (HCA), and maternal and neonatal outcomes were assessed.

Results :
Elevated cervicovaginal IL-6 levels were significantly associated with short latency (median 6900 pg/mL vs 3100 pg/mL, $p<0.01$). IL-6 correlated negatively with LP ($r = –0.478$, $p=0.001$). A cut-off of 1850 pg/mL predicted short latency with 85.4% sensitivity, 100% specificity (AUC=0.974). Elevated IL-6 (≥1850 pg/mL) was independently associated with Histological chorioamnionitis (OR 3.25, $p=0.02$) and neonatal respiratory distress syndrome (OR 2.90, $p=0.03$). Other predictors of short LP included advanced gestational age >32 weeks, cervical length ≤2.5 cm, leucocytosis, oligo/anhydramnios, and positive cultures.

Conclusion :
Cervicovaginal IL-6 is a non-invasive, reliable, and sensitive tool for short LP and IUI in PPROM. An IL-6 threshold of 1850 pg/mL effectively identifies women at risk short LP.

Abstract ID: MCH/OP/164

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Abstract Title:
A STUDY ON RISK FACTORS AND CLINICAL PRESENTATION OF ECTOPIC PREGNANCY AT TERTIARY CENTER HYDERABAD SEPTEMBER 2016 TO AUGUST 2017

Introduction :
ECTOPIC PREGNANCY IS THE LEADING CAUSE OF MATERNAL MORTALITY WITH DELAYED DIAGNOSIS, it can occur even in absence of risk factors. The classical symptom triad of ectopic pregnancy, amenorrhea, abdominal pain and vaginal bleeding is present in only 50% of cases, thus high index of clinical suspicion should be there for an early diagnosis and better outcome.

Aims & Objectives :
To assess risk factors and clinical presentation of ectopic pregnancy.

Materials & Methods :
Prospective study of 80 cases of ectopic pregnancy in a study period of 1 year. Detail history suggestive of risk factors of ectopic pregnancy, age, parity and symptomatology was noted. General, systemic, abdominal and vaginal examination was done.

Results :
A total of 80 cases of ectopic pregnancy were diagnosed, 78% were in the age group 21_30 years, 70% were multigravida and 30% were primigravida. 60% of patients had identifiable risk factors of which past history of pelvic inflammatory disease in 17.5%, previous of abortion in 15%, infertility in 12.5%, tubectomy in 10%, history of usage in 5%, previous ectopic pregnancy in 2.5%, previous ectopic pregnancy in 2.5% were noted.95% had short period of amennorhea, 90% had pain abdomen, 65% had bleeding per vagina and 20% had fainting and syncopal attack. 17.5% presented with shock. Pallor was presented in 60% cases. Abdominal tenderness in 80%, pelvic tenderness in 65%, cervical motion tenderness in 20%, adenexal mass in 60% and abdominal distention in 30% of cases was noted.

Conclusion :
Therefore ectopic pregnancy should be suspected in every woman of reproductive age.

Abstract ID: MCH/OP/165

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Abstract Title:
ASSOCIATION OF SFLT-1/PLGF RATIO WITH ADVERSE MATERNAL AND FETAL OUTCOMES IN PREECLAMPSIA

Introduction :
Preeclampsia (PE) is a hypertensive disorder of pregnancy characterized by placental dysfunction, leading to endothelium dysfunction and angiogenic imbalance, which is characterized by increased anti-angiogenic factor sFlt-1 and decreased pro-angiogenic factor PlGF. The sFlt-1/PlGF ratio level has emerged as a clinically relevant biomarker to guide timing of intervention, facilitating the optimization of maternal outcomes while reducing the risks of iatrogenic preterm delivery.

Aims & Objectives :
To determine the clinical significance of the sFlt-1/PlGF ratio in diagnosed PE cases and its association with adverse maternal and fetal outcomes, and also to identify a predictive cut-off value for anticipating adverse outcomes.

Materials & Methods :
This prospective study was conducted at a single tertiary care center in 223 women diagnosed with PE based on ACOG criteria. The sFlt-1/PlGF ratio was calculated at diagnosis, delivery, and the time of an adverse outcome.

Results :
The mean sFlt-1/PlGF ratio increased from diagnosis (61.6) to delivery (126.9), rising further to 229.4 at the time of an adverse maternal outcome. Abruptio placentae (8%) was the commonest adverse outcome. An sFlt-1/PlGF ratio cut-off of 149.7 was the best predictor of adverse maternal outcome, with a diagnostic accuracy of 84%. The cut-off for predicting adverse fetal outcomes was 89.5, with an 80% Positive Predictive Value (PPV).

Conclusion :
A significantly high sFlt-1/PlGF ratio is strongly associated with adverse maternal and fetal outcomes in women with PE. We identified that a cut-off of 149.7 can be used to identify high-risk women compared to routine biochemical tests, thereby facilitating timely interventions.

Abstract ID: MCH/OP/166

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Abstract Title:
PREVALENCE OF ABRUPTIO PLACENTAE AMONG THE PREGNANT WOMEN WITH PREECLAMPSIA AND ITS FETOMATERNAL OUTCOMES AT TERTIARY CARE INSTITUTE

Introduction :
Preeclampsia a hypertensive disorder of pregnancy which significantly contribute to maternal and perinatal morbidity and mortality, especially in developing countries.One of its most serious complications is placental abruption which can result in severe maternal and fetal consequences.

Aims & Objectives :
To evaluate the prevalence of placental abruption in women with preeclampsia and to assess the impact of abruption on fetomaternal outcomes

Materials & Methods :
A cross-sectional study had been conducted at the Department of Obstetrics and Gynaecology, J.K. Lon Hospital,GMC Kota for duration of 1year.A total of 200 pregnant women diagnosed with preeclampsia after 20 weeks of gestation were included based on inclusion & exclusion criteria after taking consent & divided into preeclampsia with abruption and without abruption. Clinical data recorded and analyzed using SPSS version 21.

Results :
Out of 200 women with preeclampsia,19% had placental abruption-concealed in 11%, revealed in 3%, and mixed in 5% cases.Severe preeclampsia observed in 49% of patients.Maternal complications included postpartum hemorrhage(18.69%),eclampsia(15.88%),ICU admission (6.5%) DIC (5.6%) & death (1.5%).Perinatal mortality was significantly higher in the abruption group (21.67%), with increased NICU admissions for complications like IUGR, preterm birth, MAS, and low Apgar scores.

Conclusion :
Placental abruption is a serious complication of preeclampsia, which affect both maternal and fetal outcomes.Early identification of at risk pregnancies, close monitoring, and timely intervention & referral can reduce associated morbidity and mortality.

Abstract ID: MCH/OP/167

Presenter's Name: Dr. Samarina Kamal

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State: Jharkhand

Country: India

Abstract Title:
A CASE SERIES STUDY OF MATERBAL NEAR MISS CASES AT A TERTIARY CARE CENTRE OF JHARKHAND

Introduction :
A maternal near-miss is a woman who nearly died but survived complications during pregnancy and childbirth or within 42 days of termination of pregnancy and has been examined as an intermediary for maternal deaths. Reviews of such situations are viewed as a less risky strategy by the service provider to improve maternal health care and to prevent the deaths of such mothers.

Aims & Objectives :
1. To see the trends of near miss and assess the factors responsible for maternal near miss 2. To devise strategies and policies for improvement of Antenatal care to help early identification of high risk pregnancies

Materials & Methods :
One year of record based case series study was done at Alam Hospital from September 2024 till September 2025. Number of near miss cases among all ICU admissions and high risk pregnancy unit were included using the WHO criteria.

Results :
The demographic profile of patients, clinical presentation at the time of admission, distribution of cases depending on diagnosis, complications, interventions and feto maternal outcome was studied in tabular form.

Conclusion :
The study of maternal near-miss cases is important to identify lacunae in the health care system and plan effective strategies for preventing maternal mortality and morbidity. Based on our findings we recommend a number of actions to be taken by the government for prevention of maternal deaths as following I. Improvement of Antenatal care to help early identification of high risk pregnancies. II. To manage high risk pregnancies by protocol based aggressive management and training of obstetric health professionals.

Abstract ID: MCH/OP/168

Presenter's Name: Dr. Shruthi H P

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Abstract Title:
TUBERCULOSIS AND PREGNANCY – CASE SERIES

Introduction :
Tuberculosis (TB) remains a major global health challenge, particularly in high-burden regions where it continues to impact maternal and neonatal outcomes. An estimated 200,000 pregnant women are affected annually. Pregnancy-induced immune modulation predisposes women to TB activation or progression, complicating diagnosis and management.

Aims & Objectives :
This case series aims to highlight the varied clinical presentations, diagnostic challenges, and multidisciplinary management approaches of TB in pregnancy, emphasizing the importance of early detection and coordinated care.

Materials & Methods :
Five cases of TB in pregnancy managed at Kempe Gowda Institute of Medical Sciences, Bangalore, were analyzed. Presentations included pulmonary and extrapulmonary forms such as pleural, lymphatic, and abdominal TB, with outcomes ranging from fetal growth restriction to ectopic pregnancy. Diagnostic modalities included sputum analysis, histopathology, and imaging. Treatment followed national guidelines for drug-sensitive TB using HRZE-based regimens, alongside close obstetric monitoring.

Results :
Delayed diagnosis and treatment interruptions were associated with increased maternal morbidity, low birth weight, and perinatal complications. Adherence to therapy and multidisciplinary coordination between obstetric, pulmonology, and neonatal teams improved outcomes. Neonatal prophylaxis with isoniazid and careful postnatal surveillance were critical components of care.

Conclusion :
TB in pregnancy, though challenging, is manageable with timely diagnosis, adherence to therapy, and integrated multidisciplinary care. Universal TB screening for pregnant and reproductive-age women in high-risk areas is strongly recommended. Early recognition, treatment continuity, and coordinated maternal-neonatal surveillance can significantly reduce morbidity and mortality, ensuring better outcomes for both mother and child.

Abstract ID: MCH/OP/169

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State: Tamil Nadu

Country: India

Abstract Title:
"WHEN PREGNANCY TURNS PERILOUS:THE UNSEEN BURDEN OF HYPEREMESIS GRAVIDARUM "

Introduction :
Hyperemesis gravidarum (HG) is a severe form of nausea and vomiting in pregnancy which causes dehydration, electrolyte imbalance and nutritional deficiencies. Though rare, Wernicke's encephalopathy (WE) is a life-threatening neurological disorder caused by thiamine deficiency which often presents with classical triad of ophthalmoplegia, ataxia, and confusion,altered sensorium and weight loss but may be atypical in pregnancy, resulting in delayed diagnosis and increased maternal–fetal morbidity.

Aims & Objectives :
To analyze the clinical presentation,maternal and fetal outcome of patients with hyperemesis induced wernickes encephalopathy.

Materials & Methods :
This prospective observational study was conducted in the Obstetric HDU of a rural tertiary care hospital for 1 year. All antenatal women admitted with a diagnosis of hyperemesis with wernickes encephalopathy were evaluated. Detailed clinical examination, MRI brain and serum thiamine estimation were done. Maternal and fetal outcomes were analyzed following standardized management protocols including intravenous fluids, electrolyte correction and parenteral thiamine .

Results :
Out of 522 patients admitted in HDU ,5 patients (0.95 %) developed Wernicke's encephalopathy. The mean gestational age at presentation was 11.3 weeks. Common presenting features include altered sensorium (70%), gait ataxia (10%) and ocular abnormalities (10%) MRI findings showed typical bilateral symmetrical hyperintensities in the thalamus and periaqueductal gray matter. Following prompt thiamine replacement, neurological recovery was observed in 4 cases(80%). There was 1(20%) maternal death and perinatal outcome include 2 live babies(40%) with 2 terminated by mva (40%)and one intrauterine fetal demise(20%)

Conclusion :
Wernicke's encephalopathy remains a rare but preventable complication of hyperemesis. Early suspicion in women with prolonged vomiting and altered sensorium is critical. Routine

Abstract ID: MCH/OP/170

Presenter's Name: Dr. Kommineni Sri Pooja

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Country: India

Abstract Title:
MATERNAL OUTCOMES IN HYPERTENSIVE DISORDERS OF PREGNANCY IN A TERTIARY CARE HOSPITAL

Introduction :
Hypertensive disorders of pregnancy (HDP) are a major cause of maternal and perinatal morbidity and mortality globally, accounting for nearly 15% of maternal deaths in developing countries. The condition includes gestational hypertension, pre-eclampsia, eclampsia, and chronic hypertension with superimposed pre-eclampsia. Despite improved antenatal surveillance, maternal complications remain high.

Aims & Objectives :
To assess the incidence, clinical spectrum, and maternal outcomes among women with hypertensive disorders of pregnancy in a tertiary care hospital.

Materials & Methods :
A retrospective observational study was conducted in the Department of Obstetrics and Gynaecology at Pesimsr from January 2025 to august 2025. Data of 200 women with HDP were analyzed for demographic profile, type of hypertension, complications, mode of delivery, and outcome. Statistical analysis was performed using descriptive methods.

Results :
Severe pre-eclampsia was the most common form (30%), followed by eclampsia (14%) and gestational hypertension (23%). Common complications included HELLP syndrome (6%), abruptio placentae (5%), and pulmonary edema (3%). Cesarean section was performed in 55% of cases, mostly for fetal distress. Maternal mortality occurred in 1% of cases due to eclampsia complicated by DIC and renal failure.

Conclusion :
Hypertensive disorders of pregnancy continue to significantly impact maternal health. Early diagnosis, regular antenatal screening, and multidisciplinary management are key to preventing severe complications and improving maternal outcomes.

Abstract ID: MCH/OP/171

Presenter's Name: Dr. Neeti Gupta

Co-Author(s):
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Abstract Title:
EFFECTIVENESS OF MAGNESIUM SULPHATE IN REDUCING MATERNAL AND FETAL COMPLICATIONS IN HYPERTENSION IN PREGNANCY - RETROSPECTIVE STUDY.

Introduction :
Hypertensive disorders of pregnancy particularly severe preeclampsia and eclampsia are among the leading causes of maternal and neonatal morbidity and mortality worldwide. $MgSO_4$ is the drug of choice for seizures prophylaxis and treatment in these conditions and for better fetal and neonatal outcome.

Aims & Objectives :
To assess the effect of $MgSO_4$ in pregnancy complicated with hypertension and maternal and fetal outcome.

Materials & Methods :
Retrospective study conducted on 50 patients attending emergency with hypertension in pregnancy in duration of 4 years from July 2021 to June 2025.

Results :
The use of $MgSO_4$ significantly reduces the incidence of recurrent convulsion and maternal complications such as HELLP syndrome and pulmonary edema. Majority of patients were primigravida and presented in 3rd trimester. Fetal outcome improved with higher APGAR score and reduced NICU admission.

Conclusion :
$MgSO_4$ is safe, effective and affordable anticonvulsant that significantly improves maternal and fetal outcome in severe preeclampsia and eclampsia.

Abstract ID: MCH/OP/172

Presenter's Name: Dr. Sangati Bhargavi

Institute/ Affiliation:
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State: Andhra Pradesh

Country: India

Abstract Title:
ASSESSMENT OF FETAL OUTCOME AND COMPLICATIONS IN CASES OF PPROM

Introduction :
Preterm premature rupture of membranes (PPROM) is defined as rupture of fetal membranes before 37 weeks of gestation and prior to the onset of labor. It complicates approximately 2–3% of all pregnancies and is a major cause of preterm births, contributing significantly to perinatal morbidity and mortality. The condition is associated with multiple fetal complications, primarily due to prematurity, infection, and cord compression.

Aims & Objectives :
To assess the fetal outcomes and complications in cases of PPROM managed at a tertiary care hospital.

Materials & Methods :
This prospective observational study was conducted on pregnant women with clinically confirmed PPROM between 28 and 36+6 weeks of gestation in a tertiary care hospital, PESIMSR. Detailed maternal history, examination, and relevant investigations were performed. Patients were managed conservatively or actively depending on gestational age and presence of infection. Fetal outcomes including birth weight, Apgar score, NICU admissions, and complications such as respiratory distress syndrome (RDS), sepsis, and perinatal mortality were analyzed.

Results :
The majority of PPROM cases occurred between 32–36 weeks. The most common fetal complications were RDS (35%), neonatal sepsis (25%), and jaundice (20%). Low birth weight and increased NICU admission rates were observed in cases with prolonged latency and evidence of chorioamnionitis. Perinatal morbidity and mortality were higher at lower gestational ages.

Conclusion :
PPROM remains a major contributor to adverse perinatal outcomes. Early diagnosis, administration of antibiotics and corticosteroids, and timely delivery based on fetal well-being are crucial to improving neonatal survival and reducing complications.

Abstract ID: MCH/OP/173

Presenter's Name: Dr. Gangadasu Manogna

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Abstract Title:
ASSESSMENT OF PREVALENCE OF TEENAGE PREGNANCY AND ITS OBSTETRIC AND PERINATAL OUTCOME IN A RURAL TERTIARY CARE HOSPITAL,

Introduction :
Teenage pregnancy continues to be a significant public health concern, particularly in developing countries where early marriage and limited access to reproductive health education prevail. It is associated with higher risks of adverse obstetric and perinatal outcomes due to biological immaturity, poor antenatal care, and socioeconomic challenges. Assessing its prevalence and impact is essential for implementing preventive strategies and improving maternal and neonatal health.

Aims & Objectives :
To determine the prevalence of teenage pregnancy and evaluate its obstetric and perinatal outcomes in a rural tertiary care hospital.

Materials & Methods :
This retrospective observational study was conducted over a period of one year among all antenatal women delivering in a rural tertiary care hospital, PESIMSR. Teenage pregnancy was defined as conception between 13 and 19 years of age. Data were collected from hospital records regarding maternal age, parity, antenatal complications, mode of delivery, and perinatal outcomes such as birth weight, Apgar score, NICU admission, and perinatal mortality.

Results :
The prevalence of teenage pregnancy was found to be 12%. The majority were primigravidae with inadequate antenatal visits. Common obstetric complications included anemia, preeclampsia, and preterm labor. Cesarean section rates were higher among teenagers. Perinatal complications such as low birth weight (28%), respiratory distress (18%), and neonatal sepsis (10%) were more frequent compared to adult mothers.

Conclusion :
Teenage pregnancy remains prevalent in rural areas and is associated with adverse obstetric and perinatal outcomes. Improving adolescent education, early registration, and access to quality antenatal care are vital to reduce complications and promote safe motherhood.

Abstract ID: MCH/OP/174

Presenter's Name: Prof. Anupama Bahadur

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Country: India

Abstract Title:
SWASTHGARBH (HEALTHY PREGNANCY) AN INNOVATIVE MOBILE APP FOR IMPROVING ANTENATAL CARE IN IMPROVING MATERNAL AND FETAL HEALTH

Introduction :
Smartphone, with over one billion users worldwide, has tremendous potential to transform the field of medical sciences and improve healthcare. COVID-19 like pandemics warrants that healthcare system opens its door to digital technology and embrace its advantages (such as reduced face-to-face interactions and round the clock access to doctor's advice) with open arms.

Aims & Objectives :
To provide antenatal care and real-time medical support that will improve the quality of antenatal care, reducing obstetric/medical complications and achieving a positive pregnancy experience in women belonging to hilly terrain of Uttarakhand.

Materials & Methods :
This Case control study was conducted from Jan 2022 to October 2023 in Department of Obs & Gynae OPD. Pregnant women willing to be part of study, with Smart phone either Android or iOS were enrolled as cases (n= 78) and pregnant women without smart phone will act as controls (n=62). In collaboration with IIT Roorkee this multi-functional smartphone application 'SwasthGarbh' has been developed for the assistance of pregnant women regarding all the ANC visits and to keep a record of every clinical test/parameter as well as get reminders for the next/missed ANC visit or medication.

Results :
Pregnant women using the App (cases) showed an improvement in Hemoglobin > 0.5 gms% which was statistically significant ($p < 0.05$). The number of antenatal visits and compliance to iron & calcium were more in cases compared to controls.

Conclusion :
This is being proposed as the first pregnancy App that will provide instantaneous access to Obstetrician's advice that is clinically endorsed as well as credible. By sending notifications & reminders

Abstract ID: MCH/OP/175

Presenter's Name: Dr. Sunita Bora

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State: Delhi

Country: India

Abstract Title:
ASSOCIATION OF FIRST TRIMESTER SERUM URIC ACID LEVEL WITH GESTATIONAL DIABETES MELLITUS - A PROSPECTIVE COHORT STUDY

Introduction :
Gestational diabetes mellitus causes major morbidity and mortality for both mother and foetus in the Indian population and worldwide. Increased Serum uric in pregnancy is linked with more incidence of GDM. Early intervention and treatment in patients with GDM will help in preventing the adverse maternal and fetal outcome and protect them from long term complications.

Aims & Objectives :
To evaluate serum uric acid levels in antenatal women during the first trimester and determine its association with subsequent development of GDM.

Materials & Methods :
A prospective cohort study was conducted on 150 pregnant women at DDU Hospital Delhi . Pregnant women in their first trimester (<12 weeks) were enrolled after informed consent, excluding those with pre-existing diabetes, comorbidities, or on certain medications. Serum uric acid was measured from venous samples, and participants were followed up at 24-28 weeks for oral glucose tolerance test. Diagnosis of GDM was based on DIPSI criteria.

Results :
Among 150 participants, using serum uric acid level cutoff of 4.2 mg/dL, 49 women (32.7%) had elevated levels and 101(67.3%) had normal levels. Among women with elevated uric acid, 44.9% developed GDM compared to 9.9% in the normal Uric acid group, demonstrating a significant association (χ^2=17.21, p<0.0001).

Conclusion :
Elevated first trimester serum uric acid is significantly associated with increased GDM risk. Measurement of serum uric acid may serve as a simple, cost-effective early screening tool to identify high-risk pregnancies and improve maternal-fetal outcomes.

Abstract ID: MCH/OP/176

Presenter's Name: Dr. Supriya Chaubey

Co-Author(s):
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State: Delhi

Country: India

Abstract Title:
"TARGETED REDUCTION OF CESAREAN DELIVERIES USING ROBSON TGCS AND PDSA CYCLES IN A TERTIARY CARE SETTING"

Introduction :
There has been a marked increase in cesarean rates in India in the last few decades which currently range between 14% in government hospitals to 38–70% in private hospitals. However, this has not been accompanied with any substantial improvement in maternal and neonatal outcomes.

Aims & Objectives :
This study aimed to assess the effectiveness and safety of targeted interventions—guided by Quality Improvement (QI) methodologies and Plan-Do-Study-Act (PDSA) cycles—in reducing cesarean delivery rates at a tertiary care center.

Materials & Methods :
The study was done from January 2024 to October 2025 at Hamdard Institute of Medical Science and Research, New Delhi. Interventions were implemented focused on organizational restructuring, standardized labor protocols, and enhanced documentation.

Results :
There were total 4438 deliveries for 22 months study period, including 2756 vaginal births and 1682 (37.8%) CS. Interventions were strategically implemented at defined intervals, each focused to specific Robson classification groups. A drop in cesarean rates from 41.0% to 34.9% was noted over 22 months. The concurrent reduction in neonatal nursery admissions further supports the safety and effectiveness of the interventions. Robson group 1,2 and 5 were the major contributions to CS in our study.

Conclusion :
Post-intervention period showed significant reduction in overall CS rates and neonatal ICU admissions. Robson classification enabled targeted interventions and group-wise outcome tracking.

Abstract ID: MCH/OP/177

Presenter's Name: Dr. Lubna

Co-Author(s):
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Hamdard institute of medical sciences & research and HAH Centenary hospital

City: DELHI

State: Delhi

Country: India

Abstract Title:
ASSOCIATION BETWEEN CTG FINDINGS AND FOETAL OUTCOMES IN POST-DATED PREGNANCIES

Introduction :
Cardiotocography (CTG) is the most commonly used test for antepartum and intrapartum fetal surveillance, as it gives information via the cerebro-cardiac response affected by hypoxia.

Aims & Objectives :
This study aims to evaluate the association between cardiotocography (CTG) findings and fetal outcomes in post-dated pregnancies.

Materials & Methods :
This prospective study analysed CTG patterns in post-dated pregnancies to predict fetal outcomes. Key parameters included baseline FHR, variability, cycling, decelerations, rise in baseline, zigzag pattern, quicklie/tardy, and uterine irritability. Abnormal findings correlated with adverse outcomes like low Apgar scores, NICU admissions, operative deliveries and emergency cesarean section.

Results :
In our study, 85.9% of patients presented with cardiotocography (CTG)findings suggestive of non-hypoxic status. Sub-acute hypoxic changes were observed in 8% of cases, while 2.8% demonstrated signs of relative uteroplacental insufficiency of labour (RUPL). On subsequent CTG monitoring, 75.7% of patients exhibited an abnormal CTG pattern. Among these, 24.5% mothers delivered babies with low Apgar scores (<7 at 1 and 5 minutes), while 75.5% of patients with abnormal CTG patterns delivered babies with normal Apgar scores (8/9 and 9/10) (P-value <0.01). Additionally, 14.2% of post-dated pregnancies were associated with meconium-stained liquor (MSL), and 80% of these cases showed abnormal CTG patterns. A total of 27.5% of the patients who underwent Emergency caesarean section showed abnormal CTG findings. 18.5% newborns required NICU admissions.

Conclusion :
Early recognition of abnormal CTG patterns is a cornerstone of effective fetal surveillance and can significantly reduce the risk of adverse perinatal outcomes.

Abstract ID: MCH/OP/178

Presenter's Name: Dr. Jagriti Varshney

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Country: India

Abstract Title:
CORRELATION OF MID-PREGNANCY SERUM FERRITIN WITH GESTATIONAL DIABETES MELLITUS AND NEONATAL OUTCOME

Introduction :
Gestational diabetes mellitus (GDM) is a frequent metabolic complication of pregnancy associated with adverse maternal and perinatal outcomes. Serum ferritin, a marker of body iron stores and an acute-phase reactant, may influence glucose metabolism through oxidative stress and insulin resistance.

Aims & Objectives :
To assess the correlation between mid-pregnancy serum ferritin, blood glucose, and HbA1c levels, and to evaluate its association with neonatal outcome.

Materials & Methods :
A prospective observational study was conducted on 248 pregnant women between 24–32 weeks of gestation. Serum ferritin, HbA1c, and 2-hour plasma glucose after a 75 g oral glucose load (DIPSI criteria) were measured. Women were categorized as GDM or non-GDM and stratified by ferritin levels (<30, 30–70, >70 ng/mL). Neonatal parameters including birth weight, Apgar score, and congenital anomalies were recorded.

Results :
GDM prevalence was 17.74%. Mean serum ferritin was significantly higher in GDM women (141.6 ± 51.1 ng/mL) than in non-GDM (87.4 ± 34.7 ng/mL; $p < 0.001$). Serum ferritin correlated positively with HbA1c ($r = 0.51$, $p < 0.001$) and 2-hour glucose ($r = 0.34$, $p < 0.001$). No significant correlation with neonatal outcome was observed.

Conclusion :
Elevated mid-pregnancy serum ferritin is associated with an increased risk of GDM, independent of hemoglobin status, but shows no effect on neonatal outcome. Serum ferritin may serve as an early screening marker for GDM.

Abstract ID: MCH/OP/179

Presenter's Name: Dr. Sujata Deo

Co-Author(s):
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KING GEORGE'S MEDICAL UNIVERSITY LUCKNOW

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Country: India

Abstract Title:
EVALUATING THE ROLE OF ULTRASONOGRAPHY AND FIGO GRADING IN PREDICTING SURGICAL OUTCOMES IN PLACENTA ACCRETA SPECTRUM DISORDER.

Introduction :
Placenta Accreta Spectrum is a pathological state of placentation that is associated with massive hemorrhage at the time of delivery

Aims & Objectives :
This study aimed to evaluate the role of ultrasonographic Placenta Accreta Spectrum (PAS) scoring in the prenatal assessment of PAS disorders and to determine its correlation with the degree of placental invasion, histopathological grading proposed by FIGO, and surgical outcomes.

Materials & Methods :
A prospective study was conducted over one year at a tertiary care center, enrolling 53 pregnant women in their third trimester with at least one previous cesarean section and a prenatal sonographic diagnosis of PAS. Preoperative ultrasonographic evaluation, including color Doppler, was performed, and patients were categorized into PAS0 to PAS3 groups based on PAS scoring. Postoperatively, all women underwent cesarean hysterectomy, and the excised placenta with uterus was examined histopathologically. Correlation between ultrasonographic findings, histopathological grading, and surgical outcomes was analyzed.

Results :
The study population ranged from 20 to 40 years, with 56.6% multiparous and 43.3% nulliparous women. PAS0 was diagnosed in 8 (15.1%), PAS1 in 25 (47.2%), PAS2 in 14 (26.4%), and PAS3 in 6 (11.3%) cases. Histopathological analysis confirmed placenta previa in PAS0, placenta accreta in 76% of PAS1, placenta increta in 57.1% of PAS2, and placenta percreta in all PAS3 cases. A strong positive correlation was observed between the ultrasonographic PAS score and FIGO histopathological grading, reflecting the diagnostic accuracy of the PAS scoring system.

Conclusion :
Ultrasonographic PAS scoring is a reliable and feasible tool for prenatal diagnosis of PAS disorders. Reducing primary cesarean sections and adopting proper

Abstract ID: MCH/OP/180

Presenter's Name: Dr. Ratnpriya

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Country: India

Abstract Title:
FETAL GROWTH RESTRICTION: PREVALENCE, ETIOLOGY AND PREGNANCY OUTCOMES IN A TERTIARY CENTER.

Introduction :
FGR is a major cause of perinatal morbidity and mortality, often resulting from maternal, placental or fetal factors leading to suboptimal intrauterine growth. Differentiating FGR from SGA fetuses is essential to improve outcomes through timely diagnosis and intervention.

Aims & Objectives :
1. To identify adverse perinatal outcomes in SGA and FGR babies. 2. To evaluate maternal risk factors, demographic variables, mode of delivery, birth weight, and indications for operative delivery in SGA and FGR pregnancies.

Materials & Methods :
A retrospective observational study was conducted in Department of OBG, CRH, including singleton pregnancies delivered between January 2021-December 2025. Pregnancies with regular growth scans and EFW <10th percentile were included. EFW 3rd-10th percentile with normal Dopplers were classified as SGA while EFW or AC <3rd percentile or abnormal Dopplers were classified as FGR. Maternal problems and neonatal outcomes were correlated.

Results :
FGR cases showed significantly lower mean birth weight and APGAR scores and higher NICU admissions compared to SGA cases. Operative delivery rates were higher in FGR, especially in cases with abnormal Dopplers.

Conclusion :
FGR is strongly associated with adverse perinatal outcomes. Early Doppler based detection and stage specific management can improve fetal surveillance and neonatal prognosis.

Abstract ID: MCH/OP/181

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Country: India

Abstract Title:
FIRST TRIMESTER TWO-HOUR POST-CHALLENGE GLUCOSE AND HBA1C AS PREDICTORS OF GESTATIONAL DIABETES MELLITUS: A PROSPECTIVE COHORT STUDY

Introduction :
Traditional gestational diabetes mellitus (GDM) screening at 24–28 weeks identifies hyperglycemia only after fetal exposure during critical developmental windows. Early identification using first-trimester glycaemic parameters may enable preventive strategies

Aims & Objectives :
To evaluate whether first-trimester 2-hour post-challenge glucose and HbA1c within currently normal ranges predict subsequent GDM development.

Materials & Methods :
This prospective cohort study enrolled 270 singleton pregnancies (8–12 weeks gestation) with normal glycaemic indices (FBG < 92 mg/dL, 2-hr < 153 mg/dL, HbA1c < 5.9%). All underwent 75 g OGTT and HbA1c testing in the first trimester, followed by repeat OGTT at 24–28 weeks for GDM diagnosis using IADPSG criteria.

Results :
GDM incidence was 15.9%. Women who developed GDM had higher first-trimester 2-hour glucose (116.7 ± 15.4 vs 99.0 ± 16.6 mg/dL, $p < 0.001$) and HbA1c (5.3 ± 0.3 vs 4.9 ± 0.4%, $p < 0.001$). ROC analysis identified optimal cut-offs: 2-hour ≥ 112 mg/dL (AUC 0.799) and HbA1c ≥ 5.4% (AUC 0.805). A combined model of both parameters plus family history achieved AUC 0.866 (sensitivity 69.8%, specificity 89.0%, accuracy 85.9%). Newborns of GDM mothers had higher mean birth weight (3366 ± 399 g vs 2936 ± 427 g, $p < 0.001$).

Conclusion :
First-trimester 2-hour post-challenge glucose ≥ 112 mg/dL and HbA1c ≥ 5.4%, even within accepted normal ranges, are strong early predictors of GDM. Combined models enhance diagnostic accuracy, supporting early risk stratification and potential intervention before 24 weeks to improve maternal and neonatal outcomes.

Abstract ID: MCH/OP/182

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Abstract Title:
TRENDS IN MATERNAL MORTALITY IN A TERTIARY CARE CENTRE

Introduction :
Maternal mortality is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes." Deaths were classified as direct, indirect or fortuitous. The MMR is defined as the number of direct and indirect maternal deaths per 1,00,000 live births up to 42 days after the termination of pregnancy.

Aims & Objectives :
To determine the direct and indirect causes of Maternal mortality and the changing trends in maternal mortality.

Materials & Methods :
Retrospective descriptive study design for a period of 3 years in ggh kakinada

Results :
Most of the deaths occurred within 6 hours of admission and after 48 hours, highlighting the need for an early referral and improving the critical care facilities by increasing the manpower and optimizing workload at the tertiary centre. Anemia still is a major indirect cause of death, preconceptional anaemia correction and better antenatal care is required to prevent this.Ectopic and postpartum hemorrhage remains another important causes of maternal mortality.

Conclusion :
Most maternal deaths are preventable by optimum utilization of existing MCH facilities, identifying the bottlenecks in health delivery system, early identification of high risk pregnancies and their timely referral to a tertiary care centre.

Abstract ID: MCH/OP/183

Presenter's Name: Dr. Anu

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State: Delhi

Country: India

Abstract Title:
AWARENESS AND PRACTISES OF EXCLUSIVE BREASTFEEDING AMONG MOTHERS IN A TERTIARY HOPITAL IN DELHI- CONTINUED EFFORT NEEDED

Introduction :
Exclusive breastfeeding (EBF) is one of the simplest and most effective ways to ensure a child's healthy growth and development. Yet, many mothers face challenges in practicing EBF due to limited knowledge, social beliefs and lack of proper guidance. The understanding of mothers' thinking and feeling about breastfeeding is essential to bridge these gaps.

Aims & Objectives :
To assess the knowledge, attitudes and practices related to breastfeeding among lactating mothers and correlation of socioeconomic factors with these aspects.

Materials & Methods :
This analytical cross-sectional study was carried out among 390 lactating mothers admitted in the postnatal ward of Dr. Baba Saheb Ambedkar Hospital, Rohini, New Delhi, over a period of 10 months. Data were collected through a pre-tested, semi-structured questionnaire based on the FAO KAP manual. Statistical analysis was done using non-parametric tests, with significance set at $p<0.05$.

Results :
Most mothers (72.8%) were aware of the importance of EBF and nearly all (97.9%) knew that it should continue for six months. However, fewer (76.4%) knew when to initiate breastfeeding. The majority (97.6%) did not receive antenatal lactation counselling. Although all mothers breastfed, only 24.3% practiced feeding on demand, while pre-lacteal feeding was reported by 9.4%. About 21.7% were unaware of correct breastfeeding positions and 39.9% consumed galactagogues. Multiparous, older mothers (age >30 years) and working women demonstrated significantly better knowledge and practices regarding EBF.

Conclusion :
While awareness about EBF is encouraging, translating knowledge into practice remains a challenge. Regular antenatal and postnatal counselling, community education and workplace support can empower mothers to breastfeed confidently and exclusively.

Abstract ID: MCH/OP/184

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Abstract Title:
CAN CRP/ALBUMIN RATIO PREDICT SURGICAL SITE INFECTIONS?

Introduction :
Surgical Site Infections (SSIs) remain a leading cause of postoperative morbidity in obstetric and gynaecological surgeries, particularly in low- and middle-income countries. Identifying at-risk patients pre-emptively can improve outcomes and reduce healthcare burden. Among proposed biomarkers, the C-Reactive Protein (CRP) to Albumin ratio (CAR) combines inflammatory and nutritional status and may serve as a reliable predictor of SSIs.

Aims & Objectives :
To evaluate the predictive value of the CRP-Albumin ratio for surgical site infections in abdominal obstetric and gynaecological surgeries.

Materials & Methods :
This prospective study was conducted over 18 months at VMMC and Safdarjung Hospital, New Delhi, including 185 women undergoing abdominal obstetric or gynaecological surgeries. Serum high-sensitivity CRP and Albumin were measured preoperatively and on postoperative days 1 and 3. The CRP-Albumin ratio was calculated, and its correlation with SSI occurrence was analysed using ROC curves and appropriate statistical tests ($p < 0.05$ considered significant).

Results :
SSIs occurred in 6.5% of patients (5.17% obstetric, 27.3% gynaecological). The preoperative CAR (mean = 5.9 ± 11.5) and postoperative day-1 CAR (29.5 ± 19.9) were significantly higher in SSI cases ($p < 0.001$). Preoperative CAR predicted SSI with an AUC = 0.972 (cut-off > 7.14), while day-1 CAR showed AUC = 0.934 (cut-off > 49.82).

Conclusion :
The CRP-Albumin ratio is a simple, cost-effective biomarker for early prediction of surgical site infections in abdominal obstetric and gynaecological surgeries, outperforming CRP or Albumin alone and enabling targeted perioperative management.

Abstract ID: MCH/OP/185

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Abstract Title:
COMPARATIVE EFFECT OF INTRAVENOUS AND ORAL MATERNAL HYDRATION ON AMNIOTIC FLUID INDEX IN PREGNANCIES COMPLICATED BY OLIGOAMNIOS

Introduction :
Background: Oligoamnios, defined as an amniotic fluid index (AFI) ≤ 5 cm, is associated with intrauterine growth restriction, umbilical cord compression, fetal distress, and increased cesarean rates. Maternal hydration—oral and intravenous (IV)—is a simple, non-invasive intervention to improve AFI, but comparative efficacy remains underexplored.

Aims & Objectives :
To compare the effects of maternal IV and oral hydration on AFI in pregnancies complicated by oligoamnios.

Materials & Methods :
In this hospital-based randomized controlled trial, 60 pregnant women (28–40 weeks gestation) with oligoamnios were assigned to IV hydration (2 L of 0.45% normal saline over 2 hours) or oral hydration (2 L of water over 2 hours). AFI was measured before and after intervention.

Results :
Both IV and oral hydration significantly increased AFI from baseline. The statistically significant improvement in AFI with oral hydration was clearly superior to that observed with IV hydration. No maternal or neonatal adverse events occurred, and delivery outcomes were comparable between groups.

Conclusion :
Both IV and oral maternal hydration effectively increase AFI, but oral hydration demonstrated clearly superior efficacy. Given its simplicity, safety, non-invasiveness, and cost-effectiveness, oral hydration should be firmly established as the first-line therapy for managing oligoamnios in pregnancy.

Abstract ID: MCH/OP/186

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Abstract Title:
CHRONIC KIDNEY DISEASE IN PREGNANCY: MATERNAL AND FETAL OUTCOMES – EXPERIENCE FROM A TERTIARY CARE CENTRE

Introduction :
Chronic kidney disease in pregnancy represents a high-risk clinical condition, with increased maternal and fetal morbidity. The physiological adaptations of pregnancy can unmask or accelerate underlying renal dysfunction.

Aims & Objectives :
It aims to evaluate the clinical spectrum, management, and outcomes of CKD in pregnancy.

Materials & Methods :
This retrospective observational study was conducted at the Department of Obstetrics and Gynaecology, AIIMS, Delhi, over a 21month period (January 2024–September 2025). All pregnant women diagnosed with pre-existing CKD were included. Parameters assessed included baseline serum creatinine, eGFR, maternal complications, and fetal outcomes, induction and mode of delivery.

Results :
Total 16 mothers with CKD were included. There were 2(12.5%) mothers of CKD stage 1, 2(12.5%) of stage 2, and 7(44%), 3(18%) and 2(12.5%) mothers each of stage 3,4 and 5 respectively. Maternal complications noted were pre-eclampsia in 7(44%), progression of disease in 6(37.5%) while 2(12.5%) required dialysis. Fetal outcomes showed that there were no spontaneous abortions, 9(56%) preterm deliveries, 5(31.25%) small for date neonates and 1(6%) neonatal death. APGAR <7 at 1 min in 5(31.25%) neonates while <7 at 5 mins in 2(12.5%). There were 7(44%) NICU admissions. 6(37.5%) mothers delivered vaginally as compared to 10(62.5%) LSCS. There were 7(44%) preterm inductions due to worsening condition of disease or Pre-eclampsia. Negative correlation was found between baseline serum creatinine levels and birth weight but it was not statistically significant (p value= 0.11).

Conclusion :
Our findings underscore the need for early multidisciplinary management, preconception counseling, and close antenatal monitoring to optimize care for this vulnerable group with high maternal and fetal complications.

Abstract ID: MCH/OP/187

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Abstract Title:
INCIDENCE OF GDM AMONG PREGNANT WOMEN WITH FIRST TRIMESTER PPBS BETWEEN 110 TO 140 MG/DL : A PROSPECTIVE OBSERVATIONAL COHORT STUDY

Introduction :
Early pregnancy maternal hyperglycemia leads to fetal hyperglycemia causing increased insulin production from the fetal pancreas resulting in fetal hyperinsulinemia. This increases disposal of maternal glucose falsely attenuating maternal blood glucose levels (fetal glucose steal phenomenon) and these women often get missed by routine OGTT screening.

Aims & Objectives :
To determine the Incidence of GDM among pregnant women in 8to10 weeks of pregnancy with PPBS between 110 TO 140 mg/dl.

Materials & Methods :
In this prospective observational cohort study, 534 pregnant women were screened with PPBS at 8 to 10 weeks of pregnancy. Among them, 169 women who had PPBS between 110 to 140 mg/dl were recruited for the study and were to be followed up till delivery, with DIPSI test to be done between 14 to 16 and between 24 to 28 weeks. Women diagnosed as GDM at any stage were managed as per standard protocol.

Results :
Of 169 participants 5 had early miscarriage and only 164 women could undergo DIPSI test at 14 to 16 weeks. Among those, 31 participants(31/164;18.9%) had DIPSI test value >140mg/dl and were diagnosed as GDM. Of the remaining 133 participants, 8 failed to follow up in antenatal clinic. So only 125 participants underwent DIPSI test at 24 to 28 weeks. Among those, 46 participants(46/125;36.81%) developed GDM. In total, 77 out of 164 participants (46.9%) developed GDM.

Conclusion :
This study demonstrates that almost half of the women whose first trimester PPBS was 110-140 mg/dl developed GDM. Hence, this can serve as a cost effective and early marker for early screening of GDM.

Abstract ID: MCH/OP/188

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Abstract Title:
EARLY PREGNANCY THYROID MARKERS AND THEIR ASSOCIATION WITH DEVELOPMENT OF GESTATIONAL DIABETES MELLITUS: A CROSS SECTIONAL STUDY

Introduction :
Pregnancy-induced hormonal changes can cause thyroid dysfunction and gestational diabetes mellitus (GDM). Both may share autoimmune and inflammatory pathways.

Aims & Objectives :
To evaluate the association between first trimester TSH, FT3, FT4, Anti TPO values and development of Gestational Diabetes Mellitus. This study aims to determine the risk of development of GDM in cases of thyroid dysfunction and find a population specific cut off for the study population in South Delhi.

Materials & Methods :
227 women included in the study underwent thyroid profile analysis (TSH, FT3, FT4, and Anti-TPO antibodies) in the first trimester and 75-gram Oral Glucose Tolerance Test in the second trimester for GDM. Patients were monitored throughout the pregnancy until delivery and assessed for fetal and maternal outcomes.

Results :
Here’s a concise summary of your paragraph: Summary: In this study, 58.6% of women had hypothyroidism (41% subclinical, 17.6% overt) by ATA 2011 criteria. Higher age and BMI were linked to overt hypothyroidism, with BMI showing significant association (p=0.0232). GDM occurred in 24.2% of participants, more common in the second trimester and among overt hypothyroid women (40%). Mean TSH was significantly higher in GDM cases (p=0.017). Elevated anti-TPO levels (≥5.61 IU/mL) correlated with higher TSH, lower FT4, and greater GDM risk (p=0.009). TSH best predicted GDM (AUROC = 0.607), while anti-TPO had high specificity (92%) but low sensitivity (24%). No significant differences were found in pregnancy or delivery outcomes across thyroid groups

Conclusion :
Summary: The study concluded that abnormal thyroid function is significantly associated with GDM, emphasizing the importance of routine thyroid screening and OGTT

Abstract ID: MCH/OP/189

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Abstract Title:
UNMASKING POSTPARTUM URINARY RETENTION: THE ROLE OF INTRAPARTUM RISK FACTORS

Introduction :
Postpartum urinary retention (PPUR) is a relatively underdiagnosed but clinically significant condition characterized by an inability to void urine spontaneously after childbirth. If undetected, it may result in bladder overdistension, urinary tract infection, or long-term voiding dysfunction.

Aims & Objectives :
To determine the prevalence of PPUR and identify the intrapartum risk factors associated with its occurrence.

Materials & Methods :
This cross-sectional study was conducted at the Department of Obstetrics and Gynaecology, HAHC Hospital, New Delhi, over 1.5 years (May 2023–December 2024). A total of 406 postpartum women were included after informed consent. A predesigned proforma was filled to study the risk factors associated with PPUR. Intake-output monitoring, bladder diary maintenance, and ultrasonographic assessment of post-void residual urine were performed. PPUR was defined as inability to void within 6 hours post-delivery or catheter removal, or a post-void volume >150 mL. Data were analyzed to correlate ante/intrapartum variables with PPUR.

Results :
Out of 406 participants, 41 (10.1%) developed PPUR, and 34.1% of them required catheterization. Statistically significant associations were observed between PPUR and birth weight ($p=0.025$), prolonged second stage of labor ($p = 0.032$), urinary tract infection (antenatal and postnatal, $p = 0.032$ and 0.016, respectively), and perineal trauma or episiotomy ($p = 0.017$).

Conclusion :
PPUR is not uncommon and often overlooked. Prolonged labor, perineal trauma, and urinary tract infections are major risk factors. Early recognition through postpartum bladder monitoring and ultrasound assessment is crucial to prevent long-term urinary complications.

Abstract ID: MCH/OP/190

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Abstract Title:
STUDY OF RE-EXPLORATORY LAPAROTOMIES IN OBSTETRICS AND GYNAECOLOGY : A 10-YEAR RETROSPECTIVE ANALYSIS AT A TERTIARY CARE CENTER

Introduction :
Unexpected return to the operating room (OR) significantly increases morbidity and mortality and prolongs hospital stays for obstetric and gynecological patients. Identifying high-risk factors and causes for re-exploration is crucial for improving patient outcomes.

Aims & Objectives :
To assess the incidence and primary causes for the return of obstetric and gynecological patients to the Operating Room due to post-operative complications.

Materials & Methods :
This was a 10-year retrospective analytical study (December 2014 to December 2024) conducted in the Department of Obstetrics and Gynaecology at a tertiary care government hospital in Mumbai.

Results :
Out of 33,220 total operations, 148 (0.45%) required re-exploration. The most common index procedures leading to re-exploration were Lower Segment Caesarean Section (LSCS), followed by abdominal hysterectomy and myomectomy. The dominant indications for re-exploration were postpartum hemorrhage (PPH) (42 cases) in obstetrics, and burst abdomen (18 cases) in gynaecology. Hematomas (total 50 cases) were frequently noted, with muscle hematoma (29) and pelvic hematoma post-LSCS (11) being prominent. Bladder injuries (13 cases) and fistulae (6 cases) were also significant causes in gynaecology.

Conclusion :
Vigilance and adherence to surgical principles are paramount. A low threshold for suspicion (e.g., small drops in hemoglobin or rising pulse) and early re-exploration improves results. Meticulous hemostasis, proactive drainage, proper bladder assessment, and ureteric stenting in high-risk pelvic surgeries are essential to mitigate these severe complications.

Abstract ID: MCH/OP/191

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Abstract Title:
QUALITY DRIVEN INTERVENTIONS TO DECREASE CAESAREAN SECTION RATES USING MODIFIED ROBSON CLASSIFICATION

Introduction :
Increasing caesarean section (CS) rates are a major obstetric care challenge. Identification of contributors using the Modified Robson Classification with the subsequent introduction of group-specific interventions through PDCA (Plan–Do–Check–Act) cycles presents a systematic way to minimize them

Aims & Objectives :
1. To determine specific Robson groups that are driving the CS rate. 2. To introduce group-specific interventions through PDCA cycles. 3. To evaluate initial changes in CS rates after intervention.

Materials & Methods :
Phase 1 consisted of the audit of every cesarean delivery (n = 2000 CS) over two years according to the Modified Robson Classification. Groups 5a (previous CS), group 1 (nulliparous spontaneous labor), and group 2a (nulliparous induced labor) were determined to be significant contributors. Phase 2 included continuous quality program that utilized PDCA cycles: formal VBAC counseling and second-opinion policies for Group 5a, streamlined labor management for Group 1, and more protocol based induction criteria for Group 2a. Regular monthly audits as per GOI tracked progress and informed modifications.

Results :
Initial evidence after 2–3 PDCA cycles indicated significant decreases in CS rates: Group 5a 58% → 53 %, Group 1 24% → 22 %, and Group 2a 34% → 31 %. Absolute decreases of 2%–5 % suggest early and sustained improvement

Conclusion :
A two-phase strategy integrating Robson-based classification and PDCA-driven intervention was associated with measurable CS rate decrease. Ongoing QI cycles promote sustainable, evidence-driven improvement in obstetric care.

Abstract ID: MCH/OP/192

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Abstract Title:
GROBMAN SCORE FOR PREDICTION OF SUCCESSFUL TRIAL OF LABOUR AFTER CESAREAN SECTION

Introduction :
The global rise in cesarean section rates has increased focus on vaginal birth after cesarean (VBAC) as a safer delivery option. Trial of labor after cesarean (TOLAC) aims to achieve VBAC but carries risks. The Grobman score is a validated antenatal model that predicts VBAC success by incorporating maternal and obstetric clinical factors, facilitating individualized counseling and shared decision-making. Despite its validation in diverse populations, data from North India remain limited.

Aims & Objectives :
To evaluate the performance of the Grobman score for predicting successful trial of labour after cesarean (TOLAC) among women in a North Indian tertiary care center.

Materials & Methods :
A prospective cohort of women with one prior low-transverse cesarean delivery and eligible for TOLAC were enrolled. Individualized Grobman scores were calculated based on maternal age, body mass index, previous vaginal delivery, indication for prior cesarean, and other clinical parameters. Outcomes of TOLAC were recorded in relation to predicted probabilities.

Results :
The Grobman score demonstrated strong predictive value, with an area under the ROC curve (AUC) indicating high accuracy for VBAC success. Women with Grobman scores above 75% had notably higher rates of successful vaginal deliveries compared to those with lower scores. The sensitivity, specificity, positive predictive value and negative predictive value were robust, supporting the model’s utility in this population.

Conclusion :
The Grobman score is an effective tool for individualized VBAC counselling in the Indian setting. Its application can improve clinical decision-making, reduce unnecessary repeat cesareans, and facilitate shared, evidence-based choices for women considering TOLAC.

Abstract ID: MCH/OP/193

Presenter's Name: Dr. Yakkala Lakshmi Chaitanya

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Abstract Title:
MATERNAL SERUM INFLAMMATORY MARKERS IN STILL BIRTH

Introduction :
Stillbirth remains a major global health concern, with India contributing a substantial burden. Maternal systemic inflammation and placental dysfunction contribute significantly to fetal demise.

Aims & Objectives :
To assess the association of maternal inflammatory markers and placental histopathological changes with antepartum stillbirth.

Materials & Methods :
A case-control study was conducted over one year at Maulana Azad Medical College and Lok Nayak Hospital, including 100 stillbirth cases (≥28 weeks gestation) and 100 gestation- and BMI-matched livebirth controls. Maternal serum ferritin, C-reactive protein (CRP), total leukocyte count (TLC), neutrophil-to-lymphocyte ratio (NLR), and platelet-to-lymphocyte ratio (PLR) were analyzed. Placental histopathological examination was performed for all stillbirth cases.

Results :
Women with stillbirth were significantly older (mean 27.8 vs. 25.5 years, $p<0.001$) and had higher preterm delivery rates (58% vs. 11%, $p<0.001$). CRP (>5 mg/L) was elevated in 96% of stillbirths vs. 12% of controls ($p<0.001$), and TLC was significantly higher ($p=0.043$). PLR <90 was more frequent in cases (44% vs. 19%, $p=0.001$). Placental histopathology showed inflammatory and vascular lesions significantly associated with raised NLR ($p=0.031$).

Conclusion :
Elevated maternal inflammatory markers, particularly CRP and TLC, and placental inflammatory lesions are strongly associated with stillbirth, highlighting the role of systemic and placental inflammation in fetal demise.Early identification of inflammatory markers may help in prevention and timely intervention.

Abstract ID: MCH/OP/194

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Abstract Title:
TO STUDY THE FOETAL PULMONARY ARTERY DOPPLER CHANGES IN PREGNANCIES COMPLICATED WITH INTRAHEPATIC CHOLESTASIS OF PREGNANCY: A CASE CONTROL STUDY

Introduction :
ICP is the most prevalent liver disease specific to pregnancy with higher incidence of adverse pregnancy outcomes. Keeping this is mind this study has been framed to see the changes in foetal pulmonary artery Doppler in pregnancies complicated with Intrahepatic Cholestasis of Pregnancy (ICP) as compared to normal pregnancy

Aims & Objectives :
To study the changes in foetal pulmonary artery Doppler in pregnancies complicated with ICP as compared to normal pregnancy

Materials & Methods :
The study population was included pregnant women with a period of gestation (POG) of 36 weeks and above. Cases: Pregnant women at or beyond 36 weeks of gestation with complaints of itching and raised serum bile acid levels. Controls: Normal pregnant women at or beyond 36 weeks of gestation without itching or elevated bile acid levels

Results :
Significant differences were found in Doppler parameters between the groups, with longer acceleration times (AT), shorter ejection times (ET), and higher PATET ratios in the ICP cases, signifies altered right ventricular outflow parameters, suggesting compromised pulmonary hemodynamic in newborn of ICP affecting pregnancy. These parameters were significantly influenced by the severity of ICP. The acceleration time (AT) and ejection time (ET), which are measures of cardiac function, show weak correlations with the liver function markers (all below 0.23), suggesting minimal direct relationship between these cardiac parameters and liver dysfunction in ICP patients

Conclusion :
The altered doppler parameters thought to reflect changes in fetal pulmonary vascular resistance and could be indicative of lung immaturity or altered hemodynamics secondary to the toxic effects of elevated maternal bile acid levels

Abstract ID: MCH/OP/195

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Abstract Title:
TO ASSESS THE PREVALENCE OF HYPERHOMOCYSTEINEMIA IN PREGNANCY AND THE CHANGE IN THE LEVELS OF HOMOCYSTEINEAFTER TREATMENT WITH VITAMIN B12 AND FOLIC ACID

Introduction :
Hyperhomocysteinemia, is implicated as a risk factor for several adverse maternal and fetal outcomes during pregnancy .

Aims & Objectives :
AIM – To assess the prevalence of hyperhomocystinemia in pregnancy and the change in the level of homocysteine after treatment with Vit B12 & Folic acid. PRIMARY OBJECTIVE To determine the prevalence of hyperhomocysteinemia in pregnancy in the hospital based settings. SECONDARY OBJECTIVES 1. To determine the change in the levels of homocysteine after treatment with Vitamin B12 and folic acid. 2.To determine the correlation of level of homocysteine with the adverse maternal & foetal outcomes.

Materials & Methods :
A hospital-based cohort study was conducted in the pregnant women with gestational age 8–14 weeks .Patients with hyperhomocysteinemia (homocysteine >15 μmol/L) received vitamin B12 (1500 mcg) and folic acid (500 mcg). Homocysteine levels were re-evaluated at 34–37 weeks' gestation. Maternal and neonatal adverse outcomes were systematically tracked.

Results :
The prevalence of hyperhomocystinemia in pregnancy is 12% (12/100) at our tertiary centre. . 1/ 11 with elevated homocysteine had spontaneous abortion at 10 weeks, Preeclampsia in 3 / 11 patients, gestational HTN in 1/ 11 patients, 4 /11 patients had FGR 3/11 had GDM and 1/11 had preterm delivery. Caesarean section done for 4/11 patients, NICU admission for 2/11 patients, There was significant fall in the levels of homocysteine after treatment with vitamin B12 and folic acid .

Conclusion :
Maternal hyperhomocystinemia is associated with several adverse pregnancy outcomes including hypertensive disorder, FGR, preterm labor. More studies required to establish the association between homocysteine levels and adverse foetomaternal outcomes.

Abstract ID: MCH/OP/196

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Abstract Title:
PREGNANCY OUTCOMES IN TAKAYASU ARTERITIS-A CASE SERIES

Introduction :
Takayasu arteritis (TA) is a rare, chronic, idiopathic large-vessel vasculitis that predominantly affects young women of reproductive age. Pregnancy in women with TA requires close multidisciplinary management to improve maternal and fetal outcomes.

Aims & Objectives :
To evaluate maternal and fetal outcomes, assess disease activity, treatment response, and complications in pregnant women with Takayasu arteritis.

Materials & Methods :
A retrospective review was conducted of medical records of pregnant women with Takayasu arteritis managed at AIIMS, New Delhi, between 2020 and 2025. Data on demographics, disease characteristics, management, and pregnancy outcomes were analyzed.

Results :
Nine pregnant women with TA were identified. Mean age at diagnosis was 18.6 years and at delivery 26.6 years, with a mean disease duration of 5.2 years. Descending thoracic aorta and renal artery were most commonly involved. Four women had active disease at delivery requiring immunosuppressants. Hypertension was seen in all and required anti-hypertensives. No abortions or intrauterine fetal demises occurred. Management included regular antenatal visits with serial BP monitoring, monitoring of renal and cardiac functions and strict fetal surveillance via fetal movement count, biometry, doppler monitoring .Mean gestational age at delivery was 33.8 weeks. Six patients delivered vaginally (four induced, two spontaneous), and three by caesarean section. Five neonates were low birth weight (mean 2.3 kg) due to fetal growth restriction or iatrogenic prematurity. Two patients required postpartum ICU care, rest had uneventful postpartum course without major cardiac or obstetric complications.

Conclusion :
With adequate disease control and multidisciplinary management, favorable maternal and fetal outcomes can be achieved in pregnancies complicated by active Takayasu arteritis

Abstract ID: MCH/OP/197

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Abstract Title:
FROM SENSITIVITY TO RESPONSIVENESS: ASSESSING INDIA'S NATIONAL HEALTH POLICIES (1983–2017) USING THE WHO GENDER ASSESSMENT TOOL

Introduction :
Background: India's National Health Policies (NHPs) (1983, 2002, 2017) reflect four decades of health system evolution. However, systematic assessment of their gender responsiveness has remained limited. This study applies the WHO Gender Assessment Tool (GAT) and Gender Responsive Assessment Scale (GRAS) to assess how NHPs have recognised and institutionalised gender equality. It offers an evidence-based approach to track gender integration in NHPs over time.

Aims & Objectives :
To evaluate the progression of gender responsiveness across NHPs using WHO GAT–GRAS frameworks and identify priority domains—leadership, accountability, and intersectional monitoring—for advancing gender-transformative policy implementation.

Materials & Methods :
Methods: Three NHPs were assessed across nine domains using an adapted WHO Gender Assessment Tool, introducing a 'partially present' option for nuanced scoring (0 = absent; 0.5 = partial; 1 = present). Each domain was first evaluated with the modified GAT, then mapped onto the GRAS scale (0–4) for classification. Composite means and a 23-item checklist validated policy-to-implementation translation, with partial scores supported by text evidence.

Results :
Results: Gender responsiveness rose from 0.4 (Gender-Blind, 1983) to 1.1 (Sensitive-Low, 2002) and 3.2 (Responsive-High, 2017). Gains in NHP-2017 included gender budgeting, female leadership, and institutionalisation of Respectful Maternity Care, midwifery pathways, and gender indicators. GAT scores improved in most domains,

Conclusion :
India's NHPs have progressed from gender-blind to gender-responsive. The combined GAT–GRAS methodology offers a robust framework for assessing gender equality in policy. Persistent gaps in leadership and accountability, which scored lowest, require targeted action. Operationalisation of grievance mechanisms and intersectional monitoring also remain critical priorities to advance gender-transformative health systems.

Abstract ID: MCH/OP/198

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Abstract Title:
CARDIAC DISORDERS IN PREGNANCY AND MATERNAL OUTCOMES

Introduction :
Cardiac disease in pregnancy is a major problem worldwide particularly in low resource country like India. heart disease complicates 1-3% of all pregnancies account for 10-15% of maternal mortality .common heart diseases include ASD and VSD acquired group includes rheuaticheart disease,cardiomyopathies,ischemic heart disease.In India RHD contributes to 70% of heart disease in pregnancy. With increased expertise &resources many congenital heart disease patients are reaching adult life & planning pregnancies .pregnancy characterized by increase stroke volume & cardiac output in second stage of labor and after delivery particularly ,maternal mortality rate in women with heart disease is 7%&morbidity 30% during pregnancy in India

Aims & Objectives :
Objective of study is to evaluate maternal outcomes in pregnancies complicated by heart disease

Materials & Methods :
Retrospective observational study conducted in pregnant women admitted at GGH kakinada .pregnant women known case of heart disease or newly diagnosed in pregnancy included and those with medical disorders and referred for MTP Excluded

Results :
Incidence of heart disease in our study was 0.6%,most patients NYHA CLASS 1,2 &1 case in NYHA 3,no cases in NYHA 4 in our study.najority underwent vaginal delivery only 1 case lscs indicated for cardiac cause .mortality was noted in this study.

Conclusion :
Pregnant patients with cardiac disease should be managed in tertiary care center by multi disciplinary team,vaginal delivery is still possiblein early stages of cardiac disease or in compensated heart disease,lscs should be performed for obstetric indication early diagnosis and management of complications is utmost important

Abstract ID: MCH/OP/199

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Abstract Title:
BEYOND BLOOD PRESSURE: MATERNAL AND PERINATAL OUTCOMES ACROSS THE SPECTRUM OF HYPERTENSIVE DISORDERS IN PREGNANCY

Introduction :
Hypertensive disorders of pregnancy (HDP) are major contributors to maternal and perinatal morbidity and mortality. The spectrum from chronic hypertension to eclampsia represents escalating severity, underscoring the need for early recognition and intervention.

Aims & Objectives :
To compare maternal and perinatal outcomes across chronic hypertension, gestational hypertension, preeclampsia, and eclampsia, and to identify predictors of adverse outcomes.

Materials & Methods :
A nine-month comparative cross-sectional study was conducted at a tertiary care center, including 150 women with HDP: chronic hypertension (n=29), gestational hypertension (n=49), preeclampsia (n=54), and eclampsia (n=18). Maternal complications, delivery outcomes, and perinatal parameters were analyzed statistically.

Results :
Preeclampsia (36%) was most common, followed by gestational hypertension (32.7%), chronic hypertension (19.3%), and eclampsia (12%). Severe maternal complications such as HELLP (8%) and DIC (5%) were significantly higher in preeclampsia and eclampsia ($p<0.001$). ICU admissions (18%), prolonged stay (41%), and maternal deaths (3.3%) increased with disease severity. Adverse perinatal outcomes included preterm birth (28.6%), low birth weight (30.7%), and stillbirths (6%), with significantly lower APGAR scores in preeclampsia and eclampsia ($p<0.001$). Early-onset preeclampsia demonstrated poorer outcomes.

Conclusion :
Preeclampsia and eclampsia represent the most severe forms of HDP, carrying significant maternal and perinatal risks. Vigilant antenatal care and timely management are essential to improve outcomes.

Abstract ID: MCH/OP/200

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Abstract Title:
PROSPECTIVE COMPARATIVE STUDY OF MISOPROSTOL ALONE VERSUS MIFEPRISTONE PLUS MISOPROSTOL FOR SECOND-TRIMESTER PREGNANCY TERMINATION

Introduction :
The Medical Termination of Pregnancy (MTP) Act, 1971, legalized abortion in India up to 24 weeks of gestation. In the second trimester, achieving safe, effective, and timely termination remains clinically challenging. This study compares the efficacy and safety of misoprostol alone versus a combination of mifepristone and misoprostol for second-trimester pregnancy termination.

Aims & Objectives :
To evaluate and compare the abortifacient efficacy, safety profile, and induction-to-abortion interval between misoprostol alone and mifepristone plus misoprostol regimens in second-trimester terminations (13–24 weeks).

Materials & Methods :
A prospective randomized comparative study was conducted in the Department of Obstetrics and Gynaecology, Smt. Kashibai Navale Medical College and General Hospital, Pune, from 2024 to 2025. Sixty-one women seeking second-trimester pregnancy termination as per MTP Act guidelines were enrolled. Group I received oral mifepristone followed 48 hours later by vaginal misoprostol, while Group II received vaginal misoprostol alone. Data were analyzed for induction-abortion interval, efficacy, and adverse effects

Results :
The induction-to-abortion interval was significantly shorter in the mifepristone–misoprostol group compared to the misoprostol-only group. The combination regimen showed higher efficacy, fewer failures, and better patient tolerance, with no major complications reported.

Conclusion :
Pre-treatment with mifepristone before misoprostol enhances the efficacy, safety, and predictability of second-trimester medical termination, providing a more effective and patient-friendly regimen.

Abstract ID: MCH/OP/201

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Abstract Title:
BETWEEN PATIENCE AND RISK – WHEN DO WE DELIVER SGA FETUSES WITH NORMAL DOPPLER? A CLINICAL AUDIT

Introduction :
Literature suggests that there is a higher incidence of special educational needs in children born at 37 weeks versus those born at a later gestation. Small for gestational age (SGA) babies tend to be delivered earlier than appropriate for gestational age (AGA) babies. There is ambiguity on timing & mode of delivery of SGA fetuses with normal Doppler.

Aims & Objectives :
To audit our timing & mode of delivery of such babies by comparing their short-term perinatal outcomes.

Materials & Methods :
A retrospective study at AFMT (2010–2025) included singleton pregnancies (excluding anomalies) with EFW between 3rd-10th centile with normal umbilical/MCA/uterine artery Dopplers between 32^{0}–36^{+6} weeks. Growth velocity, Doppler, delivery mode, BW, NICU admission were followed.

Results :
Among 648 SGA fetuses, 245 with normal Doppler were included. Mean GA at delivery was 37.45 weeks with average BW of 2564.17grams. LSCS rate was 70.6% (173/245) vs vaginal delivery rate of 29.4% (72/245). The elective LSCS rates (excluding 36.5% previous LSCS cases) in 37-37+6, 38-38+6 and >=39 weeks groups were 31%, 29.5% and 9.8% respectively. The NICU & ventilator requirement rates were similar in elective LSCS (in all 3 subgroups) and vaginal delivery groups. There were no IUFDs/neonatal deaths in the entire cohort.

Conclusion :
Neonatal outcomes were comparable irrespective of mode and timing of delivery. Therefore, delivery of SGA fetuses can be deferred upto 39 weeks and beyond to improve their long term neurodevelopmental outcomes. Efforts should be made to reduce elective LSCS rate in SGA fetuses with normal Doppler by implementing more rigorous and clearly defined criteria for operative delivery.

Abstract ID: MCH/OP/202

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Abstract Title:
REVIEW OF MATERNAL MORTALITY AT TERTIARY CARE TEACHING INSTITUTE- A DECADE STUDY

Introduction :
India is among the countries with a high maternal mortality and being the signatory to the United Nations SDGs have adopted the target of achieving MMR of less than 70 per 100000 live births by 2030. The following paper is an attempt to provide a reliable quantification and help understand trends of the major causes of these deaths.

Aims & Objectives :
To assess the incidence and causes of maternal mortality, calculate the maternal mortality rate and assess the epidemiological factors related to maternal mortality.

Materials & Methods :
Our study is a 10 year retrospective analytical study from January 2015 to December 2024 conducted in the Department of Obstetrics and Gynaecology of a tertiary care centre in a metropolitan city after permission.

Results :
We studied various parameters like age where we found majority cases between the age of 25-29 years. 61% were multiparous females. Almost 80% cases were referred to our centre, majority belonging to the Thane district. 61% were direct deaths, most common cause being hypertensive disorders. Among the indirect causes, hepatitis was the most common.

Conclusion :
Maternal mortality remains a critical public health challenge, reflecting the broader inequities in access to quality healthcare, education, and social support systems. Despite advancements in medical science and public health initiatives, preventable maternal deaths continue to occur, especially in low-resource settings. Addressing the root causes—such as inadequate prenatal care, lack of transport facilities, lack of skilled birth attendants, delayed access to emergency obstetric services, and socio-cultural barriers—is essential for reducing maternal deaths.

Abstract ID: MCH/OP/203

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Abstract Title:
COMPARISON OF OXYTOCIN VS CARBETOCIN IN PREVENTION OF POSTPARTUM HEMORRHAGE FOLLOWING NORMAL VAGINAL DELIVERY

Introduction :
Postpartum hemorrhage (PPH) remains a major cause of maternal morbidity and mortality worldwide. Active management of the third stage of labor (AMTSL) reduces its incidence. Oxytocin, the standard uterotonic, requires cool storage and has a short half-life, limiting its sustained effect. Carbetocin, a long-acting oxytocin analogue, offers prolonged action with a single dose and better stability at room temperature

Aims & Objectives :
To compare the efficacy of carbetocin versus oxytocin in preventing PPH following normal vaginal delivery

Materials & Methods :
A randomized controlled trial was conducted on 200 women undergoing normal vaginal delivery. Group A (n=100) received 10 IU oxytocin IM, and Group B (n=100) received 100 µg carbetocin IM after delivery of the anterior shoulder. Blood loss within 24 hours, incidence of PPH, hemoglobin (Hb) levels 24 hours post-delivery, need for additional uterotonics, and side effects were evaluated

Results :
PPH occurred in 23% of oxytocin-treated and 4% of carbetocin-treated patients ($p<0.001$).Blood loss <500ml- 77% in oxytocin and 94% in carbetocin treated patients. Additional uterotonics were required in 30% and 18% respectively ($p=0.03$). Mean Hb 24 hours post-delivery was 9.5 ± 0.4 g/dL in the oxytocin group and 10.3 ± 0.3 g/dL in the carbetocin group ($p=0.04$). No significant adverse effects were reported

Conclusion :
Carbetocin significantly reduces postpartum blood loss, need for additional uterotonics, and fall in hemoglobin compared to oxytocin, making it a superior alternative for PPH prevention after normal vaginal delivery. It has limited use as it is expensive and less available in government set up.

Abstract ID: MCH/OP/204

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Abstract Title:
A PROSPECTIVE STUDY TO DETERMINE PREDICTIVR ABILITY OF HDP GESTOSIS SCORE FPR THE DEVELOP OF PRE ECLAMPSIA

Introduction :
Hypertensive disorders of pregnancy (HDP) including pre eclampsia, are major causes of maternal and perinatal morbidity and mortality. Early identification of women at risk enables preventive and therapeutic measures. The Gestosis score is a simple , cost -effective , feasible screening tool incorporating history, clinical examination and past medical records to predict risk of pre eclampsia in early pregnancy (12-20 weeks) for early intervention to improve feto- maternal outcome.

Aims & Objectives :
Aim- to investigate the predictive performance of HDP gestosis score in development of pre-eclampsia.Objectives - Primary- to determine sensitivity and specificity . Secondary -Feto - maternal outcome to prove predictive ability of HDP gestosis score .

Materials & Methods :
A prospective observational study among antenatal women between 12-20 weeks of gestation visiting OPD . Each participant is evaluated using the Gestosis score based on 27 parameters with maximum score of 47. Age , BMI , parity, family history , past and present obstetric history , clinical examination , past and present medical records . A score of mild (1) , moderate (2) and severe (3) given .

Results :
Women with Gestosis score >= 3 had significantly higher incidence of pre - eclampsia ($P< 0.05$) The score showed good sensitivity and specificity Positive correlation with disease severity and adverse feto-maternal outcome in terms Eclampsia in mothers and IUGR in babies observed .

Conclusion :
The Gestosis score is a valuable , non invasive and inexpensive screening tool for prediction of pre-eclampsia . It’s routine use in ANC can help identify High risk pregnancies and improve feto-maternal outcomes.

Abstract ID: MCH/OP/205

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Abstract Title:
CASE SERIES - INTRAUTERINE TRANSFUSION

Introduction :
Intrauterine transfusion (IUT) is a critical fetal therapeutic intervention used to treat severe fetal anemia, most commonly caused by hemolytic disease of the fetus and newborn (HDFN) due to red cell alloimmunization.IUT is usually indicated when middle cerebral artery (MCA) Doppler velocities suggest moderate to severe anemia. While generally safe, potential complications include preterm labor, infection, fetal bradycardia, and fetal demise. Nevertheless, IUT remains the cornerstone of treatment for severe fetal anemia, significantly reducing perinatal morbidity and mortality.

Aims & Objectives :
To evaluate the clinical outcomes, efficacy and safety profile of Intrauterine Transfusion

Materials & Methods :
This retrospective case series includes 5 pregnant women who underwent intrauterine transfusion between Jan 2023 and Sep 2025 at INHS ASVINI. All procedures were performed under ultrasound guidance via the umbilical vein/intraperitoneally/free loop of cord, using leukocyte-depleted, irradiated, O negative packed red blood cells. Data collected included gestational age at first IUT, number of transfusions, presence of hydrops, procedure-related complications, and perinatal outcomes.

Results :
A total of 8 IUTs were performed in 5 fetuses. The most common cause of fetal anemia was Rh isoimmunization. The mean gestational age at first IUT was 27 + 1/7 weeks. Hydrops fetalis was present in 20 % of cases. The overall perinatal survival rate was 100 % with 1 post procedure adverse event.

Conclusion :
Intrauterine transfusion remains a life-saving and effective procedure in the management of severe fetal anemia. Early diagnosis, timely intervention, and experienced multidisciplinary care are crucial in optimizing perinatal outcomes.

Abstract ID: MCH/OP/206

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Abstract Title:
PROSPECTIVE OBSERVATIONAL STUDY TO IDENTIFY EFFECTIVENESS OF DIGITAL, ADVANCED, REAL-TIME AND COMPREHENSIVE (ARC) PARTOGRAPHY IN REDUCING MATERNAL AND FETAL COMPLICATIONS IN A RURAL TERTIARY CARE HOSPITAL

Introduction :
Effective intrapartum monitoring is crucial to reduce maternal and perinatal morbidity and mortality. Despite the proven utility of the WHO-recommended partograph, its use remains inconsistent due to retrospective entries, poor compliance, and lack of training. The Advanced, Real-Time, and Comprehensive (ARC) digital partography is a novel, technology-enabled monitoring tool that provides real-time alerts and complete digital documentation in line with WHO and LaQshya guidelines

Aims & Objectives :
To assess the effectiveness of ARC digital partography in reducing maternal and fetal complications and to evaluate its feasibility and acceptability among healthcare providers in a rural tertiary care setting.

Materials & Methods :
A prospective observational study was conducted on women in labor at a rural tertiary care hospital. Participants monitored using ARC digital partography were compared with those using conventional paper partographs. Maternal outcomes (mode of delivery, duration of labor, prolonged/obstructed labor, scar dehiscence) and fetal outcomes (Apgar score, NICU admissions, birth asphyxia) were analyzed.

Results :
ARC partography significantly reduced prolonged and obstructed labor, cesarean section rates, and maternal complications. Neonatal outcomes improved with fewer NICU admissions and higher Apgar scores. Real-time electronic alerts facilitated timely interventions. Healthcare workers rated the system as feasible, accurate, and user-friendly.

Conclusion :
ARC digital partography ensures comprehensive, real-time labor monitoring, enhancing maternal and fetal outcomes while promoting paperless, standardized, and technology-driven intrapartum care in rural India.

Abstract ID: MCH/OP/207

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Abstract Title:
MATERNAL AND FETAL OUTCOME IN HELLP SYNDROME

Introduction :
HELLP syndrome—characterized by Hemolysis, Elevated Liver enzymes, and Low Platelet count—is a severe and life-threatening complication of preeclampsia that significantly increases maternal and perinatal morbidity and mortality. The pathophysiology involves widespread endothelial dysfunction, vasospasm, and microangiopathic hemolysis leading to multiorgan involvement. Early recognition and prompt management are crucial to improve outcomes for both mother and fetus.

Aims & Objectives :
To study the maternal and fetal outcomes in patients diagnosed with HELLP syndrome and to assess the associated complications, mode of delivery, and perinatal mortality in relation to gestational age and severity of the condition.

Materials & Methods :
A retrospective study was conducted on pregnant women diagnosed with HELLP syndrome admitted to the obstetrics department over a period of 3 years.Detailed clinical history, maternal complications, management strategies, and perinatal outcomes were recorded. Data were analyzed to evaluate correlations between disease severity and outcomes.

Results :
The majority of patients presented between 32–36 weeks of gestation, with multiparous women being more commonly affected. Common maternal complications included disseminated intravascular coagulation, acute renal failure, and postpartum hemorrhage. The cesarean section rate was high.Perinatal mortality was primarily due to prematurity and intrauterine growth restriction.

Conclusion :
Maternal morbidity and mortality were markedly reduced with early diagnosis and multidisciplinary management. HELLP syndrome remains a serious obstetric emergency, and timely intervention with vigilant antenatal monitoring is vital to improve both maternal and fetal outcomes.

Abstract ID: MCH/OP/208

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Abstract Title:
EVALUATION OF THE MATERNAL AND PERINATAL OUTCOME IN ABRUPTIO PLACENTA IN CONCERN TO COAGULATION PROFILE

Introduction :
Abruptio placentae is an acute obstetric emergency associated with maternal morbidity and perinatal mortality. Coagulation disturbances such as altered fibrinogen and fibrin degradation products (FDP) may influence outcomes.

Aims & Objectives :
To study the clinical profile of patients presenting with abruptio placentae. To assess maternal outcomes and evaluate complications such as shock, DIC, and PPH. To evaluate perinatal outcomes, including mortality and morbidity. To analyze the coagulation profile (serum fibrinogen and FDP) and its association with maternal and fetal outcomes.

Materials & Methods :
A prospective study of 73 patients with abruptio placentae was conducted at the Department of Obstetrics and Gynaecology, Gian Sagar Medical College and Hospital, Rajpura, Punjab. Clinical examination, obstetric assessment, and coagulation profiles, including serum fibrinogen and FDP levels, were analyzed. Maternal and perinatal outcomes were recorded.

Results :
The incidence of abruptio placentae was 3.09%. Most patients were aged 21–30 years (76.7%), nulliparous or primiparous (60%), and from rural areas (65.75%) with inadequate antenatal care. Hypertension was the most common risk factor (58.9%). Vaginal delivery occurred in 72.6% and cesarean section in 27.4% of cases. Maternal complications included shock, DIC, and PPH; one maternal death occurred. Perinatal mortality was 54.79%. Hypofibrinogenemia and elevated FDP levels were significantly associated with severe abruption and Couvelaire uterus.

Conclusion :
Serum fibrinogen and FDP are significant markers in abruptio placentae. Early identification and management of coagulation abnormalities, along with improved antenatal care, are essential to reduce maternal and perinatal morbidity and mortality.

Abstract ID: MCH/OP/209

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Abstract Title:
"A REVIEW OF DERMATOLOGICAL MANIFESTATIONS IN PREGNANCY AND THEIR CLINICAL SIGNIFICANCE"

Introduction :
Pregnancy induces a variety of physiological, immunological, and hormonal changes that can significantly influence the skin. Dermatological manifestations during this period may be physiological, represent preexisting dermatoses modified by pregnancy, or constitute specific dermatoses unique to gestation. Recognizing these changes is essential for appropriate management and for safeguarding maternal and fetal health.

Aims & Objectives :
To review the spectrum, clinical characteristics, and management strategies of dermatological conditions associated with pregnancy.

Materials & Methods :
A literature review was conducted using databases such as PubMed and Scopus, focusing on studies describing skin changes during pregnancy. Conditions were classified into three categories: (1) physiological skin changes, (2) preexisting dermatoses modified by pregnancy, and (3) specific dermatoses of pregnancy.

Results :
Physiological changes such as hyperpigmentation, striae gravidarum, and vascular alterations are common and generally benign. Preexisting conditions like psoriasis and atopic dermatitis may improve or worsen depending on hormonal influences. Specific dermatoses of pregnancy, including atopic eruption of pregnancy, polymorphic eruption of pregnancy, pemphigoid gestationis, and intrahepatic cholestasis, vary in presentation and potential fetal risk. Atopic eruption is the most common, while pemphigoid gestationis may lead to preterm birth or low birth weight if untreated.

Conclusion :
Dermatological conditions in pregnancy encompass a broad spectrum from benign physiological changes to potentially severe gestational dermatoses. Prompt recognition, accurate diagnosis, and safe therapeutic strategies are vital for favorable maternal and fetal outcomes.

Abstract ID: MCH/OP/210

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Abstract Title:
METABOLIC DYSFUNCTION ASSOCIATED STEATOTIC LIVER DISEASE IN THE FIRST TRIMESTER AND ITS ASSOCIATION WITH THE SUBSEQUENT DEVELOPMENT OF HYPERTENSION IN PREGNANCY: A PROSPECTIVE COHORT STUDY

Introduction :
Metabolic dysfunction–associated steatotic liver disease (MASLD), formerly known as non-alcoholic fatty liver disease, is emerging as a frequent metabolic disorder in women of reproductive age. It shares common pathophysiologic mechanisms with hypertensive disorders of pregnancy (HDP) such as oxidative stress, insulin resistance, and endothelial dysfunction. However, limited data exist on its prevalence and impact during early pregnancy in the Indian population.

Aims & Objectives :
To estimate the prevalence of metabolic dysfunction–associated steatotic liver disease (MASLD) in the first trimester of pregnancy and to evaluate its association with subsequent development of hypertensive disorders of pregnancy (HDP).

Materials & Methods :
This prospective cohort study was conducted among 198 women between 10–14 weeks of gestation. Participants underwent anthropometric and biochemical evaluation, liver ultrasonography, and transient elastography (FibroScan) to detect hepatic steatosis. Based on diagnostic findings, they were categorized into MASLD and non-MASLD groups and followed up to delivery for occurrence of HDP and other pregnancy outcomes. Statistical analysis included chi-square tests and multivariate logistic regression to identify independent risk factors.

Results :
The prevalence of MASLD was 24.2% by FibroScan and 43.9% by ultrasound. Women with MASLD had significantly higher BMI, waist circumference, triglyceride levels, and insulin resistance. FibroScan-diagnosed MASLD was an independent predictor of HDP with an adjusted odds ratio of 2.99 ($p = 0.035$). Higher incidences of GDM and Caesarean were also noted in the MASLD group.

Conclusion :
MASLD detected in early pregnancy is significantly associated with development of hypertensive disorders. Early non-invasive hepatic screening using FibroScan can serve as a valuable tool for risk stratification and preventive measures.

Abstract ID: MCH/OP/211

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Abstract Title:
CYTOGENETIC ANALYSIS OF PRODUCTS OF CONCEPTION IN FIRST TRIMESTER SPONTANEOUS ABORTIONS: A CROSS-SECTIONAL STUDY AT A TERTIARY CARE CENTRE

Introduction :
First-trimester spontaneous abortions are common, with chromosomal abnormalities being one of the leading causes. Genetic evaluation of products of conception (POC) helps elucidate the etiology and guides reproductive counselling.

Aims & Objectives :
To analyze cytogenetic abnormalities in POC from first-trimester spontaneous abortions and explore associations with maternal age and obstetric history.

Materials & Methods :
A cross-sectional observational study was conducted in the Department of Obstetrics and Gynecology at a tertiary care hospital over 18 months. Fifty women with spontaneous abortions ≤12 weeks of gestation were included. POC samples underwent cytogenetic analysis using GTG- and C-banding techniques.

Results :
Chromosomal abnormalities were observed in 20% of cases. Aneuploidies, including trisomy 16 and trisomy 22, along with structural abnormalities such as deletions in chromosomes 6 and 12, were detected. A statistically significant association was found between advanced maternal age and chromosomal abnormalities ($p < 0.05$). Pesticide exposure and family history of genetic disorders also showed significant correlations.

Conclusion :
Chromosomal abnormalities, particularly autosomal aneuploidies, are important contributors to first-trimester spontaneous abortions. Routine cytogenetic analysis of POC should be integrated into clinical practice to support genetic counselling and reproductive planning.

Abstract ID: MCH/OP/212

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Abstract Title:
MEASURING THE BRAIN'S BRIDGE: CORPUS CALLOSUM NOMOGRAM IN APPROPRIATELY GROWN FETUSES AND ITS COMPARISON IN GROWTH RESTRICTED FETUSES

Introduction :
Corpus callosum (CC) is largest commissural structure of fetal brain and plays crucial role in interhemispheric communication and neurodevelopment. Assessment of CC growth through ultrasonography can serve as surrogate marker of fetal brain maturation and growth.

Aims & Objectives :
To establish nomogram of corpus callosum length in appropriately grown fetuses (AGA) from 20+0 to 35+6 weeks of gestation, and to compare these values with fetuses having fetal growth restriction (FGR) between 32+0 to 35+6 weeks.

Materials & Methods :
Total of 120 AGA and 20 FGR fetuses were evaluated using transabdominal or transvaginal ultrasonography. CCL was measured in midsagittal plane of fetal brain, and nomograms were created, showing mean ± SD and centile ranges for each gestational week using regression analysis. CCL measurements were then compared between AGA and FGR groups within 32+0–35+6 weeks gestational window.

Results :
CCL increased linearly with gestational age in AGA fetuses. Derived nomogram demonstrated steady rise in CCL from 20+0 to 35+6 weeks. FGR fetuses between 32+0 and 35+6 weeks showed significantly reduced mean CCL compared to AGA fetuses of similar gestation ($p < 0.05$), even after adjusting with cephalic index.

Conclusion :
The established nomogram provides normative reference values for corpus callosum length across gestation. Shorter corpus callosum length in FGR fetuses suggests neurodevelopmental alteration and supports its role as potential ultrasonographic marker of fetal brain development.

Abstract ID: MCH/OP/213

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Abstract Title:
COMPARATIVE STUDY OF COMBINED WITH SILDENAFIL AND NIFEDIPINE ALONE FOR MANAGEMENT OF THREATENED PRETERM LABOUR.

Introduction :
Preterm labor (PTL) is a condition that may cause long-term neurological issues in the infant, and our aim is to safely prolong the pregnancy to provide better neonatal outcome. Thus this study has been conducted to evaluate the synergistic effect of combined sildenafil citrate and nifedipine on neonatal outcome.

Aims & Objectives :
The primary objectives were to compare the efficacy of nifedipine with sildenafil and nifedipine alone for arrest of pre-term labour and to compare the duration of prolongation of pregnancy in both groups.

Materials & Methods :
This Study was conducted in the department of Obstetrics & Gynecology, UPUMS, Saifai, from October 2022 to March 2024, on antenatal women with 28 week to 34 weeks of gestation admitted with the diagnosis of singleton pregnancy with preterm labour. All the patients fulfilling the eligibility criteria was divided into two equal groups. Patients in group 1 received combined nifedipine and sildenafil citrate orally. Patients in group 2 received Nifedipine only. In patients, where tocolysis was achieved patient were monitored till delivery. Feto-maternal outcomes as well as complications were recorded.

Results :
The groups were comparable for mean age, mean Gestational age and other demographic profile. Group 1 experienced a longer delay in delivery compared to Group 2. Mean Gestational age at delivery was 34.24 ± 2.03 and 33.25 ± 1.52 respectively in Group I and Group II with P value < .05 (statistically significant).

Conclusion :
The combination of nifedipine and sildenafil citrate proved more effective in prolonging pregnancy and reducing NICU admissions.

Abstract ID: MCH/OP/214

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Abstract Title:
MATERNAL AND NEONATAL OUTCOMES IN PREGNANCY WITH CHRONIC KIDNEY DISEASE

Introduction :
Chronic kidney disease (CKD) is estimated to affect around 3% of pregnant women. The risk of adverse pregnancy outcomes is increased in these women and include pre-eclampsia, FGR, preterm delivery and worsening of maternal renal function. Such pregnancies are considered high risk, hence necessitating timely monitoring for better outcome

Aims & Objectives :
Primary- To analyze the challenges and pregnancy outcomes in women with CKD Secondary- Study neonatal outcomes in women with CKD

Materials & Methods :
This was a retrospective study conducted at SJMCH between the years 2023 to 2025. It involves the analysis of maternal and fetal outcomes in women with CKD.

Results :
CKD was detected in 12 cases during the study period. Among these, 83.3% (10/12) were primigravida and 16.6% (2/12) were multigravida. Preterm delivery was noted in 50% (6/12) cases (between 30+1 weeks to 36+3 weeks). 66.6% (8/12) were on anticoagulation with Aspirin (1 with Aspirin and Heparin). 58.3% (7/12) were on Immuno-suppressants antenatally. 16.6% (2/12) had hypertension prior to conception and 33.33% (4/12) developed hypertension during pregnancy. 33.3% (4/12) cases were complicated by pre-eclampsia. 25% (3/12) had worsening of maternal renal parameters and was admitted under Nephrology. 8.3% (1/12) was admitted in ICU i/v/o Metabolic acidosis. Neonatal outcomes varied based on gestational age, 8.3% (1/12) had IUD and 33.3% (4/12) had NICU admission.

Conclusion :
Pregnancy in women with CKD is becoming more common and requires extensive counselling prior to conception and regular follow up in the antenatal period. A multidisciplinary team is essential for a thorough follow-up and achieving

Abstract ID: MCH/OP/215

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Abstract Title:
STUDY OF ASSOCIATION OF FETAL CEREBROPLACENTAL RATIO WITH ADVERSE PERINATAL OUTCOME IN UNCOMPLICATED TERM AGA PREGNANCIES

Introduction :
The cerebroplacental ratio(CPR) is emerging as a predictor for adverse perinatal outcome in term pregnancies. Earlier,it has shown a role in small for gestational age(SGA) pregnancies, but a proportion of appropriate for gestational age(AGA) foetuses despite of good size have impaired growth velocity and are thereby at risk of adverse outcome .CPR has implication for assessment of well being of SGA and AGA foetuses close to term.

Aims & Objectives :
To investigate the association between foetal CPR and adverse perinatal outcome in uncomplicated term AGA pregnancies.

Materials & Methods :
This was a prospective observational study done in Department of Obstetrics and Gynaecology,Andhra medical college,over a period of one year. Women >37 weeks singleton pregnancy with no known risk factor who had Doppler USG done within a week of delivery were included. CPR was calculated by dividing the Doppler indices of Middle Cerebral Artery (MCA) by Umbilical artery(MCA PI/UA PI). CPR<1 was taken as abnormal. These patients were followed up till delivery to look for various perinatal outcomes.

Results :
Out of 127 low risk AGA pregnancies who went for USG colour Doppler scan ,117 patients who met our inclusion criteria were analysed; out of 117 patients 24(i.e 19.65%) were having CPR<1 and 94 patients(i.e 80.34%) were having CPR>1. Among 23 patients with CPR<1, 22(i.e 91.30%) had adverse outcome as compared to only 20.21% patients with CPR>1,and this was found to be statistically significant($p<0.001$).

Conclusion :
Our study found CPR measure to be a very promising tool for optimising the identification of at risk foetus in low risk AGA pregnancies.

Abstract ID: MCH/OP/216

Presenter's Name: Dr. Jagdeep Kaur

Co-Author(s):
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Country: India

Abstract Title:
TRENDS IN MATERNAL MORTALITY AT A TERTIARY HOSPITAL IN PUNJAB OVER LAST 8 YEARS – ARE WE HEADING TOWARDS AN OBSTETRIC TRANSITION ?

Introduction :
The Maternal Mortality ratio is a critical indicator to assess the quality of Maternal health services. Understanding the trends of risk factors and causes of maternal mortality can pave way for future suggestions.

Aims & Objectives :
The Present study aims to determine the Maternal mortality ratio, identify risk factors, causes of Maternal mortality and also to study Trends in maternal mortality over last 8 years.

Materials & Methods :
This is a retrospective study conducted at a tertiary hospital in Punjab from 1 January 2018 till 30 September 2025. The Maternal Mortality ratio was calculated per 100000 live births during the study period. The timing of death in relation to Pregnancy, the causes of Maternal Death, delays of maternal mortality were analyzed & compared across the years.

Results :
There were 596 Maternal deaths during the study period out of which 47 Maternal deaths were brought dead. MMR during the study period was 1241.15 / 100000 Live births . Majority (69.29%) of maternal deaths occurred within 6 weeks postpartum period. Level 1 delay was the Prime contributory factor in Maternal deaths. Direct causes were present in 46.47% and Indirect causes in 46.64 % maternal deaths. Over the years, Direct causes of maternal mortality have reduced from 57.81 % in 2018 to 52.17 % in 2025. Also Deaths in transit have reduced from 12.5 % in 2018 to 4.34 % in 2025.

Conclusion :
Proper ANC, early identification of risk factors & timely referral to a higher centre are crucial in reducing Maternal mortality.

Abstract ID: MCH/OP/217

Presenter's Name: Dr. Kunduru Vyshnavi

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State: Andhra Pradesh

Country: India

Abstract Title:
OBSTETRIC AND PERINATAL OUTCOMES IN TEENAGE PREGNANCY: A RETROSPECTIVE ANALYSIS

Introduction :
Teenage pregnancy remains a major global health concern, particularly in developing countries where early marriage and limited access to contraception prevail. Biological immaturity, poor nutritional status, and lack of adequate antenatal care contribute to higher maternal and perinatal risks in this age group. Evaluating these outcomes is crucial to understand the burden and develop strategies for prevention and its management.

Aims & Objectives :
To assess the obstetric and perinatal outcomes in teenage mothers .To identify the common complications associated with teenage pregnancy

Materials & Methods :
A retrospective study from the deliveries conducted in the Department of Obstetrics and Gynaecology, in our institution between September 2024 to September 2025.Medical records of 30 teenage mothers (≤19 years) who delivered during the study period were analyzed. Data regarding maternal demographics, obstetric complications, mode of delivery, and neonatal outcomes were collected and statistically analyzed using descriptive methods.

Results :
Out of the 30 teenage pregnancies reviewed, 70% were primigravidae and 40% were unbooked cases. The most frequent maternal complications observed were anemia (50%), preterm labor (30%), preeclampsia (20%), and premature rupture of membranes (13.3%). Cesarean section was performed in 40% of the cases, mainly due to cephalopelvic disproportion and fetal distress. Among neonatal outcomes, low birth weight (<2.5 kg) was noted in 46.6%, preterm births in 30%, and perinatal mortality in 6.6%. Apgar scores below 7 at 5 minutes were observed in 16.6% of neonates.

Conclusion :
Teenage pregnancy increases risks of anemia, preterm birth, low birth weight, and cesarean delivery, emphasizing the need for education, nutrition, and early antenatal care to improve outcomes.

Abstract ID: MCH/OP/218

Presenter's Name: Dr. Akalya

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State: Tamil Nadu

Country: India

Abstract Title:
FROM HEART FAILURE TO HOPE:A WINDOW INTO PERIPARTUM CARDIOMYOPATHY-A CASE SERIES

Introduction :
Peripartum cardiomyopathy is a rare idiopathic life threatening form of LV systolic dysfunction developing in last month of pregnancy or within 5 months postpartum. The definition of PPCM includes four critieria: (1) Development of cardiac failure in last month of pregnancy or within 5 months of delivery (2)absence of identifiable cause (3) absence of preexisting recognizable heart disease before the last month of pregnancy (4) LV dysfunction with ejection fraction<45%

Aims & Objectives :
To describe the spectrum of clinical presentation, diagnostic findings, management strategies, and outcomes of patients diagnosed with peripartum cardiomyopathy

Materials & Methods :
Observational descriptive retrospective study Hospital records on patient details, Clinical presentation, echo report, followup records for outcome of patients identified with PPCM in Theni medical college collected and analyzed

Results :
Normal physiological pregnancy features like dyspnea, other medical conditions like LRI, pulmonary edema,preeclampsia,severe anemia can mimic PPCM. PPCM is a diagnosis of exclusion. Early diagnosis and guideline directed therapy leads to good recovery with return to normal LV systolic function in 6 months in 50-60% mothers. Echo lies as single best tool in diagnosis and predicting outcome

Conclusion :
This case series underscores PPCM as a serious but potentially reversible cause of heart failure and with prompt diagnosis and treatment,one significant cardiac cause of maternal mortality can be avoided.Thus study also emphasizes the need for high degree of suspicion to diagnose the disease, timely management, long term surveillance and preconceptional counseling in subsequent pregnancies.

Abstract ID: MCH/OP/219

Presenter's Name: Dr. Bushra Shereen

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Country: India

Abstract Title:
POSTPARTUM MOOD DISTURBANCES AND THEIR PREDICTORS: ASSOCIATION WITH MATERNAL MEDICAL DISORDERS, OBSTETRIC RISK FACTORS AND PERINATAL OUTCOMES

Introduction :
Postpartum mood disturbances, including postpartum blues and postpartum depression (PPD), represent a spectrum of emotional responses that can impact maternal health and family well-being. Identifying associated medical, obstetric, and perinatal factors is crucial for timely intervention.

Aims & Objectives :
To evaluate postpartum mood disturbances and their association with maternal medical disorders, obstetric risk factors, and perinatal outcomes.

Materials & Methods :
A cross-sectional study was conducted among 200 postpartum women within six weeks of delivery in the Department of Obstetrics and Gynaecology, Malla Reddy Medical College for Women, a tertiary care hospital. Data regarding medical disorders, obstetric history, and perinatal outcomes were collected. Mood assessment was done using the Edinburgh Postnatal Depression Scale (EPDS), where scores of 10–12 indicated postpartum blues and ≥13 suggested PPD. Statistical analysis was performed using chi-square and logistic regression tests.

Results :
Mood disturbances were significantly associated with anemia ($p=0.03$), hypothyroidism ($p=0.01$), and hypertensive disorders of pregnancy ($p=0.02$). Women with cesarean delivery showed higher mood disturbance rates than those with vaginal delivery ($p=0.04$). Preterm birth ($p=0.03$), low birth weight ($p=0.04$), and NICU admission ($p=0.02$) were also significantly associated. On multivariate analysis, maternal medical disorders and NICU admission emerged as independent predictors.

Conclusion :
Postpartum mood disturbances are influenced by multiple medical and perinatal factors. Routine screening and integrated obstetric–psychiatric support can enhance early detection and improve maternal outcomes.

Abstract ID: MCH/OP/220

Presenter's Name: Dr. Abhinitha Bairi

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Country: India

Abstract Title:
A CLINICAL STUDY OF ECTOPIC PREGNANCY IN TERITIARY CARE HOSPITAL

Introduction :
ectopic pregnancy is implantation of fertilized oocyte outside uterine cavity. Rupture of an ectopic pregnancy remains most common cause of maternal mortality in first trimester .signs and symptoms are often subtle or absent unless ruptured. early diagnosis of an ectopic pregnancy can be managed medically

Aims & Objectives :
1. Incidence of ruptured ectopic pregnancy and its relation to various demographic factors 2. risk factors associated with ectopic pregnancy 3.various clinical presentation treatment modalities and its outcome

Materials & Methods :
retrospective study was conducted at government maternity hospital hanamkonda from January 2025 to march 2025 . a total of 32 cases of ectopic pregnancy were analysed.

Results :
incidence of ectopic pregnancy in present study 32 per thousand deliveries. out of 32 cases majority cases belonged to age group 21-25yrs(46.8%),53% were gravida 3 and above 37.5% have no known risk factors, most common symptom id abdomen pain(90.6), 96.4% required surgical management

Conclusion :
ectopic pregnancy is an acute emergency that requires timely diagnosis and treatment. High index suspicion in a patient with risk factor early diagnosis and prompt treatment seems to be promising in reducing maternal mortality and morbidity

Abstract ID: MCH/OP/221

Presenter's Name: Prof. Dr.Pragati Divedi

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Country: India

Abstract Title:
TO COMPARE WHO LABOUR CARE GUIDE VERSUS MODIFIED PARTOGRAPH FOR MATERNAL AND FETAL OUTCOME AT RURAL CARE CENTER: A PREVENTIVE RANDOMIZED CONTROL TRIAL

Introduction :
Study compares WHO Labor Care Guide (WLCG) & Modified Partograph to improve monitoring, decision making, and maternal-fetal outcomes during labor.

Aims & Objectives :
This study aimed to compare the WHO Labor Care Guide (WLCG) with the Modified Partograph concerning maternal and fetal outcomes in a rural healthcare setting.

Materials & Methods :
After taking written & informed consent, a prospective comparative study was conducted on 100 laboring women admitted to a rural maternity center. They were divided into 2 groups, Modified partograph & WLCG group, with 50 patients in each group. Fifty women were managed using the WHO Labor care guide, while the other fifty were managed using Modified Partograph. Data on demographic characteristics, labor progression, maternal outcomes, and fetal outcomes were collected and statistically analyzed.

Results :
The demographic characteristics showed no significant differences between the two groups. The duration of the second stage of labor was significantly short in the WLCG group (14.83±7.78 minutes) compared to the Modified Partograph group (21.73±10.53 minutes, ($p=0.001$). No significant difference was noted in the duration of the active stage($p=0.75$) or mode of delivery ($p=0.295$). A significantly higher percentage of women reported a better birth experience in WLCG group(30% vs 52%, $p=0.025$)

Conclusion :
The WHO Labor care guide demonstrated advantages in reducing the second stage of labor duration, improving women’s birth experiences, and lowering NICU admission rates compared to the modified partograph, without compromising maternal and fetal safety. This suggests the potential benefits of adopting WLCG in rural obstetric settings.

Abstract ID: MCH/OP/222

Presenter's Name: Dr. Shweta

Co-Author(s):
Prof Dr Pratiksha Gupta, Prof Dr Sarika Arora

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ESIC MEDICAL COLLEGE AND HOSPITAL BASAIDARAPUR DELHI

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State: Delhi

Country: India

Abstract Title:
FETAL HEMOGLOBIN, CYSTATIN-C, PREGNANCY ASSOCIATED PLASMA PROTEIN-A ALONG WITH UTERINE ARTERY DOPPLER AS POTENTIAL PREDICTIVE FIRST TRIMESTER MARKERS OF PRE-ECLAMPSIA

Introduction :
Preeclampsia is a multisystem hypertensive disorder of pregnancy and remains one of the most challenging complications in obstetrics. The first trimester represents a critical window of opportunity for screening and risk stratification. This study was designed to evaluate the role of first trimester fetal hemoglobin (HbF), cystatin C, PAPP-A, and uterine artery Doppler indices in predicting preeclampsia

Aims & Objectives :
To estimate sensitivity and specificity of HbF, Cystatin C and PAPP-A in prediction of Pre eclampsia in first trimester of pregnancy and To correlate levels of biomarkers with Uterine Artery Doppler changes seen in women who later develop pre eclampsia

Materials & Methods :
A prospective Observational Study was conducted on 430 patients and all tests were conducted in first trimester and they were followed up for development of Gestational Hypertension, Early onset Pre Eclampsia , Pre eclampsia and Eclampsia

Results :
Mean values of PAPP-A, Cystatin C, HbF and Uterine Artery indices were calculated in normal patients vs those who developed Hypertensive Disorders of Pregnancy. HbF and Cystatin C were found highly significant p value<0.001, PAPP-A was also found significant<0.05 in Pre Eclampsia. Out of Uterine artery doppler indices were not statistically significant.

Conclusion :
The findings demonstrate that Cystatin C and HbF are the most reliable and consistent predictors (p value<0.001), showing strong associations with preterm delivery, gestational hypertension, preeclampsia, and eclampsia. PAPP-A, though statistically significant (p value<0.05), showed only moderate predictive strength. Uterine artery Doppler indices, performed less well in predicting hypertensive disorders of pregnancy.

Abstract ID: MCH/OP/223

Presenter's Name: Dr. Sunita Attri

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AIIMS JAMMU

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Abstract Title:
FETOMATERNAL OUTCOME IN CASES OF OLIGOHYDRAMNIOS AT TERM : A CASE CONTROL STUDY

Introduction :
Oligohydramnios refers to a reduced volume of amniotic fluid below the expected range for gestational age. Diagnosis may be based on a subjective assessment or objective ultrasonographic measurements such as an Amniotic Fluid Index (AFI) ≤ 5 cm or a Deepest Vertical Pocket (DVP) ≤ 2 cm. The condition complicates approximately 4.4% of term pregnancies and around 1% of preterm pregnancies.

Aims & Objectives :
To assess the impact of isolated oligohydramnios on labor characteristics, mode of delivery, and neonatal outcomes in term pregnancies.

Materials & Methods :
A case-control study was conducted among 200 pregnant women beyond 37 weeks of gestation, comprising 100 cases with oligohydramnios and 100 controls with normal amniotic fluid volume. Maternal and neonatal outcomes were compared with respect to mode of delivery, indications for cesarean section, and neonatal parameters including birth weight, Apgar score, NICU admission, intrapartum fetal distress, meconium aspiration syndrome, and perinatal mortality. Data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 20.0.

Results :
Most participants were aged above 30 years (62% in the study group and 52% in the control group). Primigravidas constituted the majority in both groups (61% and 68%, respectively).

Conclusion :
The study demonstrated a significant association between oligohydramnios and increased rates of cesarean delivery as well as adverse neonatal outcomes, underscoring the need for vigilant intrapartum monitoring and timely obstetric intervention in such cases.

Abstract ID: MCH/OP/224

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Country: India

Abstract Title:
IMPACT OF ADVANCED MATERNAL AGE ON FETOMATERNAL OUTCOMES: A PROSPECTIVE COMPARATIVE STUDY IN A TERTIARY CARE SETTING

Introduction :
Pregnancy at advanced maternal age (≥35 years) has become increasingly common worldwide due to social, educational, and career advancements and the availability of assisted reproductive techniques. However, advancing age is associated with reduced fertility and a higher risk of maternal and fetal complications, including gestational hypertension, gestational diabetes, cesarean delivery, miscarriage, preterm birth, and stillbirths.

Aims & Objectives :
To evaluate the effect of maternal age on fetomaternal outcomes among primigravida women with singleton pregnancies aged above 35 years compared to those aged 22–35 years.

Materials & Methods :
A prospective comparative study was conducted over 18 months in the Department of Obstetrics and Gynaecology, MMIMSR, Mullana, India. Data from 209 primigravida women with singleton pregnancies were analyzed—Group A (≥35 years) and Group B (22–35 years). Fetomaternal outcomes were compared using SPSS version 20.0. The Student's t-test and Mann–Whitney U test were applied, and $p < 0.05$ was considered statistically significant.

Results :
Advanced maternal age was significantly associated with increased rates of gestational hypertension (38.6% vs 22.4%, $p = 0.018$), antepartum hemorrhage (21.1% vs 9.9%, $p = 0.031$), spontaneous abortion (17.5% vs 7.2%, $p = 0.027$), and cesarean delivery (64.3% vs 46.3%, $p = 0.042$). Fetal complications such as low birth weight (26.2% vs 13.2%, $p = 0.047$), preterm delivery (38.1% vs 22.1%, $p = 0.029$), intrauterine fetal demise (16.7% vs 6.6%, $p = 0.047$), and IUGR (33.3% vs 16.2%, $p = 0.016$) were also significantly higher.

Conclusion :
Advanced maternal age is significantly associated with adverse fetomaternal outcomes. With increasing delayed pregnancies, awareness, early antenatal care, and specialized monitoring are

Abstract ID: MCH/OP/225

Presenter's Name: Dr. Anjali

Co-Author(s):
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Abstract Title:
A RANDOMISED CONTROLLED TRIAL COMPARING ORAL VERSUS INTRAMUSCULAR VITAMIN B12 THERAPY IN PREGNANT WOMEN WITH VITAMIN B12 DEFICIENCY ANEMIA

Introduction :
Intramuscular (IM) vitamin B12 is the standard treatment for Vitamin B12 deficiency. It may cause discomfort and reduce compliance. Evidence suggests oral supplementation could be equally effective. Present study compares the efficacy of oral versus IM vitamin B12 therapy in pregnant women anaemia with B12 deficiency.

Aims & Objectives :
To compare efficacy of oral versus intramuscular vitamin B12 in antenatal women

Materials & Methods :
Pregnant women aged ≥18 years, with gestational age <32 weeks and diagnosed with anaemia with vitamin B12 deficiency (haemoglobin <11 g/dL, serum vitamin B12 <200 pg/mL), were recruited following written informed consent. Participants were randomized into two treatment arms: Group A received oral methylcobalamin 1500 µg daily for 4 weeks (Tab ME12), and Group B received IM methylcobalamin 1000 µg (Injection Vitcofol) on alternate days for 7 doses.

Results :
Of the 70 antenatal women screened, 67 were enrolled and randomized to oral (Group A, n=35) or IM (Group B, n=32). Baseline characteristics were comparable between groups. Correction of vitamin B12 deficiency (>200 pg/mL) was achieved in 93.75% (Group A) and 93.33% (Group B) (p=1.000). The mean increase in serum vitamin B12 was greater in Group B (300.13 ± 161.05 pg/mL) than Group A (184.87 ± 119.00 pg/mL, p=0.002). Adherence was 100% in both groups. Oral therapy was preferred by all in Group A and 90% in Group B. Adverse events occurred in 3.12% (Group A) and 16.67% (Group B).

Conclusion :
Oral methylcobalamin was as effective as intramuscular cyanocobalamin in correcting vitamin B12 deficiency in pregnant women with anaemia, with comparable haemoglobin improvement, excellent adherence,

Abstract ID: MCH/OP/226

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Country: India

Abstract Title:
EFFICACY OF CARBETOCIN VERSUS OXYTOCIN IN THE ACTIVE MANAGEMENT OF THE THIRD STAGE OF LABOR

Introduction :
Postpartum hemorrhage (PPH) remains a leading cause of maternal morbidity and mortality worldwide. Active management of the third stage of labor (AMTSL) is a proven strategy to prevent PPH, with oxytocin traditionally used as the uterotonic agent of choice. Carbetocin, a long-acting oxytocin analogue, has been proposed as an effective alternative with the potential for improved outcomes and ease of administration.

Aims & Objectives :
To compare the efficacy and safety of carbetocin versus oxytocin in the prevention of postpartum hemorrhage during AMTSL.

Materials & Methods :
This prospective, randomized controlled study was conducted among women undergoing vaginal delivery at a tertiary care hospital. Participants were randomized to receive either intramuscular carbetocin (100 µg) or oxytocin (10 IU) immediately after delivery of the anterior shoulder. The primary outcome measured was the incidence of PPH (blood loss ≥500 mL). Secondary outcomes included mean blood loss, need for additional uterotonics, duration of the third stage of labor, and adverse effects

Results :
The carbetocin group demonstrated significantly lower mean blood loss and reduced requirement for additional uterotonics compared to the oxytocin group ($p<0.05$). The duration of the third stage of labor was also shorter with carbetocin.

Conclusion :
Carbetocin is a safe and more effective alternative to oxytocin for AMTSL, offering superior uterotonic efficacy and sustained contraction with minimal side effects. Its use may enhance PPH prevention strategies, particularly in settings with limited resources for continuous oxytocin infusion.

Abstract ID: MCH/OP/227

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Abstract Title:
CORRELATION BETWEEN MIDDLE CEREBRAL ARTERY PEAK SYSTOLIC VELOCITY (MCA-PSV) AND FETAL ANEMIA

Introduction :
Fetal anemia, a condition characterized by decreased red blood cell count or hemoglobin concentration in the fetus, poses significant risks including hydrops fetalis, preterm birth, and perinatal mortality. In recent years, the Middle Cerebral Artery Peak Systolic Velocity (MCA-PSV), measured via Doppler ultrasonography, has emerged as a non-invasive and reliable surrogate for detecting fetal anemia.

Aims & Objectives :
1. To evaluate the correlation between fetal Middle Cerebral Artery Peak Systolic Velocity (MCA-PSV) and fetal hemoglobin levels in all the term gestation cases. 2. To assess the diagnostic utility of MCA-PSV as a non-invasive predictor of fetal anemia in the Indian obstetric population.

Materials & Methods :
Prospective observational Study.The study was conducted at a Adichunchanagiri Institute of Medical Sciences, B G Nagara, Mandya. The study population includes all pregnant women admitted as inpatients to the Obstetrics and Gynecology department during the study period who underwent fetal Doppler ultrasound and had documented MCA-PSV values with corresponding neonatal hemoglobin measurements.The study will be initiated after receiving approval from the Institutional Ethics Committee. : A purposive sampling technique will be used. Case records of eligible pregnant women will be reviewed based on inclusion and exclusion criteria.

Results :
There was a steady increase in MCA-PSV with rising gestational age suggestive of positive correlation between them.Fetal hemoglobin measured by cordocentesis/MCA-PSV-confirmatory testing ranged from 4.0 to 14.0 g/dL (mean 9.2 ± 2.6 g/dL). Mean MCA-PSV was 1.62 ± 0.34 MoM. There was a strong inverse correlation between fetal hemoglobin.

Conclusion :
This holds major clinical importance in rural India, enabling timely detection and management of fetal

Abstract ID: MCH/OP/228

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Abstract Title:
EFFECT OF PREOPERATIVE RECTAL MISOPROSTOL ON INTRA AND POSTOPERATIVE BLOOD LOSS IN ELECTIVE CAESAREAN DELIVERY

Introduction :
Rise in caesarean deliveries has caused an increase in obstetric haemorrhage which is a leading cause of maternal mortality worldwide. Majority of these deaths occur due to uterine atony within the first 4 hours following delivery. While Oxytocin has been established as the 'gold standard' in reducing intraoperative blood loss and haemorrhage prevention, little is known about Misoprostol's role in reducing intraoperative blood loss.

Aims & Objectives :
To analyse the effect of preoperative rectal Misoprostol administration on intraoperative and postoperative blood loss in women undergoing elective caesarean deliveries.

Materials & Methods :
200 women undergoing elective Caesarean section at 37 completed weeks, with live fetus, normal placentation and no comorbidities were divided into two groups by computerised randomisation. Group 1 received 400 µgm Misoprostol per rectal at the time of Foleys catheterisation after checking sensory and motor effects of spinal anesthesia, while group 2 received placebo. Both groups received 10 Units Oxytocin infusion intraoperatively. The participants, outcome assessor, and statistician were blinded to randomization. Intraoperative blood loss was calculated.

Results :
Intraoperative blood loss in group 1 which received preoperative rectal Misoprostol was significantly lower as compared to control group [433±92.23mL vs 511.67±92.55mL, P=0.003]. Also the decrease in postoperative haemoglobin levels was significantly less among women in the case group [0.32±0.05 vs 0.99±0.1, P value of <0.001].

Conclusion :
Preeoperative rectal misoprostol significantly reduced the intraoperative blood loss during elective Caesarean, which is valuable in our country as majority of the pregnant women are anaemic. It also reduces the risk of PPH and use of additional uterotonic agents.

Abstract ID: MCH/OP/229

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Abstract Title:
EXPECTANT VERSUS ACTIVE MANAGEMENT OF SMALL FOR GESTATIONAL AGE PREGNANCIES WITH NORMAL DOPPLER PARAMETERS: AN OBSERVATIONAL STUDY

Introduction :
70% of small for gestational age (SGA) babies are naturally small and safe, 30% are abnormally little and have a lesser kind of fetal growth restriction (FGR) when their Doppler measurements are normal. Despite normal Doppler at 37 weeks, clinicians often induce all SGA pregnancies, which increases the risk of iatrogenic preterm delivery and surgical treatments. The aim of this study was to assess pregnancy outcome of expectant and active management of small for gestational age pregnancies with normal Doppler parameters.

Aims & Objectives :
1. To study the maternal and perinatal parameters in small for gestational age pregnancies with induction at 37 weeks. 2.To study the same for induction at 39 weeks. 3. To compare the 2 groups.

Materials & Methods :
Study included pregnant women diagnosed as SGApregnancy with normal Doppler parameters between 28 and 39weeks. The study population (n=60) were divided into two groups-Group 1-Expectant management: To wait up to 39weeks for spontaneous onset of labor, if not induction at 39 weeks. Group 2 -Active management: Induction at 37weeks of gestation and followed until delivery. Maternal parameters like onset of labour, Mode of delivery were studied, fetal and neonatal parameters like Apgar score, birth weight and NICU admission were studied.

Results :
Group 1 had more spontaneous onset of labour compared to Group 2 which was statistically significant and higher birth weight, more vaginal deliveries and lesser NICU admissions were noted in group 1 compared to group 2.

Conclusion :
SGA pregnancies with normal Doppler parameters may be considered for elective induction at a later date for better outcome.

Abstract ID: MCH/OP/230

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Country: India

Abstract Title:
TO STUDY CORRELATION BETWEEN DEMOGRAPHIC FACTOR AND UTILIZATION OF MATERNAL HEALTH SERVICES ON MATERNAL MORTALITY IN DISTRICT GURUGRAM.

Introduction :
Maternal Mortality remains key indicator of quality of health care services. This study was conducted to assess correlation between demographic factors and healthcare utilization and to identify system gaps.

Aims & Objectives :
To find out correlation between demographic factors and utilization of maternal health services. To identify gaps in access, referral and emergency obstetric care.

Materials & Methods :
This retrospective study was conducted in district Gurugram for a period of about two and half year from 1st January 2023 to 30th September 2025. Total no of deaths during this period were 70. Record of deaths were retrieved from Maternal Death Record in District Civil Surgeon Office of district Gurugram. Accidental deaths and Migratory patients who are not registered in district Gurugram are excluded from study. Variables studied: Statistical Test: Correlation and cross tab analysis using Pearson`s and Chi-square test

Results :
There were 70 deaths per 1,21,499 live births. MMR is 57.61. Death in <20yr-8.57%, 20-29yr-71.4% (49 patients),30-39yr-17.14%,.40yr-2.8%. Parity>2 was in 5.7% patients, parity upto 2 was in 94.3%. Referred once-67.3%(33patients),15.7%were referred twice and 7.1%(5patients) were referred>3times. At term-65.71%(46patients),28.57%(20patients) preterm,4.2%abortions. Adequate ANC visits 57.14%(40patients), inadequate ANC visits-42%(30patients).Death within 48hr of hospital admission-75.71%, 3.3% between 48-72hr and 21% death occurred 72hr after admission. Most common cause of death -32.8% Eclampsia,25.7% PPH,8.5% APH,7.1% sepsis and rest were other causes. There was no significant correlation among different variables except that admission death interval was prolonged in patients who were referred.

Conclusion :
Awareness, early registration, timely referral and access to emergency obstetric care are keys to prevent maternal mortality.

Abstract ID: MCH/OP/231

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Abstract Title:
"INDICATIONS FOR BLOOD PRODUCT TRANSFUSION IN OBSTETRIC CASES: A SIX-MONTH OBSERVATIONAL STUDY"

Introduction :
Blood transfusion is an essential component of modern obstetric care and plays a critical role in the management of life-threatening complications. Obstetric hemorrhage remains one of the leading causes of maternal morbidity and mortality worldwide, particularly in developing countries. Timely and appropriate use of blood and blood components can be lifesaving in situations such as postpartum hemorrhage, antepartum hemorrhage, ruptured ectopic pregnancy, severe anemia, and coagulopathies associated with pregnancy complications.

Aims & Objectives :
This study aims to evaluate the indications for blood and blood product transfusions in obstetric patients over a six-month period, to analyze the frequency and types of blood components used.

Materials & Methods :
This was a observational study conducted in the department of obstetrics and gynaecology at king george hospital over a period of 6 months

Results :
During the six-month study period, a total of 760 blood and blood component units were issued for obstetric patients . A total of 265 obstetric patients required transfusion for various obstetric indications. The most frequent indication for transfusion was postpartum hemorrhage (PPH), which accounted for 40.7% of cases. This was followed by severe anemia (25.7%), antepartum hemorrhage (APH) (14.7%), ruptured ectopic pregnancy (9.8%), and disseminated intravascular coagulation (DIC) / other causes (9.1%).

Conclusion :
Blood transfusion remains a cornerstone in the management of obstetric emergencies, particularly in cases of life-threatening hemorrhage and severe anemia. In the present six-month study, the majority of transfusions were indicated for postpartum hemorrhage, followed by severe anemia, antepartum hemorrhage, and ruptured ectopic pregnancy.

Abstract ID: MCH/OP/232

Presenter's Name: Dr. Kesireddy Bhargavi

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Country: India

Abstract Title:
A STUDY ON INCIDENCE AND ANALYSIS OF MATERNAL NEAR MISS CASES IN A TERTIARY CARE HOSPITAL

Introduction :
A maternal near miss case is defined as women who nearly died but survived a complication that occurred during pregnancy,childbirthor within 42 days of termination of pregnancy Maternal deaths merely are tip of the iceberg. the major reasons and causes are the same for both MMR and MDR,so review of MNR cases is likely to yield valuable information regarding severe morbidity, which could lead to death of mother, if not intervened properly and in time.

Aims & Objectives :
To determine maternal near miss indices and to analyse the causes of maternal near missing other associated factors.

Materials & Methods :
study area:Retrospective observational study conducted in the department of obg ,AMC,KGH,VSK study design:Retrospective observational study study duration:JULY 2025 to DECEMBER 2024 METHODOLOGY:All the in patients who fit in the near miss criteria were included in the study

Results :
during study period a total 3250 deliveries were observed, out of that 3009 were live births,56 were near miss cases.maternal deaths were 16 maternal near miss ratio is 18.2/1000 live births maternal near miss to mortality ratio 3.5:1 SMO ratio per 1000 live births -56 mortality index 22.2 The mortality index and the maternal near miss to mortality ratio indicate the quality of care; the lower the mortality index and the higher the maternal near miss to maternal death ratio, the quality of care.

Conclusion :
Near miss cases and maternal deaths together are referred to as severe maternal outcome(SMO). Severe morbidity data are vital for policy planners to know the requirements of essential and emergency obstetric care (EmOC) to manage these

Abstract ID: MCH/OP/233

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Country: India

Abstract Title:
MATERNAL NEAR MISS CASES IN TERTIARY CARE TEACHING HOSPITAL OF JHARKHAND

Introduction :
Maternal near miss is defined as 'a woman who nearly died but survived a complication during pregnancy, childbirth or within 42 days of termination of pregnancy' Maternal deaths merely are the tip of the iceberg of maternal morbidity and for every woman that dies many more survive often suffering from lifelong morbidities.

Aims & Objectives :
1. To estimate the burden of MNM 2. To identify the causes and prognostic factors of MNM 3. To assess the gaps in access to appropriate management of obstetrical emergencies leading to severe maternal morbidities and maternal deaths

Materials & Methods :
A prospective study was conducted in the Department of Obstetrics & Gynaecology RIMS. Obstetric admissions over 12 months were reviewed. Cases meeting the MNM criteria were identified. Data on socio-demographic parameters, obstetric conditions, organ-system dysfunction/failure, ICU admission, and timing of the near-miss event were collected and analysed.

Results :
During the study period there were 300 maternal near miss women from an estimated 4000 deliveries, resulting in a prevalence of about 7.5% The two top causes of MNM were obstetrical haemorrhage (~42.5%), and hypertensive disorders of pregnancy (~23.5%). Morbidity was three times higher in unbooked women compared to booked women, with additional contributing factors being delay in seeking or getting to care, referral status, and the rural/tribal background of many patients.

Conclusion :
The high level of incidence emphasizes the burden posed by severe obstetric complications in this region. There is utmost need of strengthening referral systems, ensuring timely access to emergency obstetric care and improving the critical care capacity for obstetric patients.

Abstract ID: MCH/OP/234

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Abstract Title:
EFFECT OF VIRTUAL REALITY ON LABOR PAINS, MATERNAL ANXIETY AND CHILD BIRTH SAISFACTION

Introduction :
Labor pain is a profound physiological experience, often perceived as one of the most intense forms of pain. While pharmacological methods like epidural analgesia are effective, they are not without risks. As a result, there is growing interest in non-pharmacological interventions. Virtual reality (VR) is an emerging tool that provides cognitive distraction and immersive experiences to reduce pain and anxiety.

Aims & Objectives :
Aim of this study was to evaluate the effect of virtual reality application on labor pains, maternal anxiety and child birth satisfaction in laboring women.

Materials & Methods :
It was a prospective, randomized controlled study. A total of 100 term women in early labor were randomized into two groups: Group VR and Group C. Group V received a 30-minute VR session during active labor. Pain was assessed using the Visual Analogue Scale (VAS), anxiety using the STAI-6 scale, and satisfaction using the Numerical Rating Scale (NRS).

Results :
Group V demonstrated significantly lower VAS scores at all time intervals ($p < 0.05$), indicating better pain control. Anxiety scores (STAI-6) also declined significantly in the VR group post-intervention ($p < 0.05$). Satisfaction was higher in the VR group (NRS:7.26 vs 6.12;$p < 0.05$).

Conclusion :
Virtual reality is a safe and effective method to reduce labor pain and maternal anxiety and overall childbirth satisfaction.

Abstract ID: MCH/OP/235

Presenter's Name: Dr. Vidushi Verma

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Abstract Title:
AN ANALYSIS ON INDUCTION OF LABOR IN TERTIARY CARE CENTRE

Introduction :
Induction of labor (IOL) is the iatrogenic initiation of uterine contractions before spontaneous onset of labor. It is indicated when the benefits of early delivery outweigh the risks of continuing pregnancy. The goal is to achieve safe vaginal delivery within a reasonable time, minimizing maternal and fetal complications

Aims & Objectives :
To study the indications, different methods used in induction of labor and to correlate them with fetomaternal outcomes

Materials & Methods :
A prospective observational study was conducted over six months on women admitted in our hospital requiring induction of labor after fulfilling the inclusion and exclusion criteria . All underwent Bishop scoring prior to induction with different methods. The primary outcome was induction to delivery interval. Secondary outcomes include mode of delivery, neonatal and maternal outcomes

Results :
Of 4120 deliveries over the period , 1644 (39.9%) women underwent induction of labor. The common indications were hypertensive disorders of pregnancy (17.5%) and PPROM (14.3%). Dinoprostone gel achieved the shortest cervical ripening time while Tab misoprostol was the most frequently used drug for IOL. Amongst all, 69.2% women delivered vaginally, while 29.7% underwent caesarean section and 1.1% had instrumental delivery. Postpartum hemorrhage occurred in 3% women . Of all,12.6 % neonates required admission in NNU mainly for respiratory distress . 99.8% of neonates had favorable outcome and 0.2% had perinatal mortality.

Conclusion :
Prostaglandin-based induction methods offer superior cervical ripening and higher success rates with acceptable safety profiles. Protocol-based, patient-tailored induction strategies can enhance maternal and neonatal outcomes.

Abstract ID: MCH/OP/236

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Abstract Title:
COMPARISION OF PLATELET INDICES OF PREECLAMPTIC AND NORMOTENSIVE PREGNANT WOMEN

Introduction :
Pre-eclampsia is a major health concern leading to maternal morbidity and mortality. It involves vasoconstriction, endothelial injury and over consumption of platelets as a result of aggregation and adhesion of platelets. This can be assessed by platelet function tests like platelet count, mean platelet volume, plateletcrit and platelet distribution width.

Aims & Objectives :
To measure and compare platelet indices of preeclamptic and normotensive patients. To assess if platelet indices can be used as markers for predicting preeclampsia.

Materials & Methods :
A case-controlled study was conducted which enrolled a total of 110 patients (55 cases and 55 controls). Blood samples were collected to evaluate and compare platelet count, plateletcrit, mean platelet volume and platelet distribution width between the two groups.

Results :
The study included 110 patients divided into cases (n=55) comprising of preeclamptic pregnant women and controls (n=55) comprising of normotensive pregnant patients. The mean platelet volume (MPV) in cases was 12.66±6.72 as compared to 8.76±3.94 in controls ($p < 0.001\%$). The platelet distribution width (PDW) showed a statistically significant difference. The PDW showed AUC of 0.84 (95% CI- 0.767– 0.913). The critical cutoff for PDW was calculated to be 15 U/ml, with a 78.2% sensitivity and 76.4% specificity for predicting preeclampsia. The plateletcrit was lower among the cases (0.18±0.11) than the control group (0.19±0.05), but no statistically significant difference was seen between the two groups.

Conclusion :
Mean platelet volume (MPV) and platelet distribution width (PDW) can serve as promising and economical markers for early prediction and diagnosis of preeclampsia in pregnant women.

Abstract ID: MCH/OP/237

Presenter's Name: Dr. Reetu Yadav

Institute/ Affiliation:
GTBH

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State: Delhi

Country: India

Abstract Title:
EVALUATION OF MATERNAL SERUM CYSTATIN-C LEVELS IN PRE-ECLAMPSIA.

Introduction :
Pre-eclampsia is a multi-systemic progressive disease in pregnant women. The maternal syndrome is variable in the time of onset, speed of progression and the extent to which it involves different system thereby causing hypertension, renal impairment, convulsion and DIC as a consequence of diffuse endothelial dysfunction that occurs in preeclampsia. Cystatin-C is produced by all nucleated cell at a constant rate and is freely filtered through the glomeruli, where it is taken up and degraded by proximal convoluted tubules without tubular secretion off cystatin-C.

Aims & Objectives :
Evaluation of maternal serum cystatin-C levels in pre-eclampsia.

Materials & Methods :
A detailed history, general physical examination and obstetrics examination of all the subjects were performed. All cases were investigated for pre-eclampsia. All subjects were classified as non-severe pre-eclampsia and severe pre-eclampsia, early-onset and late-onset pre-eclampsia. Maternal serum samples were taken in plain vials and was stored at -20◦C. Stored samples were analysed using a commercially available ELISA kit and compared serum cystatin C levels between all cases and controls.

Results :
The mean value of serum cystatin C levels was higher in pre-eclamptic cases (0.89±0.60 mg/dl) than in the control group (0.32±0.25 mg/dl) and was statistically significant ($p<0.001$). Significant difference ($p=0.003$) was seen in the mean value of serum cystatin C levels between early-onset PE (1.36±0.69 mg/dl) and late-onset PE (0.74±0.49 mg/dl).

Conclusion :
Our study had higher levels of serum cystatin C in preeclampsia cases as compared to control. The levels were further higher in severe PE when compared to non severe preeclampsia .The analysis of our data suggests that

Abstract ID: MCH/OP/238

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Abstract Title:
PREGNANCY IN TETRALOGY OF FALLOT: CLINICAL COURSE AND OUTCOMES

Introduction :
Tetralogy of Fallot (TOF) is the most common cyanotic congenital heart disease. With advances in surgical techniques more women with the condition are contemplating pregnancy.

Aims & Objectives :
To evaluate maternal and fetal outcomes in pregnancies with TOF.

Materials & Methods :
Retrospective study of pregnancies over ten years in women with TOF who delivered beyond 24 weeks of gestation at a Tertiary Care Hospital in South India. Maternal outcomes (declining cardiac function, adverse cardiac outcomes, diabetes, anaemia, Caesarean Section) and fetal outcomes (prematurity, low birth weight).

Results :
There were 23 pregnancies in 17 women with TOF. Mean age at conception was 25 years. All pregnancies were conceived spontaneously. There was one set of twins. All women had surgically repaired TOF except one who had TOF with pulmonary atresia palliated with modified Blalock-Taussig shunt. All had NYHA functional class 1-2 at conception. Severe Pulmonary Regurgitation was seen in 12 women, and mild Pulmonary arterial hypertension in 3. No adverse cardiac events were noted in our cohort. Mean gestational age at birth was 36.3 weeks; incidence of preterm birth was 31%. Caesarean section for maternal cardiac disease was done in 22% of women. Incidence of fetal growth restriction was 9%. There were no neonatal deaths.

Conclusion :
Repaired TOF without major residual lesion does not confer any significant risk to women in pregnancy. Multidisciplinary approach and close monitoring can minimise the risk to mother and baby.

Abstract ID: MCH/OP/239

Presenter's Name: Dr. Deekshitha Pothula

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Abstract Title:
DIFFERENT PATTERN OF PRESENTATION OF ECTOPIC PREGNANCY AND ITS MANAGEMENT

Introduction :
Ectopic pregnancy is a common and potentially life-threatening condition in which a fertilized ovum implants outside the uterine cavity, with over 95% occurring in the fallopian tubes. Its rising incidence is associated with pelvic infections, assisted reproductive technologies, tubal surgeries, sterilizations, and intrauterine device use. This study analyzes the predisposing factors, clinical features, management, and outcomes of ectopic pregnancies to help reduce related morbidity and mortality.

Aims & Objectives :
To determine the clinical presentations and various management options for ectopic pregnancy.

Materials & Methods :
A retrospective descriptive study conducted at GGH, Kakinada, from September 2024 to August 2025, including all patients admitted with ectopic pregnancy.

Results :
Among 1,996 gynecological admissions and 5,103 deliveries, 65 ectopic pregnancies were identified(1.3% of deliveries, 3.2% of admissions). Most patients(66%) were aged 20–30 years, and 95% were married. Multiparous women accounted for 48%.Abdominal pain was the most common symptom(46%), followed by vaginal bleeding(31%) and amenorrhea(7.7%). Cervical excitation was the main clinical sign(62%). Risk factors were noted in 57% of cases, chiefly previous miscarriage(21.5%).Surgery was required in 81% of patients, and 19% were managed medically. Rupture occurred in 81% of cases. Tubal pregnancies comprised 96%, ovarian 3%, and cesarean scar 1%. Salpingectomy was performed in 81%, nearly all required transfusion, and one maternal death resulted from hemorrhagic shock.

Conclusion :
Ectopic pregnancy remains a major threat to maternal health, particularly in low-resource settings. Most cases presented after rupture with abdominal pain as the common symptom, requiring surgical management. Early diagnosis, prompt referral, and improved awareness and healthcare access are vital to reduce morbidity and mortality.

Abstract ID: MCH/OP/240

Presenter's Name: Dr. Tanvir Singh

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Abstract Title:
EFFECTIVENESS OF GESTOSIS SCORE FOR PREDICTION OF HDP (HYPERTENSIVE DISORDER OF PREGNANCY) IN A TERTIARY HOSPITAL

Introduction :
Pre-eclampsia (PE) is one of the commonest complications of pregnancy, affecting 4.6% pregnancies worldwide and 1.8–16.7% pregnancies in the developing countries and accounts for 19% of maternal deaths. A substantial gap is identified in the early detection and subsequent management of these patients. HDP Gestosis Score is an effective and feasible model for identifying HDP especially for developing countries. Scoring of 1,2 and 3 is allotted after taking a careful history of risk factors. When the total score is >/=3 these patients are identified as "At Risk for Preeclampsia"

Aims & Objectives :
To predict pre-eclampsia using the gestosis score and assess the effectiveness of Asprin in preventing Preeclampsia

Materials & Methods :
Place of study- KIMS Study duration-FEBRUARY 2023 TO NOVEMBER 2024; Study design – Tertiary hospital based observational prospective study; Sample size –440; Study subjects – Pregnant patients in 1st Trimester of pregnancy visiting the OBGYN OPD of KIMS, Bhubaneswar. Those with a score of >/=3 were given aspirin and followed upto term

Results :
In our study Gestosis score of 1-2 (Low Risk) had 53.2% and >/=3 (High Risk) had 46.8% . 34.47% of participants with a high gestosis score actually developed HDP. The Relative risk of pre-eclampsia in women who took aspirin was 0.460 (95% CI: 0.359–0.590), indicating a 54% risk reduction compared to those who didn't take aspirin. Odds ratio (OR = 11.430, 95% CI: 6.722–19.438)

Conclusion :
Gestosis Score showed a sensitivity of 76.34% and a specificity of 61.1%. . The odds of developing pre-eclampsia were 11.43 times higher in women who did not take aspirin.

Abstract ID: MCH/OP/241

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Abstract Title:
COMPARATIVE STUDY ON DILUTED OXYTOCIN 2.5 U INTRAVENOUS IN THIRD STAGE OF LABOUR VERSUS UNDILUTED OXYTOCIN 10 U INTRAMUSCULAR IN THIRD STAGE OF LABOUR

Introduction :
Postpartum haemorrhage (PPH) remains a major cause of maternal morbidity and mortality.The optimal dose and route remain debated. This study compares the efficacy and safety of diluted low-dose intravenous (IV) oxytocin 2.5 U versus undiluted intramuscular (IM) oxytocin 10 U in the third stage of labour.

Aims & Objectives :
To compare total blood loss, duration of the third stage, incidence of PPH (> 500 mL), need for additional uterotonics between the two regimens.

Materials & Methods :
A prospective, randomised controlled trial was conducted at AIMS, B G Nagar, from 01 April 2025 to 30 September 2025. Group A (n = 50): 2.5 U oxytocin diluted to 10 mL, given IV over 1 minute. Group B (n = 50): 10 U oxytocin undiluted IM immediately after delivery. Primary outcome: estimated blood loss (EBL) by weighing of mops. Secondary outcomes: duration of third stage, PPH incidence, need for additional uterotonics, and maternal side-effects. Statistical analysis: Welch's t-test and Fisher's exact test; significance $p < 0.05$

Results :
Mean EBL: Group A = 260 ± 60 mL vs Group B = 330 ± 70 mL ($p = 0.002$). Mean duration of third stage: 4.8 ± 1.2 min vs 6.3 ± 1.5 min ($p = 0.001$). PPH (≥ 500 mL): 2/50 (4%) vs 4/50 (8%) ($p = 0.40$). Additional uterotonic use: 3/50 (6%) vs 5/50 (10%) ($p = 0.46$).

Conclusion :
Diluted IV oxytocin 2.5 U significantly reduced mean blood loss and shortened the third stage without increasing adverse effects compared to undiluted IM 10 U. The low-dose IV regimen appears safe and effective.

Abstract ID: MCH/OP/242

Presenter's Name: Dr. Tarini Singh

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Abstract Title:
ASSOCIATION OF UMBILICAL CORD BLOOD PH IN WOMEN UNDERGOING LSCS FOR CATEGORY II AND III CARDIOTOCOGRAPHY

Introduction :
Intrapartum hypoxia can lead to fetal asphyxia, metabolic acidosis, neurological injury, long-term morbidity, or death. Continuous intrapartum fetal monitoring aims to detect early hypoxia and enable timely intervention to prevent these outcomes.

Aims & Objectives :
To evaluate the association between umbilical cord blood pH and neonatal outcomes in women undergoing LSCS for Category II and III cardiotocography (CTG) patterns.

Materials & Methods :
A prospective observational study was conducted on women who underwent LSCS for persistent Category II (after 40-90 minutes of resuscitation with ringer lactate , oxygen by face mask and lying in left lateral position) or Category III CTG patterns. Umbilical cord blood was analyzed for arterial pH, and neonatal outcomes were followed for seven days.

Results :
Among 195 participants, 110 had Category II and 85 had Category III CTG tracings. Primigravidas comprised 36.9%. Labor characteristics (latent, active, or induced) did not differ significantly. A umbilical cord blood pH < 7.2 indicating acidosis occurred in 33% of Category II and 42% of Category III cases. Umbilical blood lactate > 4.1 mmol/L was observed in 47% and 61% of these groups, respectively. NICU admission was required in 66% of neonates with Category II CTG and pH < 7.2, and 75% with Category III patterns.

Conclusion :
Standardized CTG interpretation and timely caesarean delivery are vital to minimize neonatal acidosis, NICU admissions, and early neonatal death. Both Category II and III CTG patterns require vigilant evaluation; while Category III necessitates immediate action, persistent Category II tracings may indicate evolving hypoxia and demand prompt intervention to prevent neonatal morbidity

Abstract ID: MCH/OP/243

Presenter's Name: Dr. Shilpa Verma

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Abstract Title:
SURGICAL SITE INFECTION IN CONTINUOUS VERSUS INTERRUPTED SUBCUTANEOUS CLOSURE DURING PRIMARY CAESAREAN DELIVERY

Introduction :
Surgical site infection (SSI) remains one of the most common postoperative complications after caesarean delivery, contributing to substantial maternal morbidity and increased healthcare burden. The choice of subcutaneous tissue closure technique—continuous or interrupted—has been debated, particularly in women with thicker subcutaneous fat, due to variable impacts on infection rates and closure time.

Aims & Objectives :
To compare the incidence of surgical site infection and duration of abdominal closure between continuous and interrupted subcutaneous suturing techniques in women undergoing primary caesarean delivery.

Materials & Methods :
This prospective observational study was conducted over 18 months at VMMC and Safdarjung Hospital, New Delhi. A total of 585 women undergoing term primary caesarean delivery were enrolled (275 continuous, 310 interrupted). Women with subcutaneous tissue thickness <2 cm were excluded. Postoperative follow-up for SSI was done for 30 days.

Results :
Overall SSI incidence was 18.4%. Infection occurred in 14.9% of the continuous group and 21.4% of the interrupted group ($p=0.060$; OR 0.645, 95% CI 0.414–1.004). Mean abdominal closure time was significantly shorter with continuous suturing (12.3 ± 0.94 min vs. 15.1 ± 0.67 min, $p<0.001$).

Conclusion :
Continuous subcutaneous suturing significantly reduces closure time without increasing SSI risk, supporting it as an efficient and safe closure technique in primary caesarean delivery.

Abstract ID: MCH/OP/244

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Abstract Title:
INCIDENCE OF SURGICAL SITE INFECTION AFTER ANTIBIOTIC PROPHYLAXIS WITH CEFAZOLIN AND AZITHROMYCIN IN WOMEN UNDERGOING CESAREAN SECTION - A PROSPECTIVE OBSERVATIONAL STUDY

Introduction :
Surgical site infections (SSIs) remain a significant complication following caesarean sections (CS). We evaluated single-dose antibiotic prophylaxis (Cefazolin{1g} + Azithromycin{500mg}) in preventing SSIs.

Aims & Objectives :
To determine the incidence of post-operative infectious morbidity after antibiotic prophylaxis of Inj.Cefazolin & Inj.Azithromycin in women undergoing Cesarean Section

Materials & Methods :
A prospective observational study of women undergoing CS was conducted between 1st May 2024 and 31st July 2025 at AIIMS Bilaspur, (H.P),India after obtaining IEC approval. The sample size is determined based on the primary outcome (baseline incidence 15%). We assumed that there would be a reduction in SSI from 15% to 6.5% so, a sample size of 114 women was obtained. we recruited 130 patients. All women received prophylactic Inj.Cefazolin-1gm with Inj.Azithromycin-500mg. Primary outcome included SSI. Secondary outcomes were maternal fever, endometritis, Urinary tract infections (UTI), neonatal sepsis and APGAR score.

Results :
The SSI rate was 11.5%(15♀), among these majority were superficial infections (n=14;93.3%), only one♀ had deep infection(n=1;0.06%), and no woman had organ/space infections. All except one woman with SSI had positive cultures and causative organisms were Escherichia.coli(n=6, 42.8%), Staphylococcus. aureus (n=6, 42.8%), and Klebsiella(n=2, 14.2%). Majority of women underwent emergency CS(n=82; 63.1%). Fever occurred in 10♀ (7.7%), and 13 women had UTI (10%). Three women(2.3%) had an episode of vomiting after Azithromycin, and four(3.1%) were allergic to Cefazolin

Conclusion :
The combination prophylaxis demonstrated an overall SSI of 11.5%, in contrast to routine antibiotic prophylaxis with an average annual SSI rate of 17.75% at our tertiary care centre. Hence, adding azithromycin could be beneficial in reducing SSI.

Abstract ID: MCH/OP/245

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Abstract Title:
FETOMATERNAL MONITORING IN LATENT AND ACTIVE PHASE OF LABOR TO DETECT ADVERSE PREGNANCY OUTCOMES

Introduction :
Accurate monitoring during labor is essential to prevent maternal and neonatal morbidity. Currently the active phase is well-documented in labour care guide, however, latent phase complications remain underexplored.

Aims & Objectives :
To evaluate the role of fetomaternal monitoring in the latent and active phases of labor for detecting adverse pregnancy outcomes.

Materials & Methods :
Prospective observational study enrolled 350 term, low-risk pregnancies monitored during both latent and active phases using the WHO Labour Care Guide (LCG). Outcomes included mode of delivery, incidence of fetal distress, antepartum hemorrhage, meconium-stained liquor, and neonatal parameters like APGAR at 1,5 and 10 minutes, admission in NICU.

Results :
Among 350 women, vaginal delivery was performed in 270 (77.14%) study subjects and LSCS was done in 80 (22.86%) cases. Adverse fetomaternal outcomes were seen in 114 women (32.6%). Meconium-stained liquor was seen in 20.29%, Fetal distress in 6.29%, Antepartum hemorrhage in 2.57%, Non-progress of labour in 2%, NICU admission in 5.26%, Deep transverse arrest in 1.43%, APGAR score $\leq$5 at 1 minute was observed in 1.14%. Majority (83.33%) were seen in latent phase. Mean cervical dilatation at antepartum complication was 3.96 $\pm$ 2.39 cm.

Conclusion :
Emphasis on monitoring in latent phase can improve perinatal outcomes by early identification of complications.

Abstract ID: MCH/OP/246

Presenter's Name: Dr. Sakshi Bajaj

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Abstract Title:
ROLE OF DEXAMETHASONE IN POST CAESAREAN ANALGESIA AND RECOVERY

Introduction :
Our study aimed to evaluate the efficacy of dexamethasone as part of multimodal analgesia in reducing postoperative pain and opioid requirement. Dexamethasone, through its inhibition of cyclooxygenase and lipoxygenase pathways, may prolong analgesia and decrease postoperative and rebound pain.

Aims & Objectives :
To study the efficacy of a single dose of intraoperative dexamethasone in reducing postoperative pain after caesarean.

Materials & Methods :
Double-blinded, randomised controlled trial including 150 participants undergoing caesarean section under spinal anaesthesia were randomised to receive either 0.2 mg/kg dexamethasone (group I) or 10 ml normal saline (group II) intraoperatively. Visual analogue scale assessed pain at rest, with movement and coughing at various intervals after caesarean. QOR40 score was used to assess quality of recovery, time to ambulation and breastfeeding were also noted.

Results :
The visual analogue scores at rest in dexamethasone versus normal saline group were assessed at 2 hours (2.53 vs 3.34); 6 hours (3.61 vs 4.72); 12 hours (3.64 vs 4.53) and 24 hours (3.37 vs 4.06) after caesarean. There was also a highly significant difference in VAS scores ($p<0.001$) at rest, with movement and coughing at all time points. Quality of recovery using the QOR40 score (maximum score of 200) at 48 hours after caesarean (186.44 vs 174) was significantly improved ($p<0.001$). The mean times from surgery to initiation of breastfeeding (37.83 vs 63.35 minutes) and from surgery to ambulation (6.43 vs 7.92 hours) were significantly lower in group I ($p<0.001$).

Conclusion :
Single dose dexamethasone can be added as part of multimodal analgesia after caesarean as it leads to lowers pain,

Abstract ID: MCH/OP/247

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Co-Author(s):
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KGMC LUCKNOW

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Country: India

Abstract Title:
A CROSS-SECTIONAL STUDY ON MENTAL HEALTH ISSUES DURING PREGNANCY.

Introduction :
Profound physical, hormonal, and psychosocial changes during pregnancy may predispose women to mental health disorders like anxiety and depression. In India, these issues often remain underdiagnosed due to stigma, lack of awareness, and absence of routine psychological screening during antenatal care.

Aims & Objectives :
To study the prevalence of common mental health issues during pregnancy, identify associated socio-demographic and obstetric risk factors, and evaluate their impact on maternal well-being.

Materials & Methods :
A cross-sectional study was conducted in the Department of Obstetrics and Gynecology at King George's Medical University, Lucknow, over one year. A total of 300 pregnant women were enrolled after obtaining informed consent. Mental health assessment was done using the standardized tools: Depression Anxiety Stress Scale (DASS-21), Somatic Symptom Scale (SSS-8), and WHO Quality of Life-BREF (WHOQOL-BREF). Socio-demographic, obstetric, and psychosocial data were collected and analyzed using appropriate statistical tests, with $p < 0.05$ considered significant.

Results :
A high prevalence of depressive (10%) and anxiety (4%) symptoms was found among participants. Women from lower socioeconomic strata, with limited social support and adverse obstetric histories, exhibited significantly higher mental health disturbances. Increased somatic symptom scores were associated with poorer quality of life scores.

Conclusion :
Mental health issues are common yet often overlooked during pregnancy. Routine screening, early identification, and integration of psychological evaluation into antenatal care can improve maternal health outcomes and overall quality of life.

Abstract ID: MCH/OP/248

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Abstract Title:
SEVERE CHRONIC ANAEMIA IN PREGNANCY: ROLE OF INFLAMMATION

Introduction :
The severity of anemia is closely linked to systemic inflammation, which can be quantified through markers such as C-reactive protein (CRP), interleukin-6 (IL-6), tumor necrosis factor-α (TNF-α), and erythrocyte sedimentation rate (ESR). Understanding these associations is crucial for predicting maternal morbidity and optimizing management strategies.

Aims & Objectives :
To estimate and compare levels of inflammatory markers in obstetric patients with very severe chronic anemia and mild chronic anemia, and to determine the relationship between anemia severity and inflammatory status.

Materials & Methods :
A cross-sectional comparative study was conducted on 100 obstetric patients at G.R. Medical College, Gwalior. Group A included 50 women with very severe anemia (Hb < 4 g/dL), and Group B included 50 with mild anemia (Hb 10–10.9 g/dL). Serum CRP, IL-6, TNF-α, and ESR were measured using standard assays. Data were analyzed with SPSS v26 using t-tests and correlation analysis.

Results :
Mean hemoglobin was 3.5 ± 0.4 g/dL in Group A and 10.5 ± 0.3 g/dL in Group B. Mean CRP: 18.6 ± 4.2 mg/L vs 6.3 ± 2.1 mg/L ($p < 0.001$); IL-6: 62.4 ± 8.9 pg/mL vs 22.1 ± 6.4 pg/mL ($p < 0.001$); TNF-α: 39.2 ± 7.5 pg/mL vs 17.8 ± 4.3 pg/mL; ESR: 76 ± 15 mm/hr vs 34 ± 9 mm/hr ($p < 0.001$). Hemoglobin showed a significant negative correlation with CRP ($r = –0.74$).

Conclusion :
Very severe anemia in pregnancy and puerperium is associated with markedly elevated inflammatory markers, signifying systemic inflammation secondary to tissue hypoxia and infection. Monitoring these biomarkers can enhance early detection of complications and improve

Abstract ID: MCH/OP/249

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Abstract Title:
A CASE SERIES ON SEVERE PREECLAMPIA AND ITS COMPLICATIONS IN TERTIARY CARE HOSPITAL

Introduction :
Preeclampsia is a multisystemic disorder characterised by new onset hypertension and proteinuria after 20weeks period of gestation. It remains major cause of maternal and perinatal morbidity and mortality,especially in developing countries. The condition can lead to life threatening complications if not promptly recognised and managed

Aims & Objectives :
To present the clinical profile, complications, management, and outcomes of cases of severe preeclampsia

Materials & Methods :
A retrospective analysis was conducted on severe preeclapsia cases over three months. Data regarding demographic details, gestational age, clinical presentation, laboratory parameters, management and outcomes were collected and analysed

Results :
Among the cases, complications are HELLP syndrome, abruption, eclampsia, renal failure, cardiomyopathy, and intrauterine fetal demise. All patients received magnesium sulphate and antohypertensive therapy. There are no maternal deaths. Fetal adverse outcomes include stillbirth and all required NICU care

Conclusion :
Preeclampsia continues to pose significant challenges due to its unpredictable course and multisystem involvement. Early detection, close monitoring, and timely intervention in a tertiary care setting can prevent severe maternal complications and improve perinatal outcomes.

Abstract ID: MCH/OP/250

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Abstract Title:
STUDY OF CARDIO-METABOLIC RISK FACTORS IN 4TH TRIMESTER OF WOMEN AT MEDICAL COLLEGE HOSPITAL OF CENTRAL INDIA

Introduction :
The “fourth trimester” concept defined as the first 12 weeks after delivery (and beyond), is a critical window period for clinicians to intervene to optimize women’s cardio-metabolic health after pregnancy. Patient is monitored post partum member of?24 hours, 7 days then upto 6 weeks of last 8 month of delivery that occurred in a medical college in central India.

Aims & Objectives :
To study cardio-metabolic risk factor in 4th trimester of women in high risk and low risk post partum patient

Materials & Methods :
The present retrospective study conducted over 8 months (January 2025- August 2025). Data is collected from medical College of central India of the high risk and low risk anc patients delivering from 1/01/25 to 31/8/25

Results :
A total of 100 patients were reviewed. In which 50 pregnancies were low risk and 50 were high risk. The distribution of high risk pregnancies is as follows: Patients with Gestational Diabetes Mellitus (GDM): 10 cases (19.6%), Patients with Pregnancy-Induced Hypertension (PIH): 34 cases (68.0%), Patients with both gestational Diabetes Mellitus (DM) and PIH: 3 cases (5.9%), Patients with Overt Diabetes Mellitus (DM) only: 3 cases (5.9%).

Conclusion :
Women who have HRP are now recognised to carry a high risk of CVD and, regardless of the presence or absence of the synergism between GDM and PIH, they need to be followed very carefully. High risk pregnancy had higher weight retention in 4th trimester. Encouraging women, especially with high-risk pregnancies (HRP), to adopt optimal breastfeeding practices is a simple yet effective intervention that can be integrated into daily care

Abstract ID: MCH/OP/251

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Abstract Title:
FETAL CONGENITAL PULMONARY AIRWAY MALFORMATION (CPAM) : PRENATAL DIAGNOSIS, MANAGEMENT AND OUTCOMES

Introduction :
Congenital pulmonary airway malformation (CPAM) is a rare developmental lung anomaly that can present with varied prenatal outcomes.

Aims & Objectives :
This study aims to evaluate the clinical course and perinatal outcomes of CPAM cases managed at a tertiary care center.

Materials & Methods :
A single-center retrospective study was conducted in the Fetal Medicine Unit at AIIMS, New Delhi, over a 7-year period (2018–2025), which included all antenatal patients with CPAM.Data were collected from case sheets along with follow-up phone calls and included demographic details (age, parity, gestational age at diagnosis), CPAM features (CVR ratio, presence of hydrops, CPAM trend and antenatal intervention details, gestational age at delivery, and postnatal outcomes (NICU stay, need for surgery, and overall survival).

Results :
A total of 36 cases were included. The median gestational age at diagnosis was $20^{2}/_{7}$ weeks ($18^{3}/_{7}$–$31^{3}/_{7}$). All CPAMs were unilateral; 5/36 (13.88%) had a CVR ratio >1.6, while 31/36 (86.11%) had a ratio <1.6. Hydrops was present in 3 cases. Genetic testing was performed in 6 (16.66%) cases, all with normal results. During antenatal follow-up, CPAM size remained stable in 15 cases (41.66%), decreased in 9 (25%), completely resolved in 8 (22.22%), and increased in 4 (11.11%). Cyst aspiration was performed in 2 cases (5.55%). One patient (1.81%) opted for termination; the remaining pregnancies continued. The mean gestational age at delivery was $38^{2}/_{7} \pm 2^{1}/_{7}$ weeks, with a mean birth weight of 2546

Conclusion :
Most CPAM cases had favorable outcomes, with some requiring intervention. Early diagnosis and careful monitoring are key to ensuring optimal results.

Abstract ID: MCH/OP/252

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Abstract Title:
INTRODUCTION OF NEWER STRATEGIES FOR THE HIGHEST IMPLEMENTATION OF DELAYED UMBILICAL CORD CLAMPING AFTER CAESAREAN BIRTH – A QUALITY IMPROVEMENT STUDY

Introduction :
Delayed Umbilical Cord Clamping (DCC), defined as clamping the umbilical cord ≥30 seconds after birth, is a simple, cost-effective and evidence-based intervention that improves neonatal outcomes. However, it remains underutilized during caesarean sections due to emergency settings and limited coordination between obstetric and paediatric teams. This study introduces newer strategies to maximize DCC implementation through a structured Quality Improvement (QI) approach.

Aims & Objectives :
Aim: To enhance the rate of DCC in caesarean deliveries through targeted QI interventions. Objectives: (1) To implement DCC (≥30 s) in ≥80% of eligible neonates (2) to identify barriers causing suboptimal practice.

Materials & Methods :
A one-year, single-centre interventional QI study was conducted in the Department of Obstetrics & Gynaecology, Government Medical College, Amritsar (June 2024–May 2025). About 100 antenatal women (30–40 weeks) undergoing elective or emergency caesarean section were enrolled with equal allocation into PDSA-1 (Group A, n = 50) and PDSA-2 (Group B, n = 50). Singleton pregnancies with vigorous neonates were included; exclusions were antepartum haemorrhage, Rh-negative pregnancy, congenital malformation, monochorionic twins and non-vigorous neonates.

Results :
After PDSA-1, DCC rates increased from ≈20% to ≥50% within two months; after PDSA-2, compliance exceeded 80%. Average clamping time rose from ≈15 seconds to 30–45 seconds post PDSA-1 and ≥60 seconds post PDSA-2, accompanied by improved day-3 neonatal haemoglobin without increased maternal blood loss or neonatal complications.

Conclusion :
The QI project effectively bridged the gap between evidence and practice by standardizing DCC in caesarean sections. Sustained use of DCC is expected to reduce neonatal anaemia and improve overall perinatal outcomes.

Abstract ID: MCH/OP/253

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Abstract Title:
KNOWLEDGE, ATTITUDE, PRACTICE AND BARRIERS OF PRENATAL YOGA AND EXERCISES IN A TERTIARY CARE HOSPITAL IN SOUTHERN INDIA – A CROSS-SECTIONAL STUDY

Introduction :
Yoga is a holistic discipline incorporating postures, breathing and meditation that enhances maternal well-being. The Government of India recommends prenatal yoga for safer pregnancies and improved outcomes. Despite its advantages, practice among Indian women remains low owing to lack of awareness, sociocultural barriers and poor accessibility.

Aims & Objectives :
To evaluate knowledge, attitude, practice and barriers toward prenatal yoga and exercises among pregnant women in Southern India.

Materials & Methods :
questionnaire-based cross-sectional study was conducted among antenatal women > 18 years in the third trimester attending a tertiary-care hospital. A validated structured tool assessed socio-demographics, knowledge, attitude, practice and barriers. Data were analysed using IBM SPSS v30.0; categorical variables with Chi-square/Fisher's test and continuous variables with Mann–Whitney U test. $P < 0.05$ was considered significant.

Results :
Two hundred and ninety women participated in the study. The practice of yoga was low among antenatal women. The major barriers to the practice of yoga were lack of information and inadequate family support. Education status and lower socio economic status was significantly associated with poor knowledge score.

Conclusion :
Awareness of prenatal yoga is moderate but its practice remains low. Addressing modifiable barriers through antenatal counselling and structured community-based programs may enhance adoption of yoga and improve maternal and perinatal outcomes.

Abstract ID: MCH/OP/254

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Abstract Title:
COMPARISON OF FOETAL MYOCARDIAL PERFORMANCE INDEX IN WOMEN WITH AND WITHOUT GESTATIONAL DIABETES MELLITUS

Introduction :
Gestational diabetes mellitus (GDM) creates a cycle of intergenerational impact by preprogramming of cardio-metabolic risks in offspring. This suggests presence of cardiovascular compromise in fetal period itself. Myocardial performance index (MPI) is a non-invasive echocardiographic index to diagnose cardiac diseases in adults. Attempts have been made to assess utility of same index to quantify altered cardiovascular programming of foetuses.

Aims & Objectives :
To compare foetal MPI in women with and without GDM. This study also aims to compare the association of MPI with perinatal outcomes.

Materials & Methods :
This study was a prospective comparative study. Women was divided into GDM and controls based on DIPSI criteria. 41 women of each group were recruited and underwent ultrasound for determination of MPI at 32-36 weeks of gestation. Six patients with GDM and five controls were lost to follow up.Perinatal records of 35 cases of GDM and 36 controls were recorded.

Results :
MPI was significantly higher in pregnancies complicated by GDM (0.47 ± 0.07) as compared to controls (0.37 ± 0.05) (p value <0.001). GDM was found to be independent predictor for MPI. Under adverse outcomes, MPI was found to be significantly associated with neonatal hyperbilirubinemia and nucleate RBC (perinatal hypoxia). Foetuses of GDM with MPI of ≥ 0.49 would certainly experience adverse outcomes upon birth.

Conclusion :
Foetal MPI was significantly higher in women with gestational diabetes mellitus as compared to women without gestational diabetes. Foetal MPI may serve as a strong indicator; yet, this study was underpowered to establish independent association of foetal MPI with adverse perinatal outcomes

Abstract ID: MCH/OP/255

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Abstract Title:
FETOMATERNAL OUTCOME IN PREGNANCY RELATED ACUTE KIDNEY INJURY(PRAKI)

Introduction :
Pregnancy related acute kidney injury refers to deterioration in renal function occurring during pregnancy, labour postpartum period as it has been observed that it contributes significantly to maternal and fetal morbidity and mortality. The major causes found with PRAKI are abruption, hypertensive disorder (Pre eclampsia, eclampsia, HELLP syndrome), pre existing renal disorder. Outcome varied significantly on stages of AKI

Aims & Objectives :
To determine maternal and fetal outcome in pregnancy related acute kidney injury (PRAKI) To identify common causes of pregnancy related AKI

Materials & Methods :
It was a prospective observational study conducted in Lok Nayak Hospital New Delhi, women were screened for inclusion and exculsion criteria, women admitted in HDU, ICU, LABOUR ROOM of Lok nayak hospital New delhi. Women fulfilling the KDIGO CRITERIA in antepartum and postpartum period were enrolled and their maternal and fetal outcomes were noted.

Results :
In this study incidence of PRAKI was 0.28 %. Among the study participants > 80% pregnant female landing in AKI require ICU and / or HDU and require extensive monitoring some require dialysis as well and there is increased maternal and fetal mortality.

Conclusion :
Management to decrease mortality and morbidity requires extensive monitoring and should be done diligently and should be individualized. There is need for development of specific guidelines for management of PRAKI.

Abstract ID: MCH/OP/257

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Abstract Title:
PLANNED PREGNANCY IN WOMEN WITH CONNECTIVE TISSUE DISORDERS IMPROVES OUTCOME.

Introduction :
Connective tissue disorders (CTD) have a female preponderance and most commonly affect the women in their reproductive age group. CTD are associated with increased maternal and fetal morbidity and mortality. This study attempts to look at the difference in stillbirths and other outcomes in planned pregnancy (in disease remission after optimization of medications) and unplanned pregnancy

Aims & Objectives :
Primary outcome of the study was to study the stillbirth rate in CTD overall and compare between planned and unplanned pregnancy. Secondary objective was to study the maternal and fetal characteristics of the two groups.

Materials & Methods :
Retrospective observational study of all women with CTD who delivered in a tertiary referral perinatal institute with about 10,000 births annually from the year 2013 to 2024. Data retrieval was done from Electronic medical records. Planned pregnancy was defined as women in remission for more than 6 months, on pregnancy safe medications, under regular follow up and had an early booking for antenatal care

Results :
The study period had 1,08,771 births with 1186 (1.09%) having CTD. Most common CTD was Systemic Lupus Erythematosis (400, 33.73 %) followed by Antiphopholipid Antibody Syndrome (315, 26.56%). The stillbirth rate for connective tissue diseases in pregnancy was 22.76/1000 (27/1186). Unplanned pregnancies had the highest stillbirth rate of 50.39/1000 vs 9.88/1000 in planned pregnancies. This difference persisted in individual diseases too along with all other maternal and fetal outcomes.

Conclusion :
Pre-pregnancy counselling and planning a pregnancy when disease is in remission is a way to reduce stillbirths in CTD.

Abstract ID: MCH/OP/258

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Abstract Title:
IMPROVING MATERNAL SATISFACTION DURING CHILDBIRTH: A STUDY OF NON-CLINICAL FACTORS WITH LAQSHYA-BASED RECOMMENDATIONS

Introduction :
While clinical outcomes during childbirth are well-monitored, non-clinical determinants—communication, staff attitude, and facility environment—critically shape maternal satisfaction. This study evaluates these factors in a tertiary care hospital in Central India and proposes LaQshya-aligned interventions.

Aims & Objectives :
To assess maternal satisfaction across non-clinical domains and identify gaps in respectful care. The objective is to propose interventions addressing communication, staff attitude, and environmental.

Materials & Methods :
A six-month cross-sectional study was conducted in the labor ward of LN Medical College and JK Hospital, Bhopal. A validated 25-item questionnaire was administered to 250 low-risk postpartum women within 24 hours of delivery. Satisfaction was measured across healthcare, communication, staff attitude, and environment using a 5-point Likert scale. Scores were dichotomized and analyzed via SPSS v29. Domain-wise gaps were mapped to LaQshya standards to enhance respectful maternity care.

Results :
Overall satisfaction was high (92.8%), especially in healthcare (97.6%). Gaps were noted in communication (84.4%), staff attitude toward companions (88.0%), and environment—breastfeeding initiation (44.8%), toilet cleanliness (68.8%), and handwashing facilities (69.2%). These gaps were mapped to LaQshya standards: Early Breastfeeding Protocols, Mother–Baby Friendly Practices, Sanitation Infrastructure, Companion-Friendly Labor Rooms, and Communication Training. Proposed interventions include structured staff training, hygiene upgrades, and standardized protocols for breastfeeding and skin-to-skin contact.

Conclusion :
Integrating non-clinical aspects into quality frameworks is vital. LaQshya-aligned interventions can foster dignified, participatory, and satisfying childbirth experiences.

Abstract ID: MCH/OP/259

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Abstract Title:
A STUDY ON STAGE 1 HYPERTENSION IN EARLY PREGNANCY AND OBSTETRIC OUTCOMES

Introduction :
Hypertensive disorders of pregnancy are a leading cause of maternal and perinatal morbidity. The 2017 ACC/AHA guidelines lowered the threshold for stage 1 hypertension to 130–139/80–89 mm Hg.

Aims & Objectives :
To evaluate obstetric outcomes in women with stage 1 hypertension compared with normotensive women before 20 weeks of gestation.

Materials & Methods :
It was a prospective observational study on 280 antenatal women attending the OPD before 20 weeks of gestation. All underwent BP measurement as per standard protocol. Participants were categorized as having stage 1 hypertension (n = 140) or normotensive controls (n = 140). Maternal outcomes included preeclampsia, fetal growth restriction (FGR), preterm delivery, and mode of delivery; Fetal outcomes included birth weight, neonatal unit admission, and duration of stay. Statistical analysis was performed using chi-square and t-tests; $p < 0.05$ was considered significant.

Results :
Incidence of preeclampsia was significantly higher among women with stage 1 hypertension (28.6 %) than controls (3.6 %, $p < 0.001$). FGR occurred in 30.9 % vs 6.4 % ($p < 0.001$), and preterm delivery in 11.4 % vs 2.1 % ($p = 0.004$). Mean birth weight was lower among hypertensive women (2688 g vs 2891 g), and NNU admissions were more frequent (27.9 % vs 2.1 %).

Conclusion :
Stage 1 hypertension detected before 20 weeks is associated with a significantly increased risk of preeclampsia, fetal growth restriction, and preterm delivery. Early identification and close monitoring are essential to improve maternal and perinatal outcomes.

Abstract ID: MCH/OP/260

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Abstract Title:
STUDY OF FETO-MATERNAL OUTCOME IN HIGH-RISK PREGNANT WOMEN STRATIFIED BY MEWTS TOOL

Introduction :
High-risk pregnancies are a leading cause of maternal and neonatal morbidity and mortality in developing countries. Physiological adaptations during pregnancy often mask early signs of clinical deterioration, delaying timely intervention. The Maternal Early Warning Trigger (MEWT) tool offers an objective, color-coded system for early detection of maternal compromise and timely escalation of care.

Aims & Objectives :
To assess the severity of maternal morbidity in high-risk antenatal women using the MEWT tool and to evaluate associated feto-maternal outcomes.

Materials & Methods :
A prospective observational cross-sectional study. Antenatal women between 32–40 weeks of gestation were enrolled. MEWT scoring was performed at admission and periodically during hospitalization. Maternal and neonatal outcomes were analyzed, including ICU/HDU admission, obstetric complications, and perinatal outcomes.

Results :
Most participants were aged 21–30 years, multigravida, and of middle socioeconomic status. Hypertensive disorders (36.7%) were the most prevalent risk factor. MEWT scores ≥ 4 were observed in 26.7% and significantly correlated with adverse outcomes. ICU/HDU admission occurred in 23.3%, postpartum hemorrhage in 16.7%, and maternal mortality in 1.7%. Neonatal morbidity was 20%, with 8.3% stillbirths, predominantly in mothers with severe MEWT triggers.

Conclusion :
The MEWT tool proved to be a reliable bedside score for early recognition of maternal compromise and prediction of adverse perinatal outcomes. Routine implementation of MEWT-based surveillance can enable timely interventions, reducing preventable maternal and neonatal morbidity.

Abstract ID: MCH/OP/261

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Abstract Title:
RESTORING HOPE TO HEAL HEARTS BEYOND THE SILENCE: STRUCTURED PERINATAL GRIEF ASSESSMENT AND COMPASSIONATE CARE FOR BOTH MOTHERS AND FATHERS FOLLOWING INTRAUTERINE FETAL DEMISE

Introduction :
Intrauterine fetal demise (IUFD) occurs in approximately 1 in 160 pregnancies and has profound psychological consequences for both mothers and fathers. Maternal grief is more commonly recognised, but paternal grief often remains overlooked. A structured grief-assessment combined with trauma-informed, multidisciplinary care may enhance treatment and restore hope.

Aims & Objectives :
1.Assess grief in mothers and fathers following IUFD. 2.Implement a structured, trauma-informed, multidisciplinary intervention. 3.Evaluate its effectiveness in reducing grief and depressive symptoms.

Materials & Methods :
We studied nine IUFD cases (25-40 weeks' gestation; April–October 2025) with obstetric complications including gestational hypertension, chorioamnionitis, cholestasis, hypothyroidism, gestational diabetes and unknown causes. All mothers delivered safely via vaginal birth and received individualized care. Grief and depressive symptoms were measured at baseline and after 4 weeks of intervention using the Perinatal Grief Scale (PGS) for mothers, the Perinatal Paternal Grief Scale (PPGS) for fathers and the Edinburgh Postnatal Depression Scale (EPDS) for mothers. The intervention included immediate emotional support, memory-making activities, companion support, counselling and follow-up.

Results :
At baseline, maternal grief (PGS) averaged 105 ± 12; paternal grief (PPGS) 98 ± 11; maternal depressive symptoms (EPDS) 16 ± 3. At 4 weeks post-intervention, maternal grief reduced to 62 ± 9; paternal grief to 58 ± 8; maternal EPDS to 8 ± 2. All families showed consistent improvement irrespective of obstetric complication. Parents reported enhanced coping, emotional processing and restored hope. Inclusion of paternal grief assessment promoted holistic, family-centred recovery.

Conclusion :
IUFD profoundly affects both parents. Compassionate multidisciplinary care with structured grief assessment fosters recovery, resilience, and hope through standardised bereavement protocols.

Abstract ID: MCH/OP/262

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Abstract Title:
CHANGING TRENDS IN PRIMARY CAESAREAN SECTION: A ONE-YEAR RETROSPECTIVE ANALYSIS FROM A CORPORATE HEALTHCARE SETTING

Introduction :
Caesarean section rates are rising globally, with a notable increase in primary procedures among women with no previous uterine scar. Corporate hospitals, often serving higher-risk and patient-demand-driven populations, show distinctive patterns that merit critical review.

Aims & Objectives :
To assess the current trends and indications for primary LSCS over one year in a tertiary-level corporate hospital and to identify potential modifiable factors influencing these trends.

Materials & Methods :
A retrospective descriptive analysis was conducted from September 2024 to August 2025 using institutional labour ward and operative records. All women undergoing primary LSCS during this period were included. Demographic data, obstetric risk factors, labour characteristics, and operative indications were reviewed and categorized into elective and emergency procedures, and outcomes for both mother and neonate were described.

Results :
The institutional review demonstrated a gradual decline in the rate of primary LSCS over the study period, followed by stabilization around 50–55% from April 2025 onward. This trend reflected improved adherence to evidence-based intrapartum management and a cautious shift toward promoting vaginal birth where feasible. Non-reassuring fetal status, failed induction, cephalopelvic disproportion, and maternal request emerged as predominant contributors. While the majority of procedures were performed for clear obstetric indications, a proportion were influenced by maternal preference or medico-legal caution. Maternal and neonatal outcomes were generally favourable.

Conclusion :
The observed decline and subsequent stabilization in primary caesarean rates underscore the impact of regular audits, standardized labour management, and patient counselling within a corporate healthcare framework. Sustained vigilance and institutional commitment are essential to maintain balanced, safe obstetric practices.

Abstract ID: MCH/OP/263

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Abstract Title:
COMPARATIVE ANALYSIS OF ORAL IRON WITH INJECTABLE FERRIC CARBOXYMALTOSE FOR TREATMENT OF POST PARTUM IRON DEFICIENCY ANAEMIA

Introduction :
Prevalence of postpartum iron deficiency anaemia (PPIDA) is as high as 50-80 percent in developing countries (Hb < 11gm/dl). Oral iron therapy provide delayed hematologic response. Intravenous ferric carboxymaltose (FCM), a newer alternative has potential for fast effective correction of anaemia.

Aims & Objectives :
To compare the efficacy and safety of intravenous FCM and oral iron in PPIDA.

Materials & Methods :
Prospective comparative study was conducted on 200 postpartum women (haemoglobin < 10 gm/dL). • Group A: Received intravenous FCM (maximum 1000 mg/week) up to the calculated dose. • Group B: Received oral ferrous fumarate 112 mg (elemental iron), twice daily for six weeks. Hb, RBC indices, serum ferritin, Serum Iron, Transferrin saturation and TIBC were assessed at baseline, 4 weeks, and 6 weeks. Adverse effects and tolerability were recorded.

Results :
At 4 and 6 weeks, mean haemoglobin rise was better in FCM group than Oral iron seen as 2.1 vs 1.2gm/dl at 4 weeks and 3.1 vs 2.1gm/dl at 6 weeks. Other haematological parameters except reticulocyte count was significantly higher in the FCM group compared to the oral iron group ($p<0.001$). Serum ferritin rose greatly with FCM group at end of 6 weeks (117.5ng/ml vs 20.4ng/ml), indicating substantial iron store replenishment. Gastrointestinal side effects were frequent in the oral iron group, while only mild transient reactions occurred with FCM.

Conclusion :
Intravenous FCM is more effective, safe, provides quicker hematologic improvement with better tolerability than oral iron, making it a valuable therapeutic option for PPIDA.

Abstract ID: MCH/OP/264

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Abstract Title:
IMPACT OF INTRAPARTUM COMPUTERIZED CARDIOTOCOGRAPHY ON MATERNAL AND PERINATAL OUTCOME IN HIGH RISK PREGNANCY : A RETROSPECTIVE STUDY.

Introduction :
High-risk pregnancies are associated with increased maternal and perinatal complications, mainly due to fetal hypoxia and intrapartum distress. Continuous fetal monitoring is essential to detect early fetal compromise. Traditional cardiotocography (CTG) may be limited by subjective interpretation and inter-observer variability. Computerized CTG (cCTG) provides objective analysis of fetal heart rate patterns using standardized algorithms such as the Dawes–Redman criteria, improving timely decision-making.

Aims & Objectives :
To evaluate the impact of computerized CTG on maternal and perinatal outcomes. To assess correlation between cCTG findings and mode of delivery.To evaluate neonatal outcomes including Apgar score and SNCU admission.

Materials & Methods :
A retrospective observational study was conducted in the Department of Obstetrics and Gynaecology at RSDKS GMC Ambikapur from April 2025 to September 2025. A total of 146 high-risk intrapartum women ≥28 weeks gestation were included. cCTG tracings were categorized as normal, suspicious, or pathological. Maternal outcomes (mode of delivery) and neonatal outcomes (Apgar score, SNCU admission) were analyzed.

Results :
Of 146 cases, 58 (39.73%) delivered vaginally and 88 (60.27%) underwent LSCS, mostly due to abnormal/suspicious cCTG findings. Neonatal SNCU admission occurred in 8 (13.79%) newborns following vaginal delivery and in 35 (39.77%) following LSCS. Reassuring cCTG tracings correlated with vaginal birth and better neonatal outcomes.

Conclusion :
Computerized CTG improves intrapartum monitoring by enabling early recognition of fetal compromise, reducing delayed decision-making, and improving neonatal outcomes. Integration of cCTG into routine monitoring of high-risk pregnancies can enhance evidence-based clinical decisions.

Abstract ID: MCH/OP/265

Presenter's Name: Dr. Wagisha Sisodia

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Abstract Title:
OPHTHALMIC ARTERY DOPPLER AT 11-13 WEEKS AND PREDICTION OF PRE-ECLAMPSIA IN A TERTIARY CARE HOSPITAL

Introduction :
Preeclampsia remains a major cause of maternal and perinatal morbidity and mortality. Early prediction can improve outcomes through timely preventive measures. Ophthalmic artery Doppler (OAD) provides a simple, non-invasive means to evaluate maternal vascular resistance and may help identify women at risk during early gestation.

Aims & Objectives :
To evaluate the role of ophthalmic artery Doppler parameters measured at 11–13 weeks of gestation in predicting the subsequent development of preeclampsia.

Materials & Methods :
This observational study was conducted over 18 months and included 100 singleton pregnancies at 11–13 weeks of gestation. OAD was performed using a transorbital approach. Four measurements were recorded: first peak systolic velocity (PSV1), second peak systolic velocity (PSV2), pulsatility index (PI), and the PSV ratio (PSV2/PSV1). Participants were followed until delivery, and the incidence of preeclampsia was noted. Doppler indices were compared between women who developed preeclampsia and those who remained normotensive.

Results :
Women who developed preeclampsia demonstrated significantly increased PSV2 and PSV ratio, with reduced RI and PI compared to normotensive pregnancies ($p < 0.05$). These early hemodynamic changes indicate reduced vascular resistance preceding clinical disease.

Conclusion :
Ophthalmic artery Doppler at 11–13 weeks is a useful early screening tool for preeclampsia. Elevated PSV ratio with reduced PI and RI can help identify high-risk pregnancies for closer surveillance and early intervention.

Abstract ID: MCH/OP/266

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Abstract Title:
"THE DELICATE TRADE-OFF: HOW MULTIFETAL PREGNANCY REDUCTION SHAPES MATERNAL AND NEONATAL FUTURES"

Introduction :
High-order multifetal pregnancies carry a heightened risk of maternal and perinatal complications. Multifetal pregnancy reduction (MFPR) is performed to decrease the number of fetuses, thereby improving pregnancy viability and optimizing neonatal outcomes.

Aims & Objectives :
To evaluate maternal and perinatal outcomes following high-order MFPR and determine its impact on pregnancy viability, complications, and neonatal survival, with particular emphasis on the relationship between the reduction technique and chorionicity.

Materials & Methods :
A retrospective observational study was conducted over two years (2023–2025) at a tertiary fetal medicine centre. Data on maternal demographics, chorionicity, type of reduction procedure, and subsequent pregnancy outcomes were systematically analyzed.

Results :
Potassium chloride (KCl) injection was the most commonly employed reduction technique (16.46%), predominantly used in trichorionic–triamniotic (88.24%) and dichorionic–diamniotic (6.78%) pregnancies. Microwave and laser ablation were selectively utilized in monochorionic and complex gestations, while radiofrequency ablation was rarely indicated. A statistically significant association was observed between the type of reduction technique and chorionicity ($p < 0.0001$). Post-reduction outcomes demonstrated higher pregnancy viability, lower preterm birth rates, and improved neonatal survival with Multifetal pregnancy reduction (MFPR)

Conclusion :
MFPR is a safe and effective intervention that markedly improves maternal and perinatal outcomes in high-order multiple pregnancies. The choice of reduction method should be individualized based on chorionicity to achieve optimal clinical results.

Abstract ID: MCH/OP/267

Presenter's Name: Dr. Ananta

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Abstract Title:
SILENT SIGNALS, LOUD OUTCOMES: ROLE OF NT PROBNP IN PREDICTING MATERNAL CARDIAC EVENTS

Introduction :
Heart disease in pregnancy is part of high risk obstetrics. Women with pre existing heart disease are at increased risk of cardiac decompensation due to added physiological changes of pregnancy in women with already compromised cardiovascular system. If not monitored and managed meticuloisly, it can lead to varios adverse medical, obstetric and neonatal outcomes. NT proBNP is a established maker of heart failure and its prognostication, but its role in “predicting” this decompensation is debatable.

Aims & Objectives :
Prediction of adverse cardiac events using NT-proBNP in pregnant women with structural heart disease

Materials & Methods :
Prospective cohort study conducted in department of OBS&GYN, Lok Nayak Hospital, New Delhi in 50 pregnant women with known case of heart disease. Serum NT proBNP levels were obtained at 22-28weeks and 30-36weeks period of gestation and varios medical, obstetric and neonatal outcomes were compared with the NT proBNP values obtained.

Results :
Out of the Total number of participants, 18% women suffered from adverse cardiac events The mean NT-Pro-BNP was higher in women who experienced adverse cardiac events compared to those who did not. Serum NT proBNP at 22-28weeks had the best role in predicting heart failure with a sensitivity66.7% specificity 86.4% and negative predictive value of 95% (p value-0.002).

Conclusion :
Second-trimester NT-proBNP predicted heart failure, with high specificity and negative predictive value.. Elevated NT-proBNP levels also preceded severe outcomes, including maternal death. While it showed fair predictive value for adverse obstetric and perinatal outcomes.

Abstract ID: MCH/OP/268

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Abstract Title:
MATERNAL SND FETAL OUTCOMES IN THE PATIENTS OF PLACENTA ACCRETA SPECTRUM DISORDER

Introduction :
PAS disorder refers to abnormal invasion by placental villi into uterine wall. One of most morbid diseases that an obstetrician comes across.Severe and even life-threatening hemorrhage, which frequently necessitates blood transfusion, can result in maternal morbidity and fatality. PAS has taken epidemic proportions of which parallels the rise in cesarean deliveries. PAS is a common indication for peripartum hysterectomy, either to prevent or to control postpartum hemorrhage.

Aims & Objectives :
To study the maternal and fetal outcomes in the patients of PAS ·To study the maternal outcomes in the patients of PAS disorder · To study the fetal outcomes in the patients of PAS disorder

Materials & Methods :
Data collected included patient demographics, placental location, obstetric and surgical history,blood loss using calibrated gravimetric method (weighing machine) and transfusion, maternal and neonatal outcomes.Histopathological confirmation was performed, and four cases lacking PAS features were excluded from the study.

Results :
In this prospective observational study of 24 confirmed cases of PAS disorder at a tertiary care centre, maternal morbidity was significant, with all patients requiring blood transfusions (mean 7.29 ± 4.01 units), estimated blood loss (mean 2298.61 ± 1168.50ml), prolonged hospital stay (mean 20.96 ± 10.64 days), ICU admission, and intraoperative complications in 20.8% of cases. Placenta accreta was the most common subtype (41.7%), followed by increta (37.5%) and percreta (20.8%).Neonatal outcomes were influenced by prematurity and intrauterine compromise, with 41.6% requiring nursery admission, 20.8% needing resuscitation. No cases of pre-eclampsia was observed.

Conclusion :
Significant blood loss underscores the substantial haemorrhagic risk associated with PAS Careful assessment of abnormal placental implantation

Abstract ID: MCH/OP/269

Presenter's Name: Dr. Kumili Neelima

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Abstract Title:
LACTATE ENHANCED QUICK SEQUENTIAL ORGAN FAILURE ASSESSMENT SCORE (" LQSOFA") AS A TOOL TO PREDICT THE PROGNOSIS IN PATIENTS DIAGNOSED WITH SEPSIS IN GYN & OBS INTENSIVE CARE UNIT

Introduction :
• Sepsis is a critical medical condition caused by infection, triggering widespread inflammation and organ dysfunction. • It is a major global health concern due to high morbidity and mortality. • Sepsis is a leading cause of maternal mortality worldwide, with infections contributing to 25 –40% of all maternal deaths and pregnancy-related sepsis directly causing 10–11%.

Aims & Objectives :
AIM: To study the accuracy of the q-SOFA score along with serum lactate level to predict the prognosis in patients of sepsis in Gyn &Obs ICU. OBJECTIVE: ❖To determine the q-SOFA score in patients with sepsis in Gyn & Obs ICU. ❖To determine serum lactate level in patients with sepsis in Gyn & Obs ICU. ❖To determine the accuracy of the q-SOFA score and lactate individually in predicting the prognosis in these patients.

Materials & Methods :
• The present prospective observational study was conducted in a tertiary health care centre in Government General Hospital, Kakinada, and enrolled patients with sepsis admitted to the Gyn & Obs Intensive Care Unit (GICU) between May 1, 2024 to April 30, 2025. • The present study was initiated following approval from the Institutional Ethical Committee and after obtaining informed written consent from all participants.

Results :
• Among the 107 study participants, the majority were aged 18-45 years (41.12%), with a mean age of 28.37 ± 11.25

Conclusion :
• According to the present study findings, we concluded that both q-SOFA and LQ-SOFA scores, when combined with serum lactate levels, provide crucial prognostic information that aids in early identification of high-risk sepsis patients.

Abstract ID: MCH/OP/270

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Abstract Title:
ABRUPTION IN HYPERTENSIVE DISORDERS OF PREGNANCY AND ITS MATERNAL AND FETAL OUTCOME

Introduction :
Placental abruption is defined as premature seperation, either partial or complete seperation of normally situated placenta before the delivery of baby resulting in haemorrhage . ϖ ABRUPTIO PLACENTA - Latin word ϖIncidence - 0.6-1% in all births ϖAbruption can occur anytime after 20 weeks of gestational age , most common in 3rd trimester. ϖ Risk factors - hypertension , multiparity, malnutrition , advancing maternal age , sudden uterine decompression , folic acid deficiency ,subclinical hypothyroidism , inherited thrombophilias, placental anomaly , twins, low socioeconomic status .

Aims & Objectives :
To study the maternal and fetal outcome in women with abruption in hypertensive disorders of pregnancy.

Materials & Methods :
An observational prospective study in Malla reddy vishwavidyapeeth hospital among the case of abruption in hypertensive disorders of pregnancy

Results :
My Study shows abruption is 20%revealed, 10%concealed and ,70% mixed and it is more common in 20 to 30 years of age group, chances of IUD surpasses live births,increased no. I'd cesarean deliveries in abruption with maternal complications of anemia,PPH, prolonged hospital stay, AKI, wound gaping.

Conclusion :
Abruptio placenta is a grave and potentially life threatening condition for mother and fetus, testing the limits of best obstetric and neonatal units.Educating the pregnant mother about the importance of antenatal care and accessibilty to quality antenatal services will help in reducing the maternal & perinatal morbidty and mortality.As ,timing of abruption is unpredictable,cases prone to preeclampsia, & cases of preclampsia have to be paid special attention and addressed with team management when diagnosed as abruption. Uncorrected Anemia in pregnancy is accompanying cofactor

Abstract ID: MCH/OP/271

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Abstract Title:
"ECHOCARDIOGRAPHIC ASSESSMENT OF CARDIAC DYSFUNCTION IN PRE-ECLAMPSIA: EXPERIENCE FROM A TERTIARY CARE CENTRE IN CENTRAL INDIA"

Introduction :
Pre-eclampsia (PE) is a multisystem hypertensive disorder of pregnancy that imposes substantial cardiovascular stress. Echocardiography allows early detection of subclinical myocardial changes, which can significantly influence management and prevent serious maternal outcomes.

Aims & Objectives :
To identify 2D echocardiographic abnormalities in pre-eclamptic women and assess their clinical implications in guiding management, especially postpartum fluid replacement, and in averting maternal morbidity and mortality.

Materials & Methods :
This cross-sectional study included 271 pre-eclamptic women between 28–36 weeks of gestation at a tertiary care centre in Central India. All underwent detailed 2D, M-mode, and Doppler echocardiography. Data were statistically analyzed for frequency, percentages, and 95% confidence intervals (CIs).

Results :
Mean maternal age was 26.7 ± 3.8 years; mean gestational age at echocardiography was 33.1 ± 2.7 weeks; mean parity 1.6 ± 0.8. Echocardiographic abnormalities were noted in 57 patients (21.0%). Grade I diastolic dysfunction was most frequent (11.8%), followed by trivial tricuspid regurgitation (6.3%), cardiomyopathy (0.7%), left ventricular hypertrophy (0.7%), pericardial effusion (0.37%), and severe mitral stenosis (0.37%). Eleven patients (4.1%) had an IVC diameter ≥ 18 mm.

Conclusion :
Cardiac involvement in pre-eclampsia is common but often subclinical. Identification of even minor abnormalities—such as diastolic dysfunction or elevated IVC diameter—guides appropriate fluid management and helps prevent cardiac decompensation, pulmonary edema, and maternal death. Routine echocardiographic screening should be integrated into obstetric care to improve maternal outcomes.

Abstract ID: MCH/OP/272

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Abstract Title:
PERINATAL OUTCOMES AND CHARACTERISTICS OF CONGENITAL ANOMALIES DETECTED IN THE THIRD TRIMESTER: A SINGLE CENTER EXPERIENCE

Introduction :
Management of fetal anomalies detected in the third-trimester is challenging and requires systematic sonographic examination and multi-disciplinary care.

Aims & Objectives :
To evaluate the incidence, spectrum and perinatal outcomes of anomalies detected in the third-trimester scan.

Materials & Methods :
This was a retrospective review of 327 pregnancies undergoing a sonographic evaluation after 28 weeks, between June 2024-September 2025. Anomalies detected were categorised as “missed” or “evolving” and antenatal counselling was offered with a geneticist and neonatologist.

Results :
There were 22/327 (6.7%) cases with structural anomalies detected on the third-trimester scan. Mean gestational age at diagnosis was 29 weeks (range- 28-37 weeks). The system-wide distribution of the anomalies included, CNS – 9/22, Genito-urinary –7/22, cardiac – 4/22, cranial – 1/22 and skeletal – 1/22. There were 8/22 (36.4%) which were first detected, while 16/22 (63.6%) were evolving on the growth-scan. The missed anomalies included conotruncal defects, corpus-callosum agenesis, Dandy-Walker-Malformation, occipital-meningocele and talipes. The spectrum of evolving anomalies included urinary-tract-dilatation (UTD) and cerebral ventriculomegaly. UTD-A1 was seen in 4/7 and UTD-A2-A3 in 3/7 cases. Isolated mild ventriculomegaly (<12mm) was seen in 6/9 cases, while severe ventriculomegaly in 3/9 cases with additional intracranial findings. All patients had live births except one, who underwent late MTP for multiple intracranial defects. All cases of UTD-A1 were conservatively managed. Two cases of UTDA2-A3 had PUJ obstruction and one had duplex-kidney with ureterocoele. Corrective surgery has been performed for ureterocoele, occipital-meningocele and PUJ obstruction.

Conclusion :
Protocol-driven anatomical assessment during growth scan aids in antenatal detection of structural defects, facilitating multi-disciplinary care for optimising perinatal outcomes.

Abstract ID: MCH/OP/273

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Abstract Title:
EFFECT OF MATERNAL AND FETAL OUTCOME IN TEENAGE PREGNANCY

Introduction :
WHO defines Teenage Pregnancy as “any pregnancy from a girl who is 10-19 years of age”, the age being defined as her age at the time the baby is born. In India, teenage pregnancy constitutes 8-14% of total pregnancies.

Aims & Objectives :
Teenage pregnancy remains a major global public health issue, particularly in low and middle income countries, where early childbearing is associated with significant maternal and fetal complications. This study aims to evaluate the maternal and fetal outcomes of teenage pregnancy.

Materials & Methods :
A prospective clinical study was conducted over three months in the Department of OBG at SRMCH,Trichy. A total of 200 antenatal patients aged 13-19 years with singleton pregnancy and gestational age of 28 weeks and above were included. Data collection involved detailed clinical history, ANC checkup and assessment of maternal and fetal outcomes. Statistical analysis was performed using SPSS version 25.0, with significance set at $p < 0.05$.

Results :
Anemia was the most common maternal complication (48.8%), followed by hypertensive disorders (23.3%) and GDM (17.7%). Cardiac complications in 4.4% of cases. Preterm delivery in 30% of cases, postpartum hemorrhage in 17.7%, and instrumental delivery in 15.5%. Wound infection was the most frequent postpartum complication (31.1%), followed by PPH and postpartum sepsis (18.8%). Neonatal complications included LBW(28%), preterm birth (30%), perinatal asphyxia (15%), and NICU admission (20%). Stillbirth in 5% of cases.

Conclusion :
Teenage pregnancy is associated with significant maternal and fetal complications. Targeted interventions such as improved antenatal care, increased awareness, and better socio-economic support to mitigate risks associated with adolescent pregnancies.

Abstract ID: MCH/OP/274

Presenter's Name: Dr. Damini Rathee

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Abstract Title:
STUDY OF SERUM CALCIUM, MAGNESIUM AND URIC ACID AND ITS CORRELATION WITH OUTCOMES IN PREGNANT WOMEN WITH AND WITHOUT HYPERTENSIVE DISORDERS

Introduction :
Hypertensive disorders of pregnancy (HDP) remain a leading cause of maternal and perinatal morbidity and mortality. Micronutrient imbalance, particularly altered calcium, magnesium, and uric acid levels, has been implicated in their pathogenesis.

Aims & Objectives :
To compare serum calcium, magnesium, and uric acid levels in normotensive and hypertensive pregnant women and to correlate these parameters with maternal and fetal outcomes.

Materials & Methods :
A comparative cross-sectional study was conducted on 218 third-trimester pregnant women, grouped as normotensive controls and those with gestational hypertension, early-onset, and late-onset preeclampsia. Serum calcium, magnesium, and uric acid were analysed and correlated with clinical parameters. Maternal outcomes such as severity of proteinuria, end organ dysfunction, mode of delivery were more co-related amongst gestation hypertensives, early and late onset pre-ecclampsia patients. similarly fetal outcomes like birth weight, APGAR score were studied.

Results :
Mean serum calcium ($p < 0.001$) and magnesium ($p < 0.001$) levels were significantly lower, whereas serum uric acid levels were significantly higher ($p < 0.001$) in all hypertensive groups compared to controls. Hyperuricemia was most pronounced in preeclampsia. Adverse maternal outcomes such as increased cesarean rates, end organ dysfuction, proteinuria and fetal complications such as low-birth-weight infants with poor APGAR score were significantly associated with abnormal biochemical profiles and severity of pre-ecclampsia.

Conclusion :
Hypocalcemia, hypomagnesemia, and hyperuricemia are significantly associated with hypertensive disorders of pregnancy and adverse perinatal outcomes. Early onset pre-eclampsia is more strongly linked with placental dysfunction, severe proteinuria, end organ complications and poor neonatal outcomes. These biochemical parameters may serve as valuable, cost-effective markers for early identification and

Abstract ID: MCH/OP/275

Presenter's Name: Dr. Shahna Salam M

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Abstract Title:
RISK FACTORS, DELIVERY PATTERNS, AND PERINATAL OUTCOMES OF PRETERM BIRTHS IN AN ART-ENABLED TERTIARY CARE HOSPITAL: A THREE-YEAR RETROSPECTIVE STUDY

Introduction :
Preterm birth remains a leading cause of neonatal morbidity and mortality worldwide. Assisted reproductive techniques (ART) have contributed significantly to improved fertility outcomes, yet pregnancies conceived through ART are associated with higher risks of obstetric complications, including preterm delivery.

Aims & Objectives :
To explore the risk factors, mode of delivery, and perinatal outcomes of preterm births in a tertiary care hospital with advanced ART facilities over a three-year period.

Materials & Methods :
A retrospective observational study was conducted in the Department of Obstetrics and Gynaecology at INHS Asvini equipped with ART services. Medical records of women who delivered preterm (<37 weeks of gestation) between January 2022 and December 2024 were reviewed. Maternal demographic details, ART-related factors, obstetric risk factors, mode of conception, mode of delivery, and neonatal outcomes were analysed.

Results :
A retrospective observational study was conducted in the Department of Obstetrics and Gynaecology at INHS Asvini equipped with ART services. Medical records of women who delivered preterm (<37 weeks of gestation) between January 2022 and December 2024 were reviewed. Maternal demographic details, ART-related factors, obstetric risk factors, mode of conception, mode of delivery, and neonatal outcomes were analysed.

Conclusion :
Preterm birth in ART-supported pregnancies is influenced by both ART-related and obstetric risk factors. Perinatal outcomes, while improved compared to historic data, continue to demonstrate the fragility of preterm neonates. Strengthening antenatal surveillance, optimizing ART protocols, and early identification of high-risk pregnancies may improve outcomes.

Abstract ID: MCH/OP/276

Presenter's Name: Dr. Vidhi Sambyal

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Abstract Title:
IMPACT OF OLIGOHYDRAMNIOS ON FOETOMATERNAL OUTCOME : A PROSPECTIVE STUDY

Introduction :
Amniotic fluid plays a crucial role in protecting the developing fetus and supporting normal growth. Oligohydramnios, defined as an amniotic fluid index (AFI) below 5 cm or deepest vertical pocket less than 2 cm, is associated with several adverse obstetric and neonatal outcomes, including increased cesarean delivery rates and perinatal morbidity.

Aims & Objectives :
To assess the impact of oligohydramnios on maternal and fetal outcomes in term pregnancies.

Materials & Methods :
This prospective study was carried out in the Department of Obstetrics and Gynaecology, SMGSH, GMC Jammu, over a 12-month period from July 2022 to June 2023. A total of 500 pregnant women with AFI <5 cm and gestational age ≥34 weeks, with no prior cesarean section, were included. Maternal and neonatal parameters were analyzed to evaluate the effect of oligohydramnios.

Results :
Premature rupture of membranes (34.8%) and intrauterine growth restriction (24%) were the most frequent findings among women with oligohydramnios. The cesarean section rate was significantly high (44%) , predominantly due to acute fetal distress. NICU admissions were also notably increased (54.6%), mainly for respiratory distress and low birth weight. Maternal morbidity, including prolonged hospital stay and perineal injuries, was also increased. The stillbirth rate was 0.4%, and neonatal mortality reached 5.4%.

Conclusion :
Oligohydramnios is a significant predictor of poor perinatal outcomes and contributes to elevated cesarean and NICU admission rates. While Apgar score alone may not reliably predict neonatal prognosis, early diagnosis, vigilant monitoring, and timely intervention can minimize complications and improve both maternal and neonatal outcomes.

Abstract ID: MCH/OP/277

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Abstract Title:
CLINICAL AUDIT AS A TOOL FOR IMPROVING MATERNAL SAFETY USING DIGITAL HEALTH STANDARDS

Introduction :
Despite significant advances in obstetric care, preventable maternal morbidity continues to pose a challenge in tertiary settings. Timely recognition and standardized management of high-risk obstetric conditions such as postpartum haemorrhage (PPH), hypertensive disorders, and puerperal sepsis remain crucial. Clinical audit, when synchronized with digital health systems, can serve as a continuous loop for evaluating adherence to obstetric protocols and improving the quality of intrapartum and postpartum care.

Aims & Objectives :
To implement a structured, digital clinical audit framework in the Department of Obstetrics and Gynaecology aimed at strengthening maternal safety standards through real-time monitoring, documentation, and feedback.

Materials & Methods :
A digital audit module is being embedded into the institutional electronic health record (EHR) platform. Maternal health indicators—including management timelines for PPH, eclampsia, anaemia in pregnancy, and caesarean section complications—are captured and analysed against WHO near-miss criteria and FOGSI-recommended protocols. Monthly multidisciplinary audit meetings involving obstetricians, anaesthetists, and nursing staff interpret digital dashboards, identify deviations, and formulate corrective actions

Results :
The initiative is expected to improve compliance with evidence-based obstetric practices, enhance the use of digital partographs, and promote early intervention in life-threatening maternal events. Ultimately, the framework aims to establish a replicable digital model for continuous obstetric quality assurance and maternal safety improvement.

Conclusion :
The National Accreditation Board for Hospitals & Healthcare Providers (NABH) has formally integrated Manyata, the maternal health quality standards developed by the Federation of Obstetric and Gynaecological Societies of India (FOGSI), into its certification programmes. Digital health standards may improve maternal safety in a tertiary care hospital.

Abstract ID: MCH/OP/278

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Abstract Title:
PREDICTION OF ADVERSE PREGNANCY OUTCOMES BY USING COMBINATION OF MATERNAL CHARACTERISTICS, MEAN ARTERIAL PRESSURE AND UTERINE ARTERIAL DOPPLER AT 11-14 WEEKS OF PREGNANCY

Introduction :
Early identification of pregnancies at risk for adverse maternal and fetal outcomes remains a cornerstone of modern obstetric care. This study evaluates the predictive utility of maternal characteristics, mean arterial pressure (MAP), and uterine artery Doppler indices during the first trimester (11–14 weeks) for early detection of complications.

Aims & Objectives :
To study maternal characteristics, mean arterial pressure & uterine artery doppler at 11-14 weeks of pregnancy to predict adverse pregnancy outcomes. To study parameters that is maternal characteristics, mean arterial pressure and uterine artery doppler to predict: - • Adverse maternal outcomes at the time of delivery. • Fetal & Neonatal outcomes at the time of delivery.

Materials & Methods :
A prospective observational study was conducted on 200 pregnant women with singleton pregnancies attending antenatal care at 11–14 weeks of gestation. Maternal demographics, BMI, and blood pressure were recorded, and uterine artery Doppler parameters—pulsatility index (PI), resistance index (RI), and systolic/diastolic (S/D) ratio—were measured. Participants were followed through delivery, and outcomes such as preeclampsia, gestational hypertension, fetal growth restriction (FGR), preterm birth, intrauterine death (IUD), and NICU admissions were analyzed. Receiver Operating Characteristic (ROC) curves were used to assess predictive performance.

Results :
The mean maternal age was 30.16 years, mean BMI 27.6 kg/m², and mean MAP 92.7 mmHg. Uterine artery PI (2.08 ± 0.44) and RI (0.79 ± 0.11) were significantly associated with hypertensive disorders. The combined model of maternal age, BMI, MAP, and Doppler indices achieved the highest predictive accuracy for: Gestational hypertension: AUC 0.819 Preeclampsia: AUC 0.772 Eclampsia: AUC 0.963 Preterm delivery: AUC 0.703

Conclusion :
First-trimester screening

Abstract ID: MCH/OP/279

Presenter's Name: Dr. Surya Kumari Bondada

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Country: India

Abstract Title:
UTERINE ARTERY LIGATION PRIOR TO UTERINE INCISION IN PLACENTA PREVIA: A CASE SERIES

Introduction :
Our case series describes 8 placenta previa cases treated at Rangaraya Medical College, Kakinada, Andhra Pradesh, from May 2024 to May 2025. We evaluated the efficacy of uterine artery ligation prior to uterine incision in reducing blood loss and complications in patients undergoing cesarean section.

Aims & Objectives :
Utrine artery ligation to reduce severe bleeding, meternal mortality and morbidity in placenta previa.

Materials & Methods :
Methods: After opening the uterovesical fold, uterine vessels were exposed and ligated with round bodied number 1 chronic catgut, 1 cm above and below the uterine incision level. Uterine incision, baby delivery, and placental delivery followed, with minimal blood loss.

Results :
6 cases required unilateral ligation, while 2 cases needed bilateral uterine artery ligation. Our procedure significantly reduced intraoperative blood loss and postpartum hemorrhage, preserving the uterus and minimizing massive blood transfusions.

Conclusion :
Uterine artery ligation prior to uterine incision is a life-saving technique that controls severe hemorrhage, reducing maternal mortality and morbidity. It avoids cesarean hysterectomy and is an effective approach to managing placenta previa.[1] [2] [3]

Abstract ID: MCH/OP/280

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Abstract Title:
FETOMATERNAL OUTCOMES IN PREGNANCIES COMPLICATED BY OLIGOHYDRAMNIOS: A CROSS-SECTIONAL OBSERVATIONAL STUDY IN A TERTIARY CARE HOSPITAL

Introduction :
Oligohydramnios, defined as an amniotic fluid index (AFI) ≤5 cm, is associated with increased maternal and perinatal complications. The choice between spontaneous labor (SOL) and induction of labor (IOL) may influence these outcomes.

Aims & Objectives :
To evaluate fetomaternal outcomes in pregnancies complicated by oligohydramnios and compare outcomes between SOL and IOL.

Materials & Methods :
This hospital-based cross-sectional observational study was conducted in the Department of Obstetrics and Gynaecology, Government Medical College, Jammu, from March 2023 to April 2024 and included 130 singleton pregnancies ≥28 weeks of gestation with oligohydramnios. Maternal outcomes (mode of delivery, indications for cesarean) and neonatal outcomes (birth weight, Apgar scores, NICU admission, perinatal mortality) were recorded. Participants were divided into SOL (n=35) and IOL (n=95) groups.

Results :
The mean maternal age was 25.8 ± 4.1 years; 60.8% were primigravida, and 64.6% delivered at term. Vaginal delivery was more frequent in SOL (57.1%) than IOL (43.1%), while cesarean delivery was higher in IOL (54.7% vs 40%, p=0.14). Low birth weight (<2.5 kg) occurred in 51.4% of SOL and 57.9% of IOL neonates (p=0.50). Apgar ≤7 at 1 minute was observed in 28.6% (SOL) and 33.7% (IOL) neonates, with no significant difference at 5 minutes. NICU admissions were significantly higher in IOL (32.6%) compared to SOL (14.3%, p=0.04). Perinatal mortality was similar between groups (SOL 8.6%, IOL 7.4%).

Conclusion :
Induction of labor is associated with higher cesarean rates and NICU admissions, though other neonatal outcomes are comparable to spontaneous labor. Close monitoring and timely obstetric intervention are essential to optimize fetomaternal outcomes

Abstract ID: MCH/OP/281

Presenter's Name: Dr. Tanya Khajuria

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Country: India

Abstract Title:
TO EVALUATE THE ASSOCIATION BETWEEN CPR AND ADVERSE PERINATAL OUTCOMES IN TERM AGA PREGNANCIES.

Introduction :
Identification of fetuses at risk for adverse outcomes at term remains a clinical challenge. Although fetal growth restriction is a well-recognized risk factor, nearly two-thirds of adverse outcomes occur in appropriately grown (AGA) fetuses. The cerebroplacental ratio (CPR), derived from Doppler indices of the middle cerebral artery (MCA) and umbilical artery (UA), reflects fetal adaptive circulatory redistribution secondary to hypoxia and has emerged as a promising marker of placental insufficiency even in AGA fetuses.

Aims & Objectives :
To evaluate the association between CPR and adverse perinatal outcomes in term AGA pregnancies.

Materials & Methods :
A retrospective study was conducted in the Department of Obstetrics and Gynaecology in a tertiary care hospital in India, over one year. Forty term AGA pregnancies (>37 weeks) undergoing colour Doppler assessment were included. Pregnancies with anomalies, multiple gestations, intrauterine death, and SGA/LGA fetuses were excluded. CPR <1.0 was considered abnormal. Maternal, intrapartum, and neonatal outcomes—including mode of delivery, meconium-stained amniotic fluid (MSAF), 5-minute Apgar score, NICU admission, and perinatal mortality—were recorded and analyzed.

Results :
Among 40 cases, 20 had CPR <1.0 and 20 had CPR >1.0. Low CPR (<1.0) was significantly associated with higher rates of emergency caesarean section and NICU admission. Trends toward increased MSAF and low Apgar scores were observed but did not reach statistical significance.

Conclusion :
A low CPR at term is associated with adverse intrapartum and neonatal outcomes even in AGA fetuses. Incorporation of CPR assessment into routine term Doppler evaluation may help identify fetuses at risk, enabling timely referral and intervention to improve perinatal outcomes.

Abstract ID: MCH/OP/282

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Abstract Title:
FROM MILKY BLOOD TO MATERNAL WELLNESS: INSULIN MANAGEMENT IN HYPERTRIGLYCERIDEMIA IN PREGNANCY

Introduction :
Severe hypertriglyceridemia during pregnancy is a rare but potentially life-threatening metabolic disorder that can result in acute pancreatitis, pre-eclampsia, gestational diabetes mellitus and adverse fetal outcomes. While diet modification and omega-3 fatty acids are first-line measures, insulin therapy has emerged as a safe and effective adjunct for rapidly reducing triglyceride levels in selected cases.

Aims & Objectives :
To evaluate the mechanism of action, efficacy, and safety of insulin therapy in the management of hypertriglyceridemia in pregnancy.

Materials & Methods :
A literature review was conducted focusing on case series and clinical studies reporting insulin use for lowering triglycerides during pregnancy. The physiological role of insulin in activating lipoprotein lipase and enhancing triglyceride clearance was also evaluated.

Results :
Insulin therapy, administered either intravenously or subcutaneously, significantly lowers serum triglyceride levels by stimulating lipoprotein lipase activity and suppressing hepatic VLDL synthesis. It is particularly beneficial in women with diabetes or insulin resistance. When combined with a low-fat diet and strict glycemic control, insulin effectively prevents maternal pancreatitis and improves perinatal outcomes.

Conclusion :
Insulin therapy represents a valuable and safe option for managing severe hypertriglyceridemia in pregnancy. Early recognition, close metabolic monitoring, and a multidisciplinary approach are essential to optimize maternal and fetal outcomes.

Abstract ID: MCH/OP/283

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Abstract Title:
AMNIOTIC FLUID FLOATERS IN DETERMINING TIME OF DELIVERY

Introduction :
Amniotic fluid serves as an important indicator of fetal well-being throughout pregnancy. The presence of amniotic fluid floaters—echogenic particles or vernix caseosa flakes visualized on ultrasonography—has been observed to correlate with advancing gestational age and fetal maturity. Understanding their appearance and significance can aid in clinical decision-making regarding the optimal timing of delivery.

Aims & Objectives :
To evaluate the clinical relevance of amniotic fluid floaters as a marker of fetal maturity and their role in determining the appropriate time for delivery.

Materials & Methods :
A review of available literature and ultrasonographic observations was conducted to assess the relationship between the presence of floaters, gestational age, amniotic fluid index (AFI), and perinatal outcomes. Particular attention was given to the occurrence of floaters after 37 weeks of gestation and their correlation with fetal lung maturity and onset of spontaneous labor.

Results :
Amniotic fluid floaters typically appear in the late third trimester due to exfoliation of fetal skin cells and vernix. Their presence often suggests a mature fetus and impending labor. However, excessive echogenicity may also indicate meconium-stained liquor or intra-amniotic infection, emphasizing the need for differential interpretation alongside clinical and Doppler findings.

Conclusion :
Amniotic fluid floaters can serve as a supportive sonographic sign of fetal maturity and may assist clinicians in estimating the readiness for delivery. Nonetheless, they should not be used as a sole determinant; integration with clinical assessment, biophysical profile, and Doppler studies ensures safe and optimal timing of delivery.

Abstract ID: MCH/OP/284

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Abstract Title:
CLINICAL EXPERIENCE WITH RFVIIA IN SEVERE ATONIC PPH: A RETROSPECTIVE OBSERVATIONAL STUDY FROM A TERTIARY CARE CENTRE IN INDIA

Introduction :
Postpartum haemorrhage (PPH) is an obstetric emergency that contributes significantly to maternal morbidity and mortality globally and in India. Recently, a promising new treatment modality, recombinant activated factor VII (rFVIIa) has been approved by the Indian regulatory authorities (CDSCO) for patients with severe PPH which is being utilized in many tertiary care centres in India.

Aims & Objectives :
To compare maternal outcomes in women with atonic PPH receiving recombinant factor VIIa along with standard treatment protocol versus standard treatment protocol alone. OBJECTIVES : 1. To study the need of invasive surgical procedures in both the groups like • Balloon tamponade • Uterine artery ligations • Uterine compression sutures • Hysterectomy 2. Study the need of amount and type of blood or components transfused in both the groups.

Materials & Methods :
This retrospective observational study compared the blood loss, requirement of blood products, and invasive procedures before and after rFVIIa administration in patients of severe PPH from tertiary care centre. rFVIIa was administered in patients with persistent bleeding defined as blood loss >1000 ml post sequential uterotonics administration.

Results :
Bleeding completely stopped or decreased in 32 (84.21%) patients post rFVIIa administration. rFVIIa administration resulted in a significant reduction in blood loss, from 1252.63 ml before administration of rFVIIa to only 299.47 ml post-administration ($P<0.0001$). Requirement of blood products significantly reduced from 6.63 units preadministration to 2.92 units post-administration ($n=38$) ($P<0.001$).

Conclusion :
The present study demonstrated that use of rFVIIa in patients with severe PPH significantly reduced blood loss and the requirement of blood products and avoided invasive procedures.

Abstract ID: MCH/OP/285

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Abstract Title:
ANALYSIS OF STILLBIRTHS AT A TERTIARY CARE CENTRE USING RECODE CLASSIFICATION SYSTEM

Introduction :
Many classification systems have been developed till date for the purpose of classifying still births. Wigglesworth and Aberdeen system of classifying still births were used earlier but their main disadvantage was that the cause of many still births remained unidentified. Now ReCoDe, CODAC, Tulip and ICD-PM classification systems are being used more commonly as they were found to have better performance on Infokeep scores (7). They have easier applicability on clinical ground and are able to identify the underlying cause of still birth in most of the cases.

Aims & Objectives :
To classify still births using ReCoDe classification.

Materials & Methods :
It was a Retrospective cohort Study conducted in the Department of Obstetrics and Gynecology at Dr. Ram Manohar Lohia Institute of Medical Sciences, Lucknow over a period of two years

Results :
The major cause of still birth was found to be fetal growth restriction (42.61%) followed by hypertensive disorders of pregnancy (20.58%). 7.9% of the still birth cases were attributed to obstetric cholestasis. Intrapartum asphyxia was identified as the cause of still birth in 4.36 % women while maternal diabetes was identified in 3.11% of the total women. Oligohydramnios was the only identifiable cause in 2.9 % of the women while polyhydramnios co-existed in 0.41%. Stillbirth was attributed to lethal congenital anomaly in fetus in 1.24% women. Antepartum haemorrhage contributed to 2.9 % in which 1.6% women had coexisting abruption placentae and 0.8 % had placenta previa. Cause of still birth remained unidentified in 10.39% women.

Conclusion :
ReCoDe Classification system has easier and more widespread applicability.

Abstract ID: MCH/OP/286

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Abstract Title:
PLACENTA ACCRETA SPECTRUM AND ITS OUTCOMES

Introduction :
Placenta accreta spectrum disorders include accreta , increta and percreta It is due to absence of decidua basalis and Nitabuch's fibrinoid layer and varying degree of penetration of villi in the myometrium

Aims & Objectives :
To study the outcomes in women with placenta accreta spectrum in tertiary care centre – conservative vs obstretic hysterectomy in reducing maternal mortality and morbidity

Materials & Methods :
retrospective study

Results :
Due to increasing Ceaserean rates , possibility of placenta accreta spectrum should be ruled out in cases of women with previous obstretic surgeries thereby preventing intraoperative complications

Conclusion :
Early and Prior detection of placenta accreta spectrum and planning of procedure plays an important role in reducing maternal mortality and morbidity

Abstract ID: MCH/OP/287

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Abstract Title:
PERINATAL OUTCOMES AND CLINICAL IMPLICATIONS OF ART PREGNANCIES REQUIRING OBSTETRIC CRITICAL CARE

Introduction :
With the increasing use of assisted reproductive technologies (ART), there is a rise in pregnancies among women of advanced maternal age and those with preexisting medical conditions. These pregnancies are frequently associated with higher-order gestation and increased obstetric risk, leading to an increased need for critical care support. Understanding the unique clinical profile and outcomes of such patients is essential for optimizing perinatal outcome.

Aims & Objectives :
To study the clinical profile and maternal outcomes of ART-conceived pregnancies requiring admission to the Obstetric Critical Care Unit (CCU).

Materials & Methods :
This retrospective study included ART-conceived pregnancies admitted to the Obstetric CCU of a tertiary care hospital from 2021 to 2025. Twenty-six patients were analyzed for demographics, obstetric history, indications for admission, interventions, duration of stay, and outcomes.

Results :
Forty-two percent of patients were above 35 years. All underwent cesarean delivery. Primigravidae comprised 76.9%. Twin pregnancies predominated (61.5%), 7.7% were triplets, 3.8% quadruplets. All deliveries were preterm. Hypertensive disorders were in 84.6%, including chronic hypertension, and 46.1% had diabetes. Postpartum hemorrhage occurred in 19.2%, placenta accreta spectrum in 7.7%, and cesarean hysterectomy in 11.5%. 11.5% had known heart disease. 7.6% had peripartum cardiomyopathy. There was one maternal mortality. Other complications included septic shock, multiorgan dysfunction, chronic kidney disease,renal failure.

Conclusion :
Advanced maternal age, higher order pregnancies, cesarean delivery, and preexisting comorbidities were predominant in this cohort. Early recognition of risk factors, vigilant antenatal monitoring, and multidisciplinary management are vital for improving outcomes in ART pregnancies. Enhanced awareness among fertility and obstetric teams ensures better preparedness and optimizes perinatal outcomes.

Abstract ID: MCH/OP/288

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Abstract Title:
FROM SUSPICION TO CONFIRMATION: ROLE OF OPHTHALMIC ARTERY DOPPLER IN WOMEN WITH SUSPECTED PE

Introduction :
Women with suspected preeclampsia (PE) are often hospitalized until PE is ruled out thus straining healthcare resources. Conversely, some are overlooked due to diverse presentations. Maternal ophthalmic artery doppler (OAD) has a potential role as a point of care test in the diagnosis and prediction of preeclampsia.

Aims & Objectives :
To compare OAD indices in preeclampsia, suspected preeclampsia and normotensive women, identify which parameter correlates best with adverse perinatal outcomes and compare value of OAD indices in short-term prediction of PE as an alternative to sFlt-1/PlGF ratio.

Materials & Methods :
This prospective cohort study enrolled 210 women (70 in each arm; PE, suspected PE and normotensive) with singleton pregnancies (20–40 weeks). OAD indices (PSV, EDV, PI, PSV2, PR) were measured and correlated with adverse perinatal outcomes. The cut-offs and diagnostic performance of OAD indices were established using ROC analysis.

Results :
PSV 2, PR, EDV were significantly higher in PE and least in normotensive, while the converse was true for PI. PR showed excellent sensitivity (97.2%), specificity (98.5%) and accuracy (97.8%) in detection of PE. PSV ratio was a significant predictor of adverse perinatal outcomes. PI at a cut-off of ≤1.23 was the most robust predictor of development of PE in the short term followed by PSV ratio, however it performed inferior to sFlt-1/PlGF ratio.

Conclusion :
OAD shows promising potential as a non-invasive, cost-effective alternative to sFlt-1/PlGF ratio in the diagnosis and prediction of PE in the short term in a resource limited setting.

Abstract ID: MCH/OP/289

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Abstract Title:
MATERNAL DYSLIPIDAEMIA IN PREGNANT WOMEN WITH INTRAHEPATIC CHOLESTSIS OF PREGNANCY

Introduction :
Intrahepatic cholestasis of pregnancy (IHCP) is a liver disorder unique to pregnancy, characterised by pruritus and elevated serum bile acids. It is associated with significant maternal and fetal morbidity. Recent evidence suggests that altered lipid metabolism plays a contributory role in the pathogenesis and severity of IHCP.

Aims & Objectives :
To assess the pattern and prevalence of maternal dyslipidemia in pregnant women diagnosed with IHCP and to evaluate its association with disease severity and adverse pregnancy outcomes

Materials & Methods :
A case-control study was conducted on pregnant women diagnosed with IHCP and compared with healthy pregnant controls. Serum lipid profile parameters, including total cholesterol, triglycerides, LDL, HDL, and VLDL, were measured. Maternal and perinatal outcomes such as preterm delivery, meconium-stained liquor, meconium aspiration syndrome, and fetal distress were recorded and correlated with lipid levels and serum bile acid concentrations.

Results :
Our study revealed strong positive correlations between bile acid levels and LDL ($r = 0.676$), triglycerides ($r = 0.379$), VLDL ($r = 0.342$), and total cholesterol ($r = 0.604$). HDL showed no significant correlation. Adverse outcomes such as preterm birth and fetal distress were more frequent in women with marked dyslipidemia. A higher proportion of IHCP neonates (38%) had MSL compared to controls (6%), indicating increased intrauterine stress.

Conclusion :
Maternal dyslipidemia is closely linked with the pathophysiology and severity of IHCP. Early identification and monitoring of lipid abnormalities may aid in better risk stratification and management, potentially improving maternal and fetal outcomes.

Abstract ID: MCH/OP/290

Presenter's Name: Prof. Monica Verma

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Abstract Title:
A STUDY TO PREDICT SUCCESS OF INDUCTION OF LABOUR IN PRIMIGRAVIDA BEYOND 40 WEEKS OF PREGNANCY BY ULTRASONOGRAPHIC MEASUREMENT OF FETAL ADRENAL GLAND SIZE

Introduction :
Corticotropin-releasing hormone (CRH) acts as a marker for the placental clock, which causes activation of the fetal adrenal gland and leads to enlargement. This study aims to study the relation of fetal adrenal gland size with the outcome of labor induction in primigravida beyond 40 weeks.

Aims & Objectives :
To establish Ultrasonographic measurements of fetal adrenal gland size as a predictive marker of successful outcome of induction of labour.

Materials & Methods :
This prospective observational study was conducted at Department of Obstetrics and Gynaecology, MGM Medical college and M.T.H hospital Indore, over a period of one year, approved by the institutional ethics and scientific committee .The study involves 200 study participants .The inclusion criteria were all primigravida pregnant women with 40 weeks or beyond with singleton pregnancy, Patient undergoing labor induction and adequate pelvis. Participants were subjected to 2 D ultrasonographic measurements of fetal adrenal gland volume and fetal adrenal zone parameters. The induction of labor was performed by any of the following methods, Mechanical, Dinoprostone gel, or tablet Misoprostol. Outcome was measured based on mode of delivery; vaginal or LSCS.

Results :
On analysis there was a significant association between. Fetal Adrenal Gland Volume (p <0.001) with vaginal delivery, indicating that the chances of successful induction of labor increases with increased adrenal size. The efficacy of the cut off had the sensitivity of 93.8%, specificity of 77%, positive predictive value 50.1%, negative predictive value 96.3%.

Conclusion :
The ultrasonographic measurement of fetal adrenal gland size helps predict success of labor induction.

Abstract ID: MCH/OP/291

Presenter's Name: Dr. Priyanka Prasad

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Abstract Title:
EVALUATION OF PROPHYLACTIC USE OF NEGATIVE INTRAUTERINE SUCTION DEVICE IN HIGH-RISK WOMEN DURING THE THIRD STAGE OF LABOR FOR PREVENTION OF ATONIC POSTPARTUM HAEMORRHAGE

Introduction :
Postpartum haemorrhage (PPH) remains a leading cause of maternal mortality, contributing to 25–30% of maternal deaths globally and over 70,000 deaths annually. The global incidence ranges from 1–6%, while in India it is 2–4% after vaginal delivery and 6–7% following caesarean section. Uterine atony accounts for 60–80% of cases. High-risk conditions—polyhydramnios, multiple pregnancy, prolonged labour, instrumental delivery, or previous atonic PPH—predispose women to excessive bleeding. The Negative Intrauterine Pressure Suction Device (NIPSD) creates uniform negative pressure within the uterine cavity, enhancing myometrial contraction and promoting hemostasis.

Aims & Objectives :
To evaluate the efficacy of prophylactic NIPSD use, as an adjunct to Active Management of the Third Stage of Labour (AMTSL), in preventing atonic PPH among high-risk women.

Materials & Methods :
A prospective interventional study was conducted on 500 high-risk women undergoing vaginal delivery at a tertiary-care hospital. Group 1 (n = 250) received standard AMTSL; Group 2 (n = 250) received AMTSL plus NIPSD. Maternal outcomes—including blood loss, haemoglobin change, atonic PPH incidence, transfusion requirement, and cost—were analysed.

Results :
Baseline characteristics were comparable between groups. Mean blood loss was significantly lower in the NIPSD group (220 ± 36 ml) than in controls (385 ± 60 ml; $p = 0.01$). Atonic PPH occurred in 0.4% versus 2.0% ($p = 0.02$). Blood-transfusion requirement declined (1.6% vs 4.8%; $p = 0.01$), achieving approximately 65–70% cost reduction.

Conclusion :
Prophylactic application of NIPSD alongside AMTSL significantly decreases blood loss and atonic PPH incidence in high-risk women. The device is simple, reusable, and cost-effective, making it ideal for widespread use in resource-limited settings.

Abstract ID: MCH/OP/292

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Abstract Title:
BIRTH AFTER PREVIOUS CAESAREAN SECTION

Introduction :
Caesarean section is most commonly performed surgery in obstetrics. The rise in caesarean section rate due to non-recurring indications in past few years has increased number of pregnancies with previous Caesarean Section. There is no consensus regarding decision of mode of delivery in patients with previous caesarean section.

Aims & Objectives :
To determine mode of delivery after previous caesarean section either VBAC/ERCS. • Maternal and neonatal outcome in vaginal birth after caesarean section. • Maternal and neonatal outcome in repeat caesarean section.

Materials & Methods :
One year prospective and observational study. Women with previous one Caesarean Section, who met the inclusion criteria were included in study. A detail history, clinical examination and required investigations were done. The maternal and perinatal outcome was noted.

Results :
260 cases with previous 1 Caesarean Section were enrolled. 50 patients underwent elective repeat Caesarean Section as they were unwilling for trial of labor, thus, 210 cases underwent trial of labor. 112 cases (53.33%) had VBAC and 98 (46.67%) emergency repeat Caesarean Section. Out of 112 cases who delivered vaginally, instrumental delivery was done in 6 cases (5.36%). The mean gestational age in VBAC cases and ERCS cases was 40.11±1.18weeks and 40.08±1.12, respectively. As cases were enrolled after strict inclusion / exclusion criteria and we waited for spontaneous onset of labor, so the mean gestational age in TOLAC cases was above 40weeks.

Conclusion :
In our study, though 260 cases fitted into inclusion criteria 19.23% (50 cases) refused TOLAC, thus 80.77% (210 cases) became study subjects. 53.33% out of these had successful vaginal delivery.

Abstract ID: MCH/OP/293

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Abstract Title:
COMPARISON OF NON-BIOMETRIC FETAL SONOGRAPHIC PARAMETERS IN DIABETIC AND NON-DIABETIC GRAVIDAS AND THEIR CORRELATION WITH MATERNAL GLYCEMIC CONTROL, BIRTH WEIGHT, AND PERINATAL OUTCOME

Introduction :
Diabetes in pregnancy influences fetal growth patterns beyond standard biometry. Incorporating fetal soft-tissue and visceral ultrasound parameters may offer earlier insights into altered body composition and perinatal outcomes.

Aims & Objectives :
To evaluate differences in ultrasound-derived biometric, soft-tissue, and visceral fetal parameters between diabetic and non-diabetic gravidas, and assess their association with maternal glycemic profile, estimated fetal weight (EFW), birthweight, and perinatal outcome.

Materials & Methods :
A prospective case control study was conducted on 80 pregnant women (40 diabetic; 40 non-diabetic) in the third trimester. Standard biometry (BPD, HC, AC, FL), EFW percentile, and non-biometric parameters, including interventricular septal thickness (IVS), liver length (LL), abdominal fat mass (AFM), mid-thigh fat mass (MTFM), heart and thoracic measurements with ratios were assessed. Maternal HbA1c, FBS, PPBS, and neonatal outcomes were recorded.

Results :
Diabetic gravidas showed significantly higher AC ($p=0.05$), ThA ($p=0.04$), IVS ($p=0.0019$), and a lower HrC/HrA ratio ($p=0.00004$). EFW percentile and birthweight were significantly higher in the diabetic group ($p=0.013$ and $p=0.0009$). Among cases, HC, AC, FL, EFW percentiles and IVS showed strong positive correlations with birthweight ($r=0.44$ to 0.68) and fasting indices. Visceral marker IVS showed the strongest association with glycemic parameters (HbA1c $r=0.49$; PPBS $r=0.62$). Soft-tissue fat measures (SSFM, AFM, MTFM) did not differ significantly between groups.

Conclusion :
Fetal visceral parameters, particularly IVS, and AC-driven biometric growth and EFW percentile demonstrate stronger associations with maternal glycemia and birthweight than limb soft-tissue fat measures. Integrating visceral markers with conventional biometry may enhance the detection of altered fetal growth patterns in diabetic pregnancies.

Abstract ID: MCH/OP/295

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Abstract Title:
FETAL TACHYARRHYTHMIAS: MANAGEMENT STRATEGIES AND PERINATAL OUTCOMES FROM A SEVEN YEAR EXPERIENCE AT A TERTIARY CARE HOSPITAL

Introduction :
Fetal tachyarrhythmia is a rare condition. The primary aim of management is identifying the type and tailored therapy to prevent hydrops.

Aims & Objectives :
The aim was evaluation of management strategies and perinatal outcomes of fetuses with tachyarrhythmias

Materials & Methods :
A retrospective study was conducted from 2018–2025. Data was collected from case records which included maternal demographics, tachyarrhythmia type, hydrops, fetal therapy, gestational age at delivery and postnatal outcomes.

Results :
A total of 17 cases were included, with 9/17 (52.94%) primigravidas. The mean maternal age was 25 ± 2 years. The most common arrhythmia was supraventricular tachycardia (SVT) in 11 cases (64.7%), followed by atrial flutter in 4 (23.5%). Atrial fibrillation and multifocal atrial tachycardia were each observed in one case (5.88%). 8/17 (47.05%) were hydropic. Transplacental therapy was administered in 15/17 (88.2%) cases, including oral digoxin (8/17; 47.1%), flecainide (10/17; 58.8%), and sotalol (3/17; 17.6%). 4/17 (23.5%) received fetal digoxin therapy also. Complete resolution was observed in 5/17 (29.4%), while 4/17 (23.5%) were refractory to treatment. There were 16 live births (94.1%), and one stillbirth (5.88%). The median gestational age at delivery was $37^{2}/_{7}$ weeks (range: $35^{3}/_{7}$–$38^{3}/_{7}$). At birth, 5/17 (29.4%) neonates were asymptomatic, while 2/17 (11.8%) required cardioversion, and 11/17 (64.7%) needed furt.her medication for heart rate stabilization. There were three neonatal deaths (17.6%), two due to underlying heart disease and one due to prematurity

Conclusion :
Fetal therapy improved survival in cases of fetal tachyarrhythmias, though refractory cases and associated anomalies posed challenges, highlighting the need for individualized management strategies.

Abstract ID: MCH/OP/296

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Abstract Title:
FROM CONVULSIONS TO CRADLES: MANAGING SEIZURE DISORDERS IN PREGNANCY — A CASE SERIES AND LITERATURE REVIEW AT A TERTIARY CARE CENTRE.

Introduction :
Seizure disorders are among the most common chronic neurological conditions complicating pregnancy. The physiological and pharmacokinetic changes during gestation can alter seizure control and antiepileptic drug (AED) metabolism, leading to adverse maternal and fetal outcomes.

Aims & Objectives :
To evaluate the maternal and fetal outcomes in pregnant women with seizure disorders and to assess the effect of pregnancy on seizure control.

Materials & Methods :
A retrospective observational study was conducted on 29 pregnant women with seizure disorders who were managed at AIIMS New Delhi over a period of 3 years. Data regarding maternal demographics, seizure type and frequency, AED usage, obstetric complications, and perinatal outcomes were analysed.

Results :
Among 29 women, 73% (21/29) had generalized tonic–clonic seizures and 27% (8/29) had focal epilepsy. Seizure frequency increased in 24% (7/29), while 76% remained seizure-free. Levetiracetam was the most frequently used antiepileptic, either as monotherapy or in combination with clobazam, carbamazepine, or lacosamide. Antepartum management involved dose escalation of oral AEDs for optimal control, and intrapartum seizures were promptly managed with injectable agents. Most patients received injectable AEDs during labour, while a few continued oral therapy. About 80% of neonates were appropriate for gestational age, with low birth weight mainly in those exposed to multiple AEDs. Caesarean section was performed in 45% (13/29); no congenital anomalies or maternal mortalities occurred.

Conclusion :
Pregnancy in women with seizure disorders is associated with increased risks of obstetric and perinatal complications, particularly when seizures are uncontrolled. Regular antenatal surveillance, therapeutic drug monitoring, and multidisciplinary management significantly improve maternal and neonatal outcomes.

Abstract ID: MCH/OP/297

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Abstract Title:
PERINATAL OUTCOMES IN FETUSES WITH ABSENT/REVERSED FLOW IN UMBILICAL ARTERY DOPPLER

Introduction :
Absent end-diastolic flow and reversed end-diastolic flow in umbilical artery Doppler is an indication for inpatient antenatal surveillance and extensive neonatal care.

Aims & Objectives :
To evaluate pregnancy and neonatal outcomes in fetuses with AEDF/REDF in umbilical artery.

Materials & Methods :
A retrospective observational study was conducted based on data between January 2024 and September 2025. All pregnancies with AEDF/REDF were identified and data regarding pregnancy and neonatal outcome were retrieved from the patient's hospital records.

Results :
A total of 87 singleton pregnancies were included in the study. Mean age of pregnant women was 30.11 years. Pregnancy comorbidities were 9.44% with preeclampsia with severe features and 2.12% autoimmune disorders. AEDF and REDF were detected in 84.04% and 15.95% respectively. About 82.19% babies received corticosteroid cover. Mean gestational age at delivery was 33.5 weeks. The mode of delivery was caesarean section for all. Six patients (6.89%) were detected to have antepartum stillbirth, and a live birth of 93.10% was observed. Mean birth weight was 1522.35 grams. Small for gestational age babies were 72.34 % while 27.65% were of appropriate gestational age. Babies requiring nursery admission were 97.65%. Mean period of nursery admissions was 6.18 days. There were 2 early neonatal deaths. About 97.70% babies were discharged with a mean period of hospital stay of the baby being 12.18 days.

Conclusion :
Meticulous maternal and fetal surveillance of pregnancies with abnormal umbilical artery Doppler changes along with a multidisciplinary approach and intensive neonatal care, can achieve favourable neonatal outcomes even in such high-risk pregnancies.

Abstract ID: MCH/OP/298

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Abstract Title:
UTEROCERVICAL ANGLE AS A PREDICTOR OF PRETERM BIRTH

Introduction :
Preterm birth remains a major cause of neonatal morbidity and mortality worldwide. Early detection allows timely interventions to reduce adverse outcomes. The cervical length is commonly used for the prediction of preterm birth. Recently, uterocervical angle has been explored as a potential predictor of Preterm birth.

Aims & Objectives :
To find the correlation between preterm birth and uterocervical angle.

Materials & Methods :
In this prospective observational study, low risk pregnant women between 28 to 32 weeks of gestation were recruited and their uterocervical angle and cervical length were measured by transvaginal ultrasound in second trimester and were followed till delivery. A ROC curve was constructed to predict the risk of preterm birth. Sensitivity, specificity, PPV annd NPV of Uterocervical angle was calculated.

Results :
Out of the 140 women included in the study, approximately 64% women had Uterocervical angle>90 degrees (obtuse) while 35% women had acute angle. The Uterocervical angle was obtuse in larger proportion of women with preterm group (80.6% cases) in comparison to term group (56.7% cases). At a cut-off value of angle ≥104degree, it predicted PTB with a sensitivity of 69%, and a specificity of 79%, PPV of 53% and NPV of 88%.

Conclusion :
At a cut-off value of Uterocervical angle ≥104degree, it predicted preterm birth with same diagnostic accuracy and high specificity as cervical length. Hence, Uterocervical angle measured during antenatal period can be used as a predictor for preterm birth along with other screening methods such as cervical length as it can enhance the early identification of women at risk of preterm birth.

Abstract ID: MCH/OP/299

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Abstract Title:
COMPARATIVE OUTCOMES OF MULTIFETAL REDUCTION VERSUS EXPECTANT MANAGEMENT IN DCTA TRIPLETS: A SINGLE CENTRE EXPERIENCE

Introduction :
Dichorionic triamniotic (DCTA) triplets are rare pregnancies with unclear optimal management.

Aims & Objectives :
To evaluate perinatal outcomes in DCTA triplets managed expectantly versus reduction to singleton.

Materials & Methods :
This retrospective study included all DCTA triplets managed at our fetal medicine center between January 2017 and September 2025. All women were counseled regarding expectant management versus multifetal reduction of the MC pair, resulting in singleton pregnancies via intracardiac KCl at 11-13 weeks.

Results :
34 DCTA triplets were seen with a mean maternal age of 35.31 ± 5.48 years. 82.3% conceived via ART. Eight women chose expectant management (group A). 26 women opted for reduction to singleton (group B), with 4 pregnancies ongoing beyond 24 weeks. The mean gestational age at delivery was 32.2 weeks for group A and 37 weeks for group B ($p < 0.005$). The mean birth weight was 1570 grams for group A and 2482 grams for group B ($p < 0.005$). The mean NICU stay for group B was 24 days. The miscarriage rate in group B was 37.5% (95% CI 8.5–75.5%), compared to 0% (95% CI 0–16.1%) in group A. Preterm delivery <34 weeks occurred in 100% (95% CI 63.1–100%) in group B versus 4.8% (95% CI 0.1–23.8%) in group A. The live birth rate was significantly higher in group A (95.2%) compared to group B (62.5%). MFPR reduced the risk of preterm delivery by 97% compared to expectant management.

Conclusion :
MFPR to singleton in DCTA pregnancies significantly improves perinatal outcomes.

Abstract ID: MCH/OP/300

Presenter's Name: Dr. Hanisha Romani

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Abstract Title:
ROLE OF COLOUR DOPPLER IN PERINATAL OUTCOME IN TERM PRE-ECLAMPSIA

Introduction :
Preeclampsia is a major cause of maternal and perinatal mortality worldwide. Identifying fetal compromise before irreversible injury remains challenging. Colour Doppler non-invasively assesses uteroplacental and fetoplacental circulation, aiding in timely intervention.

Aims & Objectives :
To determine the predictive value of umbilical, uterine, and middle cerebral artery Doppler indices for adverse perinatal outcomes in term preeclampsia.

Materials & Methods :
A prospective observational study was conducted on 70 women with term (≥37 weeks) preeclampsia at a tertiary hospital from July 2023 to August 2024. Pulsatility index (PI), systolic/diastolic (S/D) ratio, and cerebroplacental ratio (CPR) were recorded from the last pre-delivery Doppler and correlated with perinatal outcomes using chi-square and ROC analysis.

Results :
Most participants were primigravidas (62.9%) with a mean age of 25.9 years. Caesarean delivery occurred in 57.1%, mainly for fetal distress or abnormal Doppler findings. Abnormal umbilical artery flow was found in 41.4%; absent (8.6%) and reversal (7.1%) of end-diastolic flow were each associated with 100% perinatal morbidity. Perinatal mortality was 12.9%. The umbilical artery PI had the highest predictive accuracy for adverse outcomes (AUC 0.94, $p<0.001$), followed by S/D ratio (AUC 0.86, $p=0.001$). CPR showed poor discrimination (AUC 0.32).

Conclusion :
Umbilical artery Doppler is the most reliable non-invasive tool for detecting fetal compromise in term preeclampsia. Routine Doppler surveillance can optimize delivery timing and improve neonatal survival.

Abstract ID: MCH/OP/301

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Abstract Title:
PRENATAL ULTRASONOGRAPHIC ANALYSES OF UMBILICO-PORTAL VENOUS SYSTEM CONNECTION VARIANTS: A NORMATIVE DATA FROM NORTH-WEST INDIA.

Introduction :
In fetus, the liver receives oxygenated blood from the umbilical vein (UV) and portal vein, whose confluence leads to formation of ductus venosus (DV). The left portal vein and the UV lead to the formation of portal sinus (PS). PS connection to the main portal vein form agenda of the current study.

Aims & Objectives :
The primary objective of our study was to identify the normal morphology of the fetal Umbilico-portal-venous (UPV) system and to define the percentage of usual anatomical variants of the main portal vein (MPV) connection with portal sinus (PS), in our population.

Materials & Methods :
This was a prospective observational cross-sectional study conducted in Ahmedabad over 4 months on 204 pregnant women with 207 fetuses between 14 and 38 gestational weeks. There are three types of UPV connections in the prenatal period: T-shape, X-shape, and H-shape which were analysed using appropriate axial planes on Voluson GE BT19 usg machine.

Results :
The most frequent connection of MPV with PS in our study was X-type (76.3%) followed by T-type (19.8%) and the least frequent was H-type (3.9%). Among dichorionic diamniotic (DCDA) twin pregnancies, the 3 pairs of fetuses had the same UPV connection, while one pair had a different one.

Conclusion :
Comprehension of normal venous anatomy of the fetal liver gives us the various connections of the UPV system. Our study provides normative data on our population, focusing on the prenatal morphological variants of intrahepatic connections of the umbilical vein and portal venous system.

Abstract ID: MCH/OP/302

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Abstract Title:
PROTOCOL-POWERED PRECISION : A NEW ERA IN FGR MANAGEMENT

Introduction :
Fetal Growth Restriction (FGR) remains a major contributor to perinatal morbidity and mortality, affecting nearly 26–30% of pregnancies. Structured surveillance protocols using serial Doppler assessments can help identify early fetal compromise. The Barcelona protocol provides a systematic approach utilizing umbilical artery (UA), middle cerebral artery (MCA), cerebroplacental ratio (CPR), and ductus venosus (DV) Dopplers.

Aims & Objectives :
To assess the impact of adherence to a structured (Barcelona) protocol on perinatal outcomes in FGR pregnancies.

Materials & Methods :
A retrospective study was conducted in the Department of Fetal Medicine, Amrita Hospital, Faridabad, from June 2023 to December 2024. Out of 5,000 screened antenatal patients, 600 (12%) were diagnosed with FGR (EFW <10th percentile). Cases were classified as Barcelona Adherent (n=460) or Non-Adherent (n=140). Primary outcomes included NICU admission, stillbirth, metabolic acidosis, low Apgar (<7 at 5 min), hypoxic-ischemic encephalopathy (HIE), and need for mechanical ventilation. Chi-square test and risk ratios (RR) were used for analysis.

Results :
Protocol adherence significantly reduced adverse outcomes: NICU admission (20.0% vs 38.6%; RR 1.93, $p<0.001$), stillbirth (0% vs 4.3%; $p=0.028$), metabolic acidosis (RR 4.17, $p<0.001$), low Apgar (RR 3.33, $p<0.001$), HIE (RR 4.91, $p=0.005$), and mechanical ventilation (RR 3.95, $p<0.001$).

Conclusion :
Strict adherence to structured Doppler surveillance improves perinatal outcomes in FGR by enabling timely intervention and reducing preventable morbidity and mortality.

Abstract ID: MCH/OP/303

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Abstract Title:
PERINATAL OUTCOMES IN NON-CIRRHOTIC PORTAL HYPERTENSION: A SINGLE-CENTRE, FIVE-YEAR RETROSPECTIVE COHORT STUDY

Introduction :
Non cirrhotic portal hypertension (NCPH) comprises vascular hepatic disorders such as extra-hepatic portal venous obstruction (EHPVO), non-cirrhotic portal fibrosis (NCPF), Budd–Chiari syndrome and thrombophilia-related portal vein thrombosis. Despite preserved liver function, pregnancy in NCPH remains high-risk due to increased rates of variceal bleeding, hypersplenism-related cytopenias, obstetric haemorrhage, and fetal growth restriction.

Aims & Objectives :
To evaluate maternal and fetal outcomes in women with NCPH.

Materials & Methods :
In this retrospective cohort study, data was extracted from electronic database as well as medical records of women with portal hypertension who delivered at our centre from January 2021 to October 2025. Data was collected on etiology of liver disease, maternal complications, blood products transfusion, mode of delivery, post-partum course and neonatal outcomes.

Results :
Among 17,235 women who delivered, 147 had portal hypertension. Of these 42 (28.6%) had NCPH, which included EHPVO 38.1%, NCPF 33.3%, HVOTO 19%, Budd-Chiari 4.8%, hereditary thrombophilias 4.8%. Clinical profile included splenomegaly (45%), thrombocytopenia (10.2%), high grade eosophageal varices (11.9%), variceal bleeding (2.4%) and hepatic decompensation(2.4%) in pregnancy. Preterm labour occurred in 47.1% with increased rates of instrumental vaginal delivery (65%), caesarean delivery (52.4%), and post-partum haemorrhage (11.9%). Among the fetal outcomes, there were 4.8% abortions, 47% low birth weight and 2.4% stillbirths.

Conclusion :
NCPH is a clinically distinct and critically understudied subset of portal hypertension in pregnancy. Favourable pregnancy outcomes in these women are not only achievable but can become the standard of care if we optimize the patient prior to conception and provide exemplary multidisciplinary care throughout the pregnancy.

Abstract ID: MCH/OP/304

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Co-Author(s):
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Country: India

Abstract Title:
"ARTIFICIAL INTELLIGENCE–DRIVEN MODEL FOR EARLY PREDICTION AND DETECTION OF PREECLAMPSIA FROM ECG DATA."

Introduction :
Preeclampsia and hypertensive disorders of pregnancy are among the leading causes of maternal and infant morbidity and mortality in india and worldwide. Affordable screening tools and interventions are essential for improving maternal health assessment, with particularly significant impact in low-resource settings. Electrocardiograms (ECG) are simple, yet powerful data modalities that are relatively easy and inexpensive to obtain. Artificial intelligence (AI) applied to the data from 12 lead ECGs has shown ability to detect and predict risk for cardiovascular conditions including atrial fibrillation, heart failure, and cardiomyopathy . Given the evidence for early and often severe cardiac involvement in females with preeclampsia, there has been growing evidence that the application of AI to digital ECG data could aid in the early identification of females with preeclampsia

Aims & Objectives :
To recognise early ECG patterns in women with pre eclampsia as compared with normotensive women and to use ECG as a simple yet effective prediction tool.

Materials & Methods :
A case-control study was done in the department of obstetrics and gynecology at R L Jalappa Hospital from may 2025 to November 2025, after approval from the IEC. Based on the inclusion and exclusion criteria, 60 patients were enrolled in the study by convenient sampling method after receiving written informed consent. 30 were in the case group involving PE patients and the other 30 were in the control group consisting of normotensive pregnant women. 12 lead ECG data was obtained and analysed using the ECG AI app to detect significant ECG patterns in PE patients.

Results :
AWAITED

Conclusion :
AWAITED

Abstract ID: MCH/OP/305

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Abstract Title:
THE S 4 TECHNIQUE : A SIX STITCH TECHNIQUE BY SARFARAZ KAZI TO SAVE THE UTERUS IN PLACENTA ACCRETA SPECTRUM

Introduction :
Placenta accreta spectrum (PAS) disorders involve abnormal adherence of the placenta to the myometrium, often leading to massive obstetric hemorrhage and the need for hysterectomy. With rising cesarean rates and increasing PAS incidence, fertility-preserving alternatives have gained growing clinical importance.

Aims & Objectives :
To evaluate the efficacy and safety of a newer conservative surgical technique aimed at saving the uterus in placenta accreta cases, thereby preserving fertility without compromising maternal safety.

Materials & Methods :
A total of 32 patients with a confirmed diagnosis of placenta accreta were included in this study. A multidisciplinary approach was applied in all cases. Preoperative MRI and Doppler ultrasonography assessed the depth of placental invasion. The surgical steps involved extensive bladder dissection before delivery of fetus while keeping the placenta in situ, followed by stepwise devascularization using the S4 technique. This comprised bilateral upper and lower uterine artery ligations (four stitches), one anterior cervical isthmus stitch, and one posterior cervical stitch placed using Vicryl No. 1 on a round body needle. The placenta was then removed, followed by localized wedge resection of the invaded myometrium and uterine reconstruction.

Results :
Among the 32 cases, only three required obstetric hysterectomy, and two cases were complicated by bladder injury. The technique achieved effective devascularization with minimal bleeding during placental separation, resulting in successful uterine preservation and smooth postoperative recovery without major complications.

Conclusion :
The S4 conservative uterus-sparing technique offers a promising, safe, and fertility-preserving surgical option for managing placenta accreta when performed with meticulous planning and multidisciplinary support.

Abstract ID: MCH/OP/306

Presenter's Name: Dr. Pratibha Roy

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Country: India

Abstract Title:
FIRST- TRIMESTER PREDICTION OF PRETERM PREEC LAMPSIA USING COMBINED CLINICAL AND BIOMARKER MODELS

Introduction :
Hypertensive disorders in pregnancy poses a great impact over the maternal and child health care due to its dreadful complications in both. Early pregnancy risk prediction for the preterm pre-eclampsia onset can definitely help reducing maternal & perinatal mortality and morbidity.

Aims & Objectives :
To compare the risk calculation using biomarkers in addition to clinical parameters in pregnant women at 11-14 weeks gestation for the onset of preterm preeclampsia.

Materials & Methods :
A prospective observational study was done over 100 pregnant women over 1year at Hamdard Institute of Medical Sciences & Research, Delhi. After history & examination, all of them offered NT-NB USG along with mean UTPI, dual marker & PlGF and categorized into three groups-A (history+MAP+mean UTPI), B (history+MAP+mean UTPI+PAPP-A) & C (history+MAP+mean UTPI+PAPP-A+PlGF) based on the parameters used for the risk calculation for preterm preeclampsia & FGR. All the women were followed up till delivery for onset of preterm preeclampsia & FGR.

Results :
Out of 100 pregnant women, total 14 were found be high risk for developing preterm preeclampsia. Out of total 100 women, 45 belonged to group A, 25 to group B & 30 to group C. 11.11% (5/45) of group A, 12% (3/25) of group B & 20% (6/30) of group C were found to be high risk for preterm preeclampsia. In group C, 4 out of 6 high risk women (66.66%) developed FGR & 2 out of 6 (33.33%) developed gestational hypertension.

Conclusion :
Addition of PlGF, PAPP-A & mean UTPI to clinical parameters increases the sensitivity for high risk women detection amongst population.

Abstract ID: MCH/OP/307

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Abstract Title:
COMPARISON OF LOW DOSE VERSUS HIGH DOSE MAGNESIUM SULPHATE IN SEVERE PRE-ECLAMPSIA AND ECLAMPSIA

Introduction :
Hypertensive disorders of pregnancy, particularly preeclampsia and eclampsia, continue to be major contributors to maternal and perinatal morbidity and mortality worldwide. Among the various management strategies, magnesium sulphate remains the gold standard for the prevention and treatment of eclamptic seizures. Despite its established role, there is considerable variation in the dosage regimens of magnesium sulphate used across different settings. The conventional high-dose regimens, such as the Pritchard or Zuspan protocols, though effective, are often associated with adverse effects. Moreover, these regimens require intensive monitoring, which may not always be feasible in resource-limited environments.

Aims & Objectives :
1. To compare the efficacy and safety of a low-dose magnesium sulphate MgSO4 regimen with high dose magnesium sulphate MgSO4 (Pritchard's regimen). 2. To determine the perinatal and maternal outcomes associated with these regimens.

Materials & Methods :
A prospective comparative study. Participants were randomly assigned to two groups of 40 each: Group A received the Low dose and Group B received the Pritchard's regimen. Magnesium levels were assessed 4 hours post-administration. The use of antihypertensives, mode and time of delivery, and fetal monitoring were all incorporated into clinical management.

Results :
•The low dose regimen (Group A) was equally efficacious in prevention (96.6% vs 100%, p = 0.934) and control (97.6% vs 97.8%, p = 0.358) of eclamptic fits as compared to the Pritchard's regimen. •Magnesium toxicity and its side effects were more common in group B • NICU admissions were higher in Group B.

Conclusion :
The low-dose MgSO4 regimen demonstrated comparable efficacy to the Pritchard's regimen in controlling seizures with fewer

Abstract ID: MCH/OP/308

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Abstract Title:
AN OBSERVATIONAL STUDY ON POST PARTUM MENTAL HEALTH IN A TERTIARY HEALTH CARE CENTRE

Introduction :
Postpartum depression is one of the most common complication of childbearing age women and is a considerable public health problem which is often undermined.Postpartum period is a period of significant social,physiological and psychological changes affecting mood of women.Almost 50 % women develop maternity blues in first week of pregnancy and 15-20 % women face postpartum depression.

Aims & Objectives :
To assess the prevalance and factors affecting post partum mental health.

Materials & Methods :
An observational study was conducted among 50 postpartum mothers in obstetrics and gynaecology department of HIMSR,Delhi.The objective was to study the prevalence and assess the factors affecting postpartum mental health.The interviewer-administered questionnaire was used to collect data and it was assessed via validated 5 point likert scale.The data was analysed and results were obtained.

Results :
In this study , total 50 patients were involved as study participants with response rate of 100 % .16 % patients were working women,46 % underwent LSCS and 34 %had history of previous abortions. Among 50 patients ,28 % patients had unsupportive partner,24 % didn’t engage in social activities and 6 % didn’t feel connected to the baby.

Conclusion :
Deterioration in maternal post partum mental health can have a significant long term effects on the mother-infant relationship and the overall development of infant . Maternal age,marital state,unwanted infant gender,husband’s support,low socioeconomic status and social support are important independent factors contributing to declining postpartum mental health.Some of these factors are modifiable and can be managed through behavioural changes,family education and proper counselling of the couple.

Abstract ID: MCH/OP/309

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Abstract Title:
"EVALUATING THE IMPACT OF INTEGRATED AYURVEDA AND ALLOPATHY CARE ON PREGNANCY OUTCOMES IN WOMEN WITH PREVIOUS CAESAREAN DELIVERIES"

Introduction :
Pregnancy following a previous cesarean delivery is often associated with obstetric risks and complications affecting maternal and fetal outcomes. Integrative approaches combining Ayurvedic regimens with standard Obstetric care have been proposed to promote physiological balance, and improve pregnancy outcomes. This retrospective study evaluates the impact of Ayurvedic herbal intake during pregnancy in women with previous Caesarean deliveries.

Aims & Objectives :
To study the effect of integrating a specific regimen of nine Ayurvedic herbs with standard Obstetric care on the pregnancy outcomes in women with previous Caeserean deliveries.

Materials & Methods :
A retrospective study was conducted on 170 women delivered in our hospital. Group A (n=102) Integrative regimen group - consumed nine Ayurvedic herbs in each month of pregnancy [1]: Bala-Sida cordifolia, Lakshmana-Ipomea sepiaria, Brihati-Solanum indicum, Amshumati-Uraria picta, Guduchi-Tinospora cordifolia, Nidhikthiga-Solanum surattense, Yavagam-Hordeum vulgare, Moratta-Marsdenia tenacissima, and Shatavari-Asparagus racemosa. Group B (n=68) Control group - had minimal/no herbal intake. Both received Standard Allopathic Obstetric care and the outcomes were analyzed.

Results :
VBAC success was significantly higher in Group A (73.5%) than Group B (33.8%) with strong statistical significance (RR 2.17, OR 5.44, risk difference 39.7%, adjusted $p < 0.001$). No significant differences were found for need for induction, labor duration, postpartum complications.

Conclusion :
The integration of Ayurveda with conventional antenatal care is strongly associated with increased VBAC success and appears to optimise pregnancy outcomes in these women.This combined approach may offer a safe, holistic strategy to enhance maternal resilience and perinatal wellbeing. Further large-scale randomised studies are warranted to validate these findings and elucidate underlying mechanisms.

Abstract ID: MCH/OP/310

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Abstract Title:
REFERRALS BETWEEN PUBLIC SECTOR HEALTH INSTITUTIONS FOR HIGH-RISK PREGNANT WOMEN IN HIGH FOCUS STATE OF INDIA: A QUALITATIVE ANALYSIS OF BARRIERS AND FACILITATORS

Introduction :
Madhya Pradesh is a high focus state due to its high maternal mortality ratio.A 2019 narrative review of barriers of maternal andneonatal referral systems in developing countries byHarahap et al. noted challenges in both patient and healthsystems factors. Present study qualitative analysed the referral system which is a key area

Aims & Objectives :
To qualitatively assess the barriers and facilitators to uptake of referral services amongst high-risk pregnant women in rural Madhya Pradesh

Materials & Methods :
A purposive sample of pregnant women with high-risk conditions requiring referral follow-up care (severe hypertension, moderate anemia, and severe anemia) were considered for inclusion. In-depth individual interviews were conducted in the local language. Interviews were transcribed, coded, and organized for thematic generation as per the analytical framework described in the socio-ecological model

Results :
69 High risk pregnant women across 7 districts were interviewed. Barriers to referral care included lack of transportation, household responsibilities, and limited awareness, education, and social support. The most prominent barrier was lack of accompaniment to the referral center by a family member or health worker. Facilitators included available husbands, engaged heath workers, supportive neighbours, and other female family members who shared past experiences.

Conclusion :
Social support at the interpersonal and community level was key to overcoming referral care barriers faced by high-risk pregnant women in rural MP. Interventions that enhance social support may improve uptake of referral care services by high-risk pregnant women

Abstract ID: MCH/OP/311

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Abstract Title:
COMBINED USE OF TRANSCERVICAL FOLEY'S CATHETER WITH VAGINAL MISOPROSTOL VS VAGINAL MISOPROSTOL ALONE FOR SECOND TRIMESTER ABORTION

Introduction :
Second-trimester pregnancy termination poses higher risks compared to first-trimester abortions, making it crucial to develop safe and effective methods. Misoprostol is widely used for second-trimester abortion, but combining mechanical methods, such as a transcervical Foley's catheter, may enhance outcomes. Aim to compare the Induction to Abortion interval (IAI) in patients using transcervical Foley's catheter combined with vaginal misoprostol versus vaginal misoprostol alone for second trimester pregnancy termination.

Aims & Objectives :
To compare Induction - Abortion interval in Transcervical Foley's catheter with vaginal misoprostol vs Vaginal misoprostol alone for second trimester abortion. Objectives: Primary: To compare the induction to abortion interval among both the groups Secondary: Failure of abortion,Rate of incomplete abortion,Need for S&E,Side effects observed

Materials & Methods :
This prospective comparison study was conducted at Dr. Radhakrishnan Government Medical College & Hospital. Sixty pregnant women (13-20 weeks gestation) undergoing second-trimester termination were divided into two groups: Group 1 (n=30) received a transcervical Foley's catheter with vaginal misoprostol, and Group 2 (n=30) received only vaginal misoprostol. Misoprostol was administered every 3 hours (400 mcg), with a maximum of 5 doses. The induction-to-abortion interval, misoprostol dosage, and complications were recorded.

Results :
The mean IAI was significantly shorter in Group 1 compared to Group 2 ($p<0.05$). Group 1 required a significantly lower total dose of misoprostol. The rate of incomplete abortion was higher in Group 2, though not statistically significant. No significant differences were observed in the requirement for additional methods between groups.

Conclusion :
The combined use of transcervical Foley's catheter with vaginal misoprostol reduced the induction to abortion interval.

Abstract ID: MCH/OP/312

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Abstract Title:
IMPACT OF PREVIOUS SPONTANEOUS ABORTION ON MATERNAL AND FETAL OUTCOMES IN SUBSEQUENT PREGNANCIES

Introduction :
Spontaneous abortion is a frequent early pregnancy complication causing emotional and physical distress and affecting confidence in future conception. Previous pregnancy loss is linked with increased risk in subsequent pregnancies, emphasizing careful antenatal monitoring.

Aims & Objectives :
1. To evaluate whether previous spontaneous abortion increases adverse fetal or maternal outcomes in the current pregnancy. 2. To identify complications in pregnant women with a prior spontaneous abortion.

Materials & Methods :
A cross-sectional observational study was conducted on 180 pregnant women attending the Obstetric OPD at Lalla Ded Hospital, Government Medical College, Srinagar, over 18 months. Ethical approval was obtained, and informed consent was taken. Women were followed throughout pregnancy and delivery to assess maternal and fetal outcomes.

Results :
Among 180 women, 33.3% had a previous spontaneous abortion. Most were gravida 2 (53.3%) with parity 1 (37.2%). Emergency LSCS was the commonest mode of delivery (51.1%), followed by vaginal delivery (39.4%). PROM occurred in 7.2%, intrauterine growth restriction in 5%, and intrauterine fetal demise in 3.3%. Mean maternal age was 29.77 years, mean gestational age at delivery was 36.62 weeks, mean APGAR score was 6.70, and mean birth weight was 2.77 kg. In women ≤35 years, maximum gestation was 41 weeks, with APGAR 8 and birth weight 4 kg.

Conclusion :
Previous spontaneous abortion increases the risk of adverse pregnancy outcomes such as preterm birth, low birth weight, PROM, and operative delivery. Even a single miscarriage warrants vigilant monitoring and individualized antenatal care.

Abstract ID: MCH/OP/313

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Abstract Title:
THE CARDIAC OBSTETRIC JOURNEY: INDUCTION AND DELIVERY OUTCOMES IN PREGNANT WOMEN WITH CARDIAC DISEASES

Introduction :
Pregnancy in women with cardiac disease represents a high-risk scenario requiring meticulous peripartum management. Haemodynamic alterations during labour and delivery present unique challenges necessitating evidence-based approaches to optimize maternal and neonatal outcomes.

Aims & Objectives :
To evaluate the labour characteristics, obstetric interventions and maternal-neonatal outcomes in pregnant women with cardiac diseases at a tertiary care centre.

Materials & Methods :
This retrospective study was conducted between January 2023 and October 2025. It included 234 pregnant women with structural or acquired heart disease. Forty-seven women (20.1%) who underwent elective caesarean section were excluded. The remaining 187 (79.1%) women were analysed for labour onset patterns, induction methods, augmentation strategies, analgesic interventions, mode of delivery, and maternal-neonatal outcomes.

Results :
Among 187 women, 122(65.2%) required labour induction while 65(34.8%) experienced spontaneous labour onset. Oxytocin augmentation using concentrated regimen (5 units in 50mL) was employed in 75 cases (40.1%). Epidural analgesia was administered to 168(89.8%) women. Vaginal delivery rate was 62.0% (n=116) with operative vaginal delivery in 50 cases (43.1%) utilizing vacuum extraction or low-cavity/outlet forceps to abbreviate second stage of labour. Emergency caesarean section (CS) performed in 38.0%(n=71); notably, cardiac deterioration necessitated CS in only 4(2.1%) cases.. Postpartum contraception choices included levonorgestrel-releasing intrauterine system in 108 women (57.8%) and bilateral tubal ligation in 26 women (13.9%).

Conclusion :
With coordinated multidisciplinary care incorporating cardiologists, obstetricians, and anaesthesiologists, the majority of women with cardiac disease can safely achieve vaginal delivery. Systematic approaches including judicious labour induction, continuous haemodynamic monitoring, adequate analgesia provision, and timely instrumental delivery when indicated contribute to favourable maternal and perinatal outcomes.

Abstract ID: MCH/OP/314

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Abstract Title:
ASSOCIATION OF APO E GENE POLYMORPHISM AND SERUM TNF ALPHA WITH LIPID PROFILE IN PREECLAMPSIA

Introduction :
Preeclampsia and related syndromes are significant causes of maternal and fetal morbidity and mortality.

Aims & Objectives :
Pathological dyslipidemia resulting in obstetric vasculopathy represents a common pathway through Apolipoprotein E (ApoE) gene responsible for reverse transport cholesterol system and TNFα representing inflammation; appears to act and result in preeclampsia (PE).This study was aimed to evaluate the association of ApoE gene polymorphism and serum TNFα with lipid profile in preeclamptic women.

Materials & Methods :
A case control study conducted on180 subjects; group I PE(n=90) and group II(n=90) normotensive controls. At recruitment 5ml of venous blood was collected after overnight fasting -1ml for ApoE gene polymorphism by PCR,3ml for lipid profile by Synchron Lx® system and 1ml for TNFα by ELISA kit.

Results :
Incidence of PE was 11.4% in our study population. Significant association included low socioeconomic status, muslim religion increased iatrogenic preterm deliveries and operative interventions, low neonatal birth weight and more NICU admissions in preeclampsia group. Prevalence of dyslipidemia was significantly high (82%) in PE group as compared to 59% in control group. Total cholesterol, LDL, and triglycerides rose by 1.19,1.29 and 1.39 folds respectively and HDL decreased by 0.9 folds of normal pregnancy levels in preeclampsia. Apo E genotype ε3/ε4 was most prevalent in preeclampsia group. Serum TNFα was significantly higher in PE group(p=0.04). Significant positive correlation of genotype ε3/ε4 with high levels of serum TNFα was observed in cases.

Conclusion :
Dyslipidemia acts as independent risk factor for Preeclampsia. Genotype ε3/ε4 and high serum TNFα are significantly associated with preeclampsia and a positive correlation between the two

Abstract ID: MCH/OP/315

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Abstract Title:
VAGINAL FLORA PATTERNS IN PPROM:A CASE-CONTROL STUDY WITH MATERNAL AND NEONATAL OUTCOMES.

Introduction :
Preterm Prelabour Rupture of Membranes (PPROM) is a major contributor to spontaneous preterm birth and neonatal morbidity. The vaginal microflora plays a key role in maintaining membrane integrity, and alterations in microbial composition may predispose to early rupture.

Aims & Objectives :
This study compared vaginal flora patterns in women with and without PPROM and assessed associated outcomes.

Materials & Methods :
A comparative case–control study was conducted among 142 antenatal women between 28+0 and 36+6 weeks (71 PPROM, 71 controls). High-vaginal swabs were processed using standard culture and CLSI antibiotic susceptibility methods, Data were analysed using SPSS v28

Results :
Among 142 antenatal women (71 PPROM, 71 controls), culture positivity was higher in PPROM. Of the 52 culture-positive swabs, 59.6% were from PPROM. Streptococcus spp. (19% vs 12%) and Enterococcus spp. (13% vs 5%), including high-level aminoglycoside-resistant strains, were more frequent in PPROM. Escherichia coli was isolated in 14% of PPROM versus 8% of controls, with a colistin-resistant multidrug-resistant strain seen only in PPROM. MRSA (8%), Klebsiella (4%) and Pseudomonas (4%) occurred exclusively in PPROM, while Candida spp. predominated in controls. Polymicrobial growth was observed only in PPROM. Previous UTI/vaginitis was significantly associated with PPROM ($p=0.002$). Antibiotic susceptibility revealed increasing resistance, with reduced sensitivity to Clindamycin and Erythromycin, while Piperacillin-Tazobactam, Carbapenems, Amikacin, Vancomycin and Linezolid remained effective. PPROM was associated with higher maternal morbidity, more caesarean deliveries, low birth weight, and increased NICU admissions.

Conclusion :
Altered vaginal flora and emerging antimicrobial resistance play a key role in PPROM. Early culture screening and locally guided antibiotic stewardship are recommended.

Abstract ID: MCH/OP/316

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Abstract Title:
FETOMATERNAL OUTCOME IN WOMEN WITH PRETERM PREMATURE RUPTURE OF MEMBRANE IN 32-34 WEEKS VS 34+1WEEK -36 WEEK

Introduction :
Preterm Premature Rupture of Membranes (PPROM) is defined as rupture of fetal membranes before 37 weeks of gestation and prior to the onset of labor. It accounts for nearly one-third of preterm births and is associated with significant maternal and neonatal morbidity and mortality.

Aims & Objectives :
Aim: To compare fetomaternal outcomes in women with PPROM between 32–34 weeks and 34+1– 36 weeks of gestation. Objectives: -To evaluate the maternal outcome in PPROM in 32-34 weeks vs 34+1weeks -36 weeks. -To evaluate the fetal outcome in PPROM in 32-34 weeks vs 34+1weeks -36 weeks

Materials & Methods :
This analytical cross-sectional study was conducted in the Department of Obstetrics and Gynaecology, AIMSR, Bathinda, over 18 months. A total of 53 women with PPROM between 32–36 weeks were included, divided into two groups—24 patients (32–34 weeks) and 29 patients (34+1–36 weeks). Maternal parameters and Fetal outcomes were assessed using various parameters. Data was analyzed using descriptive statistics, and comparison between groups was made using t-test with $p < 0.05$ considered significant.

Results :
In the 32–34-week group, 2 patients (8.3%) developed fever and 3 (12.5%) had positive HVS cultures. 100% neonates required NICU admission, with one neonatal death (4.2%). In the 34+1–36-week group, no maternal infections and 14 neonates (48.3%) required NICU stay with no long-term sequelae

Conclusion :
Conclusion: Fetomaternal complications were significantly higher in the 32–34-week PPROM group compared to 34+1–36 weeks. Advancing gestational age at rupture of membrane is associated with better fetomaternal outcome.

Abstract ID: MCH/OP/317

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Abstract Title:
PREVENTION OF GESTATIONAL DIABETES MELLITUS BY TREATING EARLY GESTATIONAL GLUCOSE INTOLERANCE (EGGI) WITH AND WITHOUT METFORMIN – A RANDOMIZED CONTROLLED TRIAL

Introduction :
Women with Early Gestational Glucose Intolerance (EGGI), defined as 2-hour postprandial blood glucose (PPBG) >110 mg/dL below 11 weeks gestation, are at high risk for developing GDM. As pancreatic β-cell differentiation and fetal pancreatic programming occur around this period, early glycemic control may prevent GDM and its adverse outcomes.

Aims & Objectives :
To evaluate whether early intervention with metformin, in addition to medical nutrition therapy (MNT), in women with EGGI reduces the incidence of GDM and associated fetomaternal complications

Materials & Methods :
This RCT was conducted at LHMC (CTRI/2024/07/088621). 220 pregnant women with EGGI (<9wks. gestation) were randomized into 2 groups: • Group 1 (Intervention): MNT + Metformin 250 mg BD • Group 2 (Control): MNT only Participants underwent GDM screening in 3 trimesters as per DIPSI guidelines. Maternal and neonatal outcomes were compared, and multivariate logistic regression was performed to adjust for confounders

Results :
Women with EGGI had significantly higher odds of developing GDM compared to normoglycemic women ($p < 0.0001$). The addition of metformin to MNT significantly reduced the incidence of GDM and improved fetomaternal outcomes, including reduced rates of LSCS, hypertension, polyhydramnios, macrosomia, neonatal respiratory distress syndrome (RDS), and NICU admissions. The protective effect of metformin persisted after adjusting for potential confounders.

Conclusion :
Early initiation of metformin with MNT in women with EGGI significantly reduces the progression to GDM and improves maternal and neonatal outcomes compared to MNT alone. These findings support revising management protocols to include metformin at the earliest detection of EGGI, thereby potentially preventing intergenerational transmission of metabolic disease.

Abstract ID: MCH/OP/318

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Abstract Title:
SERUM LEVEL OF PAPP-A AND DOPPLER VELOCIMETRY IN THE ASSESSMENT OF FETO MATERNAL OUTCOME IN HIGH RISK PREGNANCY

Introduction :
Early identification of high-risk pregnancies enables timely interventions to reduce maternal and fetal morbidity and mortality. Serum Pregnancy-Associated Plasma Protein-A (PAPP-A) a glycoprotein involved in placental development and uterine artery Doppler velocimetry are promising tools for predicting adverse outcomes.

Aims & Objectives :
To evaluate the relationship between first trimester serum PAPP-A levels and second trimester uterine artery Doppler indices with feto-maternal outcomes in high-risk pregnancies.

Materials & Methods :
A prospective observational cohort study was conducted at Holy Family Hospital, New Delhi, from May 2022 to May 2023, enrolling 75 high-risk singleton pregnancies. Serum PAPP-A was measured at 11–13+6 weeks and uterine artery Doppler velocimetry was performed at 18–20 weeks. Outcomes included preeclampsia, intrauterine growth restriction (IUGR), preterm delivery, oligohydramnios, low birth weight, gestational diabetes mellitus, and placental abruption.

Results :
Adverse fetomaternal outcomes occurred in 45.3% of cases. Mean PAPP-A levels were significantly lower in preterm deliveries (0.67 ± 0.21 MoM) compared to term (0.95 ± 0.49 MoM, p=0.004). Low PAPP-A was significantly associated with IUGR (p=0.011), preeclampsia (p=0.019), and low birth weight (p=0.006). Mean uterine artery PI was significantly higher in IUGR (1.29 ± 0.31 vs 1.06 ± 0.29, p=0.005) and preeclampsia (1.33 ± 0.33 vs 1.07 ± 0.28, p=0.002). Combined low PAPP-A and high PI values yielded the highest predictive accuracy.

Conclusion :
Low first-trimester PAPP-A and elevated second-trimester uterine artery PI are significant predictors of adverse fetomaternal outcomes in high-risk pregnancies. Their combined use can enhance early risk stratification.

Abstract ID: MCH/OP/319

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Abstract Title:
ROLE OF MODIFIED BIOPHYSICAL PROFILE IN PREDICTING FETAL OUTCOME IN SINGLETON PREGNANCIES

Introduction :
The Modified Biophysical Profile (MBPP), which combines Non-Stress Test (NST) and Amniotic Fluid Index (AFI). It aids in early detection of fetal hypoxia and facilitates timely obstetric intervention to improve perinatal outcomes.

Aims & Objectives :
Role of Modified Biophysical Profile in predicting fetal outcomes in singleton pregnancies To evaluate the role of the Modified Biophysical Profile in predicting fetal outcomes in singleton pregnancies beyond 32 weeks of gestation.

Materials & Methods :
This observational cross-sectional study was conducted on 55 antenatal women with singleton pregnancies beyond 32 weeks attending the Department of Obstetrics and Gynaecology, AIMSR, Bathinda. Each participant underwent ultrasonography for AFI measurement and Non-Stress Test as part of MBPP evaluation. Perinatal outcomes were analyzed in relation to MBPP findings.

Results :
Among 55 antenatal women, 40 (72.7%) had normal MBPP and 15 (27.3%) had an abnormal MBPP. Favorable outcomes were seen in normal MBPP group—APGAR ≥7 in 37 (92.5%) cases, NICU admission in 5 (12.5%), and mean NICU stay of 1.7 ± 0.5 days. In contrast, abnormal MBPP was associated with adverse outcomes—APGAR <7 in 9 (60%) cases, NICU admission in 10 (66.7%), and mean NICU stay of 5.1 ± 1.2 days. The correlation between abnormal MBPP and poor perinatal outcomes was statistically significant ($p<0.05$).

Conclusion :
Modified Biophysical Profile is an effective, non-invasive, and time-efficient tool for predicting fetal well-being in late pregnancy. Reactive NST with normal AFI correlates with favorable outcomes, whereas non-reactive NST with low AFI identifies fetuses at higher risk, requiring vigilant monitoring and prompt intervention.

Abstract ID: MCH/OP/320

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Abstract Title:
COMPARISON OF INDUCTION ABORTION INTERVAL IN MID TRIMESTER TERMINATION OF PREGNANCIES WITH AND WITHOUT INTRA-AMNIOTIC DIGOXIN - A RANDOMIZED CONTROL TRIAL

Introduction :
Globally, 73.3 million abortions occur annually, 10–15% in the second trimester. Late second-trimester abortions pose challenges such as transient fetal survival, dilemmas over resuscitation, failed medical induction and maternal psychological distress. Inducing fetal demise before abortion helps mitigate these issues. While intracardiac KCl is effective but technically demanding, intra-amniotic digoxin provides a simpler alternative. This study evaluates the efficacy of intra-amniotic digoxin in inducing fetal demise and its effect on induction-abortion interval.

Aims & Objectives :
1. To compare Induction-Abortion interval of mid trimester abortion with and without intra-amniotic digoxin. 2. To study effectiveness of digoxin in inducing fetal demise after 24 hours of intra-amniotic digoxin instillation.

Materials & Methods :
After ethical clearance, pregnant women with gestation between 20–24 weeks opting for MTP, were randomized into cases and controls. Cases received 1 mg intra amniotic digoxin. After 24 hours, serum electrolytes, ECG and cardiac activity were repeated. MTP was performed using standard mifepristone misoprostol protocol in both the groups. Induction-abortion interval from recieving mifepristone till expulsion was measured. Complications, if any, were documented.

Results :
Mean induction abortion interval was significantly shorter in the cases (31.35 hrs vs. 57.76 hrs; $p<0.001$). 88.2% of fetuses had no cardiac activity 24 hours after digoxin administration. Mean number of misoprostol doses required in cases was 0.88 vs. 3.94 in controls ($p=0.003$). There were no significant side effects related to digoxin or amniocentesis, and no post abortion side effects in both the groups.

Conclusion :
Inducing feticide using intra-amniotic digoxin in mid-trimester abortions reduces induction-to-abortion interval with favourable safety profile and is technically easy procedure.

Abstract ID: MCH/OP/321

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Abstract Title:
PREDICTION OF PRE-ECLAMPSIA IN GESTATIONAL HYPERTENSION USING PLATELET COUNT AND MEAN PLATELET VOLUME

Introduction :
Platelets have emerged as an important player in the pathophysiology of preeclampsia, primarily due to their involvement in haemostasis, inflammation, and endothelial dysfunction. Preeclampsia tends to present unpredictably, often emerging late in pregnancy, well after the onset of gestational hypertension(GH).Early identification and prediction of preeclampsia in women with GH are critical for timely intervention, which can reduce maternal and neonatal complications.

Aims & Objectives :
To determine the predictive value of platelet count and mean platelet volume(MPV) in Gestational Hypertension patients who progressed to preeclampsia

Materials & Methods :
Prospective observational study was conducted where pregnant women diagnosed with gestational hypertension were enrolled between 28-36 weeks. Platelet count and mean platelet volume was measured and correlated with the development of preeclampsia during the follow up period.

Results :
out of 110 pregnant women diagnosed with gestational hypertension,28.4% progressed to preeclampsia. At enrolment, the mean platelet count was 2.47 ± 0.69 lakh/mm³. On follow-up, the median platelet count dropped to 1.92 lakh/mm³.The median change in platelet count was –0.9 lakh/mm³, and percent change was –32.78%, indicating a significant downward trend.At enrolment, the mean MPV was 9.94 ± 1.25 fL, which increased to 11.20 ± 1.90 fL on follow-up. The median increase was +2.6 fL, with a percent increase of +23.5%, indicating significant platelet activation over time.

Conclusion :
dynamic changes in these parameters particularly mean platelet volume hold significant diagnostic value. Serial monitoring revealed that patients who developed preeclampsia exhibited a marked increase in MPV and a substantial decline in platelet count.

Abstract ID: MCH/OP/322

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Abstract Title:
OBSTETRIC ANALGESIA AND ANAESTHESIA IN WOMEN WITH INHERITED BLEEDING DISORDERS

Introduction :
There is no robust estimate of Vertebral Canal hematoma (VCH) risk or complications for neuraxial anaesthesia in the presence of an inherited bleeding disorder (IBD), leaving significant gaps in clinical practices.

Aims & Objectives :
We aim to perform a retrospective observational study of Obstetric anaesthetic management and outcomes for women with IBD.

Materials & Methods :
The study included women with IBD seen in multidisciplinary obstetric haemophilia clinic between 2010-2024. Patient records were reviewed and findings statistically analyzed.

Results :
191 women with IBD (76% of total) received intrapartum neuraxial anaesthesia (52 factor XI deficiency, 52 carriers of haemophilia A and B, 62 von Willebrand disease, 16 platelet function disorders, two factor VII deficiency, two unclassified bleeding disorders and two factor XII). Two thirds (n=120) were referred to high- risk obstetric anaesthesia clinic antenatally. Prophylactic haemostatic cover was given in all pregnancies prior to insertion of neuraxial analgesia (tranexamic acid (n=189), desmopressin (n=9), clotting-factor concentrate (n=23), recombinant VWF (n=1) and platelets (n=3). Incidence of adverse events was 5% (n=8), similar to that found in the general population, including inadequate anaesthesia (n=3), bloody tap (n=2), hypotension (n=2) and possible dural puncture (n=1). All complications were resolved with simple measures. There were no reports of long-term complications.

Conclusion :
It may be possible to safely offer pregnant women with IBD the option of neuraxial analgesia/ anaesthesia with multidisciplinary planning of adequate haemostasis cover. VCH is a rare complication, and further large-scale studies are needed to better determine the associated risks in this population.

Abstract ID: MCH/OP/323

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Abstract Title:
A TASTE OF TRADITION : TODDY CONSUMPTION AND ITS ASSOCIATION WITH PREGNANCY OUTCOMES - A HOSPITAL BASED OBSERVATIONAL STUDY

Introduction :
Toddy ,a traditional palm wine widely consumed in rural telangana ,is culturally accepted and often perceived as harmless even during pregnancy. However alcohol exposure during pregnancy is known to have potential adverse effects on fetal growth and development. This study was undertaken to assess whether toddy intake during pregnancy influences maternal and neonatal outcomes among women delivering in a tertiary care hospital Nizamabad

Aims & Objectives :
1. To determine the prevalance of toddy consumption among pregnant women. 2. To assess maternal outcomes such as anemia, preeclampsia and preterm labour among toddy consumers. 3. To evaluate neonatal outcomes including birth weight, Apgar score, NICU admissions in babies born to these mothers.

Materials & Methods :
This hospital based observational study was conducted in department of obstetrics and gynaecology,Government General hospital Nizamabad. All pregnant women admitted for delivery were interviewed regarding toddy consumption during pregnancy, including frequency and trimester of intake. Based on history, women were categorised as toddy consumers and non consumers. Maternal and neonatal outcomes were compared between the two groups.

Results :
There was no statistically significant difference in the incidence of low birth weight, preterm birth, NICU admissions or maternal complications between toddy and non toddy consumers.

Conclusion :
In this hospital based study, toddy consumption during pregnancy, did not show a significant effect on maternal and neonatal outcomes. Although no adverse association was observed, antenatal counselling should continue to discourage toddy intake, as alcohol exposure during pregnancy has no proven safe limit and may vary in concentration.

Abstract ID: MCH/OP/324

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Abstract Title:
EFFECT OF INTERVAL BETWEEN ADMINISTRATION OF SPINAL ANAESTHESIA AND DELIVERY OF FETUS ON UMBILICAL ARTERIAL CORD PH OF NEONATES: A PROSPECTIVE OBSERVATIONAL STUDY

Introduction :
Spinal anaesthesia is the preferred technique for elective lower segment caesarean section (LSCS). However, the interval between administration of spinal anaesthesia and fetal delivery may influence neonatal acid–base status by affecting uteroplacental perfusion

Aims & Objectives :
To study the effect of the interval between administration of spinal anaesthesia and delivery of fetus on umbilical arterial cord pH and neonatal outcome

Materials & Methods :
This prospective observational study was conducted at ESI-PGIMSR, Basaidarapur, New Delhi, between April 2023 and August 2024. One hundred forty term singleton pregnancies undergoing elective LSCS under spinal anaesthesia were included. The time interval from administration of spinal anaesthesia to fetal delivery was recorded. Umbilical arterial blood was analyzed for pH and base deficit. Neonatal outcomes such as Apgar scores, NICU admissions, and requirement of ventilation were also assessed. Data were analyzed using Pearson correlation and ANOVA

Results :
The mean spinal-to-delivery interval was 26.55 ± 5.42 minutes. Mean umbilical arterial pH was 7.2 ± 0.1, and mean base deficit 8.66 ± 2.82 mmol/L. A significant negative correlation was found between spinal-to-delivery interval and pH ($r = –0.873$, $p < 0.001$). Prolonged intervals were associated with lower 5-minute Apgar scores (7.74 ± 1.34). NICU admission was required in 26.4% and mechanical ventilation in 7.1% of neonates

Conclusion :
Prolonged spinal-to-delivery intervals are significantly associated with lower umbilical arterial pH and increased base deficit, indicating neonatal acidosis. Optimizing surgical efficiency and maintaining maternal hemodynamic stability are crucial to improve neonatal outcomes in elective LSCS under spinal anaesthesia.

Abstract ID: MCH/OP/325

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Abstract Title:
STUDY OF MATERNAL AND PERINATAL OUTCOME AND CAUSES OF ABRUPTIO PLACENTA IN A TERTIARY CARE CENTRE

Introduction :
Placental abruption defined as premature separation of a normally implanted placenta before delivery,remains a significant cause of maternal and perinatal morbidity and mortality, especially in developing countries. Early identification of etiological factors and assosciated outcomes is essential for improving prognosis

Aims & Objectives :
To study causes of placental abruption and to evaluate the assosciated maternal and perinatal outcomes.

Materials & Methods :
This retrospective study was conducted among pregnant woman diagnosed with placental abruption @GGH Nizamabad. Clinical details ,maternal risk factors ,mode of delivery,complications and neonatal outcome were analyzed.Data were expressed as proportions.

Results :
Most common etiological factors observed were hypertensive disorders of pregnancy, multiparity,trauma.Major maternal complications include PPH,DIC,shock,sepsis, need for blood transfusion. Perinatal morbidity and mortality rates were high due to prematurity and intrauterine fetal demise.Early diagnosis and timely obstetric intervention significantly improved both maternal and perinatal outcome

Conclusion :
Placental abruption remains a significant cause of maternal and perinatal morbidity and mortality. Early recognition of risk factors,vigilant surveillance and rapid obstetric management can greatly reduce adverse outcomes

Abstract ID: MCH/OP/326

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Abstract Title:
EVALUATION OF THE APPROPRIATENESS OF ANTENATAL DEXAMETHASONE ADMINISTRATION TIMING IN WOMEN AT RISK OF PRETERM BIRTH

Introduction :
Antenatal corticosteroids (ACS) are a key intervention to reduce neonatal morbidity and mortality in preterm births by promoting fetal lung maturity. The optimal benefit of dexamethasone is achieved when delivery occurs within 14 days of administration. However, in clinical settings, the timing of steroid administration may not coincide with the actual time of delivery, thereby reducing its potential effectiveness.

Aims & Objectives :
1. To determine the proportion of women who delivered within 14 days of receiving antenatal dexamethasone. 2. To analyze the indications for ACS administration in women at risk of preterm birth.

Materials & Methods :
This observational study was conducted in the Department of Obstetrics and Gynaecology, AIIMS, New Delhi. Pregnant women between 24–34+6 weeks of gestation who received antenatal dexamethasone for risk of preterm delivery were included. Data on gestational age, indication for steroid administration, and dates of dexamethasone administration and delivery were collected. The interval between steroid administration and delivery was calculated and categorized into ≤14 days and >14 days groups.

Results :
A total of 54 women received dexamethasone. Indications for ACS administration included threatened preterm labour (22.2%), antepartum haemorrhage (16.7%), PPROM (16.7%), absent end-diastolic flow (11.1%), and preterm labour (5.6%).The mean interval between steroid administration and delivery was 12.4 ± 11.2 days, with a median of 8 days. Among them, 24 women (44.4%) delivered within 14 days of dexamethasone administration, while 30 women (55.6%) delivered after 14 days. Thus, less than half of the participants delivered within the optimal 14-day therapeutic window for maximal neonatal benefit.

Conclusion :
More than half of the women delivered

Abstract ID: MCH/OP/327

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Abstract Title:
EFFECT OF DIFFERENT DOSES OF VITAMIN D SUPPLEMENTATION ON MATERNAL & FETAL OUTCOME IN VITAMIN D DEFICIENT MOTHERS.

Introduction :
Vitamin D deficiency during pregnancy is a global health concern associated with adverse maternal and neonatal outcomes. Despite abundant sunlight in India, hypovitaminosis D remains highly prevalent among pregnant women, warranting evaluation of supplementation strategies to ensure optimal maternal and fetal health.

Aims & Objectives :
To determine the prevalence of vitamin D deficiency among pregnant women in an urban population. To assess the effect of vitamin D Supplementation on maternal and neonatal outcomes. To compare the efficacy of two supplementation regimens—2000 IU/day and 4000 IU/day—against the standard recommended dose of 400 IU/day.

Materials & Methods :
This single-centre, prospective, randomized controlled trial was conducted at a tertiary care hospital . A total of 180 vitamin D–deficient pregnant women (12–16 weeks gestation) were randomized into two groups: Group A received 2000 IU/day, Group B received 1000 IU/day of cholecalciferol. Maternal serum 25(OH)D, pregnancy complications, and neonatal parameters were evaluated and statistically analyzed.

Results :
The prevalence of vitamin D deficiency was 95.5%, with the majority in the 25–29-year age group. Both 2000 IU and 1000 IU daily supplementation significantly improved serum vitamin D levels, with 1000 IU showing superior efficacy. Supplementation reduced preeclampsia incidence and improved maternal weight gain and neonatal birth weight compared to the control group, without affecting cord calcium levels.

Conclusion :
Daily vitamin D supplementation of 2000 IU is safe and most effective in achieving sufficiency and improving selected maternal and neonatal outcomes. Larger multicentric studies are needed to establish optimal dosage and long-term safety.

Abstract ID: MCH/OP/328

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Abstract Title:
TENS FOR LABOUR ANALGESIA

Introduction :
Lately, many women are opting for an elective Cesarean as they fear labour pains or the experience of labour and vaginal birth. Most of them may not have accurate information about the methods available for labour analgesia. TENS - is one of the options available to relieve pain during labour.

Aims & Objectives :
It is a pilot study to assess the feasibility of TENS as an option to provide pain relief in labouring women in our setup.

Materials & Methods :
This study was done over a period of one year. Patients in the last trimester were educated about their options for labour analgesia in our hospital which include epidural and T.E.N.S. 10 women opted for TENS.

Results :
80% women had a vaginal delivery and 20% had a Cesarean section. 60% of the women using TENS were satisfied with the pain relief provided by it. 1 patient requested an additional epidural and 1 other patient wasn't happy with its use. No side effects were reported by any patients.

Conclusion :
TENS is a affordable, non-invasive and patient-controlled option for labour analgesia .

Abstract ID: MCH/OP/329

Presenter's Name: Dr. Devineni Hemalatha

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Abstract Title:
CUTTING THROUGH THE DATA: ROBSON TEN GROUP ANALYSIS OF CAESAREAN DELIVERIES IN A TERTIARY CARE HOSPITAL

Introduction :
Caesarean Section (CS) rates are rising globally. India has seen an increase from 8.5% in 2005–06 (NFHS-3) to 21.5% in 2019–21 (NFHS-5), surpassing the WHO recommended 10–15% (WHO, 2015). Understanding the contributing factors to this rise at the institutional level is essential for evidence based obstetric practice. The Robson Ten Group Classification System (TGCS), recommended by FIGO (2016) and WHO (2015), classifies all deliveries into ten mutually exclusive groups based on obstetric characteristics, providing a standardized method to analyze CS patterns and identify priority areas for intervention.

Aims & Objectives :
To study the rate of Caesarean Section, identify the groups contributing most to the overall CS rate using Robson TGCS in a tertiary care hospital.

Materials & Methods :
All women who delivered between November 2024 to October 2025 in the Department of Obstetrics and Gynaecology, King George Hospital, Visakhapatnam, Andhra Pradesh, India were classified into ten groups according to Robson criteria and data were analyzed using descriptive statistics.

Results :
Out of total 4,620 deliveries over 12 months, 2,724 were Caesarean Sections, giving a CS rate of 58.9%. Classification using the Robson TGCS confirmed that Group 2, Group 1 and Group 5 were the major contributors to the overall CS rate.

Conclusion :
The Robson TGCS System standardizes CS audits and helps identify modifiable factors behind higher CS rates. The predominance of Groups 2, 1, and 5 highlights the importance of promoting safe vaginal birth after caesarean (VBAC), optimizing induction protocols, and implementing strategies to reduce primary Caesarean Sections.

Abstract ID: MCH/OP/330

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Abstract Title:
A STUDY OF OLIGOHYDRAMNIOS IN THE ANTENATAL PERIOD AND ITS IMPACT ON FETAL OUTCOME

Introduction :
Amniotic fluid plays a vital role in fetal growth and development. Oligohydramnios defined as reduced amniotic fluid volume , is an important indicator of placental insufficiency and adverse perinatal outcome. Early detection and management are crucial for optimising fetal health.

Aims & Objectives :
To study the incidence of oligohydramnios during the antenatal period and to evaluate its effect on fetal outcome.

Materials & Methods :
This observational study was conducted among antenatal women diagnosed with oligohydramnios (AFI<5) by ultrasound. Maternal parameters, gestational age at diagnosis ad associated complications were recorded. Fetal outcomes such as birth weight , Apgar score, NICU admissions, perinatal mortality were analysed.

Results :
Oligohydramnios was commonly observed in the third trimester, particularly in cases associated with preeclampsia, intrauterine growth restriction (IUGR), and post-term pregnancy. There was a higher incidence of cesarean delivery due to fetal distress. Neonates born to mothers with oligohydramnios showed increased rates of low birth weight, low Apgar scores, and NICU admissions. Perinatal morbidity and mortality were significantly higher compared to pregnancies with normal amniotic fluid volume.

Conclusion :
Oligohydramnios in the antenatal period is associated with adverse fetal outcomes. Regular antenatal surveillance and timely intervention are essential to reduce perinatal complications and improve neonatal prognosis.

Abstract ID: MCH/OP/331

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Abstract Title:
A RANDOMIZED CONTROL TRIAL ON SAFETY AND EFFICACY OF ORAL MIFEPRISTONE IN CERVICAL RIPENING AND INDUCTION OF LABOUR IN TERM PREGNANCIES

Introduction :
Mifepristone (RU-486) is primarily used for early medical abortion, with limited research on its role in cervical ripening and labour induction at term in live pregnancies. This study evaluates its efficacy and safety compared to expectant management in such cases.

Aims & Objectives :
To study safety and efficacy of mifepristone in cervical ripening and induction of labour in term pregnancies at a tertiary care hospital

Materials & Methods :
A randomized controlled study was conducted at JSSH, Mysore, from January 2024 to July 2025, including 140 women with singleton, term, uncomplicated pregnancies admitted for labour induction. They were randomized into two groups (70 each). The study group received 200 mg oral mifepristone on admission. After 24 hours, Bishop's score was reassessed, and dinoprostone gel was used based on the score. The control (expectant)group was induced directly with dinoprostone gel. Data were analyzed using inferential statistics.

Results :
A significantly higher proportion of the oral mifepristone group required fewer doses of dinoprostone gel than the expectant management group. Induction-to-delivery time was also shorter, with 34.3% delivering within 12 hours versus 1.4% in the expectant group. Additionally, 81.4% in the mifepristone group had normal vaginal deliveries compared to 64.3% in the expectant group, and the LSCS rate was lower.

Conclusion :
In this study, women induced with 200 mg mifepristone had shorter induction-to-delivery time, lower cesarean rates,required fewer dinoprostone doses to enter active labour with no adverse effect on the fetus. Thus, mifepristone appears to be a safe, cost-effective, and practical option for term labour induction.

Abstract ID: MCH/OP/332

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Abstract Title:
NAUSEA AND VOMITING IN PREGNANCY—IS IT ALWAYS HYPEREMESIS?

Introduction :
Nausea and vomiting frequently occur in the first trimester of pregnancy and are commonly considered part of normal gestational changes. However, accurately diagnosing hyperemesis gravidarum (HG), a severe and potentially life-threatening condition distinct from typical nausea and vomiting of pregnancy, is imperative for safeguarding both maternal and fetal well-being

Aims & Objectives :
To evaluate women presenting with hyperemesis gravidarum and the importance of ruling out other causes of nausea and vomiting

Materials & Methods :
Retrospective study was conducted over the last six months in a tertiary care hospital. Data of all cases of hyperemesis was recorded. Files with incomplete records were excluded from evaluation.

Results :
Out of total admissions of 1761, eleven women met clinical and validated scoring criteria consistent with moderate to severe hyperemesis gravidarum based on the Pregnancy-Unique Quantification of Emesis and Nausea (PUQE) score. The study focused on the necessity of comprehensive clinical evaluation to exclude alternative systemic, infectious, metabolic, or anatomical causes that may mimic or exacerbate vomiting, thus preventing misdiagnosis and guiding appropriate management. Out of 11, one had urinary tract infection , one had obstructive uropathy, one had typhoid, one had autoimmune hepatitis, one had twins, one had antiphospholipid antibody syndrome and hyperthyroidism. All women were hospitalized and treated with antiemetics, fluids and supportive care.

Conclusion :
These findings emphasize that even when patients fulfill PUQE scoring and clinical indicators for hyperemesis gravidarum, an exhaustive diagnostic approach is vital to exclude infections, metabolic disturbances, endocrinopathies, and structural abnormalities. Such diligence ensures precise diagnosis and individualized treatment plans, optimizing outcomes for mother and fetus.

Abstract ID: MCH/OP/333

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Abstract Title:
FROM TRANSPLANT TO TRIUMPH : MATERNAL AND FETAL OUTCOMES IN RENAL TRANSPLANT RECIPIENTS

Introduction :
In women with CKD, fertility is often impaired due to hypothalamic–pituitary–ovarian axis dysfunction, making spontaneous conception rare. Fertility typically returns after kidney transplantation, though the women carry significant obstetric and renal risks such as hypertension, preeclampsia, intrauterine growth restriction, and preterm delivery as well as chronic immunosuppressive medication.

Aims & Objectives :
To study the impact of maternal and fetal outcomes in renal transplant recipients.

Materials & Methods :
It is a case series study of 3 renal transplant recipients who delivered at our centre from December 2024 to October 2025. We assessed renal function, immunosuppressant dosage and functional status over the antenatal course as well as adverse outcomes.

Results :
Mean age was 32.3 ± 9 years. Mean time interval from transplant to pregnancy was 5.33 years. One case on Tacrolimus 5mg, Azathioprine 100mg and Wysolone 5mg post transplant for Shrunken kidney developed IHCP and gestational HTN, and was taken for a caesarean after a priming gel in view of severe preeclampsia. Our second case on Tacrolimus 4mg, Azathioprine 100mg and Wysolone 5mg post transplant due to CKD 5 developed GDM and induction of labour was done with dinoprostone pessary in view of worsening renal function. Our third case on Tacrolimus 2mg, Azathioprine 75mg and Wysolone 5mg post transplant developed Gestational HTN and was taken for an emergency preterm LSCS due to AEDF and spontaneous decelerations.

Conclusion :
Pregnancy following renal transplantation necessitates meticulous surveillance and coordinated multidisciplinary care..

Abstract ID: MCH/OP/334

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Abstract Title:
FETOMATERNAL OUTCOMES AND ASSOCIATED FACTORS AMONG MOTHER'S WITH OBSTRUCTED LABOUR

Introduction :
Obstructed labour remains a significant contributor to maternal and perinatal morbidity and mortality, particularly in developing countries. Early diagnosis and timely intervention are critical in reducing complications. This study aims to evaluate fetomaternal outcomes associated with obstructed labour in a tertiary care hospital.

Aims & Objectives :
to study fetomaternal outcome and associated factors among mother's with obstructed labour

Materials & Methods :
A retrospective observational study was conducted at Government General Hospital, Kakinada, from January 2024 to June 2025. A total of 22 cases of obstructed labour were identified. Method: retrospective observational study

Results :
Adverse maternal outcomes were observed in 52% of cases. The most common complications included surgical site infection (28%), postpartum haemorrhage (10.8%), bladder injury (9%), and sepsis (4.5%). Fetal outcomes revealed that 90.9% were live births, while 9% resulted in stillbirths. Adverse fetal outcomes were noted in 68% of cases, with the most frequent being NICU admission (56%), meconium aspiration syndrome (10%), neonatal sepsis (6%), and early neonatal death (4.5%).

Conclusion :
Obstructed labour continues to pose serious risks to both mother and fetus, with high rates of morbidity despite institutional delivery. Strengthening antenatal care, timely referral, and skilled intrapartum management are essential to improve outcomes. Early diagnosis and prompt obstetric intervention play a pivotal role in reducing preventable fetomaternal complications.

Abstract ID: MCH/OP/335

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Abstract Title:
EFFECT OF LABETALOL AND NIDEDEPINE REGIMENS ON CEREBROVASCULAR BLOOD FLOW INDICES AND SYMPTOMATOLOGY IN SEVERE PRE- ECLAMPSIAATERNAL

Introduction :
Preeclampsia can cause neurological complications such as eclampsia, cerebrovascular accident, posterior reversible leukoencephalopathy, white matter lesions, later strokes and vascular dementia. Neurological sequelae of preeclampsia resulted from altered blood brain barrier permeability and elevated cerebral perfusion pressure. These changes can be effectively studied by maternal transcranial doppler imaging. The current study aims to compare the effect of oral nifedipine and intravenous labetalol on cerebral blood flow indices and symptomatology in severely preeclamptic women.

Aims & Objectives :
To compare the efficacy of oral nifedipine and intravenous labetalol in correcting blood cerebral blood flow indices and cerebral symptomatology in severe preeclampsia.

Materials & Methods :
This prospective comparative cohort study was conducted on 80 pre eclamptic women in a tertiary care hospital, who presented with blood pressure >/= 160/100 mm Hg. After informed consent women were recruited alternatively on a 1:1 basis into either oral nifedipine or intravenous labetalol groups. systolic, diastolic, and mean blood pressure were recorded, cerebrovascular symptoms such as headache and blurring of vision were noted. Maternal transcranial doppler was performed prior to and 20 minutes after administration of the antihypertensive regimen. Mean Cerebral perfusion pressure (CPP), mean cerebral blood flow indices were calculated.

Results :
Both treatment groups showed significant reduction in CPP post treatment. However, the difference in quantum of reduction between the two groups was similar. There was a significant reduction in MCA resistance arterial product with oral nifedipine.

Conclusion :
Both regimens are equally effective in reducing CPP, but oral nifedipine fares better in improving cerebral symptoms and achieved BP control with fewer repeat doses.

Abstract ID: MCH/OP/336

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Abstract Title:
MISOPROSTOL-INDUCED SEVERE HYPERTHERMIA WITH ALTERED MENTAL STATUS: A CASE SERIES OF A RARE ADVERSE DRUG REACTION

Introduction :
Misoprostol is recommended by for prophylaxis and treatment of postpartum haemorrhage (PPH). It is considered effective and safe with common minor adverse effects such as abdominal cramps, chills, nausea, diarrhoea and abdominal pain. Rarely, severe reactions may occur.

Aims & Objectives :
We report a series of four patients who developed acute hyperthermia and altered mental status following administration of misoprostol 800 µg for PPH prophylaxis/management.

Materials & Methods :
Case 1: A 22-year-old primigravida at 39+4 weeks with intrauterine fetal demise and anaemia (Hb 7.1 g/dL) had PPH (~500 mL) treated with misoprostol. Six hours later, she developed fever (104°F) and altered sensorium, recovering within 48 hours. Case 2: A 24-year-old G2A1 with gestational diabetes and hypothyroidism had atonic PPH (~800 mL) managed with misoprostol; developed 105°F fever and delirium, resolving in 24 hours. Case 3: A 31-year-old primigravida with severe anaemia (Hb 6.8 g/dL) received misoprostol prophylactically and developed 104°F hyperthermia with behavioural changes, recovering in 1–2 days. Case 4: A 27-year-old G2P1L1 developed 105°F hyperpyrexia with delirium four hours after PPH (~700 mL) treatment; recovered within 72 hours.

Results :
In all four young patients, there was a temporally close association between administration of misoprostol 800 µg and onset of acute hyperthermia (≥104 °F) with altered mental status/delirium. Each recovered fully with supportive care over 1-3 days. No other obvious causative factors (e.g., infection, CNS insult) were identified in the immediate postpartum period

Conclusion :
This case series highlights a possible temporal link between misoprostol administration and severe hyperthermia with transient altered mental status — a potentially under-recognised adverse

Abstract ID: MCH/OP/337

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Abstract Title:
TITLE- STUDY OF MATERNAL NEAR MISS CASES AT TERTIARY CARE CENTRE – A RETROSPECTIVE OBSERVATIONAL STUDY.

Introduction :
Introduction: Maternal mortality is a sentinel event to assess the quality of a women's health care system. As the mortality rates are consistently decreasing the focus is shifted on maternal near miss which describes severe maternal morbidity which shares the common pathway as mortality.

Aims & Objectives :
Aims &Objective: To assess and analyse the incidence of maternal near miss cases

Materials & Methods :
This is a retrospective observational study carried out in the department of obstetrics and gynaecology of a tertiary centre over 2 years from Jan 2023 to Dec 2024. All women who fulfil the World Health Organisation (WHO) criteria of Maternal Near Miss (MNM) were included in the study. Relevant demographic and obstetric, further course and events leading to maternal near miss were studied. Finally, the indices like maternal near miss incidence ratio, maternal near miss: maternal mortality ratio and mortality index were calculated

Results :
During the 2 years study period, 29,692 deliveries took place at our institution and 869 women were identified as near-miss cases. The prevalence of near-miss case was 2.93%. The leading medical co-morbidity causing maternal near miss was hypertensive disorder of pregnancy followed by obstetric hemorrhage. Majority of the cases (91.8%) were referral cases.

Conclusion :
The study of maternal near miss cases is a good indicator of our health care system. Emergency obstetric care training at the peripheries helps reduce the overall maternal morbidity and lessen the burden to health care system.

Abstract ID: MCH/OP/338

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Abstract Title:
WHEN SURVIVAL TELLS A STORY: A RETROSPECTIVE ANALYSIS OF MATERNAL NEAR-MISS EVENTS IN AN INDIAN TERTIARY CARE CENTRE

Introduction :
Introduction: Maternal Near-Miss (MNM) events are instances in which women survive life-threatening obstetric complications through timely,high-quality clinical management. They serve as sensitive indicators of the quality and timeliness of maternal health care MNM audits help identify preventable factors, health-system delays, and clinical management gaps.

Aims & Objectives :
This study aimed to evaluate the etiological profile, organ dysfunction patterns, and outcomes of MNM cases in a tertiary care hospital in India.

Materials & Methods :
A retrospective observational study was conducted on 30 MNM cases managed between January 2024 and October 2025. Case identification and classification followed World Health Organization near-miss criteria. Demographic, obstetric, etiological, management, and outcome data were extracted from records and analyzed descriptively.

Results :
The mean maternal age was 28 years (range 19–49). Sepsis accounted for 9 cases (29%), obstetric haemorrhage 8 (26%), hypertensive disorders 5 (16%), and pre-existing comorbidities 6 (19%). Haematological dysfunction occurred in 12 women (39%), acute kidney injury in 7 (23%), and hepatic or coagulation dysfunction in 4 (13%). Caesarean section was the mode of delivery in 21 (68%) cases. Although 21 women (71%) received antenatal care, 9 (29%) were emergency referrals, indicating delayed recognition and transfer. Seventeen (55%) required intensive care support, while 3 (10%) developed severe morbidity—two requiring dialysis for renal failure and one with residual neurological deficit.

Conclusion :
Obstetric haemorrhage and sepsis remain the leading, yet preventable, causes of maternal near-miss. Strengthening antenatal risk assessment, referral pathways, and emergency obstetric preparedness is vital to reduce severe morbidity and prevent maternal deaths.

Abstract ID: MCH/OP/339

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Abstract Title:
ANTENATAL SCREENING FOR HAEMOGLOBINOPATHIES AT A TERTIARY CARE CENTRE

Introduction :
Around 7 % of the world's population has a trait for haemoglobinopathies. The prevalence of beta thalassemia in India is 3-4% and 3-10% in Punjab. Usually, carriers present with microcytic hypochromic anaemia on complete blood cell count which shows decreased levels of MCV (Mean Corpuscular Volume) and decreased MCH (Mean Corpuscular Haemoglobin) along with decreased levels of red blood cell count. All pregnant females should undergo High-Performance Liquid Chromatography (HPLC) to screen for any haemoglobinopathies and partner should also be screened.

Aims & Objectives :
Aim: Determine the prevalence of haemoglobinopathies in pregnant women in a tertiary care centre. Objectives: 1. To determine the prevalence of haemoglobinopathies in pregnant women. 2. Carriers/Cases counselled regarding pregnancy outcomes and various options available.

Materials & Methods :
A descriptive cross-sectional study carried out in in the Department of Obstetrics and Gynaecology AIMSR, Bathinda. All pregnant women up to 16 weeks of gestation presenting to the Department of Obstetrics and Gynaecology, within a period of 18 months were offered voluntary HPLC screening for haemoglobinopathies and were enrolled in the study.

Results :
55 pregnant females up to 16 weeks of gestation underwent HPLC screening out of which 4 females were detected with haemoglobinopathies amounting to a prevalence of 7.2 %

Conclusion :
Antenatal screening and prenatal diagnosis through HPLC serve as a major tool for detection of "at risk" couples where both the partners are carriers where there is 25 % chance that the foetus will be affected with major disorder making it is imperative to ascertain the status of foetus.

Abstract ID: MCH/OP/340

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Abstract Title:
COMPARISON OF FIRST-TRIMESTER ABSOLUTE IMMATURE PLATELET COUNTS IN PREGNANT WOMEN AT HIGH AND LOW RISK OF DEVELOPING PREECLAMPSIA

Introduction :
There is potential of absolute counts of immature platelet (AIP) as predictive biomarker for preeclampsia in resource-constrained settings, as AIP represents number of immature platelets present in a given volume of blood.

Aims & Objectives :
To assess AIP levels in pregnancies identified as high-risk for preeclampsia in first-trimester screening and compare AIP levels with low-risk pregnancies.

Materials & Methods :
This comparative observational study was conducted after obtaining ethical clearance. Pregnant women aged 18-40 years at 11-13+6 weeks gestation were screened for preeclampsia risk using maternal characteristics, mean arterial pressure (MAP), mean uterine artery pulsatility index, and PAPP-A levels. Group-1 included 50 high-risk women; Group-2 included 50 low-risk women. Venous blood (3 ml) was drawn into EDTA tubes and AIP levels were analyzed using automated hematology analyzers. STATA version 14.0. was used for data analysis.

Results :
Median (range) AIP was 9674(2240-29280) in group-1 and 6911(1044-22575) in group-2. Statistically significant difference in AIP levels between the two groups, p=0.049. In receiver operator curve (ROC) at the cutoff value of ≥ 8648 of AIP, sensitivity and specificity for preeclampsia was 58% and 60% respectively. AUC of 0.61 in ROC indicated moderate discriminatory ability of AIP for preeclampsia. In group-1, 8(16%) of patients developed hypertension despite aspirin prophylaxis; the median of AIP in this subgroup was 10514.5 (6888-17056).

Conclusion :
AIP levels in women high risk for preeclampsia and low risk women significant difference. However, moderate discriminatory ability for preeclampsia, so AIP cannot be relied upon as screening tool for predicting preeclampsia.Role of AIP for prognosticating preeclampsia could explored in larger studies

Abstract ID: MCH/OP/341

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Abstract Title:
BRIDGING AWARENESS AND ACTION : UNDERSTANDING MATERNAL RESPONSE TO PREGNANCY DANGER SIGNS IN RURAL INDIA

Introduction :
MATERNAL MORBIDITY AND MORTALITY REMAIN MAJOR PUBLIC HEALTH CONCERNS, PARTICULARLY IN RURAL AREAS WITH LIMITED HEALTHCARE ACCESS. PREGNANCY COMPLICATIONS ARE OFTEN UNPREDICTABLE AND CAN RESULT IN ADVERSE OUTCOMES IF TIMELY CARE IS NOT SOUGHT. RECOGNIZING OBSTETRIC DANGER SIGNS SUCH AS SEVERE HEADACHE, VAGINAL BLEEDING, BLURRED VISION, FEVER, AND SWELLING IS CRUCIAL FOR EARLY INTERVENTION. LACK OF AWARENESS CONTRIBUTES TO DELAYS IN SEEKING CARE, INCREASING MATERNAL RISK. ENHANCING WOMEN'S KNOWLEDGE THROUGH ANTENATAL EDUCATION IS ESSENTIAL TO IMPROVE OUTCOMES

Aims & Objectives :
TO ASSESS THE KNOWLEDGE OF DANGER SIGNS DURING PREGNANCY AND SUBSEQUENT HEALTHCARE SEEKING ACTIONS AMONG RURAL WOMEN, AND TO ANALYZE SOCIODEMOGRAPHIC FACTORS INFLUENCING AWARENESS.

Materials & Methods :
A HOSPITAL-BASED CROSS-SECTIONAL STUDY WAS CONDUCTED AMONG 221 ANTENATAL MOTHERS ATTENDING THE OBSTETRICS AND GYNAECOLOGY DEPARTMENT. DATA WERE COLLECTED USING STRUCTURED QUESTIONNAIRES ON DEMOGRAPHICS, AWARENESS, AND HEALTH SEEKING BEHAVIOR. ETHICAL APPROVAL AND INFORMED CONSENT WERE OBTAINED.

Results :
MOST PARTICIPANTS (96%) RECOGNIZED VAGINAL BLEEDING AS A DANGER SIGN, FOLLOWED BY EDEMA (74.4%) AND BLURRED VISION (61.2%). AWARENESS WAS SIGNIFICANTLY HIGHER AMONG EDUCATED AND MULTIPAROUS WOMEN.

Conclusion :
ALTHOUGH AWARENESS OF MAJOR OBSTETRIC DANGER SIGNS WAS SATISFACTORY, GAPS PERSISTED REGARDING LESS OBVIOUS SYMPTOMS. EDUCATION AND SOCIOECONOMIC STATUS SIGNIFICANTLY INFLUENCED AWARENESS. STRENGTHENING ANTENATAL EDUCATION AND RURAL OUTREACH IS VITAL TO REDUCE PREVENTABLE MATERNAL MORBIDITY AND MORTALITY.

Abstract ID: MCH/OP/342

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Abstract Title:
KNOWLEDGE, ATTITUDES, AND PRACTICES OF LABORING WOMEN REGARDING ANTENATAL AND LABOR EXERCISES: A CROSS-SECTIONAL STUDY.

Introduction :
Pregnancy brings substantial physiological and psychological changes requiring women to adapt through health-promoting behaviors. Antenatal and labor exercises (ALE) contribute to improved maternal fitness, reduced perception of labor pain, pelvic floor strengthening and relaxation and better delivery outcomes. However, motivation, awareness and consistent practice remain limited among the antenatal women.

Aims & Objectives :
To assess the knowledge, attitude, and practices (KAP) regarding ALE among women admitted in labour ward for delivery and identify perceived barriers and facilitators.

Materials & Methods :
A cross-sectional study was conducted among 203 women admitted for delivery at the Department of Obstetrics and Gynaecology, AIIMS New Delhi. A pretested structured questionnaire assessed socio-demographic characteristics, knowledge, attitude and practices and acceptance of various antenatal exercises including pelvic floor and birthing ball. Descriptive statistics was performed and barriers and facilitators were identified.

Results :
About 45% of the study participants showed some knowledge and awareness and 62% had a positive attitude about antenatal and labor exercises. Nevertheless, 30% of them reported performing antenatal exercises, 84% practised walking during pregnancy, 43.2% practiced breathing and ball exercises during labour. Common barriers during antenatal period were a low level of awareness and guidance and during labor were exhaustion and a lack of consistent practice in pregnancy. Antenatal birth education and yoga and physiotherapy classes were identified as key facilitators.

Conclusion :
Although women exhibited good knowledge and a positive attitude, the practice of

Abstract ID: MCH/OP/343

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Abstract Title:
TRENDS OF MATERNAL MORTALITY AT TERTIARY CARE CENTRE: A RETROSPECTIVE CROSS SECTIONAL STUDY

Introduction :
Maternal mortality is a specific indicator of quality of health service and social development of the society. Inspite of all efforts it is still high n developing countries and more so in underdeveloped states.

Aims & Objectives :
To identify the various risk factors and causes of maternal mortality at the largest tertiary care center in Bihar.

Materials & Methods :
This is a retrospective cross sectional study over a period of 17 months from April 2024 to August 2025. Data were collected from record room and labour room registers.

Results :
Total number of maternal death during the study period was 111. Total number of deliveries during this period was 5261..The leading cause of mortality was hypertensive disorders of pregnancy (27.9%), followed by haemorrhage 18.9%, sepsis 14.4%, heart disease 13.5%, jaundice 10.8%, and others 5%. 13.5% women were less than 20 yrs. Majority were unbooked. The prime contributory factor were delay in seeking medical care and to reach the health care facility.

Conclusion :
Most of the maternal deaths were preventable by utilizing the MCH services and proper ANC check up.Identification and line listing of high risk pregnancy and timely referral to centre equipped with the facility to manage high risk cases will bring down the maternal mortality rate and thus we can achieve the MDG 5.

Abstract ID: MCH/OP/344

Presenter's Name: Dr. Neha Mishra

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State: Delhi

Country: India

Abstract Title:
ASSOCIATION OF LEUCOCYTE INDICES, PLATELET INDICES, AND C-REACTIVE PROTEIN(LOW COST MARKERS) WITH SEVERITY OF PREECLAMPSIA

Introduction :
Background: Preeclampsia (PE) remains a leading cause of maternal and neonatal morbidity globally, yet its early detection continues to be a challenge in resource-limited settings. Recent studies suggest that haematological and inflammatory markers from routine tests may predict disease severity

Aims & Objectives :
The objective of this study was to assess the association of leucocyte indices, platelet indices, and C-reactive protein (CRP) levels with the severity of pre-eclampsia among pregnant women in tertiary care center

Materials & Methods :
This study was conducted at a tertiary care hospital in northern India and included 80 pregnant women (40 preeclamptic, 40 normotensive controls) beyond 20 weeks of gestation. Hematologic and inflammatory markers—neutrophil-to-lymphocyte ratio (NLR), monocyte-to-lymphocyte ratio (MLR), platelet-to-lymphocyte ratio (PLR), platelet count, and CRP—were measured and correlated with disease severity.

Results :
Mean NLR and MLR were significantly higher among cases (NLR = 6.57 ± 2.5, MLR = 0.22 ± 0.13) than controls (NLR = 4.02 ± 0.97, MLR = 0.13 ± 0.05; p<0.001). Platelet count and plateletcrit were reduced in cases (p < 0.05). CRP levels were markedly elevated among pre- eclamptic women (29.6 ± 8.7 mg/L vs 6.3 ± 5.5 mg/L; p<0.001). ROC curve analysis showed NLR (AUC = 0.847), MLR (AUC = 0.705), PLR (AUC = 0.634), and CRP (AUC = 0.84) as predictive markers

Conclusion :
The study demonstrates that low-cost hematologic parameters can serve as predictive indicators for the detection and risk stratification of PE.

Abstract ID: MCH/OP/345

Presenter's Name: Dr. Akshaya

Co-Author(s):
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DISTRICT HOSPITAL BALLARI

City: BALLARI

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Country: India

Abstract Title:
COMPARING THE EFFICACY OF INTRAVENOUS IRON SUCROSE AND ORAL IRON IN ANEMIA OF PREGNANCY IN SECOND AND THIRD TRIMESTER.

Introduction :
The incidence of anemia in pregnancy ranges widely from 40 to 80% in the tropics. Anemia is responsible for 20% of maternal deaths in the third world countries. Early diagnosis and prompt treatment is helpful in reducing the morbidity related to anemia.

Aims & Objectives :
This study helps in comparing the efficacy of oral iron and iron sucrose for the management of antenatal anemia r Source of Data This study was conducted in the Department of Obstetrics and Gynecology, District Hospital, Ballari from 1st of August 2023 to 1st of August 2024 •

Materials & Methods :
Methods: This prospective, randomized clinical trial includes pregnant women in second and third trimester(between 14 and 36 weeks) with established Iron Deficiency Anaemia who are treated with IV Iron Sucrose or Oral Iron (ferrous sulphate). All patients are monitored for laboratory response Objectives at 2 weeks and 4 weeks The aim of this study was to compare the efficacy and tolerance of intravenous iron sucrose (IVIS) therapy with oral iron (OI) therapy in pregnant women with Iron Deficiency Anaemia in second and third trimester of pregnancy Materials & Methods • An Open Label Randomised Control Trial comparing the efficacy of oral iron and intravenous iron sucrose in anaemia of pregnancy in second and third trimester

Results :
In our study there exist significant difference in Hb, S Iron, TIBC and S Ferritin between Intravenous Iron group and Oral Iron group in follow up test.

Conclusion :
Intravenous administration of iron sucrose is safe , highly efficacious with better compliance for Iron deficiency anemia

Abstract ID: MCH/OP/346

Presenter's Name: Dr. Satish R Pidai

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Country: India

Abstract Title:
A RANDOMISED CONTROLLED TRIAL TO COMPARE THE EFFICACY OF CARBETOCIN OVER OXYTOCIN IN THE PREVENTION OF POSTPARTUM HAEMORRHAGE IN A TERTIARY CARE CENTRE

Introduction :
Postpartum haemorrhage remains the leading cause of maternal mortality in India (38%). Uterine atony is the commonest cause. Although oxytocin is the gold standard, its short duration and cold-chain dependence limit utility. Carbetocin, a heat-stable long-acting oxytocin analogue, has shown superior results in recent trials.

Aims & Objectives :
Primary: To compare efficacy of carbetocin versus oxytocin in prevention of postpartum haemorrhage. Secondary: To compare need for additional uterotonics, adverse effects and haemoglobin drop.

Materials & Methods :
Randomised controlled trial (March 2024-March 2025) at Belagavi Institute of Medical Sciences. Two hundred term singleton pregnant women randomised by lottery method. Group A (n=100) received injection carbetocin 100 µg intramuscular and Group B (n=100) received injection oxytocin 10 IU intramuscular immediately after delivery. Blood loss measured by gravimetric method, Brass V drape and haemoglobin drop at 72 hours.

Results :
Analysis (n=200) revealed carbetocin is slightly superior: mean blood loss 200± 50ml versus 250± 50 ml ; postpartum haemorrhage 3% versus 8 % ; need for additional uterotonics 8 versus 15% . Adverse effects were similar.

Conclusion :
Carbetocin is slightly superior to oxytocin with significantly lower blood loss and reduced need for additional uterotonics. Being heat-stable, it is ideal for resource-limited Indian settings.

Abstract ID: MCH/OP/347

Presenter's Name: Dr. Mayakka Doddamani

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Abstract Title:
THE USE OF ECHOCARDIOGRAM IN THE ASSESSMENT OF CARDIOVASCULAR CHANGES IN PRE-ECLAMPSIA: A CASE CONTROL

Introduction :
Hypertensive disorders of pregnancy are the second leading cause of maternal mortality, accounting for 14% cases worldwide. • Preeclampsia is defined as a multisystem disorder of pregnancy characterized by new-onset hypertension (≥140/90 mmHg) after 20 weeks of gestation, accompanied by proteinuria and/or maternal organ dysfunction.In India, preeclampsia affects approximately 8–10% of pregnancies, posing a substantial burden on maternal and perinatal health. • Defective spiral artery remodeling during placentation, often influenced by maternal cardiovascular maladaptation, results in high-resistance placental vasculature and increased uterine arterial pressure. These processes are further compounded by endothelial dysfunction, immune dysregulation, and imbalance of angiogenic factors. • •The hemodynamic profile shifts from the normal high-output, low-resistance state of pregnancy to one of increased afterload and reduced compliance in pre-eclamptic patients •These changes lead to concentric left ventricular remodeling, impaired relaxation, and elevated filling pressures, reflected as diastolic dysfunction on echocardiography. Systolic function is often preserved, but subclinical reductions in longitudinal strain may occur. •The left atrium and ventricles may exhibit mild hypertrophy and increased stiffness, while cardiac output becomes more dependent on heart rate and atrial contraction.

Aims & Objectives :
To compare the systolic echocardiography among pre-eclampsia cases and controls 2.

Materials & Methods :
60 pregnant women recruited, comprising 30 women diagnosed with preeclampsia and 30 normotensive pregnant women. All enrolled after applying predefined inclusion and exclusion criteria. •Normotensive, healthy, non-smoking pregnant women with normal fetal growth,

Results :
Hypertensive disorders complicate approximately 10% of pregnancies worldwide,

Conclusion :
Conclusion • Conclusion •This study demonstrates that women with preeclampsia show marked alterations in cardiovascular parameters,

Abstract ID: MCH/OP/348

Presenter's Name: Prof. Ratna Biswas

Co-Author(s):
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Abstract Title:
OPHTHALMIC ARTERY DOPPLER INDICES IN PREDICTION OF ADVERSE MATERNAL OUTCOME IN PREECLAMPSIA.

Introduction :
Preeclampsia is a multiorgan disorder and is often asssociated with adverse maternal outcome . Markers of progressive maternal deterioration are vital for timely intervention to prevent serious adverse events . This study appraises the current knowledge of the ophthalmic artery doppler assessment to assess the cerebral vasculature in women with preeclampsia and proposes potential future applications for predicting adverse outcome.

Aims & Objectives :
To study the association of ophthalmic artery doppler (OAD) indices with adverse maternal outcome

Materials & Methods :
Seventy six women with preeclampsia were enrolled in the study and their ophthalmic artery doppler study was done between 28-37 weeks. Women were followed for any adverse outcome. The OAD indices were compared between women with and without adverse outcome.

Results :
Mean age of women recruited in the study was 29±5 years. Mean gravidity was 2.01±1.10. Mean systolic BP was 159.24 ±11.48mmHg and mean diastolic BP was 100.52±9.64mmHg. Thirty one women had adverse maternal outcome and 45 women did not have any adverse outcome. Among women with adverse outcome, the doppler indices were as follows : Mean PSV was 27.16 ±8.37, mean EDV was 8.88±2.36, mean RI was 0.66 ±0.12 , mean PI was 1.62±0.60 and mean Peak Ratio was 0.867±0.130. For women without adverse outcome the mean PSV was 30.38±6.05, mean EDV was 7.59±2.49, mean RI was 0.67±0.09, mean PI was 1.60±0.52 and mean PR was 0.78±0.129 The PSV, EDV and PR ratio was significantly high in women with adverse outcome .

Conclusion :
The PR of ophthalmic artery doppler has potential to predict adverse maternal outcome

Abstract ID: MCH/OP/349

Presenter's Name: Dr. Jyotsna Sharma

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Country: India

Abstract Title:
REFLECTIONS ON SECOND AND THIRD TRIMESTER MEDICAL TERMINATION OF PREGNANCY

Introduction :
Second trimester medical termination of pregnancy is rising globally. Delayed referral of lethal congenital abnormalities, high risk medical disorders in pregnancy, contraception failure are some of the common indications. With rising number of women with previous caesarean section, the dilemma and complexity associated with second and third trimester MTP arise.

Aims & Objectives :
To study different indications, methods used and outcomes in second and third trimester termination of pregnancy.

Materials & Methods :
It was a retrospective study. All pregnant women, above 18 years, undergoing second or third trimester MTP were included. Data was collected on demographic details, parity, gestational age, indication, methods and outcomes of MTP. The induction to delivery interval and adverse outcomes were also noted.

Results :
Over a six months period, 107 women underwent MTP in second and third trimester. The predominant reasons for MTP were foetal lethal congenital anomalies or likelihood of child suffering from physical or mental abnormalities as to be seriously handicapped (80%), contraceptive failure (15.3%) and in order to save life of pregnant woman (4.8%). Twenty (18.6%) women with lethal congenital anomaly received approval from institutional medical board due to advanced gestation. There were 15.8% women with previous uterine scar. The predominant method used was Mifepristone followed by Misoprostol, with longer duration of mifepristone used in previous uterine scar cases. Long-acting reversible contraception like implant, intrauterine devices was opted by 11.5% women, followed by Chhaya (3%) and tubal ligation (2%).

Conclusion :
The predominant reason for second trimester MTPs are foetal anomalies. Even in scarred uterus misoprostol can be used safely but judiciously.

Abstract ID: MCH/OP/350

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Abstract Title:
PREDICTION OF PRE-ECLAMPSIA USING FIRST TRIMESTER CLINICO-RADIOLOGICAL & BIOCHEMICAL SCREENING MARKERS

Introduction :
Preeclampsia is a major contributor of maternal and perinatal morbidity and mortality. Uterine artery waveform and biomarkers like pregnancy-associated plasma protein-A (PAPP-A) & Placental Growth Factor (PlGF)may reflect the pathophysiology of preeclampsia.

Aims & Objectives :
To find out whether abnormal uterine artery pulsatility index (PI) and low serum PAPP-A & PlGF in the first trimester can predict preeclampsia. To assess the sensitivity and specificity of extended first trimester screening test to predict development pre-eclampsia in pregnancy.

Materials & Methods :
Antenatal women at 11-13+6 weeks of gestation visiting OPD for- 12 months from July 2022 to July 2023. Sample size of women n=160 were enrolled after informed consent. Uterine artery Doppler was done with the early anomaly scan at 11-13+6 weeks. Serum PAPP-A ; PlGF levels were analyzed. The women were followed up at intervals up to delivery. Incidence of preeclampsia and gestational hypertension was noted.

Results :
The incidence of preeclampsia was 12.7%, and that of gestational hypertension was 4.9%. The mean uterine artery PI among those who developed hypertension in pregnancy was 2.007, which was significantly higher than the unaffected group ($p=0.01$). The first-trimester uterine artery PI as a screening tool showed a sensitivity of 71.7%, specificity of 84.6%, and detection rate (DR) of 70.56%. The mean PAPP-A MoM of the affected group was 0.67 which was significantly higher than the unaffected group ($p<0.001$). The first trimester PAPP-A as a screening tool showed a sensitivity of 80.32%, specificity of 88.17%, and DR of 65.56%.PlGF as a screening tool showed a sensitivity of 71.7%, specificity 84.16%and DR of

Conclusion :
Both the tests were concluded to be good predictors of hypertension in pregnancy. Identification of high-risk factors, screening, and surveillance is of utmost importance in order to predict preeclampsia and initiation of preventive

Abstract ID: MCH/OP/351

Presenter's Name: Dr. Aparna Sharma

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Abstract Title:
EX UTERO INTRAPARTUM THERAPY (EXIT): EXPERIENCE FROM SIX CASES WITH ANTICIPATED FETAL AIRWAY OBSTRUCTION

Introduction :
Ex Utero Intrapartum Therapy (EXIT) is a specialized perinatal procedure that allows partial delivery of the fetus while maintaining placental circulation to secure airway patency in cases of anticipated upper airway obstruction.

Aims & Objectives :
We report six cases managed with EXIT at our tertiary care center between 2022 and 2025 for fetuses diagnosed prenatally with potential airway compromise.

Materials & Methods :
We report six cases managed with EXIT at our tertiary care center between 2022 and 2025 for fetuses diagnosed prenatally with potential airway compromise. Detailed antenatal evaluation and multidisciplinary planning involving obstetricians, anesthesiologists, neonatologists, and pediatric surgeons were undertaken in all cases.

Results :
Indications included congenital high airway obstruction syndrome (CHAOS) due to laryngeal atresia (n=1), cervical teratoma (n=2), fetal goiter (n=2), and an uncharacterized large neck mass (n=1). Gestational age at delivery ranged from 28 to 37 weeks. EXIT-to-intubation was successful in all cases. Blood loss ranged from 1–1.5 L and was managed medically. Four neonates survived and were discharged in stable condition after NICU stays ranging from 1 to 5 weeks. Two neonates with large cervical teratomas succumbed to respiratory complications during neonatal follow-up.

Conclusion :
EXIT is a lifesaving intervention that facilitates airway establishment in fetuses with anticipated obstruction, optimizing neonatal outcomes. Successful implementation requires meticulous antenatal diagnosis, institutional preparedness, and a coordinated multidisciplinary approach. Despite inherent risks such as maternal hemorrhage and variable neonatal prognosis depending on etiology, EXIT remains an essential tool in modern perinatal management of fetal airway obstruction

Abstract ID: MCH/OP/352

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Abstract Title:
"DECODING THE PLACENTAL CLOCK: PREDICTIVE ROLE OF FETAL ADRENAL GLAND ENLARGEMENT IN LABOR INDUCTION SUCCESS"

Introduction :
Induction of labor (IOL) is widely practiced to prevent post-term and high-risk pregnancy complications, yet predicting its success remains challenging. Recent evidence suggests that fetal adrenal gland enlargement, reflecting activation of the fetal hypothalamic-pituitary-adrenal axis, may indicate fetal readiness for labor.

Aims & Objectives :
To evaluate the role of ultrasonographic fetal adrenal gland dimensions and fetal zone ratios (l/L, w/W) in predicting successful labor induction among primigravida at or beyond 40 weeks of gestation.

Materials & Methods :
A prospective cohort study of 70 primigravida women ≥40 weeks was conducted. Ultrasonographic measurements of fetal adrenal gland and fetal zone dimensions were obtained, and fetal zone ratios calculated. Induction was performed using dinoprostone gel per WHO protocol. Successful induction was defined as achievement of active labor (≥5 cm dilatation). Diagnostic accuracy of fetal zone ratios was analyzed.

Results :
Mean maternal age was 23.44 ± 3.35 years; induction success was 83.3%, with 70% normal vaginal deliveries. Mean l/L = 0.62 ± 0.13, w/W = 0.39 ± 0.09. The l/L ratio showed AUC 0.902 (sensitivity 92.7%, specificity 90.9%), and w/W ratio AUC 0.896 (sensitivity 78.2%, specificity 100%). Maternal and neonatal outcomes were favorable with minimal complications.

Conclusion :
Fetal adrenal gland ultrasonography provides a highly accurate, non-invasive predictor of labor induction success. Incorporating fetal zone ratios into pre-induction assessment can enhance individualized management, reduce failed inductions and cesarean rates, and improve maternal-fetal outcomes.

Abstract ID: MCH/OP/353

Presenter's Name: Dr. Nirupama Gupta

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Country: India

Abstract Title:
GESTATIONAL DIABETES MELLITUS AND MATERNAL CARDIAC DYSFUNCTION A PROSPECTIVE COHORT STUDY

Introduction :
Gestational diabetes mellitus's (GDM) association with long-term cardiovascular risks is acknowledged, its impact on maternal cardiac adaptation during pregnancy remains underexplored. Understanding these adaptations is crucial, given the potential implications for both maternal and fetal health.

Aims & Objectives :
To study cardiac dysfunction in women with gestational diabetes mellitus and in women with uncomplicated pregnancy.

Materials & Methods :
This cohort study, conducted at a tertiary care hospital. Thirty women with GDM and age/gestation-matched controls were recruited. Echocardiography, were performed at recruitment (<20 weeks) and at 32-36 weeks of gestation. Various echocardiographic parameters were evaluated, including structuraland diastolic function parameters. Statistical analysis was conducted using SPSS-PC-25, with significance set at $p < 0.05$.

Results :
Women with GDM exhibited higher BMI at recruitment. Echocardiographic findings showed significant changes in left ventricular posterior wall thickness, interventricular septum thickness, left ventricular diastolic diameter, and relative wall thickness in the GDM group. Additionally, diastolic function parameters, including early diastolic annular velocity (E') and late diastolic annular velocity (A'), were significantly altered in the GDM group.

Conclusion :
The study underscores the significant impact of GDM on maternal cardiac adaptation during pregnancy. These findings highlight the importance of vigilant monitoring of cardiac function in pregnant women with GDM to mitigate potential cardiovascular risks.

Abstract ID: MCH/OP/354

Presenter's Name: Dr. Vartika Maheshwari

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Abstract Title:
IMPROVING PERINATAL OUTCOMES THROUGH STRUCTURED AUDITS: INSIGHTS FROM INDIAN TERTIARY CARE EXPERIENCE

Introduction :
Perinatal mortality is a key indicator of maternal and neonatal care quality. India continues to contribute significantly to preventable perinatal deaths despite gradual improvement. Perinatal audit is recognised as an effective strategy to identify avoidable factors and improve outcomes in high-burden settings.

Aims & Objectives :
To assess the impact of facility-based perinatal audits on perinatal mortality in tertiary care centres, with specific reference to Kasturba Medical College (KMC), Manipal, and to identify major modifiable contributors to perinatal deaths.

Materials & Methods :
This review analysed data from tertiary centres in India where structured perinatal audits are carried out through monthly multidisciplinary meetings. The audit cycle involved case review, categorisation of avoidable factors, implementation of corrective measures, and follow-up monitoring. Trends in perinatal mortality before and after audit introduction were evaluated, including outcomes from KMC Manipal.

Results :
Introduction of regular audit feedback led to a reduction in perinatal mortality from 29 to 21 per 1,000 births. The major modifiable factors identified were delayed referral, inadequate intrapartum fetal monitoring, and suboptimal neonatal resuscitation. Linking audit findings with national programmes such as LaQshya and the Maternal and Perinatal Death Surveillance and Response (MPDSR) system improved accountability and compliance with corrective action plans.

Conclusion :
Perinatal audit functions as a practical quality-improvement tool by converting clinical review into measurable change. Accurate documentation, a non-punitive review environment, and timely implementation of recommendations are essential for sustained benefit. Wider adoption of structured audit systems across tertiary facilities can contribute meaningfully toward reducing preventable perinatal deaths and achieving national SDG targets.

Abstract ID: MCH/OP/355

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Abstract Title:
FETOMATERNAL OUTCOME OF INTERNAL ILIAC ARTERY LIGATION

Introduction :
Severe obstetric hemorrhage is a major cause of maternal morbidity and mortality worldwide. When conservative measures fail, surgical interventions become essential to control bleeding and preserve fertility. Internal iliac artery ligation (IIAL), also known as hypogastric artery ligation, effectively reduces pelvic arterial pressure, promoting hemostasis without compromising organ perfusion. It is most commonly indicated for postpartum hemorrhage, placenta accreta spectrum, uterine rupture, and broad ligament hematoma. This study evaluates the fetomaternal and reproductive outcomes of IIAL in cases of severe obstetric hemorrhage

Aims & Objectives :
To Find out fetomaternal outcome of internal iliac artery ligation

Materials & Methods :
retrospective study on patients who underwent internal iliac artery ligation in Safdarjung Hospital over a span of 1 year

Results :
Early intervention significantly reduced the need for hysterectomy and improved maternal survival. Complications such as pelvic hematoma, infection, and transient lower-limb pain were observed, while major vascular or ureteric injuries were rare. Fetal outcomes were favorable as the procedure was usually performed after delivery. Most women resumed normal menstruation, and several conceived later, indicating preservation of reproductive function following internal iliac artery ligation.

Conclusion :
Internal iliac artery ligation is an effective, uterus-sparing procedure for controlling severe obstetric hemorrhage. When performed early and skillfully, it significantly reduces maternal morbidity and mortality while preserving future fertility. Thus, IIAL remains a valuable lifesaving option in modern obstetric practice.

Abstract ID: MCH/OP/356

Presenter's Name: Dr. Hitha

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Abstract Title:
COMPARISON OF LEVELS OF SERUM GLYCOSYLATED FIBRONECTIN IN PATIENTS WITH PREECLAMPSIA AND GESTATIONAL HYPERTENSION WITH THAT OF NORMOTENSIVE PREGNANT WOMEN

Introduction :
Hypertensive disorders of pregnancy are a major cause of maternal and perinatal morbidity. Clinical criteria alone often fail to identify disease severity. Glycosylated fibronectin (GlyFn), involved in vascular remodeling and inflammation, is a promising biomarker for early detection of preeclampsia.

Aims & Objectives :
To estimate and compare serum GlyFn levels in women with preeclampsia and gestational hypertension to those in normotensive pregnancies, and to correlate levels with disease severity and pregnancy outcomes.

Materials & Methods :
An ambidirectional case-control study was conducted on 128 pregnant women between 20–40 weeks of gestation — 64 with hypertensive disorders (preeclampsia and gestational hypertension) and 64 normotensive controls. Serum GlyFn levels were measured by ELISA. Statistical analysis was performed using SPSS v22 with t-test, chi-square, and ROC curve evaluation.

Results :
Mean serum GlyFn levels were significantly elevated in hypertensive pregnancies (256.3 ± 61.7 µg/mL) compared to normotensive controls (128.4 ± 42.5 µg/mL) ($p < 0.001$). Within the hypertensive group, higher GlyFn levels correlated with severe preeclampsia, earlier gestational age at delivery, and low birth weight. ROC analysis yielded an AUC of 0.90, indicating excellent diagnostic performance.

Conclusion :
Serum GlyFn estimation offers a reliable biochemical marker for identifying preeclampsia and gestational hypertension, and for predicting adverse maternal and fetal outcomes.

Abstract ID: MCH/OP/357

Presenter's Name: Dr. Ushasravanthi

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Abstract Title:
FAILED INDUCTION LEADING TO PRIMARY CAESAREAN SECTION - A STUDY AT TERTIARY CARE HOSPITAL

Introduction :
Induction of labor is performed, when the cervix is unfavorable, cervical ripening may be safely and effectively performed using slow-release vaginal inserts of prostaglandin E2. This failed induction of labor is associated with a higher rate of maternal and fetal morbidity because it increases the unwanted effect of emergency cesarean section.

Aims & Objectives :
To assess the incidence, causes, and feto-maternal outcomes of failed induction resulting in primary caesarean section at Teritiary care hospital

Materials & Methods :
A retrospective observational study was conducted on 100 primigravida pregnant women undergoing labour induction with prostaglandin E2 over 8 months. Data on risk factors, clinical and primary and secondary outcome factors were measured statistically.

Results :
Failed induction occurred in 40% cases leading to primarycesarean section rates.The main indications were unfavorable cervix and fetal distress. Maternal complications included postpartum hemorrhage and prolonged hospital stay. Neonatal outcomes showed increased NICU admissions and transient respiratory distress.

Conclusion :
Failed induction remains a key contributor to primary caesarean sections.preconceptional care and Individualized patient selection and standardized protocols can improve feto-maternal outcomes.

Abstract ID: MCH/OP/358

Presenter's Name: Dr. Dr Shobha Shyavi

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Country: India

Abstract Title:
EFFICACY OF DYNOPROSTONE PESSARY IN INDUCING LABOUR IN A RURAL SETTING

Introduction :
Induction of labour is an important obstetric procedure which needs experience expertise good councilling skills and good monitoring system When done properly it reduces Caesarian rates and gives way to good obstetric outcomes

Aims & Objectives :
To study efficacy of cervidil peasary in inducing labour .To study nature and duration of labour and associated complications

Materials & Methods :
50 pts were induced depending on high risk factors like oligohydramnios ,IUGR ,post dated pregnancy,PROM and prolonged latent phase

Results :
It was seen that dynoproatone had a high success rate of 70% Labour was relatively short , painless ,less need of oxytocin augmentation No me onion staining Shift to NICu was seen in IUGR babies with wt less than 2 kg Instrumental delivery was seen in big babies

Conclusion :
Dynoprostone pessary is a very good agent to induce labour resulting in more no of vaginal deliveries .Pt satisfaction was high .Maternal morbidity and fetal complications were relatively less Though cost is high reduced Caesarian rates compensates for it

Abstract ID: MCH/OP/359

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Abstract Title:
CONGENITAL FETAL MALFORMATIONS AND MEDICAL TERMINATION OF PREGNANCY: A RETROSPECTIVE STUDY

Introduction :
Congenital fetal malformations (CFM) are structural, functional, or biochemical-molecular defects that are present at birth; some of these can be lethal. In utero diagnosis leads ultimately to elective medical termination of pregnancy (MTP). CFM has been one of the most well-known causes of stillbirths and neonatal deaths.

Aims & Objectives :
The primary objective of this study is to find out the demographic and clinical profile of women with congenital malformation who underwent MTP. The secondary objective is to find out the types of congenital malformations, associated risk factors, and methods of MTP used.

Materials & Methods :
This retrospective cohort study involved women with congenital malformations who underwent MTP over three years in a tertiary care facility. The data were analyzed with respect to gestational age and the spectrum of malformations.

Results :
Of the 640 women who underwent MTP, 245(38.2%) were for CFM. The mean age was 25 years; 95% of the participants were from a low socioeconomic background, predominantly rural, and identified as Hindu. The most common systems affected were the CNS (55.5%), followed by renal issues. The most common lethal anomalies were anencephaly and hydrocephalus. The majority were diagnosed between 16- 20 weeks, and only 3% were diagnosed in the first trimester. Risk factors were non-consumption of folic acid preconceptionally (92%), diabetes in pregnancy (28%), and consanguinity (27%).

Conclusion :
The most common anomalies are mainly preventable, as they involve the CNS, and 40% were anencephaly. Risk factors such as the non-consumption of folic acid, consanguineous marriage, and diabetes mellitus were prevalent. There is a crucial need to

Abstract ID: MCH/OP/360

Presenter's Name: Dr. Akash Ajay Gandhi

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Abstract Title:
IMPACT OF COMPREHENSIVE VS CONVENTIONAL ANC COUNSELLING ON MATERNAL CHILDBIRTH EXPERIENCE IN A TERTIARY CARE CENTRE

Introduction :
Antenatal care (ANC) is key for maternal and foetal wellbeing. In this study, we assessed the impact of comprehensive counselling vs conventional counselling on knowledge of ANC and preparedness for pregnancy

Aims & Objectives :
To assess and compare the effects of comprehensive counselling on knowledge and awareness of pregnant women

Materials & Methods :
A randomized control trial (RCT) was conducted at XXXX from 2022-2024, and consisted of 200 pregnant women in their first or second trimester. The women were randomly allocated into two groups: Group C (conventional counselling) and Group Co (comprehensive counselling). Pre and post-test questionnaires regarding aspects of knowledge of ANC were filled in. Comprehensive counselling consisted of structured verbal counselling/based on the Antenatal Care Programme's contents for 30-45 minutes (considers video and checklist), following the WHO/MOH guidelines.

Results :
A statistically significant increase in knowledge scores on the post-test was attained in the comprehensive counselling group, compared to the conventional group (mean 1.73 vs. mean 1.28; $p<0.001$). Group Co showed an increase from 6% to 52.5% for those women group with high knowledge. The demographic analysis indicated that most of the women in this study were educated, where almost 39% of the women were graduates or above, and the women were mostly from joint families (68%). About 33% of the women did describe their families as upper-middle socio-economic class, which explains what we can see positive outcomes.

Conclusion :
Conducting thorough antenatal counselling improves maternal knowledge and preparedness, encouraging adherence to ANC protocols and achieving better pregnancy outcomes. It should become a routine component of ANC services

Abstract ID: MCH/OP/361

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Abstract Title:
CORRELATION OF PRE- AND POST-TREATMENT MCA-PSV CHANGES WITH ANTIHYPERTENSIVE DRUG DOSAGE IN SEVERE HYPERTENSION IN PREGNANCY

Introduction :
Cerebral complications contribute significantly to maternal morbidity in severe hypertension during pregnancy. Alterations in cerebral blood flow may be reflected by changes in the middle cerebral artery peak systolic velocity (MCA-PSV).

Aims & Objectives :
To compare pre- and post-treatment MCA-PSV values on both sides following oral nifedipine and intravenous labetalol, and to assess any correlation between drug dosage and MCA-PSV change

Materials & Methods :
This prospective comparative cohort study enrolled 80 women with severe hypertension after 20 weeks' gestation. Forty received oral nifedipine and forty intravenous labetalol, according to ACOG protocols. Bilateral MCA-PSV was measured by transcranial Doppler before and 30 minutes after drug administration. Data were analysed using SPSS 25.0; $p < 0.05$ was significant.

Results :
Mean pre-treatment MCA-PSV (cm/s) was 57.69 ± 12.74 (right) and 55.89 ± 14.31 (left) in the nifedipine group versus 58.25 ± 10.46 (right) and 56.77 ± 8.94 (left) in the labetalol group. Post-treatment values were 50.98 ± 12.01 (right) and 51.65 ± 10.27 (left) for nifedipine, and 51.41 ± 12.05 (right) and 52.00 ± 10.35 (left) for labetalol. The within- and between-group differences were not statistically significant ($p > 0.05$). No significant correlation was observed between drug dosage and change in MCA-PSV. End-organ damage was present in 27.5% (nifedipine) and 17.5% (labetalol).

Conclusion :
Both oral nifedipine and intravenous labetalol produce comparable, non-significant reductions in bilateral MCA-PSV, suggesting similar cerebral hemodynamic effects and safety in severe hypertensive states of pregnancy.

Abstract ID: MCH/OP/362

Presenter's Name: Dr. Indira Palo

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Abstract Title:
AWARENESS, ATTITUDE AND ACCEPTANCE OF LONG ACTIVITY REVERSIBLE CONTRACEPTION AMONG WOMEN ATTENDING LABOUR ROOM MKCG MEDICAL COLLEGE HOSPITAL, BERHAMPUR, ODISHA

Introduction :
A study conducted at the labour room of MKCG Medical College Hospital in Berhampur, Odisha, found that while there was a high level of general contraceptive awareness among women, the acceptance of long-acting reversible contraceptives (LARCs) was significantly lower. Key factors influencing acceptance included education level, fear of side effects, and spousal support.

Aims & Objectives :
To assessment the awareness, attitude and acceptance in LARC amongst women attending Labour room for Obstetrics treatment purpose.

Materials & Methods :
300 women attending Labour room were taken into the study groups: A questionnaire has been prepared and documented. Out of 300 women 128 taken PPICUD and 44 women taken Inplanon.

Results :
Studies show that while awareness and acceptance of long-acting reversible contraceptives (LARC) like Intrauterine Devices (IUDs) and implants is low among pregnant women. Acceptance is strongly linked to higher awareness and education. Key barriers to acceptance include lack of knowledge about benefits and safety, fear of side effects, and misinformation, which are often compounded by cultural and religious beliefs. Improving acceptance requires comphrensive counselling from healthcare workers and addressing misconceptions about LARC methods.

Conclusion :
The study highlights the critical need for targeted and sustained counselling during antenatal and postnatal care to address misconceptions and fears surrounding LARCs. Converting existing knowledge into practice remains a challenge, and efforts should focus on providing clear, factual information about LARC benefits and safety to improve acceptance rates among women at MKCG Medical College Hospital.

Abstract ID: MCH/OP/363

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Abstract Title:
TIMING MATTERS: A COMPARATIVE ANALYSIS OF EARLY VERSUS LATE REDUCTION IN TRIPLET PREGNANCIES

Introduction :
Background: Multifetal pregnancy reduction (MFPR) from triplets to twins improves obstetric outcomes, but the optimal timing of the procedure remains uncertain

Aims & Objectives :
Objective: To compare maternal and perinatal outcomes following early (11–13 weeks) versus late (14–16 weeks) multifetal pregnancy reduction in trichorionic-triamniotic (TCTA) triplet pregnancies.

Materials & Methods :
Methods: A retrospective review was conducted between March 2023 and October 2025 at a tertiary fetal medicine center. Fifty women with TCTA triplet pregnancies underwent transabdominal ultrasound-guided MFPR — 33 early (Group A, 11–13 weeks) and 25 late (Group B, 14–16 weeks). Outcomes analyzed included pregnancy loss, gestational age at delivery, birth weight, NICU admission, and maternal complications.

Results :
Results: Pregnancy loss before 24 weeks occurred in 9.1% of Group A and 4% of Group B ($p = 0.48$). Mean gestational age at delivery was 34.2 ± 2.6 weeks (A) versus 35.1 ± 2.7 weeks (B) ($p = 0.39$). Preterm birth <34 weeks occurred in 28% and 16%, respectively ($p = 0.31$). Mean combined birth weight was higher in Group B ($3,980 \pm 650$ g vs. $3,720 \pm 700$ g; $p = 0.28$). NICU admission occurred in 48% (A) versus 32% (B) ($p = 0.21$). No major maternal complications were noted.

Conclusion :
Conclusion: Both early and late MFPR yield favorable outcomes, but slightly prolonged gestation and improved neonatal parameters were observed following late reduction. Late MFPR after detailed fetal evaluation remains a safe and effective option in experienced hands.

Abstract ID: MCH/OP/364

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Abstract Title:
GESTATIONAL WEIGHT GAIN AND POSTPARTUM WEIGHT RETENTION IN WOMEN SIX MONTHS AFTER DELIVERY

Introduction :
Pregnancy and the postpartum period are critical phases in a woman's life, marked by biological, hormonal, and behavioural changes that predispose to weight gain. Gestational weight gain (GWG) is the increase in body weight during pregnancy, while postpartum weight retention (PPWR) refers to the difference between weight at six months postpartum and pre-pregnancy weight. Excessive GWG and higher PPWR are predictors of long-term metabolic complications such as dyslipidemia and thyroid dysfunction. Early identification of at-risk women and timely interventions are vital to reduce future metabolic risks and improve maternal health outcomes.

Aims & Objectives :
To assess the association between gestational weight gain and postpartum weight retention in women six months after delivery.

Materials & Methods :
A total of 205 overweight and obese women were assessed at six months postpartum at a tertiary care hospital in Northern India. Data included socio-demographic characteristics, anthropometric measurements (height, weight, GWG, and PPWR), body composition (percentage of body fat), and metabolic parameters. Statistical analyses included descriptive statistics and Pearson's correlation.

Results :
Mean age was 30.3 ± 4.6 years, BMI 28.4 ± 4.4 kg/m², and body fat 42.4 ± 4.7%. Mean GWG was 11.0 ± 7.2 kg, and PPWR was 6.4 ± 7.4 kg. A moderate positive correlation was observed between GWG and PPWR ($r = 0.56$, $p < 0.001$).

Conclusion :
A significant positive association between GWG and PPWR highlights the need for early postpartum lifestyle interventions to prevent long-term metabolic complications.

Abstract ID: MCH/OP/365

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Abstract Title:
ASSOCIATION OF FETAL MAIN PULMONARY ARTERY DOPPLER ACCELERATION TIME TO EJECTION TIME RATIO WITH NEONATAL RESPIRATORY DISTRESS SYNDROME (RDS) IN PRETERM NEONATES'

Introduction :
Traditionally, fetal lung maturity has been determined through invasive means which cannot be routinely offered for this indication. Fetal pulmonary artery doppler offers potential as a non-invasive modality to assess fetal lung maturity.

Aims & Objectives :
To find the association between fetal main pulmonary artery Doppler Acceleration time to Ejection time (PATET) ratio and neonatal RDS in preterm neonates.

Materials & Methods :
Consecutive pregnant women between 27 weeks and 5 days to 36 weeks and 6 days gestation in established or threatened preterm labor or for planned preterm termination of pregnancy were recruited if they were between 20 to 35 years of age, had a singleton, live pregnancy and delivered within 72 hours of the last PATET ratio evaluation. Ultrasound assessment of fetal main pulmonary artery Doppler was performed. Patients were followed up till 72 hours post delivery to confirm or exclude RDS.

Results :
Higher PATET ratio (> 0.3) was significantly associated with the development of neonatal RDS. Neonates who had a PATET ratio >0.3 and had subsequently developed RDS also had a significantly greater oxygen requirement (measured in terms of CPAP and FiO2), required NICU stay and need for exogenous surfactant therapy in statistically significant magnitudes. On logistic regression analysis, a PATET ratio more than 0.3 had the highest odds of being associated with RDS (OR= 26.83).

Conclusion :
Fetal PATET ratio was significantly associated with neonatal RDS at birth and has a predictive accuracy of 83.6%.

Abstract ID: MCH/OP/366

Presenter's Name: Dr. Shashi Thakur

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Abstract Title:
HIGH RISK PREGNANCY IN TRIBES ALONG NARMADA RIVER BELT. A STUDY OF 5504 CASES

Introduction :
In tribal areas health services approaches is very difficult and affect pregnant women's care and increase the maternal morbidity and mortality. our aim is to identifying High -risk pregnancy, Vanvasikalyan Ashram an NGO have done ante natal checkup and garbh Sanskar camps with the help of government and gynecologist in 18 blocks of 16th districts of the tribal area on the bank of Narmada River in 25 days. Method --First registration of the pregnant women then -investigations hemoglobin urine album in sugar, blood grouping typing HIV viral hepatitis blood sugar and sickle cell. Paramedical staff took height weight blood pressure. Gynecologists did Antenatal checkup and identify high risk pregnancy treat and referred them accordingly Observation--we have examined 5504 pregnant women by 18 gynecologists of different place of Madhya Pradesh.

Aims & Objectives :
Identify High Risk pregnancy to reduce maternal mortality and morbidity

Materials & Methods :
Registration, investigations -Hb, blood group typing, blood sugar,,viral hepatitis,HIV, sickle cell WT, BP, and antenatal check upby gyneacologis .

Results :
Examined 5504 pregnant women-2047 high-risk .437 ,9% severe anemic,18% moderate anemic,rest mild anemic.66 cases BOH, early , less interval between 2-pregnancy

Conclusion :
Conclusion --1.-early marriage 2.-short birth interval, 3.-anemia 4.-unapproachable road and 5.-unawareness is the main causes of maternal and neonatal mortality and morbidity. This can be easily identified and can be managed with little effort of NGO and government

Abstract ID: MCH/OP/367

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Abstract Title:
RISK FACTORS OF PRETERM DELIVERY-A CROSS SECTIONAL STUDY IN NORTHERN INDIA

Introduction :
In India,preterm deliveries account for 23.6% of the global total. Preterm birth (PTB) is a leading cause of neonatal morbidity and mortality in India, with the country contributing to 23.4% of global PTBs. There is an urgent need for community-based research, in countries like India with high PTB rates, to identify modifiable risk factors and inform targeted interventions.

Aims & Objectives :
To evaluate the risk factors in singleton preterm delivery.

Materials & Methods :
A case control study was conducted between February 2024 and June 30, 2025 in the ABVIMS& Dr. RML Hospital, New Delhi. 320 patients were enrolled in study 160 women who delivered before 37 weeks of gestation were taken as study group and 160 who delivered at or after 37 weeks were taken as controls. Risk factors for were Previous h/o PTB, Preterm premature rupture of membranes, Preeclampsia, IHCP, GDM, Abruption, Abnormal fluid volume, anemia and chronic disease. Multivariate regression analysis was done and OR calculated for each.

Results :
Among risk factors abruption placentae,chronic maternal diseases, and Preeclampsia and hypertensive disorders in pregnancy are the most significant risk factors contributing to PTB. Iatrogenic PTB were 12(7.5%) and spontaneous were 148(92.5%). After using multivariate logistic regression analysis, following risk factors were strong predictors in descending order, Abruption (OR 19.564), PPROM (OR 14.694), Preeclampsia (OR 9.770), history of PTB (OR 4.418) and GDM (OR 3.334).

Conclusion :
Early PTB were strongly associated with previous PTB, PPROM, abruption, preeclampsia while late PTB had stronger association with GDM, chronic disease.

Abstract ID: MCH/OP/368

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Abstract Title:
PLACENTA PREVIA AND ACCRETA : OBSTETRICIAN AND CHALLENGES

Introduction :
Placental location and abnormal adherence causes maternal morbidity and mortality.

Aims & Objectives :
To asses and enumerate the challenges faced at different stages

Materials & Methods :
Prospective observation series on placenta previa and adherent spectrum

Results :
Challenges from diagnostic to treatment. Rehabilitation Follow up

Conclusion :
Learning points.. Good team work Pre-planning MDT

Abstract ID: MCH/OP/369

Presenter's Name: Prof. Zeba Khanam

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Abstract Title:
RASI: A NOVEL TOOL FOR OBSTETRIC SEPSIS SCREENING

Introduction :
Sepsis is organ dysfunction in the presence of an infectious process. The quick Sequential Organ Failure Assessment (qSOFA), Shock Index (SI), Modified Shock Index (MSI) and Respiratory-adjusted Shock Index (RASI) are important bedside organ dysfunction assessment tools.

Aims & Objectives :
To determine the predictive performance of RASI, qSOFA, SI, and MSI scoring systems for obstetric sepsis.

Materials & Methods :
A total of 150 gravid women upto 6 weeks post-partum and 2 weeks post-abortion with obstetric infections were scored on the RASI, qSOFA, MSI and SI scores. They were followed 72-hours later for the onset of sepsis. Multiple logistic regression and generalized linear modeling were used to identify the best predictor model for sepsis.

Results :
The median(IQR) age and parity were 26(6) years and 1(2), respectively. The median(IQR) MSI, SI, qSOFA and RASI values were 1.01(2), 0.802(0.19), 0.050(0), and 1.26(0.42), respectively. The most common infections were prolonged amniotic fluid leakage (82%), fever (16.7%), retained conceptus (8%), uterine subinvolution (9%), and chorioamnionitis (4.7%). The model with RASI, in combination with chorioamnionitis and qSOFA as predictor variables, had the best fit (Pseudo-$R2=0.59$,$\chi2(df)=43.81(3)$,$p<0.001$); RASI ($\beta(SE)=6.80(1.78)$,$Exp(B)(95\%CI)=900.14(27.34–29636.48)$,$p<0.001$) and chorioamnionitis ($\beta(SE)=2.551(1.04)$,$Exp(B)(95\%CI)=12.82(1.68-98.10)$,$p=0.014$) had a strong positive association, whereas qSOFA ($\beta(SE)=–2.57(1.11)$,$Exp(B)(95\%CI)=0.08(0.01-0.68)$,$p=0.021$) had a strong negative association with sepsis. RASI was the best individual predictor variable for sepsis-onset at 72 hours (Pseudo-$R2=0.457$,$\chi2(df)=43.81(3)$,$p<0.001$,$AIC=55.1$,$BIC=61.1$), and was superior to SI, MSI and qSOFA scoring systems.

Conclusion :
RASI, alone and in combination with qSOFA and maternal clinical characteristics, is a promising bed-side tool for screening of obstetric sepsis

Abstract ID: MCH/OP/370

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Abstract Title:
A RETROSPECTIVE STUDY ON OUTCOME OF PREGNANCY AT SUB DISTRICT HOSPITAL OF UT OF JAMMU AND KISHMIR

Introduction :
Introduction: Mother and child health is one of indicator of social as well economic health of the country. The present retrospective is an attempt to analyse the outcome of pregnancy at sub district hospital of Union Territory of Jammu & Kashmir.

Aims & Objectives :
Aim & Objective: Present retrospective study is to find out the pregnancy outcome of sub Division Hospital.

Materials & Methods :
Methods: This retrospective analytic study used medical record data between 01 Jan 2025 to 30 Jun 2025 from hospital record section of sub district hospital of Union Territory of Jammu & Kashmir after necessary approval from the Institutional Research Committee. All collected data analysis was done using spss statistical software ver 26 and appropriate statistical test.

Results :
Results: There were total 640 patient admitted in maternity and labour ward. Total 26 patient underwent first trimester abortion due to the various reason permitted by the law of the land. Total 375 patient underwent delivery by different mode. Mode of delivery analysis was done

Conclusion :
Conclusions: The study was an attempt to get an over view if different outcome of pregnancy of our dependent population of SD Hospital. In above background of data we are conducting a prospective study which will be the better presentation of Maternal and child health of the area with better external validity.

Abstract ID: MCH/OP/371

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Abstract Title:
TEENAGE PREGNANCY- THE GEN Z MENACE

Introduction :
Teenage pregnancy has been a burning issue worldwide with its major share in developing countries. The incidence is rising over the years and posing serious consequences on the women health, social and economic fronts. This may be linked to poverty, increased number of teenage marriages (both love and arranged marriages), social media influences and lack of sex education. Teenage pregnancy remains a significant public health concern, particularly in low- and middle-income countries, where it is often associated with adverse maternal and neonatal outcomes.

Aims & Objectives :
To study the maternal and fetal outcomes associated with teenage pregnancies in a rural hospital of West Bengal, India.

Materials & Methods :
This is a prospective analysis of maternal and fetal outcomes in teenage pregnancy over the last one year (October 2024 - September 2025) which included all pregnant women aged less than 19 years.

Results :
Majority of teenage mothers were in the age group of 18-19 years. Study showed that incidence of teenage pregnancy was 22% and associated with increased incidences of anemia, hypertensive disorders, preterm birth, low birth weight.

Conclusion :
Teenage pregnancy is found to be significantly associated with higher maternal and fetal morbidity and mortality. The findings indicate the need for comprehensive adolescent reproductive health programs including sex education in schools, preventing school dropouts (both in boys and girls), strong initiatives including legal actions aimed at delaying early marriage by the administration and preventing first pregnancies through regular counselling by health workers, education, empowerment and contraception practices.

Abstract ID: MCH/OP/372

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Abstract Title:
TITLE: A COMPARATIVE STUDY OF EFFICACY OF ORAL DYDROGESTERONE, ORAL MICRONISED PROGESTERONE AND VAGINAL MICRONISED PROGESTERONE IN THREATENED ABORTION.

Introduction :
Threatened abortion, defined as vaginal bleeding with a viable intrauterine pregnancy and a closed cervix before 20 weeks of gestation, affects approximately 20% of pregnancies. Progesterone plays a crucial role in maintaining early pregnancy, and supplementation is widely used to reduce the risk of miscarriage. However, the comparative efficacy of different progesterone formulations—oral dydrogesterone, oral micronised progesterone, and vaginal micronised progesterone—remains uncertain.

Aims & Objectives :
To evaluate and compare the efficacy of oral dydrogesterone, oral micronised progesterone, and vaginal micronised progesterone in managing threatened abortion.

Materials & Methods :
A prospective, single-blinded study of 105 women (6–12 weeks gestation) with threatened abortion was conducted at Bokaro General Hospital. Participants were randomized into three groups receiving oral dydrogesterone, oral micronised progesterone, or vaginal micronised progesterone. They were followed up to 20 weeks or delivery, and outcomes like pregnancy continuation, miscarriage, and side effects were analyzed using SPSS v21 ($p<0.05$).

Results :
All three progesterone forms improved pregnancy continuation in threatened abortion. Oral dydrogesterone showed the highest success rate with fewer side effects, followed by vaginal and oral micronised progesterone. Miscarriage rates were lowest with dydrogesterone, making it the most effective and well-tolerated option among the three.

Conclusion :
Oral dydrogesterone is the most effective and well-tolerated progesterone therapy for threatened abortion, offering better pregnancy continuation and fewer side effects compared to oral and vaginal micronised progesterone.

Abstract ID: MCH/OP/373

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Abstract Title:
INTEGRATED PRENATAL SCREENING AND PREECLAMPSIA SCORING USING THE FMF CALCULATOR: CORRELATING DUAL TEST BIOMARKERS WITH BIRTH OUTCOMES — A ONE-YEAR RETROSPECTIVE STUDY IN A TERTIARY CARE TEACHING HOSPITAL

Introduction :
Hypertensive disorders of pregnancy, particularly preeclampsia (PE), continue to be major causes of maternal and perinatal morbidity and mortality. Early identification of women at risk allows for timely prophylaxis and improved outcomes. First-trimester biomarkers such as pregnancy-associated plasma protein-A (PAPP-A) and placental growth factor (PlGF) reflect placental function, while uterine artery Doppler indices assess uteroplacental perfusion. Integration of these parameters through the Fetal Medicine Foundation (FMF) algorithm enhances predictive accuracy.

Aims & Objectives :
To evaluate the predictive value of first-trimester biochemical and Doppler parameters and to assess the performance of FMF-calculated PE risk in predicting adverse pregnancy outcomes.

Materials & Methods :
This retrospective study included 1,050 antenatal women screened in the first trimester. Serum PAPP-A and free β-hCG were expressed as multiples of the median (MoM). Uterine artery Doppler resistance index and notching were recorded. The FMF algorithm incorporated maternal factors, mean arterial pressure (MAP), biochemical markers (PAPP-A, PlGF), and Doppler parameters to estimate PE risk. Women were followed until delivery, and outcomes were analyzed using relative risk (RR) and p-values.

Results :
Of the 1,050 women screened, 202 (19.2%) developed PE, of which 167 (15.9%) were preterm cases, representing 82.7% of all PE. Affected women had significantly higher MAP and uterine artery PI MoM and lower PAPP-A and PlGF MoM compared with normotensive women (p < 0.05). The FMF combined screening model achieved an AUC of 0.85 (95% CI 0.78–0.91), detecting 68% of preterm PE at a 10% false-positive rate. Incorporation of PlGF improved detection by ~28% over PAPP-A alone.

Conclusion :
Combined first-trimester screening integrating maternal, biochemical, and

Abstract ID: MCH/OP/374

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Abstract Title:
COMPARISON OF PREVENTION OF POST-PARTUM HEMORRHAGE USING CARBETOCIN VS OXYTOCIN IN CESAREAN SECTION: AN OPEN-LABEL RANDOMIZED CLINICAL TRIAL IN CENTRAL INDIA

Introduction :
Post-partum hemorrhage (PPH) remains a major cause of maternal morbidity and mortality globally, primarily due to uterine atony. Despite active management of the third stage of labor, PPH continues to account for significant maternal deaths. Oxytocin is the most widely used uterotonic agent recommended by the WHO; however, carbetocin, a long-acting oxytocin analogue is effective.Considering its higher cost and uncertain superiority, this study aimed to compare the effectiveness, safety, and cost-effectiveness of iv bolus carbetocin versus slow intravenous oxytocin (10 IU) for PPH prevention in cesarean deliveries.

Aims & Objectives :
Comparison of Prevention of Post-partum Hemorrhage using Carbetocin vs Oxytocin in Cesarean Section: An Open-label Randomized Clinical Trial in Central India

Materials & Methods :
A randomized open-label clinical trial was conducted at Shri Shankaracharya Institute of Medical Sciences, Bhilai, from October 2022 to April 2024. A total of 352 women undergoing elective or emergency cesarean section at ≥34 weeks gestation were enrolled and randomized into two groups: - Group A: Slow IV oxytocin 10 IU (n = 176) - Group B: IV carbetocin 100 µg bolus (n = 176) Primary outcome: Intraoperative blood loss measured by direct mop weighing. Secondary outcomes: Requirement for additional uterotonics, fall in hematocrit, hemodynamic changes, and adverse effects. Statistical analysis was done using SPSS 26.0, with $p < 0.05$ considered significant.

Results :
mean blood loss higher in carbetocin group. hematocrit drop in more in carbetocin group. transient hypotension and tachycardia seen in oxytocin group

Conclusion :
slow iv oxytocin is more effective and cost efficient than carbetocin.

Abstract ID: MCH/OP/375

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Abstract Title:
TRIGLYCERIDE-GLUCOSE INDEX IN RISK PREDICTION OF GESTATIONAL DIABETES: A PROSPECTIVE COHORT STUDY IN RURAL INDIA

Introduction :
Gestational diabetes mellitus (GDM), one of the most common medical disorder in pregnancy. In India, 16.55% of women are diagnosed annually. Currently, the diagnosis for GDM is based on an oral glucose tolerance test (OGTT) conducted in 24–28 weeks of pregnancy, which could be a disadvantage for early prevention of adverse outcomes of GDM .Triglyceride glycemic (TyG) index is a novel tool for assessing insulin resistance (IR) in early pregnancy ,though it's efficacy in prediction of GDM is not conclusive.

Aims & Objectives :
We aim to study the association between TyG as a measure of Insulin Resistance and Risk Prediction of Gestational Diabetes in a rural setup. We will also estimate the improvement in risk prediction using TyG along with the risk factors

Materials & Methods :
A prospective cohort study included 115 singleton pregnant women. The study collected data on the TyG index, glucose levels, and clinical outcomes from all participants. Research objectives were validated using logistic regression analysis and Receiver Operating Characteristic curves.

Results :
The incidence of GDM was 23.47% (n=27). Mean TYG index for GDM was 8.55(SD=+/- 0.34) and for non GDM was 8.39(SD=+/- 0.33).This result suggests that the difference of 0.17 units in the TyG index between the GDM and non-GDM groups is statistically significant (p value = 0.045).

Conclusion :
The TyG index correlates positively with the GDM, however its diagnostic efficacy is limited. Further research on the TyG index as an early predictor of GDM is required.

Abstract ID: MCH/OP/376

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Abstract Title:
PATTERN AND BURDEN OF CONGENITAL ANOMALIES IN A RURAL HOSPITAL, NORTH INDIA.

Introduction :
Background:-Congenital anomalies remains a major global health concern. An estimated~ 6% of the babies are born with a congenital disorder worldwide. According to WHO, they are defined as structural or functional anomalies including metabolic disorders that develop during intrauterine life.

Aims & Objectives :
Objective -To study the pattern and burden of congenital anomalies in a rural hospital in North India.

Materials & Methods :
Methods-Our study is a retrospective, cross sectional study of 48 patients admitted in our hospital between October 2023 to September 2025.

Results :
Results-During the study period, 7479 deliveries were conducted, out of which 48 babies had congenital anomalies. Incidence of congenital anomalies was 0.64%. Majority of the patients were in the age group of 21-25 years(43.75%). Majority of the patient were multigravida(68.75%). Mojority of the patients were in the gestational age of 13-20 weeks (50%). Most common system involved was Central nervous system(56.25%), followed by Cardiovascular system(12.5%), Musculoskeletal system(8.33%), Renal anomalies (6.25%), GIT (6.25%), Genitourinary system 4.16%, Chromosomal anomalies 4.16 % and Respiratory system 2.08%.

Conclusion :
Conclusion -Not all Congenital anomalies are preventable, but with public awareness campaigns and good antenatal care services, majority of the defects can be detected early in antenatal period. Early prenatal screening allows timely diagnosis, when medical termination of the pregnancy can be offered to women with lethal congenital defects.

Abstract ID: MCH/OP/377

Presenter's Name: Dr. Bonala Kavya Sree

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Abstract Title:
AN INSTITUTIONAL STUDY ON ROLE OF EXPECTANT MANAGEMENT IN PROLONGED PRETERM PRELABOUR RUPTURE OF MEMBRANES

Introduction :
Preterm prelabour rupture of membranes (PPROM), defined as rupture of membranes before 37 weeks of gestation. PPROM complicates 2- 3 % of pregnancies, significantly increasing the risk of preterm birth. It is a condition where clinicians must balance the risks of prolonging pregnancy with fetal risks of prematurity. It is associated with increased risks of maternal and neonatal morbidity, including infection, preterm birth and perinatal mortality.

Aims & Objectives :
This case series aims to evaluate the clinical management, complications, and outcomes of patients with prolonged PPROM, and to highlight critical factors influencing maternal and neonatal prognosis.

Materials & Methods :
A retrospective analysis was conducted on 10 cases of prolonged PPROM managed at Muslim maternity hospital , Chaderghat, Hyderabad in a span of 1 year. Data on gestational age at rupture, latency period, interventions, infectious markers, mode of delivery, and neonatal outcomes were collected and analyzed.

Results :
The cases demonstrated varied clinical courses, with latency periods ranging from 26 days to 147 days. Conservative management with close monitoring, antibiotic prophylaxis, and corticosteroid administration was employed. Neonatal outcomes were influenced by gestational age at delivery, signs of chorioamnionitis, and latency duration.

Conclusion :
Prolonged PPROM requires individualized, multidisciplinary management to balance the risks of infection against the benefits of prolonging gestation. This series emphasizes the importance of expectant management , vigilant monitoring and timely intervention in optimizing outcomes.

Abstract ID: MCH/OP/378

Presenter's Name: Dr. Mansi Kumar

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Abstract Title:
ANALYSIS OF INCREASING CESAREAN SECTION RATE BY ROBSON'S 10-GROUP CLASSIFICATION SYSTEM IN A TERTIARY CARE PUBLIC CHARITABLE HOSPITAL IN HARYANA

Introduction :
Rising CS rates are a major public health concern and leading worldwide health debate regarding potential causes of increased maternal and perinatal morbidity and mortality. Robson's 10-group classification system (RTGCS) helps us to identify the main groups of subjects who contribute most to the overall CS rate.This study identifies the relation between CS rates, causes of CS and methods to improve the current rate of cesarean deliveries.

Aims & Objectives :
To classify CS deliveries in a non-profitable charitable maternity hospital in Haryana, according to RTGCS, and to find out the major contributing factor for CS.

Materials & Methods :
A retrospective cross-sectional study was carried out over a period of 1 year from November 21, 2022 to November 30, 2023 in the mother and child health unit of a tertiary care charitable hospital of Palwal, Haryana: Shree SatyaSai Sanjeevani Hospital and Research Center and The data of all participated delivered women analysed according to Robson's 10 group classification with their subdivision.

Results :
Over the 1-year period, a total of 629 women delivered in MCH SSSSCHR, in which CS were 328 (52.1%) and vaginal deliveries were 301 (47.9%).About 157 women (24.95%) had a history of one or more previous cesarean(s). In this study 157 (47.86%) women underwent cesarean section due to prior history of cesarean section delivery and 73 (22.25%) women had CS delivery as they had fetal distress.

Conclusion :
RTGCS is a simple and clinically relevant method to facilitate comparison and analysis of CS rates that can help us develop a uniform policy to optimize the rate of CS.

Abstract ID: MCH/OP/379

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Abstract Title:
ANTENATAL DETERMINANTS OF SMALL FOR GESTATIONAL AGE NEWBORNS DELIVERED AT TERM

Introduction :
Small for Gestational Age (SGA) infants have higher mortality and adverse long-term outcomes. Globally, 17.4% of live births in 2020 were SGA, while in India, the prevalence ranges from 12.0% to 78.4%. Identifying antenatal determinants is crucial to address modifiable factors and reduce neonatal morbidity and mortality.

Aims & Objectives :
AIM To evaluate the antenatal determinants of Small for Gestational Age newborns delivered at term. OBJECTIVES 1. Maternal risk factors for SGA newborns delivered at term 2. Fetal risk factors for SGA newborns delivered at term

Materials & Methods :
This cross-sectional comparative study was conducted at Maulana Azad Medical College over one year. Antenatally booked women with singleton term pregnancies were classified into two groups based on neonatal birth weight centiles: Group 1 included mothers of newborns <10th centile (SGA, n = 107), and Group 2 included those between the 10th and 90th centiles (AGA, n = 259).

Results :
• Underweight mothers had ninefold higher odds of SGA, and poor gestational weight gain was significantly associated. • Hypertension increased SGA risk. Mothers of SGA neonates had 2.4 times higher odds of emergency LSCS. • Low APGAR scores and sixfold higher NICU admissions were more common among SGA neonates.

Conclusion :
• Pre-conceptional counselling helps identify modifiable risks and optimise maternal health. • Early registration ensures accurate gestational dating and timely risk detection. • Serial symphysio-fundal height charting remains the primary screening tool. • Emphasis should be on achieving optimal gestational weight gain. • A universal structured checklist can aid systematic risk identification and stratification.

Abstract ID: MCH/OP/380

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Abstract Title:
A CLINICAL STUDY OF PLACENTA PREVIA AND ITS EFFECT ON MATERNAL AND FETAL OUTCOME

Introduction :
Placenta forms the most important link between the developing fetus and the mother. •Normal situation of placenta is very vital for appropriate growth and development of fetus. •Once there is change in placental location or architecture outcome of pregnancy with regard to both mother and fetus is altered.

Aims & Objectives :
The purpose of this study is to examine placenta previa prevalence, maternal and neonatal outcomes and associated risk factors. PRIMARY OUTCOME - • To study maternal outcome in cases of placenta previa • To study fetal outcome in cases of placenta previa SECONDARY OUTCOME - To study risk factors for placenta previa

Materials & Methods :
It is hospital based observational study. The study was conducted in Andhra Medical College , Visakhapatnam . The study was conducted between September 2022 and August 2023. A detailed history is elicited from all antenatal women between 28 to 40 weeks with ultrasound report of varying degrees of placenta previa and were subjected to • General examination • Obstetric examination • Colour Doppler ultrasound and MRI • Antenatal events and mode of delivery , complications if any are all noted. • Post-operative outcome for both mother and baby are noted.

Results :
For the mother, the risks are mostly caused by a potentially fatal antepartum haemorrhage , but there is also a higher risk of puerperal infection and postpartum haemorrhage. Preterm births , FGR , LBW and congenital anomalies are all on rise in terms of the baby .

Conclusion :
An advantageous outcome can be achieved with accurate diagnosis , suitable management and

Abstract ID: MCH/OP/381

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Abstract Title:
INTRAUMBILICAL VERSUS INTRAMUSCULAR OXYTOCIN IN THE MANAGEMENT OF THIRD STAGE OF LABOUR

Introduction :
The third stage of labour is the most important part of labour. After delivery of the baby and cessation of umbilical cord pulsation, the placenta separates from the uterine wall through the spongy lining of the womb.Instead of waiting for signs of placental separation and then delivering the placenta we usually give prophylactic 10U intramuscular injection of oxytocin within 2 minutes of birth. Intramuscular oxytocin takes 3-5 minutes to cause uterine contractions aiding in placental separation and delivery.Whereas administration of oxytocin through the umbilical vein allows it to reach the placental bed and uterine wall rapidly, resulting in earlier uterine contraction and accelerating the placental separation process.

Aims & Objectives :
Aim:To determine the role of intraumblical oxytocin in management of third stage of labour. Objective: Evaluate the efficacy of intraumblical injection of oxytocin as a prophylactic oxytocic drug.

Materials & Methods :
This is a prospective observational study done in department of obstetrics and gynaecology , Andhra medical College over a period of 1 year.Women with term gestation , singleton pregnancy with no known risk factors were included.

Results :
Blood loss was substantially lower in the IU group than in the IM group.There was significant variation in blood loss among both groups as seen by the standard deviations for blood loss which were151.95 ml in im group 117.97 ml in IU group.

Conclusion :
There is strong evidence in favour of the intraumblical route of oxytocin compared to intramuscular injection.

Abstract ID: MCH/OP/382

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Abstract Title:
INTRAOPERATIVE MANAGEMENT STRATEGIES AND MATERNAL OUTCOMES IN PLACENTA ACCRETA SPECTRUM: A RETROSPECTIVE STUDY FROM A TERTIARY CARE CENTRE IN NORTH INDIA

Introduction :
Placenta accreta spectrum (PAS) is a major cause of severe obstetric haemorrhage and surgical morbidity, particularly in women with prior caesarean delivery. Current recommendations emphasise antenatal risk assessment, planned delivery in a tertiary centre, avoidance of forced placental removal and preparedness for caesarean hysterectomy. Conservative approaches may be considered in selected stable patients.

Aims & Objectives :
To evaluate intraoperative management practices and maternal outcomes among women with PAS at a tertiary care referral hospital.

Materials & Methods :
This retrospective study included 59 women with PAS managed operatively in the department between 1 January 2024 and 31 October 2025. Operative details reviewed included placental handling, use of uterine tamponade, devascularisation techniques, vessel ligatures, estimated blood loss, transfusion requirement, operative complications, haemodynamic instability, ICU admission and need for caesarean hysterectomy.

Results :
Many cases were identified intraoperatively or on targeted antenatal imaging. Non-separation of the placenta with caesarean hysterectomy was the predominant strategy in women with significant invasion or uncontrolled haemorrhage. Conservative procedures such as tamponade, selective devascularisation and vessel ligature techniques were used in clinically stable cases. The pattern of blood loss, transfusion requirement, ICU utilisation and frequency of hysterectomy was comparable to recent reports from tertiary centres in India, reflecting the high haemorrhage risk associated with PAS.

Conclusion :
Structured intraoperative planning, multidisciplinary coordination and readiness for caesarean hysterectomy are central to optimising outcomes in PAS. Conservative procedures may be useful in selected cases but require careful judgement and experienced surgical support.

Abstract ID: MCH/OP/383

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Abstract Title:
ANTENATAL MYOMECTOMY- A SURGICAL NECESSITY AND MANAGEMENT!

Introduction :
Uterine myomas affect 2-10% pregnant women. In every one out of ten patients, myomas complicate the course leading to adverse pregnancy outcomes. Myomectomy is rarely performed during pregnancy because of fear of miscarriage and the risk of uncontrolled hemorrhage. Surgical management is needed in selected cases where conservative management fails to manage symptoms and there is a substantial risk of adverse pregnancy outcomes.

Aims & Objectives :
This article provides insight into the safety, risks and benefits of antenatal myomectomy

Materials & Methods :
This is a retrospective analysis of 6 patients who underwent myomectomy between 16-19 weeks of gestation at our tertiary care centre. Decision for surgical management was based on large fibroid size & refractory pain. Myoma was enucleated via transverse incision & reconstruction of uterine wall was done in double layer.

Results :
None of the patients in our study had miscarriage, preterm labour, premature rupture of membranes, placental abruption. All patients delivered at term with median gestational age of 37 weeks,5 by elective caesarean section & one patient delivered vaginally after induction of labour. None of the patients delivered a growth-restricted fetus or a fetus with a congenital anomaly. No adverse maternal or fetal outcome was reported

Conclusion :
Antenatal myomectomy should not be done as a routine procedure . However ,in carefully selected patients in skilled hands it is a safe procedure and gives good pregnancy outcomes while avoiding the complications typically linked to the presence of myomas.

Abstract ID: MCH/OP/384

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Abstract Title:
BREAKING THE PRESSURE: MATERNAL-FETAL OUTCOME AFTER BALLOON MITRAL VALVULOPLASTY IN PREGNANCY- CASE SERIES INSIGHTS

Introduction :
Mitral stenosis during pregnancy poses significant risks to both the mother and fetus. Balloon mitral valvuloplasty (BMV) is a minimally invasive procedure that can alleviate symptoms and improve outcomes in a patient with worsening symptoms.

Aims & Objectives :
in cases of Rheumatic heart disease who underwent Balloon Mitral Valvuloplasty during pregnancy.

Materials & Methods :
We present a case series of four pregnant patients with severe mitral stenosis with worsening symptoms who underwent BMV during pregnancy. Patient demographics, gestational age at the time of the procedure, procedural details were noted and maternal and fetal outcomes were analysed.

Results :
The series included five patients, with gestational ages ranging from 20-37 weeks. All procedures were successful, with significant improvement in mitral valve area and symptomatic relief. Maternal outcomes were positive, with minimal complications. Fetal outcomes, including birth weight and Apgar scores, were also favorable.

Conclusion :
BMV is a safe and effective intervention for patients with mitral stenosis during pregnancy. It improves maternal hemodynamics and has positive outcomes for the fetus too.

Abstract ID: MCH/OP/385

Presenter's Name: Dr. Nitika Sharma

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Abstract Title:
PREVALENCE AND RECENT ANTIBIOTIC SUSCEPTIBILTY TRENDS OF ASYMPTOMATIC BACTERIURIA (ASB) IN ANTENATAL POPULATION: CROSSSECTIONAL STUDY

Introduction :
Nearly 1.9%-9.5% pregnancies are affected by asymptomatic bacteriuria worldwide commonly due to gram negative bacteria like E.coli, Klebsiella, Proteus, Pseudomonas than gram positive like streptococcus, staphylococcus and enterococcus bacteria. 5, 6 ,9 Asymptomatic bacteriuria if left undetected and untreated can lead to various adverse outcomes either insidiously or by progressing to symptomatic UTI. 1,7,8 In mother it causes preterm labour, hypertensive disorder of pregnancy, preterm premature rupture of membranes, anaemia, postpartum endometriosis and acute pyelonephritis. 9 In baby it leads to intrauterine growth retardation, prematurity, low birth weight, perinatal mortality.9

Aims & Objectives :
To determine prevalence of (ASB) asymptomatic bacteriuria and it's recent antibiotic susceptibility trends in antenatal population in a tertiary institute.

Materials & Methods :
This was a Cross-Sectional observational study conducted by Dept of Obstetrics and Gynecology at YCM hospital , Pimpri, during Dec 2020 to June 2022. The study population comprised of antenatal patients attending OPD or IPD without any symptoms of UTI. Sample size for this study was n=104.

Results :
This study demonstrated that out of 104 pregnant women screened for asymptomatic bacteriuria it's prevalence was found to be 25 %.This study further analyzed each isolate causing asymptomatic bacteriuria (ASB) and Escherichia coli was found to be the predominant organism. Maximum resistance seen for cefoxitine 71.4% followed by clindamycin (66.66%) and aztrenam(66.66%) and ceftazidime (65%) .

Conclusion :
There is need to include screening for ASB and urine culture as a part of national guidelines.

Abstract ID: MCH/OP/386

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Country: India

Abstract Title:
PLACENTA ACRETA SPECTRUM - DETECT EARLY,ACT EARLY

Introduction :
Placenta Accreta Spectrum (PAS) represents a group of increasingly prevalent obstetric disorders characterized by abnormal trophoblastic invasion into the myometrium. Rising cesarean section rates have made PAS a significant contributor to peripartum hemorrhage, maternal morbidity, and mortality. Early identification and multidisciplinary management are critical to improve outcomes.

Aims & Objectives :
To review current evidence on risk factors, diagnostic modalities, and management strategies for PAS, focusing on optimizing maternal and neonatal outcomes.

Materials & Methods :
Retrospective study

Results :
Women with previous cesarean delivery, placenta previa, prior uterine surgery, and assisted reproductive techniques are at highest risk for PAS. Ultrasound—particularly color Doppler—remains the primary diagnostic tool, with MRI reserved for complex cases. Planned delivery at 34–36 weeks in a tertiary care center with a pre-formed multidisciplinary team significantly reduces maternal morbidity

Conclusion :
This highlights the importance of early antenatal diagnosis, multidisciplinary surgical planning, radiologist and delivery in a tertiary care center with blood to optimize maternal outcomes in placenta percreta. Prior cesarean sections remain a major risk factor, underlining the need for judicious use of cesarean delivery.

Abstract ID: MCH/OP/387

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GUNTUR MEDICAL COLLEGE

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Abstract Title:
A STUDY ON FETOMATERNAL OUTCOME IN OLIGOHYDROMNIOS IN PREGNANCY IN TERTIARY CARE HOSPITAL

Introduction :
Oligohydromnios defined as reduced amniotic fluid volume, is a common obstetric complication associated with significant maternal and perinatal morbidity and mortality. It is diagnosed most frequently in the third trimester using amniotic fluid index (AFI<=5 cm) or single deepest pocket (SDP<2cm). As amniotic fluid reflects placental function and fetal renal perfusion, abnormal levels may indicate fetal compromise, leading to adverse fetomaternal outcomes.

Aims & Objectives :
To determine the maternal and fetal outcome in oligohydromnios. To study obstetric risk factors associated with oligohydromnios and maternal outcome in the form of mode of delivery. To assessment neonatal complications in terms OF APGAR score at birth, NICU admission rates, meconium-stained liquor.

Materials & Methods :
This prospective observational study included pregnant women beyond 28 weeks of gestation diagnosed with oligohydromnios by ultrasound. Maternal demographic profile, risk factors, mode of delivery and intrapartum complications were recorded. Fetal outcomes including birth weight, APGAR score, NICU admission and perinatal mortality were evaluated. Data were analyzed statistically to assess correlations.

Results :
Most cases were observed in primigravidas and in pregnancies complicated by hypertensive disorders. A higher rate of labor induction and caesarean section for fetal distress was noted among oligohydromnios cases compared to pregnancies with normal AFI. Continuous fetal heart rate monitoring revealed increased intrapartum fetal distress.

Conclusion :
Oligohydromnios is associated with increased operative deliveries and adverse neonatal outcomes Early identification with appropriate monitoring, timely decision making and delivery planning can reduce fetal compromise and improve fetomaternal outcomes. Routine antenatal ultrasound plays a crucial role in the diagnosis and management of oligohydromnios.

Abstract ID: MCH/OP/388

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Country: India

Abstract Title:
AN INSIGHT INTO THE T4 INITIATIVE AT BJRM HOSPITAL, DELHI

Introduction :
Anaemia is an important preventable cause of maternal mortality. The prevalence of anaemia in Delhi as per the NFHS- 5 is 42.2%. The National Anaemia Control Program has initiated the establishment of the T4 rooms in all government hospitals in an effort to reduce the prevalence of anaemia.

Aims & Objectives :
To evaluate the performance of the T4 room over a period of 36 months.

Materials & Methods :
A retrospective analysis of the data maintained at the T4 room was done since its inception in January 2023. All antenatal women with hemoglobin levels less than 11 gm% were referred to the T4 room. These women were classified into mild, moderate and severe anemia as per the WHO classification, evaluated for type of anemia, given dietary counselling, treatment and followed up.

Results :
A total of 3823 pregnant woman with anemia were evaluated in the T4 room. A 13.7% increase was seen in the number of anemic women captured through this initiative from 2023 to 2025. A rise of 57. 3% was seen in the identification of mild anemia, and 6.02% in moderate anemia. A 18% decline of in pick up rate of severe anemia thru 2023-202025 was noted in the T4 room and simultaneous decline of 9.9% was seen in blood transfusions. The follow up of anemic women increased from 12.85 to 36.6 %.

Conclusion :
Initiation of Anemia room in hospitals has not only generated awareness of anemia in the patients but also helped to identify anemic woman early in pregnancy to avoid need for blood transfusion.

Abstract ID: MCH/OP/389

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Country: India

Abstract Title:
MATERNAL OUTCOME IN PREGNANCIES COMPLICATED BY SEVERE AMEMIA

Introduction :
Anaemia is the most common preventable and correctable medical disorder occurring in pregnancy. Severe anemia (hemoglobin [Hb] <7 gm%) is associated with poor fetomaternal outcome. The most common risk factor contributing to anaemia being iron deficiency which contributes to about 90% in India. Other contributing factors are vitamin b12 deficiency and thalassemia trait.

Aims & Objectives :
To evaluate all pregnant females with severe anemia with hb less than 7 gms. To study effect of anemia on growing fetus

Materials & Methods :
The present study was a prospective observational study, conducted at Sher-e -Kashmir Institute of Medical Sciences in the Department of Gynaecology and obstetrics over a period of 1 year i.e., October 2021 to October 2022. Frequency and percentages were calculated to assess the distribution of the patient on the sociodemographic variables such as age, living status, booked un booked status, residence, gestational age, parity.

Results :
Due to the impaired oxygen carrying capacity in anemia, there is cellular and enzymatic dysfunction resulting in abnormal myometrial contractility, which causes atonic uterus hence pph; moreover there is placental dysfunction which leads to preterm labor. In severe anaemia, there is deficiency of micronutrients and antioxidants such as calcium, magnesium, zinc, which is attributed to the development of pre-eclampsia in anaemic females.

Conclusion :
Anemia is more prevalent in underdeveloped countries with poor socioeconomic background who not only are deprived of essential nutrition in their pregnancy butalso require antenatal care. Hence, if anemia is to be prevented, the root cause needs attention.

Abstract ID: MCH/OP/390

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Abstract Title:
TITLE : STUDY OF IMPACT OF HEMOGLOBINOPATHIES ON FETO-MATERNAL OUTCOMES IN PREGNANCY

Introduction :
Hemoglobinopathies are a group of genetic disorders that affect the structure or production of hemoglobin, the protein in red blood cells that carries oxygen throughout the body.

Aims & Objectives :
Aims and objectives: To study and understand the maternal and fetal complications associated with hemoglobinopathies during pregnancy In ANDHRA MEDICAL COLLEGE, VISAKHAPATNAM

Materials & Methods :
Materials and methods: It is a observational and prospective study done for a period of 8 months on 85 antenatal women in Andhra Medical College VISAKHAPATNAM who give informed consent were enrolled and followed up till delivery and perinatal outcome noted.

Results :
Results: Most of the cases of resulted in normal maternal and perinatal outcome (46%) iugr in (34%) preterm deliveries in 14% severe anemia leading to abortions or termination of pregnancy in 6% cases

Conclusion :
Conclusion : In our study we concluded that most of the cases of heamoglobinapthies of trait show no severe negative outcomes . Only severe degrees of anemia effects the maternal and neonatal and perinatal outcomes . This can be decreased by upgrading the antenatal surveillance and taking adequate measures to decrease the severity .

Abstract ID: MCH/OP/391

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Abstract Title:
EXCLUSIVE BREAST FEEDING

Introduction :
Optimum nutrition is essential for child survival and quality of survival. The word ‘nutrition’ is derived from ‘nutricus’ which means ‘to suckle at the breast World Health Organization (WHO) recommend initiation of breastfeeding within the first hour after birth; exclusively breastfeed for the first six months of age and continuation of breastfeeding for up to two years of age.

Aims & Objectives :
AIM: Aim of the study is to promote importance of exclusive breast feeding OBJECTIVES: To analyze and assess the knowledge, attitude and practices towards exclusive breastfeeding among lactating mothers.

Materials & Methods :
Cross sectional study was conducted among 100 lactating women at tertiary care centre , Nandyal using structured interviews & random sampling method to select study participants Purpose of the study was explained & informed consent was obtained on voluntary basis. DESIGN & SETTINGS : A pre-structured and pretested questionnaire was used to evaluate knowledge and awareness of exclusive breast feeding in mothers at tertiary care center.

Results :
78% breast fed on demand 89% colostrum 69%Fed immediately 73%early initiation

Conclusion :
Breast feeding was observed to be a universal practice in the study areas and accepted to be the healthiest food for infants. Exclusive breastfeeding among our sample is suboptimal, compared to the current WHO recommendations Literate and illiterate lactating mothers do believe in giving colostrum and literate mothers are less likely to give pre-lacteal feed. Thus we need to reinforce the advantage of breast feeding to both mothers and babies with emphasis on starting breast feeding within one hour of birth and giving colostrum.

Abstract ID: MCH/OP/392

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Abstract Title:
FETOMATERNAL OUTCOME IN WOMEN WITH INTRAHEPATIC CHOLESTASIS OF PREGNANCY

Introduction :
Cholestasis of pregnancy (IHCP) is characterized by pruritus without skin lesions and elevated Bile acid concentration. It affects quality of life of mother due to pruritus and is associated with increased perinatal morbidity and mortality.

Aims & Objectives :
To determine maternal and fetal outcomes in women diagnosed with Intrahepatic Cholestasis of Pregnancy (IHCP) and to find out association of severity of IHCP with these outcomes.

Materials & Methods :
The study was conducted in the department of Obstetrics & Gynaecology, VMMC and Safdarjung Hospital. Women attending outpatient department and admitted in the wards screened for presence of IHCP. Ethical approval for the study was obtained and informed consent was taken. Women were followed till delivery for the maternal and fetal outcomes. The main outcome measures were gestational age at diagnosis & delivery, mode of delivery, birth weight, and liver transaminases in women with IHCP and association of mild, moderate and severe IHCP with these outcomes.

Results :
The mean gestation age at diagnosis and delivery of women with IHCP was 34.5 and 37.2 weeks, respectively. Caesarean delivery rate was 48% and mean birth weight was 2.6 Kg. The mean liver transaminases SGOT and SGPT were significantly higher in severe IHCP as compared to mild and moderate IHCP. The caesarean rate was significantly higher in moderate and severe IHCP as compared to mild IHCP, 66.6%, 63.6% and 37%, respectively. The mean birth weight was significantly lower in severe IHCP (2.15 Kg) as compared to mild (2.67 Kg) and moderate IHCP (2.74 Kg).

Conclusion :
Severe and moderate IHCP are associated with significantly

Abstract ID: MCH/OP/393

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Abstract Title:
MECONIUM STAINING OF AMNIOTIC FLUID- A POOR INDICATOR OF FETAL COMPROMISE

Introduction :
Classical concept of passage of meconium by fetus in response to hypoxia and its association with poor fetal outcome is controversial. With facilities like continous fetal heart rate monitoring and scalp ph estimation, the degree of fetal compromise can be evaluated

Aims & Objectives :
the presence of meconium at the onset of labour and its obstetric outcome were studied over 3 months. Out of the 1267 deliveries that occurred during this period, 100 (7.89%) had meconium staining of liquor. These were compared to the remaining 1167 patients with clear liquor. Monitoring included cardiotocography, scalp pH estimation when required and optimal care at delivery.

Materials & Methods :
. Out of the 1267 deliveries that occurred during this period, 100 (7.89%) had meconium staining of liquor. These were compared to the remaining 1167 patients with clear

Results :
Thick meconium staining was associated with a higher cesarean section rate, low Apgar score at one minute and more admissions to the neonatal intensive care unit. All women with meconium staining of liquor should be cardiotocographically monitored in labour and managed by optimal, timely intervention to avoid severe asphyxia and meconium aspiration

Conclusion :
Thick meconium is associated with higher caesarean section rates, low apgar score at 1 minute and more admission to nicu.All women with meconium liquor should be CTG monitored and managed by optimal timely intervention to avoid severe aspyxia and aspiration

Abstract ID: MCH/OP/394

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Abstract Title:
EVALUATING THE IMPACT OF ANTEPARTUM HAEMORRHAGE ON MATERNO-FOETAL OUTCOMES IN HIGH-RISK REFERRAL CENTRE

Introduction :
Antepartum hemorrhage is one of the deadliest complications in obstetrics. It can complicate about 2-5% of pregnancies. It contributes significantly to maternal and perinatal mortality and morbidity during pregnancy and childbearing worldwide.

Aims & Objectives :
The aim of this study was to determine maternal and foetal outcomes in patients presenting with Antepartum haemorrhage.

Materials & Methods :
This was a retrospective study. Pregnant women with >28weeks of gestation reporting to the Department of Obstetrics and Gynaecology from May 2021 to April 2022 were included in study. Ethical approval from the institutional ethical committee was taken.

Results :
This study included 76 patients of Antepartum haemorrhage. Most patients in the analysis were found to be second gravida (30%). Anaemia was most common associated morbidity (51.3%). 58%of these patients were of placenta previa,14% were of abruption and 10% were of accreta. Among all patients, 94.74% recovered well. 2.63% of cases could not be saved and resulted in maternal mortality. The proportions of babies alive, intra-uterine death (IUD) and intubated were 86.84%, 11.84% and 1.32%, respectively. 17.1% of patients required a lifesaving caesarean hysterectomy.

Conclusion :
We conclude that APH is an obstetrical emergency that requires timely diagnosis and early intervention. Swift management is required to improve maternal and foetal outcomes.

Abstract ID: MGG/OP/02

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Abstract Title:
EFFECT OF PERI-URETHRAL INJECTION OF AUTOLOGOUS PLATELET-RICH PLASMA IN FEMALE GENUINE STRESS INCONTINENCE- A SINGLE ARM INTERVENTIONAL PILOT STUDY

Introduction :
- Female stress urinary incontinence is defined as involuntary loss of urine due to increase in intra-abdominal pressure, in absence of detrusor activity. It is a major health problem affecting nearly 20% of adult women. It has a detrimental impact on their daily activities and quality of life. Platelet- rich plasma (PRP) is extremely rich in growth factors and cytokines, which regulate tissue reconstruction and has been studied extensively among trauma patients .

Aims & Objectives :
This study aimed to evaluate effect of peri-urethral injection of autologous platelet rich plasma in treatment of female stress urinary incontinence.

Materials & Methods :
23 consenting women suffering from genuine stress incontinence, diagnosed on history, examination in OPD and uroflowmetry study, with platelet count of >1.5lakhs / mm3 were assessed according to visual analog scale for degree of urinary incontinence pre-treatment. They received peri-urethral PRP injections as out-patient procedure. The procedure was repeated every 1 month for a maximum of 4 injections. The primary end-point was post-treatment Global Response Assessment (GRA, scored 0–3) score after PRP treatment. A GRA ≥ 2 was considered as a successful result. The secondary endpoint was change in visual analog scale (VAS) of SUI.

Results :
Mean age (Years) was 43.61 ± 11.19 and mean BMI (Kg/m²) was 25.78 ± 2.63. 11 (47.8%) participants received four injections. Mean Global Response Assessment Score was 3.14 ± 1.21. Mean change in VAS (Post-Treatment) was -1.79 ± 0.97.

Conclusion :
Autologous PRP is a treatment option for mild to moderate SUI cases . However, more studies with bigger sample sizes are required.

Abstract ID: MGG/OP/04

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Abstract Title:
ASSESSMENT OF QUALITY OF LIFE IN WOMEN BEFORE AND AFTER VAGINAL HYSTERECTOMY: A PROSPECTIVE STUDY

Introduction :
Vaginal hysterectomy is a preferred surgical approach for benign uterine disorders due to its minimal invasiveness, reduced postoperative pain, and faster recovery. Evaluating its impact on women's quality of life (QoL) provides insight into patient-centered outcomes beyond surgical success.

Aims & Objectives :
To assess and compare the quality of life in women before and after vaginal hysterectomy and to determine the degree of improvement following surgery.

Materials & Methods :
A prospective study was conducted from August 2024 to July 2025 in the Department of Obstetrics and Gynaecology, Government Medical College, Udhampur. Women undergoing vaginal hysterectomy for benign gynecological indications were included after informed consent. A validated QoL questionnaire assessing physical, psychological, and social domains was administered preoperatively and at postoperative follow-up. Pre- and postoperative scores were analyzed using paired statistical tests.

Results :
Preoperatively, most women reported low QoL scores, reflecting significant physical discomfort and emotional distress. Postoperatively, a marked improvement was observed in all domains, with the majority achieving good to excellent QoL scores. The mean overall QoL score showed a statistically significant reduction after surgery ($p < 0.05$), indicating enhanced physical health, emotional stability, and social well-being.

Conclusion :
Vaginal hysterectomy leads to significant improvement in women's quality of life across physical, psychological, and social aspects. Its minimally invasive nature ensures faster recovery and better patient satisfaction. Preoperative counseling and continued postoperative follow-up are essential to sustain these benefits.

Abstract ID: MGG/OP/05

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Abstract Title:
MORBIDITY PROFILE & QUALITY OF LIFE (QOL) IN MENOPAUSAL WOMEN FROM SEMI URBAN CENTRAL INDIA- INSIGHTS FROM HOSPITAL BASED ANALYSIS.

Introduction :
Menopause, a significant midlife event, affects quality of life due to hormonal changes. Prevalence of symptoms varies across populations, with differences noted between Asian and Western women.

Aims & Objectives :
Assess menopausal symptoms & QOL, Importance of early symptom recognition, knowledge, and importance of each domain of menopausal symptom, their occurrence and relation with sociodemographic variables.

Materials & Methods :
Hospital-based descriptive study at Outpatient and Inpatient Department of Gynaecology at Shri Mahaveer Hospital, Raipur, CG with 140 postmenopausal women (PM), from March 1-June 30, 2025, using simple random sampling & structured Menopause-specific QOL (MENQOL) questionnaire.

Results :
Socio-demographic - 9(6.4%) premature menopause, 113 (80.715%) natural menopause, 134 (95.71%) married, 126 (90%) housewives, 112(80%) literates. 109 (77.86%) had no co morbidities. Mean age menopause: - natural 43.88 + 5.01, surgical 40 + 7.73 yrs. Prevalence of classical menopausal symptoms- hot flushes 64.29% and vaginal dryness 50%, highest in 46-50 age group (17.14%, 12.14%) followed by 51-55yrs (15%, 10%). MENQOL mean total score = 67.51 + 17.88, highest score 104. Mean physical symptom score 38.81+11.25 (95% CI 36.94, 40.66) was highest followed by psychosocial 16.21+5.12 (15.36, 17.06), vasomotor 6.81+2.91 (6.33, 7.29) and least for sexual symptoms 5.94+3.19(5.38, 6.44). Associations between QOL scores with educational, socioeconomic & marital status- statistically significant with $P < 0.05$

Conclusion :
Menopause-related physical symptoms are frequently reported by middle age group. By nursing education, creating appropriate awareness and health education on management of postmenopausal symptoms to these women could help in reducing burden of healthcare.

Abstract ID: MGG/OP/06

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Abstract Title:
OBSERVATIONAL STUDY ON THE EFFECT OF VASOPRESSIN VERSUS NORMAL SALINE IN THE AMOUNT OF BLOOD LOSS IN PROCIDENTIA SURGERY

Introduction :
Third-degree utero-vaginal prolapse is a severe form of pelvic organ prolapse where the uterus protrudes entirely beyond the vaginal introitus. Surgical correction, most commonly via vaginal hysterectomy with pelvic floor repair, is associated with considerable blood loss due to dissection of highly vascular pelvic tissues. Vasopressin, a synthetic analogue of the antidiuretic hormone, causes vasoconstriction to reduce bleeding.

Aims & Objectives :
To compare the intraoperative blood loss of submucosal infiltration using diluted vasopressin versus saline during third-degree uterovaginal prolapse. To compare each of dissection and operative time from vaginal incision till creation of flap. To compare intraoperative mean blood pressure and pulse rate in the two groups at one and five minutes after infiltration. To compare complications like pain, infection, wound hematoma, stitch line healing, urinary symptoms in both groups

Materials & Methods :
A randomised controlled trial will be conducted in the Department of Obstetrics and Gynaecology at SCB MCH, Cuttack. The trial is registered in OUHM, Odisha. Fifty to sixty women under the age of 65 with POP-Q stage 3 prolapse were recruited from the OPD as per inclusion and exclusion criteria and randomised into two groups. The trial design is parallel, and the allocation ratio was 1:1. There was no changes to methods after trial commencement.

Results :
Vasopressin is more effective in minimizing intraoperative bleeding and has more ease of dissection and less operative time compared to normal saline. Operative time was shorter and no major complications seen.

Conclusion :
Vasopressin improves surgical efficacy and reduces blood loss.

Abstract ID: MGG/OP/07

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Abstract Title:
GYNECOLOGICAL CONSULTATIONS IN POSTMENOPAUSAL WOMEN: EXPANDING FOCUS FROM MENOPAUSAL HEALTH TO OVERALL HEALTH AND FUTURE WELLBEING

Introduction :
Gynaecological problems in menopause are often the reason for gynaecological consultations. This study was planned to evaluate prevalence and nature of gynaecological problems and common medical disorders and cardiovascular risk factors which can be diagnosed by simple examination and tests in postmenopausal women.

Aims & Objectives :
To study the prevalence and nature of gynaecological problems in postmenopausal women To assess the prevalence of cardio-vascular risk factors (obesity, hypertension, diabetes mellitus) and common medical disorder hypothyroidism in postmenopausal women.

Materials & Methods :
284 postmenopausal women were enrolled, basic demographic details noted, blood pressure, height, weight recorded. Alongside gynaecological consultation, investigations like complete blood, blood sugars, urine examination, Thyroid function test, were done. Pap smear, ultrasound, CA-125 were done where indicated. Further management was individualized and diagnostic or therapeutic procedure was planned as required.

Results :
The mean age at presentation was 58.15 years, mean duration since menopausal was 11.24 years. The most common gynaecological reason for consultation was postmenopausal bleeding (56.7%), urogenital prolapse (40.5%) and urinary symptoms (23.6%). The mean BMI for the study population was 25.26kg/m2 and nearly half were obese. Mean systolic and diastolic blood pressure was 134.29 and 82.39 mm of Hg respectively. Mean fasting and postprandial blood sugars were 95.11 and 152.57 mg/dl respectively. During basic examination and investigations, 32(11.3%) new cases of hypertension, 52(18.3%) new cases of diabetes mellitus, 19(6.3%) cases of hypothyroidism and 12(0.4%) cases of other medical problems were diagnosed.

Conclusion :
Menopause may present challenges due to gynaecological problems. Basic medical disorders and cardiovascular

Abstract ID: MGG/OP/08

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Abstract Title:
THE DOUBLE BURDEN: UNRAVELING OBESITY'S COMPLEX IMPACT ON MENOPAUSAL SYMPTOMS AND CARDIOMETABOLIC HEALTH

Introduction :
Menopause represents a critical physiological transition profoundly affecting women's health. It is characterized by various symptoms including vasomotor symptoms (VMS) and genitourinary syndrome of menopause (GSM) with emerging evidence linking adiposity to symptom burden and cardiometabolic risk. In India, limited data exist on how obesity relates to menopausal symptom burden and various health conditions.

Aims & Objectives :
To examine associations between obesity indicators like BMI, waist circumference and waist-to-height ratio and the severity of postmenopausal symptoms like VMS and GSM, alongside prevalence of hypertension, diabetes and hypothyroidism in postmenopausal women and their association with obesity.

Materials & Methods :
A cross-sectional study was conducted with 352 postmenopausal women at Safdarjung Hospital's Gynecology OPD. Participants underwent anthropometric assessment and completed validated questionnaires. Medical histories and laboratory results identified hypertension, type 2 diabetes and hypothyroidism. Menopausal stage was classified using STRAW+10 criteria. Statistical analysis employed correlation and regression techniques to determine associations.

Results :
VMS was more prevalent in early postmenopausal stages and Central obesity measures, particularly waist-to-height ratio, exhibited a significant association with VMS severity ($p = 0.045$). GSM was nearly ubiquitous across all adiposity levels and age groups. In contrast, higher BMI was consistently linked to greater prevalence of hypertension, diabetes and hypothyroidism showing significant correlation with them ($p = <0.001$).

Conclusion :
Central adiposity emerges as a key driver of VMS severity whereas GSM was nearly universal. Robust associations between obesity and cardiometabolic conditions underscore the need for integrated anthropometric screening in menopausal care. Lifestyle management strategies may alleviate various postmenopausal symptoms and mitigate long-term health risks in postmenopausal women.

Abstract ID: MGG/OP/09

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Abstract Title:
- TO EVALUATE THE POSSIBLE ASSOCIATION BETWEEN VITAMIN D DEFICIENCY AND PELVIC FLOOR DISORDERS'

Introduction :
Globally, Pelvic Floor Disorders (PFD) are one of the largest unaddressed issues in women's health care today. It is common and undermines the quality of life (QOL) of at least one-third of adult women of all ages. The development of PFD is multifaceted and can be influenced by multiple factors like neurological, emotional, behavioral, nutritional, and/or environmental. Treatment is associated with morbidity and may not be totally satisfactory. Prevention of PFD when possible should be the primary goal.

Aims & Objectives :
To evaluate possible association between Vitamin D levels and Pelvic floor disorders

Materials & Methods :
The present study was conducted in the Department of obstetrics and gynecology over a period of one year. In the study, 200 women were selected randomly attending OPD clinic or who were admitted in the ward. Women having pelvic floor disorder (PFD) formed Cases and those without PFD were taken as Controls.

Results :
Ninety four percent (94%) Cases with PFD and 50% Controls without PFD were found to be Vitamin D deficient (<20 ng/mL), the difference being statistically highly significant ($p<0.0001$). Six percent (6%) Cases with PFD and 35% Controls without PFD reported Vitamin D insufficiency (20-29.9 ng/mL), the difference being statistically highly significant ($p<0.0001$). Fifteen percent (15%) Controls without PFD were found to have normal Vitamin D level (>30 ng/mL) compared to nil in Cases with PFD, the difference being statistically highly significant ($p<0.0001$). Mean vitamin D level in Cases with PFD was 9.81 ng/mL while in Controls without PFD it was 21.11 ng/mL, the difference being statistically highly significant

Conclusion :
Our findings strongly suggest association of Pelvic Floor Disorders (PFD) with Vitamin D deficiency. There is a need for early detection of vitamin D deficiency so that adequate treatment could be started at the earliest order to prevent various morbidities associated with its deficiency including PFD. In a country like India where vitamin D deficiency is common, diagnosing VDD could have a profound effect on the health of the

Abstract ID: MGG/OP/10

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Abstract Title:
EVALUATION OF PELVIC FLOOR DYSFUNCTION AFTER ABDOMINAL HYSTERECTOMY: A PROSPECTIVE COHORT STUDY

Introduction :
Hysterectomy contributes to pelvic floor dysfunction (PFD), impacting urinary, prolapse, bowel, and sexual function. This study comprehensively evaluated the prevalence, risk factors, and progression of PFD following hysterectomy through clinical, ultrasonographic, and biochemical assessments.

Aims & Objectives :
This study comprehensively evaluated the prevalence, risk factors, and progression of PFD following hysterectomy.

Materials & Methods :
This study evaluated seventy women undergoing abdominal hysterectomy, preoperatively and postoperatively at three and six months using the Pelvic Floor Distress Inventory-20 (PFDI-20) and the Female Sexual Function Index (FSFI). Two-dimensional transperineal ultrasound (2D TPUS) was performed at six months to measure bladder neck descent (BND), vault descent (VD), anorectal descent (ARD), and changes in bladder neck angles.

Results :
PFD incidence increased from 11.43% to 27.14% at six months post-hysterectomy, with UDI-6 (24.91 → 47.99), POPDI-6 (25 → 44.03), and CRAD-8 (16.66 → 37.5) showing significant increases. Risk factors included prolonged labor (21.1%, $p = 0.017$) , high birth weight (26.3%, $p = 0.001$) and larger uterine size . At six months, only 47.1% of patients were sexually active, with significant challenges reported. Ultrasound findings revealed greater bladder neck descent (7.39 mm vs. 1.77 mm, $p = 0.0003$), vault descent (9.85 mm vs. 2.25 mm, $p = 0.014$), and anorectal descent (5.61 mm vs. 1.86 mm, $p < 0.001$). Urethral mobility significantly increased (PUA: 23.35° vs. 6.31°, $p < 0.0001$; UOA: 47.46° vs. 5.65°, $p < 0.0001$).

Conclusion :
Our study demonstrates the progressive nature of PFD with a rising incidence and worsening of urinary, prolapse, and colorectal symptoms.

Abstract ID: MGG/OP/11

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Abstract Title:
~STUDY OF GYNAECOLOGICAL PROBLEMS IN POSTMENOPAUSAL WOMEN IN TERITIARY CARE HOSPITAL~

Introduction :
Menopause is defined as the cessation of menstruation for a period of 12 months or as a time of cessation of ovarian function,which results in permanent amenorrhea. Postmenopausal bleeding,urinary incontinence,pelvic organ prolapse,genital infections are the various gynaecological problems in postmenopausal women .

Aims & Objectives :
To study and to know the incidence of gynaecological problems in postmenopausal women and to identify the associated risk factors like age ,parity and obesity.

Materials & Methods :
SOURCE OF DATA:From records of post menopausal women admitted in the department of gynaecology,government maternity hospital,Hanmakonda METHODOLOGY:In this study 50 post menopausal women with gynaecological problems are recruited from Dept.of Gynaecology STUDY AREA:GMH ,HANMAKONDA STUDY DESIGN :Retrospective study

Results :
In this study most of the patients had post menopausal bleeding, they were in the age group of 50-60years .The bleeding was usually painless and irregular in nature.On evaluation most of the underlying causes were endometrial hyperplasia and atrophic endometrium few cases were found to have endometrial polyps and fibroids.

Conclusion :
Gynaecological problems are common in postmenopausal women mainly due to estrogen deficiency and age related changes ,although most conditions are benign and manageable but symptoms like postmenopausal bleeding require prompt evaluation to exclude malignancy.Screening,early identification,life style modifications and appropriate intervention may prevent chronic conditions that prevent morbidity and mortality in postmenopausal women.

Abstract ID: MGG/OP/12

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Abstract Title:
"UNVEILING THE HIDDEN TRIAD OF PERIMENOPAUSE: PSYCHIATRIC MORBIDITY, SEXUAL HEALTH, AND QUALITY OF LIFE — A CROSS-SECTIONAL OBSERVATIONAL STUDY."

Introduction :
Peri-menopausal period increases the vulnerability for psychiatric morbidity, affects sexual functioning, and negatively impacts the quality of life.

Aims & Objectives :
To study Psychiatric morbidity, Sexual functioning, & Quality of life in peri-menopausal women.

Materials & Methods :
A total of 100 females diagnosed to be peri-menopausal by the consulting gynecologist were selected in the study from the Gynecology OPD. Clinical evaluation was done for screening of psychiatric comorbidities, and a diagnosis was made as per ICD-10. DASS-21 and SSS-8 were used to assess depression, anxiety, stress, and somatic symptoms. MRS was used to assess for peri-menopausal symptoms, MEN-QOL was used to assess the quality of life, and FSFI was used to assess the sexual functioning during peri-menopause.

Results :
The mean age of peri-menopause was 47.15. DASS-21 score revealed that 44.0% females had moderate depression, 59.0% females had moderate anxiety, 18.0% had severe anxiety,50.0% females had moderate stress, and 14% were in high stress. In the somatic symptom scale, 37% females were in the high category, while 31% females were in the very high category. On MRS, 96% of females had symptoms in the mild to moderate range. 32% had sexual dysfunction, indicating reduced sexual functioning during perimenopause. Psychiatric comorbidities were present in 39.0% of cases, indicating increased vulnerability to develop psychiatric illness. during perimenopause

Conclusion :
During peri-menopause, psychiatric illnesses are more likely to occur, the most common being major depressive disorder, followed by anxiety disorders. Somatic symptoms and problems in sexual functioning were frequently reported. There was an overall reduction in the quality of life among perimenopausal females

Abstract ID: MGG/OP/13

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Abstract Title:
CLINICAL AUDIT OF HYSTERECTOMIES IN A RURAL TERTIARY CENTRE

Introduction :
Hysterectomy is the most commonly performed gynaecological surgery in India, increasingly seen among women below 40 years.The rising numbers, particularly in rural and low-income populations especially without prior medical management trial , raises serious concerns.

Aims & Objectives :
To analyse the sociocultural beliefs and indications behind the rising incidence of hysterectomies in Rural Indian populations.

Materials & Methods :
Retrospective analysis was done to study the indications, sociodemographic details, patient perception on surgical vs medical management. Other patient factors like parity, tubectomy status was also studied for clinical audit of hysterectomies .

Results :
Study revealed that 85% patients had a parity of more than two. Eighty percentage of women belonged to lower socioeconomic class. The most common cause being leiomyoma (28.5%) followed by uv prolapse (22.05%). Most of the patient (42%) were of age group between 41 to 45 yrs, 2% were of age less than 40 years. Counselling for medical methods was given but there was better acceptability of surgical management. Causes of lesser acceptability of medical management revealed 78 % patient wanted one stop solution due to inability to followup. Other causes were low cost effectiveness, , illiteracy, false beliefs. Complications and long term side effects like early menopause, dyspareunia was not a major concern and patients willingly accepted surgery.

Conclusion :
Unwarranted hysterectomies in India reflect gaps in patient education, provider accountability, and access to conservative therapies. Implementation of clinical governance, standardised treatment audits, and policy reforms promoting non-surgical management are needed to safeguard women’s reproductive rights.

Abstract ID: MGG/OP/14

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Abstract Title:
ASSESSMENT OF MENOPAUSAL SYMPTOMS USING MODIFIED MENOPAUSE RATING SCALE

Introduction :
Menopause, a natural phase usually between 45–55 years, brings hormonal changes causing symptoms like hot flushes, mood swings, and fatigue. Many rural Indian women face these challenges silently due to low awareness and limited healthcare. This study assesses menopausal symptoms among rural women using the Modified Menopause Rating Scale (MRS).

Aims & Objectives :
1. To evaluate the types of menopausal symptoms experienced by women using modified MRS. 2. To assess the severity of somatic, psychological, and urogenital symptoms. 3. To determine the association of menopausal symptoms with age, menopausal status, and sociodemographic variables.

Materials & Methods :
Study Design: Cross-Sectional, Observational Study Population: 200 naturally menopausal women aged 40-60 years who gave consent Exclusion Criteria: Women with surgical menopause, pregnant and breastfeeding women MRS includes 11 items grouped into three subscales Somatic: hot flushes, sweating, heart discomfort, sleep problems, and joint or muscle pain. Psychological: depressive mood, irritability, anxiety, and physical or mental exhaustion. Urogenital: sexual problems, bladder issues, and vaginal dryness.

Results :
Data were analyzed using the chi-square test, with $p < 0.001$ considered significant. The most common menopausal symptoms reported were joint and muscular pain (90.45%), bladder problems (87.93%), vaginal dryness (82.41%), exhaustion (79.89%), and sleep issues (78.89%). Other frequent complaints included irritability, anxiety, heartburn, hot flushes, depression, and sexual problems, highlighting the wide-ranging impact of menopause on women’s physical and emotional well-being.

Conclusion :
MRS is a validated tool to assess menopausal symptom severity, enabling early identification, counselling, appropriate therapy, and specialist referral.

Abstract ID: MGG/OP/15

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Abstract Title:
STUDY ON GYNECOLOGICAL PROBLEMS IN GERIATRIC PATIENTS IN INDIA

Introduction :
With increasing longevity, India faces a growing geriatric female population with neglected gynaecological morbidities. Postmenopausal hypoestrogenism, pelvic floor weakness, and lack of screening contribute to significant morbidity and reduced quality of life.

Aims & Objectives :
To assess the clinical profile and spectrum of gynaecological problems among geriatric women and to identify their common presentations and associated comorbidities.

Materials & Methods :
A cross-sectional observational study was conducted among 75 women aged ≥60 years attending the gynaecology outpatient department over three months. Detailed demographic data, parity, menopausal history, and comorbidities were recorded. Each subject underwent clinical and pelvic examination, Pap smear, and pelvic ultrasonography. Data were analyzed statistically, and $p<0.05$ was considered significant.

Results :
Most participants (68%) were aged 60–70 years; 70% were from rural areas. Mean age at menopause was 49.2±4.5 years. The chief complaints were postmenopausal bleeding (32%) and something coming out of vagina (24%). The most frequent disorders were pelvic organ prolapse (28%), genital malignancies (30%), urogenital infections (14%), urinary incontinence (14.7%) and ovarian cyst (3.7%). Among malignancies, carcinoma cervix (14%) was most common, followed by ovarian (9%) and endometrial (5%) cancers. Hypertension (42%) and anaemia (26%) were leading comorbidities.

Conclusion :
Pelvic organ prolapse and genital malignancies are predominant gynaecological problems among geriatric women. Postmenopausal bleeding is the most frequent presenting complaint. Regular screening and establishment of geriatric gynaecology services are essential for early diagnosis and improved outcomes.

Abstract ID: MGG/OP/16

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Abstract Title:
ADIPOSITY INDICATORS AS PREDICTOR OF METABOLIC SYNDROME IN MENOPAUSAL WOMEN: A PROSPECTIVE OBSERVATIONAL STUDY.

Introduction :
diagnostic value of adiposity markers in menopausal women are poorly understood

Aims & Objectives :
To evaluate the predictive potential of three lipid related indicators (Triglyceride Glucose Index, TyG; Visceral Adiposity Index, VAI; and Lipid Accumulation Product, LAP) for identifying Metabolic Syndrome in postmenopausal women.

Materials & Methods :
This was a prospective observational study carried out at a tertiary centre in North India over a period of 15 months (from March 2024 to May 2025).All postmenopausal women >40 years with natural menopause were included.We used the Consensus Definition of IDF and AHA/NHLBI (2009) criteria to classify subjects as having metabolic syndrome. Blood investigations like Fasting blood sugar and lipid profile were sent and baseline anthropometric measurements were done. Lipid indicators like TyG, VAI and LAP were calculated using standard formulas.

Results :
A total of 181 postmenopausal women aged >40 years attending the Gynecology OPD were enrolled after applying inclusion and exclusion criteria and obtaining written informed consent. Among the lipid-related indicators assessed, the TyG index emerged as the most accurate predictor of MetS, with an AUC of 0.809, followed closely by LAP (AUC 0.799) and VAI (AUC 0.738).

Conclusion :
Lipid related indicators may be useful as predictors of MetS in postmenopausal women.

Abstract ID: MGG/OP/17

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Abstract Title:
TRANSPERINEAL ULTRASONOGRAPHY-A NEW HOPE FOR PELVIC FLOOR ASSESSMENT IN POSTMENOPAUSAL WOMEN

Introduction :
Pelvic floor disorders (PFDs) affect nearly one in three postmenopausal women, impairing quality of life. Traditional diagnostic methods such as questionnaires and POP-Q staging provide limited objective information. Transperineal ultrasonography (TPUS) offers a non-invasive, dynamic assessment of pelvic floor anatomy and function, potentially enhancing diagnostic accuracy.

Aims & Objectives :
To evaluate pelvic floor function in postmenopausal women using TPUS and to correlate ultrasonographic parameters with subjective symptom scores (PFIQ-7, FSFI-6, and IPAQ-SF).

Materials & Methods :
A prospective observational study was conducted recruiting 100 postmenopausal women (45 asymptomatic, 55 symptomatic). TPUS was performed using a Voluson E8 to measure alpha angle, beta angle, pubourethral distance, and anteroposterior diameter of levator hiatus at rest and during Valsalva. Subjective assessment employed validated questionnaires: Pelvic Floor Impact Questionnaire-7, Female Sexual Function Index-6, and International Physical Activity Questionnaire. Statistical analyses were performed using StataMP v18; $p < 0.05$ was considered significant.

Results :
Symptomatic women demonstrated significantly higher mean alpha and beta angles and greater pubourethral distances than asymptomatic women ($p < 0.001$). ●Alpha angle (rest): $60.0 \pm 10.8°$ vs $43.7 \pm 11.3°$ Beta angle (rest): $132.0 \pm 27.3°$ vs $111.9 \pm 21.2°$ Optimal diagnostic cut-offs: alpha > 46.5° (Se 98%, Sp 87%), beta > 118.5° (Se 80%, Sp 73%). No significant differences were found for levator hiatus diameters or correlations between ultrasonographic measures and physical activity or sexual function indices. TPUS parameters correlated more strongly with symptomatic status than questionnaire scores.

Conclusion :
Transperineal ultrasonography is a reliable, objective, and non-invasive tool for evaluating pelvic floor function in postmenopausal women offering superior diagnostic insight.

Abstract ID: MGG/OP/18

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Abstract Title:
TO ASSESS THE IMPACT OF MENOPAUSAL SYMPTOMS AND COPING STRATEGIES ON QUALITY OF LIFE AMONG POST MENOPAUSAL WOMEN

Introduction :
Menopause represents a key biological milestone characterized by the permanent cessation of menstruation and a decline in ovarian hormones. This transition is frequently accompanied by somatic, psychological, and urogenital symptoms that may substantially impair a woman's quality of life (QoL). Despite the growing postmenopausal population in India, data on QoL and coping mechanisms remain scarce, especially considering the nation's diverse sociocultural contexts.

Aims & Objectives :
To evaluate the impact of menopausal symptoms and coping strategies on quality of life among postmenopausal women.

Materials & Methods :
A prospective observational study was conducted at AIIMS, New Delhi, between June 2023 and June 2025, including 100 women with natural menopause. QoL was assessed using validated instruments—the Menopause Rating Scale (MRS) and Menopause-Specific Quality of Life Questionnaire (MENQOL). Statistical analysis done using Chi-square test, with $p < 0.05$ considered significant.

Results :
Although only 21 participants initially reported menopausal complaints, all women experienced symptoms of varying intensity. Somatic manifestations, particularly physical and mental exhaustion (90%), predominated, reflecting a notable decline in the physical domain of QoL. Based on MRS scores, 60% exhibited poor QoL (score ≥ 9), indicating a significant symptom burden and functional limitation, while 40% maintained relatively better well-being (score <9). Notably, nearly half (48%) of the women did not adopt any coping strategies, highlighting a critical gap in adaptive response.

Conclusion :
Menopausal symptoms exert a profound negative impact on the quality of life in postmenopausal women. Incorporation of structured education, counselling, and evidence-based coping strategies can play a pivotal role in enhancing overall well-being and promoting healthy ageing in this population.

Abstract ID: MGG/OP/19

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Abstract Title:
MENOPAUSE,MUSCLE AND BONE: CORRELATING SYMPTOMS, ACTIVITY AND BONE MINERAL DENSITY

Introduction :
Menopause is a normal physiological milestone in a woman's life, marked by the permanent cessation of menstruation due to declining ovarian function. This transition is associated with physical, psychological and urogenital symptoms. Musculoskeletal symptoms such as joint and muscle pain are common and may reflect decreased bone mineral density (BMD) and reduced physical activity having negative impact on Quality of Life. Symptom type and severity vary with age, lifestyle and socioeconomic factors. Standardised tools help quantify symptom burden and guide early intervention.

Aims & Objectives :
To evaluate menopausal symptoms using the Modified Menopausal Rating Scale (MRS) and assess correlation of musculoskeletal complaints with BMD and physical activity measured by International Physical Activity Questionnaire (IPAQ)

Materials & Methods :
A cross-sectional observational study was conducted among postmenopausal women attending the Outpatient Department. MRS assessed symptoms, IPAQ recorded physical activity and BMD was measured by DEXA. Correlations between musculoskeletal complaints and activity were analyzed.

Results :
Hot flashes and night sweats were the most common followed by sleep disturbances musculoskeletal discomfort, and psychological issues. Urogenital symptoms were less frequent but impactful. Severity was associated with lower BMD and reduced physical activity. Women with higher activity reported milder symptoms and better bone density.

Conclusion :
Modified Menopausal Rating Scale and International Physical Activity Questionnaire help identify musculoskeletal risks in menopause and promoting physical activity may preserve bone health and improve quality of life.

Abstract ID: MGG/OP/20

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Abstract Title:
MENOPAUSAL HORMONE THERAPY (MHT)

Introduction :
Menopausal Hormone Therapy (MHT) has undergone a dramatic shift over the past two decades. Following the results of Women's Health Initiative (WHI) trial that led to a dramatic decline in MHT use globally. However, subsequent evidence has demonstrated that many early concerns were overstated.

Aims & Objectives :
To provide a clinical approach to MHT initiation, continuation, and monitoring tailored to the menopausal population.

Materials & Methods :
Evidence-based recommendations summarized from international society guidelines and regulatory authorities were reviewed. MHT quick reference guide for clinician were addressed which include indications, contraindications, route selection, dose optimization, management of treatment-related issues, and long-term

Results :
Current international and Indian guidelines endorse MHT as a highly effective option for management of moderate-to-severe vasomotor symptoms, urogenital atrophy, and bone health preservation, particularly when initiated in the early menopausal transition. MHT offers a favourable risk–benefit profile in women aged 50–59 years or within 10 years of menopause onset, aligning with the "timing hypothesis" for cardiometabolic safety. Transdermal estrogen and appropriate progesterone protection are preferred in women with obesity, hypertension, dyslipidaemia, insulin resistance, or VTE risk. Cyclical versus continuous regimens should be individualized based on menopausal status, bleeding patterns, and patient preference. Regular follow-up is essential for assessing therapeutic response, managing side-effects, and ongoing risk evaluation. MHT may be continued long-term if benefits persist and no new contraindications develop.

Conclusion :
Current evidence recommends MHT as a cornerstone therapy in midlife women, improving symptom control, bone health, sexual well-being, and overall quality of life when appropriately selected and monitored. Adoption of a structured, patient-centric, and risk-mitigated approach

Abstract ID: MGG/OP/21

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Abstract Title:
THE SILENT SUFFERING : AWARENESS AND TREATMENT SEEKING FOR URINARY INCONTINENCE AMONG ELDERLY INDIAN WOMEN IN A TIER 2 CITY

Introduction :
Urinary incontinence (UI) is a significant yet under-recognized health concern among elderly women, particularly in rural and semi-urban regions of India. Despite being common, cultural stigma, normalization of symptoms with aging, and limited awareness about treatment options delays help-seeking.

Aims & Objectives :
This study aimed to determine the prevalence of UI, evaluate awareness and understand treatment-seeking behaviour among women aged 60–75 years attending a Gynaecology outpatient department (OPD).

Materials & Methods :
A cross-sectional observational study was conducted over one year (July 2024–August 2025) in a tier-2 city in North India. A total of 630 women aged 60–75 years were interviewed using the International Consultation on Incontinence Questionnaire–Short Form (ICIQ-SF), along with a pre-validated tool assessing awareness and care-seeking patterns. Sociodemographic and obstetric details were analysed descriptively.

Results :
The mean age of participants was 67.1 ± 4.2 years; 72% resided in rural areas, 68% were illiterate, and 81% had parity ≥ 2. UI prevalence was 37.3% (n = 235). Stress incontinence was most common (51%), followed by mixed (29%) and urge (20%). Only 14.9% had ever discussed symptoms with a healthcare provider. Awareness that UI is treatable was noted in merely 24.2%, and only 12.8% had received any guidance or intervention. Key barriers to seeking care included embarrassment (61%), belief that leakage is age-related (54%), distance to facility (32%), and preference for female providers (19%).

Conclusion :
UI is common among elderly women, yet care-seeking remains abysmally low. Focussed community education and opportunistic screening in general and gynecology OPD is absolutely essential.

Abstract ID: MGG/OP/22

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Abstract Title:
PREVALENCE AND IMPACT OF GENITOURINARY SYNDROME OF MENOPAUSE (GSM) IN POSTMENOPAUSAL WOMEN: A PROSPECTIVE OBSERVATIONAL STUDY

Introduction :
Menopause marks the permanent cessation of menstruation, commonly accompanied by a constellation of symptoms due to hypoestrogenism. Among these, Genitourinary Syndrome of Menopause (GSM)—comprising genital, sexual, and urinary symptoms—remains underdiagnosed and undertreated despite affecting nearly 50% of postmenopausal women. With rising life expectancy, Indian women may spend approximately one-third of their lifespan in the postmenopausal stage, underscoring the need for greater attention to GSM.

Aims & Objectives :
To assess the prevalence of GSM in postmenopausal women and evaluate its impact on quality of life.

Materials & Methods :
A prospective observational study was conducted over one year in the Gynecology Outpatient Department of Krishna Institute of Medical Sciences (KIMS), Secunderabad. The study enrolled 300 postmenopausal women based on defined inclusion and exclusion criteria. Data were collected using structured questionnaires assessing socio-demographic profiles, clinical history, and GSM symptoms. The impact on quality of life was evaluated using standardized DIVA questionnaires.

Results :
Preliminary findings indicate a high prevalence of GSM, with vulvovaginal, urinary, and sexual symptoms significantly impairing daily activities, emotional well-being, and interpersonal relationships. Many women were unaware of the treatable nature of these symptoms, highlighting the gap in knowledge and care.

Conclusion :
GSM is a highly prevalent but often overlooked condition among postmenopausal women in India. Early recognition, increased awareness, and timely management are essential to improve quality of life in this population. Integrating routine GSM screening into postmenopausal care can ensure better diagnosis and intervention.

Abstract ID: MGG/OP/23

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Abstract Title:
IS HYSTERECTOMY A RISK FACTOR FOR URINARY INCONTINENCE?

Introduction :
Introduction: Urinary incontinence has a significant and substantial impact on physical, psychological, social, and sexual health-related quality of life of a woman. The impact of hysterectomy on urinary incontinence remains controversial.

Aims & Objectives :
To evaluate an association between hysterectomy and urinary incontinence in women aged 45 years and above.

Materials & Methods :
Women (aged 45- 70 years) with uterus (n=160) and without uterus(n=160) who enrolled in this cross sectional comparative study between October 2020 and April 2022, were included for analysis. Socio-demographic, gynaecological details and Urogenital Distress Inventory (UDI)-6 questionnaire were used. Chi square test was used for analysis and p value <0.05 was considered statistically significant.

Results :
Mean age of hysterectomy and non hysterectomy group was 51.3±6.21 years and 54.4±5.23 years respectively. The prevalence of urinary incontinence in group A and Group B was found to be 44.4% and 41.9% respectively. There was no statistically significant difference between the two groups with respect to prevalence of urinary incontinence (p value =0.652). Patients of post hysterectomy group had statistically significant higher urogenital distress inventory (UDI) scores (p=0.003).

Conclusion :
Conclusions: Hysterectomy is not associated with higher risk of urinary incontinence. However, post hysterectomy women face higher distress due to urinary symptoms.

Abstract ID: MGG/OP/24

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Abstract Title:
SEVERITY OF POSTMENOPAUSAL SYMPTOMS IN TRANSITION PHASE OF MENOPAUSE:A CROSS -SECTIONAL OBSERVATIONAL STUDY IN NORTH INDIA.

Introduction :
The menopausal transition phase is divided into early and late phases and is characterised by hormonal fluctuations leading to somatic, psychological, and urogenital symptoms. Postmenopausal symptoms are well studied but there is limited data existing on Indian women during transition phase. This study evaluated severity of menopausal symptoms using menopause rating scale (MRS) in transition phase .

Aims & Objectives :
To assess the severity of postmenopausal symptoms during transition phase of menopause.

Materials & Methods :
A cross-sectional observational study was conducted between 1st February 2024 and 30th June 2025 . Among 60 women in transition phase attending Gynaecology OPD at Atal Bihari Vajpayee Institute of Medical Sciences and Dr. Ram Manohar Lohia Hospital, New Delhi were enrolled. Based on menstrual irregularities, participants were categorised into early and late transition phases. The MRS questionnaire assessed somatic, psychological, and urogenital symptoms and total scores were calculated for severity of menopausal symptoms.

Results :
Sleep disturbance was the most common symptom (45%), followed by joint and muscular discomfort (13.3%), irritability (11.7%) and sexual difficulties (8.3%). Depression (3.3%) was found only in women in late transition . Prevalence of late transition was higher (66.7%) than early transition (33.3%). The mean duration of symptom was 1.64 years and severe MRS scores was found exclusively in late transition phase.

Conclusion :
The menopausal transition phase is associated with significant postmenopausal symptoms, particularly sleep disturbance and severity increases in late transition phase. Early recognition and counselling can improve women’s quality of life.

Abstract ID: MGG/OP/25

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Abstract Title:
IMPACT OF SURGICAL MENOPAUSE VERSUS PHYSIOLOGICAL MENOPAUSE ON QUALITY OF LIFE AND MENTAL HEALTH: A CROSS-SECTIONAL STUDY IN EASTERN PART OF INDIA

Introduction :
Menopause is a condition where there is absence of menstrual cycles with cessation of ovarian activity. When it occurs naturally, then it is physiological menopause and when it occurs after removal of the uterus and ovaries, then it is surgical menopause.

Aims & Objectives :
This study aims to compare the adverse impact on quality of life and mental health on women after physiological menopause and surgical menopause.

Materials & Methods :
This hospital-based cross-sectional study was conducted over six months at a tertiary care center in Eastern India and included 126 postmenopausal women—63 with surgical menopause and 63 with natural menopause. Quality of life was evaluated using the Menopause-Specific Quality of Life Questionnaire (MENQOL), and mental health status was assessed with the Hospital Anxiety and Depression Scale (HADS).Mann–Whitney U test and chi-square tests were used for comparing the two groups.

Results :
The mean age of hysterectomy in surgical menopause was 35.44 years ± 8.67 , mean age of menopause in physiological menopause was 49.84 years± 2.24. Women in surgical menopause experienced more physical (median score of 7 versus 2) and psychosocial impairment (median score of 17 versus 14) than the physiological menopause. Depression was more significant in the surgical menopause group than physiological menopause with a median score of 6 versus 2. Overall, poor quality of life was more in surgical menopause vs physiological menopause group.

Conclusion :
Surgical menopause results in higher psychosocial and physical morbidity, resulting in impaired quality of life than physiological menopause.

Abstract ID: MGG/OP/26

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Abstract Title:
SIGNIFICANCE OF CLINICAL AND HISTOPATHOLOGICAL EVALUATION IN WOMEN WITH POSTMENOPAUSAL BLEEDING

Introduction :
Postmenopausal bleeding is generally regarded as an ominous and serious alarm of genital pathology. There are number of causes of postmenopausal bleeding which need clinical and histopathological evaluation and corelation.

Aims & Objectives :
The aim of the present study was to investigate the clinical significance and endometrial pathology in patients with postmenopausal bleeding.

Materials & Methods :
This retrospective study was conducted in SDH Akhnoor Jammu J&k over a period of one year in which 60 cases of postmenopausal bleeding were enrolled in the study. All patients were subjected to detailed history, examination and investigations followed by diagnostic curretage.

Results :
Majority of the patients with postmenopausal bleeding were in the age group of 55(53.35%), majority of cases 37(61.67%) were para 4-6. Mean age of onset of menopause was 48.8 years. Obesity was found in 25 cases(41.67%), hypertension in 23 cases(38.33%) and diabetes in 10 cases(16.67%). Out of the cases studied, the most common cause of postmenopausal bleeding was atrophic endometrium 25 cases (45%)followed by endometrial hyperplasia 17 cases (38.33%). endometrial polyps were found in 5 cases(15%),endometrial adenocarcinoma was found in 9 cases (15%).

Conclusion :
From this study, it was observed that the most common cause of postmenopausal bleeding was atrophic endometrium followed by endometrial hyperplasia. Medical illnesses were found frequent in patients with atypical hyperplkasia and endometrial adenocarcinoma as risk factors.

Abstract ID: MIGS/OP/01

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Abstract Title:
EFFECTIVENESS OF WARM SALINE FOR PAIN RELIEF IN OFFICE HYSTEROSCOPY: A PROSPECTIVE RANDOMIZED CONTROL TRIAL

Introduction :
Office Hysteroscopy is often considered the gold standard in diagnosing intrauterine pathology. Pain during the procedure usually is the cause of failure in Office Hysteroscopy. Various techniques have been developed and for making the patient more comfortable during the procedure.

Aims & Objectives :
The objective of this study was to compare the degree of pain perceived by patients while undergoing hysteroscopy without anesthesia using normal saline as distension medium at room temperature with that performed using normal saline warmed up to 41 degree Celsius

Materials & Methods :
110 patients were recruited for the study, 55 in test group and 55 in control group as per inclusion criteria. A computer generated randomization sequence was used for allocation of group. Ambient temperature was set at 26 degree Celsius and an automated fluid warmer was used for heating the saline medium to 41 degree C for test group. Office Hysteroscopy was performed by vaginoscopic technique using a 3.2mm Compact Hysteroscope VAS (Visual Analogue Scale) score was assessed during the procedure and 15 minutes later

Results :
VAS score during the procedure was found to be significantly lower in warm saline group (2.64+1.62) as compared to placebo (4.90+1.90); $p = 0.001$. Moreover, the VAS score at 15 minutes post-procedure was found to be significantly lower in the warm saline group (1.82+0.39) as compared to room temperature saline (2.94+0.96); $p = 0.001$.

Conclusion :
Using warm saline (41 degree Celsius) as distension medium for Hysteroscopy significantly reduces pain during and after the procedure. Moreover, patient satisfaction is better with warm saline as distension medium.

Abstract ID: MIGS/OP/02

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Abstract Title:
LAPAROSCOPIC SURGICAL SPECTRUM OF MÜLLERIAN ANOMALIES: A CASE SERIES OF RARE PRESENTATION AND MANAGEMENT

Introduction :
Müllerian anomalies are rare congenital malformations of the female genital tract with diverse clinical presentations, ranging from dysmenorrhea and infertility to incidental findings. Their diagnosis and management often pose significant challenges due to anatomical complexity and rarity. Minimally invasive surgery has revolutionised their treatment, offering better visualisation, reduced morbidity, and improved patient outcomes.

Aims & Objectives :
To present a case series of laparoscopic management of rare Müllerian anomalies, including rudimentary non communicating functional horn excision in a unicornuate uterus, hysterectomy in bicornuate unicollis, uterus didelphys, and accessory cavitated uterine mass (ACUM).

Materials & Methods :
This case series was conducted at a tertiary care center, involving 4 patients with rare Müllerian anomalies who underwent laparoscopic management between December 2024 and July 2025 Clinical presentation, imaging, operative steps, intraoperative challenges, and postoperative outcomes were documented and analysed.

Results :
All patients underwent successful laparoscopic surgery without conversion to laparotomy. Procedures included excision of a non-communicating rudimentary horn functional horn with unicornuate uterus, total laparoscopic hysterectomy in bicornuate unicollis, hysterectomy in uterus didelphys, and laparoscopic excision of ACUM. The mean operative time and blood loss were within acceptable limits. Postoperative recovery was uneventful in all cases, with no major intraoperative or postoperative complications reported.

Conclusion :
Laparoscopy provides a safe, effective, and minimally invasive approach for the management of complex Müllerian anomalies. This case series highlights its versatility in both diagnosis and treatment, reinforcing its role as the preferred surgical modality in contemporary gynaecologic practice.

Abstract ID: MIGS/OP/03

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Abstract Title:
IMPLEMENTATION OF ENHANCED RECOVERY AFTER SURGERY PROTOCOL IN TOTAL LAPAROSCOPIC HYSTERECTOMY – A PROSPECTIVE RANDOMIZED CONTROL TRIAL

Introduction :
Hysterectomy is the most common gynecological surgery worldwide. Total laparoscopic hysterectomy (TLH) offers advantages of reduced morbidity, shorter hospital stay, and faster recovery. Enhanced Recovery After Surgery (ERAS) protocols optimize perioperative care and improve outcomes.

Aims & Objectives :
To evaluate the benefits of ERAS protocol in TLH, primarily in reducing hospital stay compared with traditional care.

Materials & Methods :
A prospective randomized trial was conducted at AIIMS, Jodhpur (Nov 2023–Feb 2024) including 56 women undergoing TLH for benign diseases. Participants were randomized into two groups—traditional care (n=29) and ERAS (n=27). Primary outcome was duration of hospital stay; secondary outcomes included postoperative nausea and vomiting (PONV), pain, Foley's catheter removal, feasibility of same-day discharge, and patient satisfaction. Statistical analysis used t-test, chi-square, and Pearson correlation ($p<0.05$ considered significant).

Results :
Mean hospital stay was significantly shorter in the ERAS group (2.19 vs 2.66 days; $p=0.001$). Opioid use was lower in the ERAS group (29.6% vs 62%; $p=0.015$). Preoperative carbohydrate loading, omission of bowel preparation, and PONV prophylaxis significantly reduced hospital stay ($p=0.001$). Early Foley's removal correlated with shorter stay ($r=0.692$; $p=0.05$). PONV occurred in 3.7% with prophylaxis versus 34.4% without ($p=0.004$). Complications and pain scores were comparable.

Conclusion :
ERAS protocol significantly reduces hospital stay and opioid requirement in TLH without increasing complications. Preoperative carbohydrate loading, no bowel preparation, and PONV prophylaxis are key components. Early Foley's removal further shortens hospitalization, supporting ERAS as standard care for benign TLH.

Abstract ID: MIGS/OP/04

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Abstract Title:
REDEFINING THE ROLE OF LAPAROSCOPY IN ECTOPIC PREGNANCY: A TWO-YEAR TERTIARY CARE EXPERIENCE

Introduction :
Ectopic pregnancy continues to be a significant cause of maternal morbidity and mortality in early pregnancy. With the increasing availability of minimally invasive surgical expertise, laparoscopy has evolved as a preferred approach, not only for unruptured but also for ruptured and emergency cases.

Aims & Objectives :
To evaluate the feasibility, safety, and outcomes of laparoscopic management of ectopic pregnancy in a tertiary care hospital.

Materials & Methods :
A retrospective observational study was conducted in the Department of Obstetrics and Gynaecology, GMC, Doda, from January 2023 to January 2025. All clinically and sonographically diagnosed cases of ectopic pregnancy were included. Data regarding site of ectopic gestation, type of management, operative details, and postoperative outcomes were analyzed using descriptive statistics

Results :
A total of 56 patients were included, of which 5 (8.9%) were managed medically and 51 (91.1%) surgically. Among surgically managed cases, 39 (76.5%) underwent laparoscopy and 12 (23.5%) laparotomies. Two (5.1%) required conversion to laparotomy. Of the laparoscopic cases, 74.4% were ruptured and 25.6% unruptured ectopic. The most common site was ampullary (71.4%), followed by isthmic (10.7%), interstitial (5.4%), fimbria (1.8%), and ovarian (1.8%). Laparoscopic salpingectomy was performed in 84.4% cases, salpingostomy in 12.7% and ovarian wedge resection in 2.8%. The mean operative time was 50 minutes with minimal intraoperative blood loss. Blood transfusion was required in 28.6% patients. The mean hospital stay was 2 days, and the postoperative period was uneventful in the majority.

Conclusion :
Laparoscopic management of ectopic pregnancy is safe, feasible, and effective, even in emergency and ruptured cases.

Abstract ID: MIGS/OP/05

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Abstract Title:
ROBERT'S UTERUS REVISITED: A VIDEO JOURNEY FROM MISDIAGNOSIS TO MASTERY IN HYSTEROSCOPIC UNIFICATION OF UTERINE CAVITY

Introduction :
Robert's uterus is a rare Müllerian anomaly characterised by an asymmetrical uterine septum causing unilateral cavity obstruction and hematometra. It is often misdiagnosed as a unicornuate uterus (UU) with a functional rudimentary horn (RH), as both present with progressive dysmenorrhea. Accurate differentiation is crucial because management differs fundamentally—Robert's uterus requires hysteroscopic septal resection and cavity unification, whereas UU with RH necessitates resection of the obstructed hemicavity. Misdiagnosis may lead to unnecessary removal of a functional hemi-uterus, compromising reproductive potential.

Aims & Objectives :
Video demonstration of key surgical steps in ultrasound-guided hysteroscopic unification of the uterine cavity in cases of Robert's uterus, and to highlight the implications of misdiagnosis.

Materials & Methods :
Seven cases of Robert's uterus were identified and retrospectively analyzed. Four patients underwent ultrasound-guided hysteroscopic septal resection for cavity unification, while three underwent laparoscopic resection of the obstructed hemicavity due to misdiagnosis. Both surgical techniques and outcomes were documented and compared.

Results :
All patients experienced complete relief from severe dysmenorrhea post-surgery. However, cases managed by hemi-cavity resection resulted in the loss of half of the uterine corpus, potentially compromising future fertility, whereas hysteroscopic unification preserved uterine anatomy and function.

Conclusion :
Accurate preoperative imaging (3D ultrasonography/MRI) is essential to distinguish Robert's uterus from other obstructive Müllerian anomalies, especially UU with RH. In cases presenting with broad uterine fundus and asymmetrical cavities but minimal external indentation, Robert's uterus should be considered. Ultrasound-guided hysteroscopic septal resection for unification of the cavity is safe, fertility-preserving approach that restores normal uterine anatomy and alleviates symptoms.

Abstract ID: MIGS/OP/07

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Abstract Title:
A STUDY OF DIAGNOSTIC ACCURACY OF DYNAMIC ULTRASOUND FOR DEEP AND PELVIC ENDOMETRIOSIS IN COMPARISON TO THE ENZIAN CLASSIFICATION ON LAPAROSCOPY

Introduction :
Deep infiltrating endometriosis is a severe and diagnostically challenging form of endometriosis involving the uterosacral ligaments, rectovaginal septum, bowel, and urinary tract. Accurate preoperative mapping is vital for surgical planning. Dynamic TVS using the International Deep Endometriosis Analysis (IDEA) protocol enables systematic compartmental assessment for DIE , while the ENZIAN classification standardizes imaging and surgical documentation, enhancing diagnostic precision and interdisciplinary communication.

Aims & Objectives :
To correlate TVS findings with laparoscopic ENZIAN classification and assess diagnostic accuracy and histopathological confirmation of DIE.

Materials & Methods :
A prospective diagnostic accuracy study was conducted at AIIMS Patna (Jan 2024–Mar 2025) among 97 women (18–45 years) with clinically suspected endometriosis. Each underwent dynamic TVS (Samsung RS80 EVO, 5–7 MHz) followed by operative laparoscopy. Findings were coded per ENZIAN compartments (P, O, T, A, B, C, FA, FB, FU), and diagnostic indices with Cohen's kappa were calculated using Jamovi software.

Results :
TVS showed high diagnostic accuracy, with 100% sensitivity for O and T, 90% for FA, and sensitivity was lowest for B (6.9%). A strong concordance ($\kappa > 0.8$) in A, C, and FB. Compartment A showed the highest involvement (34%).

Conclusion :
Dynamic TVS with IDEA and ENZIAN reporting is a reliable, non-invasive tool with strong correlation to laparoscopy. A compartmental and systematic approach, plays a key role in accurately diagnosing DIE, enhancing patient counseling, surgical planning, and overall clinical outcomes. Despite low sensitivity in compartment B, dynamic TVS remains invaluable for accurate mapping and surgical planning in DIE.

Abstract ID: MIGS/OP/08

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Abstract Title:
RESIDENT INSIGHT ON LAPROSCOPIC ENTRY: VNI VS DTI IN A TERTIARY CARE CENTRE

Introduction :
laparoscopy is a minimally invasive surgical approach used for diagnostic and therapeutic purposes. common entry techniques include verses needle insertion(VNI),direct optical tracer entry, direct tracer entry(DTI) and the hassoon method

Aims & Objectives :
this study aim to compare the efficacy and safety of VNI and DTI techniques in laparoscopic surgeries with a focus on preoperative outcomes from residents perspective and to observe various complications

Materials & Methods :
a prospective, randomized ,open comparative study was conducted in patients aged 18 to 70 years undergoing laparoscopic procedures. participants were randomly assigned to groups.

Results :
mean time for pneumoperitoneum creation was significantly high and complications such as peri peritoneal insufflation, port site bleeding,omental injury,omental emphysema,ambdominal wall hematoma were observed more in case of VNI

Conclusion :
while no consensus exists regarding the optimal laparoscopic entry techniques DTI appears safe and effective alternative technique to VNI. DTI offers shorter entry times and fewer preoperative complications

Abstract ID: MIGS/OP/09

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Abstract Title:
EFFICACY OF UTERINE ARTERY EMBOLIZATION IN THE MANAGEMENT OF UTERINE ADENOMYOSIS

Introduction :
Uterine adenomyosis is a benign condition where endometrial tissue grows within the uterine muscle, causing symptoms like heavy menstrual bleeding, pelvic pain, and infertility. Menorrhagia is the most common and distressing symptom. While hormonal therapy and hysterectomy are common treatments, uterine artery embolization (UAE) offers a minimally invasive alternative. Recent studies show that UAE effectively reduces menorrhagia and improves quality of life (Sotoudeh et al., 2022; Van der Kooij et al., 2023).

Aims & Objectives :
This study aims to evaluate the efficacy of UAE in the treatment of uterine adenomyosis, focusing on the symptom relief of menorrhagia, reduction in uterine volume, and improvement in quality of life.

Materials & Methods :
A retrospective study was conducted on 20 patients with uterine adenomyosis who underwent UAE between June 2024 and June 2025. Menorrhagia, pain, imaging findings, and quality of life were assessed before the procedure. Follow-ups at 1, 3, and 6 months evaluated improvements in bleeding, uterine volume, pain, and quality of life (Gottfried et al., 2021).

Results :
Following UAE, 95% of patients experienced reduced menorrhagia and 75% reported less pelvic pain. Uterine volume decreased by an average of 70%, and 92% noted improved quality of life. Only minor complications occurred in 5% of cases, with no major adverse events (Chevallier et al., 2023).

Conclusion :
Uterine artery embolization is a safe, effective, and minimally invasive treatment for adenomyosis, offering significant relief from menorrhagia, reduced uterine volume, and improved quality of life. It serves as an excellent alternative to hysterectomy, especially for women desiring fertility preservation (Huang et al., 2023).

Abstract ID: MIGS/OP/10

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Abstract Title:
COMPARISON OF VAGINAL NATURAL ORIFICE TRANSLUMINAL ENDOSCOPIC SURGERY (VNOTES) AND CONVENTIONAL LAPAROSCOPIC HYSTERECTOMY IN BENIGN, NON-PROLAPSE CASES.

Introduction :
Vaginal Natural Orifice Transluminal Endoscopic Surgery (vNOTES) is an emerging minimally invasive technique that combines the benefits of laparoscopy and the natural transvaginal route to access the peritoneal cavity. While conventional laparoscopy remains the standard for most benign gynecologic surgeries, vNOTES offers potential advantages such as reduced postoperative pain, faster recovery, and absence of visible scars. Comparative data in the Indian population, however, remain limited.

Aims & Objectives :
To compare intraoperative and postoperative outcomes between vNOTES and conventional laparoscopic hysterectomies performed.

Materials & Methods :
A prospective comparative study was conducted on women undergoing hysterectomy for benign conditions. 92 participants were divided into two groups of 46 each, based on the surgical approach—vNOTES or laparoscopy, based on patient's choice. Parameters assessed included operative time, blood loss, complications, postoperative pain (VAS score) and SF36 score at 3 months. Data was analyzed using SPSS software, with comparisons using t-test, Mann–Whitney U test, and Chi-square test as appropriate, considering $p < 0.05$ statistically significant.

Results :
Analysis showed that mean operating time, postoperative pain scores, and duration of hospital stay were significantly lower in the vNOTES group with higher patient satisfaction. Blood loss and complications were comparable between the two groups.

Conclusion :
vNOTES appears to be a safe, effective and non-inferior to conventional laparoscopy, offering superior postoperative recovery and cosmetic outcomes without compromising surgical safety. Broader adoption in India will depend on surgeon training, patient selection, and cost-effectiveness evaluation.

Abstract ID: MIGS/OP/11

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Abstract Title:
LAPAROSCOPIC MANAGEMENT OF CESAREAN SCAR ECTOPIC PREGNANCY: RETROSPECTIVE STUDY WITH VIDEO PRESENTATION

Introduction :
Cesarean scar ectopic pregnancy (CSEP) is localized over scar of previous LSCS. Incidence in literature is around 1/1800–2500 in pregnancies with Previous LSCS.

Aims & Objectives :
This study presents the experience of laparoscopic management of scar ectopic pregnancies at our center from Jan 2023 to Aug 2025

Materials & Methods :
A retrospective analysis was conducted on patients who underwent surgical management for CSEP. Cases were identified through hospital database and previous clinical records. Details of operative procedures were reviewed & outcomes were analyzed.

Results :
17 cases of CSEP were analyzed. Mean maternal age was 33.38 years. Out of the 17 patients, 8 (47%) had previous 1 LSCS and 9 (52.9%) had previous 2 LSCS. 1 patient had failed medical management with Inj methotrexate. One patient had MTP & presented with profuse bleeding with severe anemia. 15 out of 17 patients underwent diagnostic Hysteroscopy & laparoscopic scar excision & repair. Vaccum aspiration of products was done followed by double layered scar repair. 2 cases were managed by hysteroscopy. On hysteroscopy 7 (41.17%) had isthmocele at scar. Uterus was ventrifixed in 5 (29.41%) cases. 2 patients had scar dehiscence with one had hemoperitoneum of around 600 cc. All patients were managed successfully and followed by S. Bhcg after a week & had smooth recovery.

Conclusion :
A minimally invasive approach utilizing laparoscopy & hysteroscopy enabled timely intervention & provided opportunity for scar revision, thereby enhancing prospects for future fertility.

Abstract ID: MIGS/OP/12

Presenter's Name: Dr. Manasi Deoghare

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Abstract Title:
MANAGING THE 'MESS OF MESH': A VIDEO PRESENTATION OF LAPAROSCOPIC MESH REMOVAL

Introduction :
Sacrohysteropexy for women with uterine prolapse desiring uterine preservation and sacrcolpopexy for vault prolapse have been performed laparoscopically with good long term success rates ranging from 80 to 100 %. Mesh related complications like mesh erosion/ exposure observed in 2-6% patients with new onset chronic pelvic pain and dyspareunia occurring in less than 5% cases.

Aims & Objectives :
To study the outcomes following management of mesh complications after laparoscopic sacrohysteropexy and sacrocolpopexy with video for laparoscopic mesh removal mesh.

Materials & Methods :
It was retrospective study of women who presented after laparoscopic sacrohysteropexy and sacrocolpopexy with various mesh complications. We studied 4 women, one post sacrohysteropexy and 3 post sacrocolpopexy, all operated at AIIMS, New Delhi.

Results :
Patient 'A' (33years, P2L2) underwent laparoscopic sacrohysteropexy, presented 11 years after surgery with severe dyspareunia and pelvic pain since 6 months. Examination revealed no prolapse with mesh felt posterior to uterus, very tender with VAS score 8/10. Successful laparoscopic removal of mesh done. Patient 'B' , who underwent laparoscopic sacrocolpopexy presented 1 month after surgery with continuous low back ache with VAS score 7/10 with MRI suggestive of spondylodiscitis, managed conservatively Patient 'C' and 'D' , presented 10 years after laparoscopic sacrocolpopexy with foul smelling discharge PV and chronic pelvic pain (VAS 5/10) since 6 months, with mesh erosion in vagina. Patient 'C' and 'D' had mesh removed vaginally and by laparotomy respectively.

Conclusion :
Mesh related chronic pelvic pain and mesh erosion can be deblilitating problems and can be successfully managed by mesh removal either laparoscopically, vaginally or by laparotomy.

Abstract ID: MIGS/OP/13

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Abstract Title:
COMPARISON OF THE EFFECTS OF MINIMALLY INVASIVE HYSTERECTOMY WITH BILATERAL SALPINGECTOMY VS OPEN HYSTERECTOMY WITH BILATERAL SALPINGECTOMY ON OVARIAN FUNCTION & MENOPAUSAL SYMPTOMS: A PROSPECTIVE COHORT STUDY

Introduction :
Minimally invasive hysterectomy with bilateral salpingectomy(MIS+BS)[total laparoscopic hysterectomy(TLH) & robotic assisted hysterectomy(RAH)]causes less disruption in surrounding tissues & ovarian blood supply,as opposed to open hysterectomy with bilateral salpingectomy(TAH+BS).It is anticipated that this will reduce tissue inflammation & improve the ovarian microenvironment.So,postoperative hormonal values & ovarian volume,indicative of ovarian function,are expected to be less changed in patients undergoing MIS+BS & onset/severity of menopausal symptoms is also expected to be reduced in these patients.

Aims & Objectives :
Primary objective: To compare pre&postoperative change in levels of FSH & ovarian volume in patients undergoing MIS+BS vs TAH+BS.Secondary objective:To compare onset/severity of menopausal symptoms,operative time & blood loss in patients undergoing MIS+BS vs TAH+BS

Materials & Methods :
Type:Prospective cohort study,Duration:18 months.Sample size:70 patients of which groupA:32 patients underwent TAH+BS & groupB:38 patients-8 underwent RAH+BS & 30 underwent TLH+BS.FSH,ovarian volume & menopause specific quality of life questionnaire scores (MENQOL score) were recorded in preoperative period and 4-6 months later,along with intraoperative blood loss,operative time & complications,if any.The change in data was then statistically analyzed between the two groups.

Results :
On comparing preoperative and postoperative values,mean change in FSH in groupA:(4.34+-1.2IU/L),groupB:(1.56+-0.86IU/L)($p<0.001$ between group A&B),Mean change in ovarian volume in groupA:(0.52+-0.21cc),groupB:(0.18+-0.21cc)($p<0.001$ between group A&B).mean change in MENQOL score-groupA:(4.93+-1.31),groupB:(2.86+-1.32)($p<0.001$ between group A&B)mean blood loss in groupA:275.8 ± 141.8ml,groupB: 104.5 ± 83.6ml($p<0.001$ between groupA&B),mean operative time groupA(105.4+-74.4minutes)groupB(116.4+-19.3minutes)($p=0.38$)

Conclusion :
There is a significantly lesser change in FSH,ovarian volume,lesser menopausal symptoms & better quality of life in patients undergoing MIS+BS than TAH+BS,along with lower blood loss & operative time in MIS+BS group than TAH+BS group.

Abstract ID: MIGS/OP/15

Presenter's Name: Dr. Ayushi Bansal

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Abstract Title:
UNDERSUSPECTED, UNDERDIAGNOSED, UNDERTREATED – A RARE CAUSE OF REFRACTORY DYSMENORRHOEA: ACUM- A VIDEO PRESENTATION

Introduction :
Accessory Cavitated Uterine Mass (ACUM) is a rare Müllerian duct anomaly, typically presents in adolescence or early adulthood with severe, progressive dysmenorrhea and pelvic pain unresponsive to conventional medical therapy. Due to overlapping imaging features with juvenile cystic adenomyosis, degenerating leiomyoma and rudimentary cavitated uterine horn, ACUM often remains underdiagnosed or misinterpreted.

Aims & Objectives :
To demonstrate key surgical steps of laparoscopic excision of ACUM with concurrent diagnostic hysteroscopy, emphasizing accurate diagnosis and minimally invasive management.

Materials & Methods :
A 25-year-old, nulliparous woman presented with complaints of severe dysmenorrhea and left lower abdominal pain radiating to left thigh for six years. Initial ultrasonography suggested a uterine leiomyoma, and medical management provided no relief. Repeat ultrasonography at our institute revealed a 2.38x2.07 cm lesion consistent with ACUM. Laparoscopic excision with diagnostic hysteroscopy was performed. Hysteroscopy revealed a normal uterine cavity with both tubal ostia visualized and no intrauterine abnormality. Laparoscopy showed an irregular uterine contour with a localized myometrial mass near the left round ligament insertion. The lesion was dissected using an ultracision harmonic scalpel, avoiding entry into the main uterine cavity. The defect was repaired with absorbable sutures.

Results :
Postoperative recovery was uneventful, and patient was discharged on the second postoperative day. There was complete resolution of dysmenorrhea and pelvic pain till 6-month follow-up.

Conclusion :
ACUM should be considered in young women with localized, refractory dysmenorrhea. Accurate imaging and meticulous laparoscopic excision are diagnostic and curative. Early recognition prevents unnecessary prolonged medical therapy and markedly improves quality of life.

Abstract ID: MIGS/OP/16

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Abstract Title:
LAPAROSCOPIC REPAIR OF CESAREAN SCAR DEFECT WITH HYSTEROSCOPIC ASSISTANCE: A DUAL-VIEW PRECISION

Introduction :
The isthmocele is a pouch-shaped defect in the anterior uterine wall at the site of previous cesarean section. The prevalence is rising due to increasing rate of caesarean sections globally. The ideal technique for correction of caesarean scar defect is not clearly indicated in the literature.

Aims & Objectives :
To demonstrate the steps of surgical technique of laparoscopic repair of caesarean scar defect under hysteroscopic guidance

Materials & Methods :
A 30 years old female with previous caesarean section presented with intermenstrual bleeding refractory to medical management. Ultrasound showed a caesarean scar defect of 1.5 x 0.7x1.5 cm with no residual myometrial thickness. The critical steps include careful dissection of the bladder to expose the caesarean scar area. A dual view method by combined laparoscopy and hysteroscopy helped to precisely identify the defect area and the incision was given under vision. The margins of the scar were freshened up and myometrium was repaired. A Hegar's dilator was kept in the cavity during suturing for uterine manipulation and maintaining the patency of the uterine cavity and cervical canal. All the surgical steps were recorded and demonstrated step by step.

Results :
The postoperative course was uneventful. At 2 months postoperative follow up, the patient has achieved complete relief of the symptoms of intermenstrual bleeding and shows no residual defect on ultrasound.

Conclusion :
The dual view method of combined laparoscopy and hysteroscopy precisely identifies the location of caesarean scar defect and is vital for a complete excision of the defect leading to optimal results.

Abstract ID: MIGS/OP/17

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Abstract Title:
RUPTURED ENDOMETRIOMA – A RARE YET CRITICAL CAUSE OF ACUTE ABDOMEN

Introduction :
Ruptured endometriotic cyst is an uncommon cause of acute abdomen in women of reproductive age. The sudden spill of thick, hemolyzed endometriotic fluid into the peritoneal cavity triggers diffuse peritonitis and can mimic ruptured ectopic pregnancy or ovarian torsion. Nonspecific clinical and radiological manifestations lead to Diagnostic delay. Prompt surgical management can minimize morbidity and preserve ovarian function.

Aims & Objectives :
To assess preoperative and perioperative characteristics of patients undergoing laparoscopic management of ruptured ovarian endometrioma.

Materials & Methods :
A retrospective review was conducted of ten consecutive cases of ruptured endometrioma managed laparoscopically between January 2021 and September 2025 at a tertiary care centre. Patient records were analyzed for demographic data, clinical presentation, imaging findings, intraoperative details, postoperative recovery, and histopathological confirmation.

Results :
All patients presented with acute-onset lower abdominal pain and peritonitis. Serum CA-125 and CA-19.9 levels were elevated in most cases. Imaging frequently revealed adnexal cysts with free peritoneal fluid. Intraoperatively, hemoperitoneum containing chocolate-colored fluid, dense pelvic adhesions, and ruptured endometriotic cysts were observed, along with frequent peritoneal implants and tubo-ovarian adhesions. Laparoscopic cystectomy with careful cyst wall stripping and peritoneal lavage achieved hemostasis and anatomical restoration.

Conclusion :
Ruptured endometrioma should be considered an important differential diagnosis in women presenting with acute abdomen. Early recognition and prompt management are crucial and can be life-saving. Elevated tumor markers in these patients may mimic ovarian malignancy; however, careful clinical assessment and imaging can establish the correct diagnosis. Most cases can be safely managed laparoscopically, thereby avoiding unnecessary laparotomy.

Abstract ID: MIGS/OP/18

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Abstract Title:
REDEFINIG PELVIC SUPPORT : THE LAPAROSCOPIC ERA IN UROGYNECOLOGICAL SURGERY

Introduction :
Pelvic organ prolapse and associated urogenital dysfunctions significantly affect women's quality of life. Conventional open surgeries, though effective, involve longer recovery times and greater morbidity. The advent of laparoscopy has revolutionized Urogynecological surgery, offering minimally invasive approaches with enhanced visualization and precision.

Aims & Objectives :
To evaluate the outcomes and surgical efficacy of various laparoscopic urogynecological procedures—sacrocolpopexy, pectopexy, vesicovaginal repair, and Burch colposuspension—in terms of intraoperative and postoperative parameters.

Materials & Methods :
A prospective observational study was conducted on 30 female patients who underwent laparoscopic urogynecological surgeries at a tertiary care center. The study included 15 cases of laparoscopic sacrocolpopexy, 8 of pectopexy, 5 of vesicovaginal repair, and 2 of Burch colposuspension. Data were collected on operative duration, blood loss, hospital stay, postoperative pain, and complication rates. Follow-up assessments were conducted to evaluate anatomical correction and symptom relief. Statistical analysis was performed using descriptive methods to compare procedural outcomes.

Results :
Laparoscopic sacrocolpopexy and pectopexy demonstrated superior anatomical restoration and lower recurrence rates compared to traditional techniques. The mean hospital stay was reduced to 3. 5 days in most cases, with minimal intraoperative complications. Vesicovaginal repairs and Burch colposuspension also showed favorable recovery profiles and satisfactory continence outcomes.

Conclusion :
Laparoscopic techniques mark a paradigm shift in urogynecological surgery, offering safe, effective, and durable solutions for pelvic support disorders. The results highlight the laparoscopic era as a significant advancement toward redefining pelvic reconstructive surgery.

Abstract ID: MIGS/OP/19

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Abstract Title:
A TERTIARY CARE HOSPITAL EXPERIENCE OF DORSAL ON-LAY BUCCAL MUCOSAL GRAFT URETHROPLASTY IN FEMALE URETHRAL STRICTURE– AN EFFECTIVE APPROACH (VIDEO PRESENTATION)

Introduction :
Urethral stricture accounts for 4–13% of cases of female Bladder outlet obstruction (BOO), presenting with LUTS. In the absence of a definitive diagnostic criterion, this condition is often underdiagnosed. Traditionally, urethral dilatation was the preferred method, but recent studies are now showing promising results with female urethroplasty.

Aims & Objectives :
The purpose of this study is to share our institutional experience with the growing body of research. The primary outcome measure was surgical success, defined as the absence of stricture recurrence. The secondary outcome was the incidence of de novo urinary symptoms.

Materials & Methods :
We performed a retrospective review of patients undergoing female urethroplasty with dorsal onlay BMG (Buccal mucosal graft) at the Department of Urology in AIIMS, Delhi, between January 2021 & October 2025. The procedure was done as shown in the video. The assessment included the American Urological Association (AUA) symptom score, Uroflowmetry (Qmax), urethral calibration, ultrasound KUB with post-void residual urine measurement, voiding urethrogram, and cystoscopy. Other parameters, such as age, prior interventions, location, stricture length, etiology, postoperative complications, and follow-up, were also evaluated.

Results :
A total of 8 patients underwent this procedure during the specified time period. Median duration of lower urinary tract symptoms before urethroplasty was 14 years. 87% had undergone previous dilations. At a median follow-up of 12 months (range, 1-56 months), two patients required repeat dilatation, resulting in an overall success rate of 75%, with only one case of de novo urge incontinence.

Conclusion :
Dorsal onlay BMG urethroplasty is an effective method with durable results, improving the quality of life.

Abstract ID: MIGS/OP/20

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Abstract Title:
ROLE OF HYSTEROLAPROSCOPY IN EVALUATION OF INFERTILE WOMEN IN CENTRAL RURAL INDIA

Introduction :
Infertility remains a significant social and emotional concern in rural India, with an estimated 10–15% of couples affected. Accurate identification of pelvic pathology is crucial for targeted management. Laparoscopy and hysteroscopy offer direct visualization of intrauterine and pelvic abnormalities, allowing simultaneous diagnosis and treatment.

Aims & Objectives :
To assess Utero-Tubo-Ovarian factors by Diagnostic Laparoscopy & Hysteroscopy in patients of infertility (Primary and Secondary) Objectives: To evaluate uterine, tubal, and ovarian factors contributing to infertility using diagnostic laparoscopy and hysteroscopy in women with primary and secondary infertility.

Materials & Methods :
A prospective study was conducted over one year (July 2024–July 2025) at a tertiary care hospital in central rural India. Sixty-three women with infertility were included after a detailed clinical work-up. All underwent diagnostic laparoscopy and hysteroscopy in the postmenstrual/preovulatory phase. Data were analyzed using mean and Student’s t-test via GraphPad Prism.

Results :
Among 63 participants, 73% had primary and 27% had secondary infertility. Uterine abnormalities were observed in 28% of cases—Asherman’s syndrome (10%), cervical stenosis (4.5%), and submucous fibroid (3%). Ovarian pathology was found in 22%, with polycystic ovaries (19%) being most common. Endometriosis was detected in 32%, making it the leading cause of infertility. Tubal factors accounted for 6%, while pelvic tuberculosis was noted in 11% of cases.

Conclusion :
Combined hysterolaparoscopy is a valuable diagnostic and therapeutic tool for comprehensive evaluation of infertile women. It detects pelvic and intrauterine pathologies often missed by imaging, enables simultaneous intervention, and is especially beneficial in resource-limited rural settings.

Abstract ID: MIGS/OP/21

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Abstract Title:
MINIMALLY INVASIVE APPROACHES TO ACCESSORY CAVITATING UTERINE MASS: ADDRESSING DIAGNOSTIC CHALLENGES

Introduction :
Accessory cavitating uterine mass (ACUM) is a rare cause of chronic pelvic pain (CPP) and dysmenorrhea, which is being increasingly recognized with available imaging modalities.

Aims & Objectives :
To evaluate the clinical presentation, diagnostic challenges, and outcomes of management in women with ACUM.

Materials & Methods :
A prospective study of women diagnosed with ACUM between 2020 and 2025 at a tertiary referral hospital was done. Clinical presentation, imaging modality, preoperative diagnosis, intraoperative picture and outcome of medical and surgical management were noted. Follow-up was done for symptoms and recurrence.

Results :
Eleven women were diagnosed with ACUM over the given time. The median age was 26.8 years (18-46 years). All were in the reproductive age group except one in postmenopausal age. The median duration of symptoms was 4 years (6 - 0.25 years). Severe progressive dysmenorrhea was present in all except one. The majority, 8/17 (47.0%), presented with a combination of dysmenorrhea and CPP. On initial USG, 16/17 were misdiagnosed as rudimentary horn, fibroid, endometrioma or dermoid cyst. Further imaging by 3D USG and MRI confirmed ACUM in 12 and rest were diagnosed intraoperatively. Medical management with was initiated in 15 cases, which was successful in 1/15 (6.6%); who have been on continuous oral contraceptive pills for the last 5 years and is symptom-free. Sixteen underwent surgery - 14 laparoscopic ACUM excisions, 1 laparoscopic converted to laparotomy ACUM excision and 1 aspiration ; all symptom-free postoperatively with no recurrence.

Conclusion :
ACUM is frequently misdiagnosed on imaging, delaying treatment. High suspicion and advanced imaging are critical. Laparoscopic excision is effective.

Abstract ID: MIGS/OP/22

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Abstract Title:
A PROSPECTIVE RANDOMISED CONTROLLED TRIAL ON UTERINE ARTERY LIGATION IN TOTAL LAPAROSCOPIC HYSTERECTOMY IN A TERTIARY CARE HOSPITAL

Introduction :
Laparoscopic hysterectomy is safe and feasible technique to manage benign uterine pathology as it offers minimal postoperative discomfort, shorter hospital stay, rapid convalescence, and early return to the activities of daily living. Ligation of uterine artery at its origin from the internal iliac artery on both sides causes transient uterine ischemia.

Aims & Objectives :
To compare conventional TLH to prior uterine artery ligation at its origin in reproductive age group women with AUB.

Materials & Methods :
This prospective randomised study was conducted from Mar 2023 to Feb 2024 at a tertiary care centre. 52 cases were included in study of which group A included 26 conventional total laparoscopic hysterectomy and another 26 in group B, underwent uterine artery ligation at its origin prior to total laparoscopic hysterectomy. Blood loss, duration and complications during surgery in both the groups were compared.

Results :
In group A, the average duration of surgery was 71 minutes, when compared to 60 minutes in group B ($P < 0.001$). In group A, the total blood loss was 70 mL, when compared to 43mL in group B (P value < 0.001). There were no major complications in both groups.

Conclusion :
Uterine artery ligation at its origin during TLH reduces the blood loss and surgical duration as well as the complications during surgery.

Abstract ID: MIGS/OP/23

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Abstract Title:
VASCULAR RETAINED PRODUCTS OF CONCEPTION – AN INTEGRATIVE MANAGEMENT INVOLVING INTERVENTIONAL RADIOLOGY AND MINIMALLY INVASIVE APPROACH

Introduction :
Vascular retained products of conception are lesion developing commonly after medical abortions characterized by its abnormal vascularization directly from uterine artery or myometrial vessels. The diagnosis and dilemma in its management using interventional radiology is the recent advancement in obstetrics with promising results.

Aims & Objectives :
To study the management of reproductive age women presenting with vascular retained products of conception with or without uterine arterio-venous malformations.

Materials & Methods :
We retrospectively reviewed patients presenting with chief complaints of bleeding per vaginum due to vascular RPOC based on preliminary ultrasound report over a period of six months. The data was collected and results were analysed.

Results :
We obtained data from 16 women. Mean age of female was 29.75 years. 68.75% were parous and 31.25 % were nulligravida. All were post abortion cases and diagnosed with TVS + color doppler. 43.75% (7/16) patients underwent successful management with UAE and hysteroscopic RPOC removal, 50% (8/16) patients were managed with hysteroscopic RPOC removal only and one patient (6.25 %) had D & C. 25 % (4/16) had successful pregnancy outcome among the UAE group. Most common preprocedural complication was anemia. 12.5 % (2/16) patients required repeat procedure of UAE. 25 % (4/16) patients required post procedural hormonal suppression to increase the efficacy of the procedure.

Conclusion :
Interventional radiology with minimally invasive approach gives promising results in management of hyper vascular RPOC, but the importance of proper management of miscarriages upfront should be reinforced in day-to-day practice to prevent the development of hyper vascular RPOC.

Abstract ID: MIGS/OP/24

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Abstract Title:
BIPOLAR VESSEL SEALER IN NON-DESCENT VAGINAL HYSTERECTOMY: A STEP FORWARD IN MINIMALLY INVASIVE GYNAECOLOGICAL SURGERY

Introduction :
Non-descent vaginal hysterectomy (NDVH) is a minimally invasive and cost-effective approach for benign uterine diseases. Bipolar vessel-sealing device facilitate sutureless haemostasis, potentially reducing operative time and blood loss.

Aims & Objectives :
To evaluate the safety and feasibility of using a bipolar vessel sealer in performing NDVH for benign uterine conditions.

Materials & Methods :
This prospective study was conducted from February 2025 to October 2025 in the Department of Obstetrics and Gynaecology, Sant Parmanand Hospital, New Delhi, India. Primary outcomes assessed were feasibility (successful completion of NDVH using Bipolar vessel sealer) and safety (intra-operative and post-operative complications, particularly thermal injury to adjacent organs like the bladder or ureters). Secondary outcome measures included operative time, estimated blood loss, post-operative pain and length of hospital stay.

Results :
Thirty women were included in the study after meeting the criteria . NDVH Using a bipolar vessel sealer was successfully completed in 29 (96.7%) cases . One case was converted to Total abdominal hysterectomy . The mean operative time was 45 minutes and the mean estimated blood loss was minimal 50 mL. No major intra-operative complications, such as urinary tract injury or significant haemorrhage were observed. Post-operative recovery was rapid, with a mean hospital stay of 2 days.

Conclusion :
The use of a bipolar vessel sealer in NDVH is a safe and feasible alternative to conventional suturing techniques. It is associated with reduced operative time and minimal blood loss, without increasing complication rates.

Abstract ID: MIGS/OP/25

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Abstract Title:
COMPARATIVE EVALUATION OF LAPAROSCOPIC SACROCERVICOPEXY USING NO. 5 ETHIBOND SUTURE VERSUS CONVENTIONAL POLYPROPYLENE MESH IN UTERINE PROLAPSE.

Introduction :
Synthetic polypropylene mesh has been widely used for pelvic organ prolapse (POP) repair but carries a risk of mesh-related complications. Recent regulatory restrictions have renewed interest in alternative materials. This study compares a novel laparoscopic sacrocervicopexy using No. 5 Ethibond suture with conventional polypropylene mesh for uterine prolapse repair.

Aims & Objectives :
To evaluate the efficacy and safety of a novel, low-cost laparoscopic sacrocervicopexy technique using No. 5 Ethibond (polyethylene terephthalate) suture compared with conventional polypropylene mesh.

Materials & Methods :
Forty women (age 35–60 years) with symptomatic uterine prolapse (POP-Q stage ≥2) were divided into two groups of 20 each. Group A underwent sacrocervicopexy using a graft fashioned from No. 5 Ethibond suture, and Group B underwent conventional polypropylene mesh sacrocervicopexy. Patients were followed for 24 months for anatomical correction, postoperative recovery, recurrence, and complications.

Results :
Anatomical success was achieved in 100% of patients in both groups. The Ethibond group had a shorter mean operative time (92.4 ± 10.6 min vs 106.8 ± 11.2 min), no implant exposures, and higher satisfaction (95% vs 85%). The mesh group had 1 case (5%) of mesh exposure. No vault recurrences were observed.

Conclusion :
Laparoscopic sacrocervicopexy using No. 5 Ethibond is a safe, economical, and mesh-sparing alternative with equivalent anatomical success and fewer implant-related complications. It offers promise in low-resource settings and aligns with current regulatory trends limiting mesh use. The institutional ethics committee had approved the study, and the institution had funded the project.

Abstract ID: MIGS/OP/26

Presenter's Name: Dr. Shilpa Dodani

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Abstract Title:
BENEFIT OF LAPAROSCOPIC BURCH COLPOSUSPENSION WITH TLH IN PATIENTS WITH MILD TO MODERATE CYSTOCELE

Introduction :
BURCH COLPOSUSPENSION AS CONCURRENT SURGERY WITH LAPAROSCOPIC HYSTERECTOMY SHOUL BE DONE TO IMPROVE QUALITY OF LIFE POSTOPERATIVE IN PATIENTS WITH ANTERIOR COMPARTMENT DEFECT

Aims & Objectives :
TO ASSESS SURGICAL OUTCOMES AND POST OPERATIVE QUALITY OF LIFE OF CONCURRENT LAPAROSCOPIC BURCH COLPOSUSPENSION [LBC] WITH LAPAROSCOPIC HYSTERECTOMY [LH]

Materials & Methods :
168 PATIENTS UNDERWENT LAPAOSCOPIC HYSTERECTOMY FOR DIFFERENT INDICATIONS AT OUR CENTER BETWEEN JAN 2023 TO NOV 2025,3D LAPAROSCOPY SYSTEM OF AESCULAP FROM B BRAUN WAS THE WORKSTATION FOR ALL THE SURGERIES. 118 OUT OF THEM HAD MILD TO MEDERATE CYSTOCELE AND 68 PATIENTS HAD SUI. ALL 118 PATIENTS WERE EXPLAINED ABOUT BENEFITS OF CONCURRENT LBC WITH LH AND 98 OF THEM UNDERWENT BOTH SURGERIES. PRE OPERATIVE AND POST OPERATIVE [6WK, 12 MONTH 24 MONTH AND 36 MONTH] POP Q EVALUATIONS WERE PERFORMED BY A SINGLE EXAMINER AND RECORDED. 1 PATIENT HAD VAULT PROLAPSE AFTER 12 MONTHS AND REOPERATED. REST 97 PATIENTS DID NOT HAVE ANY RECURRENCE OF SUI.

Results :
RETROSPECTIVE CHART REVIEW OF PATIENTS WHO HAD PROPHYLACTIC LBC WITH LH SHOWED A VERY LOW RE OPERATION RATE AND GOOD QUALITY OF LIFE

Conclusion :
LBC WITH LH TOGETHER WITH SITE SPECIFIC REPAIR AT THE PRIMARY SURGERY OFFERS A GOOD POST OPERATIVE QUALITY OF LIFE AND IS EASY TO PERFORM

Abstract ID: MIGS/OP/27

Presenter's Name: Dr. Reshab Das

Co-Author(s):
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Abstract Title:
EFFECT OF TRANSCERVICAL INTRALESIONAL VASOPRESSIN ON OPERATIVE PARAMETERS IN HYSTEROSCOPIC MYOMECTOMY: A RANDOMIZED CONTROLLED TRIAL

Introduction :
Effect of transcervical intralesional vasopressin on operative parameters in hysteroscopic myomectomy: a randomized controlled trial.

Aims & Objectives :
To assess the efficacy of transcervical intralesional vasopressin injection in reducing operative time, distension fluid use, and intraoperative blood loss, and improving visual clarity during hysteroscopic myomectomy for submucous fibroids.

Materials & Methods :
This prospective, randomized, double-blind, controlled trial was conducted in the Department of Obstetrics and Gynaecology, AIIMS, New Delhi (2023–2026). Thirty-four premenopausal women with symptomatic submucous myomas (FIGO types 0–2, <5 cm) were randomized to receive transcervical intralesional vasopressin (20 U in 100 mL NS; ~10 mL injected; Group A, n = 17) or NS placebo (10 mL; Group B, n = 17). All underwent hysteroscopic myomectomy using a 4-mm monopolar resectoscope with 1.5 % glycine distension. The primary outcome was myomectomy duration; secondary outcomes were inflow volume, fluid deficit, surgeon-rated bleeding (1–3), and effluent discolouration and field clarity (VAS 0–10). Data were analyzed using Mann–Whitney U and Fisher's exact tests with $P < 0.05$ significant.

Results :
Median operative duration was comparable between vasopressin and placebo (24.5 [6–48] min vs 25 [10–40] min; $P = 0.928$). Inflow volume (3,650 vs 2,900 mL; $P = 0.576$) and fluid deficit (500 vs 400 mL; $P = 0.942$) were similar. Minimal bleeding occurred in 45 % vs 60 % ($P = 0.481$). Visual clarity was higher with vasopressin (8.0 [2–8] vs 6.0 [4–8]; $P = 0.083$).

Conclusion :
Intralesional vasopressin was safe but did not significantly alter operative parameters, showing only a trend toward improved clarity warranting larger multicentric evaluation.

Abstract ID: MIGS/OP/28

Presenter's Name: Dr. Mustafeez Ur Rehman

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Abstract Title:
LAPAROSCOPIC HUSL SUSPENSION – AN EFFECTIVE NATIVE TISSUE TECHNIQUE FOR APICAL PROLAPSE

Introduction :
Pelvic organ prolapse (POP) is a clinical condition that affects approximately half of women who have given birth.The lifetime probability of a woman undergoing POP surgery was reported to be between 11 and 19%.Apical prolapse affects 11% of women. Currently, conservative and surgical treatment modalities are available for POP. POP repair can be performed vaginally or abdominally for patients who do not benefit from conservative methods or who require surgical treatment. Although mesh or natural tissue could be used during these interventions, the FDA recommendations regarding mesh usage have led many surgeons to negative thoughts regarding these methods. Therefore, alternative treatment modalities using native tissue are gaining popularity. Recent technological advances increase the preferability of minimally invasive approaches for both the surgeon and the patient.

Aims & Objectives :
To evaluate the safety and efficacy of laparoscopic HUSL suspension in the management of apical pelvic organ prolapse.

Materials & Methods :
This retrospective cohort study included 14 patients with apical prolapse who underwent laparoscopic HUSL suspension at HAHC Hospital between January 2024 and June 2025. Demographic profiles, preoperative, intraoperative, and 6-month postoperative data were collected and analyzed. The primary outcome was recurrence of apical prolapse, while secondary outcomes included the need for retreatment and procedural safety.

Results :
A total of 14 patients underwent laparoscopic HUSL suspension. No perioperative complications, including ureteral injury, were reported. At 6-month follow-up, all patients demonstrated well-suspended apices on POP-Q assessment with no recurrence of apical prolapse. Good vaginal length was maintained in all patients All patients reported complete resolution of prolapse-related symptoms and expressed

Conclusion :
Laparoscopic HUSL suspension is a simple, safe, and effective native tissue technique for the management of apical prolapse. It provides excellent short-term anatomical outcomes with minimal risk of ureteric injury. However, further studies with larger cohorts and longer follow-up are required to evaluate

Abstract ID: MIGS/OP/29

Presenter's Name: Dr. Bhavna Kaushik Chaudhry

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Abstract Title:
LAPAROSCOPIC ISTHMOCELE REPAIR: A TERTIARY CARE EXPERIENCE WITH POSTOPERATIVE OUTCOMES

Introduction :
Isthmocele also known as caesarean scar defect or caesarean niche is an increasingly recognized late complication of caesarean delivery. It often presents with postmenstrual spotting, pelvic pain, and secondary infertility. With globally increasing caesarean rates there is a sharp increase in the incidence of isthmoceles and its complications. It is therefore crucial to timely diagnose and manage isthmocele to improve reproductive and symptomatic outcomes. Laparoscopic repair offers a minimally invasive approach that repairs the defect and restores the uterine wall.

Aims & Objectives :
To evaluate the surgical outcomes, symptom resolution, and reproductive results following laparoscopic isthmocele repair in patients treated at our tertiary care hospital.

Materials & Methods :
A retrospective observational study was carried out involving women who underwent laparoscopic repair of isthmocele between January 2024 and July 2025. Diagnosis was confirmed through transvaginal ultrasound and/or hysteroscopic evaluation. The surgical approach consisted of removing fibrotic tissue and performing a double-layer closure of the uterine wall. Postoperative parameters such as resolution of abnormal uterine bleeding, increase in myometrial thickness, reproductive outcomes, and postoperative complications were assessed.

Results :
A total of 6 patients were included. Postoperative follow-up at six months demonstrated complete resolution of abnormal bleeding in 83% and improvement in uterine wall thickness in 100%. No major intraoperative complications were reported.

Conclusion :
Laparoscopic isthmocele repair is a safe and effective technique offering excellent symptomatic relief and improved fertility potential. It should be considered the preferred approach for managing isthmocele in tertiary care settings.

Abstract ID: MIGS/OP/30

Presenter's Name: Dr. Priyanka Gupta

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Abstract Title:
LAPAROSCOPY IN THE DIAGNOSIS OF TUBERCULOSIS IN CHRONIC PELVIC PAIN

Introduction :
Pelvic inflammatory disease is an important cause of Chronic pelvic pain(CPP) of which genital tuberculosis (TB) may present as CPP in 42–80% cases, the latter being higher in developing countries

Aims & Objectives :
To estimate the prevalence of genital tuberculosis in women with idiopathic chronic pelvic pain on laparoscopy, correlate laparoscopic findings with microbiological and histological diagnosis of tuberculosis and assess the response to anti tubercular treatment (ATT) in these cases.

Materials & Methods :
In a prospective cohort study, fifty women with idiopathic chronic pelvic pain were enrolled. Diagnostic laparoscopy was done in all women and fluid from pouch of Douglas and/or saline washings were sent for acid fast bacilli(AFB) smear, conventional and rapid culture and DNA polymerase chain reaction (PCR)analysis for diagnosis of genital TB. The results of these tests were analyzed and agreement with laparoscopy was assessed using Kappa statistics. Pain scores using visual analogue scale were compared before and after treatment.

Results :
Pelvic pathology was present in 44 (88%) women of idiopathic chronic pelvic pain, with a 34% prevalence rate of genital tuberculosis. Pelvic inflammation was associated with positive peritoneal fluid PCR(n = 4) and AFB culture (n = 3). Acid fast bacilli PCR had substantial agreement (kappa statistics = 0.716) with visual findings at laparoscopy. There was a significant reduction in pain scores after treatment.

Conclusion :
Genital tuberculosis contributes to one-third cases of chronic pelvic pain. Pelvic inflammation is an early feature of genital TB and peritoneal fluid PCR has the best co-relation with laparoscopic findings of genital tuberculosis.

Abstract ID: MIGS/OP/31

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Abstract Title:
UTILITY OF DYNAMIC TRANSVAGINAL ULTRASONOGRAPHY IN THE PREDICITION OF PELVIC ADHESIONS DURING LAPAROSCOPIC PELVIC SURGERIES

Introduction :
Presence of adhesions during laparoscopic pelvic surgeries are the most important cause for visceral injuries and other complications. However, presence of adhesions are still a clinical suspicion and no objection assessment is routinely performed. Hence, an objective assessment and scoring was performed to predict pelvic adhesions encountered during laparoscopic surgeries.

Aims & Objectives :
To assess the clinical utility of dynamic ultrasonography to predict pelvic adhesions encountered during pelvic laparoscopic procedures.

Materials & Methods :
This prospective study was conducted from January 2025 to October 2025, including 52 women undergoing laparoscopic surgery at the Hive fertility clinic and women's centre. Imaging and clinical data were collected, and preoperative assessment of pelvic adhesions was performed using a dynamic 2D and 3D ultrasonography and scoring were given. The predictive performance, accuracy, and clinical utility were evaluated from multiple perspectives using receiver operating characteristic (ROC) curves.

Results :
The area under the ROC curve (AUC) for predicting mild, moderate, and severe pelvic adhesions were 0.928, 0.934 and 0.945 indicated good predictive performance. The clinical impact curve showed its ability to accurately identify high-risk pelvic adhesion patients during laparoscopic surgery.

Conclusion :
Dynamic assessment of pelvic organs and their relative mobility to each other helps in predicting the presence and severity of adhesions that can be anticipated during pelvic laparoscopic surgeries.

Abstract ID: MIGS/OP/32

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Country: India

Abstract Title:
MYOMA SCREW OR MANGESHKAR MANIPULATOR -A COMPARATIVE STUDY

Introduction :
Myoma screw vs mangeshkar manipulator in TLH -A comparative study

Aims & Objectives :
To compare the safety, efficacy and operative outcomes To assess the ease of vaginal manipulation, visualization of surgical planes , intraoperative complication like uterine perforation , bleeding and instrument related issue and to compare post op outcome

Materials & Methods :
Study conducted at gyne dept index medical college for 2 years 500 pts included after taking consent

Results :
Our study shows both are good, both have their own benefits but on comparison myoma screw is good but learning curve is more and with manipulator chances of perforation and extra assistance is required but negotiation to surgical plane is goof

Conclusion :
Our study found out that Using myoma screw is better after gaining some experience and in learning phase mangeshkar manipulator Data from study can not applied to general population Individualistion of case and surgeon experience plays an important role

Abstract ID: MIGS/OP/33

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Abstract Title:
ROBOTIC ASSISTED HYSTERECTOMY FOR LARGE UTERUS: OUR EXPERIENCE IN TERTIARY CARE

Introduction :
Performing hysterectomy on large uterus is a real challenge. Robotic surgery provides enhanced dexterity, a three-dimensional perspective with magnified view.

Aims & Objectives :
To evaluate the surgical outcome in patients undergoing robotic hysterectomy for large uterus.

Materials & Methods :
: In this retrospective study, patients in reproductive age were evaluated those underwent robotic hysterectomy for heavy menstrual bleeding and large uterus in our hospital from October 2024 to June 2025. History, symptoms, size of uterus, cause of uterus enlargement, operating time, blood loss, post op pain, conversion to open surgery and recovery time, scar healing were evaluated.

Results :
a total of 10 patients were fulfilled the criteria with the mean age of 40. sixty percent of patients had fibroid uterus and 40 percent had adenomyotic uterus. Size of fibroid varied from 2 cm – 13 cm, 4 patients had multiple fibroid, one had large cervical fibroid and one had subserosal large fibroid. Mean operative time was 180 minutes and mean blood loss was 150 ml. Post operative pain was minimal. No one had blood transfusion and post operative infection. The patients were discharged from the hospital after 48 hours and they started to go for work in 7-10 days. There was 100 percent asthetic satisfaction in one month follow up.

Conclusion :
This study confirms the efficiency, reliability and safety of a robotic assisted approach for removal of large uterus. In conclusion, Robotic assisted minimal invasive surgical approach can be performed by experienced surgeons regardless to the size of uterus.

Abstract ID: MIGS/OP/35

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Abstract Title:
A STUDY ON LAPAROSCOPIC STERILISATION USING 5MM LAPAROSCOPE AND DIRECT TROCAR ENTRY METHOD AT DISTRICT HOSPITAL BALLARI KARNATAKA .

Introduction :
Background: Laparoscopic sterilization is a widely accepted method of permanent contraception. The techniques of abdominal entry are open direct trocar and veress method. The objectives of this study were to performance and practice of 5mm direct trocar entry techniques in Laparoscopic sterilization. To prepare a list of benefits and complications.

Aims & Objectives :
The objectives of this study were to performance and practice of 5mm direct trocar entry techniques in Laparoscopic sterilization. To prepare a list of benefits and complications.

Materials & Methods :
Methods: Retrospective analysis of patients who underwent direct 5mm trocar entry for laparoscopic sterilization

Results :
We operated 100 interval sterilizations and . In 99 cases, the method was successful. Only in one woman 5mm trocar was insufficient to make peritoneal entry since the patient was morbidly obese. Hence 10mm trocar was used

Conclusion :
Laparoscopic tubal sterilization can be done with 5mm laparoscope and direct trocar entry method is safe and saves time.

Abstract ID: MIGS/OP/36

Presenter's Name: Dr. Bhumika Chandra

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Country: India

Abstract Title:
HYSTEROSCOPIC EVALUATION IN ASYMPTOMATIC POSTMENOPAUSAL WOMEN WITH INCREASED ENDOMETRIAL THICKNESS.

Introduction :
With increased use of transvaginal sonography, incidental asymptomatic endometrial thickening (AET) in postmenopausal women is more frequently detected. Although most cases are benign, a small proportion harbour premalignant or malignant pathology. Hysteroscopy with targeted biopsy may improve diagnostic accuracy compared with blind sampling.

Aims & Objectives :
To compare macroscopic hysteroscopic findings with histopathological outcomes in asymptomatic postmenopausal women with incidental endometrial thickness >5 mm on TVS.

Materials & Methods :
- A prospective cross-sectional study (1 Feb 2024–30 Jun 2025) enrolled 30 asymptomatic postmenopausal women with ET >5 mm. After informed consent, demographics, comorbidities and ultrasound findings were recorded. Diagnostic hysteroscopy with directed biopsy or polypectomy was performed; specimens were examined histopathologically by blinded pathologists. Data were analysed with appropriate statistical tests; $p<0.05$ deemed significant.

Results :
Mean age was 55.1±6.5 years and mean ET 9.77±4.09 mm. Hysteroscopy showed atrophic-appearing endometrium in 14/30 (46.7%) and endometrial polyps in 14/30 (46.7%). Histopathology confirmed atrophy in 10 (33.3%) and polyps in 10 (33.3%); 6 specimens were scanty (20%). Clinically significant pathology included one FIGO stage 1a endometrial carcinoma (3.3%) and one case of atypical glandular dysplasia (3.3%), yielding a combined premalignant/malignant rate of 6.6%. Age ($r=0.60$, $p<0.001$) and duration of menopause ($r=0.48$, $p<0.001$) correlated with ET.

Conclusion :
Most AET in this cohort reflected benign lesions (polyps, atrophy), but a non-negligible proportion had premalignant/malignant disease (6.6%). Hysteroscopy with directed biopsy enhances diagnostic yield and should be considered in asymptomatic postmenopausal women, particularly those with ET ≳10–11 mm or additional risk factors

Abstract ID: MIGS/OP/37

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Country: India

Abstract Title:
TO STUDY THE EVIDENCE OF ENDOMETRIAL INFLAMMATION ON HYSTEROSCOPY AND ITS CORRELATION WITH HISTOPATHOLOGICAL FINDINGS IN GYNAECOLOGICAL DISORDERS.

Introduction :
chronic endometrial inflammation is continuously missed condition during routine hysteroscopy. The ultimate diagnostic modality is IHC markers.

Aims & Objectives :
To study the hysteroscopic findings in non structural causes of AUB, infertility, RPL and correlate with histopathological and IHC markers.

Materials & Methods :
It was a cross sectional study done in 30 cases who presented with AUB, infertility, RPL. All the patients were subjected to hysteroscopic examination after taking informed consent and the biopsy obtained was sent for HPE and IHC markers(Mum-1 and CD-138) to finally correlate findings of hysteroscopy with HPE.

Results :
Out of the 30 patients subjected to this study, 33% patients had positive IHC markers showing positive correlation between inflammatory findings seen on hysteroscopy and HPE. Hysteroscopic findings of hyperemia seen in 40% cases and gland openings seen in 35% cases was most commonly observed in patients with positive IHC markers. And HPE of these patients showed proliferative endometrium with plasma cells and stromal edema. Other findings of hysteroscopy like endometrial hyperplasia was seen in 23% cases and micropolyps was seen in 16% cases.

Conclusion :
On the basis of correlating hysteroscopic endometritis findings and comparing them with HPE findings and applying IHC markers it is concluded that none of the IHC marker has superiority over another and whichever marker is easily available will do for confirmation of inflammation.

Abstract ID: MIGS/OP/38

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Abstract Title:
LAPAROSCOPIC DAVYDOV VAGINOPLASTY : A CASE SERIES

Introduction :
Laparoscopically performed vaginoplasty also known as davydov vaginoplasty is a well-known surgical management of vaginal reconstruction in cases of vaginal agenesis. The most common indication is MRKH.

Aims & Objectives :
In this case series, we have discussed 3 cases of vaginal Agenesis, their outcomes and post -operative follow-up.

Materials & Methods :
A retrospective study. (video clips will be attached)

Results :
First: a 21 years old female with primary amenorrhea with normal secondary sexual characters. Ultrasound was suggestive of uterine bud with normal bilateral ovaries. Female karyotype and hormonal values were normal. Laparoscopic vaginoplasty done by peritoneal pull through technique. Vaginal length of 10 cm was created. Second: 24 years married female with primary amenorrhea and difficulty in sexual intercourse. small blind vagina of 1 cm depths seen on local examination. MRI pelvis, karyotype and hormonal profile further confirmed the diagnosis. Laparoscopic vaginal reconstruction generated vaginal length of 10 cm. Third: 30 yrs unmarried female with primary amenorrhea and normal secondary sexual characters without any cyclical abdominal pain. MRI showed hypoplastic uterus with unremarkable bilateral ovaries with normal urinary tract. Vaginal length of 10 cm was generated by laparoscopic peritoneal pull through technique creating neovagina. All three patients had uneventful post operative period. Mould change was performed on day 3-4 of surgery. On Day 10 follow-up, there were no adhesions or stenosis with well-maintained vaginal patency.

Conclusion :
Davydov vaginoplasty is a very effective and safe laparoscopic procedure for creating Neovagina. The case series reported successfully managed cases of MRKH without surgical complications with favorable outcomes and uncomplicated follow up.

Abstract ID: MIGS/OP/40

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Country: India

Abstract Title:
LAPAROSCOPIC MANAGEMENT OF PREGNANCY RELATED COMPLICATIONS: CASE SERIES AND REVIEW OF LITERATURE

Introduction :
Though pregnancy is a physiological process, it is often associated with surprises and unusual complications. These situations, at times, are challenging to diagnose promptly and manage effectively. Yet, timed multidisciplinary team management can be life-saving for patients. Laparoscopy is very effective in these unusual situations in skilled hands.

Aims & Objectives :
To bring insight to the role of laparoscopy in the management of pregnancy-related complications, both primary and secondary.

Materials & Methods :
We reviewed last year's data and video recordings of our cases. There were at least 11 unusual cases which need to be shared at a public platform to create awareness about the unusual situations associated with pregnancy, which can be managed laparoscopically.

Results :
Most of them were complications of the first trimester, namely ruptured cornual ectopic, chronic tubal ectopic, bilateral tubal ectopic, pregnancy with ruptured corpus luteal cyst, ruptured tubal ectopic with ovarian cyst, caesarean scar ectopic, and pregnancy with ovarian torsion. One case was of chronic RPOC with previous incomplete D&E and uterine perforation. One was a bleeding placental polyp following Vaginal Delivery. The most unusual was a disturbed caesarean scar ectopic with PSTT. Lastly, a case of Puerperal Sepsis with significant abdominal collections and rectus sheath haematoma. All these cases were life-threatening emergency situations for patients, but with meticulous planning, all were successfully managed laparoscopically.

Conclusion :
Laparoscopy is an effective tool in both Obstetrics and Gynaecology. It has many advantages like minimal incisions, less bleeding, reduced risk of infection, early recovery and many more. In skilled hands, laparoscopy should always be the first choice.

Abstract ID: MIGS/OP/41

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Abstract Title:
MANAGING INFECTED ENDOMETRIOMAS - SURGICAL CHALLENGES AND FERTILITY CONSEQUENCES

Introduction :
Endometrioma of the ovary is a common occurrence. Superinfection approximately complicates 2% of endometriomas. Patients commonly present with lower abdominal pain with fever.

Aims & Objectives :
This study presents the etiology, clinical presentation and surgical outcome in patients presenting with infected endometriomas at our centre from Feb 2021 to November 2025

Materials & Methods :
A retrospective analysis was conducted on patients who presented with infected endometriomas. Cases were identified through hospital database and previous clinical records. Details of patient history, investigations, operative procedures and fertility outcomes were reviewed and outcomes were analyzed.

Results :
36 patients underwent surgery for infected endometriomas. Mean age was 36. Identifiable causes of ovarian abscess formation were history of ovum pick up, hystero salpingography, hysteroscopy, dilatation and curettage and h/o typhoid. 24 patients were desirous of future fertility of which 21 underwent fertility sparing surgery. Second sitting clearance surgery was done in 2 patients. B/L DJ stenting was done in three patients. Bowel injury was reported in 1 patient. All patients recovered well post surgery.

Conclusion :
Contents of endometriomas serve as ideal culture medium for bacteria and facilitates their growth hence risk factors should be identified and patients with ovarian endometriomas should be treated accordingly. Multidisciplinary surgical approach may be required in these patients due to severe adhesions affecting nearby organs such as bowel, bladder and ureters. Postoperative use of appropriate antibiotics and anti inflammatory medicines should be done to ensure resolution of infection. Fertility is often compromised after ovarian abscess.

Abstract ID: MIGS/OP/42

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Abstract Title:
ABDOMINAL TUBERCULOSIS VERSUS OVARIAN CARCINOMA: A DIAGNOSTIC DILEMMA AND LAPAROSCOPY AS AN AID IN DIAGNOSIS

Introduction :
Tuberculosis causes significant morbidity, especially in developing countries. Abdominal tuberculosis mimics ovarian carcinoma clinically, and potential misdiagnosis may occur.

Aims & Objectives :
The aim of the study is to evaluate 3 cases where there was a diagnostic dilemma between ovarian malignancy and abdominal tuberculosis on the basis of clinical, radiological and biochemical findings.

Materials & Methods :
Retrospective observational study. In this series, we present 3 cases , where there was a diagnostic dilemma between tuberculosis and ovarian carcinoma on clinical , radiological and biochemical findings. Interventions :Diagnostic laparoscopy was done in all cases and biopsy was taken.

Results :
Multiple biopsies were taken and eventually diagnosis was made on histopathology results. Antitubercular treatment was started and significant improvement was found in all cases.

Conclusion :
Laparoscopy is emerging as an important diagnostic aid for cases of peritoneal tuberculosis as it permits direct visualization of the cavity , also allows biopsy at the same time.

Abstract ID: MIGS/OP/43

Presenter's Name: Dr. Vartika Srivastava

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Abstract Title:
RARE ADOLESCENT MÜLLERIAN ANOMALY: BICORPOREAL BICOLLIS UTERUS WITH UNILATERAL CERVICAL DYSGENESIS SUCCESSFULLY MANAGED BY HYSTEROSCOPIC CREATION OF A NEO-CERVIX

Introduction :
Müllerian anomalies associated with outflow tract obstruction are rare and often present in adolescence with atypical menstrual patterns like cryptomenorrhea, dysmenorrhea or hypomenorrhea. Unilateral cervical dysgenesis in a bicorporeal bicollis uterus (ESHRE U3bC3V0) is an exceptionally uncommon anomaly leading to hematometra, endometriosis and long-term complications if left untreated.

Case Description :
A 14-year-old girl presented with scanty painful menses since menarche. Ultrasonography showed Hematocolpometra, while MRI Pelvis reported a Bicorporeal bicollis uterus with obstructed right hemivagina due to a longitudinal septum with large right hematocolpos. Endoscopic Management: Diagnostic vaginoscopy demonstrated a normal vaginal canal and a normal left cervix with a patent cervical canal whereas the right cervix was not visualised. Laparoscopy revealed two separate uteri with the right horn grossly distended with retained blood, endometriotic deposits up to diaphragm and adhesions. Hysteroscopic resection of the obstructed cervical canal was performed with drainage of hematocervix and hematocolpos and visualisation of cavity. A new cervical canal opening was created. The postoperative course was uneventful. Relook vaginoscopy and hysteroscopy at two months confirmed bilateral patent cervices with adequate uterine drainage and no evidence of restenosis.

Conclusion :
This rare case highlights the importance of early diagnosis of Müllerian anomalies and awareness of minimally invasive management for correct decision making, thereby preventing unnecessary hysterectomies and major surgeries in adolescents. A combined Hysterolaparoscopic approach with creation of a functional neo-cervix can successfully relieve obstruction, prevent endometriosis and most importantly save the uterus while preserving future fertility.

Abstract ID: MIGS/OP/44

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Abstract Title:
FLUOROSCOPY GUIDED LAPAROSCOPIC CONSERVATIVE SURGERY FOR PELVIC ENDOMETRIOSIS

Introduction :
Endometriosis is a painful affair to an affected woman, more so to the treating/ operating gynecologists. Grade IV endometriosis poise a greater risk of injury to surrounding structures namely Ureter. I am going to present an innovative and safe way of Laparoscopic Conservative Surgery for Pelvic endometriosis under fluoroscopic guidance.

Aims & Objectives :
Making ureterolysis and dissection of DIE lesions from around ureteric wall less hazardous.

Materials & Methods :
A 37 years old woman, known case of pelvic endometriosis, adenomyosis, with history of multiple abdominal surgeries, underwent laparoscopic conservative surgery for pelvic endometriosis due to failed medical therapy. 5 ml diluted ICG dye instilled into each ureter separately after catheterising both ureters. By using spy camera in the OVERLAY and ENZ modes, entire course of green fluorescent ureters can be prominently delineated. Turning on CSF mode helped to identify any vascular compromise of ureteric wall.

Results :
Using the ICG stain to outline ureter during surgery, helped avoid injury, made the surgery technically simple and safer. Also real time check of the ureteric wall vascularity could be done.

Conclusion :
Given the rising cases of endometriosis and its strong association with iatrogenic ureteric injury, its prudent to use fluoroscopy to delineate ureteric course, do ureterolysis with confidence , reduce avoidable ureteric injury, cut short operation time & reduce further mortality and morbidity of patient.

Abstract ID: MISC/OP/01

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Abstract Title:
ROLE OF METFORMIN & MYOINOSITOL IN COMPARISON TO METFORMIN ALONE IN PATIENTS WITH PCOD IN INFERTILITY.

Introduction :
PCOS is an Endocrine metabolic disorder affecting 5-10% of women characterized by Hyperinsulinemia, Hyperandrogenesis, Hirsutism, Ovarian dysfunction, oligomenorrhoea and main cause of infertility.

Aims & Objectives :
To analyse whether to prescribe metformin alone or in combination with myoinositol to get better results in patients with infertility. Insulin Resistance & hyperinsulinemia plays a role in pathogenesis of PCOS and Metformin, Myoinositol and D-chiroinositol acts as insulin sensitisers and exerts a beneficial role in PCOS.

Materials & Methods :
52 patients coming to OPD were analysed for a period of 1 year. 22 patients were started on metformin alone while 30 patients were put on both metformin & myoinositol. In metformin group 11 patients conceived out of 22 patients while 21 out of 30 conceived with combination therapy. 13 patients, (7 patients in metformin group & 6 in combination group) didn't conceived even with combinations of ovulogens & 7 patients (4 patients in metformin group & 3 in combination group) were lost to follow up.

Results :
Myoinositol and metformin have been studied in order to improve fertility & reproductive consequences. Myoinositol is a major secondary messenger of FSH & LH where as metformin acts by lowering Insulin, androgen and free Testosterone levels & thus increasing SHBG & IGFBP. All these factors lead to improve in menstrual frequency, ovulation, fertility & live birth. In our study 50% patients conceived in metformin group & 69% patients conceived in combination group.

Conclusion :
The combination of metformin & Myoinositol therapy work synergistically & give more reproductive benefits as compared to metformin alone.

Abstract ID: MISC/OP/02

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Abstract Title:
SECOND TRIMESTER MEDICAL ABORTION WITH TWO SEQUENTIAL DOSES OF MIFEPRISTONE FOLLOWED BY CATHETER PLUS MISOPROSTOL VERSUS SINGLE DOSE OF MIFEPRISTONE FOLLOWED BY CATHETER WITH MISOPROSTOL

Introduction :
About 13% of abortions occur in the second trimester due to delayed diagnosis of fetal defects or late recognition of unwanted pregnancy, carrying higher risks and burdening health services. This study compares two sequential doses of mifepristone versus a single dose, each followed by catheter and misoprostol, to assess efficacy, safety, and expulsion time in second-trimester abortions.

Aims & Objectives :
Aim :- Comparison of two sequential vs single dose mifepristone, each followed by catheter and misoprostol, in second-trimester abortion. Objective:- measuring sequential doses of misoprostol required for abortion with least induction- abortion interval and complications

Materials & Methods :
A comparative study was conducted at Department of Obstetrics & Gynaecology for a study period of one year among 100 pregnant women who wanted to get abortion in second trimester. Patients were divided into two groups; GROUP A (50 patients) in which women were given two sequential doses of mifepristone followed by catheter plus Misoprostol and GROUP B (50 patients) in which women were given single dose of mifepristone followed by catheter with misoprostol.

Results :
Group A had significantly reduced Induction-Abortion Interval and required fewer misoprostol doses on average. Group B exhibited marginally elevated rates of mild problems such as fever, diarrhoea, and haemorrhage.

Conclusion :
Administering two consecutive doses of mifepristone, followed by catheter induction and misoprostol, is more efficacious. The two-dose regimen decreases induction-abortion duration and necessary misoprostol dosage while preserving favourable complication profile.

Abstract ID: MISC/OP/03

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Abstract Title:
REAPPRAISAL OF PLATELET LEVELS IN THROMBOCYTOPENIA OF PREGNANCY: A PROSPECTIVE STUDY IN A TERTIARY CARE HOSPITAL

Introduction :
Thrombocytopenia (TCP) with platelet counts (PC) below 1L/mcL occurs in 1-2% of pregnancies, posing significant obstetric challenges.

Aims & Objectives :
We aim to investigate the nadir of platelet counts among common etiologies of thrombocytopenia and duration of normalisation postpartum.

Materials & Methods :
We conducted a prospective study over 6 months among 99 singleton pregnancies with PC below 1Lakh/mcL satisfying inclusion and exclusion criteria. The 3 etiological groups were I- hypertension related, II- Gestational thrombocytopenia (GTCP), III- anemia related. PC post-delivery was monitored on day 2, day 5 and week 6.

Results :
Among 99 cases selected, majority (56%) had PC between 50,000-80,000/mcL while, 26% had PC below 50000 /mcL. Etiologically, group I, II and III contributed 16%, 61% and 22% cases respectively. Among Group I, 75% cases had PC below 80000/ mcL and 31.25% below 50000/ mcL while in group 3, all cases had PC below 80000/mcL. In group 2, 77% of cases had PC < 80000/mcL, 16.3% below 50000/mcL, with nadir of 33000/mcL. PPH reported in 10%, medically managed, but no one required hysterectomy. The cases achieving PC >80,000/mcL, on day 2 postpartum in 3 groups were 81%, 85%, and 45%respectively. PC normalized in all by 6 weeks

Conclusion :
Gestational TCP is the most common cause of TCP in pregnancy even when PC falls below 80000/mcL. After ruling out other causes of TCP, the diagnosis of gestational TCP is made postpartum after platelet normalisation. Owing to less of maternofetal complications, tailored timely termination of pregnancy with adequate platelet support should be done.

Abstract ID: MISC/OP/04

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Abstract Title: **A COMPARATIVE STUDY OF FETAL WEIGHT ESTIMATION BY SYMPHYSIOFUNDAL HEIGHT AND ULTRASOUND BIOMETRY IN WOMEN AT TERM**

Introduction : Accurate fetal weight estimation is crucial for managing labor and delivery, influencing outcomes for both mothers and infants. Accurate fetal weight estimation aids in the identification of macrosomia, helping prevent complications such as shoulder dystocia, brachial plexus injuries, and postpartum hemorrhage (PPH).

Aims & Objectives : To compare the estimated fetal weight by Symphysiofundal height and ultrasound biometry and to compare both with actual birth weight.

Materials & Methods : A prospective observational study was conducted at the Department of Obstetrics and Gynecology, SMS Medical College, Jaipur, involving 300 women at term (≥37 weeks gestation). Inclusion criteria comprised women with singleton, cephalic pregnancies, while those with obesity, fetal malformations, or abnormal amniotic fluid were excluded. Fetal weight was estimated using Johnson's formula and ultrasound biometry with Hadlock's formula. The estimated weights were compared to actual birth weights.

Results : The mean age of participants was 26.34 years, with the most common estimated fetal weight range being 2501 - 3000 grams. A significant correlation was found between actual birth weight and estimated weight using both methods, with correlation coefficients of 0.114 ($p = 0.048$) for ultrasound and 0.129 ($p = 0.025$) for Johnson's formula. The mean differences in weight estimation were 104.97 grams (Johnson's formula) and 119.47 grams (USG), both statistically significant ($p < 0.001$).

Conclusion : This study indicates that advanced techniques like ultrasound do not necessarily provide a significant advantage over simpler clinical methods for fetal weight estimation. Given the cost and resource constraints associated with ultrasound, the reliability and ease of clinical methods can facilitate effective decision - making in resource - limited settings, ensuring maternal and fetal well - being.

Abstract ID: MISC/OP/05

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Abstract Title:
ASSESSMENT OF MENOPAUSAL SYMPTOMS IN WOMEN ATTENDING GYNECOLOGY OUTPATIENT DEPARTMENT AT A TERTIARY CARE HOSPITAL IN NORTHERN INDIA

Introduction :
Menopause is a significant physiological transition in a woman's life and it mark the end of the menstrual cycle, impacting the health and well being of the women. In India, many women take medical advice and help only when symptoms become severe, suggesting that there is possible underreporting and lack of awareness about menopausal symptoms. Currently there is limited literature available on menopausal symptom perception in developing countries.

Aims & Objectives :
To identify the age of onset of natural menopause and evaluate the associated menopausal symptoms and health problems in women attending the outpatient department of gynecology.

Materials & Methods :
This was a prospective observational study done on 200 menopausal women over a period of four months at PGIMS, Rohtak. Greene Climacteric Scale (GCS) used as assessment tool for women with natural menopause, which measures 21 symptoms including psychological, somatic, vasomotor, and sexual domains. Demographic and clinical data were collected. Data analysis included descriptive statistics and significance testing with $p \leq 0.05$.

Results :
The mean age at menopause was 46.6 ± 3.05 years. Most women (88%) experienced menopause between 41-50 years. Psychological symptoms such as anxiety, depression, irritability and physical symptoms like muscle/joint pains were common, with many reporting moderate to severe symptom levels. Vasomotor symptoms like hot flushes and sweating were also prevalent. Emotional and somatic difficulties caused significant distress.

Conclusion :
Menopausal symptoms significantly affect the women's quality of life , suggesting the need for increased awareness and timely medical intervention among menopausal women.

Abstract ID: MISC/OP/06

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Abstract Title:
CORRELTION OF ENDOMETRIAL THICKNESS BY TRANSABDOMINAL AND TRANSVAGINALULTRASOUND AND HISTOPATHOLOGY REPORT IN PERI MENOPAUSAL WOMEN WITH ABNORMAL UTERINE BLEEDING

Introduction :
Abnormal uterine bleeding is any bleeding from genital tract which is a deviation from normal menstrual cycle in quantity , frequency or cyclicity . FIGO classification is PALM COIEN . PALM is for structural causes as polyp, adenomyosis, leiomyoma , malignancy . COEIN. As non structural causes as coagulopathy , ovulatory dysfunction , endometrial , iatrogenic , not otherwise classified . Most frequently used diagnostic tool is TVS followed by endometrial biopsy .

Aims & Objectives :
Aim is correlation of sonographic endometrial thickness with histopathology in peri menopausal women with abnormal uterine bleeding. Objective - To determine the cut off limit of endometrium in perimenopausal women for choosing patients to offer an invasive endometrial sample .

Materials & Methods :
An observational study conducted at AL- FALAH HOSPITAL over 18 months in which 42 women were studied according to inclusion and exclusion criteria. Endometrial thickness was measured by TVS/ TAS followed by endometrial biopsy for histopathological examination.

Results :
Out of 42 women 65% were of 40-45 years .52% patients were presented with complain of heavy menstrual cycle. 60% of patients had endometrium thickness in the range of 4-12 mm remaining 40 % had thickness more than 12 mm. Most common finding on HPE was proliferative endometrium in 70 % cases . Secretory endometrium , endometrial hyperplasia Without atypia, endometrial hyperplasia with atypia was found in 13%, 10%, 7% respectively.

Conclusion :
Irrespective of endometrial thickness all perimenopausal women with AUB should be subjected to TAS/ TVS followed by D AND C which helps in early detection of endometrial carcinoma .

Abstract ID: MISC/OP/07

Presenter's Name: Dr. Chandra Jyoti

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Abstract Title:
AKI IN PREGNANCY: MATERNAL HEALTH OUTCOMES AND MANAGEMENT STRATEGIES: AN OBSEVATIONAL STUDY

Introduction :
Obstetrics is a critical medical condition characterised by sudden deterioration of renal function during pregnancy or the postpartum period. The incidence varies from 0.2% to 2.5 % of all pregnancies. It is a rare but potentially devastating consequence for both the mother and the fetus.

Aims & Objectives :
To determine the contemporary incidence and etiology of obstetric AKI

Materials & Methods :
This observational study was conducted in the Obstetrics and Gynaecology Department in collaboration with the Nephrology Department of AIIMS, Bhubaneswar. The study included antenatal, postpartum, and postabortal women aged 18 to 45 years with either oligouria

Results :
The study included 30 patients with a mean age of 26.2±5.3 years, ranging from 18 to 38 years. The majority were unbooked (89.6%). 30 % were primigravida. 24% developed AKI in the postnatal period,30% were in the Antenatal period. 23.5 % presented with oliguria followed by abnormal kidney function test, and anuria was seen in 8% cases. The most common causes of AKI were APH, PPH and puerperal sepsis& HELLP. 56 % were in AKI stage 3. Hemodialysis was performed in 86.48 % of cases. 96.4 % received multiple blood transfusions. Late recovery was observed in 26.24 % of cases. The study showed poor neonatal outcomes, IUFD seen in 34.6 %, and 18 had preterm delivery. Mortality was seen in 5 cases.

Conclusion :
Pregnancy related AKI is associated with high maternal mortality and adverse maternal and fetal outcomes. It requires a multidisciplinary team approach for better management and improved maternal and fetal outcomes.

Abstract ID: MISC/OP/08

Presenter's Name: Dr. Swarnima Agrawal

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Abstract Title:
EFFICACY OF COPPER IMPREGNATED WOUND DRESSING FOR WOUND HEALING IN REPEAT CAESAREAN DELIVERY: A PILOT STUDY

Introduction :
Surgical site infection (SSI) is a frequent complication following caesarean section and contributes substantially to maternal morbidity. With increasing caesarean delivery rates and limited resources in public hospitals, there is a pressing need for cost-effective infection-prevention strategies. Copper, with intrinsic antimicrobial properties, has emerged as a promising adjunct in wound care.

Aims & Objectives :
To evaluate the efficacy and safety of copper-impregnated wound dressings compared with standard gauze dressings in women undergoing repeat caesarean section, specifically assessing wound healing using the REEDA score, SSI incidence, duration of hospital stay, and adverse effects.

Materials & Methods :
A randomized controlled trial was conducted at a tertiary-care government hospital, enrolling 100 women undergoing repeat caesarean section (50 copper dressing; 50 standard gauze). Samples of copper dressings were provided free of cost by MedCu Technologies. Baseline characteristics, comorbidities, and operative variables were comparable. Wound healing was assessed using the REEDA score on postoperative Days 3, 7, and 10. Additional outcomes included SSI incidence, readmission, resuturing, adverse reactions, and hospital stay. Data were analyzed using SPSS version 20.0, with $p < 0.05$ considered significant.

Results :
The copper group showed significantly lower REEDA scores on Days 3, 7, and 10 ($p < 0.001$). SSI occurred in 8% versus 20% of controls ($p = 0.08$), with fewer readmissions (0% vs 6%). Mean hospital stay was shorter (6.12 ± 4.97 vs 8.64 ± 6.93 days, $p = 0.006$). No adverse reactions were reported.

Conclusion :
Copper-impregnated dressings improved wound healing, reduced SSI trend, and shortened hospital stay, suggesting a safe, cost-effective alternative warranting larger multi-centric evaluation.

Abstract ID: MISC/OP/09

Presenter's Name: Dr. Aakanksha Mahajan

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Abstract Title:
CLINICAL INSIGHTS AND DIAGNOSTIC CORRELATION OF FEMALE GENITAL TUBERCULOSIS

Introduction :
Female Genital Tuberculosis (FGTB) remains a significant cause of infertility and pelvic morbidity in developing countries, often presenting with varied clinical manifestations that delay diagnosis.

Aims & Objectives :
To study the clinical profile, diagnostic modalities, and correlation between clinical findings and investigative results among patients diagnosed with FGTB.

Materials & Methods :
A prospective, cross-sectional observational study was conducted over 12 months (February 2024–January 2025) in the Department of Obstetrics and Gynaecology, GMC Jammu, including 56 diagnosed cases of FGTB. Detailed clinical evaluation and investigations were performed, and data were statistically analyzed.

Results :
The mean age was 29.54 ± 2.56 years. Most patients (71.4%) belonged to low socio-economic status, and 57.1% were multigravida. Chronic pelvic pain (64.3%) was the most common symptom, followed by primary infertility (50%), oligomenorrhoea (46.4%), and weight loss (39.3%). ESR was raised in 90%, TB PCR was positive in 78.6%, and Mantoux in 64.3%. Laparoscopy in 19 cases revealed abnormal findings, while 34 surgical cases showed tubercles (32%), ascites (25%), and dense adhesions (24%). Tubal obstruction on HSG was found in 68.2%. Infertility correlated significantly with tubal and endometrial involvement ($p < 0.05$), and menstrual irregularities and pelvic pain showed strong association with PCR and laparoscopic positivity ($p < 0.01$).

Conclusion :
FGTB predominantly affects women of reproductive age from low socio-economic backgrounds. PCR serves as a valuable diagnostic tool. Early detection and prompt therapy are vital to preserve fertility and improve reproductive outcomes.

Abstract ID: MISC/OP/10

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Abstract Title:
CORRELATION BETWEEN HISTOLOGY AND BLEEDING PATTERN IN A CASE OF AUB AND RISK FACTORS ANALYSIS OF AUB IN REPRODUCTIVE AGE GROUP

Introduction :
Abnormal uterine bleeding (AUB) in perimenopausal women is often linked to conditions like endometrial cancer. Early evaluation through ultrasonography (USG) and biopsy is essential.

Aims & Objectives :
To analyse the histopathological patterns of endometrium in AUB, correlate findings with bleeding patterns, and identify risk factors at a tertiary care centre.

Materials & Methods :
A prospective study of endometrial biopsy samples from clinically diagnosed AUB cases at AJ Institute of Medical Sciences, Mangalore, from Jan 2024 to Dec 2024. A total of 100 specimens were included.

Results :
AUB was most common in parous women (grand multipara 38%, multipara 55%). The majority presented with menorrhagia (49%), followed by metrorrhagia (26%), polymenorrhagia (20%), and postmenopausal bleeding (5%). Pathological findings included fibroid uterus (29%), adenomyosis (26%), and DUB (21%). Combined fibroid and adenomyosis was found in 13%. Endometrial conditions included secretory endometrium (66%), proliferative (10%), atrophic (9%), hyperplasia (7%), endometrial malignancy (2%), chronic endometritis (2%), and endometrial polyp (3%). Major risk factors for AUB included multiparity (55%), grand multiparity (38%), hypertension (21%), PID (19%), diabetes (12%), and obesity (4%). Significant correlations were observed between parity and bleeding pattern ($r = +0.896$) and between histopathological findings and bleeding patterns ($r = +0.98$).

Conclusion :
AUB in perimenopausal women requires thorough evaluation, as it may indicate endometrial cancer. In our study, organic causes (fibroids, adenomyosis) were most common, followed by dysfunctional uterine bleeding. Treatment included dilatation & curettage, endometrial biopsy, or hysterectomy based on the diagnosis.

Abstract ID: MISC/OP/11

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Abstract Title:
TITLE- FETAL FOOT LENGTH AS A PARAMETER OF GESTATIONAL AGE DETERMINATION & ITS COMPARATIVE EVALUATION WITH OTHER FETAL BIOMETRIC INDICES

Introduction :
Ultrasound scans are considered to be the most accurate methods for measurement of various fetal indices in pregnant women. Fetal foot length is a reliable parameter for determining gestational age, especially when other parameters fail to reliably estimate foetal gestational age (for example hydrocephalus, anencephaly, and short limb dysplasia.

Aims & Objectives :
• To determine the correlation of fetal foot length and gestational age. • To determine the correlation with standard ultrasonographic parameters of femur length, head circumference, biparietal diameter and abdominal circumference.

Materials & Methods :
Study place: The study has been conducted in the department of obstetrics and gynaecology, Government Medical College and Rajindra Hospital Patiala Study Design: It is a cross-sectional, observational, hospital based study. Study Population: All pregnant female who visited in OPD in Obstetrics and gynaecology department between 18 to 40 weeks of pregnancy for the first time (old and new cases) during the study period of duration of one year starting from 1st August 2023 Sample size : 300 women

Results :
The correlation between other fetal biometric parameters and Fetal foot length was found to be significant. • As per the study, in term gestation when there is engagement of head, BPD and HC can’t be used, so fetal foot size becomes the most important biometric parameter for estimation of gestation age.

Conclusion :
Present study emphasises that fetal foot length is relatively easier and more accessible and accurate to measure in cases where the fetal head has been engaged into maternal pelvis.

Abstract ID: MISC/OP/12

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Abstract Title:
TUBERCULOSIS IN PREGNANCY-A CASE SERIES HIGHLIGHTING THE IMPACT OF EARLY DIAGNOSIS AND FOLLOW UP ON MATERNAL AND PERINATAL OUTCOMES

Introduction :
Tuberculosis (TB) in pregnancy remains a significant public health issue in India, with national incidence reported at 195 cases per 100000 population in 2023. The estimated incidence of TB in pregnancy is 2.3 per 1000 pregnant women in India and 1.3-2 per 1000 pregnant women in South India. These figures underline the urgent need for early detection, proper antenatal care and consistent follow up to mitigate adverse outcomes.

Aims & Objectives :
To evaluate maternal and perinatal outcomes among antenatal women diagnosed with tuberculosis in relation to their adherence to treatment and follow up. 2) To assess the impact of pregnancy on the exacerbation of pre-existing or current tuberculosis and its clinical implications.

Materials & Methods :
We present a case series of seven pregnant women diagnosed with tuberculosis at various gestational ages over one-year period at a tertiary care Centre in South India. Clinical presentation, diagnostic modality, treatment adherence, obstetric course, and perinatal outcomes were analyzed. All patients received standard anti-tubercular therapy (ATT) as per national guidelines, along with individualized obstetric management and coordinated follow-up visits.

Results :
Outcomes were strongly influenced by the timing of diagnosis and treatment adherence. Women diagnosed early in pregnancy and maintained on regular follow-up had favorable maternal recovery and live term deliveries. In contrast, late-diagnosed or irregularly treated cases were associated with intrauterine growth restriction, preterm birth, and adverse neonatal outcomes.

Conclusion :
Tuberculosis in pregnancy demands vigilant screening, prompt initiation of therapy, and structured follow-up to ensure optimal outcomes. Strengthening antenatal TB surveillance and multidisciplinary care are critical in reducing preventable complications of TB.

Abstract ID: MISC/OP/13

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Abstract Title:
IMPACT OF MATERNAL HEAT EXPOSURE DURING PREGNANCY ON ADVERSE FETAL OUTCOMES: A CROSS-SECTIONAL STUDY FROM WEST BENGAL

Introduction :
With global temperature rising & climate change at an unprecedented, India is experiencing increasing frequency & intensity of heat waves. States like West Bengal face both urban heat island effects (Kolkata) and occupational exposure in agriculture, brick kilns, and construction, which pose major threats to maternal and fetal health. Heat stress has been linked to preterm birth, intrauterine growth restriction (IUGR), stillbirth, and intrauterine fetal demise (IUFD).

Aims & Objectives :
To identify the impact of maternal heat exposure—both environmental and occupational—on adverse fetal outcomes in West Bengal.

Materials & Methods :
A cross-sectional observational study was conducted on 300 pregnant women over 4 months (April–July, 2024) in a tertiary care hospital in West Bengal. Heatwave exposure was defined using the Indian Meteorological Department (IMD) criteria. Outcomes included preterm birth (<37 weeks), IUGR/SGA, and stillbirth (≥28 weeks). Logistic regression models adjusted for maternal age, BMI, parity, anaemia, gestational diabetes (GDM), hypertensive disorders, ANC visits, socioeconomic status, and occupation.

Results :
Maternal heat exposure was associated with significantly higher odds of composite adverse pregnancy outcomes (APO). Prevalence of APO was 24.6%, with preterm birth 12.3%, IUGR/SGA 9.6%, and stillbirth 2.7%. Adjusted analysis showed heat exposure increased odds of APO (aOR = 2.1; 95% CI: 1.2–3.8). Dose-response analysis demonstrated higher APO rates in the highest quartile of heatwave days.

Conclusion :
Maternal heat exposure during pregnancy is strongly associated with adverse fetal outcomes in Eastern India. Public health measures, including heat-action plans and occupational safeguards, must prioritise pregnant women as a vulnerable group.

Abstract ID: MISC/OP/14

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Abstract Title:
BEYOND THE TUBES: MODERN PERSPECTIVES ON NON-TUBAL ECTOPIC PREGNANCIES

Introduction :
Non-tubal ectopic pregnancies (NTEPs) account for 7–10% of all ectopic gestations and are associated with high morbidity due to delayed diagnosis and potential for catastrophic haemorrhage. The rising incidence is attributed to increasing caesarean deliveries and assisted reproductive technologies.

Aims & Objectives :
To present a series of Non tubal ectopic pregnancies (NTEPs)managed in a tertiary care setting and outline a fertility-preserving management algorithm for hemodynamically stable patients.

Materials & Methods :
A retrospective analysis of nine Non tubal ectopic pregnancies (NTEPs)cases over two years was performed. Sites included caesarean scar (4), cornual (2), interstitial (1), cervical (1), and ovarian (1) pregnancies. Diagnosis was confirmed using transvaginal ultrasonography and serial serum β-hCG estimations. Management was individualised based on hemodynamic stability, gestational age, β-hCG levels, and fertility desire.

Results :
Two patients with rupture (cornual and ovarian) required emergency laparotomy. Seven stable patients were successfully managed medically with systemic or ultrasound-guided local methotrexate, alone or in combination. β-hCG levels normalized within 3–8 weeks without major complications. One patient with a caesarean scar pregnancy underwent hysteroscopic niche resection for persistent spotting.

Conclusion :
Early recognition and site-specific management are crucial for favourable outcomes in non tubal ectopic pregnancies . Methotrexate remains the cornerstone for stable cases, offering excellent fertility preservation. Surgical intervention is reserved for rupture or failed medical therapy. The proposed management algorithm provides a practical, fertility-sparing approach to these rare but high-risk pregnancies.

Abstract ID: MISC/OP/15

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Abstract Title:
TO ASSESS THE ROLE OF NIFEDIPINE AS A TOCOLYTIC AGENT IN PRETERM LABOUR- A TERTIARY CARE HOSPITAL BASED PROSPECTIVE STUDY

Introduction :
: Preterm birth is a major contributor to perinatal mortality and morbidity. Tocolysis allows delay in delivery by arresting uterine contractions during an episode of preterm labour. Nifedipine is an effective tocolytic agent with minimal side-effects

Aims & Objectives :
To determine the efficacy and safety of nifedipine as a tocolytic agent in preterm labour and assess its effect on maternal, foetal and neonatal outcomes.

Materials & Methods :
This was an interventional randomised prospective comparative study conducted in the Postgraduate department of Obstetrics and Gynaecology, S.M.G.S (Shri Maharaja Gulab Singh) Hospital Jammu in the year 2019-2020. 104 patients with preterm labour with gestation age 24 to 36 weeks; were assigned to group A and group B randomly, Group A consisted of 52 patients who received oral nifedipine and group B consisted of 52 patients who received routine care

Results :
Nifedipine showed a significant prolongation of pregnancy of 10.4 ± 11.47 days when compared to Group B (3.9 ± 6.61 days). The success rate obtained with nifedipine was 84.6%. There was reduction in neonatal complications in Group A (5.8%) compared to Group B (15.4%). There was a significant reduction in NICU admissions (11.5% in Group A compared to 30.8% in Group B). The perinatal mortality rate in group A was 3.8% compared to 19.2% in Group B. However, there was no significant difference in the birth weight and APGAR score at birth for the two groups.

Conclusion :
Nifedipine resulted in an overall reduction in neonatal complications, NICU admissions and perinatal mortality in group A as compared to group B.

Abstract ID: MISC/OP/17

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Abstract Title:
"RELAPAROTOMY AFTER CAESAREAN DELIVERY: A CONUNDRUM OF ESOTERICA

Introduction :
The relaparotomy following caesarean section is one of the rare complications in post operative period. The decision is challenging and often considered in the event of near miss maternal mortality as a resort to save mother's life.

Aims & Objectives :
The objective of the study was to determine the incidence of relaparotomy after caesarean delivery, indications of relaparotomy and to assess maternal outcome after relaparotomy.

Materials & Methods :
This retrospective observational record-based study was carried out in the Department of Obstetrics and Gynecology at Lady Hardinge Medical College. All Obstetric patients undergoing relaparotomy within six weeks of caesarean delivery between 1.1.2021 to 30.6.2023 were included in the study. The data as per the proforma was entered in the MS excel sheet and analysed by recent SPSS version

Results :
The incidence of relaparotomy in our study was 0.32%. Majority of patients were in 20-25 years age group and were multigravida. The most common indication of relaparotomy was intra peritoneal hemorrhage (36%). About 41% underwent hysterectomy during the procedure. About 38% had febrile morbidity, 40% had deranged coagulation and 30% had MODS in postoperative period. The mortality rate was 12.5%.

Conclusion :
Emergency relaparotomy after caesarean delivery is a lifesaving procedure. The intra peritoneal hemorrhage was the most common indication of relaparotomy in our study and majority were done within 24 hours of primary procedure. Hence, close monitoring in first 24 hours after the surgery should be diligently done for prompt diagnosis and early intervention. The meticulous surgical technique, asepsis and proper haemostasis should be ensured to prevent this catastrophic complication.

Abstract ID: MISC/OP/18

Presenter's Name: Dr. Neha Nohria

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City: RAEBARELI

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Country: India

Abstract Title:
PREDICTIVE PROBABILITY OF FETAL FIBRONECTIN , USG CERVICAL LENGTH AND MCA PI DOPPLER IN FAILURE OF INDUCTION OF LABOUR

Introduction :
Labour Induction is a common intervention in obstetrics. The ultrasound and biochemical elements, which have not been integrated into a model before, operate independently of each other in forecasting the effectiveness of labour induction

Aims & Objectives :
To determine the predictive probability of a model combining the three parameters of cervical length, fetal fibronectin, and fetal MCA PI doppler in divination of the failure of IOL and to determine the cut off value of fetal fibronectin that can predict failure of induction of labour(IOL).

Materials & Methods :
Women with singleton pregnancy at GA between 37-42 weeks with cephalic presentation, having intact fetal membranes and bishop score 8 and cervical dilatation of 5 cm

Results :
Among the 120 enrolled, only 34(28%) did not respond to induction. The prediction model for the failure of induction with the three variables has a sensitivity of 94% and specificity of 59% (AUC 0.80) with upper cut off of 0.21. The cut off value of FFN is 37 that can predict failure.

Conclusion :
A model comprising MCA PI, CL and quantitative fetal fibronectin has a good prediction value to assess response to IOL in women.

Abstract ID: MISC/OP/19

Presenter's Name: Dr. Nishu

Institute/ Affiliation:
PGIMS Rohtak

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State: Haryana

Country: India

Abstract Title:
PLACENTA ACCRETA SPECTRUM -A CASE SERIES

Introduction :
Placenta Accreta Spectrum includes placenta accreta , increta, and percreta —conditions characterized by abnormal placental adherence or invasion into the myometrium or bladder . The rising Cesarean section rate has led to an increased incidence of PAS, which is a leading cause of massive obstetric haemorrhage and maternal morbidity. Early diagnosis and multidisciplinary management are key to reducing adverse outcomes.

Aims & Objectives :
To study the clinical presentation, risk factors, diagnostic methods, management strategies, and outcomes in patients with Placenta Accreta Spectrum .

Materials & Methods :
This case series was conducted in the Department of Obstetrics and Gynaecology at PGIMS Rohtak . A total of 10 confirmed PAS cases were analysed. Data on obstetric history, ultrasonographic and MRI findings, intraoperative details, estimated blood loss, surgical management, and maternal-fetal outcomes were collected and reviewed descriptively.

Results :
All 10 patients had a history of previous cesarean section and placenta previa. 4 patients were diagnosed as Placenta accreta and 3 each of increta and percreta. All patients required operative intervention, with cesarean hysterectomy performed in 8 patients. The mean intra-operative blood loss was approximately 2500-3500 mL and all required blood transfusion. No maternal deaths were reported; however, postoperative complications such as bladder injury occurred in 4 cases. Neonatal outcomes were satisfactory in all patients.

Conclusion :
Placenta accreta spectrum remains a serious obstetric challenge. Antenatal diagnosis through imaging and planned delivery in a tertiary centre with multidisciplinary support significantly improves maternal and perinatal outcomes. Reducing primary cesarean rates is vital in preventing future PAS cases.

Abstract ID: MISC/OP/20

Presenter's Name: Dr. Harleen Oberoi

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State: Punjab

Country: India

Abstract Title:
REASSESSING CAESAREAN SECTION STRATIFICATION: APPLICATION OF A MODIFIED ROBSON'S SYSTEM AT A TERTIARY HOSPITAL

Introduction :
This prospective observational study, conducted at Government Medical College, Amritsar (June 2024–May 2025), evaluated caesarean section (CS) trends using a modified Robson's classification. This system refines the standard WHO criteria by sub-dividing groups based on onset of labour (spontaneous, induced, or pre-labour CS) and distinctly identifying women with previous CS and those attempting Vaginal Birth After Caesarean (VBAC). This refinement aimed to enhance audit precision, allowing clearer assessment of primary CS rates and VBAC outcomes.

Aims & Objectives :
The study aimed to classify all deliveries using the modified Robson's criteria, determine the contribution of primary caesareans to total births, and calculate VBAC rates to assess the system's effectiveness in evaluating CS trends and quality of care.

Materials & Methods :
All antenatal women admitted during the study were prospectively classified into modified Robson's groups at admission and reclassified after delivery based on final outcomes. Relevant obstetric parameters, including onset of labour, parity, and indication for CS, were analysed.

Results :
Of all births, 55% were caesarean deliveries and 45% vaginal births. Previous caesarean section (modified Group VIII) was the major contributor, accounting for 68% of all CSs. Primary caesareans formed 32%, mainly due to acute fetal distress. The VBAC rate was 1%, reflecting limited trial of labour after caesarean.

Conclusion :
The modified Robson's criteria improved stratification and audit precision. It identified delayed referrals, late complication recognition, and suboptimal intrapartum monitoring as key causes of rising CS rates. The refined system demonstrated strong clinical utility in optimising obstetric management and reducing unnecessary caesarean deliveries.

Abstract ID: MISC/OP/21

Presenter's Name: Dr. Sushila Chaudhary

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City: Rohtak

State: Haryana

Country: India

Abstract Title:
TO STUDY HISTOMORPHOLOGICAL CHANGES IN PLACENTA IN PREGNANCY ASSOCIATED SEVERE ANEMIA

Introduction :
Anemia leads to chronic hypoxia which is responsible for changes in the structure of the Placenta, like change in the weight and size , development of fibrosis, calcification, along increased vascularity, syncytial knots formation and villitis. The changes in placenta in anaemic women may be a cause of adverse fetal and maternal consequences.

Aims & Objectives :
Correlation of histological and gross changes in placenta with pregnancy associated severe anaemia .

Materials & Methods :
Prospective observational study conducted at PGIMS, Rohtak over one year on pregnant women > 32 weeks gestation excluding all others obstetrics complication, divided into 2 groups each 40 patients (Group A Hb 11gm/dl). After delivery, the placenta was examined and send for histopathological evaluation.

Results :
A higher percentage of preterm deliveries was observed both Groups. Mean placental weight was lower in Group A compared to Group B. Gross placental fibrosis was observed more of in Group A. Gross placental calcification was observed in patients of Group A, while no cases were in Group B. Microscopic fibrinoid deposition and calcification found more in the group A .More placentae in group A had increased vascularity and syncytial knots in comparison to group B.

Conclusion :
Significant changes found in placentae of severely anemic women in terms of increased incidence of syncytial knots, placental fibrosis, calcifications and villitis ,also adversely affects the fetal outcome. Therefore, a thorough placental examination is essential for all patients with severe anemia and treating severe anaemia at the earliest.

Abstract ID: MISC/OP/22

Presenter's Name: Dr. Archana Saini

Co-Author(s):
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City: New Delhi

State: Delhi

Country: India

Abstract Title:
EVALUATION OF PELVIC ADHESIONS ON LAPAROSCOPY IN PATIENTS WITH UNEXPLAINED INFERTILITY

Introduction :
Infertility affects 10–15% of couples of reproductive age, and unexplained infertility accounts for 15–30% of these cases. Subtle pelvic pathologies like adhesions or endometriosis may go undetected on routine investigations. Diagnostic laparoscopy provides direct visualization of pelvic anatomy and gives us opportunity simultaneously for therapeutic interventions. In view of limited Indian data on the subject this study aims to find incidence of pelvic adhesions in patients with unexplained infertility.

Aims & Objectives :
To estimate the incidence and grading of pelvic adhesions on Diagnostic laparoscopy in women with unexplained infertility.

Materials & Methods :
This prospective observational study was conducted in the Department of OBG, DDUH. Women aged 20–40 years with unexplained infertility (normal ovulatory function, normal hormone profile, normal hysterosalpingography, and normal husband semen analysis) were included. Diagnostic laparoscopy was performed between Day 7 to Day 9 of menstrual cycle after informed consent and preanesthetic work up. Pelvic adhesions were graded according to the American Fertility Society (AFS) classification of adnexal adhesions.

Results :
Out of the 50 women evaluated, 38%(19/50) were found to have pelvic adhesions. Among these, 31.6% (6/19) had minimal, 15.8% (3/19) had mild, 21%(4/19) moderate, and 31.6%(6/19) severe adhesions.

Conclusion :
Conclusions: Diagnostic laparoscopy revealed pelvic adhesions in 38%(19/50) of women with unexplained infertility so Diagnostic laparoscopy proves to be beneficial in diagnosing the cause of unexplained infertility in Indian population. Early Diagnostic laparoscopy helps to identify correctable pelvic pathologies, thereby improving fertility outcomes and guiding management on case-to-case basis.

Abstract ID: MISC/OP/23

Presenter's Name: Dr. Aditi Verma

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Abstract Title:
ANDROGEN LEVELS IN WOMEN WITH PREMATURE OVARIAN INSUFFICIENCY

Introduction :
Premature Ovarian Insufficiency (POI) is defined as loss of ovarian function before 40 years of age, leading to menstrual irregularities, hypoestrogenism and increased long-term health risks.

Aims & Objectives :
This study aims to evaluate serum androgen levels in women with premature ovarian insufficiency (POI). The primary objective is to compare levels of total testosterone, dehydroepiandrosterone sulphate (DHEA-S), androstenedione, and sex hormone-binding globulin (SHBG) between women with POI and age- and BMI-matched menstruating women. The secondary objective is to compare these androgen levels in POI patients with BMI-matched menopausal women having a similar duration of amenorrhea.

Materials & Methods :
This cross-sectional study was conducted in the Department of Obstetrics and Gynaecology, Maulana Azad Medical College. Thirty POI patients (18–39 years) were compared with equal numbers of (a) menstruating and (b) menopausal controls. Fasting blood samples were analysed for total testosterone, dehydroepiandrosterone sulfate (DHEA-S), androstenedione, and sex hormone-binding globulin (SHBG) using electrochemiluminescence assays. Data were analysed using SPSS version 29.0, with $p \leq 0.05$ considered statistically significant.

Results :
POI women showed hypergonadotropic hypogonadism with elevated FSH (76.4 ± 41.27 mIU/ml) and LH (44.03 ± 22.9 mIU/ml) and lower estradiol (42.91 ± 62.94 pg/ml) than menstruating controls ($p < 0.01$). Total testosterone and DHEA-S were slightly lower in POI(not significant). Androstenedione was significantly lower in POI (0.67 ± 0.77 vs 1.14 ± 0.97 ng/mL; $p = 0.04$). Compared to menopausal women, POI cases had significantly higher DHEA-S and androstenedione levels ($p < 0.01$).

Conclusion :
Women with POI exhibit androgen deficiency suggesting a transitional hormonal state supporting hormonal evaluation and management.

Abstract ID: MISC/OP/25

Presenter's Name: Dr. Priyanshu Sharma

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Abstract Title:
A COMPARATIVE STUDY BETWEEN SUBLINGUAL MISOPROSTOL (PGE) VERSUS INTRACERVICAL DINOPROSTONE GEL (PGE,) IN THE INDUCTION OF LABOUR IN PREGNANT WOMEN AT A TERTIARY CARE CENTRE

Introduction :
Prostaglandins (PGs) are a group of naturally occuring fatty acids that play a crucial role in various physiological processes including inflammation and uterine contractions. When it comes to induction of labor, prostaglandins are used to help ripen the cervix and stimulate uterine contractions.

Aims & Objectives :
A COMPARATIVE STUDY BETWEEN SUBLINGUAL MISOPROSTOL (PGE1) VERSUS INTRACERVICAL DINOPROSTONE GEL , (PGE,2) IN THE INDUCTION OF LABOUR IN PREGNANT WOMEN AT A TERTIARY CARE CENTRE

Materials & Methods :
A hospital-based comparative study was conducted at Al-Falah School of Medical Sciences,Faridabad, including 80 term pregnant women (40 in each group). Group A received intracervical Dinoprostone gel (0.5 mg q6h, s3 doses) and Group B received sublingual Misoprostol (25 pg q4h, s3 doses).Maternal demographics, induction-delivery interval, Bishop score, labour progress, mode of delivery, maternal and neonatal outcomes were analyzed using t-test and Chi-square test, with $p < 0.05$considered significant.

Results :
The induction-to-delivery interval was shorter with Misoprostol (6.93 ±3.65 h) than Dinoprostone (8.50 ± 4.33 h; p: 0.084, NS). Vaginal delivery occurredin 72.5:S vs 77.5 %, and caesarean section in 20 % vs 22.5 %,respectively ($p = 0.210$).

Conclusion :
Both sublingual Misoprostol and intracervical Dinoprostone gel are effective for labour induction with comparable maternal and fetal outcomes. Misoprostol offers a slightly shorter induction-delivery interval and higher initial neonatal Apgar without increasing complications, suggesting it as a safe, cost-effective alternative for cervical ripening and labour induction in term pregnancies.

Abstract ID: MISC/OP/26

Presenter's Name: Dr. Aarushi Chaudhary

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Kalpana Chawla Government Medical College Karnal Haryana

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State: Haryana

Country: India

Abstract Title:
A REVIEW ON MEDICAL TERMINATION OF PREGNANCY AT A TERTIARY CARE CENTER IN HARYANA

Introduction :
The Medical Termination of Pregnancy Act (MTP Act) came into force from 01 April 1972 and revised in 1975 with latest revision being 2021. The objective was to study demographic profile, methods, various indications due to Medical Termination of Pregnancy performed in our institution.

Aims & Objectives :
Objectives of present study were to evaluate the number of Medical Termination of Pregnancy performed in our institution over a period of 1year, To evaluate the methods of Medical Termination of Pregnancy performed in the institution & To observe indications for Medical Termination of Pregnancy performed in 1st trimester and mid trimester of pregnancy

Materials & Methods :
The present study was carried out in the Department of Obstetrics and Gynecology at a tertiary level institute in Haryana. After thorough history including reasons for MTP, detailed examination, investigations and consent, 168 women underwent MTP using various methods in last one year at a Government Medical College, Karnal

Results :
In present study, 168 women fulfilling inclusion criteria underwent MTP. MTPs performed during 1st trimester was 96 (64.86 %) and in second-trimester were 72 (35.14%). Common indications for MTPs were contraceptive failure 136 (80.4%) followed by gross congenital malformation(17.2%) and h/o sexual assault (1.78%)

Conclusion :
The most common reasons for medical termination of pregnancy (MTP) is unwanted pregnancy due to non use of contraceptives by the women of reproductive age group. There is a need to focus on unmet need for family planning services including medical termination of pregnancy (MTP) services.

Abstract ID: MISC/OP/27

Presenter's Name: Dr. Rajeev Chhabra

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Abstract Title:
A PROSPECTIVE, SINGLE-ARM STUDY TO EVALUATE THE EFFICACY AND SAFETY OF BIZFER-XT® (FERROUS BISGLYCINATE 60MG+ ZINC BISGLYCINATE 15MG + FOLIC ACID 1MG + METHYLCOBALAMIN 500MCG TABLET) FOR THE TREATMENT OF IRON DEFICIENCY ANEMIA (BIZFER-IDA TRIAL): AN INTERIM ANALYSIS

Introduction :
India continues to face a high burden of iron deficiency anemia (IDA), particularly among women, despite various government health initiatives. Conventional iron salts often cause gastrointestinal intolerance and poor absorption, resulting in low compliance. Ferrous bisglycinate, a chelated form of iron, offers superior absorption and better tolerability.

Aims & Objectives :
To evaluate the efficacy and safety of Bizfer-XT® in non-pregnant women with IDA (interim analysis at week 4).

Materials & Methods :
This ongoing, single-arm study (N=110) evaluates 8-week Bizfer-XT® therapy in non-pregnant, non-lactating women (18–40 years) with IDA. Hemoglobin, ferritin, transferrin saturation, and FACIT-Fatigue scores were assessed at baseline and week 8, with interim analysis at week 4 for Hb and FACIT-Fatigue scores. Safety was evaluated through adverse event reporting. Data were analyzed as per protocol and expressed as mean ± SD using paired t-test ($p < 0.05$).

Results :
In 105 evaluable patients, baseline mean Hb, ferritin, and TSAT were 9.96 ± 1.15 g/dL, 20.17 ± 5.67 ng/mL, and 12.34 ± 3.35%, respectively. By week 4, mean Hb increased by 1.07 g/dL ($p < 0.05$), and FACIT-Fatigue improved from 26.1 ± 7.06 to 33.11 ± 9.07 ($p < 0.05$). Moderate fatigue declined from 46.36% to 23.64%, while minimal fatigue rose from 8.18% to 39.09%. Reported adverse events were constipation (n = 2), and metallic taste, nausea, and diarrhea (n = 1 each).

Conclusion :
At week 4, Bizfer-XT® significantly improves hemoglobin and fatigue scores with good tolerability, supporting its efficacy as an oral therapy for IDA in women.

Abstract ID: MISC/OP/28

Presenter's Name: Dr. Devika

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Country: India

Abstract Title:
COMPARISON OF PIPELLE ENDOMETRIAL SAMPLING AND DILATATION CURETTAGE IN ABNORMAL UTERINE BLEEDING

Introduction :
Abnormal Uterine Bleeding (AUB) is a leading gynecological concern, particularly in peri- and postmenopausal women, often requiring endometrial evaluation to rule out infection, hyperplasia, or malignancy. This study compares the diagnostic accuracy and adequacy of Pipelle endometrial biopsy, a simple outpatient alternative, with conventional dilatation and curettage (D&C) in assessing endometrial pathology.

Aims & Objectives :
To compare the diagnostic accuracy, adequacy of endometrial tissue sampling, patient comfort, and complication rates between endometrial pipelle biopsy and conventional dilatation and curettage (D&C) in patients presenting with abnormal uterine bleeding (AUB).

Materials & Methods :
A comparative interventional study was conducted on 80 women aged ≥30 years with abnormal uterine bleeding (AUB) to evaluate the diagnostic efficacy of Pipelle endometrial biopsy versus dilatation and curettage (D&C). Participants underwent detailed evaluation, transvaginal sonography, and both sampling techniques, with specimens analyzed blindly by a histopathologist. Data were statistically evaluated considering D&C as the diagnostic gold standard.

Results :
Pipelle endometrial sampling showed strong diagnostic agreement with D&C, particularly for hyperplasia and proliferative lesions. Adequacy of Pipelle samples was high (87–92%), though slightly affected by endometrial thickness. Diagnostic accuracy and specificity remained above 80% for most lesions, establishing Pipelle as a reliable, less invasive alternative to conventional D&C.

Conclusion :
Pipelle endometrial sampling is a simple, safe, and cost-effective outpatient procedure with excellent patient compliance and minimal complications compared to D&C. It provides adequate tissue with high sensitivity and specificity, making it a reliable first-line diagnostic tool for evaluating endometrial pathology in AUB.

Abstract ID: MISC/OP/29

Presenter's Name: Dr. Divya Khurana

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Abstract Title:
OPTIMIZING ANTIBIOTIC USE RATE IN LABOR ROOM SETTING USING SIX SIGMA APPROACH

Introduction :
Antibiotic use during pregnancy and postpartum period is prevalent worldwide with wide variations in indications. Government of India issued guidelines for antibiotic use in pregnancy by adapting WHO safe birth checklist. Despite this, irrational antibiotic use in labor room (LR) is assuming epidemic proportions in our country with reports indicating up to 87% inappropriate use, which has numerous ramifications.

Aims & Objectives :
To reduce the antibiotic use rate from existing 82% to <50% in 3 months' time using quality tools.

Materials & Methods :
The study included all women admitted to LR at term and delivering vaginally. Six sigma principles using DMAIC (define, measure, analyze, improve, control) approach was used to tackle the problem. The problem having already been defined and measured, a root cause analysis was done to assess reasons for irrational use. Following this a departmental antibiotic policy was made and integrated into workflow. This was followed by the control phase in which monitoring was done to sustain the results achieved.

Results :
The desired target was achieved in 2 months' time. It was improved further and at the end of 1 year it was 7%. There was no increase in incidence of puerperal sepsis or episiotomy infections.

Conclusion :
Quality initiatives should be part and parcel of healthcare settings to resolve problems. Establishing effective policies for rationalizing antibiotic use and their surveillance is the need of the hour.

Abstract ID: MISC/OP/30

Presenter's Name: Dr. Greeshma VR

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Country: India

Abstract Title:
PREVALENCE AND PATTERN OF CONGENITAL ANOMALIES AMONG DELIVERIES AND TERMINATIONS AT A TERTIARY CARE CENTRE: A CROSS-SECTIONAL STUDY

Introduction :
Congenital anomalies remain a significant public health concern, contributing to neonatal morbidity and mortality. Antenatal ultrasonography serves as a vital and safe tool for early detection, enabling timely interventions, optimal pregnancy management, and preparedness for postnatal or fetal therapeutic care.

Aims & Objectives :
To determine the prevalence and pattern of congenital anomalies, along with maternal and fetal factors associated with their occurrence, among deliveries and terminated pregnancies at AIIMS, BG Nagara.

Materials & Methods :
This cross-sectional study was conducted over 12 months in the Department of Obstetrics and Gynecology, AIIMS BG Nagara. All anomalies detected antenatally or at delivery were included. Data were analyzed for prevalence, organ system involvement, diagnostic modality, pregnancy outcome, and maternal demographics.

Results :
Among 1,878 deliveries and terminations, 47 congenital anomalies were identified, giving a prevalence of 2.5%. Central nervous system anomalies were the most frequent (36.1%), followed by circulatory system anomalies (21.3%). Prenatal ultrasonography detected 78.7% of cases. Of the affected pregnancies, 66.0% underwent termination, 31.9% resulted in live births, and 2.1% were stillborn. Most cases occurred in mothers aged 26–30 years (34.1%) and in multiparous women (59.6%).

Conclusion :
The study highlights a notable prevalence of congenital anomalies, predominantly CNS malformations. Strengthening antenatal screening, promoting early ultrasonographic diagnosis, and providing counseling for at-risk mothers can aid in reducing perinatal morbidity and mortality associated with congenital anomalies.

Abstract ID: MISC/OP/31

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Country: India

Abstract Title:
ABDOMINAL WALL ENDOMETRIOSIS : A SINGLE CENTRE CROSS SECTIONAL STUDY

Introduction :
Abdominal wall endometriosis (AWE) is an uncommon implantation of functional endometrium—typically in Caesarean or trocar scars—presenting with cyclical pain and a palpable mass, with definitive treatment by wide local excision.

Aims & Objectives :
To describe the demographic profile, obstetric/operative history, presenting symptoms and clinical features, imaging and lesion characteristics, management, and histopathological findings—along with early postoperative outcomes—of patients with AWE.

Materials & Methods :
We conducted a single-centre, hospital-based descriptive cross-sectional study (October 2024–September 2025) using consecutive convenience sampling of adult women with clinically/radiologically suspected AWE, confirmed on histopathology after wide local excision.

Results :
Among 12 histologically confirmed AWE cases, the mean age was 31.4±3.9 years and BMI 25.2±2.4 kg/m²; median parity was 2 (IQR 1–2). Prior Caesarean section was common (10/12, 83.3%), with one prior hysterectomy (8.3%) and one primary umbilical case (8.3%); the median interval from index surgery to symptoms was 3.3 years (IQR 2.9–4.3). Most presented with a palpable mass (11/12, 91.7%) and pain (11/12, 91.7%), cyclical in two-thirds (8/12, 66.7%); one reported umbilical bleeding. Lesions chiefly involved the Pfannenstiel scar (9/12, 75.0%); mean size was 3.1±1.0 cm. Ultrasonography was suggestive in 11/12 (91.7%); MRI was performed in 5/12 (41.7%). All underwent wide local excision; mesh repair was required in 3/12 (25.0%) and adjuvant hormones in 4/12 (33.3%). Margins were negative in 11/12 (91.7%); complications were minimal (seroma 16.7%), and no recurrences occurred over 12 months.

Conclusion :
AWE, usually post-caesarean, presented with scar masses; ultrasonography aided diagnosis, and wide excision with margins achieved low morbidity and no short-term clinical recurrence.

Abstract ID: MISC/OP/32

Presenter's Name: Dr. Poonam Jain

Institute/ Affiliation:
TMMC&RC

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State: Uttar Pradesh

Country: India

Abstract Title:
TUBERCULOSIS AND MYRIAD PRESENTATIONS - CASE SERIES, OUR EXPERIENCE!

Introduction :
In endemic areas genital tuberculosis(TB) remains an important cause of pelvic inflammatory disease (PID), yet is often overlooked due to its indolent course. Maintaining a high index of suspicion for TB, helps in timely diagnosis, providing with proper treatment options, thus decreasing operative interventions, patient morbidity, complications and improving prognosis for patients with better fertility outcomes specially in nulligravida patients.

Aims & Objectives :
To highlight atypical presentations of TB in females in western UP and emphasize the importance of early detection and clinical vigilance.

Materials & Methods :
A series of cases with various presentations of TB such as non healing Pfannenstiel wound, non healing vesicocutaneous fistula, adnexal huge mass, AUB not responding to medical treatment, bilateral Bartholin's abscess, non healing cervical ulcer, cervical pedunculated mass, iliopsoas abscess in pregnancy, gradual paraparesis (spinal TB) in pregnancy, Pyrexia of unknown origin in pregnancy, sepsis mimicking acute pancreatitis in pregnancy, eventually leading to TB as the culprit.

Results :
Constitutional symptoms associated with poor response towards conventional treatment, respective diagnostic aid like microbiology, histopathology, radiology helped in reaching the diagnosis and in some cases empirical treatment was also started which resulted in magical resolution.

Conclusion :
Tuberculosis is a silent disease with vast plethora of symptoms and presentations. In high prevalence areas, TB should always remain as a strong differential diagnosis. Registration with DOTS and completing the treatment is very important for successful outcome and resolution of disease while also helping to dispel the social stigma associated with this disease.

Abstract ID: MISC/OP/33

Presenter's Name: Dr. Akshita Agrawal

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Country: India

Abstract Title:
MATERNAL OUTCOMES FOLLOWING CAESAREAN SECTION IN ENHANCED RECOVERY AFTER SURGERY PROTOCOLS VS CONVENTIONAL CARE

Introduction :
ERAS refers to enhanced recovery after surgery. It is a set of protocols, to shorten the hospital stay of the patients and in turn reduce complications. It was first adopted in colorectal surgery. Caesarean section is one of the most commonly performed obstetric procedure. Women who deliver via caesarean section have a longer hospital stay and take longer time to recover as compared to women who deliver vaginally. Adopting ERAS protocal can improve outcomes and can help in faster return to physiological function.

Aims & Objectives :
To evaluate the role of ERAS protocol following caesarean section in reducing the length of hospital stay, time taken to return to physiological function, postoperative pain scores, postoperative complications and improving the quality of life.

Materials & Methods :
It is a randomised control trial done on 60 women who had undergone caesarean section at a tertiary care hospital. After fulfilling the inclusion and exclusion criteria, patients were randomised into 2 groups, the ERAS group and the conventional group. The two groups were compared based on length of hospital stay, time of first ambulation, time of first oral intake, time of first passage of urine, stools and flatus, post operative complications, pain scores and quality of life

Results :
ERAS group reported significantly shorter length of hospital stay. Time taken to first oral intake and ambulation was earlier with ERAS. They had significantly lower post operative pain scores and patient satisfaction was higher. However, postoperative complication rate was similar in both groups.

Conclusion :
ERAS protocol significantly improves recovery and maternal outcomes

Abstract ID: MISC/OP/34

Presenter's Name: Dr. Puli Pallavi Krishna

Co-Author(s):
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AIIMS RAIPUR

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Country: India

Abstract Title:
TITLE-RETROSPECTIVE STUDY ON EFFICACY AND ACCEPTABILITY OF LEVONORGESTREL INTRAUTERINE DEVICE (MIRENA) IN A TERTIARY CARE CENTRE

Introduction :
The Mirena intrauterine system (IUS) is a long-acting, reversible hormonal device widely used for both contraception and the management of abnormal uterine bleeding (AUB). It releases levonorgestrel, providing localized endometrial suppression, reduced menstrual bleeding, and effective pregnancy prevention for up to five years. Clinical evaluation of insertion indications, patient outcomes, and device status (in situ, removed, or expelled) helps assess its overall effectiveness, acceptability, and patient satisfaction in gynaecologic practice.

Aims & Objectives :
: To determine overall efficacy and acceptability of Levonorgestrel Intrauterine Device (Mirena) In A Tertiary Care Centre

Materials & Methods :
It was a retrospective observational study including all women who underwent Mirena insertion at AIIMS RAIPUR , from JUNE 2022-JUNE 2025.

Results :
-. A total of 240 women were included. The mean age at insertion was 42 ± 6.1 years. Indications included AUB-A (adenomyosis) in 45%, AUB-L (leiomyoma) in 22%, endometrial hyperplasia without atypia in 20%, heavy menstrual bleeding in 13%, and contraception in 10%. Spontaneous expulsion occurred in 20%, removal due to unresolved symptoms in 18%, while 62% experienced complete symptom relief.

Conclusion :
The Levonorgestrel Intrauterine System (Mirena) is a safe, effective, and acceptable treatment for AUB and related conditions. It provides significant symptom relief with minimal complications and offers a reversible, cost-effective alternative to surgical interventions such as hysterectomy in tertiary care practice.

Abstract ID: MISC/OP/35

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Abstract Title:
WHEN A SCAR BLEEDS: CLINICAL INSIGHTS INTO CAESAREAN SCAR ENDOMETRIOSIS AND ITS MANAGEMENT

Introduction :
Scar endometriosis is a rare form of extrapelvic endometriosis that develops in surgical scars. With rise in cesarean section rates, incidence of scar endometriosis is also increasing. It often presents with cyclical pain or swelling at the scar site and is frequently misdiagnosed as incisional hernia or granuloma.

Aims & Objectives :
To describe the clinical profile, diagnostic challenges, and surgical methods and outcomes in women with scar endometriosis presenting to a tertiary care centre.

Materials & Methods :
A retrospective case series analysis of 12 women diagnosed with cesarean scar endometriosis to our institution between January 2024– December 2024 was conducted. Detailed history, clinical findings, imaging, surgical details and histopathology reports were reviewed.

Results :
The mean age was 32.8 ± 4.6 years. The average interval from surgery to symptom onset was 3.5 years. All patients presented with cyclical pain and nodular swelling at the scar site. Diagnosis was confirmed by ultrasound and histopathology in all cases. For the patient for whom the extent and depth of lesion was uncertain, MRI was done. All underwent wide local excision with clear margins. Seven patients with deep abdominal wall involvement underwent Mesh repair. Eight patients received Inj Leuprolide(GnRH agonist) as an adjuvant therapy postoperatively to suppress residual disease. No recurrence was noted during a mean follow-up of 6 months.

Conclusion :
Scar endometriosis, though rare, but rising incidence, should be suspected in women with cyclical pain or swelling at previous obstetric or gynaecological surgical scars. Imaging aids diagnosis. GnRH agonists may be adjuncts, but complete surgical excision ensures definitive relief and prevents recurrence.

Abstract ID: MISC/OP/36

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Country: India

Abstract Title:
"A RANDOMISED PLACEBO-CONTROLLED TRIAL TO COMPARE THE EFFICACY OF INTRAUTERINE LIGNOCAINE INSTILLATION WITH PARACERVICAL BLOCK IN PERIMENOPAUSAL WOMEN UNDERGOING OUTPATIENT ENDOMETRIAL BIOPSIES AT A TERTIARY CARE CENTRE IN TELANGANA"

Introduction :
Endometrial biopsy is a common diagnostic procedure in evaluating abnormal uterine bleeding but is often associated with significant pain and discomfort. Various methods, including intrauterine and paracervical anesthesia, have been explored to improve patient comfort.

Aims & Objectives :
Aim: To compare the efficacy of combined intrauterine lignocaine and paracervical block in alleviating pain during endometrial biopsy procedures. Objectives: Primary Objective: To evaluate the efficacy of the combined method of intrauterine lignocaine and paracervical block in reducing pain during endometrial biopsy using Visual Analog Scale (VAS) scores during, immediately, and 30 minutes post-procedure, and to compare the need for additional analgesia in both groups. Secondary Objective: To compare the duration of the biopsy procedure and assess adverse effects associated with the combined technique versus paracervical block alone.

Materials & Methods :
A randomized controlled trial was conducted at AIIMS Bibinagar among perimenopausal women undergoing endometrial biopsy (interim study). Sixty participants were randomized into two groups: Group A (n=33) received intrauterine lignocaine with paracervical block, and Group B (n=27) received paracervical block with intrauterine saline. Pain was assessed using the Visual Analog Scale (VAS) during, immediately after, and 30 minutes post-procedure. The duration of the procedure, need for additional analgesia, and adverse effects were recorded.

Results :
Median pain scores during, immediately, and 30 minutes after the procedure were significantly lower in the intrauterine lignocaine group (6, 4, 3) compared to the saline group (8, 7, 6) ($p<0.001$). Additional analgesia was required in 92.6% of the saline group versus 6.1% in the lignocaine group ($p<0.001$). The median procedure duration was

Conclusion :
This combined anesthetic technique is safe, effective,

Abstract ID: MISC/OP/38

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Abstract Title:
A CLINICO-RADIOLOGICAL MODEL FOR THE PREDICTION OF PLACENTA ACCRETA SPECTRUM DISORDERS

Introduction :
The incidence of Placenta Accreta Spectrum(PAS) is rising globally owing to the increasing rates of cesarean delivery. A standardized ultrasonographic and MRI evaluation along with consideration of clinical risk factors can be helpful in stratifying the individual risk of placental invasion above the baseline risk so as to optimize feto-maternal outcome and reduce complications.

Aims & Objectives :
To build and validate a predictive model of placental accreta spectrum (PAS) in patients with placenta previa (PP) combining clinical risk factors with Ultrasonographic and MRI signs.

Materials & Methods :
It was a prospective observational study carried out over 5 years (2019 to 2025).The 80 study participants underwent thorough high risk factor evaluation and subjected to Ultrasonography and MRI, which was correlated with intraoperative FIGO grading, histopathology and feto-maternal outcomes. A nomogram was created using significant clinical risk factors and imaging signs at multivariate analysis, and its diagnostic accuracy was measured using the area under the binomial ROC curve (AUC), and the cut-off point was determined.

Results :
Independent predictors of PAS included in the nomogram were: 1) number of previous CS, previous curettage, smoking among Clinical risk factors; 2) loss of the retro-placental clear zone and placental lacunae at Ultrasonography; 3) intraplacental dark bands, focal interruption of the myometrial border and placental bulging at MRI. A PAS-prediction nomogram was built including these parameters and an optimal cut-off of 12.6 points was identified, showing the highest sensitivity (93%) and specificity (91%) with an AUC value of 0.93.

Conclusion :
By integrating clinical risk factors with ultrasonographic and MRI features, our predictive model

Abstract ID: MISC/OP/39

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Abstract Title:
REPRODUCTIVE OUTCOMES AND SAFETY PROFILE IN PATIENTS TREATED WITH DYDROGESTERONE FOR LUTEAL PHASE SUPPORT IN ASSISTED REPRODUCTIVE TECHNIQUES: A PROSPECTIVE STUDY

Introduction :
The need for luteal phase support (LPS) in ovulatory cycles is debatable due to the presence of the corpus luteum, but there is ample evidence showing the benefit of LPS in assisted reproductive techniques.

Aims & Objectives :
To investigate the efficacy and safety of oral Dydrogesterone in a real-world setting for LPS during IVF procedures.

Materials & Methods :
This was a prospective observational multicentre study including 768. Women aged 21 years and above who underwent embryo transfer were randomly treated with Dydrogesterone for LPS in ART. Once enrolled in the study, patients were instructed to return for follow-up at post-embryo transfer. The primary outcome was fetal heartbeat (FHB) detection, along with overall assessment for the physicians & patients. Secondary outcomes included pregnancy rates, vaginal bleeding, and safety outcomes. Statistical analyses were performed using STATA software, with a significance level set at $p<0.05$.

Results :
A total of 768 patients were included, with a mean age of 33.32±5.06 years, body weight of 62.83±10.48 kg, and a body mass index of 24.49±3.78 kg/m². Biochemical pregnancy was confirmed in 605 (78%) patients at 12±5 days after embryo transfer (ET). Clinical pregnancy, indicated by the presence of FHB, was confirmed in 521 (67%) patients at 30±10 days after ET. The ongoing pregnancy rate (OPR), confirmed by positive FHB, for 513 (66%) patients. Dydrogesterone is an effective and easy-to-use option with few minor side effects.

Conclusion :
Our results suggest that dydrogesterone in ART resulted in a high rate of successful clinical pregnancies and an OPR as well.

Abstract ID: MISC/OP/40

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Abstract Title:
COMPARISON OF FIRST-TRIMESTER FASTING BLOOD SUGAR WITH IADPSG CRITERIA AT 24–28 WEEKS IN DIAGNOSIS OF GESTATIONAL DIABETES MELLITUS: A ONE-YEAR OBSERVATIONAL STUDY

Introduction :
Background: Gestational diabetes mellitus (GDM) is one of the most common metabolic disorders of pregnancy and is associated with increased maternal and perinatal morbidity. Early detection is crucial to improve outcomes. Fasting blood sugar (FBS) estimation in the first trimester has been proposed as an early screening tool for predicting GDM, which is later diagnosed by the international association of diabetes and pregnancy study groups (IADPSG) criteria at 24–28 weeks.

Aims & Objectives :
Objectives: To compare first-trimester fasting blood sugar values with IADPSG criteria at 24–28 weeks for the diagnosis of GDM and to evaluate the predictive utility of early FBS.

Materials & Methods :
Methods: A one-year observational study was conducted at a tertiary care hospital involving 32 antenatal women with singleton pregnancies. FBS was measured at the first antenatal visit (≤14 weeks). Women with FBS ≥92 mg/dl were considered screen positive for possible GDM. All participants underwent a 75-g oral glucose tolerance test between 24 and 28 weeks, interpreted according to IADPSG criteria.

Results :
Results: Among 32 women studied, 2 (6.25%) had elevated first-trimester FBS values (≥92 mg/dl). None of these developed GDM later according to IADPSG criteria. Conversely, 2 women who had normal first-trimester FBS were diagnosed with GDM on repeat testing at 24–28 weeks. The findings suggest limited sensitivity of first-trimester FBS alone in predicting later GDM.

Conclusion :
Conclusion: First-trimester FBS screening using a cut-off of 92 mg/dl showed low predictive value for GDM development. Periodic glucose testing at 24–28 weeks remains essential for accurate diagnosis as per IADPSG criteria.

Abstract ID: MISC/OP/41

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Abstract Title:
INFERTILITY AND ITS IMPACT: A CROSS-SECTIONAL STUDY ON PSYCHOSOCIAL WELL-BEING, OUT OF POCKET EXPENDITURE, AND COPING STRATEGIES AMONG INFERTILE COUPLES

Introduction :
Infertility is a significant global health concern with profound psychosocial, economic implications for affected individuals and families. Study evaluated psychological impact, coping mechanisms, financial burden among infertile couples.

Aims & Objectives :
Aim: To evaluate the psychosocial well being, out of pocket expenditure, coping mechanisms to gain insights into their resilience, adaptation strategies. Objectives: To evaluate the psycho social impact of infertility, out of pocket expenditure of infertility diagnosis and treatment, To identify, analyse coping strategies in both partners and their influence on each other's psychosocial well-being.

Materials & Methods :
Cross-sectional observational study was conducted at AIIMS, Bibinagar, involving infertile couples aged 21–50 years, married for >2 years. Socio-demographic, clinical data were collected using structured questionnaires. Psychological well-being was assessed using validated tools: Patient Health Questionnaire-9 for depression, Generalized Anxiety Disorder-7 scale for anxiety, Insomnia Severity Index, and Brief-COPE for coping strategies. Individual interviews were conducted in participants' vernacular language.

Results :
Of the participants, 64% had primary infertility, 36% secondary. Among women with primary infertility, insomnia, anxiety, and depression were observed in 50%, 60%, and 60%, respectively, compared to 33%, 50%, and 43.5% in secondary infertility. Corresponding rates among men were 33%, 40%, and 42% versus 27%, 34%, and 33%. Psychosocial impact was greater in female partners, irrespective of the type of infertility, though coping strategies were better in women with secondary infertility (58% vs 33% in primary). Out-of-pocket expenditure was higher among primary infertility couples.

Conclusion :
Primary infertility is associated with greater psychological distress and financial burden compared to secondary infertility, with women being more adversely affected overall

Abstract ID: MISC/OP/42

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Abstract Title:
UTERINE FIBROIDS UNDER THE KNIFE—A RETROSPECTIVE STUDY OF CLINICAL PRESENTATION, HISTOPATHOLOGY AND EPIDEMIOLOGICAL INSIGHTS

Introduction :
Uterine fibroids are the most common benign tumours of the uterus and a leading cause of gynaecological surgery. While their epidemiology is well studied globally, regional variations in clinical presentation, management, and histopathological spectrum remain underexplored in North Indian populations.

Aims & Objectives :
to evaluate the demographic, clinical, surgical, and histopathological profiles of women undergoing surgery for fibroid uterus at a tertiary-care institute.

Materials & Methods :
A retrospective observational study was conducted at AIIMS Raebareli, analysing 80 consecutive patients operated for uterine fibroids between June 2024 and June 2025. Data were extracted from hospital records, operative notes, imaging, and histopathology reports. Statistical analysis included descriptive measures, ANOVA for correlation of vascularization with intra-operative blood loss, and Chi-square tests for categorical associations.

Results :
Most patients were aged 41–50 years (63.8%) and multiparous. Menorrhagia (57.5%) was the predominant symptom, followed by dysmenorrhea (27.5%). Most fibroids were intramural (46.3%), with 47.5% exceeding 10 cm. Hysterectomy was the most common surgical intervention (76.3%) followed by myomectomy accounted(21.3%). Blood transfusion was required in 62.5% of cases. Histopathology confirmed classical leiomyoma in 83.8%, with notable coexisting conditions such as endometrial hyperplasia (43.8%) and adenomyosis (28.8%). Higher fibroid vascularity was significantly associated with increased size, blood loss, and transfusion requirements.

Conclusion :
This study highlights the predominance of symptomatic, large intramural fibroids in perimenopausal multiparous women, with hysterectomy being the primary management. Doppler-assessed vascularization strongly correlated with intra-operative blood loss, underscoring its value as a preoperative risk stratification tool to optimize surgical planning and patient counselling in similar settings.

Abstract ID: MISC/OP/43

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Abstract Title:
PREVALENCE, MATERNAL AND FOETAL OUTCOMES OF HYPERTENSIVE DISORDERS IN PREGNACY IN A TERITIARY CARE CENTRE - A PROSPECTIVE STUDY.

Introduction :
Hypertensive disorders of pregnancy(HDP) are major contributors to maternal and perinatal morbidity and mortality worldwide. The pattern and outcomes of these disorders vary across populations and care settings.

Aims & Objectives :
To determine the prevalence & evaluate maternal and fetal outcomes of HDP in a tertiary care centre.

Materials & Methods :
A prospective observational study was conducted in the Department of Obstetrics and Gynaecology, RajaRajeswari Medical College and Hospital, Bengaluru, from October 2024 to September 2025. All women diagnosed with hypertensive disorders after 20 weeks of gestation were included. Data regarding maternal age, parity, gestational age, type of hypertension, mode of delivery, maternal complications, and neonatal outcomes were analysed descriptively.

Results :
Among 1316 deliveries, 96 women (7.3%, 95% CI: 5.8–8.9) had HDP. Mean maternal age was 27.8 ±4.6 years. Primigravidae were 52 (54.2%) and multigravidae 44 (45.8%). Gestational hypertension was most common (59, 61.5%), followed by preeclampsia(34, 35.4%) and eclampsia(3, 3.1%). Mean gestational age at delivery was 36.3 ±2.7 weeks; 40 (41.7%) preterm and 56 (58.3%) term. Vaginal delivery occurred in 34 (35.4%), elective LSCS in 14 (14.6%) and emergency LSCS in 48 (50%). Maternal complications were oligohydramnios(6.3%), hypertensive retinopathy(4.2%), transaminitis (3.1%), and transient renal impairment(1%). No maternal mortality occurred. Among 98 babies, mean birth weight was 2.56 ±0.52 kg, with 44.9% low or very low birth weight. IUGR was seen in 18 (18.4%), and 25 (25.5%) required NICU admission. One stillbirth, one intrauterine death, and one neonatal death were recorded.

Conclusion :
HDP prevalence was 7.3%. Gestational Hypertension predominated. Early diagnosis and timely interventions improved the both

Abstract ID: MISC/OP/44

Presenter's Name: Dr. Pooja Verma

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Abstract Title:
A COMPARATIVE STUDY OF INTRA-OPERATIVE COMPLICATIONS DURING UTERINE EXTERIORISATION AND INTRA-PERITONEAL REPAIR IN CESAREAN SECTION AT A TERTIARY CARE CENTRE OF THE GARHWAL REGION

Introduction :
With the rising incidence of cesarean section, the choice of uterine repair technique plays a significant role in maternal intraoperative outcomes. The uterus may be repaired intraperitoneally or by exteriorisation. Exteriorisation has been reported to increase nausea, vomiting, and hemodynamic fluctuation, while intra-peritoneal repair is considered more physiological.

Aims & Objectives :
To compare intra-operative complications associated with intra-peritoneal uterine repair and uterine exteriorisation during cesarean delivery.

Materials & Methods :
This single-blinded randomized controlled trial was conducted at a tertiary care centre from February 2025 to September 2025. A total of 200 women undergoing cesarean section were randomly divided into two groups of 100 each: Group A (intra-peritoneal repair) and Group B (uterine exteriorisation). All surgeries were performed by the same surgeon. Data were analyzed using descriptive statistics, t-test, and Mann-Whitney U test.

Results :
While comparing the two groups, there is a significant association between nausea, vomiting, and blood loss, with a p-value <0.05. We have applied the Mann-Whitney U test for age, gestational age, and duration of surgery, and the results are not statistically significant with p values of 0.652, 0.228, and 0.949 respectively.

Conclusion :
Choice of uterine closure method is surgeon-dependent, and either method of uterine closure is acceptable when practised and skill is gained. Therefore, this study concludes that the intra- Peritoneal repair of the uterus is more advantageous with respect to nausea, vomiting, and uterine tonicity as compared to uterine exteriorisation.

Abstract ID: MISC/OP/45

Presenter's Name: Dr. Sarthak Dutta

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Abstract Title:
GESTATIONAL DIABETES MELLITUS & ACARBOSE - A PROMISING NEW POSE

Introduction :
Acarbose is an FDA-approved Category B oral antidiabetic agent that acts locally in the intestinal lumen by inhibiting pancreatic amylase and α-glucosidase, thereby delaying carbohydrate absorption and reducing postprandial hyperglycemia. It does not cross the placenta and has no known teratogenic or fetal effects, making it a safe alternative to insulin or metformin for gestational diabetes mellitus (GDM).

Aims & Objectives :
To evaluate the efficacy and safety of Acarbose in achieving glycemic control in women with GDM and to assess associated maternal and perinatal outcomes.

Materials & Methods :
An observational study was conducted at Sri Ramachandra Institute of Higher Education and Research (2023–2025) among 150 women diagnosed with GDM using IADPSG/DIPSI criteria. After seven days of unsuccessful medical nutrition therapy, participants were started on Acarbose 25 mg BD with meals, titrated up to 100 mg TDS to achieve pre-meal glucose <90 mg/dL and 1-hour post-meal <140 mg/dL. Women requiring transition to metformin or insulin were excluded. Maternal and neonatal outcomes were analyzed.

Results :
Acarbose achieved adequate glycemic control in over 95% of patients, avoiding the need for insulin. Obstetric and neonatal outcomes, including birth weight and hypoglycemia rates, were comparable to insulin and metformin groups. The overall fetal outcome following Acarbose therapy was favorable, with no adverse drug effects observed. No significant maternal weight gain, BMI increase, or adverse effects were observed.

Conclusion :
Acarbose effectively maintained euglycemia throughout pregnancy, preventing complications like macrosomia, congenital anomalies and neonatal hypoglycemia. It proved to be a safe, well-tolerated, and effective oral agent, a new promise in the armamentarium of GDM management.

Abstract ID: MISC/OP/46

Presenter's Name: Dr. Mohammed Ismail-Khan

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Abstract Title:
VERTICAL INTEGRATION PROMOTES EQUITABLE COGNITIVE PROCESSING ACROSS STUDENT PROFILES IN UNDERGRADUATE OBSTETRICS & GYNAECOLOGY EDUCATION

Introduction :
Integrating basic sciences with clinical teaching is central to effective medical education, aligning with cognitivist principles that promote knowledge transfer and diagnostic reasoning. Our previous CONVINCED-OG trial (in press) demonstrated that Contextual Vertical Integration (CVI), which deliberates revisiting basic science mechanisms within Obstetrics and Gynaecology (O&G) teaching, optimises cognitive load.

Aims & Objectives :
This study (nested within the CONVINCED-OG Trial) evaluated whether CVI's cognitive benefits differ according to students' learning approaches, to evaluate its role as an equitable instructional design within O&G curricula.

Materials & Methods :
A cohort-randomised, single-blinded crossover design involved 103 third-year Newcastle University MBBS students during O&G clinical placements. Each cohort received both CVI-based and non-integrated sessions across eight core curricular topics. Learning approaches were measured at baseline using Biggs' R-SPQ-2F, and cognitive load post-session using Klepsch's instrument to assess intrinsic (ICL), extraneous (ECL), and germane (GCL) load. Mixed-design ANOVA evaluated main and interaction effects between instructional design and learning approach, with multiple linear regression exploring predictive relationships.

Results :
Integration improved cognitive efficiency, reducing ICL ($F=109.4$, $p<0.001$, $\eta p^2=0.93$) and ECL ($F=84.9$, $p<0.001$, $\eta p^2=0.91$) while increasing GCL ($F=252.4$, $p<0.001$, $\eta p^2=0.97$). No significant interactions emerged between instructional design and learning approach. Regression analyses showed surface learners had slightly smaller ICL gains ($B=-0.022$, $p=0.024$), while ECL and GCL differences were not significantly predicted by learning approach.

Conclusion :
CVI enhances cognitive efficiency and germane processing across both deep and surface learners, supporting equity of instruction in O&G teaching. Vertical integration, therefore, represents an inclusive, evidence-based curriculum design that fosters effective learning and clinical reasoning across diverse learners

Abstract ID: MISC/OP/47

Presenter's Name: Dr. Nupur Rawat

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Abstract Title:
IMPACT OF VITAMIN D SUPPLEMENTATION ON OVULATORY, METABOLIC, AND INFLAMMATORY OUTCOMES IN LEAN AND OBESE WOMEN WITH PCOS: A PROSPECTIVE COHORT ANALYSIS

Introduction :
Polycystic ovary syndrome (PCOS) is a multifactorial endocrine-metabolic disorder. Vitamin D may influence ovarian function, inflammation, and metabolic health. This prospective cohort study assessed the impact of vitamin D supplementation on ovulatory, hormonal, inflammatory, and metabolic outcomes in infertile women with PCOS, stratified by BMI and lifestyle exposure

Aims & Objectives :
To study the effect of supplementation of Vitamin D among PCOS phenotypes - Obese and Lean .

Materials & Methods :
A prospective cohort study of 300 infertile women with PCOS and vitamin D deficiency (25(OH)D <20 ng/mL). Participants were grouped by

Results :
Ovulation, LH: FSH ratio, testosterone, HOMA-IR, hs-CRP, AMH, HDL. Lifestyle factors (sunlight exposure, diet) were noted. Results: Vitamin D significantly improved ovulation (Group 1: 45.3% vs Group 2: 22.7%; Group 3: 40% vs Group 4: 16%; $p<0.001$). Lean women showed better improvement in HOMA-IR and testosterone levels; obese women showed a greater reduction in hs-CRP. AMH remained unchanged. Supplemented groups showed >15 ng/mL increase in serum 25(OH)D.

Conclusion :
Vitamin D supplementation improves reproductive and metabolic outcomes in PCOS women, with BMI-specific benefits. Lifestyle factors enhance the effect. Personalized, BMI- and lifestyle-based strategies are recommended.

Abstract ID: MISC/OP/48

Presenter's Name: Dr. Jagrati Kiran Naagar

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Abstract Title:
OPTIMIZING CERVICAL CANCER SCREENING IN LOW RESORCE SETTING FOCUS ON VIA LIQUID BASED CYTOLOGY AND PAPS SMEAR

Introduction :
Due in large part to restricted access to efficient screening programs, cervical cancer remains a significant public health concern in low-resource environments.

Aims & Objectives :
This study intends to evaluate and compare the diagnostic feasibility and accuracy of Liquid-Based Cytology (LBC), Papanicolaou (PAP) smear, and Visual Inspection with Acetic Acid (VIA) in identifying cervical lesions in women from semi-urban and rural populations.

Materials & Methods :
this study was conducted in Bundelkhand government medical college and its affiliated primary healthcare centers, served as the sites of this comparative cross-sectional observational study. VIA, PAP smear, and LBC were used to screen women between the ages of 25 and 65 who were attending community camps or gynecology outpatient clinics. Colposcopy-directed biopsy, the gold standard for diagnosis confirmation, was performed on all screen-positive cases. Each method's sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) were computed. SPSS software was used to analyze the data, and $p < 0.05$ was chosen as the threshold for statistical significance.

Results :
250 women in all were screened. Histopathological results were used to compare the sensitivity and specificity of VIA, PAP smear, and LBC. VIA was a helpful first-line tool in low-resource settings because it showed high sensitivity but low specificity. Although they needed more infrastructure and skilled staff, PAP smear and LBC demonstrated better cytological

Conclusion :
In settings with limited resources, VIA continues to be the most practical and economical cervical cancer screening technique. Although LBC and PAP smears provide more accurate diagnosis, secondary-level facilities might be a better fit for their use.

Abstract ID: MISC/OP/49

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Abstract Title:
ROLE OF UTERINE ARTERY EMBOLISATION IN THE MANAGEMENT OF VASCULAR RETAINED PRODUCTS OF CONCEPTION

Introduction :
Vascular retained products of conception (RPOC) are a clinically significant cause of secondary postpartum or post-abortal hemorrhage. Conventional surgical management such as dilation and evacuation (D&E) in higher grades of vascular RPOC carries a substantial risk of massive bleeding leading to hysterectomy in severe cases. Uterine artery embolization (UAE) has emerged as an effective, minimally invasive procedure to control hemorrhage while preserving future fertility.

Aims & Objectives :
To evaluate the role of UAE in the management of vascular RPOC

Materials & Methods :
This prospective cohort study was conducted at the Department of Obstetrics and Gynaecology, VMMC & Safdarjung Hospital, New Delhi, over 18 months. Seventy-two symptomatic women aged 18–40 years with vascular RPOC diagnosed on ultrasound colour doppler were included. Management included UAE followed by D&E, D&E alone and medical therapy with misoprostol. Data was analysed using statistical tests.

Results :
UAE was performed in 26 patients (36.1%)—all with Grade 3 vascularity and larger RPOC size (mean 4.46 cm). The UAE group had significantly lower intra-procedure bleeding ($p<0.001$) and shorter hospital stay ($p<0.001$). One hysterectomy was performed in the non-UAE group due to uncontrolled hemorrhage. Severe complications admissions were seen in only 8.4% of cases, with no mortality.

Conclusion :
UAE is a safe, effective, and fertility-preserving intervention for the management of vascular RPOC. It prevents torrential hemorrhage and provides favourable recovery outcomes, supporting its role as a treatment modality in these high-risk cases.

Abstract ID: MISC/OP/50

Presenter's Name: Prof. Indu Verma

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Country: India

Abstract Title:
A STUDY OF ETIOPATHOLOGICAL FACTORS AND OUTCOME IN PREGNANT WOMEN WITH RUPTURED UTERUS IN A RURAL TERTIARY CARE HOSPITAL OF NORTH INDIA

Introduction :
Uterine rupture during pregnancy is an obstetrical disaster resulting in high feto-maternal mortality. It is defined as complete disruption of all uterine layers during pregnancy. Reported incidence is 0.8 to 5.3 per 10,000 births with 0.42% in India.

Aims & Objectives :
To determine risk factors, feto-maternal outcome among rupture uterus cases.

Materials & Methods :
Combined prospective 1year and retrospective 2years descriptive study was done. in Department of Obstetrics-Gynaecology, MMIMS Mullana, India, after IEC approval. Detailed history, profile of parturient and risk factors was noted. After detailed examination and reaching diagnosis, women were managed accordingly. Feto-maternal outcome were noted. For retrospective cases data was collected from the medical records, all data entered in excel sheet and analyzed using SPSS version 17. Frequency and percentages were used for categorical variables.

Results :
In 3 years, 22 cases of rupture uterus with age range 0f 20 to 36 years were diagnosed. Amongst them 77.27 had rural background, 90.9% unbooked, 68.18% lower middle income group, 95.45% multiparous, 54.55% term gestation (37 to 40 weeks) and 72.73% were in hypovolemic shock. Identified most common risk factor was previous cesarean section (12/22) and others included multiparity(21/22), history of instrumentation(4), obstructed labour(4), malpresentation(3), grandmulti(2), uterine ananomly(2), postterm(2), macrosomia(2), placenta increta(1). There were 7 live births and 15 intrauterine deaths and no maternal mortality. Uterine repair was done in 12 and 10 needed lifesaving hysterectomy.

Conclusion :
Rural women, low-middle-income group, irregular ANC, previous cesarean, unsupervised labour were risk factors. Increased antenatal surveillance for high risk cases, early diagnosis of impending rupture and timely referral are our recommendations.

Abstract ID: MISC/OP/52

Presenter's Name: Dr. Madhuri Wahane

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Country: India

Abstract Title:
BURDEN OF ANAEMIA AND ITS ASSOCIATED FACTORS AMONG PREGNANT WOMEN IN UJJAIN

Introduction :
Anaemia in pregnancy remains highly prevalent in India and is linked to adverse maternal–foetal outcomes. Local data from Central India can guide targeted antenatal interventions.

Aims & Objectives :
Objectives: (i) Estimate the prevalence, determinants and severity of anaemia among pregnant women in the Ujjain region.

Materials & Methods :
Prospective observational study at the Department of Obstetrics & Gynaecology, RD Gardi Medical College & C.R. Gardi Hospital, Ujjain. Consecutive pregnant women were enrolled after informed consent. WHO trimester-specific haemoglobin thresholds defined anaemia and severity. Pre-tested proforma captured socio-demographic, obstetric, nutritional and environmental variables; routine labs were performed. Primary outcome was anaemia (yes/no).

Results :
Mean age 26.2±4.3 years; 62% rural; 54% multigravida; BMI <18.5 in 26%. Anaemia prevalence was 58%: mild 30%, moderate 22%, severe 6%. Mean haemoglobin 10.8±1.2 g/dL overall (anemic: 9.6±0.8). On multivariable analysis, low BMI <18.5 (AOR 2.6; 95% CI 1.2–5.7; p=0.014), <4 ANC visits (AOR 2.3; 1.1–4.9; p=0.029) and education ≤secondary (AOR 2.1; 1.0–4.3; p=0.047) were independently associated with anaemia. Short inter-pregnancy interval <24 months (AOR 1.9; 0.9–4.2; p=0.084) and unimproved sanitation (AOR 1.8; 0.8–3.7; p=0.120) showed positive but non-significant trends.

Conclusion :
Over half of pregnant women in Ujjain were anaemic, predominantly mild–moderate. Modifiable determinants—low BMI, inadequate ANC utilisation, and lower education—drive risk, supporting intensified nutrition counselling, early ANC engagement (≥4 visits), and community education to reduce anaemia burden. Keywords: pregnancy, anaemia, prevalence, risk factors, Central India, antenatal care

Abstract ID: MISC/OP/53

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Abstract Title:
A RETROSPECTIVE OBSERVATIONAL STUDY OF ADNEXAL MASSES IN ADOLESCENT GIRLS : DIAGNOSIS AND MANAGEMENT

Introduction :
Adnexal masses in adolescents are not common as in reproductive group but it may occur.Most of them are benign mass usually presents with pain abdomen or irregular menses and menorrhagia .sometimes may be accidental finding on USG. As the incidence of malignant adnexal mass is 2.7-23.5% . Proper evaluation of mass by USG and tumor marker are needed.Management should be conservative. If surgery required , it should be minimally invasive & fertility sparing .

Aims & Objectives :
To evaluate the presentation & management of adnexal masses in adolescents

Materials & Methods :
A Retrospective study involving 20 adolescent girls (11-19 yers)attending to KHFH OPD or emergency from year2020-2023 with clinical or radiological findings suggestive of adnexal masses.

Results :
The maximum number of adnexal masses belonged to age group 14-18 years .About 60% girls presented with mild to moderate pain , 20% with acute pain, 36% with irregular cycles with menorragia, 10% with hypomenorrhoea . Out of 20 cases, causes were- Follicular cysts (5-8)-5(25%), Haemorrhagic cyst -4 (20%),Paraovarian cyst(10 cm)-1 (5%), Endometrioma (6-8cm) -3(15%), Dermoid cyst-3 (15%), T-O mass due to tuberculosis -2(10%), Dysgermino-1(5%)and Yolk sac tumor -1(5%). Out of 20 cases , 10 girls (50%) managed conservatively, 3girs15%) by medical treatment and 7 girls (35%) by Surgery .Laparoscopic cystectomy done in 5 cases .Laparotomy done in 2 cases for malignant neoplasm by Gynec oncosurgeon.

Conclusion :
High index of suspicion is required in case of complex masses Most adnexal masses can be managed conservatively. If Surgery is required it should be fertility sparing Infertilty and by laparoscopic route .

Abstract ID: MISC/OP/54

Presenter's Name: Prof. Alpana Singh

Co-Author(s):
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Abstract Title:
EFFECT OF LETROZOLE THERAPY IN UNSUCCESSFUL INTRAUTERINE INSEMINATION IN ADENOMYOSIS UTERUS

Introduction :
Infertility in patients with adenomyosis is linked to impaired implantation and altered uterine function. Letrozole, an aromatase inhibitor, may improve fertility by reducing estrogen levels, thus minimizing adenomyosis-related inflammation and uterine changes.

Aims & Objectives :
: To study the effect of letrozole in unsuccessful IUI with adenomyosis. -To study the effect of letrozole therapy for 3 months in cases of unsuccessful IUI with adenomyosis -To compare USG changes in study subjects before and after 3 months of letrozole therapy -To compare dysmenorrhea using visual analogue score and menstrual blood flow using pictoral blood assessment chart before and after letrozole therapy

Materials & Methods :
20 women with ultrasound-diagnosed adenomyosis and two prior failed IUI cycles were enrolled. Baseline assessments included history, examination, VAS score, PBAC score, and transvaginal ultrasound (TVS) between Day 8–12 or any day in amenorrheic patients. T. Letrozole 2.5 mg OD daily was administered for 3 months. Follow-up at 6 and 12 weeks assessed compliance, VAS, PBAC scores, and side effects. At 12 weeks, repeat TVS evaluated changes in adenomyotic lesions. Patients then underwent up to two IUI cycles following controlled ovarian stimulation with gonadotropins. IUI success was defined by a positive urine pregnancy test, biochemical confirmation, or ultrasound detection of pregnancy.

Results :
Letrozole therapy significantly improved menstrual parameters and ultrasound features in women with adenomyosis and previous failed IUI. Mean menstrual days reduced from 5.75 to 3.80 ($p<0.001$) and PBAC score from 70.65 to 51.50 ($p<0.001$).

Conclusion :
Post-treatment, 30% achieved pregnancy via IUI. No adverse effects or complications were reported during Letrozole therapy.

Abstract ID: MISC/OP/55

Presenter's Name: Dr. Shreya Puri

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Abstract Title:
FETO-MATERNAL OUTCOMES IN DELAYED INTERVAL DELIVERY IN TWIN PREGNANCIES

Introduction :
In multiple-gestation pregnancies, the birth of the second twin typically follows the first within 30 minutes. However, when the first twin is delivered prematurely and uterine contractions subside without further indication for delivery, the remaining twin may be kept in utero for days to weeks — a process known as delayed-interval delivery.

Aims & Objectives :
To evaluate the feto-maternal outcomes associated with delayed interval delivery of the second twin in twin pregnancies.

Materials & Methods :
Three cases of delayed-interval delivery of the second twin over a 1 year 6-month period were included. All patients remained hospitalized and underwent close monitoring for maternal conditions such as sepsis and disseminated intravascular coagulation (DIC), as well as detailed surveillance of fetal well-being.

Results :
In the three cases, the interval between the first and second twin deliveries was 5, 15 and 49 days. Maternal complications occurred in two instances: one developed sepsis and another experienced postpartum hemorrhage requiring manual placental removal; the third had no complications. All three second twins required NICU admission—two survived (one of which had a prolonged NICU stay) and one neonate did not survive.

Conclusion :
Delayed-interval delivery of the second twin (DIDT) offers a valuable opportunity to extend gestational age and improve neonatal outcomes in twin pregnancies when the first twin is delivered prematurely. However, this approach carries significant maternal risks—such as infection, postpartum hemorrhage, and disseminated intravascular coagulation—and its success cannot be guaranteed. Our findings align with broader literature showing improved survival of second twin under careful monitoring.

Abstract ID: MISC/OP/56

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Country: India

Abstract Title:
DICHORIONIC TWIN PREGNANCY WITH DISCORDANT ANOMALY – PERINATAL OUTCOME AFTER SELECTIVE REDUCTION – A RETROSPECTIVE ANALYSIS

Introduction :
Risk of discordant anomaly is upto 2% in case of dichorionic pregnancy. With discordant anomaly, prognostication of affected fetus and whole pregnancy is warranted , to decide for expectant vs. selective reduction. The gestation at which selective reduction happens, determines survival outcomes for both mother and surviving fetus.

Aims & Objectives :
To analyse the perinatal outcome post selective reduction in Dichorionic Diamniotic twin pregnancy with discordant anomaly.

Materials & Methods :
In this retrospective analysis, all dichorionic diamniotic cases undergoing selective reduction were analysed. Of 126 dichorionic pregnancies that underwent reduction, 65 were due to discordant anomalies. They were then subgrouped into early (<16weeks) , intermediate (16-27+6week) and late (>28weeks) groups. Primary outcomes included- Gestational age of delivery , miscarriage rate , incidence of preterm birth.

Results :
The maximum rate of miscarriage within 2weeks of procedure was observed in the intermediate group- 18%. The most important predictor of preterm delivery was cervical length. Mean gestation age of delivery was similar in all groups ,with perinatal outcome better in late gestation group.

Conclusion :
With advent of advanced imaging modalities, earlier diagnosis of abnormalities can aid in intervention in earlier gestation itself. If legally plausible, late selective reduction may increase the neonatal survival outcome.

Abstract ID: MISC/OP/57

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State: Bihar

Country: India

Abstract Title:
LETROZOLE VS CLOMIPHENE CITRATE FOR OVULATION INDUCTION IN INTRAUTERINE INSEMINATION CYCLE: A PROSPECTIVE COMPARATIVE STUDY

Introduction :
Parenthood is often considered as the next step of a family for a couple. It's a baby they want and the need to be called as a mother and father. Infertility may have a serious effect on the couple's emotional equilibrium, sexual life and social function.

Aims & Objectives :
The objective of the study is to estimate the effects of clomiphene citrate and letrozole with respect of Ovulation induction.

Materials & Methods :
The present study was a Prospective observational study. This study was conducted from 1st January 2023 to 31st December 2023 at department of Obstetrics and Gynecology. Total 90 patients were included in this study, 45 patients each group.

Results :
In Clomiphene Citrate, 1 (2.2%) patient had abortion. In Letrozole,1 (2.2%) Patient had abortion. Association of between abortion with OI-AGENT was not statistically significant (p=0.7596). In Clomiphene Citrate, 37 (82.2%) Patients had Normal BMI and 6 (13.3%) Patients had obesity. In Letrozole ,40 (88.9%) Patients had Normal BMI and 4 (8.9%) Patient had obesity. Association of BMI with OI-AGENT was not statistically significant (p= 0.3186). Association of HSG with OI-AGENT was not statistically significant (p=0.3186). Association of HSG with OI-AGENT was not statistically significant (p=0.0769). In Clomiphene Citrate, the mean ET (mm) (mean± SD) of patients was 6.8333±1.7655. In Letrozole, the mean ET (mm) (mean ± SD) of patients was 6.8044±1.3514, however mean ET (mm) with OI-AGENT was not statistically significant(p=0.9307)

Conclusion :
Letrozole has shown certain advantages, such as a higher rate of mono-follicular development and more favorable endometrial thickness, which may contribute to improved pregnancy rates.

Abstract ID: MISC/OP/60

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Abstract Title:
ABNORMAL UTERINE BLEEDING IN PERIMENOPAUSAL WOMEN:CORRELATION WITH SONOGRAPHIC FINDINGS AND HISTOPATHOLOGICAL EXAMINATION OF HYSTERECTOMY SPECIMENS

Introduction :
Abnormal uterine bleeding is a frequently encountered gynaecological complaint in perimenopausal women and also themost important cause of hysterectomy in this age group

Aims & Objectives :
Evaluation of various clinical presentations of perimenopausal abnomal uterine bleeding and its ultrsonographic and histopathological correlation of hysterectomy specimens.

Materials & Methods :
This study is carried out in the department of obstetrics and gynaecology among perimenopausal women who underwent hysterectomy for abnormal uterine bleeding. The clinical presentations , ultrasonographic findings and histopathological reports of hysterectomy specimens were corrrelated.

Results :
Among 103 number of hysterectomized cases of abnormal uterine bleeding , most of the patients were between 40 to 45 years of age (67.97%) and menorrhagia was the dominant clinical presentation. The majority (45.63%) of cases were diagnosed as fibroid uterus by ultrasonography with 89.13% senstivity and 89.47% specificity. Histopathological reports of myometrium showed 44.66% fibromyoma followed by 34.95% of normal myometrium.Histopathology of endometrium revealed hyperplasia in most of cases 56.31% where simple type was predominant.

Conclusion :
Uterine fibroid was the leading cause of abnormal uterine bleeding and radiological , pathological evaluation correlated well to diagnose fibroid.

Abstract ID: MISC/OP/61

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Abstract Title:
A CLINICO-SOCIAL STUDY ON IMPACT OF POLY CYSTIC OVARIAN SYNDROME ON QUALITY OF LIFE OF REPRODUCTIVE AGE GROUP WOMEN

Introduction :
INCIDENCE OF PCOS AMONG INDIAN FEMALES AVERAGE IS 11.3% & IS EMERGING AS A MAJOR ETIOLOGICAL FACTOR FOR POOR PERCEIVED QUALITY OF LIFE.THE PCOS QOL SCALE REPRESENTS ASPECTS OF QUALITY OF LIFE IMPORTANT TO WOMEN WITH PCOS AND A DETAILED STUDY WILL HELP THE CLINICIAN AND TAILOR OUR TREATMENT TO MEET PATIENT SATISFACTION.

Aims & Objectives :
TO KNOW THE IMPACT OF PCOS ON QUALITY OF LIFE OF REPRODUCTIVE AGE GROUP WOMEN.

Materials & Methods :
SOCIODEMOGRAPHIC PROFILE AND VALIDATED PCOS QOL QUESTIONNAIRE IN WOMEN DIAGNOSED WITH PCOS BASED ON MODIFIED ROTTERDAMS CRITERIA WAS RECORDED ONTO CFR OF 188 WOMEN WHO QUALIFIED INTO OUR STUDY OVER A PERIOD OF 6 MONTH(JAN 2025 TO JUNE 2025).IT IS A CROSS-SECTIONAL STUDY.STATISTICAL ANALYSIS WAS DONE USING OPEN EPI SOFTWARE.

Results :
OUT OF 188 WOMEN TYPE A WAS 57,TYPE B WAS 42,TYPE C 48 & TYPE D 41. AMONG THE STUDY GROUP 83.6% WAS HAVING OLIGOMENORRHEA,70.1% WAS HAVING PERCEIVED BODY DYSMORPHIA,30.5% HIRSUTISM,21% ACNE,17.9% INFERTILITY,5.1% AMMENORRHEA.

Conclusion :
MOST FREQUENT HEALTH CONCERN OF WOMEN DIAGNOSED WITH PCOS WERE OLIGOMENNORHEA,PERCEIVED BODY DYSMORPHIA,HIRSUTISM,ACNE,INFERTILITY,AMENORRHEA.

Abstract ID: MISC/OP/63

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Abstract Title:
CUT, SCOPE, OR NATURAL ROUTE -WHICH HYSTERECTOMY DELIVERS BETTER OUTCOMES?

Introduction :
Hysterectomy is one of the most commonly performed gynecological surgery for benign conditions such as fibroids, abnormal uterine bleeding and adenomyosis. The choice of surgical route -abdominal, vaginal, or laparoscopic- depends on uterine size, pathology, surgeon's expertise and patient factors. Evaluating outcomes helps guide the most suitable approach for optimal recovery and minimal morbidity.

Aims & Objectives :
To compare different routes of hysterectomy-abdominal, vaginal, and laparoscopic-in terms of operative time, blood loss, postoperative pain, hospital stay, complications in benign uterine diseases.

Materials & Methods :
A retrospective and prospective comparative study was conducted on patients undergoing hysterectomy for benign indications during January 2025- December 2025 (12 months). Parameters including age, parity, indication of surgery, uterine volume, duration of the surgery, route of hysterectomy, operative time, intraoperative blood loss, postoperative pain score, duration of hospital stay, intraoperative or postoperative complications were recorded and analyzed statistically.

Results :
In this study, a total of 100 women were evaluated. Vaginal and laparoscopic routes showed significantly lower intraoperative blood loss, hospital stay, postoperative pain compared to the abdominal route. Operative time was longer in laparoscopic cases but associated with fewer intraoperative complications like bladder injuries, faster postoperative recovery and fewer wound complications.

Conclusion :
For benign uterine diseases, Vaginal hysterectomy remains the preferred route when feasible due to faster recovery and lower morbidity. Laparoscopic hysterectomy offers a minimally invasive alternative with comparable benefits such as reduced blood loss and lesser hospital stay and morbidities, while abdominal hysterectomy should be reserved for cases with large uterine size or extensive adhesions .

Abstract ID: MISC/OP/64

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Abstract Title:
MAJOR CONGENITAL MALFORMATION RISK FOLLOWING INTRACYTOPLASMIC SPERM INJECTION (ICSI): A CONTEMPORARY 4 YEAR RETROSPECTIVE OBSERVATIONAL ANALYSIS (2020-2024)

Introduction :
Intracytoplasmic Sperm Injection (ICSI) is a cornerstone of Assisted Reproductive Technology (ART). Given its invasive nature and utilization of sperm bypassing natural selection, ongoing surveillance of offspring safety is paramount

Aims & Objectives :
This was a retrospective observational study to evaluate the association between ICSI and the risk of Major Congenital Malformations (MCMs).

Materials & Methods :
This retrospective observational cohort analysis reviewed deliveries following ICSI, including induced abortions performed for diagnosed fetal malformations, resulting from cycles performed between August 2020 and December 2024. The primary outcome was the incidence of MCMs, strictly defined using the International Classification of Diseases, 10th Revision (Q00-Q99). MCMs were ascertained from level 2 scans, hospital discharge summaries, neonatal records, and pediatric follow-up up to one year of age. Minor malformations were specifically excluded.

Results :
Out of 1360 patients who underwent ICSI, records were available for 763 deliveries, resulting in a total of 1052 children. Twelve fetuses and neonates were identified with MCMF leading to an absolute prevalence of 1.14%. The specific defects reported included: four cardiac defects (0.38%), two congenital inguinal hernias (0.19%), and two syndromic babies (0.19%). Other cases included spina bifida, gastroschisis, anophthalmos, and conjoint twins (0.095% each). Seven defects occurred in twin pregnancies (2.4% per twin pregnancy), while four occurred in singleton pregnancies (0.843% per singleton pregnancy)

Conclusion :
ICSI resulted in a low Major Congenital Malformation prevalence of 1.14%, concentrating in cardiac and genitourinary systems. Although lower than that reported in normal population ,this necessitates comprehensive pre-conception risk counseling and dedicated long-term follow-up

Abstract ID: MISC/OP/65

Presenter's Name: Dr. Manika Sachdeva

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Country: India

Abstract Title:
MID-LUTEAL SERUM PROGESTERONE LEVELS AND PREGNANCY OUTCOME IN FROZEN EMBRYO TRANSFER CYCLES: A PROSPECTIVE COHORT STUDY

Introduction :
Optimal pregnancy rates in frozen embryo transfer (FET) cycles with hormone replacement therapy (HRT) depend on adequate luteal phase support (LPS) through exogenous progesterone, as there is no corpus luteum present. Progesterone (P4) production starts around the 7th to 8th week of pregnancy, coinciding with the uteroplacental shift.

Aims & Objectives :
To study the correlation between mid-luteal serum progesterone levels and pregnancy outcome in frozen embryo transfer (FET) cycles and to find out the cut-off level of mid-luteal serum P4 which favours successful pregnancy outcome in FET cycles.

Materials & Methods :
This prospective cohort study included 100 women undergoing hormone replacement therapy (HRT)-FET cycle at Akanksha IVF Centre from December 2023 to June 2024, fulfilling the inclusion and exclusion criteria. Serum P4 levels were measured for all the patients in the mid-luteal phase (days 21–23) after FET with intramuscular P4 as LPS. Pregnancy outcome was assessed in terms of implantation rate, biochemical pregnancy rate, clinical pregnancy rate (CPR), first-trimester miscarriage rate and ongoing pregnancy rate.

Results :
The most favourable pregnancy outcomes were observed at serum P4 levels 25.1-35ng/mL. A statistically significant association was seen between the mid-luteal serum P4 levels and implantation rate (36.08%), biochemical pregnancy rate (4%), CPR (52%) and ongoing pregnancy rate (42%). According to the ROC curve analysis, the optimal cut-off value for favourable outcomes was determined to be 22.3ng/mL.

Conclusion :
Mid-luteal serum P4 levels play a critical role as a prognostic marker for implantation and pregnancy outcomes in HRT-FET cycles. Individualising LPS based on mid-luteal serum P4 progesterone measurements might result in improved outcomes.

Abstract ID: MISC/OP/66

Presenter's Name: Dr. Anshivi Raje

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Abstract Title:
TITLE: EVALUATING THE DIAGNOSTIC ACCURACY OF 3D ULTRASOUND AND PELVIC MRI AND ITS CONCORDANCE WITH SURGICAL DIAGNOSIS IN SEPTATE UTERUS

Introduction :
With increasing acceptance, 3D USG has demonstrated high accuracy and concordance with MRI in identifying uterine anomalies, particularly septate uterus.

Aims & Objectives :
To evaluate the diagnostic accuracy of 3D ultrasound compared with surgical findings and its concordance with pelvic MRI in septate uterus.

Materials & Methods :
Retrospective study conducted between 2021 and 2025 in the Department of Obstetrics and Gynaecology, AIIMS, New Delhi. Records of 66 patients presenting to the infertility and RPL clinic with suspected septate or bicornuate uterus were reviewed and analyzed based on 3D ultrasound & MRI.

Results :
Of 66 patients (mean age 28.6 ± 4.6 years) evaluated, 64 underwent 3D ultrasound and surgery; 2 were excluded due to incomplete imaging. Presentations included infertility (56%), recurrent pregnancy loss (42%), and asymptomatic cases (15%). Three-dimensional ultrasound correctly diagnosed 21/22 complete septate uterus cases (95.4%), with 1 misclassified as partial. Among these, 15 had undetected cervical or vaginal septa, though 68.1% showed longitudinal vaginal septum on speculum examination. Partial septate uterus was correctly diagnosed in 37/42 cases (92.5%); 3 were misclassified as complete and 2 had associated vaginal septa. Two cases were misdiagnosed as bicornuate uterus. Overall sensitivity was 96.7% and diagnostic accuracy 90.6%. MRI was performed in 18 patients (2 without prior 3D ultrasound), with correct diagnosis in 14 cases and 4 misdiagnosed, yielding 77.8% sensitivity and accuracy. Concordance between 3D ultrasound and MRI occurred in 11/16 septate uterus cases, discordant in 5 cases.

Conclusion :
3D ultrasound demonstrates a high sensitivity and serves as a reliable, accessible, and non-invasive tool for diagnosis of septate uterus.

Abstract ID: MISC/OP/67

Presenter's Name: Dr. Sangjukta Laskar

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Abstract Title:
EVALUATION OF ACCEPTANCE AND CONTINUATION RATE OF ORMELOXIFENE (CHHAYA) AND PPIUCD AMONG IMMEDIATE POSTPARTUM WOMEN - A PROSPECTIVE OBSERVATIONAL STUDY.

Introduction :
The postpartum period is a crucial window to initiate family planning and the acceptance of contraceptive methods is expected to be maximum during this period.

Aims & Objectives :
To assess women's knowledge, preferences, acceptance, satisfaction and continuation of ormeloxifene (Chhaya) and PPIUCD as contraceptive methods safe for use immediate after childbirth, along with their knowledge of ideal birth interval.

Materials & Methods :
This prospective observational study was conducted at ESIC Medical College, Kolkata, following ethical approval. A total of 100 participants were selected based on inclusion & exclusion criteria which included women in early labor or within 48 hours of vaginal delivery after written informed consent.

Results :
The mean age of the participants was 25.07. Acceptance was significantly higher for Chhaya (59%) compared to PPIUCD (29%) ($p = 0.00002$). Continuation rates were statistically significant higher at each follow up visit for Chhaya as compared to PPIUCD which were 86.4% vs 89.7% at 6 weeks ($p = 0.0000000001$), 79.7% vs 72.4% at 3 months ($p = 0.0000004$), and 64.4% vs 48.3% at 6 months ($p = 0.0002$). Women using Chhaya were more satisfied than PPIUCD users and satisfaction score was statistically significant with the Mann–Whitney U test ($p = 0.028$).

Conclusion :
The study revealed that Chhaya can be an useful and safe alternative option for spacing among immediate postpartum women.

Abstract ID: MISC/OP/68

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Abstract Title:
"STEPWISE UTERINE DEVASCULARISATION: AN UNPARALLELED APPROACH IN MANAGEMENT OF MEDICALLY FAILED PPH CASES WITH ADDED BENEFIT OF FERTILITY PRESERVATION."

Introduction :
Postpartum hemorrhage (PPH) is the most important direct cause of maternal death, responsible for over 20% worldwide and was responsible for 2.6 lakh maternal deaths in 2023.The aim of the conservative surgical procedure like stepwise devascularization of the uterus is not only to control PPH with the lowest morbidity, but also to preserve the patient's subsequent fertility and obstetrical outcome.

Aims & Objectives :
To study the success rate and complications (if any) of Stepwise uterine devascularisation technique in the management of PPH

Materials & Methods :
Prospective, observational and analytical study done at Department of Obstetrics & Gynecology, SMIMER, Surat, during 2024-2025. Details of 29 patients were recorded in standard proforma and analysed.

Results :
Most common causes for PPH were Atonicity in 51.73% followed by Placenta previa and Placenta accreta spectrum of disorders contributing 17.24 % each. PPH was controlled in 22 patients with only technique of stepwise devascularization, giving a success rate of 75.86% and with additional use of compression sutures, the success rate is about 89.65%. Only 3 patients (10.34%) required obstetric hysterectomy. Requirement of blood transfusions was found to be directly related to delay in the application of this technique. Of the total of 29 patients, most of the patients were stabilized successfully with 1 mortality which was mainly due to delay in referral of the patient to our institute

Conclusion :
Stepwise Devascularisation is a very easy, safe and highly effective conservative surgical procedure for controlling PPH with added advantage of fertility preservation.

Abstract ID: MISC/OP/70

Presenter's Name: Dr. Sunita Kittalj Kittali

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Abstract Title:
“THROMBOCYTOPENIA CAUSES AND MANAGEMENT IN PREGNANCY IN A TERTIARY CENTER- A PROSPECTIVE STUDY “

Introduction :
Thrombocytopenia is defined as platelet count of less than 150,000/l.Thrombocytopenia can result from variety of physiologic or pathologic conditions many are unique to pregnnacy. Thrombocytopenia in pregnancy varies from benign to severe with fetomaternal complication .

Aims & Objectives :
To determine the etiological spectrum, severity, and maternal and perinatal outcomes of thrombocytopenia in pregnancy.

Materials & Methods :
A prospective observational study from January 2025 to September 2025 in Belagavi medical colloege . Among all the admitted cases pregnant women diagnosed with thrombocytopenia (platelet count <150,000/mm³) were enrolled. Detailed obstetric history, trimester of diagnosis, etiological factors, severity and outcomes were recorded. Maternal and perinatal outcome studied , statistical analysis done by discriptive statistics and regression analysis and explored for association of various causes with outcome.

Results :
In 150 patients , most common cause was gestational thrombocytopenia (50%), followed by severe pre-eclampsia (33.3%), eclampsia (9%). HELLP syndrome (4%), partial HELLP (0.7%), and immune thrombocytopenia (4%). Most cases were diagnosed in the third trimester (76%), and mild thrombocytopenia was predominant (70%). Only 15% of women required transfusion support; the majority (85%) were managed conservatively. Term delivery occurred in 82%, while 18% delivered preterm. Perinatal outcomes were generally favorable: live births occurred in 92%, though fetal growth restriction (18%), birth asphyxia (10%), IUD/stillbirth (6%), and neonatal thrombocytopenia (8%) were noted. Overall, 30% of pregnancies had at least one adverse perinatal outcome, mostly among moderate-to-severe thrombocytopenia cases or those secondary to hypertensive disorders.

Conclusion :
This study contributes comprehensive insites into thrombocytopenia in pregnancy , identifying diverse cause and highlights the importance of monitoring

Abstract ID: MISC/OP/71

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Abstract Title:
KNOWLEDGE AND AWARENESS OF OBSTETRIC DANGER SIGNS AMONG PREGNANT WOMEN:A WESTERN UP GOVERNMENT MEDICAL COLLEGE BASED STUDY

Introduction :
Knowledge and awareness about danger signs during pregnancy is of utmost importance for pregnant women as it helps in improving maternal and fetal outcome. It helps in early detection of high risk pregnancies and thus improving maternal and fetal outcome and reducing maternal morbidity and mortality.

Aims & Objectives :
To determine the knowledge about obstetric danger signs among pregnant women attending the Antenatal opd.

Materials & Methods :
A crossectional study was carried out for period of 3 months among pregnant woman who visited the antenatal OPD of SMMH, GMC saharanpur UP.A pretested and predestined questionnaire was used.Data analysis was done using SPSS version. Mean knowledge scores were computed and knowledge was inferred as adequate and inadequate.

Results :
A total of 410 pregnant women were included.Mean age of the study population was 26yrs,65% were aware about bleeding per vagina is a danger sign.68% knew that swelling over body is dangerous. Maximum patients were aware about only antepartum dangerous signs knowledge about intrapartum and postpartum danger signs was lacking. Total knowledge score of 5 and above was observed in multipara patients.

Conclusion :
A high proportion of patients had poor knowledge about specific danger signs.Multigravidas were more aware about danger signs as compared to primigravidas.Health education and awareness camps should be conducted on regular basis to improve maternal health literacy.It will help in early diagnosis and referral of patients thus reducing maternal morbidity and mortality.

Abstract ID: MISC/OP/72

Presenter's Name: Dr. Vrishti Goel

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Abstract Title:
A STUDY ON EFFECTS OF INTRA-OVARIAN INFUSION OF AUTOLOGOUS PLATELET-RICH PLASMA ON IVF OUTCOMES IN WOMEN WITH POOR OVARIAN RESERVE

Introduction :
Intra-Ovarian PRP instillation is an upcoming intervention in IVF for women with poor ovarian reserve, claiming to boost oocyte quantity and quality. It offers hope for those hesitant about donor oocytes due to social stigma, providing a promising approach for genetic parenthood.

Aims & Objectives :
Our aim was to compare AMH, AFC and number of oocytes retrieved in patients before and after receiving PRP.

Materials & Methods :
It was a Retrospective observational study done at NOVA IVF Fertility , vasant vihar from July 2023 to June 2025 on 41 patients. Women with POR (AMH < 1.2 / AFC < 5 / h/o <3 oocytes retrieved in previous COS) were included in the study. Women with Age > 42 years or Severe male factor (severe oats/ DFI> 30) were excluded . Data of all women who fit the inclusion criteria was retrieved. Their AMH , AFC and details of COS Cycles was noted before and 2 months after PRP instillation. All the women had recieved 2ml PRP in each ovary with OPU needle transvaginally under USG guidance in TIVA. Stimulation was done by Antagonist protocol.

Results :
The mean oocyte retrieval increased from 2.76 Pre-PRP to 3.56 Post-PRP. It was statistically significant ($p = 0.044$). While , the mean AMH and AFC increased from 0.61 to 0.64 and 4.44 to 4.52 respectively. Both were not statistically significant ($p = 0.893$ and $p = 0.246$).

Conclusion :
It can be concluded that PRP definately improved the number of oocytes retrieved, thus improving the chances of pregnancy in women with POR.

Abstract ID: MISC/OP/73

Presenter's Name: Dr. Swati Vijay Mhaske

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Abstract Title:
A COMPREHENSIVE LOOK AND PROMPT MANAGEMENT OF OVARIAN CYST

Introduction :
OVARIAN CYSTS ARE FLUID FILLED STRUCTURES. THEY MAY BE SIMPLE OR COMPLEX IN NATURE. THEY ARE VERY COMMON FINDINGS, INCIDENTALLY DETECTED ON PHYSICAL EXAMINATION OR ULTRASOUND IMAGING. HOWEVER, THEY MAY CAUSE GYNAECOLOGICAL ACCIDENTS LIKE TORSION, RUPTURE OR HEMORRHAGE WHICH ARE EMERGENCIES. THEREFORE, PROMPT DIAGNOSIS & TREATMENT IS REQUIRED.

Aims & Objectives :
• TO DEFINE PRESENTATION OF OVARIAN CYST IN REPRODUCTIVE AGE GROUP. • ROLE OF CONSERVATIVE MANAGEMENT WITH DRUG – “DIANOFIRST" - “DIANOGEST”.

Materials & Methods :
THE STUDY WAS CARRIED OUT AS A RETROSPECTIVE CHART REVIEW OF ALL CASES OF OVARIAN CYST DIAGNOSED AND MANAGED AT DR. MHASKE HOSPITAL / RURAL HOSPITAL, LONI. THE STUDY WAS CONDUCTED BETWEEN JANUARY 2024 TO AUGUST 2025. ALL DATA COLLECTED FROM PATIENT DETAILS AND MEDICAL RECORD CHARTS.

Results :
THERE WERE TOTAL 45 CASES OF HAEMORRHAGIC CYSTS. AGE RANGING FROM 18 YEARS TO 45 YEARS. PARITY RANGING FROM 0 TO 4. OUT OF 38– 6 WERE UNMARRIED , 32 MARRIED. SIZE RANGING FROM 2.5 CM TO 7.7 CM. DURATION OF TREATMENT– 45 DAYS UPTO 3 MONTHS. RECURRENCE – 1 PATIENT SURGERY, 1 PATIENT..

Conclusion :
DIANOGEST COULD EFFECTIVELY REDUCE THE DIAMETER AND VOLUME OF ALL HAEMORRHAGIC CYSTS, IMPROVING PAIN, ANEMIA & PRESERVATION OF OVARIAN FUNCTION. COMPLETE RESOLUTION OF OVARIAN CYST OBSERVED IN SIMPLE AS WELL AS HAEMORRHAGIC CYST.

Abstract ID: MISC/OP/74

Presenter's Name: Dr. Rohina Somesh Aggarwal

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Abstract Title:
COMPARATIVE STUDY OF HYSTEROSCOPY AND 3D ULTRASOUND FOR DIAGNOSING UTERINE CAVITY ABNORMALITIES

Introduction :
Evaluation of Uterine cavity can be done using hysterosalpingography, Transvaginal Ultrasonography, Sonohysterography and Hysteroscopy. Uterine cavity abnormalities, e.g., endometrial polyps, submucous myomas, intra- uterine adhesions, endometritis and uterine septum may result in abnormal uterine bleeding or failure to conceive. Hence exclusion of intrauterine pathology is important for abnormal uterine bleeding and infertility treatment.

Aims & Objectives :
To compare diagnostic accuracy and efficacy of Transvaginal Ultrasound and Hysteroscopy in detecting uterine cavity abnormalities, in patients with abnormal uterine bleeding and infertility.

Materials & Methods :
The Prospective Study included Two Hundred patients with abnormal uterine bleeding and infertility. 100 patients had Abnormal Uterine Bleeding as chief complaint and 100 patients had Infertility as chief complaint. 2Dimensional(2D) Transvaginal Ultrasonography followed by 3Dimensional (3D) Ultrasonography and hysteroscopy were performed in the mid to late follicular phase of menstrual cycle. Uterine cavity characteristics and abnormalities were noted.

Results :
: Comparisons between groups were estimated by chi-square test. Abnormal findings were detected in 32.5% patients by hysteroscopy and in 20% patients by 3D ultrasonography. A probability value (p value) < 0.01 was considered significant. Endometrial Polyp was detected in 14% of patients on hysteroscopy as compared to 7.5% patients by 3D ultrasonography with p-value <0.04

Conclusion :
-: Hysteroscopy is a safe and reliable procedure with high diagnostic accuracy to evaluate uterine cavity because of direct visualization and is advantageous to treat simultaneously in few cases while 3D USG is noninvasive and good tool for basic evaluation of uterus and adnexa.

Abstract ID: MISC/OP/76

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Abstract Title:
ASSOCIATION OF CA-125 AND CLINICOPATHOLOGIC CHARACTERISTICS IN WOMEN WITH ENDOMETRIOSIS

Introduction :
Endometriosis is an estrogen dependent benign inflammatory condition characterised by the presence of ectopic endometrial implants typically occurring in the pelvis. It is associated with infertility, chronic pelvic pain leading to significant morbidity CA-125 is a glycoprotein marker used in women with pelvic masses such as endometriosis. CA-125 levels have been found to be significantly higher in women with moderate to severe endometriosis. Most common benign gynaecological conditions associated with high serum CA-125 are ovarian endometrioma and Deep infiltrating Endometriosis

Aims & Objectives :
PRIMARY- To Evaluate the association between pre-operative serum CA-125 levels and clinic pathological characterstics in womwn with endometriosis. SECONDARY- To Study the demographic characterstics of women with endometriosIs.

Materials & Methods :
Serum CA-125 levels in 89 women aged 21-54 years suspected to endometrial pelvic pain, dysmenorrhea or dyspareunia were measured pre- operatively. Also the association between clinic pathological characteristic and serum CA-125 level were analysed.

Results :
The mean age of women was 35.62 +-5.61. The mean Serum CA-125 level was 38.91+-3.30U/ml. • There was a significant correlation between the endometriosis stage, lesion size, adhesion score and ore-operative serum CA-125 levels. • However, we did not found significant differences in age, marital status and patient complaints.

Conclusion :
• According to the results, pre-operative serum CA-125 is an important predictor for patients with endometriosis and it should be taken into consideration when surgical management is suspected, especially stage of disease, lesion size and adhesion score are undertaken.

Abstract ID: MISC/OP/77

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Abstract Title:
ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING FOR PREDICTING OBSTETRIC AND GYNECOLOGIC BLEEDING: A SCOPING REVIEW (2020–2025)

Introduction :
Hemorrhage remains a major contributor to maternal morbidity and mortality. With increasing digitization of obstetric data, artificial intelligence (AI) and machine learning (ML) models are being evaluated to predict and prevent severe bleeding. This scoping review summarizes global progress and clinical relevance of these models.

Aims & Objectives :
To systematically map and critically describe the current landscape of AI and ML applications in predicting bleeding and hemorrhage in obstetric and gynecologic patients, highlighting their clinical performance, validation status, and readiness for integration into routine care

Materials & Methods :
Conducted as per PRISMA-ScR with protocol registered in PROSPERO (CRD420251179954). Searches of PubMed/MEDLINE (n = 176), Embase (n = 737), and Scopus (n = 1212) identified 2125 records. After deduplication and dual-reviewer screening, 42 studies met inclusion for full-text analysis. Screening and data extraction were completed up to 21 October 2025. Data were charted for model design, predictors, validation, and performance metrics.

Results :
Postpartum hemorrhage was the predominant focus (around 70%), followed by placenta previa/accreta and gynecologic surgical bleeding. Common algorithms were logistic regression, random forest, gradient boosting, and neural networks. Frequently used predictors included parity, prior cesarean, placental site and coagulation profile. Median AUC was 0.84 (IQR 0.76–0.89); average sensitivity 78% and specificity 81%. External validation was reported in 40% of studies, and 28% used explainable-AI tools (SHAP/LIME). Several models demonstrated real-time integration potential with EHR for transfusion triage and delivery planning.

Conclusion :
AI/ML based prediction models reliably stratify hemorrhage risk and can complement individualized clinical judgment. Wider multicentric validation will be key to implementation in routine care

Abstract ID: MISC/OP/78

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Abstract Title:
CONSENSUS ON VAGINAL PROGESTERONE USE FOR PRETERM BIRTH PREVENTION: THE SUSTAIN-V2 CONSENSUS

Introduction :
Preterm birth is a major cause of neonatal morbidity and mortality. Vaginal micronized progesterone is proven to reduce preterm birth risk in high-risk pregnancies. The SUSTAIN-V2 consensus evaluated expert agreement on its clinical use, efficacy, safety, and optimal initiation strategies

Aims & Objectives :
To establish expert consensus on the role of vaginal micronized progesterone in preventing preterm birth, focusing on appropriate patient selection, screening methods, dosage, and timing across singleton and twin pregnancies.

Materials & Methods :
A structured perception-mapping consensus was conducted among senior obstetricians with over 1,500 clinician-years of cumulative experience. 17 evidence-based statements were rated on a five-point Likert scale (1 = Strongly disagree to 5 = Strongly agree). Weighted scores (WS) > 100 indicated strong consensus. Statistical analysis was performed using GraphPad Prism 10.4.0.

Results :
Of 17 statements, 13 achieved WS > 100, indicating strong consensus. Highest agreement supported cervical length-based screening with vaginal progesterone (114.2) and routine 200 mg daily use in women with prior preterm birth or short cervix, including ART pregnancies (119.7, 120.2). Early initiation before 20 weeks (114.8), use in arrested labor and mild cervical shortening (116.3, 102.5), and 400 mg mid-trimester dosing in ART (120.2) were strongly endorsed. The therapy was considered safe, tolerable, and guideline-aligned (103.9). The overall mean response scores were: Agree: 60±19 (95% CI 50 to 70), Strongly agree: 32±22 (95% CI 20 to 43), $p<0.0001$

Conclusion :
The SUSTAIN-V2 consensus confirms that vaginal micronized progesterone is a safe, effective, and evidence-based intervention for preterm birth prevention, with strong endorsement for early initiation and integration with cervical screening

Abstract ID: MISC/OP/79

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Abstract Title:
SUSTAIN-O2: EXPERT CONSENSUS ON ORAL SUSTAINED-RELEASE PROGESTERONE IN THREATENED ABORTION AND LUTEAL SUPPORT

Introduction :
SUSTAIN-O2 evaluated oral micronized progesterone's role in threatened abortion and luteal phase support.

Aims & Objectives :
To develop expert consensus on its safety, clinical utility, and therapeutic benefits

Materials & Methods :
The consensus involved obstetricians, representing over 2500 man-years of cumulative clinical experience. Participants rated 13 clinical statements related to oral progesterone on a 5-point Likert scale. Statistical analysis was performed using GraphPad 10.4.0, and a weighted score >100 was defined as strong consensus

Results :
Consensus (weighted score >100) was achieved on 11 of 13 statements. Strong agreement was there for Progesterone SR's bioavailability, predictable pharmacokinetics, and once-daily patient-friendly dosing (115.8), as well as its reduced metabolic side effects compared to immediate-release formulations (125.6). Participants endorsed its role in enhancing adherence (117.8) and improving patient convenience. There was strong support for its immunomodulatory effects (↓ IL-6, ↓ TNF-α, ↑ IL-10), favoring pregnancy maintenance and reducing the risk of threatened abortion (111.0–123.2). Oral progesterone was considered effective in recurrent pregnancy loss (118.0), and well-tolerated for preterm birth prevention (117.4). Combining oral and vaginal progesterone in IVF cycles was also endorsed (101.5). A majority agreed that natural progesterone may be safer than dydrogesterone in early pregnancy (116.9). The overall mean response scores were: agree: 60±26 (95% CI 44 to 75), strongly agree: 28±24 (95% CI 14 to 43), $p<0.0001$

Conclusion :
The panel strongly supported the use of oral micronized progesterone, particularly sustained-release forms, for threatened abortion and luteal phase support. Its favorable pharmacokinetics, improved tolerability, and patient-centric benefits position it as a viable alternative to other formulations.

Abstract ID: MISC/OP/80

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Abstract Title:
A COMPARATIVE STUDY ON BIRTH PREPAREDNESS AND COMPLICATION READINESS AMONG ANTENATAL WOMEN AT TERTIARY CARE CENTRE

Introduction :
Birth preparedness and complication readiness (BPCR) is a proven approach to reduce maternal and neonatal morbidity by encouraging timely access to skilled care and early recognition of complications. Despite routine antenatal visits, awareness regarding BPCR components remains suboptimal. Structured ward-based counselling using a checklist may help improve maternal preparedness and promote safer outcomes.

Aims & Objectives :
To assess and compare the knowledge and practice of birth preparedness and complication readiness among antenatal women—those receiving structured BPCR counselling and those admitted for their first antenatal stay without prior counselling.

Materials & Methods :
A cross-sectional comparative study will be conducted among 100 antenatal women admitted to the antenatal wards of KIMS Hospital, Bengaluru. - Study group: 50 women who receive structured BPCR counselling. - Control group: 50 women admitted for the first time without prior counselling.Structured BPCR sessions will be conducted personally by the investigator for 15–20 minutes using a BPCR checklist as a guide. The session will cover identification of obstetric danger signs, planning place of delivery, arranging skilled birth attendance, financial and transport preparedness, identifying a blood donor, and selecting a birth companion. Pre- and post-counselling questionnaires will assess awareness and preparedness. Statistical analysis will compare BPCR knowledge and practice between both groups.

Results :
It shows that antenatal women who receive structured BPCR counselling will show significantly higher awareness and preparedness scores compared to those without counselling, highlighting the effectiveness of ward-based verbal education.

Conclusion :
Structured ward-based BPCR counselling using a checklist, when conducted directly by the investigator, enhances maternal awareness, preparedness, and timely care-seeking behaviour, thereby reducing

Abstract ID: MISC/OP/81

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Abstract Title:
CLINICAL PROFILE AND MANAGEMENT OUTCOMES OF OVARIAN MASSES IN PREGNANCY:A RETROSPECTIVE STUDY

Introduction :
Ovarian masses in pregnancy pose diagnostic and management challenges due to concerns regarding tumor pathology, maternal complications, and fetal well-being. Timely diagnosis and individualized management are essential for optimizing outcomes.

Aims & Objectives :
To evaluate the clinical features, management approaches, and maternal-fetal outcomes of ovarian masses diagnosed during pregnancy.

Materials & Methods :
A retrospective observational study conducted in the Department of Obstetrics & Gynecology at AIIMS Raipur from January 2025 to December 2025. Pregnant women diagnosed with ovarian masses during antenatal period were included. Demographic profile, clinical presentation, imaging details, tumor markers, management, and outcomes were analyzed.

Results :
6 pregnant women with ovarian masses were analyzed. Age ranged from 17 to 29 years. 4 patients were primigravida and 2 were multigravida. Incidental detection during antenatal evaluation or admission for safe confinement occurred in 4 patients, while 2 presented with symptoms including abdominal pain, decreased fetal movement, abdominal distension and respiratory discomfort. Tumor markers were normal in 4 patients, while 2 had elevated markers with ascites. Ultrasound identified masses ranging from 4 cm to 30 cm. Diagnosis included mucinous cystadenoma (2 cases), endometriotic cyst (2 cases), simple ovarian cyst (1 case) and 1 complex cyst suspected to be immature teratoma.Expectant management was employed in 4 cases. Two patients underwent cesarean delivery with cystectomy and salpingo-oophorectomy; one required CCU care due to intraoperative hypotension. Five women delivered at term and one delivered preterm at 29 weeks. Neonatal birth weight ranged from 1.7 kg to 3.09 kg, with one NICU admission

Conclusion :
Individualized management with multidisciplinary planning ensures optimal outcome.

Abstract ID: MISC/OP/82

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Abstract Title:
EFFICACY AND SAFETY OF THERMAL ABLATION VS CRYOTHERAPY IN SYMPTOMATIC CERVICAL ECTROPION -A RANDOMIZED CONTROLLED STUDY

Introduction :
Benign cervical ectropion is usually asymptomatic. Treatment is required if symptoms like persistent vaginal discharge, itching, dyspareunia, post coital bleeding are present. Thermal ablation destroys the excess mucus-producing glandular cells, thereby eliminating the symptoms.

Aims & Objectives :
To assess the efficacy and safety of thermal ablation for symptomatic cervical ectropion and to compare it with cryotherapy

Materials & Methods :
Patients attending the gynaecological OPD were thoroughly examined, and if symptomatic cervical ectropion was found on examination, liquid-based cytology was done for every patient. All patients with NILM (negative for intraepithelial malignancy) reports on LBC were randomized and treated with either thermal ablation or cryotherapy after being informed of the procedure and obtaining written informed consent. Patients were then evaluated immediately, after 6 weeks, and at 6 months for resolution of symptoms and side effects, and comparison of patient acceptability

Results :
Out of 923 screened patients, 243 cervical ectropions were diagnosed. 90 patients were symptomatic and received treatment. Vaginal discharge was the most common (98.4 %) presenting symptom, followed by post coital bleeding 26%, dyspareunia 3%. 45 patients were randomized into both groups. A cure rate of 96.8 % vs 95 % was achieved in both groups; however, side effects were lower in the thermal ablation group. Patient and provider acceptability was higher in the thermal ablation group

Conclusion :
Symptomatic cervical ectropion needs treatment because quality of life matters. Thermal ablation can be considered a more effective treatment modality than cryoptherapy.

Abstract ID: MISC/OP/83

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Abstract Title:
ROLE OF CHEWING GUM IN ENHANCING GASTROINTESTINAL MOTILITY IN THE POSTOPERATIVE PERIOD FOLLOWING TOTAL LAPAROSCOPIC HYSTERECTOMY – A RANDOMISED CONTROL TRIAL

Introduction :
Postoperative ileus is a common complication following total laparoscopic hysterectomy (TLH), often delaying recovery and discharge. Chewing gum post-surgery is a cost-effective approach to stimulate intestinal movement, promoting early initiation of oral intake, stimulating bowel motility and accelerating gastrointestinal (GI) recovery. This study evaluates the role of chewing gum in enhancing postoperative GI function in TLH patients.

Aims & Objectives :
The study evaluates the role of chewing gum in enhancing postoperative GI function in TLH patients. 1.To evaluate the time to first flatus and bowel movement. 2.To compare the length of hospital stay between patients receiving chewing gum and those receiving standard care. 3.To assess the feasibility of chewing gum as a routine postoperative intervention.

Materials & Methods :
A randomised control trail was conducted on 50 women undergoing TLH for benign conditions. Patients were randomly assigned to two groups: Group A (n=25) received sugar-free chewing gum (session of 15-30 minutes, every 2 hours , starting 1 hour post-surgery), Group B (n=25) received standard postoperative care. Primary parameters included time to first bowel sound, flatus, oral intake, and hospital stay.

Results :
Group A demonstrated earlier GI recovery. Time to first bowel sound (10.2 ± 2.3 hrs vs. 16.4 ± 3.1 hrs) and flatus (17.6 ± 3.5 hrs vs. 24.1 ± 4.2 hrs) were significantly shorter in Group A. No adverse effects were noted.

Conclusion :
Chewing gum is a simple, safe, and cost-effective intervention that significantly accelerates postoperative gastrointestinal recovery in TLH patients. No major side effects.It can be recommended as a routine adjunct to enhance early postoperative recovery.

Abstract ID: MISC/OP/84

Presenter's Name: Dr. Nancy Jena

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Abstract Title:
A COMPARATIVE STUDY OF ORAL MIFEPRISTONE VS FOLEYS WITH ORAL MIFEPRISTONE IN INDUCTION OF LABOUR IN IUFD

Introduction :
Intrauterine fetal death refers to babies with no signs of life in utero.Intrauterine Foetal death is defined by RCOG as “death prior to complete expulsion or extraction from its mother of products of conception at or greater than 24 weeks of gestation”. There are four categories of the causes of still births namely: infections, fetal, placental, and unexplained. IUFD is a event of immense tragedy for the family and major stress for the caregivers.In majority of women spontaneous labour ensues within 2 weeks of IUFD.Due to psychological and social pressures induction of labor is done and a method that reduces the duration of labor in such cases is preferred.There are no standard protocols for induction of labor in cases of IUFD.Prostaglandins(misoprostol,dinoprostone gel),oxytocin and intracervical foleys are used

Aims & Objectives :
Primary objective-In this study we compare the time taken for achieving favourable cervix in MIFEPRISTONE VS MIFEPRISTONE and FOLEYS group Second objective-In this study we compare the time taken for delivery in MIFEPRISTONE VS MIFEPRISTONE and FOLEYS group.

Materials & Methods :
DURATION OF STUDY-18 months (June 2023 – Dec 2024) TYPE OF STUDY –Prospective observational study PLACE OF STUDY – Department of Obstetrics and Gynaecology, SCBMCH SAMPLE SIZE – 64 in each group STATISTICAL METHOD- Mann Whitney Test

Results :
Achieving favourable cervix and delivery was faster in oral mifepristone and foleys group. No cases of uterine rupture in either groups. Both the methods are safe and can be safely used in scarred uterus

Conclusion :
Both the methods are effective ,safe and should be considered for clinical practice.

Abstract ID: MISC/OP/85

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Abstract Title:
A COMPARATIVE STUDY OF TRANSVAGINAL ULTRASONOGRAPHIC CERVICAL LENGTH AND MODIFIED BISHOP'S SCORE IN PREDICTING SUCCESS OF LABOUR INDUCTION IN TERM PRIMIGRAVIDA

Introduction :
ASSESSMENT OF CERVICAL READINESS IS ESSENTIAL FOR PREDICTING THE OUTCOME OF LABOUR INDUCTION. THE MODIFIED BISHOP'S SCORE (MBS) IS A TRADITIONAL CLINICAL TOOL BUT IS SUBJECTIVE. TRANSVAGINAL SONOGRAPHY (TVS) MEASUREMENT PROVIDES OBJECTIVE PARAMETERS SUCH AS CERVICAL LENGTH AND INTERNAL OS DILATATION WHICH HELPS IN PREDICTING INDUCTION OUTCOMES.

Aims & Objectives :
TO COMPARE THE PREDICTIVE ACCURACY OF TVS(TRANSVAGINAL SONOGRAPHY) CERVICAL LENGTH AND MODIFIED BISHOP'S SCORE(MBS) IN DETERMINING SUCCESSFUL INDUCTION IN TERM PRIMIGRAVIDA WOMEN.

Materials & Methods :
A PROSPECTIVE OBSERVATIONAL STUDY WAS CONDUCTED ON 50 TERM PRIMIGRAVIDA WOMEN ADMITTED FOR LABOUR INDUCTION. PRIOR TO INDUCTION, BOTH MODIFIED BISHOP'S SCORE AND TVS CERVICAL LENGTH WERE ASSESSED. INDUCTION WAS CONSIDERED SUCCESSFUL IF ACTIVE LABOUR (≥4 CM CERVICAL DILATATION) OCCURRED WITHIN 24 HOURS LEADING TO VAGINAL DELIVERY. STATISTICAL CORRELATION BETWEEN EACH PARAMETER AND INDUCTION OUTCOME WAS ANALYZED.

Results :
SHORTER CERVICAL LENGTH ON TVS WAS SIGNIFICANTLY ASSOCIATED WITH SUCCESSFUL INDUCTION, WHEREAS HIGHER MODIFIED BISHOP'S SCORE SHOWED A MODERATE POSITIVE CORRELATION. THE SENSITIVITY AND SPECIFICITY OF TVS CERVICAL LENGTH WERE HIGHER THAN THOSE OF MODIFIED BISHOP'S SCORE IN PREDICTING INDUCTION SUCCESS. TVS CERVICAL LENGTH DEMONSTRATED SLIGHTLY SUPERIOR PREDICTIVE ACCURACY AND OBJECTIVITY.

Conclusion :
BOTH MODIFIED BISHOP'S SCORE AND TVS ARE VALUABLE IN PREDICTING INDUCTION SUCCESS IN TERM PRIMIGRAVIDA.TVS PROVIDES OBJECTIVE AND REPRODUCIBLE MEASUREMENT WHILE MODIFIED BISHOP'S SCORE REMAINS SIMPLE, RELIABLE PREDICTOR IN CLINICAL PRACTICE. COMBINING BOTH METHODS MAY FURTHER ENHANCE PREDICTION ACCURACY.

Abstract ID: MISC/OP/86

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Abstract Title:
CORRELATION OF RASI (RESPIRATORY ADJUSTED SHOCK INDEX) WITH LACTATE LEVELS IN WOMEN WITH OBSTETRIC INFECTION

Introduction :
sepsis is defined as a life-threatening organ dysfunction caused by dysregulated host response to infection. it is essential to differentiate sepsis from an uncomplicated infection because it is associated with poor outcomes and early recognition is required. respiratory adjusted shock index integrates the use of respiratory rate along with other markers of acute physiological stress assessed in shock index and has been found to successfully identify occult sepsis in trauma patients. serum lactate levels are found to be raised in sepsis and are considered as sensitive marker for septic shock.

Aims & Objectives :
to determine the correlation between rasi and lactate levels in women with obstetric infection

Materials & Methods :
a prospective observational cohort study was conducted in women with suspected obstetric infection. rasi was calculated at admission and lactate levels were obtained from sample. primary objective was to correlate rasi with lactate levels participants were then followed till 72 hours to evaluate for development of sepsis. these patients were followed till discharge for the final outcome and length of hospital stay.

Results :
spearmen correlation showed a moderate positive correlation between lactate levels (mmol/L) and rasi, and this correlation was statistically significant (rho = 0.33, p = <0.001).

Conclusion :
rasi may have utility as a bedside tool for predicting maternal outcome and can be used as a surrogate for lactate levels

Abstract ID: MISC/OP/87

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Abstract Title:
PERIPARTUM HYSTERECTOMY - PLANNING SAVES LIVES

Introduction :
Peripartum hysterectomy is associated with significant maternal morbidity and mortality. We reviewed all peripartum hysterectomies at our institute over a 5-year period.

Aims & Objectives :
The aim of this study was to determine the incidence, surgery and anesthesia-related issues of peripartum hysterectomies and to compare outcomes of emergency and electively planned peripartum hysterectomies.

Materials & Methods :
This was a retrospective analysis of records of women who underwent emergency or elective peripartum hysterectomy in a tertiary care hospital. The study included all women who underwent peripartum hysterectomy in a teaching hospital and referral institute in North India over a span of 5 years (July 2019 to June 2024). Association of variables was based on anova, students unpaired t test and chi square test using SPSS version 25.

Results :
Fifteen women underwent peripartum hysterectomy during the study period. Main indications of peripartum hysterectomies were atonic postpartum hemorrhage (PPH) (53.3%), and uterine rupture (26.6%). Intensive care management was required in 100% women postoperatively. The maternal complications were circulatory collapse, bladder injury, disseminated intravascular coagulation, and wound infection, among others. All fifteen women required transfusion of blood and blood products. There were 2 maternal deaths following peripartum hysterectomy.

Conclusion :
The most common indication for peripartum hysterectomy was atonic PPH. Electively planned peripartum hysterectomies with a multidisciplinary team approach had better outcomes and no mortality as compared to emergency peripartum hysterectomies.

Abstract ID: MISC/OP/88

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Abstract Title:
"PREDICTIVE VALUE OF FETAL HEAD -PUBIC SYMPHYSIS DISTANCE MEASURED BY ULTRASOUND BEFORE INDUCTION OF LABOUR IN DETERMINING MODE OF DELIVERY "

Introduction :
Predicting the mode of delivery before induction of labour remains a clinical challenge. Ultrasound assessment of the distance between the fetal head and the pubic symphysis (FHPD) has emerged as a potential predictor of successful vaginal delivery by reflecting fetal head descent and engagement.

Aims & Objectives :
To evaluate the association between the fetal head–pubic symphysis distance measured by ultrasound prior to induction of labour and the subsequent mode of delivery.

Materials & Methods :
This prospective observational study was conducted on term pregnant women scheduled for induction of labour. The FHPD was measured using a transperineal ultrasound immediately before induction. Labour progress and delivery outcomes were recorded, including mode of delivery (vaginal or cesarean). Statistical analysis was performed to determine correlations between FHPD values and delivery outcomes.

Results :
A significant association was observed between lower FHPD measurements and successful vaginal delivery, whereas higher FHPD values correlated with increased rates of cesarean section for failed induction or labour dystocia. An optimal cutoff value of FHPD was identified that predicted the likelihood of vaginal delivery with reasonable sensitivity and specificity.

Conclusion :
Pre-induction assessment of the fetal head–pubic symphysis distance by ultrasound is a simple, non-invasive, and reliable method to predict the mode of delivery. Incorporating this measurement into routine pre-induction evaluation may assist obstetricians in counselling patients and improving labour management decisions.

Abstract ID: MISC/OP/89

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Abstract Title:
ASSOCIATION OF BODY FAT INDEX (BFI) AND ADIPONECTIN LEVELS IN WOMEN WITH POLYCYSTIC OVARIAN SYNDROME (PCOS): A CASE-CONTROL STUDY

Introduction :
Polycystic Ovarian Syndrome (PCOS) is a multifactorial disorder linked with obesity, insulin resistance, and metabolic syndrome. Body Fat Index (BFI), derived from ultrasound-based fat measurements, offers a more precise estimation of visceral adiposity than Body Mass Index (BMI). Adiponectin, an adipocyte-derived hormone shows insulin-sensitizing and anti-inflammatory effects, and may serve as a marker for metabolic risk in PCOS.

Aims & Objectives :
To assess the association between BFI and serum adiponectin levels in women with PCOS and compare them with controls.

Materials & Methods :
A case-control study was conducted among 100 women aged 18–40 years (50 PCOS, 50 controls) attending the Gynaecology OPD at AIIMS Bhopal. Anthropometric measurements, metabolic profiles, and serum adiponectin were recorded. BFI was calculated ultrasonographically as preperitoneal fat × subcutaneous fat / height (cm). Statistical analysis included correlation and regression models using SPSS v23.

Results :
Mean adiponectin was 19.6 ± 9.9 µg/mL in PCOS and 16.5 ± 9.9 µg/mL in controls, showing a negative correlation with BFI ($r = –0.32$, $p < 0.05$) and BMI ($r = –0.41$, $p < 0.01$). PCOS women with higher BFI and BMI exhibited lower adiponectin levels. Regression analysis identified adiponectin as an independent inverse predictor of adiposity ($\beta = –0.29$, $p < 0.05$).

Conclusion :
Adiponectin showed a significant inverse relationship with BFI and BMI, highlighting its role as a sensitive biochemical marker of visceral adiposity and metabolic dysfunction in PCOS. Combined evaluation of BFI and adiponectin may help in early detection of women at risk for metabolic complications.

Abstract ID: MISC/OP/90

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Country: India

Abstract Title:
A PROSPECTIVE STUDY ON MATERNAL AND PERINATAL OUTCOMES IN OBESE PREGNANT WOMEN IN A TERTIARY CARE HOSPITAL OF JAMMU

Introduction :
Maternal obesity is an increasing global health concern with rising prevalence in India. It contributes to multiple pregnancy complications affecting both maternal and fetal outcomes. Early recognition and management are crucial to minimize associated risks.

Aims & Objectives :
1.To evaluate the obstetric outcomes in pregnancies complicated by maternal obesity. 2.To determine the associated perinatal outcomes and compare them with those in women of normal BMI.

Materials & Methods :
A prospective observational study was conducted in the Department of Obstetrics and Gynaecology, SMGS Hospital, Jammu, from November 2021 to October 2022. One hundred antenatal women were enrolled — 50 obese (BMI ≥30 kg/m²) and 50 controls (BMI 18.5–24.9 kg/m²) — in their first trimester. Maternal and neonatal outcomes were recorded and analyzed using appropriate statistical tests; $p < 0.05$ was considered significant.

Results :
Maternal complications were significantly higher among obese women, including gestational hypertension (16% vs 6%), pre-eclampsia (8% vs 2%), and gestational diabetes mellitus (12% vs 0%). Labour induction (36% vs 12%) and caesarean deliveries (30% vs 16%) were more frequent in obese women. Postpartum complications such as haemorrhage (14% vs 6%), wound infection (10% vs 4%), and deep vein thrombosis (2% vs 0%) were also increased. Neonatal complications included higher rates of macrosomia (14% vs 0%), NICU admissions (28% vs 8%), congenital anomalies (6% vs 2%), and stillbirths (12% vs 4%). All results were statistically significant ($p < 0.005$).

Conclusion :
Maternal obesity is strongly associated with increased maternal and perinatal morbidity. Regular BMI monitoring, preconception counselling, and multidisciplinary antenatal care are essential to optimize outcomes in this

Abstract ID: MISC/OP/91

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Abstract Title:
ANALYSIS OF CAESAREAN SECTION ACCORDING TO WHO ROBSON CLASSIFICATION

Introduction :
The rising global rate of cesarean deliveries has become a major public health concern. The Robson's Ten Group Classification System (TGCS) provides a standardized and reproducible framework to evaluate cesarean section (CS) rates and identify the groups contributing most significantly to them

Aims & Objectives :
To analyze cesarean section rates using the TGCS and determine the major contributors to the overall CS rate in a tertiary care hospital

Materials & Methods :
This retrospective observational study was conducted in the Department of Obstetrics and Gynecology at a tertiary care teaching hospital over 12 months. All women who delivered during this period were classified into ten groups according to Robson's criteria, based on parity, previous CS, gestational age, onset of labor, fetal presentation, and plurality. The proportion and contribution of each group to the total deliveries and overall CS rate were analyzed.

Results :
Out of 600 deliveries, 198 were cesarean sections, giving an overall CS rate of 33%. - Group 5 (previous CS, singleton, cephalic, ≥37 weeks) was the largest contributor, accounting for ~35% of all CS. - Group 2 (nulliparous, singleton, cephalic, ≥37 weeks, induced or pre-labor CS) contributed ~25%. - Group 10 (all preterm, singleton, cephalic) contributed ~10%. - Group 9 (abnormal lies) contributed the least (≈1%).

Conclusion :
The TGCS is an effective audit tool for monitoring and comparing CS rates. A significant proportion of CS deliveries were in Group 5 and Group 2. Promoting trial of labor after cesarean (TOLAC) and ensuring judicious induction practices may help reduce unnecessary cesarean deliveries in similar settings.

Abstract ID: MISC/OP/92

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Abstract Title:
A RANDOMIZED CONTROLLED TRIAL TO EVALUATE THE EFFECT OF ORMELOXIFENE ON UNSCHEDULED VAGINAL BLEEDING IN WOMEN USING LEVONORGESTREL-RELEASING INTRAUTERINE SYSTEM

Introduction :
The 52mg LNG-IUS is highly effective for heavy menstrual bleeding (HMB), but 50-62\% of users experience initial unscheduled bleeding, a major cause of discontinuation. Ormeloxifene, a Selective Estrogen Receptor Modulator (SERM), has anti-estrogenic activity on the endometrium and is effective for Abnormal Uterine Bleeding (AUB).

Aims & Objectives :
The primary objective was to evaluate the effect of Ormeloxifene (60 mg twice weekly for 3 months) on unscheduled vaginal bleeding following LNG-IUS insertion. Secondary objectives included comparing improvement in AUB symptoms, increase in hemoglobin, patient satisfaction, and rate of discontinuation between groups.

Materials & Methods :
This was a randomized controlled, non-blinded trial involving 50 eligible women with HMB/AUB. Patients were randomized into Group A (LNG-IUS + Ormeloxifene, n=25) or Group B (LNG-IUS only, n=25). The primary outcome was assessed by comparing the number of days and grading of unscheduled bleeding using a 5-point scale over 12 months.

Results :
At 3 months (T3), Group A showed a statistically significant benefit in bleeding grading (p=0.040), with 36\% reporting no bleeding (Grade 0) compared to 13\% in Group B. However, this benefit was not sustained at 6 and 12 months, where both groups showed similar bleeding profiles. Both groups demonstrated significant improvement in mean hemoglobin and overall satisfaction levels, with no significant difference between them. Importantly, no patient required LNG-IUS removal due to adverse effects.

Conclusion :
Adjunctive use of Ormeloxifene with LNG-IUS provides a transient benefit in reducing the grade of unscheduled vaginal bleeding at 3 months, but this effect is not sustained long-term. Both treatment strategies demonstrated high tolerability and clinical

Abstract ID: MISC/OP/93

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Abstract Title:
CHRONIC INFLAMMATORY MARKERS IN WOMEN WITH POLYCYSTIC OVARIAN SYNDROME

Introduction :
Polycystic Ovarian Syndrome is a multifactorial disease whose pathogenesis still remains unclear till date. Chronic inflammation may lead to insulin resistance, metabolic syndrome and ovarian dysfunction and further contribute to PCOS.

Aims & Objectives :
To evaluate the markers of chronic inflammation (WBC, hsCRP, TNF-α and IL-6) in women with PCOS.

Materials & Methods :
The study was conducted in a tertiary care center in Delhi. Markers of chronic inflammation were compared amongst 80 PCOS cases and 80 age and BMI matched controls.

Results :
PCOS cases had higher WBC counts than controls (10,440.62 ± 2,534.91/mm³ vs 8417.25 ± 2398.18/mm³; $p < 0.001$) and slightly higher TNF-α values (1.56 ± 1.66 pg/ml vs 1.10 ± 1.43 pg/ml; $p=0.097$). hsCRP and IL-6 showed no difference between groups. hsCRP was highest in phenotype B and lowest in D (14.56 ± 17.60 mg/L vs 7.64 ± 5.54 mg/L, $p=0.657$). IL-6 was highest in phenotype B and lowest in C (1084.50 ± 1832.63 pg/ml vs 1084.50 ± 1832.63 pg/ml, $p=0.880$). WBC and TNF-α showed no variation across PCOS phenotypes. WBC correlated with HOMA-IR ($r=0.25$, $p=0.026$). hsCRP correlated with FAI ($r=0.22$, $p=0.049$). TNF-α correlated with SHBG, testosterone, and FAI. IL-6 correlated with HOMA-IR ($r=0.38$, $p<0.001$).

Conclusion :
Chronic low-grade inflammation contributes to the development of insulin resistance and hyperandrogenism in women with PCOS. Inflammation may further contribute to the metabolic and cardiovascular risks in PCOS.

Abstract ID: MISC/OP/94

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Abstract Title:
UTILITY OF URINE DIPSTICK TEST FOR THE SCREENING OF URINARY TRACT INFECTION IN POSTOPERATIVE CATHETERISED WOMEN

Introduction :
Urinary tract infections (UTIs) are among the most frequent healthcare-associated infections, particularly in postoperative catheterised women. Prompt and accurate diagnosis is critical for guiding appropriate antibiotic therapy and preventing serious complications such as sepsis and antimicrobial resistance. Urine dipstick tests offer a rapid, convenient, and cost-effective bedside screening method, especially valuable in resource-limited settings. However, their diagnostic performance compared to urine culture—the gold standard—requires rigorous evaluation to confirm clinical utility.

Aims & Objectives :
To evaluate the diagnostic accuracy and clinical utility of urine dipstick tests in detecting UTIs among postoperative catheterised women, using urine culture as the definitive reference standard.

Materials & Methods :
A prospective observational study was conducted on 100 postoperative women undergoing indwelling catheterization for over 24 hours at the Obstetrics and Gynecology department, Government Medical College, Amritsar. Aseptic urine samples were collected and subjected to dipstick analysis, microscopy, and semi-quantitative urine culture. Sensitivity, specificity, positive predictive value, and negative predictive value of dipstick testing were calculated relative to culture results.

Results :
Leukocyte esterase and nitrite dipstick tests demonstrated high specificity and moderate sensitivity for UTI detection. The predominant uropathogens isolated included Escherichia coli and Klebsiella species, exhibiting diverse antibiotic resistance patterns. Significant correlations between dipstick results and culture findings support dipstick testing as an effective preliminary diagnostic tool.

Conclusion :
Urine dipstick testing is a rapid, cost-effective screening method for early UTI detection in postoperative catheterised women. Combined with urine culture, it optimizes antibiotic stewardship, reduces unnecessary antimicrobial use, and improves clinical outcomes, particularly in resource-limited healthcare settings.

Abstract ID: MISC/OP/95

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Abstract Title:
LIVELY CONSENSUS: ESTABLISHING LETROZOLE AS THE PREFERRED AGENT FOR OVULATION INDUCTION IN INDIA

Introduction :
Letrozole, an aromatase inhibitor, is the preferred first-line therapy for ovulation induction in anovulatory infertility and PCOS.

Aims & Objectives :
To align Indian practice with global evidence through expert consensus and standardized recommendations for optimal letrozole use in ovulation induction.

Materials & Methods :
The Letrozole in Ovulation Induction: Vision of Experts Leading the Way in India (LIVELY) study group conducted a structured consensus involving 58 reproductive specialists representing over 1500 man-years of clinical experience. 15 evidence-based statements on letrozole's efficacy, dosing, timing, and safety were rated using a five-point Likert scale (Strongly Agree = 5 to Strongly Disagree = 1). Weighted scores >100 denoted consensus, with statistical analysis performed using GraphPad Prism

Results :
14 statements achieved weighted mean scores above 100, confirming strong consensus. The highest agreement supported letrozole as the first-line agent for anovulatory PCOS due to superior ovulation, conception, and live-birth outcomes (weighted mean = 128.5). Experts endorsed its favorable endometrial profile, monofollicular ovulation, and reduced multiple-pregnancy risk, identifying it as a safer and more physiologic alternative to clomiphene citrate. Consensus also extended to its use in unexplained infertility, endometriosis, and mild male-factor infertility, with emphasis on individualized dosing guided by AMH, BMI, and testosterone. The overall mean response scores were: agree: 58±24 (95% CI 45 to 72), strongly agree: 56±28 (95% CI 41 to 71), $p<0.0001$

Conclusion :
The LIVELY consensus strongly supports letrozole as the evidence-based, first-line therapy for ovulation induction, highlighting its efficacy, safety, and patient-centered advantages in fertility care across India

Abstract ID: MISC/OP/96

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Abstract Title:
CORRELATION OF ULTRASONOGRAPHIC ESTIMATED WEIGHT WITH ACTUAL BIRTH WEIGHT IN A TERTIARY HEALTH CARE FACILITY

Introduction :
Estimation of fetal weight by ultrasonography is an essential aspect of prenatal assessment, providing valuable predictive information regarding labor outcomes, as well as perinatal and maternal morbidity and mortality. Accurate estimation of fetal weight at term assists obstetricians in determining the most appropriate mode of delivery, thereby improving maternal and neonatal outcomes.

Aims & Objectives :
The primary objective of this study was to evaluate the correlation between ultrasonographic estimation of fetal weight at term and the actual birth weight in patients attending a tertiary care hospital.

Materials & Methods :
This cross-sectional study was conducted at a tertiary care medical college hospital and prospectively included 135 women with singleton term pregnancies who met the inclusion criteria and provided informed consent. Participants were beyond 37 completed weeks of gestation with uncomplicated pregnancies and delivered within 7 days of ultrasonographic examination. Exclusion criteria included multiple pregnancies, intrauterine growth restriction, and deliveries occurring more than 7 days after the ultrasound.

Results :
Statistical analysis using the Pearson correlation coefficient demonstrated a strong positive correlation between ultrasonographic estimated fetal weight and actual birth weight. The relationship was statistically significant, indicating high predictive accuracy of ultrasonography. Most data points were within the 95% limits of agreement, signifying strong concordance between both measurement methods.

Conclusion :
In conclusion, ultrasonographic estimation of fetal weight showed a strong correlation with actual birth weight and remains a reliable, non-invasive, and effective tool for clinical decision-making during labor.

Abstract ID: MISC/OP/98

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Abstract Title:
OPTIMIZING ENDOMETRIOSIS MANAGEMENT WITH DIENOGEST + ETHINYL ESTRADIOL: INSIGHTS FROM THE SYNERGY CONSENSUS

Introduction :
Endometriosis leads to pain, infertility, and poor quality of life. Dienogest + Ethinyl Estradiol offers synergistic therapeutic benefit.

Aims & Objectives :
To develop expert consensus and standardized Indian recommendations for optimal use of Dienogest + Ethinyl Estradiol in endometriosis management.

Materials & Methods :
The Synergistic Hormonal Therapy Consensus (SYNERGY) Group comprised 63 gynecologists and reproductive endocrinologists with ~1600 clinician-years of experience. Thirteen evidence-based statements covering pharmacological rationale, efficacy, safety, cycle control, metabolic profile, and long-term use were evaluated using a 5-point Likert scale (Strongly Agree = 5 to Strongly Disagree = 1). Weighted mean scores >100 denoted consensus, analyzed using GraphPad Prism 10.4.

Results :
Of the 13 statements evaluated, 11 achieved consensus (weighted mean > 100), confirming strong agreement on the synergistic efficacy and safety of Dienogest + Ethinyl Estradiol (DNG/EE) in endometriosis management. High consensus supported superior symptom relief and quality-of-life improvement (120.6), favorable safety and tolerability (117.7), antiandrogenic benefits (117.7), and effective management of multiple pain profiles (114.4). Experts endorsed its use for deep endometriosis or ovarian endometriomas (121.1) and better compliance in younger women (122.8). Moderate agreement supported first-line positioning and comparability with progestin-only regimens (102–106). The overall mean response scores were: agree: 67±29 (95% CI 50 to 85), strongly agree: 24±16 (95% CI 14 to 33), $p<0.0001$

Conclusion :
Experts affirmed Dienogest + Ethinyl Estradiol as a rational, synergistic, and sustainable therapy for endometriosis, suitable for long-term, continuous use and integration into Indian clinical practice.

Abstract ID: MISC/OP/101

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Abstract Title:
EVALUATE MATERNAL OUTCOMES INCLUDING QUALITY OF LIFE SCORES IN WOMEN REQUIRING OBSTETRIC CRITICAL CARE.

Introduction :
The physiological changes in pregnancy may turn critical leading to severe pregnancy-related complications, resulting in adverse outcomes .

Aims & Objectives :
Evaluate maternal outcomes including quality of life scores in women requiring Obstetric Critical Care.

Materials & Methods :
Prospective observational cohort study conducted on peripartum women admitted to Obstetric Critical Care unit(CCU) with a Sequential Organ Failure Score (SOFA) of 3 and more. Clinical data, indicators of admission and critical care interventions were recorded. Quality of life was assessed using Linear Analogue scale (LAS) and Satisfaction With Life Scale(SWLS). Follow up at 3 and 6 months with clinical, radio-haematological and quality of life scores.

Results :
Amongst 80 women mean age was 26.81±5.1years, majority were multigravida, 38.7% were antenatal, 35.0% were post Caesarean, 21.3% were postnatal and 5.0% were post laparotomy. Sepsis was most common (30.0%, n=24), followed by acute kidney injury(32.5%, n=26) and cardiac disorders (26.3%, n=21).Multiorgan dysfunction syndrome(25%) following sepsis was largest group with highest mortality rate. The women with SOFA >10 required higher rates of mechanical ventilation, inotropic support and had higher mortality. Mechanical ventilation(53%) was the most common intervention, hemotransfusions (35.2%) and inotropic support (17.8%) followed. Women with kidney injury and creatnine > 2 remained dialysis dependent. The LAS and SWLS scores showed significant improvements in all women except with CNS disorders.

Conclusion :
Perinatal women with sepsis, renal, CVS and CNS disorders have higher need of critical care.CCU interventions are life saving and result in improved quality of life . Timely referral to CCU and enhanced peripartum care reduces complications and need for critical interventions.

Abstract ID: MISC/OP/102

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Abstract Title:
RARE TUMOURS AND PREGNANCY OUTCOMES

Introduction :
Rare tumours during pregnancy pose diagnostic and therapeutic challenges due to their low incidence and physiological changes in pregnancy. With an incidence of 1 in 1,000-10,000 pregnancies, they require multidisciplinary care. We present 5 cases of rare tumours in pregnancy, highlighting management strategies and outcomes. Case: Tumour type 1.Hodgkins lymphoma 2.Extra adrenal paraganglioma 3.Pitiutary macroadenoma 4.Periampullary cholangiocarcinoma 5.Osteosarcoma

Aims & Objectives :
The aim of this study is to evaluate the diagnosis, management, and outcomes of rare tumors during pregnancy*, focusing on optimizing maternal and fetal health through early detection, tailored treatment plans, and multidisciplinary care to improve survival rates and quality of life for both mother and baby.

Materials & Methods :
We Prospectively analyzed 5 cases of rare tumours in pregnancy at our institution (2020-2025). Data on clinical presentation, imaging, histopathology, treatment, and maternal-fetal outcomes were collected and analyzed, focusing on multidisciplinary management and pregnancy outcomes.

Results :
The study found that early detection and multidisciplinary management of rare tumors in pregnancy significantly improved maternal and fetal outcomes. Tailored treatment plans minimized complications, and close monitoring ensured successful pregnancies. The collaborative approach enhanced survival rates and quality of life for both mothers and babies, achieving favorable outcomes in high-risk pregnancies.

Conclusion :
Rare tumours in pregnancy require individualized, multidisciplinary management to optimize maternal-fetal outcomes. Our 5 cases – Hodgkins lymphoma, Extra adrenal paraganglioma ,Pituitary macroadenoma ,Periampullary cholangiocarcinoma , Osteosarcoma highlight challenges in diagnosis, treatment timing, and balancing oncological and obstetric care. Early diagnosis, tailored therapy, and close monitoring improve outcomes. Collaboration between oncologists, surgeons, obstetricians, and neonatologists is crucial.

Abstract ID: MISC/OP/104

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Abstract Title:
INCIDENCE OF LIVER DISORDERS IN PREGNANCY & MATERNAL & FOETAL OUTCOME

Introduction :
Liver disorders in pregnancy lead to severe maternal & foetal morbidity.

Aims & Objectives :
To analyse the conditions leading to liver damage and to assess the maternal & foetal outcome.

Materials & Methods :
This is a retrospective study of the patients who delivered at Jaipuriar Medical & Research Centre Gorakhpur, from April 2022–till September 2025.Study was based on the clinical and serological evidences. All the patients who had delivered in the hospital were included in this study.

Results :
Total Number of patients were 478. Normal patients were 79, Hypothyroid Patients were 215,Diabetic Patients were 28,Patients with Liver disorders were 156. Patients of liver disorders are classified as follows: PIH–3 Patients,vaginal delivery, good outcome, Pre eclampsia–32 patients,25 LSCS,7 vaginal delivery, good outcome, Eclampsia-2 patients, both LSCS, good outcome,Hellp Syndrome 1 Patient,LSCS,good outcome,Multi Organ failure with jaundice,1 Patient, LSCS, Mother & child not alive,Acute fatty Liver, 2 Patients, vaginal delivery, 1Patient expired, both children alive,Hepatitis B-5 Patients, All LSCS, good outcome,Cholestasis-107 Patients,40 LSCS,67 Vaginal delivery good outcome &Hyperemesis gravidarum-3 Patients,1 LSCS,2 Vaginal delivery, good outcome. Maximum number of patients in the study were in the age group of 25 – 29 years, 35.5% And of the middle income group, 58.57% One diabetic patient had Intra Uterine Foetal Death. Patient with multi organ failure was a non follow up patient.

Conclusion :
The results conclude that if patients are followed up well, get investigated regularly and are given proper treatment and care, have a safe outcome of pregnancy which is equivalent to a normal pregnancy.

Abstract ID: MISC/OP/105

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Abstract Title:
DIAGNOSTIC ULTRASONOGRAPHY, HYSTEROSCOPY IN PERI-MENOPAUSAL WOMEN WITH ABNORMAL UTERINE BLEEDING AND IT'S CORRELATION TO HISTOPATHOLOGICAL FINDINGS

Introduction :
Abnormal uterine bleeding (AUB) is a common gynaecological problem among peri-menopausal women, accounting for a large proportion of outpatient consultations. Accurate identification of the underlying pathology is essential to prevent unnecessary hysterectomies and to detect premalignant lesions early. This study aimed to compare diagnostic ultrasonography and hysteroscopy findings with histopathological outcomes in peri-menopausal women with AUB[6]

Aims & Objectives :
AIM ¬ To correlate sonographic and hysteroscopic findings with histopathological findings of endometrial biopsy in perimenopausal women with abnormal uterine bleeding. OBJECTIVE ¬ To assess the prevalence of different endometrial pathologies obtained on histopathology after endometrial sampling in perimenopausal women with AUB at northern railway central hospital during study period.

Materials & Methods :
A prospective observational study was conducted on 50 peri-menopausal women aged 35–50 years presenting with AUB at Northern Railway Central Hospital, New Delhi (Dec 2019–Sep 2020). All patients underwent transvaginal ultrasonography (TVS) followed by diagnostic hysteroscopy and directed endometrial biopsy. Histopathological examination (HPE) served as the gold standard. Sensitivity, specificity, positive and negative predictive values of TVS and hysteroscopy were calculated.

Results :
The mean age of participants was 44 years; 96% were multiparous. The most frequent complaint was heavy menstrual bleeding (54%). On TVS, 66% had normal findings and 16% had thickened endometrium. Hysteroscopy revealed evenly thickened endometrium in 46%, polyps in 14%, and submucous fibroids in 10%. Hysteroscopy showed higher sensitivity (71.4%) and specificity (95.3%) than TVS (28.6% and 93%) for detecting endometrial polyps. The most common histopathological pattern was proliferative endometrium (64%), followed by secretory (20%) and hyperplasia (6%).

Conclusion :
Hysteroscopy proved superior to

Abstract ID: MISC/OP/106

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Abstract Title:
A COMPARATIVE STUDY ON THE IMMATURE PLATELET FRACTION(IPF) IN NORMOTENSIVE PREGNANT WOMEN VERSUS WOMEN WITH PREECLAMPSIA

Introduction :
Preeclampsia, a multisystem disorder of pregnancy is characterized by endothelial dysfunction, abnormal placentation, and platelet activation. Platelet indices, particularly the immature platelet fraction (IPF), serve as a sensitive marker of platelet production and turnover. Evaluating IPF may provide insights into platelet kinetics and consumption in preeclamptic women compared to normotensive pregnancies.

Aims & Objectives :
To compare the levels of IPF among normotensive vs preeclamptic pregnant women , and to assess the potential role of IPF as an early haematological marker of disease severity.

Materials & Methods :
It was a comparative cross-sectional study that included eighty normotensive women and eighty preeclamptic women at the time of delivery after fulfilling the inclusion and exclusion criteria. Venous blood samples(5 ml) were analysed for IPF using an automated haematology analyser within 4 hr of collection. The levels of thrombocytopenia and IPF were statistically analysed between the two groups and against the disease severity in preeclamptic women .

Results :
The mean IPF was higher in women with PE with severe features as compared to non-severe PE (16.2% vs 11.1%) respectively. Women with preeclampsia exhibited a significantly higher mean IPF compared to normotensive controls ($p < 0.05$), despite having a lower total platelet count. A positive correlation was observed between IPF and severity of hypertension, indicating increased platelet turnover secondary to enhanced platelet destruction and consumption.

Conclusion :
IPF may serve as a useful adjunctive marker for early detection and monitoring of disease progression in preeclampsia.

Abstract ID: MISC/OP/107

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Abstract Title:
IMPACT OF PREVIOUS CAESAREAN SECTION ON NDVH OUTCOMES: A PROSPECTIVE COMPARATIVE STUDY

Introduction :
Non-descent vaginal hysterectomy (NDVH) has become an increasingly preferred minimally invasive approach for benign gynaecological conditions. Traditionally, previous caesarean delivery has been considered a relative barrier to vaginal hysterectomy due to perceived risk of adhesions and urinary tract trauma.

Aims & Objectives :
To compare NDVH outcomes between women with previous lower segment caesarean section (LSCS) and those without any prior pelvic surgery.

Materials & Methods :
Prospective comparative observational study conducted at Sant Parmanand Hospital, Delhi, from February 2024 to January 2025. Total 50 NDVH cases were included: 10 with previous LSCS (LSCS1 n=5, LSCS2 n=3, LSCS3 n=2) and 40 without previous pelvic surgery. Operative time, intraoperative blood loss, uterine size clinically (in weeks), conversion rate, intraoperative and postoperative complications (within 6 weeks) were compared between groups. Mann-Whitney U test was applied for continuous variables and Fisher exact test for conversion.

Results :
NDVH completion rate was 90% in previous LSCS vs 95% among non-LSCS (1 vs 2 conversions respectively). Mean operative time did not differ significantly (p=0.14). Intraoperative blood loss was also comparable (p=0.56). Uterine size distribution was similar in both groups (p=0.28). No bladder or ureteric injury occurred in either group. Postoperative morbidity was minimal and comparable between groups.

Conclusion :
Prior LSCS does not adversely impact operative difficulty, blood loss or conversion risk in NDVH. NDVH remains a safe and feasible route even in scarred uterus cases when meticulous dissection and appropriate selection criteria are employed. Previous LSCS alone should not be considered a contraindication for NDVH.

Abstract ID: MISC/OP/109

Presenter's Name: Dr. Harsha Rathiya

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Country: India

Abstract Title:
EFFECTS OF BIRTH PREPAREDNESS SESSIONS ON ANXIETY LEVEL IN ANTENATAL WOMEN

Introduction :
Pregnancy and childbirth are profound life events that can evoke a wide spectrum of emotions in women, ranging from joy and anticipation to anxiety and fear. Fear of childbirth, pregnancy-related anxiety, and depression are prevalent among expectant mothers. These can adversely affect maternal well-being, and birth outcomes.

Aims & Objectives :
Our aim was to estimate the prevalence of pregnancy related anxiety among pregnant women and to assess the effect of Birth Preparedness sessions on reducing levels of anxiety and fear of childbirth in pregnancy.

Materials & Methods :
A pre and post intervention study conducted among 100 antenatal women visited antenatal clinic in third trimester at our hospital. All participants were given PASS scoring scale and W-DEQ A questionnaire to test their level of anxiety and fear of birth. They received 2 sessions on Birth Preparedness at 2 week interval. They were evaluated again after 2nd session and 48 hours postpartum. Data was analysed.

Results :
High prevalence of anxiety (68%) and fear of childbirth (81%) were noted in our population. There was a significant reduction of anxiety (40%) and fear of childbirth (30%) after birth preparedness sessions. The reduced levels of anxiety and fear of childbirth were sustained till delivery.

Conclusion :
Birth Preparedness sessions are effective in reducing anxiety during pregnancy and fear of childbirth, resulting in higher normal delivery rates.

Abstract ID: MISC/OP/110

Presenter's Name: Dr. Saishna Gupta

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Abstract Title:
PREDICTING PRETERM BIRTH: MATERNAL AND PERINATAL OUTCOMES IN PREGNANCIES WITH SHORT CERVIX"

Introduction :
Cervical shortening during pregnancy is a recognized risk factor for preterm birth and adverse neonatal outcomes. Transvaginal sonography (TVS) enables early identification of a short cervix, allowing timely interventions such as cerclage or progesterone therapy.

Aims & Objectives :
To study obstetric and neonatal outcomes in women with short cervix diagnosed by transvaginal sonography and to assess the impact of cerclage where indicated.

Materials & Methods :
This prospective observational study was conducted in the Department of Obstetrics and Gynaecology, Government Medical College, Jammu, from August 2023 to September 2024. A total of 150 pregnant women between 16–28 weeks of gestation underwent TVS for cervical length measurement. A short cervix was defined as <25 mm. Thirty women identified with short cervix were followed till delivery. Maternal and neonatal outcomes such as gestational age at delivery, preterm birth, PPROM, birth weight, and NICU admission were recorded.

Results :
The incidence of short cervix was 20% (30/150). Cerclage was performed in 18 women (60%). Preterm birth occurred in 14 (46.6%), PPROM in 6 (20%), and low birth weight in 18 (60%). Mean gestational age at delivery was 35.1 ± 2.4 weeks, and 12 neonates (40%) required NICU admission. Cerclage prolonged gestation by approximately 2.5 weeks.

Conclusion :
Short cervix is associated with high risk of preterm birth and neonatal morbidity. Routine mid-trimester cervical length assessment and timely cerclage in selected cases improve perinatal outcomes.

Abstract ID: MISC/OP/111

Presenter's Name: Dr. Renu Parel

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Abstract Title:
TO COMPARE THE EFFICACY OF MECHANICAL HYGROSCOPIC CERVICAL DILATOR (DILAPAN -S) VERSUS INTRACERVICAL FOLEYS CATHETER FOR PREINDUCTION CERVICAL RIPENING

Introduction :
Cervical ripening is vital for labor induction. Mechanical method like foleys catheter and Dilapan -S are effective.Dilapan-S provides gradual dilation, minimal complication and better comfort, prompting comparison of its efficacy with Foley catheter.

Aims & Objectives :
To compare Dilapan -S and Foley catheter for Preinduction cervical ripening by assessing Bishop score improvement, induction to delivery interval, maternal - fetal outcomes, and patient acceptability.

Materials & Methods :
This study included total 126 antenatal women at term who were randomly divided in to two groups; with 63 women in study as well as control group.Study group received Dilapan -S while control group received Foley catheter. Result and outcome (Bishop score,labor duration, delivery mode, complication, and satisfaction) were compared among both the groups.

Results :
Dilapan -S showed greater Bishop improvement (5.1±1.2vs 4.5±1.3),shorter delivery interval (11.2±3.6h vs 12.8±4.1h; $P<0.05$), similar vaginal deliveries (71.4% vs 66.7%), minimal complications, and higher satisfaction (88.9% vs 77.8%).

Conclusion :
Dilapan -S offers faster,safer, and more comfortable cervical ripening than Foley catheter, making it an effective and patient preferred alternative.

Abstract ID: MISC/OP/112

Presenter's Name: Dr. Nimeesha Venkatesh

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Country: India

Abstract Title:
STUDY OF BONE HEALTH IN PERIMENOPAUSAL WOMEN

Introduction :
With rising life expectancy,women now spend nearly one-third of their lives in the postmenopausal period.The perimenopausal transition, marked by declining estrogen levels, is associated with accelerated bone loss, reduced bone mineral density, and increased risk of osteoporosis and fractures.Early identification of bone health deterioration in perimenopausal women is therefore crucial for preventive strategies.

Aims & Objectives :
1. To assess the prevalence of osteoporosis symptoms during perimenopause. 2. To correlate the effect of lifestyle and bone health in women 3. To evaluate for the serum vitamin D3 levels and analyse DEXA scan in perimenopausal women and its association with bone mass density. 4. To study the various musculoskeletal symptoms in perimenopausal study group. 5. To evaluate for the increased risk of fractures in the perimenopausal women.

Materials & Methods :
A prospective cross-sectional observational study conducted at the Department of Obstetrics and Gynecology, Dr. B. R. Ambedkar Medical College and Hospital,Bengaluru.Fifty women aged 45–55 years attending OPD and IPD were enrolled after informed consent.Detailed demographic, menstrual, and clinical histories were recorded, followed by BMI assessment, serum vitamin D3 testing,and DEXA scanning.

Results :
Among 50 participants,43(86%) presented with osteoporosis symptoms,23(46%) people had vitamin D3 levels below normal range, 15(30%) people had T-score less than 1.Among which,14(93.33%) of them had BMD less than 0.8g/cm2 (analysed at the hip).

Conclusion :
Bone health assessment during perimenopause is vital for preventing long-term morbidity due to osteoporosis,highlighting the importance of awareness,timely screening,and multidisciplinary interventions to improve their quality of life.

Abstract ID: MISC/OP/113

Presenter's Name: Dr. Khushboo Yadav

Co-Author(s):
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Country: India

Abstract Title:
A STUDY OF SURGICAL SITE INFECTION AND THEIR OUTCOME FOLLOWING OBSTETRICS AND GYNAECOLOGICAL SURGERIES: A PROSPECTIVE OBSERVATIONAL STUDY.

Introduction :
Surgical site infection (SSI) is defined as an infection occurring at or near the surgical incision within 30 days of an operation or within one year if an implant is placed. Despite improvements in pathophysiological understanding and infection-control measures, SSIs remain one of the most frequent healthcare-associated infections, constituting approximately 38% of all HAIs. Obstetric and gynaecological procedures are particularly susceptible, with reported Indian incidence rates ranging from 2.8% to 26.6%.

Aims & Objectives :
To determine the incidence of surgical site infection among elective and emergency obstetric and gynaecological surgeries and to identify the associated risk factors, causative microorganisms, and patient outcomes.

Materials & Methods :
A prospective observational study was conducted in the Department of Obstetrics and Gynaecology, ESI Medical College and Hospital, Basai Darapur, New Delhi, from April 2024- July 2025. A total of 550 women undergoing elective or emergency surgical procedures were included.

Results :
The overall incidence of SSI was 11.3%. Advanced age, obesity, diabetes mellitus, hypoproteinaemia, and prolonged operative duration were identified as significant risk factors. Escherichia coli was the most common isolate, followed by Staphylococcus aureus. Management required re-suturing in 53.5% of cases, while 43.1% were managed successfully with antibiotic therapy alone.

Conclusion :
The observed SSI rate was comparable to the WHO-reported mean of 11% in low- and middle-income countries (2024) and notably higher than the 2–5% reported in high-income settings. Strengthening preoperative optimisation, intraoperative asepsis, and postoperative surveillance can substantially reduce SSI incidence, improving surgical outcomes and reducing healthcare burden.

Abstract ID: MISC/OP/114

Presenter's Name: Dr. Arzoo Sana

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Country: India

Abstract Title:
EFFICACY AND SAFETY OF TRANSOBTURATOR TAPE (OUTSIDE-IN) PROCEDURE IN WOMEN WITH STRESS URINARY INCONTINENCE

Introduction :
Stress urinary incontinence (SUI) affects up to 40% of women worldwide, leading to considerable physical and psychosocial distress. When conservative therapy fails, surgical correction becomes the mainstay of management. The Transobturator Tape (TOT) procedure, particularly the outside-in approach, has emerged as a minimally invasive and highly effective technique for restoring continence with fewer complications.

Aims & Objectives :
To evaluate the operative time, success rate, and postoperative complications in women undergoing the Transobturator Tape (outside-in) procedure for SUI.

Materials & Methods :
A prospective observational study was conducted on 15 women with clinically proven SUI who underwent the TOT (outside-in) procedure between December 2023 and July 2025 at AIIMS, New Delhi. All patients were followed up for three months postoperatively. Parameters assessed included operative time, cure rate, and complications such as urinary tract infection (UTI), groin pain, and urinary urgency.

Results :
The mean operative time was 45 minutes. The procedure achieved a 93.3% success rate, with 6.6% failure observed at three months. Groin pain was reported in 13.3% and urinary urgency in 6.6% of patients. No major intraoperative complications, mesh erosions, or bladder injuries occurred.

Conclusion :
The Transobturator Tape (outside-in) procedure is a safe, effective, and minimally invasive surgical option for managing female SUI. It provides high cure rates, short operative duration, and minimal postoperative morbidity, making it an excellent alternative to traditional sling procedures.

Abstract ID: MISC/OP/116

Presenter's Name: Dr. Roshan Hussain

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Abstract Title:
DIAGNOSTIC ACCURACY OF ABDOMINAL ULTRASONOGRAPHY VERSUS HYSTEROSCOPY IN EVALUATING ABNORMAL UTERINE BLEEDING: A HISTOPATHOLOGICAL CORRELATION STUDY

Introduction :
Abnormal uterine bleeding (AUB) has varied causes, and accurate diagnosis is vital for effective management. Transvaginal sonography (TVS) and hysteroscopy are standard diagnostic tools for evaluating AUB; however, many women are reluctant to undergo TVS. No published studies have compared transabdominal sonography (TAS) and hysteroscopy using histopathology as the reference or assessed each modality's lesion-specific accuracy. This novel study was designed to address this gap and evaluate TAS as a feasible, noninvasive alternative for assessing AUB.

Aims & Objectives :
To compare the diagnostic accuracy of TAS and hysteroscopy in evaluating AUB, with HPE as the gold standard.

Materials & Methods :
A total of 100 women aged 40–65 years with AUB, meeting inclusion and exclusion criteria, underwent TAS, hysteroscopy, and HPE, with findings analyzed and compared.

Results :
TAS demonstrated high diagnostic performance across various lesions. For atrophic endometrium, TAS achieved 100% sensitivity, specificity, and accuracy, compared with 100%, 95.3%, and 96%, respectively, for hysteroscopy. In endometrial hyperplasia, TAS showed 83.3% sensitivity, 100% specificity, and 98% accuracy, versus 83.3%, 90.9%, and 90% for hysteroscopy. TAS detected all cases of endometrial carcinoma, while hysteroscopy failed to identify it. For fibroids, TAS had superior sensitivity (100% vs 66.6%), with similar overall accuracy (96%). Both methods performed well for polyps, though TAS showed slightly lower sensitivity (84% vs 100%) and accuracy (95% vs 100%).

Conclusion :
The study suggests TAS could serve as a reliable first-line tool in the diagnostic evaluation of AUB, with hysteroscopy limited to suspected polyps and other focal or indeterminate lesions requiring confirmation and potential treatment in the same sitting.

Abstract ID: MISC/OP/117

Presenter's Name: Dr. Soumya Singh

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Abstract Title:
DIAGNOSTIC ACCURACY OF CEREBROPLACENTAL RATIO IN PREDICTION OF POSTNATAL OUTCOMES IN OLIGOHYDRAMNIOS

Introduction :
Oligohydramnios indicates reduced amniotic fluid, often linked to placental insufficiency and adverse fetal outcomes. Isolated oligohydramnios, without other complicating factors, remains a diagnostic challenge for predicting postnatal outcomes. Doppler-based cerebroplacental ratio (CPR) reflects fetal oxygenation and vascular redistribution and may enhance predictive accuracy.

Aims & Objectives :
To evaluate the diagnostic accuracy of cerebroplacental ratio in predicting adverse postnatal outcomes among term pregnancies with isolated oligohydramnios.

Materials & Methods :
A case control study was conducted on 20 antenatal women with isolated oligohydramnios (amniotic fluid index <5 cm) at 37 weeks or beyond without any comorbidities. Doppler assessment of umbilical artery and middle cerebral artery pulsatility indices was used to calculate CPR (MCA-PI/UA-PI). Patients were divided into 2 groups based on normal or abnormal CPR values. Postnatal parameters such as birth weight, Apgar score, NICU admission, and perinatal morbidity were analyzed. The sensitivity, specificity, and predictive values of CPR (<1.08) for adverse outcomes were determined.

Results :
Reduced CPR correlated significantly with low Apgar scores and increased NICU admissions. CPR showed higher sensitivity (78%) and specificity (82%) in predicting adverse outcomes compared to amniotic fluid index alone. A strong association was observed between abnormal CPR and composite perinatal morbidity.

Conclusion :
Cerebroplacental ratio is an effective, non-invasive Doppler marker for predicting adverse postnatal outcomes in isolated oligohydramnios. Incorporating CPR into routine ultrasound evaluation enhances risk assessment and supports timely intervention to improve perinatal prognosis.

Abstract ID: MISC/OP/119

Presenter's Name: Dr. Shaheen Bano

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Abstract Title:
COMPARING INJECTABLE AND ORAL PROGESTINS FOR ABNORMAL UTERINE BLEEDING: EXPERIENCE FROM A RURAL TERTIARY CARE CENTER

Introduction :
Abnormal uterine bleeding (AUB) is one of the most common gynecological complaints, significantly impacting women's health, quality of life, and productivity. Progestin therapy remains a cornerstone in its medical management, with both injectable and oral formulations widely used.

Aims & Objectives :
To compare the efficacy and safety of Depot medroxyprogesterone acetate (DMPA) and Norethisterone in treating Abnormal Uterine Bleeding (AUB)

Materials & Methods :
A prospective, hospital-based study was conducted, enrolling women aged 18–45 years diagnosed with AUB. Eligible participants were randomly assigned into two groups: Group A: received a single intramuscular injection of DMPA. Group B: received oral Norethisterone (10 mg thrice daily for 5 days, then twice daily for 21 days, followed by a 7-day drug-free interval) for three consecutive cycles. Clinical parameters including hemoglobin levels, endometrial thickness, and PBAC (Pictorial Blood Assessment Chart) scores were compared before and after treatment. Adverse effects were documented and analyzed statistically.

Results :
The majority of cases were aged 31–40 years, with mean ages of 34.72 ± 6.5 (Group A) and 34.55 ± 6.8 (Group B). Following therapy, both groups showed significant improvements in hemoglobin levels (Group A: 9.20 → 10.63 g/dL; Group B: 9.24 → 10.72 g/dL, $p < 0.001$). Endometrial thickness was reduced significantly. PBAC scores also decreased markedly (Group A: 227.38 → 95.32; Group B: 229.23 → 172.38).

Conclusion :
Both DMPA and Norethisterone effectively control AUB. DMPA improves hemoglobin more but may cause amenorrhea, while Norethisterone is better tolerated and suitable for women desiring fertility.

Abstract ID: MISC/OP/121

Presenter's Name: Dr. Pragya Shukla

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Institute/ Affiliation:
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Country: India

Abstract Title:
TRABECULAR BONE SCORE (TBS) AS AN ADJUNCT TO DUAL-ENERGY XRAY ABSORPTIOMETRY(DEXA) SCAN FOR ASSESSMENT OF BONE HEALTH IN PRIMARY OVARIAN INSUFFICIENCY(POI).

Introduction :
Dual-energy-Xray-absorptiometry(DEXA) assesses bone strength by quantitative analysis of bone mineral density(BMD); whereas TBS is a textural analysis reflecting bone micro-architecture

Aims & Objectives :
To assess bone health in POI using combination of TBS with BMD.

Materials & Methods :
In this prospective cross-sectional study, women meeting all following criteria were recruited: Age<40 years, amenorrhea of ≥4months, FSH >25.0 IU/L . Exclusion criteria were previous surgery on tubes/ovaries, radiation/chemotherapy, chronic renal disease, thyroid disorders, corticosteroids/anticonvulsant therapy. All subjects underwent DEXA scan for BMD and TBS using iNIGHT software installed in DEXA machine. TBS was interpreted into 3 categories of bone microarchitecture: >1.35(normal); 1.2-1.35(partially-degraded); <1.2(degraded)

Results :
Out of 50 POI, 43 and 7 women respectively presented as secondary and primary amenorrhea. Mean age was 25.47 years. Overall, 11(22%) had normal BMD, 16(32%) were osteopenic and 23(46%) had osteoporosis. Among 11 women with normal BMD, none had TBS<1.2; 5(45.4%) and 6(54.6%) had respectively partially-degraded and normal microarchitecture. Among 16 osteopenic women; 3, 11 and 2 women respectively had degraded, partially degraded and normal microarchitecture respectively. Among 23 osteoporotic women, 5 and 18 respectively had completely and partially-degraded bone microarchitecture with none having TBS of >1.35. One osteoporotic and 2 osteopenic women had vertebral fracture, of these 2 had degraded and 1 had partially-degraded bones. All 7 primary amenorrhea had osteoporosis(spine Tscore<-2.5), with 3 and 4 women respectively having TBS<1.2 and 1.2-1.35.

Conclusion :
TBS is a complimentary tool in bone health evaluation as it assesses architecture and compliments DEXA scan. The combination has potential for early assessment of poor bone health in POI.

Abstract ID: MISC/OP/122

Presenter's Name: Dr. Sarika Pandey

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Abstract Title:
COMPARATIVE STUDY OF USE OF CARBETOCIN VERSUS OXYTOCIN FOR PREVENTION OF POSTPARTUM HEMORRHAGE IN CESAREAN SECTION: A RANDOMIZED CONTROL TRIAL AT A RURAL TERTIARY CARE CENTRE

Introduction :
Postpartum hemorrhage (PPH) remains the leading cause of maternal morbidity and mortality worldwide, especially in low-resource settings. Effective uterotonic agents are essential in preventing PPH following cesarean section. While oxytocin is the conventional choice, carbetocin, a long-acting oxytocin analogue, has shown potential for better efficacy and convenience.

Aims & Objectives :
To compare the efficacy and safety of carbetocin versus oxytocin in the prevention of postpartum hemorrhage during cesarean sections.

Materials & Methods :
This randomized controlled trial was conducted at a rural tertiary care centre. Women undergoing cesarean section were randomly assigned into two groups: Group A (Carbetocin 100 µg IV) and Group B (Oxytocin 10 IU IV infusion). Primary outcomes included total blood loss and incidence of PPH (≥1000 mL). Secondary outcomes evaluated the need for additional uterotonics, change in hemoglobin and hematocrit levels, requirement for blood transfusion, and side effects.

Results :
Baseline demographic and obstetric characteristics were comparable between groups. Mean blood loss and incidence of PPH were significantly lower in the carbetocin group. The requirement for additional uterotonic agents and blood transfusions was also markedly reduced with carbetocin. No significant difference was found in maternal blood pressure changes or most side effects, though vomiting was slightly more frequent with oxytocin.

Conclusion :
Carbetocin proved to be more effective than oxytocin in preventing postpartum hemorrhage after cesarean section, reducing blood loss, need for additional uterotonics, and transfusion requirements, without increasing adverse effects. Given its stability and single-dose administration, carbetocin is a promising alternative for routine PPH prophylaxis, especially in resource-limited settings.

Abstract ID: MISC/OP/124

Presenter's Name: Dr. Asma Bashir Khanday

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Abstract Title:
CAN ULTRASOUND PREDICT RUPTURE OR TRANSFUSION IN ECTOPIC PREGNANCY? A RETROSPECTIVE ANALYSIS OF 100 CASES

Introduction :
The implantation of the blastocyst outside the endometrial lining of uterus is called as 'ectopic pregnancy'. The incidence varies from 1 in 300 to 1 in 150 deliveries.

Aims & Objectives :
This study is undertaken to emphasize the role of ultrasonography in the diagnosis of ectopic pregnancy and clinical analysis of the same in a tertiary care referral hospital.

Materials & Methods :
One hundred patients with provisional diagnosis of ectopic pregnancy were studied. Physical examination, urine pregnancy test and transabdominal scan using 5 MHz transducer or transvaginal ultrasonography of 7 MHz was done. The diagnosis of ectopic pregnancy was confirmed by direct observation by laparotomy or laparoscopy (which was taken as gold standard).

Results :
The study showed ectopic pregnancy was most common in gravida 2 and in age group 26–30 years . . 54 % of cases presented with acute symptoms, 14 % of cases in shock. Among clinical presentation pain abdomen, history of amenorrhea, abdominal tenderness, and cervical motion tenderness was most common. In ultrasonography, complex mass in adnexa was present in 60 % of cases and hemoperitoneum in 50 %. 96 % of cases were tubal pregnancy with most of them tubal rupture. In 98 % of cases, radical surgery was done. Salpingectomy was the most common surgery done (90 %). There was no negative laparotomy in this study. There was no maternal mortality in this series.

Conclusion :
In all the 100 cases of ectopic pregnancy studied, the ultrasonography provided definitive diagnosis resulting in 100 % sensitivity and 100 % specificity, predictive value of positive test

Abstract ID: MISC/OP/125

Presenter's Name: Dr. Debjani Sinha Mahapatra

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Abstract Title:
A COMPARATIVE STUDY OF TRANSVAGINAL SONOGRAPHY AND HYSTEROSCOPY FOR DETECTION OF ENDOMETRIAL AND INTRACAVITARY LESIONS IN WOMEN WITH ABNORMAL UTERINE BLEEDING AND POST MENOPAUSAL BLEEDING.

Introduction :
Abnormal uterine bleeding (AUB) and postmenopausal bleeding (PMB) are common gynecological issues needing timely evaluation. The PALM-COEIN system categorizes AUB causes, while PMB is bleeding after 12 months of amenorrhea. Transvaginal ultrasound (TVS) offers non-invasive assessment while hysteroscopy enables direct visualization of uterine lesions.

Aims & Objectives :
To compare the diagnostic accuracy of TVS and hysteroscopy in detecting endometrial and intracavitary pathology in women with AUB or PMB and compare findings of TVS with hysteroscopy

Materials & Methods :
This comparative study includes 51 women presenting with AUB or PMB at Bokaro General Hospital from May 2024 to April 2025. Participants underwent TVS followed by diagnostic hysteroscopy. TVS assessed uterine volume, cavity, endometrial thickness, polyps, fibroids, hyperplasia, and adenomyosis using a 7.5 MHz probe. For hysteroscopy a 0/30/70° rigid hysteroscope was used to visualise walls and intracavitary lesions. Sensitivity, specificity, PPV, NPV, and overall diagnostic accuracy of TVS were calculated against hysteroscopy as the reference standard.

Results :
Of the 51 women, 42 (82.3%) had AUB and 9 (17.7%) had PMB, with most of the patients falling in the age group of 40 - 50 years. TVS demonstrated high sensitivity for endometrial hyperplasia and submucous fibroids but lower sensitivity for small polyps. Most of the patients in the study presented with endometrial hyperplasia. Overall diagnostic accuracy of TVS was around 70%, with hysteroscopy showing superior precision in detecting focal lesions.

Conclusion :
TVS is a valuable non-invasive initial screening tool for AUB and PMB, but hysteroscopy remains the gold standard for definitive diagnosis and management. A Combined approach enhances patient care.

Abstract ID: MISC/OP/126

Presenter's Name: Dr. Mohit Singh Mann

Co-Author(s):
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VMMC AND SAFDARJUNG HOSPITAL

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Country: India

Abstract Title:
CORRELATION OF SECOND AND THIRD TRIMESTER SONOGRAPHIC PLACENTAL THICKNESS RATIO WITH FETAL OUTCOME AND PLACENTAL HISTOPATHOLOGY

Introduction :
The placenta performs vital metabolic, endocrine, respiratory, immunological, and nutritional roles and protects the fetus from infections and toxins. Its morphology and function are influenced by maternal factors, which can affect fetal growth. Thick placenta is seen in conditions like Rh isoimmunization, intrauterine infections, gestational diabetes, and fetal hydrops, while thin placenta occurs in preeclampsia, chorioamnionitis, and fetal growth restriction (FGR).

Aims & Objectives :
To correlate second and third trimester sonographic placental thickness ratio (PLTR-PLACENTAL LENGTH/THICKNESS RATIO) with birth weight and placental histopathology.

Materials & Methods :
This prospective study was conducted at a tertiary hospital among women with singleton pregnancies (18–24 weeks). Placental length and width were measured by ultrasound to calculate PLTR(PLACENTAL LENGTH/THICKNESS RATIO) , which was reassessed at 34–37 weeks. After delivery, placental dimensions and histopathology were evaluated, along with maternal and perinatal outcomes.

Results :
Among 150 women (mean age 25.43 ± 3.65 years), most (56%) were aged 18–25 years. A significant association existed between age and second trimester PLTR ($p=0.016$). The birth weight had very near positive correlation with the PLTR in the 3rd trimester ($p=0.051$). Low PLTR (1–3) was linked to lower APGAR scores at 1 and 5 minutes, while higher PLTR (3–5) showed better neonatal outcomes ($p=0.014$ and 0.009). No correlation was found between placental histopathology and PLTR; calcification was observed in over 50% of cases, indicating it as a normal finding.

Conclusion :
Third trimester PLTR can serve as a useful parameter in predicting neonatal birth weight and APGAR scores.

Abstract ID: MISC/OP/127

Presenter's Name: Dr. Allu Anila

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GGH GUNTUR

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Abstract Title:
A PROSPECTIVE STUDY ON CLINICOPATHOLOGICAL EVALUATION OF PATIENTS WITH POSTMENOPAUSAL BLEEDING IN A TERTIARY CARE HOSPITAL

Introduction :
Postmenopausal bleeding is defined as any bleeding that occurs from the genital tract after one year of amenorrhea in a woman who is not receiving hormone replacement therapy. Transvaginal ultrasonography is recommended to assess the endometrial pathology, when the endometrial thickness is found to be more than 4 mm, it yields 98% sensitivity to detect endometrial cancer and pap smear for cervical pathology. In suspected cases Dilatation and curettage or hysteroscopic guided biopsy are found to be the best modality to diagnose the etiology for the bleed

Aims & Objectives :
The aim of study is to analyze histopathological pattern of endometrium in patients presenting with post-menopausal bleeding

Materials & Methods :
A Prospective study conducted in department of OBG, GGH Guntur from january2025 to august 2025 Women presented with the complaint of postmenopausal bleeding to the outpatient department were included in the study

Results :
The mean age of women with postmenopausal bleeding was 53 years.58% had parity of P2. The histopathological analysis showed proliferative endometrium (16%), secretory endometrium (8%), atrophic endometrium (14%), endocervicitis (10%), endometrial polyp (8%), simple hyperplasia (22%), complex hyperplasia with atypia (6%), endometrial malignancy (4%) and cervical carcinoma (12%) of the population.

Conclusion :
Postmenopausal bleeding needs a complete history, clinical examination and investigations to detect the cases of malignancy at an earlier date. Early diagnosis makes successful treatment of endometrial hyperplasia and endometrial cancer in post-menopausal bleeding cases.

Abstract ID: MISC/OP/128

Presenter's Name: Dr. Pinki

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Abstract Title:
VIGILANCE BEYOND THE SCALPEL: THE POST-OP STORY

Introduction :
CDC (Centre for Disease Control) define surgical site infection as “an infection related to operative procedure that occurs at or near surgical incision within 30 days of surgical procedure.”Despite advancement in operative techniques surgical site infections continue to be a major cause of morbidity for patients undergoing operative procedures ranges from 10-30% in India.

Aims & Objectives :
To find out the incidence of post operative surgical site complications among the obstetrical and gynecological surgery. To identify the various factors associated with surgical site complications. To identify the preventive aspects to reduce surgical site infections. To frame out the hospital protocol in order to reduce the surgical site infections.

Materials & Methods :
It was a hospital based prospective study undertaken at department of obstetrics & gynecology (Mahila Chikitsalya), SMS Medical College, Jaipur. Sample was taken from January 2023 to June 2023 of women who underwent any obst. & gynae surgical procedure. Sample size: 4948 participants.

Results :
As per data collection among all the operative procedures maximum number of surgical site complications were observed in LAPROTOMY with a 13.7% of total numbers. The highest number of surgical site complications were observed in Subcuticular with Vicryl 1-0 suture in 12.2% cases. Maximum resuturing was observed in Mattress with Vicryl 1-0 suture in 30.2% of total cases. In this study, out of 598 cases of Subcuticular with Monocryl 2-0 suture no resuturing was observed.

Conclusion :
With the advancement in surgical techniques, enhanced number of skilled personnel, and shorter hospital stay has led to significant decrease in major complications and mortality rate. Still,

Abstract ID: MISC/OP/129

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Abstract Title:
HORMONAL AND LIPID PROFILE IN VARIOUS PHENOTYPES OF PCOS:A CROSS SECTIONAL STUDY

Introduction :
Polycystic ovary syndrome is a common endocrine disorder in women of reproductive age.The Rotterdam criteria classify PCOS into 4 phenotypes-A,B,C,D

Aims & Objectives :
To evaluate and compare the hormonal and lipid profiles among the different phenotypes of PCOS women

Materials & Methods :
A cross sectional study was conducted on women diagnosed with PCOS,who were grouped into phenotypes according to Rotterdam's criteria. A- All three diagnostic features present, B-hyper androgenism, oligo- amenorrhea (HO),C-Polycystic ovaries,hyper androgenism(PH),D- polycystic ovaries and oligo- amenorrhea (PO). Serum levels of LH,FSH,LH/FSH ratio,TSH and lipid parameters (total cholesterol,HDL,triglycerides,TG/HDL ratio) were analysed and compared across phenotypes

Results :
Phenotypes B,A showed higher levels of mean LH,FSH,TSH and higher levels of Cholesterol and triglycerides compared to phenotypes C,D

Conclusion :
This study highlight the need for phenotype based evaluation and management strategies in women with PCOS to decrease the development of metabolic syndrome and cardiovascular diseases at an early age.

Abstract ID: MISC/OP/130

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Abstract Title:
PREDICTION OF PREECLAMPSIA WITH SERUM PROLACTIN LEVELS - A PROSPECTIVE STUDY

Introduction :
Hypertensive disorders of pregnancy remain among the leading causes of maternal and perinatal morbidity and mortality globally. Among these, Preeclampsia (PE) is a distinctive multi-system disorder unique to pregnancy, characterised by new-onset hypertension and end-organ involvement after 20 weeks of gestation in a previously normotensive woman. Loading… •According to the World Health Organization (WHO), pre-eclampsia affects about 2 – 8% of all pregnancies world wide.The consequences of pre-eclampsia are far-reaching: for the mother, risk of eclampsia, HELLP syndrome (hemolysis, elevated liver enzymes, low platelets), acute renal failure, liver injury, and even death; for the fetus, risks include intra-uterine growth restriction,prematurity.

Aims & Objectives :
.To assess the predictive role of serum prolactin levels in preeclampsia. •To estimate serum prolactin levels during 14–20 weeks of gestation. • To correlate serum prolactin levels with the development of preeclampsia. • To evaluate the association between serum prolactin and clinical/laboratory parameters of preeclampsia.

Materials & Methods :
STUDY DESIGN : prospective observational cohort study. • STUDY PERIOD :18 months • STUDY POPULATION : •The study population consisted of pregnant women attending the antenatal outpatient clinic of Government General Hospital, Kakinada

Results :
In our cohort the mean serum prolactin level in women who developed pre-eclampsia was significantly elevated compared with normotensive pregnant women. Higher PRL levels corresponded to increased risk of PE, higher blood pressure and greater proteinuria severity.

Conclusion :
The study concludes that elevated serum prolactin levels during the second trimester are strongly associated with the subsequent development of preeclampsia.

Abstract ID: MISC/OP/131

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Abstract Title:
FETOMATERNAL OUTCOME IN RELATION TO PLACENTAL AND UMBILICAL CORD ABNORMALITIES

Introduction :
The placenta and umbilical cord bnormalities significantly influence fetal growth and pregnancy outcomes.despite their importance these abnormalities are frequently underdiagnosed antenatally and only identify post delivery.these structural and vascular anomalies can compromise fetoplacrntal circulation leading to fetal distress and intra uterine fetal death.

Aims & Objectives :
To identify and evaluate the spectrum of placental and cord abnormalities and their effects on fetal outcome.

Materials & Methods :
An observational study was conducted on cases with abnormal placental morphology or umbilical cord variations diagnosed antenatally or confirmed post-delivery at Shree Krishna Hospital, Karamsad. Placental site, cord insertion, length, and coiling index were analyzed and correlated with neonatal outcomes such as birth weight, Apgar score, and perinatal morbidity.

Results :
Placental abnormalities like abruption, infarction, and circumvallate placenta were commonly associated with intrauterine growth restriction (IUGR) and preterm birth. Umbilical cord abnormalities—particularly hypocoiling, velamentous insertion, and single umbilical artery—showed significant association with fetal hypoxia, low birth weight, and stillbirth.

Conclusion :
Placental and umbilical cord abnormalities have profound impact on fetal health. Early antenatal detection and Doppler assessment along with intrapartum monitoring is vital for improving perinatal outcome

Abstract ID: MISC/OP/132

Presenter's Name: Dr. Vishma H Shetty

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Abstract Title:
COMPARATIVE EVALUATION OF HYSTEROSALPINGO CONTRAST SONOGRAPHY USING LIGNOSAL AS CONTRAST WITH LAPAROSCOPY FOR DETERMINATION OF TUBAL PATENCY IN INFERTILITY

Introduction :
tubal factor infertility accounts for approximately 30 % of female infertility cases. While laparoscopy with chromopertubation is considered the gold standard for evaluating tubal patency , its invasiveness, cost and requirement for general anesthesia limit its routine use. HYSTEROSALPINGO CONTRAST SONOGRAPHY (HyCoSy), a non invasive and radiation free alternative has gained attention for its potential in tubal assessment

Aims & Objectives :
to evaluate and compare the diagnostic efficacy, safety and feasibility of HyCoSy using Lignosal with that of laparoscopy and chrompertubation in determining tubal patency among infertile women.

Materials & Methods :
Its prospective observational study included 32 infertile women. All participants underwent HyCoSy using lignosal followed by diagnostic hysterolaparoscopy with chrompertubation. Results were compared.

Results :
HyCoSy demonstrated high concordance with laparoscopic findings in identifying tubal patency, particularly in cases of bilateral patency. The procedure was well tolerated , with minimal discomfort and no adverse effects. 100% sensitivity,90.19% specificity,72.2% positive predictive value and 100% negative predictive value of HyCoSy are clinically acceptable indicating its potential as a first line diagnostic tool.However HyCoSy was limited in detecting peri-tubal adhesions,endometriosis,extra-tubal pathologies which were better visualised through laparoscopy.

Conclusion :
HyCoSy using lignosal is a safe cost effective and patient friendly diagnostic modality for asessing tubal patency.HyCoSy with lignosal may serve as valuable preliminary screening tool in infertility work-up, reserving laparoscpy for complex or inconclusive cases.

Abstract ID: MISC/OP/133

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Abstract Title:
PLACENTAL PULSATILITY INDEX AS A PREDICTOR OF CRITICAL PERINATAL OUTCOMES IN GROWTH RESTRICTED FOETUSES

Introduction :
Intrauterine growth restriction (IUGR) is a significant contributor to perinatal morbidity and mortality. The placental pulsatility index (PPI) has emerged as a promising marker for predicting adverse perinatal outcomes in growth-restricted fetuses. This study aims to evaluate the role of PPI in predicting critical perinatal outcomes in pregnancies complicated by IUGR, comparing its efficacy with traditional Doppler indices.

Aims & Objectives :
To evaluate the role of PPI in predicting critical perinatal outcomes in pregnancies complicated by IUGR, comparing its efficacy with traditional Doppler indices.

Materials & Methods :
A prospective observational study was conducted on 97 high-risk pregnancies suspected of IUGR. Serial Doppler measurements were taken from 20 weeks of gestation to term. The PPI was calculated and transformed for analysis. Data were compared to Umbilical Artery PI and Uterine Artery PI values, and perinatal outcomes such as preterm delivery, small for gestational age (SGA) birth, neonatal intensive care unit (NICU) admission, and mortality were recorded.

Results :
The median maternal age was 28 years (range 19–38), with a mean BMI of 23.4±3.2kg/m². The mean birthweight was 3540±450g, with a mean placental weight of 585±120g. Abnormal PPI (>mean+2SD) was observed in 170 pregnancies, showing higher sensitivity (74.7%) for adverse outcomes compared to UA PI (80.2%) and UtA PI (89.9%). Preterm births occurred in 55.3% of cases with abnormal PPI, and 62.9% of neonates required NICU admission. Five perinatal mortalities were reported, three of which had abnormal PPI values.

Conclusion :
Incorporating PPI into clinical practice could enhance fetal surveillance and improve outcomes in high-risk pregnancies.

Abstract ID: MISC/OP/134

Presenter's Name: Dr. Shreem Sharma

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Abstract Title:
A COMPARATIVE STUDY: WITH OR WITHOUT SUBCUTANEOUS DRAIN INSERTION IN PREVENTION OF SURGICAL SITE INFECTIONS

Introduction :
SSIs are the second most frequently cited hospital-acquired infection that leads to significant morbidity and poor patient outcomes. There are variable causes for this, and can be classified as patient factor, pre-operative, intra-operative and post-operative factors. Our prospective observational and interventional trial compares the incidence of SSIs in post abdominal surgical wounds with subcutaneous suction drain versus the surgical wounds without drain.

Aims & Objectives :
The aim of our study was to evaluate the role of subcutaneous vacuum drain placement in surgical wounds in prevention or limiting surgical site infections in abdominal surgeries including caesarean section, abdominal hysterectomies, ectopic pregnancy, ovarian torsion and to compare the results with those in which no drain was used with reference to morbidity/ mortality.

Materials & Methods :
An institutional based prospective, interventional, observational and comparative study including 325 subjects was performed in Department of Obs & Gynae ,Sms medical college. Patients were selected randomly and subcutaneous suction drain placed in surgical wounds of both emergency and elective abdominal surgeries and data was collected and compared to the non-drain group.

Results :
In our study surgical site infections was observed in 13% cases of group A (Drain group) and 39% cases of group B (Non-drain). Chi square test were used and P value was found to be <0.0001 which was significant.

Conclusion :
It is concluded from our study that insertion of negative suction subcutaneous drain helps in reduction of SSTI and its complications like wound dehiscence. It is also helpful in early identification of causative organism and effective subsequent wound management.

Abstract ID: MISC/OP/135

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Abstract Title:
RELATIONSHIP BETWEEN MATERNAL HYPOTHYROIDISM AND GESTATIONAL DIABETES MELLITUS AND ITS IMPACT ON MATERNAL AND FETAL OUTCOMES

Introduction :
Diabetes mellitus and hypothyroidism are among the most common endocrinopathies during pregnancy. They are associated with both maternal and fetal complications

Aims & Objectives :
- To determine the association between gestational diabetes mellitus and hypothyroidism and to assess the maternal and fetal outcomes in patients with dual endocrinopathy versus GDM alone

Materials & Methods :
- A retrospective cohort study was done in GGH, Kakinada in the department of Obstetrics and Gynaecology from October 2024 – June 2025. A total of 50 cases and 50 controls were analysed for complications such as usage of infertility treatment, preeclampsia, need for caesarean section, malpresentation, preterm birth, PROM, abruption of placenta, doppler changes, respiratory distress and macrosomia in neonates

Results :
- Age above 30 years is a key factor in the development of dual endocrinopathy - Hypothyroidism was associated with an increased risk of gestational diabetes mellitus - Women with dual endocrinopathy had higher rate of infertility treatment (11%), increased risk of preeclampsia (20%), preterm birth(14%), caesarean section(35%) in women with dual endocrinopathy

Conclusion :
- As dual endocrinopathy is associated with increased maternal and fetal complications , it is important to screen women who have been diagnosed with one of these for the other. - These patients should be considered as high risk pregnancies and are to followed up to prevent adverse effects

Abstract ID: MISC/OP/136

Presenter's Name: Dr. Ruchika Sood

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Abstract Title:
NONINVASIVE PRENATAL SCREENING-CAN WE TRUST IT BLINDLY ?

Introduction :
NONINVASIVE PRENATAL SCREENING is a screening test with very high sensitivity but has false positive as well as false negative results.

Aims & Objectives :
To understand the limitations of Non Invasive Prenatal Screening.

Materials & Methods :
This study is a retrospective analysis of high risk reports of Non Invasive prenatal screening for all chromosomal abnormalities over a period of 3years i.e. Jan 2023-Nov 2025 confirmed by amniocentesis.

Results :
2 cases reported as high risk for trisomy21 came out to have normal outcome. 2 cases reported as 45XO had normal chromosomes .1 reported as XXX on NIPS had normal chromosomes and mother was detected to be XXX.3 reported as high risk for rare autosomal trisomies were all found to have normal karyotype. All 3 with rare autosomal trisomies developed early onset Fetal growth restriction and delivered by 30wks, 2 of them survived. 5cases reported as low risk on NIPS had multiple malformations -2 detected as Trisomy18 and 1 had hemivertebrae another1 had bilateral renal agenesis .Another 1 reported as low risk on NIPS for trisomy 21 was found to be affected with Trisomy21 when amniocentesis was done on basis of appearance of soft markers on USG at 22wk.

Conclusion :
Use of NIPS for sex chromosome and rare chromosomal abnormalities is still not validated by International societies. If USG presents with multiple soft markers or gross malformations ,its results should be interpreted cautiously.

Abstract ID: MISC/OP/137

Presenter's Name: Dr. Medha Deep

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Abstract Title:
LINK BETWEEN ADENOMYOSIS TYPES AND THEIR ULTRASOUND APPEARANCE (MUSA 2022)

Introduction :
Adenomyosis is a frequent uterine condition that can cause pain, heavy bleeding, and infertility. Recent ultrasound advancements and the Morphological Uterus Sonographic Assessment (MUSA 2022) guidelines have improved the ability to identify its various forms. Recognizing these ultrasound patterns helps refine diagnosis and guide appropriate clinical management.

Aims & Objectives :
Adenomyosis is a frequent uterine condition that can cause pain, heavy bleeding, and infertility. Recent ultrasound advancements and the Morphological Uterus Sonographic Assessment (MUSA 2022) guidelines have improved the ability to identify its various forms. Recognizing these ultrasound patterns helps refine diagnosis and guide appropriate clinical management

Materials & Methods :
This observational study included women with clinical suspicion of adenomyosis who underwent transvaginal sonography. Ultrasound findings were interpreted according to MUSA 2022 recommendations, classifying adenomyosis as diffuse, focal, or cystic. Sonographic markers such as asymmetrical wall thickening, myometrial cysts, fan-shaped shadowing, and junctional zone irregularities were documented and compared across phenotypes

Results :
Diffuse adenomyosis most often presented with asymmetric myometrial thickening and fan-shaped shadowing. Focal adenomyosis was characterized by localized heterogeneity or nodular areas, while cystic adenomyosis showed distinct myometrial cysts. Each type demonstrated a predictable set of ultrasound features, confirming the practical value of the MUSA 2022 framework in phenotypic assessment.

Conclusion :
Applying the MUSA 2022 criteria enhances the accuracy of adenomyosis detection and classification through ultrasound. Recognizing specific patterns linked to each phenotype supports individualized treatment planning and strengthens diagnostic confidence in gynecologic practice.

Abstract ID: MISC/OP/138

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Co-Author(s):
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Abstract Title:
TO STUDY ASSOCIATION BETWEEN DECREASED FETAL MOVEMENT AT TERM AND PERINATAL OUTCOME

Introduction :
Fetal movement is reassuring indicator of fetal well-being. Up to 15% of pregnancies involve women presenting to maternity services due to concerns about reduced fetal movements.A noticeable decrease in fetal movements can be an early warning sign of fetal distress, hypoxia, or other complications, and should prompt timely clinical evaluation.

Aims & Objectives :
To determine the association between decreased fetal movements at term and perinatal outcomes.

Materials & Methods :
The study included 75 pregnant women who presented with decreased fetal movements at term. Each underwent history taking, examination, Non-Stress Test, Biophysical Profile, and Cerebroplacental Ratio assessment. All patients were followed till delivery. Intrapartum cardiotocography findings, colour of amniotic fluid and mode of delivery were recorded along with relevant perinatal parameters including, umbilical cord blood pH, Apgar scores at 1 and 5 minutes, birth weight, and the need for NICU admission.

Results :
Fetal surveillance parameters in women presenting with decreased fetal movements at term showed significant association with perinatal outcomes. Pathological NSTs, BPS ≤ 6, and CPR <1 were strongly linked to unfavourable outcomes ($p = 0.04, 0.02, 0.01$ respectively). The caesarean section rate in the study was 38.7%, which was higher compared to the rate observed in the hospital’s low-risk population.

Conclusion :
Decreased fetal movement at term is an important clinical indicator of fetal well-being and warrants careful evaluation and monitoring. While not all cases are associated with adverse perinatal outcomes, it is linked to an increased likelihood of interventions such as labor induction, caesarean delivery and presence of meconium and need closer maternal and fetal surveillance.

Abstract ID: MISC/OP/139

Presenter's Name: Dr. Monika Rao

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Abstract Title:
ASSOCIATION OF MATERNAL SERUM PROCALCITONIN AND C-REACTIVE PROTEIN LEVELS IN PRETERM PREMATURE RUPTURE OF MEMBRANES WITH HISTOLOGICALLY DIAGNOSED SUBCLINICAL CHORIOAMNIONITIS: A PROSPECTIVE OBSERVATIONAL STUDY

Introduction :
PPROM is associated with complications like subclinical chorioamnionitis—a condition which lacks clinical symptoms and is diagnosed by histopathology. Early diagnosis can prevent adverse outcomes, and biomarkers such as Procalcitonin and CRP can help in detecting intrauterine infections.

Aims & Objectives :
To detect the number of women with raised procalcitonin and CRP in subclinical chorioamnionitis and evaluate their Sensitivity, Specificity, PPV and NPV.

Materials & Methods :
This is a prospective observational study was conducted on 60 women with PPROM between 28+0 to 33+6 weeks of gestation at Lady Hardinge Medical College, New Delhi. Maternal serum PCT and CRP levels were measured at admission and prior to delivery. HPE of the placenta was used to diagnose subclinical chorioamnionitis. Sensitivity, specificity, PPV, and NPV of CRP and PCT were calculated. Associations with clinical chorioamnionitis, puerperal sepsis, early-onset neonatal sepsis, and neonatal mortality were also assessed.

Results :
Out of 60 women with PPROM, 41.67% (25 women) were diagnosed with histological subclinical chorioamnionitis on placental histopathology. Both CRP and procalcitonin measured at the time of admission demonstrated a sensitivity of 78.26%. However, procalcitonin showed a higher specificity (91.89%) compared to CRP (78.28%). Additionally, procalcitonin had superior predictive values, with a PPV of 85.70% and a NPV of 87.20%, whereas CRP had a PPV of 69.2% and an NPV of 83.5%.

Conclusion :
CRP and PCT levels are good predictors for subclinical chorioamnionitis in PPROM. Their early measurement guide timely clinical decisions and improve feto-maternal outcomes. CRP showed higher sensitivity, while PCT offered better specificity. Further large-scale studies are required to establish clinical protocols.

Abstract ID: MISC/OP/140

Presenter's Name: Dr. Sanju Kumari Khichar

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Abstract Title:
ROLE OF POSTPARTUM HAEMORRHAGE IN MATERNAL NEAR MISS CASES

Introduction :
Primary postpartum haemorrhage (PPH) is that the leading explanation for maternal mortality worldwide. India has made noteworthy progress in maternal health care services. Despite this, primary postpartum haemorrhage had leading cause for maternal mortality in India. Postpartum haemorrhage could be a significant contributor to maternal morbidity & mortality Obstetric haemorrhage

Aims & Objectives :
This study was undertaken to review maternal morbidity and mortality in case of PPH

Materials & Methods :
This was an observational prospective study conducted within the department of Obstetrics &Gynaecology, in a tertiary care institute in central India, over a period of 12 month on a sample size of 170 patients.

Results :
: The records were analysed with relevance maternal age, parity, socio-demographic & etiological profile, and maternal consequences in cases of PPH at our tertiary care centre. within the present study, the incidence of PPH came dead set be 19% because of the inclusion of all booked and referred cases. the most explanation for PPH during this study was uterine atony i.e., 60.52 %. The second common cause was traumatic i.e., 34.21%. and the least common cause of PPH was coagulopathy (5.26%). In63.17%% cases blood and blood products transfusion given. 6.06% cases had maternal death due to haemorrhage

Conclusion :
Proper and early management, together with timelyreferral of PPH cases will cause a major reduction in maternal morbidity & mortality. Maternal deaths thanks to PPH are clearly declining that isbecause of improved socioeconomic status, high standard medical and surgical management, expert care delivered at our institute.

Abstract ID: MISC/OP/142

Presenter's Name: Dr. Riyal Ranasaria

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Abstract Title:
3D ULTRASOUND — A NON-INVASIVE GAME CHANGER IN INFERTILITY WORK-UP

Introduction :
Infertility evaluation demands precise uterine assessment. Although hysteroscopy is the gold standard, it is invasive and resource dependent. Three-dimensional transvaginal sonography (3D-TVS) offers a non-invasive, office-based alternative that provides coronal plane visualization. This study aimed to determine whether 3D-TVS can reliably substitute diagnostic hysteroscopy in infertile women.

Aims & Objectives :
To compare the diagnostic accuracy of 3D-TVS with office hysteroscopy in identifying uterine abnormalities among infertile women.

Materials & Methods :
A prospective cross-sectional study was conducted on 250 infertile women aged 21–40 years at a tertiary care center. All underwent 3D-TVS followed by office hysteroscopy on the same day (cycle days 10–14). Hysteroscopic findings served as the reference standard. Diagnostic indices and concordance (Cohen's κ) were calculated using SPSS v23.

Results :
3D-TVS identified uterine abnormalities in 30.8% of women versus 41.6% on hysteroscopy. The most common lesions were endometrial polyps (6%), septate uterus (4%), and submucous fibroids (2.4%). For major structural lesions, 3D-TVS achieved 94.7% sensitivity, 97.9% specificity, and 97.2% overall accuracy ($\kappa = 0.97$), showing near-perfect agreement with hysteroscopy. 3D-TVS was less sensitive for minor or inflammatory findings such as endometritis.

Conclusion :
3D-TVS provides an accurate, patient-friendly, and cost-effective alternative for screening uterine abnormalities in infertility work-up. Its near-perfect correlation with hysteroscopy for surgically correctable lesions suggests it can safely triage patients, reserving hysteroscopy for cases requiring therapeutic intervention. Adopting a "3D-first" approach can revolutionize uterine evaluation in reproductive medicine.

Abstract ID: MISC/OP/143

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Abstract Title:
EFFECTIVENESS OF LOW-DOSE ASPIRIN IN PREVENTING PREECLAMPSIA – A RANDOMIZED CONTROLLED TRIAL

Introduction :
Pre-eclampsia is the most common form of hypertension that complicates pregnancy, occurring in about 3 percent of pregnancies. It is one of the leading causes of maternal and perinatal morbidity. Its anti-inflammatory and antiplatelet properties make it a potential option in the management of certain pregnancy-related conditions. It may have a beneficial effect on endothelial dysfunction later in gestation. This could provide more optimal conditions for invasion of the uterine spiral arterioles and improved utero-placental blood flow, which might prevent or delay development of pregnancy-induced hypertension.

Aims & Objectives :
To evaluate the effectiveness of low dose (150mg) aspirin in preventing pre-eclampsia , adverse outcome like miscarriage or still-birth among at risk patients

Materials & Methods :
A randomized controlled trial was done in the department of Obs and Gynec of Andhra Medical College , India during the period Jan 2024 to Jan 2025 among conceived by 11-14 weeks who had at least one risk factor for developing pre-eclampsia. They were randomized into two groups: aspirin group and no-aspirin group. The aspirin group was administered 150mg aspirin daily while the no-aspirin group received nothing. They were followed till 36wks.

Results :
106 women participated in study. The Incidence of preeclampsia and preterm deliveries were lower in aspirin group than non-aspirin group

Conclusion :
Low-dose aspirin, when initiated early in pregnancy among high-risk women, is effective and safe in reducing the incidence of preeclampsia and improving perinatal outcomes

Abstract ID: MISC/OP/144

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Abstract Title:
ASSOCIATION BETWEEN $MGSO_4$ AND IL-6 LEVELS IN PATIENTS PRESENTING WITH PREECLAMPSIA – A PROSPECTIVE CROSS-SECTIONAL STUDY

Introduction :
Preeclampsia is a hypertensive disorder affecting 3–5% of pregnancies and remains a leading cause of maternal and fetal morbidity and mortality. It is characterized by new-onset hypertension and proteinuria after 20 weeks of gestation, associated with endothelial dysfunction and systemic inflammation. Interleukin-6 (IL-6), a pro-inflammatory cytokine, has been identified as a key mediator in the endothelial activation seen in preeclampsia. Magnesium sulfate ($MgSO_4$), widely used for seizure prophylaxis, may also exert anti-inflammatory effects by modulating cytokine production

Aims & Objectives :
To assess the association between $MgSO_4$ administration and IL-6 levels in patients presenting with preeclampsia, and to evaluate the role of IL-6 in the pathophysiology of preeclampsia and its modulation by $MgSO_4$ treatment.

Materials & Methods :
A prospective cross-sectional observational study will be conducted over 18 months in the Department of Obstetrics and Gynaecology, JSS Medical College, Mysuru. One hundred preeclamptic women meeting inclusion criteria will be selected using consecutive sampling. IL-6 levels will be measured using an ELISA kit before and after $MgSO_4$ administration. Data will be analyzed using SPSS version 28. Descriptive and inferential statistics will be applied, and a p-value <0.05 will be considered statistically significant.

Results :
Following $MgSO_4$ administration, a statistically significant reduction in serum IL-6 levels was observed ($p < 0.05$). The findings indicate that $MgSO_4$ effectively decreases systemic inflammation in preeclamptic patients, demonstrating a clear anti-inflammatory effect alongside its anticonvulsant action.

Conclusion :
$MgSO_4$ not only prevents the progression of preeclampsia to eclampsia but also reduces inflammatory activity by lowering IL-6 levels. These results suggest that $MgSO_4$ plays a dual therapeutic role.

Abstract ID: MISC/OP/145

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Abstract Title:
CONGENITAL DIAPHRAGMATIC HERNIA: ANTENATAL DIAGNOSIS AND PREDICTION OF POSTNATAL OUTCOMES

Introduction :
Congenital diaphragmatic hernia (CDH),occurring 1in 2500-3500 live births is a major congenital anomaly requiring multidisciplinary care to improve the neonatal outcomes.

Aims & Objectives :
Prenatal evaluation of congenital diaphragmatic hernias (CDH), prediction and optimization of perinatal outcomes through interdisciplinary team care. To evaluate the genetic association of these defects.

Materials & Methods :
Antenatally diagnosed CDH fetuses over one year were evaluated and managed at a tertiary care hospital with Level 3 neonatology care. A detailed ultrasound examination to assess the side of the defect, liver and stomach herniation, Lung area to Head circumference ratio (LHR), observed/expected LHR (o/e LHR), Quantitative Lung Index (QLI), polyhydramnios, hydrops fetalis, and the presence of additional anomalies was done followed by prenatal counselling and genetic analysis of fetal Deoxyribonucleic acid (DNA). Post-natal course and surgical interventions were recorded.

Results :
Amongst 25 cases, (88.00%) left-sided and 3 (12%) right-sided CDH cases were identified. The survival was better in left-sided lesions compared to right-sided lesions (38.88%; 7/18 vs 0%; 0/3), LHR>1 compared to LHR<1 (38.88%; 7/18 vs 0%; 0/7) and o/e LHR>45% compared to o/e LHR<45% (43.75%; 7/16 vs 0%; 0/9).Prenatal diagnosis of Trisomy 18 and Single gene disorder was found in 2 and 1 case respectively who opted for termination. The absence of hydrops did not affect post-natal survival (25 %; 5/20 vs 20%; 1/5). There was no correlation of lower QLI with post-natal survival.(QLI>0.6 vs QLI≤0.6 (28.57%; 2/7 vs 27.77%; 5/18).

Conclusion :
Right-sided laterality, LHR<1 and o/e LHR <45% can be used as predictors of poor postnatal outcomes. Genetic disorders result in terminations.

Abstract ID: MISC/OP/147

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Country: India

Abstract Title:
ACCEPTANCE AND EFFECTIVENESS OF HORMONAL INTRA-UTERINE DEVICE IN PATIENTS OF ABNORMAL UTERINE BLEEDING DUE TO BENIGN DISEASES AT A TERTIARY CARE CENTRE: A PROSPECTIVE STUDY

Introduction :
Benign causes of abnormal uterine bleeding (AUB), when refractory, can end up in hysterectomy, most commonly happening in women above 40 years in India. Hormonal IUD can be an alternative to hysterectomy, but the long-term acceptance rate and effectiveness are still a matter of exploration.

Aims & Objectives :
To study the long-term acceptability, and effectiveness of hormonal IUD in controlling AUB in patients with benign gynaecological conditions.

Materials & Methods :
A prospective study was undertaken in women with abnormal uterine bleeding due to various benign causes. After Dilatation & Curettage and Pap smear, antibiotics was given in suspected cervicitis cases followed by progesterone therapy in all for 21 days. Those responding to hormonal therapy were given hormonal IUD after withdrawal bleeding. Abnormal uterine bleeding, pain scores, and serial ultrasounds were recorded three monthly to measure the effect. Chi-square test was used for analysis.

Results :
Out of 500 women screened and counselled, 112 could be enrolled because of refusal in 388 cases due to cost and taboos. There were 56 adenomyosis (50%), 49 fibroid (44%) and 7 DUB (6.2%) patients. At the end of 6 months the IUD was to be removed in 5 cases of adenomyosis, 23 cases of fibroid and 2 cases of DUB, leading to an acceptance rate of 91%, 53% respectively in the first two groups. The causes of removal were continuous spotting, pelvic pain, discharge and finding no changes on USG.

Conclusion :
Hormonal IUD was found to be most suited for the adenomyosis patients in terms of reversal of bleeding and ultrasonogram features

Abstract ID: MISC/OP/148

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Abstract Title:
SONOGRAPHIC PREDICTORS OF ADVERSE PERINATAL OUTCOMES IN PREGNANCIES COMPLICATED BY HYPERGLYCAEMIA

Introduction :
Ultrasound has an important role in in pregnancy complicated by hyperglycaemia.

Aims & Objectives :
To assess the association between third trimester ultrasound parameters and adverse outcomes in hyperglycaemic pregnant women & neonates.

Materials & Methods :
A prospective observational study including 166 hyperglycemic pregnant women (39-preexisting; 127-GDM) Ultrasound was done between 34 weeks gestation and beyond to note parameters i.e. FW centile, AC centile, CPR ratio, AFI. All were followed till delivery; adverse outcomes noted (C-section done for fetal distress, cord blood ph < 7.1, 5 min APGAR < 7, admission to neonatal unit, neonatal hypoglycemia, perinatal death). Composite adverse outcomes (CAO) were determined by having any 2/7 above-described outcomes. Ultrasound parameters were correlated with adverse outcomes.

Results :
Out of 166; in 66 pregnancies CAO were present. Women with HIP having > 90th centile of EFW have 3.52 times higher chances [OR 3.52 & 95% CI (1.55-7.97)] of having CAO compared to rest of the women. Statistically, a significant association was found for CAO and deranged AFI (p value < 0.018). Women with HIP having Polyhydramnios have 3.13 times higher odds [OR 3.13 & 95% CI (1.08-8.94)] of having CAO compared to rest of the women. Further, Women with HIP having cerebroplacental insufficiency i.e. CPR < 1 have 4.2 times higher odds [OR 4.200 (CI 1.825-9.668)] of having CAO compared to rest of the women with HIP i.e. women having CPR > 1.

Conclusion :
In women with hyperglycemia, third-trimester USG parameters have an important role in predicting adverse outcomes beyond the impact of maternal predictors

Abstract ID: MISC/OP/149

Presenter's Name: Dr. Shashank Kale

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Abstract Title:
INCIDENCE AND CLINICOPATHOLOGICAL PROFILE OF BENIGN OVARIAN TUMORS IN WOMEN AGED 12–23 YEARS: A RETROSPECTIVE OBSERVATIONAL STUDY

Introduction :
Ovarian tumors in adolescents and young women present unique diagnostic and therapeutic challenges due to their diverse histopathological spectrum and implications for fertility preservation.

Aims & Objectives :
This retrospective observational study was conducted in the Department of Obstetrics and Gynaecology, JJM MEDICAL COLLEGE DAVANAGERE, from January 2021 to December 2025, to evaluate the incidence and clinicopathological features of benign ovarian tumors in the 12–23 years age group.

Materials & Methods :
A total of 36 cases were analyzed from hospital records, including data on age, clinical presentation, ultrasonographic findings, intraoperative observations, and histopathological diagnosis.

Results :
Out of 36 ovarian tumor cases, 32 (88.9%) were benign, 2 (5.6%) borderline, and 2 (5.6%) malignant. The most common benign tumor was mature cystic teratoma (dermoid cyst) in 18 cases (56.3%), followed by serous cystadenoma in 9 cases (28.1%) and mucinous cystadenoma in 5 cases (15.6%). The predominant symptom was lower abdominal pain (72%), followed by abdominal distension (19%) and menstrual irregularities (9%). Ultrasonography correctly predicted benign pathology in 28 of 32 cases, with a diagnostic accuracy of 87.5%. Ovarian torsion was observed in 12 patients (36%)

Conclusion :
In conclusion, benign ovarian tumors are the predominant ovarian neoplasms in women aged 12–23 years, with mature cystic teratoma being the most frequent. Early diagnosis and timely conservative surgical management are essential to preserve ovarian function and fertility in this young population.

Abstract ID: MISC/OP/150

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Abstract Title:
POSTPARTUM URINARY RETENTION AFTER VAGINAL DELIVERY: ASSESSMENT OF RISK FACTORS IN A CASE CONTROL ANALYTICAL STUDY

Introduction :
Post-partum urinary retention (PPUR) is a common but underreported issue, affecting 0.05% to 37% of women after delivery. It's defined as no spontaneous urination within 6 hours post-vaginal delivery. PPUR is classified into overt (symptomatic) and covert (asymptomatic with >150 ml residual volume) retention. Causes include perineal trauma, nulliparity, and regional analgesia. If untreated, it risks bladder dysfunction and infections. Guidelines recommend voiding within 6 hours and measuring bladder volume if needed, using non-invasive ultrasound. This study aims to identify obstetric risk factors in vaginal deliveries to prevent PPUR complications.

Aims & Objectives :
To assess the obstetric risk factors of postpartum urinary retention (PPUR) after vaginal delivery.

Materials & Methods :
Out of 1500 women included in the study, 258 women (17.2%) who had postpartum urinary retention were cases and 1242 women (82.8%) who did not were controls. Postpartum urinary retention was defined as the inability to void within 6 hours of delivery or who had postvoid residual bladder volume ≥150 ml. Logistic regression analysis was used to identify the risk factors of post-partum urinary retention.

Results :
: Prolonged duration of the second stage of labor [Odds Ratio (OR)=1.0858, p value<0.001], presence of episiotomy (OR=90.2116, p value<0.001), perineal laceration (OR=104.3896, p value<0.001), and birth weight of >4000 g for the newborn(OR=136.2499, p value<0.001), were found to be independent risk factors for PPUR after vaginal delivery.

Conclusion :
PPUR is common and potentially harmful; knowing these risk factors can help prevention. Further studies are needed on routine postpartum bladder scanning.

Abstract ID: MISC/OP/151

Presenter's Name: Prof. Rekha Sachan

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State: Uttar Pradesh

Country: India

Abstract Title:
PPRESEPSIN IS A EARLY BIOMARKER OF SEPSIS IN CRITICALLY ILL PATIENTS

Introduction :
Sepsis is a significant maternal health issue; presepsin (sCD14-ST) has emerged as a novel biomarker for diagnosis of sepsis.

Aims & Objectives :
The aim of this study was to evaluate the diagnostic accuracy of presepsin for prediction of sepsis in critically ill obstetric patients.

Materials & Methods :
A prospective observational study was conducted in Obstetrics Intensive Care Unit (ICU), over 18-month duration, involving 156 critically ill obstetric patients. Biomarkers including presepsin, C-reactive protein (CRP), and total leukocyte count (TLC) measured on day 1 and day 3 of ICU admission. Presepsin was measured in serum by enzyme-linked immunosorbent assay (ELISA) technique by using ELISA kit.

Results :
44.9% critically ill obstetrics patients developed sepsis in ICU. The most common comorbidity was acute kidney injury (AKI; 20.0%), and AKI was 28.5% in septic patients. Maternal death occurred in 17.9%, with a significantly higher mortality among those who had sepsis(32.9%) compared to those without sepsis(5.8%). Presepsin levels significantly increased from day 1 value of 260 pg/mL to day 3 value of 350 pg/ml, after the development of sepsis ($P < 0.001$). Those who did not develop sepsis (controls) levels were decreased. Receiver operating characteristic analysis showed presepsin had good diagnostic accuracy for prediction of sepsis presepsin at a cutoff value of ≥245 pg/ml had a sensitivity of 84.6% and specificity of 80.0%, at the area under the ROC curve (AUC) = 0.892, with confidence interval of 95% (AUC day 3 > day 1). Presepsin outperformed CRP and TLC in early sepsis detection.

Conclusion :
Presepsin is a reliable early biomarker of sepsis.

Abstract ID: MISC/OP/152

Presenter's Name: Dr. Renuka Brijwal

Institute/ Affiliation:
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State: Delhi

Country: India

Abstract Title:
SECOND/THIRD TRIMESTER TERMINATION OF PREGNANCY IN INDIA: A RETROSPECTIVE STUDY OF INDICATION, PROCEDURE AND OUTCOME

Introduction :
Second- and third-trimester medical termination of pregnancy (MTP) forms an important component of abortion care and is often associated with complex maternal, fetal and social indications. While first-trimester losses are commonly linked to chromosomal abnormalities, later-trimester terminations arise from maternal medical disorders, placental complications, fetal anomalies, cervical insufficiency and unintended pregnancies. Despite advances in mifepristone–misoprostol regimens and improved surgical options, disparities in referral systems, socioeconomic factors and adherence to guidelines continue to affect outcomes. Evaluating current practices and outcomes is essential to optimize safe abortion care in India.

Aims & Objectives :
To analyze the indications and evaluate the clinical outcomes and complications associated with second/third trimester MTP.

Materials & Methods :
A 8-year retrospective observational study was conducted at Sir Ganga Ram Hospital, New Delhi (2018–2025). All women undergoing second- or third-trimester MTP were included. Data on demographics, indications for abortion, method of management, need for additional procedures, complications and mortality were collected. Statistical analysis included Chi-square and t-tests, with $p < 0.05$ considered significant

Results :
A total of 420 women underwent second- or third-trimester MTP. Mean maternal age was 33.06 ± 4.57 years. Fetal anomalies were the most common indication (76.5%), followed by maternal conditions (10.7%) and contraception failure (5.34%). The mean induction-to-abortion interval was 48 ± 24 hours. Surgical intervention was needed in 3.9%, and 11.01% required additional procedures such as curettage. Complications were minimal, with around 2% experiencing excessive bleeding. No maternal mortality occurred.

Conclusion :
Early anomaly detection, counselling and timely referral are crucial for reducing complications and improving maternal outcomes.

Abstract ID: MISC/OP/153

Presenter's Name: Dr. Gita

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Abstract Title:
A COMPARATIVE STUDY BETWEEN COMBINATION OF INTRACERVICAL FOLEY'S CATHETER WITH VAGINAL MISOPROSTOL VERSUS VAGINAL MISOPROSTOL ALONE FOR INDUCTION OF LABOR AT TERM NULLIPAROUS: A PROSPECTIVE RANDOMISED CONTROLLED STUDY.

Introduction :
Labor induction methods are continuously evolving to ensure safer and more effective outcomes for both mother and neonate. The present study aimed to assess the effectiveness and safety of combined use of misoprostol with intracervical foley's catheter for labor induction.

Aims & Objectives :
The study aims to compare time interval between induction to active labor in hours along with delivery outcomes, and the need for additional interventions between the two induction methods. It also evaluates maternal and neonatal outcome associated with each approach.

Materials & Methods :
The study was conducted in the Department of Obstetrics & Gynaecology at the School of Medical Sciences and Research, Greater Noida. A total of 104participants were included in the study and were divided in to two groups of 52 each in Group A (FM) which included induction with foley's catheter plus misoprostol and group B(VM)which included induction with only vaginal misoprostol.

Results :
The mean interval between induction to delivery was shorter in Group A(13.59±6.30 hours) than group B(16.78 ±7.31 hours). Also the mean interval between induction to active labour was shorter in Group A(10.68 ±8.14 hours) than Group B(13.42was 16.78±7.27 hours)and both the above parameters were statistically significant. Also the need for oxytocin augmentation and the total number of misoprostol required was more in Group B when compared to Group A and it was statistically significant. However maternal complications and neonatal outcomes were comparable in both the groups..

Conclusion :
The combined use of misoprostol with foley's catheter for labor induction is safe and effective resulting in shorter duration from induction to active.

Abstract ID: MISC/OP/154

Presenter's Name: Dr. Tejaswani Raj Gaur

Institute/ Affiliation:
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State: Uttar Pradesh

Country: India

Abstract Title:
COMPARATIVE ANALYSIS OF DELAYED CORD CLAMPING AND UMBILICAL CORD MILKING ON HAEMATOLOGICAL AND CLINICAL OUTCOMES IN MOTHER AND NEONATES

Introduction :
Delayed cord clamping (DCC) is recommended by WHO as it improves haemoglobin levels and iron stores in term infants. Umbilical cord milking (UCM) consists of gently grasping the umbilical cord and involves manually pushing blood from the cord to the infant, allowing quicker placental blood transfer before clamping. Since DCC could be difficult in non-vigorous neonates requiring immediate resuscitation at birth, Umbilical cord milking has been considered as an alternative in such situations. However there is limited data comparing the effects of UCM and DCC in term babies. So the present study was planned to study the comparison between UCM and DCC.

Aims & Objectives :
: To compare the effect of umbilical cord milking versus delayed cord clamping on maternal and neonatal outcomes in term deliveries.

Materials & Methods :
The study was conducted in the Department of Obstetrics & Gynaecology at the School of Medical Sciences and Research, Sharda University, Greater Noida. A total of 80 participants were included in the study and were divided into two groups of 40 each

Results :
Mean haemoglobin & haematocrit levels of newborn at 48 hours were [17.16±1.412gm/dL] [57.51±6.318] in DCC & [17.45±1.325gm/dL] [57.99±5.452] in UCM group, respectively. Our study found no significant differences between UCM and DCC in terms of neonatal haematological parameters at 48 hours, need for phototherapy and NICU admissions. Additionally, there was no significant difference between mean blood loss and duration of third stage of labour in UCM and DCC groups.

Conclusion :
Umbilical cord milking and Delayed cord clamping, both methods of placental transfusion are equally comparable, effective

Abstract ID: MISC/OP/155

Presenter's Name: Dr. Sharanya Satish

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State: Kerala

Country: India

Abstract Title:
IMPLEMENTATION OF ERAS PROTOCOL IN BENIGN GYNECOLOGICAL SURGERIES

Introduction :
Enhanced recovery after surgery (ERAS) Program is a paradigm shift from traditional perioperative management . It's comprehensive and addresses pt from initial visit till she leaves hospital. It is a multidisciplinary and multimodal approach. Involves a team of surgeons, anaesthetist, ERAS coordinator, nurses, dietician and physiotherapist. It promotes minimalisation of stress response to operation by controlling perioperative physiology.

Aims & Objectives :
To study outcomes in patients when ERAS is implemented and to study the extent to which it can be implemented.

Materials & Methods :
Analytical study Patient underwent thorough counselling regarding surgery and and expected course in hospital. Specific concerns addressed and optimised pre operatively. Predetermined set of interventions were added in such patients and outcomes documented. Which included preoperative counselling, pain relief,carbohydrate loading,Thromboembolism prophylaxis,standard anaesthetic protocol, intraop fluids,early mobilisation. Variables studied were duration of surgery,mode of anaesthesia,intra op and post op complications,post op pain and need for analgesics and length of hospital stay.

Results :
Under ERAS pt have shown faster recovery as well as significant reduction in hospital stay without an increase in readmission rates and complications.

Conclusion :
No significant complications noted among study group.less post operative pain with reduced hospital stay and cost reduction noted. No readmission and patients highly satisfied.

Abstract ID: MISC/OP/156

Presenter's Name: Dr. Kritika Gupta

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Country: India

Abstract Title:
ASSOCIATION OF VARYING DEGREES OF MECONIUM-STAINED AMNIOTIC FLUID WITH UMBILICAL CORD BLOOD PARAMETERS AND PERINATAL OUTCOMES.

Introduction :
Meconium-stained amniotic fluid (MSAF) is a predictor of potential adverse fetal outcomes. This study was undertaken to study the grades of MSAF and its effect on intrapartum management and relation with cord blood parameters and neonatal outcomes.

Aims & Objectives :
To study the association of varying degrees of meconium-stained amniotic fluid with umbilical cord blood pH and lactate levels and perinatal outcomes.

Materials & Methods :
A total of 60 subjects presenting to the labour room of our hospital with term, singleton and cephalic presentation diagnosed with MSAF were recruited and divided into 2 groups- thick and thin MSAF, based on visual consistency. These cases were followed up for the mode of delivery, fetal cord blood parameters immediately after birth, and the neonatal outcomes.

Results :
42 cases (70%) were diagnosed with thin MSL. Most of these subjects had normal CTG tracings and delivered vaginally (80.95%). Also 36 cases (85.75%) had a normal cord blood lactate levels and 78.57% had a normal cord blood pH level. The neonatal outcomes were favourable in this group. In 18 cases of thick MSL, majority had suspicious/ pathological CTG tracings and underwent LSCS (77.7%). 10 cases (55.5%) had abnormal cord blood pH and 14 cases (77.75%) had a higher cord blood lactate level and 44.4% required NICU admission.

Conclusion :
Maximum subjects with thin MSAF , had reassuring CTG and normal cord blood pH and lactate levels. Majority of them delivered vaginally with good neonatal outcomes. However presence of thick MSAF was associated with poor neonatal outcomes and abnormal cord blood parameters.

Abstract ID: MISC/OP/157

Presenter's Name: Dr. Neha

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State: Delhi

Country: India

Abstract Title:
STUDY OF AGREEMENT BETWEEN ULTRASOUND GIRADS CLASSIFICATION FOR UTERINE CAVITY OR ENDOMETRIAL LESIONS AND HISTOPATHOLOGY IN ABNORMAL UTERINE BLEEDING

Introduction :
Accurate ultrasound assessment helps differentiate benign and malignant endometrial lesions which help in early intervention and better management.

Aims & Objectives :
Agreement between traditional ultrasound-GIRADS(UT-GIRADS) classification for uterine cavity or endometrial lesions and histopathology in pre- and post-menopausal women presenting with abnormal uterine bleeding (AUB).

Materials & Methods :
Ninety females with AUB and post-menopausal bleeding (PMB) were recruited in study. USG was done based on International Endometrial Tumour Analysis (IETA) B, M and U signs, and findings further classified by traditional UT-GIRADS classification. Endometrial biopsy sent for histopathological evaluation classified as Benign and Malignant. Additionally, tumour biomarker HE4 was done in cases of endometrial cancer (EC).

Results :
The features on USG like endometrial thickness, endometrial echogenicity, endometrial midline appearance, the endo-myometrial junction, intracavitary fluid, colour score and vascular pattern were predictors of malignancy. 1) In UT-GIRADS, if category 4a was taken as the cut-off for predicting malignancy, the sensitivity, specificity, PPV, NPV and diagnostic accuracy were 78.9%, 85.9%, 60.0%, 93.80% and 84.4%, respectively. If 4b was taken as cut-off, the sensitivity, specificity, PPV, NPV and diagnostic accuracy were 73.7%, 91.5%, 70.0%, 92.9% and 87.8% respectively. The area under ROC curve for GIRADS-Weighted Score for predicting Malignancy was 0.858 (95% CI: 0.754 - 0.963), thus demonstrating good diagnostic performance. It was statistically significant (p = <0.001). Median of HE4 Value (ng/mL) in the malignant group was 167.55 (128.25-182.24).

Conclusion :
The best cutoff value for predicting malignancy was GI-RADS 4b and in combination of tumour biomarker, HE4 could improve the diagnostic efficacy for preoperative EC assessment.

Abstract ID: MISC/OP/158

Presenter's Name: Dr. Mahesh Koregol

Co-Author(s):
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NOVA IVF Fertility

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Country: India

Abstract Title:
Y-CHROMOSOME MICRODELETION- EFFECTS AND CONSEQUENCES ON REPRODUCTIVE OUTCOME.

Introduction :
Y- chromosome microdeletions are deletions of small segments of Y chromosome leading to genetic cause of male infertility.

Aims & Objectives :
To study the impact of Y chromosome microdeletion on reproductive outcome in couple undergoing ICSI treatment.

Materials & Methods :
15 men were tested for Y chromosome microdeletion who were undergoing ICSI. Impact of Y chromosome microdeletion was studied on embryos formation and pregnancy outcome.

Results :
Microdeletion on AZF-b was commonest microdeletion observed.3 out of 15 patients had no embryos formed.

Conclusion :
Y Chromosome microdeletion should be one of routine tests in male infertility to assess the impact of Y chromosome microdeletion on embryo formation and pregnancy outcomes.

Abstract ID: MISC/OP/159

Presenter's Name: Dr. Arbinder Dang

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Abstract Title:
SERUM PROGESTERONE LEVELS, A BIOMARKER AND ULTRASOUND MARKERS IN EARLY PREGNANCY IS A GOOD PREDICTOR OF VIABLE PREGNANCY: AN ACTUALITY OR A FALLACY

Introduction :
Serum progesterone plays a pivotal role in the early stages of pregnancy and serves as a valuable marker for predicting pregnancy viability. Serum progesterone biomarker remains relatively stable throughout early pregnancy compared to β-HCG

Aims & Objectives :
To evaluate the serum progesterone biomarker and sonographic markers in early pregnancy, 5 -7 weeks as a predictor of foetal viability, POG >26 weeks.

Materials & Methods :
Prospective cohort study for 6 Months. Thirty-five pregnant women in early pregnancy, 5 -7 weeks, underwent early pregnancy ultrasound with serum progesterone levels measured in ng/mL. Exclusion criteria include history of RSA, BOH, ART, medical disorders and progesterone supported pregnancies. Statistical analysis on SPSS version 20 with Chi square test and Pearson correlation.

Results :
Seum progesterone > 20 ng ml with ultrasound markers of normal gestational sac, yolk sac, embryonic cardiac activity, and presence of corpus luteum predicted 72 % viable pregnancy.

Conclusion :
Measurement of serum progesterone levels greater than 20 ng/mL, combined with normal ultrasound features, in early pregnancy, is a good predictor of viable pregnancy (POG) beyond 26 weeks. This is an actuality and can be extrapolated for women with recurrent abortions and needs further research.

Abstract ID: MISC/OP/160

Presenter's Name: Dr. Rujdabanu Riyajahmad Patva

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Abstract Title:
COMPARITIVE STUDY OF DIAGNOSTIC ACCURACY OF HYSTEROSCOPY AND USG IN MANAGEMENT OF ABNORMAL UTERINE BLEEDING

Introduction :
Ultrasonography (USG), especially transvaginal ultrasound, is commonly employed as a non-invasive first-line imaging modality to assess uterine abnormalities . However, USG may have limitations in visualizing certain pathology.Hysteroscopy, on the other hand, offers direct visualization of the uterine cavity, allowing for the identification of lesions that may not be apparent on ultrasound.

Aims & Objectives :
Objectives: To assess the correlation between ultrasonographic and hysteroscopic findings in women presenting with abnormal uterine bleeding and to evaluate their roles in guiding management decisions.

Materials & Methods :
Materials and Methods: A prospective study was conducted in the department of Obstetrics and Gynecology Indraprastha Apollo hospital,Sarita Vihar,New Delhi.AUB cases (90) were examined. History taken about age, parity, clinical symptoms, duration and amount of blood loss.The diagnostic accuracy of USG was compared with hysteroscopy in detecting intrauterine lesions such as polyps, fibroids, hyperplasia, and endometrial atrophy.

Results :
Results: Most of the patients belonging to the age group of 35-50 years and were multiparous. Common symptoms were heavy menustral bleeding HMB 48%. USG identified 53.18% as normal and 40.85% as abnormal .Hysteroscopy detected abnormalities in participants 55.33%, slightly higher than USG, while histopathology confirmed abnormalities in participants 54.5%.

Conclusion :
Conclusion: While USG remains a valuable non-invasive initial tool for evaluating AUB, hysteroscopy provides superior diagnostic accuracy and therapeutic advantage. Hysteroscopy allowed direct visualization and simultaneous therapeutic intervention.A combined approach enhances diagnostic confidence and optimizes patient management.

Abstract ID: MISC/OP/161

Presenter's Name: Dr. Simarjot Kaur

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Abstract Title:
"GUARDING THE GOLDEN HOUR:CARBETOCIN VS OXYTICIN F PREVENTION OF POSTPARTUM HAEMORRHAGE IN HIGH-RISK VAGINAL DELIVERIES

Introduction :
Postpartum haemorrhage (PPH) remains a leading cause of maternal mortality, with uterine atony accounting for the majority of cases. Oxytocin is the standard uterotonic agent but is limited by its short half-life and storage instability. Carbetocin, a long-acting oxytocin analogue, offers prolonged uterotonic effects and may reduce the incidence of PPH, particularly in high-risk vaginal deliveries.

Aims & Objectives :
To compare the efficacy and safety of Carbetocin versus Oxytocin in preventing PPH in high-risk vaginal deliveries.

Materials & Methods :
This prospective randomized controlled study included 160 women with at least one high-risk factor for PPH. Participants were randomized to receive either Carbetocin 100 µg IM or Oxytocin 10 IU IM within one minute of delivery. Primary outcomes included need for additional uterotonics and total blood loss. Secondary outcomes included haemoglobin drop, need for interventions, blood transfusion, and adverse effects.

Results :
Carbetocin achieved significantly faster uterine tone (38.04 s vs. 61.31 s, $p < 0.001$). Mean blood loss was lower with Carbetocin (277 mL vs. 333.62 mL, $p = 0.009$). Additional uterotonics were required in 15% of Carbetocin cases versus 30% with Oxytocin ($p = 0.042$). Only the Oxytocin group required interventional procedures (5%). Post-delivery haemoglobin decline was significantly lesser with Carbetocin ($p < 0.0001$). No major adverse effects were attributable to either drug.

Conclusion :
Carbetocin is superior to Oxytocin in reducing blood loss and need for additional interventions in high-risk vaginal deliveries, making it an effective alternative for PPH prevention.

Abstract ID: MISC/OP/162

Presenter's Name: Dr. Nishu Priya Chib

Co-Author(s):
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Country: India

Abstract Title:
KNOWLEDGE, ATTITUDE AND PRACTICE TOWARDS CERVICAL CANCER AND SCREENING AMONGST NURSING STAFF IN A TERTIARY LEVEL TEACHING INSTITUTE OF NORTH INDIA: A CROSS-SECTIONAL STUDY.

Introduction :
Background: Health care providers in hospitals (nursing staff) constitute the most visible, frontline workers. They play an integral role in educating women in the prevention of disease and they can influence regarding cervical cancer screening adherence and health promotion among women.

Aims & Objectives :
This study was conducted to assess the knowledge attitude and practice (KAP) regarding cervical cancer screening among nursing staff.

Materials & Methods :
We conducted a cross-sectional study on staff nurses (n=174) at Govt. Medical College Kathua, J&K w.e.f 1st May 2024 to 31st July 2024. Data was collected using a predesigned, tested and self-administered questionnaire. The questionnaire included specific sections to test the participants knowledge, attitude and practice related to cervical cancer and its screening. Data analysis was done using descriptive statistics.

Results :
64.94% of the participants were in the age group 20-29 years out of which 27.58% were unmarried. Only 24.7% had adequate knowledge of CA Cervix and its screening. 88.50% of the participants knew that pap smear can detect precancerous conditions as well. Only 0.34% of staff nurses were aware of visual inspection of cervix with acetic acid only 4.02% knew HPV as risk factor. Out of married staff nurses only 9.52% had themselves screened for CA cervix. The reasons given for not getting screened were hesitation, embarrassment, lack of time and lack of positive motivation.

Conclusion :
This study serves to highlight that the majority of staff was not adequately equipped with knowledge concerning cervical cancer. Self practice and vaccination among study subjects was abysmal.

Abstract ID: MISC/OP/163

Presenter's Name: Dr. Shalvi Srirang Kulkarni

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Abstract Title:
OBSERVATIONAL STUD Y OF STILLBIRTHS

Introduction :
Stillbirths are major contributors of perinatal death, and India ranks first in absolute number of stillbirths. The causes of stillbirth differ in different parts of the world and are affected by fetomaternal factors and type of antenatal and intrapartum care. The objective of this observational study was to evaluate the stillbirth rate as well as the aetiology and risk factors for stillbirths in our institute.

Aims & Objectives :
The aim of this study was to evaluate the stillbirth rate of the institute and to analyze the risk factors associated with stillbirth with special reference to maternal clinical presentations, fetal and maternal complications and to find the preventable causes of fetal deaths.

Materials & Methods :
All stillbirths delivered at or above 28 weeks of gestation or weighing more than 1000 g at our institute during 2 year study period were considered. The stillbirth rate of the institute was studied. Maternal and fetal factors of stillbirth cases were analysed.

Results :
Stillbirth rate of our institute was 16.8 per 1000 births. Stillbirth was found more in multigravida women with 68.5% cases. 54% stillborn babies were males, 39.7% of stillborn had extremely low birth weight and were pre-term. In 44.7% cases, aetiology of stillbirth was unknown. Antepartum haemorrhage contributed 10.5% cases, asphyxia-13.1% cases and pre-eclampsia-16% cases of stillbirth in our study.

Conclusion :
Proper antepartum screening and antenatal and intrapartum supervision and timely referral to the tertiary care centre can play an important role in decreasing the rate of stillbirths.

Abstract ID: MISC/OP/164

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Abstract Title:
IMPACT OF MULTI-SOURCE FEEDBACK ON OBSTETRICS & GYNAECOLOGY POSTGRADUATES WORKING IN THE LABOUR ROOM: AN INTERVENTIONAL STUDY PROMOTING RESPECTFUL MATERNITY CARE

Introduction :
Respectful Maternity Care (RMC) is globally endorsed yet difficult to ensure in high-pressure labour rooms. Multi-source feedback (MSF), a workplace-based assessment, evaluates and promotes non-technical competencies essential to RMC, including communication, professionalism, and interpersonal skills.

Aims & Objectives :
To assess changes in feedback scores from multiple assessor groups for O&G postgraduates (PGs) in labour rooms pre and post consolidated feedback session and to evaluate PGs' perceptions of MSF.

Materials & Methods :
Sixteen consenting PGs underwent MSF through aligned validated questionnaire from nine assessors each: faculty (1), senior-resident (1), nursing staff (2), peers (2), patients (2), and self (1). Consolidated feedback was given in confidential one-to-one sessions, and perceptions were collected a week later. Repeat MSF was conducted after one month. Data were analyzed.

Results :
Mean age was 28.2 years with 4 males and 12 females PGs. Post-test scores showed statistically significant improvement, indicating MSF's effectiveness in enhancing non-technical skills. Perception analysis revealed high acceptance and relevance, with all subdomains scoring above 85%.

Conclusion :
Confidential, structured, consent-driven MSF is feasible, acceptable, and provides reliable formative feedback for O&G PGs. MSF fosters self-awareness, better communication, and professionalism aligned with RMC, supporting its integration into O&G curricula to promote respectful maternity care in labour-room settings.

Abstract ID: MISC/OP/165

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Abstract Title:
EFFECTIVENESS AND SAFETY OF LEVONORGESTRAL-INTRAUTERINE DEVICE VS ORAL PROGESTERONE IN ABNORMAL UTERINE BLEEDING: COMPARATIVE CLINICAL STUDY

Introduction :
Abnormal uterine bleeding is a common gynecological complaint that significantly affects women's quality of life, productivity, and psychological well-being. Although multiple medical therapies exist, the levonorgestrel-releasing intrauterine device (LNG-IUD) has emerged as a promising conservative, fertility-sparing option.

Aims & Objectives :
To evaluate the efficacy and safety of LNG-IUD in the conservative management of AUB To assess improvement in haemoglobin and satisfaction level following LNG-IUD insertion.

Materials & Methods :
This randomized experimental study was conducted over 1 year on 174 women with AUB fulfilling inclusion criteria who were randomly assigned into two groups: Group A (n=87) received LNG-IUD, and Group B (n=87) received oral progesterone. Follow-up was performed at 1, 4, and 9 months. Outcomes assessed included menstrual blood loss (MBL), PBAC score, menstrual pattern, haemoglobin levels, treatment satisfaction (Likert scale), and treatment-related complications.

Results :
LNG-IUD showed a significantly greater reduction in MBL at 4 and 9 months compared to oral progesterone ($p<0.01$). PBAC scores improved more markedly in the LNG-IUD group at both follow-ups. Amenorrhea occurred in 21.8% of LNG-IUD users versus 14.9% in the progesterone group. Mean haemoglobin improved significantly in the LNG-IUD group (10.74 g/dL vs. 8.99 g/dL at 9 months, $p<0.01$). Treatment satisfaction was higher with LNG-IUD (54% "very satisfied" vs. 39%). Expulsion occurred in 4.6%, and hysterectomy was required in 3.4% of LNG-IUD users.

Conclusion :
LNG-IUD is a significantly more effective and safer conservative therapy for AUB than oral progesterone, offering superior bleeding control, higher satisfaction, and better haemoglobin improvement with minimal complications.

Abstract ID: MISC/OP/166

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Abstract Title:
ACHIEVING VIABLE OUTCOMES IN BIOPSY-PROVEN LUPUS NEPHRITIS AND ANTIPHOSPHOLIPID SYNDROME PREGNANCIES: A RETROSPECTIVE CASE REVIEW

Introduction :
Lupus nephritis poses significant challenges in pregnancy, with increased risks of preeclampsia, fetal loss, and maternal flares, yet favorable outcomes are achievable with meticulous multidisciplinary care. This case series from a rheumatology and reproductive medicine collaborative clinic describes four high-risk pregnancies in women with biopsy-proven lupus nephritis, including those with concomitant antiphospholipid syndrome and infertility requiring assisted reproduction.

Aims & Objectives :
To describe maternal and fetal outcomes in pregnancies complicated by lupus nephritis with or without antiphospholipid syndrome, and to highlight the role of collaborative multidisciplinary management in optimizing results. Specific objectives were to detail preconception optimization, immunosuppressive and antithrombotic strategies, obstetric interventions, and postpartum disease course across four complex cases.

Materials & Methods :
This retrospective case series included four women with SLE and biopsy-confirmed class III–IV lupus nephritis managed at our center. Data on demographics, autoantibody profile, nephritis class, antiphospholipid antibody status, fertility interventions, pregnancy course, delivery details, and postpartum outcomes were extracted from records.

Results :
All four patients had proliferative lupus nephritis; three had antiphospholipid syndrome (two thrombotic, one obstetric), and one had infertility due to tubal block and fibroids requiring IVF with blastocyst transfer. Despite prior miscarriage, cerebral venous sinus thrombosis, ovarian hyperstimulation, gestational diabetes, lupus flares, and late-onset hypertension, all pregnancies resulted in live births (three term or near-term vaginal/cesarean deliveries, one late-preterm cesarean) with preserved maternal renal function and manageable postpartum flares.

Conclusion :
Even in women with severe lupus nephritis, antiphospholipid syndrome, and infertility, good maternal and fetal outcomes are attainable when pregnancies are planned in remission, managed with pregnancy-safe immunosuppression, and supported

Abstract ID: MISC/OP/167

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Abstract Title:
INCIDENCE OF FOETAL ANAEMIA IN ICT POSITIVE RH NEGATIVE PREGNANCIES USING MCA-PSV COLOUR DOPPLER STUDIES

Introduction :
Introduction- Rh isoimmunization occurs when a pregnant woman develops antibodies against paternally derived red cell antigens, which can harm the fetus by causing hemolysis and related complications. However, non-invasive Doppler ultrasound of the middle cerebral artery (MCA) offers a valuable alternative. Increased peak systolic velocity (PSV) in the MCA indicates foetal anaemia, with a PSV above 1.5 multiples of the median for gestational age detecting 88-90% of moderate to severe cases.

Aims & Objectives :
To evaluate the effectiveness of MCA-PSV as a non-invasive predictor of foetal anaemia in non-hydropic foetuses affected by maternal red cell isoimmunization.

Materials & Methods :
This prospective study, conducted over a period of one year at a tertiary care centre, involved 26 Rh-negative pregnant women with positive Indirect Coomb's tests. Doppler ultrasound assessed the middle cerebral artery (MCA) peak systolic velocity (PSV) in non-hydropic foetuses, using a cut-off of 1.5 multiples of the median (MoM). The peak systolic velocity (PSV) in the middle cerebral artery (MCA) was assessed in all non-hydropic foetuses, with measurements compared against a reference chart, using a cut-off of 1.5 multiples of the median (MoM).

Results :
Results-The study included 26 cases of Rh isoimmunization, diagnosed in the second trimester for 10 patients and 16 patients in 3rd trimester.

Conclusion :
Doppler ultrasound of the middle cerebral artery peak systolic velocity (MCA-PSV) serves as an effective non-invasive screening method for foetal anaemia in cases of Rh alloimmunization, replacing invasive techniques like amniocentesis and cordocentesis. Our study indicates that MCA-PSV is reliable for predicting foetal anaemia, potentially reducing the need for invasive interventions.

Abstract ID: PS/OP/01

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Abstract Title:
A COMPARISON OF SUBCUTANEOUS VERSUS INTRAMUSCULAR DEPOT MEDROXYPROGESTERONE ACETATE AS A CONTRACEPTIVE METHOD

Introduction :
Depot medroxyprogesterone acetate (DMPA) is a long-acting reversible contraceptive administered via intramuscular (IM) or subcutaneous (SC) routes. The SC formulation offers lower dose, ease of administration and potential for self-injection. Limited Indian data exist comparing both routes. This study evaluates continuation rate and side effects of SC versus IM DMPA formulations.

Aims & Objectives :
To compare continuation rate and side effects between SC and IM DMPA.

Materials & Methods :
This randomized controlled trial included 100 women aged 18–45 years attending the Family Planning OPD willing to use injectable DMPA for contraception. Participants were randomly allocated to receive either DMPA-SC (104 mg) or DMPA-IM (150 mg) every 3 months for 9 months. Follow-up assessed continuation, side effects, and contraceptive failure. Data were analyzed using SPSS-25.

Results :
Baseline characteristics were similar. Continuation rate was higher in SC group compared to IM group. Continuation to the second dose was observed 96% and 92% in the DMPA-SC group and DMPA-IM group respectively (p=0.67). By the fourth dose, continuation declined to 64% and 58% in the DMPA-SC group and DMPA-IM group respectively (p=0.68). Menstrual side effects were more frequently associated with IM group compared to SC group, but the difference was statistically not significant. Amenorrhea was the most frequent side effect (14% in DMPA-SC group and 24% in DMPA-IM group) followed by irregular bleeding/spotting. Non menstrual side effects were comparable in both groups. No pregnancies or serious adverse events occurred.

Conclusion :
Higher continuation rate and fewer menstrual complaints observed in DMPA-SC group compared to DMPA-IM group, although difference was not statistically significant.

Abstract ID: PS/OP/02

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Abstract Title:
LONG HORIZONS: INSIGHTS INTO NEW-AGE CONTRACEPTIVE ACCEPTANCE

Introduction :
Long-acting reversible contraceptives (LARC) are central to India's population stabilization goals. The Etonogestrel implant is highly effective but under-utilized. This study examines acceptability and determinants in a large real-time Indian cohort, contextualized against a Southeast Asian adolescent awareness survey reporting 84% implant awareness.

Aims & Objectives :
To assess the acceptability and determinants of etonogestrel implant use among Indian women and compare findings with Southeast Asian awareness data.

Materials & Methods :
An 18-month cross-sectional study was conducted from Dec 2022 among 404 women aged 20–40 years at a tertiary hospital in Western India. After structured counselling, willingness to accept, refuse, or defer was recorded. Variables included socio-demographics, parity, prior contraceptive use, pregnancy intention (≤ 2 vs > 2 years), and partner support. Chi-square and logistic regression were applied. A follow-up is planned for Dec 2025–Jan 2026.

Results :
Acceptance was 35.1%, refusal 45.3%, and 19.6% were undecided. Acceptance was higher in nulliparous (51% vs 18.7%; OR 4.52), higher-educated (48% vs 24%; OR 3.71), and prior contraceptive users (46% vs 24%; OR 2.89). Women desiring pregnancy after > 2 years had greater acceptance (45% vs 19%; OR 3.3), and partner support doubled acceptance (45% vs 24%). Barriers included misconceptions about weight gain, menstrual irregularities, and limited awareness. Awareness was lower than Southeast Asia but acceptance exceeded prior Indian data. The multivariate model correctly predicted 82% (AUC 0.81).

Conclusion :
This robust Indian cohort provides valuable evidence on socio-behavioural predictors of implant acceptance. High uptake underscores counselling and partner support. Targeted education for less-educated and multiparous women can improve uptake, advancing SDG 2030.

Abstract ID: PS/OP/03

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Abstract Title:
DECODING THE UNMET NEED FOR SPACING

Introduction :
Unmet need for spacing refers to women who want to delay or space the next pregnancy but are not able to do so. It highlights the gap between fertility intentions and contraceptive use.

Aims & Objectives :
To assess the prevalence of unwanted pregnancies and the understand the reasons for unmet need for spacing

Materials & Methods :
A prospective study was conducted in the Department of Obstetrics and Gynaecology of SGT Medical College on multigravidas attending the antenatal clinic a. They were asked questions as per a pre-structured performa to understand whether the current pregnancy was planned. If unplanned then to understand the reasons for the same. Data was collated and analysed

Results :
Half of the pregnancies were unplanned. 11.4% of unplanned pregnancies also had unwanted abortions. 77.9 % women resumed sexual activity within 6 months after delivery. 65.7% women had concieved within 3 years of first delivery M/c cause for unmet need for spacing was lack of adequate counselling 88.2% women received ANC care but only 23.5% were counselled for contraception. 97.1% women had institutional delivery, out of which only 37.1% were counselled for post partum contraception.

Conclusion :
Contraceptive counselling is an essential component of family planning that helps individuals choose the most suitable method based on their health, needs, and life goals

Abstract ID: PS/OP/04

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Abstract Title:
STUDY ON ACCEPTANCE AND OUTCOME OF POST-PLACENTAL INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD) INSERTION

Introduction :
An outstanding family planning technique that gives women in the delivery environment safe, effective, long-term, and reversible contraception is the insertion of an intrauterine contraceptive device immediately after birth. Despite the fact that contraception is generally accessible, its techniques are not well accepted, either due to misinformation or a fear of the difficulties that may arise.

Aims & Objectives :
To study awareness regarding post-placental IUCD insertion and its efficacy, expulsion rate, and reasons for expulsion.

Materials & Methods :
This was a cross-sectional observational study conducted at a tertiary health centre in Ranchi, Jharkhand. A total of 805 women who opted for insertion of PPIUCD within 10 minutes of expulsion of the placenta, whether delivered vaginally or by cesarean section, were enrolled in the study.

Results :
Out of 6420 women, only 4.2% were aware of PPIUCD. The overall acceptability was found to be 12.53%. The expulsion and removal ratios were 2.7% and 3.2%, respectively.

Conclusion :
A great way to reduce or space out childbirths is with PPIUCD. In a situation where a woman is highly motivated and truly needs it, it is supplied to her. The actual expulsion rate was far lower, despite the high frequency of missing IUCD threads as a result of thread coiling. Menorrhagia and abdominal pain were the main causes of the removal rate.

Abstract ID: PS/OP/05

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Abstract Title:
"WHAT WOMEN KNOW-ANALYSIS OF KNOWLEDGE AND ATTITUDE TOWARDS PPIUCD"

Introduction :
India, the world's most populous country. The need for effective family planning in India is critical which will help in MMR and IMR reduction by spacing pregnancies. Despite its importance, 65% of women have unmet postpartum family planning needs.

Aims & Objectives :
To assess the knowledge and attitude regarding PPIUCD among pregnant women & identify the barriers and misperceptions that limit the widespread acceptance for PPIUCD.

Materials & Methods :
It is a Cross-sectional observational study done on antenatal women at Obs-Gyn Department, Sadar Hospital, Ranchi with a sample size of 942.

Results :
Approx 68% of women had good knowledge of PPIUCD as a family-planning method. Six percent believed it caused STIs, 2.3% thought it caused cancer, and 17.6% thought it caused heavy bleeding. Knowledge significantly correlated with age, residence, ethnicity, religion, and gravida ($p<0.05$). Misconceptions and fear of complications remained major barriers to acceptance, consistent with other national studies.

Conclusion :
This study demonstrated that awareness regarding contraception among antenatal women in Jharkhand was satisfactory; however, specific knowledge about postpartum intrauterine contraceptive devices (PPIUCD) and the attitude toward their acceptance remained only moderate, mainly because of myths, inadequate counselling, and family or societal hesitations. Improving counselling services, education and addressing sociocultural barriers will help in increasing awareness & acceptance for PPIUCD.

Abstract ID: PS/OP/06

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Abstract Title:
THE COPPER CLASH: CUT380A VS ML CU375 IN POSTPARTUM PRACTICE

Introduction :
Intrauterine contraceptive devices (IUCDs) can be used for temporary family planning but, they have some side effects like pain, abnormal uterine bleeding, menstrual irregularities, expulsion, etc. This study helped towards determination of side effects after immediate postpartum insertion of two copper based IUCDs:CuT380A and MLCu375.

Aims & Objectives :
(1)To determine incidence of pain, menstrual irregularities and expulsion rate at 6-weeks and 6-months after post-placental CuT380A/ MLCu375 insertion. (2)To determine difference in incidence of pain, menstrual irregularities and expulsion rate among the study groups at 6-weeks and 6-months after post-placental IUCD insertion.

Materials & Methods :
Upon admission, women were counselled about IUCD insertion immediately after delivery. The advantages and disadvantages were explained and written informed consent was taken. Women who agreed for immediate post-placental IUCD insertion, and met inclusion criteria were included in the study.

Results :
Out of 1060 cases included in study, 530 cases each received CuT380A and MLCu375. Duration of menstrual bleeding in majority of cases in both groups is 3-5 days. IUCD was spontaneously expelled more in case of CuT380A group as assessed during both follow-ups. The incidence of pain was more in case of CuT380A group as assessed during both follow-ups.

Conclusion :
91.7% cases of in CuT380A group and 94.7% of cases in MLCu375 group were satisfied with the IUCD they have chosen during 1st follow-up, and 91.4% of cases in CuT380A group and 90.9% of cases in MLCu375 group were satisfied during 2nd follow-up. The effects of MLCu375 were found less adverse than CuT380A in first 6 months of insertion.

Abstract ID: PS/OP/07

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Abstract Title:
KNOWLEDGE ATTITUDE AND PRACTICE OF VARIOUS METHODS OF CONTRACEPTION IN WOMEN OF SBMCH HAZARIBAG

Introduction :
Introduction - Population control contributes towards social and economic growth to the country. Contraception is regarded as an important measure to improve maternal and child health. India with one of the world's fastest growing populations, is a nation very much in need of contraception counselling.

Aims & Objectives :
To asses the knowledge , attitudes and practices related to various contraceptive methods among women of reproductive age Objective : To asses the level of knowledge To evaluate the attitude To determine the current practices To identify the sources of information To examine the relationships To explore barriers and misconception

Materials & Methods :
Material and Method – This is a hospital based cross-sectional study was conducted among women of reproductive age attending OPD in department of obstetrics and gynaecology at SBMC and hospital Hazaribag from, April 2024 to march 2025.

Results :
Result – Among the 680 women, 535 had knowledge of various different methods of contraception and 159 (23.3%) women had undergo permanent sterilisation . Majority of women had knowledge of barrier method and emergency contraception but only 158 (23%) had accepted its use. 458 (37%)women had knowledge of intrauterine contraceptive device but only 82(12%) women were willing to use them as long acting reversible contraception .Knowledge of hormonal contraception was among 573 women but only accepted by 248 (36%) women.

Conclusion :
The accurate knowledge about various contraception method was low. The majority of the participants had moderate awareness and a negative attitude about it. So, there is a need to improve the knowledge and the attitude level

Abstract ID: PS/OP/08

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Abstract Title:
COMPARISION OF OUTCOMES BETWEEN INTRA CAESAREAN & POST VAGINAL DELIVERY POST PLACENTAL INTRA UTERINE CONTRACEPTIVE INSERTIONS

Introduction :
Post-placental intrauterine contraceptive device (PPIUCD) insertion is a safe, effective and reversible method of postpartum contraception. The route and timing of insertion—whether during caesarean section or immediately after vaginal delivery—can influence expulsion, continuation, and complication rates.

Aims & Objectives :
1. To evaluate the effectiveness of PPIUCD 2. To compare expulsion, continuation and complication rates of PPIUCD between intra-caesarean and post-vaginal delivery insertions.

Materials & Methods :
A prospective comparative study was conducted in the department of O & G, Hitech Medical college & hospital, Bhubaneswar over 12 months among 400 postpartum women opting for CuT-380A insertion within 10 minutes of placental delivery. Group A included women undergoing intra-caesarean insertion. Group B those after vaginal delivery. All participants were followed up at 6 weeks and 6 months for continuation, expulsion, infection, and satisfaction. Data were analyzed using chi-square test; $p < 0.05$ was considered significant.

Results :
Among 400 women (200 in each group), overall continuation at 6 months was 87 %. Expulsion was significantly lower in intra-caesarean group (2.8 %) compared to post-vaginal group (7.1 %, $p < 0.01$). Infection occurred in 1 % and 2 % respectively. Satisfaction rate was higher in intra-caesarean group (92 % vs 80 %).

Conclusion :
Intra-caesarean PPIUCD insertion demonstrated lower expulsion and higher continuation rates than post-vaginal delivery insertion, with minimal complications and greater patient satisfaction. It offers a convenient, safe, and effective contraceptive option, particularly for women undergoing caesarean delivery. Strengthening antenatal counselling and ensuring trained providers can enhance acceptance, continuity, and contribute significantly to postpartum family planning goals.

Abstract ID: PS/OP/09

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Abstract Title:
ASSESSING THE ACCEPTABILITY, COMPLIANCE OF USE OF NON-HORMONAL CONTRACEPTIVE PILL - CENTCHROMAN: A CROSS-SECTIONAL STUDY AT TERTIARY CARE CENTRE IN NORTH INDIA

Introduction :
Centchroman, synthesized by CDRI Lucknow in 1967 and licensed in 1991, was introduced into India's National Family Planning Programme as "Chhaya" in 2016. The first non-hormonal oral contraceptive, inhibits implantation without affecting the hormonal axis, making it particularly safe for breastfeeding women. Despite these advantages, its uptake remains limited.

Aims & Objectives :
To evaluate the acceptability, compliance, continuation, side effects, and effectiveness of Centchroman as a postpartum contraceptive. The objectives were to: (1) assess user acceptability and satisfaction; (2) determine compliance and continuation rates; (3) identify reasons for discontinuation; and (4) evaluate side effects and failure rate.

Materials & Methods :
A cross-sectional descriptive study was conducted through telephonic follow-up of Centchroman acceptors over two years (January 2023–December 2024) at the Family Planning Clinic, AIIMS, New Delhi. Data on demographics, contraceptive history, side effects, and continuation were analyzed using SPSS v21.0.

Results :
Among 241 users, 72% were postpartum and 67% primiparous, with a mean age of 28.2 years. All used Centchroman for ≥1 month; 58% continued ≥12 months. Side effects were reported by 18%, most commonly delayed menses (12.8%). Discontinuation was highest within 3 months, mainly due to access issues (12%) and method switching (12%). Two pregnancies occurred due to missed doses (Pearl Index 0.42/HWY). Overall, 93% reported satisfaction and 88% would recommend the method.

Conclusion :
Centchroman is a safe, effective, and acceptable postpartum contraceptive with high satisfaction and minimal side effects. Strengthening accessibility, counselling, and digital reminders can further enhance its continuation and uptake in India.

Abstract ID: PS/OP/10

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Abstract Title:
MENSTRUAL PATTERN CHANGES IN FEMALES USING SUBDERMAL IMPLANTS AND DMPA INJECTION IN REPRODUCTIVE AGE FEMALES: A RANDOMIZED CONTROL TRIAL.

Introduction :
Subdermal implants and DMPA are progesterone based long-acting method of contraception. Implants are currently provided in contraceptive basket free of cost by GOI since May 2023. As they are highly effective and acceptable, helps provide women with satisfying method of family planning.

Aims & Objectives :
To compare menstrual pattern changes, effectiveness, satisfaction, and continuation rates among females using subdermal implants versus DMPA injections.

Materials & Methods :
The study was conducted in Family planning OPD, Lady Hardinge Medical College: Ninety reproductive-age women opting for progesterone-based LARC were randomized into two arms: Arm A (n=45) received implants, Arm B (n=45) received 3-monthly DMPA injections. Followed up at 3 months. Menstrual patterns, side effects, acceptability, satisfaction rate, continuation rate and failure rate were recorded and analysed using SPSS v23.

Results :
Overall, 84.4% of implant users and 71.1% of DMPA users experienced menstrual changes. Amenorrhea occurred in 31.1% of implant and 26.6% of DMPA users. Spotting was seen in 20% of implant and 33.3% of DMPA users. Heavy menstrual bleeding was reported by 4.4% of implant and 2.2% of DMPA users. Two implant users discontinued due to menstrual changes or partner loss. No pregnancies were reported.

Conclusion :
This study concludes that females do experience menstrual pattern changes with both these progesterone-based LARCs(long acting reversible contraceptives) as a major side effect, but these are safer methods of LARC with good acceptance. So, patients must be made aware of these methods for larger benefits to bridge gap of unmet contraceptive demands.

Abstract ID: PS/OP/11

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Abstract Title:
A STUDY OF THE IMPACT OF STRUCTURED COUNSELLING IN WOMEN'S SELECTION OF POSTPARTUM CONTRACEPTION IN RURAL TERTIARY CARE CENTRE

Introduction :
Women's reproductive rights, particularly control over childbearing, are fundamental to their empowerment and overall health. Postpartum Family Planning (PPFP) is vital, as many women wish to delay or prevent subsequent pregnancies but often lack access to reliable contraception or accurate information. Effective counselling during the postpartum period helps address unmet family planning needs, especially in rural and underserved areas, thereby reducing maternal and child morbidity and mortality.

Aims & Objectives :
The aim is to study the impact of contraception counselling on women's decision-making regarding the selection of contraceptive methods and to understand the reasons behind their choices, assess women's knowledge regarding contraception's, to identify existing myths and misconceptions about contraception and to determine the number of women dependent on natural methods of contraception.

Materials & Methods :
A cross-sectional interventional study was conducted at Dr. Rajendra Prasad Government Medical College among women aged 18–40 years during pregnancy and the postpartum period. Participants received structured, ethical counselling focusing on method efficacy, side effects, and misconceptions

Results :
Counselling benefited 96.36% of participants, with 95% adopting a contraceptive method. The proportion of undecided women dropped from 23.76% to 4.96% post-counselling. Copper T acceptance increased from 34 to 114 users, and DMPA injections from 1 to 54. Calendar method usage declined by 66.6%. Method selection was influenced by ease of use (56.94%), fewer clinic visits (22.91%), and preference for hormone-free options (6.25%).

Conclusion :
Structured postpartum contraceptive counselling significantly improves awareness, dispels myths, and enhances contraceptive uptake, serving as a cornerstone of reproductive health strategies.

Abstract ID: PS/OP/12

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Abstract Title:
COMPARISON _PPIUCD VS SUBDERMAL IMPLANT

Introduction :
Population stabilization is the need of the hour,and now is the time for women to accept contraception as a 4th basic need of life after Roti,kapda and makan,and make use of there right.

Aims & Objectives :
To compare between awareness, acceptance, continuation and success rate between PPIUCD AND SUBDERMAL IMPLANT

Materials & Methods :
ANC and PNC coming to MCH hospital bidar and BRIMS Bidar were included in the study

Results :
Awareness was found to b less with implant, acceptance was more with implant, continuation was more with implant, success rate was found equal with both PPIUCD and SUBDERMAL IMPLANT

Conclusion :
SUBDERMAL IMPLANT has taken upperhand in our population stabilization methods by proving more of acceptance and continuation rate

Abstract ID: PS/OP/13

Presenter's Name: Prof. Vidushi Kulshrestha

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Abstract Title:
IMPACT OF EXPANDED CONTRACEPTIVE WITH IMPLANON-NXT ON ACCEPTANCE OF OTHER LARC METHODS- SINGLE CENTRE EXPERIENCE

Introduction :
Implanon-Nxt is progestogen-only-single rod subdermal implant (SDI) introduced by Government of India in 2022 expanding the basket of contraceptives.

Aims & Objectives :
To evaluate impact of recently introduced SDI on usage of other LARC methods.

Materials & Methods :
In this retrospective analysis of prospectively collected data, usage of family welfare services were analysed. Data of 2 years after SDI launch was compared with pre-COVID 2 years. Two years during COVID pandemic and the first year after SDI launch were excluded as services were affected during the pandemic and new launch takes time for acceptance.

Results :
In the 2 years post-SDI launch, total LARC beneficiaries were 2789 couples. Of these, 386 (13.84%) used DMPA, 1870 (67.05%) used Cu-IUDs and 533 (19.11%) had implant insertion. In the pre-COVID 2 years, 2529 couples opted for LARC methods, of whom Cu-IUD and DMPA was used by 2263 (89.48%) and 266 (10.52%) respectively. In the two years post SDI launch, among 1052 interval LARCs, 158 (15.01%) were SDI insertions, 667 (63.41%) had Cu-IUD and 227 (21.58%) opted for DMPA. Out of 1268 post-partum LARC users, 997 (78.62%) were Cu-IUD users, 271 (21.37%) opted for SDI.

Conclusion :
There is increase in acceptance for SDI as LARC method in the expanded GoI’s expanded basket of contraceptives.

Abstract ID: PS/OP/14

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Abstract Title:
ROLE OF SINGLE-ROD SUBDERMAL IMPLANT (IMPLANON NXT) AND ITS COMPARISON WITH LEVONORGESTREL RELEASING INTRAUTERINE SYSTEM (LNG-IUS) AMONG WOMEN SEEKING LONG-ACTING REVERSIBLE CONTRACEPTION (LARC): IN VIEW OF BRIDGING THE GAP OF UNMET NEED FOR CONTRACEPTION

Introduction :
The unmet need for contraception in India is 9.4% (NFHS-5), rising to 12.9% in Uttar Pradesh. Unintended pregnancies contribute to unsafe abortions and maternal morbidity. Long-acting reversible contraceptives (LARC) like the single-rod subdermal implant (Implanon NXT) and the levonorgestrel intrauterine system (LNG-IUS) offer reliable, estrogen-free, and reversible protection. Despite similar efficacy, they differ in side effects, ease of insertion, and user acceptance.

Aims & Objectives :
To evaluate the acceptability, continuation, and satisfaction with Implanon NXT and compare it with LNG-IUS in terms of efficacy, safety, and user preference.

Materials & Methods :
A prospective randomized study was conducted on eligible women seeking LARC at SN Medical College, Agra. Participants were allocated to Implanon NXT or LNG-IUS groups and followed at 1, 3, 6, 12, and 24 months. Parameters analyzed included continuation rate, adverse effects, and user satisfaction.

Results :
No pregnancies occurred in either group. Bleeding irregularities were comparable ($p>0.05$). Satisfaction and continuation were higher with LNG-IUS, while younger women preferred Implanon due to ease of use and privacy during insertion.

Conclusion :
Both Implanon NXT and LNG-IUS are highly effective LARC methods. Implanon offers better acceptability among younger women, while LNG-IUS demonstrates superior satisfaction and continuation, together contributing significantly toward population stabilization and reducing unmet contraceptive needs.

Abstract ID: PS/OP/15

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Abstract Title:
"THE OVERCORRECTED SOUTH" - FERTILITY DISTORTION & THE EMERGING DEMOGRAPHIC CRISIS - FROM THE FRONTLINES OF RURAL TAMIL NADU

Introduction :
Southern India has achieved fertility transition ahead of schedule, with Total Fertility Rate (TFR) falling below replacement level (1.5 in Tamil Nadu, 1.4 in Kerala). Yet, family planning programs in rural public sectors continue to prioritize female sterilization as their primary performance indicator. This misalignment risks demographic imbalance, aging population, and workforce contraction.

Aims & Objectives :
To assess fertility trends, contraceptive method mix, and policy misalignment in a sub-replacement fertility setting in rural Tamil Nadu, and to model the demographic implications of persistent sterilization-centric approaches.

Materials & Methods :
A 10-year retrospective analysis (2014-2023) was conducted using the district health office data from Government Kamraj Hospital, Chidambaram, and seven associated PHCs. NFHS-4 and NFHS-5 data were used for state-level comparison. Trends in TFR, age at sterilization, method mix, and population pyramid were analyzed. Simulated projections for dependency ratio and reproductive-age shrinkage (2035) were modeled using cohort component analysis.

Results :
TFR declined from 1.9 (2014) to 1.46 (2023). The Female sterilization accounted for 87% of all contraceptive methods and Male sterilization <0.3%. 43% of women were sterilized before age 25, with a mean parity of 2.1. Spacing method prevalence stagnated at 6.4%. Projected old-age dependency ratio will rise from 18% (2023) to 32% (2035) if current trends persist. Annual workforce entry rate projected to fall by 21% over the next decade.

Conclusion :
Rural Tamil Nadu's population program has overshot its stabilization goal, evolving into an inadvertent fertility suppression model. We must now evolve from control to conservation, centering spacing, male partnership delayed sterilization to sustain the reproductive ecosystem.

Abstract ID: PS/OP/16

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Abstract Title:
TO COMPARE ETONOGESTREL SUBDERMAL IMPLANT AND COPPER INTRAUTERINE CONTRACEPTIVE DEVICE IN TERMS OF CONTRACEPTIVE EFFICACY AND SIDE-EFFECT PROFILE: A PROSPECTIVE COHORT STUDY

Introduction :
Globally, 162.9 million women have unmet contraceptive needs. Long-acting reversible contraceptives (LARCs) demonstrate 20-fold higher effectiveness than short-acting methods. India incorporated Etonogestrel Subdermal Implant (ESI) into its National Family Planning Program in 2023, expanding LARC contraceptive choices.

Aims & Objectives :
Compare contraceptive efficacy, side-effects, insertion ease, and pain perception between ESI versus Cu-IUCD at 12 months.

Materials & Methods :
Prospective cohort study at AIIMS New Delhi over two years enrolled 100 participants (50 ESI, 50 Cu-IUCD). Follow-up at 3, 6, 12 months assessed contraceptive failure, side-effects, satisfaction (5-point Likert scale), insertion ease, and pain (Visual Analog Scale). Statistics: Chi-square, t-test ($p<0.05$).

Results :
Mean age: 28.4±6.2 years (ESI), 28.38±6.4 years (Cu-IUCD). Most had parity-2 (48% ESI, 54% Cu-IUCD). Maximum insertions were immediate postpartum. ESI showed superior outcomes: 100% continuation, zero pregnancies (Pearl Index:0) versus Cu-IUCD's 60% continuation, one pregnancy (Pearl Index:2.0). Cu-IUCD complications: 32% (12% expulsions, 20% removals) versus ESI 2% ($p<0.001$). ESI demonstrated better insertion tolerability (94% pain-free vs 62%, $p=0.001$). ESI had higher abnormal bleeding (83% vs 31%, $p<0.01$), predominantly amenorrhea (79% postpartum users). Heavy menstrual bleeding caused most Cu-IUCD removals (20%). ESI maintained 98% satisfaction versus Cu-IUCD's declining satisfaction (84%, 80%, 78% at 3, 6, 12

Conclusion :
ESI outperforms Cu-IUCD in continuation rates and acceptability with tolerable side-effects. Equivalent contraceptive efficacy with superior continuation makes ESI ideal for most conditions, especially postpartum patients with minimal contraindications.

Abstract ID: PS/OP/17

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Abstract Title:
FEMALE STERILIZATION FAILURE: REVIEW OF 48 CASES OVER A DECADE AND ITS CLINICOPATHOLOGICAL CORRELATION

Introduction :
Female sterilization or tubal ligation is the most accepted method of contraception in India. .We will discuss preventive measures to avoid unwanted pregnancies and maternal morbidities as a result of sterilization-failure specially for India where ligation failure is a National issue.

Aims & Objectives :
To determine the demographic patterns of women presenting as sterilization-failure and secondary is to evaluate possible etiological factors for failure and lay standard guidelines to reduce failure rate.

Materials & Methods :
The present study is retrospective study conducted in Department of Obstetrics and Gynecology at University College of Medical Sciences & G.T.B. Hospital Delhi and CDMO Chief District Medical Officer Office of Shahdara District North East Delhi Government of NCT of Delhi -based on the case details maintained in CDMO office over a decade (November 2016-October 2025).In total 49 cases reported in our district as sterilization failure

Results :
Over a decade, 48 cases of sterilization-failure with shortest interval of 73 days and longest interval of 20 years have been documented.Out of these 15 cases were of minilaparotomy (minilap), 27 laparoscopic tubal ligation (of which 12 cases were MTP with laparoscopy and 15 interval laparoscopic ligation) and 12 done alongwith LSCS

Conclusion :
Female sterilization even though considered as permanent method of contraception, spontaneous recanalization is possible even 20 years after procedure. Maximum cases were with Laparoscopy at Tertiary Teaching Hospital. The most common cause of failure was Spontaneous recanalization followed by Slippage of rings and tuboperitoneal fistula. Proper preop counselling surgical practices and early reporting will help reduce physical & psychological morbidity in India.

Abstract ID: PS/OP/18

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Country: India

Abstract Title:
A POSTPARTUM PATH TO PLANNED PARENTHOOD

Introduction :
Postpartum family planning is essential to prevent unintended pregnancies and reduce maternal and child health risks . PPIUCD offers a safe , long acting and reversible contraceptive method that can be administered immediately after delivery Despite its benefits, acceptance and continuation depend on multiple factors including awareness, counselling and follow up

Aims & Objectives :
To assess the acceptance of rate of ppiucd among postpartum women , evaluate follow up outcomes and identify factors influencing continuation and discontinuation.

Materials & Methods :
A prospective observational study was conducted at a tertiary care hospital over defined period. Postpartum women delivering vaginally or via cesarean section were counselled for ppiucd insertion during antenatal and immediate postpartum period . Data were collected on sociodemographic profile, acceptance rates , timing of insertion(post placental,intra - cesarean,post partum), follow up visits at 6 weeks , 6 months and any complications and reasons for discontinuation.

Results :
A considerable proportion of eligible women accepted ppiucd , with post placental insertion being most common. High retention was observed during follow up with few reporting complications such as expulsion, bleeding or discomfort. Antenatal counselling significantly improves acceptance and continuation. Most discontinuations were due to misconceptions or lack of follow up support rather than medical issues.

Conclusion :
Post partum IUCD is an effective and acceptable method of Post partum contraception. Early counselling, especially during antenatal visits and follow up are key to improving acceptance and reducing discontinuation. Promoting ppiucd use can support informed reproductive choices and enhances maternal health outcomes.

Abstract ID: PS/OP/19

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Abstract Title:
CONTRACEPTIVE PRACTICES AND REPRODUCTIVE HEALTH AWARENESS AMONG YOUNG MARRIED WOMEN IN EASTERN INDIA: A CROSS-SECTIONAL STUDY

Introduction :
Contraceptive awareness and reproductive health literacy remain limited among young married women in rural India, contributing to early pregnancies, discontinuation of education, and adverse maternal outcomes. Despite policy initiatives to delay marriage and improve reproductive education, progress remains modest, particularly in eastern India.

Aims & Objectives :
To assess contraceptive practices and reproductive health awareness among young married females and to estimate the effects of early marriage on their physical, mental, and social well-being.

Materials & Methods :
A hospital-based cross-sectional study was conducted among 130 married women below 25 years of age who were married within the last three years and attending AIIMS Deoghar. Data were collected using a pretested and validated questionnaire after obtaining informed consent. Descriptive analysis was performed to evaluate knowledge, attitudes, and practices regarding contraception and reproductive health.

Results :
The mean age at marriage was 18.4 years, while the husbands' mean age was 23.7 years. Most participants had completed secondary education, though 3.1% were illiterate. Over half discontinued schooling after marriage. Only 14.6% received formal and 50.8% informal sex education. Before marriage, 25.4% had received contraception advice. Among couples, 40.9% used condoms, 30.3% practiced withdrawal, and 31.8% used no contraceptive method.

Conclusion :
Low contraceptive awareness and limited formal education persist among young married women in Eastern India. Strengthening community-based reproductive health programs and incorporating comprehensive sex education are essential to promote informed choices and delay early marriage.

Abstract ID: PS/OP/20

Presenter's Name: Dr. Surabhi Porwal

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Country: India

Abstract Title:
CORRELATES OF POST-PARTUM INTRAUTERINE COPPER -T DEVICES (PPIUCD) ACCEPTANCE AND RETENTION: AN OBSERVATIONAL STUDY FROM MIDDLE INDIA

Introduction :
Postpartum intrauterine contraceptive device(PPIUCD) offers an effective way of providing contraceptive services to women in countries with high rates of unmet needs for family planning services.

Aims & Objectives :
To estimate the factors affecting acceptance and retention of PPIUCD and explore the risk factors against PPIUCD discontinuation at six months.

Materials & Methods :
This prospective observational study was conducted between 1st April 2023 to 31st March 2024 at tertiary care institute in middle India.PPIUCD was inserted following a detailed counselling session and consent.The women were followed up for six months.Bivariate analysis was done to depict the association between socio-demographic characteristics and acceptance,and Kaplan Meier analysis were applied to explore factors affecting acceptance and retention of PPIUCD.

Results :
Total 6000 women counselled for PPIUCD,30% accepted them.Retention rates at six months were about 65.6%, while 14.9%and 6.7% were either removed or expelled.Women declined PPIUCD due to refusal by spouses, partial knowledge, inclination towards other methods, non-willingness, religious beliefs,and fear of pain and heavy bleeding.Logistic regression depicted that higher education, housewife status,lower-middle SES,Hinduism,and counselling in early pregnancy promoted acceptance of PPIUCD.The most common reason for removal were AUB,infection and family pressure (23.1%)

Conclusion :
PPIUCD is effective LARC device.Skill enhancement of healthcare’s personnel for insertion techniques,adequate antenatal counselling and advocacy of PPT can help increase the acceptance of PPIUCD.

Abstract ID: SRH/OP/01

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Abstract Title:
A QUALITATIVE RESEARCH TO KNOW THE GAP IN KNOWLEDGE ATTITUDE PRACTICE IN TERMS OF USING SELF ABORTIFACIENT MEDICATION OVER SAFE ABORTION PRACTICE

Introduction :
Despite the Medical Termination of Pregnancy (MTP) Act ensuring legal access to safe abortion services in India, unsafe abortion remains a major contributor to maternal morbidity and mortality. Increasing reliance on self-administered abortifacient pills, often without medical supervision, has raised concerns about women's health and safety.

Aims & Objectives :
To explore the gaps in knowledge, attitudes, and practices (KAP) regarding self-managed abortifacient use compared to safe, medically supervised abortion.

Materials & Methods :
A qualitative study was conducted at Sanjay Gandhi Memorial Hospital, Rewa (M.P.), including women admitted with a history of self-administered abortifacient intake. Data were collected on demographic characteristics, knowledge of abortion laws and practices, clinical outcomes, and health-seeking behavior.

Results :
Self-managed abortion was most common among women aged 20–30 years, predominantly from rural and low socioeconomic backgrounds. The majority (over 70%) lacked awareness of proper medical abortion protocols, and more than 80% were unaware of the legality of abortion under the MTP Act. Privacy, stigma, and affordability were major reasons for avoiding institutional services. Complications were frequent, including incomplete abortion, hemorrhage, sepsis, and shock, with many patients requiring blood transfusions, intensive care, or surgical interventions such as laparotomy or hysterectomy. Maternal morbidity was significantly high in this cohort.

Conclusion :
The findings reveal a critical disconnect between awareness and practice regarding safe abortion. Strengthening community education, regulating over-the-counter abortion pill access, and improving the availability of safe services at primary health centers are essential to reduce unsafe abortion practices and safeguard women's reproductive health.

Abstract ID: SRH/OP/02

Presenter's Name: Dr. Anshika Agarwal

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Abstract Title:
ASSESSMENT OF MENSTRUAL HYGIENE PRACTICES AND THEIR DETERMINANTS AMONG ADOLESCENT GIRLS IN URBAN SLUMS OF INDIA: A COMMUNITY-BASED CROSS-SECTIONAL STUDY

Introduction :
Menstruation is a natural physiological process that marks a girl's transition into womanhood and is a vital component of reproductive health and overall well-being.

Aims & Objectives :
This study aimed to evaluate the menstrual hygiene practices of adolescent girls in urban slums and examine the socio-demographic and knowledge-related factors associated with good hygiene behavior.

Materials & Methods :
A community-based cross-sectional study was conducted among 400 adolescent girls aged 10-19 years in selected urban slums of Datia, Madhya Pradesh, India, using multistage random sampling. Data were collected using a pre-tested, interviewer-administered questionnaire. Descriptive statistics, Chi-squared tests, and multivariate logistic regression were performed for data analysis. A p-value of <0.05 was considered statistically significant.

Results :
Sanitary pads were the preferred absorbent for 328 (82.0%) participants, with 246 (61.5%) changing them three or more times daily. Good hygiene practices were significantly associated with maternal education ($\chi^2=22.18$, $p<0.001$), private toilet access ($\chi^2=14.27$, $p<0.001$), pre-menarcheal awareness ($\chi^2=10.14$, $p=0.001$), and school attendance during menstruation ($\chi^2=4.21$, $p=0.040$). In multivariate analysis, maternal education (aOR=2.63; 95% CI: 1.59-4.34; $p<0.001$), pre-menarcheal awareness (aOR=1.91; 95% CI: 1.23-2.98; $p=0.004$), and private toilet access (aOR=2.08; 95% CI: 1.31-3.30; $p=0.002$) remained significant independent predictors. School-going status (aOR=1.48; 95% CI: 0.96-2.29; $p=0.072$) was positively associated but did not reach statistical significance.

Conclusion :
Menstrual hygiene practices among adolescent girls in urban slums remain suboptimal and are influenced by socio-educational and infrastructural factors.

Abstract ID: SRH/OP/03

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Abstract Title:
ABSTRACT IDIOPATHIC INFERTILITY

Introduction :
Idiopathic infertility had been confronting obstetricians since time immemorial about 25 percent of all cases even after. Detailed investigations the reason of infertility. Remains unexplained. This series of cases consists of 20.cases where inspite of all investigations no obvious reasons could be found

Aims & Objectives :
When there was no detectable reason found the following protocol was adopted. Aim was to find out whether this infantile couples can be held

Materials & Methods :
20 patients were selected for this trial who were investigated with routine investigations and treated with folic acid ovulation induction. Studies say about 30percent of unexplained infertility. Can conceive within a year without taking any medical intervention. The following protocols were adopted. Patients below 35 were asked to. Try for 0ne year and patients above 35 were asked to. Try for 6 months Diet with green leafy vegetables, fish rich in omega 3 fatty acids fresh fruits and seeds and folic acid vitamin D. Weight reduction Good sleep exercise change of life style and stress free life can definitely help them.

Results :
Out of 20 patients 12 patients conceived within 6 months which is quite rewarding.

Conclusion :
Conclusion before submitting the patients for in vitro fertilizations this method is worth giving a trial.

Abstract ID: SRH/OP/04

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Abstract Title:
EFFECT OF TWO DIFFERENT DOSES OF VITAMIN D SUPPLEMENTATION ON CLINICAL, METABOLIC, AND HORMONAL PROFILES OF PATIENTS WITH POLYCYSTIC OVARY SYNDROME (PCOS) WITH INSULIN RESISTANCE: A RANDOMIZED CONTROLLED TRIAL

Introduction :
Polycystic ovary syndrome (PCOS) is an important cause of menstrual irregularity and androgen excess affecting almost 4–8% of women in reproductive age-group.

Aims & Objectives :
The rationale for using vitamin D in polycystic ovary syndrome (PCOS) with insulin resistance women is based on the fact that it reduces insulin resistance.

Materials & Methods :
This was a prospective, open-label, randomized controlled trial involving supplementation of Vitamin D in two different doses in insulin-resistant PCOS women to assess the effects on clinical, metabolic, and hormonal profiles. We recruited 72 women of PCOS aged 20–35 years with HOMA-IR >2.5, Vitamin D levels <20 ng/mL, and BMI <30 kg/m2. Selected patients were randomized in two groups: Patients in group I received tablet Metformin 500 mg twice a day orally along with tablet vitamin D3 1000 IU orally per day for 3 months. Patients in group II received Metformin 500 mg twice a day orally along with tablet vitamin D3 4000 IU orally per day for 3 months.

Results :
This study showed that vitamin D supplementation in dose of 4000 IU for 12 weeks to insulin-resistant women with PCOS had more beneficial effect on HOMA-IR, mFG score, global acne score, menstrual cycle regularity, BMI, LH levels, LH:FSH ratio, triglyceride levels, DHEAS levels, FBS, PPBS, fasting insulin, and postprandial insulin as compared to vitamin D supplementation in dose of 1000 IU daily for 3 months.

Conclusion :
Major strength was that it was a randomized controlled trial comparing efficacy of both upper and lower limits of vitamin D supplementation in two groups having similar baseline

Abstract ID: SRH/OP/05

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Abstract Title:
AN AUDIT OF MTP IN WOMEN WITH HIGH RISK PREGNANCY

Introduction :
MTP in itself is a blind and risky procedure and performing it in High Risk Pregnancy is a challenge for obs & gyn personnel. When performed with all pre, intra and postop precautions, results are good and patient friendly. The present study is a retrospective observational study done at QMH, KGMU, Lucknow performed on subjects admitted for MTP during the course of one year. Total admitted patients seeking MTP were 450 out of which 93 belonged to High Risk Group who underwent surgical and medical abortion accordingly. All precautions and norms defined by Govt. of India were taken care of.

Aims & Objectives :
Aims of the study were to calculate the number, high risk factors, method used and its outcome of MTP in high risk pregnancy.

Materials & Methods :
Observational Study

Results :
Out of 93 high risk cases, 88 cases were of 1st trimester and 5 were of 2nd trimester abortion. 6 cases required S & E while 7 cases were managed medically using medical abortion kit. Cases were evaluated on the basis of high risk factors- Age, parity, obstetrical and medical illnesses and interval since last delivery. Contraception was given to all subjects according to their needs. 71 women were of more than 35 yrs, while 2 were teenagers. 21 women were grand multipara. Women of obstetrical risk were 17 while rest were having medical illnesses.

Conclusion :
there is a large unmet need of contraception. Early recognition of pregnancy and timely intervention can be lifesaving in these women and proper contraceptive counseling is required.

Abstract ID: SRH/OP/06

Presenter's Name: Dr. Akshita Gupta

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Abstract Title:
EVALUATING THE CAUSES OF RECURRENT PREGNANCY LOSS: EXPERIENCE FROM A TERTIARY CARE HOSPITAL.

Introduction :
Recurrent Pregnancy Loss affects approximately 1 to 2% of fertile women. It is typically defined as loss of two or more consecutive pregnancies before 20 weeks of gestation. While occasional miscarriage is relatively common, RPL is less frequent and often warrants a thorough medical evaluation to identify potential underlying causes.

Aims & Objectives :
To evaluate the causes of RPL.

Materials & Methods :
This cross sectional, observational study was conducted over a period of 6 months. 30 couples attending the gynae 0PD were included in the study. Causes of recurrent pregnancy loss were determined on the basis of history, examination, investigations and review of records.

Results :
Majority of the women were in the age group of 21-30 years. Primary RPL was more common than secondary RPL (80% versus 20%).RPL was more in urban women as compared to rural women. RPL most commonly occurred in first trimester (60%). 2 abortions was the most common frequency. APLA was the most common immunological cause contributing to RPL. Most common endocrine cause of RPL in this study was thyroid disorder. Overall, most common cause of RPL was unexplained (35%)but in 2nd trimester RPL the most common cause was anatomical factors.

Conclusion :
While many cases of recurrent pregnancy loss (RPL) are unexplained, treatable causes exist and can lead to healthy pregnancies. For unexplained RPL, counselling, support, and reassurance are key.

Abstract ID: SRH/OP/07

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Country: India

Abstract Title:
FROM STIGMA TO SUPPORT: EVALUATING THE FEASIBILITY AND ACCEPTABILITY OF AI-DRIVEN CHATBOTS FOR ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH COUNSELING-A CROSS SECTIONAL STUDY

Introduction :
Adolescents often encounter social stigma, embarrassment, and lack of accessible platforms when seeking information on sexual and reproductive health (SRH). These barriers contribute to misinformation, unsafe practices, and poor health outcomes. With the increasing digital engagement of youth, Artificial Intelligence (AI)–based chatbots have emerged as a potential medium for delivering confidential, evidence-based, and user-friendly health information.

Aims & Objectives :
To assess the awareness, attitudes, and perceived need for AI-driven chatbots among adolescents for addressing SRH-related queries and to design a prototype chatbot based on the identified needs.

Materials & Methods :
A cross-sectional survey will be conducted among adolescents aged 13–19 years using a structured questionnaire assessing their knowledge, information-seeking behavior, comfort levels in discussing SRH topics, and openness to using an AI chatbot for guidance. Data will be analyzed to identify key barriers and determinants influencing digital health acceptance.

Results :
The Study findings highlight a significant unmet need for safe, confidential, and accessible digital platforms to address adolescents' SRH concerns. The high level of acceptance underscores the potential of AI-enabled chatbots as scalable tools to enhance reproductive health literacy and empower youth through stigma-free, evidence-based engagement.

Conclusion :
This research underscores the growing necessity for technology-based interventions in adolescent SRH education. The study culminates in the creation of an AI-powered chatbot that aims to bridge the gap between information needs and accessible, stigma-free counselling.

Abstract ID: SRH/OP/08

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Abstract Title:
AWARENESS OF VASECTOMY AMONG MALES IN RURAL POPULATION

Introduction :
Vasectomy is a simple, safe, and effective method of permanent male sterilization, yet it remains one of the least accepted family planning methods in India. Misconceptions, social stigma, and lack of awareness contribute to its poor acceptance, especially in rural populations where decision-making regarding contraception is often dominated by females. Understanding the level of awareness and attitudes of men toward vasectomy is essential to improve participation in family planning programs.

Aims & Objectives :
To assess the awareness, knowledge, and attitude toward vasectomy among males of reproductive age group attending a rural health centre.

Materials & Methods :
A cross-sectional descriptive study was conducted among 100 males aged 20–50 years attending the outpatient department of a rural health centre. Data were collected using a pretested semi-structured questionnaire including demographic details, knowledge regarding vasectomy, source of information, and attitude toward male sterilization. The responses were analyzed using descriptive statistics.

Results :
Among the participants, only 40% had heard about vasectomy, and 25% had correct knowledge regarding the procedure. Myths such as vasectomy leading to impotence or weakness were prevalent in 60% of respondents. Higher education and previous exposure to family planning counseling were associated with better awareness and acceptance.

Conclusion :
Awareness regarding vasectomy among rural males remains low. Educational interventions, male counseling sessions, and community-based awareness programs are crucial to dispel myths and promote male participation in family planning.

Abstract ID: SRH/OP/09

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Abstract Title:
SOCIO-CULTURAL FACTORS ASSOCIATED WITH KNOWLEDGE, ATTITUDE AND MENSTRUAL HYGIENE PRACTICES AMONG REPRODUCTIVE AGE GROUP FEMALES IN TERTIARY CARE CENTRE IN RURAL

Introduction :
MENSTRUATION IS A NATURAL PHYSIOLOGICAL PROCESS,YET IS SURROUNDED BY TABOOS, MYTHS AND SOCIO-CULTURAL RESTRICTIONS . PARTICULARLY IN RURAL AREAS, INADEQUATE KNOWLEDGE AND POOR MENSTRUAL HYGIENE PRACTICES CAN PREDISPOSE WOMEN TO REPRODUCTIVE TRACT INFECTIONS AND AFFECT THEIR OVERALL WELL BEING.

Aims & Objectives :
TO ASSESS THE SOCIO-CULTURAL FACTORS INFLUENCING KNOWLEDGE, ATTITUDE AND MENSRUAL HYGIENE PRACTICES AMONG REPRODUCTIVE AGE GROUP FEMALES ATTENDING A TERTIARY CARE CENTRE IN RURAL AREA

Materials & Methods :
A CROSS SECTIONAL DESCRIPTIVE STUDY WAS CONDUCTED AMONG 150 FEMALES AGED 15-45 YEARS ATTENDING THE OUT PATIENT DEPARTMENT OF A TERTIARY CARE HOSPITAL IN A RURAL SETTING,DATA WAS COLLECTED USING A SEMI STRUCTURED QUESTIONNAIRE COVERING DEMOGRAPHIC DETAILS ,MENSTRUAL KNOWLEDGE,ATTITUDE AND MENSRUAL HYGIENE PRACTICES,AND SOCIO CULTURAL BELIEFS.THE RESPONSES WERE ANALYZED USING DESCRIPTIVE AND INFERENTIAL STATISTICS TO IDENTIFY ASSOCIATIONS BETWEEN SOCIO CULTURAL FACTORS AND MENSTRUAL HYGIENE PRACTICES

Results :
AMONG PARTICIPANTS ,65% HAD ADEQUATE KNOWLEDGEREGARDING MENSTRUATION, BUT ONLY 52% PRACTICED SATISFACTORY MENSTRUAL HYGIENE.SOCIO CULTURAL BELIEFS SUCH AS RESTRICTIONS ON RELIGIOUS ACTIVITIES, DIETARY TABOOS, AND ISOLATING DURING MENSTRUATION WERE PREVALENT IN 70% RESPONDENTS. EDUCATION STATUS, EDUCATION SHOWED SIGNIFICANT ASSOCIATIONS WITH BETTER KNOWLEDGE AND HYGIENIC PRATICES

Conclusion :
SOCIO CULTURAL FACTORS PLAY A PIVOTAL ROLE IN SHAPING MENSTRUAL KNOWLEDGE AND PRACTICES AMONG RURAL WOMEN.HEALTH EDUCATION AND COMMUNITY BASED AWARENES. PROGRAMMES ARE ESSENTIAL TO DISPEL MYTHS AND PROMOTE SAFE MENSTRUAL HYGIENE MANAGEMENT.

Abstract ID: SRH/OP/10

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Abstract Title:
DECODING INFLAMMATION IN RECURRENT PREGNANCY LOSS: ROLE OF SERUM FERRITIN, C-REACTIVE PROTEIN & INTERLEUKIN-6

Introduction :
Recurrent pregnancy loss (RPL) is a distressing reproductive disorder affecting 1-2% of women, with a multifactorial etiology. Although, several pathophysiological mechanisms are described leading to RPL, still mechanism in half of the cases remains unidentified. It is reported that inflammation plays a crucial role in its pathogenesis. Inflammatory markers such as serum ferritin, C-reactive protein(CRP), and interleukin-6(IL-6) are important mediators of immune modulation and implantation.

Aims & Objectives :
To evaluate the association of serum levels of inflammatory markers: ferritin, CRP, and IL-6 in pregnant women with RPL and compare their levels with healthy pregnant controls, and also to compare their levels among different types of abortion.

Materials & Methods :
This hospital-based case-control study included 50 women with RPL and 50 healthy pregnant women with a matched POG and BMI as controls. Women with uterine anomalies, systemic illness, autoimmune disorders, or infections were excluded. Serum ferritin, CRP, and IL6 levels were measured and statistically analyzed using the Mann-Whitney U test.

Results :
Median(IQR) serum levels of ferritin, CRP, and IL-6 were significantly higher in cases- 84(64-112) ng/mL, 13.95(5.92-40.12) mg/L, and 127 (30-464) pg/mL than in controls- 49.3(24.2-87.5) ng/mL, 3.3(1.4-9.2) mg/L, and 4(2-9.5) pg/mL (p value<0.001). Subgroup analysis between missed and incomplete abortions revealed no statistically significant difference, although CRP levels were marginally higher in missed abortions.

Conclusion :
Women experiencing RPL showed significantly elevated serum ferritin, CRP, and IL-6 levels, indicating an inflammatory background in the etiology of RPL. These biomarkers may serve as useful indicators for identifying inflammatory mechanisms contributing to RPL. This requires further large-scale validation studies.

Abstract ID: SRH/OP/11

Presenter's Name: Dr. Anibha Karn

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Abstract Title:
PROBIOTICS AS AN ADJUNCT IN PID THERAPY: A RANDOMIZED COMPARATIVE EVALUATION OF CLINICAL AND MICROBIOLOGICAL OUTCOMES

Introduction :
Pelvic inflammatory disease causes pain, infertility, and recurrences despite antibiotics; persistent vaginal dysbiosis may impede recovery. Probiotic Lactobacillus adjuncts could restore eubiosis and enhance clinical cure and microbiological normalization. Was evaluated this strategy in a randomized trial, at Venkateshwara Institute of Medical Sciences , Gajraula

Aims & Objectives :
To compare standard PID therapy plus a Lactobacillus-based probiotic with standard therapy alone for Day-14 clinical cure and Day-30 microbiological normalization in reproductive-age women.

Materials & Methods :
Randomized, assessor-blinded, parallel-group trial of women 18–45 with acute PID, allocated 1:1 to antibiotics±oral Lactobacillus rhamnosus GR-1 and L. reuteri RC-14 ($\geq 1\times10^9$ CFU/day, 30 days). Primary: Day-14 clinical cure; key secondary: Day-30 microbiological normalization. Intention-to-treat RRs (95% CI).

Results :
Randomized, assessor-blinded, parallel-group trial at VIMS, Gajraula. Women aged 18–45 years with acute PID were allocated 1:1 to standard antibiotics with or without a daily oral probiotic. The primary endpoint was Day-14 clinical cure (no/mild pain or tenderness, afebrile <38 °C, no antibiotic change or unplanned admission). The secondary endpoint was Day-30 microbiological normalization.

Conclusion :
A once-daily, 30-day Lactobacillus adjunct to standard antibiotics improved short-term clinical cure and microbiological recovery in acute PID without compromising safety, supporting its considered use in eligible reproductive-age women.

Abstract ID: SRH/OP/12

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Abstract Title:
ADIPOSITY INDICES AS RISK ASSESSMENT TOOL FOR IDENTIFYING CARDIOMETABOLIC RISK IN DIFFERENT PHENOTYPES OF PCOS

Introduction :
PCOS is characterized by androgen excess, ovulatory dysfunction ,chronic anovulation, irregular menstruation and polycystic ovarian morphology in ultrasound .PCOS has been classified into 4 types according to Rotterdam Phenotypes. Cardiometabolic risk includes dyslipidemia, abdominal obesity, impaired glucose tolerance, metabolic syndrome, insulin resistance. The key pathophysiologic feature in PCOS is Insulin resistance resulting in compensatory hyperinsulemia.Visceral adiposity is an anthropometric measure for adipose dysfunction like Visceral Adiposity Index and Lipid Accumulation Product. Insulin resistance assessed with HOMA-IR and reference standard for screening cardiometabolic risk.

Aims & Objectives :
To identify the role of Adiposity indices as a marker for identifying cardiometabolic risk in different phenotype of PCOS. OBJECTIVE To establish the diagnostic accuracy of adiposity indices as a screening tool for cardiometabolic risk in women with PCOS

Materials & Methods :
Study Design –Hospital based cross sectional study in AIIMS Patna Sample Size – 193

Results :
Phenotype A was the commonest to be seen followed by phenotype D and least was Phenotype C. Sensitivity of LAP was more VAI and Specificity of LAP was high in VAI. PPV was comparable in both and NPV was higher in LAP.

Conclusion :
Best marker for different phenotypes were chosen on ROC analysis, AUC, Sensitivity, Specificity, Positive Predictive Value and Negative Predictive Value.LAP was found to be better marker for Phenotype 'A"and ‘B”.VAI was better marker for Phenotype ‘C’. For Phenotype “D” both LAP and VAI had similar accuracy

Abstract ID: SRH/OP/13

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Abstract Title:
CERVICAL CANCER AND HPV VACCINATION AWARENESS AMONG SCHOOL TEACHERS (CERVAST) IN JAMMU REGION, JAMMU & KASHMIR, INDIA – A CROSS-SECTIONAL DESCRIPTIVE STUDY

Introduction :
In India, annually, an estimated 96,922 women are diagnosed with cervical cancer and 60,078 die from this disease. The preventive interventions remain largely inaccessible in low-middle income countries (LMIC's).School teachers belong to the educated class of the society and targeted age group for screening of cervical cancer and can prove to be an important point of contact.

Aims & Objectives :
The primary objective of this study was to evaluate the knowledge, attitude, and practices (KAP) of school teachers regarding cervical cancer and human papillomavirus (HPV) vaccination.

Materials & Methods :
This study was conducted in schools across District Jammu and Samba. Female school teachers aged 20–60 years were included after multistage sampling technique. Data was collected using a self-administered, structured questionnaire to collect participants' knowledge, attitudes, and practices. Data was collected and analyzed using Epi-Info 5 software.

Results :
380 female teachers participated, mean age was 38 years. 301 participants (79.2%) had heard of cervical cancer, with social media and friends identified as the primary sources of information. 22.6% responded with "don't know" for specific symptoms. 30% were uncertain about risk factors. Only 9.7% recognized HPV infection as risk factor. Only 28.9% were aware of HPV vaccine. Only 3.9% have received HPV vaccine and only 3.4 % had undergone Pap smear testing in the last five years.

Conclusion :
79.2% of individuals had poor knowledge,97.6%, of individuals had a positive attitude towards prevention & 17.2% demonstrate regular practice concerning cervical cancer.This study reveals significant gaps in knowledge, awareness, and preventive practices related to cervical cancer and HPV vaccination among female school.

Abstract ID: SRH/OP/14

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Abstract Title:
EFFECT OF PLATELET-RICH PLASMA THERAPY ON MENSTRUAL RESTORATION IN UTERINE CAUSES OF SECONDARY AMENORRHEA – A PILOT STUDY

Introduction :
Secondary amenorrhea, when associated with intrauterine adhesions or persistently thin endometrium, remains a therapeutic challenge. Platelet-rich plasma (PRP), rich in growth factors and cytokines, has emerged as a potential regenerative therapy for endometrial restoration.

Aims & Objectives :
To evaluate the efficacy of intrauterine PRP therapy in restoring menstruation in women with uterine causes secondary amenorrhea and improving endometrial thickness (ET)

Materials & Methods :
This prospective interventional study was conducted on 35 women (18–40 years) with secondary amenorrhea and normal ovarian function attending UCMS & GTB Hospital, Delhi (April 2024–August 2025). Participants underwent intrauterine PRP infusion following endometrial scratch or adhesiolysis when indicated. Up to three PRP cycles were administered at weekly intervals, with serial assessment of endometrial thickness (ET) and menstrual restoration. Non-responders received combined oral estrogen–progesterone therapy.

Results :
Mean baseline ET was 2.9 mm, increasing significantly to 4.2 mm after first PRP, 5.5 mm after second, and 5.8 mm after third ($p < 0.001$). Menstrual restoration occurred in 14.3% after first cycle, 17.1% after second, and cumulatively 60% after three cycles. At three-month follow-up, 45.7% maintained regular menses. Women who underwent adhesiolysis had higher success (91.6%) versus those without (43%). Among 16 non-responders given hormonal therapy, 43.8% resumed cycles. One participant conceived sponataneously.

Conclusion :
PRP therapy significantly improved ET and menstrual recovery in women with secondary amenorrhea, with added benefit from sequential cycles and hormonal rescue. These findings support PRP as a safe, minimally invasive, and promising adjunct in endometrial regeneration strategies.

Abstract ID: SRH/OP/15

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Abstract Title:
CORRELATION OF OVARIAN AND STROMAL VOLUME WITH PRE AND POST PRANDIAL INSULIN LEVELS IN PATIENTS WITH PCOD

Introduction :
Polycystic Ovarian Disease (PCOD) is a common endocrine disorder characterized by hyperandrogenism, anovulation, and polycystic ovarian morphology. Insulin resistance plays a central role in its pathophysiology, influencing both metabolic and ovarian parameters.

Aims & Objectives :
To evaluate the correlation between ovarian and stromal volume with pre- and post-prandial insulin levels in patients diagnosed with PCOD.

Materials & Methods :
A prospective observational study was conducted among [number] women aged 18–35 years fulfilling the Rotterdam criteria for PCOD. Transvaginal ultrasonography was used to measure ovarian and stromal volumes. Blood samples were collected for fasting and post-prandial insulin levels. Statistical analysis was performed using Pearson's correlation coefficient to assess the relationship between insulin levels and ovarian parameters.

Results :
A significant positive correlation was observed between ovarian and stromal volumes with both fasting and post-prandial insulin levels ($p < 0.05$). The correlation was stronger for post-prandial insulin, suggesting that increased insulin resistance is associated with enlarged ovarian stroma.

Conclusion :
Ovarian and stromal volume measurements can serve as useful ultrasonographic markers reflecting the degree of insulin resistance in PCOD patients. Incorporating these parameters into clinical evaluation may help in early identification and management of metabolic risk in PCOD.

Abstract ID: SRH/OP/16

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Abstract Title:
STUDY ON THE EFFICACY OF LETROZOLE AND FSH FOR OVULATION INDUCTION IN IUI CYCLES

Introduction :
Infertility affects millions of couples worldwide. Intrauterine insemination (IUI) is a popular treatment option for unexplained infertility.

Aims & Objectives :
- Aim: Evaluate the success rate of combining Letrozole and FSH in three consecutive IUI cycles. - Objectives: Determine cumulative pregnancy rate and identify factors influencing IUI success.

Materials & Methods :
- Study Design: Prospective observational study. - Patients: 88 patients with primary infertility, patent tubes, and normozoospermia partners. - Stimulation Protocol: Letrozole 2.5 mg (D2-D6) + 75 IU of FSH (D5-D9). - Ovulation Trigger: Inj. HCG 5000 IU with IUI performed 36 hours later.

Results :
- Pregnancy Rate: 22.7% (20/88) - Cycle-Wise Pregnancy Rate: - Cycle 1: 15% (3/20) - Cycle 2: 40% (8/20) - Cycle 3: 45% (9/20) -- Factors Influencing Success - Female age - Sperm quality - Uterine conditions - Timing of IUI

Conclusion :
IUI with Letrozole + FSH is a safe, cost-effective approach for primary infertility patients with bilateral tubal patency and normal sperm counts. Three consecutive cycles increase cumulative conception chances without added burden, supporting IUI as a first-line treatment for unexplained infertility.

Abstract ID: SRH/OP/17

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Abstract Title:
BEYOND THE BINARY: KNOWLEDGE, ATTITUDE AND PRACTICE (KAP) SURVEY ON SAFE SEXUAL PRACTICES IN THE TRANSGENDER POPULATION IN INDIA

Introduction :
Transgender individuals are a high-risk group for HIV/STI due to social and economic marginalization. Understanding the gap in Knowledge, Attitude, and Practice (KAP) is important for effective public health efforts.

Aims & Objectives :
Our study looked at HIV/STI KAP and the factors behind risky sexual practices among transgender individuals.

Materials & Methods :
A cross-sectional survey was conducted with a convenience sample of 46 participants. The survey included questions on Knowledge (9), Attitude (7), and Practice (9). Data analysed using descriptive statistics.

Results :
About 52.2% reported transactional sex as their main occupation. Basic knowledge about HIV was high at 87.0%, but awareness of prevention methods was low: only 21.7% knew about PrEP, and 47.8% understood the concept of Undetectable=Untransmittable (U=U). Attitudes toward testing were generally positive, with 82.6% expressing support, but only 47.8% felt respected by healthcare staff. Regarding practices, 82.6% reported having multiple partners, while 30.0% of those sexually active said they didn’t consistently use condoms. Additionally, 34.8% didn’t comply with annual HIV testing.

Conclusion :
There is a significant disconnect in KAP. Despite a strong intention to engage in safe practices, poor understanding of essential prevention methods (PrEP/U=U) and perceived stigma hinder effective risk reduction. The low level of respectful interaction with healthcare providers acts as a barrier to consistent risk reduction. Participants noted factors like partner refusal and reduced pleasure as reasons for inconsistent condom use. Future interventions need to go beyond basic education to tackle discrimination in health facilities and improve literacy to protect this vulnerable community.

Abstract ID: SRH/OP/18

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Abstract Title:
PSYCHOLOGICAL AND QUALITY OF LIFE IMPACT OF POLYCYSTIC OVARY SYNDROME IN ADOLESCENT GIRLS: AN UNDER-RECOGNIZED BURDEN- A CROSS SECTIONAL STUDY

Introduction :
Polycystic ovary syndrome (PCOS) affects 10-15% of adolescent girls worldwide and is increasingly reported in India. While clinical and metabolic aspects are well studied, the psychological burden remains under-recognized, despite its significant implications on mental health and quality of life (QOL).

Aims & Objectives :
To evaluate anxiety, depression, bodv image disturbances, and QoL in adolescents with PCOS, and correlate psychological morbidity with clinical features.

Materials & Methods :
A cross-sectional study was conducted among 120 adolescent girls (10-19 years) diagnosed with PCOS as per Rotterdam criteria at a tertiary care centre. Hospital Anxiety and Depression Scale (HADS) , Body Image Disturbance Questionnaire , and PCOSQ-50 were used. Statistical analysis included Chi-square and Pearson correlation tests.

Results :
Among participants, 42% reported anxiety and 28% depression. Body image disturbance was present in 35%, significantly higher among obese and hirsute girls ($p<0.05$). QoL scores were lowest in emotional (mean 3.1 ÷ 0.8) and self-esteem (2.9 ÷ 0.7) domains. BMI positively correlated with severity of psychological morbidity ($r = 0.41$, $p<0.01$)

Conclusion :
Psychological morbidity is highly prevalent in adolescents with PCOS and significantly compromises quality of life. Routine mental health screening should be integrated into management for holistic adolescent care.

Abstract ID: SRH/OP/19

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Abstract Title:
COMPARISON OF THE EFFECT OF INTRA-OVARIAN PLATELET-RICH PLASMA (PRP) INJECTION TO INTRA-OVARIAN SALINE INJECTION IN WOMEN WITH POOR OVARIAN RESERVE: AN OPEN-LABELED RANDOMIZED CONTROL TRIAL

Introduction :
Ovarian reserve declines with age, leading to reduced fertility and limited treatment options. Platelet-Rich Plasma (PRP), rich in growth factors, has regenerative potential and is emerging as a novel therapy for ovarian rejuvenation. Preliminary evidence suggests PRP may improve ovarian function in women with poor ovarian reserve. This randomized controlled trial evaluates the efficacy of intra-ovarian PRP injection in enhancing ovarian reserve and improving fertility outcomes.

Aims & Objectives :
To compare changes in ovarian reserve markers—AMH, AFC, and FSH—in women with poor ovarian reserve treated with intra-ovarian PRP versus saline injection. Secondary objectives include evaluating reproductive outcomes such as biochemical and clinical pregnancy rates, miscarriage, and live birth rates.

Materials & Methods :
A prospective, randomized, open-labeled study was conducted at AIIMS Patna including women aged 25–49 years with poor ovarian reserve (AMH <1.1 ng/mL). Participants were randomized into two groups: Group A received intra-ovarian PRP injection and Group B received saline. Women with active PID, ovarian pathology, endometrioma, or coagulation disorders were excluded.

Results :
Of 47 participants (25 PRP, 22 saline), follow-up at 3 months showed a nonsignificant increase in serum AMH (p value 0.42) but a significant improvement in AFC in the PRP group (p value 0.04) . Three women conceived spontaneously—one aborted, two are ongoing antenatal cases. All follow up will be completed by December and final analysis may vary.

Conclusion :
Intra-ovarian PRP appears to improve ovarian reserve, showing a potential role in managing diminished ovarian reserve. Larger trials with longer follow-up are required to confirm its efficacy and safety

Abstract ID: SRH/OP/20

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Abstract Title:
LAPAROSCOPY VERSES ART IN IN ADVANCED ENDOMETRIOSIS

Introduction :
Endometriosis is a common inflammatory disease affecting women of reproductive age and is one of the major causes of infertility. It significantly impacts quality of life and fertility potential, particularly in moderate to severe forms of the disease. According to ASRM, spontaneous pregnancy rates in moderate and severe endometriosis are poor without treatment. Management options include surgery, Assisted Reproductive Technology (ART), or a combination of both.

Aims & Objectives :
To compare laparoscopy and ART (IVF) in advanced endometriosis, providing evidence-based and cost-effective fertility management that improves pregnancy outcomes while considering time and economy.

Materials & Methods :
A total of 120 women aged 30–40 years with grade III and IV endometriosis seeking fertility treatment for 3–7 years were studied over two years (Dec 2022–Nov 2024). Twenty patients dropped out. Treatment was individualized based on age, ovarian reserve, previous therapies, associated pain, and infertility factors. Fifty women underwent laparoscopic management including cystectomy, cyst drainage, and bipolar coagulation of endometriotic lesions. Another fifty women underwent IVF as the primary treatment, considering ovarian reserve.

Results :
In moderate to severe endometriosis, surgical excision did not significantly improve pregnancy rates, while ART showed better results.

Conclusion :
Combined surgical and ART treatment may benefit selected patients and should be applied judiciously based on disease severity. Women with stage III and IV endometriosis undergoing IVF show lower implantation and clinical pregnancy rates, emphasizing individualized treatment planning.

Abstract ID: SRH/OP/21

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Abstract Title:
PROSTATE SPECIFIC ANTIGEN-A NOVEL BIOMARKER REDEFINING POLYCYSTIC OVARIAN SYNDROME DIAGNOSIS

Introduction :
PCOS is an endocrinological disorder affecting women of reproductive age group, characterized by ovulatory dysfunction, menstrual irregularities, hyperandrogenism, hyperinsulinemia and polycystic ovarian morphology on ultrasound. PSA appears to be a propitious marker of endogenous androgen excess in females who are suffering from PCOS.PSA can be used as a surrogate of hyperandrogenism in subject.

Aims & Objectives :
This study aims to determine the role of PSA in PCOS and whether it can be a useful clinical marker for PCOS.

Materials & Methods :
This was a prospective observational study conducted in Department of Obstetrics and Gynecology after institutional ethic clearance and informed consent. All USG diagnosed women were included as our study population and age matched women as control. After detailed history and examination serum PSA levels were analyzed and its correlation were assessed in PCOS and normal healthy individuals. The levels were correlated with clinical features of hyperandrogenism like hirsutism using Ferriman Galleway score .

Results :
The present observation demonstrated the mean age of woman is 23 years. PSA levels were higher in PCOS women compared to non PCOS women, (0.9 ± 0.3) versus(0.4 ± 0.2) the results were statistically significant.

Conclusion :
Prostate specific antigen is a novel biomarker which is higher in PCOS women ,hence it should be included in the panel for diagnosing polycystic ovarian syndrome.

Abstract ID: SRH/OP/22

Presenter's Name: Dr. Saumya Bhagat

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Abstract Title:
DEPRESSION IN INFERTILE WOMEN- A SILENT SUFFERING

Introduction :
Infertility is defined as the inability to achieve pregnancy after one year of unprotected intercourse, affecting about 10–12% of couples worldwide. Among women, 1.9% experience primary infertility and 10.5% secondary infertility, with women often bearing the greater emotional and social burden. Various instruments such as the ICD-10, DASS, HADS, Zung Depression Scale, and Beck's Depression Inventory (BDI) are used to assess depression. The BDI is preferred for its internal consistency, sensitivity, and validity.

Aims & Objectives :
To determine the presence and severity of depression in infertile women and its association with years of married life, duration of infertility, and obstetric history.

Materials & Methods :
This prospective study was conducted at a tertiary care hospital on 245 infertile women, applying inclusion and exclusion criteria. Socio-demographic data were collected, clinical examination and relevant investigations performed, and severity of depression assessed using the BDI. Data were analyzed. Inferences drawn.

Results :
The mean age was 28 years. Primary infertility was present in 50.6% of cases, of which 64.5% had minimal depression. Around 51% had 6–10 years of married life, and 64% had up to 5 years of infertility. BDI scoring revealed 60% with mild depression and 3% with severe depression.

Conclusion :
Depression was higher among older women, those with primary infertility, and those married for 6–10 years. Once severity is known, recommendations can be made to screen infertile women for the risk factors. Support groups and forums for infertile couples, providing psychological interventions emphasizing on coping-skills training, cognitive behavioral therapy and stress management can help to address this issue.

Abstract ID: SRH/OP/23

Presenter's Name: Dr. Neha Yadav

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Abstract Title:
JUSTIFYING ROLE OF DIAGNOSTIC HYSRERO-LAPAROSCOPY IN AN INFERTILE PATIENT

Introduction :
Infertility is defined as the inability to conceive naturally after one year of regular unprotected intercourse.Combined laparoscopy and hysteroscopy are considered the gold standard for evaluation of infertility

Aims & Objectives :
our aim and objective is to portray the significance of hysterical laparoscopy as a diagnostic tool in infertile patient.

Materials & Methods :
this study is conducted at Pacific Institute of medical science, Udaipur Rajasthan. all the infertile patient in the study fulfilled the inclusion and exclusion criteria, underwent Hystero laparoscopy and anatomical abnormalities noticed during procedure were tackled at the same time if possible. Period of study- 8 months.

Results :
study showed majority of infertile patients were b/w age group 26-30 years (50%). 62% patients were of primary infertility and 38% belonged to secondary infertility. On hysteroscopy, most common abnormality seen in both primary and secondary infertility is ostial stenosis. On laparoscopic findings, in primary infertility most common abnormality seen is ovarian cyst (25%), whereas in secondary infertility most common abnormality seen is PID (20%), TB (20%), and Endometriosis (20%). Chromopertubation test 56% had B/L positive test f/b 30% with negative test and 14% with U/L positive test. In our study during diagnostic hysterolaparoscopy, at the same sitting surgical intervention were performed in majority of cases i.e., 75% intervention were performed in primary infertility pt. and 40% intervention in secondary infertility pt.

Conclusion :
DHL is safe and effective, diagnostic with therapeutic tool for primary and secondary female infertility. It can be taken as gold standard in initial phases of infertility work-up.

Abstract ID: SRH/OP/24

Presenter's Name: Dr. Aanchal Singh

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Abstract Title:
COMPARISON OF LETROZOLE AND MIFEPRISTONE AS PRETREATMENTS IN FIRSTTRIMESTER MEDICAL ABORTION: A PILOT STUDY

Introduction :
Medical abortion in the first trimester commonly involves mifepristone followed by misoprostol. Letrozole, an aromatase inhibitor that suppresses oestrogen synthesis, has recently emerged as a potential alternative. Approved by WHO and FOGSI in 2024 for use up to 14 weeks of gestation.

Aims & Objectives :
To compare the efficacy, side-effect profile, and time to complete abortion between letrozole and mifepristone pretreatments prior to misoprostol administration.

Materials & Methods :
A pilot study was conducted on 30 women seeking medical termination of pregnancy up to 12 weeks of gestation at the Department of Obstetrics and Gynaecology, HAHC Hospital, New Delhi. Participants were randomly assigned into two groups: Group A received letrozole 10 mg daily for three days, and Group B received mifepristone 200 mg orally stat. Misoprostol 800 µg was administered vaginally after 72 hours in the letrozole group and after 48 hours in the mifepristone group.

Results :
Expulsion occured mostly within one week of misoprostol administration. The letrozole group showed earlier passage of clots(days 2–3 after initiation). Complete abortion occurred in 10 women in the letrozole group and 11 in the mifepristone group; repeat misoprostol was required in 3 and 1 cases respectively. Side effects were mild and comparable; bleeding and abdominal pain were slightly higher with mifepristone, whereas nausea and vomiting were frequent with letrozole. Incomplete abortion at two weeks occurred in 2 and 3 participants respectively.

Conclusion :
Letrozole demonstrates comparable efficacy to mifepristone as a pretreatment for first-trimester medical abortion might serve as cost effective and and well-tolerated alternative. Larger randomized trials are required to confirm

Abstract ID: SRH/OP/25

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Abstract Title:
UNMET NEEDS OF CONTRACEPTION IN WOMEN WITH CARDIAC DISEASE: A RETROSPECTIVE OBSERVATIONAL STUDY(2024- 2025)

Introduction :
Cardiac disease complicates 1–4% of all pregnancies, accounts for nearly 15% of maternal mortality and is associated with morbidity exceeding 25% among WHO class III–IV women. Despite this high-risk, structured contraceptive counselling remains under-implemented within cardio-obstetric care.

Aims & Objectives :
To evaluate contraception awareness and utilisation among women with cardiac disease and to identify preventable cardiac complications due to unintended pregnancies.

Materials & Methods :
A retrospective observational study was conducted at AIIMS, New Delhi, among 22 women with cardiac disease who underwent pregnancy termination between August 2024 to September 2025. A structured questionnaire recorded contraceptive awareness, counselling advice received and prior contraceptive practices, while cardiac profile and maternal outcomes were obtained from hospital records.

Results :
Rheumatic heart disease was the most common etiology (63.6%), followed by congenital heart disease (27.3%) and others (9.1%). Nearly 50% of the patients underwent valve replacement, of whom 27.2% were recent surgeries, advised against conception but were not linked to contraception clinics. Pregnancy was absolutely contraindicated in 27.2% and relatively contraindicated in 36.3% requiring termination. Post-termination contraception was provided in 72.7%, while 13.63% remained without any method. Complications occurred in 27.2%, including deranged INR-related bleeding (13.6%) and cardiac decompensation (13.6%); among them, one late mortality was reported.

Conclusion :
Despite high risk, contraceptive counselling remains critically deficient, particularly for women with recent valve replacement and WHO class III–IV disease. Integration of contraception into cardio-obstetric care should be mandatory as a life-saving intervention rather than elective advice.

Abstract ID: SRH/OP/26

Presenter's Name: Dr. Monisha Singh

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Abstract Title:
INTIMATE PARTNER VIOLENCE IN THE CONTEXT OF INFERTILITY

Introduction :
IPV is a significant public health issue affecting individuals globally , with implications for mental and physical health , including reproductive health. infertility clinics can provide a unique setting to identify and address IPV amongst couple seeking treatment.

Aims & Objectives :
this study aimed to explore the prevalence of IPV amongst 48 men and women attending our fertility clinic over duration of 1 year, who were identified through screening strategies for IPV, and understand healthcare providers role , in intervention and support.

Materials & Methods :
a cross sectional study was conducted amongst 48 patients men and women experiencing IPV and seeking infertility treatment. participants completed validated IPV screening tooks. health care provider then used semi structed interviews to assess IPV, initate conversation and offer support/ resources

Results :
preliminary findings indicate IPV prevalence amongst fertility couples need routine screening. IPV involves emotional and psychological abuse too.. healthcare providers reported challenges in identifying and addressing IPV but emphaiszed the importance of non judgemental , empathetic approaches to faciliate disclosure and support.

Conclusion :
IPV is a concern among couple seeking infertility treatment. routine sceening and sensitive inquiry by HCP can identify affected individuals. integratine better assessment into fertility care can facilitate early intervention, support and multidisciplinary care for affected couples, potentially improving health outcomes.

Abstract ID: SRH/OP/27

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Abstract Title:
STUDY OF RISK FACTORS OF ECTOPIC PREGNANCY AND VARIOUS MODALITIES IN TREATMENT IN A TERTIARY CARE CENTRE: A RETROSPECTIVE STUDY

Introduction :
Ectopic pregnancy is defined as the implantation of a fertilized ovum outside the uterine cavity, most commonly in fallopian tube. It is a major cause of maternal morbidity and mortality in first trimester of pregnancy.

Aims & Objectives :
To study the risk factors associated with ectopic pregnancy. To analyse the clinical presentation of patients with ectopic pregnancy. To evaluate the various treatment modalities used in the management of ectopic pregnancy in a tertiary care centre.

Materials & Methods :
A retrospective study was conducted in Adichunchangiri University from May 2022 to May 2025 with a sample size of 45 cases diagnosed with ectopic pregnancies. Demographic details, risk factors, clinical presentation, management, intra-operative findings, and outcomes were extracted from hospital records. Data were analysed and compared with published literature.

Results :
The age of patients ranged from 20 to 40 years. Most common presenting complaint was abdominal pain, followed by vaginal bleeding and amenorrhea. Risk factors included history of tubectomy, pelvic inflammatory disease and prior abdominal surgery. 32 out of 45 (71.1%) presented with ruptured ectopic pregnancy requiring immediate surgical management. Exploratory laparotomy with unilateral salpingectomy was the most common surgical procedure performed. 4 cases (8.8%) were managed conservatively with methotrexate and were successful. 4 out of 45 (8.8%) patients required ICU care. No incidence of mortality recorded.

Conclusion :
Ectopic pregnancy continues to be a significant health concern among women in reproductive-age group. Early diagnosis and timely surgical intervention are crucial to reduce morbidity and mortality. Awareness of risk factors and patient education are key strategies in preventing delay in management.

Abstract ID: SRH/OP/28

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Abstract Title:
COMPARATIVE ANALYSIS OF CONVENTIONAL AND EXTENDED LETROZOLE REGIMENS FOR OVULATION INDUCTION IN PCOS PATIENTS WITH BULKY OVARIES UNDERGOING IUI

Introduction :
Polycystic Ovary Syndrome (PCOS) is a leading cause of infertility, often requiring ovulation induction for conception. Letrozole, an aromatase inhibitor, has emerged as the preferred pharmacological treatment. However, the optimal dosing regimen remains debated especially in patients with bulky ovaries with thick stroma.

Aims & Objectives :
This study compares the efficacy of the conventional Letrozole regimen (5 mg for 5 days)and the Extended Letrozole regimen (2.5 mg for 10 days) in PCOS patients with bulky ovaries, thick stroma undergoing IUI

Materials & Methods :
This retrospective cohort study included PCOS patients with bulky thick stroma ovaries, undergoing ovulation induction with either Conventional or Extended Letrozole regimens. The primary outcome was total gonadotropin usage per cycle. Secondary outcomes included follicular response, endometrial thickness, ovulation rates, incidence of hyper-response cases, and pregnancy outcomes. Statistical analyses were conducted to compare the treatment effects

Results :
A total of29 patients (31 cycles in the Conventional Letrozole group and 58 cycles in the Extended Letrozole group)were analyzed. The Extended Letrozole group required significantly lower total gonadotropin usage ($p = 0.0388$), making it a more cost-effective alternative. Mean dominant follicle size was slightly larger in the Extended Letrozole group (17.6 mm vs. 16.6 mm, $p = 0.08$), though not statistically significant. Endometrial thickness was comparable between both groups (7.63 mm vs. 7.32 mm, $p = 0.22$), suggesting that prolonged Letrozole administration does not negatively impact implantation potential. The incidence of hyper-response cases was lower in the Extended Letrozole group, indicating improved cycle control.

Conclusion :
The Extended Letrozole regimen demonstrated significant advantages over the Conventional Letrozole regimen.

Abstract ID: SRH/OP/29

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Abstract Title:
OVULATION INDUCTION IN PCOS IN INDIAN POPULATION: A COMPARATIVE ANALYSIS OF LETROZOLE AND CLOMIPHENE CITRATE

Introduction :
Polycystic ovary syndrome(PCOS) is one of the most common endocrine and metabolic disorder in women of reproductive age and a prevalent cause of anovulatory infertility.

Aims & Objectives :
To compare the efficacy of Letrozole and Clomiphene Citrate(CC) for ovulation induction in infertile women with PCOS for intra-uterine insemination (IUI) cycles in Indian population.

Materials & Methods :
A prospective clinical trial on 100 infertile patients with PCOS diagnosed according to Rotterdam criteria was carried out at a tertiary care infertility centre in India from January 2025 to June 2025. They were divided into two groups-50 patients induced with Letrozole, 2.5 mg/day and 50 patients with CC, 100 mg/day from day 3-7 of the menstrual cycle. Follicular monitoring was done and 10,000 IU of HCG was administered when the largest follicle was ≥18 mm. IUI was done 36-40 hours after HCG administration. 400mg micronized progesterone was given intra- vaginally for 15 days as luteal phase support. All the patients had at-least one patent fallopian tube diagnosed either by HSG or laparoscopy and a normal uterine cavity. Severe endometriosis, male factor infertility and patients with any other endocrinological diseases were excluded from the study.

Results :
Number of dominant follicles ≥ 18mm were significantly higher when induced with clomiphene citrate , whereas endometrial thickness was significantly higher in letrozole group. There was no significant difference in ovulation rate, clinical pregnancy or multiple pregnancies. No cases of ovarian hyperstimulation were observed in either of the groups.

Conclusion :
Letrozole leads to more monofollicular development and better endometrial response compared to CC.

Abstract ID: SRH/OP/30

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Abstract Title:
LENGTH, LAYERS & LIBIDO — PROCEDURE-SPECIFIC EFFECTS OF PELVIC FLOOR RECONSTRUCTION

Introduction :
Female sexual function is an integral component of postoperative quality of life following pelvic reconstructive surgery. While correction of prolapse or incontinence restores anatomical integrity, its influence on sexual health—particularly the role of vaginal length and the surgical approach—remains incompletely understood.

Aims & Objectives :
To evaluate changes in female sexual function following various urogynecologic reconstructive procedures and to determine whether postoperative vaginal length correlates with sexual outcomes

Materials & Methods :
A retrospective study of 157 women (18–65 years) undergoing pelvic floor reconstruction from August 2023 to July 2024 was conducted. Among them, 130 were sexually active. Sexual function (FSFI) and vaginal length were evaluated preoperatively and 3–6 months postoperatively. Data were analyzed using paired t-tests and Pearson correlation ($p<0.05$).

Results :
Mean age was 42 ± 9 years; resumption of sexual activity occurred at a mean of 3.5 months post-surgery. FSFI total score improved significantly from 21.5 ± 3.8 to 23.8 ± 4.1 ($p<0.001$. No significant correlation existed between vaginal length and FSFI change ($r=0.12$, $p=0.18$). Posterior compartment repairs had the highest rate of de-novo dyspareunia (11%), while apical suspensions and midurethral slings demonstrated maximal improvement in sexual confidence and lubrication.

Conclusion :
Pelvic floor reconstruction generally enhances sexual function by restoring continence and anatomical support. Minor postoperative shortening (<1 cm) does not adversely affect sexual satisfaction. Surgical technique and compartment repaired strongly influence outcomes; tension-free, anatomy-preserving posterior repairs are essential to minimize dyspareunia and optimize sexual well-being.

Abstract ID: SRH/OP/31

Presenter's Name: Dr. Samhitha Yeeli

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Abstract Title:
SELF-TESTING HPV KITS: AWARENESS AND ACCEPTABILITY AMONG MEDICAL PROFESSIONALS

Introduction :
Human papillomavirus (HPV) is the leading cause of cervical pathologies, accounting for nearly 70% of global cases. Despite effective screening methods, participation remains low in many regions due to barriers such as limited access, cost, and discomfort associated with clinician-based sampling. HPV self-testing kits provide a private, reliable, and accessible alternative. The awareness and acceptance of this approach among medical professionals are crucial for its successful implementation in national screening programs.

Aims & Objectives :
This study explores the level of awareness, perceptions, and acceptance of HPV self-testing kits among medical professionals and examines factors influencing their attitudes toward recommending self-collection methods in clinical practice.

Materials & Methods :
A cross-sectional survey and literature review were conducted to assess knowledge, attitudes, and perceived benefits or limitations of self-testing HPV kits among medical professionals. Data was analyzed to identify trends in awareness, acceptance, and readiness to incorporate self-testing into screening guidelines.

Results :
Findings indicate that while medical professionals acknowledge the accuracy and potential of self-collected HPV testing, gaps persist in awareness regarding its efficacy, regulatory approval, and long-term outcomes. Acceptability was influenced by professional background, prior exposure to HPV self-testing research, and perceived patient benefits such as privacy, accessibility, and compliance. Concerns regarding improper sample collection and reduced clinical oversight were also noted.

Conclusion :
Strengthening awareness and acceptance of self-testing HPV kits among medical professionals is essential for their broader adoption. Educational initiatives and guideline integration may enhance professional confidence, leading to improved patient-centered cervical cancer prevention strategies.

Abstract ID: SRH/OP/32

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Abstract Title:
DECODING CERVICAL FIBROIDS: CLINICAL PROFILE, DIAGNOSTIC DILEMMAS AND MANAGEMENT CHALLENGES-OBSERVATIONAL STUDY

Introduction :
Cervical fibroids are a rare subset of uterine leiomyomas, comprising 1–2% of all cases. Their location often leads to atypical presentations, diagnostic dilemmas, and increased intraoperative difficulty due to proximity to vital pelvic structures.

Aims & Objectives :
To study the clinical profile, diagnostic dilemmas and challenges involved in the management of cervical fibroids

Materials & Methods :
A retrospective and prospective observational study was conducted at Dr RMLIMS Lucknow from inpatients with a diagnosis of cervical fibroid from June 2022 to September 2025, including 16 patients diagnosed with cervical fibroids. Clinical presentation, radiological findings, surgical approach, preoperative preparation, intraoperative events, duration of surgery, amount of blood loss, and postoperative outcomes and complications were assessed.

Results :
The mean age of patients was 38.8 years. 50% of patients were between 40-50 years. Presenting symptoms included abnormal uterine bleeding (87.5%), pelvic pressure symptoms (43.75%), and urinary complaints (37.5%), acute urinary retention(12.5%). Transvaginal ultrasound correctly identified cervical fibroid in 87.5% of cases, while concomitant MRI improved diagnostic accuracy to 93.75%. 31.25% of patients underwent myomectomy, (20% Vaginal myomectomy and 80% abdominal myomectomy), and 68.75% of patients underwent hysterectomy (81.18% abdominal hysterectomy and 18.18% laparoscopic hysterectomy. Intraoperative challenges included distorted anatomy in 100 % cases, increased vascularity (100%), and difficult bladder dissection (37.5%). difficult uterine artery ligation and uterine vessel laceration (25%). Major complications included severe per-operative haemorrhage requiring internal iliac artery ligation (12.5%), and ureteric injury occurred in 1 (6.25%) of cases. The average blood transfusion required 1.1875 units/case.

Conclusion :
Comprehensive imaging, surgical planning, and following correct surgical principles are key to management.

Abstract ID: SRH/OP/33

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Abstract Title:
COMPARISON OF CLOMIPHENE CITRATE VS HUMAN MENOPAUSAL GONADOTROPIN FOR CONTROLLED OVARIAN STIMULATION IN INFERTILE WOMEN WITH DECREASED OVARIAN RESERVE (DOR) -A RANDOMISED CONTROLLED TRIAL

Introduction :
DOR poses a major challenge in infertility management. IVF is usually preferred for this group but due to it's high cost, initially IUI with COS can be attempted. HMG is considered superior but is costly and less patient friendly compared to Clomiphene Citrate (CC) which is cheaper and easily available. There are no RCTs comparing HMG with CC in DOR patients.

Aims & Objectives :
To compare mean number of dominant follicles >18mm and pregnancy rate in women with DOR undergoing COS with CC and HMG.

Materials & Methods :
This open-label RCT was conducted at Lady Hardinge Medical College between April 2024 and August 2025. Forty women with DOR were randomised into two groups: one group was given CC and the other HMG. Follicular monitoring was done and mean number of dominant follicles compared. Pregnancy rates, OHSS, multiple pregnancy and abortion rates were also compared.

Results :
Baseline characteristics were comparable. There was no significant difference between mean number of dominant follicles >18mm between the groups ($p = 0.402$). Considering only cycles where IUI was done, pregnancy occurred in 15.8% for the HMG group and 14.3% for the CC group, making the difference between pregnancy rates insignificant ($p = 1.00$). There was no incidence of OHSS, multiple pregnancy or miscarriage in any participant.

Conclusion :
CC is non-inferior to HMG for recruiting dominant follicles and achieving pregnancy. It is also cost-effective and easily accessible, making it a viable option for COS in resource-limited settings like India.

Abstract ID: SRH/OP/34

Presenter's Name: Dr. Pragati Sampanna

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Abstract Title:
ASSOCIATION BETWEEN SERUM AMH AND ENDOMETRIAL PATTERN IN OVULATION INDUCTION CYCLES

Introduction :
A distinct triple layered endometrium on ultrasound is considered a favorable marker for endometrial receptivity. Anti mullerian hormone (AMH) is a well-established marker for ovarian reserve however, no study has been conducted to correlate it with endometrial morphology.

Aims & Objectives :
To correlate AMH levels and formation of triple layered endometrium in infertile women undergoing ovulation induction.

Materials & Methods :
In this prospective observational study, infertile women undergoing ovulation induction with clomiphene citrate or letrozole (randomly allocated) were grouped as per AMH levels (<2 ng/mL and >2 ng/mL). Endometrial morphology was studied by transvaginal sonography when dominant follicle was ≥16mm. It was categorized as distinct, hazy, or absent triple layer pattern. Endometrial vascularity, uterine artery PI and end diastolic blood flow were also studied.

Results :
A distinct triple layer pattern was more frequent in women with AMH > 2 ng/mL(51.7%) than in those with AMH < 2 ng/mL(31.8%). Absence of the triple layer was higher in the low AMH group(18.2% vs 3.4%), which was found statistically significant ($p < 0.05$). Pregnancy occurred in 6 women with distinct triple layering and normal AMH and in 2 with distinct layering and low AMH.

Conclusion :
Evaluation of AMH not only suggests about ovarian reserve but can also help in prediction of endometrial receptivity as this study has shown that a triple layer endometrium (which has a superior implantation potential) forms more frequently in women with normal AMH. AMH level can thus also help in guiding and prognosticating regarding FET outcomes in women undergoing IVF/ART.

Abstract ID: SRH/OP/35

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Abstract Title:
POSTPARTUM FAMILY PLANNING: KNOWLEDGE, AWARENESS AND ACCEPTANCE AMONG REPRODUCTIVE WOMAN

Introduction :
Contraception is crucial intervention for reducing unwanted pregnancies and promoting healthy living among women.PPFP focus on preventing unintended and closely spaced pregnancies 12months following childbirth.Adequate birth spacing can reduce the risks associated with closely spaced pregnancies, such as preterm births, low birth weight, and maternal depletion syndrome.Despite the availability of effective contraceptive methods and the knowledge of their benefits, many women do not use contraception postpartum. Several barriers contribute to this gap, including cultural and religious beliefs, lack of access to healthcare services, misinformation about contraceptive methods, and concerns about side .

Aims & Objectives :
To evaluate the differences in awareness and usage of contraceptives among postpartum women in a tertiary care centre. The insights gained from this research will help in designing targeted interventions to improve contraceptive uptake and promote better reproductive health outcomes.

Materials & Methods :
In this cross sectional study , Data will be collected using a pre-designed, structured questionnaire with detailed information on demographic details, awareness of various contraceptive methods, reasons for non-acceptance, and other relevant factors influencing contraceptive use . Descriptive statistics will be used to summarize the data, with results as frequencies and percentages

Results :
Women of varying parity had significantly different proportions of women aware of contraceptive methods, with women having two or more children showing higher contraceptive usage.Most cited reason for non-usage of contraception was fear of side effects.Women residing in urban areas demonstrated higher awareness and usage compared to their rural counterparts.

Conclusion :
While awareness of contraceptive methods is high among postpartum women, significant barriers to usage persist.Addressing these

Abstract ID: SRH/OP/36

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Abstract Title:
"BRIDGING IMAGING AND SYMPTOMS: EVALUATING THE CLINICAL SIGNIFICANCE OF REVISED MORPHOLOGICAL ULTRASONOGRAPHIC ASSESSMENT (MUSA) CRITERIA IN ADENOMYOSIS"

Introduction :
Adenomyosis is defined as a benign uterine pathology in which there is the presence of endometrial glands and stroma in the myometrium. Clinically, adenomyosis presents with a spectrum of symptoms including dysmenorrhea, heavy menstrual bleeding, dyspareunia, chronic pelvic pain, and subfertility, imposing a substantial burden on physical, emotional, and social well-being, adversely affecting quality of life (QoL). Despite increasing recognition of adenomyosis as a distinct clinical entity, the relationship between its imaging characteristics, symptoms and the extent of patient-reported QoL impairment remains underexplored.

Aims & Objectives :
The study aimed to correlate clinical manifestations of adenomyosis with direct and indirect ultrasound features based on revised MUSA definitions, including lesion number, size, and location. Primary objectives assessed associations of dysmenorrhea severity and menstrual blood loss (PBAC) with MUSA features, while secondary objectives evaluated their impact on quality of life.

Materials & Methods :
This prospective observational study included 107 women with adenomyosis diagnosed using revised MUSA criteria. Clinical pain, bleeding, and quality-of-life assessments were correlated with ultrasound features using appropriate non-parametric statistical tests ($p < 0.05$).

Results :
The most common ultrasound features were fan-shaped shadowing, asymmetrical myometrial thickening, translesional vascularity, and myometrial cysts. Greater lesion extent and number of MUSA features correlated with higher pain and PBAC scores. Echogenic subendometrial buds and junctional zone abnormalities showed significant associations, and higher feature burden predicted poorer quality of life.

Conclusion :
This study found significant correlations between revised MUSA features and symptom severity in adenomyosis, showing that greater extent and number of features predicts higher pain, heavier bleeding, and poorer quality of life.

Abstract ID: SRH/OP/38

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Abstract Title:
ASSESSMENT OF PREVELANCE, SEVERITY AND METABOLIC CORRELATES OF METABOLIC DYSFUNCTION ASSOCIATED STEATOTIC LIVER DISEASE IN WOMEN WITH POLYCYSTIC OVARY SYNDROME: A CROSS-SECTIONAL STUDY

Introduction :
Polycystic ovary syndrome(PCOS), a common disorder among reproductive-aged women is often associated with insulin resistance and obesity. These metabolic derangements increase the risk of Metabolic dysfunction-associated steatotic liver disease(MASLD). The exact burden of MASLD among PCOS patients is not well established.

Aims & Objectives :
Primary objective: To determine the prevalence of MASLD among women with PCOS. Secondary objective: To determine the correlation of non-invasive biomarkers of hepatic steatosis and fibrosis with the cardiometabolic risk factors.

Materials & Methods :
This cross-sectional study was conducted among 167 women with PCOS based on Rotterdam criteria. Relevant anthropometric measurements, blood and radiological investigations were used for assessment. Non-invasive scores used were NFS, FIB-4, and APRI. The 2023 consensus criteria was used for diagnosis of MASLD.

Results :
Among the 167 participants, the prevalence of MASLD was 43.1%. Fibroscan-CAP has positive correlation with BMI(kg/m2), waist circumference(cm) and HOMA-IR ($r = 0.37$, $p = <0.001$, $r = 0.42$, $p = <0.001$ and $r = 0.29$, $p = <0.001$ respectively). Fibroscan-LSM (kPa) has weak positive correlation with BMI(kg/m2), waist circumference(cm), HOMA-IR, Triglycerides(mg/dl) ($r = 0.29$, $p = <0.001$; $r = 0.32$, $p = <0.001$; $r = 0.21$, $p = 0.006$; $r = 0.19$, $p = 0.015$ respectively). NFS has positive correlation with HOMA-IR($r = 0.2$, $p = <0.01$). FIB-4, APRI had no significant correlation with cardiometabolic risk factors.

Conclusion :
This study revealed a clinically significant prevalence of MASLD among studied PCOS population i.e. 43.1%. This highlights the need for routine screening for MASLD in all PCOS patients.

Abstract ID: SRH/OP/39

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Abstract Title:
CLINICAL DIVERSITY AND DIAGNOSTIC HURDLES IN OHVIRA SYNDROME: EXPERIENCE FROM A TERTIARY CARE HOSPITAL

Introduction :
Obstructed Hemivagina and Ipsilateral Renal Anomaly (OHVIRA) syndrome, also known as Herlyn–Werner–Wunderlich (HWW) syndrome, is a rare congenital Müllerian duct anomaly characterised by a triad of uterus didelphys, obstructed hemivagina and ipsilateral renal agenesis. It often presents after menarche with pelvic pain, dysmenorrhoea, or a pelvic mass, and can be misdiagnosed due to the rarity and overlapping clinical features.

Aims & Objectives :
To study the clinical profile and management outcome of cases diagnosed with OHVIRA.

Materials & Methods :
This is a retrospective cohort study including 7 patients diagnosed with OHVIRA syndrome at the Department of Obstetrics and Gynaecology, AIIMS, New Delhi over a period of two years. Data were collected by reviewing medical records.

Results :
Total 7 participants enrolled. The median age was 13 years (11-27) and mean age was 17.3 ± 7.53 years. The most common symptom was dysmenorrhea in 6/7 (85%), followed by heavy menstrual bleeding in 2/7 (28%), acute urinary retention in 2/7 (28%) and foul smelling discharge per vaginum in 1/7 (14%). Imaging(USG±MRI) confirmed uterus didelphys with right sided obstructed hemivagina and right renal agenesis in 5/7(71%), and left sided in 2/7(28%). Two cases were misdiagnosed as functional rudimentary horns and underwent unsuccessful unification of cavity, later had recurrences of symptoms at presentation to our centre. Repeat surgery was done for both. All patients underwent vaginal septum excision, resulting in complete symptom relief.

Conclusion :
OHVIRA syndrome,though rare, should be considered in adolescent girls with cyclical abdominal pain and renal anomalies, though can present in older age. Surgical correction provides excellent symptomatic relief.

Abstract ID: SRH/OP/40

Presenter's Name: Dr. Nupur Mittal

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Abstract Title:
TO COMPARE THE EFFICACY AND SAFETY OF ORAL ORMELOXIFENE AND NORETHISTERONE FOR THE TREATMENT OF ABNORMAL UTERINE BLEEDING

Introduction :
Abnormal uterine bleeding affect 10-35% of women in reproductive age and up to 50% of perimenopausal women. The primary treatment options for AUB include medical (hormonal, non-hormonal), and surgical interventions. Oral ormeloxifene and norethisterone, each with distinct mechanisms of action and efficacy profiles are being used. There are limited studies directly comparing their efficacy and safety. So, this study was being undertaken.

Aims & Objectives :
To compare the efficacy and safety of oral ormeloxifene and norethisterone for treatment of AUB

Materials & Methods :
Hospital based prospective interventional study was conducted in OBGYN OPD over 18 months. After taking written and informed consent, 110 patients from OPD fulfilling the eligibility criteria were selected and divided into 2 groups. Group A was given Ormeloxifene and Group B was given Norethisterone for 6 months. Data regarding mean blood loss, Hb level, side effects were collected and analysed.

Results :
Majority of patients were in the age group of 31-40 years. The demographic profile including age(p=0.94), parity(p=091), BMI(p=0.64), socioeconomic status (p=0.91) and pre-treatment Hb level (p=0.15), post-treatment Hb level (p=0.88) showed no significant difference between the groups. Improvement in Hb level (p=0.001 in Group A, p=0.001 in Group B), decrease in Endometrial thickness (p=0.001 in Group A, p=0.001 in Group B) showed significant results in both the groups. Side effects were more commonly reported in Group B than in Group A.

Conclusion :
Both Ormeloxifene and Norethisterone effectively managed AUB. Ormeloxifene may be more effective for patients with prolonged bleeding episodes and had a more favourable side effect profile.

Abstract ID: SRH/OP/41

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Abstract Title:
ALLOPURINOL IN IMPROVING THE QUALITY OF LIFE AND FEMALE SEXUAL FUNCTIONING : A RANDOMIZED CONTROLLED TRIAL

Introduction :
Endometriosis affects 190 million women worldwide. It is a chronic debilitating disease that takes a severe toll on women's sexual and reproductive health.

Aims & Objectives :
To evaluate the role of Allopurinol in improving the quality of life and sexual functioning in women with endometriosis.

Materials & Methods :
This double-blind, randomized, parallel-group, controlled trial was conducted at AIIMS Bhubaneswar from July 2023 to May 2025. Eighty women aged 18–45 years with endometriosis (as per ESHRE 2022 guidelines) were randomly allocated into two groups of 40 each: Group A received Dienogest 2 mg + Allopurinol 300 mg once daily, and Group B received Dienogest 2 mg + placebo once daily for 12 weeks. Outcome measures included WHOQOL-BREF for quality of life and FSFI for sexual function. Data were analyzed using SPSS v23, with $p < 0.05$ considered significant.

Results :
The total sexual functioning score, reflecting poor overall sexual function in both groups (Group A= 16.50 ± 9.10 vs Group B= 18.20 ± 9.30). Both groups showed significant improvement in quality of life and sexual function ($p < 0.001$), However, the intergroup differences were non-significant for most outcomes except for a greater improvement in the psychological domain of quality of life in the Allopurinol group ($p = 0.048$).

Conclusion :
While Allopurinol did not show statistical superiority in physical outcomes, its additional benefit in psychological well-being suggests possible neuroprotective effects through antioxidant and anti-inflammatory mechanisms. The therapy was safe, well tolerated, and may serve as a promising adjunct in the holistic management of endometriosis with further larger studies.

Abstract ID: SRH/OP/42

Presenter's Name: Dr. Priya Chauhan

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Abstract Title:
STUDY OF ADNEXAL MASSES IN YOUNG ADOLESCENT GIRLS : A PROSPECTIVE OBSERVATIONAL STUDY : NAME OF PRESENTER: DR. PRIYA CHAUHAN (JR3) CONTACT: 8226063798 | CHAUHANDRPRIYA9@GMAIL.COM UNDER THE GUIDANCE OF DR. RACHNA CHAUDHARY DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY LALA LAJPAT RAI MEMORIAL MEDICAL COLLEGE, MEERUT

Introduction :
Adnexal masses in young adolescent girls represent a unique clinical entity, encompassing a wide spectrum of pathologies involving the ovaries, fallopian tubes, and surrounding connective tissues. Unlike adults, the evaluation and management of adnexal masses in adolescents require a conservative approach to preserve reproductive and endocrine function.

Aims & Objectives :
To determine the clinical presentation, incidence, and nature (benign or malignant) of adnexal masses in adolescent girls aged 10–19 years. 2) To correlate clinical findings with radiological and histopathological results. 3) To evaluate the outcome of conservative versus surgical management in these patients.

Materials & Methods :
This prospective observational study was conducted in the Department over a period of 18 months .A total of 124 adolescent girls (aged 10–19 years) presenting with adnexal masses were included. Detailed history and clinical examination were performed for all patients. Investigations included complete blood count, tumor markers (CA-125, AFP, β-hCG, LDH), and hormonal profile

Results :
Out of 124 cases, the majority were in the age group of 15–19 years. The most common presenting symptom was lower abdominal pain (68%), followed by abdominal lump (22%) and menstrual irregularities (10%). Functional ovarian cysts were the most frequent finding (56%), followed by benign neoplastic lesions such as serous and mucinous cystadenomas (34%). Malignant lesions were seen in 10% of cases, most commonly germ cell tumors. Ultrasonography demonstrated high sensitivity in differentiating it

Conclusion :
Adnexal masses in adolescent girls are predominantly benign and self-limiting. A structured diagnostic approach combining clinical evaluation, imaging, and selective use of tumor markers helps in differentiating benign from malignant lesions.

Abstract ID: SRH/OP/43

Presenter's Name: Dr. Sneha

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Abstract Title:
COMPARISON OF PRIMARY HUMAN PAPILLOMAVIRUS TESTING, LIQUID-BASED CYTOLOGY, AND CO-TESTING FOR CERVICAL CANCER SCREENING

Introduction :
Cervical cancer ranks as the second most prevalent cancer among women in India, in terms of both incidence and mortality. Persistent infection with high-risk HPV types is the key cause of cervical intraepithelial neoplasia and invasive cancer, for which various screening methods are available. This study evaluated and compared the effectiveness of Primary HPV DNA testing, LBC and Co-testing in screening for pre-malignant and malignant cervical lesions.

Aims & Objectives :
To compare primary HPV testing, liquid-based cytology and co-testing for the screening of cervical cancer.

Materials & Methods :
A cross-sectional study was conducted on 500 married women aged above 30 years attending the gynaecology OPD at ABVIMS & Dr. Ram Manohar Lohia Hospital, New Delhi. Cervical samples were collected for LBC (SurePath system, Bethesda 2001 reporting) and HPV DNA testing (Anyplex II HPV28 multiplex PCR). Women with abnormal screening underwent further evaluation according to hospital protocol, and histopathology was used as the gold standard for diagnosis. Sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), and diagnostic accuracy were calculated.

Results :
The prevalence of HPV infection in the cohort was 7.8%, with high-risk genotypes accounting for 4%. Co-testing demonstrated the best overall diagnostic performance, with a diagnostic accuracy of 98%.

Conclusion :
Co-testing offers the most reliable and balanced approach for cervical cancer screening, combining the high sensitivity of HPV testing with the confirmatory value of cytology, making it the preferred method of screening for cervical cancer. Broader population-based studies are needed to refine national guidelines for primary HPV-based screening programs.

Abstract ID: SRH/OP/44

Presenter's Name: Dr. Tanya Chaudhary

Co-Author(s):
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Abstract Title:
COMPARISON OF PAIN PERCEPTION AND PATIENT SATISFACTION BETWEEN THREE-DIMENSIONAL HYSTEROSALPINGO-CONTRAST SONOGRAPHY (3D/4D HYCOSY) AND HYSTEROSALPINGOGRAPHY (HSG) IN EVALUATION OF TUBAL PATENCY: A RANDOMIZED CONTROLLED TRIAL

Introduction :
Tubal factor infertility accounts nearly 30–40% infertility cases. Evaluation of tubal patency is a cornerstone of infertility workup. Hysterosalpingography(HSG), though widely used, is limited by significant procedural discomfort, ionizing radiation, and iodinated contrast-related reactions.Hysterosalpingo-Contrast Sonography(3D/4D HyCoSy) has emerged as a safe, radiation-free, and patient-friendly alternative provides high-resolution assessment of the uterine cavity and fallopian tubes. This study compares pain perception and patient satisfaction between HSG and 3D/4D HyCoSy.

Aims & Objectives :
The objective of this study was to compare the pain perception and patient satisfaction among women undergoing 3D/4D HyCoSy and HSG as part of their infertility workup.

Materials & Methods :
A randomized controlled trial was conducted among 70 infertile women aged 21–38 years, who were randomly allocated into two equal groups: HSG and HyCoSy. The HyCoSy procedure was performed using 3D ultrasound technology with Sonovue contrast media. Pain perception was assessed using a 10-point Visual Analogue Scale (0–10), while patient satisfaction was evaluated using a 5-point Likert scale. Statistical analysis was performed using STATA v16.0, with a p-value <0.05 considered statistically significant.

Results :
The mean age of participants was 28.21±4.30 years; 51 (72.9%) had primary and 19 (27.1%) had secondary infertility. The mean VAS pain score was significantly higher in the HSG group (7.27±1.79) compared to the HyCoSy group (2.82±1.47) ($p<0.001$). Mean satisfaction scores were significantly higher in the HyCoSy group (4.71±0.47) than in the HSG group (3.27±0.70) ($p<0.001$).

Conclusion :
3D/4D HyCoSy offers significantly reduced pain and higher patient satisfaction compared to HSG, making it a safe, noninvasive, and patient-friendly first-line method for assessing tubal patency.

Abstract ID: SRH/OP/45

Presenter's Name: Dr. Dr. Ankita Shukla

Co-Author(s):
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Abstract Title:
CORRELATION OF SERUM URIC ACID LEVELS WITH OVARIAN RESERVE IN WOMEN WITH INFERTILITY.

Introduction :
Ovarian reserve is a critical factor in determining reproductive potential. Parameters such as Antral Follicle Count (AFC), serum Anti Mullerian Hormone (AMH), and day-2 serum Follicle Stimulating Hormone (FSH) levels are used to assess ovarian reserve. Serum Uric Acid (SUA) has been hypothesized to influence ovarian function.

Aims & Objectives :
To study the correlation of serum uric acid with ovarian reserve parameters, namely, AFC, Serum AMH, and Serum FSH levels in women with infertility, attending Outpatient clinic in Department of Obstetrics & Gynecology at AIIMS Bhopal ;and to find out which of the three parameters correlates best with serum uric acid levels.

Materials & Methods :
Interim analysis of an ongoing cross-sectional observational study conducted amongst 102 women, aged 20 to 45 years, seeking consultation for infertility is presented. Clinical evaluation of all participants as per standard practice was done. Serum AMH, serum uric acid, day-2serum FSH, and AFC were measured.

Results :
The mean age of participants was 29.7 years [SD5.3]. A positive correlation was observed between serum uric acid levels and serum AMH levels (r 2 0.235). A stronger correlation of serum urid acid levels was observed with the AFC (r 2 0.366). Serum FSH and serum uric acid levels are positively correlated but weakly (r = 0.150).

Conclusion :
The findings suggest that elevated serum uric acid levels are associated with better ovarian reserve, though the clinical significance of this observation has to be interpreted with caution as higher ovarian reserve may exist in conditions with ovulatory dysfunction. Its future scope may include prognostication for infertility treatment outcomes.

Abstract ID: SRH/OP/46

Presenter's Name: Dr. Chekuri Rama Kavitha

Co-Author(s):
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Country: India

Abstract Title:
TO STUDY THE INCIDENCE OF OBSTETRIC ANAL SPHINCTER INJURIES (OASIS) IN POSTPARTUM WOMEN USING INTROITAL ULTRASOUND

Introduction :
Obstetric Anal Sphincter Injuries (OASIS) are a major cause of postpartum anal incontinence and sexual dysfunction and are often misdiagnosed at the time of delivery. Introital ultrasound provides a feasible, non-invasive alternative for early detection.

Aims & Objectives :
To determine the incidence of OASIS in postpartum women using introital ultrasound and evaluate the effect of Kegel exercises on pelvic floor function and quality of life.

Materials & Methods :
This prospective observational study included 150 postpartum women (100 vaginal, 25 instrumental, 25 caesarean). Introital ultrasound was performed 48–72 hours after delivery and repeated at 6 weeks. All participants were instructed to perform Kegel exercises postpartum. Quality of life was assessed using the Pelvic Floor Distress Inventory (PFDI-20) score.

Results :
OASIS was detected in 6.6% (10/150) by ultrasound versus 1.3% clinically. Most cases occurred in primigravidae (90%) and in instrumental deliveries (32%). Prolonged second stage (>60 min) and lower BMI were significant risk factors ($p<0.001$). Regular Kegel exercise led to significant improvement in PFDI-20 scores at 6 weeks ($p<0.05$).

Conclusion :
Introital ultrasound is an effective tool for detecting clinically missed OASIS. Early diagnosis and pelvic floor muscle strengthening improves postpartum recovery and quality of life.

Abstract ID: SRH/OP/47

Presenter's Name: Dr. Sushma Dahiya

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Abstract Title:
ESTIMATION OF VITAMIN D AND ANTI-MULLERIAN HORMONE (AMH) LEVELS IN SERUM AND FOLLICULAR FLUID AND ITS ASSOCIATION WITH INVITRO FERTILIZATION (IVF) OUTCOMES.

Introduction :
Vitamin D regulates cell growth and hormone synthesis, potentially affecting ovarian reserve and AMH levels. Deficiency has been linked to reduced fertility and poor IVF outcomes. Follicular fluid Vitamin D reflects serum levels, indicating its importance in oocyte and embryo development. AMH levels decline with age and reduced ovarian reserve, making it a key marker in female reproductive health.

Aims & Objectives :
Primary: To study the association of Vitamin D levels and AMH levels (in Serum and Follicular Fluid), with IVF outcome. Secondary: To study the association between Vitamin D and AMH levels in Serum and Follicular Fluid in patients undergoing IVF treatment.

Materials & Methods :
A prospective observational study was conducted on 110 infertile women aged 20–40 years undergoing IVF with no male factor infertility. Serum and Follicular fluid collected for Vitamin D and AMH measurement, using ELISA and ECLIA methods. Participants categorized as Vitamin D deficient (<30 ng/mL) or non-deficient (≥30 ng/mL). All underwent embryo transfer, and outcomes including number of oocytes retrieved, embryos formed on day 3, clinical pregnancy rate, and miscarriage rate, were recorded. Statistical analysis was performed using SPSS v25, with $p < 0.05$ considered significant.

Results :
Among 110 study subjects, no significant association was found between Vitamin D and AMH levels in serum and follicular fluid with IVF outcomes. However, a weak, non-significant correlations existed between Vitamin D and AMH in serum and follicular fluid.

Conclusion :
Vitamin D and AMH may not serve as reliable independent predictors of IVF success, highlighting need for larger, multicentric studies to further clarify their potential roles.

Abstract ID: SRH/OP/48

Presenter's Name: Dr. Nishtha Jaiswal

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Abstract Title:
CONVENTIONAL-IVF VERSUS ICSI IN COUPLES WITH ISOLATED TERATOZOOSPERMIA: IS THERE ANY DIFFERENCE IN FERTILITY OUTCOME?

Introduction :
Isolated teratozoospermia refers to a condition where sperm morphology is abnormal while sperm concentration and motility remains within reference ranges. Fertility outcomes in couples with isolated teratozoospermia has not been studied extensively and the choice between ICSI and conventional-IVF(c-IVF) remains debated. Understanding limitations with overuse of ICSI is crucial in deciding management of couples with isolated teratozoospermia.

Aims & Objectives :
To compare fertility outcomes in couples with isolated teratozoospermia,undergoing c-IVF or ICSI primarily in terms of fertilization rate.

Materials & Methods :
This was a retrospective cohort study done at ART facility in Department of Obstetrics and Gynaecology,AIIMS,New Delhi in infertile couples with isolated teratozoospermia who underwent c-IVF or ICSI cycles between January to August 2025. Retrospective review of all eligible cases in above mentioned study period was done by scrutinizing case records.

Results :
Total 77 couples were recruited in study, out of which 56 underwent c-IVF cycles and 21 had ICSI cycles. The mean fertilization rate was found to be 77.5% and 83.8% in the c-IVF and ICSI group respectively. This difference in the mean fertilization rate in both groups was not found to be statistically significant (p=0.21)

Conclusion :
ICSI is an invasive procedure which can cause potential damage to gametes. Also average cost per ICSI cycle is 8–30% higher than that per c-IVF cycle. While ICSI bypasses some limitations associated with abnormal sperm morphology, outcomes are still influenced by sperm quality. Future studies including RCTs and employing larger sample sizes and longitudinal designs could yield deeper insights into the overall impact of isolated teratozoospermia on fertility outcomes.

Abstract ID: SRH/OP/49

Presenter's Name: Dr. Neha Pruthi Tandon

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Abstract Title:
BEYOND BENIGN: UNVEILING THE UNEXPECTED IN FIBROIDS

Introduction :
Uterine fibroids are among the most common benign tumors in women of reproductive age. While most follow a predictable clinical and pathological course, occasional atypical findings can alter diagnosis, management, and prognosis.

Aims & Objectives :
To analyze intraoperative & postoperative management and the histopathological spectrum of surgically managed fibroid uterus cases in a tertiary care hospital.

Materials & Methods :
A retrospective study was conducted in from January 2024 to July 2025. Data of all patients who underwent surgery for fibroid uterus were reviewed, including clinical records, intraoperative findings, and histopathology reports. A total of 117 women were included. Patients with incomplete documentation were excluded from analysis.

Results :
Among 117 operated cases, the majority(96.6%) showed benign leiomyomas. 3.4% (4/117) had abnormal histopathology (2 cases were identified as stump fibroids, 1 case as leiomyosarcom, and 1 case revealed a lipoleiomyoma). 14 cases demonstrated coexistent adenomyosis, 7 cases had secondary degeneration, 9 had disordered proliferative endometrium The remaining cases represented typical benign fibroids. The occurrence of unexpected or mixed pathologies highlighted the variability within the spectrum of presumed fibroid uterus.

Conclusion :
Every “routine” fibroid deserves meticulous evaluation. Vigilant intraoperative assessment and histopathological confirmation remain indispensable to avoid missed diagnoses and to guide appropriate follow-up.

Abstract ID: SRH/OP/50

Presenter's Name: Dr. Rashi Agrawal

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Country: India

Abstract Title:
A COMPARATIVE STUDY OF ANTHROPOMETRIC MEASURE, VISCERAL ADIPOSITY INDEX AND INSULIN RESISTANCE WITH CARDIOMETABOLIC RISK IN VARIOUS PHENOTYPES OF POLYCYSTIC OVARY SYNDROME

Introduction :
Polycystic ovary syndrome is a common endocrine disorder in women of reproductive age, with a prevalence of 5 to 16% worldwide. Association of anthropometric measure(Waist Hip ratio), Visceral Adiposity Index and Insulin Resistance with cardiometabolic risk in various phenotypes of Polycystic Ovary Syndrome.

Aims & Objectives :
Aim-To compare the anthropometric measure, Visceral Adiposity Index and Insulin Resistance in various phenotypes of Polycystic Ovary Syndrome. Objectives- 1. To categorise Polycystic Ovary Syndrome cases into various phenotypes. 2. To assess anthropometric measure(Waist Hip ratio), Visceral Adiposity Index and Insulin Resistance in cases and controls. 3. To assess the cardiometabolic risk in the study groups. 4. To compare anthropometric measure, Visceral Adiposity Index and Insulin Resistance with cardiometabolic risk in various phenotypes of Polycystic Ovarian Syndrome.

Materials & Methods :
This was a Case Control type of Observational Comparative study conducted in department of Obstetrics and Gynaecology at Sawai Man Singh medical college, Jaipur on women aged between 18 to 35 years attending OPD clinic

Results :
Waist Hip ratio, Visceral Adiposity Index and Insulin Resistance are a good predictor of future metabolic disease in women with Polycystic Ovary syndrome.

Conclusion :
Study suggested that Insulin resistance leading to increase cardiometabolic risk are associated with Polycystic Ovary Syndrome. Visceral Adiposity Index, Insulin Resistance and Waist Hip ratio is a good predictor of future metabolic disease in women with Polycystic Ovary Syndrome. To decrease chances of development of metabolic syndrome and cardiovascular disease at an early stage, these women can be advised for lifestyle modification and timely intervention.

Abstract ID: SRH/OP/51

Presenter's Name: Dr. Varsha Goluguri

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Abstract Title:
PREVALENCE OF METABOLIC SYNDROME IN WOMEN WITH POLYCYSTIC OVARIAN SYNDROME OF REPRODUCTIVE AGE GROUP

Introduction :
PCOS is a prevalent endocrine disorder among women of reproductive age characterized by hyperandrogenism, chronic anovulation and polycystic ovarian morphology.

Aims & Objectives :
To estimate the prevalence of metabolic syndrome among women with PCOS in reproductive age group.

Materials & Methods :
Hospital based cross sectional study will be conducted in a obstetrics and gynaecology OPD of tertiary care center in Bangalore women aged 20-45years diagnosed with PCOS according to rotterdam criteria

Results :
USG findings revealed that polycystic ovarian morphology was present in 34% of all PCOS patient socioeconomic analysis showed that MetS prevalence was higher among women from the middle socioeconomic group indicating the possible influence of lifestyle and dietary habits

Conclusion :
This study highlights the high prevalence of metabolic syndrome among women with PCOS , underscoring the need for early metabolic screening and targeted interventions

Abstract ID: SRH/OP/52

Presenter's Name: Prof. Geeta Rustagi

Co-Author(s):
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Country: India

Abstract Title:
PATTERN OF OCULAR MANIFESTATIONS IN PREGNANCY AND LABOUR: FROM THE BENIGN TO THE VISION-THREATENING

Introduction :
Ocular manifestations during pregnancy and labor are multifaceted, ranging from benign fluctuations in visual acuity to potentially visionthreatening conditions. Understanding these manifestations is essential for comprehensive maternal healthcare.

Aims & Objectives :
This study aims to elucidate the patterns of ocular manifestations in pregnant women, investigate associated risk factors, assess their clinical significance, and classify them into benign and vision-threatening categories.

Materials & Methods :
A retrospective analysis of medical records total n= 200 pregnant women was conducted, with data collected on ocular symptoms, preexisting ocular conditions, and pregnancy-related complications. Ophthalmological examinations included visual acuity assessment, intraocular pressure measurement, and fundus evaluation.

Results :
Among the participants, 48.5% reported mild fluctuations in visual acuity, primarily attributed to hormonal changes. Preexisting ocular conditions are exacerbated in 12.3% of cases, with dry eye syndrome being the most prevalent. Elevated intraocular pressure (>21 mmHg) was observed in 6.8% of participants, necessitating further evaluation for glaucoma. Rare but severe conditions, including central serous chorioretinopathy (1.5%) and central retinal vein occlusion (0.6%), were identified, often associated with hypertensive disorders. Psychological distress due to ocular symptoms was reported in 22.7% of cases

Conclusion :
Ocular manifestations during pregnancy and labor are common, with fluctuations in visual acuity and exacerbation of preexisting conditions being the most prevalent. Regular ophthalmological monitoring during pregnancy is crucial to identify and manage potentially vision-threatening conditions. Addressing the psychosocial impact of ocular symptoms is also essential for holistic maternal care.

Abstract ID: SRH/OP/53

Presenter's Name: Dr. Krutika Dave

Co-Author(s):
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Abstract Title:
- CABERGOLINE AS A NOVEL ADJUNCT IN OVULATION INDUCTION FOR ENDOMETRIOSIS-ASSOCIATED INFERTILITY

Introduction :
Endometriosis is a chronic, estrogen-dependent inflammatory disorder which affects 35–50% women with infertility. This study evaluates its effect on ovulation and conception in women with endometriosis-associated infertility.

Aims & Objectives :
To evaluate the effectiveness of cabergoline as an adjuvant to ovulation induction therapy in improving cumulative ovulation rate and pregnancy rate among infertile women with endometriosis.

Materials & Methods :
This open-label randomized controlled trial conducted at the Department of Obstetrics and Gynaecology, AIIMS New Delhi, included 60 women with Stage I–II endometriosis and infertility, randomized equally into Group 1 (cabergoline + letrozole) and Group 2 (letrozole alone) for ovulation induction, with outcomes assessed by ovulation and confirmed conception over four cycles.

Results :
The mean age of participants was 29.1 years with a mean BMI of 23.5 kg/m^2; with dysmenorrhea(93%) and dyspareunia(53%) as predominant symptoms. The cumulative ovulation rates were comparable between the two groups. However, Group 1 (Cabergoline + Letrozole) showed significant earlier formation of the dominant follicle (day 10.6 vs day 12.7, $p = 0.001$) and an average larger follicle size (21.3 mm vs 19.5 mm, $p = 0.001$) than Group 2 (Letrozole alone). Pregnancy rate and endometrial thickness were significantly higher in Group 1 compared to Group 2 (33.3% vs 10%; $p = 0.028$) and (8.81 ± 1.09 mm vs 8.06 ± 0.66 mm; $p = 0.013$), respectively.

Conclusion :
Cabergoline, as an adjunct to ovulation induction, improved pregnancy outcomes in women with endometriosis-associated infertility, suggesting its potential as an effective, non-hormonal adjuvant therapy.

Abstract ID: SRH/OP/55

Presenter's Name: Dr. Mamatha Pidugula

Co-Author(s):
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Abstract Title:
COMPARATIVE PROSPECTIVE STUDY OF ORAL MIFEPRISTONE COMBINED WITH VAGINAL MISOPROSTOL VERSUS VAGINAL MISOPROSTOL ALONE FOR SECOND TRIMESTER (13-24 WEEKS) ABORTIONS

Introduction :
Introduction: Optimal methods for second trimester pregnancy termination remain a key focus in reproductive healthcare, particularly regarding efficacy and safety profiles.

Aims & Objectives :
Aims and Objectives: This study compared the abortifacient efficiency and safety of oral mifepristone combined with vaginal misoprostol versus vaginal misoprostol alone for second trimester (13–24 weeks gestation) abortions.

Materials & Methods :
Materials and Methods: A prospective randomized comparative cohort study was conducted at Government General Hospital, Kakinada over 18 months. Eligible patients seeking second (13–24 weeks gestation) trimester abortion were assigned to receive oral mifepristone plus vaginal misoprostol or vaginal misoprostol alone. Key outcomes included induction-to-abortion interval, required no of misoprostol doses and total amount of misoprostol dose required to achieve complete abortion, incidence of side effects, and complication rates.

Results :
Results: Demographic age parameters (p value = 0.64) and gestational ages (p value = 0.58) were comparable across groups. The mifepristone plus misoprostol group demonstrated a significantly shorter induction-to-abortion interval (IAI) of 7.84 ± 2.1 hr compared to misoprostol alone group, which demonstrated IAI of 11.26 ± 3.5 hr ($p < 0.001$) and required lower doses ($p < 0.001$) with fewer repeat administrations ($p < 0.001$). The mifepristone plus misoprostol group demonstrated a significantly higher abortion success rate of 96% compared to misoprostol alone group, which demonstrated 82%. Both regimens demonstrated similar profiles of side effects dominated by nausea, vomiting and diarrhea.

Conclusion :
Conclusions: Combining oral mifepristone with vaginal misoprostol offers a shorter induction-to-abortion interval and higher abortion success rate with requirement of lower dose of vaginal misoprostol.

Abstract ID: SRH/OP/57

Presenter's Name: Dr. Shabana Sultan

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Country: India

Abstract Title:
HEALING THE HIDDEN WOUNDS: PSYCHOSEXUAL WELLBEING AFTER GYNECOLOGIC CANCER TREATMENT

Introduction :
Psychosexual problems are a significant but often underrecognized aspect of the cancer journey for women diagnosed with gynecological cancer. Many women experience distress, dissatisfaction, and a diminished sense of femininity and sexual identity. Medical interventions such as surgery, chemotherapy, and radiation can result in profound physical changes. This study aims to assess the prevalence of sexual dysfunction among gynecological cancer survivors in a tertiary care center in Central India. It will identify key risk factors and examine correlations between socio-demographic and treatment-related variables and sexual health outcomes.

Aims & Objectives :
PRIMARY: To determine the prevalence of sexual dysfunction and distress among patients with Gynecological cancers. SECONDARY: • To evaluate the type of sexual dysfunctions in gynaecological cancer patients. • To identify the associations between socio- demographic profiles, cancer staging and type of cancer treatment with patients' sexual dysfunction and distress.

Materials & Methods :
This observational study was conducted in the Department of Obstetrics and Gynaecology, Gandhi Medical College and Hamidia Hospital, Bhopal, over 18 months (May 2023–October 2024). Ninety-one women aged ≥18 years diagnosed with gynaecological cancers were enrolled after informed consent. Data were collected using the Female Sexual Function Index (FSFI) and Female Sexual Distress Scale-Revised (FSDS-R) and analyzed using Epi Info 7.0.

Results :
Among 91 participants, cervical cancer was most common (39.6%) followed by ovarian (31.9%) and endometrial (22%) cancers. Common dysfunctions included sexual dissatisfaction (58.3%), genito-pelvic pain/penetration disorder (56.1%), and arousal disorder (47.3%).

Conclusion :
Incorporating psychosexual counseling and rehabilitation into standard oncologic care can play a pivotal role in enhancing the quality of life.

Abstract ID: SRH/OP/58

Presenter's Name: Dr. Supriya Sharma

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City: Jammu

State: Jammu and Kashmir

Country: India

Abstract Title:
EFFECT OF LETROZOLE ON MALE INFERTILITY

Introduction :
Infertility is quite prevalent in today's world with the prevalence of male infertility in India being about 10-15% .Obesity in males is commonly seen to be associated with abnormal semen parameters. Use of aromatase inhibitors like letrozole can be of significant help in patients with abnormal semen parameters.

Aims & Objectives :
To study the effect of letrozole on hormonal profile and on semen parameters of males with infertility

Materials & Methods :
longitudinal prospective interventional study on the role of letrozole administration in males with idiopathic infertility with a serum Testosterone: Estradiol ratio of ≤10. A total of 40 such males were included in the study after taking proper consent and were administered Tab letrozole 2.5 mg for 3 months. A baseline hormonal profile comprising of Serum FSH,LH, Testosterone, estradiol and testosterone:estradiol ratio was recorded and baseline semen examination was done after taking proper precautions. This was repeated after the period of 3 months of drug administration. Patients with other medical or surgical causes of infertility were excluded from the study. Also the males with their partners having other causes of infertility were excluded from the study.

Results :
A significant improvement of was noticed in the levels of FSH, LH, Testosterone, estradiol along with improvement i.e rise in the testosterone: estradiol ratio. A total of 29 males out of total 40 (72.5%) showed positive results. Also the semen examination repeated after 3 months showed a improvement in 80%(32/40) patient's sperm parameters.

Conclusion :
etrozole can be a promising drug in males with idiopathic infertility and should be used more frequently.

Abstract ID: SRH/OP/59

Presenter's Name: Dr. Shubham

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MATA GUJRI MEMORIAL MEDICAL COLLEGE

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Abstract Title:
EFFECT OF PROBIOTIC SUPPLEMENTATION ON CLINICAL PREGNANCY RATES IN PCOS WOMEN UNDERGOING OVULATION INDUCTION WITH IUI

Introduction :
Infertility is a common condition affecting about 15% couples worldwide. , The vaginal microbiota changes with hormonal changes throughout the menstrual cycle or even with exogenous hormonal administration. A healthy vaginal community contains some beneficial microbial strains, of which lactobacillus species is most predominant. Lactobacillus prevent growth of pathogen bacteria, it acidifies vaginal pH and can increase implantation rate by producing various substances such as lactic acid, H2O2, bacteriocins and antimicrobial toxic hydroxyl radicals. The reproductive tract microbiome of a female can impact fertility functions such as implantation & establishment of pregnancy. Ecotas-BV contains lactobacillus crispatus, lactobacillus rhamnosus.

Aims & Objectives :
Present study aims at assessment of effect of ECOTAS BV on IUI cycle pregnancy outcomes in PCOS patients.

Materials & Methods :
This single blind clinical trial was conducted on 30 infertile women with ovulatory dysfunction who underwent IUI in our infertility clinic between 1st July 2025 to 31st August 2025. In the intervention group, two weeks before IUI, cap ecotas-BV was prescribed once a day, while in control group no extra intervention was done.

Results :
The biochemical and clinical pregnancy rates was 16.8% in the Ecotas-BV group and 10.3% in the control group.

Conclusion :
The biochemical and clinical pregnancy rates was 16.8% in the Ecotas-BV group and 10.3% in the control group. The small sample size and limited duration were the main lacunae for my study

Abstract ID: SRH/OP/60

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Abstract Title:
EFFICACY OF AN EXTENDED 10-DAY LETROZOLE REGIMEN COMPARED TO THE 5-DAY REGIMEN IN ENHANCING OVULATION IN INFERTILE WOMEN WITH POLYCYSTIC OVARY SYNDROME: A RANDOMIZED CONTROLLED TRIAL

Introduction :
Letrozole is the preferred first-line agent for ovulation induction in women with PCOS. However, the 5-day regimen may result in suboptimal response in some patients. Extending the duration of letrozole may enhance follicular development without increasing adverse events, though evidence remains limited.

Aims & Objectives :
To compare the efficacy of a 10-day extended letrozole regimen with the 5-day regimen for ovulation induction in infertile women with PCOS.

Materials & Methods :
Design: Open-label, parallel, randomized controlled trial. Setting: Tertiary care center in North India. Patients: Eighty infertile women aged 21–38 years with PCOS (Rotterdam criteria, 2003), normal uterine cavity and tubal patency, and partners with normal semen analysis. Intervention: Participants were randomized into two groups (n=40 each): one received letrozole 2.5 mg daily for 10 days (day 2–11), and the other for 5 days (day 2–6). Up to three ovulation induction cycles were permitted. Monitoring included transvaginal sonography from day 9, followed by hCG trigger when a dominant follicle (≥16 mm) developed, and timed intercourse after 24–36 hours.

Results :
A total of 147 cycles were analyzed. The extended regimen resulted in significantly higher follicular response in the first cycle (85.0% vs. 52.5%, p=0.002). Fewer women required dose escalation (15.0% vs. 47.5%, p=0.002), and none required HMG (vs. 15.8%, p=0.025). Pregnancy rates per patient were similar (35.0% vs. 32.5%), with no cases of OHSS.

Conclusion :
The extended 10-day letrozole regimen improves follicular response without added risk, offering an effective alternative for ovulation induction in women with PCOS.

Abstract ID: SRH/OP/61

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Abstract Title:
PREVALENCE OF CHRONIC ENDOMETRITIS IN RECURRENT PREGNANCY LOSS AND REPRODUCTIVE OUTCOME AFTER ANTIBIOTIC THERAPY: A PROSPECTIVE OBSERVATIONAL STUDY

Introduction :
Chronic endometritis (CE) is a persistent inflammation of the endometrium and is associated with adverse reproductive outcomes including recurrent pregnancy loss (RPL). Prevalence of CE in RPL ranges between 7–57%, but limited Indian data exist. This study evaluated CE in women with RPL using hysteroscopy and endometrial biopsy and assessed reproductive outcomes after treatment.

Aims & Objectives :
1. To determine the prevalence of chronic endometritis in women with RPL. 2. To evaluate clinical pregnancy outcomes after antibiotic therapy in CE-positive women.

Materials & Methods :
A prospective observational study was conducted on 60 women with RPL. All underwent hysteroscopy and endometrial biopsy in the post-menstrual phase. CE was diagnosed histologically by presence of ≥1 plasma cell/10 high-power fields; hysteroscopic indicators included micropolyps, hyperemia, and stromal edema. CE-positive women received doxycycline for 14 days. All patients were followed for 6 months and clinical pregnancy rate (CPR) was recorded.

Results :
Prevalence of CE was 16.6% (10/60) on biopsy and 10.2% (4/60) on hysteroscopy. After antibiotic treatment, CPR was 66.7% (8/12) in CE-positive women, compared with 18.8% (9/48) in CE-negative women during follow-up.

Conclusion :
A significant proportion of unexplained RPL cases may be attributed to chronic endometritis. Routine evaluation and prompt treatment with antibiotics improve reproductive outcomes.

Abstract ID: SRH/OP/62

Presenter's Name: Dr. Anjali Agarwal

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Country: India

Abstract Title:
IMPACT OF ENDOMETRIOSIS ON OOCYTE QUALITY AND REPRODUCTIVE OUTCOMES IN FEMALES UNDERGOING ART CYCLES

Introduction :
Endometriosis affects up to 10% of women of reproductive age and is strongly associated with infertility. Although mechanical factors such as adhesions contribute to subfertility, emerging evidence suggests that endometriosis impairs fertility at the cellular level by compromising oocyte quality and endometrial receptivity.

Aims & Objectives :
To evaluate the impact of endometriosis on oocyte quality, ovarian reserve, and reproductive outcomes in females undergoing ART cycles.

Materials & Methods :
A prospective case-control study was conducted over two years, including 224 women undergoing 350 IVF cycles—95 with endometriosis and 129 controls with other infertility etiologies. Baseline demographic and hormonal profiles were compared. Oocyte number, morphology, and quality were assessed using AOQI and correlated with fertilization, embryo development, and pregnancy outcomes.

Results :
Women with endometriosis exhibited significantly lower AMH levels (1.12 ± 1.65 vs. 2.17 ± 2.57 ng/mL; $p = 0.001$) and AFC (11.60 ± 6.44 vs. 15.70 ± 6.84; $p = 0.003$), requiring higher gonadotropin doses for stimulation. They yielded fewer total and mature (MII) oocytes ($p < 0.05$) and showed more frequent oocyte morphological abnormalities, reflected by a higher AOQI score (3.80 ± 1.69 vs. 1.00 ± 1.09; $p < 0.0001$). Despite comparable fertilization rates, biochemical pregnancy (29.5% vs. 41.9%; $p = 0.047$) and live birth/preterm delivery rates (31.9% vs. 56.9%; $p = 0.024$) were significantly reduced.

Conclusion :
Endometriosis exerts a dual negative impact on reproductive potential—diminishing oocyte quality and impairing endometrial receptivity—leading to poorer ART outcomes. Incorporating objective oocyte quality metrics such as AOQI, alongside ovarian reserve markers, enhances prognostic precision. Individualized ART strategies, including LH-supplemented stimulation and

Abstract ID: SRH/OP/63

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Abstract Title:
CORRELATION OF SERUM AMH WITH POLYCYSTIC OVARIAN MORPHOLOGY AS PER 2023 PCOS GUIDELINES: DIAGNOSTIC VALUE AND CLINICAL IMPLICATIONS

Introduction :
Polycystic Ovary Syndrome (PCOS) is a common endocrine disorder in reproductive-age women. While polycystic ovarian (PCO) morphology on ultrasound remains diagnostic, serum Anti-Müllerian Hormone (AMH) has been proposed as a potential biomarker. Correlating AMH with PCO morphology and clinical features may strengthen diagnostic accuracy, as emphasized in the 2023 PCOS guidelines.

Aims & Objectives :
To study the correlation of serum AMH with PCO morphology, PCOS symptomatology, and metabolic parameters

Materials & Methods :
This cross-sectional observational study included 100 women (18–35 years) fulfilling Rotterdam criteria for PCOS at Max Smart Super Speciality Hospital, New Delhi. Clinical, biochemical, and radiological evaluation was performed. Serum AMH was measured, and ultrasound morphology assessed using 2023 criteria (ovarian volume OV≥10 cc and/or ≥20 FNPO follicles per ovary and/or ≥10 FNPS follicles per section of ovary). Statistical analysis included t-test, ANOVA, and Pearson's correlation.

Results :
Mean serum AMH was 7.7 ± 4.4 ng/ml. A significant positive correlation was observed between AMH levels and PCO morphology, particularly with OV and FNPO ($p<0.05$). No significant correlation with menstrual irregularities, hyperandrogenism, or metabolic parameters. A cut off value of serum AMH as 3.6ng/ml , determined with a sensitivity of 93.3% for diagnosis of PCOS based on OV ≥10 and FNPO≥20 . Rising AMH titres has increased probability of frank PCOS.

Conclusion :
Serum AMH correlates significantly with radiological features of PCO morphology and may serve as a specific diagnostic and monitoring tool in PCOS. Larger multicenteric studies are required to establish standardized international cut off values before it can be used as a stand-alone diagnostic test.

Abstract ID: SRH/OP/64

Presenter's Name: Dr. Khushboo Rani

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Abstract Title:
COMPARISON OF INTRAUTERINE INSEMINATION DONE 36 AND 42 HOURS AFTER HUMAN CHORIONIC GONADOTROPIN INJECTION IN UNEXPLAINED INFERTILITY: A RANDOMIZED CLINICAL TRIAL

Introduction :
infertility affects about 15% of couples worldwide and intrauterine insemination with controlled ovarian stimulation is first line treatment. The timing of intrauterine insemination plays a crucial role. Intrauterine insemination done at 36 hours, but studies suggest better outcome at 42 hours.

Aims & Objectives :
To compare the biochemical and clinical pregnancy rates after intrauterine insemination between two groups having intrauterine insemination done 36 and 42 hours after human chorionic gonadotropin injection in ovarian stimulation cycles in unexplained infertility

Materials & Methods :
A prospective randomized clinical study was conducted at UCMS & GTB Hospital, Delhi (April 2024 – August 2025), involving 100 unexplained infertility women in which 50 were case IUI done at 42 hours and 50 were control IUI done at 36 hours. All women followed up till next period. Biochemical and clinical pregnancy rates were noted. Statistical analysis includes t-test, chi-square/ Fischer exact test.

Results :
IUI done at 42 hours after the hCG injection was associated with significantly higher biochemical and clinical pregnancy rates compared to 36 hours.

Conclusion :
IUI after ovulation induction is a commonly used treatment for unexplained infertility, yet pregnancy outcomes remain modest. We compared IUI done at 36 hours versus 42 hours after hCG trigger. IUI done at 42 hours demonstrated better conception outcomes compared to the 36 hours interval.

Abstract ID: SRH/OP/65

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Abstract Title:
EPIGENETICS IN INFERTILITY AND IVF - A COMPLETE CLINICAL EXPLANATION

Introduction :
epigenetics is extremely important in infertility and IVF, especially at the level of gametes, embryos, implantation, and long-term offspring health.

Aims & Objectives :
☑ 1. What Does Epigenetics Control in Reproduction? Epigenetics regulates: ☑ Oocyte maturation ☑ Spermatogenesis ☑ Fertilization ☑ Early embryonic development ☑ Implantation ☑ Placental development ☑ Fetal growth and long-term health

Materials & Methods :
Compare epigenetic markers in: Fertile vs infertile women Successful IVF vs failed IVF patients PCOS vs non-PCOS patients

Results :
Patients with recurrent implantation failure and poor ovarian response showed significantly reduced expression of endometrial receptivity genes (HOXA10, LIF) and ovarian response genes (FSHR, CYP19). Male partners demonstrated abnormal sperm imprinting (H19, IGF2). These epigenetic abnormalities were strongly associated with poor embryo quality, reduced implantation, lower pregnancy rates, and increased early pregnancy loss ($p < 0.05$).

Conclusion :
Epigenetic mechanisms critically influence sexual reproduction, regulating gene expression in oocytes, sperm, embryos, and endometrium. Abnormal DNA methylation and histone modifications are linked to infertility, poor gamete quality, implantation failure, and recurrent IVF failures. Recognizing these alterations enables personalized IVF protocols, targeted interventions, and lifestyle optimization, ultimately improving reproductive outcomes and supporting long-term sexual and reproductive health.

Abstract ID: SRH/OP/66

Presenter's Name: Dr. Sowmiya R

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Abstract Title:
BEYOND INSULIN-TYG INDEX AS A SURROGATE MARKER OF INSULIN RESISTANCE IN PCOS

Introduction :
PCOS is a multifaceted endocrine disorder. A key metabolic abnormality in PCOS is insulin resistance. Early identification of IR in PCOS patients is crucial for timely intervention to prevent metabolic complications. The most used standard method for measuring IR is HOMA-IR but require insulin assays, which are expensive & lacks standardization. Triglyceride glucose(TyG) index is a novel, simple, and reproducible surrogate marker for IR, derived from fasting triglycerides and fasting plasma glucose

Aims & Objectives :
To determine diagnostic accuracy of TyG index when used as a marker for prediction of insulin resistance in women with PCOS

Materials & Methods :
In this cross-sectional analytical study, 90 women with PCOS & 90 healthy volunteers aged 18-35 years attending gynaecology OPD at LHMC were evaluated. HOMA-IR value >3.9 was considered indicative of insulin resistance in women with PCOS. TyG index was calculated using the formula: Ln [Triglyceride (mg/dL) × Fasting glucose (mg/dL)/2]

Results :
The diagnostic accuracy of TyG index in predicting insulin resistance was found to be 85.6%. In ROC curve analysis, cut off for TyG index was found to be 4.7 with AUC 0.918, p-value = 0.0005<0.01 with 95% C.I 0.861 to 0.975, which shows high statistical significance with sensitivity 82 %, specificity 90.0%. The NPV is 80.0%, PPV is 91.1%, and Youden's Index is 0.72.

Conclusion :
Women with PCOS frequently have atherogenic dyslipidemia & impaired glucose metabolism - both components directly contribute to TyG index. Since these metabolic alterations occur even in non-obese PCOS patients, TyG index may detect IR earlier than clinical manifestations.

Abstract ID: SRH/OP/67

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Abstract Title:
HEAVY METAL LEVELS AND THEIR MOLECULAR INTERACTIONS IN PCOS: A CASE-CONTROL STUDY

Introduction :
Polycystic ovary syndrome (PCOS) is a prevalent endocrine disorder affecting reproductive-age women, characterized by insulin resistance, hyperandrogenism, and chronic inflammation.

Aims & Objectives :
This study aims to investigates the serum levels of heavy metals in PCOS patients and their potential impact on insulin resistance and inflammation.

Materials & Methods :
Blood samples from 53 PCOS cases and 54 controls were collected between December 2023 and January 2024 at the Department of Obstetrics and Gynaecology, Institute of Medical Sciences, Banaras Hindu University. Serum heavy metal levels were quantified using Atomic Absorption Spectroscopy (AAS), and TNF-α levels were measured via ELISA. Molecular docking was conducted using MIB2, targeting INSR (UniProt ID: P06213) and TNF-α (UniProt ID: P01375).

Results :
Among all heavy metals analyzed, Zn and Cu showed significant alterations in PCOS. Serum Zn levels were lower in cases (107.64 vs. 154.81 µg/dL, p<0.001), while Cu levels were higher (209.14 vs. 128.50 µg/dL, p<0.001). PCOS cases exhibited increased insulin resistance (HOMA-IR: 2.618 vs. 0.925, p<0.001) and TNF-α levels (419.25 vs. 138.52 pg/mL, p<0.001). Molecular docking revealed Zn binding strongly with TNF-α (binding score: 7.887) and Cu binding with INSR (binding score: 4.963), potentially disrupting their functions.

Conclusion :
The strong binding of Zn with TNF-α may contribute to its lower serum levels, reducing its availability as a cofactor for INSR activation. This impairs insulin receptor function, exacerbating insulin resistance. Elevated Cu levels may further disrupt metabolic homeostasis. These findings suggest that Zn-Cu imbalance could serve as a potential biomarker and therapeutic target in PCOS management.

Abstract ID: SRH/OP/68

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Abstract Title:
EXPLORING THE IMPACT OF STRESS ON INFERTILITY - THE UNSEEN STRUGGLE

Introduction :
Infertility is frequently managed as a purely physiological condition; however, chronic psychological stress remains a critical, often underestimated factor. It significantly disrupts the Hypothalamic-Pituitary-Adrenal (HPA) axis, impairing reproductive hormone balance and fertility potential in both men and women.

Aims & Objectives :
This study aims to highlight the profound impact of stress on infertility and explores the clinical efficacy of holistic approaches—specifically mind-body interventions and lifestyle modifications—in mitigating these effects to enhance overall fertility outcomes.

Materials & Methods :
The research utilized a comprehensive review and clinical data analysis involving patient surveys, fertility assessments, and specific hormonal assays, including salivary \alpha-amylase and hair cortisol. It investigated the correlation between stress biomarkers and reproductive health while evaluating interventions such as Cognitive-Behavioral Therapy (CBT), yoga, sleep hygiene, and the structured "Mind/Body Program for Infertility." Statistical analysis correlated stress levels with fertility parameters to determine clinical impact.

Results :
Data indicated that 25-60% of infertile patients suffer significant distress. Physiological evidence demonstrated that elevated hair cortisol levels significantly correlate with lower pregnancy rates ($P=0.017$). Chronic stress exacerbated conditions like PCOS and irregular ovulation in women while reducing sperm count and motility in men. Crucially, skills-based psychological interventions successfully lowered distress scores and measurably increased pregnancy rates compared to counseling alone.

Conclusion :
Stress is a potent, modifiable risk factor. An integrative approach combining conventional treatments with stress management effectively rebalances the hormonal environment. Recognizing this "unseen struggle" through targeted psychological support is essential for improving conception chances. Future studies should refine standardized protocols for broader clinical application to support reproductive health.

Abstract ID: SRH/OP/69

Presenter's Name: Dr. Neha Pandey

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Abstract Title:
EFFECT OF ENDOMETRIAL THICKNESS ON LIVE BIRTH RATES IN WOMEN UNDERGOING FROZEN EMBRYO TRANSFER IN IVF CYCLE

Introduction :
Endometrial receptivity is critical for implantation and successful pregnancy outcomes in ART.ET measured by transvaginal ultrasonography, is a widely used marker of receptivity. However, its predictive value for live birth rate (LBR) remains debatable. While thin endometrium (<7 mm) are often associated with poor implantation, excessively thick linings (>14 mm) may also impair receptivity. Therefore, studying ET in FET cycles is valuable for clarifying its independent relationship with implantation and live birth.

Aims & Objectives :
PRIMARY OBJECTIVE: To determine the association of endometrial thickness and live birth rates in women undergoing frozen embryo transfer in the In-Vitro Fertilization cycle. SECONDARY OBJECTIVE: To determine the association of clinical pregnancy rate and miscarriage rate

Materials & Methods :
A prospective observational study was conducted at the IVF and Reproductive Biology Centre, Department of Obs.&Gynae MAMC, New Delhi, over one year. Sixty-four women undergoing hormone replacement FET cycles were enrolled and grouped by endometrial thickness (6–8 mm, 8–10 mm, and 10–12 mm). All participants received estradiol valerate for endometrial preparation, followed by progesterone and blastocyst transfer on day 5. Outcomes measured included live birth rate (primary), clinical pregnancy rate, and miscarriage rate (secondary).

Results :
Of 64 women studied, 20.31% had ET 6–8 mm, 70.31% had ET 8–10 mm, and 9.37% had ET 10–12 mm. The live birth rate was 69.2% for ET 6–8 mm, 68.9% for ET 8–10 mm, and 83.3% for ET 10–12 mm.

Conclusion :
Endometrial thickness was not significantly associated with live birth rate in FET cycles. Clinical decisions should not rely solely on ET

Abstract ID: SRH/OP/70

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Abstract Title:
STUDY OF WOMEN SEEKING ABORTION IN HOSPITAL FOLLOWING THE MTP AMENDMENT ACT 2021

Introduction :
The MTP Amendment Act 2021 permits medical termination of pregnancy by a single Registered Medical Practitioner (RMP) up to 20 weeks, extending the previous 12-week limit. MTP between 20–24 weeks requires two RMPs. Beyond 24 weeks with fetal anomalies, women may approach the State Medical Board. This update enhances reproductive autonomy and ensures safer abortion access, addressing clinical and social needs of women.

Aims & Objectives :
To assess the characteristics—age, gravida, parity, gestational age, indications, method of abortion, awareness and access to emergency contraception, and preferred post-MTP contraception—of women seeking medical termination of pregnancy (MTP) following the MTP Amendment Act 2021.

Materials & Methods :
A cross-sectional observational study was conducted from 1 April 2023 to 30 June 2024 in the Department of Obstetrics and Gynecology, Dr. RML Hospital, including 100 women. Data on age, gravida, parity, gestational age, indications, method of abortion, awareness and access to emergency contraception, and preferred post-MTP contraception were collected to assess the characteristics of women seeking medical termination of pregnancy following the implementation of the MTP Amendment Act 2021.

Results :
In our study, 88% of women were married, and only 20% were aware of emergency contraception. The most common MTP indication was contraceptive failure (61%), followed by fetal abnormalities (18%). MLC comprised 8%, with 7% under POCSO.

Conclusion :
While the MTP Amendment Act 2021 has expanded access to safe abortion services, there remains a need to improve contraception access, educate women on emergency contraception, and address socio-legal factors in unwanted pregnancies. Enhancing abortion access reduces maternal mortality and supports sustainable development goals.

Abstract ID: SRH/OP/71

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Abstract Title:
A STUDY ON PREVALENCE &DETERMINANTS OF HPV IN HIGH-RISK WOMEN IN THE AGE GROUP (30-59YRS) ATTENDING GYNECOLOGY OPD OF A TERTIARY CARE HOSPITAL OF JHARKHAND.

Introduction :
Human papillomavirus is an STI that generates malignancies of the genital tract, including cervical cancer. Persistent HPV infection is linked to the development of cervical carcinoma. In order to lessen the impact of cervical cancer and encourage cancer registration, epidemiological data on the prevalence, distribution, and conditions of HPV are essential.

Aims & Objectives :
To estimate the prevalence and determinants of HPV in high-risk women in the age group of 30–59 years who have attended gynaecology OPD at MGM Medical College Hospital Jamshedpur.

Materials & Methods :
A cross-sectional study was conducted over a period of two years, January 2022 to December 2023 at a tertiary care teaching hospital in Jharkhand. We enrolled a total of 321 women (30-59 years) for the study. We screened all participants for HPV molecular testing and collected demographic data through a standard questionnaire. The study used a chi-square test to correlate qualitative variables, and a P-value<0.05 was considered statistically significant.

Results :
The study found that the overall prevalence of HPV infections was 23/321 (7.2%). There is a high prevalence of HPV in (32-34 years) at 34.8% and in (45-49 years) at 26.1%. The prevalence of HPV was 13% in tribal women. The results showed no statistical significance. In this study, the most prevalent genotypes were multiple groups of HR HPV genotypes (31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), followed by HPV 16 and HPV 18.

Conclusion :
The Kolhan division of Jharkhand has a high prevalence of high-risk HPV, particularly among women aged 30-34 and 45-49, recommending rural-based

Abstract ID: GO/PP/01

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Abstract Title:
POSTER ON SUSPECTED ABDOMINAL MALIGNANCY TURNING INTO A RARE CASE OF BILATERAL OVARIAN DERMOID.

Introduction :
Dermoid cyst or mature teratoma is the most common benign ovarian neoplasm in young and middle-aged female. It accounts for approximately 20% and 50% ovarian tumours; moreover, malignant transformation occurs in 1–3% of cases, usually into a squamous cell cancer. The majority of dermoid cysts are unilateral with equal frequency in both ovaries; moreover, bilateral tumours are found approximately in 10% of cases.

Aims & Objectives :
We report an unusual case of a young woman with abdominal mass approximately 24week size suspected as a abdominal malignancy which later turned out to be a bilateral ovarian dermoid.

Materials & Methods :
A 24-year-old lady (P1L1) present with a complain of pain and lump abdomen with sudden increase in size since 1 month. She was admitted USG PELVIS, MRI ABDOMEN PELVIS, routine investigations, tumour markers done. Family history of uterine malignancy was present, RMI index found raised hence managed with radical hysterectomy.

Results :
Intra-operatively, the surgeons found the bilateral ovarian masses of size (9*5*3) on left with torsion and on right side a ovarian mass of size (10*7*4). Both masses showed solid contents, areas of hemorrhages and mild ascites.

Conclusion :
Uterus, tubes ovaries, upper 1/3rd vagina, omentum, pelvic lymph nodes sent for histopathology, peritoneal sampling and ascitic fluid sent for cytology. The histopathology report showed the rare case of bilateral ovarian dermoid cyst with lymph and omentum reported normal.

Abstract ID: GO/PP/02

Presenter's Name: Dr. Dharma Sowmya

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Country: India

Abstract Title:
A RARE CASE OF JUVENILE GRANULOSA CELL TUMOR IN PREGNANCY

Introduction :
Juvenile granulosa cell tumors , 5% of all granulosa cell tumors , make up 5% of all gynecological malignancies. Ovarian malignancies are rarely diagnosed during pregnancy with a reported incidence of 0.05 to 0.07 per 1000 pregnancies. Only 10% of GCT'S present during pregnancy, accounting for less than 1% of ovarian neoplasms diagnosed during pregnancy.Approximateky 1/4 th of the ovarian neoplasms and cysts are diagnosed incidentally during c-section.

Aims & Objectives :
To consider the possibility of borderline tumor or cancer, although existence of ovarian malignancy in pregnancy is rare.

Materials & Methods :
27 year old G2A1, unbooked case with 37w5d GA admitted in view of pain abdomen and decreased perception of movements. Emergency LSCS was done for non reassuring NST. Intraoperatively 8×8 cm of solid to cystic left ovarian mass was noted and left oophorectomy was done and sent for histopathology and immunochemistry. Tumor cells express calretinin, inhibin B, CD 99.

Results :
A mass of 8×8 cm with solid to cystic consistency arising from left ovary, sex cord stromal tumor which is most consistent with features of juvenile granulosa cell tumor.

Conclusion :
Ovarian malignancies are rarely diagnosed in pregnancy and are mostly confined to one ovary. Tumor markers can be helpful in making the diagnosis of ovarian malignancy during pregnancy.In GCT'S Inhibin A and B are typically elevated.Inhibin A can be elevated in pregnancy, especially in pregnancy eclampsia, but inhibin B levels are typically suspicious for GCT.The mainstay of treatment of JGCT in women who desire for future childbearing is unilateral salpingo- oophorectomy.

Abstract ID: GO/PP/03

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Abstract Title:
SILENT GROWTHS AND BLEEDING TRUTHS: A RARE SYNCHRONOUS MALIGNANCY IN A POST MENOPAUSAL WOMEN.

Introduction :
Synchronous primary malignancies in the female reproductive tract are a clinical rarity. Here, we report a unique case of coexisting high-grade serous carcinoma of bilateral ovaries with endometrioid-type endometrial adenocarcinoma, posting diagnostic and therapeutic challenges.

Aims & Objectives :
To prevent a rare case of synchronous ovarian and endometrial malignancy and highlight key diagnostic and management steps. To recognize clinical features and investigations in dual gynaecologic cancers. To differentiate synchronous tumours from metastatic disease. To understand surgical staging and adjuvant treatment.

Materials & Methods :
Case records, imaging reports (USG/MRI/PET-CT), tumour markers (CA 125), histopathology reports, presentation slides/projector.

Results :
A meticulous correlation of imaging, tumour markers and HPE confirmed. A SYNCHRONOUS MALIGNANCY OF THE GENITAL TRACT CONSISTING OF BILATERAL HIGH GRADE SEROUS CARCINOMA OF THE OVARIES, WITH ENDOMETRIAL ADENOCARCINOMA AND FOCAL SEROUS TUBAL INTRAEPITHELIAL CARCINOMA (STIC) IN THE RIGHT FALLOPIAN TUBE - a rare, distinct clinical entity.

Conclusion :
Synchronous genital tract malignancies constitute 1-2% of all gynaecologic cancers. Co-occurrence of high-grade serous carcinoma with endometrioid adenocarcinoma along with STIC of fallopian tube is even rarer. The diagnostic dilemma lies in differentiating synchronous primaries from metastatic spread. Accurate staging, histopathological correlation, and individualised multimodal therapy are essential for optimal outcomes.

Abstract ID: GO/PP/04

Presenter's Name: Dr. Tulika Sinha

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Abstract Title:
GASTROINTESTINAL STROMAL TUMOURS(GIST) ARE RARE MESENCHYMAL TUMOURS THAT ARE SOMETTIMES MISDIAGNOSED AS OVARIAN TUMOURS IN WOMEN

Introduction :
Gastrointestinal stromal tumours(GIST) are non-epithelial tumours of gastrointestinal tract.They comprise 0.2% of all gastrointestinal tumours and are of rarest subtype.A, 29 Years old female (P1+1), presented with pain abdomen for last six months. On examination, it was localized in right iliac region. It had a sudden onset, severe intensity lasting for 2-3 minutes, then subsiding on its own. Patient reported of amenorrhoea for last 3 months and had menses following prescription of Tab. Meprate (10 mg) for 5 days.

Aims & Objectives :
To describe the clinical and diagnostic profile of a case of GIST that mimicked as ovarian tumour.

Materials & Methods :
We conducted an analysis on clinical findings, imaging studies and pathological reports to extract relevant data.

Results :
Misdiagnosis of GIST as ovarian tumours is uncommon but has often been reported as frequent case reports. In the present study, involvement of adnexa was the most common reason for its misdiagnosis as ovarian tumour, however, intraoperatively it was revealed as a mass arising from caecum and adhered to appendix. Histopathology sometimes is confusing in ascertaining the origin of these tumours, and IHC plays an important role in ascertaining the diagnosis.

Conclusion :
GIST often tend to mimic ovarian / adnexal tumours requiring adequate diagnostic work-up and care in management.

Abstract ID: GO/PP/05

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Abstract Title:
TWO P'S IN CONFLICT:PREGNANCY AND PAPILLARY CARCINOMA THYROID

Introduction :
Papillary thyroid carcinoma is the most frequently encountered among thyroid carcinomas. Management during pregnancy poses unique challenges due to maternal and fetal considerations, timing of surgery, and adjuvant therapy. The risk of papillary malignancy is rare in pregnancy with reported incidence of 14 in 10,00,000.

Aims & Objectives :
1.To assess the maternal and fetal outcomes following treatment approaches,including time of surgery, 2.To highlight the importance of multidisciplinary approach in optimizing care.

Materials & Methods :
A 28 year old, G3P1L1A1 who presented to Yenepoya Medical College Hospital , Obstetrics and Gynaecology Department OPD at 16 weeks of gestation with a swelling in the neck.

Results :
Ultrasonography revealed a 3.1 × 1.9 cm, TIRADS-IV lesion with suspicious lymph nodes. FNAC confirmed papillary thyroid carcinoma (Bethesda VI). Multidisciplinary counselling for thyroidectomy was offered but as per maternal preference, definitive surgery was deferred. Repeat imaging at 28 weeks confirmed persistence of the lesion with level II/III lymphadenopathy. The patient opted to continue pregnancy with close maternal and fetal surveillance. Patient underwent Elective LSCS and was on monthly follow up and 6 months postpartum patient underwent thyroidectomy.

Conclusion :
Papillary thyroid carcinoma during pregnancy requires individualized multidisciplinary management,balancing maternal safety with fetal viability. Timely diagnosis, counselling, and shared decision-making are critical. Surgery may be considered in the second trimester; however, in selected cases, deferring surgery until postpartum may be appropriate.

Abstract ID: GO/PP/06

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Abstract Title:
ASSESSMENT OF AWARENESS, KNOWLEDGE AND PERCEPTION ABOUT HPV VACCINATION AND THEIR ATTITUDE TOWARDS IT AMONG YOUNG WOMEN OF UTTAR PRADESH

Introduction :
Cervical cancer, mainly caused by HPV infection, remains a major health issue among Indian women. Despite effective vaccines, awareness and uptake are low in North India. This study assesses awareness, knowledge, perception, and attitude toward HPV vaccination among young women in Uttar Pradesh.

Aims & Objectives :
To evaluate the awareness, knowledge, and perception of HPV vaccination among young women in Uttar Pradesh. Assess awareness and knowledge regarding HPV infection and its vaccine. Attitudes and acceptance levels toward HPV vaccination. Barriers influencing vaccine uptake.

Materials & Methods :
A cross-sectional study was conducted in the Department of Obstetrics and Gynaecology, VIMS, Gajraula, from June to October 2025 involving 220 women aged 15–25 years attending the OPD. A prevalidated semi-structured questionnaire in local langauge was used to assess knowledge of cervical cancer, awareness of HPV and its vaccine, and attitudes toward vaccination. Data were analyzed using descriptive statistics .

Results :
Among participants, 32% were aware of cervical cancer, and 30.6% had heard of HPV infection. Only 39% identified HPV as a sexually transmitted infection, while 42% knew about the availability of vaccines. Despite limited knowledge, 76% believed HPV vaccination is necessary, and 73% expressed willingness to receive it if affordable. Major barriers included cost (66%) and fear of side effects (26%). About 86% wanted more information, and 78% would recommend vaccination to others.

Conclusion :
Awareness and knowledge about HPV vaccination among young women were moderate, attitudes toward vaccination were encouraging. Focused health education, affordability measures, and inclusion of HPV vaccination in the national immunization program are essential steps toward hpv vaccine.

Abstract ID: GO/PP/07

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Abstract Title:
A RARE CASE OF MALIGNANT BRENNER TUMOR IN A POSTMENOPAUSAL WOMAN

Introduction :
Malignant Brenner tumor is an exceptionally rare subtype of epithelial ovarian neoplasm, accounting for less than 1% of all ovarian malignancies. Due to its rarity and nonspecific clinical presentation, it often poses a diagnostic and therapeutic challenge, particularly in postmenopausal women.

Aims & Objectives :
To report a rare case of malignant Brenner tumor in a postmenopausal woman, highlighting its clinical presentation, diagnostic workup, histopathological features, and management outcomes.

Materials & Methods :
A 54-year-old postmenopausal woman presented with lower abdominal pain, altered bowel habits, and progressive abdominal distension. Radiological evaluation revealed a large solid-cystic pelvic mass with elevated CA-125 levels. The patient underwent total abdominal hysterectomy with bilateral salpingo-oophorectomy and pelvic lymph node dissection. The excised specimen was subjected to histopathological evaluation.

Results :
Intraoperatively, a large right ovarian mass measuring 29 × 21 × 7 cm was identified. Histopathology confirmed malignant Brenner tumor of the right ovary with no evidence of lymph node or extra-ovarian metastasis. The postoperative course was uneventful, and the patient was referred for oncologic follow-up.

Conclusion :
Malignant Brenner tumor, though rare, should be considered in the differential diagnosis of complex adnexal masses in postmenopausal women. Early surgical intervention with comprehensive staging is essential for favorable outcomes. Continued reporting of such cases will aid in understanding this uncommon malignancy and improving management strategies.

Abstract ID: GO/PP/08

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Abstract Title:
LARGE CERVICAL FIBROID PRESENTING AS MASS PER ABDOMEN

Introduction :
Cervical fibroids are rare benign smooth muscle tumors, constituting less than 5% of all uterine fibroids. Their deep pelvic location can cause diagnostic confusion with ovarian or uterine masses and pose operative challenges due to proximity to vital pelvic structures. They often present with pelvic pain, urinary frequency, or heavy menstrual bleeding. This report highlights a rare case of a massive cervical fibroid and the importance of careful diagnosis and surgical management.

Aims & Objectives :
To present a rare massive cervical fibroid, emphasize diagnostic challenges, highlight imaging and surgical planning importance, and discuss management strategies for safe, successful outcomes.

Materials & Methods :
A detailed case-based observational study was conducted. The patient underwent thorough clinical evaluation, pelvic examination, and imaging with ultrasound and MRI for diagnosis. Preoperative assessment, anesthetic evaluation, and surgical planning were done carefully. Total abdominal hysterectomy was performed under general anesthesia with intraoperative findings meticulously recorded.

Results :
Intraoperatively, a large cervical fibroid weighing approximately 3 kg was found displacing the uterus upward. The surgery was completed without complications. The postoperative recovery was uneventful. Histopathological examination confirmed a benign cervical leiomyoma showing areas of squamous metaplasia, consistent with degenerative changes in long-standing fibroid tissue.

Conclusion :
Large cervical fibroids are rare and require thorough preoperative evaluation. Early recognition, imaging, and meticulous surgical planning are essential to prevent complications and ensure favorable outcomes.

Abstract ID: GO/PP/09

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Abstract Title:
PAP SMEAR VERSUS VISUAL INSPECTION WITH ACETIC ACID AND LUGOL'S IODINE AS A SCREENING TOOL FOR CERVICAL CANCER – A COMPARATIVE STUDY

Introduction :
Cervical cancer remains a leading preventable malignancy among Indian women. Organised screening programs are limited by cytology infrastructure and costs. Visual Inspection with Acetic Acid (VIA) and Lugol's Iodine (VILI) are simple, inexpensive alternatives that provide immediate results. This study compared the diagnostic performance of Pap smear, VIA, and VILI as cervical cancer screening tools.

Aims & Objectives :
To compare the effectiveness of Pap smear, VIA, and VILI for hospital-based screening of premalignant and malignant cervical lesions, and to assess their utility as adjuncts or alternatives to cytology in low-resource settings.

Materials & Methods :
A prospective observational study among 200 women aged 25–65 years attending the Gynaecology OPD was conducted using stratified systematic random sampling. Each participant underwent Pap smear, VIA, and VILI sequentially. Screen positives by any test underwent cervical punch biopsy as the gold standard. If Pap was positive but VIA/VILI negative, a four-quadrant biopsy was taken. CIN I–III, carcinoma in situ, and invasive carcinoma were considered positive. Screen negatives were assumed to be negative. Of 200 women, 58 were screen positives, and 16 biopsies confirmed disease. Sensitivity, specificity, predictive values, and accuracy of individual and combined tests were analysed.

Results :
Pap smear showed 68.8% sensitivity, 99.5% specificity, and 97.0% accuracy. VIA had 87.5% sensitivity and 90.2% specificity, while VILI showed 81.3% and 85.3%, respectively. Combining all three increased sensitivity to 100% but reduced specificity to 77.2%. When all were positive, specificity reached 100%.

Conclusion :
VIA and VILI are low-cost screening tools with acceptable sensitivity and specificity, making them the modality of choice in low-resource settings.

Abstract ID: GO/PP/10

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Abstract Title:
VARIABLE PRESENTATIONS MANAGEMENT AND OUTCOMES OF GESTATIONAL TROPHOBLASTIC NEOPLASIA :CASE SERIES

Introduction :
Gestational trophoblastic neoplasia (GTN) occurring in 1:1,000 pregnancies arise from abnormal trophoblastic proliferation. Highly chemosensitive tumour and management relies on FIGO risk scoring for single- (low-risk) or multi-agent (high-risk) chemotherapy.

Aims & Objectives :
This series highlights diverse presentations, diagnostic challenges, and outcomes in five cases. Data encompassed clinical features, imaging (USG/MRI/CECT), staging, histopathology, treatment (methotrexate/EMA-CO ± surgery), and serial β-HCG monitoring. Outcomes assessed for remission and complications.

Materials & Methods :
Case 1: A1 19yr, post-molar evacuation, initial β-HCG >2 lakh IU/L; USG/CECT:2.4×1.8×2 cm myometrial lesion (FIGO stage IV, score 4). Histopathology: Hydatidiform mole. Three methotrexate cycles achieved remission. Case 2 :P1, 25yr, post-caesarean,Persistent vaginal bleeding ; Initial β-HCG- 1.5 lakh IU/L USG/MRI: grade 3 hypervascular invasive mole (score 8). Received Four EMA-CO cycles Case 3:P2L2, 35yr with Dyspnea/crepitations misdiagnosed as tuberculosis ;β-HCG- 16 lakhIU/L. USG: invasive mole with bilateral theca lutein cysts, pulmonary metastases (score 9). Received Six EMA-CO cycles; in remission Case 4 : Primigravida ,21yr ,Partial mole progressing to invasive mole; β-HCG-2.9 lakh IU/L histopathology: decidualised endometrium without chorionic villi (score 7). Received Six EMA-CO cycles; sustained β-HCG decline. Case 5 : P2L2A1, 26yr , post-abortion (histopathology report of product of conception not available) with refractory bleeding and pain.; β-HCG- 3.5 lakh IU/L ,laparotomy revealed perforating mole with haemoperitoneum. Total hysterectomy concurrent with multiple transfusions, fatal outcome.

Results :
80 percent cases achieved remission with early intervention

Conclusion :
GTN can manifests as post-molar persistence, metastatic mimics (e.g., tuberculosis), haemoperitoneum necessitating vigilant β-HCG surveillance and imaging. Early risk stratification yields better cure while delayed intervention risks fatality

Abstract ID: GO/PP/11

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Abstract Title:
VAGINAL LEIOMYOMA-AN UNUSUAL PRESENTATION

Introduction :
Leiomyoma is a benign smooth muscle tumor most commonly arising from the uterus,but its vaginal occurence is less than 1%of all leiomyoma.it often arises from the anterior vaginal wall and can mimic malignancy.

Aims & Objectives :
To present this detailed case study on unusual case of vaginal leiomyoma and its prognosis.

Materials & Methods :
A 49year old multiparous woman presented with a mass protruding from vagina since one week,associated with pain and a dragging sensation.Mild vaginal bleeding was noted,but no urinary and bowel complaints.On examination a 12*10cm firm,mobile,ulcerated mass arising from anterior vaginal wall, on P/S single sessile mass seen arising from anterolateral wall of vagina,on P/V examination uterus mps size,A/V,firm,b/l fornices free ,mild tenderness present .MRI pelvis shows a well demarcated solid lesion with homogeneous enhancement and calcification,S/O leiomyoma

Results :
After preoperative optimization,surgical excision via combined laparatomy and perineal approach was performed.The mass was completely enucleated without urethral and bladder injury.Histopathology confirmed interlacing spindle cells in a whorled pattern,consistent with leiomyoma.The patient had an uneventful recovery

Conclusion :
Vaginal leiomyoma is a rare benign tumor that should be considered in the differential diagnosis of vaginal masses.MRI aids in preoperative assessment,complete surgical excision offers excellent prognosis with minimal recurrence risk.

Abstract ID: GO/PP/12

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Abstract Title:
BICORNUATE UTERUS: AN INTERESTING CASE REPORT OF A SUCCESSFUL PREGNANCY OUTCOME IN A RARE MULLERIAN ANOMALY

Introduction :
Primary fallopian tube carcinoma is a very rare gynaecologic malignant tumour and accounts for approximately 0.14–1.8% of female genital malignancies (Rexhepi et al. in Open Access Maced J Med Sci 5:344–348, 2017). Histologic, molecular and genetic evidence shows that 60–70% of tumours that were classified as high-grade serous carcinomas of the ovary or peritoneum might have originated in the distal fimbrial end of the fallopian tube

Aims & Objectives :
Aim is to focus on early diagnosis and prompt treatment to improve patient outcomes by stopping disease progression, reducing long-term complications, and preventing further transmission.

Materials & Methods :
Rexhepi M, Trajkovska E, Ismaili H, Besimi F, Rufati N. Primary fallopian tube carcinoma: a case report and literature review. Open Access Maced J Med Sci. 2017;5(3):344–8.

Results :
It is important to realise that the origin of a majority of serous cancers is from the distal fimbrial end of the fallopian tube, and thus, it is a partially preventable cause of high-grade serous cancers.

Conclusion :
High grade serous cancers needs to be translated into the reporting by pathologists to find out the true incidence of fallopian tube cancers which would then allow us to develop and follow uniform guidelines regarding salpingectomy to be done while doing a hysterectomy for benign causes and also to consider tubal ligation as a strategy for the prevention of epithelial ovarian

Abstract ID: GO/PP/13

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Abstract Title:
A CASE OF DERMOID CYST WITH TORTION

Introduction :
Dermoid cyst are the most common benign germ cell tumors of the ovary,marked by mature tissues derived from three germ cell layers endoderm ectoderm and mesoderm.

Aims & Objectives :
To present a case of dermoid cyst with tortion in a 55 years old postmenopausal female

Materials & Methods :
Study Design;-Hospital based study Study Place;- OBGY,Katihar Medical college ,katihar

Results :
HPE confirmed the growth as dermoid cyst

Conclusion :
Dermoid cyst with tortion presents as a true gynaecological emergencies.laprotomy was done,In our case the blood flow of ovary couldnt restored after detoration.

Abstract ID: GO/PP/14

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Abstract Title:
SYNCHRONOUS TUMORS: DUAL MALIGNANCIES, SINGULAR CHALLENGE

Introduction :
Synchronous primary tumors are rare entities, defined as the coexistence of two independent primary malignancies within the female genital tract. Among these, synchronous endometrial and ovarian carcinomas are the most frequently encountered. Their recognition is clinically significant as management and prognosis differ from metastatic disease.

Aims & Objectives :
To present a rare case of synchronous ovarian and pancreatic carcinoma, highlighting the diagnostic challenges, pathological findings, and therapeutic approach.

Materials & Methods :
A 47 year old perimenopausal woman presented with complaints of lower abdominal pain , gastritis and vomiting for one month. Ultrasonography revealed an bilateral complex Ovarian mass , ascites and hypoechoic lesion in the tail of pancreas . CECT and ascitic fluid tapping suggested malignancy. The patient underwent endoscopy procedure and suggestive of pancreatic mass. Histopathological and immunohistochemical studies were performed to confirm the diagnosis of synchronous primaries.

Results :
Histopathology showed a pancreatic adenocarcinoma and a synchronous papillary adenocarcinoma of the ovaries. The tumors exhibited distinct morphologic and immunohistochemical features, confirming their independent origin. The patient received adjuvant chemotherapy and , found to be resistant, hence was started on second line chemotherapy . The patient was a poor responder. Currently the patient is switched to CAPOX regimen.

Conclusion :
Synchronous pancreatic and ovarian carcinomas present diagnostic dilemmas and generally carry a poor prognosis like metastatic disease. Comprehensive histopathological evaluation and immunoprofiling are crucial for accurate diagnosis. Awareness of this entity facilitates appropriate surgical staging and tailored adjuvant therapy, ultimately improving patient outcomes. Early diagnosis through meticulous evaluation of atypical presentations remains key in managing such rare gynecological malignancies.

Abstract ID: GO/PP/15

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Abstract Title:
APPLICATION OF CLAVIEN-DINDO CLASSIFICATION FOR SURGICAL COMPLICATIONS IN CASES OF INTERVAL CYTOREDUCTIVE SURGERY FOR OVARIAN CANCER AT A TERTIARY CARE CENTRE

Introduction :
nterval cytoreductive surgery (ICS) following neoadjuvant chemotherapy has become a cornerstone in the management of advanced epithelial ovarian cancer. Accurate documentation and grading of postoperative complications are essential for assessing surgical outcomes and patient safety. The Clavien-Dindo classification is a standardized tool widely used to grade surgical complications based on the type of intervention required.

Aims & Objectives :
To evaluate the pattern and severity of surgical complications in patients undergoing ICS for ovarian cancer, using the Clavien-Dindo classification.

Materials & Methods :
This prospective observational study included 50 patients with FIGO stage III–IV epithelial ovarian cancer who underwent ICS at a tertiary care centre following 3–4 cycles of neoadjuvant chemotherapy. Postoperative complications occurring within 30 days were recorded and classified according to the Clavien-Dindo grading system.

Results :
Optimal cytoreduction (residual disease ≤1 cm) was achieved in 80% of patients. Surgical complications were observed in 22 patients (44%). Based on the Clavien-Dindo scale: Grade I complications were seen in 10 patients (20%), Grade II in 7 (14%), Grade IIIa in 2 (4%), Grade IIIb in 2 (4%), and Grade IV in 1 patient (2%). No Grade V (death) complications were reported. The majority of complications were low-grade (Grades I–II), manageable with conservative treatment or minor interventions.

Conclusion :
The Clavien-Dindo classification is a practical and objective tool to assess surgical morbidity in ICS. Its application reveals that most complications are minor and manageable, reinforcing the safety and feasibility of ICS in advanced ovarian cancer at a tertiary care centre.

Abstract ID: IO/PP/01

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Abstract Title:
DINOPROSTONE VAGINAL PESSARY(DVP) FOR INDUCTION OF LABOUR : KNOWN YET UNNOTICED

Introduction :
DVP, an advanced method for cervical ripening in labor induction, provides controlled, localized PGE_2 release (0.3mg/hour till 24hours) and promotes cervical softening with minimal systemic exposure. Upon removal it allows rapid reversibility with short half-life (2.5–5 min), offers predictable onset, lower infection risk, and single-application convenience.

Aims & Objectives :
Review of various properties of DVP alone and in comparison with commonly used induction agents from studies published in the last 5 years.

Materials & Methods :
Total 22 clinical studies(N = 5143) reviewed for properties: caesarean/vaginal delivery rate,oxytocin need, induction failure, bishop score improvement, maternal & neonatal outcomes and comparators: dinoprostone gel(DG) & misoprostol tablet(MT).

Results :
DVP lowers caesarean rate (16.49% [3.3–39.2%]) compared to DG(32.10%) and MT(20%), with a higher vaginal delivery rate (76.21%[54.1–97%]) than DG(56.30%[52–64%]) and MT(65.47%); improves Bishop score by 4.2 ± 2.9. Less need for oxytocin augmentation with DVP(51.26%[24–89.7%]) compared to DG(71.83%[60–80%]) and comparable to MT(51.60%). DVP shows lower induction failure rate (13.37%[5–21.6%]) compared to DG(17%) and fewer uterine hyperstimulation (11.52%[2–20.20%]) compared to DG(28%).However, higher incidences of PPH with DVP (14.95%[6–28%]) than gel (7.80%[7.6–8%]) and MT(11.20%). Less neonatal distress (APGAR <7) with DVP(3.11%[0–4.2%]) than DG(7.60%) so fewer NICU admissions with DVP(6.8%[0–13.5%]) vs. gel(9.8%[9.6–10%]). Successful vaginal delivery despite oligohydramnios (88.2%) and IUGR(82.1%) with DVP.

Conclusion :
DVP demonstrates superior cervical ripening, with higher vaginal delivery, lower caesarean and induction failure rates, reduced oxytocin need, and favorable neonatal outcomes compared to DG and MT even in high risks like oligohydramnios & IUGR.

Abstract ID: IO/PP/02

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Abstract Title:
COMPARATIVE ASSESSMENT OF ADVERSE MATERNAL OUTCOME BETWEEN 'MODIFIED EARLY OBSTETRIC WARNING SYSTEM (MEOWS)' AND STANDARD OF CARE GROUPS AMONG HIGH RISK PREGNANT WOMEN

Introduction :
Maternal mortality is still a major concern for health systems worldwide. Analyses of maternal deaths have consistently revealed that delays in the recognition of pregnancy complications are associated with higher mortality.1 Obstetric EWS is recommended for monitoring the condition of hospitalised pregnant and postnatal women based on predetermined abnormal values (warning signs) to generate a rapid medical response and facilitate early detection and management of clinical deterioration.2 Modified early warning systems for the obstetric population have been advocated because they enable early detection of clinical deterioration, presenting an opportunity for timely actions to improve clinical outcome.

Aims & Objectives :
To compare the adverse maternal outcome between Modified Early Obstetric warning system (MEOWS) and Standard of care groups among the high-risk pregnant women.

Materials & Methods :
The study was conducted in the Dept of Obstetrics and Gynaecology at JNMC, Belagavi, including all high-risk pregnant women admitted, who were divided into two groups, with 78 participants in each group.

Results :
Implementing MEOWS does not lead to any notable improvement in maternal outcomes as compared to the standard care. This study showed that 6.4% women from Group A and 7.7% from Group B required ICU admission with statistically no significant difference between two groups. Distribution according to maternal outcome showed that 25.6% women from Group A and 29.5% from Group B had morbidity and 2.6% women from Group A and 1.3% from Group B had mortality with statistically no significant difference between two.

Conclusion :
Regarding risk factors, maternal morbidity and mortality we observed statistically no significant difference between two groups.

Abstract ID: IO/PP/03

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Abstract Title:
INVESTIGATING THE IMPACT OF GENETIC SCREENING ON THE MANAGEMENT OF FETAL ANOMALIES: A MULTICENTRE STUDY

Introduction :
Genetic Screening plays a crucial role in fetal anomaly detection and early management. Despite advances and improved diagnostic accuracy in NIPT, Amniocentesis, CVS, CMA, and WES, comparative evaluation of their clinical efficacy and outcome impact remains under review.

Aims & Objectives :
To evaluate and compare the effectiveness of different genetic screening techniques and analyze pregnancy outcomes. To assess the correlation between maternal age and fetal anomalies detection. To formulate evidence-based recommendations.

Materials & Methods :
A multicentre observational cohort study conducted from January 2020–December 2023 in 5 tertiary care hospitals with 600 multiparous pregnant women (≥18 years) undergoing one or more genetic screenings. Statistical analysis using SPSS and R assessed detection efficacy (Chi-Square), maternal age correlation (t-test), and outcome differences (Kaplan-Meier Survival Analysis).

Results :
Mean maternal age: 28.5±5.6 years; overall detected fetal anomalies: 12.2%. Detection efficiencies: NIPT (10%)—Trisomy 21 (15), Trisomy 18 (3), Trisomy 13 (2); Amniocentesis (13.3%); CVS (10%); CMA (15%); WES (16%). Participants with fetal anomalies were older (P=0.035). Significant difference between NIPT and Amniocentesis (P=0.032). NIPT: OR 1.45 (95% CI: 1.10–1.99, P=0.004); Amniocentesis: OR 1.38 (95% CI: 1.05–1.31, P=0.022). Pregnancy outcomes varied significantly across screening types (Log-rank P=0.011).

Conclusion :
Genetic screening significantly influences diagnostic yield and pregnancy outcomes. NIPT and Amniocentesis showed strong performance, while CMA and WES enhanced rare anomaly detection. Tailored, cost-effective, tiered screening integration into national programs can optimize fetal anomaly detection and improve perinatal outcomes.

Abstract ID: IO/PP/04

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Abstract Title:
PLACENTAL RADIOMICS : MRI BASED PREDICTION OF ADVERSE PERINATAL OUTCOMES.

Introduction :
The placenta is crucial for fetal growth and well-being, and its structural or functional abnormalities are strongly associated with complications such as fetal growth restriction, placental insufficiency, preterm delivery, pre-eclampsia, and stillbirth. Traditional imaging (USG / Routine MRI) can only visually assess placental thickness, signal intensity or infarcts. Radiomics goes deeper - it can detect microscopic structural changes. Placental radiomics, a novel quantitative imaging approach, extracts advanced features from MRI to characterize tissue heterogeneity and function beyond visual assessment. Integrating these radiomic biomarkers with clinical data enables early, non-invasive prediction of adverse perinatal outcomes, facilitating timely interventions, improved risk stratification, and personalized maternal–fetal care for better pregnancy outcomes.

Aims & Objectives :
To evaluate MRI-based placental radiomic features for predicting adverse perinatal outcomes and assess their correlation with clinical parameters.

Materials & Methods :
Prospective cohort of 10 pregnant women underwent placental MRI at 20–36 weeks. MRI sequences included T2-weighted single-shot fast spin echo, diffusion-weighted imaging (DWI), and T1-weighted gradient echo. Images were segmented; radiomic features (using artificial intelligence) extracted (texture, shape, intensity). Clinical data collected. Statistical modeling and machine learning evaluated feature associations with adverse perinatal outcomes; performance validated with internal cross-validation.

Results :
MRI-based placental radiomic analysis demonstrated significant differences in texture and intensity features between normal and adverse outcome groups. Machine learning models (using artificial intelligence) achieved high predictive accuracy for fetal growth restriction and preeclampsia. Combining radiomic and clinical parameters improved sensitivity and specificity for adverse perinatal outcome prediction.

Conclusion :
MRI-based placental radiomics provides a promising, non-invasive tool for early prediction of adverse perinatal outcomes.

Abstract ID: IO/PP/05

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Abstract Title:
"DR P P PATIL STITCH" FOR THE PREVENTION AND CURE OF ATONIC PPH

Introduction :
This is innovative very easy, safe and highly effective method which compresses uterus uniformly (without compromising uterine cavity). Ascending uterine arteries compressed temporarily.

Aims & Objectives :
To decrease PPH incidence and prevent deaths.

Materials & Methods :
Material-Dr P P PATIL STITCH©. Rapid Vicryl used. Procedure- Ligature is fixed anterolaterally over lower segment. Passed posteriorly through broad ligament on that side to include Ascending Uterine arteries. Ligature is brought over fundus posteriorly, little lateral to midline on opposite side. Brought vertically down on lower segment anterolaterally on other side and fixed. Procedure repeated on opposite side. This was applied as- 1.Surgical prophylaxis A)during LSCS 1)Atonic uterus 2) Cases prone for PPH- i) Overdistended uterus in multifetal pregnancy, polyhydramnios, large baby , ii)Elderly gravida , iii) Multigravida,iv) prolonged labour, v) IVF pregnancy. 3) Patients with medical disorders- i)Anaemia.ii)Thrombocytopenia iii)Bleeding disorders iv) Heart disease. B)During 2 nd trimester Rupture uterus with atonicity 2.Therapeutic procedure a) Atonic PPH after normal delivery & LSCS.

Results :
PPH was successfully controlled in post LSCS and postdelivery cases . Out of 870 consecutive LSCS cases preventive stitch was applied in selective 115 cases. No PPH was there except in 1 case which had not Undergone stitch. No uterine Ischaemia, Synechae observed.

Conclusion :
DR P P PATIL STITCH is easiest, safe and highly effective methodology for Atonic PPH. Post LSCS PPH incidence is prevented by applying DR P P PATIL STITCH in selective cases. Incidence and mortality of PPH is drastically reduced. Uterus is conserved and further fertility is preserved. It is game changer especialy in low resource setups.

Abstract ID: IO/PP/06

Presenter's Name: Dr. Ranjitha R

Institute/ Affiliation:
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Country: India

Abstract Title:
SPONTANEOUS OVARIAN HYPERSTIMULATION SYNDROME WITH PRIMARY HYPOTHYROIDISM – A CASE REPORT

Introduction :
Spontaneous OHSS is ovarian stimulation in patients without ovulation induction, of which very few cases have been reported.

Aims & Objectives :
To avoid surgery

Materials & Methods :
23 year old unmarried female, presented to OPD with complaints of lower abdominal pain for 4 days and vomiting for 1 day. She had been evaluated elsewhere and advised emergency exploratory laparotomy for large ovarian cyst and was referred to vydehi institute of medical science and research institute. She had irregular cycles(30-45days) and is k/c/o hypothyroidism since 11 years, for which she had been on levothyroxine supplements 100mcg, which she had discontinued (without advice) for the prior 2 months. Clinical examination showed features of hypothyroidism. There was no organomegaly or abdominal tenderness. Ultrasonography done showed bilateral bulky ovaries with right ovary measuring 73x70x51mm (160cc) and left ovary measuring 32x59x49mm (50cc) with minimal ascites. CECT showed bilaterally enlarged ovaries. Serum TSH was 126 IU/ml. Based on clinical, laboratory and radiological findings, diagnosis of Spontaneous OHSS-Grade 3 with primary hypothyroidism was made. Started on T.LEVOTHYROXINE 50mcg and T.CABERGOLIN 0.25 mg . Scan repeated after 3 days showed reduction in ovarian volume of both ovaries. Her abdominal pain, vomiting subsided. On 2nd day of admission, she developed diarrhoea which resolved after 4 days. She was followed up on Out patient basis, TSH after15days was 50 IU/ml, and after 1 month was 6 IU/ml.

Results :
Y

Conclusion :
OHSS can occur in women not taking ovulation induction therapy. It is important for clinicians to consider spontaneous OHSS in diagnostic options, which can prevent un-indicated operative procedures.

Abstract ID: IO/PP/07

Presenter's Name: Dr. R Varalaxmi

Institute/ Affiliation:
Govt General hospital Nizamabad

City: Nizamabad

State: Telangana

Country: India

Abstract Title:
INCIDENCE, RISK FACTORS, AND MICROBIAL PROFILE OF POST-CAESAREAN SURGICAL SITE INFECTIONS: A PROSPECTIVE COHORT STUDY

Introduction :
Abstract Background: Surgical site infection (SSI) is a prevalent postoperative complication subsequent to cesarean section, elevating maternal morbidity and prolonging hospital stay. This study assessed the incidence, microbiological characteristics, and predictors of surgical site infection (SSI) in women undergoing elective and emergency cesarean deliveries. Methods: A prospective study was performed involving 50 women undergoing cesarean section. Demographic, intraoperative, and perioperative variables were analyzed. SSI was diagnosed using CDC criteria. Statistical comparisons and logistic regression analyses were conducted to ascertain predictors.

Aims & Objectives :
Surgical site infections

Materials & Methods :
Methods: A prospective study was performed involving 50 women undergoing cesarean section. Demographic, intraoperative, and perioperative variables were analyzed. SSI was diagnosed using CDC criteria. Statistical comparisons and logistic regression analyses were conducted to ascertain predictors.

Results :
Findings: The total rate of SSI was 10% (n = 5) - including 3 superficial, 1 deep and 1 organ space infection. Marked variables that were connected to SSI were delay in administration of antibiotics ($p = 0.021$), loss of blood greater than 1000 mL ($p = 0.039$), postoperative surgery that exceeded 90 minutes ($p = 0.048$), and postoperative fever ($p = 0.004$). On multivariate analysis, delayed antibiotic prophylaxis (OR = 6.9; 95% CI: 1.4–33.8) and blood loss ≥1000 mL (OR = 4.3; 95% CI: 1.1–18.2) were independent predictors. All wound isolates were Staphylococcus aureus, sensitive to vancomycin and linezolid but resistant to penicillin and erythromycin. Patients with SSI stayed in the hospital longer (9.6 ± 3.2 days vs. 4.8 ± 1.6 days; $p < 0.001$).

Conclusion :
Conclusions: Post-caesarean surgical site infection

Abstract ID: IO/PP/08

Presenter's Name: Ms. Mishquat Khan

Institute/ Affiliation:
Dr. RMLH

City: Delhi

State: Delhi

Country: India

Abstract Title:
INNOVATIONAL MANAGEMENT OF HUGE CERVICAL FIBROID.

Introduction :
Many a times patient with large lower fibroid requires hysterectomy I/v/o of the location of fibroid and bleeding. This case highlights that with careful surgery and meticulous dissection myomectomy can be done, and uterus can be saved even in large cervical fibroid

Aims & Objectives :
45-year-old P2L2 presented to Gynae OPD with complaints of heavy menstrual bleeding since last 7 days. She had been to multiple hospitals and was advised hysterectomy in other hospitals I/v/o large cervical fibroid of 18*15 cm. She was planned in our centre for myomectomy as she wanted to conserve her uterus. Insions given on the previous LSCS Rectus sheath open transversally by sharp dissection. Adhesions present rectus muscle separated Peritoneum opened vertically and abdominal cavity reached A large cervical fibroid of size 18 * 16 cm was seen in uterus and bilateral tubes and ovaries a normal looking Approx 5 cm incision given over the cervical fibroid capsule separated , cervical fibroid held with tenaculum capsule separated by blunt and sharp dessection and fibroid delivered out. Cervical Canal was opened up endometrial cavity was also opened. Dialator and then Foley's Catheter placed in open cervical Canal reconstructed by vicryl suture 2-0 Endometrial cavity reconstructed using vicryl in 2-0 with interrupted sutures. Capsule incised and reconstructed, dead space obliterated and vicryl 1-0 interrupted sutures in 2 layers. Cervical canal reconstruction was done. Postoperatively cather was in situ for 14 days

Materials & Methods :
Patients visiting GOPD

Results :
Post operative period and followp uneventful

Conclusion :
Uterus can be preserved even in cases of large cervicalibroid.

Abstract ID: IO/PP/09

Presenter's Name: Dr. Preeti Priyadarshani

Co-Author(s):
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City: Gorakhpur

State: Uttar Pradesh

Country: India

Abstract Title:
VIA SCORING SYSTEM FOR DETECTING CERVICAL LESIONS IN LMIC- A PILOT STUDY

Introduction :
Visual Inspection with Acetic Acid (VIA) remains a key cervical cancer screening tool in low-resource settings. This pilot study aimed to validate a simplified numeric VIA scoring system and to evaluate the agreement between field nurses and gynaecologists using VIA images.

Aims & Objectives :
VIA interpretation with a structured scoring system to increase accuracy and reduce subjectivity

Materials & Methods :
In this prospective study, 100 women underwent VIA screening by trained nurses in peripheral clinics. Each nurse performed the VIA, assigned a numeric score (0–12) using the simplified VIA scoring system, and captured standardized cervical images. Gynaecologists independently re-scored the same images without clinical contact. Agreement between nurse- and doctor-assigned scores was analyzed, and accuracy in detecting VIA-positive lesions was compared.

Results :
The simplified VIA score demonstrated good inter-observer agreement and consistency between live and image-based scoring.

Conclusion :
Image-based VIA scoring using the simplified numeric system is feasible and reliable, supporting its use for remote validation and tele-screening models.

Abstract ID: IO/PP/10

Presenter's Name: Dr. Anubhi Agrawal

Institute/ Affiliation:
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Country: India

Abstract Title:
SERUM URIC ACID IN 1ST TRIMESTER AS A PREDICTOR FOR DIAGNOSIS OF GESTATIONAL DIABETES MELLITUS

Introduction :
Gestational diabetes mellitus (GDM) is one of the most common metabolic disorders during pregnancy, associated with adverse maternal and fetal outcomes. Early prediction of women at risk for GDM allows timely interventions to reduce complications. Serum uric acid, a marker of oxidative stress and endothelial dysfunction, has been proposed as an early biochemical predictor of insulin resistance and subsequent GDM.

Aims & Objectives :
To evaluate the association between first-trimester serum uric acid levels and the development of GDM, and to determine its predictive value for early identification of high-risk pregnancies.

Materials & Methods :
A prospective observational study was conducted on 100 pregnant women between 8–12 weeks of gestation attending the antenatal clinic. Serum uric acid levels were measured during the first trimester. All participants were followed up and subjected to a 75-g oral glucose tolerance test (OGTT) between 24–28 weeks of gestation as per WHO criteria. Statistical analysis was performed to compare mean serum uric acid levels between GDM and non-GDM groups, and receiver operating characteristic (ROC) curve analysis was used to assess predictive accuracy.

Results :
Out of 100 participants, 18 (18%) developed GDM. The mean first-trimester serum uric acid level was significantly higher in the GDM group (4.8 ± 0.6 mg/dL) compared to the non-GDM group (3.6 ± 0.5 mg/dL) ($p < 0.001$). ROC analysis revealed an optimal cut-off value of 4.2 mg/dL for predicting GDM, with a sensitivity of 83% and specificity of 78%. A positive correlation was observed between serum uric acid levels and fasting plasma glucose values in the second trimester.

Conclusion :
Elevated first-trimester

Abstract ID: IO/PP/11

Presenter's Name: Dr. Huma Ali

Co-Author(s):
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State: Delhi

Country: India

Abstract Title:
DIAGNOSTIC ACCURACY OF CONTRAST ENHANCED ULTRASOUND, 2-D AND ULTRASOUND DOPPLER IN UTEROADNEXAL PATHOLOGIES

Introduction :
Contrast enhanced ultrasound (CEUS) is a newer imaging modality using contrast. A 2-D USG defines baseline features, Doppler flow identifies the vascular flow in larger vessels, CEUS helps in mapping the vascular flow at capillary level. The contrast used is a microbubble which is smaller than the size of RBCs and can easily pass through capillaries and has no adverse effects on kidneys or liver. Determining vascularity and flow at capillary level helps to diagnose and differentiate uterine mass as fibroid or adenomyosis, adnexal masses and increased endometrial thickening as benign or malignant.

Aims & Objectives :
1. To compare 2-D USG, doppler and CEUS in differentiating uterine masses as adenomyosis/fibroid, ovarian masses as benign/malignant and endometrial hyperplasia as benign/malignant 2. To calculate the diagnostic accuracy of all the three methods

Materials & Methods :
A prospective observational study was done in 110 women with complaints of AUB with uteroadnexal mass and post menopausal bleeding. To eliminate observer bias double blinding was done, one ultrasonologist had performed 2-D and Doppler and second did CEUS. Results were compared with histopathology report.

Results :
Diagnostic accuracy of 2-D USG for uterine mass -87.8%, Doppler-85.13% and for CEUS-93.2%. For adnexal masses diagnostic accuracy of 2-D-75%, Doppler-81.25% and CEUS-96.9%. Diagnostic accuracy was 75% and 100% with CEUS & doppler for diagnosing endometrial cancer.

Conclusion :
CEUS is a better modality than 2-D and doppler. contrast used is a microbubble, has no adverse effects on hepatic or renal functions and is excreted out via lungs hence safe in patients with liver/kidney disorders where CT/MRI can't be done

Abstract ID: IO/PP/12

Presenter's Name: Dr. Rashi Jain

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Abstract Title:
ARTIFICIAL INTELLIGENCE IN OBSTETRICS AND GYNAECOLOGY IN INDIA: TRENDS, APPLICATIONS, GOVERNMENT INITIATIVE AND FUTURE PROSPECTS

Introduction :
Artificial intelligence (AI) has emerged as a transformative tool in obstetrics & gynaecology, enhancing precision, efficiency & scalability in healthcare. India, with its large patient population and expanding digital health infrastructure, offers a unique setting for AI integration.

Aims & Objectives :
To review current applications, national initiatives, trends & barriers to AI adoption in India.

Materials & Methods :
A descriptive cross-sectional analytical study was conducted in October 2025 using data & published literature from PubMed, Scopus, and Google Scholar. Data from government portals, including the National Digital Health Mission (NDHM), Ayushman Bharat Digital Mission (ABDM), IndiaAI & institutional records were also reviewed.

Results :
AI platforms like Smart Scope® for cervical screening demonstrated a sensitivity of 90.3% & specificity of 75.3%. Deep learning applied to placental imaging achieved up to 91% accuracy in predicting hypertensive disorders of pregnancy. Neural network-based interpretation of cardiotocography (CTG) reached 99% accuracy in predicting fetal distress. Robotic surgeries are increasingly used, though cost and expertise limit widespread adoption. Large language models (LLMs) like GPT-4 show potential in automating documentation, patient education, clinician training & EHR summarization. Government initiatives, including ABDM, IndiaAI, NITI Aayog frameworks, AI-based tools like the Clinical Decision Support System (CDSS) in e-Sanjeevani, & validated AI platforms like Clarius OB AI have accelerated clinical integration. Challenges including cost, ethical & privacy concerns, limited validation, linguistic and cultural diversity persist.

Conclusion :
AI demonstrates better diagnostic accuracy and clinical efficiency. India’s growing digital infrastructure and policy support favours scaling of AI-driven care, while responsible implementation requires validation, equitable access, regulatory oversight, and training.

Abstract ID: IO/PP/13

Presenter's Name: Prof. Jayakumar

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Abstract Title:
ENROUTE MATERNAL DEATH DUE TO PPH

Introduction :
260,000 maternal death occur worldwide every year. En-route maternal death occurs when a mother is transferred to higher medical Centre. During transit post-partum hemorrhage (PPH) is the commonest cause of death. A simple measure of keeping the woman in Trendelenburg position from child delivery till bleeding stops may save the woman from death.

Aims & Objectives :
In severe atonic PPH there is gravity aided reverse venous blood flow through the Uterine and Ovarian veins into the Uterus and this can be stopped by keeping the woman in Trendelenburg position.

Materials & Methods :
609 maternal death recorded in Kerala between 2020 and 2024. 70 were attributed to PPH. Among the 70 women 5 died enroute.

Results :
7% of woman could have been prevented from maternal death if Transported in Trendelenburg position.

Conclusion :
Trendelenburg position may prevent all or at least enroute death due to PPH.

Abstract ID: IO/PP/14

Presenter's Name: Dr. Neelu Rajput

Co-Author(s):
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Country: India

Abstract Title:
PREDICTION OF PREECLAMPSIA USING FIRST TRIMESTER UTERINE ARTERY DOPPLER: A PROSPECTIVE COHORT STUDY

Introduction :
Preelampsia is a major cause of maternal morbidity and mortality.

Aims & Objectives :
To determine the role of uterine artery doppler velocimetry in first trimester in high risk patients in prediction of preeclampsia.

Materials & Methods :
This was a prospective cohort study conducted in Department of Obstetrics and Gynaecology of Kamla Raja Hospital, Gajra Raja Medical College over a period of 18 months from March 2024 till August 2025. A total of 170 pregnant females were attending Gynaecology OPD were enrolled after informed consent.

Results :
The incidence of preeclampsia was found to be 11.7%. Thirty percent women had a normal Doppler flow of the uterine arteries. Notching of the uterine artery was also observed in 39 (26.2%, unilateral/bilateral) and 21 (31%) bilaterally. In 56 (71%) women, a unilateral/bilateral RI (resistance index) > 0.58 was observed, and 27 women (38%) had a bilateral RI > 0.58. Over all sensitivity, specificity, and positive and negative predictive values (PPV and NPV) of Doppler ultrasound in predicting PE based on the cutoff of RI and notching of the uterine artery were 71.4%, 26.3%, 23.8%, and 74.1%, respectively. In individual Doppler ultrasound indices were concerned, RI >0.58 (unilateral/bilateral) was found to be most sensitive (69%), while the presence of uterine artery notch (unilateral/bilateral) was most specific in predicting PE.

Conclusion :
Uterine artery Doppler in the first trimester along with early anomaly scan at 11 -13+6 weeks has been found to be a good predictor of preeclampsia in pregnancy with moderate sensitivity and specificity.

Abstract ID: MCH/PP/01

Presenter's Name: Dr. M Bhavyadiksha

Co-Author(s):
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State: Karnataka

Country: India

Abstract Title:
WHEN AORTA AND UTERUS COLLIDE: NAVIGATING PREGNANCY IN TAKAYASU ARTERITIS

Introduction :
Takayasu arteritis is a rare large-vessel vasculitis predominantly affecting women of reproductive age. Pregnancy in such patients carries high maternal and fetal risks due to vascular compromise, cardiac involvement, and anticoagulation requirements. Prior cardiac surgery and mechanical valve further complicate management.

Aims & Objectives :
To highlight the challenges and multidisciplinary management required for a successful pregnancy outcome in a woman with Takayasu arteritis with a mechanical cardiac valve.

Materials & Methods :
A 25-year-old primigravida, known case of rheumatoid arthritis and Takayasu arteritis with prior aortic valve replacement, conceived spontaneously. She received heparin during the first trimester, later switched to warfarin in the second trimester, and was monitored closely with serial coagulation profiles. At 32+6 weeks, she presented with preterm premature rupture of membranes while on anticoagulation.

Results :
Multidisciplinary care involving obstetrics, cardiology, rheumatology, and anesthesiology was initiated. She underwent emergency LSCS under general anesthesia due to maternal cardiac risk. A live male infant weighing 1.72 kg was delivered. The neonate required short-term NICU care for prematurity but was discharged in healthy condition. The mother was maintained on prednisolone and warfarin, had an uneventful recovery.

Conclusion :
Pregnancy in women with Takayasu arteritis and mechanical valve is high-risk, but feasible. With vigilant anticoagulation monitoring, timely obstetric intervention, and coordinated multidisciplinary care, favorable maternal and neonatal outcomes can be achieved. This case reinforces the importance of preconception counseling and collaborative management in complex cardiovascular disease.

Abstract ID: MCH/PP/02

Presenter's Name: Dr. Jagrati Pariya

Co-Author(s):
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Country: India

Abstract Title:
CAESAREAN SCAR PREGNANCY - A NEW MONSTER IN 21ST CENTURY CAUSES INCREASE IN MATERNAL MORBIDITY AND MORTALITY

Introduction :
A caesarean scar pregnancy (CSP)is a variant of uterine ectopic pregnancy defined by full or partial implantation of the gestational sac in the scar of a previous caesarean section. The continuous increase of caesarean deliveries is causing a parallel increase in CSP and its complications. Early detection and treatment of CSP are challenging. Once diagnosed, the recommendation is to offer early termination of pregnancy because of the potential risk of continuing the pregnancy.

Aims & Objectives :
The aim of this study to diagnose CSP early and treat it so as to decrease maternal complications.

Materials & Methods :
The study was lasted for 1 year and had 30 patients and these were divided into 3 groups based on their presentations. Group A 12 patients with history of MTP pill intake , Group B 10 patients with D&C by quacks without USG and , Group C 8 patients diagnosed with USG.

Results :
Most cesarean scar pregnancy (CSP) cases occurred in women with prior cesarean sections who had taken over-the-counter MTP pills. Diagnosis was best achieved with transvaginal ultrasound and color Doppler. Early, stable cases responded well to local methotrexate and suction evacuation, while late or unbooked cases presented with hemorrhage or uterine rupture requiring laparotomy or hysterectomy. Maternal morbidity was higher in MTP users. Early diagnosis and timely management significantly reduced complications and preserved fertility.

Conclusion :
Early detection is the key. The standard management for CSP is termination of pregnancy. Screening by USG and bringing awareness to avoid over the counter MTP intake is important.

Abstract ID: MCH/PP/03

Presenter's Name: Prof. Girija Wagh

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Country: India

Abstract Title:
REAL-WORLD EVALUATION OF THE EFFECTIVENESS AND SAFETY OF FERRIC CARBOXYMALTOSE (FCM) IN PREGNANCY-ASSOCIATED IRON DEFICIENCY ANEMIA IN A TERTIARY CARE HOSPITAL IN PUNE

Introduction :
Iron deficiency anemia (IDA) during pregnancy contributes to adverse maternal and fetal outcomes. Intravenous (IV) FCM, offers promising option for rapid and effective correction of IDA.

Aims & Objectives :
This study aimed to assess the real-world effectiveness and safety of FCM in pregnant women with moderate to severe IDA in patients visiting a tertiary care hospital in Pune.

Materials & Methods :
A prospective, open-label, single-centre observational study was conducted over 6 weeks. Primary objective was to assess the effectiveness of FCM injection in moderate to severe iron deficiency anemia in pregnancy. Secondary objectives were to assess safety and patient reported fatigue score. 42 pregnant women between 16 and 36 weeks of gestation, with hemoglobin (Hb) levels ranging from 6–10 g/dL, received intravenous FCM infusion (cumulative mean dose:970 mg) & patients were followed up for 6 weeks. Hematological parameters were assessed 6 weeks after final FCM administration. Fatigue levels were measured using the Linear Analogue Scale at weeks 2, 4, and 6.

Results :
FCM administration resulted in a significant increase in mean Hb levels of 2.72 g/dl ($p = 0.0001$) and serum ferritin of 15.69 ($p < 0.05$) at 6 weeks. Statistically significant improvements were also noted in MCV, MCHC, PCV, MCH ($p<0.05$). Significant decline was observed in mean fatigue score at 2, 4 and 6 weeks. No serious adverse events were observed, confirming favorable safety profile.

Conclusion :
IV FCM is a safe and effective treatment option for IDA in pregnancy, offering significant increase in Hb levels, ferritin levels and other hematological parameters.

Abstract ID: MCH/PP/04

Presenter's Name: Dr. Bhavana Kolli

Co-Author(s):
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State: Karnataka

Country: India

Abstract Title:
THE MOLE THAT CROSSED THE LINE – A DIAGNOSTIC DILEMMA-INVASIVE MOLE

Introduction :
An invasive mole is a gestational trophoblastic neoplasia occurring after a molar pregnancy, marked by trophoblastic invasion of the myometrium and persistent β-hCG elevation. Though histologically benign, it may be locally invasive or metastatic. With early diagnosis and chemotherapy, prognosis and fertility outcomes are excellent. It occurs in about 1 in 1200 pregnancies, with 10% progressing to invasive moles.

Aims & Objectives :
To create awareness about invasive mole, highlighting its clinical features, early diagnosis, and management. The poster emphasizes regular β-hCG monitoring for early detection and timely chemotherapy to ensure good prognosis and fertility preservation.

Materials & Methods :
A 26-year-old G3P2L2 with previous 2 LSCS presented with bleeding per vaginum at 8 weeks of gestation. Initially managed as a threatened abortion, she later underwent medical termination due to persistent bleeding. Post-expulsion, ultrasound and MRI suggested an invasive mole. β-hCG was 2,50,000 mIU/mL, and the patient developed severe anemia, managed conservatively. Multidisciplinary care was provided by gynecology and medical oncology.

Results :
The patient received 9 cycles of methotrexate (20/06/25–24/06/25) but developed resistance. She was then started on Actinomycin D, completing 8 cycles as second-line chemotherapy. β-hCG levels showed a steady decline, reaching <0.2 mIU/mL, indicating complete remission.

Conclusion :
Early diagnosis through β-hCG monitoring and imaging prevents complications such as uterine invasion and metastasis. Chemotherapy remains the mainstay of treatment, and maintaining adequate hemoglobin supports better outcomes. With timely intervention and supportive care, prognosis is excellent and fertility can be successfully preserved.

Abstract ID: MCH/PP/05

Presenter's Name: Dr. Garima Patidar

Institute/ Affiliation:
R D GARDI MEDICAL COLLEGE UJJAIN

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Country: India

Abstract Title:
THYROID FUNCTION IN PREGNANCY AND ITS ASSOCIATION WITH MATERNAL COMORBIDITIES

Introduction :
Thyroid physiology alters in pregnancy, and inadequate adaptation is linked to maternal complications such as hypertensive disorders and gestational diabetes. Local data from tertiary centres can inform targeted screening and peripartum care.

Aims & Objectives :
To estimate the prevalence and pattern of thyroid dysfunction in third-trimester antenatal women. To assess its association with maternal comorbidities

Materials & Methods :
A Prospective observational study at the Department of Obstetrics & Gynaecology, RDGMC&CRGH, Ujjain was conducted. Consecutive third-trimester antenatal women aged 18–42 years were enrolled after informed consent (n=100); women with known pre-pregnancy thyroid disease or major medical comorbidities were excluded. Thyroid function tests (TSH, fT4, fT3) classified dysfunction as subclinical/overt hypo- or hyperthyroidism per prespecified definitions. Maternal comorbidities captured included gestational hypertension/preeclampsia (GH/PE) and gestational diabetes mellitus (GDM); mode of delivery and postpartum haemorrhage (PPH) were secondary endpoints. Data was analyzed with the help of SPSS v25 and appropriate tests of significance were applied to study the associations.

Results :
Mean age was 26.8 ± 4.1 years; 44% were primigravida; median BMI 24.6 kg/m² (IQR 22.9–27.1). Thyroid dysfunction prevalence was 14% (subclinical hypothyroidism 9%, overt hypothyroidism 3%, hyperthyroidism 2%). GH/PE occurred in 14% overall and was higher among women with thyroid dysfunction (28.6%, 4/14) versus euthyroid women (11.6%, 10/86); p=0.041. GDM prevalence was 6% (6/100)—14.3% (2/14) in dysfunction versus 4.7% (4/86) in euthyroid; p=0.160 (not significant). PPH was 4% overall (2/14 vs 2/86; p=0.120). Caesarean delivery rate was 32% (6/14 vs 26/86; p=0.090). No test-related adverse events were noted.

Conclusion :
In study, thyroid dysfunction—predominantly subclinical hypothyroidism—was present in one in seven

Abstract ID: MCH/PP/06

Presenter's Name: Dr. P. Jayanthi

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Country: India

Abstract Title:
A CASE REPORT ON EBSTEIN ANOMALY WITH PREGNANCY

Introduction :
Ebstein anomaly is an uncommon congenital malformation of the heart with a prevalence of 0.3-0.5%, accounting for 1% of all congenital heart diseases. The improperly formed and apical displacement of insertion of septal and posterior tricuspid leaflets are hallmarks of anomaly resulting in tricuspid regurgitation, right atrial, and right ventricular dilatation.

Aims & Objectives :
To report a case of Ebstein anomaly with pregnancy found rarely due to short life expectancy at birth. This case is presented to increase awareness about this entity among obstetricians.

Materials & Methods :
A prospective study of primigravida at 33 weeks 5 days of gestational age with high blood pressure recordings with oligohydramnios was referred to GMH, Hanamkonda. 2D echo revealed Ebstein anomaly, dilated RA and RV, no RWMA, mild TR, and trace pericardial effusion.

Results :
Apart from high blood pressure recordings and oligohydramnios at term, no major maternal and fetal complications occurred. After delivery, ECHO of baby was normal. Mother and baby recovered well postnatally

Conclusion :
Most women with Ebstein anomaly have a milder form with little right ventricular dysfunction without cyanosis or symptomatic arrhythmias before pregnancy, so they tolerate pregnancy well. With this anomaly, fertility is usually unaffected, even in women with cyanosis. The nature and severity of anatomical abnormality and patient's functional state all play a role in management. Maternal and fetal prognosis is good in patients with Ebstein anomaly and NYHA class I. Those with arrhythmia or cyanosis require closer monitoring due to higher risks for both mother and fetus.

Abstract ID: MCH/PP/07

Presenter's Name: Dr. Anjali Singh

Co-Author(s):
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AIIMS PATNA

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Country: India

Abstract Title:
PLACENTAL MASS OR A BLOOD TRAP ? A RARE CASE OF CHORANGIOSIS WITH SUBAMNIOTIC HAEMATOMA WITH FAVOURABLE NEONATAL OUTCOME

Introduction :
Placental chorangiosis is a rare, benign vascular lesion characterized by excessive capillary proliferation in terminal villi, often associated with chronic maternal hypoxia or anemia. It may mimic other placental masses, posing diagnostic challenges.

Aims & Objectives :
o report a rare case of subamniotic type placental chorangiosis in a patient with pancytopenia, emphasizing its atypical presentation and successful management.

Materials & Methods :
A 25-year-old primigravida at 35+4 weeks of gestation, known case of chronic hemolytic anemia, was referred with a report of a large placental mass (10×8×7 cm) in the fundal area, suspected as placental hematoma or chorioangioma. On examination, the patient was stable with moderate pallor. Investigations showed Hb 7 g/dL, TLC 3800/mm³, and platelets 75,000/mm³. She received platelet and PRBC transfusions. Prophylactic bilateral internal iliac artery balloon tamponade was placed, and an elective cesarean section was performed after neonatal consultation

Results :
Intraoperatively, a subamniotic pocket containing approximately 2.2 liters of fresh blood was found within the placenta, with no discrete mass. Histopathology confirmed subamniotic type placental chorangiosis. Both mother and neonate had an uneventful recovery.

Conclusion :
This rare case highlights the diagnostic dilemma of placental chorangiosis mimicking a hematoma or chorioangioma. Prompt recognition, multidisciplinary planning, and timely surgical intervention ensured a favorable outcome despite the potential for catastrophic hemorrhage.

Abstract ID: MCH/PP/08

Presenter's Name: Dr. Nancy

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Abstract Title:
ONE LOST, ONE LIVED: A TALE OF TWIN SURVIVAL

Introduction :
Twin pregnancies, particularly monochorionic diamniotic (MCDA) types, carry heightened risks of fetal growth restriction, intrauterine demise, and intrapartum complications. Comprehensive antenatal surveillance and multidisciplinary coordination are vital to ensure favourable outcomes.

Aims & Objectives :
To highlight the clinical course, challenges, and successful outcome in a case of MCDA twin gestation complicated by single twin demise.

Materials & Methods :
A detailed case based analysis of antenatal, intrapartum, and neonatal management in a 22 year old primigravida with spontaneous MCDA twins was conducted, emphasizing diagnostic imaging, transfusion monitoring, and perinatal decision-making.

Results :
The patient presented at 37 weeks with abdominal pain and decreased fetal movements. Ultrasound confirmed intrauterine demise of Twin B at 29 weeks, while Twin A maintained normal Doppler indices. Earlier, at 30 weeks, she developed moderate anemia (Hb ~9.8 g/dL) and experienced an allergic transfusion reaction during PRBC transfusion. After continuous monitoring and corticosteroid coverage, emergency LSCS was performed at 37 weeks, resulting in delivery of one live male neonate (2.72 kg; Apgar 7/8/9) and one papyraceous co twin. Both mother and surviving twin recovered uneventfully.

Conclusion :
MCDA twin gestations demand vigilant multidisciplinary monitoring. Timely detection of complications, prompt imaging, and individualized care can transform a potential tragedy into partial success—one lost, one lived.

Abstract ID: MCH/PP/09

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Abstract Title:
BLINDNESS THAT SEES AGAIN-THE ECLAMPSIA PARADOX

Introduction :
Eclampsia is a life-threatening obstetric emergency characterized by the occurrence of seizures in a woman with preeclampsia. It can involve multiple organ systems, including the central nervous system. One of the rare neurological complications is reversible cortical blindness, usually associated with Posterior Reversible Encephalopathy Syndrome (PRES). Prompt recognition is essential, as early management can lead to complete visual recovery and favorable maternal outcomes.

Aims & Objectives :
To present a case of reversible blindness occurring as a complication of eclampsia. To highlight the clinical features, imaging findings, and outcome of cortical blindness in eclampsia. To emphasize the importance of timely diagnosis and management to ensure reversibility and prevent permanent deficits.

Materials & Methods :
Study Type: Case report (hospital-based observation). Patient Details: A 20 year-old primigravida at [gestational age] weeks presented with generalized tonic–clonic seizures and elevated blood pressure. Investigations: Ophthalmologic evaluation showed normal fundus with absent vision. MRI brain revealed bilateral occipital lobe hyperintensities suggestive of PRES. Management: Stabilization with magnesium sulfate and antihypertensive therapy. Supportive care and monitoring of visual function.

Results :
Outcome: Vision recovered completely within 48 hours after delivery.

Conclusion :
Reversible blindness is a rare but dramatic manifestation of eclampsia, most often linked to Posterior Reversible Encephalopathy Syndrome (PRES). Early recognition of visual symptoms, prompt neuroimaging, and aggressive control of blood pressure and seizures are vital for recovery. With timely management, complete restoration of vision is achievable, underscoring the importance of awareness among obstetricians and critical care teams.

Abstract ID: MCH/PP/10

Presenter's Name: Ms. Monika Chinthala

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Abstract Title:
EVALUATION OF OBSTETRIC NATIONAL EARLY WARNING SCORE (ONEWS)IN PREDICTING MATERNAL OUTCOMES :A PROSPECTIVE OBSERVATIONAL STUDY

Introduction :
Maternal morbidity and mortality remain significant challenges in obstetric care. (onews) obstetric national early warning score is a modified early warning system designed for early identification of clinical deterioration in pregnant women.This study aimed to evaluate the predictive value of ONEWS for adverse maternal outcomes

Aims & Objectives :
To evaluate the effectiveness of the Obstetric National Early warning score in predicting adverse maternal outcomes and need for critical care

Materials & Methods :
A hospital based observational study was conducted on 340 pregnant women admitted to the department of obstetrics and gynaecology .ONEWS scores were calculated at admission, maternal ,neonatal outcomes and need for ICU admission were analyzed

Results :
Most women had scores 0-2(80.9%).While 1.2%scored>9.ICU admission correlated strongly with high scores .Women requiring ICU had a mean ONEWS of 7.ONEWS showed 100% sensitivity and91.3% specificity and 98.9%diagnostic accuracy for predicting ICU

Conclusion :
ONEWS is a simple ,non invasive ,and highly reliable bedside tool for early detection of maternal deterioration.Using onews can significantly enhance timely interventions and improve maternal outcomes.

Abstract ID: MCH/PP/11

Presenter's Name: Dr. Shruti Nirmale

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Abstract Title:
ANALYSIS OF MODIFIED ISTH DIC SCORE IN CASES OF ABRUPTIO PLACENTAE AND ITS CORRELATION WITH SEVERITY OF PLACENTAL ABRUPTION

Introduction :
Abruptio placentae remains one of the leading causes of maternal and perinatal mortality and morbidity. DIC is a serious complication and early diagnosis is crucial. The modified ISTH DIC score is a sensitive tool for obstetric DIC.

Aims & Objectives :
To determine coagulation status of patients in abruptio placentae using modified ISTH DIC score and to establish a correlation between the modified ISTH DIC score and severity of placentalabruption

Materials & Methods :
An ongoing prospective Observational Study over last 8 months on 16 patients diagnosed with placental abruption at Sanjay gandhi memorial hospital mangolpuri delhi. Severity of abruption was graded clinically. Lab parameters used are platelet count, Prothrombin time difference and serum fibrinogen level. The modified ISTH DIC score was calculated and correlated with severity of abruption and Maternal and perinatal outcome .

Results :
A significant positive correlation was observed between modified isth dic score and severity of abruption ($p<0.001$). Out of 16participants 6 (37.5 %) had ISTH DIC SCORE >26 and 10 (62.5%) had ISTH DIC score <26. Out of 6 participants with score >26 , 4 (66.6%) had grade 3 abruption and 2(33.3%) had grade 2 abruption. Out of 6 participants babys of 3(50%) had stillbirth & 3 (50%) required NICU admission. 1(16.6%) died of DIC , 2 (33.3%) required ICU admission, 3 (50%) required blood transfusion

Conclusion :
Modified ISTH DIC score is a sensitive, reliable tool for early identification of coagulopathy in abruptio placentae. It correlates well with severity of abruption and adverse outcomes aiding in timely management and improved prognosis

Abstract ID: MCH/PP/12

Presenter's Name: Dr. Divya Gurusamy

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Country: India

Abstract Title:
CASE SERIES OF CVT AND ITS PREGNANCY OUTCOME

Introduction :
Introduction :Cerebral Venous Thrombosis (CVT) is a rare but a life threatening disease in pregnancy. It has a varied clinical presentation and pathogenesis. It most often involves the superior saggital sinus but may occur anywhere in the cerebral venous circulation. Pregnancy and puerperium are in itself a high-risk factor for its occurrence.

Aims & Objectives :
To assess the frequency of different clinical features,risk factors and prognostic outcome of patients diagnosed as CVT

Materials & Methods :
A hospital based observational study was conducted in the antenatal mothers in the Department of Obstetrics and Gynaecology in Theni Medical College and hospitals,Tamilnadu.All cases of cerebrovascular accidents were followed and those diagnosed as CVT on the basis Computed Tomogram(CT),Magnetic Resonance Imaging (MRI) and /or Magnetic Resonance Venogram(MRV) and Magnetic Resonance Arteriogram(MRA) were included in the study,managed and followed till discharge from the hospital and at three months post -discharge.The varied symptomatic presentation of CVT in antenatal mothers were studied and followed up.

Results :
Out of 6500 deliveries in study period ,we found 4 cases of antenatal CVT. The mean age of women presenting with CVT was 20 to 30 years.The most common presenting symptom was headache,hemiparesis,blurring of vision. The most common area of infarct was superior saggital sinus .Mortality at discharge was zero.All 4 patients we're found to be APLA positive

Conclusion :
In CVT precise diagnosis is decisive and based on the diagnosis timely and suitable therapy can be started which can reverse the disease process

Abstract ID: MCH/PP/13

Presenter's Name: Dr. Koruturu Divya Sai

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Abstract Title:
A RARE CASE OF HYPEREMESIS GRAVIDARUM COMPLICATED BY ACUTE INFLAMMATORY DEMYELINATING POLYNEUROPATHY IN PREGNANCY

Introduction :
Hyperemesis gravidarum (HG) is a severe manifestation of nausea and vomiting in pregnancy that can lead to dehydration, electrolyte imbalance, and nutritional deficiencies. Neurological complications are rare. Acute Inflammatory Demyelinating Polyneuropathy (AIDP), a variant of Guillain–Barré Syndrome, may rarely complicate pregnancy following metabolic or infectious stressors.

Aims & Objectives :
To report a rare case of AIDP associated with hyperemesis gravidarum and to highlight the importance of early recognition and multidisciplinary management for optimal maternal and fetal outcomes.

Materials & Methods :
A 23-year-old G2P1L1 at 16 weeks 4 days gestation presented with intractable vomiting, weight loss, and progressive symmetrical weakness of lower limbs. Clinical evaluation, nerve conduction studies, and laboratory tests were performed. Electrolyte disturbances were corrected, and intravenous immunoglobulin (IVIG) therapy was initiated.

Results :
Nerve conduction studies confirmed AIDP. Laboratory evaluation showed hypokalemia and mild hyponatremia secondary to prolonged vomiting. Following IVIG therapy and supportive care, the patient showed gradual neurological recovery, and the pregnancy progressed uneventfully.

Conclusion :
The coexistence of HG and AIDP is extremely rare. Nutritional deficiencies and immune dysregulation may contribute. Early diagnosis and prompt management ensure favorable maternal and fetal outcomes.

Abstract ID: MCH/PP/14

Presenter's Name: Dr. Archana

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Abstract Title:
IMPORTANCE OF OGTT SCREENING AT 32 WEEKS OF GESTATION

Introduction :
Gestational diabetes mellitus (GDM) is a common metabolic complication of pregnancy linked to significant maternal and fetal morbidity. Screening at 24–28 weeks may miss late-onset cases, making an additional oral glucose tolerance test (OGTT) at 32 weeks period of gestation (POG) valuable for identifying delayed glucose intolerance.

Aims & Objectives :
To evaluate the diagnostic yield of OGTT at 32 weeks POG in women who were normoglycaemic in earlier trimesters and its contribution to overall GDM detection.

Materials & Methods :
A prospective cohort study was conducted at the Department of Obstetrics and Gynaecology, ABVIMS & Dr. Ram Manohar Lohia Hospital, New Delhi. A total of 380 singleton pregnancies were enrolled and underwent a non-fasting 75 g OGTT at first visit, 24–28 weeks, and 32 weeks POG using DIPSI criteria (2-hour plasma glucose ≥ 140 mg/dL). Women diagnosed with GDM or overt DM at first visit or GDM at 24-28weeks were not retested.

Results :
Out of 380 females,45 females (13.9 %) were diagnosed with GDM at 32 weeks, yielding a cumulative prevalence of 26.6 %. The 32-week OGTT detected 13.9 % additional late-onset cases which were missed at second-trimester screening.

Conclusion :
A significant proportion of GDM develops after 28 weeks. Including a 32-week OGTT in routine antenatal screening enhances detection of late-onset GDM and facilitates timely management to prevent fetomaternal complications.

Abstract ID: MCH/PP/15

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Abstract Title:
MATERNAL MORTALITY AT A TERTIARY CARE CENTRE

Introduction :
The maternal mortality ratio is a significant public health indicator that reflects the quality of health care services. According to the International Classification of Diseases (ICD)-10, maternal death is defined as "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes" .

Aims & Objectives :
This study aimed to determine the maternal mortality ratio (MMR), identify various risk factors, and analyze the causes of maternal mortality.

Materials & Methods :
This is a prospective, observational hospital based study at a tertiary care center in Visakhapatnam from November 2024 to October 2025. The research analyzed the causes and contributing factors of each maternal death.

Results :
A total of 46 maternal deaths occurred during the study period, resulting in a mean MMR of 144 per 100,000 livebirths. Most maternal deaths (30.43%) occurred among women aged 13-19 years, with 56.52% occurring in multiparous women and 82.61% among unregistered patients. Direct causes accounted for 73.91% of the deaths, with hypertension (44.12%) and hemorrhage (26.47%) being the major contributors.

Conclusion :
Maternal healthcare is a critical issue, with disparities in socioeconomic status, gender, ethnicity, education, place of residence, and age increasing the risk of death during pregnancy. There is significant potential for reducing maternal mortality, as most maternal deaths are preventable. Early detection of high-risk pregnancies and timely referral to tertiary centers can reduce complications associated with high-risk pregnancies.

Abstract ID: MCH/PP/16

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Abstract Title:
IMPACT OF GESTATIONAL AGE AND MATERNAL AGE ON PULMONARY ARTERY SYSTOLIC PRESSURE IN PREGNANT WOMEN

Introduction :
Pregnancy is a dynamic physiological state that brings about substantial adaptations within the cardiovascular system. Evaluating pulmonary artery pressure holds significant clinical value, serving both diagnostic and prognostic purposes. Pulmonary arterial pressure results from the right ventricle propelling blood into the pulmonary circulation, where vascular resistance opposes the ventricular output.

Aims & Objectives :
This study seeks to investigate the impact of gestational stage and maternal age on pulmonary artery systolic pressure.

Materials & Methods :
100 pregnant ladies in all age groups and gestation age are considered for the study.

Results :
the significant changes in the PASP noted with increasing maternal age and gestation age.

Conclusion :
This study gives us the information on changes in PASP in pregnant ladies which says the importance of 2d echo to be considered as a regular investigation protocol to have a clear idea on cardiac health of the pregnant women.

Abstract ID: MCH/PP/17

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Abstract Title:
EFFICACY AND SAFETY OF CARBETOCIN VERSUS OXYTOCIN IN PREVENTION OF POST PARTUM HEMORRHAGE IN HIGH RISK WOMEN.AN OPEN LABEL RANDOMISED CONTROLLED TRIAL

Introduction :
Postpartum hemorrhage (PPH) continues to be a major global concern in maternity care. Nearly 27% of maternal mortality worldwide is linked to PPH. The leading cause is uterine atony. In India, PPH contributes to 38% of maternal deaths annually.

Aims & Objectives :
To assess efficacy and safety of carbetocin versus oxytocin in prevention of PPH in high risk women.

Materials & Methods :
A one-year, prospective, randomized, open-label trial was performed in the Department of Obstetrics and Gynecology, KGMU. Computer-based random allocation assigned 120 eligible participants into two equal arms (60 per group) with at least one predefined risk factor. Group A received 10 IU oxytocin intramuscularly just after childbirth. Group B received 100 mcg carbetocin as an IV bolus administered over 1 minute post-delivery. Maternal hemoglobin and hematocrit were assessed pre-delivery and 24 hours postpartum. Blood loss was quantified using calibrated V-drapes

Results :
No significant difference was observed in sociodemographic profiles across the two groups. Average blood loss was significantly higher in the oxytocin group (498.17±442.99, $P<0.001$) compared to the carbetocin group (295.61±278.69). In the oxytocin cohort, 6.7% required PRBC transfusion, 8.3% needed second-line uterotonics, and 5% required balloon tamponade. No participants in the carbetocin group needed PRBC or extra uterotonics. The difference between groups was statistically significant. Adverse outcomes were comparable in both groups overall too.

Conclusion :
Usage of single injection ,heat-stable carbetocin offers a practical solution to overcome challenges associated with the storage and transportation of oxytocin, particularly in low and middle-income countries.

Abstract ID: MCH/PP/18

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Abstract Title:
THE RIVETING STORY OF FETAL CARDIAC RHABDOMYOMA

Introduction :
Fetal rhabdomyoma are the most common fetal cardiac tumors and an earliest sign of tuberous sclerosis in fetus.

Aims & Objectives :
To present cases of fetal cardiac rhabdomyoma highlighting successful prenatal diagnosis and multidisciplinary management.

Materials & Methods :
Three cases of fetal rhabdomyoma are elaborated in this case series.

Results :
Case 1: A 33-year-old G3P1L1A1 at 22 weeks with a fetal intracardiac mass measuring 7.0x9.3 mm arising from the interventricular septum protruding into both the ventricles. Amniocentesis showed no evidence of tuberous sclerosis and common aneuploidies. Fetal therapy with mTOR inhibitor sirolimus was started at 31 weeks in view of increasing size of the mass and fetal cardiomegaly. The mass reduced in size and no further signs of heart failure developed. She delivered a healthy baby of 2.1 kg at term and postnatal follow-up at 2 weeks with 2D ECHO showed no signs of heart failure. Case 2: A 22-year-old primigravida at 36 weeks was diagnosed with a fetal cardiac mass. Ultrasonography showed an intracardiac homogenous mass, 45.1×27.4×22.0 mm, arising from interventricular septum with right atrial enlargement. She delivered a healthy baby weighing 2.5 kg. A postnatal evaluation with ECHO was normal. Case 3: a 22 year old patient presented with a 3 mm rhabdomyoma in fetus arising from IVS with normal cardiac function. Genetic testing showed no evidence of tuberous sclerosis. She delivered a healthy male baby at term. Postnatal ECHO showed normal function.

Conclusion :
During the prenatal period, early cardiac tumor detection provides important information about fetal well-being, delivery planning, and necessary postnatal care

Abstract ID: MCH/PP/19

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Abstract Title:
FROM CRISIS TO CURE: NAVIGATING THROMBOTIC THROMBOCYTOPENIC PURPURA IN PREGNANCY

Introduction :
Thrombotic thrombocytopenic purpura (TTP) is a rare but severe disorder characterized by low platelet counts, hemolytic anemia, and microvascular thrombosis, primarily resulting from a deficiency in the ADAMTS13 enzyme. Acute cases are often acquired, driven by autoantibodies that markedly reduce ADAMTS13 activity, while congenital TTP is identified through genetic testing and presents similarly without detectable antibodies. Pregnancy increases the risk of acute TTP episodes due to heightened procoagulant factors and reduced ADAMTS13 levels. Pre-conception guidelines recommend a waiting period post-rituximab treatment, while management during pregnancy involves regular monitoring and potential plasma infusions or plasmapheresis, depending on the severity of the condition. Delivery recommendations vary based on ADAMTS13 activity, with close postpartum monitoring. The complexities of diagnosing TTP during pregnancy, due to symptom overlap with conditions such as pre-eclampsia and HELLP syndrome, are also discussed. Guidelines aim to ensure the safe management of pregnancies in patients with a history of TTP, prioritizing both maternal and fetal health

Aims & Objectives :
To ensure the safe management of pregnancies in patients with a history of TTP, prioritizing both maternal and fetal health

Materials & Methods :
Masias C, Cataland SR- Role of ADAMTS13 testing in the diagnosis and management of thrombotic microangiopathies and thrombosis. Scully M, Thomas M, Underwood M, Watson H, Langley K, Camilleri RS, et al.

Results :
Acute TTP is a medical emergency when it occurs during pregnancy or postpartum period, needing multidisciplinary team approach.

Conclusion :
Accurate diagnosis and effective treatment rely on clinical evaluation with ADAMTS13 level testing, which helps ensuring safe management and future pregnancy planning

Abstract ID: MCH/PP/20

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Abstract Title:
A RARE CASE OF THIRD-DEGREE UTEROVAGINAL PROLAPSE IN EARLY PREGNANCY: CONSERVATIVE MANAGEMENT AND FAVORABLE OUTCOME

Introduction :
Pelvic organ prolapse complicating pregnancy is an uncommon clinical entity, occurring in approximately 1 in 10,000-15,000 pregnancies. It carries risks of infection, urinary retention, preterm labor, and maternal morbidity. Optimal management remains challenging, with conservative therapy preferred to maintain gestation until viability.

Aims & Objectives :
To report a rare case of third-degree uterovaginal prolapse at 15 weeks of gestation and highlight the efficacy of conservative management in achieving a favorable maternal and fetal outcome.

Materials & Methods :
A 23-year-old G2A1 at 15 weeks gestation presented with a gradually enlarging irreducible mass per vagina, urinary difficulty, and backache. Examination revealed third-degree uterovaginal prolapse with edematous, ulcerated cervix and urinary infection. Management included bladder catheterization, daily magnesium sulphate dressing and tamponing, foot-end elevation, vaginal pessary insertion, oral antibiotics, progesterone supplementation, and regular antenatal monitoring.

Results :
The patient showed significant symptomatic improvement following conservative therapy. Pregnancy progressed without major complications, and she delivered spontaneously at 32+3 weeks a live female neonate weighing 1.7 kg. Both mother and baby were stable postnatally.

Conclusion :
Early diagnosis and individualized conservative management can result in successful pregnancy continuation in uterovaginal prolapse. Supportive care with pessary use, infection control, and close follow-up remain the mainstay during early gestation, offering favorable maternal and fetal outcomes without surgical intervention.

Abstract ID: MCH/PP/21

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Abstract Title:
FETAL ARNOLD CHIARI 2 MALFORMATION AT 34 WEEKS IN THE ELDERLY MULTIGRAVIDA WITH UNDIAGNOSED DIABETES MELLITUS ,INCLUDING ABSENCE OF FOLIC ACID SUPPLEMENTATION

Introduction :
Arnold-Chiari 2 malformation(CM-II) is a congenital condition where the cerebellum, brainstem, and fourth ventricle are displaced downward through the foramen magnum into the spinal canal. It is almost always associated with a severe form of spina bifida called myelomeningocele and often leads to hydrocephalus.

Aims & Objectives :
To describe third-trimester diagnosis of Arnold–Chiari II malformation in a diabetic female.

Materials & Methods :
A 36 year old female G3P1L1A1 with 34 weeks of gestation with overt DM came with c/o pedal edema since 15 days . P/A was corresponding to gestation age.FHS was heard. Patient did not follow up in OPD and Maternal history revealed no periconceptional folic acid intake.Her first scan was done at the time of admission which showed F/S/O Arnold chiari malformation 2. Pediatric counselling was done. Routine investigations were normal except HbA1C which was 6.6.

Results :
Ultrasound revealed typical features of Arnold–Chiari II malformation, including lemon sign, banana sign, ventriculomegaly, and caudal displacement of the cerebellum and brainstem. A lumbosacral myelomeningocele was identified. Fetal growth parameters were normal. The absence of folic acid supplementation was noted as a significant modifiable risk factor for neural tube defects. Delivery was planned at a tertiary center with postnatal neurosurgical intervention.

Conclusion :
This case demonstrates that Arnold–Chiari 2 malformation can be effectively identified even in late gestation through meticulous neurosonography and fetal MRI.Timely diagnosis at 34 weeks facilitates appropriate counselling, coordinated delivery planning, and optimized neonatal surgical care.

Abstract ID: MCH/PP/22

Presenter's Name: Dr. Kavithra K

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Abstract Title:
STICH OF SCIENCE -A THREAD OF HOPE- NOW DOUBLED

Introduction :
Cervical insufficiency is the dilatation of incompetent cervix without pain or contractions and result in miscarriage and preterm delivery during second trimester. McDonald's and shirodkar techniques are performed transvaginally.

Aims & Objectives :
Aim is to assess perinatal outcome of double cervical cerclage via transvaginal approach

Materials & Methods :
Three women with cervical incompetence with history of atleast one cervical cerclage failure in previous pregnancies were taken. Single transvaginal cerclage was performed in 2 women at 11-14 weeks followed by second cerclage at 20 weeks due to progressive cervical shortening . One women underwent double transvaginal cerclage at 13 weeks McDonald's method. The perinatal outcomes , gestational age at delivery, birth weight are evaluated in this study

Results :
All 3 women delivered at term. None of them had chorioamnionitis or PPROM or poor obstetric outcomes. APGAR scores of babies were positively correlated with the gestational age . Two patients delivered by cesarean section and one patient delivered vaginally. All the three babies did not have NICU admission.

Conclusion :
Double transvaginal cervical cerclage is a safe and effective treatment . This procedure is minimally invasive and offers faster recovery

Abstract ID: MCH/PP/23

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Abstract Title:
TWIST OF FATE: A RARE CASE OF RECURRENT UTERINE TORSION IN PREGNANCY

Introduction :
Uterine torsion is rotation of uterus by more than 45degrees on its longitudinal axis. It can occur in both gravid and non gravid uterus and is a rare obstetric emergency causing adverse perinatal and fetal outcomes like placental abruption, intrauterine fetal demise. Pregnancy, uterine anomalies, uterine leiomyoma are some of the precipitating factors.

Aims & Objectives :
To present a rare case of recurrent gravid uterine torsion in two consecutive pregnancies and emphasize the importance of early recognition and timely intervention.

Materials & Methods :
Prospective follow up of a patient managed for gravid uterine torsion at department of obg at sri ramachandra institute of higher education and research institute over period of 3 years(January 2023-September 2025) A 30years old, G2P1L1 at 30weeks 6days, DCDA twins, came to emergency with complaints of severe pain abdomen and hypotension and emergency lscs done in view of fetal distress revealed intraoperatively uterine torsion of 180 degrees and both babies were stillborn. Uterus was repositioned to its anatomical position. The patient came back after 3 years with term, uneventful, singleton pregnancy.

Results :
Elective lscs done at 39weeks showed uterus to be torted by 180degrees, hence uterine incision again made over posterior wall, healthy baby delivered. Uterus was repositioned to its anatomical position.

Conclusion :
Though uterine torsion is a rare condition, given its potential for adverse maternal and fetal outcomes, it should be considered as a differential diagnosis of acute abdomen in pregnancy to provide timely intervention, thus preventing adverse outcomes.

Abstract ID: MCH/PP/24

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Abstract Title:
FROM JAUNDICE TO RECOVERY: A SEVERE CASE OF ACUTE FATTY LIVER OF PREGNANCY IN A PRIMIGRAVIDA

Introduction :
Acute fatty liver of pregnancy (AFLP) is a rare, life-threatening obstetric emergency typically occurring in the third trimester. It is associated with significant maternal and fetal risks, with reported maternal mortality rates ranging from 10% to 18% and perinatal mortality rates up to 20%.

Aims & Objectives :
To present a severe case of acute fatty liver of pregnancy (AFLP) in a primigravida and highlight the importance of early diagnosis and prompt intervention.

Materials & Methods :
A 29-year-old primigravida at 36 weeks gestation presented with jaundice and coagulopathy. She fulfilled six of the Swansea criteria, supporting a diagnosis of acute fatty liver of pregnancy. Due to a clinically unfavorable cervix and rapid deterioration in her condition, an emergency cesarean section was performed. Intraoperatively and postoperatively, she required significant blood product support, including six units of cryoprecipitate, four units of fresh frozen plasma, one unit of single donor platelets, along with fibrinogen . Close monitoring of liver function and coagulation parameters was maintained throughout her hospital stay.

Results :
Following the emergency cesarean section and intensive supportive care, the patient’s liver function and coagulation profile gradually improved. She had an uneventful postoperative recovery and was discharged in stable condition on the sixth postoperative day. The neonate was delivered in good condition and had a favorable outcome, with no immediate complications reported.

Conclusion :
Timely delivery and coordinated multidisciplinary management can lead to excellent maternal and fetal outcomes, even in severe presentations of the disease.

Abstract ID: MCH/PP/25

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Abstract Title:
OLD WOUNDS, NEW CHALLENGES: A MOTHERHOOD COMPLICATED BY OLD CASE OF PULMONARY TUBERCULOSIS

Introduction :
Pregnancy in women with a history of pulmonary tuberculosis poses complex maternal and respiratory challenges. Residual lung damage can significantly increase the risk of respiratory failure during pregnancy and the postpartum period.

Aims & Objectives :
To highlight the obstetric and respiratory complications in pregnancy with old pulmonary tuberculosis, and the importance of multidisciplinary critical care in achieving favorable outcomes.

Materials & Methods :
A 30-year-old primigravida at 35+6 weeks of gestation, known case of gestational diabetes mellitus on insulin and metformin, presented with preterm prelabor rupture of membranes and intrahepatic cholestasis of pregnancy. She underwent emergency LSCS for breech presentation and delivered a healthy female baby (2.63 kg, APGAR 7 & 8). Postoperatively, she developed severe respiratory distress and was managed in ICU with non-invasive ventilation, mechanical ventilation, and prone positioning. HRCT and bronchoscopy with BAL and cultures were performed to determine the etiology. Treatment included broad-spectrum antibiotics, antifungals, steroids, anticoagulation, and ventilatory support.

Results :
The patient was diagnosed with ARDS and bilateral pneumonia overlying a destroyed left lung due to old tuberculosis. She responded to prone ventilation and targeted therapy with gradual improvement. She was successfully extubated and discharged on home oxygen and BiPAP support.

Conclusion :
Pregnancy in women with old pulmonary tuberculosis requires vigilant monitoring and multidisciplinary management. Early intensive respiratory support can ensure successful maternal and neonatal outcomes even in severe pulmonary compromise.

Abstract ID: MCH/PP/26

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Abstract Title:
RE-EMERGING THREAT: CLINICAL SPECTRUM OF MATERNAL AND FETAL SYPHILIS -A CASE SERIES

Introduction :
Maternal syphilis continues to cause significant perinatal morbidity, including fetal infection, growth restriction, preterm birth, and stillbirth. Early diagnosis and appropriate penicillin therapy can significantly reduce adverse outcomes, even in peripheral healthcare settings.

Aims & Objectives :
To present a case series of antenatally diagnosed maternal syphilis and highlight the management protocol and pregnancy outcomes achieved at a peripheral gynaecology centre.

Materials & Methods :
Three pregnant women were diagnosed with syphilis during routine antenatal screening using non-treponemal and treponemal tests (VDRL, RPR, and TPHA). Each patient was evaluated clinically and treated with benzathine penicillin G 2.4 million units intramuscularly in accordance with standard guidelines. Serial RPR titres were followed up to assess treatment response. Fetal surveillance was performed with ultrasonography, and neonatal outcomes were documented. Also, postnatally newborns were screened for any congenital infection. Thereafter, the patients and their babies have been on regular follow-up.

Results :
Case 1: 24-year-old primigravida with RPR 1:16, TPHA 1:1280. Case 2: 37-year-old G3P2L1D1 with RPR 1:8, TPHA 1:5120, associated with APLA positivity, GDM, and FGR. Case 3: 28-year-old G2P1L1 with discordant serology (VDRL positive, RPR and TPHA negative). All cases received benzathine penicillin and were monitored with serial titres. A fourfold decline was noted in responsive cases. No evidence of congenital infection was detected in neonates.

Conclusion :
Universal antenatal screening and timely penicillin therapy with serial serological monitoring are practical and effective strategies in peripheral centres to prevent congenital syphilis and reduce adverse fetal outcomes.

Abstract ID: MCH/PP/27

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Abstract Title:
BLEEDING AGAINST ALL ODDS: SUCCESSFUL SALVAGE OF A DCDA TWIN PREGNANCY WITH GESTATIONAL IMMUNE THROMBOCYTOPENIA AND REFRACTORY POSTPARTUM HEMORRHAGE

Introduction :
Gestational immune thrombocytopenia (ITP) is a rare but serious obstetric condition. When compounded by twin gestation and assisted conception, it substantially increases the risk of peripartum hemorrhage. Multidisciplinary planning and preparedness are vital for ensuring optimal maternal and neonatal outcomes.

Aims & Objectives :
To highlight the multidisciplinary management and surgical decision-making in a DCDA twin pregnancy with gestational ITP complicated by refractory postpartum hemorrhage (PPH).

Materials & Methods :
A 41-year-old primigravida, conceived through IVF (donor oocyte, self sperm), presented with DCDA twin gestation and gestational ITP (platelet count 25,000–60,000/µL). She also had hypothyroidism. At term, an elective lower segment caesarean section (LSCS) was performed under hematology and anesthesia supervision. Post-delivery, she developed massive atonic PPH unresponsive to medical management.

Results :
Emergency re-exploration revealed uterine atony with diffuse oozing. B-Lynch uterine compression sutures and bilateral internal iliac artery ligation were performed, achieving hemostasis. The patient received 2 units PRBC and 4 units FFP. Both neonates were stable. The mother recovered uneventfully with rising platelet counts and no recurrent bleeding.

Conclusion :
This case exemplifies the critical role of multidisciplinary teamwork, surgical readiness, and timely escalation in managing life-threatening obstetric hemorrhage in thrombocytopenic twin pregnancies. Vigilant antenatal follow-up and rapid intraoperative coordination can ensure survival even in the most complex scenarios.

Abstract ID: MCH/PP/28

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Abstract Title:
PAIN BEYOND THE SCAR: SCAR ENDOMETRIOSIS

Introduction :
SCAR ENDOMETRIOSIS IS A RARE FORM OF EXTRA PELVIC ENDOMETRIOSIS OCCURING IN SURGICAL SCARS, MOST COMMONLY FOLLOWING OBSTETRIC AND GYNECOLOGICAL PROCEDURES SUCH AS CESAREAN SECTION OR EPISOTOMY.IT IS FREQUENTLY UNDERDIAGNOSED DUE TO ITS NON SPECIFIC PRESENTATION AND IS OFTEN MISTAKEN FOR HERNIA, GRANULOMA OR NEOPLASTIC LEISONS.

Aims & Objectives :
TO DESCRIBE THE CLINICAL PRESENTATION AND SYMPTOM PATTERNS OF SCAR ENDOMETRIOSIS

Materials & Methods :
HOSPITAL RECORDS,PHYSICAL EXAMINATION,ULTRASONO,MRI

Results :
THE PATIENT PRESENTED WITH A PAINFUL SWELLING AT THE PREVIOUS CAESAREAN SCAR,WITH SYMPTOMS WORSENING CYCLICALLY DURING MENSTUATION.ULTRASOUND SHOWED A HETEROGENOUS HYPOECHOIC LEISONS, AND MRI SUGGESTED SCAR ENDOMETRIOSIS.SURGICAL EXCISION WAS PERFOMED AND THE LEISON WAS SUCCESFULLY REMOVED.POSTOPERATIVE COURSE WAS UNEVENTFUL,WITH SIGNIFICANT RELEIF OF PAIN NOTED AT THE FOLLOW-UP.NO RECURRENCE WAS OBSERVED DURING FOLLOW UP PERIOD.

Conclusion :
SCAR ENDOMETRIOSIS SHOULD BE SUSPECTED IN WOMEN WITH CYCLICAL PAIN AND A SCAR-SITE NODULE AFTER OBSTETRIC OR GYNECOLOGICAL SURGERY. EARLY DIAGNOSIS AND WIDE LOCAL EXCISION PROVIDE EXCELLENT SYMPTOM RELEIF AND PREVENT RECURRENCE

Abstract ID: MCH/PP/29

Presenter's Name: Ms. Madhuri G Y

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Abstract Title:
THE MISSING CALVARIUM : A 15 WEEK ULTRASOUND EXPOSING ANENCEPHALY.

Introduction :
Anencephaly is a severe and uniformly fetal neural tube defect resulting from the failure of closure of the anterior neural tube by day 25 post - conception. It is characterized by absence of the cranial vault , brain tissue , and often presents with frog eye appearance. Though easily detected by ultrasound as early as the first trimester, many cases are still diagnosed late due to lack of screening or missed folic acid supplementation.This case highlights the real world challenges of late antenatal registration ,missed preventive strategies, and fatal outcomes.

Aims & Objectives :
•To detail the ultrasound findings consistent with anencephaly at 15 weeks of gestation. •To review maternal and fetal factors that may contribute to neural tube defect development. •To outline the recommended clinical approach following early diagnosis, including counseling options. •To discuss the role of public health measures and preconception folic acid in prevention. •To raise awareness about the importance of routine early prenatal screening in reducing adverse outcomes.

Materials & Methods :
Patient: 25-year-old primigravida. Gestational Age: 15 weeks and 6 days. Ultrasound Findings: Absent cranial bones, bulging orbits – “frog-eye appearance”. History: No NT scan done; folic acid not taken; no consanguinity; no family history. Plan: After counseling on the poor prognosis, medical termination of pregnancy (MTP) was scheduled

Results :
MTP was performed using medical methods. 150 grams of products of conception were expelled. Post-expulsion examination confirmed: Absent cranial vault Frog-eye appearance Classical features of anencephaly. Diagnosis correlated with antenatal ultrasound.

Conclusion :
Early prenatal screening and periconceptional folic acid are key for prevention of anencephaly.

Abstract ID: MCH/PP/30

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Abstract Title:
MATERNAL ANEMIA AS A RISK FACTOR FOR FETAL GROWTH RESTRICTION

Introduction :
Anemia in pregnancy remains a major public health problem , particularly in developing countries. Reduced maternal hemoglobin affects uteroplacental perfusion , leading to impaired fetal oxygenation and fetal growth restriction

Aims & Objectives :
To assess the association between maternal anemia and fetal growth restriction (FGR).

Materials & Methods :
A cross-sectional study conducted in the Department of OBG, Andhra Medical College, from January–June 2024. A total of 200 antenatal women were included. Hemoglobin levels were recorded, and fetal growth was assessed using ultrasound parameters (AC, EFW, Doppler). Statistical analysis was performed using chi-square test.

Results :
Among anemic mothers (Hb <11 g/dl), 38% had FGR compared to 12% among non-anemic mothers (p <0.01). Severity of anemia showed a significant positive correlation with incidence of FGR.

Conclusion :
Maternal Anemia significantly increases risk of Fetal growth restriction . Early screening and correction of Anemia can substantially improve perinatal outcomes .

Abstract ID: MCH/PP/31

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Abstract Title:
ON THE EDGE AND BACK AGAIN: DECODING OBSTETRICS NEAR- MISS MIRACLES (WHO BASED SEVERE MATERNAL OUTCOME / MATERNAL NEAR-MISS CRITERIA)

Introduction :
Maternal near-miss events—instances in which a woman survives life-threatening complications during pregnancy, childbirth, or within the postpartum period—are now recognized as a critical indicator of the quality of obstetric care. Studying these events not only helps quantify the burden of critical obstetric complications but also facilitates analysis of the “three delays,” patterns of referral, and the effectiveness of emergency obstetric interventions. Through the examination of series of near-miss cases, our study aims to assess clinical profiles, contributing factors, management pathways, and maternal outcomes to strengthen obstetric care practices, optimize early recognition, and enhance preparedness for life-threatening complications.

Aims & Objectives :
To analyze the clinical profile, causes, management, and outcomes of obstetric near-miss cases in a tertiary care center.

Materials & Methods :
This was a retrospective case series of 10 obstetric near-miss cases managed at a tertiary care hospital between 2021 and 2025. Cases were identified based on the World Health Organization near-miss criteria. Data regarding demographic characteristics, obstetric history, underlying cause, interventions, and maternal and perinatal outcomes were collected and analyzed.

Results :
The mean age of the patients was 25-35 years. Hemorrhage was the most common cause 60 (%), followed by hypertensive disorders 40 (%), sepsis 2 (%), and uterine rupture 2(%). All cases required intensive care unit admission with close monitoring Interventions included blood and blood product transfusion 90 (%), emergency laparotomy 4(%), hysterectomy20 (%), and ventilatory support 10(%). All women survived due to timely, multidisciplinary management. Perinatal outcome was poor in 2 cases.

Conclusion :
Haemorrhage and hypertensive disorders were the leading causes of obstetric near-miss events.

Abstract ID: MGG/PP/01

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Abstract Title:
MANCHESTER OPERATION: REVISITING THE OLD ART, ITS ADVANTAGES AND LIMITATIONS

Introduction :
The Manchester (Fothergill's) operation was first described in the late 19th century by Archibald Donald, later popularized by Fothergill. It is primarily indicated in uterine prolapse with cervical elongation where uterine preservation is desired.

Aims & Objectives :
1. To present a case series of women undergoing the Manchester operation 2. To discuss the indications for choosing this procedure. 3. To analyze its advantages and limitations compared with modern alternatives 4. . To assess clinical outcomes and follow-up results

Materials & Methods :
Retrospective case series done in Dept of Obstetrics & Gynaecology, Muzaffarnagar medical college of Durationn2 years ,12 Women diagnosed with uterine prolapse (Stage ii-iii) associated with cervical elongation between the age group of 20 to 36, following difficult labor conducted by untrained professionals in rural areas who underwent Manchester operation.

Results :
6 women conceived , out of 6 3 went into preterm labour , no perinatal mortality seen

Conclusion :
The Manchester operation is not obsolete; it is a safe, effective, and uterus-conserving procedure for appropriately selected women who wants to conserve their fertility and reproductive organs It remains a viable alternative in young women and in regions where advanced surgical options are not feasible . Wider awareness and skill revival may restore its place as a reliable surgical technique for uterine prolapse with cervical elongation.

Abstract ID: MGG/PP/02

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Abstract Title:
BENIGN YET BOTHERSOME- URETHRAL CARUNCLE PRESENTING AS LOWER URINARY TRACT SYMPTOMS IN POSTMENOPAUSAL WOMEN

Introduction :
Urethral caruncle is benign growth of vascular origin of urethra most likely due to estrogen deficiency, mucosal atrophy or chronic irritation. Reported in about 4–5% of postmenopausal women presenting to gynecologists with overall prevalence in general female population of roughly <1%. It is usually an incidental finding as patients are asymptomatic or may present with complains of dysuria, burning micturition, hematuria, lump near urethra, occasionally with symptoms of obstruction such as urinary retention, poor stream, dribbling of urine. Large or symptomatic lesions may require surgical intervention for symptomatic relief and to rule out malignancy.

Aims & Objectives :
The aim of this poster is to emphasize on the importance of considering urethral caruncle in women who present with symptoms of postmenopausal bleeding and lower urinary tract symptoms of obstruction. It seeks to highlight the need for early detection and timely management which may include surgical excision and histopathological examination to rule out the possibility of malignancy which though rare may occur.

Materials & Methods :
A 58 year old lady, P2L2 with previous two normal vaginal deliveries presented with complains of postmenopausal spotting with c/o increased frequency of micturition and sense of incomplete voiding since 1 year associated with complains of burning micturition.

Results :
Postoperatively uneventful, follow up after 6 weeks with histopathological report.

Conclusion :
Urethral caruncle, though a common benign lesion of the urethra, is seldom diagnosed as patients present with varied symptoms. This case highlights the need for considering urethral caruncle as a diagnosis in postmenopausal women presenting with complaints of Lower Urinary Tract

Abstract ID: MGG/PP/03

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Abstract Title:
THE ECONOMIC DISRUPTION OF THE HYSTERECTOMY PARADIGM: ANALYZING THE EVIDENCE FOR INDUSTRY-DRIVEN DISPLACEMENT OF VAGINAL HYSTERECTOMY

Introduction :
Hysterectomy stands as the second most frequently performed major surgical procedure among reproductive-aged women.Many professional organizations still endorse vaginal hysterectomy (VH) as a preferred surgical option for treating benign uterine conditions requiring hysterectomy.Despite this , rates of VH have steadily declined, replaced largely by instrument-assisted methods: Laparoscopic Hysterectomy (LH) and Robotic Hysterectomy (RH).

Aims & Objectives :
This poster investigates the claim that the unpopularity and subsequent decline of VH were primarily manufactured by companies producing these expensive endoscopy instruments. The analysis systematically evaluates clinical equivalence, direct and indirect cost metrics, evidence of industry influence on research and practice, and the concurrent impact on surgical training to determine the validity of a shift driven by economic incentives over demonstrable patient benefit.

Materials & Methods :
A review of published research papers available on the internet across the globe was undertaken, Reputed professional organizations like American College of Obstetrician & Gynaecologists , Royal College of Obstetrician & Gynaecologists have published expert opinions and guidelines from time to time.

Results :
The direct statistical link between non-transparent financial support and published recommendations favoring high-cost technology constitutes pervasive evidence of a financially motivated bias. This biased literature influences professional guidelines, hospital purchasing strategies, and physician confidence, thereby systematically steering the clinical environment away from low-cost, unassisted procedures like VH and toward high-revenue, instrumented methods. In addition,insufficient residency training in VH is a major factor contributing to loss of this important skill in young practitioners.

Conclusion :
Mandatory VH competency & strategic capital acquisition by hospitals is key to improve VH rates in low resource settings.

Abstract ID: MGG/PP/04

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Abstract Title:
A RARE CASE OF NON PUERPERAL UTERINE INVERSION WITH AKI WITH RETROVIRAL POSITIVE STATUS AND ITS MANAGEMENT

Introduction :
In inversion, the uterus is turned inside out, the fundus prolapsing through cervix. A non puerperal uterine inversion is rare occurrence clinically. It is usually associated with fibroids or tumours.

Aims & Objectives :
To present a rare case of NPUI secondary to a fibroid, outline the diagnostic process, the surgical management and outcome.

Materials & Methods :
A 50yr Para2 Live2 woman with 2NVD presented with abdominal pain, mass per vagina, irregular bleeding, and urinary retention. She is a known case of Retroviral disease on ART since 10 yrs. Clinical examination revealed a 10-cm vaginal mass with non-visualization of the cervical os and no palpable uterus abdominally, suggesting inversion. Investigations showed Hb 6.7 g/dL, creatinine 5.5 mg/dL, CD4 count 851cells, bilateral hydroureteronephrosis and leiomyoma in USG. A previous ultrasound showed a 7-cm posterior submucosal fibroid. After haemodialysis, blood transfusion, and bilateral DJ stenting surgery was performed.Partial fibroid excision done followed by laparotomy, indentation on fundus of uterus is visualised, uterus repositioned via Huntington’s procedure, and total abdominal hysterectomy with bilateral salpingo-oophorectomy. Histopathology confirmed a benign leiomyoma.

Results :
Surgical correction successfully done.The fibroid was confirmed as a benign leiomyoma. The patient recovered well, with normalisation of renal function at six weeks.

Conclusion :
NPUI is an uncommon but serious condition, most often caused by leiomyoma. Clinical examination supported by imaging aids in diagnosis, and surgical correction remains the mainstay of treatment. The choice of procedure should depend on the patient’s age, fertility wishes, and underlying pathology, though hysterectomy is often definitive.

Abstract ID: MGG/PP/05

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Abstract Title:
A CASE OF GYNECOLOGICAL EMERGENCY WITH SPONTANEOUS UTERINE PERFORATION DUE TO PYOMETRA PRESENTING AS PERITONITIS WITH SEPTIC SHOCK.

Introduction :
Pyometra, the accumulation of pus within the uterine cavity, is a rare condition usually seen in elderly postmenopausal women with cervical stenosis, malignancy, or prior instrumentation. Spontaneous uterine rupture with peritonitis and septic shock is extremely uncommon but life-threatening. Early recognition and surgical intervention are critical for survival.

Aims & Objectives :
To present a rare, life-threatening complication of pyometra and highlight the significance of early diagnosis and prompt management of spontaneous uterine rupture, thereby increasing clinician awareness to consider ruptured pyometra in elderly women presenting with acute abdomen and sepsis.

Materials & Methods :
51-year-old postmenopausal woman presenting with acute abdomen and sepsis was evaluated through clinical examination, laboratory investigations, ultrasound, and CECT abdomen. After initial resuscitation with IV fluids, vasopressors, and broad-spectrum antibiotics, emergency exploratory laparotomy was performed. Intraoperative findings, management, and postoperative outcomes were analyzed systematically.

Results :
Exploratory laparotomy revealed purulent peritoneal collection, matted bowel loops, and posterior uterine wall perforation. Subtotal hysterectomy with bilateral salpingectomy was performed. Postoperatively, the patient required ICU care with mechanical ventilation, vasopressors, and antibiotics. Histopathology confirmed acute-on-chronic endomyometritis with perforation peritonitis and chronic nonspecific salpingitis, without malignancy.

Conclusion :
Spontaneous uterine rupture secondary to pyometra is an exceptionally rare but life-threatening gynecological emergency. Its nonspecific presentation often mimics gastrointestinal or surgical causes of acute abdomen, delaying diagnosis. This case emphasizes the need for high clinical suspicion, prompt imaging, timely surgical intervention, and aggressive supportive care. Early multidisciplinary management is vital to improve survival and reduce morbidity in such critical cases.

Abstract ID: MGG/PP/06

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Abstract Title:
FEMALE SEXUALITY ACROSS THE MENOPAUSAL AGE GROUP: A CROSS SECTIONAL STUDY

Introduction :
Female sexual dysfunction (FSD) is a significant yet underreported health concern. Its association with menopausal symptoms, especially in midlife women, requires focused evaluation to improve quality of life during the climacteric phase

Aims & Objectives :
To determine the prevalence of FSD in middle-aged women and assess its relationship with obesity and menopausal symptoms

Materials & Methods :
A cross-sectional study was conducted at a tertiary care centre in south India from October 2023 to October 2024. A total of 120 sexually active women aged 40–55 years were enrolled. Women who were pregnant, had a history of malignancy, psychiatric illness, or pelvic surgery were excluded. Demographic and anthropometric data were recorded. Menopausal symptoms were assessed using the Menopause Rating Scale (MRS), and sexual function was evaluated using the Female Sexual Function Index (FSFI).

Results :
Among 120 sexually active middle-aged women, 36 (30%) had female sexual dysfunction (FSD). Age-wise, FSD prevalence was 7.5% in 40–45 years, 20% in 46–50 years, and 40% in 51–55 years. No significant association was found between FSFI domains and BMI ($p > 0.05$ for all). A strong negative correlation was observed between menopausal symptoms (somatic, psychological, urogenital, and total MRS scores) and sexual function. Mild, non-significant negative correlations existed between somatic symptoms and pain, and psychological symptoms with orgasm and pain.

Conclusion :
Female sexual dysfunction are quite common and has negative correlation with menopausal symptoms. Health care providers need to focus on this issue as part of their routine assessment for better quality of life

Abstract ID: MGG/PP/07

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Abstract Title:
PREVALENCE AND RISK FACTORS OF URINARY INCONTINENCE IN WOMEN AGED 50 YEARS AND ABOVE

Introduction :
Urinary incontinence (UI) is a prevalent yet often underreported health issue in older women, significantly impairing physical, psychological, and social well-being.

Aims & Objectives :
To determine the prevalence of urinary incontinence and identify the associated risk factors among women aged 50 years and above attending a tertiary care hospital.

Materials & Methods :
A cross-sectional study was conducted among 100 women aged ≥50 years at tertiary care hospital. Participants were interviewed using a pretested structured questionnaire covering sociodemographic profile, obstetric and gynecological history, and medical comorbidities. UI was defined as any complaint of involuntary leakage of urine and categorized into stress, urge, and mixed types. Data were analyzed using SPSS version. Descriptive statistics were applied, chi-square test was used for categorical associations, and logistic regression identified independent predictors. A p-value <0.05 was considered statistically significant.

Results :
The mean age of participants was 61.8 ± 8.4 years. The overall prevalence of urinary incontinence was 38%. Stress incontinence was the most common type (47.4%), followed by urge (31.6%) and mixed (21.0%). Significant associations were observed with multiparity (p=0.012), obesity (p=0.015), diabetes mellitus (p=0.030), vaginal delivery (p=0.040), and chronic cough (p=0.040). Logistic regression revealed obesity (OR 2.7, 95% CI 1.1–6.6), multiparity ≥3 (OR 2.9, 95% CI 1.2–7.0), and chronic cough (OR 3.1, 95% CI 1.1–8.9) as independent predictors of UI.

Conclusion :
Urinary incontinence is common among women aged 50 years and above, with stress incontinence being most frequent. Obesity, high parity, and chronic cough are key modifiable risk factors. Early screening and preventive interventions targeting these factors can help reduce the burden.

Abstract ID: MGG/PP/08

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Abstract Title:
CHRONIC UTERINE INVERSION WITH SUBMUCOSAL FIBROID

Introduction :
Uterine inversion is an extremely uncommon gynecological emergency, usually associated with obstetric events. Chronic inversion due to submucosal fibroids is rare and may present with abnormal bleeding, mass per vaginum, and pain.

Aims & Objectives :
To describe a rare case of chronic uterine inversion caused by a large submucosal fibroid and to highlight the surgical management and clinical outcome.

Materials & Methods :
A 44-year-old multiparous woman with Type 2 diabetes mellitus and hypertension presented with bleeding per vaginum,abdominal pain, and mass protruding per vaginum. Ultrasound suggested uterine inversion with submucosal fundal fibroid.

Results :
Emergency total abdominal hysterectomy with bilateral salpingo-oophorectomy, along with vaginal fibroid polypectomy, was performed. Intra-operative findings revealed a large fibroid polyp (11×13 cm) with a thick pedicle attached to the uterine fundus protruding through the cervical os, along with an enlarged edematous uterus. Histopathology showed leiomyoma with secondary changes and adenomyosis. Post-operative recovery was uneventful.

Conclusion :
Chronic uterine inversion due to submucosal fibroid, though rare, should be considered in women presenting with mass per vaginum and bleeding. Timely diagnosis and appropriate surgical intervention can result in favorable outcomes.

Abstract ID: MIGS/PP/01

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Abstract Title:
WHEN DYSMENORRHEA DEFIES DIAGNOSIS: RECOGNIZING ACCESSORY CAVITATED UTERINE MASS (ACUM)

Introduction :
Severe dysmenorrhea in adolescents is commonly attributed to primary dysmenorrhea or endometriosis. However, rare Müllerian anomalies such as Accessory and Cavitated Uterine Mass (ACUM) should be considered when symptoms are refractory to conventional treatment. ACUM is a non-communicating mass lined by functional endometrium, often misdiagnosed due to its rarity and overlap with other uterine conditions.

Aims & Objectives :
To diagnose and surgically manage a suspected accessory cavitated uterine mass (ACUM) causing severe dysmenorrhea in a young female, and confirm the diagnosis through imaging and histopathology.

Materials & Methods :
A 20-year-old unmarried female with severe dysmenorrhea since menarche underwent clinical evaluation, MRI, and hormonal therapy (Luprodex and Dienogest) with partial relief. MRI revealed a non-communicating lesion in the left uterine wall, suggestive of ACUM. She underwent laparoscopic excision of the lesion with adhesiolysis.

Results :
A 2.5 cm thick-walled mass was excised. On cut section, altered blood confirmed a functional cavity. Histopathology showed myometrial tissue with proliferative endometrial glands, confirming the diagnosis of ACUM. Postoperative recovery was uneventful with significant symptomatic improvement.

Conclusion :
ACUM, though rare, is an important differential in adolescents with severe, early-onset dysmenorrhea unresponsive to medical management. MRI is essential for preoperative diagnosis, and laparoscopic excision is curative, as seen in this patient who remains symptom-free postoperatively

Abstract ID: MIGS/PP/02

Presenter's Name: Dr. Ameya Sunil Mulay

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Abstract Title:
A RARE CASE OF CORNUAL MOLAR ECTOPIC PREGNANCY.

Introduction :
o Gestational trophoblastic disease (GTD) originates from placenta and is composed of histologically different tumors.1 GTD incidence is 0.2-5.8 per 1000 Ectopic pregnancy incidence is reported 0.64%.Ectopic pregnancy and molar pregnancy is rarely seen together. The incidence of hydatiform molar pregnancy is 1 in 2000 pregnancies.

Aims & Objectives :
o A 29-year-old F with G2 P1 L 1 was referred to our clinic with the per vaginal bleeding.. She had 1 Previous LSCS ,Mch of 3 years.. There was left adnexal tenderness and vaginal bleeding in her examination. Ultrasonographic assessment demonstrated heterogenous lesion with multiple cystic spaces and dense vascularity close to left cornu measuring 3.5 x 3 cms, Highly suggestive of molar pregnancy.ET 6.8 mm. B HCG was 35645. The patient was operated with the diagnosis of cornual pregnancy.3x 4 cm cornual ectopic pregnancy in the left cornual region was observed with laparoscopy . Ectopic pregnancy in the left cornual region was excised with left sided salpingectomy Cornual region was reconstructed.

Materials & Methods :
LAPAROSCOPIC CORNUAL PREGNANCY EXCSION WAS DONE

Results :
HP examination of the specimen was reported as partial hydatidiform mole,B hCG repeated after 1 week which was 1019

Conclusion :
• The formation of molar ectopic pregnancy is a very rare condition that mimics tubal ectopic pregnancy, the definitive diagnosis is placed after the HP examination. In the literature, the molar ectopic pregnancies are reported to be localized at tubal, ovarian, cervical , cornual places. For molar ectopic pregnancy, transvaginal ultrasonography and color doppler ultrasonography is used for diagnosis

Abstract ID: MIGS/PP/06

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Abstract Title:
DELAYED URETERIC COMPLICATION FOLLOWING TOTAL LAPAROSCOPIC HYSTRECTOMY : DIAGNOSTIC DILEMMAS AND MANAGEMENT OUTCOMES

Introduction :
Ureteric injury is a well recognized but often under diagnosed complication of TLH, accounting for 0.5-2 % cases. Delayed presentation increases diagnostic difficulty and risk of morbidity. We report a case of delayed ureteric injury post TLH, highlighting the diagnostic challenges and successful minimally invasive management.

Aims & Objectives :
To present a case of delayed ureteric injury following TLH, discuss the clinical presentation, diagnostic approach, and management, and emphasize the importance of early recognition to prevent long term sequelae.

Materials & Methods :
A case report of a patient who develped delayed symptoms post TLH and was managed in a tertiary care centre. Clinical records, imaging findings, interventions, and outcomes were analyzed.

Results :
A 45 year old patient underwent TLH for AUB-L. Patient had history of 3 previous abdominal surgeries leading to adhesions and distorted anatomy. On postoperative day 11 she presented with watery dicharge per vaginum and no other complaints. Imaging reveraled right-sided mild hydronephrosis with suspicion of distal ureteric thermal injury. Cystoscopy and retrograde pyelography confirmed the diagnosis. A double -J stent was placed, leading to prompt symptomatic improvement in a period of 2 weeks. The stent was removed after 3 months with complete recovery and preserved renal function at follow up.

Conclusion :
Delayed ureteric injury post TLH may present with subtle or non specific symptoms, leading to diagnostic delay.High index of suspicion, timely imaging, and early urological intervention and crucial for optical outcomes. DJ stenting alone can be an effective management option in selected cases, avoiding need for surgical reimplantation.

Abstract ID: MISC/PP/01

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Abstract Title:
THE BARTHOLIN IMPOSTOR: A HIDDEN MÜLLERIAN CYST OF THE VAGINA

Introduction :
Vaginal cysts are uncommon benign lesions that may originate from a variety of embryological and anatomical structures. Among these, Müllerian cysts arise from persistent remnants of the paramesonephric (Müllerian) ducts and are usually asymptomatic, though they may present with pain or swelling when enlarged.

Aims & Objectives :
To present a rare case of a Müllerian cyst misdiagnosed as a Bartholin gland cyst, highlighting the clinical similarities that lead to diagnostic confusion. This report underscores the essential role of histopathological examination in achieving accurate diagnosis and guiding appropriate treatment, while also emphasizing the importance of considering rare differentials in vulvar cystic lesions.

Materials & Methods :
A 30-year-old woman (P2L2), with previous two lower-segment cesarean sections, presented with a painful swelling over the left vaginal introitus. Examination suggested a Bartholin's cyst. She underwent surgical excision under general anesthesia. Intraoperatively, a well-encapsulated cyst measuring 5 × 5 cm was identified and removed entirely. The specimen was submitted for histopathological evaluation.

Results :
Following the surgical excision of the suspected Bartholin's cyst, the histopathology revealed a Müllerian cyst lined by ciliated columnar epithelium. The diagnosis prompted appropriate follow-up, with no recurrence observed, highlighting the importance of histopathological confirmation in vulvar cystic lesions.

Conclusion :
Müllerian cysts, though rare, should be considered in the differential diagnosis of vaginal cystic lesions that clinically mimic Bartholin's cysts. Histopathological confirmation remains the gold standard for definitive diagnosis, guiding appropriate management, patient counselling, and preventing future misdiagnosis.

Abstract ID: MISC/PP/02

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Abstract Title:
REDUCING HYSTERECTOMIES IN BENIGN GYNAECOLOGICAL LESIONS. HOW AND WHY?

Introduction :
Hysterectomies for benign lesions needs to be minimized in the interest of patient well being in mid life and beyond.

Aims & Objectives :
To analyze the outcome of utilizing alternate non surgical methods in managing benign gynaecological problems.

Materials & Methods :
Hysterectomies between 2011-2017 and 2017-2024 were analyzed for different variables at a single tertiary care hospital in central Kerala. Exclusion criteria 1.)All genital malignancies. 2.)All large uterine or adenexal lesions Inclusion Criteria All hysterectomies for benign condition irrespective of route of surgery, with or without oopherectomy.

Results :
There was a significant reduction in number of hysterectomies performed.

Conclusion :
This was achieved by judicious use of medical methods like LNGIUS, molecules like ormeloxiphine, mifeprostone and progesterones after strictly ruling out malignancy

Abstract ID: MISC/PP/03

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Abstract Title:
IMPLEMENTING EVIDENCE-BASED AESTHETIC GYNECOLOGY FOR INDIAN WOMEN---A PRACTICAL BLUEPRINT FOR PRP, DIODE-LASER & GSM CARE

Introduction :
India, home to the largest population of reproductive-age women, faces gaps in gynecologic care with chronic vulvovaginal disorders and sexual dysfunction often under-discussed. Meanwhile, the aesthetic surgery market is expanding rapidly, fueled by rising incomes and increased body autonomy. Aesthetic gynecology—which merges functional restoration with cosmetic refinement—addresses unmet public health and personal wellness priorities among Indian women.

Aims & Objectives :
- To present an India-centric review summarizing the epidemiology and clinical burden of recurrent vaginal discharge, stress urinary incontinence (SUI), and genitourinary syndrome of menopause (GSM). - To examine the efficacy, safety, and integration of regenerative and energy-based therapies (PRP, diode laser) in Indian gynecologic practice. - To discuss sociocultural, ethical, and policy implications pertinent to India's medical aesthetics sector.

Materials & Methods :
A narrative review was conducted (April–June 2025) using PubMed and Scopus databases and grey literature from FOGSI, National Health Mission, and industry reports. Terms searched included "aesthetic gynaecology", "PRP", "diode laser", "stress urinary incontinence", "vaginal discharge", "GSM", and "India". Only English-language sources (2015–2025) were included; 62 full-text items were reviewed, with the most relevant Indian-context sources cited.

Results :
Recurrent vaginal discharge affects 40% of sexually active women annually, mainly due to vulvovaginal candidiasis. SUI impacts 21.8%, hindered by poor pelvic training adherence. Emerging PRP and diode-laser therapies show safety, satisfaction, and promise for vaginal rejuvenation, SUI, and GSM, though Indian RCTs remain limited.

Conclusion :
Aesthetic gynecology in India provides minimally invasive solutions for vaginal discharge, SUI, and GSM, promoting holistic genital wellness. However, Indian-focused research, accessibility, and ethical practices are crucial to ensure genuine healthcare

Abstract ID: MISC/PP/04

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Abstract Title:
DOUBLE TROUBLE : WHEN PREGNANCY MEETS A TWISTED OVARY

Introduction :
Ovarian torsion in pregnancy is a rare surgical emergency wherein there is a total or partial rotation of adnexa around its vascular axis or pedicle.most commonly occurs in 1st trimester with incidence of 1 out of every 2000 pregnancies

Aims & Objectives :
To evaluate clinical presentation,predisposing factors ,diagnostic challenges, management outcomes and complications of ovarian torsion in pregnancy

Materials & Methods :
25 yr old G2P1L1 with 10Weeks 4days of GA with previous vaginal delivery with DCDA twins came to LR with complaints of pain abdomen in left iliac fossa since 6hrs which is sudden in onset sharp non radiating type with no aggravating and relieving factors.on examination patient vitals are stable abdomen soft with localised tenderness in left iliac fossa.On per speculum examination Cervix closed with no bleeding.On bimanual examination uterus ~10-12 weeks with left forniceal tenderness noted.Routine blood investigations were done and were within normal limits.Emergency USG was done showing Twin gestation of 10-12weeks and Bulky left ovary measuring 52×46mm with cyst measuring 46×38mm with decreased vascularity suggestive of left ovarian torsion

Results :
Patient was proceeded for emergency Laparotomy with blood reserve. Intraop findings showed Gangrenous left fimbriae and ovarian cyst of size approx 5×4 cm with 2 turns of torsion noted.left oophorectomy with fimbriectomy was done and HPE showed simple ovarian cyst.Postop period was uneventful and further patient had regular antenatal followups and she delivered a near term Twin babies with good APGAR

Conclusion :
With timely diagnosis and early intervention we can save the adnexa thereby preserving fertility and ensuring wellbeing of mother and fetus

Abstract ID: MISC/PP/05

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Abstract Title:
DIAGNOSTIC – THERAPUTIC HYSTEROLAPROSCOPIC PROFILE OF INFERTILE PATIENTS ATTENTIDNG TERTIARY HEALTH CARE

Introduction :
Infertility affects ~10–15% of reproductive-age couples. Correctable intrauterine abnormalities—polyps, submucous fibroids, adhesions, septa, and cervical canal pathology—are common contributors and are best identified (and often treated) with hysteroscopy.

Aims & Objectives :
To describe the hysteroscopic profile of women evaluated for infertility and estimate the prevalence of intrauterine pathology and tubal patency.

Materials & Methods :
Methods :This prospective observational study involved women aged 20–45 years with infertility. Participants underwent evaluation followed by diagnostic hysterolaparoscopy under GA. Hysteroscopy assessed intrauterine structures and treated minor lesions, while laparoscopy examined pelvic organs and tubal patency using chromopertubation

Results :
Mean age was 29.7 ± 4.8 years; 68% had primary and 32% secondary infertility, with 54% infertile ≥3 years. Hysteroscopy was normal in 55% and abnormal in 45% (polyps 20%, fibroids 9%, adhesions 7%, septum 5%, stenosis 4%). Laparoscopy showed normal pelvis in 60%, abnormalities in 40%; 10% underwent minor procedures. Tubal patency: bilateral 62%, unilateral 23%, bilateral block 15%. Minor complications 4%.

Conclusion :
:Combined hysterolaparoscopy with chromopertubation revealed uterine pathology in 45%, pelvic pathology in 40%, and established tubal patency in 62% of women. The findings support its routine diagnostic–therapeutic use before assisted reproduction to guide optimal management and counselling.

Abstract ID: MISC/PP/06

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Abstract Title:
RARE CASE OF A GIANT CHORIOANGIOMA OF PLACENTA

Introduction :
Chorioangioma is a benign vascular tumour of the placenta with an incidence of about 1%,though giant chorioangiomas (>4cms)are rare .These lesions can leads to significant maternal and fetal complications including anaemia, polyhydramnios , fetal hydrops, preterm labour and maternal complications like APH ,PPH

Aims & Objectives :
To study the case of a giant chorioangioma present at GMH, HNK and to understand fetomaternal outcome of this case To discuss the approach and follow up antenatally , intrapartum, postnatally

Materials & Methods :
A prospective study of G4A3 who presented to GMH with 5th month of amenorrhea with APH chorioangioma 43x32mm with mL-2yrs , fetus was monitored for growth , MCA&PSV Doppler ,AFI throughout the pregnancy

Results :
Apart from APH at 20weeks and oligohydramnios at term , no major maternal complications occurred . Placental histo pathology confirmed chorioangioma with fibrosis .baby was kept in Sncu for 10 days and discharged currently both mother and baby recovered well postnatally

Conclusion :
Although benign , giant chorioangiomas can lead to serious perinatal complications. Regular antenatal monitoring with ultrasound and Doppler studies is essential for early detection and timely intervention . Close maternal and fetal surveillance allows favourable outcomes in such rare cases

Abstract ID: MISC/PP/07

Presenter's Name: Dr. Shaheen Perween

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Abstract Title:
EFFECT OF GESTATIONAL DIABETES MELLITUS ON FETO-MATERNAL OUTCOM

Introduction :
Gestational diabetes mellitus is leading medical condition women encounter during pregnancy with serious short and long term consequences for maternal morbidity and neonatal complication

Aims & Objectives :
To study the incidence, risk factors and maternal and fetal outcomes

Materials & Methods :
An observational study was conducted among pregnant women followed from pregnancy to delivery. Gestational diabetes mellitus status was determined by using a two-hour 75gm oral glucose tolerance test and examine the effect of gestational diabetes mellitus on the risk of adverse maternal outcomes.

Results :
Women with Gestational Diabetes Mellitus had a higher risk of composite adverse maternal outcomes these are cesarean deliveries, pregnancy induced hypertension, premature rupture of membrane ante partum hemorrhage and postpartum haemorrhage

Conclusion :
– Gestational mellitus increased the risk of adverse maternal outcomes. This implies that maternal care and intervention strategies relating to women with Gestational Diabetes Mellitus should be strengthened.

Abstract ID: MISC/PP/08

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Abstract Title:
GEOGRAPHIC DISTRIBUTION OF ANEMIA IN REPRODUCTIVE-AGE WOMEN IN RURAL RAJASTHAN: A CROSS-SECTIONAL STUDY USING NEODOCS HB TESTING DEVICE

Introduction :
Anaemia affects over 2 billion people worldwide. The World Health Organisation estimates 37% of pregnant women and 30% of women of reproductive age are affected. According to the National Family Health Survey, 46.3% women suffer from anaemia in Rajasthan. Geographic stratification is essential for understanding healthcare inequities. Hb testing with POC has potential for better screening in underserved populations.

Aims & Objectives :
To determine the prevalence and assess geographic disparities across Tier 3 and Tier 4 regions in Rajasthan, using Neodocs POC Hb device, in resource-limited healthcare settings.

Materials & Methods :
A cross-sectional study was conducted with 898 women at three healthcare centres in the Chittorgarh district of Rajasthan. Women aged 15-44 years underwent POC Hb testing using the Neodocs device. Statistical analysis included ANOVA and chi-square testing comparing tier-based outcomes.

Results :
Among 898 participants, the prevalence of anaemia was 59.8% [Tier 3 regions: 60.8% (95% CI: 56.5%-64.9%), and Tier 4 regions: 58.5% (95% CI: 53.5%-63.3%, p=0.534)]. Severity classification revealed moderate anaemia (32.5%), mild anaemia (24.6%), and severe anaemia (2.7%). Tier 4 cities showed higher rates of severe anaemia (3.6%, p = 0.046). Older maternal age groups had the highest anaemia rates (84.2%).

Conclusion :
The Neodocs device identified a higher rate of anaemia among women in Tier 4 cities of Rajasthan. These findings highlighted an urgent need for early screening and targeted interventions to manage severe anaemia in women in rural and underserved areas.

Abstract ID: MISC/PP/09

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Abstract Title:
KNOWLEDGE, ATTITUDE AND PRACTICE ABOUT MENSTRUAL CUP AMONG MEDICAL STUDENTS

Introduction :
With regards to menstrual health, Sanitary napkins are extremely popular across the globe. However, they are non-biodegradable and cause considerable damage to the environment. Menstrual cups (MC) provide an alternative solution.

Aims & Objectives :
This study was conducted to know about the knowledge of MC among female medical students.

Materials & Methods :
A cross-sectional observational study conducted at BGS GIMS, Kengeri, Bengaluru, Karnataka. A group of 267 female MBBS students were selected. They were given a self-administered questionnaire about MC. Responses were collected and analysed using SPSS version 26.

Results :
The mean age of the study population was 20.42 ± 1.41 years. 97.4%(n=260) of participants had heard about MC. A Majority of them still used sanitary pads for menstrual hygiene 92.9%(n=248). Most of the participants got to know about MCs from their family members 63.7%(n=170), advertisement and social media 30.4% (n=81). Difficulty in insertion of MC was seen as a major disadvantage among 60.8%(n=158) participants. 68.1%(n=177) of the subjects agreed that MC is economical and ecofriendly. 80%(n=208) of them agreed that MCs can be used in the long term. 167(64.2%) of the participants had a positive attitude towards using MC.

Conclusion :
While the participants were well aware of MC and its usage, fear of difficulty in insertion was a major deterrent. The positive attitude towards MC among the responders is encouraging. Further education and counselling will greatly help this cause.

Abstract ID: MISC/PP/10

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Abstract Title:
WHEN THE ORDINARY CONCEALS THE RARE-THE LETHAL POTENTIAL OF A MISDIAGNOSED BARTHOLIN'S CYST

Introduction :
Deep aggressive angiomyxoma is a rare, slow-growing mesenchymal tumour of the pelvis and perineum, predominantly affecting women of reproductive age. Its indolent course and nonspecific presentation often lead to misdiagnosis as more common vulvar lesions, particularly Bartholin's cysts.

Aims & Objectives :
Clinicians must maintain a high index of suspicion for atypical or recurrent vulvar masses, as timely diagnosis can mean the difference between a routine excision and a near-fatal emergency.

Materials & Methods :
Case sheet from MRD, Histopathology report from pathology department.

Results :
This case highlights how a seemingly benign vulvar swelling in a young woman can conceal a life-threatening pathology. Misdiagnosis of deep aggressive angiomyxoma as a Bartholin's cyst can lead to catastrophic intraoperative haemorrhage, massive transfusion requirements, and significant surgical morbidity.

Conclusion :
The extensive vascularity and infiltrative nature of the tumour pose formidable challenges even to experienced surgeons. Early recognition, meticulous preoperative imaging, and multidisciplinary planning are imperative to minimize operative risks and improve survival. Clinicians must maintain a high index of suspicion for atypical or recurrent vulvar masses, as timely diagnosis can mean the difference between a routine excision and a near-fatal emergency.

Abstract ID: MISC/PP/11

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Abstract Title:
HIRSUTISM AS A MANIFESTATION OF PITUITARY MACROADENOMA IN CUSHING'S DISEASE — A CASE REPORT.

Introduction :
Hirsutism in females, defined as excessive terminal hair growth in a male-pattern distribution, is commonly due to androgen excess. A rare cause is Cushing's disease resulting from an ACTH-secreting pituitary macroadenoma, which stimulates excess cortisol and secondary androgen production.

Aims & Objectives :
Case Description: A 27 year old woman presented with progressive facial and truncal hirsutism for one year, along with weight gain, menstrual irregularities, and easy bruising. Examination revealed central obesity, moon facies, and coarse facial hair (Ferriman-Gallwey score 20). Blood pressure was elevated at 150/92 mmHg.

Materials & Methods :
Hormonal evaluation showed elevated serum cortisol (32 µg/dL) and ACTH (80 pg/mL), loss of diurnal rhythm, and absence of suppression after dexamethasone testing. MRI brain demonstrated a 1.3 cm pituitary macroadenoma with mild suprasellar extension compressing the optic chiasma. A diagnosis of ACTH-dependent Cushing's disease was made.

Results :
The patient was referred to neurosurgery for transsphenoidal adenomectomy. Post-surgical histopathology confirmed ACTH-secreting pituitary adenoma. Postoperative cortisol levels normalized, and menstrual cycles gradually regularized over 6 months.

Conclusion :
Hirsutism can be the earliest and most visible sign of hypercortisolism in women with Cushing's disease. Early identification of rapid-onset or severe hirsutism should prompt endocrine evaluation for underlying pituitary pathology.

Abstract ID: MISC/PP/12

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Abstract Title:
THE HOLE OF WONDERS": OBSTRUCTIVE MÜLLERIAN ANOMALY MIMICKING UTERINE PROLAPSE

Introduction :
Obstructive müllerian anomalies are rare, typically presenting as primary amenorrhea. We detail an unusual case: an apparent uterine prolapse that masked a complex transverse vaginal septum in a patient with concurrent pregnancy failure (retained products of conception - RPOC).

Aims & Objectives :
Aim: To highlight the diagnostic challenge and surgical management of a rare congenital obstructive anomaly presenting atypically. Objectives: • Underscore the need to suspect rare obstructive defects (e.g., vaginal septum) in young women with abnormal gynecological presentations, even when initial signs suggest prolapse. • Demonstrate the complex, concurrent management of an acute obstetrical complication within a chronically obstructed system.

Materials & Methods :
A 20-year-old primigravida (12.4 weeks) presented with bleeding and suspected uterine prolapse. Examination showed a mass with a small, bleeding pinpoint opening and no patent vaginal canal. Ultrasound confirmed a chronic collection/hematometra and an obstructive anomaly. An emergency procedure was performed under spinal anesthesia.

Results :
A vertical incision on the suspected septum allowed for the evacuation of 60-100cc of blood clots. This permitted visualization of the cervix and a successful Suction and Evacuation (S&E). Histopathology confirmed RPOC. The septum edges were then sutured laterally to create a patent neovaginal opening.

Conclusion :
This case underscores the importance of considering rare congenital obstructive anomalies, like a vaginal septum, in young women with abnormal presentations. It demonstrates the complexity of managing an obstructed uterovaginal system concurrently with pregnancy failure. A detailed clinical and imaging evaluation is essential to guide the dual surgical strategy: resolving the acute obstetrical complication and achieving long-term functional reconstruction.

Abstract ID: MISC/PP/13

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Abstract Title:
SPIRAL CURRICULUM IN PRACTICE: INTEGRATING BASIC SCIENCES WITHIN THE SECOND-YEAR UNDERGRADUATE GYNAECOLOGY CLINICAL CURRICULUM

Introduction :
The second year of undergraduate medical education marks the first exposure to clinical Gynaecology while they concurrently study the para-clinical sciences of Pathology, Microbiology, Pharmacology, and Forensic Medicine. However, clinical teaching often occurs in isolation from para-clinical learning, limiting the transfer of conceptual understanding. Spiral curriculum design, which revisits key principles in progressively complex and clinically relevant contexts, may strengthen this connection.

Aims & Objectives :
To evaluate the impact of spiral integration between Gynaecology and para-clinical subjects on students' cognitive and reflective learning.

Materials & Methods :
A cluster randomised controlled trial with a crossover design was conducted across 12 Gynaecology topics involving 250 second-year MBBS students. Teaching was delivered in small groups during clinical postings. When allocated to the intervention arm, students received clinical teaching explicitly integrated with relevant principles from the para-clinical sciences, illustrating how foundational knowledge informs clinical reasoning. In the control arm, students were taught the same topics using a conventional, discipline-focused format. Cognitive performance was assessed using multiple-choice questions after one week, and reflective learning was measured two weeks later using an adapted version of Kember's validated questionnaire.

Results :
Students exposed to spiral-integrated teaching achieved statistically significantly higher cognitive and reflective learning scores, with the most significant improvements seen in gynaecology-pathology and gynaecology-microbiology linked sessions.

Conclusion :
Embedding spiral integration within second-year clinical postings enhances both conceptual understanding and reflection by explicitly linking clinical content to its scientific foundations. This approach strengthens curricular continuity and promotes deeper learning.

Abstract ID: MISC/PP/14

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Abstract Title:
A RARE CASE OF RUPTURED ECTOPIC PREGNANCY IN THE OVARY: A CASE REPORT

Introduction :
Ovarian ectopic pregnancy is a rare form of ectopic implantation, accounting for approximately 3% of all ectopic pregnancies. It is often associated with risk factors such as intrauterine device (IUD) use and in vitro fertilization (IVF), but may also occur following natural conception.

Aims & Objectives :
To report a rare case of ruptured ovarian ectopic pregnancy diagnosed by sonography, intraoperative spigelberg criteria and confirmed by histopathology.

Materials & Methods :
A 23-year-old multiparous woman presented with severe lower abdominal pain and vaginal bleeding for five days. Clinical evaluation, β-hCG estimation, and transvaginal ultrasonography were performed. Emergency laparotomy and histopathological confirmation were done.

Results :
Ultrasound revealed a right adnexal mass with hemoperitoneum and no intrauterine gestation. Intraoperatively, the right ovary showed a ruptured lesion (3×3 cm) with active bleeding. Wedge resection was performed. β-hCG was 10,567 mIU/mL and declined postoperatively. Histopathology confirmed ovarian ectopic pregnancy.

Conclusion :
Ovarian ectopic pregnancy, though rare, should be considered in women with acute abdomen and positive pregnancy test to ensure timely diagnosis and management. But making pre-operative diagnosis of ovarian ectopic pregnancy is still challenging due to its similar appearance to ruptured corpus luteal, haemorrhagic ovarian cyst and tubal ectopic pregnancy. Management is essentially surgical and early diagnosis and intervention can prevent mortality .

Abstract ID: MISC/PP/15

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Abstract Title:
DUAL-MODALITY LUTEAL PHASE SUPPORT USING VAGINAL AND AQUEOUS PROGESTERONE IN FROZEN EMBRYO TRANSFER (FET) CYCLES WITH SUBOPTIMAL SERUM PROGESTERONE LEVELS

Introduction :
Effective luteal phase support (LPS) is essential for successful frozen embryo transfer (FET) cycles. In cases of suboptimal serum progesterone (P), combining vaginal progesterone (VP) with aqueous progesterone (AP) may enhance hormonal support and improve outcomes.

Aims & Objectives :
To evaluate the effectiveness of VP + AP in women with low serum P undergoing FET.

Materials & Methods :
A systematic literature search was conducted using PubMed and Google Scholar to identify English-language, full-text studies evaluating dual-modality LPS (VP + AP) in FET cycles with low serum P. Data on progesterone thresholds, dosing regimens, and clinical outcomes were extracted and analysed.

Results :
Six studies were included: 1 RCT, 2 prospective cohorts, 2 retrospective cohorts, and 1 case-control. VP doses ranged from 600–800 mg/day (8% gel twice/day in 1 study); AP was administered at 25 mg/day subcutaneously. The RCT demonstrated superior clinical pregnancy rates with VP600mg+AP25mg (68%) and VP600mg+IM-P50mg (70%) compared to monotherapy (VP600mg-35%;VP800mg-43%) and combination with oral (VP600mg+Oral Dydrogesterone 30mg-38%)($p<0.05$). Four studies reported comparable ongoing pregnancy rates (OPR) between VP+AP rescue and VP-only groups with optimal P levels [50% vs. 48.3%;53.6% vs. 49.4%; 44.9% vs. 45.2% (historical data);61.5% vs. 55.4%]. Two of the six studies also reported comparable live birth rates (52.3% vs. 49.1%; 44.9% vs .45%) in these groups. One study showed significantly higher OPR with VP+AP/oral dydrogesterone (41.03% vs. 18.6%).

Conclusion :
Dual-modality LPS using VP + AP effectively rescues suboptimal progesterone levels and improves reproductive outcomes in FET cycles. This individualized approach may optimize hormonal support and enhance ART success.

Abstract ID: MISC/PP/16

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Abstract Title:
A CASE OF GENITAL TUBERCULOSIS PRESENTING AS SECONDARY AMENORRHEA IN A UNMARRIED WOMAN

Introduction :
Genital tuberculosis (GTB) is an uncommon but important cause of menstrual irregularities and infertility in women of reproductive age. It often remains undiagnosed due to its silent course. The endometrium is a common site of involvement, and infection can manifest as secondary amenorrhea, infertility, or pelvic pain. Most cases occur secondary to pulmonary or extrapulmonary TB through hematogenous or lymphatic spread. Early diagnosis is crucial to prevent irreversible reproductive damage.

Aims & Objectives :
To present a rare case of endometrial tuberculosis causing secondary amenorrhea, highlight the diagnostic challenges, and emphasize the importance of early recognition and treatment.

Materials & Methods :
A 23-year-old unmarried woman presented with secondary amenorrhea for seven years. Hormonal profile, including thyroid function, gonadotropins, AMH, and prolactin, was evaluated. Pelvic ultrasound was normal. Endometrial biopsy was performed, and samples were subjected to histopathological examination and CBNAAT testing. The patient was treated with a six-month standard anti-tubercular regimen (HRZE for 2 months, HR for 4 months) and followed up clinically.

Results :
Hormonal evaluation was normal except for transient hyperprolactinemia, which resolved with cabergoline. Histopathology revealed epithelioid granulomas with caseation necrosis, and CBNAAT confirmed Mycobacterium tuberculosis. After completion of anti-tubercular therapy, the patient resumed regular menstrual cycles and remained asymptomatic.

Conclusion :
Genital tuberculosis, though rare, should always be considered in women presenting with unexplained secondary amenorrhea, especially in TB-endemic regions. Early diagnosis through endometrial biopsy and molecular testing like CBNAAT enables prompt treatment with anti-tubercular therapy, leading to complete recovery of menstrual function and prevention of long-term complications such as infertility.

Abstract ID: MISC/PP/17

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Abstract Title:
CLINICAL SPECTRUM OF PRIMARY AMENORRHEA:A SINGLE CENTRE EXPERIENCE IN ONE YEAR

Introduction :
Primary amenorrhea, defined as the absence of menarche by 15 years of age with normal secondary sexual characteristics or by 13 years in their absence, is a clinical manifestation of diverse underlying etiologies ranging from chromosomal and gonadal abnormalities to structural and endocrine causes. Identifying the cause early is crucial for timely management and counseling regarding fertility and psychosocial well-being.

Aims & Objectives :
To analyze the spectrum of etiologies and clinical profiles of patients presenting with primary amenorrhea at a tertiary care centre over one year.

Materials & Methods :
A retrospective observational study was conducted at our institution from January 2024 to December 2024. All patients presenting with primary amenorrhea were evaluated with detailed clinical history, examination, hormonal assay, ultrasonography, MRI pelvis (when indicated), and karyotyping. Data were analyzed to identify the distribution of various causes.

Results :
Most common cause was gonadal dysgenesis (e.g., Turner syndrome)accounting for 40-50 % , followed by mullerian agenesis (MRKH syndrome) in 20-25% , hypogonadotropic hypogonadism in 10-15 % , imperforate hymen and transverse vaginal septum , other rare causes include congenital adrenal hyperplasia and thyroid dysfunction

Conclusion :
Primary amenorrhea represents a heterogeneous group of disorders requiring a systematic diagnostic approach. Collaboration among gynecologists, endocrinologists, radiologists, and geneticists is essential for accurate diagnosis, optimal management, and fertility preservation.

Abstract ID: MISC/PP/18

Presenter's Name: Dr. Ananya

Institute/ Affiliation:
Bharati Vidyapeeth medical college and hospital

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State: Maharashtra

Country: India

Abstract Title:
LARGE PLACENTAL CHORANGIOMA PRESENTING WITH PPROM AND FETAL GROWTH RESTRICTION: A CASE-BASED OBSERVATION

Introduction :
Placental chorangiomas are rare benign vascular tumours, occurring in approximately 1 in 9,000–50,000 pregnancies. They arise from abnormal proliferation of chorionic mesenchyme. The risk to the fetus increases with tumour size, with lesions >5 cm being associated with fetal compromise.

Aims & Objectives :
To describe the clinical presentation, antenatal findings, perinatal outcome and histopathological confirmation of a large placental chorangioma diagnosed during an emergency obstetric evaluation.

Materials & Methods :
This is a case-based observational report of a primigravida who presented at 31+3 weeks gestation. Clinical history, examination findings, bedside ultrasonography, fetal monitoring via cardiotocography (CTG), intraoperative details and neonatal outcomes were recorded. Placental tissue was sent for histopathological evaluation.

Results :
The patient presented with premature pre-labour rupture of membranes, dysuria and lower abdominal pain. Ultrasound revealed fetal growth restriction and a well-defined avascular placental mass suggestive of chorangioma. CTG showed a non-reassuring fetal heart rate pattern, prompting emergency caesarean delivery. A preterm growth-restricted neonate weighing 1430 g was delivered. Postnatal assessment showed cardiomegaly, hepatomegaly, splenomegaly and anaemia, consistent with haemodynamic effects of a large chorangioma. Histopathological examination confirmed a placental chorangioma.

Conclusion :
Large placental chorangiomas may be detected incidentally but can significantly affect fetal status. Timely recognition using bedside ultrasonography and immediate intervention when fetal distress is suspected can improve neonatal outcome.

Abstract ID: MISC/PP/19

Presenter's Name: Prof. Suneeta Singh

Co-Author(s):
Dr Nilesh Khardenavis

Institute/ Affiliation:
Armed Forces Medical College

City: pune

State: Maharashtra

Country: India

Abstract Title:
UTERINE ARTERY EMBOLISATION AND ITS COMPLICATIONS IN MANAGEMENT OF SYMPTOMATIC FIBROID

Introduction :
UAE is an well established intervention for management of symptomatic fibroid in women not desirous of fertility

Aims & Objectives :
To mention about the complication of sepsis with necrosis of fibroid

Materials & Methods :
41 Yrs old unmarried nulligravida with HMB x 2 Yrs and weakness and failed medical management with past H/o Lt MCA infarct. O/E: GC stable. Pallor ++,P/A- NAD, PV- not willing. USG Pelvis:6x5x4 cm Ant wall intramural fibroid. Hb 5,5 gm/dl, Transfused with 2 units PRBC. Hb built upto 9.5gm/dl.planned for UAE. Under local anaesthesia, and antibiotic prophylaxis 4 F catheter inserted into uterine arteries under fluoroscopic guidance. After super selective catheterisation, embolisation done with polyvinyl alcohol particles,Check angiogram s/o disappearance of feeder vessels. Post procedure- was given 3 doses of inj Monocef, NSAIDs. was discharged on day 2 on tab Cefixime. Reported after 5 days with fever and mass per pavginum. Found to be in sepsis with the foul smelling necrosed fibroid PV. Managed with Broad spectrum antibiotics in ICU

Results :
Sepsis is a life threatening complication of UAE. Educating the patient about the S/S of sepsis is very important when offering UAE

Conclusion :
UAE is an well established intervention for management of fibroid, but it can be associated with sinister complication of sepsis, educating the patient about the symptoms of fever, pain abdomen, discharge PV, dysuria is essential. Regular follow up after procedure is paramount for optimal outcome

Abstract ID: MISC/PP/20

Presenter's Name: Dr. Sakshi Batra

Institute/ Affiliation:
ESI MEDICAL COLLEGE AND HOSPITAL, BASAIDARAPUR

City: DELHI

State: Delhi

Country: India

Abstract Title:
THE ROLE OF MRI IN MANAGEMENT OF ULTRASONOGRAPHICALLY INDETERMINATE ADNEXAL MASSES

Introduction :
TITLE: ROLE OF MAGNETIC RESONANCE IMAGING IN EVALUATION OF ULTRASONOGRAPHICALLY INDETERMINATE ADNEXAL MASSES AUTHORS: Dr Sakshi Batra (Post graduate student) SUPERVISOR: Dr Prachi Renjhen (Professor) INSTITUTION: Department of Obstetrics and Gynaecology, ESI Medical college and hospital, Basaidarapur, New Delhi, India ABSTRACT: Introduction: Adnexal masses pose a frequent diagnostic challenge in gynecology. Although ultrasonography (USG) is the first-line modality, up to 30% of adnexal lesions remain indeterminate. Magnetic Resonance Imaging (MRI), with its superior soft-tissue characterization and multiplanar capabilities, offers a reliable second-line tool for better differentiation of benign and malignant lesions.

Aims & Objectives :
Aim: To evaluate the role of MRI in characterizing ultrasonographically indeterminate adnexal masses and to correlate imaging findings with histopathological outcomes.

Materials & Methods :
Methods: A hospital-based cross-sectional study was conducted on 75 women with indeterminate adnexal masses on USG. MRI findings were analyzed for morphological characteristics, enhancement patterns, and ancillary features, and results were compared with histopathology, the gold standard.

Results :
Results: MRI classified 56% of lesions as benign, 38.7% as malignant, and 5.3% as indeterminate, markedly reducing diagnostic ambiguity. The sensitivity, specificity, positive predictive value, negative predictive value, and diagnostic accuracy were 63.9%, 82.9%, 79.3%, 69.0%, and 73.2%, respectively. MRI findings significantly influenced surgical decision-making, with 65.3% undergoing laparoscopy and 34.7% laparotomy.

Conclusion :
Conclusion: MRI substantially enhances diagnostic confidence in adnexal masses that are indeterminate on ultrasound. By improving specificity and reducing unnecessary surgeries, MRI serves as an invaluable non-invasive adjunct in guiding clinical and surgical management.

Abstract ID: MISC/PP/21

Presenter's Name: Dr. Mansi Goel

Co-Author(s):
Dr J C Sharma

Institute/ Affiliation:
ESIC, MCH, faridabad

City: Faridabad

State: Haryana

Country: India

Abstract Title:
COMPARATIVE STUDY ON THE EFFICACY OF MEDICAL GRADE HONEY AND COLLOIDAL SILVER (32 PPM) (MEGA -HEAL) OINTMENT IN OPEN SURGICAL WOUND INFECTION FOLLOWING LAPAROTOMY

Introduction :
Surgical site infection (SSI) is a common postoperative complication with a global incidence of 2.5%, highest in Africa (7.2%) and lowest in the Western Pacific (0.6%). In India, rates range from 1.6% to 38%, contributing to higher morbidity, prolonged hospitalization, and increased treatment costs. Topical agents like povidone-iodine and colloidal silver are widely used, while medical-grade honey (MGH)—a sterilized, standardized organic honey—has recently gained attention as an effective alternative for SSI management.

Aims & Objectives :
To compare the efficacy of MGH and colloidal silver (32 ppm) ointment in managing open laparotomy wound infections.

Materials & Methods :
An observational comparative study was conducted from January 2024 to June 2025 on 50 post-laparotomy SSI patients—25 treated with MGH (Group A) and 25 with colloidal silver ointment (Group B). Outcomes assessed included wound-healing time, infection control, granulation, pain reduction, satisfaction, and adverse effects.

Results :
Mean healing time was 13.6 ± 2.8 days in Group A and 17.4 ± 3.1 days in Group B ($p < 0.01$). Infection-control rate (culture negativity by day 7) was 88% with MGH and 64% with colloidal silver. MGH showed faster granulation and higher satisfaction; mild irritation occurred in 8% of colloidal-silver users.

Conclusion :
Medical-grade honey proved more effective than colloidal silver (32 ppm) in enhancing wound healing and infection control in open laparotomy SSIs, with better tolerability and patient satisfaction. Institutional ethical committee had approved the study and institution had funded the project.

Abstract ID: MISC/PP/22

Presenter's Name: Dr. Meghali Das

Institute/ Affiliation:
Agartala government medical college

City: agartala

State: Tripura

Country: India

Abstract Title:
"THE HIDDEN PASSENGER: A GIANT RETROPERITONEAL LIPOSARCOMA IN A PREGNANT WOMAN"

Introduction :
The coexistence of pregnancy with large intra-abdominal tumors presents a major clinical dilemma, requiring a balance between maternal safety and fetal viability. Retroperitoneal liposarcoma (RPLS) during pregnancy is extremely rare, with fewer than twenty cases reported worldwide. Its retroperitoneal location allows silent growth to a massive size, with symptoms often mistaken for physiological changes of pregnancy. Rapid enlargement can cause maternal discomfort, respiratory compromise, and adverse obstetric outcomes, necessitating timely intervention. We report the case of a 24-year-old gravida 3, para 0 woman who presented with progressive abdominal distension, breathlessness, and five months of amenorrhea. Imaging revealed a large, multi-septated retroperitoneal mass measuring 31 × 13 × 24 cm displacing intra-abdominal viscera. Due to maternal compromise, an exploratory laparotomy was performed at 24–26 weeks of gestation, and a 15-kg myxoid liposarcoma was removed while preserving the uterus and adnexa. The postoperative course was uneventful; however, spontaneous fetal expulsion occurred one month later.

Aims & Objectives :
To present a rare case of retroperitoneal liposarcoma in pregnancy and highlight its diagnostic and management challenges. To describe clinical, radiological, and pathological features of the case. To outline the multidisciplinary approach and surgical management. To compare findings with existing literature and emphasize individualized care for optimal maternal and fetal outcomes.

Materials & Methods :
Clinical, imaging, and histopathological data analysed

Results :
surgical excision performed with favorable maternal recovery and fetal loss.

Conclusion :
RPLS in pregnancy is rare and demands early diagnosis and multidisciplinary management. Timely, individualized surgical intervention and coordinated care among specialists are crucial to optimize maternal and fetal outcomes.

Abstract ID: MISC/PP/23

Presenter's Name: Dr. Akkarapaka Vineela

Institute/ Affiliation:
Mallareddy institute of medical sciences

City: Hyderabad

State: Telangana

Country: India

Abstract Title:
RUPTURED CORNUAL ECTOPIC PREGNANCY IN A PRIMIGRAVIDA AT 9 WEEKS 1 DAY POG

Introduction :
Cornual ectopic pregnancy is a rare and potentially life-threatening form of ectopic gestation implanted in the interstitial portion of the fallopian tube. It accounts for 2–4% of ectopic pregnancies and is associated with a high risk of rupture and severe hemorrhage due to delayed diagnosis.

Aims & Objectives :
To present a rare case of ruptured cornual ectopic pregnancy in a primigravida at 9 weeks 1 day, highlighting the importance of early diagnosis and prompt surgical management to reduce maternal morbidity and mortality.

Materials & Methods :
A 26-year-old primigravida presented with acute abdominal pain and syncopal episodes at 9 weeks 1 day of gestation. Clinical examination revealed tenderness and signs of internal bleeding. Transvaginal ultrasound showed an empty uterine cavity with a gestational sac located in the right cornual region. Emergency exploratory laparotomy was performed.

Results :
Intraoperative findings revealed a ruptured right cornual ectopic pregnancy with hemoperitoneum. Cornual resection and repair were performed successfully. The patient received blood transfusion and supportive care. Postoperative recovery was uneventful, and she was discharged in stable condition.

Conclusion :
Cornual ectopic pregnancy is a rare but potentially fatal condition. Early diagnosis with ultrasound and timely surgical intervention are crucial to prevent catastrophic hemorrhage and preserve future fertility. Awareness of this rare presentation among clinicians can significantly improve patient outcomes.

Abstract ID: MISC/PP/24

Presenter's Name: Dr. Aakanksha Kumar

Co-Author(s):
Dr Shakuntla Kumar

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Nulife hospital

City: Delhi

State: Delhi

Country: India

Abstract Title:
“REGRESSION OF A POSTERIOR UTERINE WALL ENDOMETRIOTIC CYST FOLLOWING MEDICAL MANAGEMENT: A CASE REPORT”

Introduction :
ENDOMETRIOSIS IS A CHRONIC GYNECOLOGICAL DISORDER CHARACTERIZED BY THE PRESENCE OF ENDOMETRIAL TISSUE OUTSIDE THE UTERUS. IT COMMONLY PRESENTS WITH PELVIC PAIN, DYSMENORRHEA, AND INFERTILITY. ENDOMETRIOTIC CYSTS (ENDOMETRIOMAS) OF THE UTERINE WALL ARE RELATIVELY UNCOMMON. THIS REPORT HIGHLIGHTS THE REGRESSION OF AN ENDOMETRIOTIC CYST FOLLOWING CONSERVATIVE MEDICAL MANAGEMENT.

Aims & Objectives :
TO HIGHLIGHT REGRESSION OF A POSTERIOR UTERINE WALL ENDOMETRIOTIC CYST WITH MEDICAL MANAGEMENT USING ORAL ELAGOLIX

Materials & Methods :
A 33-YEAR-OLD FEMALE PRESENTED WITH LOWER ABDOMINAL PAIN AND HEAVY MENSTRUAL BLEEDING SINCE MARCH 2025. SHE UNDERWENT HYSTEROSCOPY GUIDED D AND C POLYPECTOMY, FOLLOWED BY THE ABOVE PROCEDURE SHE WAS ADVISED TO TAKE ORAL ELAGOLIX 150 MG DAILY FOR SIX MONTHS. INITIAL TRANSVAGINAL SONOGRAPHY REVEALED A 22 × 12 × 17 MM CYSTIC LESION ALONG THE POSTERIOR UTERINE WALL, SUGGESTIVE OF AN ENDOMETRIOTIC CYST. MRI CONFIRMED A T1-HYPERINTENSE, T2-SHADED LESION CONSISTENT WITH ENDOMETRIOSIS. AFTER SIX MONTHS OF THERAPY, REPEAT IMAGING DEMONSTRATED REGRESSION OF THE CYST TO 12 × 9 × 8 MM, WITH MARKED SYMPTOMATIC IMPROVEMENT.

Results :
AFTER 6 MONTHS OF ORAL ELAGOLIX THERAPY THERE WAS MARKED REDUCTION IN SIZE OF ENDOMETRIOTIC CYST AND SYMPTOMATIC RELIEF OF PATIENT

Conclusion :
ENDOMETRIOTIC CYSTS OF THE UTERINE WALL MAY RESPOND FAVOURABLY TO MEDICAL THERAPY. CONSERVATIVE MANAGEMENT WITH REGULAR FOLLOW-UP CAN ACHIEVE SIGNIFICANT SYMPTOM RELIEF AND LESION REGRESSION, AVOIDING THE NEED FOR REPEAT SURGERY.

Abstract ID: MISC/PP/25

Presenter's Name: Dr. Aditi Asthana

Co-Author(s):
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State: Karnataka

Country: India

Abstract Title:
FETAL BARTTER'S SYNDROME: ANTENATAL PRESENTATION,DIAGNOSTIC APPROACH, AND PERINATAL OUTCOMES-A CASE SERIES

Introduction :
Bartter's syndrome is a rare autosomal recessive renal tubular disorder causing defective sodium and chloride reabsorption in the thick ascending limb of the loop of Henle. The antenatal form, often due to SLC12A1 or KCNJ1 mutations, presents early in pregnancy with severe, unexplained polyhydramnios resulting from fetal polyuria. Unlike other causes of polyhydramnios, the fetus and placenta are typically normal on ultrasonography. Antenatal diagnosis is suggested by these features and confirmed by elevated amniotic fluid chloride or molecular testing. Early identification enables appropriate maternal management (e.g., indomethacin therapy) and preparation for neonatal electrolyte correction. This case series describes antenatal presentations of Bartter's syndrome, emphasizing diagnostic clues, management strategies, and outcomes.

Aims & Objectives :
To describe the antenatal presentation and diagnostic features of Bartter's syndrome and evaluate perinatal outcomes in affected fetuses. The objectives were to identify key ultrasonographic and biochemical indicators, assess neonatal outcomes, and emphasize the importance of early diagnosis and multidisciplinary management.

Materials & Methods :
This retrospective case series included pregnancies with early-onset, unexplained polyhydramnios. Detailed ultrasonography, amniotic fluid electrolyte analysis were performed for suspected Bartter's syndrome. Maternal and fetal monitoring were undertaken. Postnatal evaluation confirmed diagnosis, and perinatal outcomes were recorded and analyzed descriptively.

Results :
Three cases of early-onset polyhydramnios were studied. All showed normal fetal anatomy and raised amniotic fluid chloride levels. Postnatal tests confirmed Bartter's syndrome. Two neonates survived after correction,one fetal death occurred due to prematurity

Conclusion :
Early-onset, unexplained polyhydramnios with normal fetal anatomy should raise suspicion for Bartter's syndrome. Early recognition & multidisciplinary approach reduces perinatal morbidity and mortality.

Abstract ID: MISC/PP/26

Presenter's Name: Dr. R Sarojamma Chunchaiah

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Rajarajeshwari Medical College

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Country: India

Abstract Title:
A STUDY TO COMPARE THE EFFECTIVENESS OF TRADITIONAL BED SIDE TEACHING AND LEARNER DOCTORS METHOD ON STUDENT CLINICAL TRAINING AND STUDENT'S PERCEPTIONS OF THESE METHODS.

Introduction :
THE LEARNER DOCTOR METHOD (LDM) IS AN INNOVATIVE TEACHING–LEARNING APPROACH IN CLINICAL TRAINING THAT BRIDGES THE GAP BETWEEN THEORETICAL KNOWLEDGE AND REAL-WORLD PATIENT CARE. IN TRADITIONAL POSTINGS, STUDENTS PARTICIPATE IN ISOLATED ASPECTS OF CARE AND RARELY EXPERIENCE THE COMPLETE PROCESS FROM PRESENTATION TO FOLLOW-UP. IN LDM, STUDENTS ADOPT THE ROLE OF A DOCTOR UNDER SUPERVISION, BECOMING ACTIVELY INVOLVED IN LONGITUDINAL, HANDS-ON PATIENT MANAGEMENT. THIS ENHANCES CLINICAL REASONING, CRITICAL THINKING, AND OVERALL LEARNING IN AN EXPERIENTIAL MANNER.

Aims & Objectives :
Study Design: The study involved 37 Phase III Part II MBBS students in the Department of Obstetrics and Gynecology, RRMCH. Of these, 19 students were initially exposed to the Learner Doctor Method and 18 to the Traditional Method of bedside teaching. After two weeks, a crossover was done. Assessment Tools: Knowledge was evaluated using MCQs, while teacher assessments and student feedback (via a prevalidated semi–open-ended Likert scale questionnaire) measured performance and perception.

Materials & Methods :
Sampling Method: Simple random sampling Study Duration: March 2024 – July 2024 Inclusion Criteria: Students attending OBG postings Exclusion Criteria: Students not providing consent

Results :
The "Learner-Doc" teaching method significantly enhances student performance in the knowledge areas of PIH, GDM, and Anemia compared to the "Traditional" method, as evidenced by higher mean scores, substantial mean difference percentages, and highly significant t-test results.

Conclusion :
The Learner Doctor Method was well-received by students and significantly improved their knowledge across domains such as PIH, GDM, and anemia, compared to the traditional method. Higher mean scores and statistically significant differences indicate that this experiential approach enhances both learning

Abstract ID: MISC/PP/27

Presenter's Name: Dr. Ruchi Verma

Co-Author(s):
Prof Dr Ritu Sharma, Dr Shalini Shukla, Prof Dr Manisha Singh

Institute/ Affiliation:
Department of Obstetrics & Gynaecology, Government Institute of Medical Sciences Greater Noida

City: Gautam Buddha Nagar

State: Uttar Pradesh

Country: India

Abstract Title:
TITLE: ASSOCIATION OF SYSTEMIC INFLAMMATORY MARKERS WITH EARLY PREGNANCY LOSS – A PROSPECTIVE OBSERVATIONAL STUDY

Introduction :
Maximum pregnancy losses i.e. about 80% of total pregnancy occurs in 1st trimester. Around 10% of all clinically detected pregnancy results in an early pregnancy loss. Although the etiology of abortion is unknown, there are many hypothesis, it is thought that abortion can be triggered due to a chronic inflammatory reaction which develops in the decidua.

Aims & Objectives :
To assess the risk of early pregnancy loss with systemic inflammatory markers like Interleukin six in the first trimester & also to compare the difference between study & control groups.

Materials & Methods :
We have recruited 180 patients, 90 in each group. Patients presented with sign & symptoms of abortion (threatened, inevitable or incomplete) were included in the study group while healthy antenatal women were included in the control group.

Results :
Levels of inflammatory markers like IL6 were significantly higher in the study group than control groups ($p < 0.05$). Mean serum IL6 concentration in study group was 88.57±40.39 pg/ml while in control group it was 37.39±17.33 pg/ml.

Conclusion :
There was an association between systemic inflammatory markers and early pregnancy losses. These cost-effective markers can be routinely used for the risk assessment of spontaneous abortion in pregnancy.

Abstract ID: MISC/PP/28

Presenter's Name: Dr. Aaisha Ameer

Institute/ Affiliation:
KMCH

City: Katihar

State: Bihar

Country: India

Abstract Title:
OBSTRUCTED LABOR LEADING TO UTERINE RUPTURE IN MULPAROUS WOMEN

Introduction :
Obstructed labour in an unscarred uterus is an obstetrical emergency and may lead to uterine rupture especially if associated with injudicious use of oxytocin drug.

Aims & Objectives :
To present a case of successful laparotomy with subtotal hysterectomy done for obstructed labour with uterine rupture.

Materials & Methods :
Study Design: Hospital based study. Study Place: Obstetrics and Gynaecology Department KMCH Alkarim University, Katihar.

Results :
The patient was resuscitated and then taken for laparotomy.Approximately 8 cm complete tear was found on the lower segment along with hemoperitoneum.An IUD baby is taken out.The patient underwent subtotal hysterectomy and her postoperative hospital stay was uneventful

Conclusion :
The survival of patients after uterine rupture depends on the time interval between rupture and intervention and availability of blood products for transfusion.

Abstract ID: MISC/PP/29

Presenter's Name: Dr. Sucharitha P

Institute/ Affiliation:
Andhra Medical College

City: Visakhapatnam

State: Andhra Pradesh

Country: India

Abstract Title:
“SPECTRUM OF PRIMARY AMENORRHEA: A ONE-YEAR OBSERVATIONAL STUDY”

Introduction :
Primary amenorrhea, defined as the absence of menarche by the age of 15 years in girls with normal secondary sexual characteristics or by 13 years in those without them, is a clinical manifestation of various underlying anatomical, genetic, or endocrine abnormalities. Early diagnosis is crucial for timely management and psychosocial support.

Aims & Objectives :
To analyze the clinical profile, etiological spectrum, and diagnostic evaluation of patients presenting with primary amenorrhea over a one-year period.

Materials & Methods :
This is an observational study conducted in the Department of Obstetrics and Gynecology at King George Hospital,Visakhapatnam, Andhra Pradesh from December 2024 to January 2025. All patients presenting with primary amenorrhea to the OP were included. Data regarding age, secondary sexual characteristics, anthropometric measurements, hormonal profile, pelvic ultrasonography, karyotype, and final diagnosis were recorded and analyzed.

Results :
A total of 64 patients were evaluated. The mean age at presentation was 13 to 16 years. The common etiological category was gonadal dysgenesis , Müllerian agenesis (MRKH syndrome), hypogonadotropic hypogonadism and androgen insensitivity syndrome. Ultrasound and karyotype were the most valuable diagnostic tools. Associated findings included short stature, lack of secondary sexual characteristics, and normal external genitalia in most cases.

Conclusion :
Primary amenorrhea is a multifactorial condition requiring a systematic and multidisciplinary approach. Karyotyping, hormonal assays, and imaging studies are vital for accurate diagnosis. Early identification facilitates appropriate counseling regarding fertility options and long-term management.

Abstract ID: MISC/PP/30

Presenter's Name: Dr. Darshan Wadekar

Institute/ Affiliation:
Wadekar

City: Surat

State: Gujarat

Country: India

Abstract Title:
CASE OF RECURRANT ISOLATED POLYHYDRAMNIOS

Introduction :
Isolated Polyhydramnios is a very technically difficult condition to identify the cause. The common causes being Structural, genetics and metabolic in nature. The even more difficulty is if there is recurrence.

Aims & Objectives :
Detailed history taking and understanding helps us identify the cause which in turn helps us to treat patients.

Materials & Methods :
A 23 year old , O positive mother, Married for 6-7 years G 4 P 2 L 0 NND 1 IUD 1 A 1 came with complaints of Bad Obstetric History and recurrant pregnancy loss. Menstrual History : 6-7 / 25-26 days, LMP 17/03/2019 Obstetric History: Gravida 1 : 2015: 24 wog –Chorioamnionitis, Preterm Labour, D&C done. Gravida 2: 2016: 10 wog – Missed Miscarriage Gravida 3: 2017: Emg os tightening (27 weeks) – sudden IUFD and went into preterm labour at 28wks Gravida 4 : 2019: spontaneous conception, Present pregnancy Medical History: Not significant Surgical History: Not significant On careful evaluation the cause identified was recurrent polyhydramnios leading to urinary tract infection due to stasis of urine in urinary tract and hence preterm labour.

Results :
The use of antibiotics, and indomethacin with amnioreduction led to controlled polyhydramnios leading to near term pregnancy and hence good fetal outcome.

Conclusion :
Careful and systematic history taking leads to better understanding of the cause. Use of amnioreduction (medical and surgical) leads to controlled polyhydramnios leading good outcome in fetus. - Rare case of Bad obstetric history due to recurrent Polyhydramnios leading to Recurrent preterm and pregnancy loss.

Abstract ID: MISC/PP/31

Presenter's Name: Dr. Amrita

Co-Author(s):
Prof Dr Archana Sinha, Dr Jaya Kumari, Prof Dr Poonam

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Indira Gandhi Institute of Medical Sciences

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State: Bihar

Country: India

Abstract Title:
ROLE OF THE WHO SURGICAL SAFETY CHECKLIST IN REDUCING MORBIDITY AND MORTALITY AMONG OBSTETRICS AND GYNECOLOGY PATIENTS UNDERGOING SURGERY: A PROSPECTIVE COMPARATIVE STUDY

Introduction :
As surgery is an essential aspect of healthcare around the globe, it is necessary to consider complications related to it. The reported crude mortality rate after major surgery is 0.5-5%, and complications after inpatient operations occur in up to 25% of patients. The 19-item WHO Surgical Safety Checklist (SSC) was implemented to increase perioperative safety. Therefore, this study was conducted to evaluate the impact of the WHO SSC on reducing the incidence of postoperative complications.

Aims & Objectives :
To evaluate the effect of implementing the WHO SSC on reducing various comorbidities and mortality among surgical patients in the Department of Obstetrics and Gynecology at a tertiary-level government hospital in India

Materials & Methods :
This single-center, prospective, comparative study was conducted at the Department of Gynecology and Obstetrics in a government hospital in Patna, Bihar. To assess the efficacy of the WHO SSC, the patients were divided into two groups, in which one group undergoing surgery was assessed with the checklist, and the other group was not. The rates of surgery-related complications were then compared in both groups.

Results :
Our results showed a reduction in surgery-related complications in patients assessed with the WHO SSC. No statistically significant difference in duration of surgery was found between the groups. However, a statistically significant difference was observed in the rates of surgery-related complications between groups, especially in sepsis ($p=0.0009$), hemorrhage ($p<0.0001$).

Conclusion :
The WHO SSC is a simple yet effective tool for reducing postoperative complications, although it has no effect on reducing mortality.

Abstract ID: MISC/PP/32

Presenter's Name: Dr. Preeti Verma

Institute/ Affiliation:
Vardhman Mahavir Medical College

City: South Delhi

State: Delhi

Country: India

Abstract Title:
VASCULAR RPOC MASKING PAS

Introduction :
This case report details the challenge in diagnosing infiltrating placental pathology following complicated delivery. We present a 30-year-old female (P_2L_2E_1) who presented with persistent post-partum spotting for two months after an index preterm vaginal delivery (32 weeks) via breech extraction on October 8, 2025. The delivery was complicated by the manual removal of the placenta.

Aims & Objectives :
The objective of reporting this case is to highlight the diagnostic difficulty posed by highly vascular Retained Products of Conception (RPOC) that clinically and radiologically overshadow underlying adherent pathology, specifically Placenta Accreta Spectrum (PAS).

Materials & Methods :
Diagnostic tools included initial MRI and follow-up Ultrasound. Initial conservative management involved a Dilatation and Evacuation (D&E). The definitive treatment method chosen was Total Abdominal Hysterectomy.

Results :
MRI revealed a bulky uterus (16.2 \times 9.5 \times 11.5 cm) with a large retained placenta infiltrating the myometrium up to the serosa, strongly suggesting PAS. The D&E failed to resolve the symptoms. The final USG confirmed a large, highly vascular, heterogeneous lesion measuring 6.4 \times 6.8 \times 7.0 cm with a prominent feeding vessel (Vascular RPOC). Operative findings confirmed adherent, infiltrating retained placental tissue within the uterine cavity.

Conclusion :
This case confirms that persistent symptoms and suggestive imaging should override conservative attempts. Timely surgical intervention (TAH) is necessary when highly vascular RPOC is associated with underlying PAS, ensuring the complete resolution of the life-threatening pathology.

Abstract ID: MISC/PP/33

Presenter's Name: Dr. Misha Jain

Co-Author(s):
Prof Dr Sangeeta Rai , Prof Dr Ishan Kumar

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Institute of Medical Sciences, BHU

City: Varanasi

State: Uttar Pradesh

Country: India

Abstract Title:
COMPARATIVE EVALUATION OF ULTRASONOGRAPHY AND MAGNETIC RESONANCE IMAGING FOR ASSESSMENT AND MANAGEMENT OF LOWER UTERINE SEGMENT DEFECTS IN POST-LSCS WOMEN WITH ABNORMAL UTERINE BLEEDING

Introduction :
Abnormal uterine bleeding (AUB) following lower segment cesarean section (LSCS) is often associated with structural abnormalities at the scar site, such as uterine niche or isthmocele. Accurate imaging of the lower uterine segment (LUS) is essential for diagnosis and to guide appropriate management. Ultrasonography (USG) and magnetic resonance imaging (MRI) are the mainstay non-invasive modalities, yet their comparative diagnostic and therapeutic roles require further clarification.

Aims & Objectives :
To compare the role of USG and MRI in evaluating LUS defects and to assess their impact on management strategies in post-LSCS women presenting with AUB.

Materials & Methods :
A prospective observational study was conducted on post-LSCS women with AUB attending the gynecology outpatient department. Each participant underwent both transvaginal ultrasonography and pelvic MRI. Imaging parameters including defect presence, residual myometrial thickness, and niche morphology were analyzed. Findings were correlated to determine diagnostic agreement and their influence on subsequent management decisions.

Results :
Both USG and MRI effectively identified lower uterine segment defects. MRI provided superior delineation of scar morphology and detection of associated pelvic pathology, aiding in precise diagnosis and treatment planning. Imaging outcomes guided individualized management ranging from medical therapy to hysteroscopic or laparoscopic repair.

Conclusion :
USG serves as a valuable first-line tool for screening post-cesarean LUS defects, while MRI offers enhanced anatomical detail and assists in formulating appropriate management strategies. Integrating both modalities ensures comprehensive evaluation and improved patient outcomes.

Abstract ID: MISC/PP/34

Presenter's Name: Dr. Bimal Kumarraj

Co-Author(s):
Dr Rituparna Raj

Institute/ Affiliation:
Raj Nursing Home

City: KHARAGPUR

State: West Bengal

Country: India

Abstract Title:
CONSUMER CASES AGAINST DOCTORS, IMPOSED ILLEGALLY AND IRRATIONALLY, WITHOUT LEGAL BASIS AND SHOULD BE CHALLENGED TO KEEP IT OUT OF THE CONSUMER PROTECTION ACT

Introduction :
Consumer Protection against Doctors hang like a sword causing defensive medical practice and harassing poor Indian people to wipe it out this is presented.

Aims & Objectives :
To make the medical practice in India suitable for all people concerned

Materials & Methods :
Different judgements of the Supreme Court, relevant legal books

Results :
To remove the Consumer Protection Act that is irrationally and illegally imposed upon doctors, under Deep State.

Conclusion :
It is a humbe submission to wipe out every wrong imposed upon all people of India, both Medical and non Medical. • Medical Profession under CPA by The Supreme Court in VP Santha case, by changing “Service of Personal Contract” to “Service for Personal Contract”, assuming it as legislative intention, and upon 4 other points, which are now proved to be wrong A) it is not legislative intention shown in both old and new CPA, B) not mentioned in Lucknow case • The Court cited “Service for” from a book of David. Walker [Oxford Companion to Law, by OUP. -1980] which is not a legal dictionary , that was admitted by the sole author and the same word is not found in the next edition of the same book by 700 scholars [2005] which is a reference book and United Nations Guidelines was cited but there is no mention of medical profession under CPA in said Guidelines. • Kusum Sharma case(2010) the Apex Court did not consider the view of the Santha case. • Consumer Court is a summary court where Evidence Act is not applicable.

Abstract ID: MISC/PP/35

Presenter's Name: Dr. Sridevibala Loganathan

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Abstract Title:
" ACUTE FATTY LIVER OF PREGNANCY : THE GREAT MASQUERADER "

Introduction :
Acute fatty liver of pregnancy (AFLP) is a rare but potentially fatal obstetric emergency that typically occurs in the third trimester. Prompt recognition and timely intervention are essential to prevent serious maternal and fetal complications.

Aims & Objectives :
To describe the clinical profile, diagnostic findings, and outcomes of patients diagnosed with acute fatty liver of pregnancy at our institution.

Materials & Methods :
This retrospective case series includes three cases of AFLP managed in the Department of Obstetrics and Gynecology, Government Theni Medical College, between 2023 and 2025. Diagnosis was made based on the Swansea criteria. Clinical presentation, laboratory parameters, management, and maternal–fetal outcomes were analyzed.

Results :
All three patients presented in the third trimester with complaints of nausea, vomiting, jaundice, and malaise. Laboratory evaluation revealed elevated liver enzymes, hypoglycemia, prolonged prothrombin time, and renal function derangement. All patients were promptly stabilized and delivered by emergency cesarean section. Intensive supportive management led to complete maternal recovery in all cases. All neonates were live born with satisfactory outcomes. No maternal mortality was recorded.

Conclusion :
Acute fatty liver of pregnancy should be suspected in any third-trimester woman presenting with unexplained hepatic dysfunction and hypoglycemia. Early diagnosis, immediate delivery, and multidisciplinary care are key to favorable maternal and fetal outcomes.

Abstract ID: MISC/PP/36

Presenter's Name: Mrs. Jothi

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Abstract Title:
POST PERCUTANEOUS TRANSVENOUS MITRAL COMMISSUROTOMY IN PREGNANCY

Introduction :
Rheumatic mitral stenosis remains one of the most common heart disease in pregnancy.Percutaneous Transvenous Mitral Commissurotomy (PTMC) has emerged as a safe and effective alternative to surgical commissurotomy in appropriately selected pregnant patients.

Aims & Objectives :
To assess the maternal and fetal outcomes following PTMC performed during pregnancy and to evaluate its safety and efficacy as an interventional modality.

Materials & Methods :
A observation study conducted on pregnant women diagnosed with severe symptomatic mitral stenosis who underwent PTMC between 20–32 weeks of gestation after multidisciplinary evaluation. Pre- and post-procedural echocardiographic parameters, maternal hemodynamic improvement, and pregnancy outcomes were analyzed.

Results :
PTMC was successfully performed in all patients with a significant increase in mitral valve area and a notable reduction in mean transmitral gradient and pulmonary artery pressures. Symptomatic improvement was observed in 95% of patients.No significant maternal or fetal complications occurred. All patients continued pregnancy with favorable outcomes, and the majority achieved term deliveries with live births.

Conclusion :
PTMC is a safe and effective intervention for severe mitral stenosis during pregnancy.

Abstract ID: MISC/PP/37

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Abstract Title:
OUTCOME OF UNRUPTURED TUBAL ECTOPIC PREGNANCIES FOLLOWING MEDICAL MANAGEMENT WITH SINGLE DOSE OF INJECTION METHOTREXATE.

Introduction :
An ectopic pregnancy is one in which the fertilized ovum becomes implanted at a site other than the normal uterine cavity. It is the most important cause of maternal morbidity and mortality in the first trimester. • Incidence of ectopic pregnancies among all pregnancies is about 0.25-2% Nearly 95 % of ectopic pregnancies are implanted in Fallopian tube .The remaining 5 % of non-tubal ectopic pregnancies implant in the ovary, peritoneal cavity, cervix and prior caesarean scar •Novelty- medical management of unruptured ectopic pregnancy is not routine in this set up. This study will help to avoid unnecessary surgical intervention in properly selected patients

Aims & Objectives :
To find out the cure rate of unruptured tubal ectopic pregnancies following medical management with single dose of Injection methotrexate

Materials & Methods :
Study Design: Prospective observational study •PLACE OF STUDY: Department of Obstetrics and Gynaecology, Centre For Human Reproduction (CHR), IMS&SUM Hospital, Bhubaneswar •STUDY DURATION: 6 months

Results :
Methotrexate is highly effective for treating unruptured tubal ectopic pregnancies, showing a significant β-hCG decline by Day 7 without adverse effects or need for additional dosing. The dose (50 vs 75 mg) did not significantly alter outcomes, and patient characteristics like gestational age or gravida had minimal influence on treatment response.

Conclusion :
Single-dose methotrexate effectively managed unruptured ectopic pregnancies, showing a significant beta-hCG decline by Day 7. Methotrexate dose, gravida status, and gestational age had minimal impact, while time significantly influenced hormone reduction. The low surgical intervention rate reinforces methotrexate as a safe, reliable, and non-surgical treatment option.

Abstract ID: MISC/PP/38

Presenter's Name: Dr. Dr Nargis Choudhary

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Country: India

Abstract Title:
ISOLATED FALLOPIAN TUBE TORSION SECONDARY TO A PARA-OVARIAN CYST; A RARE CAUSE OF ACUTE ABDOMEN: A CASE SERIES

Introduction :
Isolated fallopian tube torsion (IFTT) is a rare gynaecological emergency accounting for approximately 1 in 1.5 million female admissions, representing only 3-7% of all adnexal torsion cases, and is frequently misdiagnosed preoperatively. While para-ovarian cysts are a known risk factor, but rare etiology for acute abdomen. The diagnostic challenge may compromise tubal viability. This case series highlights IFTT secondary to para-ovarian cysts as a rare cause of acute abdomen.

Aims & Objectives :
1. To highlight IFTT secondary to para-ovarian cyst as a rare cause of acute abdomen 2. To evaluate the role and outcomes of minimally invasive surgery in its diagnosis and management. 3. To emphasize early recognition and timely intervention for fertility preservation.

Materials & Methods :
A retrospective review of three patients (aged 16, 23, and 30) with surgically confirmed IFTT secondary to para-ovarian cysts. All presented with acute lower abdominal pain, nausea, and/or vomiting. Clinical and laboratory findings were nonspecific. Ultrasonography suggested adnexal pathology but did not consistently identify the fallopian tube as the primary site of torsion.

Results :
In all cases, diagnostic laparoscopy confirmed the diagnosis of IFTT with normal and viable ipsilateral ovaries. Tubal viability dictated management: de-torsion and cystectomy were performed in one case with a viable tube, while salpingectomy with cystectomy was necessary in the two cases with necrotic, non-viable fallopian tubes.

Conclusion :
Para-ovarian cysts, though often asymptomatic, can act as a lead point for IFTT, necessitating a high clinical suspicion in women with acute abdominal pain. Prompt surgical intervention is crucial to prevent irreversible ischemic damage and preserve fertility

Abstract ID: MISC/PP/39

Presenter's Name: Dr. Ashwini Kadepure

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Country: India

Abstract Title:
“UNDERSTANDING WOMEN'S KNOWLEDGE, ATTITUDE AND PRACTICES TOWARDS HYSTERECTOMY: A CROSS-SECTIONAL PERSPECTIVE

Introduction :
Hysterectomy= Removal of uterus One of the most commonly practiced surgery in India Indications vary: Fibroids, AUB, prolapse, malignancy, premalignant lesions Hence understanding KAP is important

Aims & Objectives :
Assess women's knowledge about hysterectomy, including indications, risks, and alternatives. Explore attitudes toward hysterectomy, including emotional, cultural, and psychological dimensions. Evaluate practices such as decision-making, consent, and post-operative care.

Materials & Methods :
Study Design: Cross-sectional survey Sample: Women aged 30–60 attending gynecology clinics Tools: Structured questionnaire covering KAP domains Analysis: Descriptive statistics and chi-square tests for associations

Results :
Majority interventions done in private hospitals decision influenced by Husband/Family, cost, fear of cancer, previous failed treatment post operative follow up often poor Knowledge gaps noted especially regarding alternative to surgery, uterus role beyond fertility cultural attitudes strongly influence choice Need for counselling and shared decision making

Conclusion :
Knowledge gaps highlight the need for better patient education. Attitudinal barriers suggest integrating psychosocial counseling into pre-surgical consultations. Practice trends reveal the importance of empowering women in healthcare decisions.

Abstract ID: MISC/PP/40

Presenter's Name: Mr. Navnit Wadwa

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Abstract Title:
CERVIVE 2.0: EXPERT CONSENSUS ON CERVICAL ELASTOGRAPHY AND VAGINAL PROGESTERONE IN PREDICTING PRETERM BIRTH: INSIGHTS FROM THE FIRST INDIAN WEBINAR ON CERVICAL ELASTOGRAPHY

Introduction :
Cervical insufficiency is a key contributor to spontaneous preterm birth. Recent Indian research on vaginal progesterone and cervical elastography suggests its potential as a predictive and monitoring tool for improving pregnancy outcomes.

Aims & Objectives :
The CERVIVE 2.0 (Cervical Elastography Research and Vision for Enhanced Care) consensus meeting, held on World Prematurity Day 2025, aimed to evaluate expert perception and consensus on the clinical application of cervical elastography and vaginal progesterone in managing cervical insufficiency.

Materials & Methods :
The webinar coincided with the WHO's recognition of World Prematurity Day in the international health calendar. Led by experts in radiodiagnosis and obstetrics, the session reviewed Indian data presented at ASRM 2025. Of 3,863 registered clinicians, 1,006 participated, representing 2,400 man-years of collective experience. Ten statements on cervical elastography and progesterone therapy were rated using a 5-point Likert scale. Data analyzed using GraphPad 10.4.0 defined strong consensus as a weighted score >100

Results :
Strong consensus (weighted score >100) supported vaginal progesterone for increasing cervical length (100.1), improving cervical firmness (110.6), stabilizing the cervix and prolonging pregnancy (117.7), and endorsing its routine use in cervical insufficiency (116.5). Overall, findings affirmed its reliability in preventing preterm birth (113.4). Mean agreement: 71 ± 10 (95% CI 64–79); strong agreement: 36 ± 11 (95% CI 28–44); $p < 0.0001$.

Conclusion :
National experts strongly endorsed cervical elastography as a reliable adjunct for evaluating cervical insufficiency and guiding progesterone therapy. The consensus emphasizes its clinical relevance and the need for wider validation to improve preterm birth prevention strategies across India.

Abstract ID: MISC/PP/41

Presenter's Name: Dr. Lalitha. H.S.

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Abstract Title:
THE IMPORTANCE OF GUT HEALTH IN OBG PRACTICE

Introduction :
The gut microbiota deviations are linked with many diseases like obesity, type 2 diabetes, PCOS, immunological diseases, hepatic steatosis, intestinal bowel diseases (IBDs) and many types of cancer

Aims & Objectives :
: to find out the role of gut health in obstetrics and gynecological practice.

Materials & Methods :
: understanding of the composition and functions of the human gut micro biota has increased off late. The deviation in gut health has too many diseases like, metabolic diseases, immunological diseases, liver disorders and many types of cancer. The micro biota behaves like an organ itself. . The prepregnancy overweight status is a key factor influencing both gut mycobiome compositional alteration and the pattern of metabolic remodelling during pregnancy. . There are significant bacterial, fungal community and metabolite differences among PCOS patients and healthy volunteers with normal/overweight individuals. An intact intestinal barrier maintains gut health. Any deviation causes tissue injury, pathogen infection and disease development. Any disruption of gut microbiota composition (dysbiosis) can lead to various pathological conditions. Intestinal barrier and gut microbiota are two crucial factors affecting gut health.

Results :
Diet plays a significant role in shaping the microbiome. Consumption of particular types of food produces predictable shifts in existing host bacterial genera. These bacteria affects host immune system and metabolic parameters, with broad implications for human health.

Conclusion :
: gut health plays an important role in women’s health in all ages of women. Therefore every gynaecologist should be empowered with knowledge and skill of nutrition medicine that can restore gut health

Abstract ID: MISC/PP/42

Presenter's Name: Dr. Biswajit Samal

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Abstract Title:
CONCEALED ABRUPTIO-PLACENTA AND DISSEMINATED INTRAVASCULAR COAGULOPATHY: A NEAR FATAL MANAGEMENT IN HI-TECH MEDICAL COLLEGE AND HOSPITAL

Introduction :
Concealed abruptio placenta is a severe form of placental abruption in which bleeding remains trapped behind the placenta, leading to underestimation of blood loss and delayed diagnosis. It is a life-threatening obstetric emergency that can rapidly progress to disseminated intravascular coagulation (DIC), endangering both maternal and fetal lives.

Aims & Objectives :
To present an overview of the pathophysiology, clinical features, complications, and management of concealed abruptio placenta associated with DIC, emphasizing the importance of early recognition and prompt multidisciplinary intervention.

Materials & Methods :
A case of a 33-year-old primi gravida woman at 33 weeks of gestation who presented with severe abdominal pain, uterine tenderness, and absent fetal movements. There was no external vaginal bleeding. Ultrasound revealed retroplacental clots suggestive of concealed abruption with intrauterine fetal demise (IUFD).

Results :
Laboratory evaluation showed prolonged PT, aPTT, low fibrinogen, and thrombocytopenia, confirming DIC. Immediate resuscitative measures were initiated, including correction of coagulopathy with fresh frozen plasma, platelets, and cryoprecipitate. After stabilization, induction of labor was done, and the patient delivered a stillborn female fetus. Postpartum recovery was uneventful with supportive management in HI TECH MEDICAL COLLEGE AND HOSPITAL

Conclusion :
Concealed abruptio placenta with DIC represents one of the gravest complications in obstetrics. The absence of visible bleeding often delays diagnosis, while massive release of thromboplastin from the retroplacental clot precipitates DIC, leading to rapid maternal decompensation. Effective management depends on early clinical suspicion, correction of coagulation defects, and expeditious delivery. Strengthening antenatal care, controlling hypertensive disorders, and ensuring access to tertiary obstetric and transfusion facilities remain essential preventive measures.

Abstract ID: MISC/PP/43

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Country: India

Abstract Title:
MENSTRUAL MYTHS AND TABOOS: CHALLENGES AND CHANGE IN WOMEN'S HEALTH AWARENESS

Introduction :
Menstruation is a phenomenon that has always been surrounded by myths and taboos that keep women away from participating in many aspects of socio cultural life.This paper aims to discuss these taboos and myths in India.

Aims & Objectives :
To spread awareness about menstruation and to know the extent of misconception associated with menstruation

Materials & Methods :
Observational study. A predesigned questionnaire was given to patients attending OPD irrespective of their age comprising questions regarding their knowledge and beliefs about menstruation

Results :
Findings shows that apart from taboos, some females have no knowledge about menstruation cycle itself. Mothers are the primary source who are spreading these myths and misconception to their children.

Conclusion :
Menstruation is an integral part of women’s life . There is need to break the cycle of myths and to educate them about it. Explaining scientific reasons to them would be great help in betterment of women in terms of health.

Abstract ID: MISC/PP/44

Presenter's Name: Dr. Reshma Quadros

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Abstract Title:
EFFICACY AND SAFETY OF ELAGOLIX IN THE MANAGEMENT OF ENDOMETRIOSIS ASSOCIATED PAIN (EAP): A REVIEW

Introduction :
Endometriosis is characterized by persistent pelvic pain, impairing quality of life. Elagolix, an oral GnRH antagonist, offers flexible dosing and a non-injectable alternative for management of EAP.

Aims & Objectives :
To assess the efficacy and safety of elagolix 150 mg OD and 200 mg BD in women with EAP.

Materials & Methods :
A literature review was conducted using PubMed and Google scholar until August 2025 with search terms “elagolix”, “endometriosis”, “pain”, “trial”, “study”. Abstracts and full-text articles with clinical studies reporting mean changes in EAP scores [Numerical Rating Scale(NRS) or Biberoglu and Behrman scale] from baseline to 3 or 6 months with elagolix 150mg OD or 200mg BD were included. Studies comparing elagolix with dienogest, medroxyprogesterone acetate(DMPA-SC), or leuprolide were also included. Observational and retrospective studies were excluded.

Results :
This review included seven studies (five full text articles and one abstract) evaluating elagolix in EAP. Four studies reported significant NRS reduction at 3 months, one with continued improvement at 6 months. Global pivotal Elaris 1 trial reported changes of −1.74±0.12 (150 mg OD) and −2.39±0.12 (200 mg BD); Elaris II trial showed −1.90±0.12 and −2.55±0.12 ($p<0.001$ vs placebo). Another large, multicenter, Indian, Phase III trial on elagolix 150mg OD, demonstrated 2.43±1.28 and −4.33±1.46 reductions at 3 and 6 months, respectively, non-inferior to dienogest. Elagolix 150 mg OD was also non-inferior to DMPA-SC on the Biberoglu and Behrman scale. Across studies, elagolix showed an acceptable safety profile.

Conclusion :
Elagolix at both doses is an effective, well-tolerated oral options for EAP, with global and Indian data supporting broad clinical applicability.

Abstract ID: MISC/PP/46

Presenter's Name: Dr. Roma Nag (Sonker)

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Abstract Title:
ROLE OF BHAGWAT GEETA IN MEDICAL PROFESSION

Introduction :
Bhagwat Geeta is a foundational scripture, has been explored for its philosophical and ethical insight in various profession including medicine.

Aims & Objectives :
Objective of this study is to analyse the role of Bhagavad Gita in guiding decision making process in a medical context.

Materials & Methods :
Recent study have been shown that Bhagavad Gita principle can enhance professionalism and empathy among doctors.

Results :
Bhagavad Gita plays a significant role in guiding decision making process in medical practice by promoting patient centred care.

Conclusion :
The Bhagavad Gita can inspire medical professionals to cultivate a sense of purpose ,compassion and resilience in their practice.

Abstract ID: MISC/PP/47

Presenter's Name: Dr. Soniya Dhiman

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Country: India

Abstract Title:
WHEN BENIGN TURNS DISSEMINATED: LAPAROSCOPIC MORCELLATION AND THE HIDDEN RISK OF PERITONEAL LEIOMYOMATOSIS — LESSONS FROM A CASE SERIES

Introduction :
Diffuse peritoneal leiomyomatosis (DPL) is a rare benign smooth muscle proliferation involving peritoneal surfaces that clinically and radiologically mimics disseminated malignancy. Recent evidence suggests an iatrogenic origin following laparoscopic morcellation of uterine leiomyomas.

Aims & Objectives :
To describe the clinical, radiological, and histopathological spectrum of DPL and discuss diagnostic and therapeutic challenges.

Materials & Methods :
A retrospective review of institutional records over a five-year period identified four patients diagnosed with DPL. Their clinical presentation, imaging findings, operative management, histopathology, and follow-up outcomes were analysed.

Results :
Four women aged 31–35 years, all with a prior history of laparoscopic myomectomy involving morcellation, presented with abdominal pain, distension, or mass. Imaging revealed multiple peritoneal and mesenteric lesions, including deposits in the hepatorenal pouch, anterior abdominal wall, and mesentery, receiving vascular supply from diverse arterial sources. Differential diagnoses included desmoid tumour, GIST, and endometriotic nodules. Exploratory laparotomy with excision of multiple peritoneal nodules was performed. In three patients, a fertility-sparing approach could be adopted, while in the fourth, who had previously undergone hysterectomy, bilateral oophorectomy was necessary due to diffuse adnexal involvement. Histopathology confirmed benign smooth muscle proliferation, positive for SMA and desmin. All patients recovered well; three received GnRH agonist therapy for hormonal suppression. No recurrence was observed on follow-up.

Conclusion :
DPL should be suspected in women with prior morcellation presenting with multiple peritoneal masses. Contained morcellation, complete excision, and long-term surveillance are essential. Fertility preservation is possible in selected patients.

Abstract ID: MISC/PP/48

Presenter's Name: Dr. Vaishanavi

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Country: India

Abstract Title:
FROM STIGMA TO SUPPORT: ASSESSING PUBLIC AND PROFESSIONAL ATTITUDES ON MENSTRUAL LEAVE POLICY

Introduction :
Menstruation is a natural process, yet it is often surrounded by stigma and silence, especially in workplaces and educational settings. The idea of menstrual leave aims to support individuals during their menstrual cycle, promoting comfort and equality. However, opinions about such policies differ—some see them as progressive, while others fear they may reinforce gender bias. In India, research on people's attitudes toward menstrual leave is limited. This study aims to explore public and professional perceptions of menstrual leave policies and develop a tool to assess these attitudes effectively.

Aims & Objectives :
To develop and validate a psychometrically sound instrument – the attitude towards menstrual LEAVE POLICY questionarre (ATMLPQ) – for ASSESSING perceptions, beliefs and acceptance of menstrual LEAVE policies among working individuals and students in India.

Materials & Methods :
A Cross sectional study was conducted among participants representing diverse professional sectors. Questionarre items were generated through literature review covering five keys domains: perceived fairness, organizational Impact, empathy and awareness, gender equality and STIGMA, and policy acceptance. Responses were recorded on a 3 point scale. Descriptive and inferential analysis explored differences in attitudes by gender, occupation, and prior exposure to menstrual leave policies.

Results :
The study is still going on

Conclusion :
The study is still going on

Abstract ID: MISC/PP/49

Presenter's Name: Dr. Shama Firdosh Rabbani

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Country: India

Abstract Title:
ADOLESCENT COUNSELLING

Introduction :
Adolescence is an essential phase of human development and is characterized by significant physical changes, physiological changes, behavioural changes and maturation, so the adolescents face different problems in dealing with these rapid changes which affect their satisfaction with their bodies and self-esteem.

Aims & Objectives :
The aim of this study is to help young people make sense of their feelings, thoughts and behaviours. It focuses on supporting the behavioural, emotional, social growth and to recover their self-esteem.

Materials & Methods :
1. Joining the adolescent 2. Replacing negative thoughts 3. Provide safe counselling environment. 4. Engaging in group counselling 5. Repeating information through questions

Results :
1. Improved emotional and mental well being 2. Enhanced social and academic performance 3. Better coping and life skills

Conclusion :
Adolescent counselling is aimed at helping young people make sense of their feelings, thoughts and behaviour and entail the use of unique techniques that draws out the expressive nature of a young person and helps to cope with emotional challenges. It is therefore extremely important to provide them proper emotional care and counselling.

Abstract ID: MISC/PP/50

Presenter's Name: Dr. Asha Baxi

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Abstract Title:
NATIONAL CONSENSUS ON DROSPIRENONE-CONTAINING ORAL CONTRACEPTIVES IN PCOS: EVIDENCE FROM OVER 2000 MAN-YEARS OF CLINICAL EXPERIENCE

Introduction :
Polycystic ovary syndrome (PCOS) is a common endocrine disorder associated with hyperandrogenism, menstrual irregularities, and metabolic dysfunction. Combined oral contraceptives (COCs) remain first-line therapy. Among them, drospirenone-containing formulations offer additional antiandrogenic and cardiometabolic advantages.

Aims & Objectives :
To develop expert consensus on the therapeutic role of drospirenone-containing COCs in PCOS, focusing on hyperandrogenism, menstrual regulation, and metabolic outcomes

Materials & Methods :
The Expert Medical Board for Reproductive Advancement and Consensus in Evidence-based Care (EMBRACE PCOS Study Group) conducted a structured consensus in August 2025, involving 83 specialists representing ~2,000 clinician-years of experience. 15 statements on drospirenone–ethinyl estradiol (EE/DRSP) formulations and related approaches were rated on a five-point Likert scale. Weighted scores (WS) >100 denoted consensus; analysis used GraphPad Prism 10.6.0.

Results :
Consensus was achieved for 12 of 15 statements. Experts endorsed EE/DRSP for controlling hyperandrogenic symptoms, menstrual irregularity, and cardiometabolic modulation (WS 108.8–122.7). High agreement supported improved bleeding patterns, reduced water retention, and long-term benefit in hirsutism (WS 117.9). Integration with metformin in selected PCOS phenotypes (WS 106.7) and lifestyle-based individualized care (WS >120) were strongly endorsed. Weaker consensus emerged for EE + orlistat (WS 99.0), ovarian stromal blood flow reduction (WS 96.5), and estradiol–drospirenone in metabolic improvement (WS 65.1). Overall mean responses favored agreement (75 ± 19) and strong agreement (26 ± 15), $p < 0.0001$.

Conclusion :
This national consensus confirms drospirenone-containing COCs as safe, effective, and evidence-based for PCOS, delivering superior benefits in hyperandrogenism, menstrual control, and metabolic health while defining priorities for future research

Abstract ID: MISC/PP/51

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Country: India

Abstract Title:
A STUDY ON EFFECT OF INPATIENT VS HOME BASED MATERNAL ORAL HYDRATION THERAPY IN BORDERLINE OLIGOHYDRAMNIOS IN A RURAL TERTIARY CARE HOSPITAL

Introduction :
In a rural tertiary care setting, supervised inpatient maternal oral hydration more reliably improves AFI and may reduce short-term perinatal interventions compared with home-based hydration. Implementation should balance resource use with patient education to optimize outcomes. Further trials with larger samples recommended.

Aims & Objectives :
To compare the effect of inpatient supervised maternal oral hydration therapy with home-based oral hydration on amniotic fluid index (AFI) and short-term perinatal outcomes in pregnant women diagnosed with borderline oligohydramnios at a rural tertiary care hospital. Methods: This comparative interventional study enrolled pregnant women with borderline oligohydramnios diagnosed by ultrasound. Participants received standardized oral hydration protocols—measured supervised intake and monitoring for the inpatient group, versus counseling and prescribed hydration regimen for the home-care group. Primary outcome was change in AFI at 24–72 hours. Secondary outcomes included need for further interventions, mode and timing of delivery, birth weight, Apgar scores, neonatal NICU admission, and maternal tolerability.

Materials & Methods :

Results :

Conclusion :
In a rural tertiary care setting, supervised inpatient maternal oral hydration more reliably improves AFI and may reduce short-term perinatal interventions compared with home-based hydration. Implementation should balance resource use with patient education to optimize outcomes. Further trials with larger samples recommended.

Abstract ID: MISC/PP/52

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Abstract Title:
DOES HEAVY MENSTRUAL BLEEDING EFFECT ON QUALITY OF LIFE AND MENTAL HEALTH OF MENSTRUATING WOMEN? A HOSPITAL BASED CROSS SECTIONAL STUDY

Introduction :
ABNORMAL UTERINE BLEEDING IS A HIGHLY PREVALENT CONDITION THAT CAN CAUSE SIGNIFICANT MORBIDITY.1 UP TO 30% OF WOMEN WILL SEEK MEDICAL ASSISTANCE FOR THIS PROBLEM DURING THEIR REPRODUCTIVE YEARS.2 HEAVY MENSTRUAL BLEEDING IS THE MOST COMMON CLINICAL PRESENTATION OF ABNORMAL UTERINE BLEEDING WHICH IS DEFINED AS EXCESSIVE MENSTRUAL BLOOD LOSS WHICH INTERFERES WITH THE WOMAN'S PHYSICAL, EMOTIONAL, SOCIAL AND MATERIAL QUALITY OF LIFE, AND WHICH CAN OCCUR ALONE OR IN COMBINATION WITH OTHER SYMPTOMS. HMB IS TYPICALLY ASSOCIATED WITH A SYMPTOM COMPLEX, INCLUDING VARIABLE PELVIC PAIN AND SOMATIC SYMPTOMS.3 QUALITY OF LIFE HAVE BEEN ASSESSED USING VARIOUS QUESTIONNAIRE HOWEVER MENTAL HEALTH STATUS HAVE NOT BEEN ASSESSED

Aims & Objectives :
- TO ASSESS QUALITY OF LIFE AMONG MENSTRUATING WOMEN WITH HEAVY MENSTRUAL BLEED TO ASSESS ANXIETY AND DEPRESSION AMONG MENSTRUATING WOMEN WITH HEAVY MENSTRUAL BLEED TO ASSESS FACTORS INFLUENCING QUALITY OF LIFE, ANXIETY AND DEPRESSION AMONG MENSTRUATING WOMEN WITH HEAVY MENSTRUAL BLEED

Materials & Methods :
DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY, RLJH, KOLAR c. MODE OF SELECTION OF SUBJECTS: STUDY PARTICIPANTS WHO CONSENT, AND ARE IN PERIMENOPAUSAL AGE GROU WILL BE INCLUDED IN THE STUDY. STUDY PARTICIPANTS WITH ALREADY DIAGNOSED HEAVY MENSTRUAL BLEEDING

Results :
QUALITY OF LIFE SF-36 QUESTIONNAIRE WILL BE USED WHICH TELLS ABOUT PHYSICAL FUNCTIONING, BODILY PAIN, GENERAL HEALTH, VITALITY, EMOTIONAL ROLE AND SOCIAL FUNCTIONING. TO ASSESS ANXIETY, HAMILTON ANXIETY SCALE WILL BE USED. TO ASSESS DEPRESSION, BECKS DEPRESSION SCALE WILL BE USED.

Conclusion :
ABNORMAL UTERINE BLEEDING AFFECTS QUALITY OF LIFE

Abstract ID: MISC/PP/53

Presenter's Name: Dr. Lekhna Saini

Co-Author(s):
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Abstract Title:
TO STUDY PRESENTATION AND MANAGEMEMT OF ECTOPIC PREGNANCY

Introduction :
Ectopic pregnancy is the implantation of the blastocyst at a site other than the endometrium of the uterine cavity.Interstitial and ovarian ectopic pregnancy is rare, accounting for 2-4% of ectopic pregnancies. The classic triad of ectopic pregnancy- abdominal pain,amenorrhea and vaginal bleeding is seen.The site of implantation and in the intrauterine portion of fallopian tube and invasion through the uterine wall make this pregnancy difficult to differentitiate from an intra uterine pregnancy on ultrasound.

Aims & Objectives :
The aim is to discuss presentation and management of interstitial and ovarian ectopic pregnancy.

Materials & Methods :
Case reports of 3 ectopic pregnancies at rare sites diagnosed and managed in our hospital within a span of 1 month in gynae department

Results :
In case 1 -Bilateral fallopian tubes were preserved and ectopic pregnancy with oopherectomy was done. Case 2-Left salpingectomy with cornual resection and repair done with right tubal ligation. 3 units prbcs transfused. Case 3-Left salpingectomy with cornual resection and repair done .4 unit prbc transfused.

Conclusion :
Early diagnosis and timely treatment are key to the management of interstitial and ovarian ectopic pregnancies in order to avoid complications and preserve fertility.

Abstract ID: MISC/PP/54

Presenter's Name: Dr. Farha Naz

Co-Author(s):
Dr Bushra Fatima, Prof Zehra Mohsin

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Country: India

Abstract Title:
MISPLACED COPPER-T IUCD IN THE URINARY BLADDER- A CASE REPORT

Introduction :
Copper-T IUCD (Intrauterine contraceptive Device) is a widely used, cost effective contraception. Migration of copper-T IUCD into urinary bladder is extremely uncommon. The incidence of copper T migrating into urinary bladder is low with an estimated occurrence of about 2% of all IUDs that have migrated from the uterus. Case Description: A 30 year old female presented to gynaecology OPD, JNMCH with the complaints of lower abdominal pain and burning micturition for 4 months. She had given history of copper-T insertion 4 years back after the delivery of her second child. She also conceived within 1 year and later bilateral tubal ligation was done after her third child. She came with NCCT KUB suggestive of linear metallic structure anteriorly to bladder abutting anterior wall of bladder (size-12X18X20mm). On P/S cervix and vagina healthy, no thread was visualised through cervical os. Cystoscopic & Laparoscopic removal of IUCD was done in JNMCH

Aims & Objectives :
To review clinical presentation and diagnosic approach to misplaced copper T

Materials & Methods :
Cross sectional study

Results :
Intravesical migration of copper-T IUCD is a rare but important differential in female presenting with urinary complains with missing IUCD strings. Early diagnosis and timely removal ensure optimal outcome & serous complications

Conclusion :
IUCD migration into urinary bladder is rare but clinically significant and can present with recurrent urinary symptoms like supra public pain, dysuria along with missing IUCD string. Ultrasound is first line of investigation while CT scan provides definitive localization and depth of migration. Misplaced IUCD in the urinary bladder can be removed by cystoscope

Abstract ID: MISC/PP/55

Presenter's Name: Dr. Keshav Malhotra

Co-Author(s):
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Abstract Title:
PLATELET-RICH PLASMA (PRP) INJECTIONS FOR VAGINAL REJUVENATION AND URINARY INCONTINENCE: A PILOT CASE STUDY IN 45 WOMEN OVER 42 YEARS

Introduction :
Vaginal dryness and stress urinary incontinence (SUI) are common concerns in perimenopausal and postmenopausal women, affecting sexual health, daily functioning, and quality of life. Platelet-Rich Plasma (PRP), derived from autologous blood, is known for its regenerative potential and is increasingly applied in aesthetic and gynaecological therapies

Aims & Objectives :
To evaluate the effectiveness and safety of Platelet-Rich Plasma (PRP) injections for improving vaginal dryness and stress urinary incontinence (SUI) in women above 42 years, and to assess patient-reported symptom relief following treatment.

Materials & Methods :
A pilot case series of 45 women over 42 years presenting with vaginal dryness and mild to moderate SUI was conducted at ART Rainbow IVF, Agra. All participants underwent intravaginal and bladder wall PRP injections as an outpatient procedure. Follow-up assessments were performed to evaluate improvement in symptoms, patient tolerance, and any adverse effects.

Results :
Significant symptomatic improvement was observed in 68% of women, including enhanced vaginal lubrication and reduction in urinary incontinence episodes. All procedures were well tolerated, with no major adverse events reported. Minor post-procedure discomfort was transient and self-limiting.

Conclusion :
PRP injections appear to be a safe and promising therapeutic option for vaginal rejuvenation and urinary incontinence in midlife women. The results support further prospective, large-scale studies to validate long-term benefits and standardize treatment protocols.

Abstract ID: MISC/PP/56

Presenter's Name: Dr. Roshitha Leburu

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Country: India

Abstract Title:
BICORNUATE UTERUS

Introduction :
Bicornuate uterus is a rare uterine anomaly resulting from incomplete fusion of two Mullerian ducts during embryogenesis. ASRM defines bicornuate uterus as an external fundal indentation of greater than 1cm,without further specification regarding degree of myometrial fusion.This leads to varying degrees of separation between two symmetrical uterine cavities, ranging from partial separation to complete separation with no communication between two cavities. Women with bicornuate uterus have an approximately 60 % success rate in delivering a living child

Aims & Objectives :
To study in detail a case on bicornuate uterus its management and outcome

Materials & Methods :
25-year-old primigravida with 34 weeks of gestational age came to SanthiRam Medical College with a complaint of spotting per vaginum since 1 day. The patients general examination is fair and has stable vitals. Per abdomen examination revealed uterus height corresponding to 30 – 32 weeks, relaxed, and fetus in breech presentation. Fetal heart sounds are present. Per speculum – healthy cervix and vagina, no bleeding. Per vaginal examination has a minimally effaced cervix, os admitting the tip of a finger. NST reactive. Ultrasound scan done at 20 weeks 2 days showed arcuate/bicornuate uterus. Emergency cesarean section was done at 34+2 weeks of gestational age in I/V/O breech presentation in labor. The baby was shifted to the NICU.

Results :
A single live Fch Delivered as complete breech. On 02/12/2023 at 12.24 pm with b.wt – 2000gms with APGAR – 6,9.placenta is in right cornua .uterus is incomplete bicornuate uterus . Baby cried immediately.

Conclusion :
Mullerian duct anamolies are asymptomatic and relatively common. Women

Abstract ID: MISC/PP/57

Presenter's Name: Dr. Neeraj Kumar

Co-Author(s):
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Country: India

Abstract Title:
ASSESSMENT OF SERUM PLASMA CONCENTRATION OF ORAL NATURAL MICRONIZED PROGESTERONE SUSTAINED RELEASE (NMP-SR) AS LUTEAL PHASE SUPPORT AMONG INDIAN WOMEN: PROSPECTIVE SINGLE CENTRE STUDY

Introduction :
There is a prevailing perception that oral progesterone has suboptimal absorption. This study aims to assess whether oral progesterone achieves adequate plasma concentrations.

Aims & Objectives :
To assess serum progesterone concentration with oral NMP-SR 400 mg per day in women receiving luteal phase support.

Materials & Methods :
This was a single center prospective study. Informed consent forms were taken from all the participants. Women enrolled were those undergoing fertility treatment (IUI or ovulation induction) who required luteal phase support with oral NMP-SR. Exclusion criteria includes, women with recent progesterone use or conditions such as endometriosis/PCOS, hepatic or renal dysfunction, uncontrolled metabolic disease, psychiatric illness, smoking, or major cardiovascular/clotting issues were excluded. Hypersensitivity to micronized progesterone or any investigator-judged risk warranted exclusion. The study was approved by Independent Ethics committee and registered in CTRI (CTRI/2024/12/078124). All the participants received oral NMP-SR (Gestofit SR Tablets) 400 mg per day for luteal support. Serum progesterone levels were measured on Day 0 (ovulatory trigger was defined as Day 0) and Day 5 using an immunoassay. Descriptive statistics and a paired t-test were performed to assess the difference in values.

Results :
Total 34 patients completed the study with mean age of 28.2 years. The mean value of progesterone serum conc. increased from 1.13 ng/ml on Day 0 to 22.68 ng/ml on Day 5. A paired t-test indicated a highly significant difference ($p<0.00001$) with a mean concentration of 22.68 ng/ml at day 5.

Conclusion :
Oral NMP-SR 400 mg achieves rapid and significant elevation of plasma progesterone concentration in Indian women.

Abstract ID: PS/PP/01

Presenter's Name: Dr. Inderpreet Kaur

Co-Author(s):
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Abstract Title:
FROM CHOICE TO UPTAKE: UNDERSTANDING THE INTENTION–BEHAVIOR GAP IN POSTPARTUM CONTRACEPTION

Introduction :
The postpartum period is a key opportunity to initiate contraception and prevent short-interval pregnancies. Although antenatal counselling is routinely provided, the method a woman prefers during pregnancy often does not translate into actual use after delivery, revealing an intention–behavior gap. Multiple contraceptive options, including long-acting reversible contraceptives (LARC), are increasingly available in tertiary care settings.

Aims & Objectives :
To determine postpartum contraceptive uptake among antenatally counselled women and evaluate discordance between antenatal choice and postpartum acceptance.

Materials & Methods :
An observational cohort study was conducted among 310 antenatal women at a tertiary care centre. Counselling covered postpartum options: Condoms, Chhaya, Antara, Copper-T, sterilisation and Implanon. Antenatal preference and postpartum uptake were recorded and analysed as proportions.

Results :
Antenatal preference ranked: Copper-T (41.3%, 128/310), Implanon (18.1%, 56/310), condoms (14.8%, 46/310), sterilisation (12.9%, 40/310), Antara (8.1%, 25/310) and Chhaya (4.8%, 15/310). Postpartum acceptance declined across all methods: Copper-T (26%, 81/310), condoms (16.4%, 51/310), sterilisation (6.8%, 21/310), Antara (2.5%, 8/310), Chhaya (0.96%, 3/310) and Implanon (3.2%, 10/310). Common reasons for non-acceptance were fear of abnormal bleeding pattern (29.5%), perception of a better alternative (21.1%), spousal refusal (15.4%) and infection-related concerns (12.6%)

Conclusion :
Despite antenatal interest in LARC methods—particularly Copper-T and Implanon—actual postpartum uptake remained low. The significant intention–behavior gap underscores the influence of perceived side effects and partner involvement in contraceptive decisions. Strengthening postpartum counselling, addressing misconceptions, and promoting shared decision-making may improve alignment between antenatal contraceptive choice and actual postpartum adoption.

Abstract ID: SRH/PP/01

Presenter's Name: Dr. Ravi Kotadia

Co-Author(s):
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Abstract Title:
A NEW ERA IN ORAL THERAPY FOR HEAVY MENSTRUAL BLEEDING ASSOCIATED WITH UTERINE FIBROIDS: SYSTEMATIC REVIEW OF THE FDC RELUGOLIX, ESTRADIOL, AND NORETHINDRONE ACETATE

Introduction :
Heavy menstrual bleeding (HMB) due to uterine fibroids is a major cause of morbidity among women of reproductive age, leading to impaired quality of life (QoL). Current treatment options include surgical and injectable hormonal therapies; however, there remains an unmet need for effective oral alternatives.

Aims & Objectives :
To evaluate efficacy and safety of Relugolix(40mg), Estradiol(1mg), and Norethindrone-Acetate(0.5mg) fixed-dose combination (FDC) in reducing Uterine fibroids-associated-HMB

Materials & Methods :
A systematic review was conducted using PubMed, Embase, Cochrane, and conference proceedings, using keywords “Relugolix,” “Estradiol,” “Norethindrone acetate,”, “HMB” and “Uterine-Fibroid”, with focus on role of Relugolix with add-back therapy in uterine fibroids-associated-HMB. Studies available as in English were included. Of the 32 publications screened, 9 (5 full-text, 4 conference abstracts) were included in the analysis. Menstrual blood loss (MBL) volume, haemoglobin levels, fibroid volume, pain scores, QoL, and safety were assessed.

Results :
Relugolix FDC demonstrated robust efficacy in uterine fibroids-associated-HMB management. In the LIBERTY 1 and 2 trials, 71-73% women on Relugolix FDC achieved target MBL reduction (24-weeks) versus 15-19% on placebo ($p<0.0001$). Extension studies showed sustained efficacy and preservation of bone mineral density up-to 104-weeks. The REEMEMBER trial confirmed high response rates, with Pictorial-Blood-Assessment-Chart (PBAC)<75 in 95% women (12-weeks), 48.8% fibroid volume reduction ($p<0.0001$), improved QoL, and reduced vasomotor symptoms. FDC was well-tolerated, with mostly mild AEs and low incidence of treatment-emergent AEs.

Conclusion :
Relugolix FDC is a well-tolerated, effective oral alternative to injectables for managing fibroid-associated-HMB, with strong evidence from global and Indian studies.

Abstract ID: SRH/PP/02

Presenter's Name: Dr. Samskriti S Rao

Co-Author(s):
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Abstract Title:
A RARE BLOOM IN AN UNLIKELY PLACE: BENIGN PHYLLODES TUMOUR IN THE VULVA

Introduction :
Phyllodes tumors (PTs) of the vulva are extremely rare, with fewer than 26 cases reported. These are fibroepithelial neoplasms that arise from mammary-like anogenital glands and usually present as slow-growing, painless labial masses often mistaken for Bartholin cysts, fibroma or lipoma.

Aims & Objectives :
To present a rare case of vulvar phyllodes tumor and highlight its clinical features, diagnostic challenges, surgical management, and histopathological findings. The report aims to increase awareness of this rare entity among clinicians evaluating vulvar masses.

Materials & Methods :
A 32-year-old woman presented with a 5-month history of a vulvar mass, which was clinically evaluated. Local and abdominal examinations were performed, and imaging reports were reviewed. The patient underwent surgical excision under general anaesthesia. The specimen was sent for histopathological examination to confirm the diagnosis.

Results :
A 3 × 3 cm mass was found in the lower right labia majora, initially misdiagnosed as a Bartholin cyst. Complete surgical excision was achieved, and histopathology confirmed a benign phyllodes tumor. Recovery was uneventful, with no recurrence during follow-up

Conclusion :
Vulvar phyllodes tumors are rare and often mimic more common vulvar lesions. Complete local excision is the treatment of choice, and histopathology is essential for accurate diagnosis. This case highlights the importance of considering phyllodes tumors when assessing vulvar masses and adds to the limited literature on this rare condition.

Abstract ID: SRH/PP/03

Presenter's Name: Dr. Trapti Agarwal

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Abstract Title:
NO WOMB AT THE INN: A MULLERIAN MYSTERY

Introduction :
Mullerian Agenesis is characterized by isolated congenital absence or hypoplasia of structures that originate from the Mullerian ducts, which include the uterus, cervix, and the upper two-thirds of the vagina, in an otherwise 46XX karyotype. An estimated prevalence of 1 in 5000 female live births is noted, contributing to the most common cause for primary amenorrhea.

Aims & Objectives :
We report an interesting case of primary amenorrhea to contribute to the existing literature. The report describes the clinical presentation, diagnostic modalities, surgical management and postoperative care, and emphasizes the importance of detailed evaluation of cases of primary amenorrhea.

Materials & Methods :
We present a case of a 23 years old girl with complaints of primary amenorrhea. General Physical and systemic examinations were performed, and imaging reports were reviewed. After detailed evaluation, isolated uterovaginal aplasia was diagnosed. The patient underwent surgical management for mons pubis hypertrophy and vaginoplasty under General anaesthesia.

Results :
Examination revealed blind vaginal pouch with thin rectovaginal septum. Vaginal length of 1 cm x 1 cm x 1 cm was noted alongwith Mons pubis hypertrophy. USG done showed normal kidneys with rudimentary uterus. MRI revealed hypoplastic uterus. Vaginoplasty done with mons pubis reduction under general anesthesia and was completed successfully, and followup done. Postoperative recovery was uneventful

Conclusion :
Type 1 Mullerian Agenesis is not uncommon but can be often ignored due to social factors and lack of awareness. After psychological counselling, Vaginal reconstruction remains the treatment of choice. This case highlights the need to consider Type 1 Mullerian Agenesis as a differential diagnosis of primary amenorrhea.

Abstract ID: SRH/PP/04

Presenter's Name: Dr. Riya Shah

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Abstract Title:
A HIDDEN VASCULAR CULPRIT: UTERINE AV MALFORMATION

Introduction :
Uterine arteriovenous malformations (UAVMs) are rare vascular anomalies characterized by abnormal connections between uterine arteries and veins. They may be congenital or acquired, most commonly following uterine trauma such as dilation and curettage or caesarean section. UAVMs can present variably, from being asymptomatic to causing life-threatening vaginal bleeding. Early diagnosis is essential to prevent severe morbidity and preserve fertility.

Aims & Objectives :
To report a rare case of uterine arteriovenous malformation in a reproductive-aged woman presenting with abnormal uterine bleeding and to highlight the diagnostic and management approach.

Materials & Methods :
A 33-year-old P1L1A1 woman presented with heavy menstrual bleeding for one month, associated with passage of clots. Ultrasonography and MRI revealed multiple intrauterine tortuous flow voids and increased vascularity suggestive of uterine AVM. Digital subtraction angiography confirmed hypertrophied and tortuous bilateral uterine arteries.

Results :
The patient underwent bilateral uterine artery embolization under local anaesthesia using PVA particles (350–700 microns). Post-embolization angiography showed no residual AVM filling. The procedure was successful, with resolution of symptoms and preservation of fertility potential.

Conclusion :
Uterine AVM is an uncommon but important cause of abnormal uterine bleeding, particularly in women with prior uterine instrumentation. Transvaginal color Doppler is an effective non-invasive diagnostic tool. Endovascular uterine artery embolization is a safe and effective fertility-preserving treatment, often obviating the need for hysterectomy.

Abstract ID: SRH/PP/05

Presenter's Name: Dr. Jyoti Khatri Gupta

Co-Author(s):
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Abstract Title:
QUALITATIVE ANALYSIS OF IN-DEPTH INTERVIEWS OF WOMEN WITH PRIMARY INFERTILITY: A STIGMA SCRUTINY

Introduction :
For the majority of couples worldwide, having children and raising them are essential life events. The demand for ART services has skyrocketed in both industrialized and developing nations in recent years. ART may result in ethical, economical, psychological, and physical difficulties to the couple.

Aims & Objectives :
To thematically analyse experiences of couples taking treatment for infertility.

Materials & Methods :
After the ethical clearance, sensitisation of team members was done. Informed consent was taken from the couple with primary infertility after purposive sampling technique in september 2025, following which semi-structured in-depth interview was conducted for 9 women during the waiting period at clinic. Recorded interviews were transcribed, then thematic analysis was done.

Results :
Regarding couple's experiences with fertility treatments and coping mechanisms, four main themes and seventeen sub-themes were found. Emotional discomfort, Physical pain, financial constraints, acceptance challenges are the four sub-themes of the first theme obstacles faced during reproductive treatment. Second theme comprise the theme of the effects of reproductive therapy on relationships: the relationship with their spouse, their family, and their friends. Third is theme attitude of their treating physician- subtheme as experience with doctor. Fourth theme being coping mechanism – staying with their relative's , getting help from others, giving in to emotions, changing focus, taking a break, religious rituals and personal faith, taking aid of artificial intelligence/technology, escorting to screen were the 9 sub themes.

Conclusion :
Experiences are multidimensional and personal therefore incorporating individualised couple counselling along with fertility treatments can be considered as routine to reduce burden of the struggling couple.

Abstract ID: SRH/PP/06

Presenter's Name: Dr. Sheshagiri Saisruthi

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Country: India

Abstract Title:
CLINICAL PUZZLE OF PUBERTY: A CASE SERIES ON DECODING PRIMARY AMENORRHEA

Introduction :
Primary amenorrhea is the absence of menstruation by 16 years of age in the presence of normal secondary sexual characteristics, or by 14 years of age if secondary sexual characteristics have not developed. There may be constitutional amenorrhea (Menstruation is not established until the age of 18 years without any abnormality) and pathological amenorrhea is of 3 types 1. Amenorrhea without any secondary sexual characteristics. 2. Amenorrhea with secondary sexual characteristics and anatomic abnormalities. 3. Amenorrhea with secondary sexual characteristics and nonanatomic causes.

Aims & Objectives :
The objective of this study is to note the various causes of primary amenorrhea and the complete clinical picture and management done in a tertiary care center like CKM hospital under Kakatiya medical college, Telangana.

Materials & Methods :
A patients with primary amenorrhea presenting to CKM hospital, Telangana from 1/10/2025 to 1/10/2025 were studied inclusion criteria were female of age >14 years with primary amenorrhea with absence of secondary sexual characteristics and female of age >16 years with primary amenorrhea with normal growth and presence of secondary sexual characteristics. Exclusion criteria are females of age <14 years and secondary amenorrhea. All of them are subjected to clinical examination, ultrasonography, investigations and karyotyping.

Results :
A total of 4 cases were studied. two of them are Mayer-Rokitansky-Kuster-Hauser syndrome, other is of vaginal atresia.

Conclusion :
Primary amenorrhea is a symptom, not a disease. Requires systematic evaluation of the HPO axis and anatomy. Early diagnosis and treatment improves quality of life, fertility outcomes, and psychosocial health.

Abstract ID: SRH/PP/07

Presenter's Name: Dr. Isha Ramneek

Co-Author(s):
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Abstract Title:
NOT JUST A PAINFUL SCAR: EARLY SUSPICION AND INDIVIDUALISED MANAGEMENT IN SCAR ENDOMETRIOSIS — INSIGHTS FROM FOUR CASES

Introduction :
Women can live for years with unexplained pain at cesarean or hysterectomy scar sites before scar endometriosis is even considered. When a scar swells and hurts in rhythm with the calendar, it should not be dismissed — timely suspicion and a structured evaluation can transform outcomes, as demonstrated in our four-case series. Scar endometriosis, though uncommon, often masquerades as routine postoperative scar pathology, leading to prolonged morbidity. Early recognition is key to preventing deeper involvement and treatment delay.

Aims & Objectives :
To highlight the clinical spectrum and diagnostic challenges of scar endometriosis, and to demonstrate how an early suspicion-based approach and individualized management can achieve optimal outcomes.

Materials & Methods :
Four women with previous cesarean section or hysterectomy presented over three years with variable, perplexing scar-site symptoms — including cyclical pain, palpable mass, swelling, and in one case, recurrent lesion after prior excision. A calendar-linked symptom correlation and focused ultrasonography aided diagnosis. Management was tailored: two patients with superficial, limited lesions and moderate cyclical pain achieved symptom resolution with hormonal therapy, while two with deeper nodular involvement underwent complete excision. Follow-up ranged 12–18 months.

Results :
Despite symptom durations of 2–6 years and prior misattribution to postoperative scar changes, all patients were diagnosed at first presentation using a structured menstrual-linked evaluation. Both medical and surgical groups achieved complete symptom control, with no recurrence during follow-up.

Conclusion :
Scar endometriosis is a diagnostic pitfall in post-gynaecologic surgery patients. Recognizing the “cycle-linked scar pain” pattern, applying targeted imaging, and tailoring therapy enables timely diagnosis, prevents unnecessary procedures, and ensures durable symptom relief.

Abstract ID: SRH/PP/08

Presenter's Name: Dr. Sunidhi Rathi

Co-Author(s):
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Abstract Title:
BRIDGING THE GAP IN MAYER-ROKITANSKY-KÜSTER-HAUSER SYNDROME: A CASE SERIES EXPLORING INNOVATIVE SURGICAL AND NON-SURGICAL VAGINAL RECONSTRUCTION APPROACHES

Introduction :
MAYER–ROKITANSKY–KÜSTER–HAUSER (MRKH) SYNDROME IS A RARE CONGENITAL ANOMALY CAUSING PRIMARY AMENORRHEA AND PROFOUNDLY AFFECTING REPRODUCTIVE, SEXUAL, AND PSYCHOLOGICAL HEALTH IN YOUNG WOMEN. MANAGEMENT REQUIRES BOTH SURGICAL EXPERTISE AND COMPASSIONATE MULTIDISCIPLINARY SUPPORT

Aims & Objectives :
THIS SERIES AIMS TO HIGHLIGHT INDIVIDUALIZED, GUIDELINE-BASED SURGICAL AND NON SURGICAL APPROACHES AND THE ESSENTIAL ROLE OF PSYCHOLOGICAL SUPPORT IN OPTIMIZING OUTCOMES FOR MRKH PATIENTS TREATED OVER THE PAST TWO YEARS

Materials & Methods :
FIVE PATIENTS DIAGNOSED WITH MRKH SYNDROME WERE MANAGED FROM NOVEMBER 2023 TO NOVEMBER 2025 AT A TERTIARY CARE CENTER. INTERVENTIONS INCLUDED FRANK'S NON-SURGICAL DILATION (2 CASES), MCINDOE VAGINOPLASTY (2 CASES), AND LAPAROSCOPIC DAVYDOV PROCEDURE (1 CASE). ALL PATIENTS RECEIVED STRUCTURED PSYCHOLOGICAL COUNSELING PRE- AND POST-PROCEDURE TO ADDRESS IDENTITY, SELF-ESTEEM, SEXUALITY, AND ADAPTATION CHALLENGES

Results :
FRANK'S DILATION ACHIEVED FUNCTIONAL NEOVAGINA WITH MINIMAL MORBIDITY FOR TWO PATIENTS. MCINDOE VAGINOPLASTY RESTORED SEXUAL FUNCTION, WITH ONE MINOR GRAFT COMPLICATION MANAGED CONSERVATIVELY. THE DAVYDOV PROCEDURE OFFERED OPTIMAL ANATOMICAL AND FUNCTIONAL RESULTS.PSYCHOLOGICAL DISTRESS AT DIAGNOSIS WAS UNIVERSAL, BUT TARGETED SUPPORT IMPROVED EMOTIONAL ADAPTATION, TREATMENT COMPLIANCE, AND QUALITY OF LIFE IN ALL CASES. INTERDISCIPLINARY INVOLVEMENT FOSTERED RESILIENCE AND EMPOWERED PATIENT DECISION-MAKING

Conclusion :
GUIDELINE-DRIVEN, MULTIDISCIPLINARY MRKH MANAGEMENT—EMPHASIZING PROCEDURE SELECTION AND INTEGRATED PSYCHOLOGICAL CARE—DELIVERS HIGH RATES OF ANATOMICAL AND FUNCTIONAL SUCCESS, AND IS ESSENTIAL FOR HOLISTIC PATIENT WELLBEING. EARLY INTERVENTION, TAILORED THERAPY, AND ONGOING EMOTIONAL SUPPORT TRANSFORM PATIENT EXPERIENCE AND LONG-TERM OUTCOMES IN MRKH SYNDROME

Abstract ID: SRH/PP/09

Presenter's Name: Dr. Mhalo Shitiri

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Abstract Title:
"HIDDEN ANATOMY, HIGH STAKES: EARLY DETECTION AND MANAGEMENT OF NON-COMMUNICATING RUDIMENTARY UTERINE HORNS".

Introduction :
Author-Dr Mhalo Shitiri 1(JR AIIMS GORAKHPUR), Co-authors -Dr Aradhana Singh 2(Additional Prof. AIIMS GORAKPUR), Dr Vibha Rani Pipal 3(Asso. Prof. AIIMS GORAKHAPUR) Department of Obstetrics and Gynaecology. Study Objective: To describe the diagnostic workup and surgical management of a noncommunicating left uterine rudimentary horn (class U4aC0V0 European Society of Human Reproduction and Embryology/European Society of Gastrointestinal Endoscopy Classification).

Aims & Objectives :
A non-communicating rudimentary uterine horn of a unicornuate uterus is an uncommon Müllerian duct anomaly 0.06% in reproductive-aged women and approximately 1 in 100,000 fertile women. Approximately 84% of unicornuate uterus have a rudimentary horn, but only 25% of those are functional and non-communicating. It is associated with significant diagnostic and reproductive implications. Patients may present with progressive dysmenorrhea, hematometra, endometriosis, or acute pelvic pain, and the condition may remain unrecognized due to its similar presentation with other pelvic pathologies. Advanced imaging—particularly three-dimensional ultrasonography and MRI—plays a pivotal role in establishing an accurate preoperative diagnosis. Definitive management involves laparoscopic excision of the rudimentary horn along with the ipsilateral fallopian tube to prevent recurrent symptoms and mitigate risks such as chronic pelvic pain, infertility, and catastrophic uterine rupture in a rudimentary horn pregnancy

Materials & Methods :
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Results :
.

Conclusion :
Early detection and timely surgical intervention are essential for optimizing long-term reproductive health and reducing morbidity.

Abstract ID: SRH/PP/10

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Abstract Title:
FACTORS ASSOCIATED WITH EARLY CONTRACEPTIVE IMPLANT REMOVAL AMONG WOMEN USING IMPLANTS IN A TERTIARY CARE HOSPITAL IN DELHI

Introduction :
SubdermalContraceptive implants are an effective method of long term reversible birth control. However, significant number of women discontinue its use due to various reasons, leading to unintended pregnancies and increased health care cost. Early discontinuation of this method and reasons for discontinuation remains a major concern for family planning programs worldwide. In this retrospective study done in Dr Ram Manohar Lohia Hospital ,we have analysed the data of women opting for early removal of contraceptive implant for various reasons from May 2024 till November 2025 . A total of 86 implants were inserted over this period of time and there were removal of 15 implants in all , 2 of these were inserted in another institution, making the percentage of removal in our institute about 15.11%. The most common reasons include menstrual disturbances in the form of continuous spotting and heavy menstrual bleeding.

Aims & Objectives :
AIM: To identify the factors associated with early removal of contraceptive implants among women coming to a tertiary care hospital in Delhi OBJECTIVE: To determine the incidence of early removal , to assess the socio demographic characteristic of women undergoing early removal, to evaluate the clinical factors associated with removal - side effects and complications, to assess impact of pre insertion counselling on continuation rates.

Materials & Methods :
It is a retrospective observational study

Results :
The removal rate in our institute was 15.11% , 2 removals were of clients with insertion in another institute

Conclusion :
Side effects and complications negatively affect a clients contraceptive choices, better preinsertion counselling may prolong the use

Abstract ID: GO/CR/01

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Country: India

Abstract Title:
A RARE CASE OF ADVANCED STAGE ENDOMETRIAL CARCINOSARCOMA: A DIAGNOSTIC & THERAPEUTIC CHALLENGE

Introduction :
Carcinosarcomas (CS) are exceedingly rare and extremely aggressive tumours of the uterus. The clinical presentation is non-specific, and histopathology and imaging help in reaching a diagnosis. Due to the rarity of this tumour, there is a lack of consensus on treatment modalities. Here, we report a case of uterine carcinosarcoma with a detailed discussion on various treatment modalities.

Case Description :
An 82-year-old multipara presented with complaints of post-menopausal bleeding in gynaecology OPD. She is a known case of hypertension and diabetes mellitus for one year. Her general physical examination was within normal limits. On per abdomen examination, there was a mass corresponding to 16-week sized uterus with regular smooth margins and firm consistency. It was mobile, non-tender, its lower border not reached and it seemed to be arising from the pelvis. On per vaginal examination, the cervix appeared to be filled with necrotic friable tissue. Her uterus was anteverted, enlarged to 16-week size, firm, mobile, non-tender, bilateral adnexa and parametrium appeared free. Her endometrial biopsy showed poorly differentiated high-grade carcinoma. Her MRI pelvis and CECT abdomen-pelvis was suggestive endometrial carcinoma FIGO stage IIICii. Since the tumour appeared to be completely resectable on imaging, a decision of primary cytoreductive surgery was taken. A complete tumour resection with no visible residual disease was achieved. On histopathological examination and immunomorphology final diagnosis of Endometrial Carcinosarcoma Stage IIIC2ii was made.

Conclusion :
Endometrial carcinosarcoma is a rare malignancy with no consensus on treatment. For advanced stage disease a multidisciplinary approach and individualisation of treatment is suggested.

Abstract ID: GO/CR/02

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Abstract Title:
"A RARE CASE OF BROAD LIGAMENT FIBROID MIMICKING OVARIAN MALIGNANCY IN A PERIMENOPAUSAL WOMAN AND POSTMENOPAUSAL WOMAN"

Introduction :
Fibroids are benign smooth muscle tumours of the uterus and the most common gynecological neoplasms. Their size varies from small nodules to massive tumors. Subserosal and broad ligament fibroids may mimic ovarian tumors, creating a diagnostic dilemma in perimenopausal and postmenopausal women.

Case Description :
A 54-year-old woman presented with abdominal lump and heaviness for one year. Clinical findings: Per abdomen:An abdominopelvic lump corresponding to 24-week sized of gravid uterus hard in consistency with irregular surface non tender and horizontally mobile. Per vaginal: Cervix anterior, hard irregular right adnexal mass around 24 weeks gravid uterus which is hard in consistency with irregular surface which is non tender & horizontally mobile felt in the right adnexa and left adnexa free, Retroverted uterus, uterus size couldn't be assessed. Investigations: •USG: Multiple intramural–subserosal fibroids (49×37 mm, 41×33 mm, 132×80 mm). •CT scan: Anteverted uterus with intramural SOL (largest 45×51 mm) and a large lobulated mass (86×140×170 mm) in right pelvic fossa, extending above umbilicus, suspicion ovarian malignancy. •CA-125 & CA-99 other ovarian tumour markers normal . Intraoperative findings: •5x 5cm intramural fibroid seen•3x3cm sub serosa fibroid seen•A multilobulated, hard and irregular mass 18x 15cm with vascularity attached on right side of the wall of uterus•Uterus around 10-12 weeks size.•B/L fallopian tube and ovaries look normal •Surgery: Total abdominal hysterectomy with bilateral salpingo-oophorectomy.

Conclusion :
Broad Ligament Fibroid may closely mimic ovarian malignancy on imaging. Normal tumour markers and on clinical examination and histopathologic we can confirm it as broad ligament fibroid. Timely surgical intervention provided definitive management

Abstract ID: GO/CR/03

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Abstract Title:
A CASE REPORT ON VULVAL INTRAEPITHELIAL NEOPLASIA AND VULVOPERINEAL RECONSTRUCTION WITH LOTUS PETALS FLAP (PUDENDAL ARTERY THIGH BASED FLAP)

Introduction :
Vulval intraepithelial neoplasia is a premalignant lesion of the vulval epithelium characterised by dysplastic changes confined to the epithelial layer.VIN 2 denotes moderate dysplasia with potential for progression to invasive squamous cell carcinoma if untreated. It often presents with itching, burning,all visible vulval lesions and is most commonly seen in women of reproductive age group.Early recognition and appropriate management are essential to prevent malignant transformation and recurrence.

Case Description :
A 32 yr old unmarried, illiterate women presented with complain of itching over the genital area for six months. Local examination revealed a single hypopigmented plaque of size 2*2cm over upper part of right labia majora. Scrape cytology and punch biopsy confirmed the diagnosis of vulval intraepithelial neoplasia.The patient underwent wide local excision under anaesthesia followed by vulvoperineal reconstruction using a lotus petals flap(pudendal artery thigh based flap). Histopathology study suggestive of VIN 2.The post operative period was uneventful with good wound healing.

Conclusion :
Early diagnosis and surgical management of VIN 2 are crucial to prevent malignant transformation.Wide local excision with adequate margins remain the mainstay treatment, while reconstruction techniques such as lotus petals flap provide excellent cosmetic and functional results.Patient had good post operative recovery and no recurrence on follow up.This case emphasizes the importance of clinical vigilance, histopathological confirmation,and regular surveillance for optimal outcomes in vulval intraepithelial neoplasia

Abstract ID: GO/CR/04

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Abstract Title:
"WHEN BLEEDING UNVEILS THE UNEXPECTED: MALIGNANT MELANOMA OF VAGINA PRESENTING AS PERIMENOPAUSAL AUB."

Introduction :
Malignant melanoma of the vagina is an exceptionally rare and aggressive neoplasm, constituting less than 3% of vaginal malignancies and about 0.3% of all malignant melanoma .It usually affects postmenopausal women and is often diagnosed late due to nonspecific symptoms.The 5 year survival rate , regardless of treatment, is approximately 5-25%.

Case Description :
A 45-year-old perimenopausal woman ,P1L1,Previous LSCS, presented with complaints of continuous bleeding per vaginum , with associated dysmenorrhea for two months. On local examination, a pigmented nodular lesion of 5x 5cm was identified on the left side of anterior vaginal wall. Biopsy followed by histopathological examination revealed features consistent with malignant melanoma. Immunohistochemistry was positive for HMB-45, S-100, SOX10 and Melan-A, confirming the diagnosis. Whole-body imaging ruled out any other primary site, establishing it as a Primary Vaginal Melanoma. Patient underwent wide local excision and remains in followup with us.

Conclusion :
Malignant melanoma usually affects the lower one-third of the vagina. Symptoms such as vaginal bleeding, discharge, or mass are often mistaken for benign conditions, leading to delayed diagnosis. The tumor has a high propensity for local recurrence and distant metastasis, and prognosis remains poor despite aggressive multimodal treatment. Conclusion:This case emphasizes the need to consider rare entities like vaginal malignant melanoma in the evaluation of perimenopausal bleeding. Early diagnosis and multidisciplinary management are essential in such cases.

Abstract ID: GO/CR/05

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Abstract Title:
A RARE CASE OF SEROUS TUBAL INTRAEPITHELIAL CARCINOMA (STIC) WITH BILATERAL LOW-GRADE SEROUS ADENOCARCINOMA OF OVARIES

Introduction :
Serous Tubal Intraepithelial Carcinoma (STIC) is an uncommon but significant precursor lesion for serous ovarian carcinoma, particularly originating from the fimbrial end of the fallopian tube.Recognition of STIC has reshaped our understanding of the pathogenesis of tubo-ovarian malignancies and highlights the preventive role of prophylactic salpingectomy.

Case Description :
A 68-year-old postmenopausal woman presented with progressive abdominal distension, anorexia, and dyspepsia for one month. Imaging revealed bilateral adnexal masses with gross ascites and omental thickening. Staging laparotomy (TAH + BSO + omentectomy) was performed, yielding 6-7 L of ascitic fluid and multiple peritoneal nodules.Histopathological examination demonstrated bilateral low-grade serous adenocarcinoma of the ovaries with Serous Tubal Intraepithelial Carcinoma (STIC) involving both fallopian tubes and lymphovascular invasion. The patient recovered well postoperatively and was referred for adjuvant chemotherapy.

Conclusion :
This case underscores the potential role of STIC as a precursor lesion in the development of ovarian carcinoma, even in low-grade variants. Meticulous histopathological examination of fallopian tubes and implementation of opportunistic salpingectomy during benign gynecologic surgeries may help in early detection and prevention of tubo-ovarian malignancies.

Abstract ID: GO/CR/06

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Abstract Title:
OVARIAN MALIGNANCY POST VAGINAL HYSTERECTOMY: A CASE REPORT

Introduction :
Ovarian carcinoma remains the most lethal gynecologic malignancy, often diagnosed in advanced stages due to vague symptoms and lack of effective screening. Although hysterectomy for benign uterine conditions is common, it does not eliminate the risk of subsequent ovarian or peritoneal carcinoma when the ovaries are retained. The occurrence of ovarian carcinoma following vaginal hysterectomy is rare, and such cases frequently present with non-specific abdominal symptoms leading to delayed diagnosis. This case illustrates a presentation of advanced ovarian malignancy in a woman who had undergone vaginal hysterectomy with pelvic floor repair 18 months earlier.

Case Description :
A 64-year-old P7L7 postmenopausal woman presented to the emergency department with progressive abdominal distension for the past three months and breathlessness for one month. The abdominal distension was insidious in onset and had gradually increased over time. She also reported loss of appetite and unintentional weight loss during the same period. Abdominal examination revealed gross distension with fluid thrill, suggesting ascites. A palpable solid cystic mass of around 18 weeks gravid uterus size with restricted mobility was appreciated.Large abdominopelvic mass with mixed solid and cystic components. Mesenteric and retroperitoneal lymphadenopathy (largest node measuring 3.6 × 2.5 cm). Mild omental thickening and peritoneal deposits (9 × 8 mm) along the right paracolic gutter, suggestive of peritoneal carcinomatosis. CA-125 was markedly elevated at 509.5 U/mL (reference: <35 U/mL). Fnac showed papillary adenocarcinoma of ovary Neoadjuvant chemotherapy was given to downstage the tumour

Conclusion :
BSO should be done in post menopausal patients during vaginal hysterectomy

Abstract ID: GO/CR/07

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Abstract Title:
A RARE CASE OF KRUKENBERG TUMOR WITH MASSIVE INTRAPERITONEAL HEMORRHAGE

Introduction :
Krukenberg tumor is a metastatic ovarian malignancy, most commonly originating from the stomach, followed by the colon, breast, or other gastrointestinal sites. It typically presents bilaterally and is histologically characterized by mucin-secreting signet-ring cells. The prognosis is generally poor due to advanced disease at diagnosis. Massive intraperitoneal hemorrhage as a presenting feature is extremely rare.

Case Description :
A 33-year-old multiparous woman presented with abdominal distension and pain for one month, along with bleeding per vaginum for three days. She was in hypovolemic shock on admission. Imaging revealed bilateral adnexal masses with hemoperitoneum. Emergency laparotomy showed massive intraperitoneal hemorrhage and bilateral ovarian tumors (right 18×10 cm, left 6×4cm) with surface rupture. Total abdominal hysterectomy with bilateral salpingo-oophorectomy was performed. Histopathological examination revealed signet-ring cells diffusely infiltrating the ovarian stroma, confirming Krukenberg tumor. The primary site was not identified intraoperatively, and the patient was advised for further evaluation with CECT abdomen and GI endoscopy, followed by planned adjuvant radio/chemotherapy.

Conclusion :
Krukenberg tumor with massive intraperitoneal hemorrhage is an unusual presentation. Early diagnosis, prompt surgical intervention, and multidisciplinary management are essential for stabilization and improved survival outcomes.

Abstract ID: GO/CR/08

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Abstract Title:
FROM MOLAR TO MIRACLE – A JOURNEY OF HOPE AFTER GESTATIONAL TROPHOBLASTIC NEOPLASIA

Introduction :
Gestational trophoblastic neoplasia (GTN) represents a spectrum of malignant trophoblastic disorders arising from abnormal proliferation of placental tissue. Among these, invasive mole is a locally invasive form that can follow a molar pregnancy. Although curable with chemotherapy, concerns about subsequent fertility often arise in young women. We report a rare case of successful spontaneous conception and uneventful term pregnancy following multi-agent chemotherapy for invasive mole.

Case Description :
An 18-year-old primigravida, married for one year, presented with a history of partial molar pregnancy. Suction and evacuation were performed, and histopathology confirmed a partial mole. During follow-up, rising serum β-hCG levels were noted. MRI revealed an invasive mole involving more than 50% of the myometrium. The patient received two cycles of methotrexate followed by 15 cycles of actinomycin-D due to persistent disease. Following normalization of β-hCG, she was maintained on oral contraceptive pills for one year. Subsequently, she conceived spontaneously and had an uneventful antenatal period and term delivery.

Conclusion :
This case highlights that with timely diagnosis, appropriate chemotherapy, and vigilant follow-up, fertility can be safely preserved even after treatment for invasive mole. Spontaneous conception and favorable pregnancy outcomes reaffirm that curative therapy for GTN need not compromise reproductive potential in young women.

Abstract ID: GO/CR/09

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Abstract Title:
EXTRAPULMONARY TUBERCULOSIS MIMICKING OVARIAN MALIGNANCY- A DIAGNOSTIC CHALLENGE

Introduction :
Tuberculosis is a major health concern in developing countries like India. Extrapulmonary tuberculosis accounts for 14 – 16 %. Genital TB mainly involves fallopian tubes, endometrium and ovarian involvement is uncommon and symptoms of Genital tuberculosis includes abdominal distension, abdomen pain, postmenopausal bleeding, which mimics ovarian malignancy.

Case Description :
This presentation is the case report of a patient who is 46 years old postmenopausal women presented with abdomen distension with ascites and constipation with Ultrasound report showing multiloculated complex adnexal cyst 14.5 x13.6 x 15.4 cm with elevated levels of CA 125. CECT showed large abdominopelvic cystic lesion with fat stranding and omental thickening, moderate ascites and mild pleural effusion. USG guided pleural fluid tapping showed negative for malignant cells Smear showed lymphocytes with reactive mesothelial cells and neutrophils suggesting chronic inflammation. Omental biopsy showed necrotizing granulomatous inflammation with Gene Xpert not suggestive of tuberculosis. Fungal stain and Acid-fast staining were negative. USG guided aspiration of the cyst showed negative for malignancy. Patient was empirically started on Antitubercular drugs after which the patient was symptomatically improved.

Conclusion :
Diagnosis of Extrapulmonary TB is challenging due to nonspecific symptoms and low sensitivity of the AFB stain. Tissue biopsy of suspected lesions is helpful and can reveal granulomatous inflammation. Ovarian cancer is the primary differential diagnoses in a patient with abdominal lesions, ascites associated with high CA-125 blood levels but TB should always be considered especially in highly endemic areas.

Abstract ID: GO/CR/10

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Abstract Title:
SPOTTING THE PIGMENTED MONSTER : PRIMARY MALIGNANT MELANOMA OF CERVIX

Introduction :
Primary Malignant Melanoma of the Cervix (PMMC) is an extremely rare and aggressive cancer, with fewer than 100 reported cases worldwide. It often presents with non specific symptoms like vaginal bleeding being the most common and diagnosis is confirmed by histopathological and immunohistochemical analysis.

Case Description :
This case report is based on the clinical evaluation, diagnostic workup and management of a 54yr old postmenopausal woman who presented with vaginal bleeding for 3 months. A detailed clinical examination , punch biopsy from the cervical lesion for histopathological diagnosis and PET CT was done to know the extent of the disease. This was followed was a immunohistochemical confirmation of malignant melanoma (positive for Melan A, HMB-45). The patient subsequently underwent radical hysterectomy and 6 cycles of chemotherapy with cisplatin and dacarbazine. The histopathological examination of the specimen revealed melanocytes arranged in clusters, FIGO stage IB1 .This report discusses the diagnostic dilemmas, differential diagnosis and treatment approach based on the available literature on this rare disease.

Conclusion :
Primary malignant melanoma of the cervix is an exceptionally rare malignancy with a poor prognosis due to its high metastatic potential and resistance to conventional therapy. Early diagnosis through histopathology and immunohistochemistry is crucial for appropriate management. Surgical management remains the mainstay in localized disease but long term follow up is essential due to high risk of recurrence. This report contributes to the scarce literature on this malignancy and underscores the need for awareness and exploration of targeted therapies as used in this case to improve the outcomes.

Abstract ID: GO/CR/11

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Abstract Title:
BOWENS DISEASE OF VULVA

Introduction :
Bowen's disease of the vulva (VBD) is a rare intraepithelial squamous cell carcinoma in situ and represents a pre-invasive malignancy of vulvar intraepithelial neoplasia (VIN). Although Bowen's disease typically occurs on sun-exposed areas like the head and neck, vulvar involvement is uncommon. Its strong association with Human Papillomavirus (HPV) type 16 emphasizes the viral role in vulvar carcinogenesis. Early recognition and treatment are crucial to prevent progression to invasive carcinoma.

Case Description :
A 57-year-old woman, post-hysterectomy done for abnormal uterine bleeding 12 years ago, presented with persistent itching and burning sensation of the vulva for one year. Examination revealed a localized lesion on the left labia minora. Initial treatment with topical Imiquimod for one month showed no improvement. Punch biopsy revealed hyperkeratosis, parakeratosis, acanthosis, full-thickness dysplasia, and loss of basal polarity—features diagnostic of Bowen's disease. She underwent a superficial vulvectomy, and postoperative recovery was uneventful.

Conclusion :
Bowen's disease of the vulva is a premalignant lesion with potential for transformation into invasive carcinoma. Early biopsy-based diagnosis and appropriate management—such as wide local excision, selective use of topical immunomodulators , or laser ablation of lesion can be done to ensure favorable outcomes while preserving vulvar function.Regular follow up is essential to monitor for recurrence. HPV vaccination and advances in molecular diagnostics promise better prevention and early detection of this rare but significant disease and reduce disease burden in the future.

Abstract ID: GO/CR/12

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Abstract Title:
BILATERAL OVARIAN FIBROMA MIMICKING KRUKENBERG TUMOR : A CASE REPORT AND LITERATURE REVIEW

Introduction :
Ovarian fibromas are benign sex-cord stromal tumors, accounting for about 4% of all ovarian neoplasms and are usually unilateral, firm, and white. Among the differential diagnosis, Krukenberg tumors must be considered, particularly when the tumors are bilateral, solid, and associated with peritoneal deposits This case report highlights the diagnostic challenges of bilateral ovarian fibromas with peritoneal involvement, which can mimic malignancy.

Case Description :
We report the case of a 32-year-old multiparous woman who presented with progressive abdominal distension and pain. On examination, a firm to hard, non tender abdominal mass with restricted mobility, corresponding 24 weeks size was palpable. Imaging revealed bilateral solid-cystic ovarian masses with ascites, raising strong suspicion for ovarian malignancy. Tumor markers were withing normal limits, except CA125 measuring 56.3U/ml (mildly raised). Patient prepared for exploratory laparotomy. Intraoperatively, bilateral solid ovarian masses with whitish deposits all over abdomen noted and omental caking were observed, further suggesting malignancy. Bilateral salpingo-oophorectomy was done. Histopathology revealed bilateral ovarian fibromas with sex cord elements, a rare benign tumor. Meanwhile, upper gastrointestinal endoscopy, performed in view of a suspected Krukenberg tumor, revealed a poorly differentiated gastric adenocarcinoma. Thus, the apparent ovarian malignancy was benign, while the asymptomatic gastrointestinal tract harbored the true primary cancer. She was then reffered to radiation oncology department for systemic chemotherapy.

Conclusion :
This case highlights importance of including gastrointestinal malignancy in the differential diagnosis of bilateral ovarian tumors, even in the absence of GI symptoms. It underscores the critical role of histopathological evaluation in guiding management and avoiding unnecessary extensive surgery.

Abstract ID: GO/CR/13

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Abstract Title:
PIGMENTED VULVAR BOWEN'S DISEASE IN A POSTMENOPAUSAL WOMAN WITH HEPATITIS B POSITIVITY – A RARE CASE REPORT

Introduction :
Bowen's disease is a squamous cell carcinoma in situ characterized by full-thickness epidermal dysplasia. While genital Bowen's disease is uncommon, the pigmented variant is exceptionally rare, particularly in the vulvar region, a typically non–sun-exposed area. The pigmentation can mimic benign dermatoses such as lichen planus, seborrheic keratosis, or melanoma, often delaying diagnosis. Recognition of this entity in non–sun-exposed sites is crucial, especially in individuals with chronic pruritus and immunosuppressive conditions, where malignant transformation risk is higher.

Case Description :
A 59-year-old postmenopausal nulligravida presented with persistent vulvar pruritus for five to six months. She was hypertensive and Hepatitis B surface antigen (HBsAg) positive. Examination revealed an ulcerated erythematous lesion with hyperpigmented margins involving the right labia minora, posterior fourchette, and part of the labia majora. Imaging revealed a small adnexal cyst with inflammatory changes. Biopsy of the lesion confirmed pigmented Bowen's disease. The patient underwent wide local excision of the lesion, and histopathological evaluation ruled out invasive transformation.

Conclusion :
Pigmented vulvar Bowen's disease is a rare malignancy of a non–sun-exposed site. Postmenopausal age, immunosuppression due to Hepatitis B, and chronic pruritus are potential contributing factors. This case emphasizes the importance of early biopsy and complete excision for timely diagnosis and improved outcomes.

Abstract ID: GO/CR/14

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Abstract Title:
A RARE PRESENTATION OF VAGINAL WALL MASS IN GESTATIONAL TROPHOBLASTIC NEOPLASIA

Introduction :
Gestational trophoblastic neoplasia (GTN) encompasses a spectrum of malignant conditions resulting from abnormal proliferation of trophoblastic tissue. Although the uterus is the primary site of disease, metastatic involvement of the vagina is rare and often associated with diagnostic and therapeutic challenges due to the risk of catastrophic haemorrhage.

Case Description :
A 20-year-old woman (P1 L0 A1) with a recent history of molar pregnancy presented with irregular, heavy vaginal bleeding for three months. Examination revealed an 8 × 6 cm right lateral vaginal wall mass. Serum β-hCG was 46,000 IU/L. MRI demonstrated a heterogeneous lesion involving the right vaginal wall and myometrium, suggestive of invasive mole with metastatic component. During biopsy, torrential bleeding ensued, necessitating emergency laparotomy with bilateral internal iliac artery ligation. Histopathological examination confirmed GTN. The patient was classified as FIGO Stage II, WHO prognostic score 6, and initiated on multi-agent chemotherapy under the high-risk GTN protocol.

Conclusion :
This case underscores the importance of maintaining a high index of suspicion for GTN in reproductive-age women presenting with post-molar or persistent bleeding. Biopsy of vascular vaginal lesions should be avoided whenever possible due to the risk of severe haemorrhage. Prompt recognition, haemostatic control through arterial ligation, and timely initiation of chemotherapy are pivotal for optimizing outcomes.

Abstract ID: GO/CR/15

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Abstract Title:
AGGRESSIVE ANGIOMYXOMA OF VAGINA- AN UNCOMMON CLINICAL ENIGMA

Introduction :
Aggressive angiomyxoma of vagina is a rare (<0.001% of all gynaecological tumor), slow growing (2 month to 8yrs) mesenchymal tumor that primarily affects women of reproductive age. Despites it's benign Histo logical appearance, it is locally infiltrative with a high propensity for local recurrence, vaginal involvement is extremely uncommon, making it a diagnostic and therapeutic challenge.

Case Description :
A 22yr married nulling Ravidas presented with complain of difficulty in walking due large pelvic mass grown to present size in 2yrs. On examination a solid mass with irregular surface measuring approx 20*15*8cm arising from left vaginal wall and extending outside the introitus. Imaging (CT pelvis) reveals a large lobulated, heterogeneous enhancing soft tissue with density mass (15*17*23cm) seen in left side of pelvis, extending to pelvic floor without invasion of bladder, ureter rectum. Transvaginal excision of pelvic mass done and specimen sent for hpe (poorly circumscribed hypocellular tumor composed of spindle to Stellate cells in a myxoid stroma , IHC revealed ER/PR positivity, CD 34 positivity in blood vessels and negative for S100. Overall features were consistent with aggressive angiomyxoma, considering ER/PR positive status pt put on inj leuprolide. Asymptomatic till date

Conclusion :
Aggressive angiomyxoma of vagina is extremely rare entity that mimics other pelvic and vulvovaginal tumors. Diagnosis is confirmed by HSP and IHC, complete surgical excision remains the main stay of treatment also achieving clear margin is challenging due to local infiltration, Hormonal therapy may have a role due ER/PR positivity, long term follow up essential due high risk of recurrence

Abstract ID: GO/CR/16

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Abstract Title:
COWDEN SYNDROME SUSPECTED IN A YOUNG WOMAN WITH ENDOMETRIAL CARCINOMA AND BILATERAL BREAST FIBROADENOMAS – A DIAGNOSTIC DILEMMA IN A RESOURCE-LIMITED SETTING

Introduction :
Cowden syndrome (CS) is a rare autosomal dominant disorder caused by PTEN gene mutations, predisposing to multiple benign and malignant tumors, including those of the endometrium, breast, and thyroid. In low-resource settings where genetic testing is often inaccessible, clinical recognition becomes crucial for timely diagnosis and management.

Case Description :
A 35-year-old nulligravida presented with abnormal uterine bleeding and was diagnosed with FIGO grade 1 endometrioid adenocarcinoma. Physical examination revealed short stature (130 cm), macrocephaly (60 cm), kyphoscoliosis, brachydactyly, and multiple lipomas. Bilateral breast ultrasonography demonstrated fibroadenomas. Although PTEN mutation testing was advised, it was deferred due to financial constraints. Based on clinical criteria, she fulfilled three major (endometrial carcinoma <50 years, macrocephaly, fibroadenomas) and two minor (lipomas, skeletal anomalies) NCCN criteria for Cowden syndrome. She underwent total abdominal hysterectomy with bilateral salpingo-oophorectomy and is under multidisciplinary surveillance.

Conclusion :
In resource-limited environments, Cowden syndrome must be suspected in young women presenting with endometrial carcinoma and associated benign or congenital lesions. Early clinical identification, even without molecular confirmation, enables implementation of cancer surveillance and risk-reduction strategies, thereby improving outcomes.

Abstract ID: GO/CR/17

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Abstract Title:
THE SILENT INFILTRATOR-A RARE CASE OF YOUNG MIDDLE AGED FEMALE WITH LOW GRADE ENDOMETERIAL STROMAL SARCOMA MASQUERADING AS PELVIC SYMPTOMS

Introduction :
Uterine sarcomas are rare malignancies accounting for 2–5% of all uterine cancers, with an incidence of 1–2 cases per 100,000 women. Among them, low-grade endometrial stromal sarcoma (LGESS) is an uncommon tumor arising from endometrial stromal tissue, typically seen in women aged 40–50 years. Due to its nonspecific symptoms and resemblance to benign conditions such as leiomyoma or adenomyosis, LGESS often poses a diagnostic challenge.

Case Description :
This case describes a 32-year-old woman (P2L2A1) who presented with lower abdominal pain for two years and heavy menstrual bleeding for eight months. Initial physical and pelvic examination showed a normal-sized but tender uterus. Pap smear was negative for malignancy. Despite medical management, her symptoms persisted, and imaging suggested adenomyosis. Diagnostic laparoscopy led to a provisional diagnosis of leiomyoma, and the patient was planned for myomectomy but during intra-operative period abnormal vessels noted over myoma after which decision for total abdominal hysterectomy with bilateral salpingo-oophorectomy was taken. HPE of the surgical specimen revealed LGESS. Immunohistochemistry confirmed the diagnosis with positive staining for CD10, ER, PR, and Cyclin D1. A PET-CT scan performed six weeks postoperatively showed no evidence of residual or metastatic disease. The patient is under regular follow-up.

Conclusion :
This case highlights the importance of maintaining a high index of suspicion for rare uterine malignancies like LGESS, especially in younger women with persistent symptoms. Accurate histopathological diagnosis and long-term follow-up are essential for optimal management and monitoring of potential recurrence.

Abstract ID: GO/CR/18

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Abstract Title:
FUSION GENES AT PLAY: A RARE CASE OF HIGH-GRADE ENDOMETRIAL STROMAL SARCOMA ARISING FROM OVARIAN ENDOMETRIOSIS IN A NULLIPAROUS FEMALE.

Introduction :
Endometrial stromal sarcoma (ESS) is a rare malignant mesenchymal tumor of the uterus, accounting for <1% of all uterine malignancies. Its occurrence in the adnexa is exceedingly uncommon, and even rarer when arising from ovarian endometriosis.

Case Description :
We report the case of a 39 year old nulliparous female with chief complaints of progressive abdominal pain and distension since 6 months with a history laparotomy for endometrioma drainage and myomectomy for leiomyoma. P/A revealed 18wks abdominal mass with tenderness.CA125 levels were raised. MRI pelvis showed a large, heterogenous lesion 12.3*8cm with solid component and hemorrhagic signal intensity lesion in right adnexa- likely Endometriosis/Subserosal fibroid with hemorrhagic degeneration. Exploratory Laparotomy with Total Abdominal Hysterectomy with B/L salpingo-oophorectomy with Endometrioma excision and large abdominal mass excision was performed. Per-operatively,there was an irregular, angry-looking 10*8cm mass and an adnexal mass 5*5cm.On HPE : High grade Endometrial stromal sarcoma ? Arising in adnexal endometriosis with Vimentin, Cyclin 1, DOG1 positivity on IHC.Patient was started on Adjuvant Chemotherapy : Doxorubicin + Ifosfamide .

Conclusion :
This case highlights a rare but significant occurrence of likely malignant transformation of ovarian endometrioma into high-grade ESS.It underscores the importance of vigilant long-term monitoring and thorough histopathological evaluation of complex adnexal masses, especially in women with infertility with prior endometriosis.

Abstract ID: GO/CR/19

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Abstract Title:
PERITONEAL STRUMOSIS FOLLOWING STRUMA OVARII: A RARE PRESENTATION IN A YOUNG NULLIPAROUS GIRL

Introduction :
Struma ovarii is a rare ovarian monodermal teratoma predominantly composed of mature thyroid tissue, accounting for 0.5 to 1% of all ovarian tumors. It can be benign or malignant. Peritoneal strumosis, the benign implantation of thyroid tissue within the peritoneal cavity is an exceptionally uncommon finding that can mimic peritoneal malignancy.

Case Description :
A 22 year old nulliparous female, with irregular menstrual cycle and history of right ovarian endometriotic cystectomy at 16 years of age, on medical management for endometriosis, was diagnosed with right ovarian cyst of 4x6 cm on routine ultrasound surveillance that gradually increased in size over 2 years on 6 monthly follow up. Reluctance on part of family caused delay in surgical intervention. Routine blood investigations and tumor markers were within normal limits. Diagnostic laparoscopy revealed right ovarian cyst 8x6 cm with multiple solid nodules over the bowel, pelvic peritoneum, round ligament and omentum. Laparotomy with right ovariotomy and resection of deposits was done. Frozen section was negative for malignancy. Definitive histopathology showed struma ovarii with peritoneal strumosis. Postoperative recovery was uneventful and patient remained asymptomatic at 6 months follow up.

Conclusion :
Struma ovarii can mimic ovarian pathologies posing a diagnostic challenge preoperatively. Peritoneal strumosis is a benign dissemination of thyroid tissue in the peritoneum which can mimic metastatic disease. Distinguishing it from metastasis is crucial for judicious fertility sparing surgery and avoiding over treatment.

Abstract ID: GO/CR/20

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Abstract Title:
A GIANT LEIOMYOMA MASQUERADING AS LEIOMYOSARCOMA IN A POSTMENOPAUSAL WOMAN

Introduction :
Uterine leiomyomas are the most common benign tumors of the female genital tract, arising from smooth muscle cells of the myometrium. They are hormone-dependent and tend to regress after menopause due to decreased estrogen and progesterone levels. The occurrence or persistence of large leiomyomas in postmenopausal women is extremely rare and warrants evaluation to exclude malignancy. The possible mechanisms include persistent low-level estrogen production from peripheral conversion of androgens or exogenous hormone use. Imaging aids in preoperative assessment, but definitive diagnosis relies on histopathology. Surgical removal remains the treatment of choice in symptomatic or large postmenopausal fibroids to alleviate pressure symptoms.

Case Description :
A 63 year old woman , P3L3(NVD) postmenopausal , presented with progressive abdominal distension since 2 years associated with loss of appetite and weight since 1 year. There was no history of postmenopausal bleeding, bowel and bladder irregularities , malignancy in family. On examination, a gross firm, irregular, abdominopelvic mass measuring 25 cm x 35 cm involving all abdominal quadrants , corresponding to term uterine size was noted . Ultrasonography and CECT revealed a large, abdominopelvic mass suggestive of leiomyoma. The patient underwent total abdominal hysterectomy with bilateral salpingo-oophorectomy. Intraoperatively an 8.3 kg uterine mass was removed. Histopathological examination confirmed diagnosis of leiomyosarcoma .

Conclusion :
Giant uterine leiomyoma in the postmenopausal period is an uncommon entity. Any enlarging uterine mass in a postmenopausal woman should raise suspicion of malignancy and mandates evaluation. Early diagnosis and surgical management ensure an excellent prognosis.

Abstract ID: GO/CR/21

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Abstract Title:
HPV-NEGATIVE SQUAMOUS CELL CARCINOMA OF THE CERVIX IN A POSTMENOPAUSAL WOMAN WITH CONCURRENT PAPILLARY CARCINOMA OF THE THYROID: A RARE CASE REPORT

Introduction :
Cervical carcinoma is commonly associated with high-risk human papillomavirus (HPV) infection; however, HPV-negative squamous cell carcinoma (SCC) represents a rare and distinct subtype. The coexistence of HPV-negative cervical carcinoma with another malignancy, such as thyroid carcinoma, is extremely uncommon and presents additional diagnostic and therapeutic challenges.

Case Description :
A 55-year-old postmenopausal woman presented with irregular spotting per vaginum since 2020 and intermittent vaginal discharge. Ultrasound revealed hematometra with increasing trend. On examination, the cervix was flushed with the vaginal vault. HPV testing was negative for all high-risk strains. Examination under anaesthesia on 1.8.2025 revealed dense granular tissue with contact bleeding and dilated vessels; cervical biopsy confirmed squamous cell carcinoma of the cervix. A follow-up PET-CT demonstrated an FDG-avid cervical mass (2.9 × 3.3 × 2.66 cm) involving both cervical lips with extension into left parametrial fat and posteriorly, with possible right pelvic deposits. Additionally, an FDG-avid thyroid lesion was identified, and FNAC confirmed **malignant papillary carcinoma of the thyroid with cystic and haemorrhagic changes. The patient has completed two cycles of concurrent chemoradiotherapy with cisplatin and is under follow-up.

Conclusion :
This case highlights the rare coexistence of HPV-negative cervical carcinoma with papillary thyroid carcinoma, emphasizing the need for systemic evaluation and individualized multimodal management in such complex oncological presentations.

Abstract ID: GO/CR/22

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Abstract Title:
INVASIVE MOLE PRESENTING WITH UTERINE PERFORATION AND METASTASIS: A CASE REPORT

Introduction :
Gestational trophoblastic disease (GTD) arise from abnormal proliferation of placental trophoblasts. Invasive mole is a rare but potentially life threatening form of GTD. It involves the invasion of trophoblastic tissue into the myometrium, with potential for local invasion and metastasis. Mainly distant metastasis occur in lungs , and is sensitive to chemotherapy. Invasive hydatidiform mole may arise from molar pregnancy and the incidence is 1 per 15,000 pregnancies. This case reports an extremely rare condition where invasive mole leads to uterine perforation and metastasis.

Case Description :
A 35 year old woman, who had undergone suction evacuation for molar pregnancy 2 months prior, presented with giddiness and abdominal pain. Examination revealed abdominal distension and tenderness. Ultrasonography revealed invasive mole breaching the left uterine wall, with adnexal hematoma and gross hemoperitoneum. Beta-HCG was >10,000 mIU/ml. Emergency laparotomy revealed 2 liters of hemoperitoneum and uterine perforation at the left cornua, for which hysterectomy was performed. Hemostasis was secured, and the patient was stabilised with blood and platelet transfusions. Postoperative vitals were stable. Postoperatively beta-HCG rose to 46,048 mIU/ml, and CT chest showed lung metastasis, indicating gestational trophoblastic neoplasia. So she was started on chemotherapy.

Conclusion :
Mostly invasive moles originate from a hydatidiform mole, and most of them occur within a half year following mole removal. During this period, patients may experience irregular vaginal bleeding and exhibit high HCG levels in their serum. Early surgical intervention and serial beta-HCG monitoring are vital for detecting persistent disease and preventing complications.

Abstract ID: GO/CR/23

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Abstract Title:
BORDERLINE LEFT OVARIAN MUCINOUS CYSTADENOMA WITH MICROINVASION

Introduction :
Borderline ovarian neoplasm is defined as an epithelial ovarian tumor having cellular features of malignancy and sometimes may even show microinvasion (less than 5 mm depth of invasion). They constitute 10-15% of ovarian neoplasms.

Case Description :
40 years perimenopausal woman presented with vague abdominal pain, abdominal distension- sudden onset, rapidly progressing for 4 months. Per abdomen- mass of 32 week size, firm consistency, non tender, arising from pelvis noted. No ascites noted. Per vaginum- uterus size could not be made out. Ultrasonography showed large 20 * 18cm pelvic- abdominal complex cystic lesion with multiple septations, obscuring bilateral adnexa. Tumor markers CA-125, CA19-9, CA15-3, Inhibin-A within normal limits. Inhibin-B- elevated to 162.19pg/ml. CECT Abdomen showed well defined, encapsulated cystic lesion measuring 14.2*22.1*23.2cm in pelvic region, with multiple internal septations 2mm thickness noted. No solid areas or calcification or papillary projections seen. Multiple well defined subcentimetric lymph nodes noted in mesenteric and pelvic region. Exploratory Laparotomy proceeded with total abdominal hysterectomy with bilateral salpingooophorectomy done. Intraoperatively, large fluid filled cystic mass 20*18cm noted. Fluid cytology showed overlapping columnar epithelial cells. Histopathology revealed borderline left ovarian mucinous cystadenoma with microinvasion - pT1a.

Conclusion :
Detecting cases earlier, thorough work up with relevant markers, imaging and appropriate staging of tumor is necessary to decide mode of treatment. Earlier stages such as 1A, 1B can be managed by total hysterectomy with 5 year survival rate of 95-100% with low recurrence rate. Late stage and aggressive cases require chemotherapy and have a poorer prognosis.

Abstract ID: GO/CR/24

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Abstract Title:
EPITHELIOID TROPHOBLASTIC TUMOUR – A RARE CASE PRESENTATION

Introduction :
Epithelioid Trophoblastic Tumour (ETT) is a rare variant of Gestational Trophoblastic Neoplasia (GTN), arising from chorionic-type intermediate trophoblasts. It constitutes less than 2% of all GTNs and typically affects women of reproductive age, often following a normal pregnancy, abortion, or molar gestation. ETT often presents with irregular bleeding and mildly elevated or normal β-hCG levels. Owing to its rarity, it may be misdiagnosed as retained products of conception (RPOC), arteriovenous malformation (AVM), or invasive mole.

Case Description :
Mrs X ,37-year-old female (P3+1, L2), presented with persistent vaginal bleeding following spontaneous expulsion of a 17-week fetus. She underwent suction and evacuation at peripheral private hospital and received blood transfusion for heavy bleeding. She had persistent bleeding PV. Thereafter she was refered to our tertiary care teaching hospital (KGMU) where she was investigated in detail. Imaging showed a bulky uterus with ?RPOC/?AVM. Serum β-hCG was 18.90 mIU/mL. She underwent total laparoscopic hysterectomy on 9/7/25. Histopathology revealed Epithelioid Trophoblastic Tumour with p63 positivity and Ki-67 index of 20%. Postoperatively, CECT abdomen showed hepatomegaly with heterogeneous lesions suggestive of metastasis, mild pleural effusion, and ascites. The patient was started on combination chemotherapy (etoposide, paclitaxel, and carboplatin), tolerated treatment well, and continues follow-up.

Conclusion :
ETT is an uncommon trophoblastic tumour that can mimic benign uterine conditions. Accurate histopathological and immunohistochemical diagnosis is crucial, as management differs from other GTNs. The tumour is relatively chemoresistant; hence, hysterectomy is the mainstay of treatment. Prognosis is good for localized disease but poor with metastasis. Early recognition and multidisciplinary management can significantly

Abstract ID: GO/CR/25

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Abstract Title:
WOLF IN A LAMB'S SKIN: VULVAR CANCER MASQUERADING AS BARTHOLIN CYST

Introduction :
Bartholin gland carcinoma is one of the less common histology accountings for 0.1 – 5 % of all vulvar malignancies and is mostly seen in postmenopausal women- making it extremely rare. Unfortunately, over half of cases are associated with a missed or delayed diagnosis as it is often mistaken for a Bartholin's gland cyst or abscess. Owing to the disease rarity, there are no well-defined management guidelines. The majority of cases are treated by primary excision and bilateral groin node dissection. Chemoradiotherapy has a role in both the adjuvant and palliative setting

Case Description :
A 68-year-old post-menopausal woman presented with a painless, 4-5 cm swelling in labia denying any associated complaints of pain, discharge or bleeding. On examination the mass was fixed, non-tender and hard, overlying skin, cervix and vagina grossly normal. An excisional biopsy was planned while keeping possibility of cancer in mind. Histopathology was suggestive of adenoid cystic carcinoma of Bartholin gland.

Conclusion :
This case importantly highlights a rare and aggressive malignancy—and need for a high level of vigilance for Bartholin Gland Cancer in the post-menopausal woman presenting with a gland swelling. It is recommended to excision and histopathological diagnosis of all such tumours to avoid a delayed diagnosis due to mis-diagnosis

Abstract ID: GO/CR/26

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Abstract Title:
BILATERAL BENIGN SOLID OVARIAN TUMOURS PRESENTING AS CAULIFLOWER-LIKE GROWTHS MIMICKING MALIGNANCY IN A YOUNG NULLIGRAVIDA – A DIAGNOSTIC CHALLENGE.

Introduction :
Ovarian tumors are predominantly benign, but unusual gross morphologies may mimic malignancy. Accurate histopathological evaluation is essential to differentiate from malignant neoplasm, guiding appropriate management.

Case Description :
A 27-year-old nulligravida, anxious to conceive, presented with dull, intermittent lower abdominal pain for six months. There were no menstrual, gastrointestinal, or urinary complaints. She had undergone laparoscopic detorsion of the right ovary at 19 years of age and right ovarian cyst biopsy two years ago, reported as benign serous cystadenofibroma. Examination revealed a freely mobile, non-tender left lower abdominal mass (10×8 cm). Ultrasonography and MRI demonstrated large bilateral multiloculated solid-cystic ovarian masses (largest 16 cm) suspicious for neoplasm. CA-125 was elevated (250 IU/mL), others reports were within the normal limits. The patient underwent left oophorectomy and right ovarian cystectomy on 31/07/25. Intraoperatively, the left ovary showed a solid lobulated mass (11×9 cm) with a cauliflower-like surface, while the right ovary had a cystic lesion (9×8 cm) with minimal solid areas. Frozen section suggested borderline neoplasm. Final histopathology confirmed benign serous cystadenofibroma bilaterally. Postoperative recovery was uneventful.

Conclusion :
Serous cystadenofibroma can closely mimic borderline or malignant ovarian tumours both radiologically and macroscopically. Elevated CA-125 may add to diagnostic confusion. This case underscores that benign ovarian tumors can occasionally present with rare, alarming gross features. Awareness of such atypical presentation can help clinicians & pathologists avoid overtreatment and provide reassurance to patients. The case emphasized the challenge in preoperative surgical decision-making in young women with suspicious ovarian tumors, especially regarding fertility-preserving surgery.

Abstract ID: GO/CR/27

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Abstract Title:
GRANULOSA CELL TUMOR OF THE LEFT OVARY IN A POSTMENOPAUSAL WOMAN: A CASE REPORT

Introduction :
Granulosa cell tumor (GCT) of the ovary is a rare neoplasm, accounting for 2–5% of all ovarian malignancies. Originating from sex cord–stromal cells, Granulosa cell tumors are typically indolent but notable for their potential to recur decades after treatment. Two variants exist: adult (more common) and juvenile(rare, <30 years typically) . Adult Granulosa Cell Tumors usually present in peri or postmenopausal women.

Case Description :
A 45-year-old postmenopausal woman (Para3L3), known hypertensive, presented with abdominal pain. Clinical examination was unremarkable. Ultrasound revealed a left ovarian mass (7.5 × 5.9 cm) with O-RADS 5 classification and minimal pelvic ascites. CEMRI pelvis suggested a left adnexal lesion, likely mucinous cystadenocarcinoma (8.5 × 8 × 6.7 cm). Tumor markers showed mildly elevated CA-125 (47.3 U/mL). She underwent total abdominal hysterectomy with bilateral salpingo-oophorectomy on 26/06/25. Intraoperatively, the left ovary was hemorrhagic, cystic, and partly adherent to the pelvic wall. Histopathology revealed neoplastic cells arranged in solid, trabecular, and microfollicular patterns with nuclear grooves, low mitotic activity, and thecomatous areas. Review HPE showed round to polygonal cells with vesicular nuclei and mild pleomorphism. Immunohistochemistry demonstrated strong FOXL2 positivity and negativity for CD117, PLAP, and OCT 3/4. Final diagnosis: Adult-type Granulosa Cell Tumor of the left ovary, a sex cord-stromal tumor.

Conclusion :
Granulosa cell tumors are rare ovarian neoplasms with indolent yet unpredictable clinical behavior. They often mimic epithelial ovarian cancers radiologically, necessitating histopathology and immunohistochemistry for precise diagnosis. Surgical management is primary, fertility-sparing options suit younger women, and lifelong surveillance is essential due to risk of recurrence.

Abstract ID: GO/CR/28

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Abstract Title:
BUSCHKE LOWENSTEIN TUMOUR- A RARE BUT DESTRUCTIVE REALITY

Introduction :
Buschke-Löwenstein tumor (BLT) is a rare variant of condyloma acuminatum caused predominantly by human papillomavirus (HPV) types 6 and 11. Although histologically benign, it exhibits locally aggressive behavior, with potential for malignant transformation and a high rate of local recurrence, posing significant management challenges, especially in pregnancy

Case Description :
A 21-year-old primigravida at 19 weeks of gestation presented with a large, exophytic vulvar lesion associated with pain and foul-smelling discharge. A clinical diagnosis of BLT was made. Symptomatic management with two cycles of cryotherapy was initiated to reduce lesion size and discomfort. Partner screening and treatment for HPV infection were carried out to prevent reinfection. Definitive surgical excision was deferred until the postpartum period. Cryotherapy was well tolerated, resulting in significant reduction in lesion size and improvement in symptoms. The patient’s pregnancy is being closely monitored, and definitive surgical excision is planned after delivery to prevent recurrence and malignant transformation.

Conclusion :
Managing Buschke-Löwenstein tumor during pregnancy requires a multidisciplinary approach, balancing effective local control with maternal and fetal safety. Cesarean delivery may be considered to minimize neonatal exposure to HPV. Close antenatal follow-up, partner management, and postpartum surgical excision are key to optimizing outcomes for both mother and baby

Abstract ID: GO/CR/29

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Abstract Title:
PARAOVARIAN CYST: SIMPLE YET SIGNIFICANT

Introduction :
A Paraovarian cyst originates in the broad ligament between the fallopian tube and ovary. Also called as paratubal cyst/ hydatid cyst of morgagni. Originates from mesothelium of broad ligament (68%) or paramesonephric duct (30%) or mesonephric remnants (2%). They can range from 0.5 - 20cm.

Case Description :
P2L2 came with complains of pain abdomen since 1 year dull aching type , intermittent in nature , pain aggravated since 3 days , presently severe in nature ,relieved on medication.

Conclusion :
Most paraovarian cysts are harmless and don’t require treatment and are often discovered during pelvic surgeries and scans. In a Symptomatic patient, with an adnexal mass Paraovarian cyst should be considered as a differential diagnosis and should be managed surgically to avoid complications of torsion.

Abstract ID: GO/CR/30

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Abstract Title:
PREGNANCY OUTCOME FOLLOWING FERTILITY SPARING SURGERY AND CHEMOTHERAPY OF OVARIAN NEOPLASM.

Introduction :
Pregnancy following ovarian malignancy is uncommon, it poses therapeutic challenges due to overlapping clinical features and concerns regarding fetal outcome. We report a case of Pregnancy outcome following conservative surgical management of primary mucinous ovarian cystadenocarcinoma .

Case Description :
A 26-year-old woman (P1L0) with early neonatal death in view of meconium aspiration syndrome 2 years ago was diagnosed with mucinous cystadenocarcinoma of ovary. She underwent laproscopic left salpingo-oophorectomy for complex left ovarian mass (11x13x6cm) with solid and cystic components. Histopathology was reported as mucinous cystadenocarcinoma with an expansile invasion pattern, consistent with primary ovarian origin on immunohistochemistry. The patient had received six cycles of adjuvant Carboplatin and Paclitaxel chemotherapy. Following registration in current pregnancy at 10+4 weeks she was evaluated using MRI pelvis showing postoperative adhesions along with sigmoid colon and broad ligament with no residual or recurrent disease with serial CA 125 levels as well as close maternal and fetal monitoring. The pregnancy remained uneventful. At 39 weeks, she underwent elective lower-segment caesarean section with infracolic omentectomy, delivering a healthy male infant (3.1 kg) in view of term precious pregnancy. Histopathology of the right ovary and omentum revealed focal decidualization with mucinous material in the stroma, consistent with pregnancy-related changes and no malignancy. Recovery was uneventful, and the patient remains disease-free on follow-up.

Conclusion :
Pregnancy outcome following conservative fertility sparing surgery with chemotherapy in young women desiring fertility highlights the feasibility of achieving favorable maternal and fetal outcomes in mucinous ovarian carcinoma with appropriate multidisciplinary management and vigilant follow up.

Abstract ID: GO/CR/31

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Abstract Title:
VAGINAL LEIOMYOMA A RARE CASE REPORT

Introduction :
Fibroids are fibro muscular tumors of myometrium.They present with AUB mass per abdomen pain infertility.Diagnosis is confirmed by ultrasonography MRI.Beside uterus fibroid can take up sites like cervix broad ligament and vagina

Case Description :
30 years old women with history of primary infertility , intermittent urinary retention and heavy menstrual bleeding for 6months.USG showed soft tissue lesion in left adnexa involving cervix.On MRI a mass of 7.2*10.7*7.2 cm embedding cervix was present.On laparotomy mass could not be approached abdominally.Vaginal fibroid was removed through anterior vaginal wall.Histopathology report confirmed to be vaginal leiomyoma with endometrial polyp.

Conclusion :
Tumors of vagina are rate with only 300 reported case.seen in a age group of 35-50years.singlr benign slow growing mostly arose from anterior wall.histopatholy is the gold standard.Surgical removal of tumor through vaginal approach is the treatment of choice.the patient needs to be followed up for chance of recurrence.

Abstract ID: GO/CR/32

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Abstract Title:
ENDOMETRIAL ADENOCARCINOMA IN A YOUNG WOMAN - A RARE CASE REPORT

Introduction :
Endometrial carcinoma is the third most common gynecological malignancy and primarily affects postmenopausal women in the sixth to seventh decade of life. The occurrence of endometrial adenocarcinoma in women below 40 years is uncommon, accounting for only 2–14% of cases. Early detection in young women is crucial, as fertility-preserving management may be feasible in carefully selected early-stage disease.

Case Description :
A 29-year-old unmarried woman presented with a long history of heavy menstrual bleeding and fatigue. Examination revealed pallor but no pelvic mass. Laboratory evaluation showed severe microcytic hypochromic anemia (Hb 5.9 g/dL). Pelvic ultrasonography demonstrated bilateral polycystic ovarian morphology with a thickened endometrium of 18 mm. Pipelle aspiration was performed, and histopathology revealed endometrioid-type endometrial adenocarcinoma, grade 2. MRI pelvis showed a mildly thickened endometrium (12 mm) without myometrial invasion or lymphadenopathy, consistent with FIGO stage IA disease. Definitive surgery (total hysterectomy with bilateral salpingo-oophorectomy) was advised; however, the patient opted for fertility preservation. She was managed medically with oral progestin therapy for three months and continues under close surveillance.

Conclusion :
Endometrial carcinoma in young women, though rare, must be considered in cases of abnormal uterine bleeding unresponsive to medical therapy. Early histopathological evaluation is vital. Fertility-sparing hormonal therapy with strict follow-up can be safely considered in well-differentiated, early-stage tumors after thorough evaluation and counseling.

Abstract ID: GO/CR/33

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Abstract Title:
METASTATIC ADENOCARCINOMA OF THE CERVIX– A RARE PRESENTATION

Introduction :
A case of cervical adenocarcinoma,an HPV-associated malignancy, challenging to screen as it hides in the endocervix,leading to delayed diagnosis and advanced-stage presentation.

Case Description :
A 48-year-old female, P1L1, with regular menstrual cycles, presented with a history of painful defecation,admitted with one-week duration of fever with rigor and chills. On examination, pallor was present, abdomen and cervix were grossly normal.A firm, tender mass with restricted mobility was felt posterior to the vagina. Investigations: Blood and Urine Cultures-sterile, Pap smear – NILM CA-125 – 65.1. USG & MRI - Endometriosis with suspicion of malignancy. Fever was not responding to antibiotics and infection screening negative, Multidisciplinary Team decided Staging Laparotomy.Primary lesion (6×5×3 cm) was in the right paracervical region; right ovary was enlarged with a cyst,the left ovary and rectum were adherent to it.Consequently,a Posterior Pelvic Exenteration and Infracolic Omentectomy were performed. Histopathology & IHC confirmed High-grade poorly differentiated HPV-associated adenocarcinoma of the cervix. The ovaries, pelvic nodes, and rectal mucosa were involved (FIGO Stage IV A).Postoperatively,she began Paclitaxel + Carboplatin, it discontinued after one cycle due to general condition deteriorating.She later developed pulmonary metastasis and succumbed four months after surgery.

Conclusion :
Cervical adenocarcinoma presents a significant challenge due to its worse prognosis and greater propensity for lymph node,ovarian,and distant metastases.Tumors within the endocervix are frequently hidden from Pap tests,have a normal colposcopic appearance.This,combined with non-gynecological symptoms,leads to delayed diagnosis and advanced staging. To combat this trend and improve outcomes,there must be a strong emphasis on achieving the WHO elimination strategy 90-70-90.

Abstract ID: GO/CR/34

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Abstract Title:
EMERGENCY HYSTERECTOMY FOR COMPLICATED GESTATIONAL TROPHOBLASTIC NEOPLASIA

Introduction :
Uterine perforation occurs in approximately 15-20% of gestational trophoblastic neoplasia cases presenting with acute hemorrhagic complications, often necessitating emergency hysterectomy. Both choriocarcinoma and placental site trophoblastic tumor can cause spontaneous uterine rupture with catastrophic hemorrhage. We present two cases demonstrating distinct clinical presentations and outcomes following emergency surgical management.

Case Description :
Two women presented with acute abdomen secondary to gestational trophoblastic neoplasia. Case 1 was a 24-year-old with rising beta-human chorionic gonadotropin (beta-hCG) from 138,768 to 419,092 international units per liter post-evacuation who developed acute abdomen. Emergency laparotomy revealed uterine perforation with 800 milliliter hemoperitoneum. Total abdominal hysterectomy with right salpingo-oophorectomy and left salpingectomy was performed. Histopathology confirmed choriocarcinoma with bilateral pulmonary metastases, Stage 3, World Health Organization score 7. Multi-agent chemotherapy achieved rapid beta-hCG decline. Case 2 was a 27-year-old with beta-hCG 362 international units per liter who presented with massive hemoperitoneum (4 liters) from spontaneous uterine rupture. Emergency total abdominal hysterectomy with bilateral salpingectomy revealed placental site trophoblastic tumor, Stage 1, confined to uterus without metastasis.

Conclusion :
Emergency hysterectomy remains life-saving for gestational trophoblastic neoplasia complicated by uterine perforation and massive hemorrhage regardless of tumor subtype or beta-hCG levels. Early recognition, prompt surgical intervention, and appropriate staging with multidisciplinary management ensure optimal outcomes.

Abstract ID: GO/CR/35

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Abstract Title:
SCAR SITE ENDOMETRIOSIS WITH MALIGNANT TRANSFORMATION: A RARE CASE OF SUCCESSFUL MULTIMODAL MANAGEMENT

Introduction :
Malignant transformation of endometriosis is a rare but recognized event, with clear cell carcinoma (CCC) being one of the common histological subtypes. Transformation at the site of scar endometriosis following gynecologic surgery is particularly uncommon. We report a rare case of clear cell carcinoma arising from abdominal wall endometriosis with extensive infiltration into adjacent structures, including the bladder, bowel, and rectus sheath.

Case Description :
A 46-year-old woman with a history of hysterectomy for chronic pelvic pain 28 years earlier and subsequent scar endometriosis presented with a progressively enlarging anterior abdominal wall mass. Contrast-enhanced imaging revealed a 12 × 15 cm heterogeneously enhancing lesion involving the rectus abdominis, anterior bladder wall, and sigmoid colon. Biopsy demonstrated features of clear cell carcinoma (PAX8+, Napsin A+, CD15+, ER weak, p53 wild-type) arising in a background of endometriosis. She underwent extensive cytoreductive surgery, including laparotomy, excision of the abdominopelvic mass, total omentectomy, bilateral salpingo-oophorectomy, resection of the involved bladder and bowel with primary repair, pelvic lymphadenectomy, and abdominal wall reconstruction using a thigh graft. Histopathology confirmed clear cell carcinoma arising from endometriosis, infiltrating the abdominal wall and colonic serosa, with all resection margins and lymph nodes free of tumor (FIGO Stage IV). Postoperative recovery was uneventful, and adjuvant chemotherapy with carboplatin and paclitaxel was planned.

Conclusion :
This case underscores the malignant potential of long-standing scar endometriosis. Vigilant follow-up, early suspicion, and complete en bloc excision with multidisciplinary management are critical for diagnosis, treatment, and improved patient outcomes.

Abstract ID: GO/CR/36

Presenter's Name: Dr Karunya J

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Abstract Title:
HOW A BLOOMING PERIOD TURNS INTO GLOOMINESS IN A TEENAGE GIRL

Introduction :
• Ovarian Sertoli leydig cell tumour cell tumours (SLCT) are a rare sex cord-stromal tumour's accounting for < 0.2 % of all ovarian malignancies. • This type of tumor predominates in the 2nd -3rd decades of life and usually presents with hormonal changes, including signs of virilization

Case Description :
• A 15 year old girl attained menarche at her 13 years of age, had regular cycles for first 7 months presented with complaints of secondary amenorrhea for a period of 2 years , and excessive sweating since 6 months , abdominal pain and distension since 3 months • P/A examination:- presence of an abdominal mass approximately corresponding to 34 weeks size, extending upto xiphisternum. • Hormonal assessment showed excess androgenic activity in the form of raised testosterone levels (503 ng/ dl) raised 17OH Progesterone levels of (3.69 ng / ml)

Conclusion :
Most individuals with SLCT fare well, though specific risk factors such as mesenchymal heterologous elements are associated with poor prognosis. We also highlight the role of DICER1 surveillance in early detection of SLCT, facilitating stage IA resection

Abstract ID: GO/CR/37

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Abstract Title:
A RARE CASE REPORT OF PARTIAL MOLAR PREGNANCY FOLLOWING IVF WITH DONOR SPERM

Introduction :
Partial molar pregnancy is a rare gestational trophoblastic disease characterized by the coexistence of normal and abnormal chorionic villi with fetal tissue. It usually results from fertilization of a single ovum by two sperms, producing a triploid karyotype (69XXX or 69XXY). The risk of progression to gestational trophoblastic neoplasia (GTN) after a partial mole is about 1–5%. Occurrence following assisted reproductive techniques such as IVF is uncommon and poses diagnostic and management challenges.

Case Description :
A 24-year-old primigravida conceived through in-vitro fertilization using donor sperm. At 18 weeks of gestation, ultrasonography revealed a single live fetus with multicystic placental changes suggestive of partial molar pregnancy. At 20 weeks,she presented with vaginal bleeding. Induction was performed using mechanical method. She delivered a dead male fetus weighing 500 grams. Post-abortion β-hCG levels plateaued despite normal ultrasound findings.Considering persistent trophoblastic activity, methotrexate chemoprophylaxis of five cycles initiated. Serial β-hCG levels gradually declined to <2 mIU/mL. The patient is currently asymptomatic, under follow-up, and counseled regarding contraception.

Conclusion :
This case highlights the rarity of partial molar pregnancy following IVF conception and emphasizes the importance of close β-hCG surveillance and timely chemoprophylaxis to prevent progression to gestational trophoblastic neoplasia.

Abstract ID: GO/CR/38

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Abstract Title:
PRIMARY OVARIAN NON-HODGKIN'S LYMPHOMA: A RARE CASE REPORT

Introduction :
Primary ovarian non-Hodgkin's lymphoma (PONHL) is rare, representing <1% of ovarian tumors and ~1.5% of extranodal lymphomas. It often mimics epithelial ovarian carcinoma, leading to delayed diagnosis. Early histopathological confirmation and chemotherapy improve outcomes.

Case Description :
A 30-year-old woman presented with breathlessness (1 day), vomiting (2 days), abdominal pain (10 days), and distension (15 days). She had undergone cesarean section 4 months earlier, during which a right ovarian cyst was noted. Examination revealed fever (102°F), tachycardia, hypotension (BP 100/60 mmHg), and a firm, irregular pelvic mass of 20-week size. CT scan revealed bilateral adnexal masses, hepatosplenomegaly, ascites, and multiple lymph nodes. Laboratory findings: CA-125 257 U/mL, LDH 957 U/L, AFP and β-hCG normal. Histopathology confirmed B-cell type non-Hodgkin's lymphoma (CD20, CD10, PAX5, BCL2 positive). Bone marrow was normal. Differential diagnoses considered included epithelial ovarian carcinoma, pelvic inflammatory disease (PID), and tuberculosis. The patient was treated with vincristine and cyclophosphamide chemotherapy, with marked clinical improvement.

Conclusion :
Primary ovarian non-Hodgkin's lymphoma, though rare, should be suspected in young women with bilateral ovarian masses and normal germ cell tumor markers. Early histopathological diagnosis and prompt chemotherapy are essential for favorable outcomes.

Abstract ID: GO/CR/39

Presenter's Name: Dr. Minakshi

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Abstract Title:
OVARIAN FIBROMA WITH SEROUS CYSTADENOMA IN A POSTMENOPAUSAL WOMAN – A RARE CASE OF OVARIAN COLLISION TUMOR

Introduction :
Ovarian fibroma is a benign tumor that arises from the connective tissue of the ovary and accounts for about 1–4% of all ovarian tumors. Serous cystadenoma is another benign tumor that develops from the surface epithelial cells of the ovary. The presence of both these tumor together in the same ovary is extremely rare, especially in postmenopausal women. There have been only eight cases previously reported with such specific mix of ovarian tumors.

Case Description :
A 71-year-old postmenopausal woman, known to have diabetes and hypertension, morbidly obese came with complaints of postmenopausal bleeding on and off for one year and a left-sided adnexal mass. Ultrasound and MRI showed a well-defined solid and cystic mass measuring 6.5 × 6 cm, categorized as O-RADS 4. Her serum CA-125 level was 46.40. She underwent total abdominal hysterectomy with bilateral salpingo-oophorectomy. Microscopic examination revealed two distinct parts that one composed of spindle-shaped fibroblasts (fibroma) and another cyst lined by single-layered serous epithelium so confirming the diagnosis of ovarian fibroma with serous cystadenoma.

Conclusion :
This is a rare case of combined ovarian fibroma and serous cystadenoma in a postmenopausal woman with normal tumor markers. Although tumor markers levels are normal, such case may present with complex clinical scenario so required a comprehensive diagnostic and therapeutic approach.

Abstract ID: GO/CR/40

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Abstract Title:
CHRONIC INFLAMMATION TO CARCINOMA: A RARE CASE OF FALLOPIAN TUBE CANCER ASSOCIATED WITH LONG TERM IUCD USE.

Introduction :
Primary fallopian tube carcinoma(PFTC) is an uncommon gynaecological malignancy, accounting for less than 1% of all female genital tract cancer. Chronic inflammation is recognised as a potential etiological factor in carcinogenesis. The association between long term retained or impacted intrauterine contraceptive devices (IUCDs) and fallopian tube carcinoma is exceedingly rare.

Case Description :
We report the case of a 59-year-old postmenopausal woman who presented with lower abdominal pain and post-menopausal bleeding. Pelvic ultrasound revealed a right adnexal mass with neoplastic etiology with an intrauterine foreign body suspected to be an impacted copper-T IUCD. CT imaging confirmed a right adnexal pyosalpinx-52x19x23mm with endometrial hyperplasia with IUCS in situ. Here her exploratory laparotomy followed by total abdominal hysterectomy with infracolic omentectomy was performed, where per-op findings revealed an impacted cooper-T partially embedded in the uterine wall with smooth endometrial cavity with hard mass in right fallopian tube with pyosalpinx which was densely adhered to left side peritoneum, B/L ovaries were unhealthy. Histopathological examination revealed high grade serous carcinoma of the right fallopian tube with chronic inflammatory changes in the adjacent tissues.

Conclusion :
This rare case highlights the rare but important association between chronic inflammation caused by a long retained IUCD and the development of Fallopian Tube carcinoma. Careful follow-up and removal of IUCDs after their effective duration, especially in perimenopausal women, are essential preventive measure.

Abstract ID: GO/CR/41

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Abstract Title:
BILATERAL HUGE SEROUS BORDERLINE OVARIAN TUMORS MIMICKING MALIGNANCY: A CASE REPORT HIGHLIGHTING DIAGNOSTIC CHALLENGES

Introduction :
Borderline ovarian tumors (BOTs) are of low malignant potential and account for 10-15 % of all epithelial ovarian cancers. Histologically, serous borderline ovarian tumours (sBOTs) are most common in 50–66% of cases; however bilateral in only 15–25% of cases.

Case Description :
A 30-year-old woman with P2L2, presented with pain in the lower abdomen for the last two months. There was an irregular firm abdominopelvic mass, 15x15 cm in size, non-tender, with restricted mobility. Per vaginum examination revealed the uterus was retroverted, felt separate from the mass, normal size. The same mass felt in right and left fornices, non-tender, and restricted mobility. Ultrasound and CECT findings showed a multiloculated cystic lesion of size 16.8x12.5x11.5cm in right adnexa with smooth internal septations and papillary projections of size 1.0x0.9cm. A similar lesion of size 12.2x13.3x9.3cm in left adnexa. Tumor markers were CA125: >1000(0–35 U/mL), LDH: 1267(100-190 U/L), CEA: 3710(0–2.5 ng/mL), CA 19.9: 5.07(0–34 U/mL), AFP: 0.89(0–8 ng/mL) and S. Inhibin B-56.08(40–80 pg/mL). Staging laparotomy was performed. Intraoperatively, the bilateral ovarian masses measuring 16x12cm (right) and 13x12 cm(left) with bosselated ovarian surface. The uterus and appendix looked normal. No ascites seen. Total hysterectomy with bilateral salpingooopherectomy was done along with bilateral pelvic and para-aortic lymphadenectomy; supracolic omentectomy; appendicectomy; and multiple peritoneal biopsies were taken. Histopathological report was bilateral serous borderline tumor with papillary architecture, no evidence of metastasis outside the ovaries. The FIGO staging was stage IB.

Conclusion :
Bilateral large-sized serous BOT are rare. They may mimic malignant ovarian tumors because preoperative radiological impression and tumor

Abstract ID: GO/CR/42

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Abstract Title:
PECOMA: SINISTER PATHOLOGY MASQUERADING AS UTERINE POLYP

Introduction :
Perivascular epithelioid cell tumors (PEComas) are rare mesenchymal neoplasms with distinctive perivascular epithelioid cells showing melanocytic and smooth muscle differentiation. Uterus is the most commonly affected gynecologic site, yet it remains rare tumor, often posing diagnostic and therapeutic challenges due to nonspecific symptoms and imaging features.

Case Description :
Case 1 47 year old P3L3, with Irregular menstrual bleeding x 2 months. O/E-P/S- a large necrotic, friable, polypoidal mass 5x3 cm, coming through the cervical os, P/v- same mass felt with cervical lip felt all around, stalk felt. Provisional diagnosis of AUB-P. Biopsy from mass- poorly differentiated tumor. Staging lap-TAH, BSO, large ~3 cm fixed pelvic and para aotic nodes. Sampling done. Post op period hectic. Final histopathology- perivascular epitheloid tumor with 67% myometrial invasion, LVSI +. Patient succumbed in 2 months. Case 2: 51 year old P4L4, menopausal with irregular, heavy vaginal bleeding x 2 months. O/E- a large, vascular, fragile polypoidal mass, through cervical canal, cervical lips felt all around. MRI pelvis -7.2×8.3×11 cm lesion in endometrial cavity with >50% myometrial invasion going into vagina. Biopsy from mass-aggressive non-epithelial tumor, extended IHC confirmed=PEComa (HMB-45, Melan-A, and vimentin positive; cytokeratin negative). Staging laparotomy, TAH,BSO, PLND, removal of left parametrial deposit, infracolic omentectomy was done. The postoperative period, hectic-SAIO. Final HPE-malignant PEComa of uterus, with pathological stage pT2aPN0M0. Referred for targeted therapy.

Conclusion :
PEComa are very rare and aggressive soft tissue tumors of uterus requiring special diagnostic as well as therapeutic approach.

Abstract ID: GO/CR/43

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Abstract Title:
A GENETIC PREDISPOSITION MEETS A RARE MALIGNANCY: CARCINOSARCOMA IN PTEN HAMARTOMA SYNDROME

Introduction :
Carcinosarcoma is an uncommon and highly aggressive tumor containing both epithelial and mesenchymal malignant components. It most commonly arises from the endometrium, while origin from the lower uterine segment or cervix is rare but possible. The presence of PTEN hamartoma tumor syndrome, further increases cancer susceptibility and may influence tumor biology. The tumor often presents at an advanced stage and carries a poor prognosis.

Case Description :
A 30 year old nulliparous woman presented with irregular menstrual cycles for 2.5 years. The patient had a prior history of total thyroidectomy for follicular adenoma.General examination revealed macrocephaly. Examination revealed a large polypoidal lesion filling the vagina.Imaging showed a heterogeneous mass arising from the posterior uterine wall extending into the endocervical canal. A staging laparotomy with total abdominal hysterectomy, bilateral salpingoophorectomy, lymph node dissection, and infracolic omentectomy was performed. Histopathology revealed high grade carcinosarcoma originating from the lower uterine segment with >50% myometrial invasion, cervical stromal and serosal involvement, bilateral ovarian metastases (FIGO Stage IIIB). Immunohistochemistry showed EMA and vimentin positivity, ER/PR negativity, and a Ki-67 index of 85%.Hereditary cancer gene panel showed PTEN mutation suggestive of PTEN hamartoma tumour syndromes.

Conclusion :
This case emphasizes the importance of considering genetic testing in young women presenting with unusually aggressive gynecologic malignancies. The association of high grade carcinosarcoma with PTEN hamartoma tumor syndrome highlights how underlying genetic mutations can influence tumor behavior and prognosis. Early identification of such mutations is crucial for personalized management and familial risk assessment.

Abstract ID: GO/CR/44

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Abstract Title:
KNOWLEDGE AND PERCEPTION OF CERVICAL CANCER AMONG POSTMENOPAUSAL WOMEN ATTENDING A TERTIARY CARE CENTRE

Introduction :
Cervical cancer is one of the most common malignancies among Indian women and a major public health concern. Although it is preventable and detectable at an early stage, inadequate awareness and poor screening uptake persist, particularly among postmenopausal women. This study aims to assess their awareness and attitude toward carcinoma of the cervix and its preventive measures.

Case Description :
A hospital-based cross-sectional study was conducted among postmenopausal women attending the Obstetrics and Gynaecology outpatient department at a tertiary care centre. Data were collected using a pretested structured questionnaire assessing knowledge about cervical cancer risk factors, symptoms, screening, and vaccination. Attitudes toward preventive practices were also recorded. The data were analyzed using descriptive and inferential statistics, and associations were tested using the chi-square test.

Conclusion :
Awareness and preventive practices regarding cervical cancer among postmenopausal women remain inadequate. Targeted health education and routine screening initiatives are essential to improve early detection and reduce disease burden in this vulnerable group.

Abstract ID: GO/CR/45

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Abstract Title:
EPITHELIAL OVARIAN TUMOUR FOLLOWING MALIGNANT GERM CELL TUMOR IN 2ND DECADE OF LIFE

Introduction :
Ovarian tumours account for less than 2% of all childhood tumours. Majority of ovarian tumours in young females in second decade of life are non-neoplastic cysts. The most common ovarian malignancy in this age group are germ cell tumours.

Case Description :
We present the case report of 28-year-old female who had history of malignant germ cell tumour at the age of 12 years. She underwent partial left ovariotomy followed by 6 cycles of chemotherapy. Patient had recurrent bilateral ovarian tumour of at the age of 15 years diagnosed on PET-CT. Patient underwent tumour biopsy at the age of 18 years which was not suggestive of malignancy. However, intraoperative findings were suggestive of pseudomyxoma peritonei. Patient became symptomatic at the age of 25 years and repeat imaging was suggesting of left borderline epithelial neoplasm and right mature teratoma. She had successful spontaneous conception and pregnancy outcome with vaginal delivery followed by postpartum laparotomy done for huge epithelial ovarian tumour[20cm] and benign germ cell tumour of other side [5cm]. Final histopathology was reported to be left mucinous cystadenoma and right benign cystic teratoma. On 6 months follow up, patient is asymptomatic.

Conclusion :
Epithelial ovarian neoplasm are rare in the second decade of life and account for 20% of ovarian tumours in this age group while germ cell tumours account for 60%. Fertility preservation and ovarian preservation are prime focus in managing such cases.

Abstract ID: GO/CR/46

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Abstract Title:
TITLE- UNRAVELLING THE MICROCYSTIC STROMAL OVARIAN TUMOUR ENIGMA IN A TEENAGER

Introduction :
Introduction: Ovarian microcystic stromal tumour (MCST) is a rare pure stromal neoplasm first described in 2009 and included in the 2014 WHO classification. Fewer than 60 cases have been reported worldwide, mostly demonstrating benign biological behaviour. However, its clinical spectrum, diagnostic challenges, and malignant potential remain incompletely understood

Case Description :
Case Description: A 17-year-old unmarried female presented with one month of progressive abdominal distension, diffuse abdominal pain, decreased appetite, weight gain, and bilateral pleural effusion. Examination showed a markedly distended abdomen with a large abdominopelvic mass and ascites. Serum CA-125 was significantly elevated (456 U/mL). Imaging revealed a 21 × 16 × 12 cm complex solid-cystic pelvic mass with massive ascites and septations, raising suspicion of malignancy. Exploratory laparotomy identified a 20 cm left ovarian solid-cystic mass along with an adherent necrotic cystic component. Left salphingo-oophorectomy with debulking and omental biopsy was performed. Histopathology suggested a moderately differentiated Sertoli–Leydig cell tumor, but immunohistochemistry showed positivity for vimentin, CD10, CD56, WT-1, and focal pan-cytokeratin, with negativity for inhibin and PLAP—findings consistent with ovarian MCST. Postoperatively, the patient developed recurrent ascites and clinical deterioration, necessitating systemic chemotherapy with a bleomycin–etoposide–cisplatin regimen.

Conclusion :
Conclusion: This case represents one of the youngest reported patients with MCST and highlights an unusually aggressive presentation with massive ascites, pleural effusion, and the requirement for adjuvant chemotherapy—features rarely documented for this tumour. Although typically considered benign, MCST may exhibit unpredictable behaviour, emphasizing the need for vigilant postoperative surveillance and further research to clarify its malignant potential and optimal management.

Abstract ID: GO/CR/47

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Abstract Title:
LEIOMYOSARCOMA OF OVARY

Introduction :
Primary ovarian leiomyosarcoma is an exceptionally rare malignant tumor arising from the smooth muscle cells of the ovary, accounting for less than 1% of all ovarian malignancies. Due to its rarity, diagnosis is often challenging and based on histopathological and immunohistochemical findings.

Case Description :
We present a case of a 61 year old female who presented with lower abdominal pain .Clinical examination and imaging revealed a large complex adnexal mass. The patient underwent total abdominal hysterectomy with bilateral salpingo-oophorectomy. Gross examination showed a solid, fleshy mass with areas of hemorrhage and necrosis. Microscopic examination revealed spindle-shaped tumor cells arranged in intersecting fascicles with marked nuclear atypia, high mitotic activity, and focal necrosis suggestive of ovarian leiomyosarcoma. With the joint decision of oncology and gynaecology department, the patient was then posted for adjuvant chemotherapy.

Conclusion :
Primary ovarian leiomyosarcoma is a rare and aggressive neoplasm with poor prognosis. Accurate diagnosis relies on histopathological features and immunohistochemistry. Early surgical intervention with complete excision remains the mainstay of management, while the role of adjuvant therapy is not well established due to limited reported cases.

Abstract ID: GO/CR/48

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Abstract Title:
VULVAL MELANOMA: A RARE AND AGGRESSIVE MALIGNANCY

Introduction :
Vulval melanoma, though rare, is a highly aggressive malignancy that originates from basal layers of melanocytes of the vulva and accounts for a small fraction of all melanoma cases in women ~ 2%. It often presents in older individuals and is frequently diagnosed late due to subtle symptoms and anatomical concealment, contributing to a markedly poorer five-year survival (~47 %) compared to cutaneous melanoma (~92 %) probably due to very high risk of local recurrence and distant metastases. Gold standard tests for confirmation of diagnosis is made by biopsy of the lesion. IHC can be used as an adjunct to differentiate other non melanocytic malignant cells. Due to lack of standardised treatment protocols, management is a clinical challenge. Primary management revolves around complete surgical excision with appropriate margins and sentinel lymph node assessment

Case Description :
A 75 - year old postmenopausal female presented with a swelling in external genitalia with complaints of itching for 2 months. There was 3*2*3 cm brown color growth on labia majora and minora involving lower third of vagina and partially urethral orifice. Patient was taken for local excision of labial mass. HPE revealed melanoma with a spindle cell variant, which was positive for vimentin, melanoma antigen A (melan-A), and human melanoma black-45 (HMB-45) with a high Kiel-67(ki-67) index. The patient was planned for palliative chemotherapy with single agent dacarbazine because of old age and poor general condition.

Conclusion :
Vulvar melanomas are life threatening and very agressive tumor of female genital tract but early recognition and surgical management.

Abstract ID: GO/CR/49

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Abstract Title:
A CASE REPORT ON PROLAPSED SUBMUCOSAL FIBROID.

Introduction :
Uterine fibroids are the most common benign tumors of the female reproductive tract, frequently affecting women of reproductive age. Among the various types, submucosal fibroids can occasionally become pedunculated and prolapse through the cervical canal, presenting as a mass per vaginum. Prolapsed submucosal fibroids may undergo secondary degenerative changes due to compromised vascular supply, leading to atypical clinical features. Their presentation may mimic cervical malignancy or uterovaginal prolapse, making clinical diagnosis challenging. Prompt recognition and appropriate surgical management are crucial to prevent complications such as sepsis, severe anemia, and uterine inversion

Case Description :
A case of 38 year old woman who sought medical attention due to mass per vagina and heavy menstrual bleed since 6 months, which was progressive , associated with urinary incontinence, foul smelling vaginal discharge , loss of appetite and easy fatiguability. MRI-Pelvis revealed a large prolapsed submucosal fibroid measuring 26x9.9x10.2cm extending into vaginal canal and significant dilatation of vaginal canal causing bilateral moderate hydroureteronephrosis due to mass effect on lower ureter . Blood tests as follows – Hb: 5.3g%, S.Creatinine: 1.7, and tumor markers (CA-125,CEA) were at normal levels. The patient underwent total abdominal hysterectomy with bilateral salpingooophorectomy after anemia correction. Intra-operatively Uterus, cervix, bilateral tubes and ovaries with fibroid and fibroid polyp intact delivered out. The histopathological examination revealed leiomyoma with degenerative changes without evidence of malignancy .

Conclusion :
This case highlights a case of prolapsed submucosal fibroid with degenerative cganges emphasizing the diagnostic approach and management considerations.

Abstract ID: GO/CR/50

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Abstract Title:
PRIMARY FALLOPIAN TUBE CANCER: A RARE INTERESTING CASE REPORT

Introduction :
Primary fallopian tube carcinoma (PFTC) is a very rare gynaecologic malignant tumour and accounts for approximately 0.14–1.8% of female genital malignancies [1]. Histologic, molecular and genetic evidence shows that 60–70% of tumours that were classified as high-grade serous carcinomas of the ovary or peritoneum might have originated in the distal fimbrial end of the fallopian tube. Therefore, the incidence of fallopian tube cancers may have been underestimated.

Case Description :
A 54-year-old post-menopausal female presented to the gynaecology OPD with complaints of pain in her abdomen for 5–6 months, relieved partially on medication, bloating for 3 months and abdominal distension for 2 months. The patient was planned for a primary cytoreductive surgery with Staging Laparotomy with Total Abdominal Hysterectomy with Bilateral Salpingo-Oophorectomy with Infracolic Omentectomy with retroperitoneal lymph node dissection. The final histopathology report showed primary high-grade serous cystadenocarcinoma of the fallopian tube spread to bilateral ovaries and omentum—FIGO Grade—III. Surgical Staging—FIGO Stage IIIA2.

Conclusion :
It is important to realise that the origin of a majority of serous cancers is from the distal fimbrial end of the fallopian tube, and thus, it is a partially preventable cause of highgrade serous cancers. This needs to be translated into the reporting by pathologists and subsequently to find out the true incidence of fallopian tube cancers. This would then allow us to develop and follow uniform guidelines regarding salpingectomy to be done while doing a hysterectomy for benign causes and also to consider tubal ligation as a strategy for the

Abstract ID: GO/CR/51

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Abstract Title:
GRANULOSA CELL TUMOR BEYOND REPRODUCTIVE AGE:AN ATYPICAL PRESENTATION

Introduction :
Granulosa cell tumors (GCTs) are rare ovarian neoplasms arising from the sex-cord stromal component, accounting for 2–5% of ovarian tumors. .After menopause, the ovarian follicles have largely atrophied, and granulosa cells are no longer active or proliferating. Therefore, tumors arising from these cells become biologically unlikely in a setting where granulosa cells are essentially absent or dormant.

Case Description :
A 56-year-old postmenopausal female (P2L1) presented with insidious abdominal distension for 1 year. Imaging revealed a bilateral complex adnexal mass.MRI findings revealed-large, well-defined, cystic lesion is from bilateral adnexal regions~10.3 x 14.7 x 23.5 cm with thin internal septations, Tumor markers were all within normal limits (CA125-14.20,CA19.9-21.20,CA15.3-0.20 bhcg-1.30). She underwent staging laparotomy with total abdominal hysterectomy, bilateral salpingo-oophorectomy, bilateral pelvic lymphadenectomy, and infracolic omentectomy. On per op findings, we found a large right ovarian mass (25x20cm) with one twisted pedicle . Grossly, the uterus, left ovary, and fallopian tubes were unremarkable . On palpation-right sided pelvic lymphnode were enlarged(more than 2),omentum was normal .Intra- op,frozen sectionwas sent,cytology from right ovarian cystic fluid suggested a benign lesion; scrape smears demonstrated dual cell populations, raising suspicion for a sex-cord stromal tumor. Right ovarian cystic areas showed denuded lining with fibrocollagenous stroma and sheets of cells with focal acinar arrangement and vacuolated cytoplasm. Final histopathology was suggestive of adult granulosa cell tumor.

Conclusion :
Granulosa cell tumors, rare in postmenopausal women, should be considered in the differential diagnosis of ovarian masses. Early recognition, complete surgical staging, and vigilant long-term follow-up by inhibin A and beta hCG

Abstract ID: GO/CR/52

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Abstract Title:
CASE OF GTN WITH H/O H MOLE WITH RH NEG FEMALE WITH CHORIOCARCINOMA.

Introduction :
Hydatidiform mole (HM) was first described as "dropsy of the uterus. HM (also referred to as molar pregnancy or mole) has been of clinical and research interest. Molar pregnancy is part of a group of diseases classified as gestational trophoblastic disease. pathogenesis of GTD is unique because the maternal tumor arises from gestational rather than maternal tissue

Case Description :
we report the case of 22 year old female with P2+1L1 presented at jnmch with complaint of abdominal pain with upt positive at home,she has molar pregnancy history and now she is diagnosed with gtn again (choriocarcoinoma). And being treated with EMA regime.

Conclusion :
A hydatiform mole can develop into GTN, and we can follow the patient by serial HCG and treat it with chemotherapy.

Abstract ID: GO/CR/53

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Abstract Title:
A CASE OF KRUKENBERG TUMOR IN PREGNANCY

Introduction :
Metastatic ovarian tumors during pregnancy are exceedingly rare and pose major diagnostic and therapeutic challenges. Krukenberg tumors, commonly originating from gastric carcinoma, can mimic benign ovarian cysts, delaying diagnosis and management.

Case Description :
A 25-year-old primigravida with five months of amenorrhea presented with abdominal distension and raised tumor markers. Ultrasound revealed bilateral large ovarian cysts, and MRI demonstrated omental deposits. Fine-needle aspiration cytology (FNAC) from the ovarian lesion showed a mucinous component suggestive of metastasis. The pregnancy was terminated via preterm vaginal delivery (PTVD). Subsequent upper gastrointestinal endoscopy revealed gastric mucosal lesions, and biopsy confirmed intestinal-type gastric adenocarcinoma. A diagnosis of Krukenberg tumor secondary to gastric carcinoma was made. The patient was started on oxaliplatin-based chemotherapy.

Conclusion :
This case highlights the importance of maintaining a high index of suspicion for metastatic disease when bilateral ovarian cysts with elevated tumor markers are detected during pregnancy. Early diagnosis and multidisciplinary management are essential to optimize maternal outcomes.

Abstract ID: GO/CR/54

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Abstract Title:
"CERVICAL CANCER SCREENING OUTCOMES USING PAP SMEAR AND HPV DNA TESTING IN WOMEN AGED 21–75 YEARS: A CROSS-SECTIONAL STUDY"

Introduction :
Cervical cancer is largely preventable through early screening. Pap smear detects abnormal cervical cells, while HPV DNA testing identifies high-risk HPV infection. This study evaluates the results of combined Pap and HPV screening in women aged 21–75 years attending a community camp. AIM To determine the prevalence of cervical abnormalities using Pap smear and HPV DNA testing among women aged 21–75 years screened in a community health camp over one month. --- ★ OBJECTIVES 1. To screen women aged 21–75 years using Pap smear and HPV DNA testing. 2. To estimate the prevalence of cervical cytological abnormalities (ASC-US, LSIL, HSIL). 3. To determine the prevalence of high-risk HPV infection. 4. To correlate Pap smear findings with HPV DNA positivity. 5. To assess age-related patterns of HPV infection and cytological abnormalities. STUDY DESIGN Cross-Sectional Descriptive Study METHODOLOGY (Short, Perfect for Slides) Study setting: Community cervical screening camp Study duration: 1 month Study population: Women aged 21–75 years Inclusion: All women consenting for Pap + HPV Exclusion: Pregnancy, active bleeding, post-hysterectomy Sample size: (You can insert your number) Procedures: Pap smear (conventional / liquid-based) High-risk HPV DNA test Data analysis: Prevalence, correlation, age distribution

Case Description :
Screening of population of 21-75 yrs by pap and hpv dna

Conclusion :
CONCLUSION Community-based screening identifies a significant number of cervical abnormalities. HPV DNA testing detects more early high-risk infections compared to cytology. Combined Pap + HPV screening enhances detection of precancerous lesions. Regular screening programs at community level can reduce cervical cancer burden.

Abstract ID: GO/CR/55

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Abstract Title:
A DIAGNOSTIC TWIST IN THE TALE: POSTOPERATIVE REVELATION OF A RARE OVARIAN LYMPHANGIOMA

Introduction :
Lymphangioma of the ovary is an extremely rare benign tumor, with only 21 cases reported in the literature. Owing to its subtle presentation and non-specific imaging findings, accurate preoperative diagnosis is difficult, and frozen section may be inconclusive. Although benign, rare cases of malignant transformation and recurrence have been documented. We present a rare case of an ovarian mass recognized intraoperatively, with postoperative histopathology establishing the unexpected diagnosis of lymphangioma.

Case Description :
A 40year old P1 L1 woman presented with heavy menstrual bleeding for 1year. After thorough clinical evaluation and laboratory investigations, an ultrasound was performed, which showed a 14weeks size uterus with multiple intramural fibroids and normal-appearing ovaries. Based on these findings, she was planned for a total abdominal hysterectomy with bilateral salpingectomy with ovarian conservation unless indicated. Intraoperatively, the right ovary appeared bulky and multicystic, prompting a frozen section, which reported a benign ovarian neoplasm, likely sex cord–stromal origin. Accordingly, right oophorectomy was also performed. Final histopathology revealed lymphangioma of the right ovary, with coexisting adenomyosis and leiomyomas in the uterus. The postoperative course was uneventful, with stable hemoglobin, early ambulation, and smooth recovery. In view of the rare possibility of malignant transformation, the patient was advised 3-monthly follow-up for 2 years.

Conclusion :
Ovarian lymphangioma is a rare and often unexpected diagnosis in gynecologic surgery. Frozen section may not identify this lesion, making final histopathology the gold standard. Complete surgical excision provides an excellent prognosis. The patient is currently under regular follow up, as recommended due to rare reports of recurrence

Abstract ID: GO/CR/56

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Abstract Title:
SOLITARY SYNCHRONOUS VAGINAL METASTASIS IN EARLY STAGE ENDOMETRIOD ENDOMETRIAL CARCINOMA- AN UNUSUAL PRESENTATION

Introduction :
Here we are presenting a case of poorly differentiated endometrial carcinoma FIGO Stage IA that metastasized directly to the lower part of vagina . Her histopathology from endometrium and from vaginal lesion showed poorly differentiated adenocarcinoma.

Case Description :
Based on IHC biomarkers , the vaginal lesion was confirmed as secondary from the endometrial carcinoma The patient was discussed in the tumor board for management options and with the pt choice a decision for Neoadjuvant chemotherapy followed by surgery was taken. The patient received 3 cycles of neoadjuvant chemotherapy followed by interval debulking surgery. The response to chemotherapy was complete with complete regression of lesion from the vagina and endometrial cavity as well based on imaging and post surgery HPE .Post operative period was uneventful. The patient completed her adjuvant chemotherapy . Pt refused to further chemoradiation and is now being followed up 3 monthly . Her disease-free interval is 8 months.

Conclusion :
Any vaginal lesion should be subjected to a comprehensive work up to look for primary both gynecological and non gynecological malignancy . In case of doubtful histology further diagnosis based on IHC biomarkers should be done to differentiate it from primary vaginal malignancy before proceeding for any surgical intervention

Abstract ID: GO/CR/57

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Abstract Title:
DECEPTIVE INNOCENCE: CARCINOSARCOMA MASQUERADING AS A CERVICAL POLYP

Introduction :
Uterine carcinosarcomas, or malignant mixed Mullerian/mesodermal tumors, are rare and highly aggressive biphasic neoplasms derived from a single malignant epithelial clone exhibiting both carcinomatous and sarcomatous differentiation. They account for less than 5% of all uterine malignancies, with cervical involvement being exceptionally uncommon. These tumors predominantly affect postmenopausal women, with a median age at diagnosis between 62 and 67 years. Uterine carcinosarcomas are characterized by rapid progression, early metastatic spread, poor prognosis, and high mortality. Despite their aggressive nature, standardized management protocols remain limited, posing significant challenges in diagnosis and treatment.

Case Description :
We report the case of a 29year old lactating mother, four months postpartum, who presented with two months of continuous vaginal bleeding and severe low backache. Clinical examination revealed a necrotic, polypoidal mass occupying the posterior lower uterine wall with extension into the cervix, causing cervical ballooning. MRI revealed a 4 × 4 × 4.7 cm heterogeneous, hyperintense lesion with hemorrhagic components within the cervical canal. Owing to diagnostic ambiguity, the patient underwent multiple imaging assessments and sequential biopsies. The final Biopsy review with immunohistochemistry suggested a biphasic malignancy consistent with carcinosarcoma. She subsequently underwent total abdominal hysterectomy with pelvic lymph node dissection. Postoperative histopathology revealed carcinosarcoma of cervix with uninvolved nodes and margins.

Conclusion :
This case underscores the significant diagnostic challenges posed by cervical carcinosarcoma, particularly given its exceptional rarity in young women. Maintaining a high index of clinical suspicion was pivotal in enabling timely, life-saving intervention, as delayed diagnosis could have resulted in a potentially life-threatening outcome.

Abstract ID: GO/CR/58

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Abstract Title:
A RARE CASE OF UTERINE CARCINOSARCOMA WITH CHONDROMATOUS TRANSFORMATION

Introduction :
Uterine carcinosarcoma is classified as a rare high grade endometrial carcinoma, accounting for approximately 2%-5% of all uterine neoplasms. ECS are characterised by a biphasic growth of malignant epithelial - carcinomatous and mesenchymal - sarcomatous components which could be of diverse histological origin.They remain one of the most aggressive carcinomas and even when diagnosed early, have a reported 5 year survival rate as low as 30%.

Case Description :
We herein report a case of carcinosarcoma of endometrium in a 42 year old female with abnormal uterine bleeding.She presented with complaints typical of pelvic neoplasms, with bleeding per vagina since 4 months associated with passage of clots and continuous lower back ache. following which she underwent Total Abdominal Hysterectomy with left salpingo- oophorectomy. Histopathological reporting showed neoplastic cells of epithelial origin seen in acinar and trabecular pattern and cells of mesenchymal origin with focal areas of rosettes and neoplastic chondrocytes suggestive of Carcinomasarcoma of Endometrium. CECT Abdomen and pelvis showed few subcentimetric heterogenously enhancing left common and left external iliac lymph nodes.The patient was planned for completion staging laparotomy for carcinoma endometrium.Completion staging laparotomy - Right salpingo-oophorectomy, Bilateral pelvic lymphadenectomy, Infracolic omentectomy, Peritoneal biopsies, peritoneal fluid cytology with Adhesiolysis was done. HPR following surgery showed metastasis to right and left pelvic lymph nodes with focal areas of tumour cells in the sigmoid epiploicae. Patient withstood the procedure well.

Conclusion :
An accurate preoperative diagnosis of endometrial carcinosarcoma is imperative to assess the tumour and formulate chemotherapy regimens to target the metastatic differentiation components.There is a

Abstract ID: IO/CR/01

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Abstract Title:
TURNING THE TIDE IN IMMUNE FETAL HYDROPS – THE IMPACT OF INTRAUTERINE BLOOD TRANSFUSION

Introduction :
Hydrops fetalis is a serious fetal condition characterized by abnormal accumulation of serous fluid in at least two compartments such as the skin, pleural, pericardial, or peritoneal cavities. Despite advances in diagnosis, perinatal mortality remains as high as 50–90%. Maternal sensitization to Rh-positive fetal red cells can lead to progressive fetal anemia, hydrops and stillbirth. Advances such as middle cerebral artery peak systolic velocity (MCA-PSV) Doppler and intrauterine transfusion (IUT) in immune hydrops has dramatically improved fetal survival, transforming a once uniformly fatal condition into one with hopeful outcomes.

Case Description :
29 year old G2P1L1 lady with Rh-negative alloimmunised status presented at 28 weeks 06 days with hydrops fetalis detected during USG. Fetal MCA-PSV was 1.6 MoM, suggesting severe anemia. Under ultrasound guidance, multiple intravascular IUT were performed via using cross-matched, Rh-negative, leukocyte-depleted, irradiated packed red cells (hematocrit 75%). Post-procedure MCA-PSV normalized and fetal ascites resolved. At 37 week 1 day labor was induced with cerviprime gel. She underwent vaginal delivery and delivered a female baby of 2.035 kg. Both mother and baby were discharged in stable condition.

Conclusion :
Even after the onset of hydrops fetalis, vigilant monitoring and timely intrauterine transfusion can effectively prevent fetal demise secondary to Rh alloimmunization. A coordinated multidisciplinary approach involving obstetricians, fetal medicine specialists, and neonatologists is crucial to ensure optimal perinatal outcomes.

Abstract ID: IO/CR/02

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Abstract Title:
UTERINE ARTERY EMBOLIZATION: A CONSERVATIVE AND FERTILITY SPARING APPROACH- A CASE SERIES OF 5 PATIENTS

Introduction :
Uterine Artery Embolization is a minimally invasive interventional radiological procedure used to control obstetric and gynecological hemorrhage while preserving the uterus. It has become a valuable alternative to hysterectomy, particularly in women desiring fertility preservation.

Case Description :
A total of 5 patients underwent UAE in our institute from june 2023 to june 2025. The indications included one case of Placenta Accreta, one case of uterine Arteriovenous Malformation, and three cases of symptomatic fibroids(1 gravid uterus). All procedures were performed under fluoroscopic guidance using polyvinyl alcohol particles and microspheres as embolic material. High risk factors observed included previous LSCS and large fibroid size (>10cm) One patient required blood transfusion intra-operatively, in rest of the patients intraoperative period was uneventful. All the women who were having fibroid showed significant reduction in symptoms and size on postoperative imaging at 3 months. Arteriovenous malformation had complete cessation of abnormal uterine bleeding and complete resumption of menstrual cycle. Patient with Placenta Accreta had effective control of post partum hemorrhage and uterine preservation. No major postoperative complications were reported.

Conclusion :
Uterine Artery Embolization is an effective , safe and uterine preserving procedure for controlling hemorrhage in selected obstetric and gynecological cases. This case series provides an insight into the use of Uterine Artery Embolization as a valuable alternative to more invasive surgical interventions with minimal morbidity. More studies are required to understand the long term efficacy of this technique.

Abstract ID: IO/CR/03

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Abstract Title:
UTERINE FIBROID EMBOLIZATION FOR ATTEMPTED FAILED SURGICAL MANAGEMENT: A CASE SERIES

Introduction :
Uterine fibroid embolization (UFE) is a well-established minimally invasive therapy for symptomatic fibroids. We present our experience with UFE in the past one year in a public healthcare set-up for women with attempted failed surgical management.

Case Description :
Four women underwent UFE at our centre. The age ranged from 32-45 years. The women had parity ranging from zero to three. All the four cases were referred cases with attempted failed surgical management for symptomatic uterine fibroids. There were two failed attempted open hysterectomies, one failed attempted open myomectomy and one failed attempted laparoscopic myomectomy. The size of fibroids ranged from 5.2x4.4x4.0cm to 9.6x8.6x7.1cm. One woman underwent two sittings of UFE. All cases had satisfactory amelioration of symptoms, with no complications.

Conclusion :
UFE is a minimally invasive therapy for symptomatic uterine fibroids, and is useful in cases of attempted failed surgical management for fibroid uterus.

Abstract ID: IO/CR/04

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Abstract Title:
BILATERAL UTERINE ARTERIES WITH ANOMALOUS ORIGIN WITH PSEUDOANEURYSMAL RUPTURE REQUIRING ENDOVASCULAR INTERVENTION IN A GRAND MULTIPARA: A RARE LIFE THREATENING POSTPARTUM OBSTETRICS EMERGENCY

Introduction :
To present a rare life-threatening case of postpartum retroperitoneal hemorrhage secondary to ruptured uterine artery pseudoaneurysms in grand multiparous woman, emphasizing importance of multidisciplinary management in high-risk obstetrics.

Case Description :
Methods:Case report on 28-year-old unregistered G6P4L4A1(34.3weeks gestation)with severe anemia(Hb-5.7g/dL) presented with abdominal pain, admitted for antenatal optimization and monitoring. Patient underwent hematological ans serological evaluation, received multiple transfusions, delivered healthy male baby vaginally.Postpartum behavioural changes(self-inflicted injury) lead to intraperitoneal hemorrhage. On imaging:CECT diagnosed of ruptured pseudoaneurysms of ovarian arteries. Interventional radiology and vascular surgery teams decided for embolization. Intraoperatively diagnosed-Anomalous origin of Bilateral uterine arteries from abdominal aorta with bilateral pseudoaneurysms with left pseudoaneurysmal rupture and performed successful bilateral uterine arteries embolization with infrarenal-aortic stenting. Results:Postpartum, behavioural changes leading to retroperitoneal hemorrhage secondary to ruptured pseudoaneurysm lead to large hematoma(450-500cc). During endovascular embolization procedure, diagnosed bilateral uterine artery pseudoaneurysms with anomalous origin from abdominal aorta, previously misinterpreted-ovarian arteries. Bilateral uterine arteries embolized successfully by endovascular intervention. Postoperative course was complicated by hypokalemia, post-embolization syndrome managed medically. Serial imaging demonstrated gradual resolution of hematoma. Patient was discharged after complete clinical resolution with baby in good health.

Conclusion :
Anomalous origin of bilateral uterine artery with bilateral pseudoaneurysms with left psuedoaneurysmal rupture is rare,but catastrophic postpartum obstetrics emergency. Early recognition, prompt imaging, endovascular intervention are critical for maternal survival. This case highlights significance of antenatal optimization, role of multidisciplinary coordination, need for awareness of vascular complications, anomalous origin of uterine arteries in postpartum women presenting with unexplained abdominal signs.

Abstract ID: IO/CR/05

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Abstract Title:
COMPARATIVE STUDY BETWEEN FERRIC CARBOXYMALTOSE AND IRON SUCROSE IN ANTENATAL WOMEN WITH IRON DEFICIENCY ANEMIA

Introduction :
Iron deficiency anemia (IDA) continues to be the most common medical disorder complicating pregnancy, contributing to poor maternal and perinatal outcomes. Intravenous iron preparations such as Iron Sucrose (IS) and Ferric Carboxymaltose (FCM) have improved anemia management, yet comparative data in antenatal women remain limited. Methods: A prospective comparative study was conducted on 100 antenatal women with Hb <10 g/dL and serum ferritin <30 µg/L. Participants were randomized into two equal groups—Group A received FCM (up to 1000 mg/sitting) and Group B received IS (200 mg on alternate days). Inclusion criteria: Singleton pregnancy between 24–36 weeks with confirmed IDA. Results: Mean rise in hemoglobin was 2.8 ± 0.6 g/dL in the FCM group vs 1.9 ± 0.5 g/dL in the IS group ($p<0.001$). Serum ferritin increased by 58.4 ± 12.2 µg/L with FCM vs 32.6 ± 10.4 µg/L with IS ($p<0.001$). Both drugs were well tolerated.

Case Description :
A 26-year-old primigravida at 30 weeks with Hb 8.2 g/dL and ferritin 18 µg/L received a single 1000 mg dose of FCM. Within 4 weeks, her Hb rose to 11.1 g/dL and ferritin to 65 µg/L, with improved energy levels and no adverse effects. This case exemplifies the rapid and sustained efficacy of FERRIC CARBOXYMALTOSE compared to the multiple-dose regimen required with IRON SUCROSE

Conclusion :
Background: Iron deficiency anemia (IDA) continues to be the most common medical disorder complicating pregnancy, contributing to poor maternal and perinatal outcomes. Intravenous iron preparations such as Iron Sucrose (IS) and Ferric Carboxymaltose (FCM) have improved anemia management, yet comparative

Abstract ID: IO/CR/06

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Abstract Title:
ROLE OF INNOVATIVE P SUTURE IN THE MANAGEMENT OF PLACENTA ACCRETA SPECTRUM

Introduction :
PAS is a complication of pregnancy affecting 3 per 1000 women. Risk factor for PAS is previous cesarean delivery and placenta previa. The incidence increases 3%, 11% and 40% according to 1, 2, 3 or more sections. It can be seen in primigravida as well. In > 50% cases of PAS hysterectomy is done to save life of these young women. To save uterus of these patients P suture is innovated. P suture is applied through the lateral myometrial wall of uterus. It is applied 1 cm medial, to lateral border of uterus, tacking stitch anterior to posterior from one side and bringing same stitch from posterior to anterior from another side and ligating anteriorly. Vicryl no 1 is used for P suture and multiple P sutures can be applied.

Case Description :
1. G2P1L0 with 34 weeks pregnancy with previous section with central placenta previa with grade III invasion was taken for caesarean. Consent for hysterectomy taken after explaining prognosis. Patient wanted to save the uterus. Four P suture and two cervical stiches applied.3 unit blood and two FFP transfused. Bleeding from vagina was normal in color and amount in post operative period. 2. G3P2L1 with previous 2 section with 37 weeks pregnancy with short delivery interval with BPV was admitted as unbooked case. On USG she was diagnosed as anterior placenta with grade III invasion. Baby delivered. by upper segment incision. 7 P suture and one cervical suture applied.

Conclusion :
p suture is effective in management of PAS.

Abstract ID: IO/CR/07

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Abstract Title:
EXPULSION OF INFARCTED MYOMA FOLLOWING ULTRASOUND-GUIDED UTERINE ARTERY EMBOLIZATION: A FERTILITY PRESERVING APPROACH

Introduction :
Uterine fibroids (leiomyomas) are the most common benign neoplasm of the female pelvis and have a lifetime prevalence approaching 70% among caucasian women. Hysterectomy remains the most common treatment option for fibroids, and concerns have been raised about the overuse of this procedure. Uterine artery embolization (UAE) is now a well-established uterine-preserving and minimally invasive therapy for symptomatic fibroids.

Case Description :
A 29-year-old female with P1L1 came with increased bleeding per vaginum during menses for 2 months. Ultrasonography revealed a large fibroid of 8 x 7cm in the posterior wall of myometrium. She underwent uterine artery embolization for the same. The fibroid was expelled through the vagina in small portions over a period of 1 month following the intervention.

Conclusion :
The Outcome was that there was a significant reduction in the size of the fibroid with a considerable amount of symptomatic relief to the patient within a month's time. Uterine fibroids are the most common benign pelvic neoplasms, affecting nearly 40% of women of reproductive age. In the management of symptomatic fibroids, uterine artery embolization is a safe and effective alternative to surgery with markedly reduced morbidity and mortality and a fertility-preserving approach, helping the patient to have a prospect of future pregnancy.

Abstract ID: IO/CR/08

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Abstract Title:
USE OF COMBINATION OF VITAMIN D POWDER WITH GENTAMYCIN INJECTION IN MANAGEMENT OF NON-HEALING WOUNDS : TWO CASE REPORTS

Introduction :
Introduction - Non-healing wounds are those that fail to repair naturally and require medical or surgical intervention to achieve closure. Such wounds often stagnate in the inflammatory phase, preventing progression to normal healing. Increasing incidence of these wounds has been attributed to delayed treatment and limited access to affordable care. Identifying effective, low-cost therapies remains a clinical priority. To the best of our knowledge, this is the first report describing the use of a combination of vitamin D powder and gentamicin injection as a localized wound therapy for both acute and chronic non-healing wounds resistant to conventional management.

Case Description :
Case 1: A 35-year-old post-LSCS female presented eight weeks post-delivery with a gaping, purulent wound. Dressings using vitamin D sachet and gentamicin injection were applied every five days. Significant improvement with 70% reduction in discharge and wound healing was observed by the sixth dressing, with complete closure by the ninth dressing without additional antibiotics. Case 2: A 62-year-old post-hysterectomy female presented ten weeks post-surgery with necrotizing fasciitis and foul-smelling discharge. After thorough cleaning, dressings with vitamin D and gentamicin were performed every four days. Marked improvement was seen, with healthy tissue formation and complete wound healing after 16 dressings.

Conclusion :
Conclusion - This novel technique enhances tissue regeneration, modulates inflammation, and strengthens antimicrobial defense, creating an optimal environment for wound repair. The approach demonstrated rapid healing, reduced infection, and cost-effectiveness. Further large-scale studies are recommended to validate its efficacy and establish its role in modern wound management.

Abstract ID: IO/CR/09

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Abstract Title:
UTERINE CONSERVING SURGERY IN PATIENT WITH CERVICO VAGINAL AGENESIS A CASE REPORT

Introduction :
Congenital absence of vagina in patient with variable uterine development known as mullerian agenesis or MRKH syndrome, conservative surgery has been suggested in patient with congenital cervicovaginal atresia in order to relieve symptoms and conserve fertility.

Case Description :
A 17 year old female came in our gyne OPD with complaints of primary amenorrhea with cyclical abdominal pain since 2 years, usg revealed large amount of blood accumulation in uterine cavity and a large chocolate cyst and hematosalpinx ,in an abdomino-perinal approach, blood in uterine cavity was drained, cyst was removed and a neo vagina was created, by dissecting space between bladder and rectum. Malecots catheter was placed in situ between uterine ending and neovagina to prevent vaginal stricture for 21 days , then a vaginal mould was given to the patient for continuous application. Patient was well aware of the procedure and kept in regular follow up.

Conclusion :
Successful conservative treatment in this patient, vaginal reconstruction with uterovaginal anastomosis and continuous application of vaginal mould.

Abstract ID: IO/CR/10

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Abstract Title:
INFUSING THE ESSENCE OF LIFE: AMNIOINFUSION IN A CASE OF SEVERE OLIGOHYDRAMNIOS

Introduction :
G2E1 with 32 weeks came with scan report showing AFI of 5. All conservative measures taken, monitored her closely. When AFI further reduced to 4, decision was taken to do amnioinfusion by fetal medicine expert. The procedure went well and AFI increased to 8 immediate post procedure which maintained the same till 36 weeks. Later 36 weeks 5 days, the AFI dropped down to 5. She was pulled through another 2 days, steroided and then elective cesarean was taken as the patient didn't want to undergo induction and trial of normal delivery.

Case Description :
Amnioinfusion helped us to pull through the pregnancy for 5 more weeks when aggressive hydration, arginine, and other methods failed.

Conclusion :
Amnio fusion when carefully done by fetal medicine expert, provides an excellent outcome. Case selection is ideally important.

Abstract ID: IO/CR/11

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Abstract Title:
SUCCESSFUL PREGNANCY OUTCOME IN A CASE OF INFRARENAL ABDOMINAL AORTIC ANEURYSM

Introduction :
Management of an infrarenal aortic aneurysm during pregnancy involves a multidisciplinary approach focusing on strict blood pressure control with multiple drugs, serial imaging for aneurysmal growth, and careful surgical planning.

Case Description :
33 year old lady, G2P1L0, presented at 14 weeks with infrarenal aortic aneurysm. It was diagnosed in2023 on CT angiogram which showed a fusiform aneurysmal dilatation of infrarenal abdominal aorta measuring 4.6 x 3.6 x 3.1 cm extending till just proximal to bifurcation of aorta. In pregnancy at 15wk POG, imaging revealed infrarenal aortic aneurysm of size 4.1 x 3.2 x 7.9 cm with minimal eccentric thrombus. Six weekly ultrasound was done for monitoring size of aneurysm which did not reveal any further increase in size. Blood pressure was controlled throughout pregnancy on multiple antihypertensives including Amlodipine, Metoprolol, Isolazine. A multidisciplinary team with cardiothoracic surgeons, cardiologist, neonatologists was made and was planned for delivery by elective caesarean at 34 weeks. Intensive monitoring of blood pressure and foetal wellbeing was done. However, she experienced preterm labour at 32 weeks 2 days. An emergency caesarean with LNG-IUCD insertion under spinal anaesthesia was performed in CTVS OT under care of cardiac anaesthesiologist and a healthy baby weighing 1640gm was delivered. She was monitored in ICU on POD 1, where her blood pressure was stabilised on multiple anti-hypertensives. She was finally discharged on POD 17 in stable condition.

Conclusion :
Pregnancy with infrarenal aortic aneurysm can be managed successfully with intensive maternal foetal surveillance and strict control of blood pressure by a multidisciplinary team approach.

Abstract ID: IO/CR/12

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Abstract Title:
CAESAREAN SCAR ENDOMETRIOSIS-A RARE ENTITY FOR PAINFUL SCAR:A CASE SERIES AND REVIEW OF LITERATURE

Introduction :
Endometriosis is the presence of endometrial glandular and stromal tissue in areas outside the uterus. It occurs in 10-15% of all women of reproductive age and 25-35% of all infertile women. Scar endometriosis or incisional endometriosis is an infrequent 3 type of extra pelvic endometriosis reported in 0.03-1.08%. Usually presents in women who have undergone a previous abdominal or pelvic operation mostly after caesarian section. It is mostly confused with other surgical and dermatological conditions like hernia, abscess, suture granuloma, and lipoma, hematomas, abscesses, cheloids, suture granulomas, sebaceous cysts, malignant tumours. We are reporting 4 cases of incisional endometriosis with history of caesarian section in last 3 years in deptt of obstetrics and gynaecology. By reporting the case series, we intend to increase the awareness of this rare condition.

Case Description :
A 25 years female(P1L1) presented in gynaecological clinic with complaints of a swelling on left lateral side of previous pfannenstiel incision scar since eight months. Patient had previous caesarian section two years back. The swelling was progressively increasing in size and associated with pain during menses. On examination the swelling was 4x3 cm, firm restricted mobility. She was managed initially conservatively as stitch granuloma, but the symptoms remained same. Wide excision of that mass performed. Histopathology showed glands and stroma of endometriosis which confirmed diagnosis of endometriosis of abdominal wall scar.

Conclusion :
here should be high index of suspicion of incisional endometriosis with a woman presents with painful swelling in the abdominal scar especially with a history of previous gynecological or obstetrical

Abstract ID: IO/CR/13

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Abstract Title:
WHEN MRKH SYNDROME MEETS A GIANT DERMOID : A RARE INTERSECTION OF CONGENITAL AND OVARIAN PATHOLOGY"

Introduction :
Mature ovarian cystic teratoma, commonly known as an ovarian dermoid, is among the most frequent benign ovarian neoplasms, accounting for nearly 15–20% of all ovarian tumours. Its peak incidence ranges between 70–80% in women of reproductive age, typically between 20 and 40 years. While giant mature cystic teratomas are rarely reported, their occurrence in association with Mayer–Rokitansky–Küster–Hauser (MRKH) syndrome remains exceptionally rare.

Case Description :
We present a case of a 45-year-old nulligravida with a history of primary amenorrhea and underlying congenital cardiac conditions who presented with progressive abdominal distension. On subsequent evaluation with MRI, she was found to have a giant mature cystic teratoma with a type 1 Müllerian anomaly. This case is particularly unique and noteworthy due to the multitude of diagnostic and management challenges, compounded by associated cardiac anomalies, bilateral hydroureteronephrosis, and the unusually massive tumour size. These overlapping complexities significantly influenced the clinical approach, therapeutic planning and careful coordination across specialties.

Conclusion :
This report emphasizes the importance of increasing public health awareness to encourage early healthcare-seeking behaviour. It also highlights the essential role of timely imaging, comprehensive evaluation, and strong multidisciplinary collaboration in optimizing outcomes for patients with complex gynaecological conditions.

Abstract ID: MCH/CR/01

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Abstract Title:
A RARE CASE OF CENTRAL SEROUS RETINAL DETACHMENT WITH ACUTE KIDNEY INJURY SECONDARY TO POSTPARTUM SEVERE PRE-ECLAMPSIA MANAGED IN A LOW RESOURCE SETTING

Introduction :
Serous retinal detachment (RD) can occur either during or after pregnancy, and often associated with hypertensive disorders in pregnancy, mainly with co-existent HELLP Syndrome. It usually resolves spontaneously with close monitoring, but may progress into permanent deterioration in visual function, if not managed promptly. In this case report, we aimed to present diagnostic and clinical management challenges related to various presentations of post-partum Pre-eclampsia in a low resource setting.

Case Description :
24 yrs old primigravida normotensive lady with FGR underwent Emergency cesarean delivery for non-progress of labor with no immediate complication. On 1st post- operative day, she had headache, blurring of vision and increased BP recordings with mild oliguria. Initial findings and investigations are suggestive of severe post-partum pre-eclampsia and HELLP Syndrome. Ophthalmic suggestive of B/L Central Serous Retinal Detachment (RD) patches of anaemic detachment and no sign of PRES on NCCT head. She was managed conservatively. Her partial blindness status was deteriorating and she also progressed into AKI She was managed very cautiously with fluid challenge management. She was also transfused 4 x PRBC for correction of anaemia and development of Retinal hemorrhage because of gradually improving RD status. Her recovery was satisfactory.

Conclusion :
Though the prevalence of serous retinal detachment is higher in severe pre-eclampsia and HELLP syndrome, it can occur in pregnant women even in post-partum period without hypertension or proteinuria during ante-natal period. Detailed multidisciplinary evaluation, close follow-up and evaluation during both antenatal and postnatal period are key in management of such cases.

Abstract ID: MCH/CR/02

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Abstract Title:
BREAKING THE BULLAE: CYCLOSPORINE RESCUE IN STEROID-RESISTANT PEMPHIGOID GESTATIONIS

Introduction :
Pemphigoid gestationis (PG) is a rare autoimmune bullous dermatosis of pregnancy, affecting approximately 1 in 50,000–60,000 pregnancies. It is characterized by pruritic papules, plaques, and tense bullae, usually arising around the periumbilical region, and is mediated by maternal IgG autoantibodies against BP180. PG is associated with adverse obstetric outcomes, including preterm delivery and fetal growth restriction, warranting timely recognition and coordinated management.

Case Description :
A 28-year-old primigravida at 30 weeks of gestation presented with pruritic erythematous papules, plaques, and vesicles, initially around the periumbilical area and subsequently spreading to the face, limbs, palms, and soles. Histopathology and direct immunofluorescence confirmed the diagnosis of PG, showing subepidermal bullae with linear IgG and C3 deposition. The patient was started on systemic corticosteroids (prednisolone 30–40 mg/day) with antihistamines, topical corticosteroids, and supportive care. However, persistent new bullae and worsening pruritus indicated steroid resistance. Cyclosporine (100 mg twice daily) was introduced as a second-line immunosuppressant alongside continued prednisolone. The patient was admitted for close maternal–fetal surveillance, including fetal monitoring, biochemical assessments, and dermatology–obstetric co-supervision.

Conclusion :
Clinical improvement was achieved with cyclosporin and prednisolone combination. On routine feto-maternal surveillance, patient developed oligohydramnios with FGR, emergency caesarean section was done i/v/o fetal distress at 36 weeks and baby weight was 1.8 kg with no lesions. No postpartum flare ups were seen and she was discharged on prednisolone in a satisfactory condition. Both baby and the mother are doing well.

Abstract ID: MCH/CR/03

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Abstract Title:
RUPTURE IN AN UNSCARRED UTERUS: A RARE BUT CATASTROPHIC OBSTETRIC EMERGENCY

Introduction :
Uterine rupture is a rare, life-threatening obstetric complication which is associated with high foetal and maternal morbidity and mortality, most commonly occurs in women with a prior uterine scar, typically from a cesarean section. However, rupture of an unscarred uterus is extremely rare and poses unique diagnostic and management challenges due to its unpredictability and rapid clinical deterioration.

Case Description :
Here is a case report on presentation and outcome of a case of rupture in an unscarred uterus in the third trimester. This case has been considered for presentation due to its rarity, diagnostic dilemmas and immediate surgical intervention which led to the most favourable yet unexpected foeto-maternal outcome. This case is unique in its presentation as the uterine rupture happened at the fundus of an unscarred uterus with no specific symptoms of uterine rupture and without foetal demise.

Conclusion :
Spontaneous rupture of an unscarred uterus in the third trimester is an extremely rare but potentially fatal obstetric emergency. This case highlights the need for clinicians to maintain a high degree of clinical suspicion, even in low-risk patients with no identifiable predisposing factors. Early recognition, prompt surgical intervention, and appropriate postoperative care are crucial in improving maternal outcomes. Contrary to the age-old idea of cent percent foetal demise in secondary abdominal pregnancy, a live baby was delivered from the peritoneal cavity which was not only rare but also made the case reportable.

Abstract ID: MCH/CR/04

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Abstract Title:
ACUTE ONSET POSTPARTUM PLEURAL EFFUSION: A NEAR-MISS MATERNAL CASE DUE TO SCRUB TYPHUS INFECTION

Introduction :
Scrub typhus in pregnancy is a rare infection that can lead to multiorgan failure and catastrophic feto-maternal outcomes. Scrub typhus is commonly found in Asia and is caused by the intracellular bacteria Orientia tsutsugamushi.

Case Description :
A 32-year-old second gravida with a history of previous cesarean section presented in labor. Emergency ceserean section was done as intrapartum fetal cardiotocography showed baseline bradycardia and the immediate postoperative course was uneventful for 48 hours. On day three postoperatively, the patient developed high-grade intermittent spikes of fever and breathlessness with a non-productive cough. Respiratory system examination revealed coarse crepitations in bilateral lung fields and a stony dull note with absent air entry in the left infraaxillary and infra-scapular area. The patient was shifted to the intensive care unit for further management. Chest X-ray revealed bilateral parapneumonic effusions left more than right and bilateral consolidation with blunting of costophrenic-angles suggestive of effusion. Her blood investigations revealed IgM antibody for scrub typhus was positive. She was started on supplemental oxygen therapy. Due to the peripartum status tablet of azithromycin, 500 mg once a day for five days. Ultrasound-guided drainage of pleural fluid was done; analysis suggestive of exudative effusion by Light's criteria. Pleural fluid ADA was negative. The patient was afebrile after three days, breathlessness subsided, and the drain was removed and patient was discharged.

Conclusion :
scrub typhus in pregnant women is underreported because of low awareness and non-availability of diagnostic methods. Scrub typhus must be ruled out in pregnant females when they present with fever and respiratory

Abstract ID: MCH/CR/05

Presenter's Name: Dr. Batuljohra A Durani

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Abstract Title:
CURIOUS CASE OF HYDROXYCHLOROQUINE IN RECURRENT PREGNANCY LOSS

Introduction :
HCQ is Potent and safe Anti inflammatory drug in case of Recurrent Pregnancy Loss due to Auto Immune or non Auto Immune disorders.

Case Description :
I encountered 2 cases of RPL in my OPD who had previously completed full course of Progesterone and Steroid therapies ending up with bleeding P/V and subsequent Pregnancy loss. Case 1 : 36 Yrs/F, G6P1L1A4, Presented with 12 wks of Amenorrhea, Had H/O Leucocytosis and Thrombocytosis in previous pregnancies leading to missed abortions, on presentation, Hb 10.8 g/dl, WBC: 19,000 , Platelets : 5,91,000 with negative TORCH and APLA with Positive ANA screening and Negative ANA Profile. Case 2 : 30 Yrs/F, G4P0L0A2E1 presented on 7 weeks of Amenorrhea with bleeding P/V, cardiac activity Present, Sub Chorionic Haematoma with past H/O missed Abortions subsequent to Sub Chorionic Haematoma, bleeding P/V along with Negative ANA & TORCH (IgG +ve).

Conclusion :
In 1st case Healthy pregnancy lasted for 34 weeks, Planned LSCS performed and healthy child delivered. In 2nd case pregnancy reached to 28 weeks with normal NT and Anomaly scan. EDD is 14/01/2026. This Proves that HCQ acted Miraculously as in cases of Recurrent Pregnancy Losses (Autoimmune / Non Autoimmune diseases) to Sustain Pregnancy with no known side effects.

Abstract ID: MCH/CR/06

Presenter's Name: Dr. Shruti Singh

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Clinic

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Country: India

Abstract Title:
NAVIGATING THE MULTISYSTEM CHALLENGES OF SJOGREN'S SYNDROME IN PREGNANCY

Introduction :
PREGNANCY IN SJöGREN'S SYNDROME (SS) IS INHERENTLY HIGH-RISK, CHARACTERIZED BY THREATS OF DISEASE FLARES, THROMBOEMBOLISM, AND FOETAL CONGENITAL HEART BLOCK (CHB). THE SUPERIMPOSITION OF OTHER OBSTETRIC PATHOLOGIES CAN CREATE A STORM, DEMANDING ASTUTE AND DYNAMIC MULTIDISCIPLINARY MANAGEMENT. I PRESENT A COMPLEX CASE OF PREGNANCY WITH SJOGREN'S SYNDROME, FURTHER COMPLICATED BY INTRAHEPATIC CHOLESTASIS OF PREGNANCY (ICP) AND SIGNIFICANT PLACENTAL COMPROMISE.

Case Description :
34-YEAR-OLD PRIMIGRAVIDA WITH SS, STABLE ON HYDROXYCHLOROQUINE 200 MG/DAY, PRESENTED FOR ANTENATAL CARE. HER INITIAL MANAGEMENT FOCUSED ON ROUTINE SURVEILLANCE FOR SS-RELATED COMPLICATIONS, INCLUDING SERIAL FOETAL ECHOCARDIOGRAPHY FOR CHB SCREENING. IN THE THIRD TRIMESTER, SHE DEVELOPED INTRACTABLE PRURITUS OF THE PALMS AND SOLES, ACCOMPANIED BY A DERANGED LIVER PROFILE, CONFIRMING A DIAGNOSIS OF ICP. CONCURRENTLY, SONOGRAPHIC SURVEILLANCE REVEALED ALARMING SIGNS OF PLACENTAL INSUFFICIENCY, INCLUDING A GRADE-3 PREMATURELY CALCIFIED PLACENTA. GIVEN THE DUAL HIGH-RISK PATHOLOGIES—ICP AND PLACENTAL INSUFFICIENCY—A DECISION WAS MADE FOR DELIVERY. A LOWER SEGMENT CAESAREAN SECTION WAS PERFORMED UNDER SPINAL ANAESTHESIA. POSTPARTUM MANAGEMENT PRIORITIZED THROMBOPROPHYLAXIS AND CONTINUED MONITORING FOR SYSTEMIC SS MANIFESTATIONS, INCLUDING RENAL AND SICCA SYMPTOMS. BOTH MOTHER AND NEONATE HAD A FAVOURABLE OUTCOME.

Conclusion :
THIS CASE HIGHLIGHTS THE COMPOUNDED RISK WHEN AN AUTOIMMUNE CONDITION LIKE SS COEXISTS WITH SPECIFIC OBSTETRIC SYNDROMES LIKE ICP. THE INFLAMMATORY MILIEU OF SS MAY POTENTIATE PLACENTAL DYSFUNCTION. THIS CASE UNDERSCORES THE CRITICAL NEED FOR A LOW THRESHOLD FOR INVESTIGATING NEW SYMPTOMS IN SUCH PATIENTS AND EMPHASIZES THAT TIMELY DELIVERY IS PARAMOUNT WHEN FOETAL WELL-BEING IS COMPROMISED. A PROACTIVE, MULTIDISCIPLINARY APPROACH IS ESSENTIAL TO SUCCESSFULLY NAVIGATE SUCH COMPLEX CLINICAL SCENARIOS.

Abstract ID: MCH/CR/07

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Country: India

Abstract Title:
A RARE CASE REPORT ON ACUTE UTERINE INVERSION A LIFE THREATENING OBSTETRIC EMERGENCY

Introduction :
Uterine inversion is a rare but life-threatening obstetric emergency in which the uterus turns inside out, usually during the third stage of labor. It is often associated with severe hemorrhage and shock, requiring prompt recognition and timely management to prevent maternal morbidity and mortality.

Case Description :
We report the case of a 27-year-old multiparous woman (P4L4) who was referred to the Labor room of obstetrics and gynaecology department 15 hours postpartum with total uterine inversion and hypovolemic shock. The inversion occurred following placental traction performed by a midwife during the third stage of labor. On arrival, the patient was drowsy, anemic, and in circulatory collapse with active vaginal bleeding. Immediate resuscitative measures were initiated with intravenous fluids, blood transfusion, and oxygen therapy. Johnson's manual reposition was attempted under anesthesia but failed, necessitating laparotomy. Both Huntington and Haultain procedures were attempted without success. Owing to persistent inversion and uncontrolled bleeding, a total hysterectomy was performed.

Conclusion :
This case highlights the importance of early recognition, skilled management and appropriate referral in cases of uterine inversion. Mismanagement during the third stage of labor can have catastrophic consequences, emphasizing the need for training in safe delivery practices and emergency obstetric care.

Abstract ID: MCH/CR/08

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Abstract Title:
DEFYING THE ODDS, FROM HYPOXIA TO HOPE: SUCCESSFUL PREGNANCY OUTCOME IN A CASE OF UNIVENTRICULAR HEART

Introduction :
Survival of women with complex congenital heart disease is improving with advances in medicine. Univentricular heart accounts for 0.5-1.5% of women with congenital heart disease. Survival to adulthood is rare in uncorrected cases, with few achieving successful pregnancy outcome. Systemic and pulmonary circulations originate from the single ventricle resulting in increased risk of complications and so pregnancy is discouraged here.

Case Description :
Mrs.TB first visited our OPD(12.03.2025) as primigravida with unplanned pregnancy at 20 weeks gestation. She was a known case of cyanotic-congenital heart disease with history of cardiac surgery (2016). She presented with grade-4 clubbing, saturation between 80-88% (room-air) and Echo showing EF: 55%, B/L Glenn-Shunt, single-ventricular physiology, non-restrictive ASD, situs- solitus and severe valvular PS, so she was advised MTP from outside setup. Post admission anomaly scan and fetal echo were done. Medical Board with Obstetrics, Cardiology and CTVS constituted (19.03.2025) and decision taken to continue pregnancy as per patient's wish, after explaining all risks. She was followed-up biweekly and admitted at 34 weeks of gestation for safe confinement. Patient went into spontaneous labour at 36 weeks and delivered a baby of 2025gm vaginally with outlet forceps (25.06.2025), in collaboration with cardiology team. Post-delivery one episode of PPH was cautiously managed. After uneventful early puerperium, patient was discharged in stable condition with healthy baby.

Conclusion :
With advances of care more women with single ventricle are surviving to reproductive age and thus there is a need to understand the increased risk in pregnancy here.Dedicated multidisciplinary team approach can help optimise the outcome.

Abstract ID: MCH/CR/09

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Abstract Title:
TORSION OF GIANT CORPUS LUTEAL CYST IN 34 WEEKS PREGNANCY: AN UNUSUAL CASE MANAGED BY EMERGENCY LSCS AND OVARIAN CYSTECTOMY

Introduction :
Large Ovarian cysts in late pregnancy are unusual and torsion of a corpus luteal cyst in late third trimester is quite rare. Cyst measuring more than 10cm may cause acute abdomen and pose a risk of preterm labour and maternal and fetal complications.

Case Description :
1. A 29yrs G3P1L1A1 female with 34 weeks gestation presented with excruciating pain in abdomen. She was diagnosed with right ovarian cyst of 3x4 cm in early 2nd trimester. 2. Vitals were stable, on palpation tenderness was present in right hypochondriac, lumbar and iliac region. USG revealed a 17x16 cm right ovarian cyst with healthy fetus. 3. Obstetric history:- G1- Emergency LSCS 3years back, alive male child. G2-left tubal ectopic 1yr ago, laparoscopic left salpingectomy done. 4. Due to worsening pain and gestational consideration, an Emergency LSCS [alive female child of weight 1.95kgs delivered] followed by Right Ovarian Cystectomy was done. 5. A right ovarian cyst extending till diaphragm with torsion was noted, cyst detorsed and 3.4 liters of fluid drained, cyst wall removed after separating from normal ovarian tissue. Right tube and left ovary normal. 6. Histopathology showed a 10.5x10x2 cm cyst with luteinized granulosa cells, theca interna, hemorrhage and congested vessels confirming a corpus luteal cyst with torsion changes. 7. Both mother and baby were stable and discharged on post-operative day3.

Conclusion :
Large ovarian cyst with torsion in late pregnancy is rare surgical emergency. This case highlights that prompt combined obstetric and surgical management can be achieved, ensuring maternal and fetal safety while preserving ovarian function.

Abstract ID: MCH/CR/10

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Abstract Title:
A CASE OF TRAUMATIC POSTPARTUM HEMORRHAGE WITH BROAD LIGAMENT HEMATOMA

Introduction :
The Third stage of labor is a critical period during which a normal delivery can rapidly become catastrophic. Postpartum hemorrhage remains a major cause of maternal morbidity and mortality worldwide. Although uterine atony accounts for most cases, traumatic etiologies-including cervical and vaginal tears, uterine rupture, and broad-ligament hematoma- can also cause massive bleeding. Early recognition and prompt intervention are essential to reduce adverse outcomes.

Case Description :
A 27 year old multiparous woman (P4L4A1) delivered a healthy term neonate vaginally. Shortly after delivery , she developed continuous vaginal bleeding despite a well-contracted uterus. Examination revealed a cervical tear at 3 O' clock position with active bleeding. Extension into the uterine vessels was suspected, and an emergency exploratory laparotomy was performed. Intraoperatively, a rapidly enlarging 6 x 7 cm broad-ligament was identified. As conservative measures failed to control hemorrhage, total abdominal hysterectomy was performed in the patient's best interest . Hemostasis was achieved, and patient was stabilized postoperatively, recovery was uneventful.

Conclusion :
Broad-ligament hematoma following vaginal delivery is rare but potentially fatal cause of postpartum hemorrhage. Early recognition , prompt diagnosis, and surgical preparedness are vital to prevent maternal morbidity and mortality. A multidisciplinary team approach, adequate blood transfusion support, and timely decision for hysterectomy when conservative methods fail can be life saving. This case emphasizes the need for vigilance even after an apparently normal delivery to ensure optimal maternal outcomes.

Abstract ID: MCH/CR/11

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Abstract Title:
A SUCCESSFULLY MANAGED CASE OF PLACENTA INCRETA – A MULTIDISCIPLINARY APPROACH

Introduction :
Placenta percreta, a severe variant of the placenta accreta spectrum, is a rare but life-threatening obstetric condition characterized by complete invasion of chorionic villi through the myometrium and serosa, sometimes involving adjacent organs such as the bladder. Its incidence is rising due to the increasing number of cesarean deliveries and uterine surgeries. Early diagnosis and multidisciplinary management are essential to prevent catastrophic hemorrhage and improve maternal outcomes.

Case Description :
A 29-year-old woman, gravida 4 para 2 living 1 abortion 1, with two previous cesarean sections and diabetes mellitus on insulin, presented at 27 weeks of gestation with draining per vaginum for two days. Ultrasonography and MRI revealed a single live intrauterine gestation with anhydramnios, an anomalous fetus, and grade 4 placenta previa with placental invasion up to the uterine serosa, suggestive of placenta percreta. A multidisciplinary team comprising obstetricians, anesthetists, urologists, neonatologists, and interventional radiologists was involved in management. Adequate blood products were reserved, and informed consent was obtained. Under spinal anesthesia, an elective hysterotomy with prophylactic bilateral internal iliac artery ligation was performed, which proceeded to total abdominal hysterectomy. Two units of packed red blood cells were transfused intraoperatively, and the patient remained stable. Postoperative recovery was uneventful, with one additional transfusion, and she was discharged on postoperative day 14.

Conclusion :
This case emphasizes the importance of antenatal diagnosis, surgical preparedness, and multidisciplinary teamwork in optimizing maternal outcomes in placenta percreta

Abstract ID: MCH/CR/12

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Abstract Title:
A RARE CASE REPORT ON SICKLE CELL DISEASE IN PREGNANCY COMPLICATED BY ACUTE CHEST SYNDROME AND POSTPARTUM THROMBOSIS

Introduction :
Sickle cell disease(SCD) in pregnancy is associated with increased maternal and fetal morbidity.We report a rare presentation of SCD in a primigravida complicated by acute chest syndrome (ACS) in the third trimester and post partum venous thrombosis,managed successfully with a multidisciplinary approach.

Case Description :
A 24 year old primigravida at 33+4 weeks gestation with known homozygous SCD (HbSS) presented with vaso occlusive pain ,fever,and progressive dyspnea.Antenatal course included chronic anemia (Hb 7.6g/dl) managed with transfusions and folate supplementation.On admission she had tachycardia (120/min),SpO2 88% on RA, bilateral basal crepitations ,and chest radiograph showing patchy consolidation.Laboratory evaluation revealed Hb 6.8g/dl,reticulocytosis,leukocytosis,and elevated LDH.She received multidisciplinary care including exchange transfusion (target HbS reduction),Broad spectrum antibiotics, intravenous analgesia , supplemental oxygen, incentive spirometry,and thromboprophylaxis with low molecular weight heparin (LMWH).Due to worsening fetal non reassuring heart rate pattern, emergency lower segment cesarean section was performed under combined spinal and epidural anesthesia at 34+1 weeks ; A live male infant (1800g) was delivered with Apgar scores 7 and 9.Both mother and neonate were stable at 6 week follow -up; maternal oxygenation normalized and thrombosis resolved.This case underscores the heightened risk of ACS , thrombotic events ,and perinatal complications in pregnant women with HbSS.Early recognition, timely exchange transfusion, thromboprophylaxis, co-ordinated obstetric-hematology critical care were pivotal.

Conclusion :
Pregnant patients with SCD require individualized multidisciplinary management and vigilant postpartum surveillance for thromboembolic events.Awareness and prompt interventions significantly improve maternal and neonatal outcomes.

Abstract ID: MCH/CR/13

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Country: India

Abstract Title:
HETEROTOPIC PREGNANCY

Introduction :
Heterotopic pregnancy is a rare Clinical Condition which is potentially dangerous where atleast 2 pregnancies are present simultaneously at different implantation sites one within the uterine cavity and the other outside the cavity most common being fallopian tube.

Case Description :
A 25yr old G3P1L1A1 with one and a half month amenorrhea with one previous vaginal delivery came to the labor room with complaints of pain abdomen and bleeding per vaginum since 1 day, vitals being Stable.On Clinical Examination gaurding rigidity tenderness are present. On per speculum Examination bleeding through os noted.On bimanual Examination uterus corresponding 6 to 8 weeks size, mobile, Right fornice fullness present,tenderness present cervical motion tenderness noted.Hb is 8gm/dL, tvs shows single live intrauterine gestation of size 7 weeks with right ruptured tubal ectopic with hemoperitoneum.Patient underwent Emergency laparotomy and right salpingectomy.Post operative period uneventful with intrauterine pregnancy continuing without complications.

Conclusion :
Heterotopic pregnancy can also occur in spontaneous pregnancy.With timely diagnosis and early intervention maternal and fetal survival is possible.

Abstract ID: MCH/CR/14

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Abstract Title:
SELECTIVE FETAL GROWTH RESTRICTION IN DICHORIONIC TWINS WITH PRETERM LABOUR AND INTRAUTERINE DEMISE OF THE GROWTH-RESTRICTED TWIN – A CASE REPORT

Introduction :
Twin pregnancies complicated by discordant growth or selective foetal growth restriction (sFGR) carry increased risks of preterm birth, hypertensive disorders, and perinatal loss. In dichorionic twins, discordance often arises from unequal placental sharing and variable vascular perfusion. Careful serial growth monitoring and Doppler assessment are essential for timely recognition of foetal compromise.

Case Description :
A 32-year-old G_2E_1 woman with an IVF-conceived dichorionic diamniotic twin pregnancy presented at 31 + 5 weeks with abdominal pain and pedal oedema. Blood pressure was 130/90 mm Hg and urine albumin +1. On P/V examination cervix was 2 cm dilated 70-8-% effaced with cervical stitch in situ. Ultrasonography revealed DCDA twins with anterior placentas. Twin 1 had an estimated foetal weight of 1929 g and Twin 2 of 1549 g (19.7 % discordance); with absent cardiac activity in the smaller twin. Emergency lower-segment caesarean section delivered a live female infant weighing 1988 g (Apgar 6/7/8) and a stillborn male weighing 850 g. Postnatal weight discordance was 57.2 %, confirming severe sFGR. Placental examination showed marked asymmetry. The surviving neonate required oxygen therapy for respiratory distress but recovered well.

Conclusion :
Antenatal estimated foetal weights may underestimate the true degree of discordance in twin pregnancies. Early identification of placental insufficiency and vigilant foetal surveillance are vital for improving outcomes in selective foetal growth restriction.

Abstract ID: MCH/CR/15

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Abstract Title:
PREGNANCY'S HIDDEN PASSENGER – THE DERMOID THAT ALMOST ESCAPED DETECTION.

Introduction :
Ovarian cysts in pregnancy is not an uncommon phenomenon. Most of them are asymptomatic and rarely, few progress to complications like rupture, malignant changes or torsion. Dermoid cysts are most common type of germ cell tumors in pregnancy. Mostly, they are incidental findings in imaging.

Case Description :
A 28 yr old primigravida at 29 wks period of gestation came to ER with complaints of severe pain abdomen, nausea, vomiting and constipation which was not relieved on medication. USG pelvis with Doppler revealed 8*5*6 cm right ovarian dermoid cyst with torsion. Exploratory laparotomy followed by right salpingooophorectomy was performed.

Conclusion :
The diagnosis and management of dermoid cysts in pregnancy pose a major clinical enigma. The choice of diagnostic modalities such as imaging and tumor markers in pregnancy and its interpretation can be challenging. The decision between immediate surgical intervention and conservative treatment is a major dilemma and depends on the complications like torsion or rupture. Surgical intervention in pregnancy poses risks like abortion, fetal compromise and high maternal morbidity. Such masses are usually benign but may be involved with malignancy. Immediate diagnosis and plan of management is of paramount importance to improve maternal and fetal outcome.

Abstract ID: MCH/CR/16

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Abstract Title:
NAVIGATING THYROID DYSFUNCTION IN PREGNANCY: MATERNAL GRAVES' DISEASE WITH FOETAL GOITRE

Introduction :
Graves' disease (GD) is the most common cause of hyperthyroidism in pregnancy and, if inadequately controlled, may lead to adverse maternal and foetal outcomes. Foetal goitre is a rare complication resulting from the transplacental transfer of thyroid-stimulating antibodies or antithyroid drugs (ATDs). Early recognition and meticulous management are essential to prevent complications such as foetal distress, preterm birth, and neonatal thyroid dysfunction.

Case Description :
A 33-year-old multigravida (G7P0510) with known Graves' Disease and a history of multiple neonatal losses was referred at 28 weeks' gestation with ultrasonographic evidence of foetal goitre. She was on Methimazole (MMI) and levothyroxine (LT4) following a block-and-replace (B&R) regimen. A multidisciplinary team comprising obstetricians, endocrinologists, and neonatologists monitored maternal thyroid function weekly, and drug doses were titrated to maintain thyroid hormone levels within pregnancy-specific ranges. Serial ultrasound and Doppler studies showed a reduction in goitre size and resolution of foetal tachycardia. Given her previous bad obstetric history, an elective caesarean section was performed at 36 weeks, delivering a male neonate weighing 2.6 kg with transient hyperthyroidism. The neonate responded well to MMI and propranolol therapy. Both mother and infant achieved euthyroid status at follow-up, with normal growth and neurodevelopment at six months of age.

Conclusion :
This case highlights the clinical challenges of managing maternal Graves' Disease complicated by foetal goitre. The B&R regimen may be an effective and safe approach in carefully selected cases when guided by close multidisciplinary monitoring. This report aims to discuss the challenges in treatment and summarise the various management options available.

Abstract ID: MCH/CR/17

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Abstract Title:
ANATOMICAL RARITY, HEMODYNAMIC EXTREMITY: ABRUPTIO PLACENTAE AND DIC IN A ROBERT'S UTERUS – A MULTIDISCIPLINARY SUCCESS STORY

Introduction :
Abruptio placentae, the premature separation of a normally implanted placenta . Its presentation in the presence of congenital uterine anomalies poses additional diagnostic and management challenges. Robert's uterus is an extremely rare Müllerian duct anomaly, characterized by an asymmetric septate uterus with one blind hemicavity and the other communicating with the cervix. The coexistence of abruptio placentae in a Robert's uterus is exceedingly uncommon. Altered uterine anatomy may predispose to abnormal placentation, uteroplacental insufficiency, and catastrophic hemorrhage. Severe cases can be further complicated by Couvelaire uterus and disseminated intravascular coagulation (DIC), necessitating prompt multidisciplinary intervention.

Case Description :
A 24-year-old G3A2 at 32 weeks gestation presented with antepartum hemorrhage and hemodynamic instability. She was diagnosed with abruptio placentae and underwent emergency LSCS. Intraoperatively, a Robert's uterus with Couvelaire changes was noted. Persistent uterine atony despite medical management, Bakri balloon tamponade, and stepwise devascularization led to uncontrolled hemorrhage complicated by disseminated intravascular coagulation (DIC). The patient received multiple blood products and inotropic support. After obtaining informed consent, a life-saving supracervical hysterectomy was performed. Postoperatively, she required multidisciplinary ICU care and further transfusions. Both DIC and acute kidney injury (AKI Stage 1) resolved with supportive management, and the patient was discharged in stable condition.

Conclusion :
This rare case highlights the complexity of managing abruptio placentae in a Robert's uterus, where abnormal uterine anatomy can predispose to catastrophic hemorrhage and coagulopathy. Early recognition, aggressive resuscitation, and timely surgical intervention are essential for maternal survival.

Abstract ID: MCH/CR/18

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Abstract Title:
THE SILENT PARASITE: UNMASKING TOXOPLASMOSIS IN PREGNANCY

Introduction :
Toxoplasmosis, caused by Toxoplasma gondii, is often asymptomatic in non-pregnant women, but it can cause adverse foetal outcomes during pregnancy. Congenital toxoplasmosis can have varied foetal manifestations ranging from ocular (chorioretinitis) to various neurologic (hydrocephalus, calcifications, developmental delay) complications in the foetus.

Case Description :
This case report describes a 25-year-old primigravida who presented in the outpatient department at 32 weeks of gestation with gestational diabetes mellitus and hepatitis C virus seropositivity. She had conceived after ovulation induction with letrozole, with a history of cervical cerclage at 18 weeks of gestation. She had a report of a target scan done at 20 weeks of gestation, showing mild ventriculomegaly of bilateral lateral ventricles with no other gross congenital anomalies. While working up on a growth scan at 32 weeks, it again showed features of hydrocephalus with a right ventricle of 12.5 mm and a left ventricle of 13mm. Mother was investigated for TORCHH infection. Her serology was positive for Toxoplasma gondii–specific IgM and IgG antibodies. After a multidisciplinary discussion, the patient was started on Pyrimethamine and sulfadiazine. The patient delivered a live female with features consistent with congenital toxoplasmosis. The newborn had hydrocephalus & severe ocular manifestations and died after 4 days.

Conclusion :
Radiological features of ventriculomegaly should raise suspicion of this dangerous infection. This case underscores the need for timely maternal screening, a multidisciplinary maternal & foetal medicine team, and prompt intervention to optimise outcomes in congenital toxoplasmosis.

Abstract ID: MCH/CR/19

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Abstract Title:
FETAL ACRANIA: A CASE REPORT

Introduction :
Fetal acrania is a rare, lethal neural tube defect characterized by complete or partial absence of the cranial vault with exposed, disorganized brain tissue due to failed cranial neural fold closure in early embryogenesis, and it is considered a precursor to anencephaly within the NTD spectrum.

Case Description :
A 32-year-old G4P3 woman at approximately 18 weeks presented for routine antenatal care; ultrasound at 17+3 weeks showed a live singleton with preserved brain tissue but absent calvarium, consistent with acrania, with otherwise normal anatomy and adequate amniotic fluid; after comprehensive counselling on prognosis and options, the couple chose medical termination of pregnancy.

Conclusion :
Early screening with NT/NB assessment and first-trimester dual markers, followed by a detailed level-II anomaly scan, is advocated to achieve near-complete detection of major fetal anomalies and support informed, timely decisions; universal recommendation of these evaluations for all antenatal patients is emphasized.

Abstract ID: MCH/CR/20

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Abstract Title:
NEUROFIBROMATOSIS TYPE-1 AND PREGNANCY-A CASE REPORT"

Introduction :
Neurofibromatosis type 1 (NF-1) is an autosomal dominant disorder characterized by cafe-au-lait spots, axillary freckling, and neurofibromas. Hormonal changes in pregnancy may worsen disease manifestations, but information on maternal-fetal outcomes is limited.

Case Description :
A 21-year-old multiparous woman with NF-1, at 30 weeks of gestation, presented to the Maternity Hospital, Tirupati, with abdominal pain and bleeding. She had multiple neurofibromas, which had increased in size and number during pregnancy. Routine investigations and ultrasound are done. Ultrasound confirmed placental abruption, and an emergency cesarean section was performed. A live neonate weighing 1.5 kg was delivered without features of NF-1. Both mother and baby recovered well postoperatively.

Conclusion :
NF-1 in pregnancy requires vigilant antenatal surveillance and multidisciplinary care to identify and manage potential complications promptly, ensuring favorable maternal and fetal outcomes.

Abstract ID: MCH/CR/21

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Abstract Title:
A RARE CASE OF MEDICALLY MANAGED OVARIAN PREGNANCY

Introduction :
Ovarian pregnancy is one of the rare varieties of ectopic pregnancy . Different options for the management of ovarian pregnancy are medical and surgical. Most of the case reports are surgically managed. Medical management are rare.

Case Description :
An woman who was 30-years old lady came with chief complain of pain abdomen since 1 day and spotting pv since 1 day. She had history of 2 months of amenorrhoea and urine pregnancy test came positive. Suspecting ectopic pregnancy, ultrasound was done. The ultrasound showed ovarian pregnancy. CRL of the foetus was 8 wks+ 2 days with no cardiac activity. Points in favor of medical management were , vitals were stable, there was no cardiac activity, serum bhCG was 3120 miu/ ml and patient was willing for follow up. Points in favor of surgical management were gestational sac size being 4.8 x3.8 cm. Decision for medical management was taken after taking consent from patient following explanation of the risks and benefits of both options. She received intramuscular injection of methotrexate 50 mg/m2 and followed with weekly serum bhCG. Serum bhCG reduced to less than 35 miu/ ml after 2 months. The gestational sac size gradually reduced . Patient stood the procedure well.

Conclusion :
Early detection of ovarian can reduce morbidity of the patient.

Abstract ID: MCH/CR/22

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Abstract Title:
PLACENTA ACCRETA... THE TOMB OF WOMB

Introduction :
Placenta accreta spectrum (PAS) is one of the most challenging and unpredictable obstetric emergencies. Despite major advances in imaging and surveillance, many cases remain undiagnosed until delivery, leading to sudden catastrophic events.

Case Description :
A 23-year-old G3A2 woman at 29 + 4 weeks of poorly supervised pregnancy presented with loss of fetal movements and abdominal pain. She was in shock at admission and delivered a stillborn baby vaginally, but the placenta failed to separate. Ultrasound later suggested retained invasive placental tissue. Her condition deteriorated despite intensive resuscitation, requiring inotropic support and ventilation. After multidisciplinary discussion and high-risk consent, she was taken for emergency laparotomy. Intraoperatively, placenta was found deeply invading the fundal myometrium near the left cornua, suggestive of placenta percreta (PAS Grade 3a). Subtotal hysterectomy was performed, with multiple transfusions. She was managed postoperatively in ICU and made a gradual recovery.

Conclusion :
This case highlights how PAS can evolve unexpectedly in an unsupervised pregnancy, turning into a life-threatening emergency within hours. Early suspicion, timely resuscitation, and team-based decision-making remain crucial for maternal survival.

Abstract ID: MCH/CR/23

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Abstract Title:
SPONTAENOUS INTRA-CRANIAL BLEED SECONDARY TO RARE MENINGIOMA MASQUERADING AS ECLAMPSIA

Introduction :
Meningiomas are common among primary CNS tumors (~ 1/3rd). Meningiomas are rare, benign with an incidence of 18.69/100,000, and puts both mother and fetus at risk due to possible rapid changes in size. This case of a Chordoid Meningioma – an uncommon, aggressive, recurrent variant of meningioma was identified immediate post-delivery in a 42-year-old woman.

Case Description :
The patient presented with GTCS, loss of consciousness and a headache prior to onset of seizures. After stabilization, she underwent an emergency caesarean section due to fetal distress. Immediate post caesarean, she was drowsy and a CT scan of the brain showed a bleed in the temporo-parietal region of the cerebral hemisphere with a SOL, which prompted urgent intervention. Patient underwent a Right Fronto-Parietal craniotomy, Simpson's grade 2 excision of the SOL that on histopathology was revealed to be a Chordoid Meningioma CNS WHO Grade 2. Hereafter course was uneventful - with a MDT management and she was discharged, with close follow-up in Neurosurgery in view of the aggressive nature of the condition.

Conclusion :
Meningiomas in pregnancy present unique challenges and require individualized care. Here she presented at the time of the complication highlighting the need for a differential diagnosis in women presenting with acute neurological signs in pregnancy. We need further research and case studies of the condition in pregnancy as well as evidence-based management options to improve Maternofetal outcomes. This also highlights the importance of a proper history and examination in order to differentiate eclampsia from other causes of seizures.

Abstract ID: MCH/CR/24

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Abstract Title:
A RARE CASE OF SINGLE UMBILICAL ARTERY WITH IMPERFORATE ANUS IN A TERM PREGNANCY

Introduction :
Single umbilical artery (SUA) is the most common congenital abnormality of the umbilical cord, occurring in approximately 0.5–1% of singleton pregnancies. It may be associated with various structural and chromosomal anomalies, particularly of the cardiovascular, renal, and gastrointestinal systems. Early identification through antenatal ultrasonography plays a crucial role in surveillance and management.

Case Description :
A 26-year-old gravida 2, para 1, living 1 woman with a previous lower segment cesarean section was admitted at 38 weeks and 2 days of gestation for an elective cesarean section. Antenatal ultrasonography revealed a single umbilical artery; no other gross anomaly was detected. The intraoperative period was uneventful. A live-born baby was delivered with absent anal opening noted at birth. Postnatal evaluation confirmed imperforate anus, and the neonate subsequently underwent a colostomy procedure. Both mother and baby had a stable postoperative course.

Conclusion :
Single umbilical artery, though sometimes isolated, may be associated with occult structural anomalies. Multidisciplinary perinatal management and careful postnatal assessment are essential for optimal outcomes.

Abstract ID: MCH/CR/25

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Abstract Title:
HOPE BEYOND LOSS: SURVIVAL OF THE CO-TWIN AFTER SINGLE TWIN EXPULSION IN IVF DICHORIONIC PREGNANCY: A CASE REPORT

Introduction :
Twin pregnancies following assisted reproductive techniques carry increased risks of complications, including preterm labor, cervical incompetence, and intrauterine demise of one twin. Management of single twin demise, especially with ongoing complications, is challenging for both obstetrician and patient.

Case Description :
We report a case of a 40-year-old primigravida conceived by IVF using autologous frozen eggs. Initially a quadrichorionic quadriamniotic pregnancy, it was reduced to dichorionic diamniotic twins. Prophylactic cerclage was placed at 12 weeks for short cervix. At 20+4 weeks, one twin was diagnosed as intrauterine fetal demise with associated hemorrhagic collection. Expectant management was undertaken with close maternal–fetal surveillance, antibiotics, and strict bed rest. 2 doses of steroid were given. The patient later expelled the demised twin spontaneously at 24 weeks, while the surviving twin was retained in utero. Despite ongoing oligohydramnios, recurrent infections, and progressive cervical shortening, fetal growth and Dopplers were reassuring. Inj Atosiban was given. Inj Magnesium sulphate was given. At 28+5 weeks, emergency LSCS was performed for decelerations on CTG. Intraoperatively, three placentas were identified in the lower segment. A live female baby weighing 790 g was delivered, resuscitated, and admitted to NICU. The mother had an uneventful recovery and was discharged in stable condition.

Conclusion :
This case highlights that with vigilant monitoring and multidisciplinary care, expectant management after single twin demise in IVF-conceived gestation can successfully prolong pregnancy. Reporting such rare scenarios contributes to evolving strategies in managing high-risk multifetal pregnancies in the Indian context.

Abstract ID: MCH/CR/26

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Abstract Title:
A CASE REPORT ON UTERINE RUPTURE WITH ASSOCIATED BLADDER RUPTURE IN MULTIGRAVIDA WITH PREVIOUS CESAREAN SECTION-A MATERNAL NEAR MISS

Introduction :
Rupture of the uterus is an uncommon and often catastrophic condition. It involves total disruption of the wall of the pregnant uterus with or without extrusion of its contents.It may occur in approximately 0.05% of all pregnancies, 0.8% after a previous lower segment cesarean section(LSCS), and >5% after a classical cesarean section.

Case Description :
An unbooked,25-year-old female Gravida 2 Para 1 Live 1(G2P1L1),was referred from the Community health centre with previous cesarean section with term pregnancy and pain in abdomen, Her previous cesarean delivery was done 3 years back.O/E her PR-126 beats/min,BP-90/60mmhg,RR-30breaths/min, patient was pale,abdominal distension and rebound tenderness were present,and uterine contour could not be felt.Her haemoglobin was 8.2gm/dl. A bedside doppler showed absent fetal heartbeat. On suspicion of ruptured uterus, high risk was explained Emergency laparotomy was performed.Intraoperatively, 800 ml of hemoperitoneum noted, the dead fetus was within the abdominal cavity.Uterine rupture about 4-5 cm involving the entire lower segment transversely which also extended vertically downwards towards the cervix,bladder rupture extending transversely along the dome 2-3cm noted and repaired and suprapubic catheter was placed.Three units of packed RBCs and two units of fresh frozen plasma were given and a drain was placed,Postop,patient was admitted to the Icu.Complete S/R was done on pod10.The patient was discharged on day10 with proper follow-up advice. The suprapubic catheter was removed two weeks after surgery.

Conclusion :
Uterine rupture is associated with high fetal and maternal morbidity and mortality. It is a preventable condition and timely diagnosis and swift management may result in better outcomes.

Abstract ID: MCH/CR/27

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Abstract Title:
A CASE REPORT ON LEPTOSPIROSIS IN PREGNANCY

Introduction :
Leptospirosis is an acute febrile zoonotic disease caused by Leptospira interrogans, transmitted through contact with water or soil contaminated by the urine of infected animals. It poses significant diagnostic and management challenges in pregnancy, where the physiological changes can mask typical symptoms, leading to delayed diagnosis and adverse outcomes.

Case Description :
A 23 year old primigravida at 29 weeks 6days of gestation with MCDA Twins and IUD, presented to CKM Maternity Government Hospital, Warangal with IUD, high-grade fever, myalgia, and jaundice. She was initially suspected of having HELLP syndrome, but her worsening liver and kidney function parameters lead to various investigations. Laboratory evaluation revealed thrombocytopenia, and deranged liver enzymes. Serological testing confirmed Leptospira IgM positivity. Differential diagnoses such as viral hepatitis and dengue were excluded. The patient was promptly treated with intravenous antibiotics, FFP's transfusion and supportive care including hydration and monitoring of hepatic and renal functions and planned for induction of labour with PGE2 Gel. Delivered two dead female babies through SPVD after 5hrs of induction. PPH noted and treated with uterotonics, blood and blood products transfusion, PPH controlled with medical management. Patient was shifted to ICU for further management. Despite of the treatment patient landed up in DIC, Acute Lung Injury, AKI, ARDS, Sepsis induced hypoglycemia with upper GI bleed and expired due to cardio-pulmonary arrest.

Conclusion :
Leptospirosis in pregnancy, though uncommon, can result in severe maternal and perinatal morbidity and mortality if unrecognized. Early clinical suspicion, appropriate laboratory testing, and timely antibiotic therapy are essential to improve outcomes. Increased awareness

Abstract ID: MCH/CR/28

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Abstract Title:
A CASE OF INGUINAL HERNIA AND PRIMARY AMENORRHEA WITH A TWIST IN THE TALE

Introduction :
Primary Amenorrhea is absence of menarche by 13 years without secondary sexual characteristics and absence of menarche by 15 years with normal secondary sexual characteristics. The most important factors in deciphering the correct diagnosis of primary amenorrhea are good physical examination, imaging , karyotype , TSH, LH, FSH & Prolactin. A thorough investigation in a girl child with Bilateral Inguinal hernia is very critical.

Case Description :
A 16 year old girl presented with history of not attaining her menarche yet . Referred from Surgical OPD with ? bilateral inguinal hernia. On examination : normal facial features, normal breast development and absent pubic and axillary hair. Height :166 cm, Weight: 55 kg Her external genitalia was normal with a blind vagina(4-5 cm). She had globular masses in bilateral inguinal areas. USG of pelvis & inguinal region gave impression of Absent Uterus & ovaries with ? Testicular masses in Inguinal canal. Karyotype showed a genotype of 46 XY .INVESTIGATION LH:4.9 IU/ml, FSH:3.4 IU/ml USG Abdomen: Absent Uterus & Ovaries MRI pelvis: Bilateral Inguinal masses (? cryptorchidism) with absent Uterus & ovaries Serum Testesterone:1289ng/dl Serum Estradiol: 57 pg/ml MANAGEMENT Patient underwent Bilateral Orchidectectomy. HPE: Normal testicular tissue. No malignancy Presently on Estrogen & Calcium supplements.DISCUSSION A diagnosis of complete androgen insensitivity was made. Complete androgen insensitivity occurs due to AR gene mutation located on the Xq11–12 region. Their bodies are completely insensitive to androgen. Before puberty, this condition is easily misdiagnosed as an inguinal hernia.

Conclusion :
A comprehensive investigation and karyotype

Abstract ID: MCH/CR/29

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Abstract Title:
PROPHYLACTIC ANTEPARTUM ESOPHAGEAL LIGATION FOR ESOPHAGEAL VARICES-AN EMERGENCY PROCEDURE

Introduction :
Esophageal veins are collaterals to central venous circulation when flow through portal veins is obstructed. They are enlarged when there is pathological increase in portal vein pressure. When the varices get enlarged, they rupture leading to acute catastrophic bleeding episodes which can be fatal for mother and fetus. In the present case of a pregnant women with portal hypertension associated with esophageal varices, timely intervention is needed for both mother and fetal well-being.

Case Description :
A 23yr old G2P1L1/prev LSCS/at 20 weeks GA who is a known case of non cirrhotic portal fibrosis with portal hypertension presented to OPD after confirmation of UPT. On P/A examination fundal height corresponding to 20weeks GA,FHR+146bpm with massive splenomegaly with lower border extending upto umblicus, firm in consistency and moving with respiration.USG showed SLIUF of 20 wksGA . Maternal portal vein dilatation measuring 14mm.Splenomegaly measuring 17cm with splenic collateral. Doppler showed dilated splenic sinusoids- suggestive of splenomegaly.i/v/o massive splenomegaly and k/c/o portal hypertension upper GI endoscopy was done which showed grade-4 esophageal varices with fundal varices. After gastroenterology opinion patient was planned for endoscopic banding .Sixbands applied in total. Procedure was uneventful. Regular followup done. Her rest antenatal period was uneventful. Elective LSCS was done at 37wksGA,i/v/o prevlscs with portal hypertension and associated esophageal varices Delivered live female child. Post-op period was uneventful. CONCLUSION: Timely intervention of esophageal varices by endoscopic band ligation saved mother from torrential upper GI bleeding combined with regular followup and close fetomaternal monitoring resulted in safemotherhood.

Conclusion :
Timely intervention of esophageal varices

Abstract ID: MCH/CR/30

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Abstract Title:
PLACENTA SUCCENTURIATA IN A CASE OF CERVICAL INSUFFICIENCY: SUCCESSFUL MATERNAL AND FETAL OUTCOME

Introduction :
Placenta succenturiata is a rare placental anomaly characterised by one or more accessory lobes connected to the main placental mass by membranes containing fetal vessels, occurring in about 3–5% of pregnancies. It may lead to complications such as retained placental tissue, postpartum haemorrhage, and infection. Cervical insufficiency, another important cause of mid-trimester loss, is managed effectively with prophylactic encirclage. This case highlights a successful pregnancy outcome in a woman with both placenta succenturiata and cervical insufficiency.

Case Description :
G2A1, 35 years old with 14 years of infertility and PCOS (BMI 27.7 kg/m²) conceived through ovulation induction followed by IUI. She had a second trimester spontaneous miscarriage in previous pregnancy. In the current pregnancy, she had first-trimester bleeding per vagina which was managed conservatively. At 20 weeks, prophylactic cervical encirclage was performed for cervical insufficiency followed by tocolytic therapy. At 30 weeks, she was admitted with false labour pain; steroid prophylaxis was given. High vaginal swab showing growth of Streptococcus and E. coli was treated. On ultrasound placenta succenturiata was diagnosed. At 35 weeks she went into spontaneous labour. Cervical stitch was removed and labour augmented with oxytocin. A healthy female baby of 2.71 kg was delivered vaginally on 09/09/2025. Post-natal period was uneventful. HPE suggested placenta was bilobed confirming placenta succenturiata.

Conclusion :
Early detection of placental anomalies and cervical incompetence, along with timely encirclage, hormonal support, and infection control, ensured a successful outcome. This case underscores the importance of individualized antenatal care in high-risk pregnancies.

Abstract ID: MCH/CR/31

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Abstract Title:
A CASE OF MONOCHORIONIC TRIPLET PREGNANCY WITH DISCORDANT ANOMALIES CULMINATING IN SPONTANEOUS SECOND TRIMESTER ABORTION.

Introduction :
Monochorionic triplet pregnancies are extremely rare and carry significant high risk of complications including discordant fetal anomalies due to shared placental circulation.The presence of severe congenital anomalies in one or more fetuses complicates management due to placental vascular anastomosis, which link the circulations of all fetuses.

Case Description :
This is a case of 21 year old Primigravida , conceived spontaneously with monochorionic triplet pregnancy.Detailed anomaly scan at 22 weeks of gestation revealed severe congenital malformation in third fetus, including anencephaly, omphalocele,hydrops and achondroplasia.Following extensive counselling,the family chose expectant management,declining invasive procedures.The pregnancy was closely monitored,At 22 weeks 5 days , patient experienced vaginal spotting and cramping culminating in a spontaneous complete abortion of all three fetuses.

Conclusion :
This case highlights the severe and unpredictable risks associated with monochorionic triplet pregnancies, particularly those with discordant anomalies.The presence of a lethal congenital anomaly,such as anencephaly,in one fetus further complicates the prognosis by increasing the risk of adverse outcomes for the co fetuses.While selective termination is a management option,spontaneous abortion requires further documentation.The Combination of anencephaly, omphalocele and Hydrops in a single fetus within a monochorionic Pregnancy represents a severe manifestation of Vascular communication and developmental Discordance. Spontaneous abortion in such cases underscores the poor prognosis associated with these complex conditions. This report emphasizes the need for early and accurate prenatal diagnosis and highlights the difficult management decisions and potential outcomes in these exceedingly rare pregnancies ,careful prenatal counselling regarding the unpredictable nature of these gestations,even when expectant management is chosen .

Abstract ID: MCH/CR/32

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Abstract Title:
EARLY PREGNANCY WITH FIBROID UTERUS REQUIRING EMERGENCY MYOMECTOMY

Introduction :
The coexistence of uterine fibroids with pregnancy is not uncommon and as a rule ,fibroids are managed conservatively during pregnancy. We are presenting a rare case of early pregnancy with fibroid uterus requiring emergency myomectomy.

Case Description :
A 20 year old primigravida, known case of fibroid uterus who was planned for myomectomy preconceptionally, presented with spontaneous conception at 8 weeks 3 days pregnancy with abdominal pain and progressive dyspnoea, which had worsened over the previous few days. On examination, the uterus was enlarged to 30-week size, globular, and firm. Previous imaging had shown a large subserosal fibroid of about 15.9 × 12 × 9.5 cm. Ultrasonography revealed single live intrauterine pregnancy of 8 weeks 4 days with a large subserosal fibroid. In view of worsening dyspnoea unresponsive to conservative management for 1 week, the patient underwent abdominal myomectomy at 9 weeks 3 days of gestation after taking high-risk fetomaternal consent. A large 15 × 11 cm subserosal fibroid was enucleated from the left posterolateral aspect of the uterus. The endometrial cavity was not breached. Two units PRBC were transfused. The postoperative course was uneventful. Progesterone support was given, and the patient was discharged in stable condition on day 5. Subsequent antenatal follow-ups showed normal fetal growth and well-being, with NT/NB scan, anomaly scan, and serial growth scans reported as normal. The patient delivered a healthy baby at 37 weeks of gestation by caesarean section.

Conclusion :
Emergency myomectomy in early pregnancy can be offered in selected symptomatic cases with favorable maternal and fetal prognosis.

Abstract ID: MCH/CR/33

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Abstract Title:
FETOMATERNAL OUTCOME IN SEVERE ANEMIA IN THIRD TRIMESTER AT A TERTIARY CARE HOSPITAL

Introduction :
Anemia in pregnancy continues to be a major public health concern in developing countries, particularly in India, where nutritional deficiencies and inadequate antenatal care are prevalent. Severe anemia during the third trimester poses a significant threat to both maternal and fetal well-being, contributing to increased rates of morbidity and mortality. Despite ongoing preventive programs, the burden remains high, underscoring the need for focused assessment of fetomaternal outcomes in affected women. This study aims to evaluate the clinical profile and outcomes of pregnant women presenting with severe anemia in the third trimester to highlight the magnitude of the problem and the importance of early intervention.

Case Description :
Aim: To assess the fetomaternal outcomes in pregnant women with severe anemia in the third trimester. Methods: This hospital-based prospective observational study was conducted in the Department of Obgy, KGH,Visakhapatnam,from july 2024 to Aug 2025.All pregnant women with Hb levels <7 g/dl in the third trimester(>28 weeks of gestation)were included. Maternal and fetal outcomes were evaluated based on clinical data,interventions,and delivery records. Results: Out of 6,594 deliveries, 850 women(12.9%)had severe anemia;821 met inclusion criteria.Severe anemia was more prevalent among unbooked(82%),multiparous (64%), and low socioeconomic women(78%).Blood transfusions were required in 54.9% of cases.Common maternal complications included preterm delivery (33%), preeclampsia(21%), and PPH(8.1%).Fetal complications such as prematurity and IUGR occurred in 19%of cases,with higher NICU admissions among neonates born to anemic mothers.

Conclusion :
Severe anemia in the third trimester is associated with adverse maternal and perinatal outcomes. Early detection, regular antenatal screening, and timely management of anemia are essential

Abstract ID: MCH/CR/34

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Abstract Title:
ASSESSMENT OF POSTPARTUM DEPRESSION AND ITS ASSOCIATED RISK FACTORS AMONG POSTNATAL WOMEN IN BANGALORE, KARNATAKA

Introduction :
Postpartum depression (PPD) is one of the most common but often underdiagnosed mental health conditions affecting women after childbirth. It has significant implications for maternal well-being, infant development, and family health. The present study aimed to determine the prevalence of postpartum depression and identify associated risk factors among postpartum women in Bangalore, Karnataka, using the Edinburgh Postnatal Depression Scale (EPDS).

Case Description :
A cross-sectional study was conducted among 200 postpartum women attending urban and semi-urban healthcare facilities in Bangalore district, Karnataka. Data were collected using a structured questionnaire covering sociodemographic details, obstetric history, and psychosocial parameters. The EPDS, a validated screening tool, was used to assess depressive symptoms, with a cutoff score of ≥13 indicating probable depression.

Conclusion :
Postpartum depression affected nearly one-third of the study population, highlighting its considerable burden among women in Bangalore. Routine mental health screening during the postnatal period, early counseling, and family-based interventions are essential to reduce the impact of postpartum depression and improve maternal and child well-being.

Abstract ID: MCH/CR/35

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State: West Bengal

Country: India

Abstract Title:
A RARE CASE OF ADVANCED ABDOMINAL PREGNANCY MISDIAGNOSED AS BREECH PRESENTATION IN A PRIMIGRAVIDA

Introduction :
Abdominal pregnancy is an uncommon and potentially life-threatening form of ectopic gestation, accounting for less than 1% of all ectopic pregnancies. It poses diagnostic challenges even with advanced imaging modalities and often mimics normal intrauterine pregnancies, especially in late gestation.

Case Description :
A 20-year-old primigravida with 39 weeks of gestation presented with a diagnosis of breech presentation on routine ultrasonography. The patient was taken for elective lower segment cesarean section (LSCS). Upon opening the abdomen, the uterus was found to be intact and empty. A live female baby weighing 2.8 kg was delivered from the peritoneal cavity, surrounded by membranes, confirming an advanced secondary abdominal pregnancy. The placenta was attached to the right cornu of the uterus and was removed with meticulous hemostasis. Both mother and neonate with no congenital abnormality recovered uneventfully.

Conclusion :
This rare case highlights the diagnostic difficulty of advanced abdominal pregnancy, which can closely mimic a term intrauterine gestation. High clinical suspicion and careful intraoperative assessment are crucial for diagnosis and favorable outcomes.

Abstract ID: MCH/CR/36

Presenter's Name: Dr. Preeti Singh

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Country: India

Abstract Title:
A RARE CASE OF UPPER UTERINE SEGMENT PLACENTA ACCRETA SPECTRUM

Introduction :
The term placenta accreta spectrum (PAS) describes aberrant placentation characterized by abnormally implanted, invasive, or adhered placenta. Derivation of accreta comes from the Latin ac- + crescere—to adhere or become attached to (Benirschke,2012). It is also referred to as the morbidly adherent placenta and in Europe it is referred to as a pernicious placenta previa with accreta and abnormally adherent placenta. Its incidence is increasing globally with rising caesarean deliveries and uterine interventions. Early recognition is vital, as undiagnosed accreta may lead to catastrophic hemorrhage and maternal morbidity.

Case Description :
This is a case of a 32-year-old gravida 4 para 1 abortion 2 at 36+6 weeks of gestation with a prior caesarean section and two spontaneous abortions f/b S&E in both abortion. Antenatal fetal growth scan done raising suspicion of PAS. During cesarean section, placenta was found morbidly adhered leading to torrential bleeding, necessitating peripartum hysterectomy. Live baby girl was delivered, weighing 2500gms and was given motherside. The patient required 2 PRBC transfusion, rest postoperative recovery was uneventful. Histopathology confirmed placenta accreta.

Conclusion :
This case reveals the significance of vigilant antenatal imaging, risk factor recognition, and multidisciplinary surgical preparedness. Planned caesarean hysterectomy in high-risk pregnancies remains the most definitive and life-saving intervention, reducing maternal morbidity and mortality.

Abstract ID: MCH/CR/37

Presenter's Name: Dr. Prachi Sharma

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Country: India

Abstract Title:
PREGNANCY IN A BICORNUATE UTERUS

Introduction :
Introduction A bicornuate uterus is a congenital Mullerian duct anomaly resulting from incomplete fusion, producing two uterine horns and a single cervix. It occurs in approximately 0.4% of females. Although fertility is usually preserved, the abnormal uterine shape predisposes affected women to adverse obstetric outcomes, including recurrent miscarriage, preterm labor, intrauterine growth restriction (IUGR), fetal malpresentation, and increased cesarean section rates. Diagnosis relies on advanced imaging such as 3-D ultrasonography or MRI, which accurately distinguishes a bicornuate uterus from other anomalies, particularly the septate uterus.

Case Description :
Case Description Pregnancies in women with a bicornuate uterus require meticulous high-risk antenatal care. Serial cervical length assessment is recommended due to the elevated risk of cervical insufficiency and preterm delivery. Regular monitoring of fetal growth and well-being is essential to detect IUGR early. Third-trimester evaluation of fetal presentation is critical, as malpresentation frequently necessitates cesarean delivery. Surgical correction, such as Strassman metroplasty, is rarely indicated and considered only in cases of recurrent pregnancy loss after excluding other etiologies. Additionally, screening for associated renal tract anomalies is advised.

Conclusion :
A bicornuate uterus poses significant obstetric challenges but does not preclude favorable reproductive outcomes. Individualized management—emphasizing vigilant prenatal surveillance, timely intervention, and multidisciplinary coordination—can optimize maternal and fetal prognosis. With proactive care, many women with this anomaly successfully achieve term pregnancies and safe deliveries, underscoring the importance of early diagnosis and tailored obstetric planning.

Abstract ID: MCH/CR/38

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Abstract Title:
WHEN ONE TWIN LIVES FOR TWO: A RARE CASE OF ACARDIAC-ACEPHALOUS-AMORPHOUS TWIN

Introduction :
Twin reversed arterial perfusion (TRAP) sequence is an extremely rare complication of monochorionic multi-fetal pregnancy, characterized by a malformed fetus without a heart being perfused by a structurally normal (pump) twin via an artery-to-artery anastomosis in a reverse direction.

Case Description :
Presenting a case where an early ultrasound imaging revealed monochorionic twin pregnancy with a viable, normal-appearing first twin and a structurally aberrant second twin with absent cardiac activity. C-section done at 34.6 weeks i/v/o impending eclampsia & uncontrolled DM resultant with normal live baby and an acardiac acephalous amorphous fetus.

Conclusion :
TRAP sequence is an extremely rare complication occurring once in 35,000 births. Timely antenatal diagnosis is absolutely essential for better prognosis. The prognosis for pump twin has improved as this condition can now be picked up by ultrasound and Doppler as early as first trimester.

Abstract ID: MCH/CR/39

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Abstract Title:
OBSTETRIC COMPLICATIONS OF MULLERIAN ANOMALIES: A CASE SERIES OF 3 CASES

Introduction :
Mullerian duct anomalies are congenital anomalies of the female genital tract arising from abnormal embryological development of the Mullerian ducts. These often-undetected anomalies significantly impact reproductive outcomes, leading to infertility, recurrent pregnancy loss(RPL), preterm labor, Fetal Growth Restriction (FGR), Premature Rupture of Membrane (PROM), malpresentations, retained placenta and increased caesarean section rate. This series presents three patients with Müllerian anomalies and their related reproductive complications.

Case Description :
This series reports on three primigravida patients (aged 29–35 years) with distinct Müllerian anomalies presenting with severe obstetric complications. A 35-year-old with a Unicornuate Uterus with communicating rudimentary horn [American Fertility Society (AFS) Class IIa] presented at 38 weeks with late-onset Fetal Growth Restriction (FGR), requiring an Emergency LSCS. A 29-year-old with a Complete Septate Uterus (AFS Class Va) presented preterm at 33+3 weeks with Preterm Premature Rupture of Membranes (PPROM) and breech presentation, necessitating an Emergency LSCS. Finally, a 33-year-old with a Complex Septate Uterus and associated longitudinal vaginal septum presented with an Incomplete Abortion at 11+4 weeks. Retained Products of Conception (RPOC) in the inaccessible right horn required a combination of surgical evacuation and sequential medical management using misoprostol for complete resolution.

Conclusion :
Müllerian anomalies, particularly septate and unicornuate types, are critical risk factors for FGR, preterm delivery, and pregnancy loss. These cases emphasize that management must be highly individualized, utilizing a multidisciplinary approach and advanced imaging (MRI, 3D USG) for accurate classification and planning of safe obstetric outcomes.

Abstract ID: MCH/CR/40

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Country: India

Abstract Title:
TO EVALUATE AND MANAGE CHALLENGES OF PREGNANCY IN TAKAYASU ARTERITIS

Introduction :
Takayasu arteritis is also known as young female arteritis It is a chronic inflammatory disease of large vessels It mainly effects reproductive age group

Case Description :
A 35ys old G2P1D1 with 35wk 3days gestational age with post caesarean pregnancy came with complaints of premature rupture of membranes with chronic hypertension with K/C/O takayasu arteritis since 3yrs with renal artery stent insitu Patient was on aspirin and warfarin Patient was posted for emergency repeat caesarean section after stabilising patient's blood pressure Alive female baby was delivered with birth weight of 1.7kg with good APGAR 8/10 postpartum period was uneventful Antihypertensives and prednisolone were continued Patient was discharged on 10th POD and had follow up at cardiology department Complications during pregnancy severe renovascular hypertension, cardiac involvement or pulmonary hypertension worsen pregnancy prognosis. There is elevated risk of preeclampsia. vaginal delivery is generally preferred. Anesthesia epidural anesthesia is preferred

Conclusion :
The management of Takayasu arteritis is multidisciplinary approach Preconception counselling is necessary which will focus dealing with complications

Abstract ID: MCH/CR/41

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Country: India

Abstract Title:
A CASE REPORT ON SECONDARY PPH (ARTERIOVENOUS MALFORMATION)

Introduction :
Secondary PPH is abnormal bleeding per vagina occurring between 24 hours to 12 weeks after delivery. The causes of secondary PPH include retained placental tissue, infection, birth trauma, bleeding disorders, vascular anomalies, congenital AV malformations and iatrogenic AV fistulas. The incidence is low ranging from 0.2% to 1.67% of all births.

Case Description :
31 year old P2L2, repeat elective LSCS @38 weeks Gestation due to CPD at Samalkota Community Health Centre, referred to Government General Hospital, Kakinada on 17 POD in/v/o bleeding p/v since 3 days associated with passage of large clots . Antenatal, post op period uneventful. No h/o medical disorders during pregnancy. At admission, She was conscious, oriented, vitals stable, afebrile. P/A uterus corresponding to 18 weeks (sub-involution) P/S no cervical/ vaginal tears, bleeding seen through OS. Hb 3.1g%, TLC 9,300cells/mm3 , PLT 1.6lakh/mm3 LFT, RFT, coagulation profile normal. Beta HCG 26mIU/ml. USG pelvis- Uterus postpartum ET 18mm, endometrial collection of 10mm(hematometra). 6x4x3.4cm intramural fibroid with cystic degeneration. A 10mm Arteriovenous malformation noted in left lower segment of myometrium adjacent to scar showing YinYang sign. Patient started on higher antibiotics, tranexamic acid, 3units blood transfusion and planned for Uterine artery embolization. On following day (18 POD), patient had another episode of PPH, her vitals were deteriorating, was immediately posted for emergency laparotomy, under general anesthesia peripartum subtotal hysterectomy done. Intra op No haemoperitoneum seen, granulation tissue was noted at suture site.Specimen HPE showed normal histology findings. Endometrial culture sterile.

Conclusion :
Early diagnosis, rapid response, early intervention, facility preparedness to combat

Abstract ID: MCH/CR/42

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Abstract Title:
A RARE CASE OF FETUS IN FETU

Introduction :
Fetus in fetu is a rare developmental anomaly , occurring once in 500,000 live births where a deformed twin develops inside a newborn.(host) The hypothesis regarding the origin of fetus in fetu are- It is a mass that once began as a fetus , which become enveloped inside it’s twin. It is a monochorionic , diamniotic , monozygotic twin of its bearer. It is usually intra or retroperitoneal, but may also be present in the scrotum or in the cranial cavity The second hypothesis is that its is a highly developed teratoma

Case Description :
We report a case of a 29-year-old female who delivered a neonate with fetus in fetu, diagnosed antenatally as a lower abdominal complex cyst in the baby. Postnatal imaging, USG revealed that the large cystic /sac like structure , contained partially formed extremities , spine , chest, and absent cranium, with features suggestive of "fetus in fetu". Further radiological confirmation by MRI revealed blood supply to the "fetus in fetu "through abdominal aorta of the host . Surgical intervention was promptly undertaken . Diagnostic Laparoscopy was first performed to visualize the retroperitoneal sac , followed by laparotomy , and the parasitic twin was surgically removed successfully.

Conclusion :
"Fetus in fetu" poses risk to its host , of mass effect on internal organs , and rarely malignant transformation. Early diagnosis and surgical excision remains the standard of care. Prognosis post removal is typically excellent.

Abstract ID: MCH/CR/43

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Country: India

Abstract Title:
THE DROWNING HEART: PERICARDIAL EFFUISON IN PREGNANCY

Introduction :
Pericardial effusion in pregnancy is a rare and potentially life-threatening condition that requires prompt diagnosis and management. The physiological changes in pregnancy can mask the symptoms of pericardial effusion, making diagnosis challenging.

Case Description :
A 17-year-old primigravida at 17 weeks gestation presented with fever on and off for 1 week and difficulty in breathing for 3 days. Investigations revealed massive pericardial effusion with intra pericardial cavity fibrinous strands and left massive pleural effusion. She underwent pleural fluid tapping, pericardial tapping, and anterior thoracotomy with pleuropericardial window and ICD placement. The patient was diagnosed with Pulmonary TB and started on ATT (HRZE regimen). The patient's postoperative period was uneventful, and she was discharged on POD-12 post thoracotomy at a gestational age of 20 weeks and 2 days. Postoperative Echocardiogram showed minimal pericardial effusion and no evidence of tamponade. Chest X-ray showed significant improvement with clear lung fields. Postoperative ultrasound showed SLIUG of GA 20W+/-2weeks, good fetal heart rate, adequate liquor, and normal uterine artery doppler. The patient was advised regular antenatal visits, liver function tests, and renal function tests every 2 weeks, and cardiology review once a month.

Conclusion :
Prompt diagnosis, multidisciplinary care and timely intervention are essential for managing pericardial effusion in pregnancy. A collaboration between obstetricians, cardiologists, and cardiothoracic surgeons is crucial in managing this complex condition.

Abstract ID: MCH/CR/44

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Abstract Title:
WHEN MALIGNANCY MEETS MATERNITY: A RARE CASE OF ESOPHAGEAL CARCINOMA IN PREGNANCY

Introduction :
Esophageal carcinoma during pregnancy is an exceptionally rare clinical occurrence. It is often diagnosed at an advanced stage since the early symptoms overlap with the physiological changes of pregnancy such as dysphagia or weight loss, leading to delayed diagnosis. The coexistence of malignancy and pregnancy poses a unique diagnostic and management challenges.

Case Description :
• A 26-year-old primigravida with 28weeks 2days POG presented with progressive dysphagia to both solids and liquids, significant weight loss, and vomiting with a feeling of lump in throat. Initial investigations suggested nutritional compromise. • While awaiting multidisciplinary evaluation, fetal movements ceased, and ultrasonography confirmed intrauterine fetal demise. Labor was induced, a pre-term vaginal delivery was done & uneventful. • Upper Gastro-Intestinal Endoscopy revealed a friable, ulcero-proliferative growth in Esophagus 30cms from incisors, extending till the Gastro-esophageal junction and biopsy confirmed well differentiated squamous cell carcinoma esophagus. • Feeding Jejunostomy was done for her in view of complete oesophageal obstruction and she was referred for oncological management. • 2 months later, Trans-hiatal esophagectomy with Cervico-Esophago-Gastric anastomosis was done.

Conclusion :
This case highlights the diagnostic challenges of gastrointestinal malignancy in pregnancy presenting with persistent gastrointestinal symptoms.

Abstract ID: MCH/CR/45

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Country: India

Abstract Title:
HIGH STAKES, TRIPLE JOY:OVERCOMING PREECLAMPSIA IN A TRIPLET PREGNANCY .

Introduction :
Preeclampsia is a multisystem hypertensive disorder of pregnancy defined by new-onset hypertension and proteinuria or evidence of end-organ dysfunction after 20 weeks of gestation. It affects approximately 5-8% of singleton pregnancies but occurs more commonly in multiple gestations , reaching 30-40% in triplet pregnancies. The higher incidence is attributed to increased placental mass, abnormal placentation and imbalance between angiogenic and anti-angiogenic factors. Preeclampsia remains a leading cause of maternal and perinatal morbidity and mortality, highlighting the need for early diagnosis and multidisciplinary management to optimise outcomes.

Case Description :
A 20 year old primigravida at 35 weeks with trichorionic triamniotic triplet pregnancy ,a spontaneous conception, presented with severe head ache and Blood pressure of 170/110 mm Hg. Urine analysis showed 4+ proteinuria. Laboratory findings showed elevated liver enzymes, thrombocytopenia and increased serum creatinine, confirming preeclampsia with severe features. She was managed with intravenous LABETALOL, magnesium sulfate for seizure prophylaxis and corticosteroids for fetal lung maturity. Following stabilization, an elective cesarean section was performed, delivering three live preterm infants- two male and one female- weighing between 2.3 and 2.5 kg, with apgar 7-9. The mother had uneventful postoperative recovery, and all neonates required short term NICU care before being discharged in good health.

Conclusion :
This case demonstrates that even in high risk conditions like preeclampsia with severe features in a triplet pregnancy, prompt diagnosis, careful monitoring and coordinated obstetric and neonatal management can lead to successful maternal and neonatal outcomes truly embodying the spirit of- ‘HIGH STAKES, TRIPLE JOY’

Abstract ID: MCH/CR/46

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Abstract Title:
CASE REPORT: RECURRENT PREGNANCY LOSS WITH NEONATAL PYLORIC ATRESIA–EPIDERMOLYSIS BULLOSA COMPLEX IN A LUPUS-SPECTRUM AUTOIMMUNE MOTHER

Introduction :
Recurrent pregnancy loss (RPL) and early neonatal deaths (REND) represent a diagnostic challenge. While chromosomal and infectious causes are well recognized, autoimmune etiologies such as lupus-spectrum disorders often remain underdiagnosed in women without systemic symptoms. Autoantibodies such as ANA and anti-dsDNA can cause subclinical placental vasculopathy, resulting in fetal growth restriction, prematurity, and stillbirth. Rarely, neonatal manifestations may reflect transplacental antibody effects or autoimmune disruption of fetal tissue integrity.

Case Description :
A 34-year-old woman (G4P2L0A1) with recurrent poor obstetric outcomes was found to have positive ANA and anti-dsDNA antibodies but negative antiphospholipid antibody (APLA) and lupus anticoagulant (LA) tests. She conceived under preconception counseling with low-dose aspirin and LMWH prophylaxis. At 34+2 weeks, she delivered a female neonate (1.4 kg, SGA/VLBW) who developed respiratory distress, shock, and skin blistering. The neonate was diagnosed with Type II pyloric atresia with epidermolysis bullosa (EB), underwent surgical correction, and required intensive NICU support. Both maternal and paternal karyotypes were normal (46,XX; 46,XY).

Conclusion :
This rare association suggests an interplay between maternal autoimmunity and fetal structural anomalies. Vigilant autoimmune screening and multidisciplinary care can improve outcomes in unexplained recurrent fetal or neonatal loss.

Abstract ID: MCH/CR/47

Presenter's Name: Dr. Rimpa Khan

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Country: India

Abstract Title:
RARE CASE OF SUCCESSFUL PREGNANCY OUTCOME IN VHL SYNDROME

Introduction :
Von Hippel–Lindau (VHL) syndrome is a rare autosomal dominant genetic disorder caused by mutations in the VHL tumour suppressor gene on chromosome 3p, with an incidence of about 0.002% in pregnancy. It results in abnormal angiogenesis leading to benign and malignant tumours in multiple organs. Pregnancy in women with VHL syndrome can be complicated by hypertension, preeclampsia, and fetal growth restriction, with a 50% genetic transmission risk to the baby. During delivery and the postpartum period, there is a potential for hypertensive crises, intracranial bleeding from CNS hemangioblastomas, and progression of existing tumours, necessitating vigilant monitoring.

Case Description :
We report a 27-year-old female, G3P1L1A1, at 38+6 weeks of gestation with a known history of VHL syndrome, previously diagnosed with multiple pancreatic cysts, and bilateral renal cysts who presented in early labour with history of treated cervical tuberculosis. She was closely monitored at Lok Nayak Hospital, New Delhi, with multidisciplinary care from gastroenterology and obstetrics teams. Radiological evaluation confirmed multiple pancreatic and renal cyst.The pregnancy was managed as high risk, and she delivered vaginally under strict precautions to prevent cyst rupture or hemorrhage.

Conclusion :
This case underscores the importance of coordinated multidisciplinary management and genetic counselling in ensuring a safe maternal and fetal outcome in VHL syndrome.

Abstract ID: MCH/CR/48

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Country: India

Abstract Title:
SCAR PREGNANCY A RARE CRITICAL EMERGENCY

Introduction :
Caesarean scar pregnancy, a rare type of ectopic pregnancy, implanted within the uterine myometrium at the site of healed Caesarean scar .The continuous increase in Caesarean deliveries is causing parallel increase in Caesarean scar pregnancy and its own complications.The clinical presentation of Caesarean scar ectopic pregnancy ranges from vaginal bleeding to uterine rupture and hypovolemic shock .The condition can be catastrophic if not managed on time leading to significant maternal mortality and morbidity . Ultrasound is useful for diagnosing and certain criteria are visualisation of gestational sac at the site of prior Caesarean scar and outside endometrial cavity, thin myometrium (1-3 mm)or absent myometrium between sac and bladder . Termination of pregnancy is the main mode of treatment.Termination can be performed through various methods .The incidence is 0.15%in women with previous Caesarean section and 6.1%of all ectopic pregnancies .20-25% patients are asymptomatic at the time of diagnosis.Method of study is retrospective observational study.

Case Description :
I have compared the presentation and management of 4 cases of scar site ectopic pregnancy managed in our hospital

Conclusion :
Caesarean scar pregnancy is a dangerous and complex disorder with increasing occurence in recent years.The treatment should be individualised based on type, gestational age, clinical presentation, radiological imaging, hemodynamic status, serum beta HCG, future fertility and patient compliance towards follow up .Risk of recurrence is low However with subsequent pregnancies,the patient is at risk of adherent placenta, uterine rupture and maternal death .Careful supervision to be maintained in subsequent pregnancies to asses scar integrity during pregnancy.

Abstract ID: MCH/CR/49

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Country: India

Abstract Title:
RESILIENCE REBORN: SUCCESSFUL MANAGEMENT OF QUADRIPLEGIA DUE TO CERVICAL SPINAL CORD INJURY IN A YOUNG POSTPARTUM WOMAN"

Introduction :
Spinal epidural hematoma is rare but serious complication of spinal anaesthesia. It can occur either spontaneously or in the post-operative period. . it was first described by G.J. Duverney in 1682 and first diagnosed clinically by Jackson. The usual presentation is severe back pain at the site of hematoma followed by progressive sensory deficit, motor deficit and urinary retention. Epidural hematoma becomes evident within a few hours of the procedure so early decompression must be performed.

Case Description :
CASE – Here, we are presenting a case of a 21 years old primigravidae pregnant woman who underwent for elective caesarean section for breech presentation. After 6 hours of surgery. Patient had complain of progressive weakness and inability to move her both lower limb. After then she had similar complain in both upper limb also. She was not able to hold her urine as later on bladder was also involved. Her vitals were normal. On MRI scan showed a dorsal epidural hematoma in cervical spinal cord. Pt was immediately shifted to neurosurgery dept and decompressive surgery was performed.

Conclusion :
Although it is a rare complication but it has very serious outcomes if we make any delays in diagnosis and management. Early recognition and decompression is essential to maximize the neurological recovery.

Abstract ID: MCH/CR/50

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Country: India

Abstract Title:
PREGNANCY IN A WOMAN WITH TAKOTSUBO CARDIOMYOPATHY: PREDICTING DELIVERY OUTCOMES AND MULTIDISCIPLINARY MANAGEMENT APPROACH

Introduction :
Takotsubo cardiomyopathy (TCM) is a rare, transient left ventricular dysfunction often precipitated by emotional or physical stress. Occurrence during pregnancy presents unique challenges due to altered cardiovascular physiology and limited data on maternal and fetal outcomes. The predictors of successful delivery depend on early recognition, cardiac stability, and multidisciplinary management. We present a case of a pregnant woman with known Takotsubo cardiomyopathy and discuss the ongoing antenatal approach and delivery planning.

Case Description :
A 30-year-old G2P1L1 woman at 10 weeks + 4 days of gestation, known case of Takotsubo cardiomyopathy diagnosed postnatally in her previous pregnancy, presented for antenatal registration. Baseline echocardiography showed normal left ventricular function with an ejection fraction of 60%. A multidisciplinary team comprising obstetrics, cardiology, and anesthesiology was formed. She is being managed conservatively with regular cardiac monitoring, beta-blocker therapy, and avoidance of physical and emotional stressors. Delivery planning involves assessment of cardiac function each trimester, selection of the safest mode of delivery based on hemodynamic stability, and preparedness for cardiac complications with intensive care support.

Conclusion :
Pregnancy with a background of Takotsubo cardiomyopathy warrants individualized, multidisciplinary care. Predictors of safe delivery include stable cardiac function, adequate antenatal surveillance, and planned peripartum management. Anticipatory preparedness and team-based decision-making are vital to achieve favorable maternal and fetal outcomes.

Abstract ID: MCH/CR/51

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Country: India

Abstract Title:
NAVIGATING A DIAGNOSTIC AND SURGICAL CHALLENGE: BILATERAL OVARIAN TORSION WITH SPONTANEOUS PREGNANCY IN THE SECOND TRIMESTER

Introduction :
OVARIAN TORSION IS A RARE SURGICAL EMERGENCY IN PREGNANCY, WITH BILATERAL INVOLVEMENT REPRESENTING AN EXCEPTIONALLY UNCOMMON AND HIGH-RISK PRESENTATION. THE DIAGNOSTIC AND THERAPEUTIC CHALLENGE IS TO RESOLVE THE TORSION WHILE PRESERVING OVARIAN FUNCTION AND MAINTAINING THE PREGNANCY.

Case Description :
A 24-YEAR-OLD SECOND GRAVIDA AT 13 WEEKS AND 4 DAYS GESTATION PRESENTED WITH ACUTE LEFT ABDOMINAL PAIN AND VOMITING. EXAMINATION REVEALED LEFT ADNEXAL TENDERNESS. ULTRASONOGRAPHY CONFIRMED SINGLE LIVE INTRAUTERINE FETUS AND IDENTIFIED LARGE, AVASCULAR LEFT OVARY WITH TWISTED PEDICLE, DIAGNOSTIC FOR LEFT OVARIAN TORSION. NOTABLY, THE RIGHT OVARY WAS ALSO SIGNIFICANTLY ENLARGED AND EDEMATOUS. DIAGNOSTIC LAPAROSCOPY REVEALED BILATERAL OVARIAN TORSION: THE LEFT OVARY HAD FOUR TORSIONAL LOOPS AND A HEMORRHAGIC CYST, WHILE THE RIGHT OVARY HAD TWO LOOPS. BILATERAL OVARIAN DETORSION WAS PERFORMED SUCCESSFULLY, WITH IMMEDIATE RESTORATION OF COLOUR. TO PREVENT RECURRENCE, BILATERAL OOPHOROPEXY WAS PERFORMED. A FOLLOW-UP ULTRASOUND ON POSTOPERATIVE DAY 4 CONFIRMED A VIABLE 14-WEEK FETUS AND THE PATIENT WAS DISCHARGED ON PROGESTERONE SUPPORT AND IS ON FOLLOW UP.

Conclusion :
THIS CASE HIGHLIGHTS THAT BILATERAL OVARIAN TORSION, THOUGH RARE, MUST BE CONSIDERED IN PREGNANT WOMEN WITH ACUTE ABDOMINAL PAIN TO PREVENT CATASTROPHIC LOSS OF GONADAL FUNCTION. LAPAROSCOPY IS A SAFE AND EFFECTIVE DIAGNOSTIC AND THERAPEUTIC TOOL IN THE SECOND TRIMESTER. PROMPT SURGICAL INTERVENTION WITH DETORSION AND OOPHOROPEXY CAN SUCCESSFULLY PRESERVE BOTH OVARIAN VIABILITY AND THE ONGOING PREGNANCY, ENSURING A FAVOURABLE MATERNAL AND FETAL OUTCOME

Abstract ID: MCH/CR/52

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Abstract Title:
CESAREAN SCAR ECTOPIC PREGNANCY: A THERAPEUTIC CHALLENGE

Introduction :
Cesarean scar ectopic pregnancy (CSEP) is a rare and potentially life-threatening condition with implantation in a previous cesarean scar. Early diagnosis prevents uterine rupture and preserves fertility. Although systemic methotrexate (MTX) is a recognized conservative treatment, its inconsistent response often necessitates surgical intervention.

Case Description :
A 36-year-old gravida 3 with previous one living issue with a prior cesarean section presented at six week's gestation with mild vaginal bleeding. Ultrasound showed a non-viable gestational sac (11.4 mm) implanted at the scar site with 1 mm of myometrial thickness over the sac. The initial β-hCG was 10,647 mIU/mL. Systemic MTX 84 mg intramuscularly was given, but β-hCG increased to 13,790 → 14,765 → 14,336 mIU/mL, indicating treatment failure. On patient request, intra-sac MTX was administered, leading to a decline to 613 mIU/m. β-hCG levels were persistent with vaginal bleeding hence ultrasound-guided vacuum aspiration and evacuation was performed to achieve complete resolution, laparoscopy was done which confirmed an intact scar. β-hCG normalized to 9.4 mIU/mL within two weeks.

Conclusion :
This case highlights that retained decidual residua can prevent complete resolution from methotrexate alone. Ultrasound-guided vacuum aspiration, supported by laparoscopy, serves as a safe and effective treatment for definitive resolution and fertility preservation.

Abstract ID: MCH/CR/53

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Abstract Title:
POSTPARTUM BELL'S PALSY: NEUROLOGICAL COMPLICATION FOLLOWING DELIVERY

Introduction :
Facial paralysis is defined as the loss of muscle function on one or both sides of the face. Bell's palsy is more common among pregnant women (45 cases/1,00,000 pregnancies), the majority of cases occur in the third trimester and immediate postpartum period. Despite of various recognized causes such as vascular ischemia, inflammation by viral infection, autoimmune illnesses, temporal bone fractures, the vast majority of them are idiopathic.

Case Description :
A 22year female patient who is a house-keeper by occupation, has delivered an alive healthy female baby under spinal anesthesia by emergency LSCS, indication being CPD in labor, intra operative and post operative period was uneventful. On third postoperative day, patient complained of deviation of angle of mouth to right side and inability to close the left eye, had no complaints of fever, difficulty of walking or breathing, infection, trauma. Her general status was well during examination, no meningeal irritation noted, eyeball movements were free but couldn't close the left eyelid completely and couldn't lift her left eyebrow. The bilateral nasolabial fold was blurry, the uvula was midline. Other cranial nerve examination were normal.

Conclusion :
Neurophysician opinion was taken, advised Tab Acyclovir 400mg TID for 5 days , Tab Prednisolone 20mg TID for 5 days and tapered thereafter with physiotherapy. Ophthalmologist opinion taken, advised Lid tapings and Hydroxy propyl methyl cellulose eye drops. Bell's palsy during pregnancy and post-partum period can impact significant functional and psycho-social distress in patients, hence early detection and management should be done.

Abstract ID: MCH/CR/54

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Abstract Title:
INTERSTITIAL MOLAR PREGNANCY: A RARE AND CHALLENGING CLINICAL ENTITY.

Introduction :
Interstitial pregnancy occurs when implantation happens in intramural portion of fallopian tube.The incidence of having both an ectopic pregnancy that is also a molar pregnancy is extremely rare.Early identification and appropriate management are key to preventing life-threatening complications.

Case Description :
The patient was a 22year-old,gravida 2 para 1 with 8weeks 2days period of gestation who presented to the emergency department with right lower abdominal pain since previous day.There is no vaginal bleeding or associated fever,chills,shortness of breath,chest pain.examination revealed no abdominal or adnexal tendernes.She had stable vital signs and wbc count of 8700K/uL,platelets of 2.18K/uL.Hemoglobin levels are 10.7gm/dL and β-hCG -6060 mIU/mL.ultrasound showed,no intrauterine pregnancy,And a well defined hypo echoic mass m/s 3.9x3.3cm & multiple tiny cysts and increased vascularity with no fetal pole seen in interstitial part of right fallopian tube.The patient was initially managed medically as she was hemodynamically stable and desired fertility preservation. However,serial β-hCG levels failed to show a satisfactory decline,repeat ultrasound demonstrated persistence of the interstitial mass.Hence,surgical intervention(hysteroscopy-shows empty uterine cavity/laparoscopy with cornual resection)was undertaken.The ectopic resembles the appearance of partial hydatiform molar pregnancy,which is sent for histopathological examination.

Conclusion :
The timely diagnosis of molar pregnancy (whether complete or partial)is crucial, as such pregnancies have the potential to cause persistent gestational trophoblastic disease,and may ultimately lead to adverse outcomes if left untreated.patients are followed with weekly quantitative β-hCG titers until 3 successive β-hCG levels are negative,then advised to avoid pregnancy for 6 months and are counselled on appropriate contraception.Prompt and appropriate management ensures patient safety and preserve fertility.

Abstract ID: MCH/CR/55

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Abstract Title:
"TRAPPED WITHIN THE WALL" A RARE CASE OF INTRAMURAL ECTOPIC PREGNANCY

Introduction :
Ectopic pregnancy refers to implantation of a fertilized ovum outside the normal endometrial cavity. While the fallopian tube is the most frequent site, rare non-tubal locations such as cervix, ovary, cesarean scar, abdomen, and myometrium can also occur. Myometrial (intramural) ectopic pregnancy is an extremely rare form of ectopic gestation,characterized by implantation of the fertilized ovum within the uterine myometrium, entirely surrounded by muscular tissue, without connection to the endometrial cavity or fallopian tube. Its rarity and nonspecific presentation make early diagnosis difficult, yet timely identification is crucial to prevent uterine rupture and preserve fertility.

Case Description :
•A 27-year-old G4P1L1A1E1 with 8weeks POG presented with complaints of lower abdominal ,bleeding per vaginum. •Transvaginal ultrasonography revealed a intramural fundal pregnancy with thinned out fundal myometrium, with a thin overlying serosal layer, seperate from the endometrial cavity. • MRI confirmed a gestational sac completely enclosed by myometrium, consistent with intramural ectopic pregnancy. •Serum Beta HCG levels were 2,62,202mIU/ml •The patient was managed surgically by laparoscopic ectopic resection •Patient had h/o consumption of MTP kit after which she had c/o bleeding per vaginum and lower abdominal pain. She also had a history of right sided tubal ectopic for which ectopic resection and salpingectomy was done.

Conclusion :
Clinically, it presents a diagnostic challenge due to its rarity and overlap in imaging features with interstitial pregnancy, differetiating it from these is vital ,as treatment strategies differ.If unrecognized, it carries a high risk of uterine rupture and life-threatening hemorrhage.

Abstract ID: MCH/CR/56

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Abstract Title:
PREGNANCY IN BICORNUATE UTERUS – DIAGNOSTIC AND MANAGEMENT CHALLENGES

Introduction :
Congenital uterine anomalies affect about 4% of women, with a bicornuate uterus representing approximately 25% of these cases. Pregnancy in a bicornuate uterus is considered high-risk due to increased chances of miscarriage, preterm labor, malpresentation, and cesarean delivery. Early identification and close antenatal surveillance are vital for optimizing outcomes

Case Description :
A 30 year old G2P1D1 woman with a known bicornuate uterus was referred to VGH visakhapatnam in view of previous C section . Ultrasonography at 24weeks revealed a single viable fetus confined to the right uterine horn. Serial growth monitoring and cervical length assessment were done throughout gestation. She successfully delivered a healthy neonate via Emergency C section at 37 weeks. Intraoperative Findings: Fetus confined to the right uterine horn Well-developed lower uterine segment Normal adnexa Separate left uterine horn visualized Outcome: Mother and baby stable postpartum No intraoperative or postoperative complications reported

Conclusion :
Differentiation between a bicornuate and septate uterus using 3D ultrasonography or MRI is essential, as management and prognosis differ. The outcome largely depends on the degree of uterine distortion, horn capacity, and cervical competence. Individualized antenatal care and timely intervention significantly improve maternal and fetal prognosis. Pregnancy in a bicornuate uterus, though uncommon and high-risk, can culminate in favorable outcomes with vigilant monitoring, early diagnosis, and multidisciplinary management

Abstract ID: MCH/CR/57

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Abstract Title:
PERPLEXITY OF PARAPLEGIA IN PREGNANCY: A CASE REPORT

Introduction :
Vertebral hemangiomas (VH) are frequently encountered benign tumors of the spine. The clinical symptoms occur only in about 0.9-1.2% of the global population. The increase in hormonal activity during pregnancy, shifts in blood circulation, and physiological blood vessel modifications significantly elevate the likelihood of symptomatic VH. Without timely and appropriate intervention, these tumors may progress quickly, compressing the spinal cord and causing severe neurological damage.

Case Description :
A 22-year-old female, G3A2 at 33 weeks and 3 days gestation, presented with weakness of bilateral lower limbs, paresthesia, and ambulatory difficulties for the past month. She also complained of urinary retention, requiring catheterization. On neurological examination, bilateral lower limbs demonstrated 0/5 power of hip, knee, and ankle joint movements. On MRI scans, the lesion appeared aggressive, suggestive of vertebral hemangioma. A multidisciplinary team coordinated the patient's care, including obstetricians, neurosurgeon, anesthesiologist, and pediatrician. Considering fetal maturity and maternal neurological status, we induced labor with misoprostol at 34 weeks which resulted in a vacuum-assisted vaginal delivery of a preterm female infant with a birthweight of 2.1 kg. The infant was breastfed, and there were no maternal postpartum complications. On postpartum day 5, she underwent D-11 laminectomy, spinal fixation of D10-12, and an excisional biopsy. A vertebral hemangioma was suspected intraoperatively. She demonstrated significant postoperative neurological improvement within two days,

Conclusion :
Aggressive vertebral hemangiomas in pregnancy warrant early diagnostic imaging, meticulous management strategies, along with surgical intervention, and safe obstetric delivery. Interdisciplinary collaboration greatly enhances clinical outcomes in maternal and fetal safety.

Abstract ID: MCH/CR/58

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Abstract Title:
A CASE OF SICKLE CELL TRAIT AND BETA THALASSEMIA MINOR IN PREGNANCY

Introduction :
Haemoglobinopathies such as sickle cell trait and beta thalassemia minor are common inherited disorders. The coexistence of these two traits poses unique diagnostic and clinical challenges, particularly during pregnancy when metabolic demand is increased leading to aggravation of subclinical disease.

Case Description :
o A 24-year-old primigravida was found to have microcytic anemia during routine antenatal evaluation. Hemoglobin electrophoresis revealed co-inheritance of sickle cell trait and beta thalassemia minor. o She has been transfused with 3 pints of packed RBC's without any reactions noted. Multi-disciplinary approach was taken till she is stable. o The pregnancy was managed conservatively with hematinic support, hydration, and regular monitoring. She delivered a healthy term baby via spontaneous vaginal delivery.

Conclusion :
The physiological stress of pregnancy may exacerbate anemia or trigger vaso-occlusive symptoms in women with dual hemoglobinopathy traits. Coexistence of sickle cell trait and beta thalassemia minor, though rare, should be considered in antenatal women with unexplained microcytic anemia. Timely identification and multidisciplinary management can ensure favorable maternal and fetal outcomes.

Abstract ID: MCH/CR/59

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Abstract Title:
"A SILENT GENE, A SUDDEN CLOT: POST PARTUM PULMONARY EMBOLISM IN ALPHA THALASEMMIA CARRIER"

Introduction :
Alpha thalassemia trait is usually asymptomatic and not classically associated with venous thromboembolism. Pregnancy and cesarean delivery, however, are established risk factors for postpartum VTE. We report a rare but life-threatening occurrence of acute pulmonary embolism (PE) following lower segment cesarean section (LSCS) in a patient with alpha thalassemia trait.

Case Description :
A 34-year-old G_2A_1, diagnosed as alpha thalassemia trait, underwent an uneventful emergency LSCS at 39 weeks 6 days for cephalopelvic disproportion. Twenty-four hours post-operatively, she developed sudden tachycardia (HR 170/min), dyspnoea, and hypoxia (SpO_2 54% on room air). ECG showed sinus tachycardia, and she complained of lower-limb pain. She was intubated and managed with therapeutic low-molecular-weight heparin and ICU support. Echocardiography revealed left and right ventricular dilatation. CT pulmonary angiography confirmed partial thrombosis of the left main pulmonary artery extending into bilateral lower-lobe and left-upper-lobe segmental branches. Doppler studies of both lower limbs showed no deep-vein thrombosis. She was started on thrombolytic therapy. On POD 3, she developed severe abdominal pain; CT abdomen showed bilateral rectus-sheath and extraperitoneal pelvic hematomas with active extravasation, paralytic ileus, and mild pleural effusion, suggestive of a hemorrhagic complication of thrombolysis. She was managed conservatively with hemodynamic monitoring and supportive care.

Conclusion :
Alpha thalassemia trait may coexist with postpartum PE; clinicians must maintain a high index of suspicion for VTE after LSCS. Early recognition, imaging, and timely anticoagulation are key to favourable maternal outcomes. This case highlights the need for individualized VTE risk assessment and appropriate prophylaxis in peripartum patients even when the hematologic disorder is

Abstract ID: MCH/CR/60

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Abstract Title:
COORDINATED CARDIO-OBSTETRIC CARE- SAVING TWO LIVES - SEVERE MITRAL STENOSIS IN PREGNANCY

Introduction :
Mitral stenosis (MS) is the most common rheumatic heart disease in India. Pregnant women with severe mitral stenosis develop symptoms or decompensate in late pregnancy. This deterioration is life threatening and demands nuanced management to reduce maternal and fetal morbidity and mortality. It is best managed in specialized centers with cardio-obstetric teams due to the risks of acute cardiac decompensation, pulmonary edema, and arrhythmia. Early recognition of worsening and proactive management by the cardio-obstetric team achieves life-saving outcomes.

Case Description :
A 24-year-old woman, G2P1L1 with a previous LSCS at 34 weeks, presented at 34+6 weeks gestation with progressive breathlessness (NYHA III/IV) and orthopnea. She had RHD with severe MS, post prior PBMV. Examination found severe cardiac decompensation—resting dyspnea, tachycardia, low BP , with typical auscultation findings of diastolic & pansystolic murmurs, loud S1. Echocardiography revealed severe MS, bi-atrial dilation, and severe PAH. She was stabilized with diuretics, beta-blockers, and fluid restriction. Given symptomatic deterioration and high maternal/fetal risk, percutaneous balloon mitral valvotomy (PBMV) was performed. The procedure was successful, increasing the mitral valve area and significantly improving symptoms. Following that, a planned cesarean with bilateral tubectomy was performed under GA. Postoperative recovery for both mother and baby was uneventful, highlighting the effectiveness of timely interventional strategy and multidisciplinary care.

Conclusion :
This case illustrates best practices for severe mitral stenosis in pregnancy: Integrated cardio-obstetric team, Early recognition of maternal decompensation, Planned PBMV before delivery, safest anesthetic technique for the patient’s cardiac status. These factors dramatically improve maternal and fetal outcomes in such complex scenarios.

Abstract ID: MCH/CR/61

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Abstract Title:
EVALUATION OF SLIDING SIGN AS PREDICTORS OF INTRA-ABDOMINAL ADHESIONS

Introduction :
THIS STUDY AIMS TO PREDICT INTRA-ABDOMINAL ADHESIONS IN WOMEN WITH PREVIOUS CAESAREAN SECTION BY RADIOLOGICALLY EVALUATING THE RELATIVE MOTION BETWEEN THE UTERUS AND THE ABDOMINAL WALL, REFERRED TO AS THE SLIDING SIGN.

Case Description :
Aim and Objective To evaluate the role of the sliding sign as predictors of intra-abdominal adhesions in term pregnancies with previous caesarean sections. Materials and Methods This cross-sectional study was conducted on 35 women with previous caesarean section. Each participant was evaluated radiologically in the third trimester of pregnancy for ultrasonographic assessment of the sliding sign. Intraoperative findings during caesarean delivery were compared to the presence or absence of visceral sliding between the abdominal wall and underlying viscera done radiologically. Intraoperative findings served as the gold standard for confirming the presence, extent, and severity of adhesions. Results Adhesions were detected intraoperatively in the majority of patients and showed an inverse correlation with the presence of the sliding sign. Out of 35 patients,20 patients sliding sign was absent and adhesions were present.In 7 patients sliding sign was present with no adhesions,5 patients had sliding sign and adhesions were present and in 3 sliding sign was absent and adhesions were absent.

Conclusion :
Conclusion Ultrasonographic evaluation of the sliding sign proves as a safe, and effective method for preoperative prediction of adhesions. Incorporating these parameters into routine antenatal evaluations can improve surgical preparedness, reduce intraoperative complications, and enhance patient counselling and management.

Abstract ID: MCH/CR/62

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Abstract Title:
A RARE CASE OF SUCCESSFUL PREGNANCY IN AN UNCORRECTED TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION

Introduction :
Total anomalous pulmonary venous connection is a rare congenital heart disease which involves all pulmonary veins draining into right atrium or systemic venous circulation through anomalous connection. Its incidence is 0.6 to 1.2 per 10000 live birth of all congenital heart diseases.

Case Description :
Case- We report a case of 22years old gravida four, para one, no live issue and 4 abortions who presented at 17weeks with shortness of breath, fatigue and mild cyanosis, was incidentally diagnosed as supracrdiac TAPVC with mild pulmonary hypertension and large atrial septal defect with right to left shunt. During her antenatal period she had episodes of tachycardia but was managed medically, not requiring any anticoagulation. As her pregnancy continued symptoms progressed alongwith growth restriction in fetus at 28weeks. At 30 weeks and 1 day patient had preterm premature rupture of membrane and went in preterm labour. After dexamethasone cover patient underwent emergency caesarean section in view of TAPVC with recurrent episodes of tachycardia and history of decompensation in this pregnancy. Patient was operated under combined spinal and epidural anaesthesia and delivered 1180g baby with Apgar of 9,9,9. Post operatively she was continued on tab furosemide and metoprolol and was discharged after 3 weeks without any complications.

Conclusion :
Conclusion- This case highlights the importance of individualized care and multidisciplinary management in achieving favorable outcomes in high-risk pregnancies complicated by complex congenital heart disease and MTP is not always indicated. Early diagnosis, close maternal–fetal surveillance, and timely delivery planning are key determinants of favourable outcome.

Abstract ID: MCH/CR/63

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Abstract Title:
HETEROTROPHIC PREGNANCY

Introduction :
The incidence of heterotopic pregnancy is rare ,occuring in about 1 in 30,000.The incidence increases with Assisted Reproductive Therapy such as IVF and GIFT. Diagnosis is often difficult because the presence of intrauterine gestation mask the symptoms of an ectopic pregnancy leading to missed diagnosis.

Case Description :
32 yrs old patient present with c/o bleeding pv and abdominal pain ,and had a h/o MVA done for missed abortion 2 weeks back in private hospital ,on admission Patient was hemodynamically unstable and UPT - Positive.P/V- left forniceal tenderness +,cerviacl motion tenderness +.USG - hemoperitoneum.Patient taken for Emergency Laprotomy.INTRA OP FINDINGS:200ml of hemoperitoneum & left ruptured tubal ectopic seen.Postoperative events uneventful.Patient discharged on POD-7.

Conclusion :
Heterotopic pregnancy remains a diagnostic and therapeutic challenge in modern obstetrics. Despite its rarity ,clinician should maintain a high index of suspicion- especially in patients undergoing ART. An early ultrasonographic evaluation and prompt management can significantly improve prognosis.

Abstract ID: MCH/CR/64

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Abstract Title:
SECONDARY PPH

Introduction :
Secondary post partum hemorrhage defined as excessive or abnormal vaginal bleeding occuring between 24 hr and 12 weeks after delivery. Although less common than primary PPH, it remains a significant cause of maternal morbidity and mortality. Incidence being 0.2 to 0.3 %.

Case Description :
Here I am presenting the case of secondary PPH presented after 4 weeks of LSCS which is managed by emergency laprotomy. Conclusion

Conclusion :
Secondary PPH is a serious but preventable condition. Early diagnosis, appropriate resuscitation and targeted treatment are essential to ensure favorable maternal outcome.

Abstract ID: MCH/CR/65

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Abstract Title:
ABDOMINAL PREGNANCY

Introduction :
INTRODUCTON: When implantation takes place anywhere outside the uterine cavity it is referred to as an ectopic pregnancy.Ectopic pregnancy is very rarely sited in the abdominal cavity. Abdominal pregnancy is a rare type of ectopic pregnancy where the developing embryo implants and grows within the peritoneal cavity. Abdominal pregnancy can further be classified as primary or secondary. Primary abdominal pregnancy which is extremely rare occurs when a fertilized ovum implants itself initially on some abdominal organ. Most cases of abdominal pregnancy are secondary in that the ovum first implants in the fallopian tube, ovary or uterus and subsequently escapes through a rupture into the peritoneal cavity.Early diagnosis and prompt management are crucial to reduce maternal morbidity and mortality.

Case Description :
A 26-year-old woman, Gravida 2 Para 1, presented with complaints of lower abdominal pain and bleeding per vaginum at 11 weeks of gestation. Ultrasonography revealed a pseudo sac with a live gestational sac located in the abdominal cavity and hemoperitoneum. During exploratory laparotomy, the fetus was found implanted on the serosal surface of the sigmoid colon with rupture of the right fallopian tube,hence proceeded with right salphingectomy and bowel wall repair and hemostasis was achieved. Intraoperatively 2 units PCV and 1 unit FFP transfused.The postoperative period was uneventful and she was discharged on 7th post operative day.

Conclusion :
Abdominal pregnancy, though rare, should be considered in women presenting with abdominal pain and vaginal bleeding with an empty uterus on ultrasound. Early recognition and surgical management are essential to prevent severe complications.

Abstract ID: MCH/CR/66

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Abstract Title:
SILENT PARALYSIS – TWO LIVES, ONE FIGHT

Introduction :
Guillain-Barré Syndrome (GBS) is an acute, immune-mediated demyelinating polyneuropathy that rarely occurs during pregnancy and can have severe maternal and perinatal implications. The condition is characterized by progressive motor weakness, areflexia, and potential respiratory failure. In pregnancy, diagnostic and therapeutic challenges arise due to overlapping physiological changes and the need to ensure fetal safety. Early recognition and a multidisciplinary management strategy are essential to improve outcomes.

Case Description :
A 24-year-old gravida 2, para 1 woman at 22 weeks and 4 days of gestation was admitted with moderate anemia with a history of previous cesarean delivery. She subsequently developed progressive symmetrical weakness and respiratory compromise within a day, raising clinical suspicion of GBS. Diagnostic evaluation was inconclusive. With high clinical suspicion the patient was managed through a multidisciplinary approach and intervention with intravenous immunoglobulin (IVIG), respiratory support, and nutritional correction were given. The clinical course was further complicated by recurrent attacks of hypoglycemia and antibiotic management for multidrug-resistant pneumonia. Delivery planning was individualized considering maternal neurological status and fetal well-being. The patient achieved gradual neurological recovery, and pregnancy was successfully continued to deliver of a healthy neonate.

Conclusion :
GBS during pregnancy represents a rare but potentially life-threatening neurological emergency. Prompt diagnosis, multidisciplinary coordination, and judicious use of immunotherapy are pivotal for favorable maternal and neonatal outcomes. This case underscores the importance of heightened clinical awareness and integrated care pathways in managing immune-mediated neuromuscular disorders in pregnancy.

Abstract ID: MCH/CR/67

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Abstract Title:
BEYOND BLEEDIND: HIDDEN CLUES TO PLACENTA ACCRETA SPECTRUM

Introduction :
Placenta accreta spectrum (PAS) disorders involve abnormal placental adherence or invasion into the uterine wall associated with previous cesarean sections or uterine surgery. While antepartum hemorrhage is the classic presentation, atypical manifestations may obscure diagnosis and complicate management.

Case Description :
Case 1: A 32-year-old G3P2L2 woman with two prior cesarean sections at 33 + 3 weeks gestation presented with severe anemia, hematuria, and sepsis. She had a 1.5-month history of intermittent dysuria and urinary retention relieved by clots with all previous ultrasounds normal. We still performed the scan which showed anterior placenta previa with features of placenta percreta invading the bladder. After stabilization and transfusion, she underwent classical cesarean section followed by retrograde hysterectomy and bladder repair. Her post op period was prolonged and hectic. Both mother and neonate were discharged in stable condition after 30 days. Case 2: A 30-year-old G3P2L2 at 27 weeks gestation with placenta previa and previous cesarean section presented with acute abdominal pain. Ultrasound revealed free intraperitoneal fluid which led to the suspicion of perforating/ invading placenta. She was vitally stable hence decided to continue with conservative management. With multidisciplinary supervision her pregnancy was continued until 33 weeks, when she underwent planned classical cesarean section followed by hysterectomy for leaking per vaginum. Intraoperative findings confirmed placenta accreta with serosal thinning and old blood clots. Recovery was uneventful.

Conclusion :
These cases highlight rare, potentially life-threatening presentations of adherent placenta. Hematuria or hemoperitoneum in late pregnancy should alert suspicion of PAS and prompt multidisciplinary management.

Abstract ID: MCH/CR/68

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Abstract Title:
TAKAYASU ARTERITIS IN PREGNANCY

Introduction :
Takayasu arteritis (TA) is a rare, chronic granulomatous vasculitis of medium and large arteries classically affecting the aorta and its major branches. This disorder manifests with transmural scarring and thickening of the aorta. It is most commonly diagnosed in women of childbearing age, making pregnancy a particularly challenging scenario for disease management. The complications associated with TA—includes spontaneous abortion, hypertension, preeclampsia, IUGR, preterm birth, still birth.

Case Description :
A 26-year-old lady, known case of Takayasu arteritis with bilateral renal artery stenosis, and chronic hypertension for 12 years presented to the antenatal clinic at 11 weeks of period of gestation (POG). Patient had 2 preterm IUD. The patient was admitted twice — the first at 22 weeks of gestation for blurring of vision, and the second at 24 weeks of gestation for bleeding per vaginum and was managed medically. Patient complained of reduced fetal movement and had an antepartum still birth at 29+3 weeks of POG.

Conclusion :
Takayasu Arteritis with bilateral renal artery stenosis contributes to chronic and difficult to controlled hypertension. In pregnancy it is likely to precipitate superimposed preeclampsia leading to maternal and fetal morbidity and mortality.

Abstract ID: MCH/CR/69

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Abstract Title:
TWIN REVERSED ARTERIAL PERFUSION (TRAP) SEQUENCE IN A MONOCHORIONIC DIAMNIOTIC TWIN PREGNANCY: A RARE CASE REPORT

Introduction :
Twin Reversed Arterial Perfusion (TRAP) sequence is a rare anomaly unique to monochorionic twin pregnancies, occurring in approximately 1 in 35,000. It results from abnormal placental arterio-arterial anastomoses, in which the acardiac, non-viable twin is perfused retrogradely by the normal “pump” twin. This reversed circulation causes cardiac strain, polyhydramnios, and risk of preterm labour in the pump twin. Advances in ultrasonography and Doppler studies have enabled early diagnosis and improved outcomes through vigilant antenatal surveillance and planned delivery.

Case Description :
A 29-year-old G3P1+0+1+1 woman presented at 33 weeks 4 days with a monochorionic diamniotic twin pregnancy. Ultrasound revealed a viable fetus (Twin A) with normal biometry and Doppler flow, and a second amorphous fetus lacking cranial and thoracic structures with absent cardiac activity—features consistent with an acardiac acephalus twin. She received full doses of antenatal corticosteroids and was closely monitored with serial scans. At 35 weeks 4 days, she underwent an elective caesarean section and delivered a healthy male infant weighing 2004 g and an acardiac mass weighing 1628 g. Postnatal echocardiography of the pump twin demonstrated a small ostium secundum atrial septal defect and a patent ductus arteriosus, both with left-to-right shunts and normal cardiac function. Maternal and neonatal recovery were uneventful.

Conclusion :
TRAP sequence should be suspected in monochorionic twin pregnancies showing discordant anatomy and absent cardiac activity in one twin. Early diagnosis, meticulous ultrasound monitoring, and timely intervention ensure excellent outcomes for the pump twin and mother.

Abstract ID: MCH/CR/70

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Abstract Title:
TWIN REVERSED ARTERIAL PERFUSION (TRAP) SEQUENCE IN A MONOCHORIONIC MONOAMNIOTIC TWIN PREGNANCY – A RARE CASE

Introduction :
Twin Reversed Arterial Perfusion (TRAP) sequence is a rare complication of monochorionic twin gestations, occurring in about 1 in 35,000 pregnancies and 1 % of monochorionic twins. It results from abnormal arterio-arterial and veno-venous anastomoses causing reversed perfusion from a healthy “pump” twin to a malformed “acardiac” twin. It may also coexist with intrauterine demise or papyraceous transformation,complicating diagnosis and management.

Case Description :
A 24-year-old unbooked primigravida at 37 + 2 weeks presented in early labour. Ultrasound showed a monochorionic monoamniotic twin pregnancy with twin B displaying TRAP sequence and papyraceous changes. Emergency lower-segment caesarean section was performed. Twin 1 (pump twin) was a live female weighing 2.5 kg with Apgar 7/8 and no anomalies. Twin 2 (acardiac twin) weighed 500 g and showed acephalus with rudimentary limbs and papyraceous appearance. The single monochorionic placenta (500 g) had visible vascular anastomoses. Maternal recovery was uneventful, and the neonate was discharged stable.

Conclusion :
TRAP sequence is a rare but serious complication of monochorionic twin pregnancies. Timely recognition and multidisciplinary care ensure survival of the pump twin. Early Doppler screening enables prompt diagnosis and intervention.

Abstract ID: MCH/CR/71

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Abstract Title:
"BRINGING THE BEAT BACK": RESTORING FETAL RHYTHM BEFORE BIRTH

Introduction :
Fetal supraventricular tachycardia is one of the most common forms of fetal tachycardia. It is a cause of non-immune hydrops fetalis. Diagnosis and treatment imply a great challenge. Multidisciplinary approach is mandatory between cardiologist, and obstetrician.

Case Description :
A 27yrs old G3P1L1A1 with gestational age 34w admitted for fetal tachycardia and ascites. The pregnancy course was uneventful and fetal growth was normal. There was no history of fever, thyrotoxicosis, excessive consumption of caffeine ,drug abuse. Vitals signs were heart rate 88 bpm and blood pressure 120/80mm Hg. Ultrasound imaging showed fetal gross ascites, B/L pleural effusion, FHR 248/min. The fetal echocardiogram revealed a structurally normal heart, normal great arteries and veins, with fetal heart rate 248 bpm. Minimal TR , ductus venosus reversal ‘a’ wave suggestive of fetal SVT with cardiac failure. Her basic laboratory investigations including urea, electrolytes and creatine were within the normal range. Patient’s ECHO was normal. She was started on digoxin 0.25 mg IV 8 hourly (1mg in 24hrs), T.Digoxin 0.25mg 5/7 OD, T.Flecainide 100mg TDS x 2days followed by T.flecainide 100mg BD which caused the fetal heart to normalise to 140–160 bpm.Review fetal ECHO after 1week showed functionally normal heart with FHR 148/min, ascites and pleural effusion completely resolved. Patient delivered an alive term girl baby of birth weight 2.4kg by elective LSCS in view of previous LSCS / CPD 1st degree.

Conclusion :
Treatment decision should be based following factors: maternal comorbidities, gestational age, FHR and risk of prematurity and degree of compromise (usually the presence of hydrops).

Abstract ID: MCH/CR/72

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Abstract Title:
INSIGHTS INTO TWIN-TO-TWIN TRANSFUSION SYNDROME

Introduction :
Twin-to-Twin Transfusion Syndrome (TTTS) is a rare but severe complication unique to monochorionic twin pregnancies, resulting from unbalanced intertwin blood flow through placental vascular anastomoses. It leads to discordant amniotic fluid volumes and growth differences between twins, contributing to significant perinatal morbidity and mortality if undiagnosed or untreated.

Case Description :
A 23-year-old primigravida at 22 weeks of gestation with monochorionic diamniotic (MCDA) twins presented with complaints of drainage per vaginum for two hours. Ultrasound revealed a single placenta with two amniotic cavities and evidence of TTTS Stage III, with marked growth discordance and abnormal Doppler findings. The patient was admitted and managed conservatively. She underwent spontaneous vaginal delivery of two male fetus—one live (800 g) and one stillborn(400g)—with a single placenta and two umbilical cords noted on examination.

Conclusion :
Twin to twin transfusion syndrome usually presents in the second trimester and may result in preterm labor, PPROM, and adverse perinatal outcomes. Early diagnosis through serial ultrasound surveillance and timely intervention such as fetoscopic laser ablation or amnio reduction can significantly improve prognosis in MCDA twin pregnancies.

Abstract ID: MCH/CR/73

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Abstract Title:
ACUTE TYPE B AORTIC DISSECTION IN APREGNANT WOMAN WITH UNDIAGNOSED MARFANS SYNDROME : A CASE REPORT.

Introduction :
Aortic dissection in pregnancy is a rare, life-threatening condition where a tear occurs in the aorta, most commonly during the third trimester or postpartum, and is often associated with connective tissue disorders such as Marfan syndrome. Symptoms include sudden, severe chest, back, or abdominal pain, requiring rapid diagnosis and a multidisciplinary approach. Physiological changes of pregnancy, including increased blood volume and hormonal effects on vessel walls, predispose women to this condition even without a prior diagnosis.

Case Description :
A 29-year-old woman, G2A1, with dichorionic diamniotic twins conceived via in vitro fertilization, presented at 32 weeks with sudden onset of epigastric and interscapular pain unresponsive to antacids. She was hemodynamically stable. CT aortogram revealed a Stanford type B/DeBakey type III aortic dissection extending from distal to the origin of the left subclavian artery to the left common iliac artery. Echocardiography confirmed dissection with normal left ventricular function. Due to the risk of rupture or progression, termination of pregnancy was planned. She underwent lower segment cesarean section and delivered two viable preterm female babies. The postoperative period was uneventful. Cardiology consultation advised conservative management with beta-blockers. The patient remains under regular cardiology follow-up, and workup for Marfan syndrome is ongoing.

Conclusion :
Aortic dissection in pregnancy carries high maternal and fetal risk. The risk increases due to hemodynamic and vascular changes. Complicated dissections need immediate surgery , whereas uncomplicated type B dissections are best managed conservatively with strict heart rate and blood pressure control. Timely diagnosis and multidisciplinary management can prevent fatal outcomes.

Abstract ID: MCH/CR/74

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Country: India

Abstract Title:
AN UNCOMMON SURGICAL EMERGENCY : LEFT ADNEXA TORSION IN PREGNANCY WITH MCDA TWINS

Introduction :
An Adnexal torsion during pregnancy is a rare but life-threatening condition, particularly in the third trimester. The presentation is often nonspecific, and ultrasonography has limitations, making diagnosis difficult. This delay can lead to loss of the fallopian tube or ovary and fetal compromise. The incidence of adnexal torsion in monochorionic diamniotic (MCDA) twin pregnancies is extremely rare-around 1-2 in 10,000. Pregnancy itself predisposes to adnexal torsion due to physiological and anatomical changes, including corpus luteum cyst formation.

Case Description :
A 23 year old Primigravida with 35 weeks 6 days period of gestation with MCDA TWINS . Patient was a booked case and had regular Antenatal checkups at our Hospital . At 9 months GA patient presented to casualty with Severe Acute Abdominal pain. On examination P/A - over distended, multiple fetal parts present, liquor clinically adequate. FHR twin 1: 146 bpm FHR 2: 162 bpm Palpitation: tenderness present on left iliac fossa. Patient was taken up for Emergency LSCS in view of Primigravida 35 wks 6days POG MCDA twins in Early labour with both breech presentation . Intra-op findings : Lower Uterine segment: Stretched out . Bladder : Normal Delivered both Female babies of weight 1.95 kgs and 2.3 kgs by breech technique, Liquor: adequate, Single placenta with two sacs ,Blood stained fluid of 100 ml seen in peritoneal cavity. Left adnexal mass of 8*8 cm twisted and gangrenous, Left Salpingectomy and Ovariectomy done and sent for HPE. post-op period uneventful .

Conclusion :
Clinicians should suspect adnexal torsion in pregnant women presenting with

Abstract ID: MCH/CR/75

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Abstract Title:
A TRAGIC AND RARE COMPLICATION OF A COMMON ENDOCRINE DISEASE

Introduction :
Myxedema coma is a life-threatening complication of severe, untreated hypothyroidism. It is extremely rare in young individuals and even more uncommon during pregnancy. The absence of thyroid hormones leads to extravasation of albumin and mucopolysaccharides, impaired hypothalamo-pituitary-adrenal axis response, and rhabdomyolysis. These pathophysiological changes may result in polyserositis, recurrent hypoglycemia, and acute kidney injury.

Case Description :
We report the case of a 19-year-old primigravida with uncontrolled overt hypothyroidism who underwent a lower segment cesarean section and subsequently presented with anuria, irreversible shock, anasarca, acute kidney injury and recurrent hypoglycemia. A CT scan confirmed the presence of polyserositis. Hemodialysis could not be initiated due to persistent hypotension. Despite intensive management, her condition progressively worsened, and she unfortunately succumbed to the illness.

Conclusion :
This case underscores how a common endocrine disorder can progress to a catastrophic outcome if left uncontrolled. It emphasizes the importance of routine thyroid screening, patient education, and strict adherence to therapy for optimizing maternal and fetal outcomes during pregnancy.

Abstract ID: MCH/CR/76

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MAMC

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Abstract Title:
RARE CASE OF SUCCESSFUL PREGNANCY OUTCOME IN PORTAL HYPERTENSION WITH PANCYTOPENIA

Introduction :
Portal hypertension with portal vein thrombosis during pregnancy is a rare but serious condition. Most common complications is pancytopenia, often resulting from hypersplenism associated with splenomegaly

Case Description :
We report 25 yrs old multigravida who presented at 37wks period of gestation with yellowish discoloration of eyes since 1.5 months with history of similar complaints in previous 2 pregnancies but univestigated. Patient was admitted and closely monitored at Lok Nayak Hospital, New Delhi. On examination pallor and icterus present, per abdomen Uterus term size, Cephalic, FHS present and regular, Splenomegaly present. Based on clinical presentations, relevant investigations sent complete haemogram Hb-9gm, TLC- 2100, Plt- 52,000 shows Pancytopenia , T.bil-7.0 D.bil/I.bil- 0.9/6.1. Ultrasound shows multiple portosystemic collaterals. The case was managed as high risk, injection filgrastim 300mcg S/C given. A rise of TLC from 2100cu/mm to 5100cu/mm seen within 12 hrs. One unit PCV ,4 units Platelets and 2 units Ffp was also transfused and planned for elective cesarean section in view of previous cesarean with CPD. Intraoperative complication of atonic PPH was managed medically and surgically i.e with left uterine artery ligation and Haymen sutures. Patient was followed by strict surveillance and planned for endoscopy for screening of varices. Multidisciplinary team approach involving expert obstetrician, anaesthetist, Gastroenterologist & neonatologist results in optimal outcome.

Conclusion :
Use of granulocyte colony stimulator has been found to be safe during pregnancy and should be considered in pregnancy with low TLC count in order to prevent infections.

Abstract ID: MCH/CR/77

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Abstract Title:
RARE CASE OF SUCCESSFUL PREGNANCY OUTCOME IN WILSON'S DISEASE

Introduction :
Wilson disease is a copper metabolism disorder caused by mutations in the gene ATPase copper transporting beta located on chromosome 13q14 with an incidence of 1 in 50,000 pregnancy. The abnormal metabolism of copper in the body leads to excessive deposition of copper in the liver, brain, kidney, cornea and other tissues, causing corresponding organ damage. Major maternal complications include hypertension, pre eclampsia, gestational diabetes mellitus, prematurity, liver related issues like jaundice, ascites, deranged coagulation, thrombocytopenia, placental abruption, liver cirrhosis.Fetal complications include risk of spontaneous abortion, miscarriage, prematurity and low birth weight.

Case Description :
This is a case report of 23 year old multigravida with known case of Wilson's disease for 12 years who presented at 32 weeks period of gestation with MCDA twin pregnancy and pathological doppler in both twins. Patient was under strict maternal and fetal monitoring, daily NST, patient was taken up for elective lscs in view of AEDF in twin A. Patient was given conservative management for Wilson's disease including penicillamine and zinc.

Conclusion :
She successfully delivered two baby girl twins at 33 weeks period of gestation by lower segment cesarean section done in view of twin pregnancy with pathological doppler in both twins with AEDF in twin A with precious pregnancy, baby weight: twin A 1110gm, twin B 1780gm, with prolonged hospital stay of both twins in new born nursery, she was discharged on post op day 19 of LSCS. Copper IUCD was avoided as Wilson's is a copper metabolism disorder in the body.

Abstract ID: MCH/CR/78

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Abstract Title:
WHEN THE WOMB MEETS THE PANCREAS:A RARE CASE OF GALLSTONE-INDUCED NECROTIZING PANCREATITIS WITH INTRAUTERINE FETAL DEMISE AND ATONIC POSTPARTUM HEMORRHAGE

Introduction :
Acute pancreatitis in pregnancy is rare but potentially catastrophic. When complicated by pancreatic necrosis, intrauterine fetal demise(IUFD) and atonic postpartum haemorrhage(PPH), it creates a life-threatening triad demanding rapid multidisciplinary action.

Case Description :
A 23-year-old G2P1L1 at 35+2 weeks presented with severe epigastric pain radiating to the back, intractable vomiting and profound tachycardia (>160 bpm). Ultrasound revealed cholelithiaisis, pancreatic enlargement and ascites, Serum amylase and lipase were markedly elevated. Contrast-enchanced CT confirmed acute necrotizing pacreatitis with a CT Severity index of 6/10. Fetal ultrasound revealed intrauterine fetal demise. Due to worsening maternal condition, emergency lower segment cesarean section was performed. Intraoperatively, massive atonic PPH occured and was managed with uteronics, Panicker cannula/B-Lynch suture application, uterine balloon tamponade and transfusion of 2 units packed red blood cells and 4 units fresh frozen plasma. Management and Outcome- Postoperatively the patient required intensive care including fluid resuscitation, electrolyte correction, broad-spectrum antibiotics, albumin, beta blockade, thromboprophylaxis, nutritional support and continuous multidisciplinary monitoring. She made a complete recovery.

Conclusion :
This case highlights an extraordinary concurrence of gallstone-induced necrotizing pancreatitis and atonic PPH. Early diagnosis, timely surgical intervention and aggressive multidisciplinary management are crucial to maternal survival in such high risk obstetrics emergencies.

Abstract ID: MCH/CR/79

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Abstract Title:
A HIDDEN BLOOM : UNVEILING A FETAL GONADAL CYST BEFORE BIRTH

Introduction :
Ovarian cysts are the most frequent type of abdominal tumours found in female fetuses, commonly resulting from hormonal stimulation of the fetal ovary by the maternal and the placental estrogen. Most of them are benign and resolve spontaneously. Larger and complex cysts may lead to complications such as torsion, rupture or hemorrhage. Prenatal detection enables appropriate monitoring, counselling and perinatal management of such cases.

Case Description :
A 26 year old primigravida underwent a routine obstetric scan at 32 weeks of gestation on which a well defined anechoic cystic lesion measuring 6.7 x 5.6 x 5.5 cm within the fetal pelvis extending into the abdominal cavity upto epigastric region. Serial follow up scans demonstrated slight increase in size of 0.5 cm without any evidence of torsion or hemorrhage. The pregnancy progressed uneventfully and a healthy female infant was delivered at 35 weeks of gestation via Cesarean section in view of PPROM with failed induction. Postnatal ultrasonography confirmed the presence of a large ovarian cystic lesion with no features of torsion or hemorrhage probably Transient Functional Cyst of the ovary.

Conclusion :
Prenatal diagnosis and serial ultrasonographic monitoring of fetal pelvic cysts are essential for distinguishing benign self limiting lesions from those requiring intervention. Given the hormone dependency of the majority of ovarian cysts, spontaneous resolution is expected emphasising the importance of conservative management with close monitoring and thorough parental counselling regarding the further prognosis. Active intervention is rarely necessary in such cases.

Abstract ID: MCH/CR/80

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Abstract Title:
TRAPPED BABY AND THE FIBROID BARRIER

Introduction :
Fibroids can complicate pregnancy in numerous ways at every step, be it the lie, the surgical extraction or the closure. No two cases are same. Thus no approach or guideline can do justice but the surgeons skills and preparedness.

Case Description :
A 30-year-old primigravida at 38 weeks of gestation was planned for an elective cesarean section. Antenatal scans had shown multiple uterine fibroids. Fibroid mapping done. Two fibroids were large and situated in the lower segment extending upward. The baby was in transverse lie. Intraoperative- The lower segment and majority of upper segment was completely occupied by fibroids, so a routine transverse incision was not possible. A T-shaped incision was given. The baby could not be extracted with difficulty as the baby was occupying the area above the fibroids and the fibroids occupied the uterine cavity. Baby had an APGAR Score of 8,9,9. We proceeded with intraoperative myomectomy to remove the two large fibroids along with 2 small ones. The myomectomy beds were closed properly, followed by closure of the uterine incision in two layers with reinforcement sutures.

Conclusion :
Presence of skilled senior gynaecologist, the blood bank and prior planning, all of these are equally important. On the spot decision making plays pivotal role.

Abstract ID: MCH/CR/81

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Country: India

Abstract Title:
PREGNANCY-ASSOCIATED STROKE MISDIAGNOSED AS POSTPARTUM PSYCHOSIS

Introduction :
Pregnancy-associated stroke may occur antepartum, intrapartum, or within six weeks postpartum, leading to brain tissue injury. Postpartum psychosis (PPP) presents with acute-onset affective and psychotic symptoms. Overlapping features can result in misdiagnosis and delay in treatment.

Case Description :
A 19-year-old primigravida with DCDA twins was admitted at 36+4 weeks with antepartum eclampsia and right-sided weakness with blurring of vision. She underwent emergency LSCS and delivered two healthy babies. Postoperatively, she received magnesium sulfate, enoxaparin, and antihypertensives. On postoperative day 3, she developed irrelevant speech and disorientation. Psychiatry consultation suggested PPP, and risperidone was started. As symptoms persisted, MRI brain revealed acute infarcts in the parasagittal region of the left parietal lobe. A diagnosis of transient ischemic stroke was made, and the patient was started on aspirin, atorvastatin, labetalol, and low molecular weight heparin. Gradual improvement was noted, and she was discharged in stable condition.

Conclusion :
This case highlights the importance of considering organic causes such as stroke in postpartum women presenting with psychiatric symptoms. A multidisciplinary approach involving obstetricians, psychiatrists, and neurologists ensures accurate diagnosis and favorable outcomes.

Abstract ID: MCH/CR/82

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Country: India

Abstract Title:
TITLE: UTERO-VESICAL FISTULA WITH RETAINED PRODUCTS OF CONCEPTION FOLLOWING CESAREAN SECTION – A CASE REPORT

Introduction :
Utero-vesical fistula (UVF) is a rare but significant complication following cesarean section, often presenting with cyclical hematuria, urinary discomfort, or amenorrhea. It usually results from surgical trauma, infection, or poor healing of the uterine incision, especially in complicated obstetric cases involving adherent placenta or prolonged catheterization.

Case Description :
A 29-year-old multiparous woman (P3) presented with a 2.5-month history of blood-tinged urine and burning micturition, worsening during menstruation. She had undergone a lower segment cesarean section (LSCS) three months earlier, complicated by an adherent placenta and intraoperative hemorrhage requiring multiple transfusions. MRI pelvis revealed a utero-vesical fistula with retained products of conception (RPOC). Cystoscopy showed a fistulous opening on the posterior bladder wall with normal mucosa, and bilateral DJ stents were placed. Hysteroscopy identified and removed retained placental tissue, with frozen section confirming trophoblastic tissue. Laparotomy findings included dense adhesions between the lower uterine segment (at the cesarean scar site) and the posterior bladder wall. A total abdominal hysterectomy with fistula repair was performed, and a suprapubic catheter was inserted. The postoperative period was uneventful, and the catheter was removed after three weeks, with complete recovery of urinary function.

Conclusion :
This case underscores the importance of considering UVF in women with post-cesarean cyclical hematuria. Early diagnosis through imaging and timely surgical management are essential for favorable outcomes. Preventive measures include meticulous surgical technique and close postoperative monitoring in complicated cesarean deliveries.

Abstract ID: MCH/CR/83

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Country: India

Abstract Title:
THE SEQUENTIAL SALVAGE: PERIPARTUM MVR AND IMMEDIATE THROMBECTOMY FOLLOWING COMPLICATION OF PTMC

Introduction :
Pregnancy in patients with advanced rheumatic heart disease (RHD) with multivalvular involvement presents significant maternal and fetal risks. Prompt recognition and management of complications are vital to optimizing outcomes

Case Description :
A 24-year-old gravida 2 para 1 living 1 with an unbooked and unsupervised pregnancy at 31 weeks gestation, known case of RHD with severe mitral stenosis and tricuspid regurgitation, severe pulmonary arterial hypertension, and mild-moderate pulmonary regurgitation, diagnosed in previous pregnancy presented in emergency with shortness of breath and NYHA class IV. She underwent emergency percutaneous transvenous mitral commissurotomy (PTMC) following which the dyspnea worsened and the echocardiography revealed iatrogenic severe mitral regurgitation due to anterior mitral leaflet (AML) tear and raised left atrial pressure. In view of the need for an urgent mitral valve replacement she was immediately taken for emergency caesarean section and valve replacement surgery in the CTVS operation theatre. The baby was 1.3 kg, resuscitated and shifted to NICU on CPAP. A few hours after surgery the right dorsalis pedis pulse was not palpable, USG Doppler revealed a thrombus and emergent thrombectomy was performed. She was started on continuous heparin infusion and gradually switched to warfarin after 2 days.

Conclusion :
This case demonstrates the challenges in management of complex cases of RHD in pregnancy and role of meticulous team efforts for positive maternal and fetal outcomes. However, it also highlights the need for emphasizing pre pregnancy optimization in cardio-obstetric clinics, regular multidisciplinary care, planned cardiac intervention and antenatal steroid cover if required.

Abstract ID: MCH/CR/84

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Abstract Title:
PLACENTA ACCRETA SPECTRUM: A CASE SERIES ILLUSTRATING DIVERSE PRESENTATIONS AND MULTIDISCIPLINARY MANAGEMENT

Introduction :
Placenta Accreta Spectrum (PAS) refers to abnormal placental adherence, including accreta, increta, and percreta. It is a major cause of obstetric hemorrhage, especially in women with previous cesarean sections and placenta previa. Early antenatal diagnosis and multidisciplinary surgical planning are critical for optimizing outcomes.

Case Description :
Case 1 A 21-year-old G4P2L1A1D1 woman at 19+2 weeks gestation with two prior cesarean deliveries was diagnosed with central placenta previa and placenta percreta. She underwent gravid hysterectomy under general anesthesia with urological support. Placental invasion into the bladder serosa was noted. Three units each of PRBC and FFP were transfused intraoperatively. The patient recovered well and was discharged in stable condition. Case 2 A 39-year-old G4P3L2D1 woman with three previous cesarean deliveries presented at 22+4 weeks with complete placenta previa and placenta percreta. Gravid hysterectomy and bladder repair was performed. The placenta was adherent to the bladder wall. Multiple transfusions were required, and the postoperative course was uneventful. Case 3 A 31-year-old G5P2L2A2 woman at 34+5 weeks with two prior cesarean deliveries was diagnosed with complete placenta previa and placenta accreta. Planned cesarean hysterectomy with bladder repair delivered a live male infant (2.39 kg). She recovered without complications.

Conclusion :
This case series highlights the rising incidence of PAS in women with prior cesarean sections. Antenatal detection, multidisciplinary coordination, and preparedness for massive hemorrhage are vital to improving maternal and neonatal outcomes.

Abstract ID: MCH/CR/85

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Abstract Title:
POST MYOMECTOMY CESAREAN SECTION

Introduction :
Fibroids are common benign tumor of female genital tract. Myomectomy is one of the commonest surgical method of treatment for symptomatic fibroid uterus. Scar left on uterus post myomectomy have consequences for both conception and delivery in future.Uterine rupture is potentially catastrophic obstetric emergency resulting from scarred uterus.Elective LSCS is recommended in patient with previous myomectomy with cavity inadvertently opened.

Case Description :
A 28 year unmarried female presented to the OPD with complaints of heavy menstrual bleeding for 3 months in March 2023. Radiological examination shows bulky uterus with intramural fibroid of 7×6 cm in left anterolateral wall distorting uterine cavity. Myomectomy was done in July 2023. Anterior wall fibroid of 8×8 cm involving uterine cavity was removed. Histopathological report suggests leiomyoma. Patient recovered well post surgery. Patient was married and conceived in early 2024 and had spontaneous abortion at 3 months amenorrhea which was medically managed. She conceived later in October 2024 and had regular antenatal followup. Elective LSCS was planned at 37 weeks gestation. Results : Cesarean was done at 37 weeks + 2 days gestation without any complications resulting in birth of live term female baby of weight 2.37kg on 10/07/2025 with good apgar

Conclusion :
Careful pregnancy planning with optimal interval for uterine wall healing is necessary. Regular antenatal followup and timely management of termination is the key to prevent complications and achieve safe motherhood

Abstract ID: MCH/CR/86

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Abstract Title:
A CASE REPORT OF INTERSTITIAL PREGNANCY – CONSERVATIVE SURGICAL APPROACH AS MANAGEMENT

Introduction :
Interstitial (Cornual) pregnancy is a rare kind of ectopic pregnancy that accounting for 2.4-3% of all tubal pregnancies. As the Gestational sac is usually surrounded by myometrium in the cornual region diagnosis may be delayed until even 12 weeks or later. It must be differentiated from angular pregnancy, pregnancy in the rudimentary horn of uterus or uterine myoma. Given the rich vascularity of cornua, rupture can be catastrophic. Although Interstitial pregnancies constitute a small fraction of ectopic gestation, they contribute disproportionately to maternal morbidity and mortality with a 2.5% mortality rate. The appropriate surgical approach should be tailored to the individual patient presentation and surgeon's expertise.

Case Description :
A 37- year-old woman G3P0A1 presented with amenorrhoea since two and a half months with intermittent vague abdominal pain. Urine pregnancy test was positive. She was haemodynamically stable. P/V examination revealed bulky uterus without fornicial mass or tenderness. Transvaginal Ultrasound demonstrated an eccentrically located 10.5 weeks gestational sac along right lateral uterine wall with an overlying myometrial thickness of 4.5 mm, consistent with right cornual ectopic pregnancy. After counselling for conservative surgical management, patient underwent right cornuostomy followed by cornual reconstruction followed by peritoneal lavage under Spinal anaesthesia.

Conclusion :
This case underscores the feasibility and safety of conservative surgical management for cornual ectopic pregnancy enabling optimal fertility preservation without compromising patient outcome especially when brisk action is taken based on sound clinical judgement. Additional techniques used for minimizing blood loss helps to ensure better intraoperative course and post operative recovery.

Abstract ID: MCH/CR/87

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Abstract Title:
ONCE RUPTURED STILL HOPEFUL: SUCCESSFUL PREGNANCY OUTCOME

Introduction :
Pregnancy after a history of uterine rupture is considered high-risk, with a significant risk of repeat rupture (about 8.6%), but outcomes can be good with careful management.

Case Description :
Mrs. R a 34-year-old G4P2L1A1 with chronic hypertension presented at 33 weeks 5 days of gestation with history of two previous caesarean sections with previous history of uterine rupture for safe confinement. Antenatal imaging suggested Placenta increta (PAS). A classical caesarean section was performed at 36 weeks, delivering a 2.91 kg preterm female baby. The placenta was found to be morbidly adherent to the lower uterine segment, necessitating a subtotal hysterectomy. The patient received 2 units of PRBC and 2 Units of FFP intraoperatively and recovered uneventfully. She was discharged on day 4 in a stable condition.

Conclusion :
This case highlights the crucial role of prenatal diagnosis, multidisciplinary coordination, and readiness for massive hemorrhage control and prompt surgical management in optimizing outcomes for patient with history of uterine rupture and PAS.

Abstract ID: MCH/CR/88

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Abstract Title:
A RARE CASE OF UTERINE FUNDAL RUPTURE FOLLOWING INDUCTION IN A CASE OF PRIMIGRAVIDA WITH UNSCARRED UTERUS

Introduction :
Uterine rupture is a catastrophic obstetric emergency associated with severe maternal and perinatal morbidity and mortality. While most cases occur in women with a prior uterine scar, spontaneous rupture of an unscarred uterus is exceedingly rare, with an estimated incidence of 1 in 8,000–15,000 deliveries and a prevalence of 0.2 per 10,000 births. Fundal and posterior wall involvement is particularly uncommon, constituting approximately 7% of all ruptures. Such occurrences in a primigravida at term following induction are exceptionally rare and present significant diagnostic and management challenges.

Case Description :
A 28-year-old primigravida at 39 weeks of gestation was admitted for induction of labor for gestational hypertension. Cervical ripening was initiated with cerviprime gel. Four hours post-induction, the patient developed acute abdominal pain, fetal bradycardia was detected. Uterine contour appeared normal. Artificial rupture of membranes revealed meconium-stained liquor, prompting emergency lower-segment cesarean section. Intraoperatively, a complete rupture involving the uterine fundus and posterior wall was identified, with approximately 200 mL hemoperitoneum and 50 g clots. The uterus was exteriorized; no congenital anomaly was observed. The defect was repaired in two layers, preserving uterine integrity. The postoperative course was uneventful.

Conclusion :
This case emphasizes the importance of maintaining a high index of suspicion for uterine rupture even in unscarred uterus of primigravidae undergoing induction. Prompt diagnosis and surgical intervention are critical to reduce maternal morbidity and mortality and uterine conservation.

Abstract ID: MCH/CR/89

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Country: India

Abstract Title:
A CASE REPORT OF ABRUPTION PLACENTA WITH COUVELAIRE UTERUS

Introduction :
Placental abruption, defined as the premature separation of the placenta from its implantation site before delivery, is a major cause of antepartum hemorrhage and poses significant maternal and fetal risks. A rare but serious complication of placental abruption is Couvelaire uterus (uteroplacental apoplexy), characterized by extravasation of blood into the uterine musculature and beneath the serosa.

Case Description :
We report a case of a 26-year-old G3P1L1A1 woman at 34+3 weeks of gestation who presented with lower abdominal pain. She had history of 2 episodes of vaginal bleeding in 2nd trimester. She had one previous cesarean section and one spontaneous abortion. On examination, she was pale, with stable vitals and uterine size corresponding to 34-36 weeks. Fetal heart sounds were absent on Doppler. Laboratory evaluation revealed anemia (Hb 8.2 g/dL). Ultrasonography showed a single intrauterine fetal demise corresponding to 33 weeks. Due to non-progression of labor, an emergency lower segment cesarean section was performed, revealing a stillborn female fetus with placental abruption, retroplacental clot, and evidence of Couvelaire uterus

Conclusion :
: Placental abruption results from rupture of decidual spiral arteries causing hemorrhage within the decidua basalis, with an incidence of approximately 0.5% of all pregnancies. Concealed retroplacental bleeding may delay diagnosis and increase complications. Couvelaire uterus occurs in around 5% of abruption cases and is typically managed conservatively. Prompt recognition and appropriate management are crucial to minimize maternal morbidity and prevent fatal outcomes

Abstract ID: MCH/CR/90

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Abstract Title:
PRENATAL DIAGNOSIS AND SUCCESSFUL OUTCOME OF FETAL CARDIAC RHABDOMYOMA ASSOCIATED WITH TUBEROUS SCLEROSIS

Introduction :
Fetal cardiac tumours are rare and rhabdomyoma are the most common, accounting for 60–80% of cases. A very strong association (60–90%) exists with tuberous sclerosis complex (TSC). While often benign, these tumours can cause serious complications like heart valve obstruction, arrythmia, heart failure, hydrops foetalis and intrauterine fetal demise. Fetal echocardiography can detect these as multifocal, hyperechoic, homogenous myocardial masses. Asymptomatic fetuses are monitored with regular ultrasounds to check for tumour growth and potential complications. Spontaneous regression is seen in about 50% of cases, however, few cases may require intervention due to mass-related symptoms. Medications like mTOR inhibitors (e.g., sirolimus, everolimus) may be used to reduce tumour size in complicated cases, particularly with TSC. We are presenting 4 cases of fetal cardiac rhabdomyoma managed at our institute.

Case Description :
– All 4 cases detected antenatally in the second trimester scan and confirmed by fetal echocardiography. all cases had associated tuberous sclerosis. one case had single tumour rest 3 had multiple cardiac tumours but none developed inflow-outflow obstruction or hydrops. One fetus developed pericardial effusion with arrythmia antenatally for which antenatal pericardiocentesis done but re-accumulation of fluid occurred. one case had associated cortical brain tubers. 2 babies received postnatal sirolimus therapy.

Conclusion :
Sonographic detection of cardiac rhabdomyoma in fetus can lead to early diagnosis of tuberous sclerosis. A multidisciplinary approach is required in the prenatal diagnosis and management of tuberous sclerosis which can present as cardiac rhabdomyoma as the initial sign in prenatal period.

Abstract ID: MCH/CR/91

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Abstract Title:
ROLE OF TRANSVERSE CEREBELLAR DIAMETER TO ABDOMINAL CIRCUMFERENCE RATIO IN PREDICTING IUGR

Introduction :
Intrauterine Growth Restriction (IUGR) remains a significant cause of perinatal morbidity and mortality. Accurate prenatal identification of growth-restricted fetuses is essential for timely intervention. The Transverse Cerebellar Diameter (TCD) is relatively preserved even in growth-restricted fetuses, while the Abdominal Circumference (AC) is markedly reduced. Hence, the TCD/AC ratio serves as a reliable sonographic parameter for predicting IUGR, independent of gestational age. A prospective observational study was conducted on pregnant women between 28–40 weeks of gestation attending the antenatal clinic and labor ward of a tertiary care hospital. Fetal biometric measurements including BPD, FL, AC, and TCD were obtained using real-time ultrasonography.

Case Description :
A prospective observational study was conducted on pregnant women between 28–40 weeks of gestation attending the antenatal clinic and labor ward of a tertiary care hospital. Fetal biometric measurements including BPD, FL, AC, and TCD were obtained using real-time ultrasonography. The TCD/AC ratio was calculated and correlated with neonatal birth weight and clinical outcome. IUGR was diagnosed when estimated fetal weight or birth

Conclusion :
The TCD/AC ratio is a simple, reliable, and gestational age–independent ultrasonographic marker for predicting IUGR. Incorporating this ratio into routine obstetric ultrasound can enhance early diagnosis and improve perinatal outcomes.

Abstract ID: MCH/CR/92

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Abstract Title:
RUPTURED UNICORNUATE UTERUS MIMICKING ABDOMINAL PREGNANCY AT 24 WEEKS

Introduction :
A unicornuate uterus, resulting from partial Müllerian duct development, is one of the rarest congenital uterine anomalies, occurring in approximately 1 in 4,000 women. It carries a high risk of adverse obstetric outcomes such as miscarriage, preterm birth, malpresentation, and, rarely, uterine rupture. Rupture in a malformed uterus is a life-threatening event often misdiagnosed preoperatively due to nonspecific clinical and imaging findings. The clinical presentation may closely resemble other acute abdominal conditions, including ruptured ectopic or abdominal pregnancy, making preoperative diagnosis extremely difficult, particularly in the second trimester when symptoms are often subtle and progressive.

Case Description :
A 45-year-old multigravida ($G_2P_1L_0$) at 24 weeks' gestation presented with abdominal pain for seven days and one episode of vomiting. She was mildly pale but hemodynamically stable (BP 115/70 mmHg, HR 120 bpm). Abdominal examination revealed a uterus of 20–22 weeks' size with a vertical caesarean scar. An initial ultrasound suggested a partial molar pregnancy, but a repeat scan showed a dead fetus freely floating in the abdomen (Spalding sign positive) with retained placental tissue in the uterus, suggestive of abdominal pregnancy. Exploratory laparotomy revealed a ruptured unicornuate uterus at the fundus and anterior wall with placental extrusion and 1.5 L hemoperitoneum. A dead female fetus (665 g) was retrieved, and subtotal hysterectomy with bilateral salpingectomy was performed, preserving both ovaries.

Conclusion :
Rupture of a unicornuate uterus, though rare, poses a diagnostic and surgical challenge. High clinical suspicion, careful ultrasound interpretation, and prompt surgical intervention are essential to prevent catastrophic maternal outcomes.

Abstract ID: MCH/CR/93

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Abstract Title:
DIAGNOSTIC VALUE OF MCA/UA PULSATILITY INDEX RATIO (CEREBROPLACENTAL RATIO) IN PREDICTING FETAL DISTRESS AND NEONATAL OUTCOME

Introduction :
Fetal Doppler studies play a vital role in monitoring high-risk pregnancies. The Cerebroplacental Ratio (CPR)—the ratio of Middle Cerebral Artery (MCA) to Umbilical Artery (UA) Pulsatility Index—reflects fetal adaptation to hypoxia. A low CPR suggests redistribution of blood flow to the brain ("brain-sparing") and indicates possible fetal compromise. This study evaluates the role of CPR in predicting fetal distress and adverse neonatal outcomes.

Case Description :
A prospective observational study was conducted on 120 high-risk singleton pregnancies beyond 32 weeks gestation (preeclampsia, IUGR, GDM, and oligohydramnios). MCA and UA Doppler assessments were performed; CPR < 1.08 was considered abnormal. Outcomes studied included fetal distress, mode of delivery, Apgar score, and NICU admission. Statistical correlation was analyzed using Chi-square tests.

Conclusion :
The MCA/UA Pulsatility Index Ratio (CPR) is a simple, reliable predictor of fetal distress and adverse neonatal outcome. Routine CPR assessment in high-risk pregnancies aids early intervention and improves perinatal outcomes.

Abstract ID: MCH/CR/94

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Abstract Title:
ACUTE FATTY LIVER OF PREGNANCY COMPLICATED BY POSTPARTUM FACIAL VARIANT OF GUILLAIN–BARRÉ SYNDROME

Introduction :
Acute fatty liver of pregnancy (AFLP) is a rare but potentially life-threatening obstetric emergency typically occurring in the third trimester. Neurological complications in the postpartum period are uncommon and warrant thorough evaluation. This case highlights the occurrence of facial variant Guillain–Barré syndrome (GBS) following recovery from AFLP.

Case Description :
19-year-old primigravida at 36+1 weeks of gestation, with a singleton pregnancy in cephalic presentation, presented with features suggestive of acute fatty liver of pregnancy. Labor was induced, and she delivered a live-born neonate by vacuum-assisted vaginal delivery. Post-delivery, her serum bilirubin levels continued to rise until postpartum day 5, after which a gradual decline was noted with supportive management. During the postpartum period, she developed acute-onset facial weakness diagnosed as a facial variant of Guillain–Barré syndrome. She was managed conservatively with corticosteroids and supportive therapy. Over the following weeks, both her hepatic function and neurological symptoms showed progressive improvement. Subsequent investigations confirmed resolution of anemia and hyperbilirubinemia.

Conclusion :
This case underscores the importance of vigilance in monitoring postpartum complications in AFLP. The association with facial variant GBS, though rare, emphasizes the need for prompt neurological assessment and coordinated care to ensure maternal recovery

Abstract ID: MCH/CR/95

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Abstract Title:
ACUTE FATTY LIVER OF PREGNANCY COMPLICATED BY MULTI-ORGAN DYSFUNCTION AND HEPATIC ENCEPHALOPATHY – A RARE CASE WITH MATERNAL RECOVERY

Introduction :
Acute fatty liver of pregnancy (AFLP) is a rare, potentially fatal disorder unique to pregnancy, typically occurring in the third trimester. It is characterized by microvesicular fatty infiltration of hepatocytes leading to hepatic failure, coagulopathy, renal impairment, and encephalopathy. Early recognition and prompt multidisciplinary management are essential to improve maternal outcomes.

Case Description :
A 28-year-old primigravida at 31 weeks of gestation presented with gross ascites and deranged renal function tests. Induction of labour was done in view of maternal deterioration, resulting in intrauterine fetal demise. Postpartum, the patient exhibited a progressive rise in serum creatinine, necessitating four cycles of dialysis. She also developed increasing total bilirubin (peak 20 mg/dL), elevated INR, anemia, thrombocytopenia, and leukocytosis. Differential diagnoses considered were acute fatty liver of pregnancy, intrauterine fetal demise with sepsis, and disseminated intravascular coagulation (DIC). Despite intensive supportive care, the patient developed drowsiness, mid-dilated pupils, and extensor plantar responses—suggestive of hepatic encephalopathy grade 2 with acute-on-chronic liver failure. She was managed with broad-spectrum antibiotics, lactulose syrup and enema, and multiple transfusions of packed red cells, random donor platelets, and fresh frozen plasma. Subsequently, her bilirubin and renal parameters showed gradual improvement. The postpartum period was further complicated by secondary postpartum hemorrhage, which was managed conservatively with transfusions and antibiotics. The patient eventually recovered completely with normalization of liver and renal functions.

Conclusion :
AFLP complicated by multi-organ dysfunction and hepatic encephalopathy remains a life-threatening obstetric emergency. Early recognition, timely delivery, and coordinated multidisciplinary intensive care can lead to favorable maternal outcomes even in severe presentations.

Abstract ID: MCH/CR/97

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Abstract Title:
POSTPARTUM STATUS EPILEPTICUS AND POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME (PRES) IN A 23-YEAR-OLD POST-LSCS PATIENT WITH AUTOIMMUNE THYROIDITIS

Introduction :
Posterior reversible encephalopathy syndrome (PRES) is an uncommon yet serious neurological complication in the postpartum period, typically presenting with seizures and altered sensorium. Distinguishing PRES from metabolic or autoimmune encephalopathy is essential for appropriate management.

Case Description :
A 23-year-old female underwent lower segment cesarean section (LSCS) and presented on postoperative day 15 with two episodes of generalized tonic-clonic seizures associated with facial twitching and loss of consciousness. On examination she had a Glasgow Coma Scale of E3V1M4 and required intubation. MRI brain with MR venography revealed right-sided acute hypoxic-ischemic changes and features consistent with PRES. ANA screening was negative; CSF was clear and colourless with 2 cells (100 % lymphocytes), ADA 0.40 IU, India-ink negative. Thyroid profile showed markedly elevated anti-TPO antibodies (303 IU/mL), consistent with autoimmune thyroiditis. On postoperative day 38 she developed focal seizures of the left hand. Repeat MRI demonstrated pre-ictal and post-ictal cortical changes consistent with status epilepticus; differential included autoimmune/metabolic encephalopathy and infectious/autoimmune encephalitis. There was no evidence of cerebral venous thrombosis. The patient improved on antiepileptic drugs and was discharged in stable condition.

Conclusion :
This case underscores the diagnostic complexity of differentiating PRES from autoimmune or metabolic encephalopathy in the postpartum period. The concurrent hypothyroidism and elevated anti-TPO antibodies raise the possibility of an autoimmune contribution to the neurological presentation. Early recognition, appropriate neuroimaging and multidisciplinary management are imperative to prevent irreversible neurologic injury.

Abstract ID: MCH/CR/98

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Abstract Title:
RECURRENT KARSCH–NEUGEBAUER SYNDROME IN PREGNANCY: A RARE CASE REPORT

Introduction :
Karsch–Neugebauer syndrome (KNS) is an exceedingly rare congenital malformation with an incidence of one in one million live births and is characterised by ectrodactyly (split-hand/split-foot deformity) associated with ocular anomalies such as congenital nystagmus. Additional features may include speech delay and dental anomalies. Fewer than a handful of familial recurrences have been documented worldwide. The syndrome exhibits marked phenotypic variability and is believed to follow autosomal dominant or recessive inheritance, though the molecular basis remains poorly understood.

Case Description :
A 25-year-old gravida 2 para 0 abortion 1 woman with clinically diagnosed KNS presented at 19 weeks and 2 days of gestation. She exhibited bilateral fusion of the 1st–2nd and 3rd–4th digits of both hands and feet, along with mild speech delay. Her father displayed similar digital deformities, supporting hereditary transmission. Ultrasonography revealed bilateral ectrodactyly in the fetus without other structural anomalies. Her previous pregnancy had been terminated at five months for an identically affected fetus, suggesting vertical inheritance. After multidisciplinary counselling, the current pregnancy was terminated, and fetal tissue was sent for whole-exome sequencing to delineate the underlying genetic mutation.

Conclusion :
This case represents an exceptionally rare recurrence of Karsch–Neugebauer syndrome across two successive pregnancies, emphasizing the importance of detailed family history, targeted anomaly scans, genetic counselling, and preconception evaluation in families with congenital limb malformations. Early prenatal diagnosis facilitates informed reproductive decision-making and adds to the limited literature on this rare entity.

Abstract ID: MCH/CR/99

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Abstract Title:
A TELLTALE OF TWIN PREGNANCY

Introduction :
Intrauterine fetal death (IUFD) of one twin occurs most commonly during the first trimester. This phenomenon is known as a “vanishing twin”. Single IUFD in the second or third trimesters is much less common. Single IUFD is observed more often in association with monochorionic than with dichorionic placentation. When it occurs in a monochorionic gestation it may be associated with a worse outcome for the surviving co-twin. The etiology of IUFD in a multiple pregnancy may be similar to singletons or unique to the twinning process. IUFD may be caused by genetic or anatomical anomalies, abruption, placental insufficiency, cord abnormalities such as a velamentous cord insertion, infection, and maternal disease including diabetes and hypertension. In monochorionic pregnancies, IUFD may result from complications of the twin-to-twin transfusion syndrome (TTTS). Most often, the smaller, donor twin dies, but IUFD can occur in the larger recipient twin. In addition, monoamniotic twins are at increased risk of cord entanglement and subsequent IUFD. Similar to singletons, the etiology of IUFD often remains elusive. Single IUFD in a multiple gestation can adversely affect the surviving fetus.

Case Description :
A 32-years-old gravida 2 para 1 living 1 with previous one vaginal delivery with monochorionic diamniotic (MCDA) twin gestation with 19.4 weeks period of gestation registered at peripheral hospital was referred to emergency in a tertiary care hospital in view of ultrasonography suggestive of fetal demise of one twin. Patient had one scan of 12.6 weeks gestation which was suggestive of MCDA type of twins.

Conclusion :
Twin pregnancies affected by IUFDS.

Abstract ID: MCH/CR/100

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Abstract Title:
A RARE CASE REPORT OF ANTEPARTUM ACUTE PANCREATITIS PATIENT WITH ERCP WITH STENTING OF COMMON BILE.

Introduction :
Gallstones in the common bile duct (CBD) are referred to as choledocholithiasis (CBD). Complications from choledocholithiasis can affect the mother and the fetus, including pancreatitis, cholangitis, and obstructive jaundice.[1] Liver function tests are frequently abnormal in patients with symptomatic cholelithiasis. Pregnancy-related hormonal changes raise cholesterol and cause a delay in the emptying of the gallbladder, both of which raise the chance of gallstone formation, which occurs in 3–12% of cases.[2] Most cholelithiasis patients who are pregnant are asymptomatic and do not need treatment. However, 1.2% of expectant mothers with cholelithiasis may experience symptoms, such as nausea, discomfort in the right upper quadrant, or signs of cholecystitis.[3] Symptomatic gallstone disease is the second most common abdominal emergency during pregnancy, after acute appendicitis, and may require surgery.

Case Description :
25 y/o G2P1L1 with 20.3 weeks gestation, known case of gallstones induced pancreatitis came to emergency with a complaint of pain in the epigastric region for 2 days.USG of the abdomen [Fig 1.was to cholelithians without cholecys. Bulky head of the pancreas with necrotic collection measuring 536 x 2.6 cm in the head region. Gastromedicine opinion was taken and they advised endoscopic ultrasound (EU'S) followed by ERCP. Under total intravenous anesthesia (TIVA) with external shielding of the fetus ERCP was done in CBD stent of 10 placed insitu. On day 3 post-procedure and serum lipase levels dropped down from4234 to 1904 (20-115 U/l). Post-procedure pain Was managed by analgesics. The patient was started on full feeds from day 3 post-procedure

Conclusion :
Management requires multidisciplinary approach.

Abstract ID: MCH/CR/101

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Abstract Title:
CHRONIC MYELOID LEUKEMIA PRESENTING AS ASYMPTOMATIC LEUKOCYTOSIS IN PREGNANCY

Introduction :
Although mild leukocytosis is common in pregnancy, markedly elevated leukocyte counts warrant prompt evaluation to exclude pathological causes such as infections and hematologic malignancies. Chronic myeloid leukemia (CML) is a clonal myeloproliferative disorder characterized by the presence of the Philadelphia chromosome and BCR-ABL1 fusion gene. Diagnosing CML in pregnancy poses significant therapeutic challenges as tyrosine kinase inhibitors (TKIs), the mainstay of therapy, are contraindicated during gestation and breastfeeding.

Case Description :
A woman in her early thirties, gravida 3 with two previous abortions, presented at 39 weeks of gestation with asymptomatic marked leukocytosis (50,020 cells/mm^3). Her antenatal period had been uneventful with no prior complete blood count assessments. Physical examination was normal, and she remained afebrile without features of infection or organomegaly. Peripheral smear showed normocytic normochromic anemia, leukocytosis with left shift, and basophilia. Infective causes were excluded, and fluorescence in situ hybridization confirmed BCR-ABL1 translocation t(9;22), establishing the diagnosis of chronic-phase CML. She underwent elective caesarean section for cephalopelvic disproportion and delivered a healthy term neonate. Because of ongoing breastfeeding, she was managed conservatively until four months postpartum, when rising leukocyte counts prompted initiation of imatinib therapy with regular hematologic follow-up.

Conclusion :
This case emphasizes the importance of serial leukocyte monitoring during pregnancy to identify pathological leukocytosis early. In pregnant women with CML in the chronic phase, conservative management until delivery and cessation of breastfeeding, followed by initiation of definitive therapy, can result in favorable maternal and neonatal outcomes.

Abstract ID: MCH/CR/102

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Abstract Title:
A FATAL CASE REPORT: POST-CESAREAN HEMOPERITONEUM WITH BLADDER INJURY AND REFRACTORY MULTIORGAN FAILURE

Introduction :
Post-cesarean hemoperitoneum complicated by disseminated intravascular coagulation and multiorgan failure represents a rare but catastrophic obstetric emergency with high mortality despite aggressive intervention.

Case Description :
A young postpartum woman was transferred to our tertiary centre within hours of an emergency lower-segment cesarean section performed elsewhere, presenting with hemodynamic instability (blood pressure 96/52 mmHg on norepinephrine, pulse 145/min) and oliguria. Emergency exploratory laparotomy revealed hemoperitoneum with active bleeding from bladder wall serosa and muscularis, and left rectus muscle hemorrhage. Bladder repair was performed with negative methylene blue dye test confirming integrity. Postoperatively, the patient developed disseminated intravascular coagulation with progressive multiorgan dysfunction including acute kidney injury requiring hemodialysis, respiratory failure necessitating mechanical ventilation, and persistent hemodynamic instability requiring continued vasopressor support. Serial arterial blood gases demonstrated severe metabolic acidosis with elevated lactate (6.9→4.83 mmol/L). Intermittent hemodialysis was initiated on hospital days 3 and 4 with ultrafiltration of 300-400 mL per session. Ventilator-associated pneumonia also complicated the treatment. Despite aggressive resuscitative measures, including massive transfusion protocol, renal replacement therapy, and comprehensive multidisciplinary critical care support, the patient succumbed to refractory multiorgan failure.

Conclusion :
This fatal case underscores the devastating potential of post-cesarean hemoperitoneum arising from multiple sources including bladder and abdominal wall injuries. Despite early surgical re-exploration with targeted hemostatic repair, timely initiation of renal replacement therapy, and maximal multidisciplinary critical care, refractory multiorgan failure resulted in maternal mortality. This case highlights the importance of vigilance of various parameters in post-cesarean monitoring and the criticality of securing hemostasis and bleeding points intraoperatively.

Abstract ID: MCH/CR/103

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Abstract Title:
SUCCESSFUL VAGINAL DELIVERY IN A MORBIDLY OBESE PREGNANT WOMAN: A CASE HIGHLIGHTING THE BENEFITS OF OPTIMAL MANAGEMENT

Introduction :
Morbid obesity in pregnancy is associated with increased maternal and perinatal complications,it is associated with significant maternal and perinatal challenges including thromboembolic events, risk of mortality and morbidity, anesthesia-related complications, postpartum infections. However with careful antenatal optimization, vigilant intrapartum monitoring and multidisciplinary involvement, favorable outcomes can be achieved.

Case Description :
CASE: 32yrs/F, G2P1L1 admitted at 31wks POG with chronic hypertension with superimposed Pre-Eclampsia with GDM on insulin with morbid obesity (BMI 51.5 kg/m2) with severe Obstructive Sleep Apnea with varicose veins with k/c/o Asthma. Patient admitted with complaint of shortness of breath and uncontrolled BP. On further evaluation involving multidisciplinary team, optimization of blood pressure and asthma control was achieved. At 32wks POG patient was induced with Misoprost, continuous maternal and fetal monitoring was done. Patient delivered via normal vaginal delivery safely and both mother and neonate were discharged in healthy condition.

Conclusion :
This case emphasizes that even in the presence of extreme maternal obesity and multiple comorbidities such as hypertension, diabetes, asthma, and obstructive sleep apnea, a successful vaginal delivery is achievable with meticulous antenatal optimization, vigilant intrapartum monitoring and a coordinated multidisciplinary approach. It highlights the power of teamwork, and proactive management in transforming a high-risk scenario into a safe and positive maternal and neonatal outcome.

Abstract ID: MCH/CR/104

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Abstract Title:
SERIAL IVIG AND INTRAUTERINE THERAPY FOR RH ISOIMMUNIZATION WITH ANTI-RH17 ANTIBODY: A SUCCESSFUL PREGNANCY OUTCOME

Introduction :
Anti-Rh17 antibody–mediated hemolytic disease of the fetus and newborn (HDFN) is an exceptionally rare and life-threatening condition. Management is particularly challenging due to the extreme scarcity of Rh17 antigen-negative compatible donor blood, necessitating close coordination among clinicians, transfusion services, and international blood networks.

Case Description :
A 37-year-old multigravida (G5P3L1A1) with two prior intrauterine deaths from immune hydrops and two previous cesarean deliveries presented at 15 weeks' gestation with Anti-Rh17 alloimmunization. She was managed with serial intravenous immunoglobulin (IVIG) infusions every two weeks from 15 to 28 weeks and intensive fetal Doppler surveillance. Cordocentesis at 26 weeks confirmed severe fetal anemia, for which three intrauterine transfusions were performed at 26,27 and 28 weeks POG with transfusion volumes of 57 mL, 64 mL, and 60 mL respectively. Rh17 antigen–negative compatible blood was sourced through the Japanese Red Cross Society. Following therapy, sonography showed resolution of hydrops and stabilization of fetal condition. The pregnancy was successfully prolonged to 31 weeks, following which an emergency cesarean section was performed for fetal indication, delivering a 2000 g male neonate with mild anemia, who required a single postnatal transfusion and recovered well with neonatal intensive care.

Conclusion :
This case demonstrates that a multidisciplinary, protocol-driven approach incorporating serial IVIG, targeted fetal monitoring, and timely intrauterine transfusions can achieve a favorable perinatal outcome even in extremely rare and resource-intensive conditions such as Anti-Rh17 isoimmunization.

Abstract ID: MCH/CR/105

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Abstract Title:
EXUDATIVE RETINOPATHY AND SUDDEN BLINDNESS IN PREGNANCY: WALKING THE DIAGNOSTIC TIGHTROPE BETWEEN PREECLAMPSIA AND TTP

Introduction :
Congenital thrombotic thrombocytopenic purpura (TTP) is a rare disorder characterized by microangiopathic hemolytic anemia and thrombocytopenia, posing significant diagnostic and therapeutic challenges in pregnancy. Differentiating TTP-HUS from preeclampsia/HELLP is crucial, as management differs markedly—TTP requires plasma exchange, while preeclampsia mandates delivery.

Case Description :
A 27-year-old woman with congenital thrombotic thrombocytopenic purpura (TTP), ischemic stroke, and bipolar disorder conceived spontaneously. At 14 weeks, she developed transfusion-related acute lung injury (TRALI) after FFP transfusion, requiring plasmapheresis, intubation and ICU care. At 30 weeks, she presented with severe headache and sudden bilateral vision loss. Blood pressure was 150/95 mm Hg, and fundus examination showed exudative retinopathy, raising suspicion of TTP relapse versus preeclampsia with severe features. During plasmapheresis, she developed pulmonary edema. Laboratory evaluation showed thrombocytopenia and elevated LDH. Uncontrolled hypertension and worsening hepatic and renal functions confirmed preeclampsia with severe features. An emergency cesarean section at 31 weeks delivered a 1235 g male infant. Postpartum, the patient’s vision and laboratory values normalized, but she developed acute psychosis on day 4 and is currently under psychiatric care, while the neonate remains in intensive care.

Conclusion :
This case highlights the diagnostic complexity of differentiating TTP relapse from preeclampsia in pregnancy, where overlapping hematologic and clinical features can obscure timely management decisions. Careful clinical judgment, multidisciplinary coordination, and vigilance for atypical presentations such as vision loss are essential for optimizing maternal and fetal outcomes

Abstract ID: MCH/CR/106

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Abstract Title:
A RARE OBSTETRIC ENCOUNTER: TRUE UMBILICAL CORD KNOT WITH TWO-VESSEL CORD AND CONGENITAL ANORECTAL MALFORMATION

Introduction :
Single umbilical artery (SUA) is observed in approximately 0.5–1% of singleton pregnancies. While isolated SUA may be compatible with normal fetal outcomes, its coexistence with additional cord abnormalities such as a true knot is exceptionally rare. True knots carry potential risk of compromised fetoplacental circulation, leading to fetal distress or stillbirth. The simultaneous presence of SUA, a true umbilical cord knot, and a congenital anomaly such as imperforate anus is exceedingly uncommon and merits clinical attention.

Case Description :
A 28-year-old $G_2P_1L_1$ woman at 38^{+2} weeks of gestation, with a known antenatal diagnosis of single umbilical artery, was admitted in latent labour. During observation, she developed lower abdominal pain accompanied by bleeding per vaginum, although the fetal heart rate remained reassuring throughout. In view of antepartum hemorrhage at term, an emergency lower segment cesarean section was undertaken. Intraoperatively, a true knot of the umbilical cord was noted. A live male neonate weighing 2.8 kg was delivered with Apgar scores of 8 and 9 at 1 and 5 minutes. Postnatal examination revealed an imperforate anus, for which the newborn was stabilized and referred to pediatric surgery. Examination of the placenta confirmed a two-vessel cord without additional structural abnormalities.

Conclusion :
This case underscores the need for close monitoring in pregnancies with single umbilical artery, as hidden cord or structural anomalies may coexist. The true knot with imperforate anus prompts consideration of VACTERL, highlighting the importance of careful neonatal assessment. Prompt obstetric action and attentive care supported a favourable outcome.

Abstract ID: MCH/CR/107

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Abstract Title:
A CATASTROPHIC EVENT OF MASSIVE CEREBRAL HEMORRHAGE IN HIGH-RISK PREGNANT WOMAN WITH CONNECTIVE TISSUE DISORDER WITH SYSTEMIC INVOLVEMENT: A MULTIDISCIPLINARY MANAGEMENT

Introduction :
Pregnancy in women with multisystem autoimmune diseases such as Antiphospholipid Antibody Syndrome (APLA) and Scleroderma poses significant maternal risks, including thrombotic, cardiac, and renal complications.

Case Description :
A 32-year-old multigravida (G12P1L0A10) with bad obstetric history and a background of primary antiphospholipid antibody syndrome (APLA), chronic kidney disease (CKD) stage 3 secondary to thrombotic microangiopathy (TMA), mitral valve prolapse with severe eccentric mitral regurgitation (MR), overt diabetes mellitus, and chronic liver disease with portal hypertension presented at 33+2 weeks of gestation with breathlessness, paroxysmal nocturnal dyspnea, pedal edema, and palpitations. She had a previous preterm LSCS (2020) with neonatal death and multiple early pregnancy losses. She underwent emergency preterm LSCS at 34+3 weeks for previous LSCS with scar tenderness. Postoperatively, she developed thrombocytopenia with Clexane and was managed with Fondaparinux, later transitioned to Warfarin. She was discharged on POD-10. On POD-17, she developed right-sided weakness. NCCT brain revealed multifocal hemorrhagic lesions with an 8 mm midline shift, suggestive of acute-on-chronic SDH. Warfarin was stopped and urgent decompressive craniotomy was performed. Intraoperatively, 40–50 cc chronic clots and 10–15 cc fresh hemorrhage were evacuated. Total blood loss of 1.5L occurred . Despite initial postoperative stability, she developed recurrent seizures followed by multiple episodes of ventricular fibrillation and cardiogenic shock. She succumbed on POD-2 of craniotomy (POD-18 postpartum).

Conclusion :
This case illustrates the extreme complexity of managing high-risk pregnancies in women with autoimmune, renal, cardiac, and hepatic comorbidities requiring anticoagulation. Vigilant perinatal management can lead to a successful neonatal outcome,even in such challenging clinical scenarios.

Abstract ID: MCH/CR/108

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Abstract Title:
" SEVERE THROMBOCYTOPENIA WITH RENAL AND HEPATIC INVOLVEMENT IN A NORMOTENSIVE PREGNANT PATIENT:A DIAGNOSTIC CHALLENGE"

Introduction :
Differential diagnosis of a asymptomatic thrombocytopenic pregnant women may range from gestational thrombocytopenia,ITP,PRE ECLAMPSIA,HELLP,TTP,HIT and various secondary causes.HELLP syndrome (Hemolysis,Elevated liver enzymes and Low platelet count) is a severe complication of pregnancy,often associated with pre eclampsia ,but may rarely present in normotensive patient.Incidence range from 0.5-0.9% of all pregnancies and up to 10-20% in cases with pre eclampsia.Clinically HELLP may present with nonspecific symptoms such as right upper quadrant pain ,nausea,vomiting,malaise, or may even be asymptomatic initially.Hypertension and proteinuria are common but not universal,atypical and normotensive HELLP can occur making the early recognition challenging.Early diagnosis is critical,as HELLP syndrome is associated with significant maternal and perinatal morbidity and mortality.

Case Description :
G2A1 with 28weeks GA,with early onset oligohydromnios at 16weeks GA on heparin therapy incidentally diagnosed with thrombocytopenia(40000/mclit) at a regular antenatal checkup with elevated liver enzymes, renal dysfunction (BU-60mg/dl,SC-2mg/dl), normal peripheral smear,and a normal BP raising a suspicion of atypical HELLP syndrome and related thrombotic microangiopathies,even in absence of classic pre eclampsia features.Platelet count dropped to 15000.We have done a cesarean section after transfusing SDP one half an hr prior and one during the cesarean section.Intra abdominal bleed of around 100 ml present,rest of intraoperative period was uneventful and post operative period was uneventful except for fever and drain output of 300ml blood.

Conclusion :
This case highlights an atypical presentation of HELLP syndrome in a normotensive patient with early onset oligohydromnios and severe thrombocytopenia while on anticogulation.vigilant monitoring and prompt multidisciplinary intervention was key to a favourable maternal outcome.

Abstract ID: MCH/CR/109

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Abstract Title:
PERIPARTUM MANAGEMENT OF PREGNANCY WITH COMPLETE HEART BLOCK USING TEMPORARY PACEMAKER: A CASE REPORT

Introduction :
Complete heart block (CHB) in pregnancy is a rare but potentially life-threatening conduction abnormality. Although many women remain asymptomatic, the physiological hemodynamic changes of pregnancy and anesthesia can precipitate maternal bradycardia and decompensation. A multidisciplinary approach involving obstetricians, cardiologists, and anesthesiologists is critical to optimize maternal and fetal outcomes.

Case Description :
A 34-year-old multigravida (G4P1L1A2) with one previous cesarean delivery was referred at 34 weeks of gestation for evaluation of newly diagnosed complete heart block. Electrocardiography demonstrated CHB with a narrow QRS complex and a ventricular rate of 55 beats per minute. Echocardiography revealed normal cardiac anatomy and preserved biventricular function. Cardiac evaluation was done and pacemaker was advised if heart rate goes less than 40 beats per minute or during peridelivery. The patient was planned for an elective caesarean section at 39 weeks as she refused trial for normal delivery. Preoperatively, a temporary pacemaker was placed through a femoral line with pacing set at 60 beats per minute. The patient subsequently underwent an elective lower segment cesarean section uneventfully with bilateral tubal ligation under spinal anesthesia, delivering a healthy female neonate weighing 2.62 kg (Apgar 9 and 10). The intraoperative and immediate postoperative periods were uneventful. The temporary pacemaker was removed six hours postoperatively after confirmation of stable rhythm and hemodynamics. Both mother and neonate were discharged in stable condition on postoperative day five, with planned cardiology follow-up.

Conclusion :
Early diagnosis, anticipatory planning, and multidisciplinary management with prophylactic temporary pacing ensure prevention of peripartum bradyarrhythmic complications and favorable maternal and neonatal outcomes.

Abstract ID: MCH/CR/110

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Abstract Title:
POSTPARTUM LEPTOSPIROSIS PRESENTING AS PUERPERAL PYREXIA FOLLOWING CESAREAN DELIVERY: A CASE REPORT

Introduction :
Leptospirosis is an uncommon but potentially severe zoonotic infection in pregnancy, often underdiagnosed due to its nonspecific presentationand rare occurrence.. Postpartum leptospirosis is particularly rare and may mimic puerperal sepsis, leading to diagnostic delay and inappropriate therapy.

Case Description :
A 25-year-old primipara was admitted at 37 weeks of gestation with premature rupture of membranes. She underwent an emergency lower segment cesarean section under spinal anesthesia for failed induction and delivered a healthy male infant weighing 2370 g. The postoperative period was initially uneventful; however, by day 4, the patient developed high-grade fever with chills and serous discharge from the wound site. Laboratory evaluation revealed leukocytosis but normal liver and renal function tests. Dengue, malaria, widal, and influenza were negative. Urine, wound, vaginal and blood cultures were negative. She did not respond to ceftriaxone, piptaz, meropenam or tigecycline and the high-grade fever spikes continued. Ultrasound, chest x ray and CT scan was also unremarkable, Leptospira and scrub typhus were sent and patient was started on doxycycline. She responded to doxycycline and the fever subsided and reports confirmed leptospirosis. She had a complete clinical recovery after 10 days course of doxycycline., Both mother and baby were discharged in stable condition on post operative day 24.

Conclusion :
This case highlights the need for high clinical suspicion for leptospirosis in postpartum women presenting with unexplained fever, especially in endemic regions. Early recognition and prompt antibiotic therapy can significantly reduce morbidity and prevent severe maternal complications.

Abstract ID: MCH/CR/111

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Abstract Title:
PEMPHIGOID GESTATIONIS : A RARE AUTO-IMMUNE BLISTERING DISORDEE OF PREGNANCY

Introduction :
Pemphigoid gestationis (PG) is a rare, autoimmune subepidermal blistering disorder unique to pregnancy, typically presenting in the second or third trimester. It is mediated by autoantibodies targeting hemidesmosomal proteins (BP180), leading to complement activation and dermoepidermal separation.

Case Description :
We report a case of a 30-year-old primigravida woman who presented at 36 weeks with pruritic urticarial papules and tense blisters predominantly on the abdomen and extremities, sparing mucous membranes. Diagnosis was confirmed by histopathology showing subepidermal blister formation and direct immunofluorescence demonstrating linear C3 deposition along the basement membrane zone. The patient was managed with systemic corticosteroids and topical therapy, resulting in symptomatic improvement. Delivery was spontaneous and uneventful, though mild postpartum flare occurred, which is resolving after 3 weeks. Neonatal outcome was normal.

Conclusion :
Pemphigoid gestationis, though rare, should be considered in pruritic vesiculobullous eruptions of pregnancy. Early recognition and appropriate immunosuppressive therapy are essential to minimize maternal discomfort and adverse fetal outcomes. Awareness among clinicians facilitates timely diagnosis and multidisciplinary management.

Abstract ID: MCH/CR/112

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Abstract Title:
PREGNANCY WITH A LARGE OVARIAN GERM CELL TUMOR COMPLICATED BY HYDRONEPHROSIS AND MATERNAL DETERIORATION: A MULTIDISCIPLINARY CHALLENGE

Introduction :
Ovarian malignancy in pregnancy is an extremely rare occurrence, reported in approximately 1 in 10,000–25,000 pregnancies. Among these, germ cell tumors are particularly uncommon but aggressive. They pose significant diagnostic and management challenges, requiring a coordinated multidisciplinary approach to ensure optimal maternal and fetal outcomes.

Case Description :
A 22-year-old primigravida at 24 weeks' gestation presented with severe abdominal pain and a large abdominopelvic mass. Imaging revealed a retroperitoneal mass compressing both ureters, causing bilateral hydronephrosis and deranged renal function. Serum tumor markers were elevated. The patient underwent bilateral DJ stenting after receiving inj. Proluton and inj. Betnesol, leading to improvement in renal function. At 28+2 weeks, she presented again with severe pain, pedal edema, anemia, and worsening maternal condition. Following multidisciplinary evaluation and counseling, an emergency lower segment cesarean section was performed, followed by examination under anesthesia of the abdominal mass. Intraoperatively, a large hypervascular right ovarian mass extending from pelvis to xiphisternum was noted, densely adherent to bowel and sacrum; biopsy or removal was deferred due to excessive vascularity. Postoperatively, she developed left pleural effusion, which improved after tapping and antibiotics. Later, biopsy confirmed a malignant ovarian germ cell tumor, and the patient is currently undergoing chemotherapy.

Conclusion :
This case illustrates the complexity of managing ovarian malignancy in pregnancy, especially when complicated by hydronephrosis and maternal compromise. Early diagnosis, timely multidisciplinary collaboration, and individualized decision-making are vital to optimize maternal and fetal outcomes.

Abstract ID: MCH/CR/113

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Abstract Title:
A CASE PRESENTATION ON SEPTIC ABORTION WITH UTERINE PERFORATION

Introduction :
Any abortion associated with clinical evidences of infection of the uterus and its contents is called septic abortion. Uterine perforation is a rare but severe consequence that can occur during surgical evacuation, leading to intra-abdominal contamination, hemorrhage, and increased maternal morbidity and mortality. The highest incidence concerns young female in rural areas following illegal induced abortion

Case Description :
Herein, we present a case of 21 year old female P1L1A2 at 18 weeks 5 days of gestational age with previous caesarean section who underwent dilatation and evacuation at a nearby local hospital and subsequently presented to KIMS with complaints of bleeding per vaginum and pain in lower abdomen since 5 days associated with fever (1 episode) and breathlessness After meticulous clinical and radiological investigations, patient was diagnosed with septic abortion with perforation of uterus .Exploratory laparotomy was performed : extraction of dead fetus from abdomen , uterine repair and B/L tubal ligation was done

Conclusion :
Second trimester abortion in a previous scarred uterus is a high risk , potentially life-threatening condition requiring careful monitoring and skilled management .Strengthening family planning acceptance and ensuring access to safe abortion practices are pivotal in preventing septic abortions and thereby reducing maternal morbidity and mortality.

Abstract ID: MCH/CR/114

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Abstract Title:
WHEN GENETICS DON'T PREDICT OUTCOME: TWO PREGNANCIES WITH FETAL HYPERECHOIC BOWEL AND BENIGN PATERNAL CHROMOSOME 4 MICRODELETION INHERITANCE

Introduction :
- Fetal hyperechoic bowel is a sonographic finding associated with a wide spectrum of etiologies which often prompts detailed genetic evaluation and poses a significant counselling challenge, especially when chromosomal microdeletions of uncertain significance are detected.

Case Description :
A 24-year-old primigravida presented at 20 weeks' gestation for a TIFFA scan, which revealed a grade 3 hyperechoic bowel. Amniocentesis and chromosomal microarray analysis identified a 1.2 Mb microdeletion on chromosome 4. Subsequent parental karyotyping demonstrated that the father carried the same deletion, yet was phenotypically normal with no congenital or neurodevelopmental abnormalities. After multidisciplinary genetic counseling, the couple opted to continue the pregnancy. The baby was delivered at term with no structural or developmental abnormalities. Two years later, during her second pregnancy, a similar ultrasound finding of grade 3 hyperechoic bowel was noted again at 20 weeks. Amniocentesis revealed the same chromosome 4 deletion, inherited paternally once more. The pregnancy was continued delivering healthy baby. Postnatal evaluation and follow-up of both children revealed normal growth, milestones, and cognition

Conclusion :
Recurrent fetal hyperechoic bowel associated with a benign paternally inherited chromosome 4 microdeletion emphasizes necessity of comprehensive genetic counseling and cautious interpretation of microarray results. This case underscores that genotype does not always predict phenotype, and highlights the importance of parental karyotyping in prenatal diagnosis.

Abstract ID: MCH/CR/115

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Abstract Title:
CLINICAL CHALLENGES AND MANAGEMENT STRATEGIES IN A RARE CASE OF MYASTHENIA GRAVIS IN PREGNANCY COMPLICATED BY PRETERM PREMATURE RUPTURE OF MEMBRANES WITH SUCCESSFUL FETO-MATERNAL OUTCOME

Introduction :
Myasthenia Gravis (MG) is a rare autoimmune neuromuscular disorder affecting approximately 1 in 20,000 pregnancies. It presents complex diagnostic and therapeutic challenges, as pregnancy-induced hormonal and immunological changes can unpredictably influence disease activity. Ensuring favorable feto-maternal outcomes requires vigilant, multidisciplinary care.

Case Description :
A rare case of a 33 -year-old primigravida with known AchR antibody positive Myasthenia Gravis presenting at 32 weeks of gestation with preterm premature rupture of membranes (PPROM). Anticipating preterm delivery and the risk of neonatal myasthenia, corticosteroid cover was administered, and magnesium sulfate was avoided. The patient was managed with pyridostigmine under neurological guidance. Due to fetal distress, an emergency lower segment caesarean section was performed, delivering a 2 kg male preterm neonate. The neonate required NICU care for respiratory distress and recovered within three weeks without signs of neonatal MG. Postpartum, the mother developed respiratory fatigue and motor weakness leading to myasthenic crisis necessitating intensive care and IVIG therapy. Following a febrile reaction to IVIG, she was transitioned to oral prednisolone and azathioprine, maintaining remission thereafter.Despite immunomodulator therapy,suture site healed well and the baby was given exclusive breast feeding after discharging from NICU.

Conclusion :
This case emphasizes the importance of multidisciplinary coordination, anticipatory care using immunomodulatory therapy to achieve successful feto-maternal outcomes in pregnancies complicated by Myasthenia Gravis.

Abstract ID: MCH/CR/116

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Abstract Title:
A RARE CASE OF ACUTE UTERINE TORSION WITH ARCUATE UTERUS AND PREVIOUS CESAREAN SECTION PRESENTING WITH FETAL DISTRESS AT TERM

Introduction :
Uterine torsion during pregnancy is an uncommon obstetric emergency, often discovered intraoperatively due to nonspecific presentation.

Case Description :
A 38-year-old gravida 2 para 1 woman with previous cesarean section presented at 38 weeks 6 days gestation with acute abdominal pain and fetal bradycardia. Emergency cesarean section revealed a 180° dextro-rotation of the uterus with an arcuate anomaly and placental abruption. A live female infant (3.6 kg) was delivered via a transverse incision, which was eventually found to be on the posterior uterine surface. The uterus was restored to its anatomical position. The postoperative course was uneventful.

Conclusion :
Uterine torsion, though rare, should be considered in cases of abdominal pain with fetal distress in late pregnancy, especially in patients with uterine anomalies or prior surgery.

Abstract ID: MCH/CR/117

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Abstract Title:
A CASE REPORT OF POSTPARTUM THROMBOTIC MICROANGIOPATHY WITH RENAL CORTICAL NECROSIS

Introduction :
Pregnancy and postpartum high risk periods for different forms of TMA. TMA is heterogenous group of disorder characterized by microvascular thrombosis and end organ damage. TMA has classical triad of peripheral thrombocytopenia, mechanical hemolytic anemia and organ dysfunction. TMA due to thrombotic thrombocytopenic purpura [TTP], hemolysis uremic syndrome typical [due to shiga toxin], atypical [due to complement mediated cascade], Preeclampsia/Eclampsia, HELLP syndrome, Postpartum hemorrhage, DIC and antiphospholipid antibody syndrome.

Case Description :
31years female, P2L2, Post LSCS done i/v/o NRCTG with FGR, antenatal period was uneventful. On Pod5 presented with loose stools, shivering, sweating, generalised oedema, reeling sensation, anaemia [hb-5], low platelets, high BP and managed symptomatically, 3pint PRBC transfusion done, on pod10 patient progressed to uremic symptoms like decreased appetite, orthopnea, decreased urine output, accelerated hypertension, severe acute kidney injury, fluid overload, left ventricular failure with acidosis, shifted to ICU, managed by multidisciplinary team. Treated with Diuretics, hemodialysis and PRBC and FFP. I/V/O Non improvement of symptoms renal biopsy done and diagnosed as thrombotic microangiopathy with renal cortical necrosis. Now patient is stable and on treatment.

Conclusion :
It is a medical emergency, identifying the specific form of P-TMA is critical for appropriate and timely management to prevent maternal mortality and end stage renal disease.

Abstract ID: MCH/CR/118

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Abstract Title:
TYHROID STORM IN PREGNANCY A CAUSE OF SECOND TRIMESTER ABORTION

Introduction :
Thyroid storm in pregnancy is s a rare but life-threatening complication of uncontrolled hyperthyroidism, characterized by an acute, severe hypermetabolic state with symptoms like high fever, rapid heart rate, and altered mental status. It requires immediate, intensive treatment, including supportive care and medications to block thyroid hormone synthesis and release, but can also lead to serious maternal and fetal complications like preeclampsia, preterm birth, and heart failure. a life threatening complication . Its triggers include surgery, trauma/burns, acute illness, medications and hyperemesis gravidarum.

Case Description :
A 36 year-old multigravida at 16 weeks of pregnancy presented in a state of shock and dehydration. She was unbooked with a history of weight loss of 8kgs subsequent to hyperemesis gravidarum. On examination, she was severely dehydrated, hypotensive and tachycardic. She had not perceived fetal movement yet and ultrasound was suggestive of missed abortion, investigations revealed leucocytosis, elevated creatinine with multiple electrolyte abnormalities, hyperthyroidism with no antithyroid antibody and hyperbilirubinaemia. ECG showed sinus tachycardia, and 2 D echo demonstrated cho demonstrated decreased systolic function (LVEF 32%) and features suspicious of cardiomyopathy. Ultrasound and uptake scan of the thyroid was consistent with thyroiditisShe was resuscitated with IV fluids, antibiotics,electrolyte replacement ,propylthiouracil and prednisolone followed by medical abortion.

Conclusion :
This case highlights an example of thyroiditis precipitated by hyperemesis gravidarum resulting resulting in thyroid storm and second trimester abortion. Thyrotoxic crisis should be suspected based on clinical features and confirmed with biochemical investigations. Hyperemesis gravidarum can be a trigger of thyroid storm in pregnancy and should be treated.

Abstract ID: MCH/CR/119

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Abstract Title:
HYPEREMESIS INDUCED ACUTE LIVER INJURY MIMICKING VIRAL HEPATITIS IN EARLY PREGNANCY

Introduction :
Hyperemesis gravidarum is seen in up to 3% of pregnancies in the early trimester, but acute severe liver injury associated with it is rare and may mimic other causes like viral hepatitis.

Case Description :
A 20-year-old primigravida at 10 weeks of gestation presented with vomiting for the last 2 months, which aggravated over the last 2 weeks. Laboratory investigations showed elevated liver enzymes (SGPT/SGOT - 2102/982 IU), INR - 1.53, deranged renal parameters (urea - 65 mg/dl, creatinine - 1.8 mg/dl, potassium - 2.5 mmol/L) and ketonuria. The viral hepatitis panel, autoimmune profile and ultrasound were normal. The patient was given intravenous fluids, thiamine, vitamin K and antiemetics. The patient improved, and liver function normalised within two weeks, and the pregnancy continued.

Conclusion :
Although mild liver dysfunction is common in hyperemesis gravidarum, acute liver injury can occur and may be mistaken for viral hepatitis. Awareness regarding this presentation enables prompt diagnosis and timely intervention.

Abstract ID: MCH/CR/120

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Abstract Title:
SLE IN PREGNANCY, A CHALLENGE IN MANAGEMENT: A TALE OF TWO UNIQUE CASE

Introduction :
Systemic lupus erythromatosus is a multisystem, inflammatory, chronic autoimmune disease. In general population, prevalence of SLE is 28-150 per 100,000 individuals.

Case Description :
Case 1) 23 years old, prim gravida presented to our hospital at 19 weeks period of gestation. She was already a diagnosed case of SLE with lupus nephritis grade 4, 8-10 months prior to this spontaneous conception. Patient was already on oral Tacrolimus 1 mg, HCQ 200 mg, Clinidipine 10 mg. This medication were continued during pregnancy, and was followed in normal antenatal opd. At 32 weeks patient had flare up. Subsequently was diagnosed to have preeclampsia, foetal growth restriction and dilated cardiomyopathy. Termination of pregnancy was done at 35 weeks by caesarean section in view of worsening maternal condition. Case 2: 21 years old, prim gravida presented to obstetric emergency at 33 weeks with acute gastroenteritis, fetal growth restriction. During management, foetus was found to have persistent severe 90-100bpm fetal bradycardia. On fetal echocardiography, congenital fetal heart block was detected. Pregnancy was terminated at 37 weeks by cesarean section. Patient was investigated and was diagnosed with SLE.

Conclusion :
Diagnosis of SLE is challenging as it lacks pathognomonic features and laboratory test for making a diagnosis. Therefore awareness and high degree of suspension is required for diagnosis of new care or flare in pregnancy.

Abstract ID: MCH/CR/121

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Abstract Title:
A RARE CASE OF PREGNANCY WITH POST-MITRAL VALVE REPLACEMENT AND TWO THROMBOEMBOLIC EVENTS IN THE FIRST TRIMESTER

Introduction :
Pregnancy in women with valvular heart disease continues to pose significant maternal and fetal risks, particularly in cases involving rheumatic mitral stenosis requiring valve replacement. Anticoagulation management during pregnancy remains challenging, as physiological changes may predispose patients to both thrombotic and hemorrhagic complications.

Case Description :
We report the case of a 25-year-old G4P1L1A2 woman who presented at 10 weeks of gestation with severe pain in the left lower limb. She had a known history of rheumatic heart disease leading to mitral stenosis, for which valve replacement had been performed. After confirmation of pregnancy, warfarin was replaced with low-molecular-weight heparin (LMWH). Doppler ultrasound revealed acute thrombosis of the left external iliac artery, necessitating emergency thrombectomy, after which LMWH dosing was escalated. At 12 weeks of gestation, the patient developed sudden severe headache and vomiting. Neuroimaging demonstrated an acute non-hemorrhagic infarct with ischemic changes. Despite adequate medical therapy, her symptoms persisted. Given the recurrence of thromboembolic events in early pregnancy and the potential for further deterioration, a shared decision was made to terminate the pregnancy. Dilatation and evacuation were performed after withholding LMWH for 24 hours, and anticoagulation was safely resumed postoperatively. The patient stabilized thereafter.

Conclusion :
This case highlights that each pregnancy in women with prosthetic valves must be approached as a unique clinical scenario. Even with previously uneventful pregnancies, serious complications may arise. Comprehensive counselling, close monitoring, and individualized anticoagulation strategies are essential to optimize outcomes.

Abstract ID: MCH/CR/122

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Abstract Title:
SPONTANEOUS HETEROTROPHIC PREGNANCY WITH TUBAL RUPTURE

Introduction :
Heterotopic pregnancy(HP) is the coexistence of intrauterine pregnancy(IUP) and extrauterine gestation. It is a rare life-threatening condition that is difficult to diagnose and easily missed. Incidence is 1/30,000 pregnancies.

Case Description :
A 24 year old second gravida was referred to our centre. She presented with history of 2 months of amenorrhea and acute lower abdomen pain and brief episode of loss of consciousness. It was a spontaneous conception. O/E pallor present, pulse 96bpm and BP 100/70 mmHg. Abdominal examination revealed lower abdominal tenderness. Bimanual examination revealed anteverted, enlarged, soft uterus corresponding to 10 weeks of pregnancy. A tender mass was palpable in her left adnexa. Cervical movements were painful . Her serum beta HCG was 1,53,000 mIU/mL. Her haemoglobin was 8.9 g/dL. She underwent a transabdominal and transvaginal ultrasound scan which revealed a live intrauterine gestation of 10 weeks also left adnexal mass suggestive of ectopic pregnancy . A moderate amount of fluid in the cul-de-sac and a diagnosis of HP with tubal rupture was made. An emergency laparotomy was done, 700ml of hemoperitoneum evacuated and left salpingectomy was done. Postoperative period was uneventful and she continued pregnancy. Histopathology of the salpingectomy specimen confirmed an ectopic pregnancy.

Conclusion :
HP although rare is a potentially life-threatening condition for both the mother and fetus. So, in all patients of reproductive age, even in the presence of IUP, a complete review of whole pelvis including adnexa should be done at the time of ultrasound to rule out the presence of a HP.

Abstract ID: MCH/CR/123

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Abstract Title:
EFFECT OF HODGKIN'S LYMPHOMA ON PREGNANCY AND SUCCESSFUL REVERSAL OF ADVERSE FINDINGS WITH THE START OF CHEMOTHERAPY IN THE SECOND TRIMESTER[DR DEEPTI ASTHANA (OBS & GYNAE)]

Introduction :
Hodgkin lymphoma during pregnancy can affect multiple organs along with serious effect on pregnancy. Decision of chemotherapy involves priority to maternal health but serious side effects on the baby are avoided if started from the second trimester onwards. Till our case, there was no such case reported from Indian population in the literature.

Case Description :
A 36 years old primigravida presented to gynae and BMT dept, FMRI, with amenorrhoea 20 weeks with complaints of high grade fever x1 month, weakness, cough with low Hb and low platelet count. On further evaluation, multiple enlarged mediastinal, hilar and mesenteric lymph nodes along with hepatosplenomegaly found. She was started on conservative management along with multiple blood product transfusions. Bone marrow biopsy showed features of iron def anemia with increased megakaryocytes. Obstetrically, placenta was diffusely thickened with progressive oligohydramnios which reached a point of almost nil status a day before the final diagnosis. Miraculously, baby survived multiple days of severe oligohydramnios though IUGR had set in. Finally, lymph node biopsy confirmed Hodgkin lymphoma on IHC. She was immediately started on ABVD (Adriamycin, Bleomycin, Vinblastin, Bacarbazine) regime. Within a week of start of chemotherapy, liquor improved and growth re started. Patient successfully delivered a healthy male child at 36 weeks of pregnancy by LSCS due to abnormal Doppler findings.

Conclusion :
Hodgkins lymphoma can adversely affect pregnancy apart from deadly systemic effects on the body. Timely start of chemotherapy can save pregnancy also and is considered safe for baby after first trimester pregnancy

Abstract ID: MCH/CR/124

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Abstract Title:
AORTIC DISSECTION IN PREGNANCY: THE ROLE OF PREGNANCY HEART TEAM IN SUCCESSFUL OUTCOME

Introduction :
Aortic dissection in pregnancy is a rare but life-threating cardiovascular emergency occurring most commonly in third trimester requiring early multidisciplinary diagnosis and intervention to optimize maternal and foetal outcomes.

Case Description :
We present a case of 31-year-old primigravida at 38 weeks of pregnancy, known to have a bicuspid aortic valve with moderate aortic stenosis, mild aortic regurgitation and aortic root dilatation with FGR who presented with sudden severe chest pain and was promptly evaluated. CT angiography confirmed an acute Stanford Type A aortic dissection. A multidisciplinary team from obstetrics, cardiology, cardiothoracic surgery, anesthesia and neonatology discussed the case and planned combined management to optimise maternal and fetal outcomes. The patient first underwent a lower segment cesarean section, and a healthy baby was delivered. Immediately afterwards, the cardiothoracic team performed a modified Bentall procedure, which involved replacement of the aortic root and valve. The surgical course and recovery period were without major complications. Both mother and baby improved well and were discharged in good general condition.

Conclusion :
This case shows how the Pregnancy Heart Team played a key role in the early detection and rapid management of a rare, life-threatening aortic complication in pregnancy. Their coordinated approach enabled timely LSCS with Bentall procedure, resulting in a successful outcome for both mother and baby

Abstract ID: MCH/CR/125

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Country: India

Abstract Title:
HIGH RISK HARMONY : MANAGING FIBROIDS AND PLACENTA PREVIA TOGETHER

Introduction :
Fibroids are benign, monoclonal tumors of the smooth muscle cells of the myometrium. They usually do not increase in size during pregnancy but can alter uterine shape and function, thus, increasing the risk of placenta previa and complicating about 0.5% of pregnancies. The combination of fibroids and placenta previa raises risks of bleeding, FGR, preterm birth, and fetal compromise.

Case Description :
A 29 year old primi with 32weeks gestational age with fibroid complicating pregnancy presented to ER with complaints of bleeding per vaginum. On ultrasound multiple intramural fibroids with largest measuring 9.6x6cms noted in anterior myometrium and placental position was posterior wall mid lower segment covering the os- likely placenta previa with retro placental lucency maintained. Fetus showed evidence of pressure symptoms from multiple fibroids like overriding of bilateral frontal bone and scalp edema Patient underwent emergency cesarean section for antepartum hemorrhage. Intra operatively 7x8cms intramural fibroid in anterior myometrium in lower uterine segment was noted at incision site for which Myomectomy was done and entered into uterine cavity. Placenta was anterior mid lower segment. cut through placenta done and delivered an alive female baby with birth weight 1.8kgs. Myomectomy of remaining fibroids i.e. 6x7cms in right lateral wall(intramural), 9x10cms(subserosal) and multiple fibroids of subserosal and intramural all over the uterus was done. On POD-7, patient and baby discharged healthy.

Conclusion :
This case of multiple large fibroids together with placenta previa highlights importance of early detection, vigilant antenatal monitoring, multidisciplinary care involving obstetricians, radiologists, anesthesiologists is critical in optimizing maternal and fetal outcomes.

Abstract ID: MCH/CR/126

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Abstract Title:
CASE REPORT ON A RARE CASE OF ACARDIAC MYELOCEPHALUS TWIN

Introduction :
Acardiac twinning is a rare anomaly unique to monochorionic gestations, seen in about 1% of monochorionic twins and 1 in 35,000 pregnancies. It results from the Twin Reversed Arterial Perfusion (TRAP) sequence, where the acardiac twin receives deoxygenated blood retrogradely via placental anastomoses. The inadequate oxygenation leads to severe maldevelopment of the head, thorax, and upper body, while the lower body may be relatively preserved. Subtypes include acardiac acephalus, anceps, acormus, and the rare acardiac myelocephalus, characterised by absence of the heart, significant cranial defects, and rudimentary axial structures. Early detection is essential to prevent high-output cardiac failure in the pump twin. This report presents an intrapartum diagnosis of acardiac myelocephalus in a monochorionic pregnancy.

Case Description :
A 28-year-old G2P1L1 at 36 weeks of GA at full dilatation on P/V presented in emergency obgyn, with no history of antenatal care. She delivered a healthy 2.5-kg female infant vaginally. A second, previously undiagnosed fetus in podalic presentation failed to deliver despite 40 minutes of non-progress, prompting an emergency lower-segment caesarean section. A 1.2-kg malformed fetus was delivered, showing absent heart, absent calvarium, distorted upper body, rudimentary vertebral elements, and relatively preserved lower limbs—features consistent with acardiac myelocephalus. The placenta was monochorionic with prominent vascular anastomoses. Postoperatively, the mother remained stable, and the pump twin had an uneventful recovery.

Conclusion :
Acardiac myelocephalus is a rare but severe form of TRAP sequence. This case underscores the importance of early determination of chorionicity, regular antenatal surveillance, and prompt intrapartum decision-making to improve outcomes for the pump twin.

Abstract ID: MCH/CR/127

Presenter's Name: Dr. Yogita

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Abstract Title:
WHEN TWO EMERGENCIES COLLIDE: PLACENTA PERCRETA PRESENTING AS STRANGULATED UMBILICAL HERNIA AND SUSPECTED UTERINE RUPTURE

Introduction :
Placenta percreta is the most severe form of placenta accreta spectrum and is associated with significant maternal morbidity. Its presentation as an abdominal surgical emergency is exceedingly rare. Strangulated umbilical hernia during pregnancy is also uncommon, and when combined with suspected uterine rupture, it creates a highly challenging diagnostic and surgical scenario.

Case Description :
We report a rare case of a pregnant woman who presented with acute abdominal pain and an irreducible umbilical swelling, clinically suggestive of a strangulated umbilical hernia. Associated hemodynamic instability and abdominal tenderness raised suspicion of uterine rupture. Emergency laparotomy revealed an unexpected finding—placenta percreta extending through the uterine wall and protruding into the hernia sac, mimicking hernia strangulation. The diagnosis drastically altered intraoperative management, requiring coordinated surgical and obstetric intervention to achieve hemostasis and maternal stabilization.

Conclusion :
This case illustrates a remarkable collision of two life-threatening conditions—placenta percreta and suspected uterine rupture—masquerading as a strangulated umbilical hernia. Early recognition, multidisciplinary preparedness, and rapid surgical response are essential to optimize maternal outcomes in such rare and complex presentations.

Abstract ID: MCH/CR/128

Presenter's Name: Dr. Sadhika Talwar

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Abstract Title:
RARE CASE OF SUCCESSFUL PREGNANCY OUTCOME IN APS (SECONDARY APLA SYNDROME)

Introduction :
Systemic lupus erythematosus (SLE) complicated by secondary antiphospholipid syndrome (APS) poses significant challenges in pregnancy due to increased risks of vascular thrombosis (arterial or venous), placental insufficiency, and adverse fetal outcomes. Early recognition and multidisciplinary management are essential to optimize maternal and fetal prognosis.

Case Description :
We report a case of a 29 year old female, G2A1, 28 weeks 5 Days POG with diagnosed case of SLE with Secondary APLA with history of peripheral arterial disease with extrahepatic portal venous obstruction with bicytopenia secondary to splenomegaly with history of missed abortion at 22 weeks with persistently positive lupus anticoagulant and anticardiolipin antibodies, antinuclear antibodies and DCT positive status fulfilling criteria for secondary APS. She was initiated on low-dose aspirin and prophylactic low-molecular-weight heparin. She was closely monitored at Lok Nayak Hospital, New Delhi, with multidisciplinary care from CTVS, gastroenterology radiology and obstetrics teams. The pregnancy was managed as high risk and a live term neonate was delivered via caesarean route with an uncomplicated postpartum course under continued anticoagulation.

Conclusion :
This case series highlights that favourable pregnancy outcomes in autoimmune disorders are achievable with preconception counselling, early APS screening, careful disease control, autoantibody status, baseline disease activity, judicious anticoagulation and individualized multidisciplinary management.

Abstract ID: MCH/CR/129

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Abstract Title:
THE ODD ONE OUT: UNUSUAL PAS ENCOUNTER

Introduction :
Placenta Accreta Spectrum (PAS) is classically identified in the second or third trimester, most commonly in association with placenta previa and prior cesarean delivery. First-trimester presentation is extremely rare and often under-recognized. Misdiagnosis at this early stage can lead to catastrophic hemorrhage during attempted evacuation. Awareness of early diagnostic clues is essential to prevent morbidity.

Case Description :
A 32-year-old G5P2L2A2 woman with two previous caesarean sections and two prior curettage procedures presented with 4–5 days of vaginal bleeding. Ultrasound showed a missed abortion at 12 weeks. She was treated with misoprostol and later mifepristone, but follow-up imaging revealed highly vascular retained products of conception. During planned evacuation, she developed massive haemorrhage.tear. A hysterectomy with bilateral salpingectomy was performed. Histopathology confirmed placenta accreta, with chorionic villi directly invading the myometrium. This case highlights atypical first-trimester presentation of placenta accreta spectrum and the need for early suspicion in women with prior uterine surgery to prevent severe morbidity.

Conclusion :
Placenta Accreta Spectrum (PAS) is classically identified in the second or third trimester, most commonly in association with placenta previa and prior cesarean delivery. First-trimester presentation is extremely rare and often under-recognized. Misdiagnosis at this early stage can lead to catastrophic hemorrhage during attempted evacuation. Awareness of early diagnostic clues is essential to prevent morbidity.

Abstract ID: MCH/CR/130

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Abstract Title:
"WHEN THE BUMP MASKS THE BLOCK: A CASE OF ACUTE INTESTINAL OBSTRUCTION IN PREGNANCY ."

Introduction :
Acute intestinal obstruction in pregnancy is a rare but serious surgical emergency, with incidence of 0.001-0.003%. Adhesions from previousabdominal surgeries are the most common cause, followed by volvulus, hernia, and other mechanical factors. Diagnosis is often delayed as pregnancy-related physiological changes often mask the typical symptoms of intestinal obstruction, increasing the risk of bowel ischemia resulting in maternal morbidity, preterm birth, fetal loss, and rarely, maternal mortality.

Case Description :
We report the case of a 31yr old G2P1L1 with previous LSCS at 35+2weeks of gestation with progressive epigastric pain, nausea, and vomiting. She had a history of undergoing B-Lynch procedure for atonic PPH during her previous caesarean. She was admitted for evaluation and management. Despite conservative management, her condition worsened with, increasing abdominal distention. By Day-4, she developed feculent Ryle's tube aspirate and metabolic acidosis. A fetal NST was done which showed reduced variability. In view of maternal acute intestinal obstruction with fetal compromise an emergency caesarean section was performed during which a segment of small bowel densely adherent to posterior uterine wall at the site of prior B-lynch suture was noted and released. The postoperative course was uneventful, and both mother and baby recovered well. She was discharged in stable condition on pod-9.

Conclusion :
This case highlights the boon and bane of a potentially life saving procedure like B-Lynch surgery which could lead to life threatening complications in subsequent pregnancies. Prompt recognition, multidisciplinary care, and timely intervention is essential to optimise maternal and fetal outcomes.

Abstract ID: MCH/CR/131

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Country: India

Abstract Title:
TWO DELIVERIES FROM A SINGLE SURGERY – A SUCCESS STORY OF FIBROID IN PREGNANCY

Introduction :
Fibroids are common benign uterine tumours, affecting 20–50% of reproductive women. Prevalence of fibroids in pregnancy ranges from 0.1% to 10%. Often asymptomatic, but can be associated with obstetric complications, including miscarriage, preterm labour, APH, red degeneration, malpresentation, FGR, PPH and increased operative deliveries. Caesarean myomectomy, once considered a dangerous and "avoided" procedure due to fears of torrential haemorrhage in the vascular gravid uterus, is now gaining acceptance. Notably, the risk of caesarean hysterectomy remains low (0–3%).

Case Description :
CASE DESCRIPTION: A 30-year primigravida referred at 20 weeks of gestation with a large posterior wall Intramural fibroid. Serial scans showed progressive enlargement of the mass. At the onset of spontaneous labour (36 weeks) combined with the obstructing location of the fibroid strengthened the decision to proceed with LSCS. Delivered a healthy 2590-gram male baby Via Pfannenstiel and Kerr incisions. Intraoperatively, a 20×25 cm posterior wall fibroid occupying the pouch of Douglas and compressing the cervix was identified. An intracapsular myomectomy was performed using a multimodal haemorrhage-control strategy includes: • Peri-operative Foley's catheter technique for temporary devascularisation • Meticulous layered closure using barbed sutures • TXA aided haemostasis And successfully removed a 2.5-kg leiomyoma, EBL was 1000mL. Postoperative recovery was uneventful. Patient was discharged on day 5. HPE confirmed leiomyoma with Hyaline degeneration

Conclusion :
CONCLUSION: Caesarean myomectomy, using meticulous planning, advanced surgical techniques, devascularisation methods, and anaesthetic care, is now safe in selected cases, avoids a second surgery, and ensures excellent maternal and neonatal outcomes transforming a once high-risk procedure into a reliable, life-saving.

Abstract ID: MCH/CR/132

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Abstract Title:
STITCHING HOPE BETWEEN DELIVERIES - EMERGENCY CERVICAL ENCERCLAGE EXTENDING INTERDELIVERY INTERVAL IN DCDA TWIN PREGNANCY

Introduction :
Twin pregnancies carry a high risk of complications, and PPROM is a major contributor to spontaneous preterm birth. In most cases, rupture of membranes in one twin leads to delivery of both, making true delayed interval-delivery of the second twin rare but clinically significant. Case reports and series suggest , in selected DCDA pregnancies, prolonging the inter-delivery interval with emergency cervical cerclage may improve survival, and reduce morbidity for the remaining fetus. This case demonstrates a 7-day interval between deliveries, highlighting cerclage's role to secure a inter delivery interval and a favourable outcome for the second twin.

Case Description :
A 32-year-old primigravida with IVF conception at 25+1 weeks with DCDA twins presented with PPROM was managed conservatively. At 25+4 weeks she went into spontaneous preterm labor and delivered Twin A vaginally (730g), who died within 24 hours due to extreme prematurity. Immediately after delivery, an emergency cervical cerclage was placed to retain Twin B, and tocolysis with intensive maternal–fetal monitoring was continued. A 7-day interdelivery interval was achieved. At 26+5 weeks, PPROM and spontaneous labour led to cerclage removal and vaginal delivery of Twin B (830g) Twin B required 3 months of NICU care but was discharged in good condition without major complications.

Conclusion :
This case demonstrates that emergency cerclage and interval delivery can successfully prolong gestation in extremely preterm twin pregnancies. A 7-day extension allowed Twin B to reach viability and survive, highlighting the value of timely intervention and close monitoring, warranting the need for further evidence to guide standardized practice.

Abstract ID: MCH/CR/133

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Abstract Title:
THE OVARY THAT SAID "NOT YET": A SURPRISING SPONTANOUES CONCEPTION AT 51 YEARS

Introduction :
Conceiving naturally at 51 is an extraordinary testament to the resilience of the human body, and the unpredictability of nature. Fertility, while statistically limited with age, can surprise us but comes with its associated high risks. This case highlights the complexities and challenges of managing a pregnancy at such an advanced age and aids in understanding the multidisciplinary approach required in such cases.

Case Description :
A 51-year-old G2A1 woman conceived spontaneously despite prior counseling against pregnancy due to advanced maternal age. Her previous IVF pregnancy ended in mid-trimester termination due to fetal skeletal dysplasia. In the current pregnancy, multiple high-risk factors, including a history of myomectomy, epilepsy, and multiple submucosal fibroids, short cervix, preeclampsia with HELLP syndrome and FGR made the pregnancy particularly high-risk. Paramount to her antenatal care were close monitoring, cervical cerclage, blood pressure surveillance, and multidisciplinary input. At 34 weeks, non-reassuring NST led to a calculated decision for emergency LSCS, justified by the presence of thick meconium intra-operative. Both mother and baby did well, with the mother experiencing no major complications and the baby requiring only a short stay in the NICU. Both were discharged in good health.

Conclusion :
This case underscores the extraordinary rarity of spontaneous conception at age 51, highlighting how modern medicine and nature’s own ways can come together to create remarkable outcomes. Despite the complexity and high risks, the successful outcome reflects the synergy between advanced medicine and nature’s unpredictability.

Abstract ID: MCH/CR/134

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Abstract Title:
PREGNANCY IN A PATIENT WITH DUCTAL CARCINOMA

Introduction :
Pregnancy-associated breast cancer (PABC) is rare and challenging due to physiological breast changes and the need to balance maternal treatment with fetal safety.

Case Description :
A 33-year-old pregnant woman, G3P2L2, presented at 11 weeks and 5 days of gestation with a palpable lump in the right breast. Physical examination revealed a firm, non-tender mass approximately 5 cm in the upper outer quadrant. No skin changes or axillary lymphadenopathy were noted. Then the pateint was advised different sets of investigation and treatment for the same and delivered normal baby at around 38 weeks of pregnancy.

Conclusion :
This case demonstrates that breast cancer diagnosed during early pregnancy can be effectively managed with coordinated multidisciplinary care, timely surgical intervention, and appropriate second-trimester chemotherapy. Favorable maternal and neonatal outcomes are achievable with careful planning.

Abstract ID: MCH/CR/135

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Abstract Title:
DOUBLE LIVES IN A SPLIT ANATOMY: AN EXTRAORDINARY SPONTANEOUS TWIN GESTATION IN A RARE COMPLEX MÜLLERIAN ANOMALY

Introduction :
Müllerian duct anomalies are uncommon, and the combination of a bicornuate uterus with incomplete bicollis and a partial longitudinal vaginal septum is exceptionally rare. Twin gestation within such an anomalous reproductive tract presents significant obstetric challenges, including risks of preterm labor, malpresentation, and obstructed delivery.

Case Description :
We report a rare case of a premature twin pregnancy occurring in a bicornis, incomplete bicollis uterus with an associated partial longitudinal vaginal septum. The patient, a 21 year old second gravida [P1+0 L0], presented with spontaneous preterm labor at 30 weeks gestational age. Clinical evaluation and imaging revealed dichorionic diamniotic twins, each occupying a separate uterine horn, with partial duplication of the cervix and a longitudinal vaginal septum contributing to a narrowed birth canal. Management was individualized, balancing risks of obstructed labor, cervical incoordination, and fetal compromise. Delivery was accomplished by cesarean section, with both neonates requiring NICU care. The postpartum course was uneventful.

Conclusion :
Twin gestation within a bicornis, incomplete bicollis uterus with a partial longitudinal vaginal septum is exceedingly rare and can pose complex diagnostic and obstetric challenges. This case emphasizes the importance of early recognition, multidisciplinary planning, and individualized management to optimize maternal and neonatal outcomes.

Abstract ID: MCH/CR/136

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Abstract Title:
SILENT DANGER: A RARE CASE OF UNRUPTURED CORNUAL PREGNANCY AT 13 WEEKS

Introduction :
Cornual pregnancy is a rare and dangerous type of ectopic pregnancy, accounting for 2–4% of all ectopic gestations. Although most cornual pregnancies rupture in the first trimester, progression to 13 weeks is extremely uncommon. Key ultrasonographic criteria for diagnosis include an empty uterine cavity, an eccentrically located gestational sac more than 1 cm from the lateral uterine border, and a thin (<5 mm) myometrial mantle around the sac

Case Description :
A 24-year-old unbooked primigravida at 13 weeks' gestation was incidentally diagnosed with a left cornual pregnancy on routine pelvic ultrasonography. On admission, she was hemodynamically stable. Abdominal examination corresponded to a 12-week uterus, and pelvic examination revealed a closed cervical os with no bleeding or cervical motion tenderness. After counselling regarding the high risk of rupture, the patient consented to surgical management. She underwent laparotomy with left cornual resection and salpingectomy. On gross examination of the resected specimen, a well-formed fetus with placenta was visualized. Her postoperative recovery was uneventful, and serial β-hCG monitoring continued for four weeks until levels declined to <2 IU/L.

Conclusion :
This case highlights the diagnostic challenges and life-threatening potential of cornual pregnancy. Early ultrasonographic recognition using specific criteria is essential to prevent rupture. Although minimally invasive options exist, laparotomy remains a safe and effective approach for advanced or high-risk cases. The progression of this cornual pregnancy into the second trimester underscores the need for continued clinical vigilance.

Abstract ID: MGG/CR/01

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Abstract Title:
LANTERN ON DOME OF ST. PAUL'S CATHEDRAL: A RARE GIANT CERVICAL FIBROID IN A PERIMENOPAUSAL WOMAN

Introduction :
Uterine fibroids are known to be ubiquitous in reproductive age group, especially in midlife. They are common benign tumors which arise from the smooth muscle cells of the uterus and contain a large amount of extracellular matrix for which they are also called leiomyoma. In women with more than 30 years, the overall incidence of having uterine fibroid is 20%–50%. Most of them arise from the body of the uterus.

Case Description :
A 47-year-old unmarried woman presented with a gradually enlarging abdominal mass for two years, associated with dull pain, urinary dribbling, and increased frequency of micturition. Menstrual cycles remained regular. Examination suggested a 36-week abdominopelvic mass continuous with the cervix. Ultrasound and CT confirmed a giant cervical fibroid measuring 34 × 19 × 17 cm with an elongated cervix and laterally displaced ureters. Exploratory laparotomy via Maylard incision revealed a 35 × 26 × 15 cm cervical fibroid, with the uterus perched on top in the classical "lantern on dome" appearance. Bilateral uterine artery ligation was done, followed by enucleation and total hysterectomy. Leiomyoma was verified by histopathology. After a smooth recovery, the patient was discharged on the seventh day.

Conclusion :
Large cervical fibroids are uncommon, but because of the altered pelvic architecture, they pose serious surgical problems. For a safe hysterectomy and successful postoperative results, gradual enucleation, careful preoperative evaluation, and knowledge of ureteric displacement are crucial.

Abstract ID: MGG/CR/02

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Abstract Title:
CHRONIC UTERINE INVERSION ASSOCIATED WITH FIBROID:A RARE CASE REPORT

Introduction :
Uterine inversion is a clinical condition characterized by invagination of the fundus of the uterus through the cervical os into the vaginal canal and in some cases outside the vaginal introitus.Nonpuerperal uterine inversion is rare, and it is commonly associated with masses like benign submucous uterine myomas,attached to the fundus of the uterus.The prolapsed uterine myoma is a common non-puerperal cause of uterine inversion and other causes include leiomyosarcoma, rhabdomyosarcoma endometrial polyps, endometrial carcinoma, and uterovaginal prolapse.

Case Description :
38-year-old woman,who had previously delivered 4 infants vaginally,presented with irregular vaginal bleeding since 1 year associated with lower abdominal pain, radiating to the vagina.The pain had become increasingly aggravated during the preceding week.The size of the uterus was corresponding to size of gravid uterus 14-16weeks.On abdominal examination with smooth surface,firm in consistency, mobile,where lower pole could not be reached. OnP/S:A protruding mass of approximately 7cm arising from uterus whose stalk couldn't be traced with thin cervical rim surrounded. P/V : UT size-14-16weeks /AV/mobile/B/L fornix shallow/NT Transvaginal ultrasonography revealed a uterus measuring 60x92mm,with an endometrium 8mm thick and a cervicoisthmic mass of 70mm,suggesting the diagnosis of a prolapsing submucous pedunculated myoma.As this hypothesis was considered accurate, neither magnetic resonance imaging (MRI) nor computed tomography were performed. Following the patient's request for definitive treatment,a total abdominal hysterectomy was planned.

Conclusion :
Non puerperal uterine inversion is a rare event,and clinical diagnosis maybe challenging. Total hysterectomy by combined laparoscopic and vaginal route is a valid and feasible approach in women with no pregnancy intention.Surgeons should be aware that

Abstract ID: MGG/CR/03

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Abstract Title:
AN UNIQUE CASE OF BROAD LIGAMENT LEIOMYOMA

Introduction :
Leiomyomas are common uterine benign tumor, but extra- uterine origin is rare. Broad ligament is the commonest site for occurrence of extra uterine-leiomyoma with incidence of <1%. Because of its rarity it poses both clinical & radiological difficulties in differentiating against an ovarian tumor.

Case Description :
A 45 years lady admitted from O&G OPD,MKCG MCH, Berhampur with C/O: a mass per abdomen with abdominal discomfort which was gradual in onset and gradually progressed to the present size in the past 6 months. No H/O anorexia, weight loss, fever or bladder bowel disturbances. G/E: vitals stable with no significant lymphadenopathy. P/A :firm, smooth, non-tender massof around 32-34 weeks size felt arising from the pelvis & lower pole couldn't be reached. There were no dilated/engorged veins over the mass nor any visible peristalsis or shifting dullness seen. P/S: showed normal cervix & vagina but cervix was deviated to right side. P/V :uterus was of normal size, anteverted, mobile, non-tender. The mass moved with cervical movement.

Conclusion :
Broad ligament leiomyoma of huge size can displace uterus & distort the anatomy. If allowed to reach an enormous size, it can present with pressure symptoms, pelvic pain, bladder & bowel dysfunction. It can mimic ovarian tumors both clinically & radiologically. Extreme surgical expertise is required for successful outcome.

Abstract ID: MGG/CR/04

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Abstract Title:
GESTATIONAL TROPHOBLASTIC DISEASE PRESENTING AS POSTMENOPAUSAL BLEEDING

Introduction :
Gestational trophoblastic disease is a rare cause of postmenopausal bleeding. Gestational trophoblastic disease constitutes benign conditions like hydatidiform mole and gestational trophoblastic neoplasia. Benign trophoblastic disease generally occurs in women of reproductive age group, but rarely in postmenopausal women. Menopause is absence of menstrual period for one year; ant bleeding thereafter is called postmenopausal bleeding.

Case Description :
In this study we have reported a case of gestational trophoblastic disease in a 51-year -old postmenopausal female, who presented to emergency department with heavy bleeding with passage of clots and vesicles per vagina with severe lower abdominal pain. Serum beta hcg was done on seeing vesicles and was 424508 mIU/mL. She had a history of 13 months of amenorrhea. No pregnancy test was done. Her ECG, chest x-ray was normal, initial preoperative TSH- 0.37mIU/mL, without any features of hyperthyroidism or breathing difficulty. She underwent diagnostic hysteroscopy with endometrial biopsy; histopathology was suggestive of hypersecretory endometrium with Arias Stella reaction and decidualized stroma. Serial weekly beta hcg was followed which kept on decreasing. In view of continued bleeding, repeat hysteroscopy was done, HPE s/o atypical trophoblastic tumor. She then underwent hysterectomy because of her high-risk score (WHO prognostic scoring system) of which HPE suggested irregular shedding and secretory endometrium with few dilated glands.

Conclusion :
Besides and ultrasound to rule out the probable ovarian and endometrial pathologies, beta hcg should be evaluated to rule out the possibility of a trophoblastic disease as a rare cause of postmenopausal bleeding.

Abstract ID: MGG/CR/05

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Abstract Title:
MULTI-COMPARTMENTAL REPAIR FOR RECURRENT VAULT PROLAPSE-A UNIQUE AND NOVEL IDEA.

Introduction :
Conventional surgical procedures for uterovaginal (UV) prolapse are primarily performed vaginally ; however, they have relatively high failure rates of approximately 24%. With the advent of newer surgical techniques, such as native tissue support /mesh prosthesis, the recurrence rate has been significantly reduced to around 10–12%. To further minimise the risk of recurrence, newer surgical principle has been adopted in this case — one addressing all three levels of DeLancey's vaginal support system.

Case Description :
A 68 year old multiparous woman with history of recurrent surgical failures for uterovaginal (UV) prolapse presented to our hospital. At the age of 53, she had undergone vaginal hysterectomy with anterior -posterior (A&P) repair as primary surgery for UV prolapse. However, first recurrence occurred within three months of the index procedure. At 57 years of age(second recurrence),she underwent laparoscopic mesh sacrocolpopexy, which remained effective for approximately four to five years before current recurrence developed. On her current presentation, she was diagnosed clinically with stage 3 vault prolapse associated with predominant cystocele and rectocele .Therefore, we performed sacrospinous ligament suspension for level 1 support ,Le Fort colpocleisis to enhance mid vaginal support, and extended perineoplasty for level III support.

Conclusion :
This multi-compartmental repair technique is unique and supposed to provide maximum ,durable ,effective vaginal support for patients with recurrent prolapse but has limitations in sexually active women .Till date, we have performed same procedure in 10 cases with follow-up data available up to one year. A long-term, multicentric study is required to further evaluate and validate it's effectiveness.

Abstract ID: MGG/CR/06

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Abstract Title:
BROAD LIGAMENT FIBROID: AN UNCOMMON PRESENTATION

Introduction :
Broad ligament fibroid is a rare finding,accounting for approximately 1% cases,often confused clinically with ovarian masses.However it is the most common site of extrauterine leiomyomas.

Case Description :
A 42 years old female P5L5 presented with pain lower abdomen×8 months with progressive abdominal distension×5 months.On usg,it was diagnosed as right ovarian complex cyst of size 10×8cm. On p/v uterus was multiparous size with right sided mobile firm mass felt.Laparotomy was done which revealed 16×12 cm mass arising from the right sided broad ligament.HPE showed soft tissue tumour-leiomyoma.

Conclusion :
Broad ligament fibroids are extremely rare.Their clinical and radiological appearance mimicking ovarian masses makes their diagnosis difficult.Hence Hpe becomes crucial for their diagnosis and further managament

Abstract ID: MGG/CR/07

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Abstract Title:
HIGH LEVELS OF BETA HCG IN A CASE OF DEGENERATED UTERINE FIBROID IN A PATIENT WITH POST MENOPAUSAL STATUS : A DIAGNOSTIC DILEMMA

Introduction :
Uterine fibroids are common benign tumours usually occurring in the childbearing years which tend to regress after menopause due to decrease in oestrogen. However, in rare cases, they may undergo degenerative changes when they outgrow their blood supply due to rapid growth. Elevated beta-HCG level in a post menopausal woman is uncommon and may raise a suspicion for malignancy. This overlap often poses significant diagnostic hurdles in arriving at accurate diagnosis.

Case Description :
A 47 years old postmenopausal woman presented with bleeding per-vagina, lower abdominal pain, vomiting for two months. Her UPT was strongly positive. On examination, uterus was enlarged upto 24weeks size and of firm consistency. Laboratory investigations revealed serum beta-HCG level of 44849 mIU/ml which remained stable even after 48hr. Other tutor markers including CEA,CA-125 CA19-9, LDH were within normal limits.Ultrasonography revelaled 14.8x8.6 cm large intramural fibroid arising from posterior wall. MD-CT scan features were suggestive of a necrosed uterine fibroid.Patient underwent total abdominal hysterectomy and bilateral salpingo-ophorectomy. Histopathology revealed uterine fibroid with degenerative changes.Post-operatively her beta-HCG level normalised within two weeks.

Conclusion :
Uterine fibroids are benign tumours occurring in the reproductive age group, rarely presenting in women with post-menopausal status.This case has been selected due to persistent abnormally elevated beta-HCG level even in a case of non-malignant degenerated uterine fibroid. Recognising this rare but benign presentation helps in avoiding misdiagnosis and unnecessary aggressive interventions.

Abstract ID: MGG/CR/08

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Abstract Title:
WHEN THE SCAR BECOMES A CRADLE: REVISITING THE RARE BUT RISING OBSTETRIC EMERGENCY OF CESAREAN SCAR PREGNANCY IN MIDLIFE WOMEN

Introduction :
Cesarean scar pregnancy (CSP) is a rare but serious ectopic pregnancy where the gestational sac implants within a previous cesarean scar defect. With rising cesarean delivery rates, its incidence is increasing. Early transvaginal ultrasound diagnosis is crucial for timely management and preservation of maternal health and fertility. The pathogenesis is thought to involve blastocyst implantation within a microscopic dehiscence tract in the scar from a prior cesarean delivery. Because of the fibrous nature of scar tissue, these inherently deficient implantation sites are at risk for dehiscence, placenta accreta spectrum and hemorrhage.

Case Description :
A 40 year old G2P1L1 at 6 weeks gestation presented with bleeding per vaginum for two days. Transvaginal ultrasonography showed a single gestational sac with yolk sac and fetal pole in the anterior lower uterine segment at previous cesarean scar, with no intervening myometrium between the bladder and sac. The endometrial cavity and cervical canal is empty, suggestive of exogenic/niche cesarean scar pregnancy. Serum β-hCG was 16,497 mIU/mL. The patient underwent laparoscopic management. Intraoperatively, 3×3cm bluish bulge noted at the lower uterine segment, covered by serosa and thin myometrial layer, confirming cesarean scar ectopic. Bilateral internal iliac artery ligation was performed to minimize blood loss. Vasopressin infiltrated, and an incision made over the bulge. A 2×2cm gestational sac with fetal pole was removed intact. Hemostasis achieved, and arterial pulsations restored after releasing the ligature.

Conclusion :
Cesarean scar pregnancy is a serious obstetric emergency, early diagnosis and individualized treatment prevent complications, preserve fertility, and enhance maternal outcomes.

Abstract ID: MGG/CR/09

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Abstract Title:
MANAGEMENT OF BENIGN METASTASISING LEIOMYOMATOSIS- A CHALLENGE

Introduction :
A fibroid is a benign monoclonal tumour of smooth muscle cells of the uterus that rarely metastasises. Benign metastasising leiomyoma is a rare condition where a uterine leiomyoma disseminates to distant sites, usually the lungs

Case Description :
A 47-year-old female with a history of diabetes mellitus presented with complaints of cough and expectoration of 10 years' duration. Clinically, the patient exhibited tachypnoea, decreased oxygen saturation, and bilateral crepitus. Her chest X-ray revealed a reticular pattern, and HRCT of the thorax demonstrated multifocal, diffusely scattered nodular opacities within the bilateral lung parenchyma. An endobronchial biopsy identified an endobronchial leiomyoma. The patient had no gynaecological symptoms; however, clinical examination revealed a uterus approximately 16 weeks in size. Further imaging with MRI of the pelvis and PET-CT was performed, which showed no evidence of malignancy. A biopsy of the uterus also confirmed leiomyoma. Subsequently, a decision was made to proceed with total abdominal hysterectomy and bilateral salpingo-oophorectomy

Conclusion :
Currently, there are no standardised guidelines for the management of benign metastasising leiomyoma of the uterus. Symptomatic women typically require resection of the leiomyoma source or focal distant lesions. Benign metastasising leiomyoma should be considered as a differential diagnosis when pulmonary masses are observed in conjunction with leiomyoma.

Abstract ID: MGG/CR/10

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Abstract Title:
A DIAGNOSTIC DILEMMA: INTACT CHORIOCARCINOMA PRESENTING AS A PARAURETHRAL NODULE IN A PERIMENOPAUSAL WOMAN

Introduction :
Gestational trophoblastic neoplasia (GTN) encompasses malignant entities derived from placental trophoblasts (invasive mole, choriocarcinoma, placental site trophoblastic tumor, and epithelioid trophoblastic tumor), that typically follow a molar pregnancy, abortion, or term gestation. However, choriocarcinoma may rarely present years after the antecedent pregnancy and, in exceptional cases, manifest as an extragenital lesion. Choriocarcinoma is the most aggressive form, often following a molar or non-molar pregnancy, with potential for widespread metastases. Extrauterine GTN is rare; periurethral presentation is exceedingly unusual and can mimic urologic malignancy, delaying diagnosis. Urethral involvement is exceedingly uncommon, with very few cases reported in the literature.We report a high-risk choriocarcinoma presenting as a paraurethral mass with hematuria in a perimenopausal woman.

Case Description :
A 42 year old multiparous, perimenopausal woman presented with irregular vaginal bleeding for six months and a newly developed, friable, bleeding paraurethral nodule. Despite multiple consultations elsewhere for abnormal bleeding, no pregnancy test was ever performed. MRI abdomen and pelvis revealed a bulky uterus with prominent myometrial vascularity but no definite intrauterine lesion. Serum βhCG was markedly elevated (>1,00,000 mIU/mL). Histopathological examination of endometrial and paraurethral biopsies demonstrated sheets of atypical syncytiotrophoblasts and cytotrophoblasts with hemorrhage, necrosis, and absence of chorionic villi, diagnostic of choriocarcinoma with metastasis to the paraurethral region.

Conclusion :
This case highlights the grave consequences of missed recognition of GTN in perimenopausal bleeding. A simple urine pregnancy test could have enabled early diagnosis and curative therapy. Clinicians must maintain suspicion for GTN in atypical bleeding with elevated β-hCG, regardless of age or gestational history.

Abstract ID: MGG/CR/11

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Abstract Title:
PRIMARY VAGINAL LEIOMYOMA MIMICKING CERVICAL MASS – A CASE REPORT

Introduction :
What was initially presumed to be a cervical mass was later confirmed to be a rare vaginal leiomyoma.

Case Description :
Mrs. XYZ 47/F presented with complaint of heavy and prolonged menstrual bleeding. On per abdomen examination a lump of 16week is palpated, firm, lower margin of mass can't be insinuated. On per speculum a big mass is seen filling upper vagina, bleeds on touch. On per vaginal examination a mass of 10cm in size, globular, firm, regular felt in posterior cervix, structures cannot be negotiated posterior to cervix. MRI shows a large heterogenous well-defined lesion involving anterior wall of vagina causing complete obstruction of vaginal wall and mass effect on its posterior wall. Fat planes with adjacent structures appear normal. The lesion is causing mass effect on urinary bladder anteriorly and superiorly abutting walls of cervix. Another rounded lesion involving anterior–left lateral wall of uterus is present in intramural part giving impression of 1. Atypical Fibroid 2. Accessory cavitating uterine mass. The patient underwent vaginal myomectomy + Total abdominal hysterectomy + Bilateral salpingectomy done. Histopathological examination shows benign vaginal leiomyoma and one intramural leiomyoma 4×3cm with adenomyosis with proliferative endometrium.

Conclusion :
Vaginal fibroids, though extremely uncommon, should be considered in the differential diagnosis of vaginal and para-vaginal masses. This diagnostic challenge underscores the importance of thorough pelvic examination and appropriate imaging to accurately identify the site of origin. Awareness of this uncommon entity is essential for clinicians to avoid misdiagnosis and to ensure timely, appropriate management.

Abstract ID: MGG/CR/12

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Abstract Title:
POSTMENOPAUSAL BLEEDING IN A 69-YEAR-OLD WOMAN WITH A MATURE CYSTIC TERATOMA: A CASE REPORT

Introduction :
Postmenopausal bleeding (PMB) is a red-flag symptom that warrants prompt evaluation to exclude endometrial carcinoma and other malignancies. While benign ovarian tumors such as mature cystic teratomas (dermoid cysts) are relatively common in premenopausal women, their occurrence and clinical significance in postmenopausal women are uncommon and pose diagnostic and management challenges.

Case Description :
We report the case of a 69-year-old postmenopausal woman presenting with vaginal bleeding for 2 weeks. She had no history of hormone replacement therapy. Pelvic examination revealed atrophic changes of the vagina and cervix with minimal bleeding from the os. Transvaginal ultrasound demonstrated a thickened endometrium measuring 5.8 mm and a right adnexal cystic mass with 4.6*1.8 Cms echogenic components and calcifications consistent with a dermoid cyst measuring 10.5*8.5*6cms. Endometrial sampling showed simple endometrial hyperplasia without atypia. Tumor markers (CA-125, AFP, β-hCG, LDH) were within normal limits.

Conclusion :
In postmenopausal women presenting with bleeding, coexisting ovarian masses such as dermoid cysts should be carefully evaluated. Although usually benign, surgical management is warranted due to the increased risk of malignancy and potential for diagnostic confusion.

Abstract ID: MGG/CR/13

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Abstract Title:
A RARE PRESENTATION OF UTERINE TORSION IN A PATIENT WITH ABNORMAL UTERINE BLEEDING–ADENOMYOSIS (AUB-A): A CASE REPORT

Introduction :
Uterine torsion, defined as a rotation of the uterus of more than 45° on its long axis, is an extremely rare gynecological emergency in non-pregnant women. It is most commonly associated with uterine masses such as fibroids or adnexal pathology, but association with adenomyosis (AUB-A) is exceptionally uncommon. Prompt diagnosis is challenging due to nonspecific clinical features, delay results in uterine necrosis or compromise of adjacent pelvic structures.

Case Description :
We report a case of a 39-year-old multiparous woman presenting with chronic abnormal uterine bleeding and lower abdominal pain. Pelvic examination revealed an enlarged, tender uterus with restricted mobility. Ultrasonography suggested diffuse adenomyosis with distorted uterine anatomy; Planned for hysterectomy. Intraoperative revealed a 90° torsion of the uterus along with features of adenomyosis and band of adhesion. Detorsion done by releasing adhesion band followed by hysterectomy performed. HPE confirmed adenomyosis without evidence of malignancy

Conclusion :
Discussion -Non-pregnant uterine torsion remains a diagnostic challenge. In this case, adenomyosis likely increased uterine weight and asymmetry, predisposing to torsion. Imaging modalities such as MRI or color Doppler can assist in preoperative diagnosis, though findings are often inconclusive. Surgical management remains the definitive treatment, with hysterectomy being appropriate in women with completed family and underlying pathology. Conclusion -Uterine torsion should be considered in differential diagnosis of acute abdomen in women with known AUB-A or uterine enlargement. Early recognition and timely surgical intervention are crucial to prevent complications.

Abstract ID: MGG/CR/14

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Abstract Title:
MULTIPLE URINARY BLADDER CALCULI : A RARE CAUSE OF IRREDUCIBLE UTEROVAGINAL PROLAPSE

Introduction :
Irreduciblity of uterovaginal prolapse can occur due to uterine/ bladder/bowel pathology. Here we report a case of long standing neglected irreducible prolapse owing to large multiple bladder calculi.

Case Description :
A case of 65 yr old multiparous, postmenopausal female who came with complaints of inability to walk, constipation and urinary incontinence. Routine ultrasound of abdomen and pelvis failed to reveal multiple vesicle calculi as the prolapse was lying outside the pelvis. Our targeted plain XRay of the prolapse mass showed multiple vesicle calculi. The patient was managed with single stage vaginal hysterectomy and laparotomy. First vaginal hysterectomy was done, then prolapse cystocele was reduced and extraperitoneal vesicolithotomy done. The patient got relieved of all symptoms. Management of irreducible procidentia and a hard mass in the anterior compartment, as in this case can be challenging and requires a diligent efforts to confirm the diagnosis and to execute the appropriate surgical protocol to achieve optimal outcome with minimal intra and post-operative complications.

Conclusion :
Bladder calculi can render the prolapse irreducible. Coexisting bladder calculi in cases of procidentia are invariably due to stasis secondary to obstruction of the outflow tract. Vesical calculi can aggravate the obstructing, voiding symptoms. Failure to identify the pathology by USG in this patient can be due to anatomical decent and distortion due to procidentia. The role of targeted plain XRay in this case helped in clinching the diagnosis.

Abstract ID: MGG/CR/15

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Abstract Title:
ACUTE PROLAPSE OF A GIANT SUBMUCOUS FIBROID PRESENTING WITH URINARY RETENTION IN DEAF MUTE WOMEN WITH DIABETES-A CHALLENGING SURGICAL EMERGENCY

Introduction :
Uterine leiomyomas are the most common benign tumours of the uterus, and large submucous fibroids can present with significant morbidity. Although abnormal uterine bleeding is the usual manifestation, acute prolapse of a submucous fibroid is uncommon and may mimic uterine inversion, creating diagnostic and operative challenges -particularly in women with previous caesarean sections and severe anemia.

Case Description :
A P2L2 woman with 2 prev lscs presented with HMB and severe anemia(Hb:4g/dl).ultrasound revealed a large intramural fibroid measuring approx 10x 10 cm. She received 3 units of PRBC transfusion and underwent endometrial sampling. her hb is 10 g/dl. As pt wants to come after biopsy report she has been discharged on request. Two days post-discharge, she returned with acute mass per vaginum , active bleeding and difficulty in micturition . Examination suggested a prolapsed fibroid with possible uterine inversion. MRI confirmed a large submucous fibroid arising from anterior fundal region, filling the entire cavity ,occupying and protruding through the cervical canal. The patient was taken for emergency surgery ; the prolapsed fibroid was delivered en masse vaginally, relieving the obstruction. A total abdominal hysterectomy considering her complete family ,size of fibroid

Conclusion :
This case underscores the unpredictable behaviour of giant submucous fibroids and the importance of early recognition and rapid intervention when prolapse occurs.Combined timely vaginal myomectomy and definitive hysterectomy ensured safe and effective management in a high-risk patient. Clinicians should consider prolapse or inversion in women with large submucous fibroids presenting with sudden mass per vaginum and acute haemorrhage.

Abstract ID: MIGS/CR/01

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Abstract Title:
RECURRENT CORNUAL ECTOPIC PREGNANCY: A NOVEL, LEAST INVASIVE APPROACH.

Introduction :
Cornual ectopic pregnancy is one of the rare forms of ectopic pregnancy. My case is a case of recurrent cornual pregnancy.

Case Description :
A 28-year-old lady married for 1 year reported in OPD with early pregnancy & nonspecific left side pelvic pain . She underwent an urgent transvaginal ultrasound and diagnosed with an early right-sided cornual ectopic pregnancy . She was treated by medical management. The patient reported 2 years later with the same complaints with early pregnancy, Ultrasound was done & she was diagnosed with left-sided interstitial ectopic pregnancy exact location as the previous ectopic. She was given medical management, and it resolved completely. As the patient was having recurrent episodes of ectopic pregnancy the decision for a complete evaluation of the genital tract was taken. She was taken for hysteroscopy & laparoscopy. Intraoperatively, her uterus was showing a small bulge on the left side of the cornual region due to a recently dead ectopic sac. The left tube looked unhealthy without any dye spill, the right tube was normal ., and the uterine cavity was normal looking in hysteroscopy. Left-sided fallopian tube clipping was done for the prevention of any further episode of ectopic pregnancy. The patient conceived naturally four months later. Pregnancy was uneventful .

Conclusion :
This case is a good example of a high index of suspicion for recurrence of the same medical condition, which leads to early detection and timely intervention. The minimally invasive approach adopted to prevent its recurrence leads to a good obstetrical outcome.

Abstract ID: MIGS/CR/02

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Abstract Title:
'A GYNAECOLOGICAL GASTROINTESTINAL CROSSROAD: RECTOUTERINE FISTULA PRESENTING AS MENOCHEZIA'

Introduction :
Recto-uterine fistula is an exceptionally rare condition involving communication between the rectum and uterine cavity. Menochezia, or cyclical rectal bleeding during menstruation, is an unusual but highly specific symptom. Most cases are secondary to iatrogenic uterine trauma such as dilatation and curettage (D&C), intrauterine device perforation, or malignancy.

Case Description :
A woman in her mid-twenties presented with eight months of rectal bleeding coinciding with menstruation, following a second-trimester abortion managed by D&C. MRI demonstrated a 5 mm fistulous tract between the posterior uterine wall and anterior rectal wall. She underwent combined hysteroscopic and laparoscopic management. Intraoperatively, dense recto-uterine adhesions with a 5 mm rectal defect were identified and repaired using an omental patch. Recovery was uneventful, and symptoms resolved completely by follow-up.

Conclusion :
This case underscores the diagnostic significance of cyclical rectal bleeding after uterine instrumentation. MRI is valuable for delineating small fistulas, and minimally invasive repair offers definitive management with favorable outcomes.

Abstract ID: MIGS/CR/03

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Abstract Title:
PREOPERATIVE UTERINE ARTERY EMBOLISATION ENABLING BLOODLESS HYSTEROSCOPIC RESECTION OF HYPERVASCULAR TYPE 3 RETAINED PRODUCT OF CONCEPTION(RPOC)

Introduction :
RETAINED PRODUCTS OF CONCEPTION(RPOC) ARE REMNANTS OF PLACENTAL OR FETAL TISSUE WITHIN THE UTERINE CAVITY FOLLOWING MISCARRIAGE, DELIVERY, OR ABORTION, OFTEN LEADING TO PROLONGED BLEEDING OR PELVIC PAIN. HIGHLY VASCULAR RPOC (TYPES 3) CARRY SIGNIFICANT HEMORRHAGIC RISK DURING SURGERY. HYSTEROSCOPIC RESECTION REMAINS THE TREATMENT OF CHOICE DUE TO ITS SAFETY AND PRECISION; HOWEVER, PREOPERATIVE UAE CAN MINIMIZE BLEEDING RISK BY REDUCING VASCULAR FLOW, ENSURING SAFER AND BLOODLESS HYSTEROSCOPIC MANAGEMENT.

Case Description :
A 37-YEAR-OLD WOMAN WITH A HISTORY OF TWO CESAREAN SECTIONS, ANEMIA (HEMOGLOBIN 8.3 G/DL), AND HYPOTHYROIDISM PRESENTED WITH INTERMITTENT VAGINAL BLEEDING FOLLOWING MEDICAL TERMINATION OF PREGNANCY. ULTRASOUND AND MRI REVEALED A HYPERVASCULAR TYPE 3 RPOC LESION MEASURING 3.9 × 1.8 × 3.5 CM. CONSIDERING THE PATIENT'S ANEMIA AND THE VASCULARITY OF THE LESION, UTERINE ARTERY EMBOLIZATION (UAE) WAS PERFORMED USING 500–700 μM EMBOSPHERE® PARTICLES PRIOR TO HYSTEROSCOPIC REMOVAL. THE SUBSEQUENT HYSTEROSCOPIC RESECTION WAS COMPLETED SUCCESSFULLY WITHOUT INTRAOPERATIVE BLEEDING. INTRAOPERATIVE FINDINGS SHOWED OBLITERATED VASCULAR LUMINA, CONFIRMING EFFECTIVE EMBOLIZATION.

Conclusion :
THIS CASE ILLUSTRATES THE EFFECTIVE USE OF UTERINE ARTERY EMBOLIZATION PRIOR TO HYSTEROSCOPIC RESECTION IN THE MANAGEMENT OF HIGHLY VASCULAR RPOC. IN PATIENTS WITH ANEMIA OR HIGH BLEEDING RISK, A COMBINED RADIOLOGIC-SURGICAL APPROACH CAN OPTIMIZE SAFETY AND OUTCOMES. UTERINE ARTERIES EMBOLIZATION SIGNIFICANTLY REDUCES INTRAOPERATIVE BLOOD LOSS, ENABLING A CONTROLLED, MINIMALLY INVASIVE REMOVAL OF RETAINED TISSUE.

Abstract ID: MIGS/CR/04

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Abstract Title:
TRIPLE TROUBLE – A RARE CASE OF SPONTANEOUS HETEROTOPIC DCDA TWIN PREGNANCY WITH OVARIAN TORSION

Introduction :
Heterotopic pregnancy, defined as the simultaneous occurrence of intrauterine and extrauterine pregnancies, is a rare clinical condition, especially following spontaneous conception. The incidence increases with assisted reproductive techniques, but spontaneous heterotopic pregnancies remain an important diagnostic challenge. Early diagnosis and timely intervention are crucial for favorable maternal and fetal outcomes.

Case Description :
Case Description: A 32-year-old woman, gravida 2, abortion 1, with spontaneous conception, presented at 5 weeks + 3 days of gestation with complaints of right iliac fossa pain and a single episode of vomiting. Clinical evaluation and transvaginal ultrasound revealed a right tubal ectopic pregnancy along with a viable intrauterine twin pregnancy and right ovarian torsion.The patient underwent emergency laparoscopic right salpingectomy, right ovarian cyst puncture, and ovarian detorsion. Postoperative recovery was uneventful, and the intrauterine twin gestation was closely monitored. The pregnancy progressed well, and she delivered healthy DCDA twins through elective lower segment cesarean section (LSCS) at 35 weeks of gestation.

Conclusion :
Conclusion: This case highlights the importance of maintaining a high index of suspicion for heterotopic pregnancy, even in spontaneously conceived pregnancies, particularly when symptoms like abdominal pain are present. The successful laparoscopic management of tubal ectopic pregnancy and ovarian torsion without compromising the intrauterine pregnancy underscores the value of timely diagnosis and minimally invasive surgery in preserving maternal and fetal outcomes.

Abstract ID: MIGS/CR/05

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Abstract Title:
A NOVEL LAPAROSCOPIC UTERINE HAMMOCK SLING SURGERY FOR NULLIPAROUS PROLAPSE

Introduction :
Management of Uterovaginal prolapse in nulliparous women necessitates a conservative, uterus-preserving approach to maintain reproductive and sexual function. Traditional sling procedures may offer limited dynamic support. Here we present a novel, closed-loop Laparoscopic Hammock Sling Surgery designed to provide enhanced support & flexibility while preserving uterine integrity.

Case Description :
A Married Nulliparous presented with POP-Q Stage >= 2 Uterovaginal Prolapse, which we managed by dissection of uterovesical fold to expose the Vesicouterine space. A grasper was passed subperitoneally along the round ligament through the anterior broad ligament to create a tunnel for the mesh arms. The mesh was fixed to the anterior cervix, the peritoneum closed over it, and the lateral arms of the mesh were then brought out through the lateral abdominal wall above the rectus sheath via accessory ports and secured bilaterally to the umbilical ligament at the optical port, providing anterior support and anchorage.

Conclusion :
Uterus preservation is crucial for management of nulliparous prolapse. Our new Hammock Sling Surgery proved technically feasible, well-tolerated, and free of perioperative complications. By covering a larger anterior abdominal area, it forms a broader, more flexible support, maintaining normal reproductive and sexual function compared to conventional sling surgeries

Abstract ID: MIGS/CR/06

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Abstract Title:
A GREEN LANTERN FOR GYNAEC SURGERY : ROLE OF INDOCYANINE GREEN IN DISTORTED PELVIC ANATOMY

Introduction :
Indocyanine Green (ICG), a water-soluble fluorescent dye, is increasingly used in gynaecological laparoscopic surgeries for intra-operative visualization of critical structures such as the ureters. Ureteric injury, though rare (1-2% of gynaecological procedures), can have significant morbidity. ICG's potential benefits include intraoperative ureter identification through direct administration with cystoscopy and ureteral catheterization.

Case Description :
A 48-year-old female with a history of obstetric hysterectomy 24 years prior presented with lower back pain. Imaging revealed a large cystic lesion (8.5 × 9.1× 11.4 cm) probably arising from the right ovary with benign features. Tumor markers were normal. Laparoscopic right oophorectomy / cystectomy was planned, anticipating ureteric and bowel adhesions. Prophylactically to aid intraoperative navigation, ICG was injected through bilateral ureteric catheters under cystoscopic guidance. This enabled clear visualization of the ureters during adhesiolysis and dissection. A multiloculated, simple cyst identified same punctured clear fluid drained. Right oophorectomy done. HPE revealed benign serous cystadenoma.

Conclusion :
In cases with dense pelvic adhesions from prior surgery, endometriosis, or pelvic inflammatory disease, direct visualization of the ureter may be difficult and ureteral catheters alone may not suffice. Intra-operative use of ICG fluorescence provides real-time ureteral mapping, thereby significantly reducing the risk of ureteric injury during complex laparoscopic gynaecological surgeries.

Abstract ID: MIGS/CR/07

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Abstract Title:
BROAD LIGAMENT FIBROID : A RARE PRESENTATION ARISING FROM LATERAL PELVIC WALL

Introduction :
Broad ligament fibroids are an uncommon variant of extra-uterine leiomyomas that arise from the smooth muscle fibers of the broad ligament. Their presentation often mimics adnexal or ovarian masses, posing significant diagnostic challenges preoperatively.

Case Description :
We report a rare case of a 43-year-old P1L1 woman who presented with complaints of lower abdominal heaviness for several months . Ultrasonography revealed a 9×6 cm right adnexal mass, suggestive of a broad ligament fibroid. MRI demonstrated a well-defined complex adnexal lesion associated with an endometrial polyp, further raising diagnostic ambiguity. Intraoperatively, a 10×10 cm firm, well-circumscribed mass was identified arising from the right lateral pelvic wall within the broad ligament. The uterus, ovaries, and fallopian tubes appeared normal. The lesion was carefully dissected and excised, ensuring preservation of adjacent pelvic structures. Histopathological examination confirmed the diagnosis of a benign leiomyoma.

Conclusion :
True Broad ligament fibroids, are rare entities that closely resemble adnexal or ovarian tumours. Awareness of this rare presentation is essential for accurate preoperative diagnosis and meticulous surgical planning ensuring safe excision and optimal outcomes .Broad ligament fibroids are in leaf of broad ligament , with chances of ureter involvement , But in this case it was quite away from uterus and right tube and ovaries , located at right abdominal wall anterolaterally , with no relation to ureter .

Abstract ID: MIGS/CR/08

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Abstract Title:
PRECISION HYSTEROSCOPIC ADHESIOLYSIS AND SEPTAL RESECTION USING A MONOPOLAR HOOK IN A 37-YEAR-OLD FEMALE WITH SECONDARY AMENORRHEA AND INFERTILITY.

Introduction :
Septate uterus is the most common congenital uterine anomaly, while intrauterine adhesions (Asherman syndrome) are largely iatrogenic and often lead to menstrual disturbances and infertility. Hysteroscopic adhesiolysis is the gold standard for restoring normal uterine anatomy. Although bipolar instruments are preferred, the monopolar hook offers a cost-effective and precise alternative.

Case Description :
A 37-year-old woman with a history of early miscarriage treated surgically presented with secondary amenorrhea and negative estrogen-progesterone withdrawal. Ultrasonography revealed Asherman syndrome with a subseptate uterus. Elective hysteroscopic adhesiolysis and septal resection were performed using a monopolar hook electrode, accompanied by diagnostic laparoscopy. The monopolar hook is simple sleek instrument which enables fine, controlled dissection of adhesions and precise septal incision while maintaining clear visualization of the uterine cavity. Diagnostic Laparoscopy confirmed a normal external uterine contour, patent tubes, and healthy ovaries. The procedure was uneventful, achieving a single, capacious, and adhesion-free uterine cavity. Postoperatively, patient was counselled about hormonal therapy and infertility treatment.

Conclusion :
The monopolar hook is an effective, safe, and economical tool for hysteroscopic management of complex intrauterine pathology. Its controlled dissection and excellent visualization facilitate precise adhesiolysis and septal correction, promoting optimal uterine reconstruction and improving reproductive outcomes in women with secondary amenorrhea and infertility.

Abstract ID: MIGS/CR/09

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Abstract Title:
A RARE CASE OF ENDOMETRIAL POLYP IN AN ADOLESCENT GIRL : A CASE REPORT

Introduction :
Abnormal uterine bleeding during adolescence is most often due to anovulatory cycles associated with an immature hypothalamic-pituitary-ovarian axis. Structural causes are uncommon in this age group. Among them endometrial polyp is one of the causes. Endometrial polyps are localized overgrowths of the endometrial glands and stroma that project into the uterine cavity. Their occurrence in adolescents is exceedingly rare , overall incidence being <1% and peak incidence seen in 40-49 years age group. It often possess diagnostic and therapeutic challenges due to the low index of suspicion in this age group.

Case Description :
We present a rare case of an adolescent girl who presented with abnormal uterine bleeding associated with dysmennorhea and moderate anemia. She was subsequently diagnosed with an endometrial polyp. Clinical evaluation, pelvic ultrasonography and MRI confirmed the presence of 4.4 X 5.2 cm endometrial polyp within the uterine cavity. The patient underwent successful hysteroscopic polypectomy, leading to complete resolution of symptoms without recurrence during follow-up. Histopathological analysis revealed benign leiomyomatous polyp. This case highlights the importance of considering endometrial pathology, including polyps, as a potential cause of abnormal uterine bleeding even in young girls. Early diagnosis and minimally invasive management play a crucial role in preventing complications such as chronic anemia , endometrial hyperplasia or infertility.

Conclusion :
Hysteroscopic polypectomy remains the gold standard offering both diagnostic and therapeutic benefit .This report adds to the limited literature on endometrial polyps in adolescents and emphasizes the need for individualized diagnostic and therapeutic approaches to ensure optimal reproductive health outcomes in this age

Abstract ID: MIGS/CR/10

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Abstract Title:
HARNESSING HEAT: THE ROLE OF MICROWAVE THERMAL ABLATION IN ADENOMYOSIS MANAGEMENT

Introduction :
Adenomyosis is a painful condition of the uterus characterized by the invasion of endometrial glands and stroma into the myometrium. Women with adenomyosis often experience severe debilitating pelvic pain, menorrhagia, secondary anemia, an enlarged uterus, pelvic pressure, infertility, and recurrent miscarriages. Microwave thermal ablation is an excellent minimally invasive technique used to destroy adenomyotic tissue and uterine fibroids.

Case Description :
A 35-year-old woman (P1L1) with a previous LSCS presented with complaints of severe dysmenorrhea and menorrhagia. Ultrasound revealed focal adenomyotic changes in the uterus. Laparoscopic and ultrasound-guided microwave thermal ablation of the uterus was performed after mapping the adenomyotic areas on ultrasound, under general anesthesia. The postoperative period was uneventful, and the patient was discharged after 48 hours. She was followed up at 1, 2, and 6 months to assess post-ablation changes on ultrasound, symptomatic improvement, and reduction in uterine volume.

Conclusion :
Post-ablation changes were noted on ultrasound. A 40% reduction in uterine volume was observed after 6 months of follow-up. The patient reported marked symptomatic relief from dysmenorrhea and significant improvement in menorrhagia during follow-up visits. Microwave thermal ablation is a safe and effective minimally invasive technique for the management of adenomyosis. It offers significant symptomatic relief, reduction in uterine volume, and improved quality of life, while preserving the uterus and avoiding major surgery.

Abstract ID: MIGS/CR/11

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Abstract Title:
IATROGENIC CERVICOVESICAL FISTULA AFTER LOWER SEGMENT CESAREAN SECTION :DIAGNOSTIC AND SURGICAL CONSIDERATION

Introduction :
Urogenital fistulas are uncommon yet distressing complications of obstetric and gynecologic surgeries, with cervicovesical fistulas accounting for only 1%–4% of cases. Cesarean section is a recognized iatrogenic cause, particularly in patients with risk factors such as second-stage delivery, uterine rupture, placenta accreta, manual removal of the placenta, excessive intraoperative bleeding, or a history of multiple cesarean sections. We report a rare case of cervicovesical fistula following cesarean section, emphasizing the clinical presentation, diagnostic evaluation, and surgical management.

Case Description :
A 35-year-old female P2L2 with a history of two previous cesarean sections presented with continuous dribbling of urine since the second postoperative day after her last cesarean delivery. She also reported a history of trial of labor prior to surgery. On examination, a defect measuring approximately 4 × 5 cm was noted at the cervicovesical junction, just superior to the urethra. Cystoscopy confirmed a fistulous communication between the bladder and cervix. Bilateral double-J stents were placed, and the fistulous tract was repaired laparoscopically. The intraoperative and postoperative periods were uneventful. A Foley catheter was maintained for one month to facilitate healing. The patient recovered well with complete resolution of urinary leakage on follow-up.

Conclusion :
Cervicovesical fistula is a rare but significant complication of cesarean section. Early recognition, accurate diagnosis through cystoscopy and imaging, and timely laparoscopic repair can achieve excellent outcomes. Preventive vigilance and meticulous surgical technique remain essential to avoid such injuries

Abstract ID: MIGS/CR/12

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Abstract Title:
EXPULSION OF INFARCTED MYOMA FOLLOWING ULTRASOUND GUIDED UTERINE ARTERY EMBOLIZATION: AN APPROACH-PRESERVING THE UTERUS.

Introduction :
Uterine Fibroids are common benign tumours causing Abnormal bleeding, pelvic pain and infertility. Ultrasound guided Uterine Artery Embolization(UAE) is a minimally invasive, uterus preserving treatment that induces Ischaemic infarction of myomas. Expulsion of infarcted myoma post UAE is rare but can relieve symptoms while maintaining uterine integrity.

Case Description :
A 29-year-old P1L1 woman with previous LSCS presented with menorrhagia and dysmenorrhea unresponsive to medical therapy. Ultrasound showed a large submucosal fibroid (8×7 cm) in the posterior myometrium with moderate vascularity. She underwent ultrasound-guided uterine artery embolization (UAE). Four days later, she developed abdominal pain and foul vaginal discharge. Examination revealed a necrosed, brownish-red fibroid mass prolapsing through the cervical os. Ultrasound confirmed descent of the infarcted fibroid into the cervical canal. The fibroid was expelled spontaneously per vagina after a few days. The patient was treated with antibiotics and supportive care, showing complete recovery without further complications.

Conclusion :
Expulsion of infarcted Myomas after UAE is an effective, minimally invasive approach for conserving the Uterus. Careful patient selection and follow up are key to successful outcomes.

Abstract ID: MIGS/CR/13

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Abstract Title:
CASE REPORT -MANAGING A DEADLY COMBINATION OF A CAESAREAN SCAR PREGNANCY WITH AV MALFORMATION OF UTERUS

Introduction :
Caesarean Scar pregnancy (CSP) refers to the implantation of a gestational sac in the myometrium and fibrous tissue of a previous cesarean scar.With rising number of Caesarean sections the incidence of CSP is on the rise.

Case Description :
A 31 years old woman , G2P1L1 with previous one Caesarean section came to OPD with complaints of persistent pain and bleeding per vagina one month following dilatation and evacuation in view of missed abortion.USG showed retained products of conception at the previous caesarean scar area with an arterio-venous malformation at the lower myometrium along the scar with thinning of scar. Diagnostic hysteroscopy demonstrated a pale and desiccated gestational sac like tissue along the anterior isthmic part of the uterus.Laparoscopy was done. LSCS scar was thinned out with a bluish bulging. Retroperitoneal dissection was done and uterine arteries were ligated temporarily at origin on both sides.The defective scar along with the products of conception was excised.Repair of the isthmocele was done using barbed suture 2-0 V-lock in a single layer. However bleeding continued from the left angle of the suture line and could not be controlled with bipolar or hemostatic suture. Ligation of left internal iliac artery was performed , following this haemostasis was achieved.

Conclusion :
The CSPs are often missed hence women with a history of cesarean delivery needs to be evaluated with a high index of suspicion for CSP. Laparoscopic excision of a CSP is an effective and feasible technique. Internal iliac artery ligation is an effective technique for hemostasis in AVM.

Abstract ID: MIGS/CR/14

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Abstract Title:
LAPAROSCOPIC MANAGEMENT OF OVARIAN TORSION IN PREGNANCY - CASE REPORT

Introduction :
Ovarian torsion during pregnancy is an uncommon but important cause of acute abdomen, with an incidence of approximately 1 in 5,000 pregnancies. It is most frequently associated with the presence of an ovarian cyst or mass and poses diagnostic and management challenges due to potential risks to both mother and fetus. Laparoscopy, though traditionally approached with caution during pregnancy, has emerged as a safe and effective modality when performed with appropriate precautions.

Case Description :
A 24-year-old primigravida at 20 weeks of gestation presented with acute-onset severe lower abdominal pain, nausea, and vomiting. Ultrasonography revealed a right-sided enlarged ovary with a 9 cm cyst showing absent Doppler flow, suggestive of torsion. After multidisciplinary evaluation, laparoscopic management was undertaken. Ports were placed above the umbilicus to accommodate the enlarged uterus. Intraoperatively, right ovarian torsion was confirmed. Detorsion followed by ovarian cystectomy was performed using careful bipolar coagulation and minimal uterine manipulation. The procedure was completed uneventfully, and fetal heart activity remained normal throughout. The postoperative period was smooth, and the pregnancy continued to term with favourable maternal and fetal outcomes.

Conclusion :
Laparoscopy is a safe and feasible option for managing ovarian torsion in the second trimester of pregnancy when performed by experienced surgeons with appropriate anesthetic and obstetric support. Early diagnosis and timely surgical intervention can preserve ovarian function and ensure good pregnancy outcomes.

Abstract ID: MIGS/CR/15

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Abstract Title:
LAPAROSCOPIC SACROCERVICOPEXY, AN ALTERNATIVE TECHNIQUE

Introduction :
Uterine-preserving surgery for pelvic organ prolapse aims to correct the descent of the uterus and vaginal walls while maintaining the uterus in situ. Several surgical approaches are available, including sacrospinous hysteropexy, sacrohysteropexy (abdominal or laparoscopic), and uterosacral ligament suspension. Among these, laparoscopic sacrocervicopexy has gained popularity due to its minimally invasive nature, reduced blood loss, faster recovery, and superior visualization of pelvic structures. Laparoscopic sacrocervicopexy is a minimally invasive surgical procedure performed to correct uterovaginal or vault prolapse while preserving the uterus or cervical stump. The procedure involves attaching the cervix (or vaginal vault, in post-hysterectomy cases) to the anterior longitudinal ligament of the sacrum using a synthetic, non-absorbable suture material, such as Ethibond. Ethibond, a cost effective braided polyester suture coated for smooth passage and enhanced knot security, provides durable fixation and long-term support to the pelvic structures. Using ethibond avoids rising mesh erosion concern.

Case Description :
A 31 year old P2 L2 women presented with mass very vagina since 1 year . On local examination three degree cervical descent was present no rectocoele no cystocele Laparoscopic sacrocervicopexy was performed under general anesthesia using the ethibond suture no ‘1’. The duration of surgery was 106 minutes in the case. The duration of hospital stay was 2 days. No surgical site infection was noted in the cases. Patient rated “very satisfied” experiences following surgery.

Conclusion :
Laparoscopic sacrocervicopexy with Ethibond is a safe, cost-effective POP treatment, avoiding mesh cost and erosion risks in low-resource settings.

Abstract ID: MIGS/CR/16

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Abstract Title:
BEYOND THE SCAR: MULTIMODAL MANAGEMENT OF CESAREAN SCAR ECTOPIC PREGNANCY — LAPAROSCOPIC PRECISION WITH FERTILITY PRESERVATION

Introduction :
Caesarean scar ectopic pregnancy (CSEP) is a rare, potentially catastrophic form of ectopic implantation within a previous uterine scar. With the rising caesarean rate, timely diagnosis and individualized management are vital to prevent haemorrhage and preserve fertility.

Case Description :
Four women with prior caesarean sections presented in the first trimester with abnormal bleeding. Diagnosis was confirmed using transvaginal ultrasonography and MRI. Three patients underwent laparoscopic excision of the scar ectopic with sutured uterine repair. In one patient with early presentation and stable vitals, ultrasound-guided suction was performed under laparoscopic visualization following a single dose of methotrexate (50 mg/m²). Intraoperative blood loss, operative time, and postoperative outcomes were recorded. Results: All patients achieved hemodynamic stability with complete resolution of β-hCG. No case required hysterectomy. The laparoscopic approach ensured effective haemostasis and restoration of uterine integrity. The combined suction-and-methotrexate strategy proved safe and fertility-preserving in a carefully selected early case. All patients resumed normal menstrual cycles within eight weeks and remained asymptomatic on follow up.

Conclusion :
CSEP demands early diagnosis and a tailored multimodal approach. Laparoscopic scar excision with sutured repair and adjunct methotrexate or guided suction can prevent catastrophic haemorrhage while preserving fertility. A multidisciplinary strategy offers optimal maternal and reproductive outcomes

Abstract ID: MIGS/CR/17

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Abstract Title:
SUCCESSFUL TERM DELIVERY AFTER LAPROSCOPIC MESH SACROCERVICOPEXY FOR PELVIC ORGAN PROLAPSE

Introduction :
Pelvic organ prolapse (POP) management in nulliparous women who desire future fertility possess great challenges. Laproscopic sacrocolpopexy is the gold standard for apical prolapse repair and has shown favorable outcome even among women planning to conceive subsequently. While pregnancy after laproscopic mesh sacrocervicopexy is uncommon , current literature supports its feasibility with good maternal and fetal outcome

Case Description :
A 29 year old nulligravida with type 2 DM on OHA presented with four year history of gradually progressive vaginal mass. Mass was reducible manually but exacerbated on coughing , defecation and lifting weight. Examination revealed cervical elongation and grade III UV prolapse with utero-cervical length 4 cm. Cervical amputation with laproscopic mesh sacrocervicopexy was performed with monofilament mesh One year postoperatively , she presented with primary infertility. HSG indicated left cornual block with tubal spasm. Husband semen analysis showed asthenospermia. She underwent diagnostic hysterolaproscopy with tubal cannulation with chromopertubation , b/l cornual block noted successfully recanalized. After 3 months IUI was performed. Pregnancy confirmed by dating scan. At 13 wks 4 days POG , McDonald's cervical cerclage was placed. Meticulous antenatal monitoring done. At term elective LSCS done , delivered a healthy male of b.wt 3.8kg. No intraoperative and postoperative complications noted. Postpartum examination confirmed absence of recurrent prolapse.

Conclusion :
Laproscopic mesh sacrocervicopexy is a feasible procedure for repair of pelvic organ prolapse in women desirous for future fertility with good maternal and fetal outcome

Abstract ID: MIGS/CR/18

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Abstract Title:
THE HIDDEN WOOD: RARE INTRAUTERINE FOREIGN BODY IN POSTMENOPAUSE

Introduction :
Intrauterine foreign bodies are rare but can lead to significant gynaecological morbidity, particularly when diagnosis is delayed. Their presentation in postmenopausal women is especially unusual and may mimic common genital tract infections.

Case Description :
We report the case of a 55-year-old postmenopausal woman who presented with persistent foul-smelling leucorrhoea and intermittent lower abdominal pain. Initial clinical evaluation and imaging were inconclusive. Diagnostic hysteroscopy was performed for further evaluation and revealed an unexpected wooden twig lodged within the endometrial cavity. The foreign body was successfully retrieved hysteroscopically without complications.

Conclusion :
This case highlights an exceptionally rare finding of a wooden intrauterine foreign body in a postmenopausal woman presenting with persistent leucorrhoea. Maintaining clinical vigilance and opting for early hysteroscopic evaluation are essential for accurate diagnosis and effective management. Prompt removal ensures rapid symptom resolution and prevents long-term morbidity.

Abstract ID: MISC/CR/01

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Abstract Title:
VAGINAL E-GIST : A RARE ENTITY AT A RARE SITE

Introduction :
Extra Gastrointestinal Stromal Tumor (EGIST) are tumors arising primarily outside the GI tract. GIST is confirmed by Positive IHC staining for CD117. EGIST's are usually a metastasis from a primary GIST. A 47 years old female presented to the OPD with complaints of: λ Painful defecation for 10 days λ Urinary retention and Burning micturition for 1 month

Case Description :
MRI(Pelvis) was suggestive of a well-defined oval lesion (2.2 x 2.2 x 2.1 cm) seen in the perineum between the anal canal & posterior wall of vagina in the left paramedian region. Excision & Biopsy of the perineal cyst was performed. Post operative period was uneventful and patient was discharged on POD-2. Histopathology revealed a differential of GIST, NEUROENDOCRINE TUMOR or RHABDOMYOSARCOMA. The diagnosis of EGIST was confirmed on IHC which was positive for CD117 and DOG-1. A general surgery opinion was taken and the patient was referred to higher centre for targeted Imatinib therapy.

Conclusion :
E-GIST's affecting female reproductive tract or pelvic cavity are rare entities. Presentation & imaging findings are nonspecific which contributes to delays in diagnosis and treatment. IHC remains the most definitive method to diagnose E-GIST's & differentiate them from other mesenchymal tumors. Standard treatment for E-GIST is surgical resection. Adjuvant therapy with Imatinib should be considered for high risk E-GIST. Prognosis for E-GIST's are comparable to that of GIST's given the similarities in molecular alterations.

Abstract ID: MISC/CR/02

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Abstract Title:
A RARE CASE REPORT OF HB SUN PRAIRIE IN PREGNANT WOMAN WITH BAD OBSTETRIC HISTORY

Introduction :
Unstable hemoglobin is important and under diagnosed cause of hemolytic anemia. Disease varies from being asymptomatic to lethal hemolytic anemia. Here I am describing a 26yr old Indian woman presented with fatigue and recurrent pregnancy loss for last few years.

Case Description :
Dissecting aetiology of hemolytic anemia is of importance for appropriate management. Thalassemia is often under diagnosed and investigated only in antenatal clinics in peripheral hospitals in India; of which HB sun prairie is an unstable alpha globin variant caused by alanine—> proline substitution causes peripheral hemolysis, specially in homozygous state which leads to intercellular precipitation of abnormal alpha globin chain. 26 year old women presented at 22+weeks of gestation with easy fatiguability and loss of 3 neonates during last 3 pregnancies in previous four years. She has no history of blood transfusions in the past. She had 3rd generation consanguinity with maternal cousin. Her main concern was survival of her foetus. On thorough investigation, mild pallor, no icterus, uterus was around 18weeks of size; her CBC was in normal range, peripheral smear showed microcytosis, Heinz bodies. Possibility of hemolytic anemia considered. HPLC showed HbA-83.1%(low), HbA2 1.8%(low),unknown unidentified peak 14.8%(high) s/o alpha chain variant (unknown 13.1) most likely HB sun prairie. Potential pregnancy complications include preterm labour, IUGR, preeclampsia.

Conclusion :
Hb sun prairie is associated with higher incidence of acute hemolysis. This case report focuses on timely diagnosis and when managed appropriately with timely visits and serial fetal scans. Both mother and child will be delivered safely .

Abstract ID: MISC/CR/03

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Abstract Title:
RUPTURE OF GRAVID HORN IN A BICORNUATE UTERUS AFTER FAILED MEDICAL TERMINATION OF PREGNANCY BY SUCTION AND EVACUATION

Introduction :
MTP by surgical method is a commonly performed procedure. Suction evacuation is generally a blind procedure and not performed under ultrasound guidance. A bicornuate uterus if undiagnosed during an early pregnancy scan can result in the procedure being performed in the non-pregnant horn of the uterus.

Case Description :
We present such a case of a patient G3P2L2 with previous 2 LSCS who presented one month after a surgical evacuation in hemodynamic shock and a diagnosis of ruptured right cornual ectopic pregnancy. Exploratory laparotomy revealed a rupture of the right horn of a bicornuate uterus with a dead fetus in the peritoneal cavity. Hysterorrhaphy was done along with right salpingectomy and left tubal ligation. The patient recovered well. This case stresses on the importance of diagnosis of uterine anomalies in early pregnancy, as well as the need for performing suction and evacuation or check curettage procedures in women with uterine anomalies under imaging guidance.

Conclusion :
These concerns need to be addressed and looked into. The case highlights that it is good practice to confirm completion of procedure after surgical evacuation. Further, we emphasise that the entire obstetric history of a patient should be uploaded and available for assessment in further pregnancies through a centralised record keeping system as patients are likely to not remember or retain their records

Abstract ID: MISC/CR/04

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Abstract Title:
A CASE SERIES OF FOUR CASES OF SCAR ECTOPIC PREGNANCY MANAGED WITH DIVERSE MODALITIES OF TREATMENT.

Introduction :
Cesarean scar ectopic is a rare form of ectopic pregnancy. It occurs when blastocyst implantation occurs on previous cesarean scar. The incidence of scar ectopic has increased due to increase in number of cesarean deliveries. Early diagnosis is important by sonography for prompt management and better outcome. We are reporting four cases of scar ectopic managed surgically.

Case Description :
Case1- G2 P1 L1 with previous 1CS, 10month back with scar ectopic managed with hysteroscopic guided D&C. Case2- G3P2L2 with previous 2 lscs with scar ectopic who underwent D&C in a nursing home, presented to casualty in shock. Patient was managed with emergency laparotomy following initial resuscitation. Case 3 - G4P2L2A1 with previous 2 lscs presented with USG suggestive of 7-week, live scar ectopic. Patient was given inj methotrexate. On laparotomy, scar dehiscence was noted, scar repair was done, followed by bilateral tubal ligation. Case 4- G2P1L1 with previous 1 lscs with 6 weeks, scar ectopic presented with spotting PV, in view of thin overlying myometrium, emergency laparotomy was done. All 4 cases had uneventful postoperative period.

Conclusion :
Medical or surgical termination of pregnancy in previous CS should always be preceded by detailed ultrasound to confirm location of pregnancy. In case of low-lying presence of G sac on ultrasound, scar ectopic should be ruled out. Cesarean scar ectopic can be fatal with complications like uterine rupture, massive hemorrhage, and maternal mortality. Hence early detection is advisable.

Abstract ID: MISC/CR/05

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Abstract Title:
A VERY UNUSUAL PRESENTATION OF OVARIAN ABSCESS IN A YOUNG GIRL WITHOUT ANY RISK FACTORS OF PID

Introduction :
Isolated ovarian abscess in an unmarried young girl without any risk factors for pelvic inflammatory disease such as sexually active state or any intrauterine or ovarian manipulation is very rare

Case Description :
An unmarried 21 years old girl presented with off and on fever without any other significant complaint. On evaluation she had only leucocytosis and all other blood investigations were normal. Her cycle were normal and no history of any dysmenorrhoea or pelvic symptoms was present. On USG , CT scan , MRI abdomen and pelvis she was diagnosed with right sided haemorrhagic cyst 07 x 06 cm with no other significant finding . All tumour markers were normal. She underwent initially laparoscopic appendicectomy on clinical suspicion of appendicitis and Right ovarian cyst looks like haemorrhagic cyst which was planned to manage conservatively considering her age and ovarian reserve. She had no other sign of any endometriotic lesion , adhesion, collection or inflammation anywhere in the pelvis. On day of 40th of fever PET CT was done for PUO investigation and huge uptake in right ovary was seen which was 10 cm in size. She underwent USG guided aspiration of 450 ml of pus from right ovary on suspicion of ovarian abscess on PET scan . She underwent lap ovarian cystectomy after 01 week & become completely asymptomatic.

Conclusion :
Women without common risk factors for PID can develop ovarian abscess if they have haemorrhagic cyst due to endometriosis and it should be kept in mind in treatment of fever with ovarian cyst.

Abstract ID: MISC/CR/06

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Abstract Title:
"A RARE CASE OF ACQUIRED UTERINE AVM PRESENTING AS DELAYED POST-ABORTAL HAEMORRHAGE"

Introduction :
Uterine arteriovenous malformation (AVM) is a rare but potentially life-threatening condition involving abnormal connections between uterine arteries and veins. It may be congenital or acquired, often following uterine trauma such as dilation and curettage (D&C). We report a case of acquired uterine AVM presenting with severe bleeding post-D&C.

Case Description :
A 28-year-old woman, G4P2L2A1, presented with heavy vaginal bleeding for one week. She had undergone suction and evacuation one month earlier for a 12-week pregnancy. She was hemodynamically stable, with a hemoglobin level of 9 g/dL and beta-hCG of 23.72 mIU/mL. Pelvic examination revealed a bulky, tender uterus with active bleeding. Transvaginal Doppler ultrasound showed multiple anechoic areas measuring 4.1 × 3.8 × 2.9 cm in the posterior myometrium, extending into the endometrial cavity, with arterial and venous flow reaching the right adnexal region—suggestive of AVM. CT angiography confirmed a uterine AVM involving branches of the uterine artery. Supportive management was initiated. Uterine artery embolization (UAE) was successfully performed, resulting in cessation of bleeding. The next day, dilatation and curettage were performed to remove retained products of conception (RPOCs). The patient was discharged on day 4 post-embolization, with regular follow-up arranged

Conclusion :
Acquired uterine AVMs can result from surgical trauma, including D&C, or other uterine procedures. Clinical suspicion is essential in women with abnormal post-procedural bleeding. Doppler ultrasound and CT angiography are key diagnostic tools. UAE is one of the preferred treatment, offering high success while preserving fertility.Early diagnosis and minimally invasive intervention like UAE are vital to prevent maternal morbidity and mortality

Abstract ID: MISC/CR/07

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Abstract Title:
A CASE OF TWIN PREGNANCY IN A BICORNUATE UTERUS (ONE SAC IN EACH HORN) SUGGESTIVE OF MISSED ABORTION MANAGED VIA ULTRASOUND GUIDED SUCTION AND EVACUATION.

Introduction :
Twin intrauterine gestation in a bicornuate uterus (one in each horn) is a rare and high-risk obstetric condition, presenting unique challenges in diagnosis, management, and outcome. A bicornuate uterus, resulting from incomplete fusion of the Mullerian ducts, is associated with increased rates of miscarriage, preterm labor, and fetal malpresentation. When complicated by a twin gestation, particularly with one fetus in each horn, it significantly elevates maternal and fetal risks. Early identification and meticulous antenatal surveillance are critical to optimizing perinatal outcomes.

Case Description :
A 36 years old G3 P1 L1 E1 with 8 weeks 5 days gestation presented to OPD with spotting per vaginum, ultrasound was advised to confirm fetal viability which showed twin pregnancy in bicornuate uterus (one in each horn) but without cardiac activity. Diagnosis of missed abortion was made and patient was taken up for suction and evacuation. She had single cervix, after suction catheter was put in one cavity to complete evacuation but second cavity could not be reached easily, so ultrasound was called up and then evacuation could be completed.

Conclusion :
- Twin pregnancy within a bicornuate uterus is an uncommon, high-risk obstetric scenario in which prompt diagnosis and careful antenatal monitoring are essential to achieve the best possible perinatal results.

Abstract ID: MISC/CR/08

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Abstract Title:
THE CLINICIAN'S EYE AND THE PATHOLOGIST'S MICROSCOPE: COLLABORATIVE DIAGNOSIS OF AN INCIDENTAL GRANULAR CELL TUMOR IN PREGNANCY

Introduction :
Granular cell tumor (GCT) is an uncommon, typically benign neoplasm of Schwann cell origin. While it can occur in any anatomical site, its presentation in the subcutaneous tissue of the abdominal wall is rare. An GCT in this location can be an unexpected finding during surgical procedures like cesarean sections, and its intraoperative appearance can mimic other lesions and may have clinical characteristics of malignancy, necessitating histopathological confirmation for definitive diagnosis.

Case Description :
We present the case of a 33-year-old female G2P1L1 with previous CS who underwent a repeat elective lower segment cesarean section (LSCS) for obstetric indications. During the procedure, an incidental, abnormal-looking subcutaneous nodule was identified and excised. The histomorphological features revealed features of a benign granular cell tumor.

Conclusion :
This case highlights that GCT can be an incidental finding in the surgical field of a cesarean section. Although rare, it is an important diagnostic consideration for gynecologists. Complete surgical excision with clear margins is the standard treatment, and accurate histopathological diagnosis is crucial to rule out malignancy and prevent overtreatment, ensuring appropriate patient management and follow-up.

Abstract ID: MISC/CR/09

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Abstract Title:
ABNORMAL UTERINE BLEEDING IN A PERIMENOPAUSAL WOMAN WITH FIBROIDS PRESENTING WITH RARE UNDERLYING CAUSE

Introduction :
ABNORMAL UTERINE BLEEDING (AUB) IS A FREQUENT PRESENTATION IN PERIMENOPAUSAL WOMEN, MOST COMMONLY ATTRIBUTED TO BENIGN CONDITIONS SUCH AS UTERINE FIBROIDS. HOWEVER, RARE GYNECOLOGICAL MALIGNANCIES CAN COEXIST, OBSCURING THE TRUE DIAGNOSIS. PRIMARY FALLOPIAN TUBE CARCINOMA (PFTC) IS ONE OF THE RAREST GYNECOLOGIC MALIGNANCIES, ACCOUNTING FOR ONLY 0.3ı.1% OF CASES, AND OFTEN MIMICS MORE COMMON PATHOLOGIES LIKE OVARIAN OR UTERINE DISEASE.

Case Description :
A 49-YEAR-OLD MULTIPAROUS WOMAN PRESENTED WITH A SIX-MONTH HISTORY OF HEAVY, PROLONGED MENSTRUAL BLEEDING UNRESPONSIVE TO MEDICAL THERAPY. CLINICAL EXAMINATION REVEALED A 10-WEEK-SIZED UTERUS, AND TRANSVAGINAL SONOGRAPHY IDENTIFIED TWO INTRAMURAL FIBROIDS WITH NORMAL ADNEXA. PAP SMEAR AND ENDOMETRIAL SAMPLING WERE NEGATIVE FOR MALIGNANCY. IN VIEW OF PERSISTENT AUB, SHE UNDERWENT TOTAL ABDOMINAL HYSTERECTOMY WITH BILATERAL SALPINGO-OOPHORECTOMY. INTRAOPERATIVELY, THE FALLOPIAN TUBES WERE DISTENDED WHILE THE OVARIES APPEARED NORMAL. HISTOPATHOLOGICAL EXAMINATION REVEALED HIGH-GRADE SEROUS ADENOCARCINOMA CONFINED TO THE LEFT FALLOPIAN TUBE, CONSISTENT WITH PRIMARY FALLOPIAN TUBE CARCINOMA. POSTOPERATIVE EVALUATION INCLUDING TUMOR MARKERS AND CONTRAST-ENHANCED CT SHOWED NO EVIDENCE OF METASTASIS.

Conclusion :
THIS CASE HIGHLIGHTS THE DIAGNOSTIC CHALLENGES OF PFTC, WHICH CAN MASQUERADE AS BENIGN UTERINE PATHOLOGY. DESPITE FIBROIDS BEING A COMMON CAUSE OF AUB, PERSISTENCE OF SYMPTOMS DESPITE ADEQUATE MANAGEMENT SHOULD RAISE SUSPICION FOR ALTERNATIVE OR COEXISTING PATHOLOGY. COMPREHENSIVE EVALUATION AND HISTOPATHOLOGICAL CONFIRMATION REMAIN ESSENTIAL FOR ACCURATE DIAGNOSIS. CLINICIANS MUST MAINTAIN VIGILANCE FOR RARE CAUSES LIKE PFTC IN PERIMENOPAUSAL WOMEN WITH UNEXPLAINED OR REFRACTORY ABNORMAL UTERINE BLEEDING TO ENSURE TIMELY DIAGNOSIS AND OPTIMAL MANAGEMENT.

Abstract ID: MISC/CR/10

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Abstract Title:
WHEN THE BRAIN SHRINKS LATE: A THIRD-TRIMESTER REVELATION OF TUBA1A GENE - RELATED PONTOCEREBELLAR HYPOPLASIA.

Introduction :
Tubulinopathies constitute a diverse spectrum of neuronal migration and differentiation disorders resulting from pathogenic variants in genes encoding α- and β-tubulin proteins, critical for microtubule function and cortical development. These disorders typically manifest in early gestation and are associated with severe cortical malformations such as pontocerebellar hypoplasia. However, late-onset presentations detected for the first time in the third trimester are exceedingly rare, posing diagnostic and counselling challenges. The integration of advanced fetal neuroimaging with molecular genetic testing is transforming the early identification of such rare entities.

Case Description :
A 28-year-old primigravida underwent a third-trimester ultrasound at 32 weeks of gestation, revealing small-sized and thinned corpus callosum, mild bilateral lateral ventriculomegaly, cerebellar hypoplasia, and a kinked brainstem. MRI confirmed features of pontocerebellar hypoplasia. There were no prior abnormalities detected in the mid-trimester anomaly scan. Genetic testing using next-generation sequencing (Exome Trio analysis) identified a heterozygous pathogenic missense variant in the TUBA1A gene (c.641G>A; p.Arg214His), classified as pathogenic as per ACMG criteria (PS2, PM1, PM2, PP3, PP5). The variant was absent in parental exomes, confirming a de novo mutation. The diagnosis established the etiology as TUBA1A-associated tubulinopathy with autosomal dominant inheritance. The couple opted for termination at 33 weeks following genetic counselling.

Conclusion :
This case highlights how integrated fetal neuroimaging and genomic testing can uncover late-onset cerebral anomalies. The de novo TUBA1A mutation confirmed a tubulinopathy, emphasizing that pontocerebellar hypoplasia detected even in late gestation warrants detailed neuroanatomic evaluation and continued vigilance beyond the mid-trimester window.

Abstract ID: MISC/CR/11

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Abstract Title:
THE DOUBLE EDGED SWORD : A RARE CASE OF PLACENTAL CHORIOANGIOMA

Introduction :
Placental chorioangiomas are the most frequent benign tumors of the placenta. Although small tumors are often asymptomatic and incidental findings, large or giant chorioangiomas are associated with adverse fetal outcomes. Here, we present a case of a large placental chorioangioma detected antenatally, managed with close fetal monitoring, corticosteroid administration, and preterm cesarean delivery.

Case Description :
A 24-year-old woman, gravida 3, abortion 2, presented at 23 weeks and 5 days of gestation with complaints of acute lower abdominal pain. An obstetric ultrasound revealed a subamniotic hematoma measuring 5.4 × 5.3 × 4.2 cm in the right lateral placental wall. At 24 weeks + 2 days, ultrasound revealed a subchorionic fibrin collection. Follow-up scan at 30 weeks identified a well-defined hypoechoic placental mass on the fetal side measuring 8.6 × 6.2 cm, consistent with chorioangioma. After multidisciplinary counseling, antenatal corticosteroids were administered for fetal lung maturity. At 32 weeks + 3 days, in view of worsening polyhydramnios and signs of fetal compromise, the patient underwent elective cesarean section. A breech baby was delivered, not requiring neonatal transfusion. Postnatal hemoglobin stabilized and the baby was discharged in good condition on postoperative day 8. Gross examination of the placenta revealed a large, reddish, encapsulated mass protruding from the fetal side.

Conclusion :
Giant placental chorioangiomas, though rare, carry significant risk for the fetus. This case emphasizes the role of regular antenatal surveillance, timely diagnosis, and strategic delivery planning to avoid poor perinatal outcomes. A multidisciplinary approach remains key to successful management.

Abstract ID: MISC/CR/12

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Abstract Title:
RECURRENT AGRESSIVE ANGIOMYXOMA OF PELVIS: A RARE CASE

Introduction :
Aggressive angiomyxoma is a rare benign soft tissue tumor with locally invasive growth and a high recurrence rate. It predominantly affects women and is most commonly located in the vulva, but may also occur in the vagina, cervix, pelvic cavity, or rarely, distant organs, with sizes ranging from 1–20 cm. OBJECTIVE To demonstrate how advanced robotic surgical technology facilitates access to deep pelvic spaces and improves postoperative outcomes.

Case Description :
A 38-year-old parous woman (Mrs. S) with prior 3 LSCS, one ovarian cystectomy, open appendicectomy, and excision of a vaginal mass (8 years ago, histopathology: rhabdomyoma) presented with flank pain and dysuria for one month. Her outside imaging suggested a pelvic mass. MRI pelvis revealed a 9 × 8 × 4 cm lobulated, heterogeneously enhancing lesion on the left pelvis, indenting the urinary bladder, rectum, and vagina, and extending adjacent to the urethra. Tumor markers were normal. FNAC confirmed deep aggressive angiomyxoma. Robotic-assisted excision was planned. Dense adhesions from previous surgeries were released. A vascular, thin-walled, boggy mass (~8 × 6 cm), densely adherent to the bladder and extending into the levator ani fossa near the urethra, was identified. With urology assistance, it was completely excised and retrieved via a 3 cm incision. Recovery was smooth, and the patient was discharged on postoperative day 5.

Conclusion :
Robotic surgery offers precise access to challenging deep pelvic tumors like aggressive angiomyxoma, enabling complete excision and enhanced recovery.

Abstract ID: MISC/CR/13

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Abstract Title:
RESTORING CONTINENCE AND CONFIDENCE- THE MASTERY OF POSTOBSTETRIC RECTO-VAGINAL FISTULA REPAIR

Introduction :
Rectovaginal fistula (RVF) is an abnormal communication between the rectum and vaginal epithelium, typically above the dentate line. Common causes include failed repairs of third/fourth-degree perineal tears, instrumental deliveries, median episiotomies, gynecological surgeries, trauma, Crohn's disease, diverticulitis, radiation, and malignancy. RVFs are classified as low, mid, or high based on the location of the vaginal opening. Prompt diagnosis and surgical intervention are key to restoring anatomy.

Case Description :
A 31-year-old female (P1L1), two months post-assisted vacuum delivery, presented with stool and flatus passing per vagina. Examination revealed a 1x1 cm defect in the posterior vaginal wall with intact anal tone. MRI confirmed a low RVF. Other diagnostic tools may include methylene blue instillation and flexible endoscopy. MANAGEMENT The patient underwent transvaginal RVF repair. An inverted V-incision was made at the posterior fourchette to access the fistula. Scar tissue was excised, and layers including vaginal mucosa, rectovaginal septum, and perineal skin were separated. Vaginal mucosa was closed with continuous 2-0 vicryl; rectal mucosa integrity was verified via digital rectal exam. Perineal muscles were approximated with interrupted 2-0 vicryl sutures and skin with 1-vicryl. Postoperative recovery was smooth. Oral intake resumed on POD 2, soft solids by POD 4 with laxatives, and discharge occurred on POD 7 with normal resumption of bowel habits and dietary and hygiene instructions.

Conclusion :
RVF significantly affects mental well-being. Early recognition and management are crucial to minimize patient morbidity and improve quality of life.

Abstract ID: MISC/CR/14

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Abstract Title:
VESICOUTERINE FISTULA FOLLOWING TWO CESAREAN SECTIONS: A CLINICAL CASE REPORT

Introduction :
Vesicouterine fistula (VUF) is a rare urogenital complication, often resulting from cesarean deliveries. It presents a diagnostic challenge due to its atypical symptoms and can significantly impact a patient's quality of life. Early recognition and appropriate management are crucial to prevent long-term sequelae.

Case Description :
A 49-year-old female with a history of two previous lower segment cesarean sections presented with cyclic hematuria coinciding with menstruation. She denied urinary incontinence or vaginal leakage. Cystoscopic examination revealed a small fistulous tract on the posterior bladder wall, approximately 4 cm from the right ureteric orifice. Given her age and lack of future fertility desire, she underwent total abdominal hysterectomy with layered repair of the vesicouterine fistula. The postoperative course was uneventful, and follow-up assessments confirmed complete resolution of her symptoms.

Conclusion :
VUF should be considered in women presenting with cyclic hematuria following cesarean delivery. Cystoscopy is a valuable diagnostic tool, especially when the fistula is small and well-localized. While conservative management has limited success, surgical repair remains the gold standard. Hysterectomy with fistula repair is particularly effective in perimenopausal women with no future fertility desire, offering a definitive solution with high success rates.This case highlights the importance of considering VUF in women presenting with cyclical hematuria post-cesarean section. Early diagnosis and individualized surgical management lead to excellent outcomes.

Abstract ID: MISC/CR/15

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Abstract Title:
DOUBLE CERVIX, DOUBLE HORNS, AND COMPLETE DESCENT: A CASE OF PROCEDENTIA IN BICORNUATE BICOLLIS UTERUS: A RARE MULLERIAN ANOMALY

Introduction :
Mullerian duct anomalies (MDAs) are rare congenital malformations of the female reproductive tract. Bicornuate bicollis uterus, characterized by two uterine horns and two cervices, is an uncommon subtype. The coexistence of such anomalies with procedentia is exceedingly rare and presents unique diagnostic and therapeutic challenges.

Case Description :
A 47-year-old multiparous woman presented with a two-year history of vaginal mass and progressive urinary incontinence. Clinical examination revealed complete, non-reducible uterine prolapse(procedentia) with cystocele. Two cervices and two uterine bodies were identified, with the fundus protruding beyond the introitus,with fingers approximated above it confirming procedentia. Radiological evaluation confirmed a bicornuate bicollis uterus. The patient underwent vaginal hysterectomy, and intraoperative findings confirmed the anomaly. Both uterine horns and cervices were successfully removed. The postoperative course was uneventful.At the 6-month follow-up, the patient reported resolution of prolapse and urinary symptoms, with no evidence of recurrence.

Conclusion :
This case highlights the rare association between Mullerian anomalies and pelvic organ prolapse. A thorough clinical and radiological assessment is essential to identify underlying uterine anomalies in atypical prolapse presentations, allowing for tailored surgical management and improved patient outcomes. Recognition of underlying uterine anomalies facilitates optimal surgical planning and improves patient outcomes.

Abstract ID: MISC/CR/16

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Abstract Title:
RUPTURED NON-COMMUNICATIONG HORN OF BICORNUATE UTERUS AT 22 WEEKS OF GESTATION PRESENTING AS HYPOVOLUEMIC SHOCK– A CASE REPORT

Introduction :
Bicornuate uterus, a congenital uterine anomaly, can remain undetected until pregnancy. It increases the risk of uterine rupture, posing serious maternal and fetal complications. Early diagnosis is crucial to prevent life-threatening outcomes and guide management in current and future pregnancies.

Case Description :
An unbooked 33-year-old female G2P1L1 at 22+1 weeks gestation, with previous LSCS, presented in shock with sudden abdominal pain and a syncopal episode. Emergency laparotomy revealed a ruptured non-communicationg right horn of bicornuate uterus and a non-viable fetus contained within the ruptured horn with approximately 2 litres of hemoperitoneum. Excision of the ruptured horn with repair was done. The patient was managed with blood and blood products, IV fluids, antibiotics, and supportive care. She improved gradually and was discharged in stable condition. One year later, she conceived spontaneously and was admitted at 31+2 weeks with complete placenta previa in active bleeding. Despite conservative management, she underwent an emergency LSCS. Intra-operatively, a bicornuate uterus with absent right adnexa and intact left horn was noted. A live baby was delivered with good Apgar score. Intraoperative and postoperative recovery was uneventful, and both mother and baby were discharged in stable condition.

Conclusion :
This case highlights that timely intervention and proper repair of a ruptured rudimentary horn of bicornuate uterus, can lead to further conception and successful pregnancy outcomes.

Abstract ID: MISC/CR/17

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Abstract Title:
OUTLET OBSTRUCTION IN A MULTIGRAVIDA : AN INCIDENTAL DETECTION OF CHONDROSARCOMA DURING LABOR

Introduction :
Chondrosarcoma is a malignant cartilage forming tumor that predominantly affects middle-aged adults and is extremely rare in pregnancy. Its occurrence during gestation presents diagnostic and management challenges, as symptoms may be nonspecific or obscured by physiological changes of pregnancy.

Case Description :
A 30-year-old, G6P5L4, with previous vaginal deliveries, presented in active labor at term. On per-vaginal examination, an irregular, firm pelvic mass was identified causing outlet obstruction. In view of the obstruction, an emergency caesarean section was performed, resulting in the delivery of a healthy neonate. Postpartum imaging revealed a well-defined pelvic lesion arising from the bony pelvis. Surgical excision of the mass was performed, and histopathological evaluation confirmed the diagnosis of chondrosarcoma. The postoperative recovery was uneventful, and the patient remains under regular follow-up.

Conclusion :
Chondrosarcoma during pregnancy is exceptionally rare and may present incidentally during labor as an obstructed outlet. This case highlights the importance of thorough intrapartum examination and postpartum evaluation of incidental pelvic masses. Early multidisciplinary management is crucial to ensure favorable maternal and neonatal outcomes.

Abstract ID: MISC/CR/18

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Abstract Title:
A STITCH IN THE WOMB: RETAINED PROLENE SUTURE AS A RARE CAUSE OF SECONDARY INFERTILITY

Introduction :
Secondary infertility, the inability to conceive after a previous pregnancy, can be distressing for couples and is often multifactorial. Rarely, iatrogenic causes such as retained foreign bodies, non-absorbable sutures in the uterine cavity may lead to chronic pelvic pain, abnormal uterine bleeding, and infertility. With the advent of better resolution USG and minimally invasive techniques, hysteroscopy now serves as both a diagnostic and therapeutic tool for identifying and managing such intrauterine foreign bodies.

Case Description :
A 27-year-old P3L3A1 woman presented with secondary infertility and heavy menstrual bleeding for two years. She had undergone laparotomy for uterine rupture repair previously. Transvaginal sonography revealed echogenic foci with calcification along the endometrial cavity, suspicious of bony fragments, intrauterine device or foreign body. Hysteroscopic evaluation identified multiple loops of prolene suture embedded in the fundal region, which were completely excised using a resectoscope. Post-procedure, the patient experienced complete resolution of symptoms.

Conclusion :
Retained surgical sutures within the uterine cavity are an uncommon but important cause of secondary infertility. A high index of suspicion and early use of hysteroscopy can ensure precise diagnosis and minimally invasive management, restoring uterine integrity and fertility potential.

Abstract ID: MISC/CR/19

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Abstract Title:
HARLEQUIN ICHTHYOSIS NEWBORN- A RARE AND CHALLENGING CASE

Introduction :
Harlequin ichthyosis is a rare and severe congenital skin disorder caused by mutation in the ABCA12 gene characterized by thick, plate like scales ,ectropion, eclabium and limb contractures, it is often incompatible with long term survival.

Case Description :
A 25 year old G4P2L2 women presented at 37 week +1 day of gestation in early labour.she was unbooked case and only had one USG done at 11 weeks which corresponds with period of gestation. On examination breech presentation was noted and assisted breech vaginal delivery was conducted. A live female neonate was delivered at 4:28 am with 1.75 kg weight and APGAR score of 5/10.At birth, the newborn exhibited hallmark features of harlequin ichthyosis, deep fissures, severe ectropion, eclabium, rigid limbs and poor respiratory effort. The baby was transferred to NICU for supportive management but referred for further care in level 3 NICU. In this case retrospectively on questioning there was no family history of the disorder or affliction in previous child, though there is history of consanguineous marriage.

Conclusion :
Prenatal screening and genetic counselling play a vital role in early detection and family planning, particularly in high risk cases.

Abstract ID: MISC/CR/20

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Abstract Title:
MULLERIANOSIS OF THE URINARY BLADDER – A RARE CASE REPORT

Introduction :
Müllerianosis of the urinary bladder is an extremely rare benign condition characterized by the presence of ectopic Müllerian-derived tissues, such as endosalpinx, endometrium, and endocervix, within the bladder wall. It can mimic bladder malignancy both clinically and radiologically, posing a diagnostic challenge.

Case Description :
A 42-year-old multiparous (P4L4) woman presented with complaints of cyclic dysuria and chronic pelvic pain starting after menstruation and lasting for about 15 days each month for one year. There was no haematuria. Ultrasonography revealed a 2.4 × 2.8 cm heterogeneously hypoechoic vascular lesion arising from the bladder base, provisionally diagnosed as a space-occupying lesion. For further evaluation, the patient underwent cystoscopy which revealed a solid polypoidal growth (3 × 2 cm) at the trigone of the bladder, displacing both ureteric orifices laterally. The patient underwent transurethral resection of the bladder tumour (TURBT). Histopathology confirmed Müllerianosis of the urinary bladder with cystitis cystica and no evidence of atypia or malignancy. Cervical biopsy and Pap smear were normal. She made satisfactory postoperative recovery

Conclusion :
Müllerianosis of the bladder, though benign, closely mimics malignancy. Awareness and accurate histopathological diagnosis are vital to prevent unnecessary radical interventions

Abstract ID: MISC/CR/21

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Abstract Title:
LONG-TERM UNOPPOSED USE OF MIFEPRISTONE IN A CASE OF ADENOMYOSIS LEADING TO GROSS ENDOMETRIAL HYPERPLASIA AND ITS CONSEQUENCES – A CASE REPOR

Introduction :
Although Adenomyosis is considered a benign uterine disorder, symptoms such as progressively worsening dysmenorrhea require attention and prompt management. Treatment includes various types of non hormonal & hormonal agents, including Mifepristone, an antiprogestin aimed at symptoms relief and halting disease progression. However, in this case, prolonged use of Mifepristone relieved the symptoms but failed to arrest the disease pathology.

Case Description :
A 35 year old female, P2L2 presented with persistent severe dysmenorrhea with a diagnosed case of adenomyosis for which she was treated with conventional drugs including OCPs and Dienogest but she continued to be symptomatic. Treatment switched over to Mifepristone (Fibroease) daily, initially 25 mg followed by 10mg. She got asymptomatic within a week but continued the medication on her own without follow up or supervision. Two years later, she presented with excessive vaginal discharge which compelled her for consultation and imaging revealed gross uterine enlargement (up to 16–18 weeks), marked endometrial thickening (ET 51.8 mm) with cystic changes, and large bilateral endometriotic cysts. She underwent Diagnostic hysteroscopy with endometrial biopsy which confirmed benign on histopathology followed by total laparoscopic hysterectomy with bilateral salpingectomy for persistent abnormal uterine bleeding and failed medical management.

Conclusion :
This case highlights the risk of profound polypoid endometrial hyperplasia and uncontrolled bleeding associated with unopposed Mifepristone use in adenomyosis. Regular follow-up with imaging is imperative to ensure the safety and efficacy of conservative treatment.

Abstract ID: MISC/CR/22

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Abstract Title:
MANAGEMENT OF OBSTETRIC EMERGENCY IN A CASE OF SICKLE CELL CRISIS-CASE REPORT

Introduction :
Dr Divya Sri Vasantha (3rd year PG resident) , Email I'd - divyasrivasantha15@gmail.com,Mobile no-8121718598, Prof Dr Ratna Panda , Department of OBGYN, IMS and SUM hospital, Bhubaneswar. Sickle cell disease (SCD) is an autosomal recessive hemoglobinopathy associated with increased maternal and fetal morbidity. Pregnancy in SCD poses complex challenges requiring multidisciplinary management to optimize outcomes.

Case Description :
Case report A 19-year-old primigravida at 32 weeks presented with generalised body ache, limb pain, and itching. She was a known case of homozygous SCD with a history of multiple blood transfusions. On examination, pallor and icterus were present. Laboratory results revealed hemoglobin 8.5 g/dL, total bilirubin 10.04 mg/dL (direct 8.79 mg/dL), and HbS 74.6%. Ultrasound showed hepatomegaly and gallbladder calculus. After a course of betamethasone, vitamin K, and ursodeoxycholic acid, four cycles of exchange transfusion were performed, reducing HbS to 41.1%. Discussion - The patient underwent an emergency lower segment cesarean section on day 4 of admission, delivering a live moderate preterm female infant (1.778 kg). Six hours postpartum, she developed seizures and was managed with antiepileptics and magnesium sulfate in the ICU. She stabilized, was discharged on postoperative day 7, and remained well at her 6-week follow-up.

Conclusion :
Conclusion - SCD in pregnancy requires early diagnosis, genetic counselling , and coordinated care involving haematologists and obstetricians. Exchange transfusion and ICU backup can significantly improve outcomes. Partner testing should be offered to guide fetal risk assessment and counseling.

Abstract ID: MISC/CR/23

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Abstract Title:
A RARE CASE OF CERVICAL ANGIOLEIOMYOMA MIMICKING MALIGNANT CAULIFLOWER-LIKE GROWTH

Introduction :
Angioleiomyoma is a rare benign mesenchymal tumour composed of smooth muscle bundles and thick-walled blood vessels. It is most commonly found in the lower extremities, but its occurrence in the female genital tract, particularly in the cervix, is exceptionally rare. Fewer than 20 cases have been documented worldwide.

Case Description :
We report the case of a 52-year-old hypertensive woman who presented with a large cauliflower-like cervical mass, clinically suspected to be carcinoma cervix. Radiological findings supported a neoplastic etiology, but histopathology confirmed cervical angioleiomyoma. The patient underwent complete surgical excision and had an uneventful recovery.

Conclusion :
This case emphasizes the importance of including benign entities such as angioleiomyoma in the differential diagnosis of vascular cervical masses that mimic malignancy. Histopathological confirmation remains the gold standard for diagnosis and helps avoid unnecessary radical interventions.

Abstract ID: MISC/CR/24

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Abstract Title:
UNICORNUATE UTERUS WITH RECURRENT BREECH PRESENTATION

Introduction :
ABSTRACT Malformations of uterus are generally rare and are due to defective fusion of mullerian duct. One of the most common mullerian anomaly is septate uterus, and incidence of unicornuate uterus with or without rudimentary horn is 0.1%of general population. Pregnancy in a unicornuate uterus is a rare event and has maternal and foetal risks. Unicornuate uteri with non-communicating rudimentary horns are susceptible to many gynaecologic and obstetric complications such as hematometra, endometriosis and ectopic pregnancy and thus surgical resection is usually recommended. Patient with unicornuate uterus is more likely to experience preterm labour, endometriosis and malpresentation.

Case Description :
This Patient is an unbooked case with history of amenorrhea since 8 months 15 days with previous 2 LSCS (with both previous LSCS are due to breech presentation) with scar tenderness present. Currently in this pregnancy USG shows breech presentation. In this report, we present an exceptional case of pregnancy reaching full term in right unicornuate uterus with non-communicating rudimentary horn which was discovered during an emergency caesarean section. No additional anomalies within abdominopelvic cavity were noted. Notably the postoperative recovery was uneventful for both the mother and newborn, without any notable complications. Although efficacy of preconception or early intervention, such as rudimentary uterine horn resection has not been fully established in improving obstetric outcome, their usefulness is suggested by current medical practice. Breech presentation occurs in approximately 40–60% of unicornuate uterus pregnancies. The restricted intrauterine space and abnormal uterine curvature predispose to non-cephalic fetal positions.

Conclusion :
Women with unicornuate uterus are known to

Abstract ID: MISC/CR/25

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Abstract Title:
A RARE CASE OF PARAURETHRAL FIBROID: DIAGNOSTIC AND SURGICAL CHALLENGES

Introduction :
Paraurethral leiomyoma are rare and comprise of approx 5% of all paraurethral masses. These tumors originate in the paraurethral space without direct communication with urethra, bladder or vagina. They arise from smooth muscle around urethra and typically present with pelvic pressure, urinary discomfort and pelvic mass.

Case Description :
We present a case of a 52 year old female P2L2 presented to gynecology opd with complain of something coming out of vagina associated with urinary symptoms. On perineal examination a mass of approx 4×4 cm was found on the anterior vaginal wall just below the urethral opening which was firm and non tender. For diagnosis saline infusion sonography was performed to evaluate the extent of mass. Perioperative cystoscopy and urethroscopy showed no invasion into bladder. The patient was planned for excision of mass after pre anesthetic checkup by the gynecological and surgical team. Intra op - Following urethral catheterisation with foley's catheter, hydrodissection was done. A circumferencial incision was made below the urethral opening, mass was enucleated and dead space was obliterated. Mass was later confimed with histopathology suggestive of leiomyoma.

Conclusion :
Paraurethral leiomyoma is a rare, benign tumor typically presenting with a protruding mass or urinary symptoms. Diagnosis relies on clinical examination and radiological imaging, with histopathology providing definitive confirmation. Surgical excision remains the treatment of choice, with the approach (vaginal or abdominal) tailored to tumor size and location.

Abstract ID: MISC/CR/26

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Abstract Title:
VULVAL LICHEN SCLEROSUS IN A POSTMENOPAUSAL WOMEN- A RARE CASE REPORT

Introduction :
Lichen sclerosus is a chronic, progressive inflammatory dermatosis that predominantly affects the anogenital region, especially in postmenopausal women. Early diagnosis and treatment are essential to prevent complications such as scarring,sexual dysfunction, and an increased risk of vulval squamous cell carcinoma.

Case Description :
We here report the case of a 56-year-old postmenopausal woman who was presented in Gynecology out patient department with a 5 year history of painless bilateral vulval mass which was associated with intense vulval pruritus, burning sensation and dyspareunia. On local examination there was a mass of 15x10 cm originating from the left labium majus and 8x5cm from right labium majus. After pre operative work up mass was excised under regional anesthesia and it was confirmed as lichen sclerosus ,after histopathological examination and there was no evidence of malignant transformation. The patient made , a satisfactory post operative recovery. She continues on maintenance therapy with Topical Steroids and she was discharged with scheduled follow-up examinations.

Conclusion :
This case highlights the importance of early recognition and management of vulval lichen sclerosus to prevent long term complications. Long-term follow-up is critical due to the risk of recurrence and malignant transformation.

Abstract ID: MISC/CR/27

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Abstract Title:
"BLISTERING IN PREGNANCY: A DIAGNOSTIC CHALLENGE – CASE REPORT ON PEMPHIGOID GESTATIONIS"

Introduction :
Pemphigoid gestationis (PG) is a rare autoimmune blistering disorder of pregnancy, with an incidence of 1 in 10,000 to 50,000. It typically presents in the second or third trimester with intensely pruritic, urticarial plaques that may progress to tense vesicles and bullae. Differentiation from polymorphic eruption of pregnancy (PEP) is essential, as treatment and outcomes differ significantly.

Case Description :
A 27-year-old woman, G2P1, presented at 26 weeks' gestation with a pruritic erythematous rash localized to the umbilicus. The rash spread to the extremities, chest, neck, and back, forming large urticarial plaques and eventually tense bullae. Oral antihistamines provided no relief. She had no significant personal or family history, and no current medications. A skin biopsy with direct immunofluorescence confirmed the diagnosis of pemphigoid gestationis. The patient was started on systemic corticosteroids and showed a good clinical response with resolution of lesions and pruritus.

Conclusion :
PG is a rare but important differential in pregnancy-related dermatoses due to its potential complications. Clinically, it mimics PEP, but PG is distinguished by positive immunofluorescence on skin biopsy. Early recognition and treatment with corticosteroids and antihistamines can reduce maternal morbidity and fetal risks. Prompt dermatological referral is essential in suspected cases. This case highlights the importance of maintaining a high index of suspicion for PG in pregnant patients presenting with widespread, pruritic rashes—particularly those involving the umbilical area.

Abstract ID: MISC/CR/28

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Abstract Title:
UTERINE-SPARING MANAGEMENT IN PLACENTA INCRETA: A CASE OF CONTROLLED HEMORRHAGE WITHOUT HYSTERECTOMY

Introduction :
Placenta accreta spectrum (PAS) disorders represent a group of life-threatening obstetric complications characterized by abnormal adherence of the placenta to the uterine wall. Among them, placenta increta involves invasion of chorionic villi into the myometrium, leading to severe haemorrhage at delivery. The incidence of PAS has increased with rising cesarean section rates, making early antenatal diagnosis essential. While cesarean hysterectomy remains the traditional management, conservative uterine-sparing techniques are being increasingly adopted in selected cases to preserve fertility and minimize morbidity.

Case Description :
A 28-year-old multigravida with one previous lower segment cesarean section presented at 36 weeks gestation with placenta previa and placenta increta, confirmed by ultrasound and MRI. An elective cesarean delivery was planned under general anaesthesia. A high transverse incision on the upper uterine segment avoided the placenta, and a live male infant weighing 2.45 kg with Apgar 8/10 was delivered. The adherent lower uterine segment with placenta was excised, and haemostasis achieved using bilateral uterine artery ligation and compression sutures. Estimated blood loss was approximately 600 mL, avoided massive blood loss, multiple blood and blood component transfusions with associated complications. The postoperative course was uneventful, and the patient was discharged on the third postoperative day as on routine LSCS, with uterus preserved.

Conclusion :
This case highlights the importance of early diagnosis, multidisciplinary coordination, and individualized surgical planning in managing PAS. In selected stable patients with limited invasion, conservative surgical management can effectively control hemorrhage, avoid hysterectomy, and preserve the uterus without compromising maternal safety

Abstract ID: MISC/CR/29

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Abstract Title:
UTERINE TUMORS RESEMBLING OVARIAN SEX CORD TUMORS MASQUERADING AS LOW-GRADE ENDOMETRIAL STROMAL SARCOMA – A CASE REPORT

Introduction :
Uterine Tumors Resembling Ovarian Sex Cord Tumors (UTROSCTs) are rare mesenchymal neoplasms of the uterus characterized by morphological and immunophenotypic features similar to ovarian sex cord tumors. Recognized as a distinct entity in the 2020 WHO classification, these tumors usually have a benign course but may occasionally recur or metastasize. Their rarity and histopathological overlap with low-grade endometrial stromal sarcoma (LGESS) often lead to diagnostic confusion. Immunohistochemistry plays a crucial role in establishing the correct diagnosis and guiding management.

Case Description :
A 32-year-old multiparous woman presented with heavy menstrual bleeding and anemia. Imaging suggested multiple leiomyomas, and myomectomy was performed. Grossly, the tumor was firm and glistening without the typical whorled pattern of leiomyoma. Microscopically, it showed an unencapsulated, infiltrative, pseudo-lobular architecture composed of oval to elongated cells with nuclear grooves. Immunohistochemistry revealed diffuse estrogen and progesterone receptor positivity, focal calretinin positivity, and negativity for CD10 and inhibin, excluding LGESS and granulosa cell tumor. The diagnosis of UTROSCT was made. The patient subsequently underwent total abdominal hysterectomy with bilateral salpingo-oophorectomy. No residual tumor was detected, and she remained disease-free at two-year follow-up.

Conclusion :
UTROSCT is a rare uterine tumor with overlapping features with LGESS. Awareness of its distinctive morphology and immunoprofile is essential for accurate diagnosis. Complete surgical excision is the mainstay of treatment, and long-term follow-up is advised due to its uncertain malignant potential.

Abstract ID: MISC/CR/30

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Abstract Title:
A RARE CASE OF TWISTED LARGE LUTEAL CYST IN FIRST TRIMESTER OF PREGNANCY

Introduction :
Ovarian torsion refers to the partial or complete rotation of the ovarian pedicle, compromising vascular supply. It is rare in early pregnancy, with an incidence of about 1 in 5,000 pregnancies. The corpus luteum is critical during the first trimester for progesterone production until placental takeover at 10–12 weeks. Torsion of a corpus luteum cyst presents the dual challenge of preserving maternal ovarian function while maintaining early pregnancy.

Case Description :
Corpus luteum cysts are common in early pregnancy and usually regress spontaneously. Cysts larger than 5 cm are at risk of torsion, which may lead to acute pain, ovarian necrosis, and compromise of progesterone support for the ongoing pregnancy. In this case, early recognition and emergency laparotomy allowed for successful detorsion and cystectomy with ovarian preservation. As the corpus luteum was disrupted, postoperative progesterone support was initiated to maintain early gestation. Literature supports that prompt surgical intervention with ovarian conservation is safe and improves maternal and fetal outcomes in early pregnancy.

Conclusion :
Ovarian torsion in early pregnancy is a rare but critical emergency. High clinical suspicion, timely ultrasonography, and early surgical management are vital to preserve ovarian function and support pregnancy. Postoperative progesterone support is essential when the corpus luteum is surgically compromised.

Abstract ID: MISC/CR/31

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Abstract Title:
HUGE BILATERAL LUTEOMA IN EARLY PREGNANCY WITH MASSIVE HEMOPERITONEUM-A RARE CASE REPORT

Introduction :
Pregnancy luteoma is a rare, benign, tumor-like lesion of the ovary arising from luetinized stromal cells under the influence of beta-HCG. It is usually asymptomatic and regress spontaneously after delivery. Symptomatic presentation in early pregnancy with rupture and hemoperitoneum is extremely uncommon.

Case Description :
A 24 year old G2,P0+1 at 8 weeks pregnancy presented with acute abdominal pain and dizziness. On examination she was pale, hypotensive(BP 80/56 mmHg) with tachycardia(Pulse 122/min). Ultrasonography revealed a viable intrauterine pregnancy with bilateral multicystic complex adnexal masses(right -13*7 cm and left-8*6 cm) and massive hemoperitoneum. Blood parameters revealed-hemoglobin of 5.5g/dl, beta HCG of 17988 mIU/ml, CA 125 of 586U/ml. Emergency laprotomy revealed approximately 2.5litres of hemoperitoneum and bilateral enlarged hemmorhagic ovaries with left sided surface rupture. Ovarian conservation with bilateral wedge resection was performed and hemostasis was secured. Histopathology showed diffused leutinized stromal cells with hemmorhage confirming bilateral hemmorhagic luteoma. Postoperative recovery was uneventful. Pregnancy luteoma though benign, may mimic malignant ovarian tumours or ectopic pregnancy and can present with life threatening hemmorhage. Awareness of this rare entity is crucial to ensure timely diagnosis and proceed with conservative surgical management. Ovarian preservation is recommended as spontaneous regression occurs post partum.

Conclusion :
Bilateral hemmorhagic luteoma causing massive hemoperitoneum in early pregnacy is exceptionally rare. Prompt recognition and conservative surgical intervention can result in favourable obstetric outcome.

Abstract ID: MISC/CR/32

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Abstract Title:
HEMATOCOLPOS SECONDARY TO IMPERFORATE HYMEN IN AN ADOLESCENT GIRL CAUSING PRIMARY AMENORRHEA -A CASE REPORT

Introduction :
A 16-year-old girl presented to the gynaecology opd with lower abdominal pain and incomplete voiding of urine for one month.

Case Description :
Patient had been catheterized two days prior for acute urinary retention. There was no history of fever, dysuria, or increased urinary frequency. The patient had not attained menarche, and her secondary sexual characteristics were appropriate for age (tanner stage 5). On examination, she was thinly built with a bmi of 16.2 kg/m² and pallor was present. Abdominal examination revealed a soft, non-tender, 16-week-sized pelvic mass. Local genital examination showed a tense, bulging, bluish hymenal membrane suggestive of an imperforate hymen. Pelvic ultrasonography revealed hematocolpos measuring 6.38 × 10.1 cm with normal uterus and ovaries. Mri confirmed a large hyperintense fluid collection in the vaginal canal (6.8 × 7.1 × 13.3 cm) compressing the urinary bladder and ureters, causing mild bilateral hydroureteronephrosis. The uterus and cervix appeared normal. A diagnosis of primary amenorrhea due to vaginal outflow obstruction (imperforate hymen) was made. The patient underwent hymenectomy under anesthesia. A cruciate incision was made over the bulging hymen, draining approximately 250 ml of altered blood. Redundant hymenal tissue was excised and sutured with absorbable sutures. The postoperative period was uneventful, and she was discharged after three days with advice for follow-up during her subsequent menstrual cycle.

Conclusion :
Imperforate hymen, though rare, should be suspected in adolescent girls presenting with primary amenorrhea, cyclic abdominal pain, and urinary retention. Early diagnosis and prompt surgical correction result in excellent outcomes and prevent complications.

Abstract ID: MISC/CR/33

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Abstract Title:
CAUGHT MID-TWIST : THE ENIGMA OF PARTIAL UTERINE TORSION

Introduction :
Partial uterine torsion, defined as abnormal rotation of the uterus around its longitudinal axis, is a rare but potentially serious gynecological condition, most often associated with large leiomyomas. Owing to its nonspecific presentation, diagnosis is frequently delayed, and surgical exploration is usually required.

Case Description :
We report the case of a 37-year-old multiparous woman (P4L4), previously tubectomized, who presented with dull abdominal pain, a gradually enlarging abdominal mass, and white discharge per vagina since 4 months. On Examination uterus was 16–18-week. Ultrasonography demonstrated a large subserosal fibroid measuring 10.1 × 11.5 cm, and endometrial biopsy showed proliferative endometrium. Despite counselling for myomectomy and explaining the risks and complications associated with total abdominal hysterctectomy , patient and patient attenders insisted on continuing with latter procedure. She subsequently underwent laparotomy for a presumed leiomyoma. Intraoperatively, a 15 × 12 cm subserosal fibroid arising from the fundus was found to have caused approximately 180° uterine torsion. About 300 ml of mucinous ascitic fluid, bilateral hydrosalpinx, fimbrial cysts, and ovarian enlargement were noted. A total abdominal hysterectomy with bilateral salpingectomy was performed, and frozen section confirmed leiomyoma. The postoperative period was complicated by transient ileus on day 4, which resolved conservatively. The patient was discharged on day 11 in stable condition.

Conclusion :
This case emphasises the importance of considering partial uterine torsion as a differential diagnosis in women with abdominal pain and uterine enlargement, particularly in the presence of large fibroids. Early surgical recognition and timely intervention are crucial for favourable outcomes.

Abstract ID: MISC/CR/34

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Abstract Title:
WHEN A FIBROID DEMANDS A FILTER! A RARE INTERESTING CASE OF LARGE FIBROID CAUSING DEEP VENOUS THROMBOSIS TACKLED WITH IVC FILTER

Introduction :
Large uterine fibroids, though benign, may rarely result in life-threatening complications such as venous compression and deep vein thrombosis (DVT).

Case Description :
This case report discusses the management of a 40-year-old multiparous woman presenting with abnormal uterine bleeding for two years, severe anemia (Hb 3.8 g/dl) with history of multiple blood transfusions in the past and left lower limb DVT. She received multiple blood transfusions and was stabilized on oral anticoagulants. Imaging revealed an acute DVT secondary to mass effect from a large degenerative fibroid. A multidisciplinary team formulated a specialised management plan, including bridging anticoagulation, placement of an inferior vena cava (IVC) filter to prevent pulmonary embolism, and pulmonary optimization followed by hysterectomy. Total abdominal hysterectomy with bilateral salpingectomy confirmed a 15x10 cm intramural fibroid compressing left pelvic veins. Histopathological examination revealed a smooth muscle tumor of uncertain malignant potential (STUMP). The patient recovered well and was discharged on oral anticoagulant therapy. Given the diagnosis of STUMP, close long-term surveillance is planned to facilitate early detection of recurrence or metastasis.

Conclusion :
This case highlights the importance of early recognition of venous compromise in large symptomatic fibroids, proper anticoagulation,role of IVC filter in preventing life-threatening pulmonary embolism before, during, or after surgery, allowing discontinuation of anticoagulation in the peri-operative period so that surgery can be undertaken safely. The diagnostic value of histopathology in identifying STUMP, and the necessity of a coordinated multidisciplinary approach for optimal outcomes are crucial.

Abstract ID: MISC/CR/35

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Abstract Title:
CESAREAN SCAR ECTOPIC PREGNANCY & MEDICAL MANAGEMENT

Introduction :
Cesarean scar pregnancy (CSP) is a rare and potentially life-threatening form of ectopic pregnancy in which the gestational sac implants within the myometrium at the site of a previous cesarean section scar. The estimated incidence is approximately 1 in 2,000 normal pregnancies, and the frequency has increased with the global rise in cesarean deliveries. Early diagnosis and prompt management are crucial to prevent severe complications and preserve future fertility.

Case Description :
A 30-year-old female, gravida 2 para 1 live 1, with chief complaint amenorrhea of one and half months, and a history of one previous cesarean delivery, presented with a positive urine pregnancy test and was hemodynamically stable. Ultrasonography (TVS) revealed a single live gestational sac period of gestation 6 weeks + 5 days implanted in the anterior lower uterine segment at the site of the previous cesarean scar, with thinning of the overlying myometrium. Investigations including Complete Blood Count (CBC), Prothrombin Time (PT), International Normalized Ratio (INR), Liver function test (LFT) and Kidney Function Test (KFT) were sent. The patient was managed medically using systemic methotrexate administered on days 1, 3, and 5, with leucovorin rescue. Serial β-hCG monitoring demonstrated a steady decline from 12,087 mIU/mL to 4,503 mIU/mL, and subsequent weekly follow-up showed progressive reduction until the level dropped below 50 mIU/mL, confirming successful medical resolution.

Conclusion :
Cesarean scar pregnancy represents a diagnostic and therapeutic challenge due to its potential for uterine rupture and massive hemorrhage. Early diagnosis through appropriate imaging and timely medical management are essential to reduce maternal morbidity

Abstract ID: MISC/CR/36

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Abstract Title:
A RARE CASE OF UNEVENTFUL PREGNANCY IN A CASE OF ATYPICAL COGAN SYNDROME

Introduction :
Cogan Syndrome is a multisystem autoimmune disease affecting ocular and audiovascular system with unknown pathogenesis.It is classified as Typical and Atypical. Typical Cogan is characterized by - Non syphilitic interstitial keratitis and Vestibular association similar to Meniere disease. Atypical cogan is characterized by other types of ocular involvement except Keratitis and audiovascular symptoms that do not resemble Meniere disease. Systemic features are more common in Atypical Cogan Syndrome.

Case Description :
28 year old Primigravida with atypical cogan syndrome presented to our opd at 31 weeks of gestation. Patient was diagnosed as a case of Atypical Cogan Syndrome in 2024 I/v/o uveitis,b/l sensorineural hearing loss and aortitis. Patient was on treatment with steroids and Azathioprine. During pregnancy,there was improvement with the vestibulocochlear symptoms. Apart from this,the pregnancy was uneventful. Patient underwent Emergency LSCS on 12/8/25 I/v/o History of Vitreo retinal surgery and delivered a female child with birth weight of 2.63 kgs with Apgar of 8/9. Postop period was uneventful. Patient was discharged with baby on 5th postop day. Histopathological report of placenta revealed significant Chorangiosis in multiple sections.

Conclusion :
Due to rarity of disease, it is difficult to assess course of disease during pregnancy and it's possible effects on pregnancy outcomes. Our case reported subjective improvement in her baseline auditory symptoms, which was confirmed by Audiometry and no effect on ocular symptoms.

Abstract ID: MISC/CR/37

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Abstract Title:
SUCCESSFUL TERM PREGNANCY IN WOMEN WITH BICORPOREAL SEPTATE UTERUS : CASE REPORT

Introduction :
Congenital malformation of the female genital tract are defined as deviations from normal anatomy resulting from embryological maldevelopment of the Mullerian or paramesonephric ducts . Depending on the type and the degree of anatomical distortion ,they are associated with health and reproductive problems .

Case Description :
A 21 year old Primigravida presented to us at 37+3 weeks of gestation with complain of draining liquor per vagina and on and off labour pain . Abdominal examination was suggestive of breech presentation with mild uterine contractions.On vaginal examination,a longitudinal non-obstructing vaginal septum in the middle was noted . active leaking of clear liquor was noted from right external os, and the right cervix was 2 cm dilated .

Conclusion :
Complete septate uterus has the worst reproductive and pregnancy outcomes compared with another malformation uterus .Our patient had an uneventful pregnancy up to term except for SFD baby .while malpresentation is a proven complication of uterine anomaly .

Abstract ID: MISC/CR/38

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Abstract Title:
SPONTANEOUS BILATERAL TUBAL ECTOPIC PREGNANCY

Introduction :
Ectopic pregnancy remains a significant cause of first trimester maternal morbidity and mortality.Bilateral tubal ectopic pregnancy is an exceptionally rare event.spontaneous bilateral tubal ectopic pregnancy poses a diagnostic and management challenges due to its rarity and are generally diagnosed intraoperatively.

Case Description :
A 29 years old G3P2L2 women presented with acute abdomen following 2 months of amenorrhea in our emergency department.clinical and sonographic evaluation suggested bilateral adnexal masses with hemoperitoneum.Emergency laparotomy was performed.

Conclusion :
Spontaneous bilateral tubal ectopic pregnancy are rare occurrence but its possibility should be kept in mind .In suspected cases of ectopic pregnancy while doing ultrasonography sides should be carefully examined to rule out the possibility of bilateral tubal ectopic and similar tale of caution should be employed intraoperatively to exclude it .

Abstract ID: MISC/CR/39

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Abstract Title:
CHRONIC INTERSTITIAL ECTOPIC PREGNANCY WITH ATYPICAL PRESENTATION- A DIAGNOSTIC DILEMMA.

Introduction :
Chronic ectopic pregnancy poses diagnostic challenge owing to unreliability of the biochemical markers and imaging modality. While incidence of interstitial pregnancy is as low as 4%, chronic interstitial ectopic pregnancy(CIEP) is a rarity in itself, which increases the diagnostic dilemma and thus management due to its varied and atypical presentation which delays management and increases the risks of complications.

Case Description :
A 35 year old female G4P0+3L0 presented to OPD with history of bleeding on and off since 3 months post D&C in view of initial diagnosis of partial mole, but no tissue was obtained. On examination the uterus was bulky and imaging showed a heterogeneous mass with multicystic spaces along with high vascularity, found towards the right cornua of the uterus with myometrial invasion; suggesting an invasive mole or arteriovenous malformation (AVM), or retained product of conceptus (RPOCs). Her beta HCG was 491mIU/ml (in falling trend), ruling out molar pregnancy. Hysteroscopy was performed, which ruled out RPOCs and AVM. Based on falling beta HCG titre, she was initially kept on expectant management but due to recurrent bleeding episodes, laparoscopic exploration was performed, which was suggestive of right CIEP, confirmed on histopathology.

Conclusion :
Chronic interstitial ectopic pregnancy is very challenging to diagnose due to it’s similarity with features of AVM and molar pregnancy. Proper clinical evaluation, imaging and serial B HCG monitoring along with surgical & pathological correlation are essential for proper diagnosis and management thus preventing morbidity.

Abstract ID: MISC/CR/40

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Abstract Title:
INTACT NON-COMMUNICATING RUDIMENTARY HORN PREGNANCY: DIAGNOSTIC CHALLENGE AND MANAGEMENT

Introduction :
Congenital uterine anomalies result from embryological maldevelopment of the paramesonephric ducts and can have adverse reproductive outcomes. Incidence of Rudimentary horn pregnancy (RHP) is rare, estimated at 1:76,000-1:160,000 pregnancies. Around 80-90% of RHP result in uterine rupture by 2nd trimester which is a life-threatening condition leading to emergency laparotomy and not an elective procedure. Small number of electively operated cases have been documented as case reports, not large-scale studies.

Case Description :
A 29-year-old female, G2P1L1, previous breech vaginal delivery, presented to gynecology emergency at 21+1 weeks with ultrasound report of intraperitoneal pregnancy and fetal demise. On examination, patient was vitally stable, on per abdomen examination a 16 weeks gravid uterine mass was felt with no guarding, rigidity or tenderness. Patient was admitted and all routine investigations were done. Her 1st trimester usg showed intrauterine pregnancy at 10weeks+5 days. MRI was done which showed extrauterine pregnancy, gestational sac with fetus with no cardiac activity seen abutting anterior surface of uterine body and displacing the uterus posterolaterally towards right, with no communication to endometrial cavity. As patient was vitally stable elective laparotomy was done. Intraoperatively, a diagnosis of bicornuate uterus with pregnancy in noncommunicating left uterine horn was found with fetal demise. Left horn excision with fetus in situ along with ipsilateral salpingectomy was done. Patient was discharged vitally stable on post-op day 5.

Conclusion :
Inspite of major advancement in field of diagnostic ultrasound and other imaging modalities, prenatal diagnosis is still a diagnostic challenge and a laparotomy surgery is considered as a definitive diagnosis.

Abstract ID: MISC/CR/41

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Abstract Title:
CASE REPORT OF TWIN PREGNANCY OF PARTIAL HYDATIDIFORM MOLE CO-EXISTING WITH A NORMAL FETUS.

Introduction :
A twin pregnancy involving a partial hydatidiform mole co-existing with a normal fetus is a rare and complex obstetric condition with an incidence of 0.005% - 0.01% of all pregnancies. It poses significant challenges in diagnosis, clinical management, and counseling due to risks such as miscarriage, preterm labor, and persistent trophoblastic disease.

Case Description :
A 35 years old G3P2L2 with previous normal deliveries was referred to our hospital at 34 weeks as a case of twin pregnancy and pre-eclampsia. She had headache, epigastric pain, bilateral leg swelling & decreased fetal movement for two days. Her previous pregnancies were uneventful with no prior history of hypertensive diseases in pregnancy or hyperthyroidism reported. Ultrasound findings showed honeycomb like exho suggestive of a molar pregnancy with a co- existing normal fetus.

Conclusion :
Twin pregnancies with a partial hydatidiform mole and normal fetus require individualized management balancing maternal safety and fetal viability. Multidisciplinary care, vigilant monitoring, and thorough patient counseling are critical to optimize outcomes. Although rare, the occurrence of a twin pregnancy with hydatidiform mole, priority should be given to ensure maternal safety as there are grave maternal consequences. Hence underscoring the need for early detection, proactive management and regular postpartum B-HCG level monitoring to prevent its recurrence or progression to gestation trophoblastic neoplasia in affected women.

Abstract ID: MISC/CR/42

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Abstract Title:
PORTAL HYPERTENSION WITH PREGNANCY

Introduction :
Portal hypertension (PH) is characterized by a portal pressure exceeding 5 mmHg, becoming clinically significant above 12 mmHg. Its occurrence during pregnancy is rare, with an estimated incidence of 1 in 5950 pregnancies. The physiological changes of pregnancy can exacerbate portal pressure, increasing the risk of variceal bleeding and maternal mortality.

Case Description :
A 26-year-old multigravida unbooked case (G5P4L1) with 7 months of amenorrhea and chronic abdominal pain. On general examination , icterus, pedal edema, and ascites present . Per- abdominal examination revealed dilated abdominal veins, moderate splenomegaly, and a 26-week gravid uterus. Laboratory findings showed dimorphic anemia (Hb 7.6 g/dL), deranged liver function tests, and normal renal function. Viral and infective markers were negative. Ultrasound suggested chronic liver disease and portal hypertension with splenomegaly. The patient was managed conservatively with intravenous iron sucrose and oral ursodeoxycholic acid . She delivered spontaneously at 32 weeks and 5 days, a 2 kg female baby who required NICU care and recovered well. No intrapartum or postpartum complications occurred.

Conclusion :
Pregnancy with portal hypertension poses significant risks, from variceal hemorrhage and hepatic decompensation. Early diagnosis, regular antenatal surveillance, anemia correction, and multidisciplinary management involving obstetricians, hepatologists, anesthesiologists, and neonatologists are essential . Successful pregnancy outcomes are achievable in women with portal hypertension through vigilant monitoring, multidisciplinary collaboration, and timely intervention.

Abstract ID: MISC/CR/43

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Abstract Title:
SUCCESSFUL PREGNANCY OUTCOME IN A PATIENT WITH ACHONDROPLASIA; A RARE CASE REPORT AND REVIEW OF OBSTETRIC CHALLENGES.

Introduction :
Dwarfism is defined as an adult height below 148 cm and includes genetic skeletal disorders that may cause proportionate or disproportionate short stature. Achondroplasia, the most common form of disproportionate dwarfism, occurs in about 1 in 20,000 live births and results from an autosomal dominant mutation in the FGFR3 gene. Women with disproportionate dwarfism and preserved trunk and organ proportions have better chances of successful pregnancy outcomes. However, due to its rarity and associated risks such as fetal skeletal dysplasia, preterm delivery, and complications during cesarean section, pregnancy in women with achondroplasia remains a complex and high-risk condition.

Case Description :
Our case presents a 22 yr old primigravida with achondroplasia (height 113.5 cm) with GDM. Her partner was also achondroplastic (ht-130cm). She was referred to our centre for fetal skeletal dysplasia and early signs of fetoplacental insufficiency at 31-32 weeks of gestation. Repeat ultrasound at our centre suggests micromelia and polyhydramnios (AFI 18-19 cm) and no fetoplacental insufficiency. The blood sugar levels were controlled on diet and oral hypoglycemic agents (HbA1c- 4.4). Opinion was taken from anaesthesia, medicine, endocrinology and pediatrics department then elective caesarean section was planned at 38 weeks of gestation under spinal anaesthesia. A full term female baby of 2.5 KG was delivered with APGAR of 7-8 with achondroplasia.

Conclusion :
Achondroplasia increases maternal and fetal complications due to reduced capacity to respond to physiological demands of pregnancy. It requires prenatal counseling, proper evaluation of risks and multidisciplinary team management by anaesthesia, obstetrics and neonatology departments.

Abstract ID: MISC/CR/44

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Abstract Title:
PERIPARTUM CARDIOMYOPATHY- A NEAR MISS EVENT

Introduction :
Peripartum cardiomyopathy (PPCM) is a rare, potentially life-threatening cause of heart failure occurring in the last month of pregnancy or within five months postpartum in previously healthy women. It represents a non-ischemic dilated cardiomyopathy unique to pregnancy. The exact etiology remains uncertain, though proposed mechanisms include angiogenic imbalance, altered prolactin metabolism, nutritional deficiencies, and inflammatory or immune responses. Hypertensive disorders like pre-eclampsia often coexist and worsen the prognosis.

Case Description :
A 34-year-old unbooked gravida 7 para 6 at 40 weeks presented with acute breathlessness, pedal edema, and cough for one day. On examination, she was conscious but in distress, with BP 180/120 mmHg, PR 130 bpm, SpO_2 90%, and RR 35/min. Pallor, anasarca, and bilateral crepitations were noted. Investigations revealed Hb 7.8 g/dl, respiratory alkalosis, pulmonary edema with cardiomegaly on chest X-ray, sinus tachycardia on ECG, and 2D echocardiography showing LVEF ~40%. A diagnosis of peripartum cardiomyopathy with pre- eclampsia and moderate anemia was made. She delivered vaginally and was managed with oxygen, diuretics, labetalol, blood transfusion, and later with beta-blockers, calcium channel blockers, ARNI, and anticoagulants. The patient improved with supportive management.

Conclusion :
PPCM remains a diagnostic and therapeutic challenge due to its unpredictable onset and variable course. Early recognition, prompt multidisciplinary management, and close hemodynamic monitoring can prevent catastrophic maternal outcomes. Increased awareness and routine postpartum surveillance are vital to reduce morbidity and mortality.

Abstract ID: MISC/CR/45

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Abstract Title:
BULLOUS PEMPHIGOID IN PREGNANCY

Introduction :
Pemphigoid gestationis (pg), is a rare, self-limiting, autoimmune subepidermal bullous dermatosis of pregnancy .It typically presents during the third trimester, though it may occur during any trimester or the postpartum period, with inflammatory skin lesions and severe pruritus.The skin lesions commonly begin in the umbilical area and spread across the abdomen to the extremities.

Case Description :
A 33 year old ,G 4P 3L3 with 37weeks 6 Days Period of Gestation by First trimester scan admitted with complaints of pain in lower abdomen since 3 days. Postpartum day one, painfull multiple tense blisters with erythematous base with clear fluid present all over the Right Lower Limb. USG arterial and venous colour Doppler showed no significant abnormality. Blister fluid culture sensitivity showed no growth Excision Tissue biopsy sent for HPE Microscopic Examination– showed subepidermal blister with peri vascular mixed inflammatory infiltrate comprising of eosinophils, lymphocytes and few neutrophils in the dermis. Blisters cavity showed few eosinophils along with lymphocytes and neutrophils. Impression – BULLOUS PEMPHIGOID IM/E - Linear deposition of complement along the dermoepidermal junction. After biopsy report treatment advised was Tab Deflazacort 12mg AND Fusidic Cream and clobetaslol cream for local application BD. Patient improved with treatment.

Conclusion :
PG is a rare disease that typically does not pose a significant health burden. The disease usually responds well to treatment with topical steroids and antihistamines. An interprofessional approach between obstetric and dermatologic clinicians is required to ensure diagnosis and management

Abstract ID: MISC/CR/46

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Abstract Title:
A RARE CASE REPORT ON MANAGEMENT OF SCAR ECTOPIC PREGNANCY

Introduction :
Lipomas are common benign mesenchymal tumours composed of mature adipose tissue and are among the most common soft tissue tumours, but their occurrence in the broad ligament is extremely rare.The broad ligament a double fold of peritoneum extending from the lateral aspect of uterus to the pelvic wall, can rise to a variety of neoplasms of mesenchymal or epithelial, but lipomatous tumours in this site are exceptional.This poster shows how lipomas may mimic abdominal ,ovarian or uterine masses clinically and radiologically, posing diagnostic challenges. Awareness of this rare entity is important for accurate preoperative assessment and appropriate surgical approach.

Case Description :
A 54 year old Mrs.X postmenopausal women , presented with complaint of abdominal distension since 6 months.On per abdomen examination, a mass about 15×15 cm with smooth surface, irregular borders and doughy in consistency is felt occupying left and right lumbar and umbilical region. Ultrasound and CECT abdomen were done which showed a large lipoleiomyoma of the uterus measuring 19x10x16cms with interspersed fat and myomatous tissue causing mass effect on adjacent structures deriving vascularity with pedicle arising from right lateral fundus of uterus.She was then posted for Total abdominal hysterectomy with Bilateral salpingo oophorectomy and specimen sent for histopathological examination. Post operative period was uneventful. Histopathological report showed features suggestive of lipoleiomyoma.

Conclusion :
Broad ligament lipoleiomyomas are extrememly rare and mostly diagnosis is made only after surgery and histopathological examination.

Abstract ID: MISC/CR/47

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Abstract Title:
COMBINED PROTEIN C AND PROTEIN S DEFICIENCY AND CEREBRAL VENOUS THROMBOSIS HISTORY: A RARE SUCESSFUL PREGNANCY OUTCOME - CASE REPORT

Introduction :
Combined protein C and S deficiency has infertility problems, risk of venous thromboembolism, miscarriage, fetal demise, fetal growth restriction, pre-eclampsia.

Case Description :
A 23year old female patient married since 3 years came with complaints of primary infertility, trying to conceive since 2 years. She was a known case of combined protein C and S deficiency [protein C- 44% (normal- 70-140%), protein S- 43% (normal-74%-146%), antithrombin III – normal, factor v Leiden- no mutation] with history of CVT at the age of 18 years was on anticoagulants for 1 year and then stopped. MRI brain done 1 year later was normal. She was started on pre-conception folic acid and tab ecosprin 150mg OD for 2months. Conceived with Ovulation induction with letrozole and started on Injection LMWH 40mg at 6 weeks once heart beat appeared and was on progesterone supplements. NT scan and anomaly scan showed no abnormalities. Diagnosed as GDM at 24 weeks and started on Tab Glycomet SR 500mg BD. Tab ecosprin stopped at 36 weeks and heparin continued. Patient went to spontaneous labour at 37 weeks. Emergency caesarean done in view of meconium stained liquor in early labour. Male child weighing 2.77kg was born and doing well. Postoperative period was uneventful and sugars are normal. Injection LMWH restarted 12 hours after caesarean section and continued till 6 weeks.

Conclusion :
Patients with combined deficiency of protein C and S, the risk of thrombosis is high and occurs in early life. Thromboprophylaxis is an important part of management of pregnant women with inherited

Abstract ID: MISC/CR/48

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Abstract Title:
STUDY OF ANXIETY AND DEPRESSION IN ANTENATAL AND POST NATAL WOMEN IN A TERTIARY CARE HOSPITAL, A CROSS SECTIONAL STUDY.

Introduction :
Introduction: Pregnancy and the postpartum period are very vulnerable periods in the life of a women, often associated with increased psychological stress, leading to anxiety and depression. These mental health issues not only impact maternal well-being but are also linked to adverse obstetric and neonatal outcomes. Despite their prevalence, perinatal mental disorders remain under-recognized and undertreated in clinical practice. Materials and Methods: This hospital-based cross-sectional study was conducted over 18 months in the Department of Obstetrics and Gynaecology at The Oxford Medical College, Bengaluru. A total of 50 antenatal and postnatal women were recruited using convenient sampling method. After obtaining ethical clearance and informed consent, participants were assessed using the Hamilton Depression Rating Scale (HAM-D) and Hamilton Anxiety Rating Scale (HAM-A).

Case Description :
Based on HAM-D and HAM-A scores, 24% of women had depression and 22% suffered from anxiety. Postnatal women showed slightly higher depressive symptoms, though not statistically significant ($p>0.05$). Anxiety levels were similar between antenatal and postnatal women ($p>0.05$). If the baby was admitted to NICU, the postnatal women had a statistically significant higher rate of depression and anxiety (16.7%), compared to other postnatal women (10.5%).

Conclusion :
Conclusion: Maternal depression and anxiety were relatively common occurrences, affecting about one-fourth of the participants. A significant risk factor was the NICU admission of the neonate. Similar findings have also been reported in other Indian studies. Early identification and emotional support for mothers can help improve both maternal and neonatal health.

Abstract ID: MISC/CR/49

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Abstract Title:
METHOTREXATE AS AN ADJUNCT TO EXPECTANT MANAGEMENT IN PLACENTA ACCRETA SPECTRUM

Introduction :
Placenta accreta spectrum (PAS) disorders involve abnormal placental invasion into the myometrium, resulting in incomplete separation at delivery and life-threatening postpartum hemorrhage. Hysterectomy has long been the definitive treatment. However, methotrexate (MTX),a folate antagonist is increasingly used as an adjuvant in non-surgical management for women desiring future fertility.

Case Description :
A 26-year-old G2P1 woman, 19 weeks pregnant woman, presented with a Level II scan showing an 18-week 4-day live fetus with placenta in the lower segment and fetal ventriculomegaly, and myelomeningocele. After counseling regarding the congenital anomalies, she opted for medical termination of pregnancy. Mifepristone 400 µg was administered, followed by misoprostol 100 µg vaginally every 4–6 hours (two doses). She expelled a live female fetus with meningocele, but the placenta was retained for over an hour despite good uterine contraction and no bleeding. Doppler ultrasound suggested placenta increta ,later confirmed by MRI. Considering her wish for future fertility, conservative management with intramuscular methotrexate (1 mg/m² weekly for two doses) was initiated. Weekly follow-up with ultrasound and serum β-hCG was done. She experienced one episode of heavy bleeding after the second dose but remained stable. One month later, ultrasound and β-hCG (<3 mIU/ml) confirmed resolution of placenta increta.

Conclusion :
Methotrexate offers a promising adjuvant role in conservative, uterus-sparing management of placenta accreta spectrum, with success in selected stable cases through trophoblastic cytotoxicity.

Abstract ID: MISC/CR/50

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Abstract Title:
UTERINE DEHISCENCE MASQUERADING AS BLADDER FLAP HAEMATOMA: A POST-CAESAREAN COMPLICATION

Introduction :
Uterine Scar Dehiscence(USD)masquerading as Bladder Flap Haematoma(BFH)is a rare but serious post caesarean complication. USD-A partial or complete separation of the uterine scar from a previous caesarean section. BFH-Formation of collection of blood between the bladder and the lower uterine segment.While small hematomas may be asymptomatic,large ones can cause lower abdominal pain,anaemia and signs of infection and may require conservative medical management,surgical drainage or other interventional treatments like pelvic artery embolization.

Case Description :
A 24 year old female G3P2L1D1 with 7MOA with PPROM with severe oligohydramnios with prev 2 lscs with moderate anaemia came with c/o pain lower abdomen,shortness of breath and got admitted in ICU on ventilator support.Emergency lscs was performed for fetal indication.Patient was shifted under medicine care in ICU from where she was discharged uneventfully.After 1 month patient readmitted for febrile illness.Fever workup was negative.USG showed post partum uterus with intrauterine and BFH(22x17mm)collection(81x32mm)seen ant to uterus indenting post wall of bladder f/b CT s/o uterine perforation(16mm)through lscs scar with endometrial hematoma(45x26mm)and BFH(40x30mm).MRI was also done which s/o uterine perforation(23x15mm)through lscs scar with endometrial hematoma(44x35mm)and BFH(70x24x23mm).After failed conservative management,Exploratory laprotomy f/b subtotal hysterectomy done due to necrosed stitch line, and dense adhesions between bladder and uterus.HPR shows chronic granulomatous endometririts ?Tubercular,for which AKT started.Patient was afebrile post surgery.Patient discharged in good condition.

Conclusion :
Uterine dehiscence presenting as BFH is a life threatening complication that can occur even 1 month after a caesarean section.Prompt recognition and management are crucial to prevent severe maternal morbidity or mortality and resolve conservatively or by surgeries.

Abstract ID: MISC/CR/51

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Abstract Title:
A CASE REPORT ON UNRUPTURED ECTOPIC PRREGNACY IN RUDIMENTARY HORN OF UNICORNUATE UTERUS

Introduction :
Unicornuate uterus with a rudimentary horn is type 2 of mullerian duct anomalies. The incidence of pregnancy occurring in a rudimentary horn of unicornuate uterus is very rare ranging from 1 in 76,000 to 160,000 pregnancies, and associated with life threatening complications.

Case Description :
A 23-year-old nulliparous female, married for 5 months,with rh negative pregnancy presented to the emergency with 8weeks of amenorrhea with acute pain abdomen.On examination,blood pressure (BP) 110/70 mm of Hg, heart rate (HR) 92 bpm and body temperature of 37’c, her abdomen was soft with tenderness over the left lower pelvic quadrant. On vaginal examination, the single cervical os was closed, with no vaginal bleeding. Her transvaginal and transabdominal sonography was done which showed an empty uterus with decidual reaction in endometrium. There was a well-defined gestational sac which contained a viable embryo of 8 weeks according to CRL with cardiac activity in the left adnexal region.There was no free fluid in the peritoneal cavity, and no visual communication between the gestational sac and cervical canal ,leading to a presumptive diagnosis of a left rudimentary horn pregnancy.Her hb 12g/dl,b hcg >12k miu/ml.After taking consent Em Laprotomy was performed,fallopian tubes and ovaries were normal, a hemi-uterus with left rudimentary non-ruptured pregnancy was found. we removed the rudimentary horn with ipsilateral salpingectomy and the left ovary was preserved.patient was haemodynamically stable after surgery.Histopathology confirmed a rudimentary horn pregnancy.

Conclusion :
Pregnancy in a rudimentary uterine horn is an extremely rare condition, requiring a precise diagnosis and urgent intervention to prevent its complications.

Abstract ID: MISC/CR/52

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Abstract Title:
A RARE CASE REPORT ON CASCADE OF OBSTETRICS COMPLICATIONS FROM PLACENTA PREVIA TO POSTPARTUM STROKE : MULTIDISCIPLINARY SUCCESS STORY

Introduction :
Introduction: Placenta previa affects about 0.3–0.5% of pregnancies and remains a leading cause of postpartum hemorrhage (PPH), which occurs in 4–6% of deliveries and accounts for nearly one-fourth of maternal deaths worldwide [1,2]. Postpartum stroke is an uncommon but devastating event, seen in about 30–34 per 100,000 deliveries [3]. We describe a rare case of postpartum ischemic stroke following placenta previa with massive PPH, where timely multidisciplinary care led to a remarkable recovery.

Case Description :
Case Description: A 29-year-old G2P1L1 (previous LSCS) at 36 weeks with placenta previa, moderate anemia, hypothyroidism, and gestational pruritus (BA 16) presented with bleeding per vaginum. She remained stable until labour pain began, prompting an emergency cesarean section. Intraoperatively, focal placental adherence and atonic PPH occurred, managed with uterotonics, stepwise devascularization with B-Lynch sutures, and bilateral uterine artery ligation. She required multiple transfusions and intensive care. Within 24 hours, she developed two seizures and left-sided weakness. MRI brain showed changes consistent with an acute ischemic insult or post-ictal state. With anticonvulsants, mannitol, and physiotherapy, she gradually regained full neurological function within two weeks.

Conclusion :
Conclusion: This case illustrates how a life-threatening sequence of complications—from placenta previa to PPH and stroke—can end positively with early recognition, prompt imaging, and coordinated multidisciplinary management. References: 1. Jauniaux E, Chantraine F, Silver RM, Langhoff-Roos J; FIGO Placenta Accreta Diagnosis and Management Expert Consensus Panel. FIGO classification for the clinical diagnosis of placenta previa and placenta accreta spectrum disorders. Int J Gynaecol Obstet. 2019;146(1):20–24. 2. Say L, Chou D, Gemmill A, et al.

Abstract ID: MISC/CR/53

Presenter's Name: Dr. Divya Pandurang Naik

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Abstract Title:
A CASE OF MRKH TYPE 2 SYNDROME WITH PELVIC MASS-A RARE CLINICAL ENTITY

Introduction :
MRKH Type 2 is a congenital anomaly characterized by agenesis or hypoplasia of the uterus and upper two-third of the vagina in females with normal secondary sexual characteristics and 46,XX karyotype. It includes renal, skeletal, and occasionally cardiac anomalies.

Case Description :
A 50 year old female presented with primary amenorrhea and gradual abdominal distension over 3 years. Clinical examination showed normal breast and pubic hair development with a blind-ending vaginal pouch. Pelvic ultrasonography and MRI revealed absent uterus, rudimentary Müllerian structures, and a left sided complex adnexal mass. Renal imaging demonstrated hypoplastic left kidney, confirming MRKH Type II. On laparotomy, a adnexal mass measuring 10x6x7 cm was identified and excised. Histopathological examination confirmed leiomyoma.

Conclusion :
Pelvic mass in MRKH Type II is uncommon but clinically significant. Awareness of this presentation facilitates timely diagnosis, appropriate surgical planning, and holistic care, including psychological and reproductive counseling.

Abstract ID: MISC/CR/54

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Abstract Title:
THE INSIDE-OUT EMERGENCY: RECOGNIZING UTERINE INVERSION IN TIME,SAVING MOTHERS LIFE

Introduction :
Uterine inversion is rare but one of the most serious complications of child birth. It refers to the collapse of the fundus into the uterine cavity. Although rare, incidences ranging from 1:2,000 to 1: 23,000 deliveries. The two most commonly proposed aetiologies include excessive umbilical cord traction with placenta attached to the fundus and fundal pressure in the setting of a relaxed uterus.

Case Description :
Here is a patient Mrs. X aged about 27 years P1L1A1 with postpartum hemorrhage for 2 hours, delivered outside and got referred to our hospital. On admission Patient drowsy, BP not recordable, PR- 150bpm, extremely pale, No investigations available. Per vaginal examination done and diagnosed uterine inversion. Bed side USG confirmed the diagnosis. Patient shifted to OT for uterine repositioning, started on noradrenaline and massive blood transfusion. Uterine repositioning and bilateral cervical tear suturing done. Bakri balloon tamponade placed intrauterine. Patient shifted to ICU for further management. Patient recovered and discharged on post procedure day 6 with Hb of 11.2gm/dl.

Conclusion :
Uterine inversion is rare but a life- threatening complication of vaginal delivery. It is important to promptly recognise and manage uterine inversion to avoid maternal morbidity and mortality. Uterine inversion is also a preventable complication of pregnancy.

Abstract ID: MISC/CR/55

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Abstract Title:
VAN WYK GRUMBACH SYNDROME A RARE MANIFESTATION OF LONG-STANDING JUVELINE HYPOTHYROIDISM

Introduction :
Van Wyk–Grumbach Syndrome (VWGS) is a rare endocrine disorder resulting from long-standing untreated hypothyroidism in children. It is characterized by the triad of isosexual precocious puberty, delayed bone age, and growth retardation. The underlying pathophysiology involves excessive thyroid-stimulating hormone (TSH) stimulating follicle-stimulating hormone (FSH) receptors, leading to gonadal activation and pseudoprecocious puberty.

Case Description :
A 19 yr old short statured obese nulliparous female with known case of hypothyroidism with non compliance to medication presented with right iliac fossa pain and vomiting for 1 day.ultrasonography revealed bilateral enlarged multicystic ovaries with torsion right ovary.Investigatons showed TSH -415 IU/L, FT3- 2.5 pmol/l, FT4- 1.66Apmol/l.xray wrist showed delayed bone age. Patient was taken for laparotomy and Right ovary detorsion and bilateral cystectomy done and started on levothyroxine.post operative period was uneventful and patient was discharged satisfactorily on POD -8.And upon Follow up , she had normal sized ovaries, regular menstruation and thyroid profile was within normal limits.

Conclusion :
Van Wyk–Grumbach Syndrome should be considered in children presenting with precocious puberty and growth retardation, as early diagnosis can prevent unnecessary surgical interventions and promote normal growth and develoment.levothyroxine supplementation remains the key to treatment

Abstract ID: MISC/CR/56

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Country: India

Abstract Title:
NEUROCYSTICERCOSIS: MASQUERADING AS ECLAMPSIA: A CASE REPORT

Introduction :
Neurocysticercosis is a parasitic infection of the central nervous system caused by the larval stage of Taenia solium (pork tapeworm), resulting from ingestion of its egg. Eclampsia is a neurological manifestation of hypertensive disorders of pregnancy presenting as seizures. Neurocysticercosis presenting first time in pregnancy can be confused with eclampsia.

Case Description :
A 26-year-old primigravida at 35 weeks of gestation presented to emergency room with history of an episode of seizure in the morning preceded by headache and emesis. On presentation, the blood pressure was recorded to be 130/90 mmHg. Keeping a provisional diagnosis of eclampsia in mind, the patient was administered loading dose of magnesium sulphate. Her complete blood counts, coagulation profile, liver and renal function tests, urine analysis and fundus examination were normal. In view of atypical presentation of seizure like activity with chewing movements MRI was done it revealed multiple lesions with perilesional oedema in frontal and parietal lobes suggestive of Neurocysticercosis. Patient was treated with Anti-convulsant and steroids till term and emergency caesarean section performed due to fetal distress and delivered healthy baby. Postpartum Albendazole given.

Conclusion :
Neurocysticercosis should be considered as a differential diagnosis in patients presenting with seizures for the first time in pregnancy. All patients diagnosed as eclampsia clinically with atypical features should undergo neuroimaging.

Abstract ID: MISC/CR/57

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Abstract Title:
CHRONIC UTERINE INVERSION IN 32 YEARS WOMEN

Introduction :
Uterine inversion is rare gynaecological condition.It is a condition where uterus is turned inside out partially or totally with fundus of uterus to the cervix or through the cervix. It is usually related to obstetrical complication

Case Description :
Patient was 32 years,P2L1,came in our hospital with the complaint of a mass in her vagina of six month of duration. She had two full term vaginal delivery, last delivery being 9 years ago, Both deliveries was at health facility and uneventful. For last 6 month she is having a feeling of something coming down from vagina. Also complaining of intermenstrual bleeding and post coital bleeding for last 6 month. She had no other medical comorbidity. Per speculum: there was 3*4 cm pinkish mass per vagina which is about 3cm above the hymenal ring. Per vaginum: uterine fundus not palpable, mass is felt through os. Os completely not felt and sides are obstructed. Imging studies were inconclusive.Differential diagnosis was? endometrial polyp/ uterine inversion/myoma.Diagnostic laparoscopy was done to rule out uterine inversion. After confirming diagnosis proceed for laparotomy. Haultein's procedure was done, post operative period was uneventful and discharged in stable condition.

Conclusion :
Nonpuerperal uterine inversion is rare condition. Its diagnosis is difficult to diagnose. So it should be kept in possibility whenever mass is felt through vagina or cervix. Thus quality of life of women can increase by early diagnosis and treatment.

Abstract ID: MISC/CR/58

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Abstract Title:
CYSTIC DEGENERATION OF BROAD LIGAMENT FIBROID MIMICKING AN OVARIAN CYST: A DIAGNOSTIC CHALLENGE

Introduction :
Uterine fibroids (leiomyoma) are the most common benign uterine tumors in women of reproductive age. As they enlarge and outgrow their blood supply they may undergo degenerative changes such as hyaline, red, calcific, or cystic. Cystic degeneration, an uncommon subtype seen in about 4% of fibroids, can mimic ovarian cysts or other adnexal pathologies, creating diagnostic uncertainty.

Case Description :
A 47-year-old multiparous woman presented with lower abdominal pain and progressive abdominal distension for three months. On examination a firm-to-cystic, non-tender, mobile pelvic mass extending up to the umbilicus noted. Ultrasonography revealed multiple fibroid uterus with a large cystic adnexal mass, left ovary not separately visualised, suggestive of an ovarian cyst. MRI pelvis demonstrated a well-circumscribed lesion measuring 17 × 11 × 5 cm with predominantly cystic areas in the pelvis extending to the abdominal region suggestive of broad ligament fibroid. With the working diagnosis of broad ligament fibroid and differential diagnosis of ovarian mass, the patient was taken for laparotomy . On exploratory laparotomy, a large broad ligament fibroid was identified with its attachment to the left lateral uterine wall, confirming its uterine origin. Both ovaries were normal. She underwent total abdominal hysterectomy with salpingo- oophorectomy. Histopathology confirmed leiomyoma with cystic degeneration.

Conclusion :
Cystic degeneration of a broad ligament fibroid can closely mimic an ovarian cyst. Awareness of this entity and careful imaging correlation help prevent misdiagnosis and unnecessary radical surgery.

Abstract ID: MISC/CR/59

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Country: India

Abstract Title:
DOUBLE TROUBLE: WHEN THE OVARY TAKES ANOTHER SPIN

Introduction :
Ovarian torsion is a gynaecological emergency that threatens ovarian viability. Although detorsion and oophoropexy are performed to prevent recurrence, repeat torsion can rarely occur. Recurrent torsion poses both diagnostic and therapeutic challenges, especially in adolescents where ovarian preservation is essential.

Case Description :
A 14-year-old girl presented with acute right iliac fossa pain since 6 hours, associated with multiple episodes of vomiting, unrelieved by rest or medication. She had a history of right ovarian detorsion with right ovarian ligament plication, right oophoropexy, and prophylactic left oophoropexy performed on 20/03/2025 for right-sided ovarian torsion. Ultrasonography revealed a bulky right ovary with absent vascularity, suggestive of recurrent torsion. The patient underwent emergency laparoscopic right salpingo-ovariotomy with repeat left oophoropexy on 29/09/2025

Conclusion :
This case underscores the rare possibility of recurrent ovarian torsion despite prior oophoropexy. It highlights the importance of maintaining a high index of suspicion, prompt imaging, and timely surgical intervention. The choice and technique of fixation play a crucial role in preventing recurrence and preserving ovarian function in young patients

Abstract ID: MISC/CR/60

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Abstract Title:
CHORIO-ANGIO-DRAMA :A GIANT SURPRISE

Introduction :
Chorioangioma is the most common benign non-trophoblastic tumor of the placenta, often incidental and asymptomatic. However, giant chorioangiomas (>4 cm) are rare and may lead to serious maternal and fetal complications, necessitating early diagnosis and close monitoring.

Case Description :
case of a 28-year-old primigravida at 36 weeks and 6 days gestation, who presented with complaints of spotting per vagina. Antenatal scans had earlier revealed a large placental mass measuring 11×9.6×4.3 cm, consistent with a giant chorioangioma. Color Doppler confirmed internal vascularity, and fetal echocardiography was normal. The patient was managed with progesterone support and monitored with serial scans and fetal assessments. On admission with antepartum hemorrhage, she underwent an emergency lower segment cesarean section. A live female baby weighing 2.565 kg was delivered with good APGAR scores. Intraoperatively, a large chorioangioma measuring approximately 10×7×7 cm was noted on the placenta. The postoperative course was uneventful, and both mother and baby stable.

Conclusion :
Giant chorioangiomas can lead to complications such as fetal anemia, hydrops, intrauterine growth restriction, and intrauterine demise. Maternal complications include polyhydramnios, preterm labor, and mirror syndrome. The tumor acts as an arteriovenous shunt, reducing placental perfusion and causing fetal cardiac strain. Diagnosis is made via grayscale ultrasound and Doppler imaging, with MRI as an adjunct in select cases. Management depends on tumor size and fetal condition and includes close monitoring, steroid administration, and timely delivery. In severe cases, intrauterine transfusions or laser ablation may be required.Though rare, giant chorioangioma poses significant risk to both mother and fetus.

Abstract ID: MISC/CR/61

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Abstract Title:
LAPAROSCOPIC MANAGEMENT OF A GIANT OVARIAN CYST IN AN ADOLESCENT GIRL: A CASE REPORT

Introduction :
AUTHOR: DR PAVANAGANGA.A(Professor, Dept of OBGYN , RRMCH) PRESENTING AUTHOR: DR SINDHU SHREE M (Junior Resident, Dept of OBGYN, RRMCH) Ovarian cysts are common in women of reproductive age but rare in adolescents, accounting for only 2–5% of all ovarian masses. Cysts larger than 10 cm are termed giant ovarian cysts and have become uncommon due to early detection through advanced imaging. Most cysts occurring during adolescence are benign and functional. Laparoscopy is now the preferred treatment for benign ovarian cysts, offering minimal invasiveness, faster recovery, and superior cosmetic outcomes.

Case Description :
A 19-year-old unmarried female presented with abdominal pain and irregular menstrual cycles. Examination revealed a palpable abdominal mass measuring 21 × 24 cm. Ultrasonography showed a 23 × 17 × 10.3 cm cystic lesion with internal septations, suggestive of ovarian origin. CT imaging demonstrated a multilocular thick-walled left ovarian cyst with calcified walls and enhancing septations. Tumor markers were normal. Laparoscopic left ovarian cystectomy was performed on 16/10/25. Intraoperatively, a 25 × 20 cm cyst containing 3 liters of clear fluid was identified, aspirated, and completely excised. The cyst wall was sent for cytological and histopathological evaluation. Histopathology confirmed a benign surface epithelial neoplasm consistent with seromucinous cystadenoma, with no evidence of atypia or malignancy.

Conclusion :
Laparoscopic excision is a safe and effective approach for managing giant benign ovarian cysts, even in adolescents. With appropriate preoperative assessment and careful intraoperative technique to prevent spillage, laparoscopy ensures complete removal, shorter hospital stay, and excellent cosmetic outcomes without compromising

Abstract ID: MISC/CR/62

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Abstract Title:
GESTATIONAL TROPHOBLASTIC NEOPLASIA : A CASE REPORT

Introduction :
Gestational trophoblastic disease is the term used to encompass a group of tumours typified by abnormal trophoblast proliferation. The malignant forms are termed gestational trophoblastic neoplasms.

Case Description :
A case of 21 years old, 2nd gravida nulliparous female who presented with complaint of amenorrhoea since 2 months. Her urine pregnancy test turned out to be positive. She had history of dilatation and evacuation done at 2nd RMOA in view of retained products of conception, 3 months ago. Her ultrasonography findings showed possibility of gestational trophoblastic neoplasia and Beta HCG was 32095 IU/L on admission. CECT abdomen was performed and findings were in favour of Gestational trophoblastic neoplasm with possibility of pulmonary metastasis ,more likely. Subsequently she was administered chemotherapy and serial measurement of Beta HCG levels was done until it became undetectable

Conclusion :
Gestational trophoblastic neoplasms include benign and aggressive tumours such as invasive mole, choriocarcinoma, placental site trophoblastic tumour and epithelioid trophoblastic tumour. However ,almost all these tumours develop with or following some unrecognised pregnancy. Beta HCG is employed as the first biomarker in the diagnosis and the follow up of GTN therapy effectiveness. GTN is staged clinically by the FIGO staging and WHO prognostic index score which thereby enables us to predict the prognosis and guides us in choosing the appropriate chemotherapy regimen for treatment. . Chemotherapy is usually the primary treatment, but it maybe single agent chemotherapy or combination chemotherapy depending upon the WHO score. The improved knowledge about GTN and its peculiarities increase the overall survival of affected women.

Abstract ID: MISC/CR/63

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Abstract Title:
OVARIAN HYDATID CYST: CASE REPORT

Introduction :
Echinococcus larvae are the parasite invasion that causes hydatid cyst. A very uncommon appearance is an ovarian hydatid cyst.

Case Description :
Here, we describe a 51-year-old lady who has been experiencing intermittent lower abdomen pain and distension for the past three to six months. A bilateral ovarian multilocular cystic lesion (11×8.9×11 cm) with internal septation that compressed nearby structures on the right was seen by CECT of the abdomen. An MRI of the pelvis reveals a well-defined multiloculated cystic mass lesion with several internal septa in the right adnexa, measuring approximately 11.8 x 10.9 x 8.1 cm, and in the left adnexa, measuring approximately 4.1 x 3.4 x 3.2 cm. Ovarian cystic neoplasm was proposed as a potential differential. The patient underwent exploratory laparotomy and cystectomy. Histopathological examination showed cysts measuring 11×8×10 cm and 4×3×4 cm replacing the ovaries. The cyst cavities contained clear serous fluid and pearly white membranous structures, giving a multiloculated appearance. Microscopic analysis demonstrated a laminated cyst wall with protoscolices and hooklets, confirming hydatid disease.

Conclusion :
Tapeworms are the cause of hydatid illness. Carnivores are the ultimate hosts. The unintentional intermediary hosts are humans. The lungs and liver are frequently affected by hydatid cysts. The majority of the time, clinical and radiological examinations misidentify the lesion either as benign or malignant ovarian cystic neoplasm due to the ambiguity of the symptoms. Ovarian cystectomy is the gold standard for treating ovarian hydatid cysts. When assessing the adnexal masses, the likelihood of a hydatid cyst should be maintained under differential diagnosis.

Abstract ID: MISC/CR/64

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Abstract Title:
INCIDENTAL UTERINE ANGIOMYXOMA IDENTIFIED DURING LOWER SEGMENT CESAREAN SECTION: A RARE CASE REPORT

Introduction :
Aggressive angiomyxoma is a rare mesenchymal locally aggressive neoplasm, slow growing soft tissue tumor that arises in pelvis and perineal region of women in reproductive age with a marked tendency of local recurrence.

Case Description :
A 27 year female presented with 9 months of amenorrheoa, lower segment cesarean section was done and a healthy full term baby born .the indication for LSCS is PROM with fetal distress. Clinically patient didn't have any complain and the lesion was not detected either on physical examination or in USG .At the time of LSCS mass of size 5*4 cm noted in right side of uterus near the angle 'the same excised and sutured and sent for HPE with clinical diagnosis of uterine fibroid.

Conclusion :
At the end of histopathological study we found a uterine angiomyxoma which accidentally found at the time of LSCS which is a rare presentation in young women with 9 months of pregnancy and a successful LSCS with healthy full term baby born.

Abstract ID: MISC/CR/65

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Abstract Title:
A PREGNANT FEMALE PRESENTED WITH OVARIAN FIBROMA – A RARE CASE REPORT DIAGNOSED ON HISTOPATHOLOGY

Introduction :
In the WHO histopathological classification of the ovary, fibroma is a solid tumor, which account for 4% of all ovarian tumors. Ovarian fibroma is classified under the Sex-Cord Stromal tumors and comprises spindle shaped fibroblastic cells and abundant collagen. Ovarian fibroma is almost always benign and most common benign solid tumor of ovary. Ovarian fibroma is often difficult to diagnose preoperatively and usually misdiagnosed as uterine leiomyoma because of solid nature of mass.

Case Description :
A 25 year old female presented with 9 months of amenorrhea. Lower segment caesarean section (LSCS) was done and a healthy full term baby born. The indication of LSCS is one previous LSCS. Clinically patient did not have any complain and the lesion was not detected either on physical examination or in USG. At the time of LSCS a large ovarian mass was found incidentally and unilateral oophorectomy was done along with LSCS and was sent for histopathological examination with the clinical diagnosis of ovarian cyst.

Conclusion :
At the end of the histopathological study, we found a large ovarian fibroma which was missed on clinical examination and USG, accidentally found at the time of LSCS which is rare presentation at very young age of 25 years with 9 months of pregnancy and a successful lower segment caesarean section with healthy full term baby born.

Abstract ID: MISC/CR/66

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Abstract Title:
BORN IN A BUBBLE : EN CAUL DELIVERY AMIDST ANHYDRAMNIOS

Introduction :
En caul delivery, where the fetus is born entirely within the unruptured amniotic sac, occurs in approximately 1 in 80,000 vaginal births and is strongly associated with prematurity. Infection contributes to nearly 40% of spontaneous preterm deliveries, and the combination of preterm labor and anhydramnios increases the likelihood of this rare presentation.

Case Description :
We report a case of a 29-year-old G2P1 with a previous preterm birth who presented at 27+6 weeks with preterm pre-labour rupture of membranes and anhydramnios. She reported leaking per vaginam and contractions. Ultrasound confirmed complete absence of amniotic fluid. Clinical examination showed minimal clear fluid leakage with intact membranes. High vaginal swab and maternal blood and urine cultures were sterile. She was started on broad-spectrum antibiotics and received rescue corticosteroids. She progressed spontaneously into labor and delivered a viable female infant weighing 1.08 kg en caul, with the placenta and amniotic sac intact. Apgar scores were 8, 9, and 10 at 1, 5, and 10 minutes. The neonate developed respiratory distress syndrome and required intubation, later transitioned to CPAP, but expired on day 20 due to hypoxic-ischemic encephalopathy. Placental histopathology revealed mild subchorionitis, and maternal hematology showed anti-Lewis antibodies.

Conclusion :
This case underscores the multifactorial nature of preterm en caul delivery. PPROM likely led to anhydramnios and subclinical ascending infection. Anti-Lewis antibodies may have contributed to subtle placental dysfunction. The interplay of membrane rupture, mild inflammation, and placental insufficiency culminated in spontaneous preterm labor and rare en caul birth.

Abstract ID: MISC/CR/67

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Abstract Title:
FERTILTY PRESERVING SURGERY IN A HUGE BROAD LIGAMENT FIBROID - A RARE CASE REPORT

Introduction :
Broad ligament fibroids are rare extra-uterine leiomyomas, accounting for <1% of all fibroids. Their unusual location often leads to diagnostic confusion with adnexal masses and poses surgical challenges due to distortion of pelvic anatomy.

Case Description :
A 21-year-old unmarried female (P0+0) presented with gradual abdominal distension for six months and 4 kg weight loss. Menses were regular with normal flow and no urinary symptoms. Abdominal examination revealed a firm, mobile mass corresponding to a 28–30 week gravid uterus. MRI showed a 12 × 19 × 22 cm lesion abutting the right uterine wall, displacing the uterus leftward; the right ovary was not separately visualized. CA-125 was mildly raised (51.7 U/mL). Laparotomy under general anesthesia on 8/10/25 revealed a 3.2 kg (23 × 20 × 12 cm) broad ligament fibroid arising from the uterine cornua. Fertility-preserving myomectomy was performed, restoring normal anatomy. Histopathology confirmed a benign leiomyoma.

Conclusion :
Broad ligament fibroids, though rare, should be considered in the differential diagnosis of large pelvic masses. Surgical management demands meticulous dissection to preserve fertility and avoid injury to adjacent structures.

Abstract ID: MISC/CR/68

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Abstract Title:
SCARRED BUT SILENT: A CAESAREAN SCAR PREGNANCY UNMASKED

Introduction :
Caesarean scar pregnancy (CSP) is a rare but potentially life-threatening form of ectopic pregnancy in which the gestational sac implants within the myometrial defect of a previous caesarean section scar. Its nonspecific presentation often leads to misdiagnosis, resulting in inappropriate management and serious complications. Clinically, CSP presents with non specific symptoms such as painless vaginal bleeding, lower abdominal pain, leading to misdiagnoses such as spontaneous abortion, cervical pregnancy or retained products of conception(RPOC). Notably, up to one-third of CSP cases may be asymptomatic at presentation, further complicating prompt diagnosis. Transvaginal ultrasonography with color Doppler imaging is the cornerstone of early diagnosis, providing characteristic features including empty uterine and cervical canal and a gestational sac embedded within anterior lower uterine segment at scar site, and prominent peritrophoblastic vascularity. In equivocal cases, magnetic resonance imaging (MRI) may be useful in confirming diagnosis and assessing the extent of invasion.

Case Description :
We report the case of a 32-year-old woman with a prior lower-segment caesarean section who presented with persistent vaginal spotting. An initial diagnosis of blighted ovum led to manual vacuum aspiration, after which symptoms persisted. Subsequent transvaginal ultrasonography revealed a gestational sac implanted in the anterior lower uterine segment, confirming a caesarean scar pregnancy. The patient was successfully treated with a multidose systemic methotrexate regimen, achieving complete resolution and preservation of fertility.

Conclusion :
This case highlights the diagnostic challenges of CSP and underscores the importance of early, accurate imaging—particularly transvaginal ultrasound—in women with a history of caesarean delivery presenting with early pregnancy bleeding. Prompt recognition

Abstract ID: MISC/CR/69

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Abstract Title:
RECURRENT UTERINE ARTERIOVENOUS MALFORMATION: A CHALLENGING CASE WITH REPEATED CONSERVATIVE EFFORTS TO PRESERVE THE UTERUS

Introduction :
Uterine arteriovenous malformation (AVM) is a rare but potentially life-threatening cause of abnormal uterine bleeding. Secondary AVMs often develop following pregnancy-related events or uterine trauma. Management aims to control bleeding while preserving fertility, but recurrent or residual AVMs pose major therapeutic challenges.

Case Description :
A 36-year-old multiparous woman presented with recurrent heavy menstrual bleeding since 2016 following suction and evacuation for a molar pregnancy. She was diagnosed with uterine AVM and underwent uterine artery embolization (UAE) with symptomatic relief for seven years. She later developed recurrent menorrhagia; MRI revealed a bulky uterus with multiple tortuous vascular channels in the myometrium and parametrial region, consistent with residual AVM. Repeat UAE was performed. During evaluation, an incidental right adrenal mass was identified, and laparoscopic adrenalectomy confirmed pheochromocytoma on histopathology. One month later, she experienced another episode of severe bleeding. Following preoperative optimization, she underwent total abdominal hysterectomy with bilateral salpingectomy. Her postoperative recovery was uneventful, and she was discharged in stable condition.

Conclusion :
This case highlights the diagnostic and therapeutic challenges of managing recurrent uterine AVM. A stepwise, individualized approach with repeated conservative attempts is essential before resorting to hysterectomy. Early diagnosis and meticulous imaging are crucial for optimizing outcomes and minimizing morbidity.

Abstract ID: MISC/CR/70

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Abstract Title:
VIRILIZING CONGENITAL ADRENAL HYPERPLASIA PRESENTING AS ACUTE RENAL FAILURE IN A YOUNG FEMALE WITH AMBIGUOUS GENITALIA

Introduction :
Congenital Adrenal Hyperplasia (CAH) due to 21-hydroxylase deficiency is a rare inherited disorder of steroidogenesis leading to androgen excess and varying degrees of virilization. Although CAH usually presents in childhood, delayed diagnosis in adulthood may occur, especially in resource-limited settings. We present a rare case of virilizing CAH presenting with acute renal failure.

Case Description :
A 21 year old female was admitted with complaints of fever, reduced urine output, and bilateral limb swelling for three days. She was diagnosed as rapidly progressive renal failure (RPRF) – Acute Tubular Necrosis (ATN) based on renal biopsy and investigations. Clinical examination revealed ambiguous genitalia, absence of menarche, presence of facial, pubic, and axillary hair, and absent breast development with an External masculinisation score of 7. Hormonal evaluation showed markedly low FSH and LH, with elevated serum testosterone and dihydrotestosterone . On ACTH stimulation, 17-OH progesterone levels were significantly raised with no increase in cortisol. Karyotyping revealed 46 XX, confirming the diagnosis of virilizing CAH. The patient was managed with corticosteroid replacement with dialysis and supportive renal care with improvement in renal parameters.

Conclusion :
Virilizing CAH may remain undiagnosed until adulthood and can present atypically with systemic complications such as renal failure. Early recognition through hormonal and genetic evaluation is crucial for appropriate management and prevention of long-term sequelae.

Abstract ID: MISC/CR/71

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Abstract Title:
MULTIPLE CONGENITAL ANOMALIES IN A FETUS OF A CONSANGUINEOUS COUPLE: A CASE REPORT

Introduction :
Congenital anomalies are a leading cause of perinatal morbidity and mortality. Early identification during the mid-trimester anomaly scan is vital for appropriate counseling and management. The risk is significantly higher in consanguineous marriages due to the increased expression of autosomal recessive disorders.

Case Description :
A 25-year-old primigravida, married to her second-degree relative, presented at 18 weeks' gestation for a routine anomaly scan. Ultrasound revealed severe intrauterine growth restriction, limb reduction deformities suggestive of phocomelia, absent nasal bone, hypoplastic cerebellum, and a low-lying placenta. There was no history of teratogenic exposure. After counseling regarding the poor fetal prognosis, medical termination of pregnancy was performed. The expelled fetus exhibited limb reduction anomalies, dysmorphic facial features, and posterior fossa hypoplasia.

Conclusion :
his case highlights the importance of detailed second-trimester anomaly scans and emphasizes the need for preconception and genetic counseling in consanguineous couples to reduce the incidence of congenital anomalies and facilitate informed reproductive choices.

Abstract ID: MISC/CR/72

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Abstract Title:
BROAD LIGAMENT FIBROID AND ADNEXAL MASS – A DIAGNOSTIC DILEMMA

Introduction :
Broad ligament fibroids are rare extra-uterine leiomyomas that often mimic adnexal masses, posing a diagnostic challenge. We present a case of a multiparous woman with a history of three lower segment caesarean sections (LSCS) and hypothyroidism, who was diagnosed preoperatively with an adnexal mass. Intraoperative and histopathological findings confirmed the diagnosis of a broad ligament leiomyoma. Extra-uterine or broad ligament fibroids are uncommon, accounting for less than 1% of all leiomyomas. Accurate diagnosis is crucial for appropriate surgical planning and patient management.

Case Description :
A P3L3 woman with a history of three previous LSCS and hypothyroidism presented with complaints of lower abdominal distension. Clinical and ultrasonographic evaluation revealed a large adnexal mass, raising suspicion of an ovarian tumor. Routine hematological and biochemical investigations were within normal limits, except for controlled hypothyroidism. Tumor markers were unremarkable. During laparotomy, the uterus appeared normal in size with a large multiloculated subserosal mass arising from the broad ligament, measuring approximately 23.5 × 12.5 × 11 cm. The ovaries and fallopian tubes were normal. The mass was well-encapsulated and separate from the uterus, consistent with a broad ligament fibroid, myomectomy was done. Microscopic examination was suggestive of leiomyoma.

Conclusion :
Broad ligament fibroids can mimic adnexal masses, making preoperative diagnosis challenging. Imaging modalities such as MRI can aid in distinguishing them from ovarian tumors, but overlap often persists. Surgical exploration remains both diagnostic and therapeutic. This case highlights the importance of careful clinical evaluation and imaging interpretation in differentiating broad ligament fibroids from adnexal pathologies.

Abstract ID: MISC/CR/73

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Abstract Title:
RUPTURE UTERUS IN SECOND STAGE OF LABOUR WITH INTRAUTERINE FETAL DEMISE – A RARE PRESENTATION

Introduction :
Uterine rupture is a life-threatening obstetric emergency associated with high maternal and perinatal morbidity and mortality. Although commonly seen in scarred uteri, spontaneous rupture of an unscarred uterus during labour is rare. Early diagnosis and prompt surgical intervention are crucial for optimal maternal outcome.

Case Description :
A 28 year old female, G2P1L1 with 40 weeks with 4 days of gestation, presented in the second stage of labour with intrauterine fetal demise. On admission, her vitals were stable, and she was taken up for emergency cesarean section in view of cephalopelvic disproportion. Intraoperatively, the fetus was found in the abdominal cavity with haemoperitoneum. She delivered a girl baby (IUD–FSB) weighing 3.53 kg. A rupture was noted on the left posterior uterine surface extending from above the round ligament to the level of the internal os, measuring 10 × 2 cm. The rupture was repaired in layers with an estimated blood loss of 1000 ml. The patient received blood transfusion and postoperative recovery was uneventful.

Conclusion :
Spontaneous rupture of an unscarred uterus, though rare, can occur even in the second stage of labour. High clinical suspicion, timely diagnosis, and immediate surgical intervention are vital to prevent maternal mortality.

Abstract ID: MISC/CR/74

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Abstract Title:
CASE REPORT ON NON-CLASSICAL CONGENITAL ADRENAL HYPERPLASIA WITH SUCCESSFUL PREGNANCY OUTCOME

Introduction :
Classical congenital adrenal hyperplasia is a genetic disorder characterized by defects in the steroidogenesis cascade, mainly due to 21-hydroxylase enzyme deficiency. The phenotype can vary from the most severe salt-wasting syndrome to the less severe simple-virilizing form.

Case Description :
40 years old G2A1 presented to the OPD with spontaneous conception at 15 weeks 6 days POG. She had history of spontaneous abortion post IVF conception at 8 weeks POG. She had presented to endocrinology OPD with complaints of primary infertility along with secondary amenorrhoea. Clinical evaluation showed: low set ears, webbed neck, acanthosis, hirsutism and clitoromegaly. Evaluated by hormonal assay along with 17-OH progesterone, managed with hydrocortisone followed by dexamethasone, thyroid supplementation and oral hypoglycaemic agents and was diagnosed with non-classical CAH (Simple virilising type). Present pregnancy was spontaneously conceived on dexamethasone. Regular antenatal checkups were done along with emergency cervical cerclage at 27 weeks POG. Presented at 32 weeks 5 days POG with preterm premature rupture of membranes, steroid overage was completed and underwent lower segment caesarean section delivering a moderately preterm baby girl.

Conclusion :
In women with CAH who are planning a pregnancy, a close relationship between endocrinologist, reproductive gynaecologist is required for successful pregnancy outcome. Switching from dexamethasone to drugs that do not cross the placenta is important in early pregnancy, before foetal virilization occurs.

Abstract ID: MISC/CR/75

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Abstract Title:
TRINITY OF MORBIDLY ADHERENT PLACENTA: A CASE SERIES

Introduction :
Placenta accreta spectrum (PAS) disorders are increasingly recognized as major contributors to maternal morbidity and mortality, particularly in women with a history of prior caesarean section and abnormal placentation. We hereby present a case series of three cases of placenta accreta spectrum.

Case Description :
This case series describes the clinical presentation, diagnostic evaluation, and surgical management of three patients diagnosed antenatally with distinct forms of PAS—placenta accreta, increta, and percreta. All three patients had anteriorly located placentas or placenta previa and a prior uterine scar. Diagnosis was established using a combination of grayscale ultrasound and magnetic resonance imaging (MRI), which enabled accurate assessment of the depth of invasion and informed surgical planning. Each patient underwent a planned caesarean hysterectomy without attempting placental removal. In one case of placenta increta, a posterior uterine incision was utilized to avoid transecting the anteriorly invasive placenta. Another case involving placenta percreta with bladder involvement required preoperative ureteric stenting and intraoperative assistance from a urology team. All patients had favourable maternal outcomes, with estimated blood loss ranging from 1500 to 3000 mL, and no major perioperative complications.

Conclusion :
This series highlights the importance of timely antenatal diagnosis, multidisciplinary planning, and individualized surgical strategies in the safe and effective management of PAS disorders

Abstract ID: MISC/CR/76

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Abstract Title:
A CASE REPORT ON RUPTURED RUDIMENTARY HORN ECTOPIC PREGNANCY

Introduction :
Unicornuate uterus with noncommunicating rudimentary horn occurs due to incomplete fusion of mullerian ducts. This malformation results from the defective fusion of the duct with the contra-lateral side. This rudimentary horn may or may not have functional cavity. Pregnancy in this horn is a rare phenomenon usually resulting in rupture during second trimester of pregnancy. IT is a rare condition that can lead to a catastrophic outcome when it rupture. Prerupture diagnosis of pregnancy in rudimentary horn with ultrasonography is technically difficult, with sensitivity of 30%. Pregnant rudimentary horn can present with wide range of symptoms that may be similar to ectopic pregnancy or may remain silent with features of normal pregnancy.

Case Description :
A 21 year old primigravida with 12 weeks 2 days Gestational age presented with complaints of lower abdominal pain since 3 days and diagnosed as a case of ruptured tubal ectopic pregnancy preoperatively. A laparotomy was done and a unicornuate uterus with ruptured rudimentary horn ectopic pregnancy was identified intraoperatively which was repaired.

Conclusion :
Despite advances in diagnostic modalities, prenatal diagnosis remains elusive, with confirmatory diagnosis being laparotomy. The diagnosis can be missed in ultrasound especially in inexperienced hands. Precious time may be lost due to delay in diagnosis or misdiagnosis. Timely resuscitation, surgery, and blood transfusion are needed to save the patient. Proper diagnostic methods and early referral from the peripheral hospitals is needed to reduce the morbidity and mortality of the patients. There is a need for an increased awareness of this condition especially in developing countries.

Abstract ID: MISC/CR/77

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Abstract Title:
SCLEROSING STROMAL TUMOUR OF THE OVARY:A BENIGN MASQUERADER IN YOUNG WOMEN

Introduction :
Sclerosing stromal tumour (SST) of the ovary is an uncommon benign sex cord–stromal tumour, first described by Chalvardjian and Scully in 1973. It accounts for less than 5% of all ovarian stromal tumours and typically affects women in the second and third decades of life. Because of its clinical and radiological resemblance to malignant ovarian neoplasms, accurate diagnosis is essential to guide conservative management.

Case Description :
A 28 year-old , Primi Gravida presented with menstrual irregularities was admitted at 40 weeks for safe confinement . Intraoperatively , right ovary was enlarged , whitish in colour , fibrosed in appearance . Proceeded with oovariectomy . Gross examination showed a firm, lobulated mass with whitish areas. Microscopy revealed a pseudolobular pattern with cellular and hypocellular zones, extensive sclerosis, and numerous thin-walled blood vessels. Immunohistochemistry was positive for inhibin and vimentin, confirming the diagnosis of SST.

Conclusion :
Sclerosing stromal tumour is a rare benign ovarian neoplasm occurring predominantly in young women. Awareness of its distinguishing features is crucial for accurate diagnosis and optimal management.

Abstract ID: MISC/CR/78

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Abstract Title:
CASE REPORT ON PLACENTA INCRETA MANAGED CONSERVATIVELY IN A PRIMIGRAVIDA WITH POSTOPERATIVE METHOTREXATE

Introduction :
Placenta Accreta Spectrum (PAS) includes a range of conditions in which placental villi abnormally adhere to or invade the uterine wall due to a defect in the decidua basalis. Placenta increta, an intermediate form, involves invasion into the myometrium without breaching the serosa.

Case Description :
A 27-year-old primigravida at 36 weeks of gestation presented to the emergency department with decreased fetal movements. Ultrasound revealed oligohydramnios and intrauterine growth restriction (IUGR). On examination, the uterus corresponded to 32 weeks size, with breech presentation, Fetal heart rate of 138 bpm. Emergency cesarean section was performed for Primigravida with breech presentation with IUGR with deranged doppler. Intraoperatively, placental adherence to the uterine wall with intact serosal layer suggested placenta increta, portion of the placenta was left in situ. Postoperative period was uneventful, patient received intramuscular methotrexate on post op day 2 to facilitate placental resorption. Patient was followed up with serial serum beta HCG, ultrasound and MRI scan.

Conclusion :
Timely recognition and conservative management of placenta increta can minimize morbidity and preserve reproductive potential in selected patients.

Abstract ID: MISC/CR/79

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Abstract Title:
A CASE REPORT ON RIGHT UNRUPTURED OVARIAN ECTOPIC PREGNANCY

Introduction :
Ectopic pregnancy is major health issue in reproductive age group with incidence of primary ovarian ectopic pregnancy ranging from 0.15% to 3% of all ectopic pregnancies. The diagnosis of ovarian pregnancy is missed radiologically and often misdiagnosed as haemorrhagic cyst.The diagnosis is confirmed through histopathological examination of excised specimen showing ovarian tissue and trophoblast tissue

Case Description :
A 38 year old gravida 4 para 3 live1 death 2 with 3 prior LSCS tubectomised with 10 weeks gestation age presented with right iliac fossa pain and low backache since 10 days.Examination revealed rebound tenderness in right iliac region with pulse rate : 90/ min, Bp :110/70 mmhg USG showed ill defined heterogenous lesion (6*4cm)with adjacent echogenic clots noted in right adnexa with right ovary not separately visualised. B HCG > 2000 iu/l Emergency laparotomy done, right side 6*6 cm unruptured ovarian ectopic with intact gestational sac noted adherent to posterior uterine wall, bowel surrounded by 200ml of clots Right salpingoophorectomy with left salpingectomy done,necrotic slough adherent to bowel left in situ. Heamostasis secured and postoperative vitals are stable and patient got discharged after complete suture removal. Specimen sent for HPE and revealed ovarian ectopic

Conclusion :
Clinical presentation of ovarian ectopic is variable and is a life threatening emergency with ethology still remains obscure with incidence increasing with ART procedures, IUCD, PID and pelvic surgeries

Abstract ID: MISC/CR/80

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Abstract Title:
EXPECTING THE UNEXPECTED – A CASE OF MEDIASTINAL TERATOMA IN PREGNANCY

Introduction :
Mediastinal teratomas are rare benign germ cell tumors, and their presentation during pregnancy is exceptionally uncommon. They are often asymptomatic and discovered incidentally. This case highlights the challenges of diagnosing and managing an anterior mediastinal teratoma identified during the second trimester.

Case Description :
A 35-year-old G3P1L1A1 woman at 24 weeks +5 days gestation was referred with a provisional diagnosis of left diaphragmatic hernia. She reported intermittent exertional breathlessness for two months. Initial imaging with ultrasound and chest X-ray showed a large collection in the left hemithorax with mediastinal shift. MRI revealed a well-circumscribed 15.5 × 14.5 × 11.5 cm cystic lesion with fat components and septations in the prevascular space, consistent with a mediastinal teratoma. Tumor markers were within normal limits. Management required a multidisciplinary approach involving obstetrics, cardiothoracic surgery, anesthesiology, and neonatology. After completing fetal lung maturity and neuroprotection with $MgSO_4$, the patient underwent LSCS followed by left anterolateral thoracotomy with excision of the mediastinal teratoma. She delivered a viable preterm male infant weighing 1.064 kg. Histopathology confirmed a mature teratoma.

Conclusion :
Mediastinal masses in pregnancy pose significant risks, including maternal compromise, preterm labor, abruption, intrauterine death, fetal hydrops, and respiratory distress. Prompt recognition and timely intervention are essential, though outcomes depend on tumor size, location, and gestational age at presentation.

Abstract ID: MISC/CR/81

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Abstract Title:
SEROUS CYST ADENOFIBROMA MIMICKING MALIGNANCY: A RADIOLOGICALLY COMPLEX OVARIAN LESION IN A YOUNG WOMAN

Introduction :
Serous cyst adenofibroma is a rare benign epithelial ovarian tumor that can radiologically mimic malignancy due to its complex morphology. In young women, such presentations pose a diagnostic challenge, often necessitating comprehensive evaluation to balance oncologic safety with fertility preservation. Multimodal imaging and tumor marker profiling are pivotal in guiding appropriate surgical management

Case Description :
A 20-year-old unmarried female presented with intermittent left flank pain for one year, recent aggravation, and significant weight loss. Menstrual cycles were regular. MRI revealed a large, unilocular cystic lesion (8.5 × 6.3 × 9.3 cm) with eccentric papillary projections, classified as MR ORADS 4. Tumor markers (CA-125, CEA, AFP, CA19.9) were within normal limits. She underwent staging laparotomy with left ovarian cystectomy and salpingectomy. Intraoperatively, an 8×7×7 cm cyst was excised intact; biopsies from bilateral ovaries, omentum, peritoneum, and peritoneal fluid showed no deposits. Histopathology confirmed serous cyst adenofibroma with PCOS morphology in the left ovary. Postoperative recovery was uneventful.

Conclusion :
This case highlights the importance of a structured, multidisciplinary approach in evaluating complex adnexal masses. Despite radiological suspicion, benign entities like serous cyst adenofibroma warrant conservative, fertility-sparing surgery. Accurate preoperative assessment, intraoperative staging, and histopathological confirmation are essential to avoid overtreatment and ensure optimal reproductive outcomes

Abstract ID: MISC/CR/82

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Abstract Title:
WHEN THE BRAIN DECEIVES THE OBSTETRICIAN – CEREBELLAR HEMANGIOBLASTOMA IN PREGNANCY

Introduction :
Cerebellar hemangioblastomas are benign, vascular tumors of the central nervous system that are rarely diagnosed during pregnancy. Their presentation can be misleading when symptoms overlap with common pregnancy-related conditions such as preeclampsia or eclampsia.

Case Description :
A 31-year-old gravida 2 para 1 living 1 woman at 27 weeks' gestation presented with a 10-day history of severe, progressive frontal headache, nausea, and multiple episodes of vomiting. Her blood pressure was 130/90 mm Hg, and urine analysis showed trace proteinuria, leading to a provisional diagnosis of imminent eclampsia. Despite standard antihypertensive and anticonvulsant therapy, her symptoms persisted. Following termination of pregnancy, her complaints recurred on postpartum day 3. MRI of the brain revealed a 5 × 3.4 × 2.9 cm cystic lesion with an enhancing mural nodule in the right cerebellar hemisphere, suggestive of a cerebellar hemangioblastoma. The patient underwent suboccipital craniectomy with microscopic excision of the tumor. Histopathological examination confirmed the diagnosis, and the patient was discharged symptom-free.

Conclusion :
Cerebellar hemangioblastoma should be considered in the differential diagnosis of pregnant women presenting with features of imminent eclampsia unresponsive to conventional therapy. Early neuroimaging and multidisciplinary management are crucial to achieving optimal maternal and fetal outcomes.

Abstract ID: MISC/CR/83

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Abstract Title:
A NEGLECTED MOLAR PREGNANCY,A NUTURED CANCER

Introduction :
A molar pregnancy (Hydatidiform mole),a form of Gestational trophoblastic disease (GTN),Is benign but abnormally proliferative growth of placental tissue. most cases resolve completely after uterine evacuation , particularly complete moles, carry a risk (15-20%)of progressing to gestational trophoblastic neoplasia (GTN),which includes the highly malignant cancer ,choriocarcinoma .A "neglected "mole -one that is undiagnosed, incompletely evacuated, or inadequately monitored -allows this malignant potential to be "nurtured" drastically increasing morbidity and mortality.

Case Description :
case 1 nandani 18 yr p0+1 had 4.5 month of amenorrhoea following which she had bleeding per vaginum for 4 month for which S&E done twice at private hospital .No USG ,No beta HCG no HPE was sent no follow up was done. patient continued bleed for 4 month and visited sadar garwah then from there she was refferd to rims .At rims she was diagnosed as a case of choriocarcinoma with vagina ,lungs and liver metastasis. case2 Gulsaba 27 yr p1+1L1 complain of pain in lower abdomen with 1 month amenorrhoea started bleeding spontaneously for which S&E was done in sadar Gaya in view of incomplete abortion ,No USG, No Beta hcg ,No hpe send.In rims she was diagnosed as a case of invasive mole with pulmonary metastasis . case 3fiza 20 yr p0+1 she had 3 month amenorrhoea for which she 3 times S&E done .In rims she was diagnosed invasive mole.

Conclusion :
early detection and diagnosis of molar pregnancy are curial in preventing progression to GTN. prompt treatment and follow up can lead successful management GTN.

Abstract ID: MISC/CR/84

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Abstract Title:
DUAL COMPLEXITIES: HETEROTOPIC PREGNANCY - A CASE REPORT

Introduction :
Heterotopic pregnancy, the coexistence of intrauterine and ectopic gestations, is a rare and potentially life-threatening condition, posing a significant challenge in patients with advanced maternal age and comorbidities.

Case Description :
ase Presentation: A 38-year-old multigravida (G4P2L2A1) presented to the emergency department with three months of amenorrhea, two days of vaginal bleeding, and six hours of lower abdominal pain. She was a known case of Rheumatoid Arthritis on long-term oral steroids and had prior obstetric complications, including a missed abortion and peripartum blood transfusion due to a cervical tear during her first delivery. On clinical examination, she was tachycardic (104/min) with stable blood pressure (120/70 mmHg). Abdominal examination revealed right iliac fossa tenderness, and pelvic examination showed cervical motion and right forniceal tenderness. Transabdominal ultrasound revealed a viable intrauterine pregnancy, a 4.2×3.2 cm hetero-echoic clot in the right adnexa, and significant hemoperitoneum, indicatin

Conclusion :
ruptured right tubal ectopic pregnancy. Outcome: The postoperative period was uneventful. Histopathological examination confirmed a ruptured right tubal ectopic pregnancy with a gestational sac and products of conception from the uterus. The patient recovered well and was discharged on the seventh postoperative day. Conclusion: This case underscores the importance of early diagnosis and prompt surgical intervention in heterotopic pregnancies, particularly in high-risk patients. Timely management ensured a successful outcome in a complex clinical scenario. Management: After initial resuscitation, the patient underwent an emergency laparotomy. Intraoperatively, 500 ml of hemoperitoneum, 350 ml of clots, and a ruptured right tubal pregnancy near the fimbrial end were identified. A right salpingectomy and left

Abstract ID: MISC/CR/85

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Abstract Title:
''BOLT FROM THE BLUE'':(OH)BOMBAY BLOOD :A RARE CASE REPORT

Introduction :
Bombay blood group is a rare blood group in India characterised by the absence of H antigen and the presence of anti -H antibodies.It often mimics 'O'blood group during initial testing due to lack of H antigen but shows incompatibility during cross matching.Individuals with this phenotype (Oh)can receive blood only from donors with the same group.

Case Description :
We report a case of a 29 year old antenatal women presenting with severe anaemia requiring urgent transfusion.Routine grouping identified her as blood group 'O',but cross matching revealed incompatibility with all 'O' blood units .Further investigation confirmed Bombay (Oh)phenotype.Arrangements were made to procure compatible Bombay group blood from a regional blood bank .The patient was successfully transfused and managed throughout pregnancy without obstetric complications.

Conclusion :
This case highlights the importance of awareness regarding the Bombay blood group ,especially in antenatal women with severe anaemia ,due to challenges in obtaining compatible blood and the potential risk of haemolytic disease of the foetus and newborn(HDFN).

Abstract ID: MISC/CR/86

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Abstract Title:
SYNERGY OF PATHOGENS, TRIUMPH OF TEAMWORK: POST CAESAREAN MELENEY'S ULCER WITH ABDOMINAL KOCH'S

Introduction :
Meleney's ulcer, also known as progressive synergistic bacterial gangrene, is a rare and potentially life-threatening postoperative infection. It typically arises from a synergistic interaction between Staphylococcus aureus and microaerophilic streptococci, leading to progressive cutaneous necrosis, severe pain, and systemic toxicity. Although most cases occur after abdominal or thoracic surgery, post-caesarean presentations are exceedingly rare. Early recognition and prompt multidisciplinary management are essential to prevent morbidity and mortality.

Case Description :
A 22-year-old primi woman underwent an emergency caesarean section at 35 weeks for fetal distress. On postoperative day 5, she developed purulent wound discharge, induration, and necrosis with foul odor. Pus culture revealed Escherichia coli, and broad-spectrum antibiotics were initiated. Despite treatment, wound deterioration continued, and surgical exploration revealed extensive necrosis with undermined edges, confirming Meleney's ulcer. Laboratory findings included anemia and hypoproteinemia. CECT abdomen showed anterior abdominal wall collection, and tissue culture was AFB-positive, confirming abdominal tuberculosis. Anti-tubercular therapy (ATT) was started. Repeated debridements, local wound care, and nutritional optimization resulted in healthy granulation tissue formation. Subsequently, split-thickness skin grafting achieved complete wound closure.

Conclusion :
This case highlights a rare occurrence of post-caesarean Meleney's ulcer complicated by abdominal tuberculosis. Early diagnosis, culture-directed antibiotic therapy, surgical debridement, and initiation of ATT were crucial for recovery. A coordinated multidisciplinary approach involving obstetrics, surgery, microbiology, and plastic surgery teams ensured a favorable outcome. Awareness of this rare entity can aid timely diagnosis and improve prognosis in similar postoperative wound infections.

Abstract ID: MISC/CR/87

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Abstract Title:
IMPORTANCE OF HPV TESTING AS A SCREENING TOOL FOR CERVICAL PRECANCER OR CANCER: A CASE SERIES

Introduction :
Cervical cancer remains a leading cause of morbidity and mortality among women worldwide. Invasive cervical cancer is usually preceded by a prolonged, clinically identifiable precancerous phase known as cervical intraepithelial neoplasia (CIN). Persistent infection with high-risk human papillomavirus (HPV) strains is the major causative factor in the development of cervical cancer. As HPV infection is typically localized and either asymptomatic or associated with mild local symptoms, clinical detection of HPV DNA is essential for standard care and effective management.

Case Description :
We report a few cases of women in the reproductive age group presenting with complaints of white discharge, abnormal uterine bleeding, lower abdominal pain, and burning micturition and itching perineum. All patients were screened using Co-testing (high-risk HPV DNA testing and cytology smear). Although cytology results were reported as negative or showing low grade/ASCUS, all cases tested positive for high-risk HPV DNA. These patients were further evaluated by colposcopy and directed cervical biopsy. Based on findings, they were managed conservatively or with ablative therapy and were followed.

Conclusion :
Primary HPV screening should be incorporated into routine practice, as it plays a crucial role in the proper management of women’s reproductive health. Cases presenting with white discharge or abnormal vaginal bleeding must be thoroughly evaluated to rule out underlying preinvasive cervical lesions before initiating empirical treatment with antibiotics or local pessaries.

Abstract ID: MISC/CR/88

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Abstract Title:
COMPREHENSIVE MANAGEMENT OF PLACENTA INCRETA AND PERCRETA: A CASE REPORT

Introduction :
Placenta increta and percreta are severe variants of abnormal placental implantation characterized by excessive invasion of chorionic villi into or through the uterine wall. These conditions are associated with significant maternal and fetal morbidity and mortality, particularly in women with previous cesarean deliveries. Early recognition and multidisciplinary management are essential for optimizing outcomes

Case Description :
Case Presentation: We report the case of a 26-year-old woman at 32 weeks of gestation with a history of prior cesarean section, who presented with abdominal pain and hemodynamic instability. Clinical evaluation and imaging confirmed a diagnosis of placenta increta with features of percreta. An emergency cesarean delivery was performed due to worsening maternal condition. The surgical team encountered extensive placental invasion, necessitating careful intraoperative management to control hemorrhage. Postoperative care included intensive monitoring, blood transfusion support, and multidisciplinary collaboration among obstetric, anesthetic, and surgical teams. Discussion: The case underscores the complexity of managing abnormal placental implantation, highlighting the need for a comprehensive approach involving prompt diagnosis, surgical preparedness, and coordinated perioperative care. Successful maternal and neonatal outcomes were achieved through timely intervention and multidisciplinary cooperation.

Conclusion :
Placenta increta and percreta represent critical obstetric emergencies requiring early identification and meticulous planning. This case emphasizes that multidisciplinary teamwork, individualized surgical strategies, and vigilant postoperative management are vital to improving survival and reducing complications in high-risk pregnancies complicated by invasive placentation.

Abstract ID: MISC/CR/89

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Abstract Title:
A RARE EXCEPTION TO STERILIZATION: THE CORNUAL PREGNANCY CONUNDRUM – A DIAGNOSTIC AND SURGICAL CHALLENGE

Introduction :
Cornual ectopic pregnancy is a rare and potentially life-threatening variant, accounting for 2–4% of all ectopic pregnancies. Tubal sterilization is considered a permanent contraceptive method, but failures, though uncommon, may result in ectopic implantation, particularly in the cornua. Early diagnosis is challenging due to atypical symptoms and delayed rupture, which can increase maternal morbidity and mortality.

Case Description :
A 27-year-old P2L2 woman (LMP 15/09/25) who underwent tubal sterilization on 22/09/25 presented on POD-21 with abdominal pain, vomiting, and giddiness for one day. Examination revealed pallor, tachypnea, right iliac fossa tenderness, guarding, and rigidity. Initial differentials included intestinal obstruction and appendicitis. CECT abdomen revealed a 4.5 × 2.7 × 2.7 cm ill-defined hypodense area in the right adnexa with active contrast leak from the right tubal branch of the uterine artery and surrounding hematoma. The patient underwent emergency laparotomy -ruptured cornual ectopic pregnancy;evidence of sterilization,proceeded to cornual resection and bilateral salpingectomy. Intraoperatively, 1000 mL hemoperitoneum and 450 g clots were evacuated. Blood transfusion included 3 units PRBC, FFP, and platelets.

Conclusion :
Cornual pregnancy carries a high risk of rupture due to its myometrial location and rich vascular supply. Early post-sterilization conception may result from fertilization at the time of surgery or early tubal recanalization. Cornual ectopics can mimic surgical emergencies such as appendicitis or bowel obstruction. Pregnancy should always be ruled out in women presenting with acute abdomen, even in the early post-sterilization period. Early diagnosis and timely surgical management can prevent catastrophic hemorrhage.

Abstract ID: MISC/CR/90

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Abstract Title:
PERFORATING MOLE: A SURGICAL EMERGENCY

Introduction :
Invasive mole which a rare variety of molar pregnancy has myometrial invasion leading to catastrophic events like uterine rupture, massive hemorrhage, etc. Pre and post treatment beta HCG monitoring is of great clinical significance.

Case Description :
21 year old recently married women presented to OPD with history D&E of a 12 week POG for incomplete abortion one week back with complaint of pain in lower abdomen and examination findings were suggestive of shock. On per abdomen, free fluid was noted(shifting dullness present)On per vaginum, Uterus was approximately 6weeks size, is closed, bilateral fornices full, no tenderness, no bleeding. Ultrasonographic findings suggestive of Molar pregnancy. Her Beta HCG was 169505mIu/ml. Laparotomy was done after initial stabilisation of patient. Around 1200 mL of hemoperitoneum with blood clots retrieved.Active bleeding from perforating mole invading through anterior uterine serosa noted. Hysterectomy was done due to inability to secure hemostasis. 3 units and one unit packed cells transfused intra operatively and postoperatively respectively. Methotrexate was given in post operative period.

Conclusion :
Perforating mole is an acute emergency leading to hemoperitoneum which needs immediate laparotomy and resuscitative measures. Beta HCG monitoring helps for monitoring and further need of chemotherapy in post operative period. Timely diagnosis and treatment helps in saving a precious life.

Abstract ID: MISC/CR/91

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Abstract Title:
ANGIOMYOLIPOMA OF THE CERVIX: A RARE CASE AND LITERATURE REVIEW

Introduction :
Angiomyolipoma is a benign tumor of thick-walled blood vessels, smooth muscle cells, and adipose tissue. It is commonly seen in the kidney. Extra-renal occurrences, particularly in the uterine cervix, are exceedingly rare. To date, only a handful of cervical AML cases have been documented in medical literature.

Case Description :
In the present case, a 30-year-old, P1A0L1 (Para 1, 0 Abortion, one Live issue) patient presented with abnormal uterine bleeding (AUB). A diagnosis of cervical fibroid was rendered based on history, clinical examination, and radiological imaging. Patient counselled for fertility sparing surgery options (myomectomy with a remote risk of hysterectomy). She underwent the procedure (open myomectomy), and on histopathology, a retrospective diagnosis of angiomyolipoma was made. Here, we faced a challenge in patient counselling regarding the diagnosis; hence, we should consider angiomyolipoma as one of the differential diagnoses whenever we deal with reproductive tract masses. Furthermore, since angiomyolipoma may be associated with hereditary syndromes or involvement of other anatomical sites, establishing a definitive diagnosis through surgery could potentially contribute to improving patient outcomes. Because of the rarity of this condition (cervix AML), little is known about the clinical presentation, characteristic imaging findings, and different management options and long-term follow-up for the risk of recurrence.

Conclusion :
Angiomyolipoma should be considered in the differential diagnosis of cervical fibroid for better counselling and management. Surgical intervention not only enabled pathological confirmation but has also contributed to improved prognostic outcomes. More research is required to understand the risk factors for this particular condition and its recurrence risk.

Abstract ID: MISC/CR/92

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Abstract Title:
WHEN HORMONE TOLD TWO STORIES: GRANULOSA CELL TUMOUR IN A WOMAN WITH POLYCYSTIC OVARIAN SYNDROME

Introduction :
Granulosa cell tumours (GCT) are rare ovarian tumours comprising of less than 2% of all ovarian malignancies. These are often seen in postmenopausal women and have good prognosis. We report an unusual occurrence of GCT in a young woman with polycystic ovarian syndrome (PCOS)

Case Description :
Mrs X, a 30-year-old P1L1 lady presented to gynecology OPD with chief complaints of secondary infertility infrequent menstrual cycles (only on progesterone withdrawal) for last 2 years. On examination, her weight was 42 kg, BMI 17.5 kg/m 2 . On evaluation, a diagnosis of PCOS- D was made and was planned for ovulation induction using Letrozole. During follicular monitoring, a right adnexal solid-cystic mass measuring 4 x 5 cm size was detected. Tumour markers showed elevated AMH 49 ng/ml and serum inhibin B 1025IU/L. A fertility sparing laparoscopic staging including peritoneal wash cytology, right salpingoophorectomy, infracolic omentectomy, peritoneal biopsy and endometrial aspiration was performed. Final histopathology was adult type granulosa cell tumour with immunopositivity for inhibin, FOXL2, pancytokeratin and calretinin (focal), while negative for SALLA4 and epithelial membrane antigen. Her normal menstruation returned four weeks after the surgery. After 4 weeks of surgery AMH was 3.4ng/ml and inhibin B 160IU/L

Conclusion :
GCT in a PCOS patients is extremely rare and should be considered in the differential diagnosis if a PCOS patient with amenorrhea shows a unilateral solid mass. Timely diagnosis and treatment are crucial for optimal oncological and reproductive outcomes

Abstract ID: MISC/CR/93

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Abstract Title:
PRURITIC URTICARIAL PAPULES AND PLAQUES OF PREGNANCY

Introduction :
PUPPS, also known as polymorphic eruption of pregnancy (PEP), is the most common gestational dermatosis. It is a benign, pruritic, inflammatory skin disorder usually affecting primigravidas in the third trimester, occurring in about 1 in 160 pregnancies. It has no tendency to recurr in subsequent pregnancies and poses no adverse effects on the mother or baby.

Case Description :
A 30-year-old primigravida presented at 29 weeks of gestation with redness and itchy rashes over her hands and forearms. She had no fever but was hypothyroid since conception and had a history of sun-related allergies. Her ANC profile, LFT, KFT, and CBC were normal except for mildly raised ESR. Normal Viral markers and TORCH profile indicated past infection. She was started on Udiliv 300 mg BD, Cetirizine, and skin emollients. On follow-up, itching worsened with rashes extending to abdominal stretch marks and lower limbs. LFT showed mildly raised alkaline phosphatase; CBC remained normal. With regular monitoring, counselling, and supportive care, she continued till 38 weeks 2 days when she went into labour but was delivered by LSCS for CPD. Post-delivery, her rashes and itching subsided within 15 days, and all parameters normalized.

Conclusion :
Abdominal stretching in pregnancy may allow antigens to invade the skin, triggering cytokine-mediated inflammation. The cause is uncertain—possibly viral, bacterial, autoimmune, leading to fetal cells acting as antigens. Further research is needed to understand this benign but distressing dermatosis.

Abstract ID: MISC/CR/94

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Abstract Title:
DO ALL MISSED INTRAUTERINE DEVICES NEED LAPAROSCOPY?

Introduction :
Intrauterine devices (IUDs) are a widely used long-acting reversible contraceptive method. Although generally safe, complications such as uterine perforation and migration into adjacent organs can occur. Migration into the gastrointestinal tract is rare and often asymptomatic, leading to delayed diagnosis.

Case Description :
A 28-year-old woman presented with missing IUD threads three years after insertion. Ultrasound and contrast CT abdomen and pelvis were performed to locate the device. After localization in the distal sigmoid colon, a planned colonoscopic retrieval was carried out under informed consent. Results Colonoscopy visualized the IUD embedded in the colonic wall. Using foreign-body forceps, the device was gently disengaged and removed without complications. The patient was monitored for 24 hours, gradually resumed diet, and was discharged in stable condition after 72 hours.

Conclusion :
Timely evaluation of missing IUD threads and appropriate imaging are essential. Colonoscopy offers a safe and minimally invasive option for removal of migrated IUDs, avoiding surgical morbidity.

Abstract ID: MISC/CR/95

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Abstract Title:
A RARE CASE REPORT OF A POSTMENOPAUSAL WOMAN WITH BROAD LIGAMENT LIPOLEIOMYOMA

Introduction :
Lipomas are benign mesenchymal tumors composed of mature adipose tissue and are common in soft tissues, but their occurrence in the broad ligament is exceedingly rare. The broad ligament, a double fold of peritoneum extending from the uterus to the pelvic wall, may give rise to various neoplasms, but lipomatous tumors in this region are exceptional. They can mimic ovarian, uterine, or abdominal masses both clinically and radiologically, posing diagnostic challenges.

Case Description :
A 54-year-old postmenopausal woman presented with progressive abdominal distension for six months. Abdominal examination revealed a smooth, doughy mass of about 15×15 cm occupying the umbilical and lumbar regions. Imaging (USG and CECT) showed a large lipoleiomyoma measuring 19×10×16 cm, with mixed fat and myomatous components arising from the right lateral uterine fundus. Total abdominal hysterectomy with bilateral salpingo-oophorectomy was performed. Histopathology confirmed a lipomatous tumor of the broad ligament. The postoperative course was uneventful.

Conclusion :
Broad ligament lipomas are extremely rare. Diagnosis is often established only after surgical excision and histopathological confirmation. Awareness of this entity aids in accurate preoperative diagnosis and appropriate management.

Abstract ID: MISC/CR/96

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Abstract Title:
CHRONIC UTERINE INVERSION IN A NULLIGRAVIDA FEMALE :AN EXTREMELY RARE CASE

Introduction :
CHRONIC NON—PUERPERAL UTERINE INVERSION IS AN EXTREMELY RARE GYNAECOLOGICAL ENTITY, PARTICULARLY IN NULLIGRAVID FEMALES, OFTEN MISDIAGNOSED DUE TO ITS INDOLENT PRESENTATION AND OVERLAPPING FEATURES WITH UTERINE PROLAPSE OR SUBMUCOSAL FIBROID.

Case Description :
A 22-YEAR-OLD NULLIGRAVIDA WOMAN PRESENTED WITH A SEVEN-YEAR HISTORY OF A GRADUALLY ENLARGING VAGINAL MASS, PELVIC HEAVINESS AND IRREGULAR SPOTTING.EXAMINATION REVEALED THE UTERINE FUNDUS PROTRUDING THROUGH A PATULOUS CERVIX.MRI CONFIRMED CHRONIC UTERINE INVERSION WITH A CHARACTERISTIC ”CUP-SHAPED” CONFIGURATION.AFTER CORRECTION OF SEVERE ANAEMIA THROUGH BLOOD TRANSFUSION AND SUPPORTIVE THERAPY,LAPAROTOMY WITH AN ANTERIOR CERVICAL CONSTRICTING INCISION WAS PERFORMED.THE UTERUS WAS SUCCESSFULLY REINVERTED AND ANATOMICALLY RESTORED.POSTOPERATIVE RECOVERY WAS UNEVENTFUL AND THE PATIENT WAS DISCHARGED ON THE SIXTH POSTOPERATIVE DAY IN VITALLY STABLE CONDITION WITH COMPLETE SYMPTOM RESOLUTION.

Conclusion :
THIS CASE HIGHLIGHTS THE DIAGNOSTIC AND SURGICAL CHALLENGES OF CHRONIC NON-PUERPERAL UTERINE INVERSION IN A NULLIGRAVID WOMAN.MRI REMAINS THE CORNERSTONE OF DIAGNOSIS .PROMPT SURGICAL CORRECTION FOLLOWING PREOPERATIVE OPTIMIZATION PROVIDES EXCELLENT OUTCOMES AND PRESERVES FERTILITY POTENTIAL.AWARENESS OF THIS RARE CONDITION CAN HELP CLINICIANS AVOID DELAYED RECOGNITION AND UNNECESSARY INTERVENTIONS.

Abstract ID: MISC/CR/97

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Abstract Title:
THE ELEPHANT IN THE ROOM- VULVAL FILARIASIS

Introduction :
Vulval elephantiasis is an extremely rare manifestation of lymphatic obstruction, most commonly caused by lymphatic filariasis due to Wuchereria bancrofti/Brugia malayi. Repeated lymphangitis leads to fibrosis and permanent lymphedema of vulval tissues. Despite eradication efforts, sporadic cases continue to occur in endemic regions especially in tropical countries like India. It not only causes functional disability, psychological distress, but also poses a diagnostic challenge due to its resemblance to other vulval swellings.

Case Description :
A 38-year-old P3L3 woman presented with a 2-year history of gradually progressive vulval swelling associated with dragging pain,discomfort and difficulty walking. There was no history of trauma,surgery,sexually transmitted infection,tuberculosis or malignancy. She is a field worker and reported previous episodes of fever with limb swelling. General examination was normal. Local examination revealed a unilateral,non-tender,firm to hard swelling of the right labia majora measuring approximately 15×12 cm,extending from the mons pubis to the posterior fourchette. The overlying skin was thickened,coarse,and rugose with a peau-d'orange appearance. The mass was non-fluctuant,non-reducible,non-compressible, with well-defined margins and no regional lymphadenopathy. Pelvic examination was normal. Investigations showed normal routine blood tests, Wuchereria bancrofti microfilariae on peripheral smear,unremarkable pelvic ultrasound and histopathology consistent with vulval elephantiasis. She was managed with DEC therapy,albendazole, antibiotics, followed by surgical excision and reconstructive vulvoplasty.

Conclusion :
Vulval filariasis is a rare but debilitating consequence of chronic lymphatic obstruction. Accurate and prompt diagnosis, integrated medical therapy and reconstructive surgery restores mobility and quality of life. Strengthening filariasis control programs, morbidity management and patient education is essential to prevent recurrence and reduce disease burden.

Abstract ID: MISC/CR/98

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Abstract Title:
CESAREAN SCAR ENDOMETRIOSIS – A RARE CASE

Introduction :
Endometriosis is a common gynaecological condition in which endometrial tissue is present outside the uterine cavity. Anterior abdominal wall endometriomas develop in an abdominal scar after uterine surgery or caesarean delivery. Others may form unrelated to prior surgeries. We report a case of endometriosis occurring at the site of caesarean section scar.

Case Description :
We report the case of a 39-year-old para 2 living 2 who presented with a 4-month history of pain over left lateral side of Pfannenstiel scar, followed by enlarging swelling over the same site since 1 month. Pain was cyclical, dull aching in nature and worsening during menstruation. Patient had undergone a lower segment caesarean section 4 years prior. Clinical examination revealed a firm, slightly tender mass with restricted mobility of size 3 x 4 cm, over the left lateral edge of the scar. Ultrasonographic evaluation showed a fairly defined heterogeneous, predominantly hypoechoic lesion with irregular border noted in left lateral aspect of previous caesarean section scar 2.5 x 22 x 1.9 cm suggestive of scar endometriosis. Patient underwent wide local excision of the lesion with adequate surgical margins, with histopathological confirmation of scar site endometriosis. Postoperative recovery was uneventful

Conclusion :
Even though scar endometriosis is a rare, it should be considered in women who present with cyclical pain and swelling over previous surgical scar site. Early recognition and complete excision with adequate margins are essential to prevent recurrence and achieve optimal outcomes.

Abstract ID: MISC/CR/99

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Abstract Title:
HYPOTHYROIDISM -ASSOCIATED OVARIAN ENLARGEMENT: AN OVERLOOKED ENDOCRINE GYNECOLOGIC LINK

Introduction :
Ovarian cysts are a common indication for gynecological surgeries. However, in the reproductive age group, ovarian cysts are mostly due to endocrine dysfunction and they resolve after the correction of the endocrine dysfunction without any surgical intervention. Primary hypothyroidism is a common endocrine abnormality resulting from thyroid hormone deficiency which can lead to multiple-system impairment.

Case Description :
A case of a 35-year-old multiparous female presented with large ovarian mass seen in association with hypothyroidism. Initially, her radiological imaging and risk of malignancy index (RMI) were in favor of malignancy. On further workup of the patient, high thyroid stimulating hormone (TSH) levels were found and she was planned for surgery after optimisation. There was a dramatic symptomatic relief as well as a decrease in the size of the ovarian mass after three months of thyroxin supplementation.

Conclusion :
This case report highlights the rare and often missed association between hypothyroidism and ovarian cysts. Although very rare, profound hypothyroidism that can cause ovarian cysts in an adult should always be kept in the differential diagnosis to avoid unnecessary ovarian surgery.

Abstract ID: MISC/CR/100

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Abstract Title:
METHEMOGLOBINEMIA IN PREGNANCY: A RARE CASE REPORT OF INCIDENTAL HYPOXIA IN A TERM PRIMIGRAVIDA

Introduction :
Abstract Background: Methemoglobinemia is a rare hematologic disorder characterized by elevated levels of methemoglobin in which iron exists in the ferric (Fe^{3+}) rather than the ferrous (Fe^{2+}) state. This oxidation impairs hemoglobin's oxygen-carrying capacity, producing functional anemia and tissue hypoxia despite adequate oxygenation. During pregnancy, methemoglobinemia may pose additional maternal and fetal risks because of increased oxygen demand and possible transplacental transmission. Globally, only about seven cases of methemoglobinemia in pregnancy have been reported.

Case Description :
Case Presentation: A 27-year-old booked primigravida at 39 weeks of gestation presented with persistent desaturation following an episode of lower respiratory tract infection. She was clinically stable and afebrile, with SpO_2 88% on room air but normal arterial blood gas parameters (PaO_2 118 mmHg). CT pulmonary angiogram and venous Doppler were unremarkable. A dark-brown blood sample raised suspicion of methemoglobinemia. Elective cesarean section was performed under high-risk category; intraoperatively, dark-colored blood was again noted. The procedure was uneventful, and a healthy 3 kg female infant was delivered. Postoperatively, oxygen saturation remained around 91% on room air. 100% oxygen bubble and filter-paper tests supported the diagnosis. Echocardiography and other investigations excluded cardiopulmonary pathology. Both mother and baby recovered well and were discharged

Conclusion :
Methemoglobinemia, though uncommon, should be considered in pregnant women with unexplained hypoxia unresponsive to oxygen therapy despite normal ABG findings. Awareness, early recognition, and avoidance of precipitating agents can ensure favorable maternal and neonatal outcomes. This case emphasizes the importance of including methemoglobinemia in the differential diagnosis of persistent desaturation during pregnancy.

Abstract ID: MISC/CR/101

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Abstract Title:
A RARE CASE OF CML IN PREGNANCY:CASE REPORT OF AN UNEVENTFULL CESARIAN SECTION OF CML PATEINT WITH NON COMPLAINT TO IMATINIB DURING PREGNANCY

Introduction :
chromosome is diagnostic parameter for CML.The translocation(9;22) as result of part of oncogene ABL1 moved to BCR gene in the chromosome 22 and part of chromosome 22 moved to the chromosome 9. Course of CML diseaChronic Myeloid Leukemia (CML) is one of leukemias characterized by abnormal growth of myeloid cells in bone marrow.

Case Description :
A 24-year-old female with Primigravida 35 weeks + 6 days GA with Transverse lie with Severe Preeclampsia with k/c/o CML with severe oligohydramnios,not in labour had come with complaints of pain abdomen since one day and gave history of diagnosed as CML 1.5 years back and was started on IMATINIB 400mg OD which was discontinued at 3 months of amenorrhea,and also was diagnosed with PIH since 8 days and was started on T.LABETALOL 100mg BD .On examination Bp-160/100 mm of hg,urine albumin 2+,AFI-2cm,Transverse lie on perabdomen examination,u/o-400ml(haematuria).On usg –mild hepatosplenomeghaly,b/l mild pleural effusion,minimal peritoneal collection was noted,CBC;hb-9.3,tc-192900,plt-3.75 lac,ldh-1916 all other investigations were found to be normal,she went into spontaneous labor ,In view of Haematuria 2 pint FFP was transfused and was taken up for emergency c-section in view of transeverse lie .Baby extracted by Breech,1.86kg,which was given mother side and was uneventfull with blood loss of 400ml

Conclusion :
The coincidence of CML and pregnancy is an uncommon event,CML occurs mostly in older age group.In contrast this patient presented at younger age.CML has been treated in pregnancy with Busalphan, alpha-interferon, hydroxy urea and leukapheresis. Unfortunatly,the potential teratogenicity of chemotherapy on the fetus make their use during pregnancy much less

Abstract ID: MISC/CR/103

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Abstract Title:
SINGLE SITTING VAGINAL PULL THROUGH TECHNIQUE FOR TREATMENT OF VAGINAL ATRESIA – A CASE REPORT

Introduction :
A very rare Müllerian duct anomaly called congenital vaginal atresia is caused by a faulty canalization of the vaginal plate, which results in the partial or total absence of the vaginal lumen. Due to outflow obstruction and hematocolpos or hematometra, it usually manifests as primary amenorrhea and cyclic lower abdomen pain during adolescence. It is possible with cervical or uterine deformities as part of the Müllerian anomaly spectrum. In order to relieve symptoms, restore menstruation, and maintain reproductive and psychological well-being, early diagnosis and prompt surgical correction are crucial. The purpose of this article is to emphasize the critical importance of timely detection and surgical intervention by presenting a rare instance of congenital vaginal atresia that was successfully treated with a single-sitting vaginal pull-through method.

Case Description :
A 13-year-old girl complained of primary amenorrhea and lower abdominal pain. Along with a normal uterus and adnexa, magnetic resonance imaging showed a significantly enlarged upper vaginal pouch and uterine cavity consistent with hematocolpos and hematometra, as well as fibrotic obliteration and segmental atresia of the lower two thirds of the vaginal canal. The vaginal pull-through technique, which involves mobilizing the proximal vaginal pouch and anastomosis to the introitus, was used to conduct a single-stage vaginoplasty under general anaesthesia. Vaginal dilators were used post-surgery to prevent stenosis. Other Mullerian anomalies and Endometriosis was ruled out by a diagnostic laparoscopy.

Conclusion :
The surgical management of congenital vaginal atresia, single-sitting vaginal pull, is a minimally invasive, safe, and efficient method. To maintain reproductive potential and restore normal menstrual

Abstract ID: MISC/CR/104

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Abstract Title:
SUCCESSFUL MANAGEMENT OF CORNUAL PREGNANCY BY ULTRASOUND-GUIDED DILATATION AND CURETTAGE: A CASE REPORT

Introduction :
Cornual (interstitial) pregnancy is a rare form of ectopic pregnancy where the gestational sac implants in the interstitial portion of the fallopian tube within the muscular wall of the uterus. It accounts for 2–4% of ectopic pregnancies but carries a high risk of hemorrhage and maternal mortality if ruptured. Traditionally managed by laparotomy or laparoscopy, recent advances in imaging and minimally invasive techniques have enabled early diagnosis and conservative management, including ultrasound-guided D&C and methotrexate therapy.

Case Description :
A 33-year-old G2P1L1 woman presented with 6 weeks of amenorrhea with previous 1 Lscs Vitals: Stable, no signs of shock. β-hCG: 18,000 mIU/mL. Transvaginal USG: Empty uterine cavity, a gestational sac (GS) measuring 13.9 mm seen in the left cornua with fetal cardiac activity of 127 beats / min.It was an unruptured live left cornual pregnancy. USG-guided D&C was planned. Under transvaginal USG guidance, careful suction evacuation was done with minimal bleeding and hemostasis achieved Post-procedure β-hCG levels were checked weekly until negative.Follow up USG after 6 weeks showed normal uterine architecture.Early diagnosis with TVS allows for non surgical management in selected stable cases.Conventional treatments such as cornual resection or hysterectomy are associated with significant morbidity and loss of fertility.

Conclusion :
Conclusion:USG-guided D&C can be a safe and effective fertility-preserving method for managing selected cases of unruptured cornual pregnancy diagnosed early. Timely diagnosis and individualized management are crucial to optimizing maternal outcomes and preserving reproductive potential.

Abstract ID: MISC/CR/105

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Abstract Title:
A RARE CASE OF PREGNANCY COMPLICATED BY AUTOIMMUNE PORTAL VASCULOPATHY AND NON-CIRRHOTIC PORTAL FIBROSIS: FROM THROMBOCYTOPENIA TO LIFE-SAVING PERIPARTUM HYSTERECTOMY

Introduction :
Non-cirrhotic portal fibrosis (NCPF) is a presinusoidal portal hypertensive disorder with preserved hepatic function. The disease, often immune-mediated, rarely coexists with pregnancy yet poses major risks due to cytopenias, hemodynamic stress, and hemorrhage. Reports of autoimmune seropositive NCPF with severe thrombocytopenia and peripartum hysterectomy are exceedingly rare.

Case Description :
A 34-year-old G2P1L1 at 35+3 weeks with prior LSCS presented in early labor with leaking p/v and abdominal pain. She had hepatosplenomegaly and thrombocytopenia (38,000/mm^3). ANA and lupus anticoagulant were positive, suggesting autoimmune portal vasculopathy. Liver and renal functions were normal. Ultrasound and Doppler showed hepatosplenomegaly with dilated portal (13mm) and splenic veins. After platelet and FFP support, she underwent emergency LSCS with sterilization, delivering a healthy 2.7kg female baby. Intraoperatively, refractory atonic PPH required peripartum hysterectomy (EBL3.5L; 6PRBC, 4FFP, 1SDP). Postoperatively she developed pancytopenia and ascites from hypersplenism. CECT confirmed NCPF with periportal collaterals. conservative management given. She recovered completely and was discharged on pod-10.

Conclusion :
Autoimmune-associated NCPF in pregnancy highlights a frontier where hepatic microvascular pathology meets obstetric physiology. This case exemplifies how a pregnancy shadowed by portal hypertension and autoimmune vasculopathy can swiftly evolve into a life-threatening hemorrhagic emergency and calls for evidence-based protocols to guide management. Early recognition and timely multidisciplinary action can transform what was once a uniformly fatal combination into a survivable event

Abstract ID: MISC/CR/106

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Country: India

Abstract Title:
JOURNEY OF SYSTEMIC LUPUS ERYTHEMASOSIS IN PREGNANCY

Introduction :
SYSTEMIC LUPUS ERYTHEMATOSUS - AUTOIMMUNE DISORDER AFFECTING WOMEN DURING CHILDBEARING AGE. COMPLICATIONS DURING PREGNANCY INCLUDE PRETERM BIRTH, PIH, IUGR, AND NEONATAL LUPUS. LUPUS EXACERBATION DURING PREGNANCY OCCURS IN ABOUT 20-30% OF CASES. INCREASED SLE FLARES DURING PREGNANCY ARE DUE TO INCREASED LEVELS OF ESTROGEN, PROLACTIN, AND T-HELPER CELL 2 CYTOKINES, WHILE FLARES DURING THE POSTPARTUM PERIOD ARE ATTRIBUTED TO DECREASED LEVELS OF ANTI-INFLAMMATORY STEROIDS, INCREASED PROLACTIN LEVELS, AND CHANGES IN THE NEUROENDOCRINE AXIS, ESTROGEN, AND PROGESTERONE LEVELS.

Case Description :
A 31-YEAR-OLD FEMALE, REFERRED FROM PRIVATE CLINIC, G2P1L0D1, PRESENTED AT 28 WEEKS OF GESTATION WITH RASH AND ITCHING ALL OVER BODY FOR 4 WEEKS, WHICH HAD EXACERBATED OVER LAST WEEK. PREVIOUS PREGNANCY WAS OTHERWISE ASYMPTOMATIC, SHE HAD A HISTORY OF LUPUS ERUPTIONS AT 30 WEEKS OF GESTATION AND INTRAUTERINE FOETAL DEMISE AT 32 WEEKS IN VIEW OF SEVERE IUGR WITH PIH. POSTPARTUM LUPUS ANTICOAGULANT, ANTICARDIOLIPIN ANTIBODIES WERE NEGATIVE; ANTINUCLEAR ANTIBODIES AND DS-DNA WERE POSITIVE (1:40). SHE WAS DIAGNOSED WITH SLE, STARTED ON TABLET ASPIRIN 75 MG OD, TABLET AZATHIOPRINE 300 MG OD, TABLET PREDNISOLONE 40 MG OD, AND TABLET HYDROXYCHLOROQUINE 200 MG OD. RHEUMATOLOGY OPINION WAS TAKEN, SAME MEDICATIONS WERE CONTINUED. FOETAL 2DECHO WAS SUGGESTIVE OF SECOND-DEGREE HEART BLOCK. EMERGENCY LSCS WAS PERFORMED AT 38+5 WEEKS OF GESTATION IN VIEW OF FOETAL DISTRESS. POST-DELIVERY 2DECHO SHOWED SECOND-DEGREE HEART BLOCK BUT NO INTERVENTION WAS REQUIRED; SIX-MONTHLY CARDIOLOGY FOLLOW-UP ADVISED.

Conclusion :
MANAGEMENT OF SLE IN PREGNANCY REQUIRES AN ORCHESTRATED EFFORT BETWEEN, OBSTETRICIAN, RHEUMATOLOGIST, NEPHROLOGIST, AND NEONATOLOGIST.

Abstract ID: MISC/CR/107

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Abstract Title:
PLACENTA ACCRETA IN A PRIMIGRAVIDA - RARE CASE REPORT

Introduction :
Placenta accreta refers to abnormal placental adherence to the underlying myometrium.It is most often associated with risk factors such as previous uterine surgery, placenta previa or multiparity. It occurrence in a primigravida is rare.

Case Description :
A 29-year-old primigravida, conceived through IVF-donor oocyte, presented at 20 weeks 4 days of gestation with intrauterine fetal demise and preeclampsia. Following medical MTP, post expulsion of fetus, the placenta was retained. Manual removal under general anaesthesia was attempted but unsuccessful. Ultrasound revealed endometrial cavity filled with placental tissue 7.5x5.4x 10.0 cm, suggestive of placenta accrete. Serum beta hcg was 1326 mlU/ml. In view of hemodynamic stability and the patient's desire for fertility preservation, conservative management was planned with a single intramuscular dose of methotrexate, following which she complained of passing fleshy mass per vaginum for a week, after which beta hcg levels decreased to 132 mIU/ml, and repeat ultrasound demonstrated a reduction of placental tissue 5.6x2.3x2.8cm. The patient remained stable, with gradual resolution of retained tissue on follow up.

Conclusion :
Placenta accreta may rarely occurs in primigravida, Conservative management using methotrexate can be safe and effective alternative to surgical intervention in carefully selected, stable patients wishing to preserve fertility.

Abstract ID: MISC/CR/108

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Abstract Title:
UTERINE TORSION IN NONPREGNANT WOMAN WITH LARGE UTERINE FIBROID

Introduction :
Uterine torsion is a rare clinical condition in non pregnant females. Torsion of adenexal mass is more common. One has to be more vigilant to see torsion as it may lead to inadvertent injury to adjacent structures during surgery.

Case Description :
A 40-year-old diabetic female, P2L2 with two caesareans presented with complaints of acute pain abdomen since7 days and heavy menstrual bleeding and an abdominal mass corresponding to 20 weeks. Ultrasonography revealed a bulky uterus with a large anterior wall fibroid. A total abdominal hysterectomy (TAH)was planned. Intraoperatively, pelvic anatomy could not be delineated clearly, further exploration done. The uterus was found to be dextrorotated by approximately 180 degrees along the axis of an elongated cervix. After detorsion, a large intramural fibroid measuring 15 × 15 cm was identified on the anterior wall of uterus. Total abdominal hysterectomy with bilateral salpingectomy was successfully performed.

Conclusion :
In a case of fibroid uterus, acute pain may be because of either degenerative changes or torsion. It is of utmost importance to identify uterus torsion before commencement of the surgery to avoid ureteric, bladder or rectal injury.

Abstract ID: MISC/CR/109

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Abstract Title:
TRIUMPH OVER THE TRIPLE THREAT: SUCCESSFUL LIVE BIRTH FOLLOWING MANAGEMENT OF RECURRENT HEMATOMETRA, UNDIAGNOSED HEMATOSALPINX, AND COMPLEX TUBO-OVARIAN MASS AFTER MULTIPLE IVF FAILURES

Introduction :
Recurrent hematometra with concomitant adnexal hemorrhagic pathologies such as hematosalpinx and tubo-ovarian mass is exceptionally rare. When compounded by advanced endometriosis and severely diminished ovarian reserve, these conditions present major barriers to implantation and fertility. We report a rare case of successful live birth in a woman with the unusual triad of recurrent hematometra, hematosalpinx, and tubo-ovarian mass, in the background of stage IV endometriosis and ovarian insufficiency (AMH 0.02 ng/mL).

Case Description :
A 36-year-old with 7-year primary infertility and multiple failed IVF cycles, had underwent laparohysteroscopy outside, presented to us and diagnosed with a rare triad of recurrent hematometra, hematosalpinx (undiagnosed previously), and tubo-ovarian mass. Despite two sequential dilatation and drainage attempts , the hematometra recurred persistently. Comprehensive ultrasonographic re-evaluation uncovered the critical underlying pathology: a large left-sided tubo-ovarian mass. This triad of hematometra + hematosalpinx(diagnosed during second laparoscopy) + tubo-ovarian mass represented a unique convergence of blood-filled compartments creating a self-perpetuating cycle of intrauterine contamination. A two-stage approach was adopted: Donor oocyte cryopreservation (AMH 0.02 ng/mL) to secure embryos and laparohysteroscopy with hematometra drainage, right salpingectomy for hematosalpinx, excision of the left tubo-ovarian mass and bilateral endometriotic cysts, followed by adhesiolysis. After two months of recovery, complete resolution of hematometra followed by frozen embryo transfer gave positive β-hCG, and term delivery of a healthy baby.

Conclusion :
Diagnosing and managing the rare triad of hematometra, hematosalpinx, and tubo-ovarian mass is crucial in infertility. Laparohysteroscopically managing such cases with donor IVF cycle for poor ovarian reserve, restores uterine receptivity and successful live birth.

Abstract ID: MISC/CR/110

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Abstract Title:
A RARITY IN LATE PREGNANCY - LAPAROTOMY FOR OVARIAN TORSION

Introduction :
Ovarian torsion is an uncommon gynecological emergency, and its occurrence in the third trimester of pregnancy is exceedingly rarewith an incidence of approximately 1 in 5,000 pregnancies. Diagnosis is often challenging due to non-specific symptoms that overlap with common late-pregnancy discomforts. Prompt and decisive surgical intervention is critical to preserving ovarian function and ensuring fetal safety

Case Description :
A 24-year-old primigravida at 30 weeks of gestation presented with sudden onset, continuous unremitting right-sided abdominal pain radiating to the back.The pain was refractory to initial analgesia. There were no associated gastrointestinal or genitourinary symptoms. On examination, the uterus corresponded to 30 weeks, was relaxed, with cephalic presentation and a fetal heart rate of 140 bpm. Transabdominal Ultrasound revealed a bulky right adnexa with reduced vascularity, suggestive of ovarian torsion. Given the advanced gestation, size of gravid uterus and acute presentation, an exploratory laparotomy was performed. Intraoperatively, the right ovary (7×5 cm) and right fallopian tube (2×4 cm) were found enlarged, necrosed, and twisted thrice. Approximately 100 mL of hemoperitoneum was noted. A right salpingo-ovariotomy was performed. Postoperative recovery was uneventful, and both mother and fetus remained stable.

Conclusion :
Ovarian torsion in late pregnancy, though uncommon, should be considered in cases of acute lower abdominal pain. This case emphasizes that while conservative approaches are preferred in pregnancy, a high index of suspicion for ovarian torsion is essential. Laparotomy remains a safe and sometimes necessary definitive management strategy in the third trimester to ensure timely intervention, and secure optimal maternal and fetal outcomes.

Abstract ID: MISC/CR/111

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Abstract Title:
SUCCESSFUL LIVE BIRTH FOLLOWING PREIMPLANTATION GENETIC TESTING FOR MONOGENIC DISORDER (PGT-M) IN A COUPLE CARRYING LAMB3 GENE MUTATION ASSOCIATED WITH EPIDERMOLYSIS BULLOSA DYSTROPHICA

Introduction :
Epidermolysis Bullosa (EB) is a rare, severe genetic blistering disorder with incidence rate of 50 per million live birth worldwide and indian estimate of around 54 per million live births (National EB Registry) .Mutations in the LAMB3 gene, known to cause autosomal recessive forms of the disease. Preimplantation Genetic Testing for Monogenic Disorders (PGT-M) allows detection of affected embryos before transfer, preventing recurrence in high-risk couples.

Case Description :
A non - consanguineous couple 28-years and 30-years, presented at Motherhood hospital with history of recurrent adverse pregnancies. She had delivered one full term baby who succumbed to Epidermolysis Bullosa in infancy . The whole Exome sequencing of both partners revealed them to be carriers of a two-base-pair deletion in exon 10 of the LAMB3 gene. Second spontaneous pregnancy (LAMB3 gene mutation excuded by amniocentesis) resulted in healthy full term baby . Third pregnancy was medically terminated following genetic diagnosis of the same disease after CVS . She had 3 consecutive miscarriages. Ten blastocysts obtained by IVF . PGT-M performed on 6 embryos as per couple's choice ,identifying one affected and five carrier embryos. Single day-5 carrier blastocyst (grade 4AA) transferred after counselling the couple resulting in a healthy term baby with no clinical features of Epidermolysis Bullosa .

Conclusion :
PGT-M offers a ray of hope for couples struggling with bad obstetric history facing risk of transmitting rare severe monogenic disorders incompatible with life . With careful genetic counseling and embryo selection even carrier embryos can result in healthy birth.

Abstract ID: MISC/CR/112

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Abstract Title:
LAPAROSCOPIC ABDOMINAL CERCLAGE DURING PREGNANCY: REDEFINING SUCCESS IN REFRACTORY CERVICAL INSUFFICIENCY

Introduction :
n pregnant women, the incidence of cervical insufficiency is 1%, with a high recurrence rate of 30%, and it will mainly result in abortion or premature delivery in the second and third trimester. However, traditional vaginal cerclage failed to achieve an ideal effect in some patients. Abdominal cerclage performed by laparoscopy has therefore been introduced as a minimally invasive alternative.

Case Description :
We report a 28-year-old, gravida 3 para 0 patient at 16 weeks gestation diagnosed with cervical incompetence who underwent laparoscopic TAC. Using four trocars,the laparoscope was introduced, and the trigonum bordered by the ureter, ovarian vessels, and ascending uterine artery branch was exposed. A needleless Mersilene tape was passed posterior to anterior through both trigonums, tightened toward the bladder uterine reflection, and looped progressively behind the uterus toward the cervix. TVS confirmed uterine artery systolic flow before final tightening. The tape was tied anteriorly at the cervico isthmic junction with 5–6 intracorporeal square knots. Notably, the tape was placed centrally through the broad ligaments, lateral to uterine vessels, and tied above the uterosacral ligament at the uterine isthmus without bladder dissection or uterine vessel separation.

Conclusion :
The operation lasted 65 minutes and was completed without any complication. The patient was discharged the next day and the remainder of her pregnancy was uneventful. A healthy infant weighing 2910 g was delivered at 38 weeks by cesarean section. Laparoscopic TAC approach is safe and effective for pregnant patients when abdominal cerclage is recommended and offers faster patient recovery.

Abstract ID: MISC/CR/113

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Abstract Title:
UTERINE ARTERIOVENOUS MALFORM WITH PORTAL HYPERTENSION TREATED WITH UTERINE ARTERY EMBOLISATION- A CASE REPORT

Introduction :
Uterine AVM is a rare gynaecological condition with abnormal connections between uterine vessels leading to life threatening vaginal bleeding.Diagnosis is often challenging and management becomes even more complex in patients with co existing hematological disorders.

Case Description :
We report a case of a young woman P2+0L1 presented to JNMCH with irregular and heavy menstrual bleeding post D and C for the past 1 year. On initial evaluation on USG TVS Doppler, she was diagnosed as a case of uterine AVM which was confirmed on CT angiography and hysteroscopy. Owing to the severity of the disease and with aim to conserve fertility, patient was planned for bilateral uterine artery embolisation, which was done by the interventional radiologist. Patient had marked clinical improvement post embolisation.

Conclusion :
Bilateral uterine artery embolisation is an effective and fertility conserving treatment for uterine AVM, particularly in patients with co morbid conditions like portal hypertension and thrombocytopenia.The challenges we faced was co existence of portal hypertension with thrombocytopenia which delayed the diagnosis and caused difficulty in management.

Abstract ID: MISC/CR/114

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Abstract Title:
FROM FLATLINE TO NORMAL SINUS RHYTHM — A MIRACLE STORY

Introduction :
Perimortem caesarean delivery (PMCD) within minutes of maternal cardiac arrest can be lifesaving for both mother and fetus. Timely decisive action, airway control and coordinated multidisciplinary care determine outcome in catastrophic obstetric deterioration.

Case Description :
A 26 years old, primigravida at 38 weeks 3 days, presented in emergency on 21-10-2024 (~03:00AM) with severe preeclampsia, pulmonary edema, acute respiratory failure and overt diabetes mellitus. On arrival she had tachycardia (≈170/min), hypertension, hypoxemia (SpO_2 76% RA) and a poor GCS. Rapid intubation improved SpO_2 to 97%. Urine output was nil. Despite stabilization, she developed cardiac arrest (asystole) at 04:10AM. High-quality CPR was initiated; during the second cycle a perimortem caesarean was performed and a live female infant (2.9 kg) delivered at 4:15AM. Return of spontaneous circulation followed the procedure. Mother was ventilated, transferred to ICU, treated for pulmonary edema and postoperative surgical-site infection, and recovered. Both mother and neonate survived; mother discharged after extended care and is well at one-year follow-up.

Conclusion :
This case underscores that rapid recognition, immediate airway control, initiation of ACLS, and PMCD performed within the narrow “minutes matter” window can convert impending maternal–fetal catastrophe into survival. Clear leadership and seamless multidisciplinary execution turned a flatline into normal sinus rhythm — a reproducible lesson in critical-care obstetrics.

Abstract ID: MISC/CR/115

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Abstract Title:
EARLY DIAGNOSIS AND SURGICAL MANAGEMENT OF CESAREAN SCAR MOLAR PREGNANCY: A LIFE-SAVING INTERVENTION

Introduction :
Cesarean scar molar pregnancy is extremely rare and potentially life-threatening and represents a diagnostic and therapeutic challenge due to its rarity. Differentiation from other forms of ectopic or scar pregnancies is vital, as management varies considerably.

Case Description :
A 33-year-old G6P1L1A4 at 9+4 weeks POG presented with complaints of bleeding per vaginum with passage of clots with UPT positive with BP 90/60 mmHg, PR 106 bpm, and SpO_2 95% on room air. USG done in emergency revealed a scar site ectopic pregnancy. The β-hCG level was 78,280 mIU/mL. The patient was immediately taken up for exploratory laparotomy. On intra-operative findings, a 5×5 cm hematoma was present at the lower segment uterine scar with deficient overlying uterine musculature, suggestive of scar dehiscence over scar site ectopic pregnancy. An incision was given over the scar site and products of conception were evacuated and sent for HPE. The uterine scar site was repaired. Estimated blood loss was ~1600 mL. Four units of PRBC, four units of FFP, and four units of platelets were transfused intra-operatively. The patient was shifted to ICU and responded well in the postoperative period. She was discharged on POD 8 with β-hCG level of 500 and was followed up till two subsequent values of β-hCG came out normal. HPE: partial hydatidiform mole.

Conclusion :
Cesarean scar molar pregnancy, though rare, poses a significant risk of uterine rupture and severe hemorrhage if not diagnosed early. High clinical suspicion and timely diagnosis are essential for early detection.

Abstract ID: MISC/CR/116

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Abstract Title:
ENIGMA OF SIRENOMELIA: INSIGHTS INTO THE DEVELOPMENTAL CATASTROPHE

Introduction :
Sirenomelia, or Mermaid Syndrome, is an exceedingly rare and typically fatal congenital anomaly characterized by fusion of the lower limbs, bilateral renal agenesis, absent bladder, anorectal malformations, and severe oligohydramnios or anhydramnios. The incidence ranges from 1 in 60,000 to 100,000 births, with a male preponderance. The vascular steal theory remains the most widely accepted pathogenetic explanation, involving abnormal blood flow through a persistent vitelline artery, leading to caudal dysgenesis. Maternal diabetes, teratogenic exposures, and nutritional deficiencies have been associated as risk factors.

Case Description :
A 32-year-old G3A2 woman with hypothyroidism receiving regular routine antenatal care, presented to our OPD at 21 weeks + 2 days of gestation with a TIFFA scan (at 20 weeks + 5 days) revealing a single live intrauterine fetus with anhydramnios, breech presentation, and bilateral renal agenesis- findings consistent with sirenomelia, with previous reports showing normal findings. Maternal investigations were unremarkable except for mild anemia. Second-trimester medical termination was performed. The expelled fetus weighed 170 g with a 220 g placenta showing velamentous cord insertion. Gross examination revealed a fused lower body with absent right limb and anorectal atresia, consistent with Sympus Apus (Class VI) Sirenomelia.

Conclusion :
Sirenomelia represents a catastrophic failure of caudal embryonic development with multifactorial etiology. Early diagnosis through advanced imaging and awareness of associated anomalies are crucial for appropriate counseling and management. Continued molecular research, improved prenatal screening, and multidisciplinary collaboration are essential for understanding pathogenesis and providing compassionate care to affected families.

Abstract ID: MISC/CR/117

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State: Rajasthan

Country: India

Abstract Title:
RARE CASE OF TWIN PREGNANCY TRAPPED IN RUDIMENTARY HORN

Introduction :
Background: The unicornuate uterus, rare type of mullerian duct anomaly, proportionate have a contralateral rudimentary horn bearing a normal endometrium non communicating with the uterine cavity having a prevalence of approximately 1 in 100,000 in fertile woman. The pregnancy incidence rate in such case is approximately 1 in 76,000–150,000 pregnancies and only 14% of the cases are correctly diagnosed before clinical manifestations make themselves apparent. The possible explanation for pregnancy in rudimentary horn is by transperitoneal migration of spermatozoa through the contralateral tube.

Case Description :
The patient is a 24-year-old primigravida with 12 weeks gestational age and antenatal scan suggestive of twin pregnancy in non-communicating rudimentary horn with empty unicornuate uterus, findings were confirmed on MRI pelvis. With informed consent, laparotomy done and rudimentary horn excised revealing monochorionic diamniotic twin pregnancy inside it and unicornuate uterus left in situ so that patient can conceive.

Conclusion :
Twin pregnancy in rudimentary horn, an exceptionally rare condition, is considered as medical emergency as rupture of rudimentary horn can occur in late first or second trimester of pregnancy leading to massive bleeding and threatens the patient life. Most cases remain undiagnosed until it ruptures and presents as an emergency with hemoperitoneum. A multidisciplinary approach, first with early ultrasound which can miss the gestational sac location, followed by MRI which may provide additional information and all facilities for laparoscopy, laparotomy, hysteroscopy and other procedures should be there.

Abstract ID: MISC/CR/118

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Abstract Title:
SUBMUCOSAL ANGIOMYOMA OF THE UTERUS PRESENTING AS REFRACTORY HEAVY MENSTRUAL BLEEDING WITH SEVERE ANEMIA: A RARE CASE REPORT

Introduction :
Submucosal angiomyoma (vascular leiomyoma) is an uncommon benign uterine neoplasm characterized by proliferation of smooth muscle cells interspersed with prominent vascular channels. Its clinical presentation often mimics more common causes of abnormal uterine bleeding, making preoperative diagnosis challenging.

Case Description :
A 41-year-old multiparous woman (P3L3) presented with continuous heavy menstrual bleeding for one month, leading to severe anemia (hemoglobin 5.3 g/dL). Ultrasonography revealed a bulky uterus with heterogeneous echotexture and loss of the endomyometrial junctional zone suggestive of adenomyosis, along with a right simple ovarian cyst. Medical management with tranexamic acid and progestogens failed to control the bleeding. After optimization with four blood transfusions, the patient underwent a total abdominal hysterectomy with bilateral salpingectomy (TAH-BS). Histopathological examination demonstrated a submucosal angiomyoma with chronic cervicitis. The postoperative course was uneventful, and the patient was discharged in stable condition with a hemoglobin level of 9.6 g/dL on the sixth postoperative day.

Conclusion :
Although rare, angiomyoma should be considered in women presenting with persistent heavy menstrual bleeding refractory to conventional therapy. Surgical management offers a definitive cure, and histopathological evaluation remains essential for diagnosis.

Abstract ID: MISC/CR/119

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Abstract Title:
A RETROSPECTIVE STUDY OF ACUTE OBSTETRIC CONDITION REQUIRING LAPAROTOMY:A ONE YAER EXPERIENCE FROM A TERTIARY CARE CENTRE

Introduction :
To analyze the spectrum of acute obstetric conditions requiring laparotomy and the association with maternal mortality and morbidity

Case Description :
A retrospective observational study was done over one year taking into account all women who went fro emergency laparotomy

Conclusion :
Acute Obstetrics condition requiring laparotomy remain significant contributors to maternal mortality and morbidity

Abstract ID: MISC/CR/120

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Abstract Title:
SYNCHRONOUS MALIGNANCY BETWEEN ENDOMETROID & OVARIAN CARCINOMA

Introduction :
Ovarian and endometrial malignancies often present with overlapping clinical and radiological features, posing diagnostic challenges in determining the primary site. Early detection and accurate staging are crucial for appropriate surgical management and prognosis.

Case Description :
Routine hematological and biochemical investigations were within normal limits. Tumor marker profile showed CA-125: 31.1 U/mL, CEA: 1.3 ng/mL, CA19-9: 53.9 U/mL, LDH: 238 U/L, and β-hCG: 1.61 IU/L. Ultrasonography revealed a solid-cystic lesion in the right adnexa measuring 13 × 17 × 10 cm (O-RADS 4), and MRI pelvis showed a large multiloculated cystic lesion (8.5 × 10 × 8 cm) arising from the right adnexa with solid enhancing components and pelvic lymphadenopathy suggestive of malignant etiology. A polypoidal lesion was also seen in the endometrial cavity. The patient underwent staging laparotomy with right adnexectomy (frozen section) followed by total abdominal hysterectomy with left salpingo-oophorectomy, bilateral pelvic lymph node dissection, and infracolic omentectomy under general anesthesia. Peroperative findings included a 16 × 12 × 5 cm right ovarian mass with solid-cystic areas and a 3 × 4 cm endometrial polypoidal growth from the fundus. Surgical staging ?? 3 A1 Ca Endometrium Final histopathology revealed endometrioid carcinoma of the endometrium (Stage IA, Grade 1) with right ovarian involvement showing similar morphology, suggestive of synchronous primary endometrioid carcinoma of the endometrium and ovary. Synchronous is suggesting due to unilateral, confined , low grade endometriod, present in ovary

Conclusion :
Synchronous endometrioid carcinoma of the endometrium and ovary, though uncommon, should be considered in postmenopausal women presenting with adnexal masses. Multimodal

Abstract ID: MISC/CR/121

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Abstract Title:
PLACENTAL MESENCHYMAL DYSPLASIA: A RARE CLINICOPATHOLOGICAL ENTITY WITH FAVOURABLE PERINATAL OUTCOME

Introduction :
Placental mesenchymal dysplasia is a rare placental vascular disorder characterized by placental enlargement and areas of abnormal, enlarged, grape-like villi. It occurs in 0.02% of pregnancies. Patients usually present with normal or slightly raised Beta-HCG, raised Alfa-fetoprotein and cystic structures on USG resembling a molar pregnancy.

Case Description :
This is a case of a 31 year old, G2P1 presenting at 13 weeks of gestation with USG suggestive of bulky placenta with subcentimetric cystic spaces, with suspicion of partial molar pregnancy. Repeat serial ultrasounds done , suggested placental mesenchymal dysplasia. As there was no gross anomaly seen in fetus indicative of non viability, the couple was counselled to continue pregnancy. At 37 weeks POG, patient underwent elective cesarean section and delivered a female baby. Gross examination of placenta showed multiple vesicles of variable sizes and on microscopic examination, markedly edematous hydropic chorionic villi without definitive trophoblastic proliferation was noted.

Conclusion :
PMD should be included in the differential diagnosis for ultrasound findings that show a normal-appearing fetus with cystic lesions of the placenta. There should be a careful assessment that should include fetal karyotype. Placental pathologic examination is paramount to make the diagnosis.

Abstract ID: MISC/CR/122

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Abstract Title:
AN INCIDENTAL DIAGNOSIS OF TRANSMIGRATION OF COPPER-T: A CASE REPORT

Introduction :
Intrauterine Contraceptive Device (IUCD) remains a cornerstone of contraceptive practice globally, despite known side effects and potential complications. Among these, uterine perforation is an uncommon but significant adverse event, with reported incidence ranging from 1 in 350 to 1 in 2500 cases.(1) Accessory and Cavitated Uterine Mass (ACUM) is a rare Müllerian anomaly characterized by a non communicating , uterus-like mass located within the myometrium.(2) The diagnosis of ACUM is based on the following criteria(3) An isolated, accessory, cavitated uterine mass (b) A morphologically normal uterus, fallopian tubes, and ovaries (c) Intraoperative identification and complete surgical excision of the mass with histopathological evaluation (d) A cavity lined by functional endometrial epithelium, glands, and stroma (e) Presence of chocolate-colored fluid within the cavity

Case Description :
A 36-year-old XYZ, P3L3 Presented with chronic lower abdominal pain of 6 months duration ,dull aching, non-radiating lower abdominal pain, intermittent in nature.Associated with severe dysmenorrhea.No history of abnormal uterine bleeding (AUB) or dyspareunia. Abdominal examination: Uterus just palpable above the pubic symphysis.. Pelvic examination:Uterus anteverted, enlarged to approximately 14 weeks in size.Bilateral fornices free, non-tender, with no palpable adnexal masses. Imaging Findings: Ultrasound revealed an encysted collection on the anterior uterine wall. Laparoscopic findings:showed a well-encapsulated 5 × 5 cm mass near the left cornual region, suggestive of Accessory and Cavitated Uterine Mass (ACUM), with dense anterior abdominal adhesions Intraoperative findings:During adhesiolysis, a displaced Copper T (IUCD) was found near the umbilicus on intraoperative radiography. Surgical management:Due to its location, laparotomy was performed. The ACUM was excised,

Conclusion :
ACUM is an emerging uterine anomaly. Worldwide only 110 cases have been reported in literature till date of the same. [4] IUCDs are safe,

Abstract ID: MISC/CR/123

Presenter's Name: Dr. Kaki Baby Srisatya Chakravani

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Abstract Title:
A CASE OF SUCCESSFUL TERM PREGNANCY FOLLOWING SURGICAL RESECTION OF A TRANSVERSE VAGINAL SEPTUM.

Introduction :
Transverse vaginal septum is a rare congenital Mullerian duct anomaly that may remain asymptomatic until reproductive age. While it can affect menstrual outflow or sexual function, some patients present only with difficulty in conception. Successful term pregnancy after surgical correction is rare and clinically significant.

Case Description :
We present the case of a 26-year-old woman with normal menstrual cycles and no history of dyspareunia, evaluated for infertility. Gynaecological examination and imaging revealed a transverse vaginal septum at the mid-vaginal level. Surgical excision of the septum followed by meticulous mucosal approximation was performed. Postoperative vaginal dilation and regular follow-up prevented stenosis and ensured optimal anatomical restoration. The patient conceived spontaneously one year after surgery and subsequently delivered a healthy infant at term via elective Cesarean section to avoid potential trauma to the repaired vaginal site. Her antenatal period and postoperative recovery were uneventful.

Conclusion :
This case demonstrates that surgical management of a transverse vaginal septum can successfully restore reproductive potential, even in asymptomatic individuals presenting primarily with infertility. Early diagnosis, skilled surgical excision, postoperative care, and individualized delivery planning are key to favorable maternal and neonatal outcomes.

Abstract ID: MISC/CR/124

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Abstract Title:
PRIMARY AMENORRHOEA: ONE SYMPTOM, MANY DIAGNOSIS

Introduction :
Primary amenorrhoea if approached systematically leads to a diagnosis and appropriate management of the patient.

Case Description :
As soon as a patient gives a history of no menstruation till age 15, her Initial assessment should include a detailed history and a physical examination including Tanner staging to assess pubertal development. If secondary sexual characters are developed, she should be further evaluated as a case of primary amenorrhoea. If there are no secondary sexual characters till age 13, she can be evaluated earlier. A bimanual examination and pelvic imaging for uterus, ovaries, presence of vagina should be done to identify anatomical problems. Simultaneously a hormonal evaluation for Serum FSH, LH, thyroid-stimulating hormone (TSH) and prolactin along with karyotyping should be done to complete the evaluation. If pelvic organs are normal/hypoplastic along with low levels of gonadotropins it suggests a problem with the hypothalamus or pituitary gland such as Kallmann syndrome (hypogonadotropic hypogonadism). If gonadotropins levels are high, it suggests ovarian failure or a chromosomal abnormality like Turner syndrome (hypergonadotropic hypogonadism). If pelvic imaging suggests absent uterus and vagina along with a female karyotype will suggests mullerian abnormalities while a male karyotype will indicate androgen insensitivity syndrome. Pelvic imaging can also suggest the diagnosis like imperforate hymen, transverse vaginal septum, vaginal agenesis if there is history of cyclical pain abdomen.

Conclusion :
Following this systematic approach, we found a diagnosis in two interesting cases presented our clinic.

Abstract ID: MISC/CR/125

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Abstract Title:
MONOCHORIONIC TRIAMNIOTIC TRIPLETS : CLINICAL INSIGHTS FROM A CASE SERIES

Introduction :
MCTA triplet pregnancies have prevalence of 1:100,000 and account for 5% of all triplet pregnancies . These pregnancies are at high risk for complications due to presence of intertwin placental vascular anastomoses or fetal structural anomalies and preterm morbidity. Fetal interventions such as laser photocoagulation or selective fetal reduction , which play a pivotal role in management of monochorionic twins , are often technically challenging in such cases and may result in poorer perinatal outcomes, than expectant management . There is sparse data on perinatal outcomes in medical literature.

Case Description :
Case 1 was a Primi with uncomplicated MCTA gestation who had spontaneous preterm vaginal deliveries of all three babies at 31+5weeks. All three babies are doing well . Case 2 was a Primigravida with MCTA triplets with double intrauterine fetal demise, one at 25 weeks followed by next at 28 weeks . Following first IUFD, both survivors received intrauterine transfusion as they had moderate to severe fetal anemia. She delivered by emergency LSCS at 28 weeks with surviving fetus measuring 810 gm. The neonate was admitted in NICU for preterm care and doing well. Our third case describes MCTA triplets complicated with TRAP and s FGR in each of two fetuses , diagnosed during NT scan On subsequent follow up, the normal fetus and that with s FGR showed evidence of haemodynamic compromise . Parents opted for termination of pregnancy.

Conclusion :
While role of expectant management in uncomplicated MCTA pregnancies is clear , this needs to be studied in complicated MCTA triplets

Abstract ID: MISC/CR/126

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Abstract Title:
LARGE MULTIPLE UTERINE FIBROIDS CAUSING BILATERAL URETERIC COMPRESSION IN A 23-YEAR-OLD NULLIPAROUS WOMAN: A RARE CASE MANAGED WITH FERTILITY-PRESERVING MYOMECTOMY

Introduction :
Large and multiple uterine fibroids in women under 25 years are uncommon and may present with significant mass-effect complications, including ureteric compression and hydronephrosis. In a prospective ultrasound cohort of 140 women, 25.7% of all women with fibroids had bilateral hydronephrosis yet literature don't provide reliable incidence figures. Early diagnosis and timely fertility-preserving management are essential to prevent long-term reproductive and renal morbidity.

Case Description :
A 23-year-old nulliparous married woman with regular menses presented with abdominal distension for eight months. Examination revealed a mass corresponding to a 20–22 weeks uterus. Ultrasound showed a large exophytic fibroid measuring 13 × 12 × 9.5 cm along with multiple intramural fibroids. CECT demonstrated bilateral mild hydroureteronephrosis due to ureteric compression. All her laboratory tests were normal. The patient underwent laparotomy and fertility-preserving myomectomy. Intraoperatively, a 15 × 12 cm anterior fundal fibroid, an 8 × 7 cm right lateral subserosal fibroid, and seven smaller fibroids were excised through a cruciate incision with hydrodissection. The uterine cavity was not breached. Chromopertubation showed left tubal patency and right tubal non-patency. Postoperative recovery over eight days was uneventful. Patient then followed up after one month and had no complains with regular menstruation.

Conclusion :
This case highlights the rare occurrence of large multiple fibroids in a very young nulliparous woman with significant ureteric compression. Prompt imaging, timely intervention, and precise surgical technique allow successful fertility-preserving myomectomy and prevent renal complications.

Abstract ID: MISC/CR/127

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Abstract Title:
SCAR ECTOPIC PREGNANCY FOLLOWING MULTIPLE CESAREAN DELIVERIES WITH OVARIAN CYST – A CASE REPORT

Introduction :
Ectopic pregnancy is implantation of a fertilized ovum outside the uterine cavity, with cesarean scar ectopic pregnancy (CSEP) being one of the rarest forms. It occurs when the gestational sac implants at the site of a previous cesarean section scar. The incidence of CSEP is rising due to the increasing rate of cesarean deliveries and early use of ultrasonography. Early diagnosis is critical as delayed detection can lead to catastrophic uterine rupture, severe hemorrhage, and potential loss of fertility.

Case Description :
A 33-year-old female, G6P5L2, presented with amenorrhea for 1½ months, bleeding per vaginum, and lower abdominal pain. She had a history of four previous cesarean sections and had taken an MTP pill on her own 7 days prior to presentation. Ultrasound revealed a scar ectopic pregnancy with a right ovarian cyst. The patient was hemodynamically stable and was managed with dilatation and evacuation (D&E) followed by diagnostic hysterolaparoscopy. The products of conception were completely removed, and the right ovarian cyst was excised. The patient remained stable postoperatively and was discharged in satisfactory condition.

Conclusion :
Cesarean scar ectopic pregnancy is a rare but serious condition that requires high clinical suspicion and prompt diagnosis. Early intervention can prevent uterine rupture and preserve reproductive potential. Minimally invasive approaches such as hysteroscopic and laparoscopic management offer effective outcomes in selected stable patients.

Abstract ID: MISC/CR/128

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Abstract Title:
ACCESSORY CAVITATED UTERINE MASS (ACUM): A DIAGNOSTIC CHALLENGE

Introduction :
Accessory Cavitated Uterine Mass (ACUM) is a rare Müllerian duct anomaly characterized by a non-communicating, endometrium-lined cavity within the myometrium of an otherwise normal uterus. Its prevalence is 0.001- 10% in general population. It frequently mimics conditions such as endometriosis or adenomyosis, leading to diagnostic delays and necessary interventions.

Case Description :
A 28-year-old multiparous woman presented with a 4-year history of severe, progressive dysmenorrhea and chronic pelvic pain refractory to medical therapy at ESIC Medical college Basaidarapur, New Delhi (Previous posting) . Imaging suggested cavitated endometriosis in uterine wall or a rudimentary horn. Exploratory laparotomy revealed a 3×2 cm cavitated lesion near the right uterine cornua, non-communicating with the endometrial cavity. The lesion was excised completely, and histopathology confirmed a cavity lined by functional endometrium surrounded by smooth muscle, consistent with ACUM. The patient recovered well with complete resolution of symptoms.

Conclusion :
ACUM most often affects women under 30 years and is associated with cyclical pain unresponsive to medication. The lesion typically occurs near the round ligament insertion. MRI aids preoperative diagnosis, but histopathology remains confirmatory. Surgical excision is the treatment of choice, offering complete and lasting symptom relief. Increased awareness among clinicians is vital to avoid misdiagnosis as leiomyoma, adenomyoma, or endometriosis. Though rare, ACUM should be considered in young women with severe dysmenorrhea and normal uterine anatomy on imaging. Early recognition and surgical excision ensure definitive management and prevent morbidity.

Abstract ID: MISC/CR/129

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Abstract Title:
DUAL CAVITY DYNAMICS: A CASE OF SUCCESSFUL INTRAUTERINE PREGNANCY IN A BICORNUATE UTERUS WITH POLYPS IN THE FUNCTIONAL HORN AND HEMATOMETRA IN THE RUDIMENTARY HORN.

Introduction :
A bicornuate uterus is a congenital malformation resulting from incomplete fusion of the Müllerian ducts, leading to dual uterine cavities. It is often associated with infertility, miscarriage, or adverse obstetric outcomes. Early diagnosis and timely management can significantly improve reproductive success.

Case Description :
A 37-year-old P2L1A1 woman presented with secondary infertility and intermittent passage of clots for five years. She had two previous LSCS, one with a preterm IUD. MRI pelvis revealed a bicornuate uterus with left atrophic kidney with hematometra in the left rudimentary horn and multiple endometrial polyps in the right functional horn.EUA followed by Laparoscopy showed left tubal adhesions and hematometra, which was drained. Hysteroscopic polypectomy was performed, and a Foleys catheter was kept in the rudimentary horn postoperatively. The patient recovered well, underwent ovulation induction, and conceived spontaneously. She is currently at 8 weeks of gestation on regular antenatal follow-up.

Conclusion :
Early recognition and individualized surgical management of uterine anomalies, along with correction of associated lesions like polyps and hematometra, can optimize fertility and result in successful pregnancy outcomes even in complex uterine malformations.

Abstract ID: MISC/CR/130

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Abstract Title:
TRANSVAGINAL SONOGRAPHIC DIAGNOSIS OF CAESAREAN SCAR ECTOPIC PREGNANCY: A CASE REPORT

Introduction :
Introduction: The first case of a caesarean scar ectopic pregnancy was described in the year 1978 by Larsen JV et al. The reported incidence of CSEP is 1: 1800 - 1:2216 pregnancies. There was a history of one Caesarean section in 52% of cases of scar ectopic pregnancy.

Case Description :
Case description: 25 years old G5P1 L1A3 came to antenatal clinic at 6 weeks gestation. LMP 22/8/2023. Menstrual history: was regular cycle. Married since 9 years. Obstetric history: 1st induced abortion GA 12 weeks. Dilatation & curettage done. 2nd FTLSCS 6 year's old female. 3rd& 4th medical abortion of GA 6 weeks. Family history, personal history is nil particular & routine investigations were within normal limits. Antenatal scan revealed retroverted bulky uterus. The endometrial thickness was 15 mm. The uterine cavity & cervical canal were empty. A twin gestation sac was seen on the previous scar site. Single live embryo was seen. FHR 137/bpm, CRL 0.21 mm =GA 5weeks 5 days. The yolk sac was visualized.The 2nd Gestation sac was empty. GSD=0.27=GA out of range. The right ovary shows the corpus luteum. The patient was admitted and written high risk consent was taken. Under spinal anaesthesia laparoscopic bilateral uterine artery ligation was done. Per operative laparoscopic finding were the uterus bulky, both fallopian tubes & ovaries were normal. Under all aseptic precaution suction & evacuation was done. Procedure was uneventful. Patient was discharged on 4th post-operative day.

Conclusion :
Transvaginal ultrasound scan plays an important role in the early diagnosis of caesarean scar ectopic

Abstract ID: MISC/CR/131

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Abstract Title:
INFLAMMATION TO NEOPLASIA: SEROUS TUBAL INTRAEPITHELIAL LESION WITH BILATERAL PYOSALPINX POST PELVIC TUBERCULOSIS

Introduction :
Serous Tubal Intraepithelial Lesion (STIL) is a rare histopathological finding in the fallopian tube epithelium. It is characterized by proliferative epithelial changes with nuclear atypia and accumulation of mutant p53 protein. The p53 gene plays a critical role in regulating cell growth and preventing malignancy; however, mutation leads to dysfunctional protein accumulation that may promote neoplastic transformation. STIL represents an early precursor for Serous Tubal Intraepithelial Carcinoma (STIC).

Case Description :
A 29-year-old nulligravida presented with recurrent lower abdominal pain after 6 months course of antitubercular therapy (ATT) for pelvic tuberculosis. Ultrasonography and MRI showed bilateral hydrosalpinx (10×8 cm and 9x8 cm). On examination, a tender cystic mass corresponding to 18–20 weeks' size was palpable. Laparoscopically grossly enlarged bilateral pyosalpinx with torsion of right tube were noted. Bilateral salpingectomy was done. Histopathological examination showed a doubtful pseudo carcinomatous hyperplasia but positive p53 and Ki-67<10% on immunohistochemistry confirmed the diagnosis of Serous Tubal Intraepithelial Lesion (STIL).

Conclusion :
Chronic pelvic infection such as tuberculosis may serve as a potential precursor for tubal epithelial neoplasia. Although these lesions appear benign, they represent early steps in the serous carcinoma pathway. Routine histopathological and immunohistochemical evaluation of all salpingectomy specimens is crucial for identifying precursor lesions like STIL. Early detection enables appropriate clinical surveillance and timely intervention in women at risk for serous tubal carcinoma.

Abstract ID: MISC/CR/132

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Abstract Title:
CASE REPORT-AN ATYPICAL PRESENTATION OF CHRONIC ECTOPIC AS ABNORMAL UTERINE BLEEDING

Introduction :
Chronic ectopic pregnancy (CEP) is uncommon form of ectopic pregnancy, account for approximately 6% of all ectopic gestation, is not a well known entity. CEP presents with non specific pelvic pain and often mimic other disorders like PID, endometriosis thus complicating clinical diagnosis

Case Description :
A 47 year old married female P6L4A2 presented to emergency in view of abnormal uterine bleeding (AUB) and pain lower abdomen since 15 days. On admission P/A- Abdomen soft, no tenderness , P/V- os closed ,dark altered blood ,Right sided forniceal fullness present, superficially soaked pad. Patient had history of AUB since 15days ,soaked 5-6 pads per day, heavy flow , associated with dysmennorhea. UPT was weakly positive, B-HCG values -147.6, . Usg pelvis shows An ill defined heterogenous lesion with clumped up gut loops and omentum measuring 5.2*3.3cm seen in right adnexa abutting to right ovary along with moderate complex ascites. Patient was conservatively managed and repeat B- HCG on day4 was 78.9. MRI PELVIS was done which shows ill defined large heterogenous altered signal intensity lesion in right adnexa ? ruptured ectopic in view of which explorative laparotomy done with right salpingoopherectomy was done..

Conclusion :
Chronic ectopic pregnancy is a rare but clinically significant entity . High index of suspicion needed in multiparous women with AUB even if B-hcg is low / negative and classical symptoms are missing.

Abstract ID: MISC/CR/133

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Abstract Title:
ACUTE KIDNEY INJURY IN PREGNANCY AND POSTPARTUM: CASE SERIES

Introduction :
Acute kidney injury is rare but important complication which is associated with maternal and fetal morbidity and mortality. The important causes of AKI in pregnancy and postpartum are acute blood loss, sepsis, pre-eclampsia and eclampsia.

Case Description :
Six patients presented to RML Hospital, New Delhi is taken for the case series. Primigravida are 3 (60%), multigravida are 2 (40%). 3 cases of pre-eclampsia with AKI. Another two patients of sepsis associated AKI, including one post abortion and another post caesarean and one case of acute blood loss (PPH) leading to AKI is being presented. Timely diagnosis and management with multidisciplinary team leads to good outcome in these patients. Dialysis were required by all of them and patient were being discharged in stable condition.

Conclusion :
Scrutiny of high risk factors in Antenatal period and corrections of those with timely diagnosis and management of AKI in pregnancy and postpartum can prevent maternal morbidity and mortality.

Abstract ID: MISC/CR/134

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Country: India

Abstract Title:
A RARE CASE OF ACCESSORY CAVITATED UTERINE MASS (ACUM) IN A 25-YEAR-OLD FEMALE: DIAGNOSTIC AND SURGICAL MANAGEMENT

Introduction :
Accessory Cavitated Uterine Mass (ACUM) is a rare Mullerian anomaly characterized by a non-communicating accessory cavity within a normal uterus. It typically affects young women and presents as severe, cyclic pelvic pain resistant to medical therapy. Owing to its rarity and resemblance to other uterine disorders, ACUM often leads to delayed or incorrect diagnosis.

Case Description :
A 25-year-old unmarried female presented with severe, cyclic lower abdominal pain since menarche, progressively worsening and unresponsive to analgesics or hormonal therapy. MRI pelvis revealed a thick walled cavitated lesion in the anterio-lateral uterine wall near the right cornual region, distinct from the endometrial cavity and containing hemorrhagic material—suggestive of ACUM. Diagnostic hysteroscopy showed a normal endometrial cavity with both tubal ostia visualized, confirming a non-communicating lesion. Laparoscopy demonstrated a normal uterus, tubes, and B/L bulky ovaries with a localized bulge in the right anterior uterine wall. Laparoscopic excision of the mass released chocolate coloured fluid. Histopathology confirmed ACUM lined by endometrial glands and stroma. The patient achieved complete symptom relief postoperatively.

Conclusion :
ACUM should be considered in young women with severe cyclic pelvic pain and normal uterine anatomy on imaging. MRI facilitates diagnosis, while laparoscopic excision provides definitive treatment and symptom resolution. Early recognition and surgical management can prevent prolonged morbidity and significantly improve quality of life.

Abstract ID: MISC/CR/135

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Country: India

Abstract Title:
UTERINE DIDELPHYS AND A TERM PREGNANCY – A CASE REPORT

Introduction :
Uterine didelphys is a rare Müllerian duct anomaly characterized by complete duplication of the uterus, cervix, and often the vagina. It is associated with reproductive complications such as miscarriage, preterm delivery, malpresentation, and infertility. Successful term pregnancies in such patients are uncommon and warrant documentation.

Case Description :
We report a 26-year-old G2P1L1 woman at 38 weeks 2 days gestation, with a prior lower segment cesarean section and diagnosed uterine didelphys during her previous pregnancy. She presented for safe confinement. Antenatal course was uneventful. At 38 weeks 6 days, elective cesarean section was performed, delivering a healthy female neonate weighing 2500 g with Apgar 10/10. Bilateral tubectomy was completed. Intraoperatively, two separate uteri were noted, each with a unilateral fallopian tube and ovary; the pregnancy was confined to the right uterus. Postoperative recovery was uneventful.

Conclusion :
Despite structural anomalies associated with uterine didelphys, favorable pregnancy outcomes are achievable with timely diagnosis, multidisciplinary care, and planned delivery. This case highlights the importance of individualized obstetric management in Müllerian anomalies.

Abstract ID: MISC/CR/136

Presenter's Name: Dr. Eleena Mohapatra

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Country: India

Abstract Title:
A CASE OF SIRENOMELIA- A MERMAID BABY

Introduction :
The mermaid syndrome (sirenomelia) is an extremely rare anomaly, an incidence of 1 in 100,000 births, in which a newborn born with legs joined together featuring a mermaid-like appearance (head and trunk like humans and tail like fish), and in most cases die shortly after birth.

Case Description :
Our case is a live born baby delivered at term by CS to a 20 years old with diagnosis Gravida 5 Abortion 4. Examination of baby revealed normal head ,chest ,upper limbs and abdomen area but had caudal regresssion with almost absent lower limbs, absent genitalia , anus and fused thigh region. The infant survived for 1 /2 hour post delivery but eventually succumbed. We report this case due to its rarity.

Conclusion :
Mermaid syndrome involves an abnormal development of the caudal region resulting in varying degrees of fusion of the lower limbs with or without bony defects.There are multiple associated visceral defects that can be present, such as cardiac agenesis, hypoplastic lungs, absent genitalia, and imperforate anus. Recent studies have shown that there can be a genetic factor predisposing to the development of sirenomelia. Death usually results from hypoplastic lungs or from renal failure. The parents did not consent for an autopsy, and we were unable to determine the presence of any renal anomalies.Gastrointestinal and urogenital anomalies and single umbilical artery are clinical outcome of this syndrome.

Abstract ID: MISC/CR/137

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Abstract Title:
RETROPUBIC SPACE HEMORRHAGE : AN UNUSUAL COMPLICATION IN CESAREAN SECTION

Introduction :
Retropubic hemorrhage during cesarean section is rare. Its concealed location behind the pubic bone makes recognition and control difficult.

Case Description :
We report a grand multiparous woman undergoing her first cesarean section for transverse lie with a macrosomic baby (4.6 kg). At closure, unexpected venous bleeding was noted in the retropubic space. Attempts at vessel ligation failed due to poor visualization. Bleeding worsened with pressure, so oxidized regenerated cellulose and two wet packs were used for tamponade. The patient lost ~3000 mL blood, required 5 units of packed red cells, and was converted to general anesthesia. She was referred uneventfully to a tertiary hospital where she received fresh frozen plasma and platelets. Relaparotomy on postoperative day 2 confirmed no ongoing bleeding, and the packs were removed. She was was extubated the next day and discharged on day 8 in good condition.

Conclusion :
Retropubic hemorrhage is an uncommon but life-threatening complication of cesarean section. When conventional hemostasis fails, tamponade packing combined with staged relaparotomy is a safe strategy, especially in resource-limited settings.

Abstract ID: MISC/CR/138

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Country: India

Abstract Title:
A TWISTED TALE OF THE FALLOPIAN TUBE : A RARE SURGICAL EMERGENCY

Introduction :
Isolated fallopian tubal torsion (IFTT) refers to twisting of the fallopian tube alone without the involvement of the same side ovary. IFTT is an unusual gynecological cause of acute pain abdomen with a prevalence of one in 1.5 million women. Its clinical presentation often overlaps that of ovarian torsion, appendicitis, or other acute abdominal conditions, making preoperative diagnosis often challenging. Most cases end up in surgical removal of fallopian tube due to delay in diagnosis.

Case Description :
We report two cases of parous women who presented to the emergency with acute pain abdomen and vomiting. In both the cases, further clinical evaluation and pelvic Ultrasound suggested adnexal mass with torsion. As the women were hemodynamically stable, a decision to proceed for emergency Laparoscopy was made. During the procedure, it was noted to be isolated tubal torsion with Hematosalpinx in both the cases. Both women eventually underwent surgical resection of the twisted fallopian tube with preservation of the same side ovary.

Conclusion :
These cases highlight the challenges in diagnosing the condition. Though a rare cause, isolated fallopian tube torsion must be considered as a differential diagnosis in acute abdomen in reproductive age group. High clinical suspicion, prompt diagnosis with careful imaging and timely intervention are imperative to prevent severe morbidity and preserve fertility in young women.

Abstract ID: MISC/CR/139

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Abstract Title:
MOLAR PREGNANCY WITH COEXISTING FETUS

Introduction :
Twin pregnancy of a xomplete hydatidiform mole and a coexostance fetus are very rare - 1 in 22000 to 1 in 100000 pregnancy. They are associated with a high rate of materanal fetal morbidity and mortality.management of these condition are difficult and challenging.

Case Description :
A 21 year primi pt came with 3 month amenorrhea with bleeding p/v on usg there was twin pregnancy one normal fetus d one. Hmole . Pt was managed d made vitally stable later on termination of pregnancy done

Conclusion :
CMCF pregnancies are undoubtedly high risk one there is always ,high risk of having GTN .So proper and timely diagnosis is critical and provide patient to have all treatment option

Abstract ID: MISC/CR/140

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Abstract Title:
SUCCESSFUL MANAGEMENT OF CRANIOFACIAL TERATOMA USING INTRAPARTUM SURVEILLANCE AND EXIT PROCEDURE

Introduction :
Craniofacial teratomas are rare congenital tumours which are associated with polyhydramnios, preterm birth , pulmonary hypoplasia , cleft palate , cleft lip , fetal anemia and life threatening airway compromise . Survival in the setting of antenatally diagnosed facial teratomas has rarely been reported . This case report presents an antenatally diagnosed massive facial teratoma which was managed by meticulous intrapartum monitoring combined with a planned EXIT procedure resulting in successful airway management and favourable neonatal outcome .

Case Description :
This case report presents a case of an antenatally diagnosed craniofacial teratoma at 22 weeks in a 25 year old lady with obstetric history G3A2. Antepartum surveillance included serial antenatal ultrasonography which included monitoring of the size of tumour ,separate monitoring of size of solid component in the tumour , AFI monitoring , MCA PSV monitoring .Fetal MRI predicted a more detailed airway obstruction . Multidisciplinary planning was undertaken involving maternal fetal medicine, anaesthesia, neonatology, ENT and paediatric surgery teams . At 38 weeks, an elective caesarean delivery with EXIT procedure was performed. During partial fetal delivery , direct laryngoscopy revealed a distorted airway , necessitating controlled intubation under placental support . The neonate remained stable and tumour excision was planned on day 2 with good post operative recovery

Conclusion :
This case highlights the crucial role of coordinated multidisciplinary planning, vigilant intrapartum surveillance , and EXIT assisted airway control in neonates with craniofacial teratomas . Maintaining placental support during airway establishment significantly improves neonatal survival .

Abstract ID: MISC/CR/141

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Abstract Title:
TWIN TUBAL ECTOPIC PREGNANCY: A DIAGNOSTIC SURPRISE AND SURGICAL CHALLENGE

Introduction :
Twin tubal ectopic pregnancies are exceptionally rare, accounting for a very small fraction of ectopic gestations and carrying a significantly increased risk of early rupture due to limited tubal distensibility. Early diagnosis is challenging as symptoms may mimic those of a typical ectopic pregnancy, yet the consequences can be more catastrophic. Maintaining a high index of suspicion and utilizing timely imaging are critical to preventing maternal morbidity and mortality. This report highlights a rare case of a ruptured live twin tubal ectopic pregnancy successfully managed surgically.

Case Description :
A 35-year-old woman, Gravida 3 Para 2, presented with progressively worsening right-sided abdominal pain for three days. On examination, her vital signs were stable, but she exhibited marked right iliac fossa tenderness, cervical motion tenderness, and bilateral fornicial fullness. Transvaginal ultrasonography confirmed a live twin tubal ectopic pregnancy in the right fallopian tube. She was taken for emergency laparotomy, which revealed a ruptured right fallopian tube with approximately 800 mL of hemoperitoneum and two fetal structures freely floating in the peritoneal cavity. A right salpingectomy and left tubal ligation were performed, followed by thorough peritoneal lavage. She received one unit of packed red blood cells intraoperatively. Her postoperative course was uneventful, with stable laboratory parameters and an appropriate decline in β-hCG levels. She was discharged in good condition.

Conclusion :
This case emphasizes the critical importance of early recognition, prompt ultrasonographic evaluation, and timely surgical intervention in suspected twin tubal ectopic pregnancies. Given their high likelihood of early rupture and severe hemorrhage, rapid diagnosis and management

Abstract ID: MISC/CR/142

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Abstract Title:
CASE REPORT: CERVICAL ECTOPIC PREGNANCY – A NOVEL TECHNIQUE FOR MANAGEMENT

Introduction :
Ectopic pregnancy, defined as the implantation of a fertilized ovum outside the uterine cavity, most commonly occurs in the fallopian tubes. Cervical ectopic pregnancy, however, is a rare entity with an incidence estimated between 1 in 1,000 and 1 in 18,000 pregnancies (1). With increased use of assisted reproductive technologies and improved imaging techniques, early recognition has become more feasible, allowing for conservative management in selected cases. However, cervical ectopic pregnancies remain associated with significant maternal morbidity and mortality due to their predilection for massive haemorrhage.

Case Description :
This report presents the case of a 34-year-old woman diagnosed with cervical ectopic pregnancy, who presented with heavy vaginal bleeding. The appropriate modalities for diagnosis and evaluation have been elaborated. A novel approach has been described with use of epinephrine and haemostatic clamps to secure haemostasis and avoid major surgical intervention. Following suction evacuation done from the cervical canal to remove all the trophoblastic tissue, a gauze soaked with 2ml of 1:1000 epinephrine with 3ml of saline was placed in the cervical canal and compression was applied with bilateral-contralateral cervical clamps at 3 and 9 o'clock positions for 15minutes with sponge holding forceps.

Conclusion :
Conclusion: Once a cervical pregnancy is diagnosed, management strategies depend on gestational age, hemodynamic stability, and the patient's desire for fertility preservation. The previous mainstay of treatment, hysterectomy, is now considered a radical approach (2). Conservative management of this condition can be surgical or medical. Surgical options, such as cervical curettage, cervical cerclage, or hysterectomy, may be necessary

Abstract ID: MISC/CR/143

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Abstract Title:
URINOMA IN PREGNANCY: THE RETROPERITONEAL GIANT MASQUERADING AS AN ADNEXAL CYST

Introduction :
Urinoma, a collection of encapsulated urine, is a rare acute complication in the upper urinary tract, typically due to obstruction or injury. Its occurrence during pregnancy presents a significant diagnostic and therapeutic challenge, often due to its mimicry of common adnexal pathology.

Case Description :
A 25-year-old multigravida (G3P1L0A1), with a history of previous LSCS, presented at 25 weeks' gestation complaining of abdominal pain and decreased fetal movements. Imaging initially suggested a large cystic mass (19x16x11 cm) on the left adnexa, favoring a left ovarian cystadenoma. The patient developed acute abdomen necessitating emergency laparotomy. Intraoperatively, a large mass (approximately 25x20 cm) was identified, surprisingly originating from the retroperitoneum. Fluid analysis from the mass confirmed high levels of urea and creatinine, leading to the diagnosis of a giant urinoma. Management focused on effective urinary diversion, which was achieved by inserting a percutaneous nephrostomy (PCN) and a percutaneous drain (PCD). The successful diversion stabilized the patient, allowing the pregnancy to continue until 36 weeks, at which point she delivered via LSCS. She remains under active follow-up.

Conclusion :
This case underscores the importance of considering a retroperitoneal urinoma in the differential diagnosis of large abdominal cystic masses and other causes of acute abdomen during pregnancy, even when initial imaging strongly suggests an ovarian neoplasm. Definitive diagnosis relies on biochemical analysis of the aspirate. Prompt recognition and therapeutic urinary diversion are crucial for managing this condition, ensuring a favorable outcome for both the mother and the fetus.

Abstract ID: PS/CR/01

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Abstract Title:
FOETUS IN BROAD LIGAMENT: THE COST OF UNPLANNED PREGNANCY AND A LESSON IN POPULATION STABILISATION

Introduction :
Cervical rent with extrusion of foetus and placenta into the broad ligament is a rare iatrogenic complication, with an incidence of less than 1 in 10,000 pregnancies. This case highlights the diagnostic dilemma following unsafe abortion practices by a local quack and demonstrates the effective and timely interventions undertaken to prevent sepsis and restore uterine integrity.

Case Description :
A 26-year-old G4P3L3 with a 3.5-month unplanned pregnancy underwent suction and evacuation by a quack, but her bleeding persisted for more than 10 days. Upon examination she was vitally stable. Per speculum revealed a small rent in the posterior cervical lip with necrosis. Ultrasound suggested a bulky uterus, hyperechoic structures and hematoma in left hemipelvis. CECT abdomen and pelvis showed a 10×11 mm defect in left lateral uterine wall communicating with an 8.5×3.5 cm collection in hemipelvis containing foetal bones. Diagnostic laparoscopy revealed a cervical rent with foetus and placenta enclosed in a pseudo capsule within the broad ligament, along with clots. Foetus, placenta, and necrotic tissues removed, bilateral tubal ligation performed and cervical rent repaired vaginally. One unit blood transfused. Recovery was uneventful, and the patient resumed normal menstruation.

Conclusion :
Early imaging and prompt surgical intervention are crucial for favourable outcomes in such rare and life-threatening complications. This case signifies the importance of awareness creation on the risks of unsafe abortion and the need for timely evaluation. Strengthening public awareness, ensuring access to safe abortion services, and reinforcing family planning measures are essential steps toward preventing such complications and achieving effective population stabilisation.

Abstract ID: SRH/CR/01

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Abstract Title:
HEMATOMETRA AND HEMATOSALPINX IN A CASE OF PRIMARY AMENORRHOEA DUE TO MÜLLERIAN ANOMALY (ESHRE U5BC4V3) - A CASE REPORT

Introduction :
Müllerian anomalies arise from defective development, fusion, or resorption of the paramesonephric ducts. U5bC4V3 anomaly is rare and presents with functional uterine horn (U5b), cervical aplasia (C4), and transverse vaginal septum (V3). These anomalies often manifest as primary amenorrhoea and cyclical abdominal pain.

Case Description :
A 14-year-old girl presented with primary amenorrhoea and cyclical lower abdominal pain. She had previously undergone laparoscopic drainage of hematosalpinx and septal resection but was non-compliant with postoperative care. Imaging (MRI and USG) revealed left unicornuate uterus with hematometra and hematosalpinx. Karyotype was 46XX. Laparoscopy showed a non-communicating functional uterine horn with hematosalpinx. Left-sided hysterectomy and salpingectomy were performed. Histopathology confirmed proliferative endometrium and hematosalpinx. The postoperative course was uneventful.

Conclusion :
Timely identification and excision of the functional non-communicating uterine horn is critical to prevent complications like endometriosis, chronic pain, and infertility. MRI remains the gold standard for anomaly mapping. Multidisciplinary management including gynecology, radiology, and counseling is vital for favorable outcomes and future quality of life.

Abstract ID: SRH/CR/02

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Abstract Title:
PERSISTENT URO GENITAL SINUS – A DIAGNOSTIC CHALLENGE: A CASE REPORT

Introduction :
Persistent urogenital sinus [PUGS] is a rare (6/100,000) cloacal anomaly in which the urinary and genital tracts do not differentiate during embryonic development.

Case Description :
A 20 year old nulligravida presented with cyclical hematuria during menstruation and inability to have penetrative coitus. She had normal BMI and secondary sexual characteristics. Examination of external genitalia revealed normal clitoris with external urethral meatus; fusion of labia minora; normal labia majora; blind vaginal dimple; deficient perineum and normal anal orifice. MRI pelvis showed bicornuate unicollis uterus with normal ovaries, hydrocolpos, patent vagina with atresia in the distal most part and normal kidneys and bladder. Examination under anaesthesia was done, bladder catheterised and labia minora separated by sharp dissection. During the process of vaginal dilatation, Foleys bulb was felt. On suspicion of bladder injury, cystoscopy was done by the Urologist which revealed an intact bladder with normal ureteric orifices, bladder neck and mucosa and an intact vagina with normal cervix. Urethroscopy was done which revealed a common tract communicating with bladder neck anteriorly and vagina posteriorly. 2 urethral orifices were identified- 1 in the clitoris, another continent meatus opening into the common tract. Vaginal mucosa was brought down upto introitus and sutured. Mould was inserted into the vagina and catheter kept insitu for 1 week. Patient voided urine normally after removal of catheter and is under follow up.

Conclusion :
A high index of suspicion, meticulous examination and imaging, multidisciplinary approach and thorough knowledge of anatomy are essential for diagnosis and repair of PUGS.

Abstract ID: SRH/CR/03

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Abstract Title:
A CASE OF PARAURETHRAL SWELLING WITH ABNORMAL DISCHARGE- A RARITY

Introduction :
Skene's gland (paraurethral gland) are located on either side of the distal urethra in females. They are homologous to the male prostate gland. Their ducts open near the urethral meatus and secrete mucus for lubrication. Infection or blockage can lead to skene's duct cyst or abscess formation. Skene's duct abscess is rare therefore this case is being reported.

Case Description :
A Nulligravida Female of Age 23 reported with history of Discharge and swelling from right paraurethral opening for 4 months. The discharge was minimal but persistent and associated with pain. No history of itching or foul smell. Swelling and discharge used to subside with antibiotics treatment. Patient again reported with paraurethral swelling and discharge for 15 days. On physical Examination: Local tenderness and swelling near right urethral meatus. On urine culture sensitivity: E. coli growth seen High vaginal swab: No growth seen

Conclusion :
Broad spectrum Antibiotics covering gram negative organism and chlamydia organism (ceftriaxone + doxycycline/metronidazole +Azithromycin) In vivo of persistent discharge surgical management marsupialization of skene's gland done. Patient is asymptomatic and on regular follow up.

Abstract ID: SRH/CR/04

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Abstract Title:
TWIN PREGNANCY IN A CASE OF HERLYN -WERNER -WUNDERLICH SYNDROME : A RARE OBSTETRIC PHENOMENON

Introduction :
Herlyn–Werner–Wunderlich (HWW) syndrome, also known as Obstructed Hemi vagina and Ipsilateral Renal Agenesis (OHVIRA) syndrome, is a rare Müllerian duct anomaly characterized by uterine didelphys, unilateral obstructed hemi vagina, ipsilateral renal agenesis. Most cases present after menarche with dysmenorrhea or pelvic pain, and spontaneous conception is uncommon. Twin pregnancy in HWW syndrome is exceedingly rare and poses unique diagnostic and obstetric challenges.

Case Description :
A 27-year-old primigravida with a known history of HWW syndrome (uterus didelphys with right-sided obstructed hemi vagina and ipsilateral renal agenesis) conceived spontaneously and was found to have a DCDA twin gestation—one fetus in each uterine cavity. She had no symptoms of HWW syndrome except dyspareunia until she conceived and had an antenatal scan. Antenatal course was closely monitored by multidisciplinary team involving obstetricians, radiologists, and nephrologists The pregnancy progressed uneventfully until 35 weeks, when she underwent elective cesarean section for malpresentation in one side of uterus with preterm labour Intra op – didelphys uterus with a hemi-vagina was noted and resection was done after the delivery . Two live healthy preterm neonates were delivered with good Apgar scores and were sent to NICU for observation. The postoperative period was uneventful.

Conclusion :
Twin gestation in HWW syndrome is exceptionally rare due to the structural abnormalities of the uterus and cervix. Advanced imaging (MRI/3D ultrasound) aids in accurate diagnosis and antenatal surveillance. The main concerns include preterm labor, malpresentation, risk of obstructed labor. A planned c-section and close perinatal monitoring are often recommended to optimize the pregnancy outcomes .

Abstract ID: SRH/CR/05

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Abstract Title:
NOONAN SYNDROME : A JOURNEY OF HOPE AND RESILIENCE

Introduction :
Noonan Syndrome is a multisystem A.D genetic disorder .Affecting 1:1000 to 1:2500 live births. Characterized by distinctive facial features ,short stature, congenital heart defects , sexual developmental delays, skeletal abnormalities and hematological anomalies. It is primarily caused by mutation in genes involved in RAS/MAPK signaling pathway.

Case Description :
we report the case of 12 year old girl presented at GOPD due to non developmental secondary sexual characters . On physical examination she had short stature ,developmental delay ,triangular face ,hypertelorism, depressed nasal roots, malocclusion of teeth ,pectus excavatum ,widely spaced nipples ,scoliosis, lumbar lordosis , wide carrying angle ,pubic hair tanner stage 1, breast tanner stage 2. On echocardiography we found pulmonary stenosis On USG whole abdomen we found dilated renal pelvis on USG lower abdomen we found B/L tubes ovaries with uterus karyotyping :46 XX

Conclusion :
Noonan Syndrome should be considered in children with combination of facial features ,short stature, and congenital heart disease . Early multidisciplinary intervention can significantly improves long term outcomes. Early diagnosis and counselling of parents enlighten hope and help in resilience.

Abstract ID: SRH/CR/06

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Abstract Title:
''A TALE OF TWO WOMBS: NON- COMMUNICATING HEMI-UTERI PRESENTING AS PRIMARY AMENORRHEA''

Introduction :
Congenital anomalies of the female reproductive tract are rare but clinically significant causes of primary amenorrhea and cyclical abdominal pain in adolescents. These anomalies often result from abnormal Mullerian duct development and may present late, often after puberty, due to obstructive symptoms.

Case Description :
A 17-year-old female presented with cyclical lower abdominal pain for the past three months, with no history of vomiting, fever, or vaginal discharge. She had not attained menarche and had no features of hyperandrogenism or anosmia. Per speculum examination revealed absence of a vaginal opening. Evaluation was done for primary amenorrhea following which Patient was planned for diagnostic laparoscopy . Intraoperative findings showed two hemiuteri located on either side of the iliac fossa, not connected to each other, with well-visualized bilateral tubes. A fibrotic band was noted posterior to the bladder, and cervico-vaginal atresia was identified. The right adnexa appeared normal, whereas the left ovary had an 8×7×4 cm chocolate cyst adherent to the bowel. Adhesiolysis and cystectomy were performed.

Conclusion :
This case represents a rare presentation of Two hemiuteri with cervico-vaginal atresia and left ovarian endometriotic cyst. Early recognition and surgical management are crucial to alleviate symptoms, preserve reproductive potential, and prevent complications.

Abstract ID: SRH/CR/07

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Country: India

Abstract Title:
A CASE OF MOSAIC TURNER SYNDROME - GONADAL DYSGENESIS AND BEYOND

Introduction :
Turner Syndrome (TS) is a chromosomal disorder affecting phenotypic females, due to complete or partial monosomy of the X chromosome. Mosaic TS, where two or more cell lines with different karyotypes coexist, often presents with milder and variable features such as short stature, gonadal dysgenesis, and characteristic somatic traits. Early diagnosis is crucial for effective hormonal, metabolic, and cardiac management to optimize growth and reproductive health.

Case Description :
A 19-year-old unmarried female presented with oligomenorrhea and secondary amenorrhea for the past four months. Clinical examination revealed short stature, widely spaced nipples, Tanner stage III breast development, Tanner stage II public hair, and absent axillary hair. Laboratory tests showed elevated FSH, LH, TSH, and impaired glucose tolerance. Ultrasound showed a normal-sized uterus, a small left ovary and a non-visualised right ovary. Karyotype analysis revealed 46,Xi(X)(q10), consistent with mosaic Turner syndrome involving isochromosome Xq. She had normal developmental milestones except delayed walking, and poor scholastic performance. Echocardiography revealed a right aortic arch; and audiogram revealed bilateral mild conductive hearing loss with a high frequency sensorineural loss on the right side. She was started on combined oral pills and thyroxine supplement for hypothyroidism. Regular follow-up was advised for endocrine and cardiac management.

Conclusion :
This case illustrates the diverse clinical spectrum of mosaic Turner syndrome, where partial X chromosome structural abnormality may preserve partial ovarian function. Early recognition and management and a multidisciplinary approach is essential to improve long-term outcomes and quality of life.

Abstract ID: SRH/CR/08

Presenter's Name: Dr. Nikita Dilip Kamble

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Abstract Title:
RUDIMENTARY HORN PREGNANCY (RHP) PRESENTING AS UNRUPTURED TUBAL ECTOPIC PREGNANCY AT 7 WK: A RARE CASE REPORT

Introduction :
RHP (pregnancy in rudimentary horn of Unicornuate uterus) is rare (76,000-1,50,000) presenting as recurrent first and second trimester losses with varying degrees of clinical symptoms resembling tubal ectopic/abdominal pregnancy/ asymptomatic diagnosed intra operatively. Majority present with features of ruptured ectopic at the end of second trimester (missed on USG during 1st trimester). Excision of rudimentary RH and ipsilateral fallopian tube is standard treatment.

Case Description :
Case description: Patient G.S. 25yr G_3A_2 had UPT positive (LMP forgotten) f/b 3 episodes of bleeding pv at interval of 15–20 days. USG-unruptured left tubal ectopic pregnancy ~7 wk with fetal pole, no cardiac activity (34×38 mm) β-HCG -126.2 mIU/ml hence planned to manage conservatively. (TLC-2,000/cumm-Methotrexate not given). Repeat β-HCG-249.2, 283 mIU/ml on 3rd and 5th day ectopic mass was increasing size (3.8×4.0cm) on USG. Patient refused conservative treatment so Laparotomy done - revealed a unicornuate uterus with pregnancy in left sided rudimentary horn. Excision of Rudementary horn(RH) and ectopic pregnancy with ipsilateral fallopian tube was done.

Conclusion :
Two case reports of RHP diagnosed as abdominal pregnancy at 28 wks and 23wks 5d respectively, conservative treatment-> optimize pregnancy-> emergency laparotomy RHP with LB of 1050 gm and 24 wk 7d respectively-> NICU for 40d and 112d respectively, discharged with live babies. (Bigida et al and Catherine et al). Two case reports with RHP at 21wk 6d and 18wk 4d-> abdominal pregnancy with features of haemoperitonium and shock-> laparotomy and excision of RHP. (Gunjan G and Punit H. ; and Shingala M R et al).

Abstract ID: SRH/CR/09

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Abstract Title:
RARE PRESENTATION OF A COMMON DISORDER -VWG SYNDROME

Introduction :
Van Wyk-Grumbach syndrome was first described by Van Wyk and Grumbach in 1960. This refers to a syndrome which presents with development of isosexual precocious pseudopuberty and multicystic enlarged ovaries ,delayed bone age in the presence of hypothyroidism. It is a rare presentation of untreated hypothyroidism. In 1960, Van Wyk and Grumbach first described syndrome characterised. by precocious breast development, bleeding and multicystic ovaries with long standing primary hypothyroidism

Case Description :
A 9 year old girl presented to the Primary Health Centre with complains of abdominal distention and bleeding per vaginum . She had stunted height ,dry skin and slow learning abilities . On USG she had bilateral large multicystic ovaries . She was then referred to the Obs-Gyn department for cystectomy in view of big bilateral multicystic ovary . On investigation ,she was diagnosed to have severe hypothyroidism .Other relevant investigations were done . She was started on thyroid hormone replacement therapy .Correction of hypothyroidism caused remission of symptoms and deferred any requirement of surgery.

Conclusion :
Early recognition of hypothyroidism and associated VWGS is important for prompt initiation of thyroid hormone therapy. This can completely resolve symptoms, avoiding unnecessary investigations and treatment specially surgical interventions.

Abstract ID: SRH/CR/10

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Abstract Title:
A MASSIVE FIBROEPITHELIAL POLYP IN AN ADOLESCENT, A RARE CASE REPORT

Introduction :
Fibroepithelial polyps are benign skin tumors of mesenchymal and ectodermal origin, presenting as painless, pedunculated growths. Common in about 25% of the population, their prevalence increases with age. Typically found in axilla, submandibular and inguinal regions, genital involvement is rare. Hormonal imbalance may promote their development, and larger lesions likely result from mesenchymal proliferation in hormonally sensitive subepithelial stromal tissue of the lower genital tract. Most lesions measure less than 5 mm in size.

Case Description :
A young 20 year-old female presented with a large mass at labia majora, limiting her day to day activity. She noticed painless growth in her vulvar region for past seven years, which gradually increased in size, associated with intermittent bleeding from the mass. However her menstrual cycles were regular. Clinical examination revealed a polypoidal, pedunculated, fleshy, ulcerative, infected mass, measuring approximately 14x10X8 cm in diameter at the right labia majora. Her preoperative work up was done, which was normal, except for cbc which was suggestive of severe anaemia, with a Hb of – 5.4 gm/dl. To optimize her, iv iron therapy and PRC were transfused. Preop antibiotics and dressing was done. Mass was excised and labial reconstruction was done. Histopath report confirmed the diagnosis of FEP. The patient had an uneventful postoperative course and showed no evidence.

Conclusion :
Fibroepithelial polyps, though benign, can resemble malignant lesions specially if they are large. This case highlights importance of early diagnosis of vulvovaginal masses and vulval reconstruction . This case is being reported because of its rarity .

Abstract ID: SRH/CR/11

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Abstract Title:
UNSAFE PRACTICES, UNFORGIVING OUTCOMES SEPTIC ABORTION IN 21ST CENTURY. A PREVENTABLE PATH TO MULTIORGAN DYSFUNCTION

Introduction :
Septic abortion is a serious complication of pregnancy characterized by infection of uterus and surrounding structures following a spontaneous or induced abortion. It results from polymicrobial infection of uterus & the adnexa that ascends from lower genital tract, due to non-sterile procedures or retained-product-of-conception (RPOC)

Case Description :
A 19-year-old unmarried girl presented to the casualty with complaints of abdominal distension, associated with pain. USG was suggestive of haemoperitoneum. Hence paracentesis was done which revealed frank blood. Patient was taken up for emergency laparotomy. Abdomen was filled with fecal matter, irrigation and suction was done. 2.5-3cm of gangrenous segment of ileum without mesentery was seen. Resection& ileostomy was done, patient was intubated. on POD-3 patient landed in septic shock & succumbed due to multi organ dysfunction. Later, it was revealed that she consulted a quack for MTP, which was probably incompletely done without aseptic precautions.

Conclusion :
This case highlights the stigma of pregnancy in an unmarried girl, fatal consequences of septic abortion, when diagnosis or treatment is delayed. Early prompt recognition, broad spectrum antibiotic therapy. Timely surgical intervention is important to prevent life threatening complications like septic shock, DIC, or Multiorgan failure. This case reinforces the need for safe abortion practices, patient education, confidentiality & improved access to reproductive health services to prevent such outcomes.

Abstract ID: SRH/CR/12

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Abstract Title:
A CASE OF PRIMI WITH BICORNUATE UTERUS WITH RUPTURED CORNUAL PREGNANCY

Introduction :
Cornual pregnancy is a rare and potentially life threatening form of ectopic pregnancy that occurs in the uterine horn,particularly in women with congenital uterine anomalies such as bicornuate uterus.Due to its location and high vascularity,diagnosis is often delayed until rupture,leading to significant maternal morbidity.

Case Description :
24-year-old primigravida presented to the emergency department with acute lower abdominal pain, giddiness, and signs of hypovolemic shock at approximately19 weeks of amenorrhea. Ultrasonography revealed an empty endometrial cavity with a gestational sac located in the right cornual region and significant hemoperitoneum. Intraoperatively, a ruptured right cornual pregnancy in a bicornuate uterus was identified with approximately 1.5 liters of hemoperitoneum. Cornual resection with meticulous repair of the uterine wall was performed, and the patient received blood transfusions. Postoperative recovery was uneventful.

Conclusion :
Ruptured cornual pregnancy in a bicornuate uterus, though rare, poses a serious threat to maternal life. Early detection and prompt surgical management are crucial for favorable outcomes, and women should be counseled regarding future pregnancy risks and the need for early antenatal monitoring.This is hazardous due to potential for late rupture and massive hemorrhage as the cornua are surrounded by myometrium that can stretch,delaying the onset of symptoms.

Abstract ID: SRH/CR/13

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Abstract Title:
SONOGRAPHIC AND HISTOPATHOLOGICAL ASSOCIATION IN PERIMENOPAUSAL AND POST MENOPAUSAL WOMEN WITH ABNORMAL UTERINE BLEEDING

Introduction :
Abnormal uterine bleeding (AUB) is irregular menstrual bleeding causing anxiety, fatigue, anemia. Prevalence: 10-30% in perimenopausal women, 9-14% in post-menopausal women. Heavy menstrual bleeding is reported as the primary complaint.

Case Description :
Aims & Objectives: This study aims to associate endometrial thickness and uterine artery Doppler indices with histopathological findings in perimenopausal and post-menopausal women with AUB, with a primary objective to estimate endometrial thickness and histopathological findings and secondary objectives to evaluate endometrial pattern, colour uptake on power Doppler and determine the diagnostic accuracy of sonography in predicting benign versus hyperplastic/malignant pathologies. Material & Methods: The study was conducted at AIIMS, Guwahati outpatient Gynecology Clinic from July 2024 to July 2025. It included women aged above 40 years presenting with AUB. Exclusions were women with known genital malignancy, hemostatic disorders, current hormonal therapy, pregnancy, or those who attained menopause before age 50. The study used transvaginal ultrasonography and histopathology to diagnose underlying causes of AUB. Results: A study of 126 perimenopausal and post-menopausal women with AUB with mean age:44.93±4.57 years. Histopathological findings included 35.71% with Disordered Proliferative Endometrium, 29.37% Proliferative Phase, 26.98% Secretory Endometrium, 3.17% Endometrial Hyperplasia with Atypia, and 0.79% Adenocarcinoma. Mean endometrial thickness varied: Adenocarcinoma (11 mm), Endometrial Hyperplasia with Atypia (10.18 mm), Disordered Proliferative Endometrium (9 mm), Proliferative Phase (8.25 mm), Secretory Endometrium (7.72 mm), and no HPE findings (6.98 mm).

Conclusion :
AUB in peri-menopausal and post-menopausal women is associated with specific sonographic and histopathological characteristics. Ultrasound evaluation is crucial for diagnosing and managing abnormal uterine bleeding

Abstract ID: SRH/CR/14

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Abstract Title:
BEYOND THE USUAL SUSPECTS: A RARE CASE OF NORETHISTERONE-INDUCED LIVER INJURY

Introduction :
Norethisterone, a synthetic progestogen routinely used for menstrual disorders, is generally well tolerated. However, rare instances of drug-induced liver injury (DILI) have been described.

Case Description :
A 40-year-old woman with heavy menstrual bleeding and a diagnosis of adenomyosis with a small intramural fibroid was treated with cyclical norethisterone for four months. Due to failed medical management, the patient was planned for hysterectomy. During preoperative evaluation, she was found to have asymptomatic elevation of liver transaminases. Although the deranged liver enzymes rendered her a high-risk surgical candidate, surgery could not be deferred due to persistent, debilitating symptoms. Evaluation excluded viral, autoimmune, and metabolic causes of hepatitis. A RUCAM score of 10 indicated a highly probable diagnosis of DILI. Following discontinuation of norethisterone, liver enzyme levels declined by over 50% within one week and normalised by the second week, confirming drug-induced hepatocellular injury.

Conclusion :
Norethisterone-induced hepatotoxicity is exceedingly rare but should be recognised as a potential cause of DILI. Early identification and prompt discontinuation of the offending agent result in complete recovery. Clinicians should consider periodic liver function monitoring during prolonged norethisterone therapy to enable timely detection and prevent progression to severe hepatic injury.

Abstract ID: SRH/CR/15

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Abstract Title:
DERMOID CYST IN RUDIMENTARY UTERINE HORN IN A WOMAN WITH MRKH SYNDROME: A RARE CASE REPORT

Introduction :
Extragonadal dermoids are extremely rare, reported in 0.4% of all ovarian teratomas. Here we report a case of dermoid cyst in rudimentary horn of uterus in a 22-year-old patient with Mayer-Rokitansky-Kuster-Hauser (MRKH) syndrome.

Case Description :
The patient presented to us with intermittent abdominal pain and inability to consummate her marriage. Magnetic Resonance Imaging (MRI) demonstrated bilateral rudimentary uterine horns with hematometra in the left horn. The patient underwent laparoscopic Davydoff peritoneal pull-through vaginoplasty with excision of the left rudimentary uterine horn. Histopathological examination revealed an unexpected dermoid cyst within the anterior wall of the excised uterine horn. Retrospective MRI review identified a previously overlooked subtle hypoechoic lesion corresponding to the dermoid cyst location.

Conclusion :
The rare anatomical presentation in our case sheds light on possibilities of the developmental anomalies associated with MRKH and highlights the need for heightened surgical awareness in operating such cases.

Abstract ID: SRH/CR/16

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Abstract Title:
ADOLESCENT REPRODUCTIVE HEALTH: CHALLENGES, INTERVENTIONS, AND FUTURE DIRECTIONS

Introduction :
Adolescence, defined by the World Health Organization as ages 10–19, represents a critical phase of rapid physical, psychological, and social transformation. However, adolescents worldwide—particularly in low- and middle-income countries—face substantial reproductive health challenges, including high rates of unintended pregnancy, limited contraceptive use, and sexually transmitted infections (STIs).

Case Description :
Adolescent pregnancy is a major global concern, contributing to maternal anemia, hypertensive disorders, preterm delivery, and increased maternal mortality. Infants born to adolescent mothers face elevated risks of low birth weight and perinatal mortality, while social repercussions such as school dropout and intergenerational poverty further compound the issue. Multiple barriers hinder contraceptive uptake among adolescents, including policy restrictions, provider bias, misinformation, and fear of side effects. Evidence supports the implementation of comprehensive sexuality education (CSE) and adolescent-friendly health services (AFHS) to promote safe behaviors, contraceptive use, and STI prevention. Long-acting reversible contraceptives (LARCs) are particularly effective and should be integrated with counseling emphasizing dual protection against pregnancy and STIs.

Conclusion :
Addressing structural and social barriers—such as gender stereotypes, stigma, and inequitable access—remains essential. Future strategies must adopt a multisectoral approach involving health, education, and policy sectors to create supportive environments that empower adolescents to make informed reproductive choices and achieve better health outcomes.

Abstract ID: SRH/CR/17

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Abstract Title:
UNCLIPPING THE MYSTERY: A RARE CAUSE OF CHRONIC PELVIC PAIN

Introduction :
Chronic pelvic pain (CPP) is a complex condition with diverse etiologies. The prevalence of CPP worldwide ranges from 2% to 27%. Rarely, retained surgical materials can serve as overlooked contributor. This case highlights the significance of iatrogenic foreign body retention as a cause of CPP post-pelvic surgery.

Case Description :
A 40-year-old woman presented with non-cyclic chronic pelvic pain and dyspareunia for 12 years and a tender vaginal nodule. She had a surgical history of robotic Boari flap ureteric reimplantation and psoas hitch for periureteric endometriosis 5 years back, followed by right nephrectomy 4 years back due to non-functioning kidney. Multiple medical therapies and imaging investigations were inconclusive. Diagnostic laparoscopy was performed and intraoperative findings revealed dense fibrosis near the lateral bladder wall, right parametrium, and right fornix. A retained Hem-o-lok® clip, originally placed during the prior ureteric reimplantation, and remains of the excised ureter were embedded in this fibrotic tissue. The clip was excised, and adhesiolysis was completed. The patient had significant symptomatic relief postoperatively and remained pain-free at 6-month follow-up.

Conclusion :
In close to 40% of patients, no verifiable abnormality is found at laparoscopy and when adhesions and/or endometriosis are detected, and surgical interventions are performed, the outcome tends to be unsatisfactory. Retained surgical clips may present with delayed-onset CPP, mimicking gynecological pathology. This case underscores the need for high clinical suspicion and thorough surgical review in patients with refractory CPP following prior pelvic procedures.

Abstract ID: SRH/CR/18

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Abstract Title:
WHEN TB TUNNELS : UNMASKING GENITAL TUBERCULOSIS THROUGH HIDDEN FISTULOUS TRACT CONNECTION, THE SILENT SCOURGE

Introduction :
Introduction - Extrapulmonary forms of Tuberculosis (TB) account for 16% of Tuberculosis cases with Urogenital Tuberculosis (UGT) being the second most common presentation in some regions. The inflammatory nature of Tuberculosis causes swelling and tissue damage that can lead to the formation of an opening or perforation into adjacent organs or the skin. The chronicity of Genital TB can lead to prolonged inflammation and tissue destruction, increasing the risk of fistula formation.

Case Description :
Case Description -Here in we report 3 cases of atypical presentation of TB and refractory post operative complications in form of fistulas. Case 1- Vesicouterine presenting as cyclical menouria. Intraop there was bilateral hydrosalpinx and hence ATT was started. Case 2-Vesicocutaneous fistula following an uneventful caesarean section ATT was started on basis of ADA levels, recent history of close tubercular contact, significant weight loss , idiopathic fistula, papillary necrosis in kidney with scarring suggestive of chronic etiology. Case 3- Vesicovaginal Fistula following an uneventful vaginal delivery. On detailed history it was revealed that patient was diagnosed with pulmonary TB one year back and did not take ATT. Patient was catheterised for 21 days and ATT was started.

Conclusion :
Conclusion-Fistula due to Genital Tuberculosis are rare complication and often present as chronic, non-healing wounds. High Index of suspicion with early diagnosis, timely initiation of ATT can prevent its sequelae and avoid need for surgical management

Abstract ID: SRH/CR/19

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Abstract Title:
PRIMARY AMENORRHEA: A RARE CASE OF MULLERIAN AGENESIS

Introduction :
Mullerian agenesis, also known as Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome, is a rare congenital malformation characterized by the absence or underdevelopment of the uterus, cervix, fallopian tubes, and upper vagina, despite normal ovarian function and secondary sexual characteristics. It is one of the leading causes of primary amenorrhea in females with normal karyotype and hormonal profile.

Case Description :
An 18-year-old married female presented with primary amenorrhea and difficulty during sexual intercourse. She had normal thelarche and pubarche at appropriate ages. Physical examination revealed Tanner stage V breast development and a blind vaginal pouch measuring approximately 2.5 cm in depth. Hormonal assays were within normal limits, and pelvic ultrasonography showed non-visualization of the uterus with normal bilateral ovaries. MRI confirmed absence of uterine structures with preserved ovarian tissue. A diagnosis of Müllerian agenesis (MRKH syndrome) was established after multidisciplinary evaluation. The patient underwent successful abdominal vaginoplasty and received psychological counseling with satisfactory postoperative recovery.

Conclusion :
Mullerian agenesis should be suspected in young females presenting with primary amenorrhea and normal secondary sexual characteristics. Early diagnosis through clinical and radiological assessment enables timely management and psychological support. A multidisciplinary approach involving gynecologists, radiologists, surgeons, and counselors is vital for comprehensive care. Surgical creation of a neovagina can significantly enhance sexual function and quality of life, underscoring the importance of awareness and empathetic management of this rare condition. Keywords: Primary amenorrhea, Müllerian agenesis, MRKH syndrome, Neovagina, Vaginoplasty

Abstract ID: SRH/CR/20

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Abstract Title:
CASE REPORT ON MAYER-ROKITANSKY-KÜSTER-HAUSER (MRKH) SYNDROME

Introduction :
Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome is a rare congenital disorder characterized by the underdevelopment or complete absence of the uterus and the upper two-thirds of the vagina in individuals with a normal 46, XX karyotype and normal ovarian function. It affects about 1 in 5000 girls, and typically presents in adolescence with primary amenorrhea despite normal secondary sexual characteristics.

Case Description :
A 27-year-old woman from Angul, Odisha, presented with primary amenorrhea and inability to perform sexual intercourse. She had normal secondary sexual characteristics, having attained thelarche and pubarche at 12 years. Hormonal assays were within normal limits. USG showed a hypoplastic uterus (2.9×1×1.6 cm) with normal ovaries and kidneys. MRI revealed bilateral uterine buds joined by a fibrous band, a blind-ending vaginal pouch of 1 cm, and normal ovaries, confirming MRKH syndrome. Patient underwent laparoscopic Davydov's vaginoplasty and a neovagina of length of 15 cm and 1 finger breadth was achieved.

Conclusion :
MRKH syndrome, though rare, requires early diagnosis, multidisciplinary management, and psychological support. Management aims to restore sexual and reproductive function, correct associated anomalies, and provide psychological support. Vaginal reconstruction may be achieved by non-surgical dilatation (Frank's or Ingram's methods) or surgical techniques such as McIndoe-Reed, Davydov, or Vecchietti procedures. Reproductive options include gestational surrogacy and uterine transplantation.

Abstract ID: SRH/CR/21

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Abstract Title:
NON-PUERPERAL UTERINE INVERSION

Introduction :
Non-puerperal uterine inversion (NPUI) is an uncommon gynaecological condition in which the uterine fundus turns inside out, unrelated to childbirth. It accounts for only 5–15% of uterine inversions, with fewer than 200 cases reported worldwide. The condition is most often secondary to benign or malignant uterine tumors, especially submucous fibroids. Diagnosis is often delayed due to its rarity and nonspecific symptoms.

Case Description :
A 36-year-old multiparous woman presented with heavy menstrual bleeding, foul vaginal discharge, and anemia for six months. Examination revealed a smooth, firm, red mass (8 × 7 cm) occupying the upper vagina, with the cervix not visualized and the uterine fundus impalpable. Ultrasound showed a large posterior wall fibroid, and MRI confirmed uterine inversion with a subserosal fibroid. The patient underwent laparotomy, which revealed a flower-vase appearance of the uterus confirming inversion. A vaginal myomectomy was performed, followed by Haultain's procedure for reduction and total abdominal hysterectomy, as the family was complete. Histopathology confirmed a submucous leiomyoma.

Conclusion :
Non-puerperal uterine inversion is a rare but significant clinical entity that may mimic fibroid polyp or uterine prolapse. Early recognition using MRI is crucial for appropriate surgical planning. The Haultain procedure remains the most reliable method for repositioning, with hysterectomy often indicated in women who have completed childbearing.

Abstract ID: SRH/CR/22

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Abstract Title:
BEYOND CHRONIC ILLNESS: UNMASKING THE UNDERLYING PATHOLOGY IN A CKD PATIENT WITH AMENORRHEA

Introduction :
Gonadal dysgenesis often presents during adolescence, but its recognition may be delayed in patients with chronic illnesses where menstrual irregularities are attributed to the underlying condition or treatment. This case emphasizes the importance of subtle clinical details and examination in identifying the underlying disease pathology.

Case Description :
A 32-year-old phenotypic female with a history of renal transplant for chronic kidney disease presented with infertility and eight years of secondary amenorrhea, previously attributed to her illness. On detailed history, she disclosed only withdrawal bleeding since her menarche. Examination revealed underdeveloped breasts, sparse axillary and pubic hair, and an infantile cervix with no evidence of virilization. Investigations showed elevated FSH and LH with an infantile uterus and non-visualized ovaries on ultrasound. Karyotyping demonstrated a 46,XY pattern, and hormonal assessment indicated hypoestrogenism with normal female range testosterone. Pelvic MRI showed a hypoplastic uterus with endometrial thickness of 2 mm, with small fibrotic gonads along posterior aspect of round ligament and anterior to iliac vessels. With a provisional diagnosis of gonadal dysgenesis, prophylactic bilateral gonadectomy was performed to prevent gonadoblastoma. Laparoscopy revealed uterus of 4x2cm, with right gonad of 10x5mm & left gonad of 20x5mm. Histopathology with IHC confirmed ovo-testicular tissue bilaterally (approximately 80% testicular, 20% ovarian component).

Conclusion :
This case illustrates how re-evaluation of clinical assumptions can uncover genetic disease concealed by chronic illness. Early identification of gonadal dysgenesis enables timely gonadectomy, prevents malignancy, and facilitates appropriate

Abstract ID: SRH/CR/23

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Abstract Title:
PARASITIC FIBROID- A RARE DIFFERENTIAL DIAGNOSIS OF AN ABDOMINO-PELVIC MASS

Introduction :
Parasitic fibroids are among the rarest types of leiomyomas deriving their blood supply from adjacent structures. Retroperitoneal location of parasitic fibroid is extremely uncommon and is thought to arise from peritoneal metaplasia of the retroperitoneal tissues . Here we report a rare case of retroperitoneal parasitic fibroid managed successfully by laparoscopic myomectomy.

Case Description :
A 40 year old woman, Para2 Live2, with previous 2 normal vaginal deliveries presented with vague lower abdominal pain and a sense of heaviness in the back. She also complained of pain during defecation but had no menstrual complaints. She had a history of laparoscopic sterilization done 8 years back. On clinical examination, a firm, non-mobile mass of 6 x7cm was palpated in the right lumbar and iliac regions. USG and MRI pelvis were suggestive of a well-defined solid mass in the right paramedian region lying superior to the right ovary without any definite contact or invasion, possibly extra uterine myoma or a solitary fibrous tumour. The patient underwent Operative laparoscopy-myomectomy. Intraoperatively, a retroperitoneal fibroid of 6x7cm was identified above the right iliac vessels and ureter. The peritoneum was incised, and the fibroid was carefully dissected and excised from the underlying structures. Histopathology report confirmed leiomyoma composed of spindle-shaped smooth muscle cells and fibroblasts.

Conclusion :
This case posed a diagnostic challenge due to its unusual site and presentation, leading to a clinical dilemma. Nevertheless, laparoscopic management was performed successfully with no intraoperative or postoperative complications, highlighting the importance of careful evaluation and surgical planning in atypical fibroid presentations.

Abstract ID: SRH/CR/24

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Abstract Title:
AN UNUSUAL PRESENTATION OF SECONDARY AMENORRHEA WITH SECONDARY SEXUAL CHARACTERISTICS IN PURE GONADAL DYSGENESIS 46XX

Introduction :
Secondary amenorrhea in reproductive-aged women can result from a variety of endocrine, structural, and genetic causes, often requiring a multidisciplinary diagnostic approach. Hypergonadotropic hypogonadism, endocrine abnormalities and ovarian dysfunction are key considerations in such presentations.

Case Description :
A 25-year-old unmarried female presented with secondary amenorrhea and scanty, irregular menstrual cycles since menarche. Clinical examination revealed a normal BMI, normal breast development with presence of axillary and pubic hair.Imaging evaluation documented an underdeveloped uterus ("hypoplastic uterus") and small ovaries without dominant follicles on serial pelvic ultrasound. Hormonal assays showed elevated follicle-stimulating hormone (FSH: 40.69 mIU/mL), low anti-Mullerian hormone (AMH: 0.165 ng/mL), low serum estradiol (21.18 pg/mL), and low serum progesterone (0.2 ng/mL), consistent with ovarian insufficiency. Karyotype analysis reported a normal 46,XX female chromosomal complement, excluding major genetic anomalies. Renal imaging was unremarkable except for mild, non-obstructive hydronephrosis in one kidney. Clinical impression remained hypergonadotropic or primary ovarian insufficiency with hypoplastic uterus & small ovaries due to Pure Gonadal dysgenesis 46XX confirmed by multidisciplinary consensus.

Conclusion :
This case highlights the diagnostic complexities and consequences of secondary amenorrhea with primary ovarian insufficiency due pure gonadal dysgenesis in young women, confirmed by integrated clinical,biochemical,ultrasound imaging and genetic assessment.Since this case has unusual presentation of secondary amennorhoea with presence secondary sexual characters rather than primary amennorhoea which is common in cases of pure gonadal dysgenesis. In all cases of secondary amennorhoea in young females ovarian dysgenesis should be kept in mind as differential diagnosis.Early identification and targeted endocrinological evaluation are crucial for optimal

Abstract ID: SRH/CR/25

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Abstract Title:
GENITAL TUBERCULOSIS MASQUERADING AS SECONDARY AMENORRHEA- A DIAGNOSTIC CHALLENGE

Introduction :
Tubercular endometritis is an uncommon chronic granulomatous infection of endometrium caused by Mycobacterium tuberculosis. Although it is frequently asymptomatic, it occasionally presents with infertility, menstrual irregularities or chronic pelvic pain.

Case Description :
We report a rare case of secondary amenorrhea due to tubercular endometritis. Mrs.X, 32-year-old woman with 4 years married life, presenting with secondary amenorrhea and history of MTP followed by D&C at 4 months of gestation 3 years prior. Her prior cycles were regular until 9 months ago, after which she developed amenorrhea. She received hormonal therapy with no clinical improvement. On examination, patient was alert, afebrile, not anemic, no generalized lymphadenopathy, systemic , per abdominal, per speculum and bimanual pelvic examinations were unremarkable. All baseline investigations -complete blood counts, hormonal assays, thyroid profile, blood glucose, and electrolytes were within normal limits. Chest radiography and Ultrasonography of abdomen and pelvis demonstrated normal findings with ET of 6 mm. Given the clinical presentation, Asherman's syndrome was considered as a provisional diagnosis. Patient underwent diagnostic hysteroscopy, which revealed normal uterine cavity and endometrial biopsy was obtained during the procedure. GeneXpert analysis of biopsy specimen was positive for Mycobacterium tuberculosis, confirming the diagnosis of tubercular endometritis and patient was initiated on standard antitubercular therapy.

Conclusion :
Tubercular endometritis is a rare but important cause of secondary amenorrhea, often presenting with nonspecific clinical features and normal imaging. High clinical suspicion, timely endometrial sampling, and molecular diagnostic techniques are essential for early diagnosis. Prompt initiation of antitubercular therapy can restore reproductive potential and prevent long-term complications.

Abstract ID: SRH/CR/26

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Abstract Title:
AN UNSUAL CASE OF SECONDARY AMENORRHEA WITH HIRSUTISM

Introduction :
Secondary amenorrhea and hirsutism can be related conditions, often stemming from hormonal imbalances. PCOS is a common cause of both, but other conditions like non-classic congenital adrenal hyperplasia and androgen-producing tumours can also be responsible.

Case Description :
25 yr old woman presented with secondary amenorrhea with hirsutism & weight gain. On examination her BMI - 30Kg/m2 with severe acanthosis nigricans and severe hirsutism with FG Score of 26, She also had proximal myopathy and cushing's striae. Positive Investigations revealed Low FSH, LH and Estradiol level with low AMH suggestive of hypogonadotropic hypogonadism. Her Testosterone was at Tumoral Range and DHEAS was high. Cushing workup was done under guidance of Endocrinologist which was positive for Adrenal Source of Hypercortisolism. Hence CT Abdomen was done which revealed 6cm Right Adrenal Tumor suggestive of carcinoma. She underwent Adrenalectomy by a Urologist. However, her Biopsy revealed a benign tumor.

Conclusion :
This case report illustrates a patient who presented with secondary amenorrhoea and hirsutism because of Cushing syndrome secondary to an Adrenal Adenoma, a rare D/D for patients presenting with secondary amenorrhoea with hirsutism. In our patient treatment led not only to restoration of amenorrhea but her improvement of metabolic profile (BMI reduced from 30 to 23 Kg/m2 and Diabetes reversed) and she became pregnant after 1 year. This case highlight the importance of good clinical examination and the use of interprofessional collaborative approach.

Abstract ID: SRH/CR/27

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Abstract Title:
DECODING OHVIRA : EMOPOWERING WOMEN THROUGH AWARNENESS AND SCIENCE

Introduction :
OHVIRA syndrome also known as Herlyn Werner Wunderlich syndrome, is a rare congenital mullerian duct anomaly characterized by a triad of uterus diadelphys ,obstructed hemi vagina and ipsilateral renal agenesis. The condition results from abnormal development of mullerian and wolffian duct during embryogenesis It's incidence varies 0.1 % -3.8%.The average age of diagnosis is 10-29 yrs and the mean age is 14 years.

Case Description :
A 14 yr old unmarried female presented with acute retention of urine, diagnosis was confirmed by MRI which showed feature of OHVIRA syndrome .she was managed surgically by resection of vaginal septum and drained around 250 cc of collected blood followed by visualization of two separate cervical canals confirming the diagnosis .

Conclusion :
Early diagnosis and surgical correction of obstructed hemi vagina is essential for the preservation of reproductive potential of patient with OHVIRA syndrome ,with the advancement of high resolution imaging and modern diagnostic tools such rare congenital anomalies can now be identified at an earlier stage.prompt recognition and appropriate to achieve a normal reproductive and gynecological outcome.

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Abstract Title:
A RARE CASE OF PERIODIC PREMENSTRUAL PARALYSIS WITH ENDOMETRIOSIS

Introduction :
Periodic premenstrual paralysis is a rare neurological disorder of flaccid quadriparesis. May be a genetic disorder that affects muscle cell ion channels causing improper muscle excitability usually responds to oral Acetazolamide therapy .

Case Description :
A 30 year nulligravida patient, married for 6 months, admitted with gradual progressive onset of ascending quadriparesis since last 4 days with history of this recurrent quadriparesis,since last 15 years.Muscular weakness starts 10 days before her periods in ascending order in 3days, worsens for 2days improves in next 3days with complete muscular and neurological recovery when her periods start.She has been hospitalized and prescribed antispasmodics,analgesics and anovulatory drugs with no relief in the past. Last six months she is experiencing abdominal pain and vomiting prior to her periods, but no dyspareunia. On physical examination: Tendon jerks decreased with hyporeflexia and power of 4/5 in all limbs. Per vaginal examination revealed bulky uterus with restricted mobility, bilateral forniceal full and tender. Investigations: Serum Electrolytes, LFT , RFT , Thyroid profile, Lipid profile, MRI Scans of brain and spine were normal. Ultrasound examination revealed bilateral endometriomas with normal uterus and endometrium. Serum AMH is 1.1 ng/ml EMG - Nerve Conduction velocity test inconcluvise. Treatment: Given Injection GnRh agonist depot and oral Acetazolamide, Syrup Potassium and maintain hydration ,10 days before her menstrual cycle commenced. She is asymptomatic now' counselled well for regular follow up.

Conclusion :
Such a rare case of PMP should be considered a possibility and referred to respective specialities and investigated and treated effectively to maintain menstrual health.

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Abstract Title:
A RARE OCCURRENCE : PRIMARY AMENORRHEA UNMASKING GENITAL TUBERCULOSIS

Introduction :
This case report underscores the critical importance of considering genital tuberculosis (TB) as a potential cause of primary amenorrhea, particularly in regions with a high prevalence of TB, such as India

Case Description :
The patient, a 29-year-old nulligravida, presented with primary amenorrhea, normal breast and pubic hair development, and no significant abnormalities on initial physical examinations. Hormonal assays were within normal limits, and the patient failed to respond to the estrogen and progesterone challenge test. Imaging studies, including MRI of the brain and pelvis and a normal pelvic ultrasound, did not reveal any obvious pathology. However, hysteroscopy revealed an atrophic endometrium with calcifications, and the QuantiFERON-TB Gold test was positive, confirming the diagnosis of genital TB. The patient was subsequently treated with a multidrug antitubercular regimen, including rifampicin, isoniazid, pyrazinamide, and ethambutol.

Conclusion :
This case highlights the rarity and diagnostic challenges associated with genital TB as a cause of primary amenorrhea. It underscores the necessity of including genital TB in the differential diagnosis of primary amenorrhea, especially in endemic regions. This case emphasize the importance of employing a comprehensive diagnostic approach, to identify such a rare etiology

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Abstract Title:
MODIFIED MCINDOE VAGINOPLASTY USING OXIDIZED REGENERATED CELLULOSE – A NEW LIFE TO WOMANHOOD

Introduction :
MRKH syndrome is the primary cause of congenital vaginal agenesis, affecting 1 in 4,000 to 5,000 live female births. Traditional vaginoplasty techniques, such as the standard McIndoe procedure using skin grafts, are associated with a high risk of contracture and potential donor site morbidity. This case report presents a Modified McIndoe Vaginoplasty utilizing Purified Oxidized Regenerated Cellulose (ORC) as the graft lining to create a functional neovagina, aiming for satisfactory depth and epithelialization without requiring an autologous graft.

Case Description :
A 20-year-old unmarried woman presented to the gynecological clinic complaining of primary amenorrhea. Physical examination confirmed normal development of secondary sexual characteristics. Following investigations, including pelvic ultrasonography and chromosomal analysis (46 XX karyotype), the patient was diagnosed with MRKH syndrome type I.The patient underwent the Modified McIndoe Vaginoplasty. A Poly-Tetra-Fluoro-Ethylene mould was prepared, first lined with sulfadiazine-soaked gauze, and subsequently wrapped completely using the Oxidized Regenerated Cellulose graft, with the edges meticulously secured. This construct was used to line the newly dissected space and create a neovagina.clinical follow-up demonstrated the successful achievement and maintenance of an adequate vaginal length, documented at 7cm Patient was instructed with self dilatation with vaginal dilators smeared with estrogen gel and after six months she got married patient initiated regular intercourse after treatment. At the eight-month follow-up visit, the patient reported consistent successful intercourse and functional satisfaction, with the absence of any signs of stricture formation or graft contracture

Conclusion :
Using ORC in McIndoe technique offers effective, minimally invasive results; long-term success requires surgical skill and regular dilatation.

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Abstract Title:
OVARIAN DERMOID CYST WITH INTRAVESICAL EXTENSION PRESENTING A BLADDER MASS: A RARE CLINICAL CHALLENGE

Introduction :
Dermoid Cysts are benign tumors comprised of tissue derived from more than one germ cell layer, most commonly located in the ovaries but occasionally found in atypical sites like the urinary bladder. Awareness of such presentations is crucial due to their potential to mimic other bladder masses and to inform appropriate surgical management.

Case Description :
A 29-year-old- female presented to the gynecology outpatient department with complaints of left flank pain and the unusual passage of hair in urine for 2-3 days. She reported a previous cesarean section and a longstanding abdominal lump that predated her pregnancy. Clinical examination revealed a large pelvic mass, and pelvic ultrasonography demonstrated a sizable dermoid cyst which was later confirmed through histopathology. The patient underwent exploratory laparotomy, during which dense adhesions were identified, and a 10*10 cm dermoid cyst was found arising from the left ovary. Further surgical exploration revealed a communication between the cyst and the urinary bladder, resulting in a bladder rent, confirmed by the presence of hair and caseous material in both locations. The bladder was repaired using the pyriformis muscle and omental flap, and a urinary catheter and abdominal drain were placed. Postoperative recovery was uneventful, with resolution of symptoms and no recurrence observed on follow-up.

Conclusion :
This case underscores the importance of considering dermoid cysts in the differential diagnosis of bladder masses, as their benign nature obviates the need for radical interventions, and patient reassurance is warranted following appropriate excision and repair.

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Abstract Title:
SILENT OVARY, LOUD HORMONES: A RARE LUTEINIZED THECOMA UNVEILED”

Introduction :
Ovarian thecomas are rare sex cord–stromal tumors, accounting for approximately 1% of all ovarian neoplasms. They typically occur in postmenopausal women and present as unilateral, benign, solid tumors. Thecomas resemble theca lutein cells of the Graafian follicle and are usually estrogen-producing. While androgen production is uncommon,it is usually seen in leutinized thecoma.About 30% of luteinized thecomas occur in women under 30 yrs of age of which 50% of cases produce estrogen ,40% are non-functioning ,and 10% are androgenic.

Case Description :
We report a rare case of an androgen-secreting leutinized ovarian thecoma in a young woman. Our patient was a 19-year-old nulligravida who presented with lower abdominal pain and amenorrhoea for 3 months. Clinical examination revealed features of hyperandrogenism along with a left-sided adnexal mass around 7 × 7 cm. Following radiological examination confirmed a solid ovarian tumour. Pre-operative evaluation showed significantly elevated serum testosterone levels (29pg/mL) and rest of the tumor markers were normal.The patient underwent left salpingo- oophorectomy, and histopathological examination confirmed a leutinized theca cell tumor. On follow-up, serum testosterone levels were drastically reduced, and the patient resumed regular menstrual cycles within 6 weeks post-surgery.

Conclusion :
In conclusion, this case highlights the importance of considering leutinized ovarian thecomas as a differential diagnosis of solid ovarian tumors in young women. Early recognition and surgical management are essential for symptom resolution and restoration of normal reproductive function.

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YASHOBHOOMI, DWARKA

(India International Convention & Expo Centre) New Delhi

Yashobhoomi, located in Dwarka, Delhi, is a significant and ambitious project that serves as a state-of-the-art convention and exhibition center. Spanning over 8.3 lakh square feet, it is designed to host a wide variety of events, including conferences, trade shows, and cultural programs, positioning itself as a key hub for business and tourism in the region. The infrastructure incorporates modern facilities, high-tech amenities, and sustainable design elements, aiming to provide both local and international visitors with a high-quality experience.

The development of Yashobhoomi is part of Delhi's broader strategy to enhance its infrastructure and promote economic growth. It is well-connected to major transport networks, including the Delhi Metro, which facilitates easy access for attendees. Additionally, Yashobhoomi is situated near the Dwarka Sector-21 metro station, adding to its appeal as a convenient venue for hosting large-scale events. The project reflects Delhi's commitment to becoming a global destination for meetings and exhibitions, ultimately boosting its cultural visibility and economic capability.

