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BOGS Times

THE BENGAL OBSTETRIC AND GYNAECOLOGICAL SOCIETY

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EDITORIAL

Hello friends

We are back!

Take this opportunity to wish our readers and their families a very happy new year. This BOGS Times Volume 2 Issue 3 release coincides with our Annual Conference, which over time has become a must-attend calendar event. A modern trendy setting as the venue, a practical informative scientific program and diligent communication with colleagues has been instrumental in a surge of delegates noticed at BOGSCON in recent years. We are hopeful that the combination of a dynamic President-Secretary duo and the colonial Oberoi Grand as the backdrop will help in making the 36th Annual Conference truly memorable for all attending doctors.

In this edition we share the multifarious activities our society members have engaged in the recent months. A tete-a-tete with Prof Amiya Mukherjee and some inspirational Bengali poetry also awaits you. We thank the critics who have appreciated our *Sharadiya* edition and hope to continue to live up to the expectations of one and all.

Signing off

Bulletin & Website Committee



BOGS Activities and Events



Gobardanga Health Camp Report

To continue the out reach programme, BOGS set up its 2nd rural health camp at Gobardanga on the 26th of February. About 85 women of low socioeconomic strata were benefited. This camp saw the participation of two 1st year two 1st yr PGTs from Medical College, Dr. Sujata Banerjee and Dr. Ruma Gupta. Kudos to their enthusiasm.

Gurukul

BOGS in collaboration with Youth Talent Promotion Committee, FOGSI and Emcure Xennea organized a DNB PG teaching Programme on 12th and 13th March at VIMS. National faculties like Dr. S.S. Trivedi, Dr. Jaya Vijaya Raghavan and Dr. Geeta Neogi together with esteemed faculties from our Society threw light on important aspects of DNB examinations like long, short cases and Viva-Voce.

43rd Dr. Subodh Mitra Memorial Oration

More than 116 delegates were present on March 25, 2011 at N.R.S. Medical College, Kolkata to hear Prof. Hemant B. Tongaonkar, HOD, Dept. of Gynaecological Oncology, Tata Memorial Hospital, Mumbai deliver on "CONTEMPORARY MANAGEMENT OF OVARIAN CANCER".



CME on Adolescent Gynaecology

Organized by the Adolescent Gynaecology Committee of BOGS on March 05, 2011 at Chittaranjan Seva Sadan, the CME was attended by more than 150 delegates including college students, nursing staffs and students. It covered relevant topics like menstrual disorders, obesity, hirsutism, pregnancy and contraception in Adolescents. The panel discussion on "Dilemmas in Adolescence" in Bengali was very interesting and interactive.



CME on "Soft skills for Gynaecologist"

Organized by Website & Bulletin Committee, BOGS on March 26, 2011 at S.S.K.M Hospital, this CME covered important topics like Breaking Bad News, How to write a paper, make effective medical presentations and how to become a net savvy doctor.

MESSAGE FROM TEAM BOGS 2010-11

From the Desk of the President

On the Inauguration day of
BOGSCON, 2011
The Oberoi Grand, Kolkata



Dear friends,

Time has come for us to take a break from the busy schedule of our lives and meet up. It is time to say hello to each other, pick up a little of what's new in our speciality and unwind a bit listening to 'Chandrabindoo'. Yes, it is time for BOGSCON, the annual conference of our very own society, BOGS. Talking of mix and match of academics and leisure, the timing of BOGSCON 2011 can't be more perfect. We have just celebrated the worship of Maa Saraswati, the Goddess of learning, four days ago and are eagerly waiting (at least some of us) for the Valentine's day, the epitome of spring, which falls day after tomorrow.

The organizing committee thought 'Modern Technology Saves Lives'. Yes it does, provided we use it appropriately in our setting. Blind use of anything 'modern' is not only costly but can also be dangerous in some situations. I remember the time when I used to learn from my seniors. The time has come when I try to learn from my juniors. I find our students and juniors are more intelligent and sharp than we were at their age. They are our flag bearers in days to come. It is our responsibility to show them the proper path so that they, today's buds, can become fully blossomed flowers tomorrow. Academic programs of BOGS throughout the year and the BOGSCON, once every year are supplementary to whatever is being taught in our medical colleges. They are mutually inclusive rather than exclusive.

I welcome you all to this academic meet. I hope you enjoy attending BOGSCON as much as we, the whole organizing committee, have enjoyed arranging it.

Long live BOGSCON, Long live BOGS. Jai Hind.

Dr Kusagradhi Ghosh
President, BOGS

Hony. Secretary speaks. . .

Hony. Secretary speaks....

Dear Friends!



This is the 4th issue of BOGS Times of this year. Incidentally, its release coincides with the International Congress on Contraception 2011 hosted by BOGS under the aegis of FOGSI which is unique for focusing on a particular topic that will be covered by eminent international and national faculties. I welcome you all to this conference. In its second year of publication of BOGS Times it had gained the tremendous popularity. Definitely the credit goes to the Website & Bulletin Committee. However, involvement of the general member with this official organ of BOGS is needed more. In this year, we had arranged twelve CME, five Workshop, three Public awareness programs, two Camp in rural areas, Force 2010 in addition to our usual eight Orations & Clinical meetings. The Foundation day Celebration on 25th July 2010 at Park Hotel and our annual conference, BOGSCON at Grand Hotel on 12th and 13th Feb, 2011 were of grand success.

The success was possible as all of you stood behind us. My sincere gratitude, thanks and respect to all

Many work remains to be completed. Construction of 2nd floor at "Pratishruti", installation of lift and full functioning of the library should be next priority.

Hope BOGS team will be able to complete this job with support from all of you.

With warm regards

LONG LIVE BOGS

Dr. Arup Kumar Majhi
Hony. Secretary, BOGS

FACE TO FACE WITH A STALWART

PROFESSOR ARATI ROY



PROF. ARATI ROY has been a great clinician and skilled gynaecological surgeon. Her meticulous surgical technique has been a source of inspiration to many. She pleasantly reflects on her work and life with her ex-senior house surgeon, our own Dr. Sukumar Barik.

SB: Didi, how are you now?

AR: I am fine mentally and physically. I have been a diabetic for a long time but age has also been a factor. Currently, I stay at home for most of the time and enjoy my retired life. I am very glad to see you. You

remind me of many of my past house surgeons.

SB: Can you tell us about your early years?

AR: I was born at Chittagong, now Bangladesh. My father was an officer in the excise department. We were three brothers and three sisters. I was the youngest. My mejda (Mr Manoranjan Roy) was involved in 'Chattogram Astragar Lunthan'. Because of the ongoing political problems, we were forced to migrate to India. Subsequently, my father built this house at 18, Garcha 1st lane, Kolkata-19. Since then, this is our residence. This road was later named after my mejda "Manoranjan Roy Sarani").

My schooling was at Lake School for girls and I passed ISC from Ashutosh College, Calcutta. I did my MBBS from Calcutta Medical College in 1952 later completing DGO from the same Institution in 1955. I joined as medical officer at MR Bangur hospital in 1960. Subsequently, after going to UK I obtained MRCOG in 1962. After returning from England, I joined as Deputy Superintendent at Lady Dufferin Hospital. In 1967, I was resident surgeon at Eden Hospital, Calcutta Medical College and became lecturer at there in 1972. I joined R.G. Kar Medical College, Calcutta in 1974 and retired from that Institution as Professor in 1985.

SB: Can you remember your association with BOGS?

AR: I think, I became member of the BOGS after passing my MBBS. I was regularly in touch with BOGS and took part in the activities of the society. I became the President in 1989.

SB: Do you think BOGS is currently in the right direction?

AR: Last few years my presence in academic meetings is very irregular. Despite that, I have noticed some improvement in the quality of academic meetings over the last few years.

SB: Who do you recognize as a good teacher and whom do you consider a good surgeon?

AR: As a good teacher I would name Dr. Sreemanta Banerjee. As good surgeons I would mention the names of Dr. Sudhir Chandra Bose and Dr. Kripanath Mitra.

SB: Please tell us something regarding your contemporary colleagues.

AR: Dr. Bhabesh Chandra Lahiri was my classmate and friend. I had very cordial relation with Dr. Ajit Kumar Sarkar, Dr. Mahamaya Sarkar, Dr. Purnima Chatterjee, Dr. Amiya Mukherjee, Dr. Sobha Ghosh, Dr. Amal Chatterjee and others. I fondly remember Dr. Mamata Pradhan who is now Professor at NRS Medical College.

SB: How do you spend your time now?

AR: I spend time by reading books, newspapers and watching the television. I still do a clinic at Sri Arobinda Seva Kendra once a week. Now I am reading "Sahajada Darasuke" by Shyamal Gangopadhyay.

SB: Didi, a very personal question, why didn't you get married?

AR: (Smiled) My family initially tried for a suitable match, but somehow it did not materialize. I never actively tried myself. I am quiet fine; in fact never felt about it. Even today, I don't regret about it.

SB: How do you maintain a disciplined life?

AR: I always had a very simple life. The habit of taking 'paan and jarda' is with me for a long time. I still take about 8-10 'paans' a day. (She admits with an innocent smile on her face).

SB: What is your advice to the younger generation?

AR: With advancement of technology, they are getting trained more in the technical aspects of medical practice. Side by side, I feel, they should pay attention to basics of clinical medicine as well.

SB: Any other advice to the younger colleagues?

AR: In private practice and in life, money does matter but the practice of medicine should not be directed by money.

SB: Didi, thank you very much for spending your time. Please take care.

AR: God bless all of you. Please have 'sarbat' and 'misti' before you leave.

SB: Pranam

Carcinoma cervix in pregnancy – An unusual association in a young Woman

Suparna Ghosh (Ray),¹ Bhavna Bhutoria,² Sulekha Ghosh,³ Sourav Sau,⁴ Tanmoy Mondal,⁵ Shibram Chatterjee,⁶ Sudhir Adhikari⁷

¹Assistant professor, Dept of Radiotherapy, Burdwan Medical college & Hospital; ²Assistant professor, Dept of Pathology, Burdwan Medical college & Hospital; ³Associate professor, Dept of Pathology, Burdwan Medical College & Hospital; ⁴R.M.O., Dept of Radiotherapy, Burdwan Medical College & Hospital; ⁵Associate Professor, Dept of Gynaecology & Obstetrics, Burdwan Medical College, & Hospital; ⁶Assistant Professor, Dept of Gynaecology & Obstetrics, Burdwan Medical College & Hospital; ⁷Professor, Dept. of Obst & Gynae, Medical College, Kolkata.

Introduction: Cervical cancer is the most common malignancy encountered during pregnancy. Its incidence is approximately one in 2200 pregnancies.¹ It poses a major challenge to patients and her family. There is concern about the fetus and fear of impact of cancer and its treatment on both mother and child. When cervical cancer complicates pregnancy both maternal and fetal considerations determine management, which is individualized according to clinical stage, lesion size, gestational age, and whether the patient wishes to proceed with the pregnancy.⁴ Delayed treatment is reasonable for an early stage tumor of stage 1B and tumor size less than 2 cm.⁷

We present such a case in a 23-year-old female, 2nd gravida, (with one living issue of 4 years male), with Cancer Cervix stage 1B, in order to increase the awareness and emphasize the importance of routine cervical papanicolaou smear screening in pregnancy.

Case: A 23-year-old female P1+0 presented at antenatal clinic with complain of contact bleeding per vagina at twelve weeks of pregnancy. On speculum examination, a suspicious lesion was noticed at cervical os. A papanicolaou smear done showed cytological features suggestive of HSIL (high-grade squamous intraepithelial lesion). She underwent punch biopsy. Histological examination of biopsy material revealed invasive squamous cell carcinoma of cervix.

In order to stage the tumour as per FIGO guidelines,² trans-vaginal and whole abdominal ultrasonography was performed. Though CT-Scan/MRI are useful in detecting spread, and lymph node involvement but these techniques are not accepted by FIGO in clinical staging system. In this case CT Scan could not be done in early stage due to fetal radiation exposure. There was no involvement of the parametrium, pelvic or peritoneal lymph nodes as pre USG report. Clinically Bladder base or Rectal mucosa were free. Though no Cystoscopy or Proctoscopy was done assuming the disease is in early stage clinically. Patient developed bleeding P/V off and on in last part of first trimester and early phase of 2nd



Fig. 1

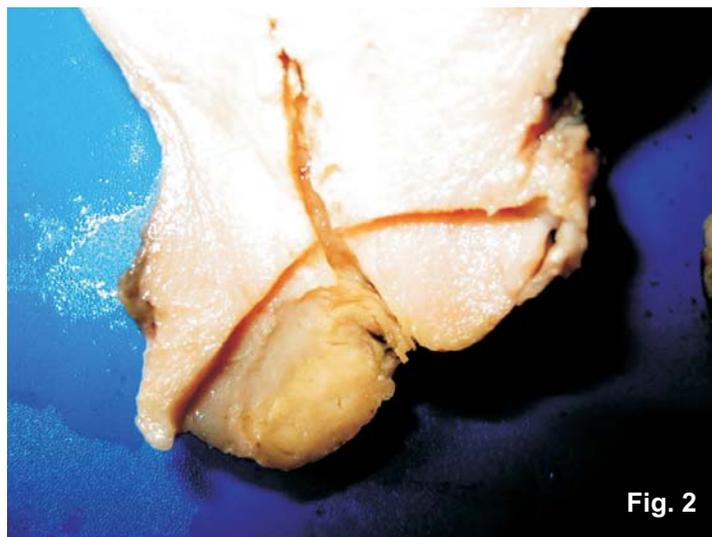


Fig. 2

trimester (10th-12th week). As patient has previous living issue after proper understanding of the course of disease, the patient and her family members were unwilling to continue the pregnancy. So with high risk consent she was operated. Wertheim's hysterectomy (with fetus in situ) was done as per recommendation of early stage (up to Stage IIA) Ca-Cervix treatment.

CASE REPORT

Pathological findings: On macroscopic examination, the specimen consisted of uterus, cervix, upper third of vagina and both sided tubes and ovaries and lymph nodes. On cutting through the anterior wall of uterus, a fetus of approx. fourteen weeks was seen (Fig-1). On inspection of cervix, a growth 10mm in width and 6 mm in depth involving squamocolumnar junction was noticed (Fig-1). Histological examination of sections from cervix confirmed it to be an invasive moderately differentiated squamous cell carcinoma,

Patient was free of any recurrence or metastasis for 1 year follow up.

Discussion: Although 3-10% of cervical cancers occur in pregnant women and cervical cancer is the most common gynecological cancer found during pregnancy, invasive cervical carcinoma is relatively uncommon during gestation occurring approximately one in every 2200 pregnancies.¹

Patients are either asymptomatic or they may present with bleeding in early months as in present case. If patient presents with vaginal discharge or bleeding, a speculum examination is done to inspect the cervix.

Because of increased vascularity, softening of cervix and gestational hyperplasia of cervical mucosa, indurated feel of cervix may not be evident.³ Pregnancy represents an ideal opportunity for cervical screening. In addition, the diagnosis may be made at an early stage with such screening.

However, a papanicolaou smear must be taken for cytologic screening and cases showing dyskaryotic smear are subjected to colposcopy directed biopsy from suspected site for confirmation of diagnosis.

Once the diagnosis of invasive carcinoma of cervix during pregnant state is made accurate staging is to be done to plan management. Careful patient counseling is required for decision making whether to terminate the pregnancy or to continue it and timing and route of delivery.⁴

If the pregnancy is in the first or second trimester, preferably, the fetus is sacrificed and radical treatment either by surgery or by radiotherapy is carried out. After about 26-28 weeks, the interest of unborn child has to be taken into account as well as those of mother. In these circumstances, unless the disease is advanced, it may be reasonable to delay the treatment for up to six weeks in order to increase the chance of survival for the baby.⁵ It is suggested that age, parity and the trimester in which diagnosis is made have no effect on survival within a given stage.⁶

Our case presented in first trimester with stage 1b disease. She underwent Wertheim's hysterectomy with fetus in-situ. On last follow up patient was of good health. Hence as quoted by William T. Creasman et al, with the tendency to delay pregnancy until the later reproductive years and the widespread use of the Papanicolaou smear, physicians may expect to encounter more cervix carcinoma during pregnancy.⁶

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BOGSCON

36th Annual Conference

This year's BOGSCON was a successful combination of feast for the brain and soul. The pre-congress workshop on "Urogynaecology" witnessed skillful operations from the guest faculty, Dr. Kartick Gunasekharan.



Pre-Congress

The Conference with a record number of more than 500 delegates was inaugurated by renowned personalities like author Mrs. Suchitra Bhattacharya, fashion designer Mrs. Agnimitra Paul and Prof. P.C. Mahapatra, President FOGSI.

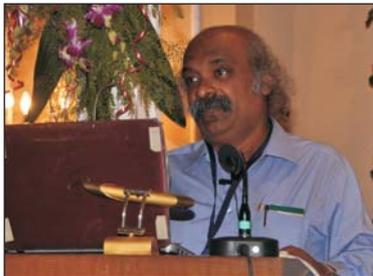
Prof. P.C. Mahapatra, President FOGSI and Krishnendu Gupta, Vice President, FOGSI were felicitated for their achievements at national level.



Inauguration

A corner to corner packed auditorium enjoyed the 13th Dr. D. C. Dutta Memorial Conference Oration by Prof. P.C. Mahapatra, President FOGSI on "Active Mismanagement of Labour".

The Public Awareness Programme was an informative an interactive session involving more than 100 women from all walks of life. It was attended by eminent personalities like Mr. Dilip Ghosh, Commissioner, Family Welfare (NRHM), Dr. Jyotirmoy Chaki, Joint DHS, Family Welfare & SFPO and dietician Mrs. Swati Chatterjee.



Dr. D.C. Dutta

Dr. Subodh Sur Roy memorial Conference CME reflected the theme of the Conference- "Modfern Technology Saves Lives". Prof. Arup Kumar Majhi, Hony. Secretary, BOGS spoke on "Stem Cell Therapy", Dr. Bhaskar Pal, Hony. Clinical Secretary, BOGS answered "Will HPV Vaccination Save Lives" and Dr. Kusagrahdi Ghosh, President BOGS threw light on "Recurrent Pregnancy Loss: Saving The Unborn".

The participation of the young generation was noteworthy with record number of free papers (23) and posters (10) in this Conference.



Public Awareness

"Chandrabindoo" and DJ Richard made everybody tap-tap their feet at the gala cultural Programme and banquet at Grand Hotel.



Chandrabindoo



Banquet



Stalls



The Packed Hall



Winners at BOGSCON

FREE PAPER PRESENTATION



1st Prize: Dr. Prabhat Chandra Mondal
A double-blind randomized placebo-controlled trial of misoprostol and routine uterotonics for the prevention of PPH



2nd Prize: Dr. Chitragada Singh
Intravaginal Misoprostol in Induction of Labour : Our experience



3rd Prize: Dr. Urmi Sanyal
Hysterectomy – Which Route?



Appreciation: Dr. Vimee Bindra
Laparoscopic management of 53 cases of dermoid cyst using endobag



Appreciation: Dr. Lahori Roy
Evaluation of USG in First trimester Vaginal bleeding – our experience

POSTER PRESENTATION



1st Prize: Dr. Parag Nandi
Pattern of Human Sperm DNA Integrity in normozoospermic, asthenozoospermic and oligozoospermic semen samples



2nd Prize: Dr. Lahori Roy
Hyperglycosylated HCG – A new tool on the block

CASE PRESENTATION



1st Prize: Dr. Indranil Banerjee
A case of huge aggressive angiomyxoma of the vulva

Forthcoming Activities

26 February	Rural Health Camp Gobardanga
5 March	CME on Adolescent Health Chittaranjan Seva Sadan
12/13 March	Gurukul (DNB PG Teaching Program) RKMSM
20 March	CME – Recent Advances in O&G Pratishruti
26 March	ISOPARB East Zone Quiz SSKM
26 March	Bulletin & Website Committee Program SSKM
April	Prof. Subodh Mitra Memorial Oration
April	USG Workshop
6/7/8 May	International Conference on Contraception Hyatt Regency

NEW MEMBERS

ANNUAL MEMBERS: Dr. Annapurna Pathak, Dr. Ritu Sharma, Dr. Shyamali Dutta, Dr. Priyatosh Kumar De, Dr. Prabodh S. Soreng, Dr. Soumen Barh, Dr. Manisha Bhattacharyya

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