# AOGD 2026

## 48th Annual AOGD Conference 2026

*Organised by:* Department of Obstetrics and Gynaecology
All India Institute of Medical Sciences, New Delhi, India

*Venue:* **India Habitat Centre, New Delhi**
*Date:* **12th - 13th September 2026**

*Theme:*
**With HER (Heal, Empower, Respect)...**
**....Every Step of the way!!!**

# Souvenir & Book of Abstracts

**AOGD SECRETARIAT**
AOGD Office, Room No. 714, 7th Floor, Mother & Child Block,
Department of Obstetric and Gynaecology,
All India Institute of Medical Science (AIIMS), New Delhi- 110029
Tel.: 011-29576771, (M): 9717392924 | Email Id: aogdaiims2026@gmail.com

# AOGD Office-Bearers 2026-2027



Dr Neena Malhotra
**President**



Dr Neeta Singh
**Vice President**



Dr K Aparna Sharma
**Honorary Secretary**



Dr Jyoti Meena



Dr Juhi Bharti

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# Message from Director

अखिल भारतीय आयुर्विज्ञान संस्थान
अंसारी नगर, नई दिल्ली – 110029, भारत

All India Institute of Medical Sciences
Ansari Nagar, New Delhi-110029, INDIA

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निदेशक

Prof. (Dr.) Nikhil Tandon
M.D. Ph.D. (Cantab.), FAMS, FRCP (London), FASc., FNASc., FNA
DIRECTOR



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07th September 2026

## MESSAGE

Namaskar and warm greetings to everyone.

It gives me immense pleasure to extend my best wishes to all the distinguished dignitaries, office bearers of the Association of Obstetricians and Gynaecologists of Delhi (AOGD), esteemed faculty members, invited guests, delegates, residents and students on the occasion of the Annual Conference of the Association of Obstetricians and Gynaecologists of Delhi.

I am delighted that this year's conference is being organised by the Department of Obstetrics and Gynaecology, AIIMS New Delhi, with the Pre-Conference Workshops on 10th-11th September 2026 and the Conference on 12th-13th September 2026 at the India Habitat Centre, New Delhi. On behalf of the Institute, I congratulate the entire department and the organising team for bringing together this important academic event.

The theme, "With HER – Heal, Empower, Respect… Every Step of the Way," beautifully reflects our shared commitment to caring for every woman with compassion, empowering her through knowledge and informed choices, and respecting her dignity at every stage of life.

I hope this conference provides a meaningful platform for academic exchange, innovative ideas, professional collaboration and continued advancement in the field of women's health. I am confident that the scientific deliberations will inspire our young doctors, researchers and healthcare professionals, contribute meaningfully towards improving the quality of care for women, and make the conference an academically enriching, professionally rewarding and memorable experience for all participants.

My sincere congratulations and very best wishes to the leadership and members of AOGD, the Department of Obstetrics and Gynaecology, AIIMS New Delhi, and all members of the organising and scientific committees for their dedicated efforts in making this conference possible.

My very best wishes and warm blessings to the entire team for a highly successful AOGD Annual Conference 2026.

With warm regards,

( Prof. Nikhil Tandon )
Director

# Message from Guest of Honour

सत्यमेव जयते


तरनजीत सिंह संधू
उपराज्यपाल
Taranjit Singh Sandhu
Lt. Governor



लोक निवास
दिल्ली-११००५४
LOK NIWAS
DELHI-110054


D.O. No. LN/2026/298
Dated: 09.09.2026

**MESSAGE**

I am happy to know that the Association of Obstetricians and Gynaecologists of Delhi (AOGD) under the aegis of Department of Obstetrics and Gynaecology, AIIMS is organizing its Annual Conference on 12th September, 2026 at New Delhi and is also bringing out a souvenir on this occasion.

Women's health is fundamental to the progress of families, communities and society. While India has made significant strides in maternal and reproductive healthcare, our on-going endeavour must be to ensure every woman receives safe, evidence-based, equitable and compassionate care throughout her life.

This year's theme, *"With HER - Heal, Empower, Respect... Every Step of the Way,"* underlines the holistic approach required in modern medicine. I am confident that the deliberations will foster new ideas and meaningful collaborations, while inspiring young doctors to pursue clinical excellence with deep community sensitivity.

The efforts made by the AOGD in bringing clinicians, academicians and researchers together to share knowledge and address emerging challenges are praiseworthy.

My best wishes for success of the Annual Conference.

Taranjit S. Sandhu

**(Sardar Taranjit Singh Sandhu)**

# Message From Patron Desk



It is with great pleasure that I write this message for all the faculty and delegates of the AOGD Annual Conference. This year's conference has been organized with great zeal by the AIIMS Team under the leadership of AOGD President Prof Neena Malhotra. I am happy to note that it has kept up the traditional patterns while incorporating several new features that will make it especially attractive to young gynaecologists and practitioners alike.

Today, it is an era of super-specialization. Knowledge is expanding at an exponential rates. All gynaecologists need to be aware of certain basic developments while staying abreast of their own specialty interests. The conference with its plethora of well-planned workshops will make sure this is covered. My congratulations to the Organizing Team who have worked tirelessly to put together a programme of talks, panel discussions, and video sessions that is practice-oriented and geared to providing you with latest guidelines, newer advances, and skill enhancement. I am confident that this programme caters to the interests of each and every one of you.

Much of this information needs to be disseminated to the lay public also. As we make advances in our field we must not lose sight of ethical considerations. Always the patient must remain in the forefront of everything we do. After all, they are the basis of our existence, our raison d'etre.

I hope that you will enjoy hearing and interacting with the galaxy of speakers and return feeling enriched from the scientific deliberations, as well as meeting old and new friends in a vibrant cultural programme.

Warm regards,
**Dr Kamal Buckshee**

# From the President's desk



**Dr Neena Malhotra**

From the President's Desk

It gives me immense pleasure to welcome you all to the **Annual Conference of the Association of Obstetricians and Gynaecologists of Delhi (AOGD)**, being hosted by the **Department of Obstetrics and Gynaecology, All India Institute of Medical Sciences, New Delhi**, at **the India Habitat Centre, New Delhi** under the inspiring theme "**With HER—Heal, Empower, Respect… Every Step of the Way**."

Over the past year, AOGD has continued its academic journey with renewed enthusiasm and commitment. Our members have come together through workshops, CMEs, clinical meetings and academic initiatives, fostering a vibrant culture of learning, collaboration and professional growth. Each of these activities reflects the collective strength of our fraternity and our shared commitment to advancing women's health and well-being.

This year's conference has been thoughtfully curated to provide a comprehensive academic experience encompassing the diverse domains of obstetrics and gynaecology. The scientific programme brings together distinguished experts, experienced faculty and young clinicians, creating a platform for the exchange of knowledge, experience and novel ideas. Through panel discussions, debates and interactive sessions, the conference will explore contemporary advances in clinical practice, research and technology while addressing the challenges we encounter in our everyday practice.

Our theme, "**With HER—Heal, Empower, Respect… Every Step of the Way**," embodies the very essence of our role as caregivers. As obstetricians and gynaecologists, we have the unique privilege of accompanying women through almost every stage of their lives—from adolescence and reproductive choices to pregnancy and childbirth, and through midlife and beyond. Our responsibility, therefore, extends far beyond treating illness. We must **heal** with scientific excellence and compassion, **empower** women with knowledge and the ability to participate meaningfully in decisions concerning their health, and **respect** their dignity, autonomy, choices and individuality.

The words "**Every Step of the Way**" reinforce our commitment to continuity of care throughout a woman's life. Even as medicine advances at an extraordinary pace, the foundation of good healthcare remains the relationship between a woman and those entrusted with her care. Scientific progress must therefore be accompanied by empathy, communication and equity. It is this balance between excellence in science and compassionate, respectful care that we hope will resonate throughout the deliberations of this conference.

As President of AOGD, I feel deeply privileged to witness the coming together of such a dynamic academic community. I extend my heartfelt gratitude to the **Organizing Committee at AIIMS New Delhi**, the Scientific Committee, faculty, speakers, moderators and members whose tireless efforts and commitment have made this conference possible.

I warmly welcome all our delegates and participants and am confident that this conference will be an enriching and memorable academic experience, fostering new knowledge, meaningful collaborations and friendships.

May we return from this conference with renewed purpose—to remain **With HER, to Heal, Empower and Respect, every step of the way**.
With best wishes for a successful conference,
Warm regards,

**President**
**Association of Obstetricians and Gynaecologists of Delhi (AOGD)**

# From the Secretarial Desk



**Dr K Aparna Sharma**
*Honorary Secretary*



**Dr Jyoti Meena**
*Joint Secretary*



**Dr Juhi Bharti**
*Joint Secretary*

Dear All,

It is with great pleasure and enthusiasm that we welcome you to the **Annual Conference of the Association of Obstetricians and Gynaecologists of Delhi (AOGD)**, being hosted this year by the **Department of Obstetrics and Gynaecology, All India Institute of Medical Sciences, New Delhi**, at the **India Habitat Centre, New Delhi**.

For Team AOGD at AIIMS New Delhi, the journey towards this conference has involved months of meticulous planning, countless discussions, teamwork and anticipation. It is immensely satisfying to see these efforts come together in a scientific programme that we hope will be engaging, contemporary and relevant to clinicians across the spectrum of obstetrics and gynaecology.

The conference has been designed to offer enriching content for everyone. The scientific deliberations bring together eminent experts and enthusiastic young minds through **orations, keynote addresses, panel discussions, debates and interactive sessions** spanning important and evolving areas of our specialty. Workshops and skill-based sessions provide opportunities to translate knowledge into practice, while surgical videos and discussions on newer techniques and technologies bring the latest developments closer to everyday clinical care.

An equally important part of the programme is the opportunity it provides to our r**esidents, young clinicians and researchers**. Paper and poster presentations, interesting cases, quizzes and academic competitions offer them a platform to present their work, exchange ideas and learn from experienced faculty. We believe that a scientific meeting truly fulfils its purpose when it encourages the next generation not merely to receive knowledge, but to question, investigate and contribute to it.

Beyond the lecture halls, AOGD annual conference is also about reconnecting with colleagues and friends. In the midst of our demanding professional lives, these few days allow us to renew old associations, build new collaborations, exchange experiences and celebrate the achievements of our fraternity. The welcoming surroundings of the **India Habitat Centre** provide a wonderful setting for these conversations and camaraderie.

A conference of this scale is possible only through collective effort. We extend our heartfelt gratitude to our **distinguished guests, invited faculty, chairpersons, speakers, moderators and panelists** for sharing their valuable expertise with us. We are equally grateful to all our delegates, whose enthusiastic participation gives purpose and energy to every scientific session.

The conference souvenir further reflects the academic spirit of this meeting, bringing together scientific contributions and perspectives that we hope will serve as a meaningful record of the conference. We sincerely thank all those who have contributed to it.

Our sincere appreciation goes to the **organising and scientific committees at AIIMS New Delhi**, our residents and staff, the event management team, audiovisual and technical teams, hospitality personnel and our industry and trade partners. Much of the work that makes a conference appear seamless happens quietly behind the scenes, and we deeply value the dedication of every individual who has contributed to bringing this meeting together.

As Secretaries of AOGD, it has been both a privilege and a joy to be part of this journey. We hope that you leave the conference with new knowledge to apply, **new questions to explore, new professional connections to nurture and many happy memories to carry home**.

We look forward to welcoming you and hope you enjoy the conference as much as we have enjoyed putting it together for you.

Warm regards,

**Secretaries, AOGD**
**Team AOGD**



# AOGD 2026
## 48th Annual Conference

**Theme:*With HER* (Heal, Empower, Respect)...**
**....Every Step of the way!!!**

Organized by: Department of Obstetrics and Gynaecology
All India Institute of Medical Sciences, New Delhi, India

# Scientific Brochure



**10th–11th Sep 2026**
**Pre-Conference Workshops**

**12th–13th Sep 2026**
**Conference**

**India Habitat Centre, New Delhi**

# Welcome Message

It gives us immense pleasure to welcome you to the **AOGD Annual Conference 2026**, to be held on **12th–13th September 2026**, bringing together the vibrant community of obstetricians and gynaecologists of Delhi for two enriching days of learning, collaboration, and inspiration.

The theme of this year's conference — **"With HER at Every Step: Heal, Empower, Respect"** reflects our shared vision to stand beside every woman through all stages of her life journey. It calls for healing with empathy, empowering through awareness and evidence-based care, and respecting every woman's individuality, choices, dignity, and rights.

The conference aims to address the healthcare needs across all stages of life through our scientific deliberations and discussions— adolescent health, fertility and reproductive medicine, safe motherhood, high-risk obstetrics, preventive health, gynaecological disorders, gynaecologic oncology, mental well-being, menopause care, healthy ageing, and women's rights in healthcare. Special focus will also be placed on respectful maternity care, quality improvement, ethical practice, and empowering women through education and informed decision-making.

**AOGD Conference 2026** promises a vibrant academic platform featuring inspiring keynote lectures, expert panel discussions, interactive workshops, evidence-based updates, and opportunities for young professionals to learn and grow. The conference promises a stimulating scientific program with engaging deliberations and opportunities for meaningful interaction among peers and mentors. More importantly, it is a celebration of our collective commitment to place **"HER"** at the centre of every conversation, every innovation, and every step of care.

We warmly invite you to join us in this meaningful journey as we come together to Heal, Empower, and Respect — with HER at every step.

We look forward to welcoming you all.

**Warm regards,**
**Organising Committee**
**AOGD Conference 2026**



## AOGD Organizing Committee...


Dr Neena Malhotra


Dr Neeta Singh


Dr K Aparna Sharma


Dr Garima Kachhawa


Dr Reeta Mahey


Dr Vidushi Kulshrestha


Dr Seema Singhal


Dr Jyoti Meena


Dr Rajesh Kumari


Dr Juhi Bharti


Dr Nilanchali Singh


Dr Richa Vatsa


Dr Deepali Garg


Dr Archana Kumari


Dr Anju Singh


Dr Neha Varun

## AOGD Organizing Committee...



Dr Soniya Dhiman



Dr Anubhuti Rana



Dr Monika Sahoo



Dr Swati Tomar



Dr Aarthi S Jayaraj



Dr Arnika Kumari Kashyap



Dr Arun Kumar Gupta



Dr Snigdha Soni



Dr Saloni Kamboj



Dr Bhavana



Dr Manasi Deoghare



Dr Zeba Khanam



Dr Anamika Das



Dr Lakhwinder Singh



Dr Akanksha Deshwali

## AOGD Organizing Committee...

Dr Neena Malhotra
Chairperson

Dr Neeta Singh
Co-Chairperson

Dr K Aparna Sharma
Secretary

Dr Jyoti Meena
Joint Secretary

Dr Juhi Bharti
Joint Secretary

## Scientific Committee

Dr Neena Malhotra | Dr Neeta Singh | Dr K Aparna Sharma | Dr Garima Kachhawa

Dr Reeta Mahey | Dr Vidushi Kulshrestha | Dr Seema Singhal | Dr Rajesh Kumari

Dr Jyoti Meena | Dr Juhi Bharti | Dr Anubhuti Rana | Dr Richa Vatsa

## Workshop committee

Dr Nilanchali Singh | Dr Neha Varun | Dr Aarthi S Jayaraj

## Abstract & Souvenir Committee

Dr Reeta Mahey | Dr Vidushi Kulshrestha | Dr Archana Kumari

Dr Anju Singh | Dr Swati Tomar | Dr Zeba Khanam

## Registration committee

Dr Soniya Dhiman | Dr Arun Kumar Gupta | Dr Arnika Kumari Kashyap

Dr Saloni Kamboj | Dr Bhavana | Dr Anamika Das

## Quiz Committee

Dr Seema Singhal | Dr Anubhuti Rana | Dr Aarthi S Jayaraj

## Food & Catering Committee

Dr Rajesh Kumari | Dr Anju Singh

## Exhibition Committee

Dr Garima Kachhawa | Dr Seema Singhal | Dr Nilanchali Singh

Dr Richa Vatsa | Dr Soniya Dhiman | Dr Lakhwinder Singh

## Hall Management Committee

Dr Nilanchali Singh | Dr Neha Varun | Dr Monika Sahoo

Dr Snigdha Soni | Dr Manasi Deoghare | Dr Akanksha Deshwali

## Inauguration, Valedictory & Prize Committee

Dr K Aparna Sharma | Dr Jyoti Meena | Dr Juhi Bharti

Dr Archana Kumari | Dr Monika Sahoo

## Accommodation & Transport Committee

Dr Richa Vatsa | Dr Deepali Garg | Dr Arnika Kumari Kashyap

## Audiovisual & Fabrication Committee

Dr Deepali Garg | Dr Aarthi S Jayaraj

# Conference Highlights

- 11 Pre-Conference Workshops
- Insightful Scientific Sessions
- Research Competition & Paper Presentations
- Case-Based Panel Discussions
- Networking & Academic Collaboration
- Expert Faculty Orations

# Registration Fees

| Category | Early Bird (Till 31st July 2026) | | | Regular (1st Aug to 31st Aug 2026) | | | Onwards/On-spot | | |
|---|---|---|---|---|---|---|---|---|---|
| | Amount | GST 18% | Total | Amount | GST 18% | Total | Amount | GST 18% | Total |
| AOGD Member | 6000 | 1080 | 7080 | 6500 | 1170 | 7670 | 7000 | 1260 | **8260** |
| Non-Member | 7000 | 1260 | 8260 | 7500 | 1350 | 8850 | 8000 | 1440 | **9440** |
| PG Students | 5000 | 900 | 5900 | 5500 | 990 | 6490 | 6000 | 1080 | **7080** |
| AOGD Member (Above 70 year) | **Complimentary** (Kindly email duly filled Registration Form along with age proof on our official email id mentioned below) | | | | | | | | |

| Category | Amount | Total (with GST 18%) |
|---|---|---|
| One day registration (Member) | 3000 | **3540** |
| One day registration (Non-member) | 3500 | **4130** |
| One day registration (PG Student) | 2500 | **2590** |

**Registration Includes:**

- Lunch on Conference Days
- Conference Sessions
- Entry for Trade/Exhibition Area
- Tea/Coffee Served During the Conference
- Inaugural & Valedictory Functions Conference
- Kit

# Pre-conference workshop - 10th and 11th September

| Early bird (Till 31st Jul 2026) | | | Regular (1st Aug to 31st Aug 2026) | | | Onwards / On spot | | |
|---|---|---|---|---|---|---|---|---|
| Amount | GST 18% | Total | Amount | GST 18% | Total | Amount | GST 18% | Total |
| 1500 | 270 | 1770 | 1800 | 324 | 2124 | 2000 | 360 | 2360 |

**The above-mentioned fees are applicable per workshop. Participants attending workshops on both 10th and 11th September 2026 will be charged separately for each workshop attended.**

## Note:

- Postgraduate students must attach a certificate from their HOD and be a member of AOGD to present a Free paper/ Poster.
- The membership number is mandatory for registration under the Member category. For membership-related queries, you may contact Ms. Sarita (+91 92116 56757)
- For spot registrations, payment will be accepted via Cash, Card, or UPI only (cheques will not be accepted). Delegate kits will be provided subject to availability.
- Delegate kits will be handed over only to registered delegates,
- Registration is non-transferable.
- No delegate kit, workshop material, or any other conference material will be distributed to Delegates, Associate Delegates, or PG Students after the conference.

## Cancellation & Refund Policy

1. Allcancellationrequestsmust be submitted in writing to the AOGD Secretariat.
2. Cancellation requests received on or before 15th July 2026 will be eligible for a 75% refund of the registration fee paid.
3. Cancellation requests received between 16th July 2026 and 14th August 2026 will be eligible for a 25% refund of the registration fee paid.
4. No refund will be provided for cancellations received on or after 15th August 2026.
5. The refund process will commence 30 days after the conclusion of the conference.

## Force Majeure:

The Organizing Committee of AOGD 2026 shall not be liable for any delay, modification, postponement, or cancellation of the conference due to circumstances beyond its reasonable control, including but not limited to natural disasters, acts of God, terrorism, labor disputes, war, civil unrest, or government restrictions.



# Pre-Conference workshops
# 10th September 2026

| Title | Session | Chairperson | Time | Venue |
|---|---|---|---|---|
| Menopause and Ageing Skills Lab: Beyond the lecture | Pre-lunch | Dr Meenakshi Ahuja | 09:00am – 01:00pm | Eros hotel Nehru Place |
| Precision Prenatal Care in the Second Trimester: Early Risk Prediction Integrating Fetal Anatomy, Doppler and Genetics for Adverse Pregnancy Outcomes | Pre-lunch | Dr Upma Saxena | 09:00am – 01:30pm | Old LT, Behind OPD Block, VMMC & SJH |
| Vision 2026: Building an ethos of Quality and Precision Care in OB/GYN | Full Day | Dr Surveen Ghumman | 09:00am – 05:30pm | The Park, Sansad Marg, Connaught Place |
| Safe Motherhood: Life-Saving Obstetric Interventions and Best Practices Across All Stages of Labour – A Video- Workshop | Post-lunch | Dr Ratna Biswas | 12:45pm – 05:30pm | Mini Auditorium, 5th Floor, New Academic Block, LHMC |
| From Hope to Heartbeat: Ultrasound in Infertility and Obstetrics | Full Day | Dr Neena Malhotra | 09:00am – 05:30pm | Seminar Hall 7th Floor MCB, AIIMS |

# Pre-Conference workshops
# 11th September 2026

| Title | Session | Chairperson | Time | Venue |
|---|---|---|---|---|
| Urogyn Video Surgical Workshop 2026, Real Cases, Real Challenges, Real Solutions | Pre-lunch | Dr Sonal Bathla | 09:00am – 01:00pm | Yatharth Super Speciality Hospital, Modal Town, Delhi |
| Bridging clinical excellence and legal safety: protecting patients, protecting practice | Pre-lunch | Dr Susheela Gupta | 09:00am – 01:00pm | Auditorium, Fortis Hospital, Shalimar Bagh |
| Adolescent gynaecology 360°: New Perspectives, New Paradigms | Pre-lunch | Dr Dipti Nabh<br>Dr Divya Singhal | 09:00am – 01:30pm | Kailash Deepak Hospital, Karkardooma, Delhi |
| Surgical precision through camera vision: A hands-on video workshop | Full Day | Dr Kanika Jain<br>Dr Rita Bakshi | 09:00am – 05:30pm | Sir Ganga Ram Hospital |
| INCISE Workshop: Shaping Skills in Gynae Oncology | Post-lunch | Dr Bindiya Gupta | 01:00pm – 05:30pm | LT – 4, UCMS & GTB Hospital |
| IVF Decoded: From Basics to Breakthroughs | Post-lunch | Dr Bindu Bajaj | 01:00pm – 5:30pm | Old LT ,Behind OPD Block, VMMC & SJH |

**Important Notes:**

- Conference registration is mandatory for workshop registration.
- Delegates may select one workshop per session (Pre-lunch/Post-lunch) on each day of the two-day pre-conference workshop schedule.
- Workshop registration fees will be charged separately for each workshop selected.

# SCIENTIFIC PROGRAM
## DAY 1 - 12 SEP 2026

### Hall A-Obstetrics (Stein Auditorium)

| | | |
|---|---|---|
| 8:00-9:00 AM | Registration | |
| 8:50-9:00 AM | AOGD Flag Hoisting | |
| 9:00-10:00 AM | **Session 1:** Turning the Tide of Placenta Accreta Spectrum:One Step at a Time<br>**Chairpersons:** Dr Abha Singh, Dr Dipika Loganey, Dr Niharika Dhiman, Dr Sangeeta Bhasin | |
| 9:00-9:15 AM | Reducing primary caesarean delivery rate: Revisiting induction of labour—what works? | Dr Taru Gupta |
| 9:15-9:30 AM | Can we prevent PAS? Revisiting uterine closure techniques (Video presentation) | Dr Jyotsna Suri |
| 9:30-9:45 AM | Uterine Conservation in PAS (Video Presentation) | Dr Manju Puri |
| 9:45-10:00 AM | Comments & Discussion | |
| 10:00-11:00 AM | **Session 2:** Case-Based Panel Discussion | |
| | Preterm Prelabour Rupture of Membranes: Practical Pearls for Clinical Practice<br>**Expert:** Dr Harsha Khullar, Dr Sumita Mehta | **Moderators:** Dr Anubhuti Rana, Dr Aruna Nigam<br>**Panelists:** Dr Kamna Datta, Dr Jigyasa Govil, Dr Madhavi Gupta, Dr Shakun Tyagi, Dr Sumedha Sharma, Dr Sushma Sinha |
| 11:00-11:20 AM | **Session 3:** Debate<br>**Judges:** Dr Anshuja Singla, Dr Kiran Chandna, Dr Neera Agarwal, Dr Reva Tripathi | |
| | Biomarkers Should Guide Timing of Delivery in Preeclampsia | **For the motion:** Dr Kanwal Gujral<br>**Against the motion:** Dr Sangeeta Gupta |
| 11:20-12:00 PM | **Session 4:** Experts Insights & Interactive Discussion<br>GDM in the Hot Seat: Evidence, Dilemmas and Decisions<br>**Experts:** Dr Archana Verma, Dr Ashok Kumar, Dr Kiran Guleria, Dr Leena Sreedhar | |
| 11:20-11:25 AM | One-step, two-step, or DIPSI—what should be the preferred strategy for diagnosing GDM in India | Dr Chandra Mansukhani |
| 11:25-11:30 AM | The glycaemic target debate: Are our conventional fasting and post-meal glucose targets still appropriate | Dr Jyoti Bhaskar |
| 11:30-11:35 AM | When lifestyle intervention fails, should metformin be offered as a true first-line alternative to insulin | Dr Kiran Aggarwal |
| 11:35-11:40 AM | The well-controlled woman with GDM at 38–39 weeks—wait, induce, or individualize? | Dr Rachna Agarwal |
| 11:40-12:00 PM | Guided Interaction with experts and audience | |
| 12:00-1:00 PM | **Session 5:** Plenary Session | |

| | | |
|---|---|---|
| 12:00-12:30 PM | **Brigadier Khanna Oration**<br>Beyond Glycemic Control: The Quest to Predict Preeclampsia<br>**Chairpersons:** Dr Kamal Buckshee, Dr Neena Malhotra, Dr Neera Aggarwal, Dr SB Khanna, Dr SS Trivedi | **Speaker:** Dr Ashok Kumar |
| 12:30-1:00 PM | **FOGSI President Oration**<br>The Issues with Cesarean Section Rates<br>**Chairpersons:** Dr Alka Kriplani, Dr Reva Tripathi, Dr Sharda Jain, Dr Sudha Prasad, Dr VL Bhargava | **Speaker:** Dr Bhaskar Pal |
| 1:00-1:30 PM | **Inauguration** | |
| 1:30-2:00 PM | **Lunch** | |
| | ***Maternal & Fetal Medicine*** | |
| 2:00 - 3:00 PM | **Session 6:** Prenatal Care in Focus: Evolving Evidence, Changing Practice<br>**Chairpersons:** Dr Dipika Deka, Dr Kamal Buckshee, Dr Manisha Kumar, Dr Raka Guleria | |
| 2:00-2:15 PM | Aneuploidy screening: What's changing? | Dr Chanchal |
| 2:15-2:30 PM | Maternal screening in first trimester: Are we giving the mother her due? | Dr Akshatha Sharma |
| 2:30-2:45 PM | CMV infection in pregnancy: Are we up to date? | Dr Reema Bhatt |
| 2:45-3:00 PM | Comments & Discussion | |
| 3:00-4:00 PM | **Session 7:** Case-Based Panel Discussion | |
| | Matters of Growth: Beyond the Centiles<br>**Expert:** Dr Ashok Khurana | **Moderators:** Dr K Aparna Sharma, Dr Seetha Pal<br>**Panelists:** Dr Gunjan Rai, Dr Jaya Chawla, Dr Jharna Behura , Dr Richa Aggarwal, Dr Saloni Kamboj, Dr Vinita Gupta |
| 4:00-4:20 PM | **Session 8:** Debate<br>**Judges:** Dr Anita Kaul, Dr Arbinder Dang, Dr Ritu Sharma | |
| | Is Later Any Better? Growth Assessment at 36 vs 32 Weeks | **For the motion:** Dr Sumitra Bachani<br>**Against the motion:** Dr Nandita Dimri |
| 4:20-5:00 PM | **Session 9:** Answering the Uncomfortable Questions: A Case-Based Discussion<br>**Experts:** Dr Deepika Kainth, Dr Poonam Tara, Dr Seema Thakur, Dr Veronica Arora | |
| 4:20-4:30 PM | Anomaly detected in the third trimester | Dr Apoorva Reddy |
| 4:30-4:40 PM | Peri-viability: How to counsel? | Dr Sonal Prasad |
| 4:40-4:50 PM | A VUS on prenatal sequencing: Should we tell the parents everything we find? | Dr Tina Verma |
| 4:50-5:00 PM | Comments & Discussion | |

## Hall B-Gynaecology (Silver Oak Hall)

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|---|---|---|
| 8:00-9:00 AM | Registration | |
| 9:00-10:00 AM | **Session 1:** The Evolving Landscape of Gynaecological Care<br>**Chairpersons:** Dr Aradhana Singh, Dr Arifa Anwar, Dr Bijoy Nayak, Dr Chitra Raghunandan | |
| 9:00-9:15 AM | Optimising AUB management in adolescents | Dr Garima Kachhawa |
| 9:15-9:30 AM | Optimising operative hysteroscopy | Dr Renu Misra |
| 9:30-9:45 AM | Training for the future: The next era of minimally invasive gynaecologic surgery | Dr Dinesh Kansal |
| 9:55-10:00 AM | Discussion | |
| 10:00-11:00 AM | **Session 2:** Case-Based Panel Discussion<br>Amenorrhea Unravelled: From Diagnosis to Management | |
| | Amenorrhea Unravelled: From Diagnosis to Management<br>**Experts:** Dr Alka Kriplani, Dr Deepti Goswami | **Moderators:** Dr Suman Lal, Dr Vidushi Kulshrestha |
| | | **Panelists:** Dr Kanika Jain, Dr Mamta Dagar, Dr Meenakshi Sharma, Dr Mrinalini Gupta, Dr Pinkee Saxena, Dr Smita Jain |
| 11:00-11:20 AM | **Session 3:** Debate<br>**Judges:** Dr Alka Gujral, Dr Malvika Sabharwal, Dr Manju Hotchandani | |
| | Robotics in benign gynaecology: Revolution or expensive evolution? | **For the motion:** Dr Sonia Naik |
| | | **Against the motion:** Dr Neema Sharma |
| 11:20-12:00 PM | **Session 4:** Through the Surgeon's Lens: Mastering Challenging Cases (Video Session)<br>**Chairpersons:** Dr Bela Makhija, Dr Jyoti Bali, Dr Maruti Sinha, Dr Suman Mendiratta | |
| 11:20-11:30 AM | Difficult TLH: Where anatomy and strategy matter | Dr Jyoti Mishra |
| 11:30-11:40 AM | Ovarian cysts: Minimal invasion : Maximal conservation | Dr Vivek Marwah |
| 11:40-11:50 AM | Minimally invasive approach in vaginoplasty | Dr Usha M Kumar |
| 11:50-12:00 PM | Beyond the routine: Challenging hysteroscopic cases | Dr Anjali Chaudhary |
| 12:00-1:00 PM | **Session 5:** Plenary Session | |
| 12:00-12:30 PM | **Brigadier Khanna Oration**<br>Beyond Glycemic Control: The Quest to Predict Preeclampsia<br>**Chairpersons:** Dr Kamal Buckshee, Dr Neena Malhotra, Dr Neera Aggarwal, Dr SB Khanna, Dr SS Trivedi | **Speaker:** Dr Ashok Kumar |
| 12:30-1:00 PM | **FOGSI President Oration**<br>The Issues with Cesarean Section Rates<br>**Chairpersons:** Dr Alka Kriplani, Dr Reva Tripathi, Dr Sharda Jain, Dr Sudha Prasad, Dr VL Bhargava | **Speaker:** Dr Bhaskar Pal |

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|---|---|---|
| 1:00-1:30 PM | **Inauguration** | |
| 1:30-2:00 PM | **Lunch** | |
| | ***Urogynae and Menopause*** | |
| 2:00-3:00 PM | **Session 6:** Menopause Revisited: Expanding the Therapeutic Toolkit (Intas Sponsored Session)<br>**Chairpersons:** Dr L Shyam Singh, Dr Namita Jain, Dr NP Kaur | |
| 2:00-2:15 PM | Beyond dryness: Expanding the role of vaginal estrogen in women's urogenital health | Dr J B Sharma |
| 2:15-2:30 PM | Non-hormonal treatment of genitourinary syndrome of menopause | Dr Ragini Aggarwal |
| 2:40-2:55 PM | Non-hormonal and non-pharmacological management of vasomotor symptoms of menopause | Dr Poonam Laul |
| 2:55-3:00 PM | Discussion | |
| 3:00-4:00 PM | **Session 7:** Case-Based Panel Discussion | |
| | Pelvic Floor Dysfunction Across a Woman's Lifespan – What Should Every Gynaecologist Screen For?<br>**Experts:** Dr Manju Khemani, Dr Renuka Malik | **Moderator:** Dr Bharti Uppal, Dr Rajesh Kumari<br>**Panelists:** Dr Anuradha Singh, Dr Bela Makhija, Dr Mansi Deoghare, Dr Priti Dhamija, Dr Richa Vatsa, Dr Sandeep Talwar |
| 4:00-4:20 PM | **Session 8:** Debate<br>**Judges:** Dr Achla Batra, Dr Geeta Mediratta, Dr Neeru Kiran | |
| | Uterine Preservation vs Hysterectomy During Prolapse Surgery | **For the motion:**Dr Poonam Kashyap<br>**Against the motion:** Dr Muntaha |
| 4:20-5:00 PM | **Session 9:** Clinical Conundrums in Urogynaecology<br>**Chairpersons:** Dr Arpita De, Dr Neha Pruthi, Dr Raksha Arora | |
| 4:20-4:30 PM | Bladder pain syndrome: an underdiagnosed entity | Dr Ranjana Sharma |
| 4:30-4:40 PM | Mesh-related complications in urogynecology | Dr Monika Gupta |
| 4:40-4:50 PM | Refractory overactive bladder: Botox, neuromodulation—or keep treating medically | Dr Tarangpreet Kaur |
| 4:50-5:00 PM | Discussion | |

# DAY 2: 13 SEP 2026

## Hall A-Reproductive Medicine(Stein Auditorium)

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| 8:00-9:00 AM | Registration | |
| 9:00-10:00 AM | **Session 1:** Changing Paradigms in Reproductive Medicine: Emerging Concepts That Matter<br>**Chairpersons:** Dr Mala Arora, Dr Neena Malhotra, Dr Shalini Chawla Khanna, Dr Vandana Bhatia | |
| 9:00-9:15 AM | PCOS to PMOS: Are we ready for a new paradigm? | Dr Kaberi Banerjee |
| 9:15-9:30 AM | Fertility preservation beyond cancer: Expanding horizons | Dr Nalini Mahajan |
| 9:30-9:45 AM | Immunotherapy in unexplained RIF: Hope or hype? | Dr Neeta Singh |
| 9:45-10:00 AM | Discussion | |
| 10:00-11:00 AM | **Session 2:** Panel Discussion | |
| | Endocrinopathies in Reproductive Medicine: Clinical Pearls Through Case Vignettes<br>**Experts:** Dr Brig RK Sharma, Dr Sonia Malik | **Moderators:** Dr Abha Majumdar, Dr Juhi Bharti<br>**Panelists:** Dr Neeti Tiwari, Dr Parul Garg, Dr Reeta Bansiwal, Dr Renu Tanwar, Dr Sunita Arora, Dr Sweta Gupta |
| 11:00-11:20 AM | **Session 3:** Debate<br>**Judges:** Dr Archana Kumari, Dr Bindu Bajaj, Dr M Gouri Devi, Dr Sohani Verma | |
| | Platelet-Rich Plasma for Thin Endometrium: Promise or Placebo? | **For the motion**: Dr Puneet Rana Arora<br>**Against the motion:** Dr Ruma Satwik |
| 11:20-12:00 PM | **Session 4:** Clinical Conundrums in Reproductive Medicine: Tough Cases, Real Decisions (Video Session)<br>**Chairpersons:** Dr Anita Rajohria, Dr Anjila Aneja, Dr Neeta Singh, Dr Sunita Lamba | |
| 11:20-11:35 AM | Caesarean scar defect and infertility: Who, when and how to treat? | Dr Reeta Mahey |
| 11:35-11:50 AM | Adenomyosis in infertility: Who really benefits from surgery? | Dr BB Dash |
| 11:50-12:00 PM | Discussion | |
| 12:00-12:30 PM | **Session 5:** Plenary Session | |
| | **AOGD Past President Oration**<br>Scar Complications<br>**Chairpersons:** Dr Malvika Sabharwal, Dr NB Vaid, Dr Suneeta Mittal | **Speaker:** Dr Reena Yadav |

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| 12:30-1:00 PM | **Session 6:** Keynote Address (MSD sponsored session)<br>**Chairpersons:** Dr Asmita Rathore, Dr Chitra Raghunandan, Dr Gauri Gandhi, Dr Sunesh Kumar | |
| | Cervical Cancer Prevention in India: Current Perspectives and Future Directions | Dr Neerja Bhatla |
| 1:00-1:30 PM | **Session 7:** Keynote Address (Emcure sponsored session)<br>**Chairpersons:** Dr KD Nayar, Dr Kuldeep Jain, Dr Surveen Ghumman, Dr Sudha Salhan | |
| | Obesity in reproduction | Dr Neena Malhotra |
| 1:30-2:00 PM | **Lunch** | |
| 2:00-3:00 PM | **Session 8:** Competition papers | |
| 3:00-4:00 PM | Plenary Session: Quiz | |
| 4:00-5:00 PM | **Valedictory** | |

## Hall-B Gynaecologic Oncology (Silver Oak Hall)

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|---|---|---|
| 8:00-9:00 AM | Registration | |
| 9:00-10:00 AM | **Session 1:** Gynae-Oncology Surgical Videos: Expert Tips & Tricks<br>**Chairpersons:** Dr Mala Srivastava, Dr Priyanka Batra, Dr Sabhyata Gupta, Dr Y M Mala | |
| 9:00-9:10 AM | Robotic surgery in early ovarian cancer | Dr Rama Joshi |
| 9:10-9:20 AM | Preventing complications in robotic surgeries | Dr Rupinder Sekhon |
| 9:20-9:30 AM | Precision in ovarian cancer surgery: The role of ICG | Dr Seema Singhal |
| 9:30-9:40 AM | Chemoport insertion | Dr Sanjay Badesara |
| 9:40-10:00 AM | Dscussion | |
| 10:00-11:00 AM | **Session 2:** Case-Based Panel Discussion | |
| | Translating WHO Recommendation for use of HPV DNA Genotyping to Indian Practice<br>**Experts:** Dr Gauri Gandhi, Dr Neerja Bhatla, Dr Vijay Zutshi | **Moderators:** Dr Jyoti Meena, Dr Saritha Shamsunder<br>**Panelists:** Dr Anita Sabharwal, Dr Bindiya Gupta, Dr Sandeep Mathur, Dr Sarika Gupta, Dr Sweta Balani, Dr Swati Mittal |
| 11:00-11:20 PM | **Session 3:** Debate<br>**Judges:** Dr Kanika Gupta, Dr Shveta Giri, Dr Sunesh Kumar | |
| | The Clinical Crossfire - Primary Debulking Surgery is superior to Interval Debulking Surgery in advanced Ovarian Cancer? | **For the motion:** Dr Neha Kumar<br>**Against the motion:** Dr Rahul Modi |

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| 11:20-12:00 PM | **Session 4:** MDT-Complex Cases, Curious Minds & Expert Insights<br>**Experts:** Dr Amita Suneja, Dr Manas Biswas, Dr Shruti Bhatia, Dr Sachin Khurana, Dr Sharda Patra, Dr Surender Saini | |
| 11:20-11:35 AM | Incompletely operated carcinoma endometrium | Dr Rashmi Rekha Bora |
| 11:35-11:50 AM | Early cancer cervix: Surgical extent | Dr Vandana Jain |
| 11:50-12:00 PM | Discussion | |
| 12:00-12:30 PM | **Session 5:** Plenary Session | |
| | **AOGD Past President Oration**<br>Scar Complications<br>**Chairpersons:** Dr Malvika Sabharwal, Dr NB Vaid, Dr Suneeta Mittal | Dr Reena Yadav |
| 12:30-1:00 PM | **Session 6:** Sponsored (Plus Plus Lifesciences sponsored session)<br>**Chairpersons:** Dr K Aparna Sharma, Dr Maya Sood, Dr Neerja Goel, Dr Shilpa Ghosh, Dr Usha Gupta | |
| 12:30-12:45 PM | Maternal Nutrition and Fetal Destiny "Are we Programming Health or Disease | Dr Poonam Goyal |
| 12:45-1:00 PM | TBA | TBA |
| 12:45-1:30 PM | **Session 7:** Panel Discussion<br>Legal Issues in Medical Practice: Current Perspective | |
| | Ethics in Obstetrics and Gynaecology<br>**Expert:** Dr Shanti Jayaseelan | **Moderators:** Dr Sangeeta Gupta, Dr Sharda Jain<br>**Panelists:** Dr Ila Gupta, Dr L Shyam Singh, Dr Madhu Goel, Dr Neeru Thakral, Dr Shakuntala Kumar, Dr Shruthi Bhaskaran |
| 1:30-2:00 PM | **Lunch** | |
| 2:00-3:00 PM | **Session 8:** Competition papers | |
| 3:00-4:00 PM | Plenary Session: Quiz | |
| 4:00-5:00 PM | **Valedictory** | |

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India Habitat Centre, New Delhi

# Competition Papers

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| CP1 | Aashima Atrey | Impact of Probiotic Supplementation on Endometrial Microbiome in Unexplained Infrtility |
| CP2 | Swati Sharma | Strengthening Respectful Maternity Care Through a Multicomponent Quality Improvement Intervention: A Prospective Study Using Sequential Plan Doâ€"Studyâ€"Act Cycles at a Tertiary Care Hospital |
| CP3 | Ritika Tetarwal | Comparison of Intrauterine Platelet-Rich Plasma Versus Oral Estrogen-Progesterone Therapy in Women with Uterine Causes of Secondary Amenorrhea: A Randomized Controlled Trial |
| CP4 | Muskan | Clinical Efficacy of Levonorgestrel Intrauterine System versus Etonogestrel Subcutaneous Implant in the Management of Symptomatic Adenomyosis: A Randomized Pilot Study |
| CP5 | Krutika Dave | Cabergoline as an Adjunct to Letrozole-Based Ovulation Induction Improves Conception Outcomes in Women with Minimalâ€"Mild Endometriosis: An Open-Label Randomized Controlled Trial |
| CP6 | Sampada Kundal | Impact of Yoga on Quality of Life Among Epithelial Ovarian Cancer Survivors- A Pilot Study |

# Oral Papers

| Magnolia Hall 1 (12-09-2026) | | | |
|---|---|---|---|
| **8:00 – 9:00 am (High Risk Obstetrics)** | | | |
| Judges:<br>Dr Swati Tomar<br>Dr Kanika Chopra<br>Dr Namita Jain | Partika Jain | OP-1 | A Catastrophic Neurological Complication of Hypertensive Disorders of Pregnancy: A Case Series |
| | Titas Pal | OP-2 | Ophthalmic Artery Doppler for Prediction of Preeclampsia: An Institutional Observational Study |
| | Akanksha Agarwal | OP-3 | Pregnancy outcomes in intrahepatic cholestasis of pregnancy: Is it time to revert to serum bile acids cut-off ≥ 10mmol/L for diagnosis and timing of delivery? |
| | Rachna Lal | OP-4 | Correlation of HbA1c and Fasting Blood Sugar With Birth Weight in Non-Diabetic Pregnancy |
| | Deepali Garg | OP-5 | Smartphone-Based Management of Gestational Diabetes Mellitus Improves Glycemic Control and Treatment Adherence in Urban and Rural India: A Randomized Controlled Trial |
| | Abhigya Malik | OP-6 | GDM Prediction Evolved- The First Trimester Visfatin Leptin Synergy |
| | Prakash Ranchhodbhai Valiya | OP-7 | Prevalence of asymptomatic bacteriuria in pregnant women (14 to 28 weeks of pregnancy) and its association with glycemic status |
| **9:00 - 10:00 am (High Risk Obstetrics)** | | | |
| Judges:<br>Dr Richa Vatsa<br>Dr Anupama<br>Dr Neelam Meena | Afsheen Fatima | OP-8 | Cervical length in predicting preterm labor |
| | Neelam Kumari Rad | OP-9 | Expectant versus Active Management in late Preterm prelabor rupture of membranes: a randomized controlled trial |
| | Aaroshi Gupta | OP-10 | Active Versus Conservative Management of PPROM Between 34 and 37 Weeks: A Retrospective Study of Maternal and Neonatal Outcomes |
| | Pooja Verma | OP-11 | Clinical Outcomes of Immediate Induction of Labor in Term Premature Rupture of Membranes: A Prospective Study |
| | Saumya Singh | OP-12 | One placenta. Two phenotypes. One underlying disease? |
| | Yellareddy Srinidhi Reddy | OP-13 | Adverse perinatal outcomes in pregnancies with small for gestational age fetuses as compared to growth restricted fetus as per the Delphi consensus and appropriately grown fetuses |
| | Sonal Suman | OP-14 | Method of induction of labour in women with previous cesarean section |
| **10:00 - 11:00 am (High Risk Obstetrics)** | | | |
| Judges:<br>Dr Reeta Bansiwal<br>Dr Sumitra Bachani<br>Dr Panchampreet Kaur | Hira Ashraf | OP-15 | Occurrence of cervical and vaginal infections in female with sterile pyuria |
| | Miloni More | OP-16 | C-reactive protein-albumin ratio for prediction for surgical site infections in obstetrics and gynecology surgeries |
| | Shruti Sharma | OP-17 | Evaluation of lower urinary tract symptoms in post-cesarean postpartum women: a case cohort study |
| | Ritu Kushwah | OP-18 | Aplastic Anemia in Pregnancy: Maternal Perinatal Outcomes and Management Experience from a Tertiary Care Center |
| | Lipsy Goyal | OP-19 | Impact of Maternal Anemia on Cord Blood Hemoglobin and Birth Weight of Newborn |
| | Garima Wadhwa | OP-20 | Development of a Novel Prognostic Score for Early Risk Stratification of Critically Ill Obstetric Patients: A Prospective Observational Study |
| | Shruti Kumar | OP-21 | Vaginal Delivery Following Emergency Tracheostomy in Pregnancy: A Rare Case |

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| **11:00 am - 12:00 pm (High Risk Obstetrics)** | | | |
| Dr Vidhi Chaudhary<br>Dr Pratibha Roy<br>Dr Sonal Prasad | Shadia Bano | OP-22 | Maternal and Perinatal Outcomes in Placenta Accreta Spectrum Disorders: A Prospective Observational Study from a Tertiary Referral Center in a Developing Nation |
| | Shanu Umrao | OP-23 | Efficacy of Uterine Balloon Tamponade (Bakri Balloon) in the Management of Atonic Postpartum Hemorrhage: A Prospective Observational Study |
| | Kumari Sweta | OP-24 | Serum CA125 as biomarker in pregnant women with antepartum hemorrhage: a prospective observational study |
| | Shweta Singh | OP-25 | When Salpingectomy Is Not the End: A Rare Encounter with Tubal Stump Ectopic Pregnancy |
| | Bhagya Shree | OP-26 | When Incomplete Abortion Was Not the Diagnosis: A Rare Case of cervical pregnancy |
| | Chirag Harshadbhai Jidiya | OP-27 | Comparison of efficacy of letrozole versus methotrexate for medical management of stable unruptured tubal ectopic pregnancy |
| | Saakshi Bharmouri | OP-28 | Near-Miss Obstetric Emergency: Ruptured Interstitial Pregnancy with Cornual Uterine Rupture Successfully Managed by Emergency Uterine Repair |
| **2:00 – 3:00 pm (Quality Improvement)** | | | |
| Dr Anuradha Singh<br>Dr Neha Pruthi<br>Dr Soniya Dhiman | Tanisha Gupta | OP-29 | Implementing Quantitative Blood Loss Measurement During Cesarean Delivery: An Ongoing AIIMS-UCLA Collaborative Quality Improvement Initiative |
| | Radhika A G | OP-30 | Evaluation of Caesarean Deliveries in Delhi: Integrating HMIS and Robson Classification to Distinguish Indicated from Unindicated Caesareans (April 2023 December 2025) |
| | Shambhavi Dixit | OP-31 | To Study the Prevalence and risk factors for Postpartum Depression |
| | Tanya Chaudhary | OP-32 | Improving Patients Experience of Tubal Patency Testing in Infertility Evaluation: 3D/4D HyCoSy versus Hysterosalpingography : A Randomized Controlled Trial |
| | Pragya Shukla | OP-33 | Multiparametric evaluation of bone health in women with premature ovarian insufficiency (POI): A comparative study |
| | Kripa Yadav | OP-34 | Efficacy of Multimodal Treatment Approach on the Quality of Life and to Ascertain the Causes in women with Chronic Pelvic Pain |
| | Monika Thakur | OP-35 | Analysis of Cesarean Section Rates Using the Robson Ten-Group Classification System: A Retrospective Study at a Tertiary Care Hospital |
| **3:00 -4:00 pm (Quality Improvement)** | | | |
| Dr Vidushi Kulshrestha<br>Dr Bhanupriya<br>Dr Shruti Bhaskar | Rukhsar Akhtar | OP-36 | Clinical predictors of failed induction of labour at term : A prospective observational study |
| | Shweta Sharma | OP-37 | Analysis of decision to delivery interval of emergency CS and its impact on Fetomaternal outcomes |
| | Rubal Garg | OP-38 | Evaluating Respectful Maternity Care (RMC) and Intrapartum/Postpartum Quality Gaps in Facility-Based Births: A Multi-Session Observational Study |
| | Divya Khurana | OP-39 | Enhancing District Hospital obstetric care capacity: A Quality initiative to reduce inappropriate referrals. |
| | Kusum Dogra | OP-40 | A Quality improving initiative taken at district hospital to decrease the prevalence of anemia in booked pregnant women delivering at hospital |
| | Madhulika Kotwal | OP-41 | Comparison of oral misoprostol solution with vaginal misoprostol for induction of labour in term pregnancy. |
| | Vartika Dhingra | OP-42 | Knowledge Matters: A Comparative Study of Antenatal Care(ANC) Knowledge Among High- and Low-Risk Pregnant Women |

| 4:00 -5:00 pm (Fetal Medicine) | | | |
|---|---|---|---|
| Judges:<br>Dr Manisha Kumar<br>Dr Jaya Chawla<br>Dr Aishwarya Kapur | Aayush Jain | OP-43 | Beyond growth: clinical spectrum and perinatal impact of structural abnormalities detected on third-trimester ultrasound |
| | Saloni Kamboj | OP-44 | Prenatal Spectrum of Fetal Ciliopathies: A Case Series from a Tertiary Fetal Medicine Unit |
| | Himakshi Boro | OP-45 | A rare antibody Rh 17- A case series. |
| | Anubhuti Rana | OP-46 | Ex Utero Intrapartum Therapy (EXIT): Experience from Six Cases with Anticipated Fetal Airway Obstruction |
| | Reema bhatt | OP-47 | Short Femur: A Structured Diagnostic Pathway |
| | Aashna Khurana | OP-48 | Prediction of Small-for-Gestational-Age neonates using second trimester uterine artery doppler maternal factors and fetal biometry |
| | Vini Nangwade | OP-49 | Midtrimester assessment of fetal liver volume by three-dimensional ultrasound in women at high risk for fetal growth restriction. |

| Maple Hall 2 (12-09-2026) | | | |
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| **8:00 - 9:00 am (Infertility)** | | | |
| Dr Archana Kumari<br>Dr Garima Kapoor<br>Dr Monika Rajput | Shagun Kamboj | OP-50 | Predictors of Follicular Response Following Letrozole Ovulation Induction in Infertile Women with Polycystic Ovary Syndrome: A Prospective Cohort Study |
| | Ishika chitkara | OP-51 | Decoding the Link Between Vitamin D Levels and Polyendocrine Metabolic Ovarian Syndrome: A Case-Control Study |
| | Mamta Choudhary | OP-52 | Cabergoline as an adjunct to Metformin in management of overweight & obese women with PCOS: An open-label Randomized Controlled Trial |
| | Deepika Singh | OP-53 | Silencing the Syndrome Not Just the Symptoms: Ultrasound-Free AI Triage and Non-Hormonal management of PCOS |
| | Vidhu Dhawan | OP-54 | Predictors of Metabolic Dysfunction Associated Fatty Liver Disease (MAFLD) in Women with Polycystic Ovaries |
| | Kashika Gupta | OP-55 | Severe ovarian hyperstimulation syndrome in unreported ovarian stimulation: a diagnostic challenge |
| **9:00-10:00 am (Infertility)** | | | |
| Dr Divya Pandey<br>Dr Kavita Agarwal<br>Dr Bhavani Shekhar | Bhakti Agrawal | OP-56 | Beyond Amenorrhea: The Clinical Spectrum of MRKH Syndrome and Targeted Management |
| | Zahida Rehman | OP-57 | Comparison of density gradient centrifugation and ca0 live motile sorting device in nonnormozoosoermic males in IUI |
| | Yamini Sokhal | OP-58 | Association of vitamin 25(OH)D3 levels with male infertility parameters |
| | Snigdha Soni | OP-59 | Quantifying Adenomyosis Severity: Correlation of MUSA Features with Symptoms and Reproductive Outcomes |
| | Medha Majumdar | OP-60 | Title: Effect of letrozole therapy in unsuccessful intrauterine insemination in adenomyosis uterus |
| | Mehak Singhal | OP-61 | Autologous Intrauterine Platelet-Rich Plasma Infusion in Women with Previous Implantation Failure With Adequate Endometrial Thickness Undergoing Frozen-Thawed Embryo Transfer: A Randomized Controlled Trial |

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| **10:00 -11:00 am (Oncology)** | | | |
| Dr Sharda Patra<br>Dr Jyoti Meena<br>Dr Kanika Batra Modi | Deepshikha Jaiswal | OP-62 | Complex Adnexal Masses in Women of Reproductive Age: A Diagnostic Dilemma Between Ovarian Neoplasia and Pelvic Tuberculosis |
| | Soundharia R | OP-63 | Correlation of CA 125 KELIM (elimination rate constant K) and chemotherapy response score (CRS) IN patients with high grade serous epithelial ovarian cancer undergoing cytoreductive surgery |
| | Sarita Kumari | OP-64 | Preoperative stratification of ovarian masses using ultrasound ORADS and their correlation with postoperative histopathological findings |
| | Anju Singh | OP-65 | Comparative evaluation of Contrast enhanced computed tomography and FDG-PET PCI for peritoneal disease assessment in ovarian cancer |
| | Noopur Kumbhare | OP-66 | Assessment of Nutritional Risk Using PG-SGA as a Tool for Identifying Nutritional Risk in Women with Ovarian Malignancy |
| | Swati Tomar | OP-67 | Spectrum and Patterns of Care of Gynecological Cancers in Adolescents and Young Adults: A Single-Centre Experience |
| | Shruti Mishra | OP-68 | Female Sexual Dysfunction and Sexual Function Assessment among Women with Ovarian Malignancy |
| **11:00 am-12:00 pm (Oncology)** | | | |
| Dr Megha Mittal<br>Dr Bhawna Arora<br>Dr Saroj Rajan | Arnika Kashyap | OP-69 | Significance of sentinel lymph node biopsy in low- and intermediate- risk endometrial cancer: a study at tertiary care center India |
| | Sanju | OP-70 | Hysteroscopic risk scoring system in prediction of premalignant and malignant endometrial pathology |
| | Arnav Kanauzia | OP-71 | Distribution of HPV genotypes among HPV-positive women Cervical Precancerous Lesions and Cervical cancer |
| | Shahin Naz Jamali | OP-72 | Urine-Based HPV Testing for Cervical Cancer Screening in Women Living with HIV |
| | Sneha Arora | OP-73 | Primary Human Papilloma Virus testing for Cervical Cancer Screening: A Tertiary Hospital-Based Study |
| | Sneha Kumari | OP-74 | The spectrum of cervical cytological abnormalities in HIV positive women: An observational cohort study |
| **2:00 -3:00 pm (Oncology)** | | | |
| Judges:<br>Dr Nilanchali Singh<br>Dr Nidhi Gupta<br>Dr Priyanka Mathe | Bhagawathgitha A | OP-75 | Post-Chemotherapy Debulking Surgery for Advanced Bilateral Malignant Dermoid Tumors with Residual Peritoneal Disease in a Reproductive-Age Woman: A Rare Case Report |
| | Shikha Tiwari | OP-76 | Giant Paraovarian Cyst In Severely Obese Adolescents: coincidence or emerging association ? |
| | Sangita Bera | OP-77 | Diagnostic value of CA125 and systemic immune inflammation index in differentiating benign and malignant ovarian masses |
| | Alka Dahiya | OP-78 | Robotic approach in adnexal mass management |
| | Palak Jain | OP-79 | Knowledge attitude practices (KAP)about cancer awareness |
| | Shagun Kapoor | OP-80 | Pregnancy-Associated Cancer: Clinicopathological features Obstetric and Oncological Outcomes |
| **3:00 -4:00 pm (Contraception)** | | | |
| Judges:<br>Dr Neha Varun<br>Dr Upasana<br>Dr Sumedha Sharma | Ananya Chakraborty | OP-81 | Longitudinal Analysis of Tubal Ligation Failures: A 20-Year Retrospective Study in a North Indian Tertiary Care Hospital. |
| | Karishma Singh | OP-82 | Office failure to hysteroscopic success: Why and what of difficult IUCD retrieval |
| | Ananya Kaushik | OP-83 | Analysing reasons for premature Implanon-NXT removal:Single centre experience from India |
| | Arti Saini | OP-84 | Misplaced Intrauterine Contraceptive Devices at varied locations and requiring surgical intervention: Clinical Profile and Operative Management at a Tertiary Care Centre : A Retrospective Study |

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| **4:00-5:00 pm (Miscellaneous)** | | | |
| Judges:<br>Dr Rekha Bharti<br>Dr Anju Singh<br>Dr Supriya Chaubey | Bhoomika Tantuway | OP-85 | Beyond the Septum: A Spectrum of Mullerian Anomalies and the Role of Individualized Management |
| | Soniya Dhiman | OP-86 | Predictors of Reproductive Outcomes Following Myomectomy in Women with Infertility: A Retrospective Cohort Study |
| | Anjali Yadav | OP-87 | Hysterectomy in Patients Younger Than 40 Years: A Retrospective Audit from a Tertiary Care Centre |
| | Mahika Tuteja | OP-88 | Role of power doppler in detecting endometrial pathologies in abnormal uterine bleeding |
| | Isha Yadav | OP-89 | The Weight of Menopause: Unravelling Obesity's Complex Impact on Menopausal Symptoms and Cardiometabolic Health. |

| **Magnolia Hall 1 (13-09-2026)** | | | |
|---|---|---|---|
| **8:00 – 9:00 am (High Risk Obstetrics)** | | | |
| Judges:<br>Dr Deepika Meena<br>Dr Monika Sahoo<br>Dr Sujata Das | Ayushi Agarwal | OP-90 | Between Clot and Bleed: Managing valve thrombosis in pregnancy. |
| | Khushboo Rani | OP-91 | Maternal and Fetal Outcomes in Pregnancies Complicated by Class III Obesity (BMI =40 kg/m2) :A Case Series |
| | Shiny Anuhya Dammu | OP-92 | Pregnancy Beyond 40: A High-Risk Journey: A Retrospective Analysis of Maternal and Fetal Outcomes |
| | Vidushi | OP-93 | Hidden threat behind abdominal pain: acute pancreatitis in pregnancy |
| | Rupambir Singh | OP-94 | Pancreatitis complicating Pregnancy: Clinical Challenges and Maternal-fetal outcomes |
| | Ritwika Sharma | OP-95 | AFLP with Post-Partum Coagulopathy: Putting Swansea Criteria Score FaCCT and ROTEM in clinical practice |
| | Bhavna Bhavna | OP-96 | Analysis of Caesarean section at the Tertiary Obstetrics Unit of Northern India by Robson's classification: A cross sectional study |
| **9:00 -10:00 am (Miscellaneous)** | | | |
| Judges:<br>Dr Triveni GS<br>Dr Usha Rani<br>Dr Sunita Yadav | Priya Pandey | OP-97 | Audit into complication of laparoscopy |
| | Reshma Dilip | OP-98 | Surgical Outcomes and Predictors of Torsion and intraoperative spillage in Dermoid |
| | Meenakshi Gupta | OP-99 | Re-evaluating OSTA vs. DEXA in Indian Women Aged 45 Years and Above from Weight-Based Screening to Targeted Densitometry |
| | Mithlesh Meena | OP-100 | Effect of Obstetric Anal Sphincter Injury Care Bundle Implementation on Vaginal Birth-Related Perineal Trauma in Primipara |
| | Kirti Garg | OP-101 | Cervical cancer prevention behind bars: HPV burden screening gaps and self-sampling acceptability |
| | Mohd Aftab | OP-102 | Decoding fetal doppler-predictive role of cerebroplacental ratio |
| **10:00 -11:00 am (Miscellaneous)** | | | |
| Judges:<br>Dr Rajeshwari<br>Dr Shalini Singh<br>Dr Ashita Agarwal | Madhu Mishra | OP-103 | Efficacy and Safety of Levonorgestrel-Releasing Intrauterine System (LNG-IUS) in the Management of Abnormal Uterine Bleeding: A Prospective Observational Study |
| | Prathyusha Sanapala | OP-104 | The hidden burden of psychiatric illness in pregnancy: A retrospective series of 19 cases |
| | Risha | OP-105 | Clinico-Pathological outcomes and Quality of Life in women post discharged from obstetric criyicsl care uniy |
| | Vartika Chauhan | OP-106 | Atypical mullerian agenesis: A functioning Uterus behind an absent vagina |
| | Deepika Singh | OP-107 | Role of MRI in antenatal evaluation and prognostication of fetal structural anomalies |
| | Pooja Yadav | OP-108 | Perioperative outcomes in women undergoing primary versus repeat myomectomy |
| | Tanya Singh | OP-109 | hpv infevtion in first trimester and its association with fetomaternal outcome |

| Maple Hall 2 (13-09-2026) | | | |
|---|---|---|---|
| **9:00 -10:00 am (Urogynaecology)** | | | |
| Judges:<br>Dr Nisha<br>Dr Muntaha Khan<br>Dr Karishma Thariani | Richa Vatsa | OP-110 | Comparison of the outcome of vaginal repair of vesicovaginal fistula in primary versus previous failed attempt of repair |
| | Himal Singla | OP-111 | Beyond Amnion: Oxidised Regenerated Cellulose in McIndoe Vaginoplasty for Vaginal Agenesis |
| | Archana Kumari | OP-112 | Routine vs no episiotomy in primigravida: an RCT on perineal injury and pelvic floor dysfunction |
| | Veronica Laldintluangi | OP-113 | Evaluation of levator ani muscle trauma in primigravida undergoing vaginal delivery using 2D Translabial ultrasound |
| | Shreya Shekhar Nigam | OP-114 | Spectrum of Lower Urinary Tract Symptoms in Postmenopausal Women and Their Association with Vaginal Atrophy |
| | Soni Bharti | OP-115 | Primary Versus Previously Failed Repair of Rectovaginal Fistula: A Comparative Analysis of Surgical Outcomes from tertiary care centre. |
| | Rajesh Kumari | OP-116 | Efficacy and Safety of Transobturator Tape (Outside-In) Procedure in Women with Stress Urinary Incontinence |
| | Bhoumi Sharma | OP-117 | The road less travelled: an unusual clinical course MRKH syndrome |
| **10:00 - 11:00am (Endoscopy)** | | | |
| Judges:<br>Dr Monika Gupta<br>Dr Rashmi Shreya<br>Dr Ashmita Saha | Soofia Jamal | OP-118 | Robotic versus laparoscopic hysterectomy - comparison of peri operative outcomes in benign gynaecological diseases |
| | Aditya Sarkar | OP-119 | Beyond the Hysterectomy: Navigating Gender-Affirming Gynaecological Care in Transgender Men Our Experience of Five Cases |
| | Shalini Singh | OP-120 | Unfreezing the uterus: A case series on laparoscopic management of ventrofixed uterus in patients with varied gynaecological presentation |
| | Harshita Tanwar | OP-121 | From Persistence to Resolution: Hysteroscopic Management of Persistent Retained Products of Conception Following Early Pregnancy Loss A Two-Case Series |
| | Ayushi Negi | OP-122 | A New Beginning: Rewriting Anatomy Restoring Intimacy The Journey of Neovaginal Reconstruction |
| **11:00am – 12:00 pm (Endoscopy)** | | | |
| Dr Rakhi Sodhi<br>Dr Ritu Khatuja<br>Dr Nupur Gupta | Priyanka Das | OP-123 | Reproductive Outcomes Following Hysteroscopic Septal Resection: A Retrospective Cohort Study of Anatomical and Clinical Predictors |
| | Anjali Sarkar | OP-124 | Evaluating the 'See & treat approach in outpatient Hysteroscopy'- A retrospective Audit of patient outcomes and procedural feasibility. |
| | SabiyaMansoori | OP-125 | Clinical Intuition vs. Imaging: Evaluating Diagnostic Concordance and the Role of Emergency Laparoscopy in Suspected Adnexal Torsion |
| | Reshab Das | OP-126 | Effect of Transcervical Intralesional Vasopressin on Operative Parameters During Hysteroscopic Myomectomy: A Prospective Randomized Double-Blind Controlled Trial |
| | Ria Bodawala | OP-127 | Massive Hemoperitoneum from an Unruptured Hemorrhagic Cyst |
| | Sakshi Bajaj | OP-128 | Individualising Surgical Route Selection in Myomectomy: Development of a Preoperative Prediction Model |
| | Anjali Chandra | OP-129 | Correlation of Histopathological parameters with Molecular markers in Carcinoma Endometrium |

# Poster Papers

| Screen 1 (12-09-2026) | | | |
|---|---|---|---|
| **9:00 – 10:00 am (Fetal Medicine)** | | | |
| Judges:<br>Dr Noopur Chawla<br>Dr Ayush Jain | Ishani Vasudeva | P1 | Giant Placental choriangioma - Our experience with varied clinical spectrum |
| | Astha Gupta | P2 | From Increased Nuchal Translucency to Trisomy 18: Early Diagnostic Trajectory of Edwards Syndrome |
| | Rhidam Chhaparia | P3 | Prenatal Diagnosis of Bladder Exostrophy Epispadias Complex with Low-Set Umbilicus and Abnormal Perineal Anatomy: A Rare Case Report |
| | Nitya Borad | P4 | Epigenetics: Blueprint for a Lifetime |
| | Heena Parihar | P5 | Successful Pregnancy in a Woman with Recurrent Pregnancy Loss and Balanced Robertsonian Translocation- A case report |
| | Aditi Kumari | P6 | Rewriting the Outcome: Successful Pregnancy Following Antenatal IVIG for Recurrent Gestational Alloimmune Liver Disease ( GALD ) |
| | Rimpa Khan | P7 | Dichorionic Diamniotic Twin Pregnancy with Partial Mole and Severe Pre-eclampsia: A Rare Case |
| **10:00 - 11:00 am (High Risk Obstetrics)** | | | |
| Judges:<br>Dr Paridhi Gupta<br>Dr Akansha Deshwali | Tanishka Kotia | P8 | Against the clock: Every Minute Counts - Resuscitative C-Section and Successful Maternal Resuscitation in Eclampsia - Induced Cadiac Arrest |
| | Shiwani Choudhary | P9 | When Preeclampsia Steals Vision: A Rare Ocular Complication B/L Retinal Detachment |
| | Tanya Rohra | P10 | Impending Eclampsia with HELLP Syndrome and Intrauterine Fetal Demise Complicated by DIC Requiring Hysterectomy |
| | Ridhima Girotra | P11 | Evaluation of maternal serum adropin levels |
| | Nancy Agarwal | P12 | SLE in pregnancy -A multidisciplinary challenge |
| | Sahista Mohiuddin | P13 | Pregnancy in the face of Lupus Nephritis: A multidisciplinary challenge |
| | Priya Choksi | P14 | Successful management of pyonephrosis with renal abscess in puerperium |
| | Meenakshi Vadhwa | P15 | Beyond the Gravid Uterus: Enigma of Hydroureteronephrosis |
| **11:00 am - 12:00 pm (High Risk Obstetrics)** | | | |
| Judges:<br>Dr Shabnam<br>Dr Mily Pandey | Syeda Farheen | P16 | Severe Hyponatremia with Acute Neurological Manifestations in Pregnancy: A Rare Presentation of Empty Sella and Adrenal Insufficiency |
| | Rahul Amitabh | P17 | Multidisciplinary Management of Type V Takayasu Arteritis with Dissecting Aortic Aneurysm in Pregnancy |
| | Aprajita Soni | P18 | A Balloon to the Rescue: Emergency PTMC in High-Risk Obstetric Mitral Stenosis |
| | Janvi Garapati | P19 | Navigating the Haemostatic Challenge: Successful management of Type 3 von Willebrand disease in pregnancy |
| | Prerna Singhania | P20 | Intravenous Iron Sucrose versus Ferric Carboxymaltose in Iron Deficiency Anaemia of Pregnancy: A Comparative Observational Study |
| | Dipansha Maroo | P21 | A Tale of Two Culprits: Pancytopenia in Pregnancy (Case Report) |
| | Priya Yadav | P22 | When Breathlessness Isn't Just Pregnancy: A Case of Methemoglobinemia |
| | Sadhika Talwar | P23 | Diagnostic challenge and catastrophic neuro obstetric complications in pregnancy with dual heterozygous thrombophilia |

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|---|---|---|---|
| **2:00 pm - 3:00 pm (High Risk Obstetrics)** | | | |
| Dr Bhavna<br>Dr Mansi Kumar | Ritu Binjola | P24 | The Cost of Control: A Rare Case of Severe Postpartum Outcomes of Hayman Suture |
| | Sunakshi Malhotra | P25 | From Loss to Life: A Successful Uterus-preserving Approach to Placenta Percreta |
| | Aayushi Singh | P26 | Clean Hands Better Healing: Hand Hygiene Audit to Reduce Episiotomy Breakdown |
| | Harshita Kori | P27 | A Race Against Time: Necrotizing Pancreatitis Complicating Third-Trimester Pregnancy |
| | Inderpreet Kaur | P28 | Jejunal Perforation in late pregnancy A Formidable Diagnostic & Therapeutic challenge |
| | Yashasvi Singh | P29 | Severe Metabolic Acidosis Mimicking Diabetic Ketoacidosis: An Unusual Presentation of Ruptured Ectopic Pregnancy |
| | Ishika Goyal | P30 | Staged Management of a Large Cervical Fibroid in Pregnancy: Avoiding Caesarean Myomectomy |
| | Rinku Sengupta Dhar | P 31 | Enhancing Birthing experience with Structured Antenatal Education workshops â€“A Quality Improvement initiative |
| **3:00 – 4:00 pm (Early Pregnancy Bleeding)** | | | |
| Dr Sugandha Dev<br>Dr Geetanjali Munda | Sababa Mirza | P32 | When the Cornua Concealed a Mole: Invasive Hydatidiform Mole presenting as an Interstitial Pregnancy. |
| | Kumudini Rajora | P33 | Lost Within the Myometrium: A Rare Intramural Pregnancy with Diagnostic Discordance |
| | Sonali Kumari | P34 | The Vulnerable Corner: Cornual Uterine Rupture following Second-Trimester Mifepristone |
| | Supriya Mangal | P35 | Heterotopic Pregnancy Following Spontaneous Conception: A Diagnostic and Management Challenge |
| | Anjali Nehra | P36 | Spontaneous Rupture of a Live Cornual Ectopic Pregnancy in a Viable IVF-Conceived DCDA Twin Gestation: A Rare Case of Heterotopic Triplet Pregnancy |
| | Archi Manik | P37 | Fertility Preserving Management of a Bleeding Cervical Ectopic Pregnancy Following Frozen Embryo Transfer |
| | Humaira Malik | P38 | Saving two lives Multidisciplinary approach to rare case of eye lid AVM in pregnancy. |
| | Ishika Goyal | P39 | Uterine Arteriovenous Malformation Coexisting with a Viable Intrauterine Pregnancy: A Multidisciplinary Approach to Management |
| **4:00 -5:00 pm (Miscellaneous)** | | | |
| Dr Divya Chauhan<br>Dr Ankita Jain | Aklanta Bhattacharjya | P40 | When Hope Meets Hazard: Twin Pregnancy with a Complete Mole and a Viable Fetus Complicated by Gestational Trophoblastic Neoplasia |
| | GV Nutan | P41 | Comparision of Knowledge Attitude and Practice regarding antenatal care in high risk pregnant women among primigravida verses multigravida |
| | Nandini Verma | P42 | Maternal and Perinatal Outcomes in Pregnacy with Uterine Fibroids |
| | Deepika Pal | P43 | Emergency surgical management of severe hemorrhage following incomplete abortion |
| | Mahika Daulay | P44 | Successful Cesarean Myomectomy for a Large Ceserean Fibroid Obstructing Delivery |
| | Nibha Kumari | P45 | Transverse Vaginal Septum in Labour: An Unanticipated Diagnostic Challenge |
| | Anjali Singh | P46 | Pubic Symphysis Diastasis and Anterior Perineal Wall Rupture Following Normal Vaginal Delivery Associated with Excessive Hip Hyperabduction |
| | Pooja Singh | P47 | Reducing Unnecessary Vaginal Examinations Using a Respectful Maternity Care Protocol |

| Screen 2 (12-09-2026) | | | |
|---|---|---|---|
| **9:00 - 10:00 am (AUB/Mullerian Agenesis)** | | | |
| Dr Manpreet Sodhi<br>Dr Nikita Kumari | Preeti Rawat | P48 | Herlyn-Werner-Wunderlich syndrome - OHVIRA with uterine Didelphys presenting as cyclical abdominal pain in an adolescent |
| | Vaishali Aggarwal | P49 | OHVIRA Syndrome Presenting in Early Adolescence: A Case Report |
| | Rajni | P50 | Two faces of Mullerian dysgenesis: From classical adolescent presentation to a rare late diagnosis |
| | Farha Naaz | P51 | An unexpected positive: Failure of implant contraception |
| | Avantika Pal | P52 | Refractory AUB in adolscent: Looking beyond the reproductive tract |
| | Ankita Rani | P53 | Balancing Bleeding and Thrombosis: Management of Abnormal Uterine Bleeding in Women with Prosthetic Heart Valves on Anticoagulation |
| | Tanu | P54 | An atypical fibroid - from MRI to histopathology |
| | Anukriti Mehta | P55 | The Silent Mimicker beyond Hematocolpos: Occult Pyocolpos in an Imperforate Hymen Presenting with Isolated Lower Urinary tract Symptoms. |
| **10:00-11:00 am (Miscellaneous)** | | | |
| Dr Neeta Meena<br>Dr Arnika Kashyap | Bushra Parveen | P56 | Caesarean Scar Endometriosis Following Lower Segment Caesarean Section: A Case Report |
| | Himanshi Bhati | P57 | Isthmocele: Cesarean scar defect or uterine niche |
| | Rekha Kumari | P58 | Dilemmas in Management of Interstitial Pregnancy: A Case Series |
| | Preeti Singh | P59 | Successful Assisted Reproduction in a Woman with Hypogonadotropic Hypogonadism Secondary to Childhood-Onset Craniopharyngioma |
| | Pragya Mehar | P60 | Ovarian torsion in ovarian hyperstimulation syndrome: a diagnostic dilemma |
| | Shivani Jaiswal | P61 | Rare Vulval Lymphangiectasia with severe unilateral lymphedema : A case report. |
| | Deeksha Rana | | P62. How good is ultrasound guided transversus abdominis plane block for analgesia in gynecological surgeries : A comparative pilot study. |
| **11:00 am-12:00 pm (Oncology)** | | | |
| Dr Yukti Bhardwaj<br>Dr Anjali Chandra | Nehaa B | P63 | Gastric adenocarcinoma with Krukenberg metastasis masquerading as advanced primary ovarian cancer - an unusual presentation |
| | Sumeet Ranjan | P64 | Gastric-Type Endocervical Adenocarcinoma versus Primary Ovarian Mucinous Borderline Tumor with Intraepithelial Carcinoma: A Diagnostic Conundrum |
| | Akshita Tripathi | P65 | Spontaneous Rupture of a Mature Cystic Teratoma in the Absence of Torsion Presenting as an Acute Abdomen: A Diagnostic Challenge |
| | Shally Dadra | P66 | When Benign Becomes Gigantic: A Giant Ovarian Teratoma with Unexpected Histopathology |
| | Adya Singhal | P67 | Beyond the Ovary: A Diagnostic Odyssey from Ovarian Tumour to Malignant Peritoneal Mesothelioma |
| | Shamita Kintada | P68 | Ovarian Metastasis from Clear Cell Renal Cell Carcinoma: A Rare case with Diagnostic Challenge |
| | Neha Thawale | P69 | Metastatic Choriocarcinoma Presenting as Intracranial Space-Occupying Lesions and Recurrent Seizures in Pregnancy: A Rare Case Report |

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| **2:00 pm-3:00 pm (Oncology)** | | | |
| Dr Snigdha Soni<br>Dr Ruchi Hooda | Shivangi Jain | P70 | Pelvic TB mimicking Ovarian carcinoma with adnexal mass and raised CA 125 levels |
| | Ritika Gupta | P71 | Beyond the genetic diagnosisL: A hidden endometriod ovarian carcinoma in a Lynch syndrome caririer |
| | Shruti Choudhary | P72 | Adult Granulosa Cell Tumour Mimicking Advanced Epithelial Ovarian Carcinoma: A Diagnostic Challenge |
| | Deachan Angmo | P73 | The histopathological twist: Leiomyosarcoma masquerading as GIST in post-hysterectomy pelvic mass |
| | Sanju Gupta | P74 | Disseminated Retroperitoneal Leiomyoma Mimicking Malignancy: A Case Report |
| | Sapna Rani | P75 | Fertility Preserving Myomectomy in a Giant Intramural Leiomyoma Mimicking Smooth Muscle Tumor of Uncertain Malignant Potential on MRI in a Nulliparous Woman: A Radiology and Histopathology Discordance |
| | Bhavya Kejriwal | P76 | Two became none: A Twin Pregnancy turned Malignant |
| **3:00 -4:00 pm (Oncology)** | | | |
| Judges:<br>Dr Deepshikha Jaiswal<br>Dr Anamika Das | Shilpa Garg | P77 | Advanced cervical carcinoma disguised as Post LSCS urogenital fistula |
| | Riya Gothi | P78 | Stratified Mucin-Producing Intraepithelial Lesion (SMILE) of the cervix in a Young Nulligravida : A rare HPV-18- Associated Precursor Lesion |
| | Nandini Sharma | P79 | Simultaneous Occurrence of Microinvasive Squamous Cell Carcinoma and Adenocarcinoma of Cervix: A Rare Case Report |
| | Shilpa Verma | P80 | Conservative management of enhanced myometrial vascularity in a case of GTD presenting with HMB post-chemotherapy |
| | Deepanshi Aggarwal | P81 | Unravelling an Epithelioid Enigma: Primary Endometrial PEComa A Rare Diagnostic Challenge |
| | Ankita Varshney | P82 | Rare presentation of vaginal vault recurrence of high grade serous carcinoma of ovary |
| | Veena Sharma | P83 | Stump-A rare case of uterine tumor - expect the unexpected |
| **4:00 -5:00 pm (Urogynae/Endoscopy)** | | | |
| Judges:<br>Dr Mansi Deoghare<br>Dr Nishtha Jaiswal | Neha Tiwari | P84 | A large prolapsed vaginal mass masquerading as cystocele |
| | Aditi Gaur | P85 | Colpolithiasis around PPIUCD thread : A rare sequela of vesicovaginal fistula |
| | Neha Singh | P86 | A Complex Recto-Uterine Fistula After Incomplete Hysterectomy A Multidisciplinary Surgical Challenge |
| | Kajal Gupta | P87 | Urethral Leiomyoma Presenting as Vulval Mass -A Rare Case Entity |
| | Prabin Pradeep | P88 | Persistent Vaginal Discharge and Recurrent Urinary Tract Infection: An Unusual Presentation of Long Standing Gossypiboma |
| | Priyanka Priyadarshani | P89 | Laparoscopic Detorsion and Cystectomy for Ovarian Torsion in Pregnancy: A Case Report |
| | Shiwani Bansal | P90 | Recurrent Disseminated Peritoneal Leiomyomatosis After Uncontained Morcellation: Lessons from a Complex Surgical Case |

# Write ups

# Cesarean scar complications –Prevention and Management

**Reena Yadav**
Lady Hardinge Medical College and Smt Sucheta Kriplani Hospital, New Delhi

## Introduction

Cesarean section rate has been increasing .There are many reasons like change in obstetrician practice style, over diagnosis of cephalopelvic disproportion, failed induction ,changes in maternal preferences like late child bearing or IVF pregnancies. It is well known that with a proper indication, Cesarean section is a procedure of paramount importance. It could reduce maternal and fetal morbidity and mortality. However cesarean section is associated with several long term consequences. Due to substantial increase in cesarean section rates ,there are challenges of cesarean section scar related complication especially in women with repeated procedures. Cesarean scar defect (CSD) is one such complication of cesarean section delivery .It is defined as a discontinuity of uterine endometrium and portion of or whole layer of the myometrium as a result of healing process of cesarean section wound.Many risk factor has been recognized for CSD which include multiple CS, retroflexed uterus, multifilament suture material, suturing technique, level of presenting part, duration of labour, cervical dilatation

## Nonpregnancy related cesarean scar complication

These symptoms related to CSD are mild and not life threatening but they do affect the quality of life.

Abnormal uterine bleeding (AUB) is a common complaint which is postmenstrual bleeding or other abnormal bleeding because of congested endometrial fold, small polyp in scar recess and accumulation of blood in the niche pouch. The poorly contracted muscle in the scar from myofiber disarray is hypothesized to cause the accumulation and delayed bleeding .Degree of AUB correlates with the size of CSD.Typical postmenstrual spotting is defined as persistent light bleeding from 2to12 days after menstruation ceased. It is a challenge to manage this type of spotting conservatively. Studies have shown hormone therapy failed to alleviate the symptom.

### Chronic pelvic pain

Lymphocytic infiltration together with lower uterine segment distortion because of CS can cause chronic pelvic pain. Other cause for chronic pelvic pain is association between uterine niche and dense fibrotic pelvic adhesion. Adhesions can extent from CSD to bladder and abdominal wall.

### Infertility

There are several hypothesis and mechanism regarding CSD and secondary infertility. Accumulation of fluid at the uterine niche may impair uterine implantation.. Fluid is embryotoxic. Sperm penetration is also effected. Inflammtioon and lymphocytic infiltration is abundant in the region of scar niche. Altered environment because of CSD may associate with failure to conceive.

In asymptomatic CSD, no treatment is required. In symptomatic patient, depending on type of symptoms and residual Myometrial thickness (RMT), treatment is done If AUB, hormonal treatment can be tried. If no response then depending upon RMT<or >3mm, hysteroscopy / Laparoscopy or vaginal resection of CSD can be done.For secondary infertility, surgical treatment is required.

## Pregnancy related scar complications

- Cesarean scars could affect subsequent pregnancy. The complications during pregnancy are rare but are destructive and associated with high morbidity and mortality. These include Cesarean scar pregnancy, placenta previa and placenta accreta spectrum and uterine rupture.

Cesarean scar pregnancy(CSP):- Incidence of cesarean scar pregnancy has been rising due to increased CS rates. It is a form of ectopic pregnancy. The implantation is at previous scar site It is of two type, Type 1 when implantation is at well healed scar, also known as Endogenous and type-2 when implantation is in the niche .Most common presentation is painless vaginal bleeding. Diagnosis is made by USG. MRI is rarely required .A strong awareness of cesarean scar pregnancy is required to avoid misdiagnosis and adverse obstetrical outcome. Depending of type of CSP, fertility desired, and gestational age and hemodynamic status of patient. treatment is decided. In hemodynamic stable patient, treatment can be Medical management by instilling intracardiac KCL in live CSP with or without intrasac methotrexate along with systemic methotrexate. Surgical management includes USG guided suction aspiration or hysteroscpic resection for endogenous CSP. In advanced gestation or when fertility is desired or when CSP is exogenous more towards bladder, surgical excision of scar ectopic followed by repair of the excised area is preferred which can be done by Laparoscopic, Vaginally or Laparotomy. Uterine artery embolisation(UAE)/ methotrexate used as adjunctive therapy to both medical and surgical treatments. Patients with hemorrhage and existing or impending hemodynamic instability requires immediate surgical intervention either wedge resection or hysterectomy or a minimal invasive procedure like UAE.

Placenta accreta spectrum (PAS):- The rate of placenta previa and adherent placenta ( PAS) also increases.PAS is

a well known obstetrical challenge. Previous cesarean section is the highest contributory risk factor of PAS.This happens when placenta implants in the existing uterine scar and niche .Pathophysiology is not entirely proven. It is postulated to develop from a combination of absence of decidua, abnormal uterine vascular remodeling, and presence of inflammation. Failure to recognize PAS may lead to life threatening outcomes such as profuse hemorrhage , uterine rupture ,hemoperitoneum and shock in any trimester. A strong suspicion should be kept of this entity in cases of previous CS and low lying placenta. USG has got a sensitivity range from 77% to 90% of various signs of placental lacunae,loss of hypoechoic space ,abnormalities of uterus-bladder interface and colour Doppler abnormalities.MRI is only required if USG finding inconclusive or in posterior located placenta and in percreta to rule out bladder and adjacent structure invasion.MRI signs are Uterine bulging ,dark intraplacental bands on T2 ,Focal interruption of myometrium and tenting of bladder.

The optimal management of PAS disorders remains undefined as a result of lack of RCTs .Management is mainly determined by the capacity to diagnose invasive placentation preoperatively, local expertise, depth of invasion and presenting symptoms. Once diagnosed should be managed at the centre where expertise of multidisciplinary team for management of such cases is available. Informed consent regarding need for massive blood transfusion, ICU admission ,need for hysterectomy and possibility of injury to adjacent organ and radiological intervention should be discussed with patient .Cesarean hysterectomy remains the definitive surgical treatment for PAS disorders especially for invasive forms. Primary Elective cesarean hysterectomy is the safest and most practical option in centers where follow up and additional treatments not available. Timing of elective surgery recommended by various guidelines is between 34 to 36 weeks of gestation

Over the last two decades a variety of conservative options for management of PAS disorders have evolved with varying success rate and complications. Various methods of conservative management are Leaving the placenta in situ or the expectant approach , one step conservative surgery –removal of the accreta area and the triple –P procedure -suturing around the accreta area after resection.

Conclusion: - Cesarean section has revolutionized the fetal and maternity care but it should be performed only when indicated. It should not be used as a surgery of convenience. The absolute contributory cause for complication is cesarean section scar..The best solution is to reduce cesarean section rate. However Cesarean section is mandatory in many situations. The antenatal, intraoperative and postoperative risk factors for cesarean scar complications are still conflicting and identifying the strongest contributing cause unknown. This is when early recognition of these complications and timely and appropriate evidenced based management will make a difference in improving the quality of life and reducing the morbidity and mortality associated with these complications.

# The Issues with Caesarean Section Rates

**Rethinking caesarean section: from reduction to optimisation**

**Bhaskar Pal**
President FOGSI 2026

Caesarean section is one of the most frequently performed operations in the world, and its steadily climbing rate is now a genuine global concern. Rates have risen sharply across almost every region, and in some settings they approach or exceed those for vaginal birth. This prompts an uncomfortable question that clinicians, policymakers and expectant families keep returning to: is there an ideal caesarean rate, and if so, are we anywhere near it? The honest answer is that the debate is far less settled than the headlines suggest, and the way forward may lie not in chasing a single target number but in understanding why the number keeps rising.

## Why rates are rising

Several forces push in the same direction. For clinicians, a caesarean may feel medicolegally safer, is less time-consuming and demands less intensive monitoring than a long labour. In many private settings it is also more economically rewarding, and where round-the-clock operating theatres, anaesthetists and labour support are scarce, surgery may seem the more dependable option. Alongside these system pressures sit newer clinical indications: maternal request, precious pregnancies following assisted reproduction or in older mothers, suspected macrosomia, fetal growth restriction and breech presentation. Each is defensible in isolation, but together they widen the pool of women for whom caesarean is offered as the default rather than the exception.

The question of maternal request deserves particular care. Women ask for caesareans for reasons that are cultural, practical and deeply personal, including fear of childbirth, tokophobia, the wish to plan and reduce uncertainty, and smaller family sizes that raise the stakes of a single delivery. A woman has every right to choose a caesarean, provided that choice is genuinely informed. That places a heavy responsibility on counselling: to address tocophobia honestly, to compare the risks and recovery of surgical and vaginal birth fairly, and to explain the longer-term implications of repeated caesareans, including the rising risk of placenta accreta spectrum in future pregnancies.

## Medicolegal, economic and system pressures

The medicolegal climate is a powerful, often unspoken driver. Litigation and large payouts follow poor outcomes after vaginal delivery, while a caesarean rarely attracts the same scrutiny. This asymmetry lowers the threshold to act on a non-reassuring cardiotocograph and, after legal verdicts such as the Montgomery ruling reshaped the standard for consent, reinforces defensive practice. Economic incentives can compound the effect through differential charging. But blaming individual clinicians misses the point: the real issues are structural. They include gaps in infrastructure and logistics, an underdeveloped midwifery cadre, and the patchy availability of labour analgesia, with pethidine limited by narcotics control, inconsistent availability of entonox, and epidural services constrained by a shortage of trained anaesthetists.

Training is another quiet contributor. Skills in assisted vaginal delivery, in the timing and methods of induction of labour, and in external cephalic version for breech are eroding in the current environment. It is worth stressing that induction, done well, does not increase the caesarean rate. Redefining the expected pace of labour in line with the current WHO guidance, applying patience, expanding epidural analgesia and reviving assisted vaginal delivery all improve the odds of a safe vaginal birth.

## Is there an ideal rate?

The famous WHO threshold of 1985 has cast a long shadow. A later systematic review concluded that, at population level, caesarean rates above roughly ten percent were not associated with reductions in maternal and newborn mortality, yet the same statement acknowledged that the relationship between caesarean rates and outcomes such as stillbirth, maternal and perinatal morbidity, paediatric results and psychological wellbeing simply could not be determined. By 2015 the WHO position had matured: the debate about a preferable rate should be put on hold, and every effort should go towards providing caesareans to the women who need them rather than towards hitting a specific figure. Crucially, morbidity, both fetal and maternal, was never factored into those early population targets.

## What the data show

Recent figures underline how much context matters. Across Asia, caesarean rates rose from about 4.4 percent in 1990 to 19.5 percent in 2024, a period over which maternal mortality fell substantially, even as the WHO cautions that further population-level increases are not linked to additional mortality gains. India's NFHS-5 survey of more than 724,000 women put the national rate at 21.5 percent, but the average conceals enormous variation: 47.5 percent in private facilities against 14.3 percent in public ones, the lowest rates among the poorest and the highest among the richest, and state figures ranging from over 60 percent

in Telangana to around 5 percent in Nagaland. These contrasts suggest that many caesareans are avoidable while others are genuinely unavoidable, and that a persecutory approach is unlikely to lower rates and may instead impact obstetric services.

## Auditing and a fresh approach to labour

This is where Robson's ten-group classification earns its place. By sorting women into standard, comparable groups, it lets a unit see exactly which categories drive its caesareans, typically nulliparous women, multiparous women without a previous scar, and breech presentations, and audit those indications rigorously. Improving vaginal birth then becomes practical rather than rhetorical: offering membrane sweeps, cervical ripening, more and better-timed induction, reliable labour analgesia, a trained midwifery cadre, and more assisted vaginal delivery.

The cultural dimension matters too. Many women feel like failures if they need induction, an epidural or an emergency caesarean, a feeling manufactured by societal pressure around "natural" childbirth. As a 2025 Lancet editorial observed, birth is caught between overmedicalisation on one side and an idealisation of natural birth on the other, an ideology increasingly out of step with older mothers, higher rates of obesity and gestational diabetes, and the underdiagnosed long-term harms of vaginal birth injury. Even the language of "normal birth" carries a value judgement that can leave families feeling they have somehow failed.

## The road ahead

Midwifery is often held up as the answer, but the evidence is nuanced; collaborative care, neither purely obstetrician-led nor purely midwife-led, appears the safest model, and India's midwifery programme is still in its infancy. The goal, then, is not simply to reduce caesarean rates but to optimise them: to develop midwifery, widen access to labour analgesia, use membrane sweeps and locally agreed induction protocols, assess progress with patience, and offer external cephalic version for breech. Optimising caesarean rates and optimising vaginal birth are two sides of the same coin, and reaching them will take fresh thinking rather than a fixed number.

# Cervical Cancer Prevention in India: Current Perspectives and Future Directions

**Neerja Bhatla**
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As 2030 approaches, time is rapidly running out for achieving the WHO targets for cervical cancer elimination. The three pillars of the elimination strategy require countries to reach the goals of 90% vaccination of girls before the age of 15; screening of 70% of women at the age of 35 and again by the age of 45 years by an effective HPV test; and linkage to treatment and care for 90% of women detected with preinvasive or invasive cervical lesions by the year 2030. In the case of India, it is estimated that if we can do so, we will achieve the elimination goal of <4 cases/ 100,000 women years by the year 2062.

The recent launch of the National HPV Vaccination Campaign has been the most encouraging development. Within a short span of 6 months, over 65 lakh girls aged 14 years have received the quadrivalent HPV vaccine. India has adopted the single dose regime, which is recommended by WHO up to the age of 20 years. Several states have crossed the 90% threshold and several others are on track to reach it. Adoption of the facility based approach has posed challenges but has ensured parental consent. Extremely few adverse effects have been reported, reinforcing the message that the vaccine is extremely safe. Unfounded rumours of impact on future fertility need to be negated by our gynaecologist community to ensure girls receive the benefit of this initiative.

There is progress towards transition to HPV testing as well. Several validated HPV tests are now available in Indian laboratories. The use of such tests with clinical validation is important. With the advent of extended genotyping detailing up to 14 genotypes. a personalized approach to management is feasible, depending on the virulence of the type detected. It is also possible to assess whether the infection is persistent or a new infection. An indigenous HPV test that tests for 8 common genotypes has also received validation. The national guidelines that hitherto recommended VIA are being modified to include HPV testing where possible. Although HPV test may appear more expensive, its accuracy, objectivity, feasibility of doing it at 5-10 year intervals or only twice in a lifetime, all make it a more cost-effective option in the long run.

Linkage of treatment to screening has been more challenging. Ensuring compliance is a major challenge. The recent WHO guidance for a single visit screen-and-treat or screen-triage-and-treat approach should be used where feasible at all levels of healthcare. The availability of a wide range of portable battery-powered colposcopes and treatment devices for thermal ablation and LEEP has made this feasible not only in the hospital but even in primary care and outreach camp settings. The thermocoagulator is an extremely useful device that should be in the armamentarium of every gynaecologist.

In conclusion, gynaecologists have a very valuable role in promoting preventive strategies by implementing all of the 3 pillars, countering the myths and spreading positive messages on social media. Vaccinating boys and older women, especially to the age of 30 years, has been shown to be beneficial and should be encouraged, while reinforcing the message of screening after the age of 30 years. Efforts should be made to promote screening of known immunosuppressed populations through ART centres, transplant recipients and autoimmune diseases. Engaging with charitable organizations and NGO's to promote public private partnerships can go a long way to achieve cervical cancer elimination. Lastly, every opportunity should be taken to combine cervical and breast cancer screening in a holistic approach to cancer prevention in women.

# Competition Papers

CP1

## Impact of Probiotic Supplementation on Endometrial Microbiome in Unexplained Infrtility

**Aashima Atrey**, Richa sharma, Shukladas,Dr Bhanupriya
UCMS AND GTB HOSPITAL

**Introduction:** Unexplained infertility accounts for 15–30% of infertility despite normal ovulation, tubal patency, and semen parameters. Alterations in the endometrial microbiome, particularly reduced Lactobacillus crispatus, may impair implantation. Oral probiotics may restore microbial balance and improve reproductive outcomes.

**Aim:** To evaluate the effect of oral probiotic supplementation on endometrial Lactobacillus crispatus abundance and pregnancy outcomes in women with unexplained infertility undergoing intrauterine insemination (IUI).

**Materials and Methods:** In this randomized, double-blind, placebo-controlled pilot study, 40 women with unexplained infertility were randomized to receive oral probiotics (n=20) or placebo (n=20) for three months. Endometrial fluid samples were analyzed before and after intervention using quantitative real-time PCR. Participants subsequently underwent up to two IUI cycles. Primary outcome was change in Lactobacillus crispatus abundance; secondary outcomes included urine pregnancy test positivity and clinical pregnancy.

**Results:** Baseline characteristics were comparable between groups (p>0.05). Probiotic supplementation significantly increased Lactobacillus crispatus abundance (1.49±3.59 to 1.99±1.99; p=0.027), whereas the placebo group showed a significant decline (p=0.048). Improvement was greater with probiotics (p=0.001). Positive urine pregnancy tests occurred in 35.0% (7/20) versus 5.0% (1/20) (p=0.044).

**Conclusion:** Oral probiotic supplementation improved endometrial Lactobacillus crispatus abundance and was associated with higher biochemical pregnancy rates. Larger multicentric randomized trials are needed before routine clinical use.

**Conflict of Interest:** None declared.

**Consent:** The authors consent to publication of this abstract in the AOGD 2026 e-Abstract Book.

CP2

## Strengthening Respectful Maternity Care Through a Multicomponent Quality Improvement Intervention: A Prospective Study Using Sequential Plan Doâ€“Studyâ€“Act Cycles at a Tertiary Care Hospital

**Swati Sharma**, K. Aparna Sharma
AIIMS, New Delhi

**Introduction:** Respectful maternity care (RMC) is fundamental to high-quality intrapartum care and essential for positive childbirth experiences and improved maternal and neonatal outcomes. Despite increasing institutional deliveries in India, gaps persist in quality of care. Multicomponent quality improvement strategies may achieve more sustained change than single interventions, but prospective studies evaluating such interventions in Indian tertiary care settings remain limited.

**Objective:** To improve respectful maternity care during the intrapartum period through a multicomponent quality improvement intervention using Plan-Do-Study-Act cycles, and to evaluate its effectiveness using an adapted Person-Centred Maternity Care tool.

**Methods:** A prospective quality improvement study was conducted in the Department of Obstetrics and Gynaecology, AIIMS, New Delhi. Baseline assessment used an adapted validated PCMC tool. Root cause analysis identified major gaps in RMC practices, informing sequential multicomponent interventions implemented through PDSA cycles, with weekly run charts guiding iterative refinement. Primary outcome: overall mean total PCMC score. Secondary outcomes: domain-wise improvement in mean total scores and percentage of participants selecting best possible response in baseline gap indicators

**Results:** Sequential interventions produced progressive improvement in overall RMC scores, with gains across all four domains: dignity, respect and privacy; autonomy; supportive care; and confidentiality. Gains were seen in provider communication, emotional support, decision-making involvement, pain management, and privacy. Continuous monitoring and adaptation after each PDSA cycle showed sustained improvement.

CP3

## Comparison of Intrauterine Platelet-Rich Plasma Versus Oral Estrogen-Progesterone Therapy in Women with Uterine Causes of Secondary Amenorrhea: A Randomized Controlled Trial

**Ritika Tetarwal**, Anshuja Singla, Richa Gupta, Richa Sharma
University College of Medical Sciences & Guru Teg Bahadur Hospital, Delhi-110095

**Introduction:** Secondary amenorrhoea, when associated with intrauterine adhesion's or persistently thin endometrium,remains a therapeutic challenge. Conventional treatment with hysteroscopic adhesiolysis followed by estrogen-Progesterone therapy aims to promote endometrial regeneration; however, treatment outcome remain variable.Platelet-rich plasma(PRP), rich in growth factors and cytokines,has emerged as a potential regenerative therapy for menstrual restoration.

**Objective:** To compare the effectiveness of intrauterine PRP versus oral estrogen- progesterone therapy in women

with uterine causes of secondary amenorrhoea on menstrual restoration.

**Methods:** This prospective RCT included interim analysis included 32 women with uterine causes of secondary amenorrhea undergoing hysteroscopic adhesiolysis with subseqent intrauterine insertion of no. 8 foleys catheter inflated with 2ml of normal saine for 48hr. (August2025-June2026)Participants were randomized into two groups: Group A received intrauterine autologus PRP instillation with SSP injector into sub endometrium(n=16),GroupB received oral estrogen-progesterone therapy(n=16).The Primary outcome was restoration of menstruation in both groups.Secondary outcomes include improvement in endometrial thickness(ET) on transvaginal sonography,menstrual restoration after failed PRP with estrogen-progesterone therapy and vice-versa as an intention to treat analysis.

**Results:** Baseline demographic and clinical characteristics were comparable between the groups.Restoration of menstruation occurred in 56.2% (9/16) of women receiving PRP and 50.0% (8/16) receiving E+P ($p$=0.723).Mean ET increased significantly within both groups(PRP: 3.71±0.78 to 5.58±1.07 mm;E+P: 3.63±0.86 to 5.13±0.92 mm;both $p$<0.001).Although the increase in ET was greater with PRP(1.87 vs 1.50 mm),the between-group difference was not statistically significant ($p$=0.129).

**Conclusion:** Intrauterine PRP demonstrated efficacy comparable to conventional estrogen–progesterone therapy in restoring menstruation and improving endometrial thickness after hysteroscopic adhesiolysis.

**CP4**

## Clinical Efficacy of Levonorgestrel Intrauterine System versus Etonogestrel Subcutaneous Implant in the Management of Symptomatic Adenomyosis: A Randomized Pilot Study

**Muskan**, Nilanchali Singh, Neena Malhotra, Reeta Mahey, Vidushi Kulshrestha, Surabhi Gupta
AIIMS, New Delhi

**Introduction:** Adenomyosis commonly presents with heavy menstrual bleeding (HMB), dysmenorrhea, and impaired quality of life. Although the levonorgestrel intrauterine system (LNG-IUS) is an established conservative treatment, evidence comparing it with the etonogestrel subcutaneous implant (ENG-SCI) remains limited.

**Objective:** To compare the clinical efficacy, safety, and patient-reported outcomes of LNG-IUS and ENG-SCI in the conservative management of symptomatic adenomyosis.

**Methods:** This randomized, open-label, parallel-arm pilot study enrolled 40 women with symptomatic adenomyosis who were randomized to receive LNG-IUS (n=20) or ENG-SCI (n=20). Outcomes were assessed at baseline, 3, and 6 months using the Pictorial Blood Loss Assessment Chart (PBAC), Visual Analog Scale (VAS), hemoglobin levels, and the Uterine Fibroid Symptom and Quality of Life (UFS-QOL) questionnaire. Adverse effects, treatment discontinuation, and additional interventions were recorded.

**Results:** Both groups showed significant reductions in menstrual blood loss and dysmenorrhea. At six months, PBAC scores decreased by 64.0% with LNG-IUS and 56.4% with ENG-SCI, while VAS scores decreased by 48.4% and 52.9%, respectively, with no significant between-group differences. Hemoglobin increased by 7.3% and 3.1%, respectively. LNG-IUS produced significantly greater improvement in Symptom Severity Score and Health-Related Quality of Life (p<0.001). Irregular bleeding was the most common adverse effect. Treatment discontinuation occurred in 10% and 20% of LNG-IUS and ENG-SCI users, respectively.

**Conclusion:** Both LNG-IUS and ENG-SCI are effective conservative treatments for symptomatic adenomyosis. While LNG-IUS provided greater improvement in symptom severity and quality of life, ENG-SCI achieved comparable control of HMB and dysmenorrhea, making it a valuable alternative for women unsuitable for intrauterine therapy.

**CP5**

## Cabergoline as an Adjunct to Letrozole-Based Ovulation Induction Improves Conception Outcomes in Women with Minimalâ€“Mild Endometriosis: An Open-Label Randomized Controlled Trial

**Krutika Dave**, Garima Kachhawa, Archana Kumari, Swati Tomar, Tushar Sehgal, Reeta Mahey, Neena Malhotra
AIIMS, New Delhi, India

**Objective:** To evaluate whether cabergoline as an adjunct improves conception outcomes in infertile women with minimal–mild endometriosis undergoing letrozole-based ovulation induction and to determine whether improvements in follicular development, endometrial thickness, and inflammatory milieu contribute to enhanced fertility.

**Methods:** In this prospective open-label randomized controlled trial, 60 infertile women with laparoscopically confirmed minimal–mild endometriosis were randomized to receive letrozole alone or letrozole with adjunctive cabergoline. Participants underwent four cycles of ovulation induction. The primary outcome was cumulative conception rate. Secondary outcomes included dominant follicular diameter, endometrial thickness, time to conception. Clinical and laboratory outcomes were compared between treatment groups.

**Results:** Baseline characteristics were similar between groups. Adjunctive cabergoline significantly improved

cumulative conception rates compared with letrozole alone (33.3% vs 10%, $p$ = 0.028). Kaplan–Meier analysis demonstrated earlier conception, with women receiving cabergoline nearly three times more likely to conceive during treatment (HR 2.85). Cabergoline also resulted in significantly greater dominant follicular growth and endometrial thickness. Progressive reduction in inflammatory activity accompanied these clinical improvements, supporting restoration of a more favourable reproductive milieu.

**Conclusions:** Adjunctive cabergoline enhances conception outcomes in women with minimal–mild endometriosis undergoing ovulation induction. Improvement in follicular development, endometrial receptivity, and inflammatory status suggests that cabergoline may represent a promising fertility-preserving, non-hormonal adjunct in the management of endometriosis-associated infertility.

**Keywords:** Endometriosis; Cabergoline; Infertility; Ovulation induction; Conception; Endometrial thickness.

**CP6**

## Impact of Yoga on Quality of Life Among Epithelial Ovarian Cancer Survivors- A Pilot Study

**Sampada Kundal,** Anju Singh, Rajesh Kumari, Seema Singhal, Jyoti Meena, Gautam Sharma
AIIMS, New Delhi

**Introduction:** Ovarian cancer survivorship is often complicated by treatment-related fatigue, anxiety, and impaired quality of life (QOL). Although yoga has shown benefits in other cancer survivors, evidence among ovarian cancer survivors remains limited.

**Objective:** To evaluate the impact of yoga on quality of life and cancer-related fatigue among epithelial ovarian cancer survivors.

**Methods:** This prospective randomized controlled pilot trial was conducted at a tertiary care hospital between August 2023 and June 2025. Sixty epithelial ovarian cancer survivors were randomized (1:1) to a yoga group (n=30) or control group (n=30). The yoga group received a structured, validated yoga program comprising supervised sessions twice weekly and home practice alternate days for 12 weeks. QoL was assessed using the Short Form-36 (SF-36), and fatigue using the Modified Brief Fatigue Inventory (BFI). Inter- and intra-group comparisons were performed using paired and independent sample *t*-tests.

**Results:** Baseline age, BMI, SF-36, and Modified BFI scores were comparable between two groups. At 12 weeks, the yoga group demonstrated higher scores across most SF-36 domains than controls, although between-group differences were not statistically significant. Physical and mental component scores were also higher in the yoga group (PCS: 1908.2±360.8 vs 1794.8±336.4, $p$=0.22; MCS: 834.2±156.6 vs 798.1±137.4, $p$=0.35). Fatigue improved significantly within the yoga group, whereas no significant change was observed in controls .

**Conclusion:** Yoga emerged as a safe, feasible, and cost-effective supportive care intervention that may improve quality of life and reduce cancer-related fatigue in epithelial ovarian cancer survivors.

# Oral Presentations

OP1

## A Catastrophic Neurological Complication of Hypertensive Disorders of Pregnancy: A Case Series

**Partika Jain**, Muntaha Khan, Nikita Krishna, Priyanka Shukla
Lady Hardinge Medical College, New Delhi

**Introduction:** Hypertensive disorders of pregnancy, including severe preeclampsia and HELLP syndrome, are major risk factors for intracerebral hemorrhage (ICH), a rare but highly fatal neurological emergency.

**Aim and objectives:** To evaluate the clinical presentation, risk factors, and outcomes of pregnancy-associated ICH in women with hypertensive disorders, emphasizing the need for early recognition.

**Materials and methods:** This case series retrospectively analyzes three pregnant women who suffered catastrophic ICH related to gestational hypertension, severe preeclampsia, and HELLP syndrome. Clinical courses, neuroimaging findings, and maternal outcomes were reviewed.

**Result:** All three patients developed fatal ICH during the immediate postpartum period. The first patient (25 years, gestational hypertension) suffered massive intraventricular hemorrhage on postpartum day three. The second (24 years, severe preeclampsia, HELLP, fetal demise) had right parietal hemorrhage with intraventricular extension. The third (27 years, severe preeclampsia, HELLP) developed left parietal and basal ganglia hemorrhage. Despite aggressive multidisciplinary intensive care, all three patients rapidly progressed to multiorgan failure and died.

**Conclusion:** The postpartum period is highly vulnerable for ICH in patients with hypertensive disorders. Prompt neuroimaging for neurological deficits, strict blood pressure control, and immediate multidisciplinary intervention are critical to reducing maternal mortality.

OP2

## Ophthalmic Artery Doppler for Prediction of Preeclampsia: An Institutional Observational Study

**Titas Pal**, Sumitra Bachani, Harsha Gaekwad, Monika Gupta, Divya Pandey, Jyotsna Suri, Bhavya Gupta
VMMC and Safdarjung Hospital, New Delhi

**Introduction:** Preeclampsia is a multisystem disorder associated with maternal vascular dysfunction. Ophthalmic Artery Doppler is a non-invasive technique that may reflect changes in maternal vascular haemodynamics and has been proposed as a potential marker for prediction of preeclampsia.

**Objectives:** To evaluate the association and predictive performance of ophthalmic artery Doppler PSV2/PSV1 ratio for the prediction of preeclampsia.

**Methods:** An institutional observational analysis was performed on 302 pregnancies. For the purpose of this analysis, preeclampsia was operationally defined as systolic blood pressure ≥140 mmHg and/or diastolic blood pressure ≥90 mmHg along with end organ dysfunction. Bilateral ophthalmic artery Doppler measurements were assessed, and PSV2/PSV1 ratios were calculated. The Doppler parameters were compared between women with and without preeclampsia. Continuous variables were analysed using the Mann–Whitney U test, and receiver operating characteristic (ROC) analysis was performed to evaluate discriminatory performance.

**Results:** Among 302 pregnancies, 144 had hypertension amongst which 46 were classified as having preeclampsia and 158 patients had normal BP records. The ophthalmic artery PSV2/PSV1 ratio was compared between the two groups. ROC analysis was performed for right, left and mean bilateral PSV2/PSV1 ratios to assess their ability to discriminate preeclampsia.

**Conclusion:** In this institutional cohort, ophthalmic artery Doppler PSV2/PSV1 ratio demonstrated a significant predictive utility for preeclampsia. Further prospective studies using standardised diagnostic criteria and larger sample sizes are required to establish the clear role of ophthalmic artery Doppler in prediction of preeclampsia.

OP3

## Pregnancy outcomes in intrahepatic cholestasis of pregnancy: Is it time to revert to serum bile acids cut-off >= 10mmol/L for diagnosis and timing of delivery?

**Akanksha Agarwal,** Anubhuti Rana, Vidushi Kulshrestha, Deepika Kainth, K Aparna Sharma, Neeta Singh, Neena Malhotra
All India Institute of Medical Sciences, New Delhi

**Introduction:** The diagnostic criteria for intrahepatic cholestasis of pregnancy (IHCP) have varied, with serum bile acid (SBA) taken as 10 mmol/L or 19 mmol/L in clinical practice. These differing thresholds may influence diagnosis and timing of delivery.

**Objective:** To compare pregnancy outcomes in IHCP as diagnosed by SBA cut-off of $^{3}$10 vs. $^{3}$19mmol/L.

**Methodology:** Retrospective cohort study conducted over 6 months. Clinical profile and SBA at diagnosis were recorded. Women were stratified as mild (10-39 and 19-39 mmol/L, as per FIGO-2025 and RCOG-2022, respectively), moderate (40-100 mmol/L), and severe (>100 mmol/L). Patients undergoing preterm delivery due to comorbidities unrelated to IHCP were excluded. Pregnancy outcomes and composite adverse events (CAE) were compared.

**Results:** IHCP was diagnosed in 98/1023 (9.6%) and 66/1023 (6.5%) women using SBA cut-offs of ≥10 and ≥19 mmol/L,

respectively. Mild IHCP constituted 71/98 (72%) and 39/66 (59%) cases, while moderate and severe IHCP remained unchanged at 23 and 4 cases, respectively. Of 71 cases of mild IHCP, 46% underwent induction of labour (IOL), 9.8% had elective CS and 26.7% presented in spontaneous labour. An additional 32 patients were diagnosed using a lower cut-off (10 mmol/L); 18 underwent delivery for IHCP-related indications. Five cases of preterm labour and 4 cases of meconium-stained liquor would have been missed using the higher cut-off.

**Conclusion:** Incidence of mild IHCP increased by 55%, and 9 extra CAEs occurred on adopting lower cut-off. Larger prospective studies are required for determining the optimal diagnostic threshold and its implications for management and timing of delivery.

**OP4**

## Correlation of HbA1c and Fasting Blood Sugar With Birth Weight in Non-Diabetic Pregnancy

**Rachna,** Kamna Datta, Dr. Ashok Kumar

**Introduction:** Maternal glycemic status influences fetal growth. While hyperglycemia is associated with adverse outcomes in diabetic pregnancies, variations in glycemic parameters within the non-diabetic range may also influence birth weight. This study evaluated the relationship of maternal HbA1c and fasting blood sugar (FBS) with neonatal birth weight.

**Aim:** To determine the correlation between maternal HbA1c and FBS and neonatal birth weight in non-diabetic pregnancies.

**Methods:** A prospective observational study was conducted among 100 non-diabetic pregnant women recruited before 12 weeks of gestation. HbA1c and FBS were estimated at <12 weeks, 20–24 weeks and 32–36 weeks. Participants were followed until delivery, and neonatal birth weight and obstetric outcomes were recorded. Correlation was assessed using Pearson's correlation, followed by multivariable linear regression.

**Results:** The mean maternal age was 26.8 ± 3.4 years, mean gestational age at delivery was 38.4 ± 1.1 weeks, and mean birth weight was 2.92 ± 0.38 kg. First-trimester HbA1c (r=0.29, p=0.003) and FBS (r=0.24, p=0.016) showed significant positive correlations with birth weight. HbA1c at 20–24 weeks demonstrated the strongest correlation (r=0.32, p=0.001), while HbA1c at 32–36 weeks also correlated significantly (r=0.28, p=0.005). FBS at 20–24 and 32–36 weeks was also significantly associated with birth weight (p<0.05). On multivariable regression, HbA1c at 20–24 weeks remained independently associated with birth weight (β=0.31, p=0.002).

**Conclusion:** Maternal HbA1c and FBS were positively associated with birth weight even within the non-diabetic range, with mid-trimester HbA1c showing the strongest independent association. These findings suggest that subtle variations in maternal glycemia may influence fetal growth.

**OP5**

## Smartphone-Based Management of Gestational Diabetes Mellitus Improves Glycemic Control and Treatment Adherence in Urban and Rural India: A Randomized Controlled Trial

**Deepali Garg**, Neena Malhotra, Neeta Singh, K Aparna Sharma, Garima Kachhawa, Vidushi Kulshrestha
All India Institute of Medical Sciences, New Delhi

**Background:** Gestational diabetes mellitus (GDM) causes significant maternal and neonatal morbidity and requires continuous monitoring and lifestyle modification. Digital health interventions may improve GDM management and adherence, particularly in resource-constrained settings.

**Objectives:** To compare smartphone application-based GDM management with standard antenatal care and assess efficacy, satisfaction, and feasibility in urban and rural India.

**Methods:** This randomized controlled trial included 240 pregnant women with GDM recruited from AIIMS New Delhi and CRHSP Ballabgarh. Participants were randomized equally to SAM-4-GDM app-based care or standard antenatal care. Primary outcomes were glycemic control and treatment compliance.

**Results:** Of 240 randomized participants, 238 were included in the modified intention-to-treat analysis and 216 completed follow-up. Good glycemic control was significantly higher with app-based care than standard care (58.8% vs. 32.8%; p<0.001), as was treatment compliance (65.5% vs. 22.7%; p<0.001). Benefits were particularly marked in rural participants, with better glycemic control (81.7% vs. 45.8%) and compliance (78.3% vs. 13.6%; both p<0.001). Patient satisfaction was significantly higher across all domains (p<0.001). The intervention showed high feasibility and acceptability (84–100%). Mean gestational age at delivery was higher with app-based care (38.55±1.50 vs. 37.82±1.96 weeks; p=0.003). Preeclampsia (1.8% vs. 10.6%; p=0.008) and oligohydramnios (0% vs. 4.8%; p=0.025) were significantly reduced. More women achieved glycemic targets with medical nutrition therapy alone (89.3% vs. 75.0%; p=0.021). Neonatal outcomes were comparable.

**Conclusions:** Smartphone-assisted GDM management significantly improved glycemic control, adherence, satisfaction, and selected maternal outcomes.

OP6

## GDM Prediction Evolved- The First Trimester Visfatin Leptin Synergy

**Abhigya Malik**, Sheeba Marwah, Megha Arora, Bindu Bajaj
Vardhman Mahavir Medical college and Safdarjung hospital

**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.

OP7

## Prevalence of Asymptomatic Bacteriuria in Pregnant Women (24 To 28 Weeks of Pregnancy) and its Association with Glycemic Status

**Valiya Prakash Ranchhodbhai,** Sandhya Jain, Sonal Prasad, Shalini D. Duggal, Jidiya Chirag Harshadbhai
Dr. Baba Saheb Ambedkar Hospital and Medical College

**Background:** Asymptomatic bacteriuria (ASB) is common during pregnancy and may progress to symptomatic urinary tract infection, pyelonephritis, and adverse maternal and fetal outcomes. Gestational diabetes mellitus (GDM) may further increase susceptibility to urinary infections. This study aimed to determine the prevalence of ASB and evaluate its association with glycemic status among pregnant women at 24–28 weeks of gestation.

**Methods:** A hospital-based cross-sectional study was conducted over nine months in the Department of Obstetrics and Gynaecology, Dr. Baba Saheb Ambedkar Medical College and Hospital, New Delhi. Four hundred pregnant women at 24–28 weeks of gestation were enrolled. Glycemic status was assessed using the DIPSI 75-g oral glucose tolerance test. Midstream urine samples underwent microscopy, culture, organism identification, and antimicrobial susceptibility testing using the VITEK®2 system. Statistical analysis was performed using SPSS version 29.0, with $p<0.05$ considered statistically significant.

**Results:** The prevalence of ASB was 7.5%, while GDM was diagnosed in 13% of participants. ASB was significantly more prevalent among women with GDM than those without GDM (42.3% vs. 2.3%; $p<0.001$). Escherichia coli was the predominant isolate (43.3%), followed by Enterococcus faecalis and Staphylococcus saprophyticus. Nitrofurantoin and several broad-spectrum antibiotics demonstrated excellent activity, whereas high resistance was observed to ampicillin and several cephalosporins.

**Conclusion:** ASB was significantly associated with GDM among pregnant women. Routine urine culture screening, particularly among women with impaired glycemic status, and culture-guided antibiotic therapy may facilitate early detection and appropriate management, potentially reducing maternal and fetal complications and strengthening antenatal strategies for early prevention of urinary tract complications.

OP8

## Cervical Length in Predicting Preterm Labor

**Afsheen Fatima**, Ratna Biswas
Delhi University

**Introduction:** Preterm labor (PTL) remains a major cause of perinatal morbidity. Transvaginal ultrasound (TVS) cervical length (CL) assessment helps identify high-risk pregnant women at risk of preterm birth (PTB).

**Objectives:** To evaluate the predictive accuracy and correlation of TVS CL (< 3.0 cm) for PTB at < 37 weeks and early PTB at < 34 weeks.

**Methods:** A prospective observational study was conducted on 88 high-risk pregnant women. TVS CL was measured between 20–30 weeks of gestation (CL < 3.0 cm defined as short cervix). Follow-up was maintained until delivery. Chi-square test, correlation (r), diagnostic accuracy parameters and AUC were calculated.

**Results:** Among 88 participants, 13 (14.8%) had TVS CL < 3.0 cm and 75 (85.2%) had TVS CL ≥ 3.0 cm. Overall, 32 delivered at < 37 weeks and 24 at < 34 weeks. TVS CL < 3.0 cm significantly associated with PTB < 37 weeks ($p = 0.008$, $r = 0.284$), yielding 28.1% sensitivity, 92.9% specificity,

69.2% PPV, 69.3% NPV and 0.605. Predictive performance strengthened for early PTB < 34 weeks (p = 0.0002, r = 0.392), demonstrating 37.5% sensitivity, 93.8% specificity, 69.2% PPV, 80.0% NPV and AUC 0.656.

**Conclusions:** Mid-trimester TVS CL assessment is a highly specific screening tool that correlates significantly with preterm delivery in high-risk pregnancies, demonstrating substantially stronger predictive accuracy for early preterm birth than overall preterm birth.

**OP9**

## Expectant versus Active Management in late Preterm prelabor rupture of membranes : a randomised controlled trial

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**Introduction:** Late preterm prelabor rupture of membranes (PPROM, 34 to 36+6 weeks) lacks clear management consensus, with major societies recommending individualized, shared decision-making between active and expectant approaches.

**Objective:** To compare fetal outcomes (neonatal sepsis, composite neonatal morbidity/mortality) and maternal outcomes (clinical chorioamnionitis, composite maternal morbidity, mode of delivery) between active and expectant management of late preterm PPROM.

**Methods:** A randomized controlled trial enrolled 300 women with PPROM between 34 and 36+6 weeks, allocated by block randomization into Group A (active management, n=150) and Group B (expectant management, n=150).

**Results:** Latency from PPROM to delivery was shorter with active management (40.71±14.52 vs 87.76±66.53 hours, p<0.0001). Neonatal sepsis did not differ (8.0% vs 16.7%, p=0.102). Composite neonatal morbidity was higher with active management (48.0% vs 28.0%, p=0.0001), including higher neonatal intensive care unit (NICU) admission (39.3% vs 20.0%), respiratory distress syndrome (36.7% vs 18.7%), and surfactant use (19.3% vs 8.7%). Clinical chorioamnionitis (2.0% vs 14.0%, p=0.0001) and postpartum fever (4.7% vs 14.0%, p=0.005) were higher with expectant management; composite maternal morbidity (14.7% vs 21.3%, p=0.176) and vaginal delivery rate (77.3% vs 89.3%, p=0.234) did not differ.

**Conclusions:** Expectant management reduces neonatal respiratory morbidity without increasing composite maternal morbidity, despite higher chorioamnionitis and postpartum fever rates. Management should be individualized with close monitoring.

**OP10**

## Active Versus Conservative Management of PPROM Between 34 and 37 Weeks: A Retrospective Study of Maternal and Neonatal Outcomes

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**Introduction:** The optimal management of preterm premature rupture of membranes (PPROM) between 34 and 37 weeks remains controversial.

**Objective:** To compare maternal and neonatal outcomes following active versus conservative management of PPROM diagnosed between 34+0 and 36+6 weeks of gestation.

**Methods:** A retrospective observational study included women with PPROM diagnosed between 34+0 and 36+6 weeks. Patients were categorized according to active or conservative management. Diagnosis-to-delivery interval, maternal outcomes, Apgar scores, and NICU admission were compared between management groups and gestational-age subgroups.

**Results:** Sixty-two women were included; mean maternal age was 29.4 years and 43.5% were primigravida. 43 (69.4%) underwent active and 19 (30.6%) conservative management. Conservative management prolonged latency to delivery, particularly at 34 weeks. Median 5-minute Apgar was 9 across gestational-age groups. NICU admission occurred in 8/62 (12.9%) neonates with documented NICU status: 4/43 (9.3%) following active and 4/19 (21.1%) following conservative management (p=0.23). No documented chorioamnionitis or other adverse maternal outcomes occurred.

**Conclusions:** Conservative management prolonged pregnancy following PPROM, with no reported events of Triple I, but did not demonstrate a significant neonatal benefit compared with active management. Apgar scores were reassuring, and NICU admission rates did not differ significantly between management strategies. Larger prospective studies are needed to establish the optimal timing of delivery by balancing fetal morbidity associated with prematurity against maternal complications associated with PPROM.

**OP11**

## Clinical Outcomes of Immediate Induction of Labor in Term Premature Rupture of Membranes: A Prospective Study

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**Introduction:** Premature rupture of membranes (PROM) at term affects 8–10% of pregnancies. Management strategies balance immediate induction against expectant

management to reduce maternal infectious risks without unnecessarily increasing intervention rates.

**Aim and Objectives:** To assess the clinical efficacy, mode of delivery, and maternal safety profile of a universal immediate labor induction strategy in term pregnancies presenting with PROM.

**Material and Methods:** A prospective study was conducted at the Department of Obstetrics and Gynaecology of a tertiary care hospital, including 50 term gravida patients (37 weeks or more) with confirmed PROM. Singleton term pregnancies with cephalic presentation were included; prior uterine scars, active chorioamnionitis, and baseline fetal distress were excluded. Immediate labor induction was initiated using Dinoprostone gel, Misoprostol, Oxytocin, or Foley catheter based on initial Bishop scores.

**Results:** Vaginal delivery was successfully achieved in 86% (n = 43) of patients, instrumental vaginal delivery in 2% (n = 1), and cesarean section in 12% (n = 6). The mean PROM-to-delivery interval was 14 hours. Indications for cesarean delivery (n = 6) included fetal distress (50%, n = 3) and failed induction (50%, n = 3). Maternal complications occurred in 4% (n = 2) of cases.

**Conclusion:** Immediate labor induction in term PROM is a safe and clinically effective protocol. It achieves a high rate of vaginal delivery (88% total), minimizes the latency period to 14 hours, and maintains low maternal morbidity.

**OP12**

## One placenta. Two phenotypes. One underlying disease?

**Saumya Singh,** Kamna Datta
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Preeclampsia (PE) and fetal growth restriction (FGR) are major placenta-mediated complications of pregnancy, contributing substantially to maternal and perinatal morbidity. PE affects approximately 3–8% of pregnancies worldwide (WHO), while FGR affects up to 10% (SMFM). Although clinically distinct, both may represent different maternal and fetal manifestations of abnormal placentation.

Normal placentation involves a two-stage fall in uteroplacental resistance: initial decidualisation and early spiral-artery adaptation, followed by deeper trophoblastic invasion and transformation of the spiral arteries, predominantly between 12–20 weeks. Inadequate remodelling results in persistent high-resistance uteroplacental circulation, placental malperfusion, oxidative stress, inflammation and angiogenic imbalance, ultimately producing the maternal PE phenotype and fetal growth-restricted phenotype. This shared placental pathology is supported by Kovo et al., who reported FGR in 62.2% of early-onset PE (<34 weeks) compared with 25.8% in late-onset PE; maternal vascular malperfusion lesions were present in 95% and 60%, respectively. A recent placental-bed study also demonstrated impaired spiral-artery remodelling in 63.6% of PE/FGR pregnancies versus 10% of controls.

To explore the maternal risk profile accompanying FGR in HDP, we analysed 45 women with co-existing HDP and FGR using maternal characteristics from the HDP-GESTOSIS score. Primigravidity was most frequent (22.2%), followed by anaemia (17.8%), GDM (11.1%), and advanced maternal age >35 years, chronic hypertension and maternal CKD (8.9% each). Hypothyroidism, multifetal pregnancy and age <19 years each occurred in 2.2%. These findings highlight the heterogeneous maternal risk profile accompanying FGR in HDP and support a multifactorial placental pathway rather than a single isolated maternal determinant of fetal growth impairment.

**OP13**

## Adverse Perinatal Outcomes in Pregnancies with Small for Gestational Age Fetuses as Compared to Growth Restricted Fetuses as per the Delphi Consensus and Appropriately Grown Fetuses

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**Introduction:** Fetal growth restriction complicates up to 10% of all pregnancies and increases the risk of perinatal mortality. Thus, early and accurate identification of FGR is important.
**Primary:** To determine the occurrence of composite adverse perinatal outcomes(APO) among

1. FGR vs AGA,
2. SGA vs AGA,
3. FGR vs SGA fetuses

**Secondary:** To determine the predictive ability of antenatal

1. Hadlock,
2. Intergrowth,
3. WHO charts

in diagnosis of small for date fetuses when compared to customised neonatal charts at our institute.
**Methods:** This prospective observational study analysed data collected between April 2024 and November 2025. The total sample was composed by 280 pregnancies: 70 FGR, 70 SGA and 140 AGA fetuses as controls. Data was recorded on a predesigned proforma. Women were closely followed up and FGR was managed according to institutional protocol. Labour, intrapartum and delivery details were recorded.

**Results:**

1. Comparing the SGA, FGR and AGA growth categories, 11.4%, 15.7% and 8.6% of each group respectively had APOs (p=0.297).
2. Hadlock, Intergrowth, and WHO charts were consistent in ability to differentiate AGA, SGA, and FGR fetuses.
3. Fetuses with AC <3rd centile on Intergrowth chart showed significantly higher incidence of APOs (24%, 6/25) compared with only 11.2% (25/223) in fetuses with AC ≥10th centile which was statistically significant (p = 0.041).

**Conclusions:** Numerical trend of more frequent APOs in SGA comparable to AGA fetuses, and highest among FGR was seen. Hadlock and WHO charts showed higher sensitivity whereas INTERGROWTH-21st chart demonstrated higher specificity. AC derived from INTERGROWTH-21st standards showed a significant association with APOs.

**OP14**

## Method of Induction of Labour in Women with Previous Cesarean Section

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**A Prospective Observational Study**

**Introduction:** Induction of labour in women with a previous cesarean section is challenging because the method of induction must balance the likelihood of successful vaginal birth with the risk of complications associated with a scarred uterus. Both pharmacological and mechanical methods have been used for induction of labour in women attempting trial of labour after cesarean (TOLAC).

**Objective and Methods:** A prospective observational comparative study was conducted among women with one previous cesarean delivery who were eligible for TOLAC and required induction of labour. A total of 70 women were included, of whom 15 underwent cervical ripening with Cervipime gel and 55 with transcervical Foley catheter. The primary outcome was successful TOLAC. Secondary outcomes included change in Bishop score, induction-to-delivery interval, requirement for oxytocin augmentation, mode and indication of delivery, maternal complications and neonatal outcomes.

**Results:** Successful TOLAC was achieved in 9 (60.0%) women in the Cervipime group and 36 (65.5%) in the Foley group. Repeat cesarean delivery was required in 6 (40.0%) and 19 (34.5%) women, respectively. No complete uterine rupture was observed.

**Conclusion:** Both Cervipime gel and Foley catheter can be considered effective options for induction of labour in carefully selected women with a previous cesarean section undergoing TOLAC.

**OP15**

## Occurrence of Cervical and Vaginal Infections in Female with Sterile Pyuria

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The diagnosis of sterile pyuria requires presence of pus cells more than 3 -5/hpf without any bacterial growth in UCS. Sterile pyuria is commonly associated with urogenital pathogens. Sterile pyuria can be caused by neisseria gonorrhoeae, trichomonas vaginalis, chlamydia trachomatis. Sterile pyuria can cause preterm delivery, prom, LBW, Early diagnosis of causes of sterile pyuria can predict adverse outcomes of pregnancy. The aim of this study is to determine occurrence of vaginal and cervical infections in pregnant women with sterile pyuria, and also to find out the causative organism

All antenatal females with sterile pyuria underwent vaginal smear examination. Candidiasis-diagnosed if budding yeast seen on smear. Bacterial vaginosis-diagnosed by nugent's criteria. For patients with more than 10 pus cells /hpf, 3 vaginal swabs were taken from the posterior fornix for aerobic , anaerobic culture and sensitivity and tv cultur 3 endocervical swabs were taken for aerobic and anaerobic culture and sensitivity and naat was done for chlamydia, neisseria and trichomonas

A total 50 women were included in the study. On evaluation of vaginal and cervical samples, 16 women(32%) were positive on NAAT, candida infection was detected in 7 women (14%), while bacterial vaginosis was detected in 7women (14%), a normal vaginal smear was seen in 5 women (10%), remaining 15 women (30%) had normal findings without evidence of above mentioned infections.

Overall abnormal vaginal/cervical findings were identified in 35 out of 50 women, whereas 15 women(30%) had no significant abnormality.

**OP16**

## C-Reactive Protein-Albumin Ratio for Prediction of Surgical Site Infections in Obstetric and Gynaecological Surgeries

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**Introduction:** Surgical site infections (SSIs) remain a major cause of postoperative morbidity in OBGYN surgeries. Biomarkers such as C-reactive protein-albumin ratio (CAR), representing inflammatory and nutritional status have emerged as promising predictors of postoperative complications.

**Objective:** To determine the role of CAR in predicting SSIs following OBGYN surgeries.

**Methods:** A prospective observational study was conducted among 185 women undergoing laparotomy, caesarean section, or laparoscopic surgery in a tertiary North Indian hospital. Serum high-sensitivity CRP and albumin were measured preoperatively and on postoperative days 1 and 3 and CAR was calculated. Participants were followed for 30 days in postoperative period for the development of SSI. ROC analysis was performed to determine predictive accuracy.

**Results:** Raised values of CRP-Albumin Ratio in preoperative period and post operative day-1 served as strong SSI predictors. CAR in the preoperative period was the most powerful predictor of SSI with an AUC of 0.972 (95% CI: 93.6–99.0, $p < 0.0001$) with 100% sensitivity, specificity of 89% and NPV 100%. In the post-operative period, day-1 CAR showed strong predictive ability for SSI with an AUC of 0.934 (95% CI: 88.7–96.5, $p < 0.0001$) with a sensitivity of 91.7%, specificity 86.7%, with NPV of 99.3%.

**Conclusion:** The superior performance of the CAR as predictor of SSI reflects the combined influence of systemic inflammation and nutritional status, making it a more robust predictor than either marker alone. It is a simple and inexpensive biomarker for early prediction of SSIs facilitating timely risk stratification and targeted postoperative management.

**OP17**

## Evaluation of Lower Urinary Tract Symptoms in Post-Cesarean Postpartum Women: A Case Cohort Study

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**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.

**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).

**Material & 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.

**Conclusions:** LUTS affects almost one in five women after cesarean delivery. TPUS is a reliable non-invasive tool for SUI evaluation, vitamin D deficiency may contribute to pelvic floor dysfunction.

**OP18**

## Aplastic Anemia in Pregnancy: Maternalâ€"Perinatal Outcomes and Management Experience from a Tertiary Care Center

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**Introduction:** Aplastic anemia (AA) is a rare bone marrow failure disorder characterized by pancytopenia and hypocellular marrow. Pregnancy complicated by AA carries significant risks of hemorrhage, increased transfusion requirements, and adverse maternal and perinatal outcomes. Due to its rarity, evidence guiding obstetric management remains limited.

**Objective:** To evaluate maternal and perinatal outcomes and describe transfusion practices in pregnancies complicated by AA.

**Methods:** A retrospective observational case series was conducted at a tertiary care center. Pregnant women diagnosed with AA during the study period were included. Demographic, hematological, obstetric, transfusion, maternal, and neonatal data were retrieved from medical records and analyzed.

**Results:** Ten pregnancies complicated by AA were included. Nine women (90%) had a pre-existing diagnosis, while one (10%) was diagnosed during pregnancy at 28 weeks' gestation. Three pregnancies (30%) ended in spontaneous abortion, whereas the remaining 70% continued to viable gestation. Epistaxis was the most common symptom (20%), while 60% were asymptomatic. Six women (60%) received disease-directed therapy with cyclosporine or in combination with eltrombopag, while four (40%) received supportive care alone. The median antenatal transfusion requirement was 2 units each of PRBS and RDP. Among the seven ongoing pregnancies, four (57.1%) underwent LSCS and three (42.9%) delivered vaginally. One patient (14.3%) developed postpartum hemorrhage. Mean birth weight

was 2475 ± 593 g, with no maternal deaths.

**Conclusions:** Multidisciplinary management involving obstetricians and hematologists, with individualized transfusion support and disease-directed therapy, can achieve favorable maternal and perinatal outcomes in pregnancies complicated by AA.

**OP19**

## Impact of Maternal Anaemia on Cord Blood Haemoglobin and Birth Weight of Newborn

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**Background:** Maternal anaemia affects 52.2% of pregnant Indian women (NFHS-5). Cord blood haemoglobin is a cost-effective tool for early neonatal anaemia detection. Recent meta-analysis (Zhao et al., BMC Pregnancy Childbirth, 2024) confirms significant association between maternal anaemia and neonatal haemoglobin reduction globally; however, severity-specific Indian data from government settings remains limited.

**Objectives:** To assess severity-dependent impact of maternal anaemia on cord blood haemoglobin and neonatal birth weight.

**Methods:** Hospital-based prospective cross-sectional study, 180 singleton term pregnancies. Excluded: PIH, GDM, haemoglobinopathies, APH, Rh incompatibility, blood transfusion in labour, IV iron corrected cases. Iron studies and peripheral smear collected. WHO anaemia classification used. Statistics: independent t-test, ANOVA, Pearson correlation, univariate regression (SPSS v20).

**Results:** Mean maternal Hb 10.05±1.9 g/dL; cord Hb 13.87±1.65 g/dL. Anaemia prevalence 64.44% (mild 38.33%, moderate 16.67%, severe 9.44%). Cord Hb significantly lower in anaemic vs non-anaemic mothers (13.62±1.55 vs 14.31±1.73 g/dL, p=0.007). Severity-dependent stepwise reduction: mild 14.09, moderate 13.77, severe 11.44 g/dL ($p<0.0001$). Pearson r=0.423 ($p<0.0001$). Severe anaemia sole independent predictor (β=-2.871; 95% CI -3.651 to -2.092; $p<0.0001$). Severe anaemia significantly associated with LBW (88.24% vs 36.23% in mild, p=0.0003).

**Conclusion:** Maternal anaemia severity independently determines cord haemoglobin and neonatal birth weight. Cord blood haemoglobin screening at birth is a practical tool for early neonatal anaemia identification in resource-limited settings.

**OP20**

## Development of a Novel Prognostic Score for Early Risk Stratification of Critically Ill Obstetric Patients: A Prospective Observational Study

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**Introduction:** Critically ill obstetric patients experience significant maternal morbidity and mortality. General ICU prognostic scores such as SOFA and APACHE II may not accurately predict outcomes because of pregnancy-related physiological changes. The absence of a simple obstetric-specific bedside prognostic tool highlights the need for improved early risk stratification.

**Objectives:** To identify independent predictors of maternal mortality and develop a novel bedside prognostic score for early risk stratification in critically ill obstetric patients admitted to the ICU.

**Methods:** This prospective observational study included 86 critically ill obstetric patients admitted to the ICU of a tertiary care teaching hospital. Demographic, clinical, physiological, and laboratory parameters were recorded. Univariate and multivariable logistic regression analyses were performed to identify independent predictors of maternal mortality. A weighted bedside prognostic score was subsequently developed based on the relative regression coefficients of significant predictors.

**Results:** Requirement of vasopressor support, mechanical ventilation, worsening oxygenation (lower PaO2/FiO2 ratio), elevated serum creatinine, thrombocytopenia, and reduced Glasgow Coma Scale (GCS) score were significantly associated with mortality on univariate analysis. After adjustment for confounding variables, vasopressor requirement (adjusted odds ratio [AOR] 5.60, p=0.021), mechanical ventilation (AOR 4.00, p=0.046), declining PaO2/FiO2 ratio, elevated serum creatinine, and reduced GCS score remained independent predictors of mortality. These variables formed the basis of a weighted bedside prognostic score.

**Conclusions:** A novel obstetric-specific bedside prognostic score was developed using independent predictors of maternal mortality that facilitate early risk stratification and timely clinical decision-making in critically ill obstetric patients. External multicentre validation is required before routine clinical implementation.

OP21

## Vaginal Delivery Following Emergency Tracheostomy in Pregnancy: A Rare Case

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**Introduction:** Tracheostomy during pregnancy is uncommon, and successful vaginal delivery in a tracheostomised parturient is rarer still, with very limited literature on intrapartum management. Most reported cases involve a pre-existing, stable tracheostomy managed electively near term; vaginal delivery after a recent emergency tracheostomy is exceptional and rarely described.

**Objective:** To report spontaneous vaginal delivery in a woman who underwent emergency tracheostomy for Ludwig's angina, highlighting coordinated intrapartum management.

**Methods:** A case record review of a 30-year-old G3P2L2 woman at 33+2 weeks of gestation who developed a right submandibular space abscess (Ludwig's angina) with airway compromise, requiring emergency tracheostomy with incision and drainage under local anaesthesia. Her antenatal course was complicated by oligohydramnios and fetal growth restriction (FGR). Delivery was planned under joint ENT–obstetric monitoring with continuous fetal surveillance.

**Results:** On postoperative day 10, at 33+2 weeks, she went into spontaneous labour and delivered vaginally without maternal airway compromise or intrapartum complications. A live preterm male neonate (2035 g; APGAR 7 and 8) was admitted to the NICU for prematurity and FGR. The maternal postoperative and postpartum course, including the tracheostomy site, remained uneventful.

**Conclusions:** Vaginal delivery can be safely achieved in tracheostomised women, even with a recently created emergency tracheostomy, provided there are no obstetric contraindications and expert intrapartum monitoring is ensured.

OP22

## Maternal and Perinatal Outcomes in Placenta Accreta Spectrum Disorders: A Prospective Observational Study from a Tertiary Referral Center in a Developing Nation

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**Background:** Placenta accreta spectrum (PAS) disorder are associated with substantial maternal and neonatal morbidity due to massive hemorrhage, surgical complexity and preterm delivery. Data from developing countries remain limited. The study aimed to evaluate maternal and perinatal outcomes in women with PAS managed at a tertiary referral center in Northern India.

**Methods:** This prospective observational study was conducted between June 2024 and June 2025. Women with histopathologically confirmed PAS were included. Maternal demographic characteristics, risk factors, intraoperative blood loss, transfusion requirements, postoperative complications and neonatal outcomes were recorded. Blood loss was estimated using a standardized gravimetric method.

**Results:** Twenty-four PAS cases were analyzed. Previous cesarean section and placenta previa were present in 91.7% and 83.3% of cases, respectively, while placenta percreta accounted for 20.8%. Mean intraoperative blood loss was 2298.6 ± 1168.5 mL. Intraoperative transfusion was required in 95.8% of patients, and all received postoperative blood products. Intensive care unit admission was required in 37.5%, and bladder injury occurred in 16.7%; no maternal deaths were recorded. Most neonates (87.5%) were appropriate for gestational age. Neonatal intensive care unit admission was required in 41.6%, while respiratory distress syndrome and hypoglycemia each occurred in 33.3%. Perinatal mortality was 12.5%, mainly associated with antepartum hemorrhage and emergency preterm delivery.

**Conclusions:** PAS remains associated with significant maternal and neonatal morbidity, primarily driven by hemorrhage and prematurity. Early antenatal diagnosis, multidisciplinary management and adequate blood product preparedness are essential to optimize outcomes.

OP23

## Efficacy of Uterine Balloon Tamponade (BakriÂ® Balloon) in the Management of Atonic Postpartum Haemorrhage: A Prospective Observational Study

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Background: Postpartum haemorrhage (PPH) remains a major cause of maternal morbidity and mortality worldwide. Uterine atony is the most common cause, accounting for approximately 70–80% of cases. When pharmacological measures fail to control bleeding, uterine balloon tamponade (UBT) provides a rapid, minimally invasive, fertility-preserving alternative to surgical intervention.

**Objective:** To evaluate the efficacy of the Bakri® balloon in controlling atonic PPH following failed medical management and to assess its impact on the requirement for blood transfusion and surgical intervention.

**Methods :** This prospective observational study was conducted at Deen Dayal Upadhyay Hospital, New Delhi, and included 25 women with atonic PPH unresponsive to initial management with uterotonics. A Bakri® balloon was inserted as a second-line intervention. The primary outcome was successful control of haemorrhage. Secondary outcomes included time to achieve haemostasis, requirement for blood transfusion, and need for surgical intervention.

**Results:** The mean age of participants was 26.48 ± 4.52 years. Successful control of bleeding was achieved in 24 of 25 patients (96%) within 30 minutes of balloon insertion. Blood transfusion was avoided in 17 patients (68%). One patient (4%) had persistent haemorrhage despite balloon tamponade and subsequently required hysterectomy. No major complications related to balloon insertion were observed.

**Conclusion:** Bakri® balloon tamponade was highly effective in controlling atonic PPH following failed medical management. Its high success rate, minimally invasive nature, and potential to reduce blood transfusion and hysterectomy support its use as an effective second-line, fertility-preserving intervention in the management of atonic PPH.

**OP24**

## Serum CA125 as Biomarker in Pregnant Women with Antepartum Hemorrhage; A Prospective Comparative Observational Study

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**Introduction:** Antepartum hemorrhage (APH) is a significant contributor to maternal mortality. Several studies have investigated the role of CA-125 as a potential biomarker in APH but there is a dearth of Indian studies. This study was undertaken to assess it's levels in women with APH to evaluate its potential role as a prognostic marker. **Objectives:** To evaluate maternal serum CA-125 levels in pregnant women with APH between 28–40 weeks of gestation and determine their association with fetomaternal outcomes.

**Methods:** This prospective comparative observational study was conducted over 18 months at Dr. Baba Saheb Ambedkar Medical College. One hundred singleton pregnancies between 28–40 weeks were enrolled, comprising 50 women with APH and 50 gestational age-matched controls. Serum CA-125 was measured and maternal and neonatal outcomes recorded. Results: Mean serum CA-125 was significantly higher among women with APH compared with controls (69.44 ± 25.81 vs 21.49 ± 6.42 U/mL; p<0.001) and demonstrated 98% sensitivity and 92% specificity for it's identification. All women with placental abruption had CA-125 levels >35 U/mL whereas all women with placenta previa had levels ≤35 U/mL (p<0.001). Elevated CA-125 was significantly associated with poor fetomaternal outcomes. **Conclusion:** Maternal serum CA-125 was significantly elevated in APH and demonstrated excellent diagnostic discrimination between placental abruption and placenta previa. It showed significant association with adverse fetomaternal outcomes.

**OP25**

## When Salpingectomy Is Not the End: A Rare Encounter with Tubal Stump Ectopic Pregnancy

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**Introduction**: Stump ectopic pregnancy is an extremely rare condition accounting for 0.4% of ectopic pregnancies. It poses a significant diagnostic challenge, as previous salpingectomy may create a false sense of security. We report a successfully managed rare case of stump ectopic pregnancy.

**Case Presentation**: A 23-year-old G5P2L2A1E1 female, status post right salpingectomy (8 months back) in view of ruptured right tubal ectopic pregnancy, presented to the emergency department at AIIMS Rishikesh with complaints of amenorrhoea for 6 weeks, generalised abdominal pain radiating to the back and spotting Per Vaginum. Hemodynamically unstable, BP 68/44 mm Hg (MAP 52 mm Hg), PR- 118/ min, spO2- 99% on room air. UPT was positive and serum β-HCG was 2984 IU/L. Ultrasonography revealed hemoperitoneum with a heterogeneous lesion with internal anechoic gestational sac like structure in the right tubal stump, suggestive of stump ectopic pregnancy.

**Management:** Surgical exploration revealed 600 mL hemoperitoneum and a right tubal stump ectopic pregnancy. Excision of the right tubal stump with left salpingectomy was performed. Histopathology was confirmed as tubal stump pregnancy. Her postoperative recovery was uneventful.

**Conclusion**: Ipsilateral tubal stump ectopic pregnancy is a rare but potentially life-threatening complication that can occur even after technically adequate salpingectomy with minimal residual tubal stump. A high index of suspicion is essential in women with a previous salpingectomy who present with a positive pregnancy test and acute abdominal pain, as early recognition and prompt surgical intervention can be lifesaving.

**OP26**

## When Incomplete Abortion Was Not the Diagnosis: A Rare Case of cervical pregnancy

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**Introduction:** Cervical pregnancy is a rare form of ectopic gestation, accounting for less than 1% of ectopic pregnancies. Its presentation often mimics incomplete abortion, making early diagnosis challenging and increasing the risk of catastrophic hemorrhage. Prompt recognition is crucial to reduce maternal morbidity and preserve fertility.

**Objective:** To highlight the diagnostic dilemma and fertility-preserving management of cervical pregnancy initially treated as incomplete abortion.

**Methods:** A retrospective review of the clinical presentation, ultrasonographic findings, operative details, histopathology, management, and outcome of an unbooked patient managed at a tertiary care centre was undertaken.

**Results:** A 35-year-old G5P2L2A1E1 (gravida 5, para 2, live 2, abortion 1, ectopic 1) with one previous lower-segment caesarean section presented to a tertiary care centre with two months of amenorrhoea and heavy vaginal bleeding. Ultrasonography suggested retained products of conception, and suction evacuation was performed for presumed incomplete abortion. The procedure was technically difficult and complicated by life-threatening hemorrhage requiring uterotonics, uterine packing, blood transfusion, and intensive monitoring. Histopathology confirmed products of conception. The unexpected intraoperative findings, together with clinicoradiological correlation, raised suspicion of cervical pregnancy. Following successful stabilization, the patient was referred for uterine artery embolization, which achieved hemostasis, preserved the uterus, and avoided emergency hysterectomy.

**Conclusions:** Cervical pregnancy should be considered in women presenting with first-trimester bleeding when imaging is inconclusive or evacuation is associated with disproportionate hemorrhage. Early clinicoradiological correlation, prompt stabilization, multidisciplinary management, and timely uterine artery embolization can be lifesaving while preserving fertility.

**OP27**

## Comparison of Efficacy of Letrozole Versus Methotrexate for Medical Management of Stable Unruptured Tubal Ectopic Pregnancy

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**Introduction:** Methotrexate, a standard treatment for stable unruptured tubal ectopic pregnancy though limited by contraindications and adverse effects. Letrozole, an aromatase inhibitor, has emerged as a potential non-cytotoxic alternative with a favourable safety profile.

**Objective:** To compare the efficacy and safety of letrozole and methotrexate in the medical management of unruptured tubal ectopic pregnancy.

**Methods:** A randomized controlled trial over 9 months, involving 40 stable women with unruptured tubal ectopic pregnancy. Participants were randomized to receive oral letrozole (5 mg twice daily for 10 days) or single-dose intramuscular methotrexate (50 mg/m$^2$). Serial β-hCG measured on Days 0, 4, 7, 10 and weekly until complete resolution. Primary outcomes were serial β-hCG decline, time to β-hCG <5 mIU/mL, need for surgical intervention, and adverse effects. Statistical analysis was done using SPSS 29 version. P-value of <0.05 isconsidered statistically significant.

**Results:** Treatment success was comparable between letrozole and methotrexate groups (75% vs. 80%; p-value 1.000). Both groups demonstrated significant decline in serial β-hCG (p-value<0.001). Median time to β-hCG resolution was shorter with letrozole (23.5 vs. 28.5 days; p-value 0.283). Surgical intervention and overall adverse event rates (20% each) were similar; however, letrozole was associated with mild symptoms, and methotrexate showed more systemic adverse effects.
**Conclusion:** Letrozole demonstrated efficacy comparable to methotrexate with a more favourable safety profile and faster β-hCG resolution. It may serve as an effective alternative for stable women with unruptured tubal ectopic pregnancy.

**OP28**

## Near-Miss Obstetric Emergency: Ruptured Interstitial Pregnancy with Cornual Uterine Rupture Successfully Managed by Emergency Uterine Repair

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Interstitial ectopic pregnancy is an uncommon form of ectopic gestation, accounting for 2–4% of ectopic pregnancies. Owing to the distensibility and rich vascularity of the interstitial portion of the fallopian tube, rupture may occur later in gestation and result in catastrophic hemorrhage with significant maternal morbidity and mortality.

**Case:** A 38-year-old G3P2 was referred to AIIMS New Delhi with severe abdominal pain, dizziness, syncope, and breathlessness following a fall at home. She presented in hypovolemic shock with abdominal distension and

generalized tenderness. Imaging suggested uterine rupture with hemoperitoneum and a fetus free within the peritoneal cavity. Emergency exploratory laparotomy revealed approximately 1.5–2 L hemoperitoneum, a free-floating approximately 14-week fetus, and rupture of the right uterine cornu without communication with the uterine cavity. Cornual repair was performed using layered Vicryl and barbed sutures following meticulous hemostasis. Massive transfusion with packed red blood cells, fresh frozen plasma, and random donor platelets was administered. The patient recovered well postoperatively and was discharged in stable condition.

**Discussion:** Interstitial pregnancy remains a diagnostic challenge. Early recognition, aggressive resuscitation, multidisciplinary management, and prompt surgical intervention are crucial for improving maternal outcomes. Fertility-preserving uterine repair is feasible in selected patients.

**Conclusion:** A high index of suspicion for interstitial pregnancy is essential in women presenting with acute abdomen and shock. Timely diagnosis and emergency surgical management can be lifesaving despite uterine rupture and massive hemoperitoneum.

**OP29**

## Implementing Quantitative Blood Loss Measurement During Cesarean Delivery: An Ongoing AIIMS UCLA Collaborative Quality Improvement Initiative

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**Introduction:** Accurate estimation of blood loss is essential for early recognition and management of PPH. . A collaborative quality improvement (QI) initiative was undertaken between AIIMS New Delhi and UCLA.

**Objective:** To increase the proportion of cesarean sections undergoing QBL measurement at AIIMS, New Delhi.

**Methods:** This ongoing QI project was initiated in 2026 in the maternity OT of AIIMS. Baseline QBL was 0%. Four PDSA cycles were undertaken: (1) a UCLA-led hands-on QBL training workshop for residents and nurses, (2) a WhatsApp group with weekly feedback and barrier identification, (3 QBL charts, dry-weight references, a QBL register, and faculty reinforcement, and (4) resident surveys, display of QBL protocols at scrubbing stations, daily review of the QBL register. Weekly QBL rates were tracked using run charts. QBL and EBL values were compared in LSCS cases.

**Results:** QBL increased from 0% at baseline to 88.6%. PDSA 3 increased QBL rates from 16.1% to 72.4%, this improvement was not sustained. QBL rates increased from 33.3% to above 80%, with all recent weeks remaining above the current median of 50%. after PDSA 4. Mean QBL was significantly higher than EBL (607.7±326.2 mL vs 536.5±314.3 mL; mean difference 71.2 mL, $p<0.001$). QBL exceeded EBL in 78.1% of cases. Five women were reclassified as having blood loss ≥1000 mL by QBL despite EBL <1000 mL.

**Conclusions:** QBL measurement was successfully implemented through collaborative QI initiative. QBL detected significantly higher blood loss than visual estimation and may improve recognition of obstetric haemorrhage.

**OP30**

## Evaluation of Caesarean Deliveries in Delhi: Integrating HMIS and Robson Classification to Distinguish Indicated from Unindicated Caesareans (April 2023â€“December 2025)

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**Introduction:** Caesarean section (CS) rates are rising across India, with NFHS data showing an increase from 21.5% to 27.2% nationally. Delhi's CS rate is 27.4%, with marked public-private disparity (19.6% versus 50.9%). Facility-level evidence on clinical justification for CS using the WHO-recommended Robson Ten-Group Classification System (TGCS) remains limited.

**Objective:** To analyse the prevalence of CS deliveries across public and private health facilities in Delhi and define an optimized CS rate through Robson TGCS benchmarking.

**Methods:** Health Management Information System (HMIS) data from April 2023 to December 2025 were integrated with facility-based CS audits. Nearly 400 public and private facilities with Robson-relevant perinatal data were matched with HMIS records to derive expected CS rate benchmarks.

**Results:** Institutional deliveries totalled 786,501, with public facilities bearing 71% of the load. Delhi's CS rate rose from 36% to 43% over the study period, rising faster in public (10.34 percentage points) than private facilities (6.45 points). Facility CS rates varied widely (8–49%) with no association to delivery volume, though high-CS facilities showed higher maternal mortality and stillbirth rates. Across matched facilities, 70% operated below their lower Robson benchmark. At a representative facility, 80.7% of CS cases were emergencies, with PROM and fetal compromise (32% each) as leading indications.

**Conclusions:** Most public facilities documented emergency and high-risk presentations driving CS deliveries, while private-facility justification varied widely. Rising rates reflect facility-level heterogeneity poorly explained by volume alone. Routine institutionalisation of Robson TGCS

auditing could standardize assessment of indicated versus unindicated CS and guide policy.

**OP31**

## To Study the Prevalence and risk factors for Postpartum Depression

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**Abstract:** Postpartum depression (PPD) is a common mental health disorder affecting women after childbirth and is associated with adverse maternal and neonatal outcomes. Early identification of PPD and its associated risk factors is essential for timely intervention and improved maternal well-being. This study aimed to determine the prevalence of postpartum depression and evaluate its associated demographic, obstetric, psychosocial, pregnancy-related, and familial risk factors.

**Methodology:** A prospective observational study was conducted in the Department of Obstetrics and Gynaecology, Tirath Ram Shah Hospital, Delhi, among 150 postpartum women aged 18–40 years. Participants were screened using the Edinburgh Postnatal Depression Scale (EPDS) on postpartum day 3 and at 4 weeks. Sociodemographic, obstetric, neonatal, psychosocial, and family support characteristics were recorded using a structured questionnaire, and their association with postpartum depression was analyzed using appropriate statistical tests.

**Results:** The prevalence of postpartum depression increased from 2.0% on postpartum day 3 to 12.7% at 4 weeks. Mean EPDS scores also increased from 6.97 ± 3.20 to 8.39 ± 4.35, indicating worsening depressive symptoms during the early postpartum period. Financial stress and spousal conflict were significantly associated with PPD. Demographic, obstetric, pregnancy-related, neonatal, and family support variables did not demonstrate statistically significant associations; however, lower educational attainment, nuclear family structure, primigravidity, poor family support, low birth weight, feeding difficulties, and infant sleep disturbances showed clinically relevant trends among women with PPD. Conclusion: Postpartum depression became more prevalent during the early postnatal period, emphasizing the need for routine mental health screening beyond hospital discharge. Financial stress and spousal conflict emerged as the principal risk factors, while several demographic, obstetric, and familial variables demonstrated non-significant but clinically important trends that warrant further investigation in larger prospective studies.

**OP32**

## Improving Patients Experience of Tubal Patency Testing in Infertility Evaluation: 3D/4D HyCoSy versus Hysterosalpingography â€" A Randomized Controlled Trial

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**Introduction:** Tubal factor accounts for substantial proportion of female infertility in developing countries, making patency assessment central to infertility workup. Hysterosalpingography remains first-line but is often painful and involves ionizing radiation. Three-/four-dimensional hysterosalpingo-contrast sonography(HyCoSy) offers comparable diagnostic performance without radiation, though patient-reported outcome data from Indian settings, remain limited.

**Objective:** To compare patient-reported pain and satisfaction, with procedural characteristics, complications, and short-term fertility outcomes, between 3D/4D HyCoSy and HSG in women undergoing infertility evaluation.

**Methods:** In this RCT at a tertiary centre, 70 women aged 21–38 years with primary or secondary infertility were randomized 1:1 to HyCoSy (n=35) or HSG (n=35). Pain assessed using a 0–10 VAS and satisfaction using a 5-point Likert scale. Secondary outcomes included hospital visits, contrast volume, procedure duration, technical success, complications, and conception within three months.

**Results:** Baseline characteristics were comparable between groups. HyCoSy showed significantly lower mean VAS pain scores and higher satisfaction scores, required fewer hospital visits, less contrast, and shorter tubal-testing time. Tubal patency findings were similar, with fewer complications and no vasovagal reactions or pelvic infections in the HyCoSy group. Three-month conception rates were not statistically significant.

**Conclusion:** 3D/4D HyCoSy is a safe, well-tolerated, and clinically effective alternative to HSG, offering reduced pain, greater satisfaction, and lower procedural burden without compromising diagnostic accuracy, supporting its use as a preferred first-line tubal evaluation modality.

OP33

## Multiparametric evaluation of bone health in women with premature ovarian insufficiency (POI): A comparative study

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**Introduction:** Oestrogen deficiency in premature ovarian insufficiency (POI) results in accelerated bone loss. Conventional bone health evaluation using bone mineral density (BMD) does not assess microarchitectural deterioration.

**Objective:** To assess bone health in women with POI through a multiparametric approach combining BMD, Trabecular Bone Score (TBS), and Bone Turnover Markers (BTMs), and to compare findings with age-matched controls.

**Methods:** A cross-sectional study was conducted including 40 women with POI and 40 age-matched controls. Primary amenorrhea patients were excluded. BMD was measured & vertebral fracture assessment(VFA) done using dual-energy X-ray absorptiometry (DEXA) software, and TBS assessed with iNsight software installed in the same DEXA machine. Osteopontin, CTX1, P1NP were the BTMs that were analysed using ELISA.

**Results:** Mean age of women with POI was 26.85 years. Osteoporosis, osteopenia and normal BMD were observed in 20%, 30% and 50% POI and in 00%, 22% and 88% in controls respectively. TBS revealed degraded, partially degraded and normal bone microarchitecture in 12.3%,62.5% and 25.2% in POI in contrast to 5%,43% and 52% in controls. VFA detected fractures in two POI patients that not detected on X-ray. Out of 10 POI with normal BMD 30% had partially degraded microarchitecture, suggesting poor bone health despite normal BMD. Levels of all BTMs were statistically insignificant except alkaline phosphatase.

**Conclusion:** Multiparametric evaluation with BMD, TBS and VFA offers a comprehensive assessment of bone health in POI than BMD alone. Degraded bone microarchitecture even in POI with normal BMD suggests poor bone health with vulnerability for vertebral fractures.

OP34

## Efficacy of Multimodal Treatment Approach on the Quality of Life and to Ascertain the Causes in women with Chronic Pelvic Pain

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**Introduction:** Chronic pelvic pain (CPP) is a benign condition that poses a significant challenge due to its impact on health-related quality of life and healthcare utilisation. CPP is often associated with negative cognitive, behavioural, sexual, and emotional consequences, as well as symptoms indicative of dysfunctions in the lower urinary tract, sexual, bowel, pelvic floor, myofascial, or gynaecological domains.

**Objective:** To assess the efficacy of a multimodal treatment approach on the quality of life among women with chronic pelvic pain and ascertain the causes of chronic pelvic pain among women presenting to the outpatient department.

**Method:** An open-label, double-arm randomised controlled trial conducted over 1 year and 6 months at a North Indian tertiary care centre. Women with chronic pelvic pain (CPP) who attended the outpatient Departments of Obstetrics and Gynaecology and Physical Medicine and Rehabilitation were included.

**Results:** The most common cause of CPP was endometriosis (30% in the intervention group and 26% in the control group), followed by normal study results (24% in the intervention group and 36% in the control group), and adenomyosis (14% in the intervention group and 16% in the control group). After 12 weeks, both groups showed a statistically significant improvement in the physical and psychological domains of the WHOQOL-bref questionnaire. However, the intervention group demonstrated a significantly greater improvement than the control group.

**Conclusion:** This study demonstrated that a multimodal treatment approach for women with Chronic Pelvic Pain significantly improves quality of life and pain severity compared to a single-mode treatment approach.

OP35

## Analysis of Cesarean Section Rates Using the Robson Ten-Group Classification System: A Retrospective Study at a Tertiary Care Hospital

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**Background:** The rising rate of cesarean section (CS) is a major public health concern worldwide.The WHO recommends the Robson Ten-group Classification System (TGCS) as a standardized tool for auditing, comparing and monitoring cesarean section rates across healthcare institutions.Identifying the groups contributing most to the overall CS rate can help develop targeted strategies to optimize obstetric care.

**Objectives:** To classify all women who delivered during the study period according to the Robson Ten-Group Classification System and identify the groups contributing most to the institutional cesarean section rate.

**Methods:** A retrospective observational study was

conducted in the Department of Obstetrics and Gynaecology, Deen Dayal Upadhyay Hospital, New Delhi. Delivery records over a 6-months period were reviewed.All women were classified into one of the ten Robson groups based on parity,previous cesarean section,onset of labour, gestational age,fetal presentation,and number of fetuses. The primary outcome was the contribution of each Robson group to the overall cesarean section rate. Data were analyzed using descriptive statistics.

**Results:** A total of 3447 deliveries were included, of which 1518 were cesarean sections,giving an overall CS rate of 44%.Robson Group 5 was the largest contributor to the institutional CS rate, followed by Groups 2 and 1.The most common indications for cesarean delivery were previous cesarean section,fetal distress, and non-progress of labour.

**Conclusion:** The Robson Ten-Group Classification System is a practical and effective tool for auditing CS practices. Identifying the major contributors to the institutional CS rate enables targeted interventions to optimize CS rate enables targeted interventions to optimize CS use while maintaining maternal and neonatal safety.

**OP36**

## Clinical predictors of failed induction of labour at term : A prospective observational study

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**Introduction:** Induction of labour is undertaken when continuation of pregnancy is considered less favourable than delivery. However, some women fail to enter labour despite an induction attempt. Identification of predictors prior to induction may improve counselling, risk stratification and anticipation of prolonged induction.

**Objective:** To identify predictors of failed induction of labour at term and determine characteristics independently associated with failure.

**Material & Methods:** This prospective observational cohort study was conducted in the Department of Obstetrics & Gynaecology, DDU Hospital, Delhi, over 6 months. Included 300 women with singleton, live, cephalic pregnancies at 37+0 to 41+6 weeks undergoing induction. Failed induction analysed as a binary outcome using binary logistic regression.

**Results:** Failed induction occurred in 64/300 women (21.3%). Women with failed induction had higher BMI (25.66 vs 24.00 kg/m$^2$; p<0.001) , lower Bishop score (3.03 vs 5.67; p<0.001) and higher estimated fetal weight (3098 vs 2968 g; p=0.003). Nulliparity and Bishop score ≤5 were associated with increased risk. On adjusted analysis, BMI (AOR 1.27/kg/m$^2$), Bishop score (AOR 0.82/point) and estimated fetal weight (AOR 1.14/100 g) remained independently associated. Model showed an AUC of 0.803, with 73.4% sensitivity and 78.4% specificity.

**Conclusion:** Approximately one in five women experienced failed induction. Lower Bishop score was the most prominent discriminator, while higher BMI and greater fetal weight independently contributed to risk. These routinely available variables may aid pre-induction risk stratification, although prospective validation is required before application.

**OP37**

## Analysis of decision to delivery interval of emergency cs and its impact on fetomaternal outcome

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**Introduction:** Caesarean section (CS) is the most common surgery performed by obstetricians worldwide. The decision to delivery interval (DDI) is defined as interval (minutes) from time of decision for CS to the time of delivery of baby.

**Aim:** To analyse DDI and the different causes of delay in DDI of emergency CS and its impact on feto-maternal outcome

**Methodology:** Prospective observational cohort study conducted over 18 months in a tertiary care hospital in Delhi, India. Nine hundred participants were divided into 3 categories (1,2 and 3) as per NICE guidelines CG132 (Caesarean Section, 2011) on categorization of emergency CS based on urgency and clinical need. Causes for delay of CS and eventual feto-maternal outcomes were analysed. Statistical analysis was done using SPSS version 29.0. A p-value <0.05 was considered statistically significant.

**Result:** Number of cases in Category 1 CS group were 407 (45.22%), in Category 2 were 374 (41.56%), and 119 (13.22%) were in Category 3. Eight hundred sixty-one participants (95.67%) faced delay in CS, of which category 1 had 385, categories 2 had 363 and 113 were in category 3. Unavailability of operation theatres (87.69% cases) was the most common reason. Maternal and neonatal outcome were comparable in both delayed and not delayed groups, hence not affected by DDI.

**Conclusion:** The delay due to single operation theatre is avoidable, and rectifiable by increasing infrastructure so that a greater number of patients can be operated in given time limit. Both maternal and neonatal outcomes though affected but not statistically significant.

OP38

## Evaluating Respectful Maternity Care (RMC) and Intrapartum/Postpartum Quality Gaps in Facility-Based Births: A Multi-Session Observational Study

**Rubal Garg**, Manisha Kumar, Meenakshi Singh, Ashita Aggarwal

**Background:** Respectful Maternity Care (RMC) is a critical quality and human rights benchmark, yet institutional breaches in resource-constrained settings remain inadequately quantified.

**Objective:** To evaluate provider compliance with WHO RMC guidelines and quantify clinical, interpersonal, and post-delivery deficits during facility-based childbirth.

**Methods:** A cross-sectional observational study was conducted across 9 structured monitoring shifts (6-hour and 12-hour sessions) in a tertiary delivery ward. Direct clinical observations were recorded using a validated 47-item RMC checklist spanning seven core domains: physical harm, informed consent, privacy, dignity, equitable care, abandonment, and coercion.

**Results:** Communication and autonomy deficits predominated: providers failed to answer patient/companion questions (n=43) and omitted essential labor guidance (n=33). Visual privacy was routinely compromised by the non-use of protective drapes (n=32) and curtains (n=29). Interpersonal care was frequently lacking, marked by impolite speech (n=33) and coercive verbal threats (n=16). Pain management was underutilized, with missing verbal reassurance (n=30) and withheld analgesia (n=21). Immediate post-delivery care exhibited sanitation gaps, including uncleaned beds (n=8) and soiled linen (n=9). Full compliance was maintained regarding physical/sexual abuse and patient detention.

**Conclusion:** While physical safety and financial compliance were maintained, major systemic breakdowns persist in communication, visual privacy, pain management, and post-delivery sanitation. Interventions must mandate structured soft-skills training, enforced privacy standards, and routine hygiene audits.

OP39

## Enhancing District Hospital obstetric care capacity: A Quality initiative to reduce inappropriate referrals.

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**Introduction:** District hospitals are uniquely placed in healthcare system but face challenges associated with limited resources and inadequate staff. These deficiencies lead to increased referrals that cripple an already overburdened tertiary hospital. Hence, referrals should be timely and appropriate.

**Objective:** A SMART objective was framed to bring down the referral rate by 50% in 6 months using quality interventions targeted at factors which could be modified.

**Methodology:** In June 2024, the LR quality circle team performed a referral audit and picked up the main causes of referral. Pareto analysis followed by Root cause analysis helped identify the reasons for referral in clinical conditions responsible for bulk of referrals. Quality tools PDSA and CAPA were framed to address Knowledge Gap and communication gap which were the most contributing factors driving the referral rate.

**Results:** By the end of 6 months 100% of staff was trained in soft skills, skill upgradation, HRP identification and documentation. Referral rate significantly dropped from 12% to 6%.

**Conclusion:** Every health facility should have their own risk stratification for HRP based on resource availability of the Health Centre. Quality tools such PDSA, CAPA along with standard protocols and training can help in drastically reducing inappropriate referrals from resource-limited peripheral settings.

OP40

## A Quality Improving Initiative Taken at District Hospital:to Decrease the Prevalence of Anemia In Booked Pregnant Women Delivering at Hospital

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**Introduction:** Ana anaemia is more prevalent in low and middle income countries including India. Anaemia in pregnant women is associated with adverse maternal and intra natal adverse events. Prevalence of anaemia during pregnancy at Delhi is 42.2% (National Family Health Survey)

**Objective:** At Jag Pravesh Chandra Hosital (JPCH) baseline data (Oct 24 to Dec 24) revealed 46% prevalence of anaemia among booked pregnant women at delivery. The objective was to reduce prevalence of anaemia in booked pregnant women delivering at hospital from 46% to 36% in next five months from Jan 25 to May 25.

**Method:** This prospective quality improvement (QI) initiative employed the SMART objective, FISHBONE analysis and Plan Do Study Act (PDSA) cycle method. Intervention focussed on systematic screening of women at 28-32weeks gestation at dedicated Anaemia T4 room, management of anaemia through standard operating procedures(SOPs).

**Results:** The median prevalence of anaemia in booked pregnant women delivering at JPCH reduces from 46%

to 32% after four PDSA cycles and screening coverage reached 80%.

**Conclusion:** The QI initiative demonstrate successful model for reducing anaemia at delivery in resource limited settings through implementing national initiatives like T4 Anaemia room.

**Key Words:** Anaemia, prevalence, PDSA

**OP41**

## Comparison of oral misoprostol solution with vaginal misoprostol for induction of labour in term pregnancy.

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**Introduction:** This study aimed to compare the safety and efficacy of oral misoprostol solution with a fixed-dose vaginal misoprostol regimen for induction of labour.

**Objective:** To compare labour outcomes and fetomaternal outcomes between oral misoprostol solution and vaginal misoprostol for induction of labour.

**Methods:** A randomized controlled trial was conducted on 200 antenatal women (37–42 weeks' gestation) requiring induction of labour, who were randomly assigned to receive either oral misoprostol solution (20 µg every 2 hours) or vaginal misoprostol (25 µg every 6 hours). Labour progression and fetomaternal outcomes were compared, and data were analysed using SPSS version 22.0.

**Results:** Baseline characteristics were comparable except for a higher mean maternal age in the titrated group (p=0.015). The titrated regimen significantly shortened the induction-to-active labor interval (5.69±1.59 vs. 9.64±3.72 hours; p<0.001) and induction-to-delivery interval (9.29±3.65 vs. 11.11±4.96 hours; p=0.012), despite requiring a higher total misoprostol dose (p=0.004). Vaginal delivery rates were higher and uterine hyperstimulation lower with the titrated regimen, though not statistically significant. However, neonatal outcomes were poorer, with lower APGAR scores, higher neonatal resuscitation rates (p=0.001), and more NICU admissions.

**Conclusions:** Titrated dosing may improve labor induction by reducing cesarean rates and shortening delivery time, but careful monitoring is needed to minimize neonatal risks such as fetal distress and NICU admission.

**OP42**

## Knowledge Matters: A Comparative Study of Antenatal Care(ANC) Knowledge Among High- and Low-Risk Pregnant Women

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**Introduction:** Inadequate ANC knowledge delays care-seeking and is far more critical in high-risk pregnancies, where the margin for delay is narrower. This study compares ANC knowledge between high-risk and low-risk pregnant women.

**Objective:** The goal is to distinguish risk-specific from universal gaps in ANC engagement to help reduce preventable complications and to determine the relation of demographic profile with ANC knowledge in high-risk vs low risk population.

**Methods:** An interview based questionnaire was used to assess knowledge regarding basic concepts of ANC, recommended check-ups, immunization schedules, necessary investigations, nutritional supplementation, and common risk factors for pregnancy. A total of 545 low-risk and 600 high-risk antenatal women in the third trimester were evaluated. Chi-square test was used for categorical comparisons and t-test/ANOVA for continuous variables.

**Results:** Well-informed status was four-fold more common in the high-risk cohort than in the low-risk cohort (31.16% vs. 8.4%), and poor knowledge was less frequent (29.17% vs. 77.4%). Awareness rose significantly with increasing gestational age (P=0.001) and with attending four or more ANC check-ups (P=0.02). Education level was an important determinant that was significant and directionally consistent in both cohorts (P<0.001 in each). In the high-risk cohort, maternal age and parity was significantly associated with knowledge whereas neither reached significance in the low-risk cohort.
Conclusions: High-risk women showed markedly better ANC knowledge than the low-risk cohort, mainly due to more frequent clinical contact, with education the only consistent predictor across both groups. These findings support strengthening national ANC programmes to ensure structured education.

**OP43**

## Beyond growth: clinical spectrum and perinatal impact of structural abnormalities detected on third-trimester ultrasound

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**Introduction:** Third-trimester ultrasonography conventionally focuses on fetal growth, placental and Doppler assessment. However, structural abnormalities

may develop, progress or become apparent only in late gestation, supporting systematic reassessment of fetal anatomy.

**Aims:** To determine the spectrum and temporal pattern of fetal abnormalities detected during third-trimester ultrasound and evaluate their implications for perinatal management.

Materials and Methods: This retrospective cohort included 560 pregnancies undergoing ultrasound at 28–40 weeks in a fetal-medicine unit. Standardized anatomical assessment as per ISUOG protocol and review of previous scans was performed. Abnormalities were classified by organ system and as potentially missed, evolving or progressive. Prenatal investigations and postnatal outcomes were assessed.

**Results:** Clinically significant findings were detected in 56/560 (10.0%) pregnancies, comprising 74 abnormalities. Genitourinary abnormalities predominated 27/74 (36.5%), followed by cardiothoracic 17/74 (23.0%) and central-nervous system abnormalities 15/74 (20.3%). Of these, 28/74 (37.8%) were evolving, 24/74 (32.4%) progressive and 22/74 (29.7%) were potentially missed. Evolving/progressive abnormalities predominantly included urinary-tract dilatation and ventriculomegaly, while potentially missed abnormalities included conotruncal defects and corpus callosal agenesis. Postnatal surgical interventions were required in 7 pregnancies, including urological/cardiac procedures, meningocele repair and ventriculoperitoneal shunting. Invasive genetic testing was undertaken in 3/56 (5.4%), yielding clinically significant diagnoses in 2/3 (66.6%). One late termination, 2 stillbirths and 2 neonatal deaths occurred.

**Conclusion:** Third-trimester ultrasound can potentially provide clinically important information beyond fetal biometry for facilitating comprehensive perinatal management. While 70.3% abnormalities were evolving/progressive, 29.7% were potentially missed, highlighting both the dynamic nature of fetal pathology and additional opportunities to improve prenatal detection.

**OP44**

## Prenatal Spectrum of Fetal Ciliopathies: A Case Series from a Tertiary Fetal Medicine Unit

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**Introduction/Background:** Ciliopathies are a heterogeneous group of genetic disorders caused by dysfunction of primary cilia, resulting in multisystem involvement with overlapping prenatal imaging features. Early prenatal recognition is essential for prognostication, genetic diagnosis, and recurrence counseling.

**Material and Methods:** This retrospective case series included fetuses with suspected ciliopathy evaluated at a tertiary fetal medicine center. Detailed anomaly scan, fetal neurosonography, and targeted evaluation of renal and skeletal abnormalities were performed. Genetic investigations including chromosomal microarray and whole exome sequencing were undertaken where feasible. Cases included Joubert syndrome (n=1), Meckel–Gruber syndrome (n=3), short-rib skeletal ciliopathy/Jeune spectrum(n=1), autosomal recessive polycystic kidney disease (ARPKD)(n=2), and orofaciodigital syndrome(n=1).

**Results:** Meckel–Gruber syndrome case demonstrated the classical triad of encephalocele, cystic renal dysplasia, and polydactyly. Joubert syndrome showed posterior fossa abnormalities with evolving vermian hypoplasia. Skeletal ciliopathy cases demonstrated markedly narrow thorax with short ribs and limb shortening suggestive of Jeune spectrum disorders. ARPKD cases presented with massively enlarged hyperechogenic kidneys and severe oligohydramnios. Orofaciodigital syndrome showed facial dysmorphism associated with digital anomalies. Genetic confirmation was achieved in all cases, supporting imaging-based diagnosis and recurrence risk counselling. Significant phenotypic overlap among cases highlighted the diagnostic challenge of foetal ciliopathies.

Conclusion: Foetal ciliopathies should be considered in the presence of multisystem anomalies involving the brain, kidneys, skeleton, and limbs. Recognition of characteristic prenatal imaging patterns combined with molecular testing improves diagnostic accuracy and enables appropriate counselling regarding prognosis and recurrence risk

**OP45**

## A rare antibody, Rh 17- A case series.

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**Introduction:** Rh17 isoimmunization is an extremely rare condition where mothers with the rare RhD- phenotype lack the Rh17 antigen and can develop anti-Rh17 antibodies against fetal red blood cells.

**Aims and Objectives:** To evaluate the diagnosis, management and pregnancy outcome in pregnancies with rare Rh17 antibody.

**Method:** Prospective case series of 3 Rh17 isoimmunized pregnancies were managed at AIIMS, New Delhi. Clinical details including diagnosis, antenatal surveillance, blood procurement logistics, IUTs, and pregnancy outcomes were analysed. International collaboration secured compatible Rh17-negative blood from Japan. Inter-patient donor support was used in later pregnancies after preconception diagnosis and counselling, and outcomes

were assessed.

**Results:** Case 1 was diagnosed during pregnancy after multiple previous fetal losses; compatible blood unavailable in India; blood imported from Japan for 6 IUTs. Preterm LSCS was done at 31 weeks; healthy neonate discharged after NICU stay. In Case 2, with timely blood arrangement; received IVIG and 3 IUTs using blood from Japan and one donated blood from Case 1. Emergency LSCS done at 31 weeks; healthy baby discharged after NICU stay. Second pregnancy of Case 1 received IVIG and multiple IUTs with blood donated by Case 2 and that procured from Japan and underwent preterm LSCS at 32 weeks and was discharged after 1 month of NICU stay.

**Conclusion:** International coordination with Japan was crucial for management. Community support and voluntary donations played a key role in these pregnancies. India urgently needs a national registry and donor network for rare blood groups to improve access to lifesaving transfusions.

**OP46**

## Ex Utero Intrapartum Therapy (EXIT): Experience from Six Cases with Anticipated Fetal Airway Obstruction

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**Background:** 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.

**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.

**OP47**

## Short Femur: A Structured Diagnostic Pathway

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**Introduction:** Short femur on antenatal ultrasound is a common but heterogeneous finding, ranging from constitutional variation to fetal growth restriction (FGR), aneuploidy, and skeletal dysplasia. Distinguishing benign variants from significant pathology remains challenging and requires a systematic, risk-stratified approach.

**Objective:** To develop a structured, stepwise diagnostic pathway for antenatal short femur and assess its applicability using real-world etiological data from a tertiary fetal medicine cohort.

**Methods:** A diagnostic algorithm was developed incorporating confirmation of gestational age and femur length, assessment of fetal proportionality, detailed anatomical evaluation, skeletal dysplasia red flags, and staged genetic testing. Biometric parameters included femur length/abdominal circumference (FL/AC), femur length/biparietal diameter (FL/BPD), femur length/foot length, and observed/expected femur length. The pathway was evaluated retrospectively in 168 consecutive pregnancies referred for suspected short femur at Amrita Hospital, Faridabad, between January 2024 and December 2025. Following correction of dating errors, 138 confirmed cases were analysed.

**Results:** Incorrect gestational dating accounted for 30/168 (17.9%) referrals. Among 138 confirmed cases, FGR occurred in 62 (44.9%), constitutional short femur in 60 (43.5%), skeletal dysplasia in 9 (6.5%), aneuploidy in 3 (2.2%), congenital infection in 3 (2.2%), and proximal femoral focal deficiency in 1 (0.7%). FGR and constitutional variation accounted for 88.4% of cases.

**Conclusion:** Short femur should be considered a clinical entry point rather than a diagnosis. A structured, risk-stratified pathway integrating proportionality, skeletal red flags, growth surveillance, and staged genetic evaluation may improve diagnostic accuracy while avoiding unnecessary invasive investigations.

OP48

## Prediction of Small-for-Gestational-Age neonates using second trimester uterine artery doppler, maternal factors, and fetal biometry

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**Introduction:** Small-for-gestational-age (SGA) neonates are associated with increased perinatal morbidity and mortality, primarily due to placental insufficiency. Second-trimester uterine artery Doppler has shown promise in predicting SGA, but its predictive performance may improve when combined with maternal risk factors and fetal biometry. Evidence from the Indian population remains limited.

**Objective:** To evaluate the predictive performance of second-trimester uterine artery pulsatility index (UtA-PI), maternal factors, and fetal biometry, individually and in combination, for predicting SGA neonates.

**Methods:** This ambispective observational study included 500 singleton pregnancies undergoing routine anomaly scan between 18 and 24 weeks of gestation. Maternal demographic and clinical characteristics, fetal biometry, estimated fetal weight (EFW), and mean UtA-PI were recorded. SGA was defined as birth weight below the 10th percentile according to AIIMS newborn growth charts. Logistic regression identified independent predictors of SGA, and receiver operating characteristic (ROC) curves compared the predictive performance of different screening models.

**Results:** Out of 500 pregnancies, 64 (12.8%) delivered SGA neonates. Mean UtA-PI was significantly higher in the SGA group than the non-SGA group (1.14 ± 0.40 vs. 0.95 ± 0.27; $p = 0.0002$). Elevated UtA-PI was the strongest independent predictor of SGA (adjusted OR 5.49; 95% CI 2.51–11.97; $p < 0.001$), followed by chronic hypertension and previous stillbirth. The combined model incorporating maternal factors, UtA-PI, and EFW demonstrated the highest predictive performance (AUC 0.701).

**Conclusions:** Second-trimester UtA-PI is a strong independent predictor of SGA and significantly improves prediction when combined with maternal risk factors and fetal biometry.

OP49

## Midtrimester assessment of fetal liver volume by three-dimensional ultrasound in women at high risk for fetal growth restriction.

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**Introduction:** Pregnancy at risk of FGR are monitored by 2-D. Fetal liver is metabolically active and reflects fetal nutrition. Evaluation of fetal liver volume(FLV) by 3-D USG may avoid overdiagnosis of fetus with suboptimal growth. 2-D USG routinely monitors FGR risk pregnancy. The metabolically active fetal liver resembles placental nutrition transport. In addition to usual fetal surveillance, 3-D USG can measure FLV to help diagnose FGR/SGA.

**Objectives:** To evaluate the role of midtrimester FLV by 3D-USG in women at high risk of FGR.

**Methods:** In this prospective study, midtrimester FLV was assessed in 100 pregnancies at high-risk of FGR, between 24-28weeks using 3-D Virtual Organ Computer-aided Analysis(VOCAL). Centiles were noted. Participants were followed until delivery. All participants underwent scan at 35-36weeks for suboptimal growth(FGR/SGA). FLV in FGR/SGA fetuses with normal growth were compared and correlated with birthweight.

**Results:** At midtrimester, 14% of high-risk pregnancies had suboptimal fetal growth, 3% identified as FGR and 11% as SGA however, 12% and 15% pregnancies had FGR and SGA respectively at third-trimester scan. Mean FLV was 38.6±16.6, 41.4±7.3 and 54.0±20.4 cm3 in fetuses with FGR, SGA and normal growth respectively. All women with FLV >50 centile were AFD at birth and those with FLV<50 centile had suboptimal growth. FLV closely correlated with birthweight ($r = 0.33$, $p < 0.001$)

**Conclusions:** Midtrimester FLV by 3D-USG is a potential adjunct to conventional fetal biometry in high-risk pregnancies. Incorporation of FLV into routine fetal growth assessment may improve prediction of true FGR and reduce unnecessary obstetric intervention.

OP50

## Predictors of Follicular Response Following Letrozole Ovulation Induction in Infertile Women with Polycystic Ovary Syndrome: A Prospective Cohort Study

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**Background:** Polycystic ovary syndrome (PCOS) is the commonest cause of anovulatory infertility. Although letrozole is the first-line agent for ovulation induction, the follicular response varies considerably among women. Identifying predictors of response may facilitate individualized treatment and improve reproductive outcomes.

**Methods:** This prospective cohort study included 200 infertile women with PCOS attending the Department of Obstetrics and Gynaecology, All India Institute of Medical Sciences, New Delhi. Baseline clinical, endocrine, metabolic and sonographic parameters were recorded.

Participants underwent ovulation induction with letrozole using standard treatment protocols and were followed for follicular response and pregnancy outcomes. Multivariable logistic regression was performed to identify independent predictors of follicular response.

**Results:** Overall, 82% of women demonstrated a follicular response to letrozole, while 29.5% achieved pregnancy during the study period. Women requiring higher letrozole doses had significantly higher BMI, AMH, HOMA-IR and follicle number per ovary. On multivariable analysis, higher BMI (adjusted OR 0.89, p=0.023) and higher AMH (adjusted OR 0.87, p=0.001) were independently associated with a lower likelihood of follicular response. PCOS phenotype D demonstrated the highest pregnancy rate. Clinical, endocrine and sonographic characteristics together provided valuable insight into treatment response.

**Conclusion:** Higher BMI and AMH are independent predictors of reduced follicular response to letrozole in infertile women with PCOS. Integrating clinical, endocrine, metabolic and sonographic parameters may enable individualized ovulation induction strategies, optimize treatment selection and improve reproductive outcomes.

**OP51**

## Decoding the Link Between Vitamin D Levels and Polyendocrine Metabolic Ovarian Syndrome: A Case-Control Study

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**Introduction:** Polycystic Ovary Syndrome (PCOS), recently renamed Polyendocrine Metabolic Ovarian Syndrome (PMOS), is a common endocrine-metabolic disorder of reproductive-age women.Vitamin D plays an important role in reproductive health beyond its classical skeletal function, influencing follicular development, steroidogenesis and insulin sensitivity. Emerging evidence suggests that alterations in vitamin D status may influence ovarian function and androgen synthesis, potentially contributing to the pathophysiology of PMOS, though this link remains inadequately established.

**Aims & Objectives:** To assess serum vitamin D levels in women with and without PMOS of similar socio-demographic, clinical and biochemical characteristics.

**Materials & Methods:** A hospital-based case-control study was conducted on 120 women aged 15–49 years: 60 diagnosed with PMOS (per the revised 2003 Rotterdam criteria) and 60 age-matched controls with regular menstrual cycles. Serum 25(OH)D, testosterone, Luteinizing Hormone (LH) and Follicle-Stimulating Hormone (FSH) levels were measured by Chemiluminescent Immunoassay (CLIA); associations were analysed using Mann-Whitney tests.

**Results:** Vitamin D deficiency (<20 ng/mL) was present in 96.7% of PMOS cases versus 70% of controls. Mean serum vitamin D was significantly lower in PMOS women than controls (8.85±4.68 vs 15.45±9.31 ng/mL; p=0.006). Cases also had significantly higher Body Mass Index (BMI) (p=0.018), serum testosterone (p=0.007) and LH/FSH ratio (p=0.001), along with predominantly longer menstrual cycles and dysmenorrhea versus controls.

**Conclusions:** Vitamin D deficiency is significantly associated with PMOS and may represent a modifiable risk factor. Incorporating vitamin D screening into routine PMOS evaluation, alongside public awareness and supplementation strategies, may benefit prevention and management.

**OP52**

## Cabergoline as an adjunct to Metformin in management of overweight & obese women with PCOS: An open-label Randomized Controlled Trial

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**Introduction:** PCOS is amplified by obesity through insulin resistance and hyperandrogenism. Metformin improves insulin sensitivity but does not address prolactin-related neuroendocrine dysfunction. Cabergoline, a dopamine agonist, may offer complementary benefit, but evidence for its addition to metformin in an unselected overweight or obese PCOS population is limited.

**Objective:** To compare cabergoline plus metformin with metformin alone for menstrual cycle regularization and hormonal, metabolic and inflammatory outcomes in overweight and obese women with PCOS.

**Methods:** In this open-label randomized controlled trial, 100 women with Rotterdam-criteria PCOS (16-35 years, BMI 23-35) were randomized 1:1 to cabergoline 0.5 mg weekly plus metformin 500 mg twice daily (Group I, n=50) or metformin alone (Group II, n=50) for 6 months. Cycle length, hormonal profile, glycaemic and lipid parameters, and inflammatory markers were assessed.

**Results:** Mean cycle length fell from 70.4 to 43.6 days in Group I and to 46.9 days in Group II at 6 months (both p<0.001 within-group; between-group p=0.123). Group I showed significant within-group reductions in prolactin, testosterone, AMH and hs-CRP. Both groups showed significant within-group improvement in BMI, HOMA-IR, SHBG and FAI.

**Conclusions:** Cabergoline plus metformin was associated with broader hormonal and inflammatory improvement than metformin alone, suggesting the combination may offer advantages across multiple PCOS domains in

overweight and obese women. Larger, trials are needed to confirm these potential benefits.

**OP53**

## Silencing the Syndrome, Not Just the Symptoms: Ultrasound-Free AI Triage and Non-Hormonal management of PCOS

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**Objective:** To evaluate (i) the diagnostic congruence of an ultrasound-free, artificial intelligence (AI)-assisted clinical screening tool against objective biochemical markers, and (ii) the six-month clinical and metabolic outcomes (including HOMA-IR, FSH, and LH) of a targeted non-hormonal therapeutic regimen.

**Methods:** A prospective interventional cohort study evaluated 200 unmarried women (18–35 years). An AI digital algorithm captured clinical markers (menstrual, dermatological, anthropometric) to screen for PCOS, bypassing pelvic ultrasonography. Eligible women (n=158) underwent baseline biochemical testing and received a 6-month non-hormonal regimen: Myo-inositol (2000 mg/day), Berberine (500 mg/day), and Omega-3 fatty acids (1000 mg/day), alongside lifestyle modifications.

**Results:** The AI algorithm reliably predicted underlying biochemical insulin resistance and reduced gynaecologist consultation time by 70% (20.0 to 6.0 minutes; $p<0.001$). Post-intervention (adherence 89.2%), mean HOMA-IR decreased from 4.32 to 2.41 ($p<0.001$), and the mean LH:FSH ratio normalised from 2.4 to 1.3 ($p<0.001$). Clinically, regular menses were restored in 75% of oligomenorrhoeic women. The prevalence of moderate-to-severe acne declined from 65% to 18% ($p<0.001$), and mean BMI decreased by 11.6% ($p<0.001$).

**Conclusion:** AI-assisted clinical screening accurately identifies PCOS in unmarried women, effectively eliminating the sociocultural and logistical barriers of pelvic ultrasonography. Paired with a non-hormonal, insulin-sensitising regimen, this approach achieves profound, objectively measurable improvements in both the endocrine and metabolic drivers of the syndrome.

**OP54**

## Predictors of Metabolic Dysfunction Associated Fatty Liver Disease (MAFLD) in Women with Polycystic Ovaries

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**Introduction:** Polycystic Ovary Syndrome (PCOS), now PMOS (Polyendocrine Metabolic Ovarian Syndrome) and Metabolic Dysfunction-Associated Fatty Liver Disease (MAFLD) are closely linked. Women with PCOS have a significantly higher risk higher of developing FLD as compared to those without PCOS. Both are essentially driven by shared underlying metabolic causes.

**Objectives:** To estimate the biochemical and hormonal parameters in women with PCOS. To correlate the above parameters with each other in PCOS women with MAFLD and non-MAFLD as assessed by USG whole abdomen.

**Methods:** The prospective cohort study was conducted on premenopausal women aged >18 years (N=50) who have been diagnosed with PCOS after ethical clearance. Biochemical and hormonal parameters included were markers of liver function, IR (insulin resistance- FBS, PPBS, Fasting insulin, HBA1C), Lipid profile, serum Testosterone, LH, FSH, LH. Transabdominal ultrasound was conducted to assess the presence of FLD and establish grading. The above data will be subjected to statistical analysis to assess correlation between PCOS patients having MAFLD vs non-MAFLD

**Result:** Women PCOS women with MAFLD showed deranged lipid profile ($p<0.001$), higher serum testosterone, LH:FSH ratio ($p<0.05$) as compared to PCOS without MAFLD. PCOS with MAFLD showed significantly higher levels of insulin resistance as assessed by HOMA-IR and HOMA-IR2.

Discussion PCOS and MAFLD are deeply interconnected metabolic conditions. PMOS significantly increases the risk of developing fatty liver disease because both disorders share root causes like insulin resistance, high androgen levels, and chronic low-grade inflammation and women with PCOS/ PMOS are at risk of developing MAFLD.

**OP55**

## Severe Ovarian Hyperstimulation Syndrome in Unreported Ovarian Stimulation: A Diagnostic Challenge

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**Background:** Ovarian Hyperstimulation Syndrome(OHSS) is typically an iatrogenic complication of Assisted Reproductive Techniques (ART) ranging from mild symptoms to life-threatening forms, as in our case. Increased Vascular Endothelial Growth Factor (VEGF) leading to increased capillary permeability and fluid accumulation in third spaces, like ascites, pleural and pericardial effusions, and intravascular dehydration.

**Case Report:** A 22-year-old unmarried female presented with abdominal pain and distension for 6 days, associated with shortness of breath and vomiting. Examination showed tense abdominal distension, generalised tenderness and reduced bilateral air entry. The pregnancy test and β-hCG were negative. Ultrasound showed bilaterally enlarged ovaries (right $7.5 \times 8.4 \times 8.8$ cm; left $4 \times 6 \times 5$ cm) with multiple follicles, gross ascites and bilateral

pleural effusion, suggestive of OHSS. She had regular cycles with no known history of ovulation induction, PCOS or hypothyroidism. With worsening respiratory distress, she required intubation and ICU care. Ascitic and pleural fluid drainage, close fluid monitoring and serial haematological and biochemical investigations were performed. She received cabergoline cetrorelix, with gradual resolution of ascites, pleural effusion and ovarian enlargement.

Further history revealed that she made visits to a private health facility on the promise of payment and had received ~12 injections. The injections were presumed to be ovarian stimulation drugs.

**Conclusion:** Initially considered spontaneous OHSS, this case highlights the importance of a high index of suspicion and detailed history-taking when severe OHSS occurs without an obvious history of fertility treatment. Early recognition, multidisciplinary management and critical care were imperative for her recovery.

**OP56**

## Beyond Amenorrhea: The Clinical Spectrum of MRKH Syndrome and Targeted Management

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**Introduction:** Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome is a congenital Müllerian anomaly characterized by aplasia/hypoplasia of the uterus and upper two-thirds of vagina in phenotypic females with 46XX karyotype, normal ovarian function and normal secondary sexual characteristics. Although primary amenorrhea is classical, but patients may present with sexual difficulties, cyclical pelvic pain or infertility. The anatomical phenotype is heterogeneous, and therefore management needs to be individualized accordingly.

**Aim and Objectives:** To describe the clinical spectrum of MRKH syndrome and correlate presenting complaints with the Müllerian phenotype and management.

**Materials and Methods:** A retrospective observational study was conducted among patients with MRKH syndrome at our centre. Demographics, clinical and radiological findings, and treatment received were reviewed.

**Results:** Fifty-one patients were included; median age was 23 years (range 13–33). Primary amenorrhea was present in 50 (98%), cyclical abdominal/pelvic pain in 10 (19.6%), difficult intercourse in 6 (11.8%), and infertility in 2 (3.9%). Functional Müllerian remnants, including unilateral/bilateral rudimentary horns, were identified in patients with cyclical pain; symptomatic patients underwent laparoscopic excision with additional procedures where indicated. Management of vaginal agenesis was individualized according to anatomy and symptoms. Mechanical vaginal dilatation was used in 9 patients, while 30 underwent vaginoplasty, planned around anticipated marriage to align with sexual goals and allow adequate postoperative healing and functional rehabilitation.

**Conclusions:** MRKH syndrome demonstrates a heterogeneous clinical spectrum extending beyond primary amenorrhea. Detailed anatomical assessment enables individualized, symptom-directed management, ranging from mechanical dilatation and vaginoplasty to excision of symptomatic rudimentary horns. A phenotype-based approach is essential for comprehensive management.

**OP57**

## Comparison of Density Gradient Centrifugation and Live Motile Sperm Sorting Device (Lenshooke CA0) for Semen Preparation in Mild Oligoasthenozoospermic In Intrauterine Insemination

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**Introduction:** Male factor infertility contributes to nearly half of all infertility cases, with mild oligoasthenozoospermia being a common indication for intrauterine insemination (IUI). Semen preparation is essential to obtain highly motile, morphologically normal spermatozoa. Density Gradient Centrifugation (DGC) is the conventional technique, whereas the LensHooke CA0 Live Motile Sperm Sorting Device is a newer method designed to recover motile sperm with minimal handling.

**Aim & Objectives:** To compare post-wash semen parameters following semen preparation by Density Gradient Centrifugation and the LensHooke CA0 Live Motile Sperm Sorting Device in men with mild oligoasthenozoospermia undergoing IUI.

**Material & Methods:** This prospective comparative study included 36 men with mild oligoasthenozoospermia undergoing IUI. Eighteen semen samples were processed using Density Gradient Centrifugation (Group I) and eighteen using the LensHooke CA0 Live Motile Sperm Sorting Device (Group II).

**Results:** Both techniques significantly improved post-wash semen parameters. In the Density Gradient group, sperm concentration, progressive motility, and normal morphology improved significantly ($p<0.05$; morphology $p=0.01$). Similar significant improvements were observed in the LensHooke CA0 group ($p<0.05$; morphology $p=0.01$).

**Conclusion**: Both Density Gradient Centrifugation and the LensHooke CA0 device significantly improved post-wash semen quality. The LensHooke CA0 device appears

to be a promising alternative for semen preparation in IUI; however, larger comparative studies are needed to confirm these findings.

**Conflict of Interest: None:** Consent: I give my consent to publish this abstract in the AOGD 2026 e-abstract book.

**OP58**

## Association of vitamin 25(OH)D3 levels with male infertility parameters

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**Introduction:** Male infertility is a significant global reproductive health concern, with male factors contributing substantially to infertility. Semen analysis remains a fundamental approach for assessing male reproductive potential. Emerging evidence suggests that vitamin D plays a crucial role in testosterone synthesis, spermatogenesis, sperm motility. This study aims to evaluate the association between vitamin D status and semen quality, thereby elucidating its potential role in male fertility.

**Objective:** To asceratain the association of serum vitamin 25(OH)D3 levels with semen parameters (sperm count, motility, morphology) and male reproductive hormones in male partners of infertile couples.

**Methods:** In this cross sectional analytical study , 140 eligible male partners of infertile couples were recruited from the infertility OPD according to inclusion and exclusion criteria. Semen and blood samples were obtained for hormonal and vitamin D analysis.

**Results:** A total of 140 male partners of infertile couples were included. The mean serum vitamin D level was 23.3 ± 10.3 ng/mL. Serum vitamin D showed a strong positive correlation with sperm count/ml ($r=0.95$, $p<0.001$), total sperm count/ejaculate ($r=0.59$, $p<0.001$), and sperm motility ($r=0.89$, $p<0.001$), but not with LH, FSH, testosterone or sperm morphology

**Conclusions:** Men with vitamin 25(OH)D3 deficiency demonstrated suboptimal semen parameters(count and motility) , suggesting that adequate vitamin D status may play an important role in maintaining normal male reproductive function and fertility.

**OP59**

## Quantifying Adenomyosis Severity: Correlation of MUSA Features with Symptoms and Reproductive Outcomes

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**Introduction:** Adenomyosis is increasingly detected in younger infertile women with improved imaging modalities. The Morphological Uterus Sonographic Assessment (MUSA) criteria standardise its sonographic features; however, their relationship with symptoms and reproductive outcomes remains uncertain.

**Aims and Objectives:** To correlate ultrasound features as per MUSA criteria with clinical symptoms and reproductive outcomes in infertile women.

**Methods:** This prospective observational cohort study was conducted at a tertiary centre from December 2023 to June 2025. Of 960 infertile women screened, 104 fulfilled the MUSA criteria for adenomyosis. Demographic, clinical, and USG parameters were recorded. Dysmenorrhea, AUB and pain severity were correlated with individual MUSA features, JZ integrity, and total feature count. Patients underwent three-monthly follow-up for pregnancy outcomes.

**Results:** Translesional vascularity (93.3%), shadowing (79.8%) and asymmetric myometrial thickening (73.1%) were the commonest features. Myometrial cysts were the most frequent direct feature (69.2%). Interrupted and irregular JZ were present in 17.3% and 16.3%, respectively. Dysmenorrhoea correlated with JZ irregularity ($\rho=0.22$, $p=0.025$), while AUB correlated with myometrial cysts ($\rho=0.44$, $p=0.014$). The total number of MUSA features correlated with pain severity ($\rho = 0.38$, $p = 0.02$); median pain scores were higher with greater feature counts (7.5 versus 4.0, $p=0.010$). Of 43 women with reproductive follow-up, 19 conceived. Focal adenomyosis, translesional vascularity and irregular JZ were independently associated with lower pregnancy odds.

**Conclusion:** Greater MUSA feature burden was associated with increased pain severity. Certain adenomyosis phenotypes may adversely affect conception; however, these preliminary findings require confirmation in larger cohorts with standardised follow-up.

**OP60**

## Effect of letrozole therapy in unsuccessful intrauterine insemination in adenomyosis uterus

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**Introduction:** Adenomyosis is associated with infertility due to impaired implantation and altered uterine function. Letrozole, an aromatase inhibitor, may improve fertility by reducing estrogen-mediated inflammation and uterine changes. This study evaluated the effect of letrozole in women with adenomyosis who had experienced two unsuccessful IUI cycles.

**Aim:** To evaluate the effect of 3 months of letrozole therapy on clinical symptoms, ultrasound findings, and IUI outcomes in women with adenomyosis and previous failed

IUI.

**Methodology:** Twenty women with ultrasound-diagnosed adenomyosis and two prior failed IUI cycles were enrolled. Baseline evaluation included history, examination, Visual Analog Scale (VAS), Pictorial Blood Loss Assessment Chart (PBAC), and transvaginal ultrasound (TVS). Letrozole 2.5 mg once daily was administered for 3 months. Follow-up at 6 and 12 weeks assessed compliance, symptoms, and adverse effects. Repeat TVS at 12 weeks evaluated changes in adenomyotic features. Patients subsequently underwent up to two IUI cycles following controlled ovarian stimulation. Pregnancy was confirmed by urine test, biochemical testing, or ultrasound.

**Results:** After 3 months of letrozole, mean duration decreased from 5.75 to 3.80 days, PBAC score from 70.65 to 51.50, and VAS score from 4.3 to 1.25 (all $p<0.001$). Uterine volume, wall thickness and hyperechoic islands significantly decreased. Six of 20 women conceived following IUI. No significant adverse effects were observed.

**Conclusion:** Three months of letrozole therapy improved menstrual symptoms and ultrasound features of adenomyosis and achieved a 30% post-treatment IUI pregnancy rate without significant adverse effects. Normal BMI was associated with higher IUI success.

**OP61**

## Autologous Intrauterine Platelet-Rich Plasma Infusion in Women with Previous Implantation Failure With Adequate Endometrial Thickness Undergoing Frozen-Thawed Embryo Transfer: A Randomised Controlled Trial

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**Background:** Platelet-rich plasma (PRP) has emerged as a promising adjuvant for improving endometrial receptivity in women with recurrent implantation failure (RIF).

**Objectives:** To evaluate the effect of autologous intrauterine PRP infusion on pregnancy outcomes in women with previous implantation failures with adequate endometrial thickness undergoing frozen-thawed embryo transfer (FET) cycles.

**Methods:** This open-label randomised controlled trial was conducted at AIIMS, New Delhi. Seventy-six women with ≥2 previous failed embryo transfers and endometrial thickness ≥7 mm undergoing hormone replacement FET cycles were randomised to receive either a single intrauterine infusion of 0.5 mL autologous PRP (n=38) 48 hours before embryo transfer or standard treatment alone (n=38). PRP was prepared using a standardised double-centrifugation protocol with freeze-thaw activation.

**Results:** Baseline demographic, infertility, and cycle characteristics were comparable between groups. Clinical pregnancy occurred in 29.0% (11/38) of women in the PRP group and 21.0% (8/38) in the control group (p=0.43). Biochemical pregnancy (37.4% vs. 29.4%, p=0.51), implantation rate (23.9% vs. 15.0%, p=0.26), ongoing pregnancy (23.7% vs. 13.2%, p=0.24), live birth (63.2% vs. 31.6% among clinical pregnancies, p=0.18), miscarriage (21.0% vs.

31.6%, p=0.64), and mean increase in endometrial thickness (0.64±0.35 mm vs. 0.69±0.30 mm, p=0.37) did not differ significantly between groups.

**Conclusions:** A single intrauterine infusion of autologous PRP administered 48 hours before embryo transfer did not significantly improve pregnancy outcomes or endometrial thickness in women with previous implantation failures and adequate endometrial thickness.

**OP62**

## Complex Adnexal Masses in Women of Reproductive Age: A Diagnostic Dilemma Between Ovarian Neoplasia and Pelvic Tuberculosis

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**Introduction:** Ovarian malignancy and pelvic tuberculosis can both mimic each other radiologically and biochemically, producing complex masses, ascites, peritoneal deposits, and raised CA-125 — making the distinction clinically pivotal yet often elusive.

**Objective:** To retrospectively evaluate clinical presentation, tumour-marker profile, O-RADS imaging characteristics, and outcomes in women with adnexal masses at a tertiary gynaecology unit, and to identify features distinguishing genital/pelvic tuberculosis from ovarian neoplasia.

**Methods:** Women presenting with adnexal masses to the Department of Gynaecology and Obstetrics, ABVIMS and Dr. Ram Manohar Lohia Hospital (November 2025–June 2026), were reviewed for clinical, biochemical (CA-125, CA 19-9, CEA, AFP, β-hCG, LDH), radiological (O-RADS), and histopathological data.

**Results:** Four patients (Cases 2, 3, 5, 6) had histopathologically confirmed genital/abdomino-pelvic tuberculosis, managed with anti-tubercular therapy ± surgical drainage. Two (Cases 1, 4) had malignant epithelial ovarian tumours (FIGO IIIA1 and IC2) confirmed after comprehensive surgical staging. CA-125 was universally elevated (83.9–2356 U/mL) with striking overlap between benign and malignant aetiologies; ancillary markers remained normal in all TB cases but rose concordantly in Case 4. O-RADS categorisation, though documented uniformly, failed to reliably predict final diagnosis.

**Conclusion:** A systematic, multidisciplinary approach — combining serial O-RADS imaging, a complete tumour-

marker panel, targeted TB work-up, and judiciously timed surgery — remains essential to avert unnecessary radical surgery for a curable infection while avoiding delay in oncological management when malignancy is probable.

**OP63**

## Correlation of CA 125 Kelim (Elimination Rate Constant K) and Chemotherapy Response Score (CRS) Score in Patients with High Grade Serous Epithelial Ovarian Cancer Undergoing Interval Cytoreductive Surgery

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**Introduction:** High-grade serous epithelial ovarian cancer (HGSEOC) with unresectable disease is managed with neoadjuvant chemotherapy (NACT) followed by interval cytoreductive surgery (IDS). Preoperative prediction of tumour chemosensitivity and complete cytoreduction remains challenging. This study evaluated the correlation between CA-125 elimination rate constant (KELIM) and chemotherapy response score (CRS) as a non-invasive predictor of treatment response.

**Aim and Objectives:** To assess the correlation between KELIM and CRS in women with HGSEOC undergoing IDS, evaluate its association with Peritoneal Carcinomatosis Index (PCI) and complete cytoreduction.

**Materials and Methods:** This prospective observational study included 50 women with advanced HGSEOC receiving NACT at a tertiary care centre. Three CA-125 measurements obtained during the first 100 days of chemotherapy were used to calculate KELIM. CRS was assessed from IDS specimens and correlated with KELIM.

**Results:** Median age was 49.5 years, and 39 patients (78%) were postmenopausal. Twenty-two patients (44%) had favourable KELIM (≥1), whereas 28 (56%) had unfavourable KELIM (<1). Median KELIM progressively increased with higher CRS in both adnexal and omental specimens, indicating greater CA-125 clearance with better pathological response. Although KELIM correlated positively with CRS, this was not statistically significant. KELIM showed a significant inverse correlation with PCI, suggesting greater chemosensitivity was associated with lower residual peritoneal disease burden. KELIM did not discriminate complete cytoreduction (AUC=0.47).

**Conclusion:** KELIM demonstrated a favourable biological association with pathological response and inversely correlated with peritoneal disease burden. However, it did not predict complete cytoreduction, potentially due to limited sample size. Larger RCTs, multicentre studies are warranted for validation.

**OP64**

## Preoperative Stratification of Ovarian Masses using Ultrasound Orads and their Correlation with Postoperative Histopathological Findings

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Introduction: Ovarian masses range from benign lesions to malignant neoplasms. Accurate risk stratification is essential for appropriate surgical planning and referral. The Ovarian-Adnexal Reporting and Data System (O-RADS) provides a standardized ultrasound-based approach for estimating malignancy risk in clinical practice.

Objective: To stratify ovarian masses preoperatively using ultrasound O-RADS and correlate O-RADS categories with postoperative histopathological findings, and to assess its diagnostic performance in differentiating benign from malignant ovarian masses.

Methods: This observational study included 40 women with ovarian/adnexal masses who underwent surgical management. Ultrasound assessment was performed using O-RADS. Demographic characteristics were recorded. Postoperative histopathology was considered the reference standard. O-RADS 2–3 were considered lower-risk and O-RADS 4–5 higher-risk for binary diagnostic analysis. Sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), and diagnostic accuracy were calculated.

Results: The mean age was 40.8 ± 14.6 years. Among 36 patients with documented O-RADS scores, O-RADS 4 was the most frequent category (44.4%), followed by O-RADS 3 (36.1%), O-RADS 5 (11.1%), and O-RADS 2 (8.3%). Among 16 patients with documented postoperative histopathology, 75.0% had benign lesions, 12.5% malignant lesions, and 12.5% borderline tumors. In the evaluable benign/malignant subset (n=14), O-RADS 4–5 demonstrated 100% sensitivity, 41.7% specificity, 22.2% PPV, 100% NPV, and 50.0% diagnostic accuracy.

Conclusions: O-RADS demonstrated high sensitivity and NPV for identifying malignant ovarian masses in the evaluable subset, suggesting potential value for preoperative risk stratification.

**OP65**

## Comparative evaluation of Contrast enhanced computed tomography and FDG-PET PCI for peritoneal disease assessment in ovarian cancer

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**Introduction:** Accurate preoperative assessment of

disease extent is crucial in ovarian cancer, particularly for determining feasibility and extent of cytoreduction.

**Objectives:** To compare the diagnostic performance of CECT and FDG PET-CT PCI in assessing peritoneal disease burden among patients with ovarian cancer undergoing surgery.

**Methods:** It included prospective data of 20 women with carcinoma ovary undergoing either primary or interval cytoreduction. CECT and PET-CT was performed preoperatively and Peritoneal Carcinomatosis Index (PCI) was calculated by an experienced radiologist. Intraoperative PCI was taken as gold standard. STATA version 21.0 was used for data analysis.

**Results:** The mean age was 47.45 ± 11.98 years. 2 (10.0%) underwent PDS, 18(90.0%) IDS. Pooled across all regions, PET-CT PCI was more sensitive than CECT (72.2% versus 54.6%) with specificity (90.2% versus 95.7%), and showed higher overall agreement with surgical PCI. The sensitivity advantage of PET-CT was concentrated in the four small-bowel regions, where it detected disease in 100%, 80.0%, 66.7% and 71.4% of involved upper jejunal, lower jejunal, upper ileal and lower ileal regions respectively, against 25.0%, 20.0%, 16.7% and 14.3% for CECT. The two modalities performed identically in central region, epigastrium, left upper, left lower and pelvic regions.

**Conclusions:** FDG-PET CT demonstrated higher sensitivity and overall agreement with intraoperative PCI as compared to CECT particularly for small-bowel peritoneal disease. However, CECT showed higher specificity ,highlighting the complementary value of both modalities. Further studies with larger sample size are warranted to validate the findings and establish the role of FDG PET-CT in preoperative disease assessment.

**OP66**

## Assessment of Nutritional Risk Using PG-SGA as a Tool for Identifying Nutritional Risk in Women with Ovarian Malignancy

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**Introduction:** Malnutrition is common in women with ovarian cancer and may lead to weight loss, reduced food intake, increased symptoms, and poor nutritional and functional status. Early identification is important for timely nutritional support. This study evaluated the association between PG-SGA grades and selected nutritional and functional indicators.

**Aim & Objective:** To assess nutritional risk using PG-SGA in women with ovarian malignancy.

**Method:** A total of 55 women with ovarian malignancy were assessed using PG-SGA and classified as Grade A (well nourished, n=14), Grade B (moderately malnourished, n=21), or Grade C (severely malnourished, n=20). Nutritional and functional parameters were compared across grades using Chi-square and Kruskal–Wallis tests.

**Result:** Among 55 women, 25.5% were Grade A, 38.2% Grade B, and 36.4% Grade C, with 74.5% in Grade B or C. Nutritional and functional status worsened progressively from Grade A to C. Weight loss increased from 35.7% to 76.2% and 95.0% ($p<0.001$), while food intake, performance status, and symptoms also worsened significantly ($p<0.001$). Worksheet 1 and 4 scores increased significantly ($p=0.001$ and $p<0.001$), whereas Worksheets 2 and 3 showed no significant difference ($p=0.083$ and $p=0.584$).

**Conclusion:** Higher PG-SGA grades were associated with increasing nutritional and functional problems in women with ovarian malignancy. Patients in Grade B and C showed more weight loss, poorer food intake, worse performance status, and greater symptom burden compared with Grade A. These findings suggest that PG-SGA is a useful tool for identifying increasing nutritional risk and patients who may require early nutritional support.

**OP67**

## Spectrum and Patterns of Care of Gynaecological Cancers in Adolescents and Young Adults: A Single-Centre Experience

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**Introduction:** Gynaecologic malignancies are one of the most common types of cancers in women, but their epidemiology in young women is not widely known.

**Objective:** To characterise clinicopathological spectrum, stage distribution, and surgical strategies particularly fertility-sparing surgery in adolescents and young women with gynaecological cancers managed at a tertiary care institute.

**Methods:** Retrospective analysis of women aged ≤40 years with a histopathologically confirmed gynaecological malignancy were included. Demographic details, primary site, histological subtype, tumour grade, FIGO stage, and management strategies over last 4 years were extracted and analysed descriptively.

**Results:** A total of 130 young women were included (mean age 31.2±7.6 years; range 11–40), of whom 29 (22%) were ≤25 years. Ovary was commonest primary site (110;84.6%), followed by endometrium (10; 7.7%), cervix (7;5.4%) and vulva (3;2.3%). Among ovarian tumours, epithelial carcinomas predominated (70/110;63.6%), with high-grade serous carcinoma being single most frequent histology (44/70; 62.8% of ovarian epithelial tumours),

followed by germ-cell (18/110; 16.3%), sex cord-stromal (12/110; 10.9%) and borderline (10/110; 9.1%) tumours. Uterine tumours comprised 5(50%) sarcomas and 5(50%) carcinomas. Majority of patients (62%) presented at an early stage (FIGO I–II). Fertility-sparing surgery was performed in 35% women, and in 90% of germ-cell, sex cord-stromal and borderline tumours.

**Conclusion:** Gynaecological cancers in young adults are overwhelmingly ovarian and are dominated by high-grade serous carcinoma, alongside germ-cell and sex cord-stromal tumours. Predominance of early-stage disease and high uptake of fertility-sparing surgery in non-epithelial and borderline tumours underscore the need for individualised, fertility-conscious oncological care in this age group.

**OP68**

## Female Sexual Dysfunction and Sexual Function Assessment among Women with Ovarian Malignancy

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**Background:** Female sexual health represents an important but often overlooked aspect of quality of life among women with ovarian malignancy. Female sexual dysfunction (FSD) in this population may result from a complex interplay of sociodemographic, and disease-related in sexual functioning. The present study aimed to evaluate the prevalence and characteristics of FSD and sexual functioning among women with ovarian malignancies and to investigate the association between age and sexual health outcomes.

**Methods:** A cross-sectional study was conducted among 39 women with ovarian malignancy. Sexual function was assessed using the Female Sexual Function Index (FSFI), while FSD was evaluated using a study-specific assessment. Descriptive statistics and Spearman's correlation analysis were used to examine associations between age, FSD score, and FSFI score. Statistical significance was set at $p < 0.05$.

**Results:** The mean age was 57.36 ± 10.54 years. The mean FSD and FSFI scores were 3.69 ± 5.45 and 9.49 ± 3.44, respectively. Age showed a strong, statistically significant negative correlation with FSD score ($r = –0.703$, $p < 0.001$). However, neither age nor FSD score was significantly correlated with FSFI score ($r = 0.094$, $p = 0.567$ and $r = 0.114$, $p = 0.489$, respectively).

**Conclusion:** Sexual health concerns are prevalent among women with ovarian malignancy, with a significant association between age and FSD scores. The lack of significant correlations with FSFI scores highlights the need for comprehensive assessment using appropriate tools. Routine evaluation of sexual function may help identify unmet supportive care needs and improve quality of life.

**OP69**

## Significance of sentinel lymph node biopsy in low- and intermediate- risk endometrial cancer: a study at tertiary care centre,India

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**Objectives:** To evaluate the incidence of SLN metastasis observed in patients with presumed low- and intermediate-risk EC andchange in stage and adjuvant therapy resulting from sentinel lymph node analysis. Secondary objectives include assessing the rates of detection of SLN using indocyanine green (ICG)dye and complication rates.

Method: Between March 2017 and December 2023, 210 patients were included in the study. A total of 412 SLNs were detected in 210 patients using intracervical ICG dye injections.

**Results:** The pathologically confirmed detection rate was over 95%. A total of 25 (11.9%) patients exhibited positive sentinel metastasis detected through pathological and immunohistochemical analysis, with isolated tumor cells in 5 (2.4%), micro-metastasis in 6 (2.9%), and macro-metastasis in 14 (6.7%) patients. SLN metastasis with micro- and macro-metastasis changed the stage to stage III, therefore adjuvant therapy was administered in the form of chemotherapy and radiation therapy. Of the 210 patients, 186 (88.5%) remainedat low- and intermediate-risk after the final histopathological analysis. The other 24 patients exhibited SLN metastasis,high-grade EC, higher stage detection, or high-risk on molecular profiling.

**Conclusion:** A change in stage was observed in 11.9% of patients, and adjuvant therapy was administered to 20 patients, of whom16 received adjuvant therapy based solely on SLN involvement (in the form of micro- and macro-metastasis), thus preventing undertreatment. Overtreatment was reduced in six patientswho were classified as high-grade and non-endometrioid types with SLN metastases.

OP70

## Hysteroscopic Risk Scoring System in Predicting of Premalignant and Malignant Endometrial Pathology

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**Introduction:** Early diagnosis of EC and AEH is essential for timely management. Hysteroscopy permits direct visualization of endometrium, Structured HRSS improve diagnostic accuracy

**Objectives:** Evaluate diagnostic accuracy of HRSS in predicting EC and AEH , determine optimal diagnostic cut-off and compare its performance with IETA Score.

**Methods:** Prospective observational study was conducted on 60 women presenting with AUB or postmenopausal bleeding who underwent hysteroscopy with EB. Hysteroscopic findings were scored using HRSS, while ultrasonographic assessment was performed using IETA score. Histopathology served as Gold standard. Receiver operating characteristic (ROC) curve analysis used to determine cut-off values.

**Results:** Among 60 women 7 (11.7%) had EC 8 (13.3%) had endometrial hyperplasia and 45 (75.0%) had benign histology. Median hysteroscopic and IETA scores were significantly higher in women with carcinoma than in those with hyperplasia (p=0.040 and p=0.014 respectively). hysteroscopic scoring system demonstrated AUC of 0.812 with optimal cut-off score of >7.5 yielding sensitivity of 85.7% specificity of 62.5% PPV of 66.7% and NPV of 83.3%. IETA score demonstrated AUC of 0.88 with optimal cut-off score of >6.5 providing sensitivity of 85.7% specificity of 75.0% PPV of 75.0% and NPV of 85.7%.

**Conclusion:** Hysteroscopic risk scoring system showed good diagnostic performance for identifying EC and may serve as a useful adjunct for objective hysteroscopic assessment.

OP71

## Distribution of HPV genotypes among HPV-positive women, Cervical Precancerous Lesions and Cervical cancer

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**Introduction:** Persistent high-risk human papillomavirus (HPV) infection drives cervical carcinogenesis, but progression from infection to cancer is heterogeneous. Genotype distribution across this spectrum may reveal patterns relevant to prevention.

**Objective:** To characterize HPV genotype distribution across HPV-positive women, cervical precancer and cervical cancer, and assess demographic and lesion-grade patterns.

**Methods:** This cross-sectional analysis included 106 women: HPV-positive (Group I, n=65), precancer (Group II, n=24) and cervical cancer (Group III, n=17). Genotype and demographic distributions were compared using Fisher's exact/$\chi^2$ and non-parametric tests. Odds ratios (OR) with 95% confidence intervals (CI) and age-adjusted logistic regression were calculated using R.

**Results:** Median age was 40, 38 and 59 years in Groups I, II and III, respectively (p=0.0018); education (p=0.0037), employment (p=0.0377) and residence (p=0.0380) also differed, with 58.8% of cancer patients being illiterate. HPV16 was most common, increasing from 41.5% to 50.0% to 88.2% across Groups I–III (p=0.0028); HPV31 was second most frequent (36.9%, 33.3%, 29.4%). HPV16 was associated with cancer (OR 8.90, 95% CI 2.30–64.18; p=0.0010), persisting after age adjustment (aOR 8.66, 95% CI 2.07–60.23). HPV16/18 positivity increased from 46.2% to 54.2% to 94.1% (p=0.00085). Among 24 precancers, 13 were LSIL and 11 HSIL; HPV16 (38.5% vs 63.6%; p=0.414) and multiple HPV infection (61.5% vs 45.5%; p=0.682) did not differ significantly.

**Conclusions:** HPV16 demonstrated marked enrichment across the cervical disease spectrum and HPV31 was the second most frequent genotype, while significant demographic differences accompanied the clinical spectrum. No genotype or multiplicity pattern distinguished LSIL from HSIL.

OP72

## Urine-Based HPV Testing for Cervical Cancer Screening in Women Living with HIV

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**Introduction:** Women living with HIV have an increased risk of persistent high-risk human papillomavirus (hrHPV) infection and cervical cancer. Urine-based HPV testing may provide a non-invasive approach to cervical cancer screening.

**Aim and Objective:** We evaluated urine-based hrHPV testing using Truenat® HPV-HR Plus against clinician-collected cervical samples tested using Cobas® 6800 and assessed clinical performance against histopathology.

**Materals and Methods:** We conducted a prospective diagnostic performance study among women living with HIV at the All India Institute of Medical Sciences, New Delhi, between May 2024 and August 2025. Participants provided initial-stream urine samples for Truenat HPV testing and underwent clinician-collected cervical sampling for Cobas 6800 testing. Diagnostic performance was assessed using sensitivity, specificity, positive predictive value (PPV),

negative predictive value (NPV), accuracy, and Cohen's kappa. Relative clinical sensitivity and specificity for CIN2+ were assessed using histopathology as the reference standard.

**Results:** Among 300 women, urine-based testing for overall hrHPV demonstrated 75.3% sensitivity, 94.6% specificity, 82.9% PPV, 91.7% NPV, and 89.7% accuracy, with substantial agreement with Cobas (κ=0.72). For HPV16/18, sensitivity was 70.4%, specificity 97.4%, PPV 73.1%, NPV 97.1%, and accuracy 95.0% (κ=0.69). Among 95 women undergoing histopathological assessment, 6 had CIN2+. Urine-based testing demonstrated 83.3% relative clinical sensitivity and 84.3% clinical specificity for CIN2+, with PPV of 26.3% and NPV of 98.7%.

**Conclusion:** Urine-based Truenat HPV testing demonstrated high specificity, high NPV, and substantial agreement with Cobas 6800, with good clinical sensitivity for CIN2+. These findings support its potential as a non-invasive HPV screening approach among women living with HIV.

**OP73**

## Primary Human Papilloma Virus testing for Cervical Cancer Screening: A Tertiary Hospital-Based Study

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**Introduction:** Cervical cancer ranks as the second most common cancer among women in India. Persistent infection with high-risk Human Papillomavirus, especially HPV-16 and -18, is the key cause of cervical carcinogenesis. The disease has a long pre-invasive state with the availability of numerous screening methods like primary HPV testing, cervical cytology and co-testing, each with its own advantages and disadvantages.

**Objective:** To compare primary HPV testing, liquid-based cytology and co-testing for the screening of cervical cancer.

**Methods:** A cross-sectional study was conducted on 500 married women aged above 30 years attending the gynaecology outpatient clinic at ABVIMS & Dr Ram Manohar Lohia Hospital, New Delhi, over 17 months (February 2024–June 2025). 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:** Co-testing yielded the highest sensitivity (96.3%), specificity (98.1%), and diagnostic accuracy (98.0%). Primary HPV testing had comparable sensitivity (96.3%) and high NPV (99.78%), but slightly lower specificity (97.0%). Cytology alone was less sensitive (92.6%) and had a low PPV (40.98%). The prevalence of high-risk HPV infection was found to be 4%.

**Conclusion:** Co-testing demonstrated the highest overall diagnostic accuracy thereby providing the most comprehensive and clinically reliable approach for cervical cancer screening in tertiary care centres.

**OP74**

## The Spectrum of Cervical Cytological Abnormalities in HIV Positive Women: An Observational Cohort Study

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**Introduction:** Women living with HIV (WLHIV) are at increased risk of persistent human papillomavirus (HPV) infection and cervical neoplasia. However, Indian data on cervical cytological abnormalities and their association with immunological status are limited.

**Objective:** To determine the prevalence of cervical cytological abnormalities among HIV-positive women, evaluate their association with CD4 count and HIV viral load, and assess HPV vaccine awareness.

**Methods:** This prospective observational cohort study was conducted at a tertiary care hospital in Delhi (August 2025–July 2026). Interim analysis included 150 HIV-positive women. Conventional Papanicolaou smears were reported using the Bethesda System. CD4 count was measured by flow cytometry and HIV viral load by RT-PCR. Data were analysed using descriptive and appropriate non-parametric statistical tests ($p<0.05$).

**Results:** The mean age was 35.2±8.3 years. Cervical cytology was negative for intraepithelial lesion or malignancy (NILM) in 148 (98.7%) women, while one participant each had ASC-H and AGC, giving a prevalence of cytological abnormalities of 1.33% (95% CI: 0.37–4.73%), significantly lower than the 12% reference prevalence ($p<0.001$). Median CD4 count was 530 cells/mm$^3$, and 92% had an undetectable viral load. Cytological abnormalities showed no association with CD4 count, viral load, or other clinical variables. Only one participant (0.7%) was aware of HPV vaccination.

**Conclusions:** Cervical cytological abnormalities were uncommon among ART-treated WLHIV with preserved immune status. Extremely poor HPV vaccine awareness highlights the need to strengthen preventive counselling and integrate cervical cancer prevention into routine HIV care.

OP75

## Post-Chemotherapy Debulking Surgery for Advanced Bilateral Malignant Dermoid Tumors with Residual Peritoneal Disease in a Reproductive-Age Woman: A Rare Case Report

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A reproductive-age woman presented with complaints of progressive abdominal fullness and abdominal pain. Serum tumor markers revealed elevated CA-125 and CA19-9 levels. Contrast-enhanced computed tomography (CECT) demonstrated bilateral complex ovarian masses with features suggestive of malignant transformation, measuring 11.5 × 8.5 cm in the left ovary and 14 × 8.7 × 19.8 cm in the right ovary, along with necrotic infrarenal retroperitoneal lymphadenopathy. Histopathological examination showed atypical cells arranged in scattered clusters with marked nuclear pleomorphism, nuclear overlapping, focal cytoplasmic vacuolation, and frequent atypical mitotic figures, suggestive of malignant transformation of bilateral mature cystic teratomas. The patient received neoadjuvant chemotherapy with bleomycin, etoposide, and cisplatin (BEP). Post-chemotherapy positron emission tomography-computed tomography (PET-CT) demonstrated a large residual heterogeneous necrotic mass measuring 14.5 × 15.2 cm with internal fat densities in the mid-abdomen, abutting the bilateral external iliac vessels, inferior vena cava, and common iliac vessels. Multiple metabolically active peritoneal deposits involving the liver surface, omentum, and bilateral paracolic gutters indicated persistent metastatic disease. The patient subsequently underwent interval cytoreductive (debulking) surgery and serial AFP monitoring.

OP76

## Giant Paraovarian Cyst In Severely Obese Adolescents: coincidence or emerging association ?

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**Introduction:** Paraovarian cysts are uncommon in adolescents, and giant cysts (>10 cm) are rare. Their coexistence with obesity and hyperinsulinemia raises the possibility of a metabolic association, although evidence remains limited. AIM: To highlight the rare occurrence of giant paraovarian cysts in obese adolescents and the challenges of laparoscopic management.

**Objectives:** To evaluate the clinical, imaging, metabolic and intraoperative characteristics of giant paraovarian cysts and emphasize ovarian-sparing surgery for preservation of reproductive potential.

**Materials and Methods:** A retrospective review of two obese adolescent girls with giant paraovarian cysts managed laparoscopically was performed. Clinical, anthropometric, imaging, metabolic and operative findings were evaluated.

**Results:** Case 1 weighed 73 kg with BMI 33.7 kg/m². Imaging revealed a 91 & times; 77 × 105 mm cyst. Laparoscopy showed a twisted paraovarian cyst with ovarian torsion and an edematous right tube. Cyst enucleation with ovarian preservation was performed. Fasting insulin was elevated at 51.2 & mu; IU/mL. Case 2, aged 14.1 years, weighed 82 kg with BMI 35.4 kg/m². Imaging showed a left paraovarian cyst measuring 90 × 98 & times; 115.8 mm with bilateral polycystic ovarian morphology. Laparoscopy revealed a large cyst with clear fluid and an edematous left tube. Obesity made positioning, trocar entry and dissection technically challenging. Conclusion: Giant paraovarian cysts in obese adolescents are rare. Their coexistence with obesity and metabolic abnormalities warrants further investigation. Early diagnosis and ovarian-sparing laparoscopic management can preserve reproductive potential.

OP77

## Diagnostic Value of CA125 And Systemic Immune-Inflammation Index in Differentiating Benign and Malignant Ovarian Masses

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**Introduction:** Accurate preoperative differentiation of benign and malignant adnexal masses remains challenging despite advances in imaging and tumour markers. The Systemic Immune-Inflammation Index (SII), derived from routine hematological parameters, is a novel inflammatory biomarker reflecting the inflammatory response associated with ovarian malignancy.

**Objective:** To evaluate the diagnostic performance of SII in differentiating benign and malignant adnexal masses in comparison to serum CA125.

**Methods:** This cross-sectional study included 56 women with adnexal masses undergoing surgery or image-guided biopsy at a tertiary care hospital. Preoperative complete blood count and serum CA125 levels were obtained, and SII was calculated as platelet count × neutrophil count/ lymphocyte count. Histopathology served as the gold standard. Receiver operating characteristic (ROC) curve analysis was performed to assess diagnostic performance.

**Results:** Histopathology revealed 45 (80.4%) benign and 11 (19.6%) malignant adnexal masses. Median SII was higher

in malignant than benign lesions (574 vs. 369), showing a trend towards statistical significance (p=0.078). CA125 was significantly higher in malignant lesions (p<0.001). SII demonstrated an AUC of 0.68 compared with 0.63 for CA125. At a cut-off of 575, SII showed 54.5% sensitivity, 89.5% specificity and diagnostic accuracy of 82.1%. Although SII performed better than CA125, the difference in AUCs was not statistically significant (DeLong's test, p=0.750).

**Conclusions:** SII demonstrated moderate diagnostic performance with higher specificity and accuracy than CA125. As an inexpensive and readily available biomarker, SII may serve as a useful adjunct in the preoperative assessment of adnexal masses. Larger prospective studies are needed for validation.

**OP78**

## Robotic Approach in Adnexal Mass Management

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**Aim:** To assess the feasibility of robotic approach in adnexal mass management and determine predictors of recurrence.

**Methods:** A retrospective analysis of patients who had undergone robotic surgery for an adnexal mass between January 2022 - May 2026 were included. Surgical extent/ duration, mass histology, size of the tumor, ORADS score, laterality, endobag use, intraoperative spill, complications, pain score, residual disease and recurrences were analysed. Multivariate logistic regression was carried out to determine the independent risk factors for recurrence. The level of statistical significance was at P < 0.05.

**Results:** 161 patients were included of whom 100 (62.1%) were benign, 30 (18.6%) borderline and 31 (19.2%) malignant. Mean age of the group was 40 (±12) years having a mean cyst size of 6.8 (±2.1) cm. Seventy-seven (47.8%) underwent cystectomy and rest either salpingo-oopherectomy (15.5%) or frozen proceed staging (36.7%). Average operating time was 2.9 (±1.07) hours with a median nodal yield of 35 (20- 45). Median post-operative pain score was 1(0-3) and 9(5.6%) developed grade 2-3 complications. In the median follow-up period of 14 (2-36) months, 4 patients with endometriosis and one with borderline mucinous neoplasm developed recurrence (3.1%). Intra-operative spillage (RR 9.2, 95% CI 8.01-17.02) and residual disease (RR 7.8, 95% CI 6.05-15.02) were significant on logistic regression for disease recurrence.

**Conclusion:** A careful patient selection, surgical expertise and prevention of intraoperative spillage ensures good patient outcomes in robot assisted adnexal mass surgeries without the disadvantages of an open surgery.

**OP79**

## Knowledge, Attitude, Practice (Kap) About Cancer Awareness

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**Introduction:** Cancer is one of the leading causes of morbidity and mortality worldwide, accounting for a significant public health burden. In India, the incidence of cancer is steadily increasing due to population aging, lifestyle changes, tobacco use, alcohol, infections, and environmental factors. Early detection through awareness of risk factors, warning signs, and screening programs can substantially improve treatment outcomes and survival. However, inadequate knowledge, misconceptions, and poor screening practices continue to delay diagnosis and treatment.

**Aim and Objectives:** To assess the knowledge, attitude, and practices (KAP) regarding cancer awareness among the adult population.

**Materials and Methods:** A descriptive cross-sectional study will be conducted among adults aged 18 years and above using a structured, pre-validated questionnaire. The questionnaire will collect socio-demographic information and assess participants' knowledge of cancer risk factors, warning signs, preventive measures, screening methods, and available vaccinations, along with their attitudes toward cancer prevention and screening and their health-seeking practices. Data will be analyzed using descriptive statistics, while appropriate inferential statistical tests will be used to determine associations between socio-demographic variables and KAP scores.

**Expected Results:** It is anticipated that higher educational status and previous exposure to health education will be associated with better awareness and healthier preventive practices.

**Conclusion:** Assessing cancer awareness through a KAP study will help identify educational needs and barriers to early diagnosis. The findings can guide the development of targeted awareness campaigns and community-based interventions to promote cancer prevention, encourage timely screening, and improve early detection, ultimately reducing the burden of cancer.

**OP80**

## Pregnancy-Associated Cancer: Clinicopathological features, Obstetric and Oncological Outcomes

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**Introduction:** Pregnancy-associated cancer (PAC)

defined as malignancy diagnosed during pregnancy or within one year of delivery complicates approximately 1 in 1000 pregnancies, with an ongoing rising incidence. Management remains complex, as both surgical and chemotherapeutic modalities carry trimester-specific fetal risk, necessitating individualized, multidisciplinary decision-making to balance maternal oncologic outcomes against fetal safety.

**Objective:** To compare oncological and obstetric outcomes between women with PAC and cancer survivors who conceived after treatment, at a tertiary centre.

**Methods:** Retrospective cohort (June 2022-June 2026) of women with malignancy diagnosed during pregnancy (PAC, n=81) or before conception (survivors, n=92) at a tertiary centre. Demographic, oncological and obstetric variables were noted.

**Results:** Among 173 women with cancer in pregnancy (81 PAC, 92 survivors; mean age 28.3 years), breast cancer and leukaemia predominated, with two-thirds presenting at advanced stage. Median gestational age at diagnosis was 19 weeks; 25% received only palliative treatment. Surgery was performed in 23.7% and chemotherapy in 16.9% women. Live births occurred in 55.9%, with high rates of preterm delivery (58.8%) and caesarean section (60.0%) in PAC. Survivors had significantly better obstetric outcomes than PAC with no preterm live births, later delivery gestation, and higher birth weight (all $p<0.05$). Overall mortality was 34.8%, predominantly among advanced gastrointestinal and hepato-biliary cancer cases.

**Conclusion:** Maternal mortality clustered entirely in advanced gastrointestinal and hepatobiliary disease, with a better prognosis in gynaecological cancers. Antenatal treatment was not associated with adverse neonatal outcome, suggesting that diagnostic delay rather than treatment during pregnancy drives a poor prognosis.

**OP81**

## Longitudinal Analysis of Tubal Ligation Failures: A 20-Year Retrospective Study in a North Indian Tertiary Care Hospital.

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**Background:** Female sterilization is the most popular permanent contraceptive method worldwide, yet carrying 0.1% - 0.8% failure rates. With ~5-6 Million annual procedures in India, such failures lead to significant physical, psychological, & socio-economic burdens.

**Aims & Objectives:** Primary - Determining demographic patterns of women experiencing sterilization failure. Secondary - Evaluating its technical & biological causes to develop guidelines for reducing future risks.

**Material & Methods:** This retrospective observational study was conducted at the Department of Obstetrics & Gynecology, LHMC & SSKH, New Delhi. The study analyzed a 124 women cohort from the institute, reporting pregnancies following tubal sterilization, over 2 decades (June'02 - May'22).

**Results:** Amongst 24,498 tubal-occlusion procedures, 124 (0.5% center-specific) failures were registered. Younger age (<= 30 years age) & higher parity (>= 2) were driving factors, accounting towards 69.35% & 59.67% failures respectively. Open-method sterilization resulted in more failures (56.46%) than the laparoscopic-method (43.54%). Notably, majority failures were identified in Lower Segment Cesarean Section (LSCS) associated procedures (48.38%) and between 1-5 years post-procedure (48.3%). In cause-deterministic failure cases, faulty-ring application (52.18%) & spontaneous re-anastomosis (30.43%) were primary. Ectopic pregnancy was reported in 17.74% failures.

**Conclusion:** Adopt direct consultant-led approaches when managing high-risk & complicated Caesarean deliveries. Ensure formal issuing of tubal ligation records is strictly contingent upon verification against the final HPE report.

**OP82**

## Office failure to hysteroscopic success: Why and what of difficult IUCD retrieval

**Karishma Singh**, Anshuja Singhla, Reetu Yadav, Rachna Aggarwal

**Introduction:** Intrauterine contraceptive devices are widely used as long-acting reversible contraceptive devices and are safe and effective. Removal of IUCD is easy and OPD procedure; however, subset of patients may require hysteroscopy.

**Objective:** Main objective of study was to assess the number of women requiring operative intervention for IUCD removal after failing office procedure and factors associated with the same.

**Method:** It was a cross-sectional retrospective study performed in Department of obstetrics and gynaecology of UCMS & GTB hospital from January 2017 to January 2026.Data was collected from elective OT and woman were telephonically contacted for their discharge cards and further information was accessed from Medical records department of hospital.

**Result:** Total IUCD insertions done over last 10 years were 6570 and removals done were 758(11.53%).Out of 758, 619(81.66%) IUCD removals were done in OPD, while 139(18.33%)requiredoperativeprocedures.Modeofdelivery immediately prior to IUCD insertion was NVD in 48.2% and LSCS in 51.8%. Commonest indications for operative IUCD removal were embedded IUCD in 51[23(NVD);28(LSCS)] f/b missing threads: 46 [20(NVD);26(LSCS)],displaced/ misplaced IUCD[11(NVD);10(LSCS)],broken IUCD[ 8(NVD);6(LSCS)],and perforated IUCD [6(NVD);2(LSCS)].

Most frequently performed procedure was diagnostic f/b operative hysteroscopy (125: 89.9%), while 6(4.3%) underwent diagnostic hysteroscopy f/b removal with curette and 8(5.8%) required laparotomy

**Conclusion:** IUCD removal,an office procedure with only few requiring operative intervention most notably embedded and missing threads.Though study statistics reveal that mode of delivery was not a major contributor towards operative intervention for IUCD removal, still level of difficulty encountered while removing IUCD in previous Cs is higher than those with NVD.

**OP83**

## Analysing reasons forÂ premature Implanon-NXTÂ removal:Â Single centre experienceÂ from India

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**Introduction:** Implanon-Nxt is a recent addition in the family planning program of India, the experience is limited regarding continuation rates.

**Objectives:** To analyse reasons for premature removals among subdermal Implanon-Nxt users.

**Methods:** In this retrospective study data of subdermal implant-users was analysed. Post implant insertion, clients were followed up at 6 weeks and 3 months. In the follow-ups, bleeding pattern, any side effects or other concerns were noted. Reasons for premature removal before completing 3 years were analysed.

**Results:** Out of total 767 implants inserted, 108 couples opted for removals and 79/108(73.15%) had premature removals. The reasons were heavy menstrual bleeding in 22/79 (27.85%), continuous or prolonged bleeding/ spotting in 13(16.46%), irregular non-cyclical bleeding in 3 (3.8%), frequent but cyclical bleeding in 3(3.8%), and amenorrhea in 1(1.27%) woman. Other reasons were mood swings in 3(3.8%), depression, migraine, weight gain and breast tenderness in 1(1.27%) each. Removal for itching, numbness or pain at the implant site was done in 5(6.33%) and 19 (24.05%) wanted to conceive.

**Conclusion:** The most common single reason of premature Implanon-Nxt removal was heavy bleeding followed by other menstrual changes, local site related side effects or for desire to conceive. The continuation rate in our centre was 85.9%.

**OP84**

## Misplaced Intrauterine Contraceptive Devices at varied locations and requiring surgical intervention: Clinical Profile and Operative Management at a Tertiary Care Centre â€“ A Retrospective Study

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**Intoduction:** Intrauterine contraceptive devices (IUDs) are highly effective long-acting reversible contraceptive methods. Non-visualization of IUD threads may occur following expulsion, uterine perforation, embedment or malposition.

**Aim and objective:** To analyse the clinical presentation and operative management of patients presenting with misplaced IUDs requiring surgical removal.

**Materials and methods:** This retrospective study reviewed hospital records of patients who underwent surgical removal of misplaced IUDs over the previous three years, analysing demographic characteristics, clinical presentation, imaging findings, previous removal attempts, operative intervention, anaesthesia, and perioperative outcomes.

**Result:** Over three years, 54 patients underwent surgical removal of misplaced IUDs, with a mean age of 37.9 & plusmn; 7.5 years (range 25 – 55 years). Most were postpartum, had one previous outpatient removal attempt, and presented with abnormal uterine bleeding, pain, or incidental diagnosis. Imaging commonly showed IUDs within the uterine cavity with curled-up threads not visible through the external os. These were removed by hysteroscopic hooking or direct retrieval using a grasper. Embedded devices required experienced surgeons, with endometrial incision needed in one patient. Laparoscopy was performed for migrated IUDs, including devices near the ureters and one associated with caesarean scar hematoma and severe anaemia after VBAC. Overall, 47 (87.03%) were removed hysteroscopically and 7 (12.96%) laparoscopically.

**Conclusion:** Most misplaced IUDs can be removed hysteroscopically, with hysteroscopy being the predominant management approach, while laparoscopy remains important for suspected extrauterine migration; a systematic diagnostic pathway using clinical examination and appropriate imaging can facilitate timely localization and selection of the least invasive retrieval technique.

OP85

## Beyond the Septum: A Spectrum of MÃ¼llerian Anomalies and the Role of Individualized Management

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**Introduction:** Müllerian anomalies are congenital malformations of the female genital tract arising from abnormal development, fusion, or resorption of Müllerian ducts.

**Objective:** To describe the spectrum of Mullerian anomalies encounteredat our centre and evaluate the surgical strategies used for theirmanagement.

**Methods:** A retrospective study was conducted over a period of one year in patients with Mullerian anomalies who underwent surgical management between August 2025 and July 2026 at ABVIMS & Dr RMLH. Demographic characteristics, type of uterine anomaly, associated pathology and surgical procedures were reviewed. Descriptive statistics were used to summarizepatient characteristics and operative management.

**Results:** Nine patients aged 20–32 years were included. Septate uterus was most frequent anomaly, accounting for 6/9 patients (66.7%). The remaining three patients(33.3%)hadcomplexanomalies,comprisingRobert's uterus with bilateral haematometra and haematosalpinx, a unicornuate uterus with a rudimentary horn complicated by pyometra, and a non-communicating uterine left horn.

Hysteroscopic septal resection was performed in patients withseptate uterus. Laparoscopy served as an important adjunct in selected cases for management of associated pathology, including chromopertubation, cornual resection and salpingectomy. One patient with a rudimentary horn and pyometra required staged management with initial drainage followed by hysterotomy and removal of embedded intrauterine catheter.

**Conclusion:** Müllerian anomalies encompass broad clinical spectrum, ranging from relatively uncomplicated septate uterus to complex obstructive anomalies. Accurate preoperative diagnosis and detailed delineation of uterine anatomy are crucial for selecting appropriate surgical approach. First attempt at surgical correction offers best opportunity for optimal anatomical and functional outcomes.

OP86

## Predictors of Reproductive Outcomes Following Myomectomy in Women with Infertility: A Retrospective Cohort Study

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**Introduction:** Uterine fibroids are implicated in approximately 2–3% of cases of infertility. Although myomectomy is established for symptom control and improvement in health-related quality of life, its impact on subsequent fertility and pregnancy outcomes remains incompletely defined.

**Objective:** To evaluate reproductive outcomes following myomectomy for infertility and identify clinical and fibroid-related characteristics associated with subsequent conception.

**Methods:** This retrospective cohort study was conducted over six years, from September 2019 to July 2025, at a tertiary care centre. Women who underwent myomectomy as part of infertility management during study period were identified from electronic medical records. Demographic, clinical, infertility-related, fibroid-related and surgical characteristics were retrieved. Eligible participants were contacted telephonically to ascertain post-myomectomy reproductive outcomes. Primary outcome was clinical pregnancy, while secondary outcomes included live birth and pregnancy loss.

**Results:** A total of 107 eligible women identified, of which, 60(56.1%) could be successfully contacted and were included in the final analysis. The mean age was 32.12 ± 4.70 years, 34/60(56.7%) women had primary infertility and 26/60(43.3%) had secondary infertility. Myomectomy was performed hysteroscopically in 14/60(23.3%), laparoscopically in 26/60 (43.3%), and by open approach in 20/60(33.3%) women. Overall, 24/60 (40.0%) women achieved clinical pregnancy, while 36(60.0%) did not conceive during follow-up period. Among 24 pregnancies, 16(66.7%) resulted in full-term vaginal delivery, and 2(8.3%) were ongoing at time of assessment, 5(20.8%) resulted in miscarriage and one had preterm delivery.

**Conclusion:** Detailed assessment of patient-related, infertility-related and fibroid characteristics may help identify women more likely to benefit from myomectomy and facilitate individualized fertility counselling.

OP87

## Hysterectomy in Patients Younger Than 40 Years: A Retrospective Audit from a Tertiary Care Centre

**Anjali Yadav**, Monika Sahoo, Neha Varun, Deepali Garg, Jyoti Meena, Garima Kachhawa, Aparna K Sharma, Neeta Singh

**Introduction:** Hysterectomy in women below 40 years has important implications for fertility, ovarian function, and long-term health. Understanding the indications and surgical approaches may help identify opportunities for conservative management in young women.

**Aim:** To evaluate the age distribution, indications, benign versus malignant spectrum, and surgical route of hysterectomy in women below 40 years.

**Materials and methods:** A retrospective observational audit was conducted using departmental records of patients aged <40 years who underwent hysterectomy. Demographic characteristics, indication, diagnosis, and surgical route were extracted. Duplicate records were excluded, and available clinical details were analysed.

**Results:** A total of 73 patients aged <40 years were included. The majority were aged 35–39 years (42/73; 57.5%), followed by 20–29 years (14/73; 19.2%), 30–34 years (12/73; 16.4%) and <20 years (5/73; 6.8%). Benign indications accounted for 34 (46.6%) cases, malignant for 21 (28.8%), and congenital, gender-affirming, or other complex indications for 18 (24.7%). Abnormal uterine bleeding (AUB), predominantly related to leiomyoma/adenomyosis, was the commonest indication (27/73; 37.0%). The documented surgical approaches included both abdominal and laparoscopic hysterectomy, with TAH being more frequently performed than TLH. Malignant cases frequently required staging or cytoreductive procedures with additional adnexal/omental procedures.

**Conclusion:** Hysterectomy below 40 years encompasses a diverse spectrum of benign, malignant and complex gynaecological conditions. Most patients were in the 35–39-year age group. AUB-related benign disease was the most common indication, while malignancy accounted for a substantial proportion. Individualised counselling, consideration of fertility-sparing alternatives, and ovarian conservation whenever appropriate are essential in this young population.

**OP88**

## Role of power doppler in detecting endometrial pathologies in abnormal uterine bleeding

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**Background:** Abnormal uterine bleeding (AUB) is a common gynaecological condition affecting women of various age groups. Transvaginal sonography(TVS) is widely used for evaluation but may miss certain endometrial pathologies. Hysteroscopy with histopathology, although the gold standard, is invasive and costly. Power Doppler is a new noninvasive modality that may improve the detection of endometrial lesions. This study evaluated the diagnostic accuracy of TVS with power doppler and compared it with hysteroscopy using histopathology as the reference method.

**Objective:** To assess endo-myometrial vascular patterns on TVS with power doppler in women with AUB and correlate findings with hysteroscopy with histopathology as gold standard.

**Methods:** This diagnostic accuracy study included 100 women aged >35years with AUB who met eligibility criteria after ethical approval. Participants underwent TVS with power doppler using IETA criteria, followed by hysteroscopy with directed endometrial biopsy. Findings were compared with histopathology, and sensitivity, specificity, predictive values, and diagnostic accuracy were calculated.

**Results:** Power doppler showed senstivity and specificity of 100% and 97.8% for endometrial carcinoma,83.3% and 88.3% for endometrial hyperplasia, and 39.3% and 98.6% for endometrial polyps, respectively.Hysteroscopy demonstrated sensitivity and specificity of 100% each for carcinoma, 66.6% and 82.9% for hyperplasia, and 82.1 and 97.2% for polyps, respectively.

**Conclusion:** Power doppler is a valuable non-invasive adjunct for evaluating endometrial pathology; however, variable sensitivity and low positive predictive value limit its role as a standalone diagnostic modality. Hysteroscopy with histopathological confirmation remains essential for definitive diagnosis. Larger studies are required to validate these findings, particularly for endometrial carcinoma.

**OP89**

## The Weight of Menopause: Unravelling Obesity's Complex Impact on Menopausal Symptoms and Cardiometabolic Health

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**Introduction:** Menopause represents a critical physiological transition profoundly affecting women's health, characterized by various symptoms including vasomotor symptoms (VMS) and genitourinary syndrome of menopause (GSM) with emerging evidence linking central 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 and 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.

**Methods:** A cross-sectional study was conducted with 352 postmenopausal women at Safdarjung Hospital's

Gynaecology 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 corelation with them ($p = <0.001$).

**Conclusions:** 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.

**OP90**

## Between Clot and Bleed: Managing valve thrombosis in pregnancy

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**Introduction:** Pregnancy in women with mechanical prosthetic heart valves requires a delicate balance between adequate anticoagulation to prevent valve thrombosis and minimizing anticoagulant-related fetal and maternal risks. Lapses in this balance can precipitate life-threatening complications like prosthetic valve thrombosis (PVT).

**Objective:** To report a case illustratating the consequences of anticoagulation non-compliance during pregnancy and the successful multidisciplinary management of resultant PVT.

**Methods:** A 36-year-old multigravida with Takayasu arteritis and a mechanical aortic valve prosthesis on warfarin presented at 26 weeks of gestation with progressive breathlessness and syncope, following a period of anticoagulant non-compliance earlier in pregnancy. Clinical examination, transthoracic echocardiography, and fluoroscopy were performed and management was guided by a multidisciplinary team comprising of obstetrics and cardiology.

**Results:** Echocardiography revealed elevated transvalvular gradients with restricted leaflet mobility; fluoroscopy confirmed restricted leaflet movement, consistent with obstructive PVT. Streptokinase was administered under close monitoring, with symptomatic improvement within hours. Repeat echocardiography showed reduced gradients and restored leaflet mobility. No maternal hemorrhagic or thromboembolic complications occurred, and fetal growth and heart activity remained normal. Anticoagulation was reinitiated with international normalized ratio (INR)-guided dosing, and pregnancy continued uneventfully to 36 weeks and 6 days.

**Conclusions:** Balancing adequate anticoagulation and pregnancy safety is central to preventing valve-related complications in women with mechanical prosthetic valves. When this balance is disrupted, prompt multidisciplinary recognition and low-dose, slow-infusion thrombolysis offer a safe and effective alternative to surgery, permitting favorable maternal and fetal outcomes.

**OP91**

## Maternal and Fetal Outcomes in Pregnancies Complicated by Class III Obesity (BMI =40 kg/m$^2$) : A Case Series

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**Introduction:** Class III obesity in pregnancy is associated with increased maternal and fetal morbidity and poses challenges in antenatal surveillance, anaesthetic management, delivery, and postpartum care.

**Aim:** To evaluate maternal and neonatal outcomes and describe obstetric challenges associated with class III obesity (BMI ≥40 kg/m$^2$).

**Objectives:** To assess antenatal complications, mode of delivery, maternal morbidity, neonatal outcomes, and challenges in delivery management.

**Methods:** A retrospective case series included 10 pregnant women with BMI ≥40 kg/m$^2$ managed at a tertiary care centre. Maternal demographics, antenatal complications, mode of delivery, maternal morbidity, birth weight, and NICU admission were recorded.

**Results:** The mean maternal age was 34 years and median BMI was 44.2 kg/m$^2$. Common antenatal complications included gestational diabetes mellitus, hypertensive disorders, and anaemia. Eight women (80%) underwent caesarean delivery for indications including previous caesarean delivery, suspected macrosomia, non-reassuring fetal status, refusal of TOLAC, antepartum haemorrhage, suspected scar dehiscence, and previous two caesarean sections. Two women (20%) underwent normal vaginal delivery. Challenges included patient positioning and availability of appropriately sized delivery beds. Alternative birthing positions, including sitting and squatting, were encouraged, and larger delivery beds were made available. Maternal complications included postpartum haemorrhage and wound complications, with enhanced thromboprophylaxis. Mean birth weight was 3077.5 g. One

neonate required NICU admission for respiratory distress and hypoglycaemia. No maternal or perinatal mortality occurred.

**Conclusion:** Class III obesity is associated with significant antenatal and intrapartum challenges requiring anticipatory multidisciplinary management. Early identification, optimisation of comorbidities, appropriate surveillance, and individualised delivery planning may improve outcomes.

**OP92**

## Pregnancy Beyond 40: A High-Risk Journey â€“ A Retrospective Analysis of Maternal and Fetal Outcomes

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Senior Resident

**Introduction:** Pregnancy beyond 40 years is increasingly common with delayed childbearing and assisted conception. It is associated with maternal complications, fetal abnormalities and adverse outcomes, while Indian data remain limited.

**Objective:** To evaluate maternal, obstetric and fetal outcomes among women aged ≥40 years presenting to a tertiary centre.

Methods: A retrospective study was conducted at AIIMS, New Delhi, among 122 women aged ≥40 years attending the outpatient department over 18-month period (January 2025–June 2026). Maternal, obstetric and fetal outcomes were analyzed.

**Results:** Among 122 women, 31 (25.4%) had chronic hypertension, 18 (14.8%) type 2 diabetes mellitus and 15 (12.3%) obesity. Infertility history was noted in 66 (54.1%) women, with %25.4) 31) conceiving following IVF. Hypertensive disorders of pregnancy affected 34 (27.9%), including 22 (18.0%) with superimposed pre-eclampsia, 7 (5.7%) with pre-eclampsia and 5 (4.1%) with gestational hypertension. Other complications included GDM in 11 (9.0%) and IHCP in 9 (7.4%). Chromosomal and structural fetal abnormalities occurred in 20 (16.4%) and 18 (14.8%) pregnancies, respectively, including Down syndrome in 9 (7.4%). MTP was performed in 25 (20.5%) pregnancies, predominantly for fetal indications. Among 97 deliveries, 45 (46.4%) were preterm, 21 (21.6%) vaginal and 76 (78.4%) caesarean. There were 105 live births, including twins and 5 stillbirths (4.5% of total births). Among live births, 29 (27.6%) were SGA.

**Conclusion:** Pregnancy ≥40 years is associated with substantial maternal, fetal and obstetric complications. Early risk assessment, maternal optimization and genetic/fetal surveillance are essential. Larger Indian studies needed to define age-specific risks and guide structured care.

**OP93**

## Hidden Threat Behind Abdominal Pain: Acute Pancreatitis in Pregnancy

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**Background:** Acute pancreatitis in pregnancy (APIP) is an uncommon but potentially severe medical and obstetric emergency requiring early recognition and multidisciplinary management. Its presentation may mimic pregnancy-related symptoms, leading to delayed diagnosis. We report three cases of APIP and their clinical course, management, and outcomes.

**Case Presentation:** All three patients presented in the third trimester with abdominal or epigastric pain and associated obstetric symptoms. Case 1 was a 23-year-old G2P1L0 at 31 weeks with severe epigastric pain, vomiting, and preterm labour. Investigations showed markedly elevated pancreatic enzymes and acute necrotizing pancreatitis with peripancreatic collections and inflammatory changes. She developed acute fetal distress, underwent emergency caesarean section, and required postoperative intensive care with ventilatory support. Case 2, a multigravida at 33+5 weeks with recurrent pancreatitis, small-for-gestational-age fetus, and anemia, presented with abdominal pain and decreased fetal movements. She was managed conservatively and subsequently underwent induction at 35+5 weeks, resulting in preterm vaginal delivery. Case 3 was a primigravida at 31+5 weeks with gestational hypertension and intrahepatic cholestasis who presented with epigastric pain radiating to the back. She was managed conservatively and delivered preterm vaginally.

**Management and Outcomes:** All patients received bowel rest, intravenous fluids, electrolyte correction, analgesia, antibiotics, and close maternal–fetal surveillance with multidisciplinary care. Maternal survival was 100%, and all pregnancies resulted in live preterm births.

**Conclusion:** Early diagnosis, aggressive supportive care, and multidisciplinary surveillance can result in favourable maternal and neonatal outcomes in APIP.

**OP94**

## Pancreatitis complicating Pregnancy: Clinical Challenges and Maternal-fetal outcomes

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**Introduction:** Pancreatitis in pregnancy, ranging from acute biliary to chronic calcific disease, is uncommon but associated with significant maternal-fetal morbidity and an estimated maternal mortality of 2.8%. Diagnosis may be

challenging due to overlap with physiological gestational symptoms.

**Aim and Objectives:** To study the clinical presentation, management, and feto-maternal outcomes of pancreatitis complicating pregnancy at a tertiary care centre.

**Materials and Methods:** A retrospective analysis of six pregnant women with pancreatitis (three acute biliary and three chronic calcific) was performed. Clinical, biochemical, management, and feto-maternal outcome data were reviewed.

**Results:** Acute pancreatitis occurred in three women (mean age 27 years; 24–31), all with cholelithiasis/choledocholithiasis; one had concomitant hemoglobinopathy. Mean gestational age at diagnosis was 32+4 weeks (28–35+4). All were managed conservatively. Delivery occurred at 35–39 weeks: two by LSCS and one by induced vaginal delivery for PPROM. Two neonates were healthy, while one was SGA requiring neonatal care. Chronic calcific pancreatitis occurred in three women (mean age 26.3 years; 23–29), all with pre-existing disease requiring enzyme supplementation and complicated by secondary diabetes. Complications included FGR/oligohydramnios, Influenza A superinfection, and superimposed preeclampsia with refractory hyperkalemia and seizures. Delivery occurred at 30–37+2 weeks: one vaginal delivery and two emergency LSCS for fetal distress. Two neonates survived; one died of late-onset sepsis with features suggestive of Fraser syndrome. Close maternal-fetal surveillance remains particularly essential throughout these pregnancies.

**Conclusion:** Pancreatitis in pregnancy requires vigilant multidisciplinary monitoring. Individualized management can achieve favourable maternal outcomes. However, chronic calcific pancreatitis with multisystem involvement carries substantial perinatal risk.

**OP95**

## AFLP with Post-Partum Coagulopathy: Putting Swansea Criteria Score, FaCCT and ROTEM in clinical practice

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**Background:** Acute fatty liver of pregnancy (AFLP) is a rare obstetric emergency causing maternal and perinatal morbidity and mortality in the third trimester or postpartum period. Diagnosis is challenging because nonspecific manifestations overlap with other pregnancy-related liver disorders, especially HELLP syndrome. Recognition and multidisciplinary management are essential.

**Case Presentation:** A 24-year-old primigravida at 36+6 weeks presented with abdominal pain and loose stools, followed by hepatic dysfunction, acute kidney injury, hypoglycemia, hyperbilirubinemia, and coagulopathy. After expedited vaginal delivery, she developed postpartum hemorrhage with disseminated intravascular coagulation and was referred to a tertiary center. AFLP was diagnosed after fulfilling nine Swansea criteria and excluding causes. Management corrected metabolic abnormalities, while rotational thromboelastometry (ROTEM)-guided transfusion provided packed red blood cells, fresh frozen plasma, platelets, cryoprecipitate, and fibrinogen concentrate. Persistent hemorrhage required uterine artery embolization, followed by evacuation and resuturing of an episiotomy hematoma. Multidisciplinary care led to normalization of hepatic, renal, and coagulation parameters, and she was discharged after 14 days with recovery.

**Conclusion:** AFLP should be considered with unexplained liver dysfunction, renal impairment, hypoglycemia, and coagulopathy. Early diagnosis, ROTEM-guided transfusion, timely uterine artery embolization, and multidisciplinary care can achieve good outcomes in AFLP complicated by disseminated intravascular coagulation and refractory postpartum hemorrhage.

**OP96**

## Analysis of Caesarean section at the Tertiary Obstetrics Unit of Northern India by Robson's classification: A cross sectional study

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**Background**: Caesarean section (CS) is one of the most commonly performed surgeries in obstetrics. Increasing rates of caesarean section is a global concern, as they are associated with increased morbidity and mortality and future obstetric risks when compared with vaginal delivery. WHO has recommended Robson's ten-group classification as one of the most robust and objective ways to monitor caesarean section rates across various healthcare facilities and to audit the trend over time.

**Materials and Methods**: This was a hospital-based prospective observational study over one year wherein 472 consecutive women presenting to the labour room for delivery were included. Their baseline data were recorded, and Robson's ten-group classification system was used to categorise the caesarean section. The study was approved by the IEC.

**Main Results**: In our study, the Caesarean section rate was 39% and almost 2/3rd of cases were contributed by Robson group two and group five; contributing 33% and 30% respectively to the overall CS rate. While analysing each group individually, the women in groups five, six, and nine

had almost 100% deliveries by CS.

**Conclusion:** Robson's ten-group system is a simple, robust, reproducible and clinically relevant classification system that is acceptable globally to compare caesarean section rates within healthcare facilities endorsed by WHO. Limiting the CS rate in low-risk pregnancies is key to lowering the trend of increased CS.

**OP97**

## Audit into complication of laparoscopy

**Priya Pandey**
Sant Parmanand hospital

**Aim:** To study the complication of Laparoscopic assisted Vaginal hysterectomy , Diagnostic Laparoscopy and Operative Laparoscopy

**Material and Methods:** Retrospective Audit Study period : June 2023 to December 2025- All patients coming to sant parmanand hospital who underwent laparoscopic assisted Vaginal hysterectomy , diagnostic laparoscopy and operative laparoscopy. We are studying indications, complication and need for conversion into laparotomy. Result: 230 patient studied undergoing laparoscopic surgery 88 were LAVH 43 were Operative Laparoscopy 11 were Diagnostic Laparoscopy Commonest indication LAVH - fibroid 45 (0.5%) Diagnostic Laparoscopy - Infertility 9(0.8%) Operative Laparoscopy - Ovarian cyst 65(1.5%) Complication LAVH - Urinary retention 0.25% Diagnostic Laparoscopy - nil Operative Laparoscopy - Positional neuropraxia 0.25% Rate to conversion to laparotomy LAVH - 0.55% Diagnostic Laparoscopy - 0% Operative Laparoscopy - 0.4%

**Conclusion:** In period of 2.5yrs in our hospital 0.65% (230/353) was laparoscopy rate among total gynecological surgeries. The maximum complication was there in Laparoscopic assisted vaginal hysterectomy. Rate of conversion to laparotomy was 0.03%. There were no major complication in operative or diagnostic laparoscopy.

**OP98**

## Surgical Outcomes and Predictors of Torsion and intraoperative spillage in Dermoids

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**Introduction:** Ovarian mature cystic teratomas are common benign ovarian neoplasms, with adnexal torsion and intraoperative spillage being important surgical considerations.

**Objectives:** To evaluate the clinical presentation, surgical management, incidence of adnexal torsion and intraoperative spillage in ovarian mature cystic teratomas, and to identify factors associated with torsion and spillage patients with ovarian mature cystic teratomas who underwent surgery at a tertiary care referral centre between June 2023 and May 2026. Demographic characteristics, presenting complaints, tumour characteristics, surgical approach, operative outcomes, intraoperative complications, and spillage rates were analysed.

**Results:** A total of 50 cases of ovarian teratoma were evaluated. Mean age was 32.02± 12.56 years. The most common presenting complaint was abdominal pain (78%) while 6% were incidentally diagnosed. Abdominal distension was present in 6%, infertility was the indication for evaluation in 4%, and abnormal uterine bleeding in 6%. Tumours were unilateral in 94% and bilateral in 6% of patients. Most cysts (70%) measured 6–10 cm in maximum diameter. Intraoperative adnexal torsion was identified in 10% of patients. Intraoperative cyst spillage occurred in 28% of cases, exclusively during laparoscopic procedures, predominantly during ovarian cystectomy and in cysts measuring 6–10 cm.

**Conclusion:** Laparoscopic management of ovarian mature cystic teratomas is safe and feasible, with a high rate of successful minimally invasive surgery. Although intraoperative spillage occurred in approximately one-quarter of laparoscopic procedures, it was successfully managed without major complications.

**OP99**

## Re-evaluating OSTA vs. DEXA in Indian Women Aged 45 Years and Above from Weight-Based Screening to Targeted Densitometry

**Meenakshi Gupta**, Payal Agarwal, Sweta Balani
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**Introduction:** Osteoporosis is the most prevalent metabolic bone disorder in perimenopausal and postmenopausal women. The primary method for evaluating bone mineral density (BMD) is dual-energy X-ray absorptiometry (DEXA), which is considered the gold standard. Although DEXA is effective, it is not ideal for widespread screening due to high cost and limited access.

As an alternative, simpler tool such as the Osteoporosis Self-Assessment Tool for Asians (OSTA) have been developed. OSTA uses age and body weight calculated by formula OSTA=Body weight (in kg)–age (in year) x 0.2 to estimate osteoporosis risk and offer an indirect method for screening osteoporosis .

**Objective:** To study the efficacy of simple screening tool OSTA in predicting osteoporosis and its correlation with DEXA BMD in women aged 45 yrs and above.

**Method:** This cross sectional Observational study was conducted in 136 women aged 45years and above

attending Gynae OPD in Sant Parmanand Hospital New Delhi from August 2025 to July 2026.

**Results :** At the standard clinical cut-off of OSTA ≤ -1, the tool demonstrated a specificity of 77.91% and a positive predictive value of 62.75%. While OSTA effectively stratified high-risk individuals (76.92% osteoporosis ). However, its sensitivity was 64.00%, indicating that a proportion of women with osteoporosis would not be identified by OSTA alone .

**Conclusion:** OSTA serves as an excellent zero-cost triage tool in resource-constrained primary care settings, it cannot replace DEXA densitometry—particularly in individuals with non-weight-related clinical risk factors or high BMI masking silent bone loss."

**OP100**

## Effect of Obstetric Anal Sphincter Injury Care Bundle Implementation on Vaginal Birth-Related Perineal Trauma in Primipara

**Mithlesh Meena**, Anuradha Singh
Lady Hardinge Medical College

**Introduction:** Perineal trauma is a common complication of vaginal birth and may result in significant short- and long-term maternal morbidity. This study evaluated the effect of implementing the OASI Care Bundle on vaginal birth-related perineal trauma among primiparous women.

**Aim and Objective:** To compare the rates of vaginal birth-related perineal tears (2nd degree onwards) in primiparous women undergoing normal vaginal birth in pre- and post-intervention phases.

**Methods:** A quasi-experimental study included 200 primiparous women undergoing normal vaginal birth, with 100 in each pre- and post-intervention phase. Healthcare providers received OASI Care Bundle training, including appropriate episiotomy, manual perineal protection, and systematic perineal assessment. The primary outcome was second-degree or higher perineal tears; secondary outcomes were episiotomy rate and 48-hour postpartum VAS pain score. Continuous and categorical variables were analysed using t-test and chi-square/Fisher's exact test, respectively.

**Results:** Second-degree or higher perineal tears decreased from 4.0% to 1.0% after OASI Care Bundle implementation, but the reduction was not statistically significant (P=1.000). Episiotomy rates were comparable (92.0% vs. 94.0%, P=0.579). Mean 48-hour VAS pain scores were lower post-intervention (3.86 ± 1.12 vs. 4.12 ± 1.20), but the difference was not significant (P=0.115).

**Conclusion:** The OASI Care Bundle was associated with a reduction in second-degree or higher perineal tears among primiparous women, although the reduction was not statistically significant. It offers a simple, structured approach to perineal protection and clinician training, particularly in low-resource settings. Larger studies are needed to establish its effectiveness.

**OP101**

## Cervical cancer prevention behind bars: HPV burden, screening gaps and self-sampling acceptability

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**Introduction:** Women in custodial settings are an underserved population with potential barriers to cervical cancer prevention. HPV screening and self-sampling may provide opportunities to improve access to prevention.

**Objective:** To assess HPV burden, knowledge, attitudes and practices (KAP) related to cervical cancer prevention and acceptability of HPV self-sampling among women in custody.

**Methods:** A cross-sectional assessment was conducted among women attending a jail health facility. Of 397 participants, 2 invalid samples were excluded, leaving 395 for analysis. HPV testing and structured KAP assessment were performed. Participants undergoing self-sampling rated experience, confidence, discomfort, privacy and acceptability.

**Results:** Overall HPV positivity was 18.2% (72/395); HPV 16, HPV 18 and other HPV types were detected in 4.6% (18/395), 4.6% (18/395) and 10.1% (40/395), respectively. Only 20.0% (79/395) had heard of cervical cancer, 9.1% (36/395) knew it was preventable, and 4.6% (18/395) had heard of HPV vaccination. Previous screening and vaccination were reported by 7.6% (30/395) and 0.8% (3/395), respectively. However, 90.6% (358/395) were willing to undergo screening and 71.9% (284/395) wanted free HPV vaccination. Self-sampling was favorably rated, with 90.4% (357/395) rating overall experience 5/5.

**Conclusions:** Substantial HPV burden coexisted with major prevention knowledge and practice gaps. High willingness and favorable self-sampling experiences indicate an opportunity for accessible, respectful cervical cancer prevention in custodial settings.

**OP102**

## Decoding Fetal Doppler-Predictive Role of Cerebroplacental Ratio

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**Introduction:** Cerebroplacental ratio (CPR) is derived from the pulsatility indices of the middle cerebral artery and umbilical artery. It is an important Doppler parameter reflecting fetal circulatory adaptation to placental

insufficiency.

**Aim:** To evaluate the predictive role of cerebroplacental ratio in identifying adverse perinatal outcomes in low-risk singleton pregnancies at 37 to 38+6 weeks POG

**Methods:** A prospective observational study was conducted in low-risk singleton live pregnancies between 37 to 38+6 weeks POG All participants underwent ultrasonographic fetal biometry, estimated fetal weight and Doppler assessment of the umbilical artery and middle cerebral artery. Cerebroplacental ratio was calculated as the ratio of MCA-PI to UA-PI. Participants were categorized according to fetal growth status and appropriate for gestational age fetuses were followed until delivery with continuous intrapartum fetal monitoring. The primary outcome assessed was fetal heart rate abnormality. Secondary outcomes included gestational age at delivery, meconium-stained liquor, placental abruption, mode of delivery, Apgar score, NICU admission, need for neonatal resuscitation, respiratory distress syndrome and perinatal morbidity and mortality.

**Results:** Out of the 100 pregnancies evaluated, the incidence of adverse perinatal outcome was significantly higher among pregnancies with low CPR compared with those with normal CPR.

**Conclusion:** Cerebroplacental ratio may be a useful Doppler marker for identifying apparently low-risk early-term pregnancies at increased risk of adverse perinatal outcomes. Incorporation of CPR into antenatal assessment may facilitate early recognition of fetal compromise and allow individualized fetal surveillance and obstetric management.

**OP103**

## Efficacy and Safety of Levonorgestrel-Releasing Intrauterine System (LNG-IUS) in the Management of Abnormal Uterine Bleeding: A Prospective Observational Study

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Introduction: Abnormal uterine bleeding (AUB) significantly impairs women's quality of life and frequently leads to surgical intervention. The levonorgestrel-releasing intrauterine system (LNG-IUS) offers a fertility-preserving, conservative alternative.

Aim and Objectives: To evaluate the effectiveness, safety, continuation rate, and patient satisfaction of LNG-IUS in women with AUB.

Materials and Methods: A prospective observational study was conducted among 50 women with AUB. Baseline assessment included transvaginal ultrasonography, Pap smear, and endometrial biopsy, with etiologies classified per PALM-COEIN. Patients were followed at 3 and 6 months to evaluate changes in Pictorial Blood Assessment Chart (PBAC) score, endometrial thickness (ET), hemoglobin (Hb), adverse effects, satisfaction, and continuation rate.

Results: The mean age was 39.7 years and BMI was 27.4 kg/m$^2$. Major etiologies included adenomyosis (34%), endometrial polyps (34%), leiomyomas (30%), and endometrial hyperplasia without atypia (16%). Mean PBAC score decreased from 472.0 at baseline to 48.0 at 3 months and 24.8 at 6 months. Mean ET reduced from 9.6 mm to 5.1 mm, while mean Hb improved from 11.2 g/dL to 12.1 g/dL. Overall continuation rate was 90%, with satisfaction rates of 88% at 3 months and 82% at 6 months. Spotting (50%) was the most common side effect. Expulsion and device removal occurred in 4% of cases each, while hysterectomy was required in 2%.

Conclusion: LNG-IUS is a safe, highly effective, and well-tolerated first-line conservative management strategy for AUB, significantly reducing menstrual blood loss, improving anemia, achieving high satisfaction, and reducing surgical burden.

**OP104**

## The hidden burden of psychiatric illness in pregnancy : A retrospective series of 19 cases

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**Introduction:** Pregnancy is a state of biological and psychosocial transition. Underlying psychiatric disorders in pregnancy makes them more vulnerable to exacerbation and may adversely affect the perinatal outcomes. Aim and objectives: To evaluate the clinical presentation, management strategies, and fetomaternal outcomes of 19 pregnant women with psychiatric illness at tertiary care centre.

**Materials and methods:** Retrospective case review of nineteen pregnant women with psychiatric illness was done. Descriptive data analysis was done. Results: The mean age was 30.5±5.73years with primiparous(68.4%,13/19) and multiparous(31.57%,6/19). Psychiatric illnesses included anxiety spectrum/OCDs (52.6%, 10/19), depressive disorders (31.6%, 6/19), psychotic disorders (15.8%, 3/19), and dissociative disorders(10.5%, 2/19). All were diagnosed before pregnancy and on pharmacotherapy like SSRI's, atypical antipsychotics and benzodiazepine. 5.3%(1/19) required antenatal inpatient psychiatric admission and dose increments in 10.5% (2/19). Caesarean delivery was high (63.2%,12/19) indicated primarily by obstetric factors, vaginal delivery was safely achieved without maternal or neonatal complications. Only one had dissociative episode

during labour, managed conservatively. Preterm birth and LBW was documented in 36.8%(7/19) and 42.1%(8/19) respectively, attributed to maternal vascular-metabolic comorbidities. No neonatal complications were observed. Immediate post-partum was stable for majority of patients (84.2%,16/19). One patient had acute psychiatric decompensation (schizophrenia) managed medically. Drug-dose titrations done in 10.5%(2/19) for maintenance and lactational safety.

**Conclusion:** Psychiatric illness is not a contraindication for pregnancy and can be managed successfully with individualized multidisciplinary care with appropriate pharmacotherapy and family support. Psychiatric illness per se showed no independent association with feto-maternal complications, however postpartum period remains a vulnerable window for symptom exacerbation.

**OP105**

## Clinico-Pathological outcomes and Quality of Life in women post discharge from obstetric critical care unit.

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**Introduction:** Severe Obstetric complications can result in maternal mortality or irreversible organ dysfunction.

**Aims & Objectives:** Evaluate perinatal 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±5.1 years, 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. The LAS and SWLS scores showed significant improvements in all women except with Respiratoty 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.

**OP106**

## Atypical mullerian agenesis: A functioning Uterus behind an absent vagina

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**Background:** Obstructive Mü llerian anomalies are rare malformations often undetected until puberty, when outflow obstruction produces cyclical pelvic pain, hematometra, or primary amenorrhoea. Given the shared embryology of the Müllerian and mesonephric systems, they frequently coexist with renal . Management must be individualized.

**Cases:** We report two adolescents sharing one anatomical diagnosis—a unicornuate uterus with a functional communicating and non-communicating rudimentary horn, vaginal agenesis, and renal anomalies—yet following divergent courses both culminating in hysterectomy. Case 1, a 12-year-old with primary amenorrhoea and acute pelvic pain, had complete vaginal and cervical agenesis, hematometra, left hematosalpinx, an absent left kidney with a solitary ectopic pancake kidney and pelvi-ureteric junction obstruction, and prior anorectal malformation with limb hypoplasia& mdash;a caudal field defect overlapping VACTERL. Lacking a safe rectovesical plane for reconstruction, she underwent hysterectomy with excision of left sided hydrosalpinx, rudimentary horn excision and ovarian cystectomy, with ovarian preservation; reconstruction was deferred. Case 2, a 16-year-old with primary amenorrhoea had vaginal agenesis, hematometra, right hematosalpinx , left rudimentary horn and a left ectopic kidney, had Malecot drainage of hematometra elsewhere , followed by laparotomy and vaginoplasty at our institution. Non-adherence to mould therapy and loss to follow-up caused neovaginal stenosis, recurrent hematometra, and a right tubo-ovarian endometriotic (chocolate) mass. She underwent total abdominal hysterectomy with excision of right tubo-ovarian mass and conservation of left ovary.

**Conclusion:**These two cases demonstrate how similar congenital Müllerian anomalies can require distinctly different management strategies depending on anatomical feasibility and long-term adherence to reconstructive therapy.

OP107

## Role of MRI in antenatal evaluation and prognostication of fetal structural anomalies

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**Introduction:** Antenatal ultrasound is the first line modality for timely evaluation of fetal congenital anomalies. It facilitates parental counselling, delivery planning, invasive testing and perinatal care. Fetal MRI is a useful adjunct in certain cases for further characterization of such anomalies.

**Objective:** Antenatal evaluation and perinatal outcomes of fetal structural anomalies detected during pregnancy.

To assess the additional role of fetal MRI in such cases.

**Method:** A prospective cohort study of 25 pregnant women with antenatal ultrasound detected fetal anomalies were included who underwent fetal MRI. Additional role of MRI was established in the cases for prognostication, invasive testing, neonatal evaluation and surgical intervention.

**Results:** Among 25 anomalous fetuses, 15 had CNS anomalies, 8 had gastrointestinal anomalies, and 2 had genitourinary anomalies. MRI provided additional information in 12 CNS cases (80%), 6 gastrointestinal cases (75%) and 1 genitourinary case (50%), changing the outcome of 2 cases ( 1 CNS and 1 gastrointestinal), and reclassifying 2 cases of USG diagnosed ventriculomegaly as normal. MRI was concordant with postnatal outcome in 24 cases (96%). The single discordant case, an abdominal mass suspected as teratoma on MRI, was confirmed as fetus in fetu on histopathology.

**Conclusion:** Timely and complete antenatal evaluation of fetal structural anomalies supplemented by MRI in CNS and gastrointestinal anomalies facilitates better parental counselling and preparedness for postnatal intervention improving neonatal outcomes.

OP108

## Perioperative outcomes in women undergoing primary versus repeat myomectomy

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**Objective:** To compare immediate perioperative outcomes between primary and repeat myomectomy.

**Methods:** In this retrospective cohort study at a tertiary care referral center (January 2015–March 2024), 167 women undergoing myomectomy were reviewed; 7 women were excluded due to insufficient records, leaving 160 (128 primary, 32 repeat). Intra-operative blood loss, need of blood product transfusion, operative time, uterine cavity breach, change in hemoglobin levels and postoperative complications were compared using Mann–Whitney U, Student t, chi-square or Fisher exact tests with effect sizes. Multivariable logistic and linear regression (adjusting for uterine size, fibroid number, surgical route and preoperative hemoglobin), receiver-operating-characteristic (ROC) analysis and number-needed-to-harm (NNH) were computed.

**Results:** Repeat surgery was associated with greater blood loss (median 500 vs 400 mL; p=0.015), longer operative time (120 vs 90 min; p=0.014), higher transfusion rate (62.5% vs 29.7%; p<0.001; NNH=3), more uterine cavity breaches (43.8% vs 22.7%; p=0.016) and more composite major complications (18.8% vs 4.7%; p=0.015). Repeat patients were more anemic pre-operatively (10.6 vs 11.5 g/dL; p=0.002), yet the peri-operative hemoglobin fall was similar (p=0.84) — masked by nearly three-fold greater transfusion. After adjustment, repeat surgery independently predicted transfusion (OR 2.97, 95% CI 1.16–7.84) and cavity breach (OR 2.64, 1.09–6.38); crude blood-loss excess was largely explained by uterine size and open route. Blood loss discriminated transfusion well (AUC 0.80).

**Conclusion:** Repeat myomectomy associated with more intraoperative blood loss, cavity breach and perioperative morbidity warranting pre-operative hemoglobin optimization, adequate blood product arrangement, pre-operative planning and thorough counselling.

OP109

## HPV Infevtion in First Trimester and its Association with Fetomaternal Outcome

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Dr RML

The study evaluated the association between first-trimester HPV infection and subsequent pregnancy outcomes. HPV infection was detected in 32% of pregnant women, with high-risk HPV genotypes constituting the predominant group. PROM/PPROM occurred in 14% of HPV-positive women compared with 3% of HPV-negative women. HPV-positive women had a higher incidence of preterm delivery and lower mean gestational age at delivery. Fetal growth restriction and low birth weight were more frequent among HPV-positive pregnancies, with increased NICU admission and lower mean birth weight. The incidence of preeclampsia and cesarean delivery was also higher in the HPV-positive group. HPV infection was significantly associated with adverse pregnancy outcomes, particularly preterm birth, PROM/PPROM, fetal growth restriction and low birth weight.

**Conclusion:** First-trimester HPV infection was associated with adverse maternal and fetal pregnancy outcomes, particularly preterm birth, PROM/PPROM, fetal growth

restriction and low birth weight. Early identification of HPV infection in pregnancy may help identify women at increased risk of adverse fetomaternal outcomes and may support closer antenatal surveillance and future development of targeted screening strategies

**OP110**

## Comparison of the outcome of vaginal repair of vesicovaginal fistula in primary versus previous failed attempt of repair

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All India Institute of Medical Sciences

**Introduction:** Vesicovaginal fistula is global health problem. With improved obstetric care, etiology is shifting from obstetric to gynecological causes. History of previous failed repair classifies fistula as a complicated one, and traditionally abdominal repair is done for those cases.

**Objective:** To compare the outcome of vaginal repair of vesicovaginal fistula in patients with primary repair versus previous failed attempt of repair

**Methods:** This was a retrospective observational study conducted in a tertiary care hospital from Jan 2023 to July 2026. Patients who underwent vaginal repair of VVF were included. The records of patients' demographics, etiology of fistula, details of previous repair, if any, technique of present surgery and outcome were recorded and analyzed.

**Results:** Total of 21 patients were included in the study; 14 had primary repair and 7 had previous failed repair at another centre. Mean age of patients was 40 ± 6.74 years (Range 27 to 52 years). Median duration of antecedent event was 1.63 years (0.5 to 18 years). Out of previous failed repair, six had a previous one, and one had a previous two failed repairs. The etiology of fistula was gynecological surgery (hysterectomy) in 95% (20/21) cases and obstetrics (cesarean hysterectomy for placenta accreta) in 5% (1/21) cases. On cystoscopy, all were supratrigonal fistulae. Repair was successful in 93% (13/14) in primary cases and 85.7% (6/7) in previous failed attempts of repair (p= 0.6).

**Conclusions:** Vaginal repair of VVF is effective as primary repair in patients with a history of failed attempts of repair.

**OP111**

## Beyond Amnion: Oxidised Regenerated Cellulose in McIndoe Vaginoplasty for Vaginal Agenesis

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**Introduction:** Vaginal agenesis, commonly due to Mayer-Rokitansky-Küster-Hauser syndrome or androgen insensitivity syndrome, is conventionally treated with McIndoe vaginoplasty, where the graft lining the neovaginal cavity influences outcomes. Human amniotic membrane is the standard graft, but procurement and storage requirements limit its availability. Oxidised regenerated cellulose (ORC), a readily available absorbable haemostat, has been proposed as an alternative, with limited comparative data.

**Objective:** This study compared ORC with amnion as graft materials in McIndoe vaginoplasty for vaginal agenesis, evaluating anatomical outcome, sexual function, and epithelialization.

**Methods:** In this prospective case-control pilot study, 30 patients with vaginal agenesis were allocated 1:1 to McIndoe vaginoplasty using amnion (control) or ORC (study) over a vaginal mould. Vaginal length was measured intraoperatively and at 3 and 6 months, sexual function by FSFI at 6 months, and epithelialization by cytology and biopsy.

**Results:** Six-month follow-up was completed in 12 amnion and 14 ORC patients, with comparable mean ages (22.75±4.39 vs 24.57±4.65 years; p=0.32). Vaginal length was similar at all time points (intraoperative: 8.17±0.39 vs 8.14±0.66 cm; 3 months: 6.95±1.17 vs 6.19±1.91 cm; 6 months: 6.80±1.32 vs 5.80±1.40 cm). FSFI scores were comparable (30.44±1.00 vs 28.95±4.68), both above the dysfunction cut-off. Cytology and biopsy findings were similar. Restenosis needing repeat surgery occurred only with ORC (2/14).

**Conclusions:** ORC provides anatomical, functional, and histological outcomes comparable to amnion in McIndoe vaginoplasty and is a practical alternative where amnion is unavailable. Its higher restenosis rate warrants confirmation in larger studies.

**OP112**

## Routine vs no episiotomy in primigravida: an RCT on perineal injury and pelvic floor dysfunction

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**Background:** The present study compared the effect of ‘routine-episiotomy’ vs ‘no-episiotomy’ on perineal injury and pelvic floor function during normal vaginal delivery in primigravida.

**Methods:** This open-label RCT allocated women in the second stage of labour to routine mediolateral episiotomy or no-episiotomy (1:1) using concealed computer-generated randomisation. Episiotomy was avoided in the no-episiotomy group unless instrumental delivery wasrequired for maternal or foetal reasons. Perineal trauma, suturing characteristics, pain, pelvic-floor function,

urinary and anal incontinence were assessed at 24 hours, 36 hours, and 3 months postpartum. Pre and post-episiotomy biomarkers assessed the tissue-level injury. Analyses were conducted in STATA with significance at p<0.05.

**Results:** Out of 125 women screened initially, n=42 were randomised to episiotomy and no-episiotomy groups, while n=83 were excluded due to caesarean section or instrumental delivery. The episiotomy group had a shorter second stage of labour (p=0.034) and longer tears (p=0.047). More women in the no-episiotomy group used analgesics within 24 hours (p=0.048), but none after 36 hours. There was no significant difference in perineal pain, subjective tear grading, or pelvic-floor dysfunction, anal and urinary incontinence in both groups. Furthermore, biomarkers showed a significant increase in MDA (p=0.005) in the no-episiotomy group and increased TNF-α (p=0.042) in the episiotomy group, while CK and IL-6 changes were not significant.Conclusions:Considering no additional clinical benefits of episiotomy compared to no-episiotomy in terms of perineal pain, pelvic-floor dysfunction, or most biomarkers, routine episiotomy should be discouraged in clinical practice.

**Keywords:** Perineal injury, Routine episiotomy, Selective episiotomy, Vaginal delivery.

**OP113**

## Evaluation of Levator ANI Muscle Trauma in Primigravida Undergoing Vaginal Delivery Using 2D Translabial Ultrasound

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**Introduction:** Levator Ani Muscle (LAM) trauma is an under-recognized consequence of vaginal birth and may contribute to pelvic floor dysfunction. Objective: To determine the incidence of LAM trauma in primigravida after vaginal delivery using 2D translabial ultrasound (TLUS) and assess associated obstetric factors, maternal anogenital distance (AGD), and pelvic floor dysfunction.

**Methods:** This nested case-control study included primigravida women ≥36 weeks undergoing vaginal delivery. Antenatal levator hiatus anteroposterior (AP) diameter and AGDac and AGDaf were measured. Repeat 2D TLUS on postpartum day 3 assessed LAM trauma, defined as increase in AP diameter and/or partial or complete avulsion. At 6 weeks, Pelvic Floor Distress Inventory-20 (PFDI-20) and Oxford grading were assessed.

**Results:** Of 208 recruited women, 180 underwent vaginal delivery and 72 (34.61%) had LAM trauma; 37 (51.4%) had >25% hiatal widening, 18 (25.0%) partial and 17 (23.6%) complete avulsion. Cases had longer second-stage labour (40.21±19.38 vs 33.01±18.47 minutes; p=0.023), more instrumental deliveries (15.3% vs 2.8%; p=0.020) and higher birth weight (2.91±0.43 vs 2.73±0.38 kg; p=0.001). AGDac and AGDaf were shorter in cases (p=0.019 and 0.006). PFDI-20 scores were significantly higher in cases, while Oxford grading did not differ.

**Conclusions:** LAM trauma affected approximately one-third of primigravida after vaginal delivery. Prolonged second stage, instrumental delivery, higher birth weight and shorter AGD were associated with trauma. 2D TLUS may facilitate early identification and targeted postpartum surveillance.

**OP114**

## Spectrum of Lower Urinary Tract Symptoms in Postmenopausal Women and Their Association with Vaginal Atrophy

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**Introduction:** Genitourinary syndrome of menopause (GSM) includes vulvovaginal atrophy and lower urinary tract symptoms (LUTS), which adversely affect quality of life and remain underdiagnosed. This study assessed LUTS and their association with vaginal atrophy.

**Objective:** To determine the proportion of postmenopausal women with LUTS and vaginal atrophy assessed using the Vaginal Health Index (VHI) and evaluate their association.

**Methods:** A cross-sectional study included 50 postmenopausal women attending the outpatient department of LHMC. Detailed history and focused urinary and genital evaluation were performed. The Bristol Female Lower Urinary Tract Symptoms–Short Form (BFLUTS-SF) assessed urinary symptoms over four weeks. Vaginal health was assessed using VHI. Statistical analysis was performed using t-test and one-way ANOVA.

**Results:** The patients predominantly comprised of women with lower educational attainment and lower-middle socioeconomic status. 84% of the study population had BMI ≥23 kg/m$^2$. Burning micturition was the commonest urinary complaint (52%), urge incontinence (44.0%) and frequency (42.0%), stress urinary incontinence (20.0%), nocturia (18.0%). Dyspareunia (44.0%) and vaginal dryness (40.0%) were the commonest sexual symptoms, vulvar pain (20%) and itching (18%). Mean VHI was below 15 in patients with LUTS although not significantly associated with most complaints due to less sample size. Stress urinary incontinence was significantly associated with lower VHI (p = 0.049). Quality of life showed a greater proportion with severe burden.

**Conclusion:** LUTS and sexual symptoms are common in postmenopausal women. Poor vaginal health was associated with LUTS domains significantly affecting QOL. Larger studies are warranted to further evaluate these associations and guide comprehensive management.

OP115

## Primary Versus Previously Failed Repair of Rectovaginal Fistula: A Comparative Analysis of Surgical Outcomes from tertiary care centre.

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**Introduction:** Rectovaginal fistula remains a challenging condition requiring meticulous surgical repair. Previous failed repair may adversely affect tissue quality and healing, potentially influencing surgical outcomes.

**Objective:** To compare anatomical and functional outcomes of primary RVF repair compared with repair following a previous failed attempt.

**Study design, material and methods:** This retrospective observational study includes women who underwent surgical repair of RVF at our centre between January 2022 and January 2026. Patients were categorized into two groups according to whether repair was primary or performed after at least one previous failed repair. The primary outcome was successful fistula healing, defined as absence of vaginal discharge during 6 months of follow-up. Perioperative complications, operative time, blood loss, hospital stay, and postoperative functional outcomes were also assessed.

**Results:** The study included 32 women, out of which 17 had undergone primary repair, designated as group A while 15 women had history of atleast one previously failed repair, designated as group B. The median age of both groups is 34 years (range 27-38). Blood loss, mean operating time, hospital stay, and the requirement of analgesics were almost similar between groups A and B. The success rate was 94% in women who underwent primary repair, while 80% in women who had history of previously failed repair. The median follow-up of cases was around 12 months.

**Conclusion:** Primary repair of RVF is associated with favourable surgical outcomes, while previous failed repair may be an important predictor of reduced healing and increased postoperative morbidity.

OP116

## Efficacy and Safety of Transobturator Tape (Outside-In) Procedure in Women with Stress Urinary Incontinence

**Rajesh Kumari,** Arzoo Sana, Manasi Deoghare, Neena Malhotra
Professor

**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 and Objectives:** To evaluate the operative time, success rate, and postoperative complications in women undergoing the Transobturator Tape (outside-in) procedure for SUI.

**Materials and 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.

**Keywords:** Stress urinary incontinence, Transobturator tape, Outside-in technique, Groin pain, Urinary urgency, Surgical outcome

OP117

## The Road Less Traveled : An Unusal Clinical Course of Mayer Rokitansky Kuster Hauser Syndrome

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**Background:** Transverse vaginal septum with distal vaginal atresia is a rare Müllerian anomaly caused by failure of canalization and fusion between the Müllerian ducts and urogenital sinus. Patients commonly present with primary amenorrhea, cyclical pelvic pain, hematocolpos, hematometra, and, in severe cases, hematosalpinx. Surgical correction is generally effective, while severe postoperative infections are uncommon.

**Case Presentation:** A 14-year-old sexually inactive girl presented with primary amenorrhea, lower abdominal pain, abdominal distension, and urinary retention. MRI revealed hematometra, bilateral hematosalpinx, and a high transverse vaginal septum with distal vaginal atresia. She underwent excision of the vaginal septum with McIndoe vaginoplasty and was discharged well. She remained well for one month using a glass mould for vaginal patency. One month later, she presented with high-grade fever and diarrhea for four days. She was febrile, tachycardic, hypotensive, and leukopenic. Ultrasonography demonstrated

bilateral dilated tubular adnexal structures suggestive of pyosalpinx. Emergency exploratory laparotomy revealed 80–100 mL pyoperitoneum, a markedly enlarged right fallopian tube with impending rupture, and a ruptured left tube with active pus extrusion. Bilateral salpingectomy with peritoneal lavage was performed. Her postoperative course was further complicated by subacute intestinal obstruction, requiring re-exploratory laparotomy, bowel resection, and anastomosis. She subsequently recovered well.

**Conclusion:** Bilateral pyosalpinx with pelvic sepsis is an exceptionally rare, potentially life-threatening complication following surgical correction of obstructive Müllerian anomalies. Persistent hematosalpinx may serve as a reservoir for secondary infection despite restoration of genital tract drainage. Early recognition, imaging, and timely surgical intervention are crucial to reduce morbidity and prevent life-threatening complications.

**OP118**

## Robotic versus laparoscopic hysterectomy - comparison of peri operative outcomes in benign gynaecological diseases

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**Introduction:** Hysterectomy is widely performed gynecolgical procedure. Typically carried out for treating various uterine conditions apart from malignancies.

Different approaches for hysterectomy - abdominal (TAH), vaginal (VH), laparoscopic (TLH) and robotic (RH). Route depends on - patient specific clinical condition, surgeon's skill set, overall goal of achieving best surgical outcome. Minimal invasive techniques (VH, TLH, RH) preferred over TAH because of their significant benefits - reduced blood loss, short hospital stay, less post operative pain, faster recovery time, small scars. ACOG recommends VH whenever feasible.
**Aim:** To compare early surgical outcomes between TLH and RH.

**Objectives:** To compare following between TLH and RH :

- Operating time
- Estimated blood loss
- Conversion to alternative approach
- Post operative pain and need for extra analgesics
- First flatus passed
- Hospital stay

**Materials and Methods**

- Prospective observational study conducted from March 2025 to November 2025, total eight months.
- All patients >40 years undergoing RH or TLH for benign gynaecological diseases were included.
- Equal number of cases were taken in each arm from three surgeons performing both RH & TLH.
- Patients counselled regarding both techniques and decision making was left entirely to the patient.

**Result**

- Patients with prior surgery were more common among RH than TLH group.
- RH showed significantly shorter time of first flatus (TOFF) passed than TLH ( p value <0.001)

**Conclusion:** RH does not confer superiority over TLH in benign cases, it may benefit in technically challenging scenario.

**OP119**

## Beyond the Hysterectomy: Navigating Gender-Affirming Gynaecological Care in Transgender Men â€" Our Experience of Five Cases

**Aditya Sarkar**, Richa Vatsa, Juhi Bharti, Neena Malhotra, Soniya Dhiman, Vidushi Kulshrestha
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**Introduction:** Gender-affirming hysterectomy is an important component of care for transgender men. Beyond the surgical procedure, these patients may face unique social, gynaecological and healthcare-related challenges.

**Objectives:** To describe the social, gynaecological and surgical challenges encountered during gender-affirming hysterectomy in transgender men at our centre.

**Methods:** A retrospective descriptive case series was conducted of five transgender men who underwent gender-affirming hysterectomy at a tertiary-care centre over six months. Data were retrospectively collected from inpatient records, discharge summaries and outpatient records. Demographic characteristics, healthcare experiences, testosterone use, gynaecological assessment, fertility counselling, surgical findings, perioperative outcomes and histopathology were analysed descriptively.

**Results:** The median age was 23 years (range 21–32), and median duration of testosterone therapy was 4 years (2–9). All patients had undergone bilateral mastectomy and psychiatric counselling. All reported feeling judged because of their gender identity; 3/5 experienced misgendering and 4/5 reported discomfort in the gynaecology OPD/ward. All were amenorrhoeic on testosterone therapy and received fertility preservation counselling; all subsequently opted for bilateral oophorectomy. None had received fertility counselling prior to testosterone therapy. Total laparoscopic hysterectomy with bilateral salpingo-oophorectomy was performed in all. Uterine manipulator placement was challenging in all cases, with a vaginal tear in one. Operative time was 40–60 minutes, blood loss was

minimal, with no conversions to laparotomy. One patient developed postoperative urinary retention.

**Conclusion:** Gender-affirming hysterectomy extends beyond the surgical procedure. Inclusive healthcare practices, sensitive gynaecological assessment, fertility counselling and individualized surgical adaptation are essential for patient-centred care.

**OP120**

## Unfreezing the uterus: A case series on laparoscopic management of ventrofixed uterus in patients with varied gynaecological presentation

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**Background:** Rising caesarean section rates are associated with increasing placenta accreta spectrum and formation of dense central uterine bands that may ventrofix the uterus to the parietal peritoneum of the anterior abdominal wall. This distorted anatomy can affect reproductive health, deteriorate quality of life and pose significant challenges during subsequent gynaecological surgery.

**Case Series:** We present five patients with a ventrofixed uterus diagnosed intraoperatively during laparoscopic surgery at our institute. Three patients underwent total laparoscopic hysterectomy (TLH) for abnormal uterine bleeding (AUB) refractory to medical management; two had AUB-A, and one had AUB-P. Two had three previous caesarean sections, and one had two previous caesarean sections. One patient with a previous caesarean section four years earlier presented with prolonged postmenstrual spotting, chronic pelvic pain, and secondary infertility of two years' duration. Hystero-laparoscopy revealed a ventrofixed uterus with bilateral fallopian tubes adherent to the anterior abdominal wall. Following adhesiolysis, an isthmocele was identified and repaired, with round ligament plication performed to reduce recurrence and correction of retroflexion. The fifth patient, with two previous caesarean sections, presented with an unruptured caesarean scar ectopic pregnancy at six weeks and underwent laparoscopic scar ectopic excision. In all cases, adhesiolysis was performed using a lateral-window approach, identifying the avascular plane and proceeding with controlled lateral-to-medial dissection.

**Conclusion:** A ventrofixed uterus should not be considered a contraindication to minimally invasive surgery. Precise identification of pelvic landmarks and a lateral-to-medial approach facilitate controlled adhesiolysis and safe laparoscopic management of diverse gynaecological pathologies.

**OP121**

## From Persistence to Resolution: Hysteroscopic Management of Persistent Retained Products of Conception Following Early Pregnancy Loss A Two-Case Series

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**Introduction:** Retained products of conception (RPOC) following early pregnancy loss can cause persistent bleeding and require surgical management. Blind uterine evacuation may result in incomplete removal and endometrial trauma, potentially affecting future fertility. Hysteroscopy enables direct visualization and targeted removal while minimizing endometrial injury.

**Aim and Objectives**: To evaluate the feasibility, safety, and effectiveness of hysteroscopic resection for RPOC following early pregnancy loss, with emphasis on complete removal and preservation of reproductive potential.

**Materials and Methods:** Two patients with persistent bleeding following early pregnancy loss were diagnosed with RPOC using clinical assessment, transvaginal ultrasonography, and serum β-hCG. The first had a spontaneous abortion at 8 weeks with a 5 × 5 cm RPOC and β-hCG of 58 mIU/mL. The second underwent medical termination at 6 weeks followed by dilatation and curettage elsewhere, with persistent bleeding; imaging showed a 4 × 3 cm RPOC and β-hCG of 51 mIU/mL. Both underwent operative hysteroscopy using a resectoscope and normal saline. RPOC were removed under direct visualization and examined histopathologically. Follow-up included clinical assessment, serial β-hCG, and ultrasonography.

**Results:** Complete excision was achieved in both cases without complications or significant blood loss. Bleeding resolved, β-hCG normalized, and ultrasonography confirmed complete clearance.

**Conclusion:** Hysteroscopic resection is a safe, precise, minimally invasive, and fertility-preserving approach for persistent RPOC.

**OP122**

## A New Beginning: Rewriting Anatomy, Restoring Intimacy â€" The Journey of Neovaginal Reconstruction

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**Introduction:** MRKH syndrome is characterised by congenital vaginal agenesis, with significant implications for sexual function and quality of life. Neovaginal reconstruction aims to restore both anatomy and function. Although several techniques exist, comparative evidence remains limited.

**Objective:** This study evaluates anatomical, sexual and

patient-reported outcomes following laparoscopic Davydov and McIndoe vaginoplasty

**Methods:** This retrospective comparative study included women with MRKH syndrome who underwent neovaginal reconstruction between June 2021 and June 2026. Seven patients underwent laparoscopic Davydov vaginoplasty and ten underwent McIndoe vaginoplasty. Demographic characteristics, operative details and postoperative outcomes were analysed. Anatomical outcomes were assessed based on neovaginal length and patency, while functional outcomes were evaluated using the Female Sexual Function Index-6 (FSFI-6). Postoperative vaginal dryness, dyspareunia, postcoital spotting and overall patient satisfaction were also assessed.

**Results:** Seventeen women with a mean age of 27.4 ± 4.6 years underwent neovaginal reconstruction. Both techniques achieved successful anatomical reconstruction with no major perioperative complications. Mean postoperative neovaginal length was significantly greater following laparoscopic Davydov vaginoplasty compared with McIndoe vaginoplasty (7.1 ± 0.8 cm vs 4.3 ± 0.9 cm). Functional outcomes, assessed by FSFI-6, were broadly comparable between the two groups. Vaginal dryness, dyspareunia and postcoital spotting were more frequently reported following McIndoe vaginoplasty. Overall patient satisfaction was comparable between the groups.

**Conclusion:** Both Davydov and McIndoe vaginoplasty are effective techniques for neovaginal reconstruction in women with MRKH syndrome. Laparoscopic Davydov vaginoplasty provides a greater neovaginal length and was associated with fewer postoperative vaginal symptoms, while achieving comparable sexual function and patient satisfaction.

**OP123**

## Reproductive Outcomes Following Hysteroscopic Septal Resection: A Retrospective Cohort Study of Anatomical and Clinical Predictors

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**Background:** Uterine septum is the most common Müllerian anomaly and is associated with infertility, recurrent pregnancy loss, and adverse obstetric outcomes. After hysteroscopic septal resection the magnitude of reproductive benefit remains uncertain, and evidence identifying predictors of successful conception and live birth after surgery is limited.

**Objective:** Evaluate reproductive and obstetric outcomes following hysteroscopic septal resection and to identify whether septal morphology, reproductive history, surgical indication, and postoperative cavity status predict subsequent reproductive success.

**Methods:** This retrospective cohort study included 59 women undergoing hysteroscopic septal resection at AIIMS, New Delhi, between January 2024-2026. Demographic characteristics, infertility history, obstetric history, surgical indication, preoperative imaging findings, and septal anatomical characteristics were recorded. Reproductive outcomes time to conception, mode of conception, clinical pregnancy, miscarriage, ectopic pregnancy, preterm birth, and live birth were recorded.

**Results:** Among 59 women who underwent hysteroscopic septal resection, 25.4% had primary, 28.8% secondary infertility and 57.6% had a history of recurrent pregnancy loss. Partial septa constituted 50.8% and complete septa 47.5%. Complete hysteroscopic resection was achieved in 83.1%, with intraoperative complications occurring in 5.1%. Postoperative assessment demonstrated restoration of a satisfactory uterine cavity in 93.2%. During a median follow-up of 9 months, 28.8% of women attempting conception achieved spontaneous pregnancy.

**Conclusion:** Following hysteroscopic septal resection, 61.0% women were actively attempting conception at the time of follow-up, reflecting the relatively short interval since surgery within the study period. Clinical conception was 30.8% (16/52), 87.5% (14/16) resulted in live birth, with two miscarriage (12.5%). Longer follow-up is needed.

**OP124**

## Evaluating the 'See & treat approach in outpatient Hysteroscopy'- A retrospective Audit of patient outcomes and procedural feasibility.

**Anjali Sarkar**, Neeta Singh, Garima Kacchawa, Jyoti Meena, Neha Varun, Deepali Garg, Monika Sahoo
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**Background:** The "see and treat" approach to outpatient hysteroscopy combines diagnosis and therapeutic intervention in a single visit, avoiding the need for general anaesthesia. Data on its real-world feasibility and patient tolerability in routine practice remain limited.

**Objective:** To evaluate the procedural feasibility, patient tolerability, and outcomes of the see-and-treat approach in outpatient hysteroscopy over one-year period.

**Methods:** A retrospective audit was conducted of all outpatient hysteroscopy procedures performed between June 2025 and June 2026. Data on indication, procedure performed, intraoperative findings, treatment completion, complications, need for repeat procedure, pain score (Visual Analogue Scale, VAS) were collected and analysed.

**Results:** Mean patient age was 38.7 ± 9.7 years. Treatment was attempted in 184 procedures (92.5%), of which 121 (65.8%) were completed in the same sitting — the primary feasibility outcome. Completion rates varied by indication, ranging from 88.2% for abnormal uterine bleeding– 42.1% and 47.5% for infertility work-up. By

procedure type, endometrial polypectomy achieved the highest completion rate (79.4%), adhesiolysis had the lowest (33.3%). Mean VAS pain score was 4.7/10 and did not differ between completed and incomplete procedures (4.6 vs 4.8), suggesting pain was not a major determinant of procedural failure. Repeat procedure was required in 54 cases (27.1%). No complications were recorded in the audited cohort.

**Conclusion:** Outpatient "see and treat" hysteroscopy is a feasible and well-tolerated approach, achieving immediate diagnosis and treatment in the majority of patients with a low complication rate. It offers a practical approach, reducing dependence on general anaesthesia while maintaining acceptable patient comfort.

**OP125**

## Clinical Intuition vs. Imaging: Evaluating Diagnostic Concordance and the Role of Emergency Laparoscopy in Suspected Adnexal Torsion

**Sabiya Mansoori**, Monika sahoo, Neha varun , Deepali Garg, Jyoti Meena , Garima Kachhawa, K Aparna Sharma, Neeta singh

**Background:** Adnexal torsion is a gynecological emergency in which delayed diagnosis may result in irreversible adnexal damage. Clinical and radiological findings may be inconclusive, making intraoperative assessment crucial. This study evaluated the concordance between clinical suspicion, radiological diagnosis and intraoperative findings, and assessed the role of emergency laparoscopy.

**Methods:** A retrospective observational study was conducted among 19 patients with clinical suspicion of adnexal torsion who underwent surgical exploration. Clinical presentation, preoperative imaging, operative approach and intraoperative findings were reviewed. Intraoperative assessment was considered the reference standard.

**Results:** All patients had clinical suspicion of adnexal torsion; preoperative radiological imaging was explicitly suggestive of torsion in only 9/19 (47.4%) cases. Nine patients (47.4%) underwent laparotomy, primarily because of large/complex adnexal masses requiring oncological assessment or staging procedures, while 10 (52.6%) were managed laparoscopically. Among the laparoscopically managed patients, 3/10 (30.0%) had negative laparoscopy for torsion, with alternative adnexal pathology identified. Intraoperative findings demonstrated torsion in 14/19 (73.7%) patients, including cases in which preoperative imaging was non-diagnostic or did not demonstrate torsion. Thus, a substantial proportion of surgically confirmed torsion occurred despite the absence of definitive radiological confirmation.

**Conclusion:** This series demonstrates considerable discordance between clinical-radiological assessment and operative diagnosis. While imaging remains valuable, a negative or equivocal study does not reliably exclude adnexal torsion. Persistent clinical suspicion should prompt timely surgical evaluation, with laparoscopy providing definitive diagnosis and an opportunity for conservative detorsion and adnexal preservation where appropriate.

**OP126**

## Effect of Transcervical Intralesional Vasopressin on Operative Parameters During Hysteroscopic Myomectomy: A Prospective Randomized Double-Blind Controlled Trial

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**Objective:** To evaluate the efficacy of transcervical intralesional vasopressin injection in improving outcomes of hysteroscopic myomectomy for submucous fibroids.

**Methods:** This prospective, randomized, double-blind, placebo-controlled trial was conducted at a tertiary care academic centre (March 2024–November 2025). Forty premenopausal women with symptomatic submucous fibroids (FIGO Type 0–2, ≤3 fibroids, cumulative size <5 cm) were randomized 1:1; women with cardiovascular disease or prior medical management were excluded. The vasopressin arm received 10 mL diluted vasopressin (20 units/100 mL normal saline; ~2 units) injected transcervically into the fibroid capsule under hysteroscopic vision before resection, while controls received an equivalent volume of normal saline. Surgeon and patient remained blinded to allocation. Resections used a 4-mm monopolar resectoscope with 1.5% glycine distension medium. Primary outcome was operative time; secondary outcomes included distension inflow, fluid deficit, ΔHb, intraoperative visual clarity (VAS 0–10), effluent staining (VAS), and surgeon-rated bleeding score (1–3).

**Results:** All 40 participants completed the study with comparable baseline characteristics. Mean operative time was similar between groups (vasopressin 26.9 ± 12.44 min vs control 26.95 ± 13.28 min; $p = 0.990$). Visual clarity was significantly superior with vasopressin (median VAS 8.5 [IQR 7.5–9.0] vs 5.0 [IQR 3.0–6.5]; $p < 0.001$). Fluid deficit, distension inflow, ΔHb, effluent staining, and bleeding scores showed no significant differences between groups.

**Conclusion:** Transcervical intralesional vasopressin significantly enhanced intraoperative visual clarity during hysteroscopic myomectomy without shortening operative time or reducing fluid absorption, supporting its role as a safe, effective adjunct for improving endoscopic visualization.

OP127

## Massive Hemoperitoneum from an Unruptured Hemorrhagic Cyst

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**Background:** Hemorrhagic corpus luteal cysts are common functional ovarian cysts and are usually managed conservatively. Massive hemoperitoneum is classically associated with cyst rupture. Reports of significant hemoperitoneum from an unruptured hemorrhagic corpus luteal cyst are scarce, making diagnosis and management particularly challenging.

**Case:** A 21-year-old woman presented with sudden-onset severe lower abdominal pain and recurrent vomiting on day 27 of her menstrual cycle. Serum β-hCG was negative. Ultrasonography revealed a 5-cm thick-walled right ovarian hemorrhagic cyst with peripheral vascularity and free fluid extending into the pelvis, paracolic gutters, and hepatorenal pouch. Ovarian torsion and acute appendicitis were excluded; however, the source of bleeding remained uncertain. Owing to acute abdomen with suspected ongoing intra-abdominal bleeding, emergency diagnostic laparoscopy was performed. Approximately 700–800 mL of hemoperitoneum was evacuated. The hemorrhagic corpus luteal cyst was grossly intact without evidence of rupture or torsion. A systematic exploration of the peritoneal cavity, including the undersurface of the liver, spleen, mesentery, and bowel, excluded any alternate bleeding source. Active bleeding from a surface vessel overlying the cyst was identified, following which laparoscopic cystectomy was performed, while preserving ovarian tissue. Histopathology confirmed a hemorrhagic corpus luteal cyst.

**Conclusion:** This case demonstrates that massive hemoperitoneum can occur even in the absence of corpus luteum rupture. In reproductive-age women presenting with acute abdomen, negative pregnancy test, and unexplained hemoperitoneum, early diagnostic laparoscopy should be strongly considered, as it establishes the diagnosis, excludes other surgical emergencies, and provides definitive fertility-preserving management.

OP128

## Individualising Surgical Route Selection in Myomectomy: Development of a Preoperative Prediction Model

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**Introduction:** Myomectomy is uterine-sparing surgery for women with symptomatic fibroids desiring fertility. However, objective preoperative criteria to guide selection between laparoscopic or open myomectomy remain inadequately defined.

**Objective:** To identify preoperative patient and fibroid related factors influencing selection of the route of myomectomy. To develop a prediction model to individualise route of surgery.

**Methods:** This retrospective cohort study included 100 women undergoing myomectomy between June 2024-June 2026, comprising 41 laparoscopic and 59 open procedures. Preoperative variables including age, previous abdominal surgery, number of fibroids, maximum fibroid diameter, International Federation of Gynaecology and Obstetrics (FIGO) type and fibroid locations were reviewed. Univariate and multivariable logistic regression will identify independent predictors, while ROC analysis will assess model discrimination. Further analysis to formulate a prediction model is ongoing.

**Results:** Majority of our cases (53%) had hybrid fibroid followed by FIGO 5 types. 75% cases had one myoma while the rest had multiple myomas. Upto 5 fibroids were removed laparoscopically. Most single myomas of <10 cm (54%) with uterine size <20 weeks (58%) were removed laparoscopically. Mean myoma size in laparoscopic cases was 8.23 cm versus 10.9 cm in open. Mean estimated blood loss was 357 ml in laparoscopic versus 414 ml in open myomectomy. Blood transfusion was required in 14.6% in laparoscopic versus 27.15% in open cases.

**Conclusions:** A preoperative prediction model incorporating patient and fibroid characteristics to individualise selection of the surgical approach and apply this model in a prospective study.

OP129

## Correlation of Histopathological parameters with Molecular markers in Carcinoma Endometrium

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**Background:** Endometrial cancer (EC) staging is essential for effective treatment. Recent developments in molecular profiling have improved the management of EC through identification of molecular subtypes that influence prognosis and the requirement for adjuvant therapies.

**Objective:** This study aimed to evaluate clinical and diagnostic data together with immunohistochemical biomarker study related to molecular classification in patients with EC and to explore factors independently associated with the administration of adjuvant therapy.

**Methods:** This retrospective study included 100 patients diagnosed with EC who underwent surgical intervention

between October 2020 and October 2022. Data were obtained from clinical records and pathology reports. Patients were categorized based on whether they received adjuvant therapy. Multivariable logistic regression was used to identify independent factors associated with adjuvant therapy use.

**Results:** Patients who received adjuvant therapy were older, had larger tumors, higher abnormal p53 staining (consistent with TP53 mutation) rates, and greater lymph node involvement. Independent predictors of adjuvant therapy included Stage IB (OR: 68.571, p<0.001), Stage II-IV (OR: 153.412, p<0.001), and abnormal p53 stainings (OR: 8.572, p=0.025). Endometrioid carcinoma was negatively associated with adjuvant therapy (OR: 0.104, p=0.041).

**Conclusion:** The results of this study indicate that abnormal p53 stainings, clinical staging, and the presence of endometrioid tumors are significant determinants for the administration of adjuvant therapy. Integration of clinical staging and exact diagnoses in addition to molecular profiling may improve treatment decisions.

# Poster Presentation

PP1

## Giant Placental choriangioma - Our experience with varied clinical spectrum

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**Background:** Chorioangioma is the most common benign vascular tumor of the placenta, arising from excessive proliferation of chorionic villous vessels, with an incidence of approximately 1% of pregnancies. Giant chorioangiomas (>4 cm) are rare, occurring in 1 per 9,000–50,000 pregnancies

**Case sumaries:** Here we are discussing three different cases of choriangioma presenting at various stages of pregnancy, with complications developing due to it and the enigma of management of such pregnancy.

30 yrs old G2P1L1 with giant placental mass detected at 33+2 weeks, complicated by fetal anaemia developing hydrops .IUT done , patient delivered at 35+4 weeks via LSCS.

24 yrs old G2P1L1 with giant choriangioma diagnosed at 36 weeks, complicating to SGA, serial monitoring done, delivered at 38 weeks.

26 yrs old Primi presented at 26+2 weeks with polyhydramnios and fetal hydrops. Amnioreduction and IUT done . Delivered spontaneously at 27wks via normal vaginal delivery.

All diagnosis were confirmed on placental histopathology.

**Conclusion:** Giant placental chorioangiomas, though rare, carry a substantial risk of adverse perinatal outcomes ranging from fetal anemia and hydrops to preterm birth. Early sonographic diagnosis, and timely intervention can improve the outcome. Giant choriangioma causing fetal compromise, heart failure requires specialised in utero interventions used for cessation of blood flow to tumor including Radiofrequency ablation, interstitial laser ablation, fetoscopic laser photocoagulation.

PP2

## From Increased Nuchal Translucency to Trisomy 18: Early Diagnostic Trajectory of Edwards Syndrome

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**Introduction:** Trisomy 18 (Edwards syndrome) is the second most common autosomal trisomy, characterized by multisystem structural malformations and high perinatal lethality. Although maternal age remains a major risk factor, severe aneuploidies can occur in young, low-risk pregnancies. Early sonographic markers, including increased nuchal translucency (NT) and cystic hygroma, may suggest monosomy X (Turner syndrome), but can also indicate lethal autosomal trisomies requiring immediate multisystem anatomical assessment and definitive genetic testing.

**Objective:** To report the early diagnostic trajectory, invasive genetic confirmation, and post-termination pathological autopsy correlation of full Trisomy 18 presenting with cystic hygroma and multiple anomalies in a low-risk 22-year-old primigravida.

**Methods:** Serial sonographic evaluations began at 15 weeks following referral for elevated NT. Pre-test genetic counseling was provided, followed by amniocentesis for Chromosomal Microarray Analysis (CMA). After medical termination of pregnancy (MTP), targeted perinatal autopsy was performed to correlate morphological findings with prenatal ultrasound markers.

**Results:** Targeted ultrasound at 15 weeks demonstrated prominent nuchal cystic hygroma, bilateral choroid plexus cysts (CPCs), strawberry-shaped skull, atrioventricular septal defect (AVSD), and talipes equinovarus. CMA confirmed full Trisomy 18 (47,XX,+18). Following non-directive counseling regarding the unfavorable prognosis, the parents opted for MTP. Autopsy corroborated prenatal findings, confirming facial dysmorphism, micrognathia, low-set ears, cardiac defects, and limb contractures.

**Conclusion:** Young maternal age does not confer immunity against severe autosomal trisomies. Cystic hygroma or increased NT should prompt careful evaluation for cardiac and musculoskeletal anomalies beyond monosomy X. Integration of CMA with post-MTP autopsy provides diagnostic closure and supports accurate recurrence-risk counseling in future pregnancies.

PP3

## Prenatal Diagnosis of Bladder Exostrophy Epispadias Complex with Low-Set Umbilicus and Abnormal Perineal Anatomy: A Rare Case Report

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**Background:** Bladder exostrophy–epispadias complex (BEEC) is a rare congenital malformation resulting from defective closure of the lower abdominal wall and anterior bladder. Prenatal diagnosis remains challenging because of its rarity and variable sonographic appearance. Early recognition is crucial for multidisciplinary counselling, pregnancy planning, and informed parental decision-making.

**Case Report:** A 32-year-old G2P1 with a previous cesarean section underwent a level II anomaly scan at 22+5 weeks' gestation, which demonstrated persistent non-visualization of the fetal bladder despite normal kidneys

and amniotic fluid volume. Additional findings included a low-set umbilicus, infra-umbilical anterior abdominal wall defect, distorted perineal anatomy, and abnormal external genitalia suggestive of epispadias. Transperineal ultrasonography and pelvic Doppler further supported the diagnosis. Fetal MRI confirmed bladder exstrophy with associated abnormal perineal morphology. Following multidisciplinary counselling regarding prognosis and the need for staged reconstructive surgeries, the couple opted for termination of pregnancy. Post-delivery examination confirmed classic BEEC with dorsal chordee, pubic diastasis, low-lying umbilical cord, and anteriorly placed anal opening.

**Discussion:** This case highlights the importance of recognising persistent absent fetal bladder together with low-set umbilicus, abnormal genitalia, and altered perineal anatomy as key prenatal markers of BEEC. Fetal MRI serves as a valuable adjunct when ultrasonographic findings are suggestive, improving diagnostic confidence and facilitating timely multidisciplinary counselling and individualized pregnancy management.

**PP4**

## Epigenetics: Blueprint for a Lifetime

**Nitya Borad,** Prachi Renjhen
PG Resident

**Introduction:** epigenetics denotes heritable changes in gene expression without alteration of the deoxyribonucleic acid (DNA) sequence. The developmental origins of health and disease (DOHaD) paradigm holds that the intrauterine environment programmes the foetus through DNA methylation, histone modification and non-coding ribonucleic acids (ncRNA), making pregnancy the earliest window for prevention.

**Objective:** to trace how maternal exposures become placental epigenetic marks, and whether the resulting biomarkers can inform obstetric practice.

**Methods:** narrative review of landmark experimental and human studies published between 2003 and 2025 on maternal nutrition, glycaemia, smoking, obesity and placental disease.

**Results:** timing proved decisive: peri-conception was the most sensitive window, and adults conceived during the Dutch famine retained insulin-like growth factor 2 (IGF2) hypomethylation 60 years later. One-carbon nutrition was directly modifiable — methyl-donor supplementation altered offspring phenotype within one generation in the agouti mouse, and periconceptional folic acid 400 micrograms daily raised offspring IGF2 methylation. Smoking altered over 6,000 cord-blood methylation sites. At the maternal-fetal interface, dysregulated superoxide dismutase 1 (SOD1), vascular endothelial growth factor (VEGF) and IGF2/H19 impaired trophoblast invasion and angiogenesis, converging on pre-eclampsia, fetal growth restriction, gestational diabetes and preterm birth. Pooled data from 31 studies and 2,270 women confirmed reproducible placental signatures detectable in maternal cell-free DNA.

**Conclusions:** the placenta is where the mother's environment is written into her child's genome, leaving durable yet reversible marks. Periconceptional nutrition, glycaemic control and smoking cessation already edit that blueprint. As cell-free DNA methylation advances towards first-trimester prediction, epigenetics moves obstetrics from reaction to prevention.

**PP5**

## Successful Pregnancy in a Woman with Recurrent Pregnancy Loss and Balanced Robertsonian Translocation- A case report

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**Background:** Balanced Robertsonian translocations(RT) are the most common chromosomal rearrangement responsible for subfertility and recurrent pregnancy loss, which occur in 3-5 % of couples. These balanced translocations result in infertility due to unbalanced gametes, and recurrent spontaneous abortions because of monosomies and trisomies or chromosomally abnormal embryos [4,5]. RT is mainly seen in chromosomes 13,14,15, and 21, but the most frequent variety involves translocations between chromosomes 13 and 14(ROB13;14), while Rob13;15 and Rob,15;21 are rare types of chromosomal rearrangements. We present a case of a woman with repeated miscarriages who was found to be a carrier of balanced Robertsonian translocation on karyotyping, who had a successful pregnancy outcome after in vitro fertilization. Genetic testing of the conceptus and karyotyping of the parents are important steps in the management of recurrent pregnancy loss.

**Case Report:** A 26-year-old woman with four consecutive first-trimester pregnancy losses underwent parental karyotyping, which revealed balanced Robertsonian translocation 45,XX,rob(13;14)(q10;q10); her husband had a normal karyotype. Following genetic counselling, she underwent IVF with donor oocyte, conceived twins, and subsequently delivered two healthy male babies.

**Discussion:** Balanced Robertsonian translocation is an important genetic cause of recurrent pregnancy loss due to the formation of chromosomally unbalanced embryos. Parental karyotyping, genetic counselling, and appropriate assisted reproductive techniques can help achieve successful pregnancy outcomes.

PP6

## Rewriting the Outcome: Successful Pregnancy Following Antenatal IVIG for Recurrent Gestational Alloimmune Liver Disease (GALD )

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**Background:** GALD is caused by alloimmune injury to the fetal liver due to transplacental passage of specific reactive maternal IgG, with rate of recurrence in subsequent pregnancy of about 95%. There is a proven benefit of antenatal therapy with high-dose IVIG for reducig the risk for recurrence of disease and also reduces the risk for fetal loss.

**Case report:** A 29-year-old G5P1L0A2E1 with previous LSCS started on ivig for antenatal IVIG from 14 weeks pog in view of a previous neonatal death at day 10 of life due to suspected GALD, subsequent obstetric history of tubal ectopic pregnancy, managed medically and two early pregnancy losses. The current pregnancy was spontaneously conceived, with low risk aneuploidy screen Level-II revealed an echogenic intracardiac focus and prominent right renal pelvis; subsequent surveillance showed no pyelectasis. In view of the previous neonatal outcome, IVIG given antenatally at a dose of 1g/kg weekly starting from 14 weeks till 39 weeks pog, followed by termination of pregnancy at 39 + 3 weeks by emergency cesarean section. A healthy male child delivered with an APGAR of 8/9 with no features of liver disease and did not require NICU admission.

**Discussion:** This case demonstrates a favorable neonatal outcome in a pregnancy at risk for recurrent GALD following antenatal IVIG prophylaxis. Early identification of women with a previously affected pregnancy, close antenatal surveillance and timely IVIG may be crucial in improving outcomes in subsequent pregnancies.

PP7

## Dichorionic Diamniotic Twin Pregnancy with Partial Mole and Severe Pre-eclampsia: A Rare Case

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**Introduction:** Coexisting partial hydatidiform mole and a viable fetus in a dichorionic diamniotic twin pregnancy is rare and associated with significant maternal and fetal risks. Severe pre-eclampsia and antepartum hemorrhage further complicate management.

**Objective:** To describe the antenatal diagnosis and obstetric management of this rare pregnancy.

**Methods:** A 21-year-old woman with a dichorionic diamniotic twin pregnancy was followed as high risk. MRI at 19+6 weeks demonstrated a viable fetus and a separate heterogeneous multicystic intrauterine mass with a grape-like appearance, suggestive of partial hydatidiform mole. At 34+2 weeks, severe pre-eclampsia and antepartum hemorrhage necessitated delivery. Following stabilization, lower segment caesarean section (LSCS) was performed. Placental and molar tissue was sent for histopathological examination.

**Results:** A live male infant weighing 1,920 g was delivered by LSCS with Apgar scores of 9, 9, and 9 at 1, 5, and 10 minutes, respectively. Placental and molar tissue was sent for histopathological examination. The mother remained clinically stable postoperatively and was discharged with advice for regular follow-up and weekly quantitative serum β-hCG monitoring. Serum β-hCG was 7,476 mIU/mL during the postoperative period.

**Conclusions:** This rare pregnancy presents challenges in antenatal surveillance and obstetric decision-making. Early recognition, close maternal monitoring and timely delivery are essential. Serial postpartum β-hCG surveillance is crucial for detecting persistent gestational trophoblastic disease.

PP8

## Against the Clock: Every Minute Counts - Resuscitative C-Section and Successful Maternal Resuscitation in Eclampsia-Induced Cardiac Arrest

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**Background:** Maternal cardiac arrest in pregnancy is rare but associated with high mortality. Resuscitative caesarean section (RCS), when performed promptly, can improve maternal outcomes but remains underutilized.

**Case Report:** A 16-year-old unbooked primigravida with twin gestation and HBsAg-positive status presented at 26 weeks with an eclamptic seizure. She was intubated for pulmonary edema but rapidly deteriorated and developed cardiac arrest. Cardiopulmonary resuscitation (CPR) was initiated, followed by RCS after 4 minutes of unsuccessful resuscitation. Return of spontaneous circulation was achieved, and the mother was successfully resuscitated. She subsequently developed atonic postpartum haemorrhage, managed with bilateral uterine artery ligation and Hayman compression sutures, preserving the uterus. Her postoperative course was complicated by subacute intestinal obstruction requiring exploratory laparotomy and adhesiolysis, followed by recurrent hospital-acquired infections requiring broad-spectrum antimicrobials. She gradually improved and was discharged in stable condition

after prolonged hospitalization.

**Conclusion:** This case highlights that prompt RCS can facilitate successful maternal resuscitation following failed initial CPR. RCS should be protocolized as an extension of maternal CPR. Hesitation may result in loss of a potentially salvageable life. Survivors require prolonged multidisciplinary critical care because significant complications may occur despite successful resuscitation. Wider adoption of RCS within maternal CPR protocols is warranted.

**PP9**

## When Preeclampsia Steals Vision: A Rare Ocular Complication B/L Retinal Detachment

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**Introduction:** Preeclampsia is a multisystem hypertensive disorder of pregnancy that may cause neurological, renal, hepatic, hematological and ocular complications. Bilateral exudative retinal detachment is a rare but significant manifestation requiring prompt recognition.

**Case:** A 23-year-old primigravida at 29+3 weeks presented with raised BP, blurring of vision and decreased fetal movements. BP was 150/100 mmHg with urine albumin 2+. Investigations showed thrombocytopenia, elevated liver enzymes, raised LDH, renal dysfunction and significant proteinuria, suggestive of preeclampsia with severe features with possible HELLP syndrome. Ultrasound revealed intrauterine fetal demise with suspected placental abruption. Ophthalmological evaluation with OCT, B-scan and fundus examination demonstrated bilateral exudative retinal detachment. NCCT head was normal. She was managed with IV labetalol, magnesium sulphate (Pritchard regimen), strict monitoring, antibiotics and blood-product support. PTIUD was expelled spontaneously at 29+3 weeks on 18/07/2026, with approximately 800 mL retroplacental clot evacuated. Multiple units of PRBC and FFP were transfused. Prednisolone 60 mg once daily for 7 days was given following ophthalmology consultation. Multidisciplinary care was provided with optimization of antihypertensive therapy.

**Clinical Relevance:** Visual disturbance in a hypertensive pregnant woman is a warning sign requiring urgent evaluation. Early diagnosis, seizure prophylaxis, blood-pressure control, appropriate obstetric management and multidisciplinary care are essential to reduce maternal morbidity and mortality.

**PP10**

## Impending Eclampsia with HELLP Syndrome and Intrauterine Fetal Demise Complicated by DIC Requiring Hysterectomy

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**Background:** HELLP syndrome, characterized by hemolysis, elevated liver enzymes and low platelet count, is a serious obstetric complication that may be associated with pre eclampsia,eclampsia, disseminated intravascular coagulation (DIC) and severe obstetric hemorrhage. Early recognition and timely intervention are essential to reduce maternal morbidity and mortality.

**Case Report:** A 23-year-old G2A1 at 31 weeks + 1 day of gestation presented with intrauterine fetal demise and subsequently developed hypertension and significant obstetric hemorrhage with coagulopathy. The patient had recurrent elevated blood pressure readings and was managed with labetalol and magnesium sulfate loading and maintenance therapy. Laboratory investigations revealed thrombocytopenia with platelet count approximately 70 × 10?/L, serum bilirubin 1.38 mg/dL, aspartate aminotransferase (AST/SGOT) 63 IU/L, alanine aminotransferase (ALT/SGPT) 54 IU/L and elevated lactate dehydrogenase (LDH) 658 IU/L, consistent with HELLP syndrome. Coagulation abnormalities with significant bleeding were suggestive of associated DIC. Despite resuscitation and blood-component therapy, persistent hemorrhage required emergency operative management. Intraoperatively, the uterus was highly vascular and poorly contracting, with continued bleeding despite conservative surgical measures and uterine devascularization. Subtotal hysterectomy was performed to achieve definitive hemostasis.

**Discussion:** HELLP syndrome complicated by eclampsia and DIC can result in life-threatening obstetric hemorrhage. Recognition of hemolysis, elevated liver enzymes, thrombocytopenia, hypertension and neurological manifestations, followed by magnesium sulfate therapy, correction of coagulopathy and timely definitive surgical intervention, is crucial for maternal survival.

**PP11**

## Evaluation of maternal serum adropin levels

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**Introduction:** Preeclampsia is a pregnancy-specific hypertensive disorder associated with significant maternal and perinatal morbidity and mortality. Endothelial dysfunction is central to its pathogenesis. Adropin, a peptide involved in endothelial function and vascular homeostasis, has been proposed as a potential biomarker

of preeclampsia; however, existing evidence remains limited and contradictory.

**Objective:** To quantify and compare maternal serum adropin levels in women with preeclampsia and normotensive pregnant women.

**Methods:** A nested case-control study was conducted at University College of Medical Sciences and Guru Teg Bahadur Hospital, Delhi. A total of 140 pregnant women, comprising 70 women with preeclampsia and 70 age- and gestational-age-matched normotensive controls, were included. Maternal serum samples were collected at termination of pregnancy and stored at −20°C. Serum adropin levels were estimated using a commercially available enzyme-linked immunosorbent assay kit according to the manufacturer's protocol. Women with preeclampsia were further categorized according to severe features and early- or late-onset disease.

**Results:** The mean maternal serum adropin concentration was lower in women with preeclampsia compared with normotensive controls (170.13 ± 149.88 vs. 211.69 ± 225.62, respectively). Median concentrations were 118.24 and 115.38, respectively. Serum adropin concentrations were additionally evaluated according to severity and onset of preeclampsia, and their association with FullPIERS score and markers of endothelial dysfunction.

**Conclusion:** Maternal serum adropin concentration was lower among women with preeclampsia. These findings suggest a potential association between altered adropin levels and preeclampsia and may indicate a role of adropin in endothelial dysfunction associated with the disease.

**PP12**

## Systemic Lupus Erythematosus in Pregnancy: A Multidisciplinary Challenge

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**Background:** Systemic Lupus Erythematosus (SLE) is an autoimmune disorder associated with increased maternal and fetal morbidity. Pregnancy increases the risk of disease flares, pre-eclampsia, placental dysfunction, fetal growth restriction, preterm birth, and adverse neonatal outcomes. Differentiating an SLE flare from pre-eclampsia is particularly challenging because of overlapping clinical and laboratory features. Maternal autoantibodies, especially anti-Ro/SSA, may also result in significant neonatal complications.

**Case Report:** We present two pregnancies complicated by SLE. A 32-year-old G2A1 at 32 weeks with a six-year history of SLE, on prednisolone 45 mg once daily and hydroxychloroquine 200 mg twice daily, was admitted for safe confinement. She developed hypertension with proteinuria, while other investigations remained within normal limits. Labetalol achieved adequate blood pressure control. Rheumatology consultation was sought to differentiate SLE flare from pre-eclampsia. An elevated sFlt-1/PlGF ratio supported the diagnosis of pre-eclampsia, and termination was planned. Labour was induced according to the Bishop score; however, emergency caesarean section was performed for fetal distress.

**Discussion:** These cases highlight the complexity of SLE in pregnancy and the importance of distinguishing disease activity from pregnancy-specific complications. Angiogenic biomarkers may assist in selected cases. Anti-Ro/SSA positivity warrants appropriate fetal and neonatal surveillance. Multidisciplinary antenatal, intrapartum, and postpartum care is essential to optimize maternal and neonatal outcomes.

**PP13**

## Pregnancy in the face of Lupus Nephritis: A multidisciplinary challenge

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**Background:** Systemic lupus erythematosus (SLE) predominantly affects reproductive age women and pregnancy may be associated with disease flares and adverse maternal and fetal outcomes. Lupus nephritis is a major determinant of pregnancy outcome and may present with hypertension, proteinuria and edema, features that overlap considerably with preeclampsia. The present case highlights that differentiating active lupus nephritis from pregnancy-specific hypertensive disorders is challenging but crucial for appropriate management.

**Case Report :** A 25-year-old G2A1 with no significant past or family history presented at 22 weeks of gestation with chronic hypertension with superimposed preeclampsia, bilateral pedal edema. Evaluation revealed nephrotic-range proteinuria (spot ACR 5000 mg/dl), moderate anaemia and mild pleural and pericardial effusions with mild mitral and tricuspid regurgitation on echocardiography. Autoimmune evaluation showed positive ANA, low complement levels and positive anti-Ro antibody, raising suspicion of SLE with lupus nephritis. Multidisciplinary team management involving nephrology and rheumatology was done. She received antihypertensives, corticosteroids, hydroxychloroquine and azathioprine. Erythropoietin and packed red cell transfusion were administered for anemia. At 32 weeks, she underwent emergency caesarean section for suspected fetal compromise and a healthy baby of 1270 grams with APGAR of 7,8 was delivered. The postoperative period was monitored with continued multidisciplinary management and she was discharges in stble condition with baby.

**Discussion:** This case underscores that lupus nephritis should be kept in mind as differential among pregnant women presenting with nephrotic-range proteinuria and hypertension. High suspicion, early recognition, and multidisciplinary management with adequate

immunosuppression, close maternal-fetal surveillance are crucial for favourable perinatal outcomes.

**PP14**

## Successful management of pyonephrosis with renal abscess in puerperium

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**Background:** Pyonephrosis in pregnancy and puerperium can rapidly progress to sepsis and renal dysfunction. Early imaging and coordinated management are essential for favorable maternal outcome.

**Case Report:** A 31-year-old primigravida presented with burning micturition and fever with USG s/o hydroureteronephrosis with pyonephrosis at 18 wks. On evaluation, ultrasound s/o left moderate hydroureteronephrosis with cystitis for which injectable antibiotics given for 7 days. Serial urine examinations showed persistent pyuria and hematuria, whereas cultures were sterile and Tb reports were negative. Ultrasound revealed left renal abscess with pyonephrosis from 34 wks.She underwent emergency cesarean section and delivered a healthy baby. On postpartum day-1, patient had high grade fever spikes and repeat imaging demonstrated left pyelonephritis with pyonephrosis with evolving microabscess. She underwent left double-J stent ivo persistent febrile illness despite antibiotics with pyonephrosis. Following drainage, patient had symptomatic relief and serial laboratory parameters showed improvement.

**Discussion:** This case illustrates that culture-negative pyonephrosis may still represent active suppurative inflammation requiring timely source control and intervention to prevent renal dysfunction. Serial ultrasonography and multidisciplinary assessment can aid in identifying progression and in guiding definitive treatment.

**PP15**

## Beyond the Gravid Uterus: Enigma of Hydroureteronephrosis

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**Background:** Pregnancy is accompanied by profound anatomical, hormonal and haemodynamic adaptations involving the urinary system. Physiological dilatation of the renal pelvis, calyces and ureters is one of the characteristic changes of pregnancy reported in more than 80–90% of pregnant women, particularly during the second and third trimesters. The distinction between physiological and pathological urinary tract dilatation is clinically important because hydroureteronephrosis (HDUN) alone does not reliably establish the presence or absence of obstruction. Differentiating physiological (up to grade 2 as per Society of Fetal Urology) from pathological HDUN can be challenging because both may present with similar clinical and radiological findings. True pathological HDUN occurs in an estimated 0.2 to 3% of pregnancies.

**Cases Series:** Here we present a series of three cases where we encountered different presentations of pathological HDUN in pregnancy, their complications and management at out tertiary care centre. This series demonstrates three distinct mechanisms viz. extrinsic compression by a broad ligament fibroid, obstruction in a solitary functioning kidney, and renal calculus-related obstruction.

**Conclusion:** The varied presentations in our case series emphasizes the importance of maintaining a high index of suspicion in all such clinical scenarios. Atypical, severe, symptomatic, unilateral or progressively worsening dilatation should prompt evaluation for an underlying pathological cause. Early identification of the underlying cause and timely multidisciplinary management is vital for prevention of complications and providing good maternal and fetaloutcome.

**PP16**

## Severe Hyponatremia with Acute Neurological Manifestations in Pregnancy: A Rare Presentation of Empty Sella and Adrenal Insufficiency

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**Introduction:** Empty sella is often an incidental radiological finding but may be associated with pituitary hormonal dysfunction. Pregnancy increases hypothalamic-pituitary-adrenal axis demands and may unmask previously compensated adrenal insufficiency, presenting with severe hyponatremia and neurological manifestations.

**Case Description:** A 28-year-old G2P1L1 developed severe vomiting at 8 weeks of gestation and was evaluated elsewhere, where severe hyponatremia (serum sodium 110 mEq/L) was diagnosed. Two days later, she developed acute bilateral lower-limb paresis and slurring of speech, which improved following correction of hyponatremia. Following clinical improvement, she had no further medical evaluation or follow-up until 24 weeks of gestation, when she presented to AIIMS, New Delhi. She was initially managed with salt capsules and serial serum electrolyte monitoring. Endocrine evaluation revealed low morning cortisol (2.39 µg/dL), low free T4 (0.642 ng/dL), and low DHEA-S (4.5), with serum sodium/potassium of 132/4.3 mEq/L. MRI brain demonstrated empty sella, while MRI spine showed no significant structural lesion.

Glucocorticoid and thyroid hormone replacement resulted in clinical improvement. At 32 weeks, she developed PPROM and underwent emergency caesarean delivery in view of anhydramnios following antenatal corticosteroids . A male baby weighing 1575 g was delivered with Apgar scores of 8 and 9. Postpartum recovery was uneventful and endocrine replacement was continued.

**Discussion:** Pregnancy may unmask previously compensated pituitary dysfunction. Severe hyponatremia with neurological manifestations warrants evaluation for adrenal insufficiency and hypopituitarism.

**Conclusion:** Recognition of pituitary dysfunction associated with empty sella and timely glucocorticoid replacement can facilitate maternal stabilization and continuation of pregnancy with favorable outcomes.

**PP17**

## Multidisciplinary Management of Type V Takayasu Arteritis with Dissecting Aortic Aneurysm in Pregnancy

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**Background:** Takayasu arteritis (TA) is a rare, chronic inflammatory large-vessel vasculitis predominantly affecting young women. Pregnancy complicated by Type V TA with dissecting aortic aneurysm and renovascular compromise presents severe maternal-fetal hazards, including aortic rupture, acute heart failure, severe preeclampsia, and fetal growth restriction (FGR).

**Case Report:** A 33-year-old G3P1L1A1 was referred to aiims at 32 weeks gestation with complain of leaking PV and a known case of Type V TA with dissecting thoracic aortic aneurysm, right shrunken kidney, and chronic hypertension. She had a history of prior termination of pregnancy with mirena insertion in 2023 for vascular compromise when she was first diagnosed with Takayasu arteritis. However, later she got mirena removed and conceived without pre conception counselling. A multidisciplinary team—comprising maternal-fetal medicine, cardiology, rheumatology, and cardiothoracic surgery evaluated the patient. Blood pressure (BP) was controlled using labetalol, and vasculitis activity was suppressed with methylprednisolone steroid cover. 2 D ECHO was normal. Serial Doppler ultrasound at 32 weeks detected Stage 2 FGR with a reversed cerebroplacental ratio. Following inpatient BP optimization, an emergency lower segment cesarean section with bilateral tubal ligation was performed in CTVS OT under cardiac anesthesia at 33+6 weeks i/v/o fetal distress. A live male infant weighing 1,740 g was delivered. Post op monitoring was done in CTVS ICU. Patient was discharged stable on amlodipine.

**Discussion:** Managing severe TA during pregnancy necessitates balancing maternal hemodynamic risk against fetoplacental perfusion demands. Intensive multi-specialty co-management is paramount to prevent fatal vascular dissection and ensure optimal fetomaternal outcomes.

**PP18**

## A Balloon to the Rescue: Emergency PTMC in High-Risk Obstetric Mitral Stenosis

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**Introduction:** Active labor and immediate postpartum autotransfusion precipitate life-threatening pulmonary edema in critical rheumatic mitral stenosis (MS). Failed medical management during labor, warrants urgent delivery. Emergency caesarean delivery coupled with immediate percutaneous mechanical decompression can be life saving for such patients.

**Case Report:** A 29 year old primigravida presented in labour with acute-onset respiratory failure and flash pulmonary edema. Refractory hypoxemia despite non-invasive ventilation, intravenous furosemide, and beta-blockers necessitated an emergency lower segment cesarean section (LSCS). Transthoracic echocardiography in immediate post partum period confirmed rheumatic heart disease with severe MS: thickened anterior and posterior mitral leaflets, classic AML doming, and subvalvular chordal matting. Further evaluation revealed a mitral valve area (MVA) of 1.1cm2, peak and increased mean transmitral gradients , mild MR, mild AS/AR, and an LVEF of 50–55% without regional wall motion abnormalities. The left atrium was clear, with no clot, vegetation, or pericardial effusion. Due to persistent postpartum pulmonary venous congestion,a multidisciplinary decision for PTMC was taken with critical care and cardiology team. Post-PTMC, the Mitral valve area expanded to 1.9cm$^2$, the mean transmitral gradient declined from 13mmHg to 4 mmHg, and pulmonary edema resolved rapidly, permitting swift patient stabilization

**Conclusion**: Aligning with series by Saha et al. (2025) and Vijayvergiya et al. (2022), emergency LSCS and postpartum PTMC provide relief to acute pulmonary overload and preventing near-miss maternal mortality.

**PP19**

## Navigating the Haemostatic Challenge: Successful management of Type 3 von Willebrand disease in pregnancy

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**Background:** Type 3 VWD is the rarest and most severe phenotype, with a prevalence of 0.5 to 6 per 1,000,000

individuals. The combined deficiency of VWF and FVIII predisposes affected individuals to severe bleeding and requires VWF replacement therapy. Pregnancy in such patients poses significant challenges in peripartum haemostatic management and requires a multidisciplinary care.

**Case report:** A 22-year-old G2P0+0+1+0 with known Type 3 VWD, with a history of recurrent mucosal bleeding and multiple transfusions, presented at 10 weeks with bleeding per vaginum, managed conservatively. At 29 weeks, she had recurrent gum bleeding with severe anaemia (Hb 3 g/dl), requiring multiple transfusions, cryoprecipitate, and initiation of VWF/FVIII replacement therapy.

At 31 weeks, she had concealed abruption (USG-a large intraplacental haemorrhage 13×10×5 cm). Emergency LSCS was performed after administration of VWF/FVIII (60 IU/kg). Intraoperatively, there was 600 cc of retroplacental blood clots and blood loss of 1.3 Litres. A healthy neonate (1665 g, Apgar scores 8 and 9) was delivered. The postoperative course was complicated by blood transfusions and wound bleeding, requiring escalation of factor replacement. The dose of Inj VWF/FVIII concentrate was gradually tapered and discontinued before discharge. She was discharged in stable condition on postoperative day 39 with no neonatal complications.

**Discussion:** This case underscores the significance of anticipatory planning, early haemostatic intervention, and coordinated multidisciplinary care in managing type 3 VWD in pregnancy. Inj VWF/VIII concentrate provides a safe and effective strategy for preventing peripartum complications and ensures favourable maternal and neonatal outcomes.

**PP20**

## Intravenous Iron Sucrose versus Ferric Carboxymaltose in Iron Deficiency Anaemia of Pregnancy: A Comparative Observational Study

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**Introduction:** Iron deficiency is the commonest cause of anaemia in pregnancy and carries significant maternal and fetal morbidity. Oral iron is first-line, but parenteral iron is necessary when oral iron is not tolerated or when rapid correction is required, as near term.

**Objective:** To compare the efficacy and safety of intravenous iron sucrose and ferric carboxymaltose (FCM) in improving haematological indices in anaemic pregnant women.

**Methods:** A comparative observational study was conducted in this department from September 2018 to May 2020. A total of 120 pregnant women with iron deficiency anaemia were enrolled in each group. One group received intravenous iron sucrose and the other intravenous FCM, after calculation of total iron dose. Haematological parameters were repeated on days 14 and 28. Outcomes were improvement in haematological parameters and reported side effects. Data were analysed using appropriate statistical tests.

**Results:** Both groups were comparable in sociodemographic profile and baseline haematological parameters. The rise in haemoglobin was greater and more rapid with FCM (8.7 ± 0.47 to 11.6 ± 0.77 g/dl) than with iron sucrose (8.24 ± 0.57 to 10.60 ± 0.87 g/dl) [insert p value from full paper]. Rise in serum ferritin and mean corpuscular volume was also greater in the FCM group. Side effects in both groups were mild, and were more frequent with iron sucrose.

**Conclusions:** Both intravenous iron sucrose and FCM can successfully treat iron deficiency anaemia in pregnancy, but improvement is faster, safer and more convenient with FCM.

**PP21**

## A Tale of Two Culprits: Pancytopenia in Pregnancy (Case Report)

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**Introduction:** Pancytopenia in pregnancy is rare, and causes can range from simple nutritional deficiency to life-threatening marrow failure. Initially, the findings suggested a single reversible cause; however, the severity of the cytopenia and the necessity for multiple transfusions revealed an additional pathology during the work-up.

**Objective:** To describe a case of severe pancytopenia in pregnancy and its evaluation and management.

**Case:** A 38-year-old woman, gravida 5 para 4 live 1, presented at 26 weeks of gestation with fatigue, breathlessness, and pallor, and was found to have pancytopenia. Work-up revealed marked folate deficiency, along with positivity for parvovirus B19 IgG and IgM, indicating a recent infection that had triggered a transient aplastic crisis on top of an already folate-deficient marrow. She required multiple transfusions of packed cells and platelets, alongside high-dose folate and multivitamin therapy, with haematological recovery over two weeks. Foetal surveillance later showed growth restriction and evidence of foetal anaemia on Doppler at 35 weeks, prompting admission for safe confinement. She delivered a small-for-gestational-age neonate at 36 weeks weighing 2420g.

**Conclusion:** Folate deficiency and parvovirus B19 infection can coexist in pregnancy and interact to produce pancytopenia more severe than either cause alone. A multidisciplinary approach and transfusion support during the crisis, along with continuous maternal-foetal

surveillance, produce a favourable outcome.

**PP22**

## When Breathlessness Isn't Just Pregnancy: A Case of Methemoglobinemia

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**Background:** Shortness of breath is common in pregnancy, often brushed off as a normal effect of the growing uterus and rising oxygen demand. But for this 22-year-old first- time mother, the symptom, paired with recurring headaches, nearly cost her life more than once.

**Case report:** At 14 weeks she was rushed to the ER at Safdarjung Hospital with an SpO2 of 41% and needed intubation to survive. She was extubated within 12 hours, after a brief but critical ICU stay under the medicine department. Congenital methemoglobinemia was suspected there for the first time. Vitamin C therapy wasn't enough, so she was given three doses of methylene blue before she stabilized. Even then she was discharged without a firm diagnosis. The months after brought repeated hematology visits for routine ABG monitoring.

At 28 weeks, genetic testing gave a clearer answer: a single nucleotide variant in exon 2 of the HBB gene, confirming autosomal dominant methemoglobinemia, beta type. At 32 weeks she came to the ANC OPD with breathlessness, headache, cyanosis, SpO2 down to 44% on room air. She was admitted and stabilized. At 36 weeks she was readmitted with the same complaints and this time stayed in hospital until delivery.

At 38 weeks, under multidisciplinary care in the HDU, she delivered a healthy baby girl weighing 2.59 kg under epidural anesthesia.

**Discussion:** Methemoglobinemia is easy to miss in pregnancy. Timely oxygen support, methylene blue, and coordination between medicine, hematology, and obstetrics led to a safe delivery.

**PP23**

## Diagnostic challenge and catastrophic neuro obstetric complications in pregnancy with dual heterozygous thrombophilia

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**Background:** Stroke in pregnancy is rare but potentially devastating, particularly in women with thrombophilias and antiphospholipid syndrome (APS). These disorders increase the risk of thrombotic events, placental insufficiency, and adverse maternal-fetal outcomes.

**Case Report:** A 28-year-old G4P3L0 woman at 25+3 weeks of gestation with recurrent pregnancy loss and history of intrauterine fetaldemise presented with uncontrolled blood pressure suspected to be a case of anti phospholipid syndrome.

Thorough obstetric history and examination with history of recurrentarterial ischemic strokesandmultipleneurological deficits with significant family history suggested towards the diagnosis of inherited thrombophilias.

Thrombophilia evaluation revealed heterozygous Factor V Leiden and heterozygous MTHFR mutations. She was managed with low-dose aspirin, therapeutic low-molecular-weight heparin, and antihypertensive therapy. Close maternal and fetal surveillance was undertaken through multidisciplinary care involving obstetrics, neurology, radiology, and vascular surgery. With intensive management mother was salvaged but placental abruption with antepartum haemorrhage at 1+28 weeks, resulted in a fresh stillbirth.

**Conclusion:** This case highlights the complex interplay between inherited thrombophilia, suspected APS, recurrent arterial thrombosis, and hypertensive pregnancy complications. Early risk stratification, preconception counselling, individualizedanticoagulation, and multidisciplinary management are essential to improve maternal and fetal outcomes

**Keywords:** Recurrent ischemic stroke; antiphospholipidsyndrome; Factor V Leiden; pregnancy; thrombophilia; recurrent pregnancy loss; placental abruption.

**PP24**

## The Cost of Control: A Rare Case of Severe Postpartum Outcomes of Hayman Suture

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**Background:** Uterine compression sutures, including the Hayman technique, are vital fertility-preserving interventions for refractory atonic postpartum hemorrhage (PPH). While highly effective, these mechanical hemostatic measures carry a rare but severe risk of ischemic complications, particularly when combined with stepwise devascularization. This report details a critical case of extensive uterine necrosis following the application of Hayman sutures.

**Case Report:** A 36-year-old multiparous woman (G3P2L2) presented25dayspost-cesareansectionwithpersistentfever and purulent vaginal discharge. Her delivery, complicated by severe preeclampsia and atonic PPH, was managed with stepwise devascularization and Hayman sutures. Clinical evaluation revealed marked pallor and a profoundly tender, subinvoluted uterus (comparable to 30 weeks of gestation). Ultrasonography demonstrated an endometrial

fluid collection with multiple air pockets, indicative of pyometra. Subsequent exploratory laparotomy revealed extensive pelvic inflammatory adhesions and an avascular, necrotic uterus featuring an anterior mid-segment rupture draining foul-smelling purulent exudate. Intramyometrial abscesses and widespread tissue sloughing necessitated an emergency subtotal hysterectomy. Histopathological analysis confirmed extensive myometrial infarction with acute inflammation. The patient recovered uneventfully and was discharged in stable condition.

**Discussion:** Although Hayman sutures are pivotal in managing atonic PPH, clinicians must remain vigilant regarding potential ischemic sequelae, notably when performed alongside stepwise devascularization. Persistent postpartum pyrexia and abnormal discharge warrant immediate clinical and radiological evaluation. Early identification and decisive surgical intervention, including emergency hysterectomy, are paramount in managing uterine necrosis to prevent life-threatening sepsis.

**PP25**

## From Loss to Life: A Successful Uterus-Preserving Approach to Placenta Percreta

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**Background:** Placenta percreta represents the most severe form of placenta accreta spectrum (PAS) and is associated with life-threatening obstetric hemorrhage. Although cesarean hysterectomy is the accepted standard of care, conservative management may be considered in selected patients.

**Case Report:** 23-year-old G2P1L0 at 32+6 weeks, previous LSCS with short interpregnancy interval of 12 months, was referred with suspected placenta percreta. Pregnancy was uneventful till 31 weeks after which she had spotting. Ultrasound revealed an anterior placenta completely covering the internal os, multiple lacunae, focal placental bulging, and bridging vessels suggestive of percreta. Following multidisciplinary planning, cesaeran section was undertaken at 34 weeks after perioperative placental localization. Classical cesarean was performed through a midline abdominal incision and a live baby was delivered by breech extraction. The placenta was found to be firmly adherent. In absence of active hemorrhage, placental separation was avoided, and the placenta was left in situ. The uterus was closed, followed by bilateral internal iliac artery ligation to reduce pelvic blood flow. The patient remained hemodynamically stable with controlled blood loss, thereby avoiding hysterectomy. Postoperative surveillance was uneventful. Serial clinical evaluation, ultrasonography showed progressive placental involution. Mother and baby were discharged on day 20.

**Discussion:** In selected patients with placenta percreta, "non-separation is the intervention." leaving placenta in-situ, combined with pelvic devascularization and intensive surveillance, provides uterus-preserving alternative to hysterectomy. Successful outcomes depend on multidisciplinary planning, blood-product preparedness, surgical expertise, and prolonged monitoring for delayed hemorrhage and infection.

**PP26**

## Clean Hands, Better Healing: Hand Hygiene Audit to Reduce Episiotomy Breakdown

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**Background:** Episiotomy wound breakdown contributes significantly to postpartum morbidity through perineal pain, psychological distress, and prolonged hospital stay. Poor hand hygiene compliance among healthcare workers is a modifiable risk factor for perineal wound infection and subsequent dehiscence.

**Objective:** To audit hand hygiene compliance among healthcare workers in the labour room using the WHO "7 Steps of Hand Washing" protocol and assess its association with episiotomy wound breakdown following targeted quality improvement initiatives.

**Materials & Methods:** A prospective quality improvement study was conducted in the labour room of Babu Jagjivan Ram Memorial Hospital. Baseline hand hygiene audit data were obtained following a rise in episiotomy wound breakdown. Fishbone analysis identified gaps including inadequate hand hygiene induction for new staff and infrastructural deficiencies. Interventions included induction training, installation of an elbow-operated tap and hand dryer. Multiple Plan-Do-Check-Act (PDCA) cycles were implemented. Monthly internal audits were conducted using the same format, with monthly assessment of hand hygiene compliance and episiotomy wound breakdown.

**Results:** Baseline hand hygiene compliance was 52% in March 2026, with episiotomy wound breakdown in 3 patients (2%). Over 6 months, hand hygiene compliance increased to 72%, while episiotomy wound breakdown decreased to 0.6%, representing an absolute reduction of 1.4 percentage points. Culture reports from affected episiotomy sites showed skin contaminants in 60% of cases.

**Conclusion:** Regular hand hygiene audits and targeted quality improvement interventions improved compliance and were associated with a reduction in episiotomy wound breakdown, potentially contributing to safer intrapartum and postpartum care.

PP27

## A Race Against Time: Necrotizing Pancreatitis Complicating Third-Trimester Pregnancy

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LHMC

**Background:** Acute pancreatitis is an uncommon complication of pregnancy and may be associated with significant maternal and fetal morbidity. Necrotizing pancreatitis represents a severe form of the disease and poses a diagnostic and therapeutic challenge, particularly in the third trimester.

**Case Report:** A G2P1L0 woman at 31+4 weeks of gestation presented with severe epigastric pain associated with nausea and vomiting for 2 days. Investigations revealed markedly elevated serum amylase (2440 U/L) and lipase (4642 U/L). Ultrasonography showed features suggestive of necrotizing pancreatitis. She was managed with multidisciplinary care and close maternal and fetal monitoring. During hospitalization, she developed preterm labour with fetal distress. In view of fetal compromise, an emergency caesarean section was performed at 31+4 weeks, delivering a preterm, low-birth-weight baby weighing less than 1.5 kg. Postoperatively, the mother developed persistently elevated blood pressure and, considering the severity of her condition, was shifted to the Surgical Intensive Care Unit for close monitoring and further management. With intensive supportive treatment and multidisciplinary care, her condition gradually improved, and she was subsequently discharged in a healthy condition.

**Discussion:** Necrotizing pancreatitis in pregnancy is a rare but potentially life-threatening condition requiring early recognition and prompt multidisciplinary management. Severe maternal disease may be associated with preterm labour and fetal distress, necessitating timely obstetric intervention. Maternal stabilization, continuous fetal surveillance and individualized timing of delivery are crucial for achieving favourable maternal and fetal outcomes.

PP28

## Jejunal Perforation in late pregnancy A Formidable Diagnostic & Therapeutic challenge

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Holy Family Hospital

**Background:** Acute abdomen complicates approximately 1 in 500–635 pregnancies. Intestinal perforation is an exceptionally rare but life-threatening surgical emergency during pregnancy. Jejunal perforation represents one of the rarest etiologies, with only isolated cases reported worldwide. Pregnancy-related physiological and anatomical changes may obscure the diagnosis, resulting in delayed intervention and increased maternal and fetal morbidity.

**Case Report:** A 33-year-old primigravida at 28+1 weeks presented with persistent upper abdominal pain, vomiting, tachycardia, and low-grade fever. Initial ultrasonography and other radiological investigations were inconclusive despite progressive maternal deterioration. Following multidisciplinary discussion, emergency lower segment caesarean section and exploratory laparotomy were performed 48 hours after admission, revealing a pinpoint jejunal perforation with distal jejunal stricture and feculent peritonitis. Primary repair with stricturoplasty was successfully performed, preserving bowel continuity. Histopathological examination demonstrated granulomatous inflammation without microbiological confirmation of tuberculosis. Both mother and neonate recovered well following intensive multidisciplinary care.

**Discussion:** This case highlights the diagnostic challenges of acute abdomen in pregnancy, where uncommon surgical conditions such as intestinal perforation may masquerade as common gastrointestinal disorders, leading to delayed diagnosis. Subtle clinical signs of maternal deterioration should prompt timely reassessment and consideration of surgical pathology. A multidisciplinary approach is essential for prompt diagnosis, appropriate surgical intervention, and optimisation of maternal and fetal outcomes. Early recognition and intervention can minimise morbidity in these rare but potentially life-threatening presentations.

PP29

## Severe Metabolic Acidosis Mimicking Diabetic Ketoacidosis: An Unusual Presentation of Ruptured Ectopic Pregnancy

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**Introduction:** Ectopic pregnancy is a leading cause of early pregnancy-related maternal mortality and can rarely present with severe metabolic derangement mimicking diabetic ketoacidosis (DKA), delaying diagnosis and surgical management.

**Objective:** To report a case of ruptured ectopic pregnancy presenting as hemorrhagic shock with acidosis masquerading as DKA, highlighting the role of menstrual history and bedside ultrasound in timely diagnosis.

**Methods:** Case report based on clinical records, investigations, and operative findings of a 23-year-old woman.

**Results:** A 23-year-old woman presented with dizziness and altered sensorium, unrecordable BP, pulse 140/min, capillary glucose 450 mg/dL, and ABG showing pH 6.9, HCO3 7, lactate 20 mmol/L. Initially managed as DKA, further history revealed amenorrhea and a positive home

pregnancy test. On obstetric evaluation, she was in shock with hemoglobin 3.8 g/dL and reduced urine output. Bedside ultrasound showed an empty uterine cavity with an adnexal mass, confirming ruptured ectopic pregnancy. Emergency laparotomy revealed 2.2 L hemoperitoneum; salpingectomy was performed with massive transfusion and ICU support. She was discharged stable after 20 days.

**Conclusion:** Ruptured ectopic pregnancy can mimic DKA via hemorrhagic-shock-related acidosis. Prompt pregnancy testing and ultrasound in reproductive-age women with unexplained shock can prevent fatal delay.

**PP30**

## Staged Management of a Large Cervical Fibroid in Pregnancy: Avoiding Caesarean Myomectomy

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**Background:** Cervical fibroids are rare, accounting for less than 1% of uterine fibroids, and are infrequently encountered during pregnancy. Their location may obstruct the birth canal, resulting in labour dystocia, postpartum haemorrhage (PPH), and technical challenges during caesarean delivery. Caesarean myomectomy is generally avoided because of the increased risk of severe intraoperative haemorrhage. Careful antenatal assessment and individualized delivery planning are essential to optimize maternal and fetal outcomes.

**Case Report:** A 31-year-old G3P2L2 woman presented at 35 weeks' gestation in active labour. Examination revealed a 6 × 4 cm cervical fibroid arising from the posterior lip of the cervix, occupying the vaginal canal and preventing descent of the fetal head despite adequate uterine contractions. Emergency lower segment caesarean section was performed, resulting in delivery of a healthy female infant weighing 2825 g. Increased intraoperative blood loss was encountered, and caesarean myomectomy was deferred because of the anticipated risk of severe haemorrhage. The patient developed secondary PPH on postpartum day 29, which was managed conservatively. Follow-up ultrasonography demonstrated persistence of the cervical fibroid, and interval cervical myomectomy was successfully performed on postpartum day 44 with complete postoperative recovery.

**Discussion:** This case highlights the importance of recognizing cervical fibroids as a rare cause of obstructed labour. Deferring myomectomy until the puerperium avoided the haemorrhagic risk associated with caesarean myomectomy while permitting definitive surgery after uterine involution. Individualized surgical planning, multidisciplinary management, and a staged approach can minimize maternal morbidity and achieve favourable maternal and neonatal outcomes in this uncommon obstetric scenario.

**PP31**

## Enhancing Birthing experience with Structured Antenatal Education workshops â€“A Quality Improvement initiative

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Holy Family Hospital

**Background:** Comprehensive antenatal care extends beyond clinical assessment to education that empowers women and families for pregnancy and childbirth. Prior to this initiative, antenatal education at our institution was limited to individual consultations without a structured programme. This quality improvement (QI) initiative aimed to establish a sustainable antenatal education programme and improve childbirth preparedness.

**Methods:** This QI initiative was implemented over 18 months in the Department of Obstetrics & Gynaecology of a mission-based tertiary care teaching hospital using sequential PDSA cycles. Initially introduced in the private antenatal outpatient clinic, three structured interactive workshops covering diet & exercise, labour & delivery, and newborn care were conducted monthly by a multidisciplinary team. Four PDSA cycles involved appointment of a dedicated Mother & Child Educator, standardisation of workshop frequency, increased awareness through educational materials, and active consultant engagement. Women were encouraged to participate in these interactive sessions.

**Results:** During the 18-month period, 675 antenatal women were counselled, of whom 178 attended the workshops. Attendance increased progressively from approximately 10–12 participants per workshop at programme initiation to around 30 following sequential PDSA interventions. The programme was integrated into routine antenatal services and sustained throughout the study period. Participant feedback indicated improved understanding of pregnancy, labour and newborn care, greater confidence in birth preparedness, and appreciation of the interactive multidisciplinary format. Perinatal outcomes of participating mothers will also be documented. Structured antenatal education can be sustainably integrated into routine care, empowering women and families with knowledge, confidence, preparedness, and a more positive birthing experience.

**PP32**

## When the Cornua Concealed a Mole: Invasive Hydatidiform Mole presenting as an Interstitial Pregnancy.

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**Introduction:** Gestational trophoblastic neoplasia (GTN) following ectopic gestation is exceedingly uncommon

(<1% of GTN). Its occurrence after surgical management of interstitial pregnancy is exceptionally rare and diagnostically challenging. Persistent serum β-hCG after surgery warrants evaluation for persistent trophoblastic disease.

**Case Description:** A 31-year-old G5P1L1A3 woman with previous lower-segment caesarean section and left salpingectomy presented at 8 weeks 6 days with acute progressive left lower abdominal pain. Serum β-hCG was 52,318 mIU/mL. Ultrasound revealed left interstitial pregnancy. Exploratory laparotomy with left cornual wedge resection was performed, excising a 3 × 3 cm cornual bulge. On postoperative day 12, she presented with persistent vaginal spotting and β-hCG remained elevated at 4,405.6 mIU/mL, raising suspicion of persistent trophoblastic tissue. Histopathology unexpectedly demonstrated invasive hydatidiform mole. MRI showed a bulky uterus with an enhancing fundal and body lesion and multiple flow voids, suggestive of residual invasive trophoblastic disease. WHO prognostic score was 3, consistent with low-risk GTN. Repeat β-hCG was 3,722.3 mIU/mL, and single-agent chemotherapy with close β-hCG surveillance was planned.

**Discussion:** Molar transformation within an ectopic gestation is exceedingly rare and may be overlooked because β-hCG decline is expected after cornual resection. Persistent bleeding and plateauing β-hCG should prompt suspicion for GTN. Histopathological examination of ectopic specimens and meticulous postoperative β-hCG surveillance are essential for timely diagnosis.

**Conclusion:** Invasive hydatidiform mole should remain an important differential when β-hCG persists after interstitial pregnancy surgery. Early recognition permits prompt chemotherapy and excellent outcomes in low-risk disease.

**Keywords:** gestational throphoblastic neoplasia; interstitial pregnancy; invasive mole; β-hCG.

**PP33**

## Lost Within the Myometrium: A Rare Intramural Pregnancy with Diagnostic Discordance

**Kumudini Rajora**, Jharna Behura, Dr Rajiv ranjan, Dr anjali mathur

**Introduction:** Intramural pregnancy is an exceptionally rare ectopic pregnancy in which the gestational sac is completely embedded within the myometrium without communication with the endometrial cavity or fallopian tube. Its rarity and overlapping imaging features with interstitial pregnancy make diagnosis challenging. **Objective:** To highlight the diagnostic challenges and surgical management of a rare intramural pregnancy presenting with unusually high serum β-hCG levels.

**Methods:** A G6P4L4A1 woman with 8 weeks of amenorrhea and vaginal bleeding presented with suspected ectopic pregnancy. Serum β-hCG was 18,374 IU/L. Ultrasonography demonstrated an eccentrically located unruptured ectopic pregnancy in the isthmus. The disproportionately high β-hCG level raised suspicion of a concurrent intrauterine or heterotopic pregnancy. Diagnostic laparoscopy was performed to determine the exact location of the pregnancy. **Results:** Laparoscopy revealed normal fallopian tubes and ovaries with a 4 × 3 cm right cornual mass, raising suspicion of intramural pregnancy. Laparotomy identified a gestational sac completely surrounded by myometrium, with no communication with the endometrial cavity or fallopian tube. The pregnancy was excised, the myometrial defect repaired while preserving the endometrium, and histopathology confirmed chorionic villi within myometrial tissue, establishing the diagnosis of intramural pregnancy. The postoperative course was uneventful. **Conclusions:** Intramural pregnancy should be considered when clinical, biochemical, and imaging findings are discordant. Markedly elevated β-hCG levels may create diagnostic uncertainty by suggesting heterotopic pregnancy. Laparoscopy may not identify the exact implantation site, and definitive diagnosis may require surgical exploration. Early recognition and timely intervention are essential to prevent uterine rupture and life-threatening haemorrhage.

**PP34**

## The Vulnerable Corner: Cornual Uterine Rupture following Second-Trimester Mifepristone

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**Background:** Uterine rupture in the second trimester is a rare and life-threatening complication, particularly in women with a multiply scarred uterus. Its occurrence during a mifepristone-only regimen for medical termination of pregnancy (MTP), in the setting of concurrent undiagnosed placenta increta, represents an exceptionally rare clinical scenario with major implications for obstetric practice.

**Case Presentation:** A 27-year-old G3P2L2 at 19 weeks of gestation with two prior lower segment caesarean sections (LSCS) presented with preterm prelabour rupture of membranes (PPROM) and anhydramnios. MTP was initiated with mifepristone 200 mg orally every 8 hours; the protocol intended six doses followed by a 48-hour rest period before further induction. After the fifth dose, the patient developed uterine contractions followed by haemodynamic shock. Emergency exploratory laparotomy revealed a cornual uterine rupture of 5×5 cm with haemoperitoneum. Emergency obstetric hysterectomy with bilateral internal iliac artery ligation was performed with a total blood loss of 4.4 litres. Histopathological examination (HPE) of the specimen confirmed placenta

increta at the left cornua — the precise site of rupture.

**Conclusion:** This case highlights the catastrophic potential of mifepristone, even without misoprostol, in a multiply scarred uterus with undiagnosed placenta increta. Pre-MTP placental evaluation including colour Doppler ultrasonography is essential in all women with prior uterine surgery. Emergency surgical backup must be available before initiating medical MTP in high-risk patients.

**PP35**

## Heterotopic Pregnancy Following Spontaneous Conception: A Diagnostic and Management Challenge

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MAMC

**Background:** Heterotopic pregnancy—the co-occurrence of intrauterine and ectopic pregnancies—is rare in spontaneous conceptions (approximately 1 in 30,000). Identifying an intrauterine pregnancy can obscure the diagnosis, making thorough adnexal evaluation crucial. Hemodynamic instability or internal bleeding demands immediate surgical intervention.

**Case Report:** A 24-year-old woman (gravida 2, para 1live 1) at 8+1 weeks of spontaneous gestation presented with abdominal pain and Grade III hemorrhagic shock. Physical examination revealed right iliac fossa tenderness, a closed cervical os, cervical motion tenderness, and right adnexal tenderness without fullness.

Ultrasonography showed a viable intrauterine pregnancy alongside a right adnexal gestational sac-like structure with surrounding patchy uptake, indicating a heterotopic pregnancy.

Following multidisciplinary planning, the patient underwent an emergency laparotomy under general anesthesia. Intraoperative findings revealed massive hemoperitoneum; approximately 1 liter of blood clots was evacuated, and a right salpingectomy with suction evacuation of the intrauterine pregnancy was performed. Resuscitation required one unit of packed red blood cells (PRBCs) preoperatively, plus two units of PRBCs and fresh frozen plasma intraoperatively. She achieved hemodynamic stability, experienced an uneventful recovery, and was discharged in stable condition.

**Conclusion:** Clinicians must consider heterotopic pregnancy in pregnant patients presenting with abdominal pain, adnexal tenderness, or hemodynamic instability—even following spontaneous conception and confirmed intrauterine pregnancy. Meticulous adnexal assessment, early diagnosis, and rapid multidisciplinary management are essential to prevent life-threatening hemorrhage and ensure optimal maternal outcomes.

**PP36**

## Spontaneous Rupture of a Live Cornual Ectopic Pregnancy in a Viable IVF-Conceived DCDA Twin Gestation: A Rare Case of Heterotopic Triplet Pregnancy

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**Background:** Heterotopic pregnancy, defined as the simultaneous occurrence of intrauterine and ectopic pregnancies, is a rare presentation. This report presents a unique case of a viable intrauterine twin gestation with a simultaneous ruptured cornual ectopic pregnancy, managed successfully with maternal and fetal survival.

**Case Report:** A 32-year-old primigravida with a history of bilateral tubal clipping and IVF conception with transfer of two embryos presented in hypovolemic shock. Ultrasound revealed a live dichorionic diamniotic (DCDA) intrauterine twin pregnancy with a ruptured left cornual ectopic pregnancy. Emergency laparotomy was performed, and the ruptured cornual site was repaired. Intrauterine pregnancy was preserved. The pregnancy continued until 33 weeks, following which a cesarean section was performed due to worsening abdominal pain. Both the neonate and the mother had a favourable outcome.

**Discussion:** Heterotopic pregnancy remains a diagnostic challenge, especially when an intrauterine pregnancy is confirmed, which may lead clinicians not to consider the possibility of concurrent ectopic gestations. IVF increases the risk, and although only two embryos were transferred in this case, the presence of a third ectopic gestation remains a biological puzzle. The occurrence of a third ectopic gestation can be explained by embryo splitting or migration after embryo transfer.This case demonstrates that even with cornual rupture, favourable maternal and fetal outcomes are achievable.

**PP37**

## Fertility Preserving Management of a Bleeding Cervical Ectopic Pregnancy Following Frozen Embryo Transfer

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**Introduction:** Cervical ectopic pregnancy is a rare and potentially life-threatening form of ectopic pregnancy associated with severe haemorrhage and risk of hysterectomy. Early diagnosis by transvaginal ultrasonography and individualized conservative management are essential, particularly in women desiring future fertility.

**Objective:** To describe the diagnostic challenges and successful fertility-preserving management of a cervical ectopic pregnancy following frozen embryo transfer

complicated by significant haemorrhage.

**Methods:** A 38-year-old woman with recurrent pregnancy loss conceived following frozen embryo transfer and presented at 6 weeks gestation with continuous painless vaginal bleeding. Initial ultrasonography elsewhere suggested a heterotopic pregnancy with intrauterine and cervical gestational sacs.Repeat transvaginal ultrasonography demonstrated an empty uterine cavity and two gestational sacs within the cervical canal, one containing a viable embryo and the other collapsed. Persistent peritrophoblastic vascularity and a negative sliding sign supported the diagnosis of cervical ectopic pregnancy.

**Results:** Ultrasound-guided suction evacuation was performed for ongoing bleeding. Significant haemorrhage of approximately 1500 mL occurred following evacuation. Haemostasis was achieved using sequential intracervical injection of diluted vasopressin followed by Foley balloon condom catheter tamponade. One unit of packed red blood cells was transfused. Uterine artery embolization and hysterectomy were avoided. Histopathology confirmed products of conception, and serum β-hCG normalized within three weeks.

**Conclusion:** Cervical ectopic pregnancy requires prompt diagnosis and preparedness for massive haemorrhage. A stepwise conservative approach using ultrasound-guided evacuation with local haemostatic measures can achieve haemostasis while preserving uterine integrity and future fertility in carefully selected patients.

**PP38**

## Saving two lives â€“ Multidisciplinary approach to rare case of eye lid AVM in pregnancy

**Malik Humaira**, Neeta Singh, Neha Varun, Deepali Garg, Monika Sahoo, Jyoti Meena, Garima Kachawa
PG Student Aiims Newdelhi

**Background:** AVM of eye and orbit are exceeding rare vascular anomalies, that have slight increased tendency to enlarge in pregnancy due to hormonal and hemodynamic changes. Tendency to bleed from such lesion is slightly increased in pregnancy and poses significant maternal and fetal challenges.

**Case:** 27 year old un-booked primigravida at 34+3weeks POG with known case of AVM (Left upper eye lid) since 2 years presented to emergency with recurrent and profuse bleeding from left eye. Decision for emergency LSCS taken in view of severe bleeding. Patient was managed by multidisciplinary team involving obstetrics, ophthalmology, interventional radiology and Anaesthesia. LSCS was uneventful and bleeding controlled by compression bandage. In postpartum period, patient underwent embolization of left eyelid AVM and discharge in a stable condition.

**Discussion:** No clear guidelines exist about the management of an AVM during pregnancy, existing literature is documented only for AVM brain and no case report exists for AVM eyelid. A multidisciplinary approach should be taken, and the risks and benefits of treatment weighed on an individual basis.

**Conclusion:** Pregnancy can precipitate life-threatening hemorrhage from vascular malformations and can have adverse maternal and fetal outcomes. Early multidisciplinary management, planned delivery and definitive management including endovascular procedures can achieve excellent outcomes.

**Keywords:** Pregnancy, Antepartum hemorrhage, Embolization, Multidisciplinary approach

**PP39**

## Uterine Arteriovenous Malformation Coexisting with a Viable Intrauterine Pregnancy: A Multidisciplinary Approach to Management

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**Introduction:** Uterine arteriovenous malformation (UAVM) is a rare but potentially life-threatening vascular abnormality. Its coexistence with a viable intrauterine pregnancy is extremely uncommon and poses a significant risk of hemorrhage, particularly during pregnancy termination.

**Objective:** To describe the multidisciplinary management of UAVM coexisting with a viable intrauterine pregnancy, with uterine artery embolization prior to medical termination.

**Methods:** A 29-year-old G4P2L2 at 6 weeks 6 days was diagnosed with a single live intrauterine pregnancy with coexisting UAVM. MRI showed prominent serpiginous flow voids in the anterior myometrium, while Doppler demonstrated high-velocity, low-resistance flow. Following multidisciplinary counselling, bilateral uterine artery embolization was performed using two Terumo wire coils to occlude the feeding arteries. Post-embolization angiography confirmed absence of residual AVM flow. The patient subsequently consented for medical termination. Mifepristone 200 mg was administered, followed 48 hours later by misoprostol 800 µg sublingually every 3 hours.

**Results:** Spontaneous expulsion of products of conception occurred after three doses of misoprostol. Post-expulsion evaluation revealed no retained products or abnormal uterine vascularity. The patient remained clinically stable without significant hemorrhagic complications and was discharged after appropriate contraception counselling.

**Conclusion:** Coexisting UAVM and viable pregnancy

presents a challenging clinical scenario with a significant risk of hemorrhage. Uterine artery embolization followed by medical termination enabled safe evacuation without significant hemorrhagic morbidity. This case emphasizes the importance of accurate imaging, multidisciplinary management, individualized counselling, and fertility-preserving intervention in such rare cases.

**PP30**

## When Hope Meets Hazard: Twin Pregnancy with a Complete Mole and a Viable Fetus Complicated by Gestational Trophoblastic Neoplasia

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**Background:** Complete Hydatidiform Mole with a Co-existing Fetus (CHMCF), occurring in less than 1 in 22,000 pregnancies, is a rare "twin paradox". Clinicians facing this condition navigate intense diagnostic and management dilemmas, balancing the continuation of the pregnancy against the risk of severe haemorrhage, thyrotoxicosis or pre-eclampsia.

**Case Report:** A 32-year-old G4P2L1A1 woman presented at 14 weeks gestation with excessive vomiting and intermittent vaginal bleeding. Lab investigations showed hyperthyroidism and serum human chorionic gonadotropin β-hCG  value that increased from 3,00,000 to  20,00,000 IU/ML within 3 days. On imaging, patient was diagnosed to have CHMCF with focal adherence of placenta anteriorly and planned for hysterotomy in view of same. Patient discharged on weekly β-hCG  monitoring. Plateau of four β-hCG values were noted over 3 weeks. Diagnosis of GTN  made and patient started on Single -Agent Methotrexate chemotherapy.

**Discussion:** Clinically, these pregnancies are marked with persistent vaginal bleeding, hyperemesis, a uterus significantly larger than expected for the gestational age, and markedly elevated & beta;-hCG levels. CHMCF carries a high risk of maternal morbidity and a significantly increased risk of progression to gestational trophoblastic neoplasia (GTN). Consequently, clinical management poses a profound dilemma. Early termination of the pregnancy is widely considered the safest medical option to prevent life-threatening maternal deterioration when severe complications arise.

**Conclusion:** Early recognition of a twin molar pregnancy is essential but challenging. Rigorous tracking of & beta;-hCG levels is crucial. This condition carries a high risk of life-threatening maternal complications, necessitating prompt intervention and vigilant patient management and multidisciplinary care.

**PP41**

## Comparision of Knowledge Attitude and Practice regarding antenatal care in high risk pregnant women among primigravida verses multigravida

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**Background:** Antenatal care (ANC) is essential for safeguarding maternal and fetal health, particularly in high-risk pregnancies. Knowledge, attitude, and practice (KAP) regarding ANC are key to preventing adverse outcomes. Despite national health programs, gaps in KAP persist. This study aimed to compare KAP related to ANC between primigravida and multigravida women with high-risk pregnancies.

**Methods:** A cross-sectional study was conducted in the Department of Obstetrics and Gynecology, Dr. Baba Saheb Ambedkar Hospital, Rohini, New Delhi. The study included high-risk pregnant women at term gestation. Data on KAP regarding ANC were collected using a structured questionnaire. Statistical analysis was done using the Chi-square test. A p-value <0.05 was considered significant.

**Results:** The study population included high-risk primigravida and multigravida women aged 18-25 years. All belonged to low socioeconomic status and most had secondary-level education. The most common high-risk factors were anemia and hypertension in pregnancy.

Knowledge about ANC was significantly higher in primigravida (65%) than in multigravida (35%), p<0.05. A negative attitude toward ANC was seen in 41% of primigravida and 58% of multigravida; this difference was not statistically significant.

Good ANC practices were observed in 70% of primigravida compared to 30% of multigravida, p<0.05. Thus, primigravida women had better knowledge and practices regarding ANC in high-risk pregnancies than multigravida women.

**Conclusion:** Assessment of KAP identifies gaps in ANC utilization among high-risk pregnant women. Targeted health education and counseling, especially for multigravida women, are needed to improve maternal and perinatal outcomes.

**PP42**

## Maternal and Perinatal Outcomes in Pregnancy with Uterine Fibroids

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**Introduction:** Uterine fibroids are common benign uterine tumours that may complicate pregnancy through

effects on fetal presentation, labour and mode of delivery. However, the presence of a fibroid does not invariably necessitate caesarean delivery.

**Objective:** To evaluate maternal and perinatal outcomes among pregnant women with uterine fibroids and describe their obstetric management and mode of delivery.

**Methods:** This retrospective observational study included 12 pregnant women with uterine fibroids managed at a tertiary-care centre over an 18-month period. Maternal characteristics, gravidity, fibroid characteristics, fetal presentation, mode of delivery, caesarean myomectomy, and maternal and perinatal outcomes were assessed. Data were analysed using descriptive statistics.

**Results:** The mean maternal age was 24.0 ± 4.2 years (range, 21–32 years). Primigravida constituted 66.7% of the study population, while multigravida accounted for 33.3%. Solitary fibroids were present in 75.0% of women and multiple fibroids in 25.0%. Caesarean delivery was performed in 33.3%, while 66.7% achieved vaginal delivery. Cephalic vaginal deliveries accounted for 58.3%, while 8.3% were breech vaginal deliveries. A woman with multiple fibroids achieved vaginal delivery (8.3%). Concomitant myomectomy was performed during caesarean delivery in 8.3% of women. Postpartum haemorrhage occurred in 8.3%, and 8.3% required blood transfusion. No maternal or perinatal mortality was observed.

**Conclusions:** Pregnancy with uterine fibroids may have varied obstetric outcomes. Individualized assessment of fibroid characteristics, fetal presentation and obstetric factors is important for appropriate delivery planning. Caesarean myomectomy may be considered selectively according to clinical and operative circumstances.

**PP43**

## Emergency surgical management of severe hemorrhage following incomplete abortion

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**Introduction:** Incomplete abortion complicated by severe hemorrhage is a life-threatening obstetric emergency requiring prompt management. Early recognition, aggressive blood product resuscitation, and timely surgical hemostasis are essential to prevent maternal morbidity and mortality.

**Objective:** To present the stepwise surgical management of life-threatening hemorrhage following an incomplete abortion unresponsive to conservative measures.

**Methods:** We report a 33-year-old female with 2 previous lower segment cesarean sections (LSCS) presenting in hypovolemic shock following spontaneous fetal expulsion. Ultrasound showed highly vascular retained products of conception (RPOC). Suction, evacuation, and Bakri balloon insertion (200 mL) were performed under general anesthesia.

**Results:** Due to persistent severe bleeding despite tamponade, an emergency laparotomy was performed. Bilateral uterine and ovarian artery ligation, along with a transverse compression suture, successfully achieved hemostasis. The patient received 5 units of packed red blood cells, 2 units of platelets, and 2 units of fresh frozen plasma. She was discharged on postoperative day 10 in a stable condition.

**Conclusions:** When hemorrhage from incomplete abortion persists despite evacuation and tamponade, timely surgical intervention is crucial. Artery ligation combined with compression suturing provides an effective, uterus-sparing hemostasis strategy in hemodynamically unstable patients.

**PP44**

## Successful Cesarean Myomectomy for a Large Cesarean Fibroid Obstructing Delivery

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**Introduction:** Caesarean myomectomy has traditionally been approached with caution because of the potential risk of severe haemorrhage. However, in selected patients with experienced surgical teams and appropriate haemostatic measures, it can avoid a second surgery, particularly when fibroids obstruct fetal delivery or uterine closure.

**Case Report:** A 33-year-old G2P1L1 at 39 weeks of gestation with a previous vaginal delivery was diagnosed with two uterine fibroids, including a large 10 Ã— 8 cm lower uterine segment fibroid extending up to the anterior lip of the cervix, which posed a potential mechanical obstruction to delivery. An elective caesarean section with planned myomectomy was undertaken after appropriate counselling and preparation for possible major haemorrhage and hysterectomy. A vertical midline abdominal incision and an upper-segment uterine incision were used to facilitate delivery. Following delivery, the large lower uterine segment fibroid was enucleated after peripheral vasopressin infiltration. Haemostasis was achieved with uterotonics, tranexamic acid, haemostatic sutures and careful surgical technique. A second 5 Ã— 5 cm subserosal fibroid was also removed. Estimated blood loss was 500â€“600 mL, with an operative time of 65 minutes. **Outcome:** The postoperative course was uneventful. Postoperative haemoglobin was 9.7 g/dL, with no requirement for blood transfusion. Mother and baby were discharged on postoperative day 6. Conclusion: Caesarean myomectomy can be a safe and effective option in carefully

selected patients, particularly when a large lower uterine segment fibroid obstructs delivery or interferes with uterine closure. Appropriate preoperative planning, experienced surgical expertise and meticulous haemostatic measures are essential for achieving favourable maternal outcomes.

**PP45**

## Transverse Vaginal Septum in Labour: An Unanticipated Diagnostic Challenge

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Transverse vaginal septum is a rare Müllerian anomaly resulting from incomplete fusion or failure of canalization of the Müllerian ducts and urogenital sinus. It may remain asymptomatic until puberty or pregnancy. Diagnosis during pregnancy is particularly challenging because the septum can mimic obstructed labour. Case Presentation: A 22 years old primigravida at 37 weeks of gestation presented to casualty with pain abdomen. On Per-speculum examination - Transverse Vaginal Septum with a small pinpoint opening which was thought as cervix Patient was offered and consented to examination under anaesthesia with possible septal resection or primary cesarean section. In OT Serial dilation of opening done by finger manipulation, cervix was found above septum, on examination cervix was found 2 cm dilated, early effaced, vertex at -3 station with MSL grade 3. Decision for emergency cesarean section in view of MSL grade 3 under spinal anesthesia, resulting in delivery of a live female baby weighing 2095gm Intraoperatively the uterus, bilateral tubes and ovaries were normal. Patient was kept on follow up in puerperium. Conclusion: Transverse vaginal septum is a rare congenital anomaly that may remain undiagnosed until pregnancy. Careful antenatal and pelvic examination is important for diagnosis and appropriate planning of delivery. Multidisciplinary management and individualized surgical planning are essential to prevent complications and optimize reproductive and sexual outcomes.

**Keywords:** Transverse vaginal septum; Müllerian anomaly; Cesarean section; Vaginal obstruction.

**PP46**

## Pubic Symphysis Diastasis and Anterior Perineal Wall Rupture Following Normal Vaginal Delivery Associated with Excessive Hip Hyperabduction

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**Abstract:** Pubic symphysis diastasis (PSD) is a rare complication of vaginal delivery, with an incidence of 1 in 300 to 1 in 30,000 deliveries, and concurrent anterior perineal wall rupture is even more uncommon. The symphyseal gap widens physiologically during pregnancy under hormonal influence, and separation beyond 10 mm is considered pathological. Excessive hip hyperabduction beyond 90 degrees during the second stage of labour, particularly with a prolonged second stage, poor maternal cooperation, or improper expulsive efforts, places strain on the pelvic ring and soft tissues, causing separation of the pubic symphysis and tearing of anterior perineal structures.

The condition presents in the immediate postpartum period with severe suprapubic pain, tenderness over the symphysis, inability to bear weight, and difficulty walking. Diagnosis is established clinically and confirmed by pelvic radiography, with MRI to assess soft tissue injury. Management is primarily conservative, comprising pelvic binder, analgesia, layered perineal repair, catheterization, thromboprophylaxis, physiotherapy, and early assisted mobilization, with surgery reserved for severe or refractory separation.

A rare occurrence of PSD with anterior perineal wall rupture following normal vaginal delivery, associated with excessive hip hyperabduction, is presented, emphasizing that proper positioning, avoidance of excessive hip abduction, early recognition, and multidisciplinary management ensure complete recovery.

**PP47**

## Reducing Unnecessary Vaginal Examinations Using a Respectful Maternity Care Protocol

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**Background:** Vaginal examinations are an important component of obstetric assessment when clinically indicated. However, repeated or unnecessary examinations may cause discomfort, anxiety, compromise dignity, and potentially increase the risk of ascending infection. Respectful Maternity Care (RMC) emphasizes dignity, privacy, informed consent, clear communication, and avoidance of unnecessary interventions.

**Objective:** To assess whether implementation of a Respectful Maternity Care protocol can reduce unnecessary vaginal examinations while maintaining appropriate clinical assessment and maternal safety.

**Methods:** An ongoing questionnaire-based observational study is being conducted in the Department of Obstetrics and Gynaecology at Babu Jagjivan Ram Memorial Hospital, Delhi. Pregnant women receiving antenatal and intrapartum care are being enrolled after informed consent. A structured questionnaire is being used to assess the number and indications of vaginal examinations,

whether the procedure was explained, consent was obtained, privacy and dignity were maintained, and whether women experienced discomfort, anxiety, or embarrassment. Awareness and perceptions regarding the necessity of vaginal examinations and adherence to respectful maternity care practices are also being assessed

**Expected Results:** The intervention is expected to reduce unnecessary vaginal examinations, improve patient comfort and satisfaction, and maintain appropriate obstetric monitoring without compromising maternal or fetal outcomes.

**Conclusion:** Integrating RMC principles into vaginal examination practices may provide a simple, low-cost approach to reducing unnecessary interventions while promoting dignity, autonomy, infection prevention, and patient-centred maternity care.

**PP48**

## Herlyn-Werner-Wunderlich syndrome - OHVIRA with uterine Didelphys presenting as cyclical abdominal pain in an adolescent

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**Background:** Herlyn-Werner-Wunderlich syndrome (OHVIRA) is a rare mullerian anomaly characterised by uterine duplication, obstructed hemi-vagina, ipsilateral renal anomaly. Variants include complete or incomplete hemi-vaginal obstruction with or without renal abnormalities. Estimated prevalence is approximately 0.1-3.8% of mullerian anomalies. Adolescents typically present after menarche with cyclical abdominal pain, dysmenorrhea and menstrual abnormalities.

**Case Report:** A 13-year-old unmarried girl presented to the OPD with post menarche cyclical left lower abdominal pain for one and half year, associated with nausea and vomiting. Clinical evaluation and imaging revealed uterine didelphys/complete bicornuate uterus with an obstructed left hemi-vagina, hematometra and hematosalpinx.

Diagnostic Hysteroscopy revealed a longitudinal vaginal septum, obliterated left hemi-vagina and cervical Os on right side of septum. Cavity appeared normal on right side – proceeded for septal resection. Diagnostic laparoscopyrevealed didelphic uterus with rudimentary left horn – proceeded for rudimentary horn resection, left salpingectomy and hematosalpinx drainage. Dye test showed right sidespillage. Cystoscopy demonstrated normal looking bilateral ureteric orifices with laminar flow of urine.

**Discussion:** Recurrent cyclical pelvic pain after menarche should raisesuspicion for obstructed genital tract anomalies. Timely imaging and accurate delineation of uterine, vaginal and urinary tract anatomy is essential. Timely minimally invasive intervention can relieve obstruction, prevent progressive endometriotic complications and preserve reproductive potential. A high index of suspicion in adolescents with cyclical pain may transform a "mystery diagnosis" into preventable fertility threatening complication.

**PP49**

## OHVIRA Syndrome Presenting in Early Adolescence: A Case Report

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**Background**: Obstructed hemivagina and ipsilateral renal anomaly (OHVIRA) syndrome, also known as Herlyn–Werner–Wunderlich syndrome, is a rare Müllerian anomaly characterized by uterine didelphys, unilateral obstructed hemivagina, and ipsilateral renal agenesis. Diagnosis is important to prevent complications such as hematocolpos, endometriosis, and chronic pelvic pain. The study aims to describe the presentation, diagnosis, operative findings, and management of an 11-year-old girl with OHVIRA syndrome presenting with abdominal pain.

**Case Report:** An 11-year-old girl, who attained menarche in October 2024, presented with abdominal pain. Her history, examination, ultrasonography, MRI, operative findings, and postoperative course were reviewed. Ultrasound and MRI were performed for anatomical delineation. Treatment was undertaken by transvaginal excision of the obstructing vaginal septum under ultrasound guidance. The patient had an atypical menstrual pattern with intermittent spotting, amenorrhea, and irregular menstrual flow. There was no history of cyclic pelvic pain, intermenstrual bleeding, vaginal discharge, or urinary/bowel complaints. Previous evaluation had documented left renal agenesis. MRI demonstrated complete uterine duplication (uterus didelphys), obstructed left hemivagina, and left renal agenesis. Intraoperatively, a bulging vaginal septum and left-sided hematocolpos were identified. The vaginal septum was completely excised, hematocolpos was drained, and a vaginal cavity was created. Both cervices were visualized. The postoperative period was uneventful, and the patient was discharged in stable condition.

**Discussion:** OHVIRA syndrome should be considered in adolescent girls with abdominal or pelvic pain and menstrual abnormalities, even without cyclic symptoms. Diagnosis using imaging and timely transvaginal septal excision can relieve obstruction, preserve reproductive anatomy, and reduce long-term complications.

PP50

## Two Faces of Mãœllerian Dysgenesis: From Classical Adolescent Presentation to a Rare Late Diagnosis

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**Introduction:** Müllerian duct anomalies encompass congenital abnormalities of the female genital tract. Obstructive anomalies commonly present during adolescence with primary amenorrhea and cyclical pain, whereas complex anomalies may remain undiagnosed for years. We present 2 contrasting cases demonstrating this spectrum.

**Objective:** To highlight the importance of early evaluation of primary amenorrhea and cyclical pain and diagnostic challenges of complex Müllerian anomalies.

**Methods:** We present 2 contrasting cases presenting at different age group(one in adolescent age group and the other at 23 years)

**Results:** A 14-year-old girl presented with primary amenorrhea and cyclical abdominal pain. Imaging demonstrated hematometra with hematosalpinx. Surgical exploration revealed a uterus with a left enlarged functional horn with hematometra and right-sided small non-functional rudimentary horn.

A 32-year-old woman presented with primary amenorrhea and cyclical abdominal pain since 2017 at 23 years age, despite normal secondary sexual development. She reported difficulty with vaginal penetration(after marraige,7 years back). MRI demonstrated a bicornuate uterus with a partially developed cervix and absent canal formation, a blind-ending lower third of vagina, and no communication between the cervix and vagina. Bilateral hematosalpinx and hematometra were also noted.

**Conclusions:** These cases demonstrate 2 distinct presentations of Müllerian dysgenesis, from classical adolescent presentation to delayed adult diagnosis. Primary amenorrhea with cyclical pain warrants timely genital tract evaluation for early diagnosis, prevention of complications and counselling.

PP51

## An Unexpected Positive: Failure of Implant Contraception

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**Background:** Etonogestrel subdermal implants are highly effective long-acting reversible contraceptives. However, enzyme-inducing drugs, particularly rifampicin, can reduce etonogestrel levels and compromise contraceptive efficacy.

**Case:** A 30-year-old G3P2L2 woman had an etonogestrel implant inserted 18 months after delivery of her second child. She subsequently had regular menstrual cycles. Fifteen months after insertion, she was diagnosed with tubercular lymphadenitis and started on four-drug antitubercular therapy (isoniazid, rifampicin, pyrazinamide, and ethambutol). Three months after initiating treatment, she developed amenorrhea and had a positive urine pregnancy test. Ultrasonography confirmed a single live intrauterine pregnancy of approximately 6 weeks' gestation. As she did not wish to continue the pregnancy, medical termination was performed. Depot medroxyprogesterone acetate was administered, and the implant was removed.

**Discussion:** Etonogestrel is predominantly metabolized by CYP3A4. Rifampicin is a potent CYP3A4 inducer and increases hepatic metabolism of etonogestrel, potentially reducing circulating concentrations below levels required to reliably suppress ovulation. WHO Medical Eligibility Criteria classify progestin-only implants with rifampicin therapy as Category 2, indicating that advantages generally outweigh risks but reduced contraceptive effectiveness is possible. Similar implant failures have been reported with rifampicin-containing therapy and efavirenz-based antiretroviral treatment.

PP52

## Refractory AUB in An Adolescent: Looking Beyond the Reproductive Tract

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**Introduction:** Abnormal uterine bleeding (AUB) is a common gynecological problem in adolescents, most often attributed to anovulatory cycles resulting from an immature hypothalamic–pituitary–ovarian axis. Chronic kidney disease (CKD), though an uncommon etiology, can profoundly disrupt menstrual function. Adolescents with advanced CKD may present with severe menorrhagia leading to anemia, repeated hospitalizations, and delayed diagnosis of the primary renal pathology.

**Case Summary:** A 17 year-old adolescent girl presented with a history of heavy menstrual bleeding for 3–4 years, associated with passage of clots and dysmenorrhea. Menarche occurred at 11 years of age, and her cycles were initially regular (28–30 days), lasting 7–8 days. Over time, menstrual blood loss progressively increased, requiring approximately 8–10 pads per day, resulting in recurrent severe anemia necessitating multiple blood transfusions. Despite treatment with hormonal therapy, including dienogest, her bleeding remained refractory. Further evaluation revealed chronic kidney disease (CKD) stage 5, and the patient was subsequently initiated on maintenance hemodialysis. Associated findings included hypertension, growth retardation/short stature, and biochemical evidence suggestive of chronic renal dysfunction. Imaging

showed bilaterally shrunken kidneys consistent with end-stage renal disease. After medical management failed LNG IUS was inserted under asp and bleeding was well controlled.DISCUSSION: Chronic kidney disease (CKD) is an uncommon but important non-gynecological cause of AUB. In the present case, the patient had a prolonged history of heavy menstrual bleeding beginning in early adolescence, associated with severe anemia requiring repeated blood transfusions. Subsequent evaluation revealed CKD stage 5, emphasizing that refractory AUB may be the initial presenting manifestation of advanced renal disease.

**PP53**

## Balancing Bleeding and Thrombosis: Management of Abnormal Uterine Bleeding in Women with Prosthetic Heart Valves on Anticoagulation

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**Background:** Abnormal uterine bleeding (AUB) in women with prosthetic heart valves receiving long-term anticoagulation presents a complex therapeutic challenge. Anticoagulation may exacerbate menstrual blood loss, while interruption increases the risk of prosthetic valve thrombosis and thromboembolism. We present two cases highlighting the challenges of achieving haemostatic control while maintaining prosthetic valve safety.

**Case Series: Case 1:** A P2L1 woman with **mitral and aortic valve replacement** presented with recurrent heavy menstrual bleeding and passage of large clots. Evaluation revealed AUB-L with moderate anaemia (Hb 8.9 g/dL). She experienced recurrent episodes requiring 7–8 pads per day and had previously required hospital admission. She was managed conservatively with hormonal therapy and supportive treatment, along with anticoagulation under cardiology supervision.

**Case 2:** A 20-year-old woman with severe mitral stenosis, status post **mitral valve replacement**, presented with recurrent heavy menstrual bleeding for approximately 10 days, associated with passage of clots, fatigue and tiredness. She had severe anaemia (Hb 6.6 g/dL) requiring blood transfusion. During active bleeding, oral vitamin K antagonist and LMWH were temporarily withheld. Following normalization of coagulation parameters, LMWH was restarted with continued monitoring. Hormonal therapy, iron supplementation and cardiac medications were administered, following which bleeding subsided.

**Conclusion:** AUB in women with prosthetic heart valves requires a delicate balance between haemostasis and prevention of thromboembolic complications. These cases emphasize identifying the underlying cause, timely correction of anaemia, control of menstrual blood loss and individualized anticoagulation management in coordination with cardiology.

**PP54**

## An atypical fibroid - from MRI to histopathology

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**Background:** Retroperitoneal leiomyomas are rare benign tumours that may mimic uterine or broad-ligament fibroids on examination and imaging. Their proximity to the ureter and major pelvic vessels can make diagnosis and surgical dissection challenging. We present a rare retroperitoneal leiomyoma masquerading as a right broad-ligament/ subserosal fibroid.

**Case:** A 32-year-old P2L2 woman presented with dull-aching right iliac pain for 3 months. On examination a firm abdominopelvic mass corresponding to 14–16 weeks of uterine size was felt. PV examination showed an 8 × 8 cm firm right fornicial mass separate from the uterus, with a positive groove sign. Ultrasonography demonstrated a 7.1 × 6.4 cm lobulated hypoechoic right adnexal lesion; the right ovary was not separately visualised. MRI revealed a 9.8 × 8.8 × 6.7 cm heterogeneous right adnexal lesion with necrotic areas, reported as possibly a broad-ligament/subserosal fibroid. Exploratory laparotomy revealed a normal uterus and adnexa and a 10 × 8 cm retroperitoneal mass at the common iliac bifurcation, separate from the uterus. It was closely related to the right sacral ala and external iliac vessels, with medial displacement of the right ureter. En-bloc excision was performed within the tumour capsule. Histopathology of the specimen confirmed leiomyoma

**Clinical relevance:** Retroperitoneal mass should always be considered among differential diagnosis of presumed broad-ligament fibroids. Recognition of this entity is essential as clinical and radiological findings may be misleading and unexpected intraoperative findings may require multidisciplinary approach for management of complex operative challenges.

**PP55**

## The Silent Mimicker Beyond Hematocolpos: Occult Pyocolpos in an Imperforate Hymen Presenting with Isolated Lower Urinary Tract Symptoms

**Anukriti Mehta,** Garima Wadhwa, Anupma, Keya Kalra

**Background:** Imperforate hymen is the most common obstructive anomaly of the female genital tract, usually presenting with primary amenorrhoea, cyclical pelvic pain and hematocolpos or hematometra. Presentation with pyocolpos and isolated lower urinary tract symptoms in a premenarchal girl is exceptionally rare and may delay diagnosis.

**Case Presentation:** A 12-year-old premenarchal girl presented with urinary frequency and a persistent sensation of incomplete bladder emptying without any other systemic symptoms. Urinalysis and urine culture were sterile. Pelvic ultrasonography showed a vaginal collection suggestive of hematocolpos, which was confirmed on MRI. Detailed genital examination revealed a thick, bulging obstructive membrane, raising suspicion of an imperforate hymen or transverse vaginal septum. Examination under anaesthesia confirmed a thick imperforate hymen. A small hymenal incision drained approximately 200 ml of thick white purulent material. This was followed by a cruciate hymenotomy with circumferential marsupialization to prevent re-stenosis. Samples were sent for microbiological culture, acid-fast bacilli testing, and cytological analysis. Recovery was smooth, and the patient was discharged on postoperative day two with complete resolution of urinary symptoms.

**Conclusion:**This case highlights that pyocolpos secondary to an imperforate hymen can masquerade hematocolpos and present solely with lower urinary tract symptoms, even before menarche. Careful external genital examination should be an integral part of the assessment of adolescent girls with unexplained urinary complaints and pelvic collections. Not every obstructed vaginal collection in an adolescent with imperforate hymen is hematocolpos. Pyocolpos should remain a differential diagnosis even in the absence of fever or other clinical signs of infection.

**PP56**

## Caesarean Scar Endometriosis Following Lower Segment Caesarean Section: A Case Report

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**Introduction:** Scar endometriosis is an uncommon form of extrapelvic endometriosis caused by implantation of endometrial tissue in a surgical scar, most commonly after caesarean section. It presents as pain and/or a mass at the scar site, often with cyclical exacerbation during menstruation. Early recognition and wide excision are essential to prevent recurrence.

**Objective:** To report a case of caesarean scar endometriosis and highlight its clinical presentation, diagnostic workup and management.

**Methods:** A 33-year-old woman with a prior lower segment caesarean section presented with pain and tenderness over the scar with cyclical increase during menstruation. Clinical evaluation was done. Ultrasonography and MRI pelvis were performed. The patient underwent wide local excision of the lesion. Histopathology confirmed the diagnosis.

**Results:** Ultrasonography showed a 19.6 × 16.4 mm hypoechoic lesion in the right paramedian plane beneath the suture line in the subcutaneous plane with minimal peripheral vascularity. MRI revealed an altered signal-intensity lesion along the right rectus muscle in the lower abdomen, suggestive of scar endometriosis. Laparotomy with wide excision of the lesion including involved rectus sheath and overlying skin was performed. Histopathology confirmed endometrial glands and stroma consistent with endometriosis.

**Conclusions:** Caesarean scar endometriosis should be considered in women with a painful scar-associated mass, especially when symptoms worsen during menstruation. Imaging aids preoperative diagnosis and wide local excision with adequate margins is the treatment of choice, reducing the risk of recurrence.

**PP57**

## Isthmocele: Cesarean Scar Defect or Uterine Niche

**Himanshi Bhati**, Vinita Sarabhai, Suparna

**Introduction:** Isthmocele, or uterine niche, is a pouch-like indentation in the myometrium at a previous lower-segment cesarean (LSCS) scar. With rising cesarean rates, its incidence is increasing. It commonly presents with abnormal uterine bleeding, particularly postmenstrual spotting and discharge, along with pelvic pain and secondary infertility. Diagnosis rests on transvaginal ultrasound and hysteroscopy; management ranges from conservative to surgical repair depending on symptom severity, defect size, and residual myometrial thickness.

**Case Description:** A 29-year-old woman, P1L1 with a previous LSCS, presented with three months of heavy menstrual bleeding (7–8 soaked pads with clots), lower abdominal pain radiating to the back, and postmenstrual foul-smelling discharge for 4–5 days per cycle. There was no dyspareunia or bowel/bladder dysfunction. Pelvic ultrasound revealed a bulky uterus with a niche (10 × 5 mm) at the scar site and residual myometrial thickness of 1.3 mm. Diagnostic hysteroscopy confirmed a defect at the lower uterine segment just above the internal os, more towards the left. Laparoscopic repair followed: the densely adherent bladder was dissected and pushed down, the wedge-shaped scar tissue excised, and the edges approximated with barbed sutures. Recovery was uneventful.

**Conclusion:** Isthmocele should be considered in any woman with a previous cesarean presenting with postmenstrual bleeding, discharge, or pelvic pain. A combined hysteroscopic and laparoscopic approach allows accurate diagnosis and definitive repair, making awareness of this entity essential for timely management.

PP58

## Dilemmas in Management of Interstitial Pregnancy: A Case Series

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**Background:** Interstitial pregnancy is a rare and potentially life-threatening ectopic pregnancy implanted in the interstitial portion of the fallopian tube. Its rich vascular supply increases the risk of severe hemorrhage following rupture. Diagnosis and management remain challenging because of delayed presentation, diagnostic difficulties, and the absence of universally accepted treatment guidelines.

**Case Series:** Four women aged 34–37 years with interstitial pregnancies were managed with medical treatment followed by laparoscopic surgery.

**Rashida, 37 years:** Ultrasonography showed left interstitial pregnancy with mild vascularity. ET was 11 mm, and β-hCG declined from 35,640 to 32,820 mIU/mL on day 3 and 13,064 mIU/mL on day 7. Persistent abdominal pain prompted laparoscopic excision and repair.

**Namita, 35 years:** Ultrasonography suggested ectopic pregnancy, confirmed as interstitial pregnancy by MRI. ET was 11 mm. β-hCG declined from 99,233 to 86,900 and 56,838 mIU/mL on days 3 and 7. High β-hCG and thin myometrium led to laparoscopic excision and repair.

**Neetu, 35 years:** Ultrasonography showed interstitial pregnancy with increased vascularity. ET was 8 mm. β-hCG increased from 13,530 to 18,180 and 19,270 mIU/mL. Rising β-hCG and increased vascularity necessitated laparoscopic resection and myometrial repair.

**Shane Zehra, 34 years:** Ultrasonography showed right interstitial pregnancy with peripheral vascularity. ET was 10.5 mm. β-hCG declined from 26,060 to 20,750 and 16,254 mIU/mL. Thin myometrium and increased vascularity prompted laparoscopic cornual excision and repair.

**Conclusion:** Medical treatment followed by individualized laparoscopic surgery appears effective. Persistent symptoms, rising β-hCG, thin myometrium, or increased vascularity warrant timely surgery to prevent rupture and hemorrhage.

PP59

## Successful Assisted Reproduction in a Woman with Hypogonadotropic Hypogonadism Secondary to Childhood-Onset Craniopharyngioma

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**Background:** Craniopharyngiomas are rare benign epithelial tumors arising from remnants of Rathke's pouch, accounting for 2–5% of intracranial neoplasms. Though histologically benign, their proximity to the hypothalamic-pituitary axis often causes significant endocrine morbidity, with most patients developing pituitary hormone deficiencies after surgery. Hypogonadotropic hypogonadism is a major reproductive consequence in affected women, leading to chronic anovulation and infertility. Successful pregnancy following childhood-onset craniopharyngioma with post-surgical panhypopituitarism remains rarely reported.

**Case Report:** A 28-year-old woman presented with primary infertility of 18 months duration. Evaluation revealed markedly reduced gonadotropins (FSH 1.77 IU/L, LH 0.26 IU/L) with low estradiol, a thin endometrium, and reduced ovarian reserve, consistent with hypogonadotropic hypogonadism; male factor infertility was excluded. History revealed childhood-onset craniopharyngioma treated with bifrontal craniotomy in 2016, resulting in panhypopituitarism managed with lifelong hydrocortisone, levothyroxine, desmopressin, and estrogen-progesterone replacement. After endocrine optimization, ovulation induction was performed with hMG, titrated from 75 to 150 IU for adequate follicular response. An initial hMG-IUI cycle was unsuccessful; a subsequent cycle HMG 150 IU followed by hCG-triggered ovulation and IUI resulted in a positive pregnancy test (β-hCG 275.6 mIU/mL), confirming a viable intrauterine pregnancy with a reassuring first-trimester scan.

**Discussion:** This case illustrates that meticulous hormonal optimization and individualized ovarian stimulation can achieve successful conception in women with severe hypogonadotropic hypogonadism secondary to childhood craniopharyngioma, without advanced assisted reproductive techniques. It reinforces the value of linking endocrine findings to prior neurosurgical history and highlights the essential role of multidisciplinary care in guiding such patients through conception and pregnancy.

PP60

## Ovarian torsion in ovarian hyperstimulation syndrome: a diagnostic dilemma

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**Introduction:** Ovarian hyperstimulation syndrome (OHSS) is an iatrogenic complication of ovulation induction. Ovarian torsion (OT) is a critical complication secondary to increased ovarian volume. Diagnosing OT in severe OHSS is challenging due to overlapping symptoms like acute abdominal pain.

**Objective:** To highlight the diagnostic challenges and management of adnexal torsion in a patient with severe OHSS and a twin pregnancy.

**Methods:** We report a case of a 24-year-old female at 8 weeks and 5 days gestation with dichorionic diamniotic(DADC) twins conceived via ovulation induction. The patient presented with acute right-sided lower abdominal pain and vomiting. Serial sonographic evaluations were analyzed to rule out torsion amidst a background of recent grade III OHSS.

**Results:** Initial ultrasounds showed a bulky right ovary (6 × 5.6 × 7.4 cm) with preserved vascularity, masking the torsion. A subsequent emergency ultrasound revealed diminished vascularity. Emergency laparotomy confirmed a right ovary twisted 1.5 times. Detorsion, enucleation of 3 cysts, and ovarian reconstruction were successfully performed. The patient was discharged in a stable condition with normal fetal cardiac activity.

**Conclusions:** OT must remain a primary differential diagnosis in pregnant patients with OHSS presenting with acute pelvic pain, even when initial ultrasounds show preserved vascularity. Timely surgical intervention is imperative to prevent irreversible ovarian necrosis.

**PP61**

## Rare Vulval Lymphangiectasia with severe unilateral lymphedema : A case report.

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**Introduction:** Vulval lymphangiectasia is rare benign lymphatic disorder characterized by abnormal dilatation and proliferation of lymphatic channels, often presenting with vulval swelling, papillomatous lesions, and varying degrees of lymphedema. It can cause significant functional and psychological morbidity and may pose a diagnostic and therapeutic challenge.

**Objective:** To describe rare presentation of vulval lymphangiectasia associated with severe unilateral vulval lymphedema as there are very few cases reported in literature so far.

**Methods:** A 33-year-old P1L1E2 woman with presented with extensive vulval lesions associated with right-sided grade 4 lymphedema. Examination revealed a 7×4cm papillomatous growth with edematous & indurated areas involving the right labia majora & 4×4cm papillomatous growth involving the upper one-third of the left labia majora. Two satellite lesions measuring 1×2cm & 2×3cm were present over the left inner thigh. The patient underwent wide local excision.

**Result:** The surgical wound showed satisfactory healing,with no evidence of infection or early recurrence on follow-up, however right sided lymphedema persists and will require second sitting surgery.

**Conclusion:** Extensive vulval lymphangiectasia with severe lymphedema is uncommon condition requiring careful assessment of the extent of disease and multidisciplinary management. Wide local excision with primary closure can provide effective removal of symptomatic and disfiguring lesions while preserving adjacent uninvolved structures. Early recognition & appropriate surgical management may improve functional & cosmetic outcomes.

**PP62**

## How good is ultrasound guided transversus abdominis plane block for analgesia in gynecological surgeries : A comparative pilot study

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**Introduction:** Postoperative pain following major gynecological surgery can delay recovery, prolong hospitalization, increase opioid consumption, and reduce patient satisfaction. Ultrasound-guided transversus abdominis plane (USG-TAP) block is an effective regional analgesic technique for lower abdominal surgery.

**Objective:** To evaluate whether USG-TAP block provides superior postoperative pain relief and reduces analgesic requirements compared with conventional parenteral analgesia in elective gynecological surgeries.

**Methods:** This comparative case series included 40 patients undergoing major gynecological surgeries, divided into two groups of 20 each. Group A received an intraoperative USG-TAP block, while Group B received conventional postoperative analgesia with intravenous paracetamol 1 g 8-hourly and tramadol 50 mg 8-hourly. Postoperative pain and rescue analgesic requirements during the first 24 hours were assessed and compared.

**Results:** All patients were aged 35–60 years. In Group A, 15 patients underwent laparoscopic surgery, 3 had vertical subumbilical incisions, and 2 had Pfannenstiel incisions. In Group B, 17 patients underwent laparoscopic surgery and 3 had Pfannenstiel incisions. USG-TAP block provided satisfactory postoperative analgesia, with 80% of patients requiring no additional paracetamol or NSAIDs during the first 24 hours. In the conventional analgesia group, 10% required additional NSAIDs. Overall, USG-TAP block provided effective postoperative pain relief while potentially reducing the need for opioid analgesics.

**Conclusion:** USG-TAP block is a safe and effective component of multimodal analgesia for elective gynecological surgery. It offers satisfactory postoperative pain control and may reduce opioid requirements, particularly in patients where opioid minimization is desirable. These findings support its use as an opioid-sparing strategy in appropriate gynecological patients.

**PP63**

## Gastric Adenocarcinoma with Krukenberg Metastasis Masquerading as Advanced Primary Ovarian Cancer - An Unusual Presentation

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**Case Presentation:** A 26-year-old unmarried woman presented with abdominal fullness and heaviness. Her serum CA-125 was markedly elevated at 1080 U/mL, while CA 19-9 was 4980 U/mL. Ovarian biopsy revealed mucinous adenocarcinoma with positivity for CK7 and CK20, suggestive of a gastrointestinal or pancreatobiliary origin. She was initially managed as an advanced ovarian malignancy and received four cycles of neoadjuvant chemotherapy. She subsequently underwent interval cytoreductive surgery. Intraoperatively, a suspicious gastric lesion was identified and biopsy was performed. Histopathological examination revealed signet-ring cell adenocarcinoma of gastric origin, establishing the diagnosis of bilateral ovarian metastases (Krukenberg tumours) secondary to gastric carcinoma.

Following multidisciplinary discussion, she received four further cycles of systemic chemotherapy. Subsequently, she underwent laparoscopic distal gastrectomy with Roux-en-Y gastric bypass, followed by four additional cycles of chemotherapy. The patient is currently clinically well and remains on follow-up.

**Conclusion:** Krukenberg tumour may be the first and predominant manifestation of an occult gastric malignancy. In young women presenting with ovarian masses and markedly elevated gastrointestinal tumour markers, metastatic gastrointestinal malignancy should be considered even in the absence of prominent gastrointestinal symptoms. Careful intraoperative assessment and histopathological evaluation of suspicious lesions can reveal an unexpected primary and significantly alter management. This case highlights the importance of a high index of suspicion and multidisciplinary management in young women presenting with presumed primary ovarian malignancy.

**PP64**

## Gastric-Type Endocervical Adenocarcinoma versus Primary Ovarian Mucinous Borderline Tumor with Intraepithelial Carcinoma: A Diagnostic Conundrum

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**Background:** Gastric-type endocervical adenocarcinoma (GAS), an HPV-independent malignancy is a rare but aggressive cervical neoplasm characterized by bland, well-differentiated histology and a propensity for bilateral ovarian metastasis. This morphologic mimicry can lead to misclassification as a primary ovarian mucinous tumor, with significant implications for staging, treatment, and prognosis.

**Case Report:** A 29-year-old unmarried woman presented with a 3-month history of abdominal distension associated with anorexia and weight loss. Her past history was significant for a prior laparotomy and a subsequent laparoscopic surgery for adnexal masses, both reported as borderline mucinous tumor on histopathology. During evaluation for her current presentation, imaging revealed a pulmonary thrombus, for which she was started on therapeutic anticoagulation; her thrombophilia screen was normal. Among tumor markers CEA was raised but endoscopies were normal. She underwent laparotomy with bilateral salpingo-oophorectomy with omental and peritoneal biopsies. Final histopathology, however, was suggestive of gastric-type adenocarcinoma favoring a cervical origin. Cervical biopsy was subsequently performed and was negative, and PET/CT showed no metabolically active lesion. Following multidisciplinary team discussion she was started on chemotherapy and remains on follow up.

**Discussion:** This case underscores the diagnostic challenge of differentiating gastric-type endocervical adenocarcinoma from primary bilateral ovarian mucinous neoplasia, particularly in young patients with recurrent adnexal disease. A high index of suspicion, targeted immunohistochemical panels and close multidisciplinary correlation with cervical examination and imaging are essential to avoid diagnostic delay and to guide disease-appropriate management, even when initial cervical sampling and functional imaging are unremarkable.

**PP65**

## Spontaneous Rupture of a Mature Cystic Teratoma in the Absence of Torsion Presenting as an Acute Abdomen: A Diagnostic Challenge

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**Background:** Mature cystic teratomas are common benign ovarian neoplasms. Spontaneous rupture is an uncommon complication and may result in a challenging acute abdominal presentation, particularly when torsion is absent.

**Case:** A 35-year-old P2L2 woman presented with acute abdominal pain, progressive abdominal distension, recurrent vomiting and obstipation. She had experienced a similar episode a few days earlier, which had

temporarily improved with conservative management, but subsequently returned with worsening symptoms. On examination, she was tachycardic with a markedly distended and tender abdomen, raising concern for an acute surgical abdomen. CECT abdomen demonstrated bilateral ovarian dermoid cysts, with a large right-sided lesion and surrounding inflammatory changes suggestive of rupture. Emergency exploratory laparotomy revealed a 14 × 12 cm ruptured right ovarian dermoid with approximately 200 mL of dermoid contents within the peritoneal cavity, along with a smaller contralateral dermoid. There was no evidence of torsion. The lesions were surgically managed with evacuation of spilled contents, peritoneal lavage and drainage. Histopathology confirmed mature cystic teratoma. The postoperative course was prolonged and complicated by persistent tachycardia, CTPA excluded pulmonary thromboembolism and recurrent febrile episodes requiring sequential escalation of antimicrobial therapy, following which the patient improved.

**Conclusion:** This case highlights an uncommon spontaneous rupture of a mature cystic teratoma without torsion, presenting as an acute abdomen and followed by a challenging postoperative course. Awareness of this rare presentation can facilitate early recognition and appropriate surgical managemen

**PP66**

## When Benign Becomes Gigantic: A Giant Ovarian Teratoma with Unexpected Histopathology

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**Background:** Ovarian teratomas are common germ cell tumors, with mature cystic teratomas usually being benign and asymptomatic until they become large. Giant teratomas are rare and may present diagnostic and surgical challenges, particularly when imaging and tumor markers suggest malignancy.

**Case Presentation:** A 24-year-old unmarried woman presented with progressive abdominal distension for one year, sudden-onset right lower abdominal pain radiating to the back, and constipation. Examination revealed a firm, mobile abdominal mass approximating a 36-week gravid uterus. CA19-9 was markedly elevated (2599), while AFP, CEA, and CA-125 were normal. Ultrasonography showed a 21.7 × 12.4 cm heterogeneous solid-cystic right adnexal lesion. PET-CT demonstrated a metabolically active mass (SUVmax 20.0) with multiple foci of macroscopic calcification, raising suspicion of malignancy.

Management and Outcome: Exploratory laparotomy revealed a 30 × 25 cm cystic mass arising from the right ovary without adhesions. Frozen section suggested a mature cystic teratoma, allowing ovarian preservation through cystectomy. Gross examination showed hair, teeth, and cartilage. However, definitive histopathology unexpectedly revealed an immature teratoma with yolk sac tumor components.

**Conclusion:** This case highlights the diagnostic complexity of giant ovarian teratomas. Markedly elevated CA19-9 and suspicious imaging may suggest malignancy, while frozen section may underestimate tumor pathology. Definitive histopathological evaluation remains essential for accurate diagnosis and appropriate management of giant ovarian masses.

**PP67**

## Beyond the Ovary: A Diagnostic Odyssey from Ovarian Tumour to Malignant Peritoneal Mesothelioma

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Primary malignant peritoneal mesothelioma (MPM) is an exceptionally rare and aggressive malignancy that may closely mimic epithelial ovarian carcinoma clinically, radiologically and histopathologically. Accurate diagnosis is challenging but crucial, as management and prognosis differ significantly.

A 30-year-old woman presented with a massive abdomino-pelvic mass. In December'25, ultrasonography and contrast-enhanced MRI revealed a large complex solid-cystic abdominopelvic mass, presumed ovarian in origin, with ascites. Left salpingo-oophorectomy with cystectomy and omental biopsy was performed in January'26. Intraoperatively, a 30 × 20 cm left ovarian cystic mass with pelvic fluid was noted. Histopathology was reported as grade 3 endometrioid carcinoma with sarcomatoid and necrotic areas.

Subsequent imaging demonstrated residual/recurrent disease with extensive omental deposits. In June'26, she underwent total abdominal hysterectomy, right salpingo-oophorectomy, omentectomy and resection of multiple abdominal and liver tumour deposits. Histopathological examination of the 22 × 10 × 9 cm specimen and multiple tumour deposits revealed diffuse malignant mesothelioma of the peritoneal cavity, with right fallopian tube involvement; the right ovary was free of tumour.

Immunohistochemistry showed positivity for Calretinin, WT1, inhibin (focal) and PanCK, with negativity for CK7, CK20, BAP1, CEA and CA-125. Ki-67 was 90%. In August'26, she received cycle 1 palliative chemotherapy with pemetrexed and cisplatin, which she tolerated well.

This case highlights primary peritoneal malignant mesothelioma masquerading as ovarian malignancy, initially diagnosed as endometrioid carcinoma.

Clinicopathological discordance prompted reassessment, with immunohistochemistry establishing the final diagnosis. Awareness of this rare entity is essential in aggressive peritoneal disease with atypical histomorphology, ensuring accurate diagnosis and appropriate management.

**PP68**

## Ovarian Metastasis from Clear Cell Renal Cell Carcinoma: A Rare case with Diagnostic Challenge

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**Background:** Ovarian metastasis from renal-cell carcinoma (RCC) is rare, with approximately 45 cases reported in literature. Metastatic clear-cell RCC may present as unilateral adnexal mass and closely resemble a primary ovarian clear-cell carcinoma on imaging and histopathologic examination

**Case presentation:** A 46-year-old woman presented with painless gross haematuria. Contrast enhanced CT demonstrated a 6-cm heterogeneously enhancing upper-pole mass in the right kidney extending into the pelvicalyceal system and a 3.9-cm predominantly solid right adnexal mass with focal cystic change; Serum tumour markers were normal: CA-125, 2.2 U/mL; CA 19-9, 10.2 U/mL; and carcinoembryonic antigen, 0.55 ng/mL. She underwent laparoscopic right radical nephrectomy and right salpingo-oophorectomy. Intraoperatively, the 4 x 4 cm adnexal mass was adherent to the omentum, and the contralateral ovary appeared normal. Frozen-section examination favoured metastatic clear-cell RCC. The ovarian tumour comprised nests of clear polygonal cells separated by delicate vascular septa, with focal necrosis and no capsular breach. Both lesions expressed PAX8 and carbonic anhydrase IX, supporting renal origin; the pathologic stage was pT1b M1. The patient was initiated on nivolumab and cabozantinib. Nivolumab was discontinued after grade 3 transaminitis and oral mucositis; cabozantinib was resumed after recovery. At 8 months after surgery, she remained disease-free.

**Conclusion:** A unilateral enhancing ovarian mass may represent RCC metastasis. Because radiologic appearances are nonspecific, comparison of paired tumour morphology, targeted immunohistochemistry, and clinicoradiologic correlation are essential to avoid misclassification and guide appropriate systemic therapy and prognosis in this diagnostically challenging clinical setting.

**PP69**

## Metastatic Choriocarcinoma Presenting as Intracranial Space-Occupying Lesions and Recurrent Seizures in Pregnancy: A Rare Case Report

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**Case Presentation:** A 23-year-old primigravida at 31 weeks of gestation presented with fever and recurrent new-onset seizures since 20 days . Magnetic resonance imaging of the brain demonstrated a 2 × 2.1 cm left frontal/precentral ring-enhancing space-occupying lesion with significant perilesional edema and mild midline shift, along with an additional small left cerebellar ring-enhancing lesion. MR spectroscopy showed a dominant lipid-lactate peak, and an infective etiology such as tuberculoma or cerebral abscess was initially considered. The patient was consequently managed with antitubercular therapy, broad-spectrum antibiotics, corticosteroids and multiple antiepileptic medications. Her pregnancy was complicated by fetal growth restriction and oligohydramnios. Subsequently, she developed bilateral pneumonitis/ARDS and pre-eclampsia with severe features with progressive maternal deterioration. Emergency LSCS was performed at 31+2 weeks, resulting in delivery of a 970-g preterm male infant requiring neonatal resuscitation. Due to persistent neurological concerns, left frontotemporoparietal decompression craniotomy with excision of the space-occupying lesion and lax duroplasty was performed by neurosurgeons. Histopathological examination unexpectedly revealed choriocarcinoma. Despite multidisciplinary management, the patient developed recurrent cardiac arrest and could not be revived, dying on postoperative day 3 following caesarean delivery.

**Conclusion:** Intracranial choriocarcinoma metastasis during pregnancy can mimic infective intracranial lesions and may present primarily with recurrent seizures. This case emphasizes the importance of considering gestational trophoblastic neoplasia in the differential diagnosis of rapidly progressive intracranial lesions during pregnancy and highlights the need for early multidisciplinary evaluation and histopathological confirmation.

**PP70**

## Pelvic TB mimicking Ovarian carcinoma with adnexal mass and raised CA 125 levels

**Shivangi**, Swati, Anju, Rajesh, Aparna

**Backkground:** Pelvic tuberculosis is an important differential diagnosis of adnexal masses, particularly in

tuberculosis-endemic regions. Genital and peritoneal tuberculosis may closely mimic ovarian malignancy clinically, radiologically, and biochemically. Elevated serum CA-125, classically associated with epithelial ovarian carcinoma, can also occur due to peritoneal inflammation in tuberculosis.

**Case:** A 20-year-old woman, known case of abdominal tuberculosis, presented with abdominal pain for one month, abdominal distension, loss of appetite, and weight loss. Examination revealed a bulky right adnexa. Contrast-enhanced imaging demonstrated a 4.4 × 4.2 cm right adnexal mass, bulky left adnexa, mild-to-moderate ascites, significant omental thickening with nodularity, and multiple enlarged lymph nodes, the largest measuring 2.5 × 2.1 cm, raising suspicion of advanced ovarian malignancy. Serum CA-125 was markedly elevated at 362.8 U/mL.

A second case involved a 16-year-old girl, a known case of disseminated tuberculosis, with a bulky right adnexa on examination. Imaging revealed a 5.8 × 3.6 × 6 cm thin-walled cystic left adnexal mass. Serum CA-125 was elevated at 308 U/mL, further mimicking ovarian carcinoma.

**Conclusion:** Pelvic tuberculosis can closely mimic ovarian carcinoma, presenting with adnexal masses, ascites, omental nodularity, lymphadenopathy, and elevated CA-125. In young women from tuberculosis-endemic regions, TB should remain an important differential. Tissue diagnosis is crucial to avoid unnecessary radical oncological surgery and enable timely antitubercular therapy.

**PP71**

## Beyond the Genetic Diagnosis: A Hidden Endometrioid Ovarian Carcinoma in a Lynch Syndrome Carrier

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**Background:** Lynch syndrome is an inherited mismatch repair disorder associated with an increased risk of endometrial and ovarian malignancies. Risk-reducing surgery provides an opportunity for early detection of occult malignancy; however, unexpected cancers may still be encountered despite minimal clinical suspicion.

**Case Report:** A 45-year-old P2L2A1 woman, known to be an MLH1-positive Lynch syndrome carrier, was evaluated for abnormal uterine bleeding. Her father had colorectal carcinoma with multiple recurrences and was subsequently diagnosed with Lynch syndrome, while her mother had breast carcinoma. The patient tested positive for Lynch syndrome in February 2026 and was counselled regarding risk-reducing hysterectomy with bilateral salpingo-oophorectomy.

On evaluation of AUN, Endometrial biopsy performed revealed endometrial hyperplasia with atypia. CA-125 was elevated, while other tumour markers were negative. MRI pelvis showed an O-RADS 4 ovarian lesion . In view of her genetic predisposition and suspicious findings,surgical staging was planned.

She underwent staging laparotomy with total abdominal hysterectomy, bilateral salpingo-oophorectomy, infracolic omentectomy and pelvic lymph-node dissection. Frozen section revealed endometrioid adeno ca of ovary ,Final histopathology revealed grade 2 endometrioid ca FIGO stage IIB. In view of the ovarian cancer stage, adjuvant chemotherapy was advised. The patient is currently receiving chemotherapy and is clinically well.

**Conclusion:** This case highlights the value of risk-reducing surgery and comprehensive pathological evaluation in Lynch syndrome carriers. An occult ovarian malignancy may be discovered incidentally despite limited clinical suspicion. Awareness of this possibility is crucial for appropriate staging, counselling and timely adjuvant treatment.

**PP72**

## Adult Granulosa Cell Tumour Mimicking Advanced Epithelial Ovarian Carcinoma: A Diagnostic Challenge

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**Background:** Adult Granulosa Cell Tumor (AGCT) is a rare sex-cord stromal malignancy representing 2-5% of ovarian cancers. Due to non-specific clinical and radiological features, it often mimics advanced epithelial ovarian carcinoma (EOC). We report a case presenting as a massive adnexal mass simulating advanced EOC.

**Case Report:** We report a 45-year-old P3L3 female presenting with a two-year history of heavy menstrual bleeding and a stony-hard abdominal mass equivalent to a 30-week gestation. MRI revealed a large 11.3 x 10 cm solid-cystic adnexal mass encasing the uterus and sigmoid colon with mild ascites. While CA125, CA19.9, CEA, and AFP were normal, serum inhibin B was significantly elevated at 391 pg/ml.

The patient underwent exploratory staging laparotomy, revealing a bosselated right adnexal mass (21 x 17 x 10 cm). She underwent total abdominal hysterectomy, bilateral salpingo-oophorectomy, infracolic omentectomy, bilateral pelvic lymphadenectomy, and peritoneal fluid cytology. The intraoperative frozen section suggested a sex cord-stromal tumor, later confirmed by final histopathology as AGCT with focal microscopic capsular breach (FIGO Stage IC2). Immunohistochemistry was positive for Inhibin and negative for SALL4. Contralateral adnexa, pelvic lymph nodes, omentum, and peritoneal cytology were free of malignancy.

**Discussion:** Adult granulosa cell tumors must remain an important differential consideration for large, complex adnexal presentations, even when imaging findings strongly indicate epithelial ovarian carcinoma. Serum Inhibin B serves as a critical diagnostic indicator, while subsequent histopathology and immunohistochemistry provide confirmation. Given the risk of late recurrence, complete surgical staging and rigorous long-term surveillance are essential for optimal management.

**PP73**

## The Histopathological Twist: Leiomyosarcoma Masquerading as GIST in Post-Hysterectomy Pelvic Mass

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**Background:** Retroperitoneal leiomyosarcoma is an uncommon malignant mesenchymal tumour that can present as large pelvic mass and pose formidable diagnostic and surgical challenges. Its clinical and radiological resemblance to gastrointestinal stromal tumour (GIST) may create significant diagnostic dilemma, with important implications for management.

**Case Report:** 64-year-old woman with previous total abdominal hysterectomy presented with progressive abdominal distension for one year. Ultrasonography and CECT revealed large heterogeneous abdominopelvic mass 18 × 13 × 10 cm, prominent vascular channels and pelvic lymphadenopathy. PET-CT demonstrated FDG-avid pelvic masses. Exploratory laparotomy revealed giant, highly vascular mass arising from retroperitoneal region. separate 7 × 8 cm ileal mass also identified and clinically suspected to represent GIST. In view of extensive vascularity, bilateral internal iliac artery ligation performed, followed by excision of retroperitoneal mass, infracolic omentectomy, retroperitoneal and presacral lymph node dissection, and segmental ileal resection with primary anastomosis. Frozen section suggested malignant stromal tumour. However, final histopathology revealed leiomyosarcoma involving both pelvic and ileal masses, omental metastatic deposit. Immunohistochemistry showed positivity for smooth muscle actin, desmin and vimentin, while CD117, CD34, S100, myogenin and pancytokeratin negative. The tumour was staged as T2N0M0. Patient currently on observation and remained clinically disease-free on follow-up for past one year.

**Conclusion:** This case highlights unusual presentation of leiomyosarcoma mimicking GIST both radiologically and intraoperatively. Definitive diagnosis relies on meticulous histopathological evaluation and appropriate immunohistochemistry. Careful surgical planning essential in managing giant hypervascular pelvic sarcomas. favourable one-year follow-up despite unusual presentation underscores importance of complete surgical excision and accurate diagnosis.

**PP74**

## Disseminated Retroperitoneal Leiomyoma Mimicking Malignancy: A Case Report

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**Introduction:** Retroperitoneal leiomyoma is a rare benign smooth-muscle tumour that may present as a diagnostic and surgical challenge, especially after hysterectomy and in the presence of prior fibroid surgery or ureteric reconstruction. It can closely mimic ovarian malignancy or retroperitoneal sarcoma, making imaging and multidisciplinary planning essential.

**Case history:** A 44-year-old multiparous woman with prior LSCS, myomectomy, and total abdominal hysterectomy with bilateral salpingo-oophorectomy for fibroid uterus presented with an asymptomatic 10 × 10 cms retroperitoneal mass on MRI. Her earlier surgery had been complicated by haemorrhagic shock with ICU stay, right ureteric injury, treated with uretero-ureterostomy, balloon dilatation, and DJ stenting, creating dense fibrosis around the operative field.

**Evaluation and Management:** Baseline investigations and tumour markers were normal and considering complexity of the case – multidisciplinary specialty assessment involved gynaecologic oncology, urology, and interventional vascular surgery. Preoperative embolization of feeding vessels followed by exploratory laparotomy with extensive adhesiolysis, excision of retroperitoneal presacral mass, right ureteric segment excision and boari's flap reconstruction was performed.

**Outcome:** Frozen section and final histopathology confirmed low grade spindle cell histology probably leiomyoma, with immunohistochemistry positive for ER, SMA, desmin and negative for CD117. Ureter showed acute on chronic ureteritis without any malignant changes. Patient was discharged in stable condition.

**Conclusion:** Retroperitoneal leiomyoma should be considered as one of the differential diagnosis of large post-hysterectomy masses. Presurgical planning involving preoperative embolization, frozen section, and multidisciplinary specialty involvement can reduce morbidity and streamline perioperative course.

**PP75**

## Fertility Preserving Myomectomy in a Giant Intramural Leiomyoma Mimicking Smooth Muscle Tumor of Uncertain Malignant Potential on MRI in a Nulliparous Woman: A Radiology Histopathology Discordance

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**Background:** Differentiating benign leiomyoma from atypical uterine smooth muscle tumors remains a

significant diagnostic challenge.MRI may demonstrate features suggesting of STUMP, posing a therapeutic dilemma, particularly in women wishing to preserve fertility.

A 35-year-old nulliparous woman presented with heavy menstrual bleeding for two years associated with progressive abdominal enlargement. Clinical examination revealed a uterus of 30 weeks' size. MRI measuring 8.3 × 14.6 × 21.6 cm with a giant intramural fibroid measuring 8.5 × 15 × 19.7 cm arising from the left posterolateral uterine wall (FIGO type 3, 100% intramural, contacting the endometrium). The lesion exhibited peripheral blooming foci suggestive of calcification, heterogeneous post-contrast enhancement with patchy non-enhancing areas suspicious for necrosis, and prominent surrounding parametrial vessels. The MRI differential diagnosis included cellular leiomyoma and STUMP. Given the patient's strong desire for future fertility, fertility-preserving open myomectomy was performed following detailed counselling regarding the possibility of occult malignancy and the potential need for further surgery including hysterectomy based on histopathological findings. Intraoperatively, a solitary giant intramural fibroid was successfully enucleated with meticulous multilayer uterine reconstruction . Frozen histopathological examination demonstrated a benign leiomyoma, with no evidence of cytological atypia, coagulative tumorcell necrosis, or increased mitotic activity with similar findings in final report.

**Conclusion:** Giant intramural leiomyomas can closely mimic STUMP on MRI owing to diffusion restriction, heterogeneous enhancement, and areas suspicious for necrosis. This case highlights that fertility-preserving myomectomy remains a feasible and appropriate option in carefully selected reproductive-age women after comprehensive counselling, with definitive diagnosis relying on histopathological evaluation.

**PP76**

## Two became none: A Twin Pregnancy turned Malignant

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LHMC

Gestational trophoblastic neoplasia (GTN) encompasses a spectrum of premalignant and malignant placental disorders, including complete and partial hydatidiform mole. Twin pregnancies with a molar component and a coexisting live fetus are rare, occurring in an estimated 1 in 22,000–100,000 pregnancies, and most represent a complete hydatidiform mole with a coexisting fetus (CHMCF) arising from dizygotic twinning, in which one conceptus develops as a complete mole and the other as a normal fetus with its own placenta. Such pregnancies carry significant maternal risks, including hemorrhage, pre-eclampsia, GTN, and a greater risk of pregnancy loss.

We report a twin pregnancy with a complete hydatidiform mole and a coexistent live fetus in a 25-year-old gravida 2 abortion 1 at 14 weeks' gestation, and discuss the challenges in ultrasound diagnosis, histopathological confirmation, treatment, and follow-up.

The patient presented with vaginal bleeding of one month's duration, worsening over the preceding week. Differential diagnoses included complete mole, partial mole, abruption, and missed abortion. Ultrasound showed a molar pregnancy in one sac with a live fetus in the other. Due to profuse bleeding, suction evacuation was performed, followed by serial β-hCG monitoring. A subsequent rise in β-hCG, together with CT findings, confirmed GTN, and chemotherapy was initiated.

A complete hydatidiform mole with a coexisting live fetus retains substantial malignant potential even after early fetal loss. Rigorous serial β-hCG surveillance following evacuation is essential in all molar pregnancies to enable timely detection and treatment of GTN.

**PP77**

## Advanced cervical carcinoma disguised as Post LSCS urogenital fistula

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**Background:** Locally advanced cervical carcinoma remains a major healthcare burden in developing nations, frequently presenting at advanced stages due to absent screening. Invasive cervical tumors can cause extensive local tissue destruction, masking as surgical or obstetric complications like iatrogenic urogenital fistula.

**Case Report:** A 38-year-old multiparous female (P4L4) presented 4 months following a lower segment cesarean section (LSCS) with persistent vaginal bleeding, intractable urinary incontinence, and lower abdominal pain. Clinical and imaging evaluation revealed a 5x5x5 cm vesicovaginal defect, a left ureteric stricture, and a lower uterine segment rent. The patient underwent adhesiolysis, total abdominal hysterectomy, bilateral salpingectomy, and primary bladder repair. Operative findings demonstrated dense pelvic adhesions with direct invasion into the bladder base and uterus. Histopathological examination unexpectedly revealed a moderately differentiated (G2) human papilloma virus (HPV)-driven squamous cell carcinoma replacing the cervix, with parametrial extension, lymphovascular space invasion, and serosal deposits (pT4/M1).

**Discussion:** This case highlights a critical diagnostic overlap where malignant tissue necrosis was initially misattributed to surgical trauma. Missing routine antepartum cervical screening enabled silent disease progression to Stage IV carcinoma. Pregnancy and routine obstetric visits offer vital windows for opportunistic screening. Clinicians must maintain a high index of suspicion and perform early histopathological evaluation for non-healing or atypical urogenital fistula to avoid severe delays in oncologic therapy

PP78

## Stratified Mucin-Producing Intraepithelial Lesion (SMILE) of the cervix in a Young Nulligravida : A rare HPV-18- Associated Precursor Lesion

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**Background:** Stratified mucin-producing intraepithelial lesion (SMILE) is a rare HPV-associated cervical precursor lesion with mixed squamous and glandular differentiation. It is a variant of adenocarcinoma in situ (AIS), strongly linked to HPV-18, and may coexist with other glandular or invasive cervical neoplasms. Early diagnosis is challenging due to its rarity and subtle cytological features.

**Case Report:** A 29-year-old nulligravida presented with postcoital bleeding and vaginal discharge for two months. Liquid-based cytology showed atypical squamous cells of undetermined significance (ASC-US), and high-risk HPV testing was positive for HPV-18. Colposcopy-directed biopsy revealed SMILE, characterized by epithelial stratification with intracytoplasmic mucin production. Excisional treatment with Loop electrosurgical excision procedure (LEEP) was planned. **Discussion:** SMILE is an uncommon HPV-associated precursor lesion with significant malignant potential and is often associated with adenocarcinoma in situ, high-grade squamous intraepithelial lesions, or invasive carcinoma. Histopathological assessment and excisional treatment are essential for diagnosis and management. Complete excision with negative margins is associated with an excellent prognosis, while positive margins increase the risk of residual or recurrent disease and require close follow-up. As it affects women of reproductive age, early detection allows fertility-preserving management. The patient opted for care at a gynecologic oncology centre and was lost to follow-up at out institution. This case highlights the importance of HPV testing and histopathological evaluation for early diagnosis and appropriate management of this rare lesion.

PP79

## Simultaneous Occurrence of Microinvasive Squamous Cell Carcinoma and Adenocarcinoma of Cervix: A Rare Case Report

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**Background**: Synchronous occurrence of two histologically distinct primary malignancies of the cervix is extremely rare. Coexisting microinvasive squamous cell carcinoma (SCC) and adenocarcinoma may pose diagnostic and therapeutic challenges.

**Case Report**: A 59-year-old postmenopausal woman presented with a 2-year history of foul-smelling vaginal discharge. There was no history of postmenopausal or postcoital bleeding, weight loss, or other significant symptoms. Clinical examination was unremarkable. Cervical cytology was suggestive of high-grade squamous intraepithelial lesion (HSIL), and colposcopy-guided biopsy also suggested HSIL. MRI pelvis was normal, and tumour markers including CA-125 and CEA were within normal limits. Diagnostic cone biopsy with adequate margins revealed two distinct invasive components: microinvasive SCC and early invasive adenocarcinoma, confirming synchronous double primary carcinoma of the cervix. Considering the patient's age and invasive disease, Wertheim's hysterectomy with bilateral pelvic lymph node dissection was performed. Histopathological examination of the surgical specimen revealed no residual tumour. The patient remained clinically and radiologically disease-free during 2 years of follow-up.

**Discussion**: The coexistence of SCC and adenocarcinoma may represent a rare form of synchronous cervical malignancy, potentially associated with common etiological factors such as high-risk HPV infection. Recognition of distinct histological components is essential, as diagnosis based on cytology or limited biopsy alone may be challenging.

**Conclusion**: Detailed histopathological evaluation is crucial for accurate diagnosis of synchronous microinvasive cervical carcinomas. Early detection and appropriate definitive management can result in favourable outcomes.

PP80

## Conservative Management of Enhanced Myometrial Vascularity in a Case of GTD Presenting with HMB Post-Chemotherapy

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**Background:** Gestational trophoblastic disease (GTD) is highly chemosensitive, with cure rates exceeding 90%. Severe heavy menstrual bleeding (HMB) following chemotherapy despite biochemical remission is uncommon and presents a diagnostic challenge, requiring exclusion of persistent disease and acquired uterine vascular abnormalities.

**Case Presentation:** A 26-year-old woman (A1) with GTD was diagnosed based on markedly elevated serum β-hCG and imaging suggestive of an invasive mole. Endometrial aspiration on 10/05/2023 showed no trophoblastic or other abnormal tissue. She received 14 cycles of methotrexate chemotherapy from 26/05/2023 to 05/12/2023 using a Day 1, 3, 5, 7 regimen with folinic acid rescue, achieving complete biochemical remission. During follow-up, she developed profuse HMB with anaemia, requiring

hospitalisation and blood transfusion on 30/06/2025. Serial β-hCG remained negative. Pelvic ultrasonography, MRI and contrast-enhanced MRI demonstrated markedly increased myometrial vascularity, suggestive of an acquired uterine vascular malformation. In view of persistent biochemical remission and absence of active disease, conservative management was pursued. High-dose combined oral contraceptive therapy (2 tablets of Mala-N OD) successfully controlled the bleeding. She remained clinically stable without recurrent significant bleeding or β-hCG elevation, avoiding uterine artery embolisation and hysterectomy.

**Discussion:** Enhanced myometrial vascularity after chemotherapy may mimic persistent or recurrent GTD and present with severe HMB. In patients with sustained biochemical remission, correlation of serial β-hCG with multimodal imaging is essential to distinguish post-treatment vascular abnormalities from active disease. High-dose hormonal therapy may achieve effective haemorrhage control in selected clinically stable patients, avoiding invasive procedures while preserving the uterus.

**PP81**

## Unravelling an Epithelioid Enigma: Primary Endometrial PEComaâ€"A Rare Diagnostic Challenge

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**Background:** Perivascular epithelioid cell tumors (PEComas) are rare mesenchymal neoplasms showing dual melanocytic and smooth-muscle differentiation. Uterine PEComas are exceptionally rare, with only small case series reported. Their morphological overlap with other uterine malignancies makes diagnosis challenging.

**Case Presentation:** A 75-year-old P4L4A1 postmenopausal woman presented with bleeding and discharge per vaginum for two months. Examination revealed a 16-week-size, freely mobile uterus without parametrial involvement. CE-MRI showed a uterine mass with cervical extension, suggestive of endometrial carcinoma. Endometrial sampling, however, revealed PEComa. The patient underwent total abdominal hysterectomy with bilateral salpingo-oophorectomy, lymphadenectomy and omentectomy and remains under surveillance at two months. On histopathology, the characteristic melanocytic and smooth-muscle immunophenotype, together with the morphological features, established the diagnosis of malignant primary endometrial PEComa. Immunohistochemistry demonstrated diffuse positivity for HMB-45, Melan-A, SMA and desmin further supporting the diagnosis.

**Conclusion:** Primary endometrial PEComa is exceptionally rare and can mimic endometrial carcinoma clinically and radiologically. The major diagnostic challenge is distinguishing PEComa from epithelioid leiomyosarcoma, endometrial stromal sarcoma, carcinoma and melanoma. Accurate identification is crucial because these entities differ in prognosis and management, and advanced PEComa may have potential for mTOR-targeted therapy. Recognition of its distinctive morphology and confirmation by an appropriate immunohistochemical panel are essential for accurate diagnosis and appropriate prognostic and therapeutic planning.

**PP82**

## Rare Presentation of Vaginal Vault Recurrence of High Grade Serous Carcinoma of Ovary

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**Background:** Recurrence of isolated epithelial ovarian cancer at the vaginal vault is relatively uncommon. Most recurrences are intraperitoneal or involve lymph nodes. While ovarian cancer recurs in 70–80% of advanced cases, vaginal vault involvement represents less than 5% of all recurrence sites. Diagnosis requires a high index of suspicion in women with vaginal bleeding, discharge, dyspareunia or an abnormal vault growth.

**Case Report:** A 49-year-old P1L1 woman, diagnosed with stage IC1 high-grade serous epithelial ovarian carcinoma, underwent staging laparotomy with total abdominal hysterectomy, bilateral salpingo-oophorectomy, pelvic and para-aortic lymphadenectomy, infracolic omentectomy, and peritoneal biopsy in December 2022. Histopathology confirmed high-grade serous epithelial ovarian carcinoma with post op changes on CECT. She subsequently received six cycles of chemotherapy from February to May 2023. Follow-up CECT in June 2023 revealed a 3 × 3.3 × 3.4 cm solid hemipelvic lesion, confirmed as recurrent disease on PET-CT. Second-line chemotherapy was administered from September 2023 to March 2024. She developed bleeding per vaginum from September 2024. PET-CT in February 2025 demonstrated a metabolically active 9 × 7.1 × 7.4 cm mass arising from the vaginal stump. Vault biopsy in June 2025 showed high-grade serous carcinoma of ovarian origin, despite normal CA-125 levels. Exenteration was advised but declined, and is currently receiving chemotherapy.

**Conclusion:** Isolated vaginal vault recurrence of ovarian carcinoma is extremely uncommon. Histopathology usually resembles the primary tumor and usually occurs within few years post-hysterectomy, unlike primary malignancy. Regular pelvic examination and appropriate imaging are essential for early detection along with CA-125 levels.

PP83

## Stump- A Rare Case of Uterine Tumour- Expect the Unexpected

**Veena Sharma**, Yashi Nagar, Monika Gupta, Sumitra Bachani, Divya Pandey, Jyotsna Suri
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**Introduction:** Smooth muscle tumour of uncertain malignant potential (incidence -5%) indicates a group of uterine smooth muscle tumour that cannot be diagnosed unequivocally as benign or malignant. The recurrence rate of this tumour is 11-13% which can be in the form of STUMP or LMS.

**Objective:**To discuss the diagnosis, surgical management and follow up of this neoplasm as it remains a challenge due to its non aggressive behaviour as compared to leiomyosarcoma.

**Case summary:** A 42-year-old P2L1 perimenopausal women presented with chief complaints of mass in the abdominal region since 4 months and something coming out of vagina since 4 months. This mass grew from 2x3 cm to 10 X 8 cm size over a period of 4 months. The patient had been experiencing discomfort due to the pressure symptoms and prolapse. On examination the mass was firm in consistency ,globular with well defined margins. On imaging it suggested a subserosal fibroid with sarcomatous changes unlikely. Relevant tumour markers were done found inconclusive. The patient was prepared for TAH. Per-operative findings are of special interest, it was seen that this huge fibroid particularly mushroom shaped was taking its entire blood supply from the mesocolon. On HPE- it was suggestive of smooth muscle neoplasm with moderate cytological atypia along with coagulative necrosis

**Conclusion:** STUMPs are complex uterine smooth muscle tumors, with a rare but reasoned clinical–diagnostic management. Considering the high clinical and histological complexity of these tumors, high level of expertise is mandatory.

PP84

## A large prolapsed vaginal mass masquerading as cystocele

**Neha Tiwari**, Renuka Malik, Jaya Chawla, Kavita,Dr Arvind
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**Background:** Vaginal prolapse is commonly attributed to pelvic organ prolapse; however, an unusual vaginal mass may clinically mimic a cystocele and pose a diagnostic challenge.

**Case:** We present a case of a large vaginally prolapsed mass in a woman of 31 years presenting with a progressively enlarging mass protruding through the introitus, associated with discomfort and difficulty in walking and daily activities. Clinical examination suggested a cystocele; however, the mass was unusually large and firm, prompting further evaluation. Imaging and histopathological examination revealed the true nature of the lesion. The mass was successfully excised, with preservation of surrounding pelvic structures and an uncomplicated postoperative recovery.

**Conclusion:** Large vaginal masses can masquerade as cystocele. Careful examination, appropriate imaging, and histopathological assessment are essential for accurate diagnosis and appropriate management.

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PP85

## Colpolithiasis around PPIUCD thread : A rare sequela of vesicovaginal fistula

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**Background:** Vaginal calculus (colpolithiasis) is an exceptionally rare manifestation of prolonged pathological alteration within the vaginal milieu. Chronic urinary contamination, persistent inflammation and retained foreign bodies may together create a nidus for progressive mineral deposition, yet diagnosis is frequently delayed because symptoms mimic common gynaecological conditions. This is a rare case of secondary vaginal calculus formed around embedded postpartum IUCD threads associated with an occult vesicovaginal fistula.

**Case Report :** A 35-year-old P3L3 woman with 2 previous LSCS presented with continuous urinary dribbling, dyspareunia and lower pain abdomen for 2 years following PPIUCD insertion during her last CS. Speculum examination revealed a hard whitish mass obscuring the cervix with non-visualisation of IUCD thread. Vaginal extraction yielded a calcified stone with embedded IUCD thread. Further evaluation demonstrated a 1.5x1.5 cm vesicovaginal fistula. The patient was managed with bladder drainage, antibiotics and successful delayed fistula repair with complete resolution of symptoms.

**Disussion :** Vaginal calculi represent the final outcome of sustained urinary stasis, chronic infection and persistent inflammation. In the present case, an unrecognised vesicovaginal fistula provided continuous urinary contamination while IUCD thread acted as nidus for calcification, culminating in secondary colpolithiasis. Review of literature demonstrates that such cases remain exceedingly uncommon. This case emphasises the

importance of maintaining a high index of suspicion in women with persistent urinary symptoms. Prompt pelvic examination and timely identification of the underlying pathology are essential to prevent prolonged morbidity, ensure definitive management and improved quality of life.

**PP86**

## A Complex Recto-Uterine Fistula After Incomplete Hysterectomyâ€"A Multidisciplinary Surgical Challenge

**Neha Singh**, Kavita Khoiwal, Sudhir Kumar, Vikas Kumar
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**Introduction:** Recto-uterine fistula is an extremely rare condition, seldom reported in the literature. It may occur as a debilitating complication of pelvic surgery. Early diagnosis and multidisciplinary management are essential for definitive treatment.

**Objective:** To highlight a rare postoperative recto-uterine fistula with pelvic sepsis following incomplete hysterectomy, emphasizing diagnostic challenges and the importance of timely multidisciplinary management.

**Methods:** A 41-year-old multiparous obese woman with two previous caesarean sections underwent non-descent vaginal hysterectomy for presumed adenomyosis. Fifteen days later, she developed persistent purulent vaginal discharge with fecal staining per vaginum. Speculum examination revealed fecal staining from the apparent vaginal vault apex, while vaginal examination suggested a high-riding uterine isthmus. MRI showed a 6.1 × 5 cm left adnexal lesion, recto-uterine fistula, and extensive pelvic inflammation. Laparoscopy revealed dense adhesions, a 5 × 5 cm left tubo-ovarian abscess, uterine remnant, and communication with the rectum. A 1 × 1 cm bladder rent was also noted. Fistulectomy was followed by total laparoscopic hysterectomy, left salpingo-oophorectomy, and right salpingectomy. Bladder and rectal defects were repaired, with protective loop ileostomy creation.

**Result:** The postoperative course was uneventful. The per-urethral catheter was removed after 3 weeks and ileostomy was reversed after 3 months. The patient remained asymptomatic at 9 months of follow-up.

**Conclusion:** This case highlights the complexity of acquired recto-uterine fistula following incomplete hysterectomy. Previous caesarean sections, distorted pelvic anatomy, dense adhesions, and pelvic infection increase operative difficulty and visceral injury risk. A multidisciplinary approach is crucial for successful management.

**PP87**

## Urethral Leiomyoma Presenting as Vulval Mass -A Rare Case Entity

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**Introduction:** Urethral leiomyoma is a rare benign tumour of the female urethra. Because of its unusual location and varied presentation, it can often be mistaken for other vulval or periurethral masses, making diagnosis challenging.

**Objective:** To report an unusual presentation of female urethral leiomyoma as a gradually enlarging vulval mass with associated genitourinary symptoms.

**Methods:** A 32-year-old P2L2 woman presented with a vulval mass that had progressively increased in size over 3 years. She reported occasional bleeding on touch, dyspareunia, itching, foul-smelling vaginal discharge, urinary incontinence, urgency and increased frequency. Examination revealed a firm, tender, red-coloured, ovoid polypoidal growth measuring approximately 4 × 4 cm, arising near the external urethral orifice. Contrast-enhanced MRI demonstrated a well-defined periurethral lesion measuring 3.6 × 1.8 × 2.9 cm, centred along the anterior urethral wall, without surrounding tissue invasion. Excision was performed under intravenous sedation, followed by histopathological examination.

**Results:** Complete excision of the lesion was achieved without intraoperative or postoperative complications. A 16-Fr Foley catheter was kept indwelling for five days. The patient recovered well, had no postoperative urinary complaints, and was discharged in stable condition. Histopathology revealed a benign spindle-cell neoplasm, favouring urethral leiomyoma.

**Conclusion:** Female urethral leiomyoma is a rare entity that should be considered in the differential diagnosis of periurethral or vulval masses, particularly when associated with urinary symptoms. Imaging and histopathological examination are essential for accurate diagnosis and appropriate management.

**PP88**

## Persistent Vaginal Discharge and Recurrent Urinary Tract Infection: An Unusual Presentation of Long Standing Gossypiboma

**Prabin Pradeep**, Seema Singhal, Soniya Dhiman, Richa Vatsa, Neena Malhotra
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**Background:** Gossypiboma is a rare complication of abdominal surgery, with an incidence of 1 in 1,000–1,500 procedures. Chronic vaginal discharge as the primary presentation is exceptionally rare.

**Case Report:** A 47-year-old female presented with recurrent foul-smelling vaginal discharge for 4 years, burning micturition for 1 year, and abdominal pain for 2 months. She had undergone total abdominal hysterectomy in March 2022. Vaginal discharge began on postoperative day 4 and persisted despite multiple antibiotics. Recurrent urinary tract infections developed 2.5 years later.

Examination revealed foul-smelling vaginal discharge and mild tenderness at the vault apex. CECT performed 4 years after surgery confirmed gossypiboma. Exploratory laparotomy revealed bowel loops adherent to the vaginal vault. After dissection, a crumpled, peritonealized surgical mop was found posterior to the bladder and superior to the vault, with adherent bowel loops. A 2 cm gap in the left lateral vault represented a drainage tract. Multiple small bowel perforations with fecopurulent contamination were identified and managed by resection and anastomosis with diversion loop ileostomy. The patient is recovering well.

**Discussion:** Chronic vaginal discharge after hysterectomy should raise suspicion for retained surgical foreign body. A radio-opaque thread on imaging is highly suggestive of gossypiboma. This case highlights the potential for delayed, life-threatening bowel complications and emphasizes meticulous sponge counts, use of radio-opaque materials, and a high index of suspicion in persistent postoperative symptoms.

**PP89**

## Laparoscopic Detorsion and Cystectomy for Ovarian Torsion in Pregnancy: A Case Report

**Priyanka Priydarsini**, Sumedha
HIMSR and HAHC Hospital

**Background:** Ovarian torsion is an uncommon but important non-obstetric surgical emergency during pregnancy, with an incidence of approximately 5 per 10,000 pregnancies. Prompt diagnosis and timely surgical intervention are essential to preserve ovarian function and prevent maternal and fetal complications. Laparoscopic management has emerged as a safe and effective option during the second trimester when performed by experienced surgeons.

**Case Presentation:** A 27-year-old G3P2L2 woman at 19 weeks + 4 days of gestation presented with acute lower abdominal pain and vomiting. An ultrasound performed earlier in pregnancy had demonstrated a multiloculated left ovarian cyst measuring approximately 8.7 × 6.7 cm, classified as O-RADS US-3. Repeat ultrasonography revealed a thickened left ovarian pedicle with a whirlpool sign on colour Doppler, confirming ovarian torsion. Emergency laparoscopy demonstrated a 7 × 5 cm multiloculated left ovarian cyst with two twists of the ovarian pedicle. Laparoscopic detorsion followed by ovarian-conserving cystectomy was successfully performed, preserving healthy ovarian tissue. Histopathological examination confirmed a benign seromucinous cystadenoma. The postoperative recovery was uneventful, and the patient was discharged on postoperative day 3 with an ongoing healthy pregnancy.

**Conclusion:** This case highlights the importance of maintaining a high index of suspicion for ovarian torsion in pregnant women presenting with acute abdominal pain. Ultrasound with Doppler plays a pivotal role in diagnosis. Laparoscopic detorsion with ovarian-conserving cystectomy is a safe and effective treatment in the second trimester, offering favourable maternal and fetal outcomes while preserving ovarian function.

**PP90**

## Recurrent Disseminated Peritoneal Leiomyomatosis After Uncontained Morcellation: Lessons from a Complex Surgical Case

**Shiwani Bansal**, Pooja Yadav, Seema Singhal, Juhi Bharti, Soniya Dhiman, Richa Vatsa, Neena Malhotra
AIIMS New Delhi

**Introduction:** Disseminated peritoneal leiomyomatosis (DPL) is a rare benign condition characterized by multiple peritoneal smooth-muscle nodules over peritoneal surfaces. Its resemblance to disseminated malignancy pose diagnostic and surgical challenges. Although hormonal factors have been implicated, iatrogenic dissemination following uncontained laparoscopic morcellation is an important concern.

**Case:** A 34-year-old unmarried woman underwent laparoscopic myomectomy with uncontained power morcellation for heavy menstrual bleeding due to a 10×8-cm FIGO 3–4 fibroid in 2015. Later she developed abdominal mass and pain with bilateral adnexal masses and multiple peritoneal/omental nodules. Exploratory laparotomy with right salpingo- oophorectomy and excision of nodules was performed. In 2022, recurrent fibroids and multiple intraperitoneal deposits recurred. She subsequently presented with progressive abdominal distension and constipation. Imaging demonstrated a ~20-cm heterogeneous abdominopelvic mass with multiple intraperitoneal lesions, raising suspicion of recurrent DPL versus malignancy. Preoperative feeder-vessel embolization was performed. At laparotomy, extensive leiomyomatous deposits involved the peritoneum, appendiceal mesentery, hepatic flexure and left infrarenal region, with dense bowel adhesions. Total abdominal hysterectomy, left salpingectomy, appendicectomy, mesenteric cystectomy, and nodule excision were performed. Despite embolization, blood loss was 5.5 L, requiring massive transfusion. Post operative recovery was uneventful. Conclusion: DPL should be suspected in women with prior morcellation presenting with multiple peritoneal masses. Uncontained morcellation can disseminate benign leiomyomatous tissue throughout the peritoneal cavity and result in recurrent, highly vascular disease mimicking malignancy. Contained morcellation, meticulous tissue retrieval and long-term surveillance are essential. Recurrent DPL requires detailed imaging, preoperative vascular planning, multidisciplinary surgical expertise and preparedness for massive haemorrhage.

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