



BOGS *Times*

THE BENGAL OBSTETRIC AND GYNAECOLOGICAL SOCIETY

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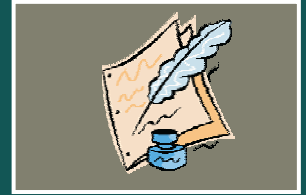
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EDITORIAL

Hello friends!

The New Year has just stepped in with all its freshness and BOGSCON is here with the scientific extravaganza and cultural events. In the midst of this charming atmosphere we are happy to present before you the winter edition of the BOGS Times of the Platinum Jubilee Year.

We have with us none other than the teacher of teachers, Professor B.N. Chakraborty, unfolding his memories and taking us through the eventful sojourn of his life! The concept of breech delivery which is often considered as a forgotten art is again stirred and revived through a controversy.

A hand full of snippets is there as usual for you to explore.

Waiting as ever for your constructive feedback and active participation.

Wish you all a very happy and eventful 2012 ahead!

Yours truly,

Bulletin & Website Committee



Platinum Jubilee Year

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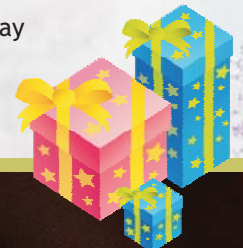
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BOGS Activities and Events



54th Sir Kedarnath Das Memorial Oration: 54th Sir Kedarnath Das Memorial Oration was held on Saturday, October 22, 2011 at R.G. Kar Medical College & Hospital, Kolkata. The oration was delivered by Dr. Subhash Nargolkar, Consultant Obstetrician & Gynaecologist, Indira Maternity Home, Pune, on "Modern Forceps Delivery and Design". About 97 delegates attended the oration.



Public Awareness Programme on Cervical Cancer: A public awareness programme on Cervical Cancer was organised by Public Awareness and Media Committee BOGS, in association with the Public Awareness Committee of FOGSI on Saturday, 26th November, at Pratishruti. Dr Rajat Kumar Ray was the national faculty. The programme included a lecture on "Prevention of Cancer Cervix" which was very informative and mainly meant for the general practitioners. This was followed by a panel discussion. The session was very interactive. About 150 delegates including lay public and doctors from our society and the Indian Medical Association (Kolkata & Barasat branches) attended the meeting.



Live workshop on "Safe CS": A live workshop on "Safe CS" was organized in association with the Young Talent Promotion Committee of FOGSI on Saturday, October 22, 2011 at R.G. Kar Medical College & Hospital, Kolkata. The workshop included live relay of two caesarean sections, one performed by the conventional method (with forceps delivery of the head) and the other by Single-layer technique. These were followed by a lively panel discussion on "Difficult Situations at CS". 97 members attended this workshop. The programme was supported by an educational grant from USV Ltd.



CME on "Endometriosis- Unwinding the Mystery & Managing the Agony": A CME on "Endometriosis- Unwinding The Mystery & Managing The Agony" was organized in association with FOGSI-SUN INCA Initiative - 2011 under the aegis of Endometriosis Committee, FOGSI on Saturday, November 12, 2011 at Park Hotel, Kolkata. Different aspects of endometriosis like infertility, medical and surgical management, endometriosis in adolescents etc were discussed in detail. A panel discussion on "Leaving Endometriosis or Living with Endometriosis" was the icing on the cake. Dr Mamta Rath Datta and Dr Rajat Mohanty were the national faculty along with several experts from our society including Dr BN Chakraborty and Dr. Pramathes Das Mahapatra. This CME was attended by more than 127 delegates.



Bijoya Sammilani: Bijoya Sammilani was celebrated with a lot of pomp and grandeur on Sunday, 23rd October, 2011 at the auditorium at Pratishruti. About 144 members with their family and 27 others joined in the celebrations. This family gathering witnessed beautiful cultural performances like singing, elocution and dancing by members, their spouses and children. A breathtaking display of fireworks lit up the evening. "Dhaker Tale Naach" & "Dhak Beating" were enjoyed by all.



CME of Perinatology Committee of BOGS: A CME programme was organised by the Perinatology Committee of BOGS on December 10, 2011 at Eden Hospital, Kolkata. The theme of the programme was Preterm Labour (PTL) and PPROM. The role of Tocolytics and Cerclage were discussed, along with Infections & PTL. Dr Kakoli Mukherjee (Consultant Paediatrician) delivered a talk on 'Management of Preterm babies and reduction of fetal morbidity and mortality'. This was followed by an interesting panel discussion on PPROM. About 102 delegates attended the programme.

MESSAGE FROM TEAM BOGS 2011-12

President Speaks ...



Belated Merry Christmas & Happy New year

Amid the gloom all around in recent past any silver lining whatever thin is always welcome in the next morning when the whole universe arises to pray. Birds burst into song with the joy of heralding another morning. So also is the winter wind which made us forget all sorrows.

“Blow, blow, thou winter wind. Thou art not so unkind, As man's ingratitude; Thy tooth is not so keen, Because thou art not seen, Although thy breath be rude.” – William Shakespeare (1600)

BOGS Times in its adolescence in the Platinum Jubilee year may install the unseen art in winter snow-wind blend as it is sweet, lovely, adorable but mature enough in January 2012. Innovation & incorporation of new items in a befitting manner to avoid boredom has been marvelously accomplished by our editorial board silently. After seven months me, as President, just see amazingly how my team has balanced the academics and socio-cultural bond without tilt. I acknowledge with gratitude the appreciation & encouragement conveyed by our vibrant 1300 odd esteemed members regarding the great role of BOGS Times in this context. We must cherish our visions and our dreams as they are the children of our soul - the blueprint of ultimate achievements of BOGS. However, achievement of whatever kind is the crown of effort with diadem of thought. By the aid of self-control, resolution, purity, righteousness, and well-directed thought we ascend - 'Team BOGS' would be the example of future.

“Only as high as I reach can I grow, only as far as I see can I go, only as deep as I look can I see, only as much as I dream can I be.” –Karen Raven

Yes, we The BOGSians can follow this also.

With regards

Dr Pradip kr Mitra
President, BOGS
Platinum Jubilee Year

Hony. Secretary Speaks ...



Dear BOGSIANS,

I am privileged to address you through the bulletin 'BOGS TIMES' every quarter of the year. Let us thank God Almighty for all the blessings showered upon us through His wishes. HAPPY & PROSPEROUS NEW YEAR 2012 to every family of 'TEAM BOGS'.

After taking a glance at the past few months, it is incredible to note how quickly 2011 has flashed away! To organize an academic meet, that too blending with cultural harmony, almost every week, is a colossal task. In addition, the Bulletin & Website sub-committee has not only published the third issue in time but has also launched the coloured, illustrious & informative BOGS website: www.bogs.org.in. I find no words to express my gratitude to the members of the committee.

Needless to say, UNITY IS OUR STRENGTH. Let us enjoy & celebrate the 1st week of the year by our active participation in the 37th annual conference, “BOGSCON-PLATINUM JUBILEE Year 2011-12” to be held at ECOHUB-Conclave with lush green surroundings. It therefore gives me immense pleasure to welcome you all to this academic meet, which is a paradigm of togetherness, amity, and zest. My sincere thanks to the entire team!

Long live BOGS

With best wishes,

Dr. Subhash Chandra Biswas
Hony. Secretary, BOGS

FACE TO FACE WITH A STALWART

PROF B N CHAKRABORTY

Prof B N Chakraborty, a pioneer in the field of Infertility, has been the teacher of teachers. It is rare to find such a blend of a researcher, a clinician and a teacher. Two of his favourite students, Dr Pradip Kumar Mitra, President, BOGS, and Prof Arup Kumar Majhi, Vice President, BOGS, met him recently on behalf of BOGS Times to capture his reflections on his life and medicine.



BT: Sir, what was your aim when you were undergraduate student in Calcutta Medical College? - a question often asked by present students who cannot approach you.

BNC: To become a good doctor only - as my father was Railway Station Master and we were not rich. I was supposed to support my brothers & sisters after passing MBBS. But it was Dr N N Roy Chowdury who was instrumental in my becoming

Goodeve Scholar by his teaching and inspired me to take up Gynecology. Nagenda guided my potential in appropriate direction.

BT: You are a pioneer in the field of Infertility. What prompted you to choose 'Infertility' as sub specialty?

BNC: Initially my surgical interest was on Genital Fistulae, cancer surgery and then on Mullerian anomalies, particularly MRKH Syndrome which was mostly induced by Dr S.K.Sur Roy. Then Dr Subhas Mukherjee infused the importance of endocrinopathy particularly in relation to infertility in me and inducted me to use gonadotropines. Later I used to perform all types of reproductive surgeries and Subhas used to take care of Reproductive Medicine part in various odd infertility cases. A case of stress induced PCOD in the form of 'Bearded Lady' as taught by Subhas opened my eyes and prompted me to take up infertility as a challenge.

BT: Did you have any philosopher or guide or mentor whom you wanted to follow?

BNC: Yes, they are three persons who influenced me in three phases of my life. Truly speaking as physician I was born in CMC and brought up in NRS. In the undergraduate phase Dr Sudhir Bose was my mentor. During PG training I wanted to follow Dr C.L.Mukherjee, the most brilliant teacher. Lastly while in service in NRS, Dr S.K.Sur Roy was my icon. At that time we were five or six budding gynecologists and among us there were healthy competitions to improve ourselves.

BT: Sir, you can speak on any topic anytime so spontaneously. How do you keep everything in memory? In fact with the advancement of age your memory is getting sharper and sharper. What is the secret behind it?

BNC: Possibly it is CME in the form of teaching, reading and publishing. Dr K.N Mitra a great academician once told me after observing my surgery that I can bat well but am 'poor in fielding'. His remark changed my life from a mechanical surgeon to sincere student of science which could be the reason of apparent sharpness of memory.

BT: How do you keep yourself academically updated? How much time do you spend in studying and how do you manage that time from your busy schedule even at this age?

BNC: I have to deliver lectures very frequently in different conferences on various topics for which I have to study a lot from very basics to recent advances meticulously as there is no way out. My friend Dr Saroj Bhattacharya helped me in developing this habit.

BT: From the day we know you, we have noticed you never get angry. How do you keep your cool all the time?

BNC: Whenever I get angry I think of a subject which I don't know and want to learn. I start searching the topic from my memory to library everywhere and my anger flies away.

BT: Your exceptional brilliance has made you enviable to many of your contemporaries as I have noted. How was your feeling in this context and how did you remain the most non-controversial stalwart till date?

BNC: Yes, I am aware of that possibility even today which usually leads to negative attitude and which can only be covered up by a strong positive attitude. I always ignore adverse comments and keep myself busy in my studies till midnight everyday.

BT: What are your future thoughts about your 'Brain Child' - The IRM - first institution of this kind in Eastern India, may be in whole India?

BNC: IRM has already been recognized by National Board for Fellowship and CU or WBHU for PhD. Recently Bourne Hall Clinic offered me to convert IRM into a fully academic centre for training the students from all over the world. The expenditure would be subsidized by commercial collaboration with IRM. This will be an Autonomous University to cover all areas of Reproductive Medicine including Embryology in particular for awarding diploma. You know I have three juniors who are the pillars of IRM and working with me for last 20 years. I always think about how they can upgrade themselves and obtain higher degrees. However IRM has already produced nearly 400-500 very successful Infertility Specialists.

BT: Sir, what is your greatest achievement?

BNC: As teacher my greatest achievement is to produce many dedicated academicians. As researcher of ART and pioneering surgery for MRKH syndrome or allied defects are a few to mention.

BT: A political question - Why we do not see you to get actively involved in FOGSI?

BNC: When I had started working on infertility, my Bombay colleagues wanted me to join FOGSI as office bearer. But my wife very strongly objected and said that if I go there



FACE TO FACE WITH A STALWART

inevitably my lifetime's work would be neglected. Probably she could read my temperament more accurately than my own assessment.

BT: People see the golden part of your life. Kindly let the readers know about the struggle behind today's BNC and also on any bad patch of your life?

BNC: Although I was academically sound I had to cross innumerable obstacles. Further you know my personal life was very bad initially. Only with the support of my wife Manju Chakraborty I could come out of those struggling days. She is the back bone of all my work.

BT: We find Dr (Mrs.) Chakraborty with you in every academic feast. How did she help you in your career making and professional life?

BNC: I had many personal problems and had to face many criticisms and bad remarks from various corners. But in all these odds she stood like a rock and protected me so that I can advance my career and uplift my professional dignity.

BT: What exceptional quality of our beloved and most respected 'Manju di' made her a part and parcel of your life?

BNC: First of all she never left me in my adverse situations. Secondly, she tolerated and tackled all bad remarks boldly but nicely and directly involved herself in all my academic activities. Thirdly, she sacrificed her obstetric career, the greatest thing of womanhood. As infertility specialist I wonder how she sacrificed the greatest hankering of any woman. At times I suffer from guilty conscience, but she instead tried to keep myself happy always with her charming personality.

BT: During her recent severe illness what was your mental condition?

BNC: It was a nightmare as if I was going to lose everything. I had decided to leave everything here and go away if anything happens to her. But God saved us.

BT: Lastly, going back to remote past - to your younger days in CMC - you were the heart throb of the then lady medicos because of your most romantic appearance and brilliance as reported by your envious contemporaries. How did you cherish those days?

BNC: Yes, I was quite conscious about that but did not cherish as my only aim was to get through all exams in single attempt so that I can support my five brothers and sisters. In fact I never thought of romance at that stage as I did not have resources to combat or support the after-effects of romance. Later in my house-staffship period usual romance, love affairs etc had happened to my life also but I was scared to marry at that stage. Although I knew that I was being wanted by many I had to restrict my romantic mood within my limited capacity. So many story books can be written on my personal life.

BT: Thank you Sir for unfolding your soft corners and sorrows - the reality show of the greatest academician.



Snippets

PROPOSED ACS/ASCCP/ASCP GUIDELINES FOR CERVICAL CANCER SCREENING: The proposed guidelines from the ACS/ASCCP/ASCP contain several changes from the existing guidelines, as outlined below, which will result in women undergoing fewer tests during their lifetime. The changes include:

Instead of beginning screening 3 years after starting sexual intercourse, the new starting age will be 21 years. This applies equally to women who have and have not been vaccinated against HPV.

- Pap testing (conventional or liquid based) is recommended every 3 years for women 21 to 29 years of age. This replaces the current recommendation for annual testing with a conventional Pap test or testing every 2 years with a liquid-based Pap test.
- Pap testing is recommended every 3

years for women 30 years and older, although the preferred strategy is Pap testing plus HPV testing every 3 to 5 years.

- It is recommended that women who have had normal results on 3 Pap tests in a row, or if over the past 10 years there have not been any abnormal Pap tests and 2 or more HPV tests have been negative, testing can be stopped at 65 instead of 70 years of age.

In addition, the draft ACS/ASCCP/ASCP document states that there is insufficient evidence to recommend for or against a comprehensive program for primary screening with HPV testing alone.

New Proposed USPSTF Guidelines

Similarly, the draft document from the USPSTF recommends:

- no screening in women younger than 21 years of age, regardless of sexual history
- screening with Pap tests every 3 years in women 21 to 65 years of age
- no screening in women older than 65 years of age who have had adequate previous screening and who are not otherwise at high risk for cervical cancer.

However, the USPSTF differs in its guidelines on the use of HPV testing, recommending against its use in women younger than 30 years of age, either alone or in combination with Pap tests. The USPSTF concludes that there is "insufficient" evidence to assess the balance of benefits and harms of HPV testing, alone or in combination with cytology, for screening for cervical cancer in women 30 years and older.

Continued on Page 8

In selected cases

¹Ranjana Tibrewal, ²Joydev Mukherjee

1. RMO-cum-Clinical Tutor, 2. Professor
Dept of Obs & Gynae, RG Kar Medical College, Kolkata

There was a general belief that planned CS was better than a planned vaginal delivery for breech fetuses, however evidence was inconclusive. The landmark Term Breech Trial (TBT) compared planned vaginal delivery with elective CS and concluded that planned CS was better for the term breech fetus; serious maternal complications being similar between the groups.

An abrupt shift in clinical practice followed. ACOG & RCOG quickly issued new guidelines supporting CS and CS rates for breech catapulted around the world.

The French were the first to question this systematic approach to breech delivery, at a 2001 symposium. The major limitations of TBT were pointed out:

1. Inadequate case selection and intrapartum management.
2. Maternity units with markedly different skill levels grouped together.
3. Short-term morbidity used as a surrogate marker for long-term neurological impairment.

In response to TBT, Goffinet et al. published the PREMODA Study in 2006, which showed no difference in perinatal mortality or serious neonatal morbidity between labour and planned CS.

The studies of breech deliveries in Scandinavia, France, Belgium & Ireland, too, did not find any significant advantage to performing CS for term breech delivery.

However, none of these studies were RCTs - considered the gold standard in evidence based medicine. Andrew Kotaska commented in BMJ - "Widespread acceptance of this trial's results has breached the limits of evidence based medicine. When applied to complex phenomena, RCTs have important limitations. Vaginal breech delivery is a complex procedure, poorly amenable to large multicentre randomised trials. The use of a short term combined end point overstated any true risk of planned vaginal delivery to longer term neurodevelopmental outcome. In the TBT, large scale randomisation, which homogenised both the study population and clinical intervention, resulted in an average level of care in an average population, limiting the trial's external validity in centres showing above average skill and in women of below average risk"

Another stinging editorial in 'Birth' stated : "Nothing is wrong with advocating or promoting randomized trials. There is a great deal wrong, though, with the perception that evidence, to be evidence, needs to be randomized evidence. There is also a great deal wrong with the belief that only evidence is an e-word that deserves to be written with a capital "E," whereas other e-words, such as education, experience, expertise, and

even excellence, are merely ignominious..... what reasonable equivalence can there be between a planned CS in a fully equipped operating theater and a vaginal breech birth under conditions permitted within the TBT? The latter included poor surveillance during labor, intervals up to 18 hours between active labor and full dilatation, up to 3 hours thereafter, with active pushing for up to 1.5 hours, and absence of a qualified obstetrician at the time of birth, let alone during labor, in more than 20 percent of cases. With such antiquated criteria for the safe conduct of vaginal breech birth, a fair comparison would have been with CS as they were done a century ago or, alternatively, with the surgery performed on someone's kitchen table"

The problem with TBT was that trial methodology had come to govern clinical wisdom and common sense. Virtually no institutions with good breech birth outcomes reach vaginal birth rates as high as those in the TBT (57%), where participating centers with low vaginal birth rates had to either increase their rate or withdraw; stretching boundaries of clinical safety for the sake of statistical power.

Cochrane systematic review stated that "A policy of planned CS may not be affordable or feasible in resource-poor settings. The long-term risks of CS may be increased for women who may not access health services in subsequent pregnancies. Individual women should be informed of the risks of vaginal breech delivery, the present and future risks of CS, so that as informed a choice as possible can be made in each case."

In 2006, the RCOG and the ACOG replaced their restrictive 2001 breech guidelines with new versions supporting selected vaginal breech birth. SOGC GUIDELINE June 2009 recommended that careful case selection and labor management in a modern obstetrical setting may achieve a level of safety similar to elective CS. Planned vaginal delivery is reasonable in selected women with a term singleton breech fetus. Long-term neurological infant outcomes do not differ by planned mode of delivery even in the presence of serious short-term neonatal morbidity.

To conclude, routine management of breech labor by average, well-supported maternity units has been shown to be safe. Today, both ethically and medico legally, the option of a trial of labor must be discussed. As more women find breech birth an acceptable option, it is time to invest the time and energy so that competent management of normal breech birth becomes a fundamental obstetrical skill, as it has been demonstrated in France and Belgium. Not to do so will rob women of their autonomous right to choose, and many preventable deaths and morbidities will continue to occur.

VAGINAL BREECH DELIVERY IN PRIMIGRAVIDA

Mostly No

Sukumar Barik

Consultant Obstetrician & Gynaecologist and Academic Director, Westbank Hospital

The incidence of breech presentation decreases from about 20% at 28 weeks of gestation to 3-4% at term, as most babies turn spontaneously to the cephalic presentation. There is higher perinatal mortality and morbidity with breech than cephalic presentation, mainly due to prematurity, congenital malformations and birth asphyxia or trauma. This increased incidence of birth trauma and birth asphyxia is the main reason for controversy regarding mode of delivery.

Managing breech presentation is fraught with many challenges. Over the years, the opinion varied significantly. In the eighties, external cephalic version was discouraged because of increased morbidity and even mortality of the fetus. It again emerged as a preferred method in last few years. The recent RCOG guideline¹ suggests “women should be counselled that ECV reduces the chance of breech presentation at delivery. Women with a breech baby should be informed that attempting ECV lowers their chances of having a caesarean section. ECV should be offered from 36 weeks in nulliparous women and from 37 weeks in multiparous women. Women should be counselled that ECV has a very low complication rate. Women should be alerted to potential complications of ECV.”

Over the past three decades we have witnessed three changes in selection of the appropriate mode of delivery of term breech.

Earlier, selective vaginal delivery of the breech was the norm. Several factors were considered before selecting one for planned vaginal delivery of breech presentation. The factors were type of breech, baby size, hyperextension of neck and X-ray pelvimetry etc.

The “Term breech trial”² changed our practice significantly all over the world. At 121 centres in 26 countries, 2088 women with a singleton fetus in a frank or complete breech presentation were randomly assigned planned caesarean section or planned vaginal birth. Women having a vaginal breech delivery had an experienced clinician at the birth. Of the 1041 women assigned planned caesarean section, 941 (90.4%) were delivered by caesarean section. Of the 1042 women assigned planned vaginal birth, 591 (56.7%) delivered vaginally. Perinatal mortality, neonatal mortality, or serious neonatal morbidity was significantly lower for the planned caesarean section group than for the planned vaginal birth group (17 of 1039 [1.6%] vs 52 of 1039 [5.0%]; relative risk 0.33 [95% CI 0.19-0.56]; $p < 0.0001$). There were no differences between groups in terms of maternal mortality or serious maternal morbidity (41 of 1041 [3.9%] vs 33 of 1042 [3.2%]; 1.24 [0.79-1.95]; $p = 0.35$). This study concluded that planned caesarean section is better than planned vaginal birth for the term fetus in the breech presentation; serious maternal complications were similar between the groups. Incidentally, all the centers participating in this trial had a group of obstetricians on call for conducting vaginal breech delivery if the participant was randomized for that.

The whole obstetric community changed their practice subsequently and the twenty first century was left with only one option. This study was so influential that the RCOG guideline

published in 2001 was very much in favour of the only one option and that was planned caesarean delivery. However current RCOG guideline³ suggests “women should be informed that planned caesarean section carries a reduced perinatal mortality and early neonatal morbidity for babies with a breech presentation at term compared with planned vaginal birth. Women should be informed that there is no evidence that the long term health of babies with a breech presentation delivered at term is influenced by how the baby is born. Women should be advised that planned caesarean section for breech presentation carries a small increase in serious immediate complications for them compared with planned vaginal birth. Women should be advised that planned caesarean section for breech presentation does not carry any additional risk to long-term health outside pregnancy.

Women should be assessed carefully before selection for vaginal breech birth. Women with unfavourable clinical features should be specifically advised of the increased risk to them and their babies of attempting vaginal breech birth. Routine radiological pelvimetry is not necessary. Diagnosis of breech presentation for the first time during labour should not be a contraindication for vaginal breech birth. A practitioner skilled in the conduct of labour with breech presentation and vaginal breech birth should be present at all vaginal breech births. If a unit is unable to offer the choice of a planned vaginal breech birth, women who wish to choose this option should be referred to a unit where this option is available. Practitioners supervising labour with a breech presentation or carrying out vaginal breech birth should have appropriate training, which may include simulated training.”

In the last few years again there is a trend towards selective vaginal breech delivery. The American College of Obstetrics and Gynecology⁴ replaced their restrictive 2001 breech guidelines with new versions supportive of selected vaginal breech birth and same is recommended by Society of Obstetricians and Gynaecologists of Canada.⁵

REFERENCES

1. RCOG guidelines. External cephalic version and reducing the incidence of breech presentation. Guideline No. 20a. December 2006. Reviewed 2010
2. Hannah ME, Hannah WJ, Hewson SA et al. Planned caesarean section versus planned vaginal birth for breech presentation at term: a randomised multicentre trial. *Lancet* 2000; 356: 1375-83.
3. RCOG guidelines. The management of breech presentation. Guideline No. 20b December 2006
4. American College of Obstetricians and Gynecologists. ACOG Committee Opinion No. 340, Mode of term singleton breech delivery. *Obstet Gynecol* 2006; 108:235-7.
5. SOGC Clinical practice guideline. No. 226, June 2009

Snippets

DIAGNOSIS OF MISCARRIAGE REVIEWED: A multicenter, observational cross-sectional study of 1060 women, performed by Dr. Abdallah and colleagues, investigated the limitations of current definitions of miscarriage using MSD and CRL measurements. When embryo and yolk sac were both absent, the FPR for miscarriage was 4.4% using an MSD cutoff of 16 mm, 0.5% using a cutoff of 20 mm, and 0% using a cutoff of MSD 21 mm or greater.

If a yolk sac was present, but not an embryo, the FPR for miscarriage was 2.6% using an MSD cutoff of 16 mm, 0.4% using a cutoff of 20 mm, and 0% using a cutoff of MSD 21 mm or greater. For a visible embryo with no detectable heartbeat, using a CRL cutoff of either 4 or 5 mm yielded an FPR for miscarriage of 8.3%, and there were no FPRs using a CRL cutoff of 5.3 mm or greater.

On the basis of their findings, the investigators concluded that some current definitions used to diagnose miscarriage are potentially unsafe, and that current national guidelines should be reviewed to avoid inadvertent termination of wanted pregnancies. They also suggested that using

an MSD cutoff of more than 25 mm and a CRL cutoff of more than 7 mm could minimize the risk for a false-positive diagnosis of miscarriage.

ESTROGEN PROTECTION: Is it really true that a woman's estrogens protect her from cardiovascular disease? The premise that they do offer protection is based on the fact that after the age of 55 years their mortality rates from ischaemic heart disease become similar to men's mortality rates. The presumption here is that mortality rates in men start higher, remain higher until late middle age and then "things even out". Such a presumption may be false and it seems that it is the death rate in men which is inconsistent. Recent data suggests this, with men having higher mortality rates in their 30s followed by a decline around age 45 years then picking up again in old age. In women the rate of mortality from cardiovascular disease appears to increase consistently with the years, showing no particular acceleration in any decade and certainly no surge in mortality rates around the menopause (Vaidya et al BMJ 2011; 343: d5170). These

data may cause many to think more deeply about the perceived advantages of replacing estrogens after the menopause for anticipated cardiovascular benefit. Maybe estrogens do not convey any benefit at all and only by comparing cardiac problem rates to those of men does there appear to be a "menopausal" or hormonal effect? It should stimulate a lively debate at least!

IATROGENIC ENCEPHALOCELE: A RARE COMPLICATION OF VACUUM EXTRACTION DELIVERY: *Child's Nervous System, 10/20/2011.* Jeltema HR et al. - Days after the birth, a frontal swelling, which was thought to be a caput succedaneum, enlarged. Imaging revealed an iatrogenic encephalocele with a large subcutaneous CSF collection. Surgical reconstruction was performed. A parasagittal dura defect was closed. There was no involvement of the superior sagittal sinus. To the authors' knowledge, encephalocele is an infrequent complication of vacuum extraction delivery, rarely described in literature. The child had a good recovery after the operation, without neurologic deficits.

| Forthcoming Activities | Date | Programme | Venue |
|---------------------------|---------------------|--|--|
| | January 6, 2012 | Pre-Congress Workshop on "Minimally invasive surgery – A new cutting Edge technology with achievable skills" | ILS Hospital, Kolkata |
| | January 7 & 8, 2012 | BOGSCON-37th Annual Conference | ECOHUB- Conclave |
| | January 13, 2012 | BOGS/FOGSI Live Workshop on "Non-descent Vaginal Hysterectomy" | Ramkrishna Mission Seva Pratishthan, Kolkata |

New Members

Annual Members: Dr. Ashok Kr. Ghosh, Dr. Puja Sinha, Dr. Maheshwari M, Dr. Sandip Kr. Sengupta, Dr. Khushboo, Dr. Doyel Pradhan, Dr. Anushree Mondal, Dr. Noori Khalid, Dr. Priyanka Angelina Xess, Dr. Irene Roy, Dr. Sudipta Paul, Dr. Nabanita Chakraborty, Dr. Sagnika Dash, Dr. Shikha Agarwal, Dr. Supratim Biswas, Dr. Snigdha, Dr. Subrata Samanta, Dr. Gargi Pal, Dr. Sanatan Datta, Dr. V. Aruna Kumari, Dr. Megha Mehra, Dr. Angana Roy, Dr. Maitri Barua, Dr. Sarit Kanti Dasgupta, Dr. Kalyan Kumar Pal, Dr. Sisir Kumar Koley, Dr. Martha Hazra (Das).

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