



# **GUWAHATI OBSTETRICS AND GYNAECOLOGICAL SOCIETY**

## **Yearly bulletin 2023**



**Editors**  
**Dr Amrit Krishna Bora, Dr Isha Goel**



## EDITORIAL

For many decades, Guwahati Obstetrics and Gynaecological Society is pursuing academic activities in terms of CME, workshop, hands on training inviting both regional and National experts. These activities help to refine the clinical acumen and surgical skill of our young generation and ultimately helps the community to get latest state of the art management protocol. Recent NMC guidelines definitely have a clear insight about the issue of sponsoring academic activities by the organization. As a vibrant and dynamic professional Society, GOGS has the potential for not only carrying forward the academic activities but also to explore the new avenues like collaboration with research activities, applying for extramural research grant from DBT or ICMR and for imbibing the research attitude. In this regard, the society envisages Post Graduate student thesis competition.

Yearly GOGS bulletin is a pride of our Society. A constant encouragement is needed to make it an indexed Scientific journal which will be another laurel for us. I am hereby taking the opportunity to offer my sincere gratitude to all the esteemed members of the Society particularly contributors for this edition and our leadership for having faith upon me.. Do accept the shortcomings if any.

**Dr Amrit Krishna Bora**

## Editorial Board

Dr. Javed Ali

Dr. Heramba Bhattacharya

Dr. Ratul Dutta

Dr. Nilima Thakuria Haque

Dr. Tanma Saikia Das

## PRESIDENT'S MESSAGE

I am privileged to write this presidential message. Our field plays an important role in health and wellbeing of women, families and society as a whole. As we gather to share knowledge, research and advancement, let us reflect on the critical importance of our work. Obstetrics and gynaecology is in the forefront of comprehensive women's health care. Our dedication to research, innovation, compassionate patient care is the cornerstone of progress in the field.

In today's world health care challenges are constantly evolving. It is incumbent upon us to stay at the cutting edge of medical science. Through collaboration, continuous learning and exchange of ideas we can provide highest standard of care to our patients. By addressing disparities and advocating for rights of women we can make a lasting impact in the society. I encourage you all to share and discuss your expertise through this bulletin. It is through such collaborative effort we can drive progress, improve patient outcomes and shape the future of obstetrics and gynaecology.

I encourage you to embrace the challenges and opportunities that lie ahead and to support one another in our shared mission. Together we can make a profound impact on the lives of individuals and communities we serve.

I thank the editorial board of this bulletin under the leadership of Dr. Amrit Krishna Bora for their painstaking effort to publish the bulletin.

Long live GOGS

**Dr Nilakshi Phukan Kumar**

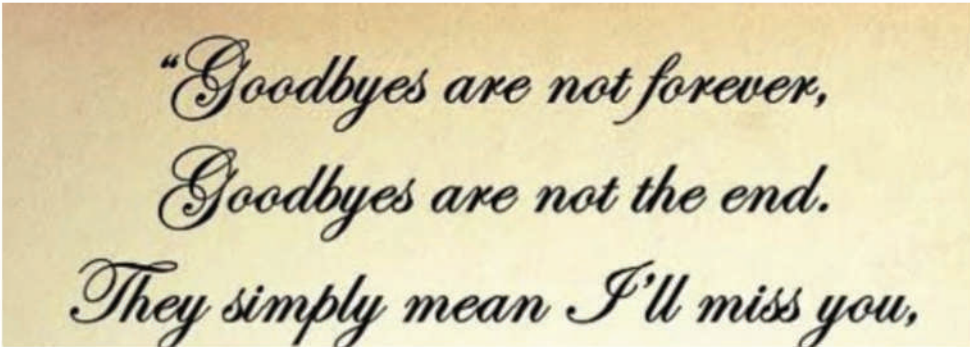


## Secretary report

*Respected members,*

*At the very outset I would like to thank all my seniors and dear friends for the love showered on me during this tenure of me as secretary of GOGS. A great learning experience with immense support from my President and all the executive members ,I have come to the end of my tenure. During this time we were able to organize lots of CME and workshops. A lot of work still needs to be done. Thanks once again for your support and the belief in me.*

**Dr. Dipti Goswami**  
Secretary, GOGS



*“Goodbyes are not forever,  
Goodbyes are not the end.  
They simply mean I’ll miss you,*





## Dr Jyandip Nath - A tribute

I don't remember him when I met first him first, might be in the early eighties as he is one year senior to us in Gauhati Medical College. He was sober, simple but very serious in his studies as far as I remember and only had few friends during the undergraduate days, Subhra Kinkor Goswami was one of them, as both of them are from same place. He became closer to me during the hostel days when I stayed in Hostel no 4 of Gauhati Medical College, and after passing MBBS, much closer as he joined as house surgeon of O&G Department and I also choose the same speciality and worked with him, many interesting stories coming to my mind as I am penning down now We attended the AICOG, Mysore during our post graduate days together with our teachers, in the year 1988 and that long train journey is still vivid in my eyes, we had to change the train at Bangalore, Jyandip da came running that reception members are there to receive us, we went there though we know that Mysore is far away but surprised to see that they were there not to pick up up, but for some other non medical conference. He along with many of our seniors presented his free paper in the conference, wearing a new suit, bringing honour to our Department.

In the ward, we used to give round early in the morning with Prof Gogoi Sir and often we missed the breakfast, though he never mind, did his duties sincerely with his intimate friend Dr Javed Ali . I will always cherish the moment of those days when we worked in the same Unit of O&G Deptt of Gauhati Medical College with Professor Alakananda as unit head. He always attended the Seminars, CME, Workshops and took training in Laparoscopy abroad. We attended Research methodology Workshops, and he took keen interest in research and publications. As faculty and moderator, he took active part in discussion sharing his up to date knowledge. I remember his hard work and sincerity during the publication of the Souvenir of AICOG 2010, Guwahati. He also helped me a lot in publication of the Souvenir of 25th NEOGSCON, Guwahati. He helped many of the junior consultant in performing operation in the private hospital in need, specially in laparoscopy and difficult procedures. It is a tough job for me to recall the memories of more than four decades with Jyandip da. I pray for eternal peace of departed soul... Om Shanti

**Dr. Apurba Kumar Bhattacharya**  
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## Rendezvous with Dr Alaka Goswami Madam



Insights we sought:

1) At the very beginning, please accept our greetings and we are grateful for your valuable time for this interview. You are a constant source of Inspiration for us and your lifelong dedication for a cause is always a guiding light for our young generation. We believe that one's childhood environment and education have a crucial impact on one's persona. May we have an insight on your childhood and early education.

-Dr. Alaka Goswami was born to Late Shri Tirthanath Phukan and Late Smt Kalindi Phukan at Uzan Bazar, Guwahati.

She did her schooling at Uzan Bazar Girl's school and passed her matriculation from TC Girls' higher secondary school in 1951. She was encouraged by her progressive parents to pursue her dreams. Her mother advocated education of girl child and wanted her to become a doctor.

2) Madam, what motivated you to choose Medical profession?

Baido said that during her young days, she had an opportunity to minutely observe Dr. Bhubaneshwar Baruah who had come to her house to treat a girl named 'Dharmi' who stayed with them. That incident made her understand the role of a doctor. In her words: "After this incident, a sense of respect automatically originated in my mind for all doctors."

3) You have done post- Graduation on Obstetrics and Gynaecology from the King George Medical College Lucknow under Stalwarts like Professor A.D. Engineer. Walk us through Your Academic Career and Contribution in the field of Medical education and Research?

After passing intermediate from Cotton College in Science stream in 1953, she joined Assam medical College and Hospital. She completed her MBBS in 1958 and then to King George Medical College, Lucknow for her MS degree. She joined Guwahati Medical College and Hospital as Resident surgeon and then as faculty in the Department of Obstetrics and Gynaecology until she retired in the year 1995 as Prof & HOD. She is a recipient of a number of fellowships overseas. She has been president of the 'Obstetrics and Gynaecological Society of India', Chairman of ISOPARB. She has conducted several seminars during her tenure in various capacities. Awards too have come her way numerous times for her untiring work in the field of maternal and child health care and the latest being the honorary doctorate degree by Shrimanta Sankardev University in the year 2023.

4) You have started your Professional Career in an era where we had very few basic facilities to support our patient. How have you been so popular amongst patients?

It is nothing but simplicity, honesty and unflinching dedication that served as a mantra. She says: "When I convince my patients that I am not only their doctor but a good friend as well, the patient no longer hesitate to reveal their problems in detail which help to treat them precisely." She considers her profession as a worship to humanity.



5) Madam,

- You are also a Part of the inception of first Society of specialist Professional of Medical science of Assam under the able guidance of Stalwarts like Padmashree Late Mukti Gogoi Sir.
  - XX AICOG was held at Guwahati on 3rd to 7th January 1977 and you have taken the responsibility of the post of Treasurer and was able to raise adequate fund to organise the first National Conference of any branch of Medical science to be held at Guwahati.
  - As an Organising Chairperson for 53rd AICOG held at Guwahati from the 19th to 22nd of January 2010, you have led a dedicated team to ensure a vibrant Academic platform both for National and international faculties and young Professionals .
- Please share your experience about these mammoth exercises.



Dr Alaka Goswami Madam spoke of Prof M.P Gogoi as a driving force behind the Obstetric and Gynaecology Congress held in 1977. Recalling a fine December morning of 1996, when Prof. Gogoi called them to his department office and initiated work on war footing for the congress. It was the first National Conference in any Medical science field held in the North East. For Baido, excitement was manifold as Late Prof. A.D Engineer under whom she did her post graduation would grace as the session's president. Organising, arranging funds for such a mega event with an incredible team was remarkable. In Baido's words, she reminisced as an organising chair person in the successful 53rd AICOG, 2010 after 33 long years, like a true Obstetrician, "To start with some people thought it may end in miscarriage, pre term labour or IUGR but with untiring effort of all concerned, it came out as a bonny baby to our great delight."

- 6) How do you maintain your spirit, your health, your mental attitude and acumen. Can you share us a little of your incredible spark of life so that many can imbibe a bit of it to carry on your legacy.

An honest attitude help in keeping the spark alive. She is also a poet and lyricist. GMCH Lady Doctor's association Sanjibani Sangha's title song has been composed by Baido. Baido says: "I am fond of reading as well as writing poems. I write them not for publication purposes but to satisfy the call of my heart." Perhaps this is one of the ways how she keeps her spirit going

- 7) Your advice for the young Medical professionals of our society. A word for the aspiring O&G Gen Z

She said that she would get maximum pleasure when she puts a new born baby in the lap of the mother. The O&G doyen, Dr ALAKA GOSWAMI words inspiring tomorrow's Obstetricians and Gynaecologists: "It is the mystery of creation which gives me the ultimate satisfaction. I must also add in the same breath that a sweet word is the costliest medicine that man has ever invented."

At last on behalf of Guwahati Obstetrics and Gynaecological Society, we pray to the almighty for your Good health and active life for the coming years. We assure ourselves of your blessings and guidance always.

With regards,

**Dr Amrit Krishna Bora**  
*Editor, GOGS*



## CASE PRESENTATION WITH RECURRENT HYDROCEPHALUS



**DR ASHA AGARWAL**  
**CONSULTANT,IHR**

Hydrocephalus is one of the most common major congenital anomalies occurring in approximately 0.3 to 1/1000 live births. The aetiologies of congenital hydrocephalus includes infections, vascular abnormalities, mechanical obstructions and chromosomal abnormalities. In genetic terms, the isolated (non syndromic) form of hydrocephalus is a primary and major phenotype caused by a specific faulty gene. It is estimated that about 40% of hydrocephalus cases have a possible genetic etiology. It can be X linked or autosomal recessive or even autosomal dominant. The recurrence risks excluding X linked hydrocephalus is low. Empiric risk rates range from less than 1% to 4%.

Patient X aged 22 years non consanguineous couple married for 5 months primigravida presented with history of missed period in OPD on 28th July ,22 with urine test for pregnancy positive. Her LMP was 6th of June ,22. Her routine investigations were done which showed Blood group O +ve , Hb 11.5 gm%, RBS 80 mg. Viral marker and VDRL were non-reactive, TSH 0.35mIU/L, R/E and C/S Urine were normal. NT scan was done at 11 weeks 5 days was normal. Double marker test was advised but not done by patient. On 2nd trimester anomaly scanning at 22 weeks ,on 17th of Nov,22 she was diagnosed with severe hydrocephalous with aqueduct stenosis. LV(far) 24mm dilated LV(near) 23mm dilated. Patient was counselled for major congenital anomaly of the foetus and was advised for termination of pregnancy. She was admitted in hospital and expelled the POC on 23rd Nov,22. Patient was advised for genetic study of POC but they didn't do. The patient was discharged .

After 2 months she conceived again and came to OPD on 16th March,23 with 7 weeks 4 days pregnancy. Her routine investigations were within normal limits . NT scan was done in 11 weeks 6 days without any abnormality and double marker tests showed low risks.

2 days later, patient came with severe lower pain abdomen with vomiting, so she was admitted in the hospital and following investigations were done.

S. Creatinine 0.60 mg/dl

Na 138.30 mEq/L

K 3.49 mEq/L

In LFT, total protein was 6.24gm/dl which was in the lower side. USG(whole abdomen) showed normal study with pregnancy of around 12 weeks. In R/E Urine Ketones 3+ present with numerous Pus Cells. Urine culture report shows Staph. Aureus.

She was managed conservatively and discharged from hospital.

A repeat scan was done at 16 weeks which showed normal. The patient was advised for an early anomaly scan at 18 weeks, but they didn't come for follow-up.

At 27 weeks, she came with USG report of gross hydrocephalus with cortical thinning. She was counselled again for major congenital anomaly.

After a week she presented in OPD with pain abdomen and discharge P/V . So, she was admitted and within 24 hours she expelled POC. This time the patient agreed for Chromosomal Micro Array Test (POC) which was done subsequently and didn't showed any abnormalities as shown below in attachments.<sup>1</sup>



Figure 1 : POC



### Figure 2 : CMA Test Report



# A RARE AND UNIQUE COMPLICATION OF MONOCHORIONIC TWIN PREGNANCY – TWIN REVERSAL ARTERIAL PERFUSION (TRAP) SEQUENCE

**BY- DR PRATIBHA PASARI AGARWAL.  
APOLLO FERTILITY , GUWAHATI .**

TRAP is a rare complication, affecting 2.6% of monozygotic twins, approx 1:10000 pregnancies. It is characterised by one acardiac twin and another morphologically normal twin ,pump twin.

**CASE REPORT:** 31 years old patient with 7 years of primary infertility, with h/o 4 failed IUI and 2 failed cycles of IVF outside with diagnosed small intramural myoma and PCOS. She was planned for IVF with self eggs and FET was done with 2 Grade A embryos. S.betsHCG on D14 of FET was 2805 and confirmation scan was done at 6 weeks. Scan revealed one live intrauterine pregnancy of 6weeks 4 days and a blighted ovum. NT scan done at 12 weeks 2 days and diagnosis of monochorionic diamniotic twins with TRAP sequence was made. Proper counselling was done and referred to fetal medicine expert. Interstitial laser reduction was done at 13wks 3 days. Follow up scan showed a sinle live fetus of 16 wks 5 dys with good fetal cardiac activity and a small acardiac fetus with crumpled skeleton without liquour. The acardiac fetus was resolved completely at 30 wks. Patient was on routine follow up and delivered a healthy female baby, 2850 gms by LSCS at 38wks 2 days of gestation.

**TAKE HOME MESSAGE:** main goal in management of TRAP is timely intervention. With advanced imaging techniques it can be diagnosed as early as 11wks. The best timing for intervention is still debated, although the latest stduies encourage interventions at first trimester of pregnancy. If left untreated the pump twin will die in 60-70 % of cases. Both RFA and intrafetal laser are the most commonly used techniques.

## CONGENITAL HYPOGONADOTROPHIC HYPOGONADISM

**BY DR KANCHAN MURARKA  
INSTITUTE OF HUMAN REPRODUCTION**

**CASE REPORT:** Mrs XYZ, 29 yrs old with primary infertility for 3 years with LMP 6 months back after taking OC pills. She always had menstrauation after taking OC pills, sexual histroy was normal. She had 1st visited to doctor at age of 16 years with h/o primary amenorrhoea & absent secondary sexual characteristics. Usg showed normal KUB with rudimentary/absent uterus. Karyotype was XX. Diagnostic laparoscopy in past revealing small ovaries ,band in between with absent uterus. No h/o olfactory disorder. Second visist at age of 22yrs USG- MRKH syndrome . Also gave h/o primary amenorrhoea in younger sister. 3rd visit at age of 23 yrs. Got married at age of 26years. Consulted for primary infertility after 1 year of marriage and advised O.I with gonadotrophins and IUI. At age of 29 visited IHR. On examination BMI-21, normal breast ,pubic hair and normal external genitalia. P.v uterus was not palpable. Blood investigations LH -0.35mIU, FSH- 1.43mIU/ml, E2-17.9pg/ml S,Prolactin – 3.92 ng/ml, AMH – 1.14ng/ml, TSH -2.5 Miu/ml. USG showed hypoplastic uterus with small ovaries. HAS- teratozoospermia. She was planned for cyclical estrogen and progesterone till uterus is normal then OI + IUI. She was started on estradiol valerate 2mg TDS and norethisterone 10 mg from day 21-25 of each month. Tab folic acid was started. She was on follow up. O.I with HMG started in a dose of 150 IU from day 3, no dominant follicle till day 15th so patient requested for IVF. Stimulation started with HMG 450 Miu for 14 days. Endometrial preparation done and FET ON 4th day. Luteal support given. Result bhcg – 308miu/ml and usg at 6 weeks showed twin gestation. Patient delivered healthy twin female at 34 weeks.

**TO CONCLUDE:** IHH represents a rare condition but with good prognosis. Early identification hrpls in treatment efficiently and prevent negative physical ,psychological sequel and restore fertility in affected patients.



# Case presentation "Fetus papyraceus"

**Dr Mridusmita Das**  
MBBS, DGO

Patient Mrs X with Secondary infertility and frequent heavy menstrual cycles with recurrent profuse white discharge.

## History of recurrent pregnancy loss (RPL)

First pregnancy spontaneous abortion at 8 weeks. Dilatation and evacuation done. Second pregnancy Mid trimester abortion done at 14 weeks for congenital anomaly at local hospital. This was followed by recurrent profuse white discharge, irregular bleeding per vagina and pain lower abdomen. Another Dilatation and Curettage was done for USG showing retained products 8 months back.

All routine investigations were normal. Ultrasound TVS showed linear hyperechoic structures suggestive of foreign body in cavity most probably fetal skeletal parts.

Hysteroscopy was performed under general anaesthesia which clearly showed multiple small flat and cylindrical miniature fragments of bone. Overall 5 significant sized bony fragments were removed along with many small fragments.

Post operative patient recovered well and was discharged next day to go home. The material retrieved was sent for histopathological examination and reported by pathologist as bony fragments.

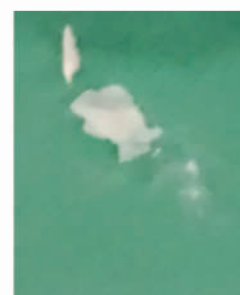
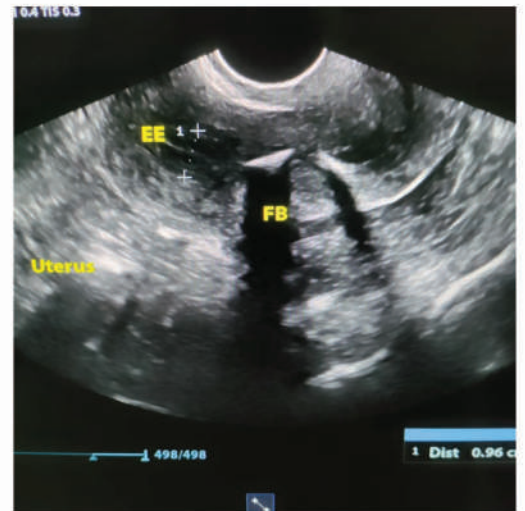
First follow up was done after first menses and also subsequently patient had normal menstrual flow, decrease in white discharge. Finally she conceived after 5 months of surgery and pregnancy is going well.

This case asserts our assumption of Secondary Infertility due retained fetal skeletal fragments in patients with history of previous mid trimester abortion.

## Discussion:

Fetus papyraceus is a well recognised complication of mid trimester abortion or intra uterine fetal death. Retained fetal skeletal parts in the uterus may happen following Missed Abortion, Spontaneous Abortion, Incomplete Abortion or Therapeutic Abortion in cases where fetus is atleast 12 weeks gestation in order for endochondral ossification to occur. Hysteroscopy is invaluable in these cases.

Prevalence of fetal bones in utero is 0.15 percent among patients undergoing hysteroscopy as per literature.





## ANOTHER RAMBLING

Dr Manjima Baishya Ganguli

A wisp of smoke drifts leisurely by  
Still as still can be is the air around me  
My thoughts wander aimlessly by  
My heart seeks to break its bonds  
And rush out unbridled, unchained  
The walls around close me in  
I feel hemmed in , it closes on me  
Like a trapped bird I flitter, flutter  
My wings batter against the long glass window  
I long to rush out, out into the unknown  
Far away from everything mundane  
Everything down to earth.

## ESCAPE

Dr Manjima Baishya Ganguli

Escape is what she seeks  
But to where & what?  
The painted walls mock at her  
You are wasting away, wasting away  
The world beckons, yet you hesitate  
To break your shackles.  
Rush headlong to life,  
Taste of it  
Partake it like some heady wine  
Let it intoxicate your senses,  
Enliven you , enlighten you & enrich you  
Break your shackles  
Escape before it is all too late  
And you are left wistful  
For something that passed you  
Never to be recalled .



# I WANT TO BE IN FASHION

**Dr. Pallavi Borah**

Hair, kempt well with the comb of thoughtfulness  
On my eyes , a touch of empathy  
Lashes, lifted with awareness

Nose, contoured to perfection  
Neither anosmic, to the fragrance of nature and truth  
Nor anosmic ,to the odour of filth and lie  
Ears, styled with a ear for all that is genuine  
Cheeks, that blush with joyful bliss  
A smile, that my lips always wear and seldom betrays  
A jawline, defined with a compassionate voice  
A voice with an opinion that echoes the society  
The Neck,bejewelled with a lace of humility  
that steers the head to bend respectfully

A bosom, that is overwhelmed with love  
Love for nature,love for the human kind  
Hands, adorned with an honest benevolence  
that caresses every needful soul  
Nails, polished and filed well enough  
to scratch through all vices  
Feet, that stands with dignity and integrity  
Attired and decked up,  
in a humble humane fabric and grounded shoes  
With such an embellishment, I want to be in fashion  
Fashionable enough, to walk through the ramp of life  
With a poise, undeterred and unwavered  
Hunting now for a brand of such kind  
Yes, I want to be in fashion.







## চিকিৎসকৰ কৰ্মশালা আৰু আলোচনা চক্ৰ

NEWS 18  
অসম

## চিকিৎসকৰ কৰ্মশালা আৰু আলোচনা চক্ৰ

NEWS 18  
NORTH EAST



## খানাপৰাত প্ৰসূতি স্বী-ৰোগ সমিতিৰ কৰ্মশালা

মহানগৰ বাৰ্তা, ১০ জুনঃ সুদীৰ্ঘ পাঁচটা দহক বাজাত নাবী সৰলীকৰণৰ লগতে শৈক্ষিক আৰু সামাজিক দিশত নাবী সমাজক আগবঢ়াই নিয়াৰ ক্ষেত্ৰত গুৰুত্বপূৰ্ণ ভূমিকা পালন কৰি অহা গুৱাহাটী প্ৰসূতি আৰু স্বী-ৰোগ সমিতিৰ উদ্যোগত আজি খানাপৰাহাটত হোটেল তাজ ভিভাণ্টাত এখন কৰ্মশালা তথা আলোচনা-চক্ৰ অনুষ্ঠিত হয়। মহিলাৰ জটিল গৰ্ভাবস্থাৰ বিষয়বস্তু হিচাপে লৈ অনুষ্ঠিত হোৱা এই কৰ্মশালাত সৰ্বভাৰতীয় স্বী-ৰোগ সমিতিৰ সভাপতি ডাঃ জয়দীপ টেক, চেমি-হায়দাবাদৰ বিশেষজ্ঞ চিকিৎসক ডাঃ এন পালানি আশ্বিন, ডাঃ সুহাশিনী আৰু ডাঃ পৰৱীৰে ধৰি সমিতিৰ শতাধিক চিকিৎসকে অংশগ্ৰহণ কৰে। অনুষ্ঠানত বিশেষজ্ঞ চিকিৎসকে জটিল গৰ্ভাবস্থা সম্পৰ্কে আলোকপাত কৰাৰ লগতে এইক্ষেত্ৰত ল'বলগীয়া সাৱধানতা সম্পৰ্কে আলোকপাত কৰে। অনুষ্ঠানত প্ৰসূতি তথা স্বী-ৰোগ বিশেষজ্ঞ চিকিৎসক ডাঃ কল্পনা বৰুৱা চৌধুৰী, ডাঃ দিলীপ গোস্বামী, ডাঃ আশা আগৰৱালা, ডাঃ অপূৰ্ব ভট্টাচাৰ্যকে ধৰি কেইবাগৰাকী বিশেষজ্ঞ চিকিৎসকে দীৰ্ঘদিনীয়া অভিজ্ঞতা সমৰ্থত মত ব্যক্ত কৰে। অনুষ্ঠানত সমিতিৰ সভাপতি ডাঃ নিলাক্ষী ফুকন কুমাৰকে ধৰি সমিতিৰ অন্যান্য বিষয়বৰ্গীয়া উপস্থিত থাকি জটিল গৰ্ভাবস্থা সমৰ্থত ল'বলগীয়া সাৱধানতাৰ ক্ষেত্ৰত চিকিৎসক আৰু চিকিৎসা কৰ্মীৰ কৰ্তব্যৰ বিষয়ে উল্লেখ কৰে।

