

## **AOGD Clinical Meet on 28.4.23**

### **Abstract-1**

#### **Post Caesarean Sepsis- An Unthinkable eye opener**

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Caesarean delivery is the single most important risk factor for puerperal infection in immediate postpartum period. Current global prevalence is 3.7% to 24.2% of women globally. Although technology has rendered LSCS safe nowadays, Caesarean section as a mode of delivery is not as safe as it is perceived and associated with several life threatening complications such as Abnormal placentation. Post caesarean sepsis with occasionally severe debilitating consequences and risk of anaesthesia.

We reported a rare case of 35-year-old Primigravida who was admitted with diagnosis of 39 weeks POG with Gestational hypertension with Gestational Diabetes for induction of labour. She had past history of cervical tuberculosis and had high myopia in right eye. Patient had to undergo emergency LSCS for failed induction. Postoperatively patient developed sudden onset right side orbital cellulitis along with involvement of Chest with septic emboli, abdominal wall and left upper arm cellulitis. Patient has SSI and stitch line gape as well. Despite aggressive antibiotic therapy and development of panophthalmitis, the right eye had to be eviscerated and implant was placed 1 month post LSCS. The intravitreal and stitch line culture showed growth of very rare organism *Aeromonas hydrophila*. It is a Gram-negative anaerobic bacilli which had diverse clinical manifestation ranging from Diarrhoea and soft tissue infections to serious fulminant soft tissue infection and meningitis, OM, myonecrosis, endocarditis, peritonitis, cholecystitis, and septicemia in immunocompromised and those with underlying liver disease.. This organism is known for its virulence, genetic predisposition to antibiotic resistance. The extensive and indiscriminate use of antibiotics has given rise to many resistant varieties of bacteria like aeromonad. Multidrug resistance genes have also been identified in this group of bacteria which is of serious health concern. To the best of our knowledge this is first reported case of *Aeromonas Hydrophila* associated Orbital cellulitis and pan ophthalmitis. History of high myopia associated with severe scleral thinning was probably responsible for preferential right eye involvement through endogenous route.

**Conclusion-** Any infection during pregnancy, especially among women in developing countries, should be promptly diagnosed and treated to prevent life threatening complications to prevent

other infective foci especially in and around the eye. Proliferative Increase in rates of CS especially primary caesareans should be curbed. Avoiding un-indicated Caesarean sections and also the delay in indicated Caesarean sections will have long term benefits. Promoting rationale and responsible use of antibiotics including the importance of single dose prophylactic antibiotic within 1 hour of incision is indispensable.

## **Abstract -2**

### **Placental biometry/ uterine artery PI ratio: A promising marker for prediction of Preeclampsia**

**Dr Manisha Kumar**

**Objective:** The objective of the study was to perform placental biometry and Doppler assessments and measure biomarkers in each trimester from healthy and preeclamptic (PE) pregnancies **Method:** This prospective cohort study was carried out after ethical clearance. Placental length, thickness and volume, biomarkers PAPP-A, sFLT-1, PIGF along with the uterine, middle cerebral and umbilical artery blood flow evaluation was done serially at 11-14, 20-24, and 28-32 weeks of gestation. Pulsatility index (PI) was the difference between the peak systolic flow and minimum diastolic flow velocity, divided by the mean velocity. The above parameters were compared between women with normal outcome and PE. **Results:** Out of 1008 women who were followed till delivery, 135/1008(13.4%) had hypertensive disorders of pregnancy (HDP) and 44/1008(4.4%) had PE. The placental length (PL) and volume were significantly less with HDP ( $p<0.001$ ) and PE ( $p=0.005$ ) compared to controls. PAPP-A in the first trimester and PIGF and uterine artery PI (Ut A PI) in all trimesters were significantly lower in PE compared to healthy pregnancies ( $p<0.001$ ). Two novel parameters, PL/Ut A PI and PV/Ut A PI ratio, were significantly low in cases compared to controls ( $p<0.001$ ). In the first trimester the area under curve (AUC), sensitivity and specificity of PV/Ut A PI for PE prediction was 0.801, 81.8% and 70.5%. At 20-24 weeks and 28-32 weeks of gestation the AUC, sensitivity and specificity of PL/Ut PI ratio was 0.806, 81.8%, 70.5% and 0.799, 73.3%, 70.7% respectively.

**Conclusion:** Placental length or volume and uterine artery pulsatility index ratio can be promptly calculated and proved to be a useful marker for prediction of PE.

### **Abstract-3**

#### **Solitary synchronous vaginal metastasis in early stage Endometrioid endometrial carcinoma-An unusual presentation**

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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. 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. This case is one of the few reported cases in the literature where early stage carcinoma endometrium is diagnosed synchronously with an isolated vaginal metastasis, however there are few reports of early stage endometrioid adenocarcinoma of uterus metastasizing to rare site synchronously to breast, femur, clavicle, spleen and few reports on synchronous solitary vaginal mets from other sites like colon, rectum, breast. Due to paucity of data on solitary synchronous vaginal metastasis in early stage endometrioid endometrial carcinoma, there are no consensus for the management of such cases. However, upfront surgery, radiation or systemic therapy can be advocated on an individual basis as was done in the present case, due to the unresectable location of the lesion upfront neoadjuvant chemotherapy was chosen, and the outcome was satisfactory.

**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.