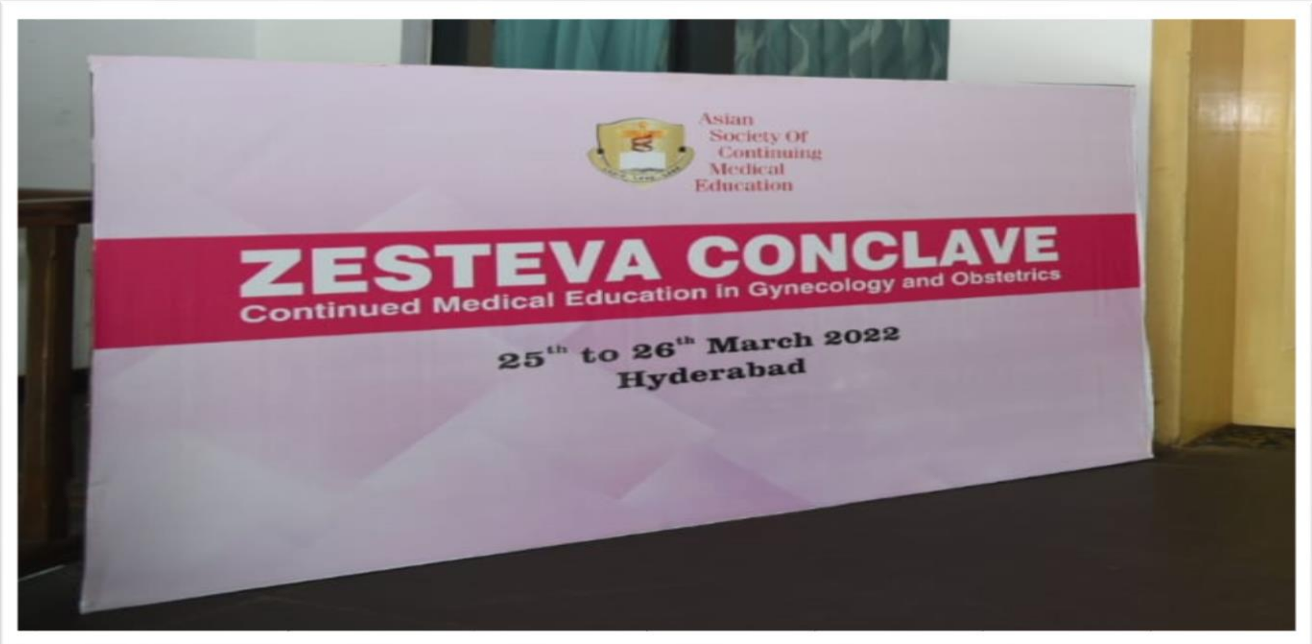
ZESTEVA CONCLAVE

ZESTEVA Conclave was held in Hyderabad, India under the banner of Asian Society of Continuing Medical Education.

The CME was designed to get all the Obstetrician and Gynecologist in one platform for exchanging their views and sharing their clinical experiences with others What is the Optimal GnRH Antagonist Protocol, Role of Adjuvants in Ovarian Stimulation?, Recent updates in the Management of Adenomyosis, Fertility Conservation in Endometriosis Panel Discussion, Solving Controversies in preventive aspects of Cervical Care and Managing Gynecological Cancers. Well known Obstetrician and Gynecologist were invited to share their knowledge and Experience.



The Introductory speech was given by ASCME. He emphasized the main role played by Asian Society of Continuing Medical Education.

Date	**:**	**25th March 2022 to 26th March 2022**
Venue	**:**	**Hyderabad, India**
Total Participants	**:**	**54**

AGENDA

Day 1: 25th March 2022

Time: 2 p.m. to 7.30 p.m.

Topics	Speakers	Timings
Registration	**Society**	2.00 P.M. to 2:15 P.M.
Welcome and Introduction		2.15 P.M. to 2:30 P.M.
Message from Chairperson	**Dr. Vijayalakshmi M.**	2.15 P.M. to 2:30 P.M.
	Session 1	
What is the Optimal GnRH Antagonist Protocol	**Dr. Vijayalakshmi M.**	2.30 P.M. to 3:15 P.M.
Role of Adjuvants in Ovarian Stimulation	**Dr. Aishwarya V. Mathikatti**	3.15 P.M. to 4:00 P.M.
Panel Discussion		4.00 P.M. to 4:30 P.M.
Question and Answer Session		4.30 P.M. to 5:00 P.M.
	Session 2	
Recent updates in the Management of Adenomyosis	**Dr. Saudamini Mohapatra**	5.00 P.M. to 5:45 P.M.
Fertility Conservation in Endometriosis Panel Discussion	**Dr. Anju Srivastava**	5.45 P.M. to 6:30 P.M.
Panel Discussion		6.30 P.M. to 7:00 P.M.
Question and Answer Session		7.00 P.M. to 7:30 P.M.

AGENDA

Day 2: 26th March 2022

Time: 9 a.m. to 7.30 p.m.

Topics	Speakers	Timings
Session 1		
ART durng Pandemic	**Dr. Nabajyoti Baishya** **Dr. Leela Sharma**	9:00 A.M. to 9:45 A.M.
Luteal Phase support in fresh IVF and ICSI cycles		9:45 A.M. to 10:30 A.M.
Panel Discussion		10:30 A.M. to 11:00 A.M.
Question and Answer Session		11:00 A.M. to 11:30 A.M.
Session 2		
Solving Controversies in preventive aspects of Cervical Care	**Dr. Aishwarya V. Mathikatti** **Dr. Amita Gupta**	11:45 A.M. to 12:30 P.M.
Managing Gynecological Cancers		12:30 P.M. to 1:15 P.M.
Panel Discussion		1:15 P.M. to 1:45 P.M.
Question and Answer Session		1:45 P.M. to 2:15 P.M.
Lunch Break		
Session 3		
Antepartum Haemorrhage	**Dr. Nabajyoti Baishya** **Dr. Vijayalakshmi M.**	2:45 P.M. to 3:30 P.M.
Infections in Pregnancy (TORCH, Chicken Pox and Malaria)		3:30 P.M. to 4:15 P.M.
Panel Discussion		4:15 P.M. to 5:00 P.M.
Question and Answer Session		5:00 P.M. to 5:30 P.M.
Session 4		
Panel Discussion	**Dr. Anju Srivastava** **Dr. Saudamini Mohapatra**	
Endometriosis - The controversy continues		5:30 P.M. to 6:30 P.M.
Hurdles and Challenges in the Management of infertile Aged Women		6:30 P.M. to 7:30 P.M.

Asian Society Of Continuing Medical Education

SUMMARY OF ZESTEVA CONCLAVE

- The ASCME was conducted in Hyderabad, India. It was intended to bring together well-known obstetricians and gynecologists on a single platform for exchanging ideas and sharing clinical experiences about management challenges and the associated spectrum of complications.

- **Dr. Vijayalakshmi M.** chairperson for **ZESTEVA Conclave** inaugurates a Forum to discuss and share important point on given agenda topic.

- **Dr. Vijayalakshmi M**. spoke on **What is the Optimal GnRH Antagonist Protocol:** It mean Gonadotropin releasing hormone (GnRH) antagonist (GnRH-ant) protocol is effective in preventing pituitary luteinizing hormone (LH) surge during controlled ovarian stimulation (COS) for in vitro fertilization (IVF), The GnRH-ant protocol avoids many side-effects associated with GnRH agonist (GnRH-a) regimens and results in a lower incidence of patients developing severe ovarian hyper-stimulation syndrome (OHSS). Therefore, this protocol is widely used as a convenient and cost-effective treatment for patients undergoing IVF.
  However, some studies have reported that the GnRH-ant protocol negatively affected the receptivity of the endometrium. Other studies have reported a decreased number of oocytes were retrieved following the GnRH-ant protocol, compared with the GnRH-a protocol.
  These considerations have limited the application of GnRH-ant protocol in clinical practice. Due to the potential negative effects on oocytes quality and endometrium receptivity of GnRH-ant, the GnRH-ant protocol continues to be optimized for better IVF outcomes.

- **Dr. Aishwarya V. Mathikatti** had given overview on **Role of Adjuvants in Ovarian Stimulation:** Poor ovarian responders are one of the most challenging groups of patients in the IVF clinical task. However, the optimal management of these patients remains a dilemma. We sought to identify the best adjuvant treatment to improve pregnancy outcomes in patients with POR. This study represents the most comprehensive synthesis of data regarding currently available adjuvant treatment strategies for ovarian stimulation in patients with POR who are undergoing IVF. They had summarized as three key findings. First, almost all protocols with adjuvant treatments used a lower dosage of gonadotrophin than was used in the control group (protocol without adjuvant treatment). Second, among these adjuvant treatments, DHEA, CoQ10 and GH were the top three agents that improved the probability of achieving pregnancy, and these treatments also had lower cycle cancelation rates in patients with POR. Third, the protocol consisting of cotreatment with clomiphene had the lowest probability of resulting in pregnancy, although the total dosage of gonadotrophin used in this protocol was the most economical. Notably, the variability in the definition of POR remains the most striking feature of these studies; thus, an agreed definition is essential.

- **Panel Discussion** was held based on the previous two topics.

- **Question and Answer session** was held on the previous two cases, the delegates actively participated in the session.

- **Dr. Saudamini Mohapatrav** shares some points on **Recent updates in the Management of Adenomyosis** In the last decade, a significant improvement has been achieved in understanding and management of adenomyosis. Adenomyosis has become a clinical entity rather than just a histological diagnosis and it can be identified through non-invasive imaging techniques. An increasing amount of evidence is showing the pathogenic mechanisms involved and the potential medical treatments. However, there is still the urgent need for a uniform and shared diagnostic criteria profile and reporting system, in both imaging and histology, in order to identify all of the clinical and imaging phenotypes of adenomyosis.

- **Dr. Anju Srivastava** spoke about **Fertility Conservation in Endometriosis:** Our findings suggest that ovarian conservation is safe for women with early stage endometrial cancer. Despite the oncologic safety of ovarian conservation, the majority of young women with endometrial cancer still undergo oophorectomy at the time of surgery. Age, stage, and tumour grade are important factors associated with the decision to offer ovarian conservation.

- **Panel Discussion** was held based on the previous two topics.

- **Question and Answer session** was held on the previous two cases, the delegates actively participated in the session

- **Dr. Nabajyoti Baishya** share his perspectives on **ART during Pandemic** the halt of global activities due to a severe SARS-CoV-2 pandemic with enormous potential for harm. It details the role of ESHRE as a Scientific Society in the field of Reproductive Medicine and Science in supporting services and patients during such unprecedented times and the impact of the pandemic upon ART services in India. A working group was invited to meet weekly in order to offer swift and timely reactions to the constant evolution of the pandemic and the related scientific evidence. Actions were taken to collect reliable data and information and to disseminate them in a clear and comprehensive way. Furthermore, the group created a model of adaption of ART practice to the reality of the pandemic and proposed an original model for dealing with an emergency situation that has the potential to paralyse practice globally.

- **Dr. Leela Sharma** share her view point on **Luteal Phase support in fresh IVF and ICSI cycles:** Luteal phase support (LPS) is an important part of assisted reproductive technology (ART). In the cycle using hCG for final oocyte maturation, the progesterone with or without low dose of hCG may be adequate to maintain pregnancy. In the cycle using GnRH-a for trigger, individualized low dose of hCG administration with or without progesterone was suggested. The optimal timing to start the LPS would be between 24 and 72 h after oocyte retrieval and should last at least until the pregnancy test is positive. Addition of E_2 and the routes of progesterone administration bring no beneficial effect on the outcomes after ART. Individualized LPS should be applied, according to the treatment protocol, the patients' specific characteristics, and desires.

- **Panel Discussion** was held based on the previous two topics.

- **Question and Answer session** was held on the previous two cases, the delegates actively participated in the session.

- **Dr. Aishwarya V. Mathikatti** had given her overview on **Solving Controversies in preventive aspects of Cervical Care:** Cervical cancer prevention and control components are primary prevention, secondary prevention and tertiary prevention. Primary prevention comprise HPV vaccination of girls 9–14 years old. Secondary prevention include screening and treatment with low technology VIA followed by cryotherapy. Tertiary prevention of cervical cancer incorporates treatment of invasive cancer and providing palliative care. Mobilizing community, giving health education and counseling is very important in prevention and control of cervical cancer. M & E of cervical cancer prevention and control on key program indicators should also be done regularly.

- **Dr. Amita Gupta** share her perspectives on **Managing Gynaecological Cancers:** The most common tumors presenting in pregnancy are breast cancer, cervical cancer, there has been a significant decrease in the incidence of invasive cervical cancer in young women in the india as a result of the advent of the cervical screening programme. The incidence of cervical cancer in pregnancy is estimated to be between 1 and 10 per 10 000 pregnancies, with almost two-thirds of cervical cancer cases diagnosed during the first two trimesters being early-stage disease – up to stage 1B tumours.

  The management of borderline ovarian tumours during pregnancy is similar to that in non-pregnant women. The general recommendation is for continuation of the pregnancy with the aim of having a normal delivery irrespective of the time of diagnosis. These tumours have a good prognosis and can be managed surgically in the postpartum period

- **Panel Discussion** was held based on the previous two topics.

- **Question and Answer session** was held on the previous two cases, the delegates actively participated in the session.

- **Dr. Nabajyoti Baishya** give a presentation on **Antepartum Haemorrhage:** The cause of APH remains undetermined in about half of the cases. Diagnosis of placental abruption is clinical, whereas that of placenta praevia, based on an ultrasound scan. In cases of abruption presenting with intrauterine death, at least a 2 unit blood transfusion should begin because average blood loss is about 1 l. Unless the placental edge overlaps the internal os by at least 1.0 cm at 21–23 weeks scan, placenta praevia at term will not be encountered. A repeat scan at 34–36 weeks should be organized. Caesarean section for placenta praevia should involve the most senior available staff in the anaesthetic and obstetric service. At least 4 units of blood should be crosshatched. The possibility of placenta accreta should be kept in mind in cases of placenta praevia. Absence of an echoluscent line behind the placenta is not a reliable sign. Sonographic visualization of irregular sinuses with turbulent flow in the placenta is the most reliable sign.

- **Dr. Vijayalakshmi M.** share her view point on **Infections in Pregnancy (TORCH, Chicken Pox and Malaria):** In general, TORCH infections are responsible for 2 to 3% of all congenital disorders, or disorders present at birth. These infections can cause a variety of complications, including preterm birth, delayed development of the fetus (i.e., intrauterine growth restriction), physical malformations (e.g., deafness, patent ductus arteriosus), and sometimes, loss of the pregnancy. Insect borne illnesses - Pregnant people should take precautions that reduce the risk of acquiring mosquito-borne infections such as West Nile virus, Dengue virus, malaria, and Zika virus.Signs and symptoms of infections vary depending on the specific underlying infection. Regardless, TORCH infections can share some non-specific signs and symptoms. Early signs in the fetus or newborn may include fever, development of a small head (i.e., microcephaly), low birth weight, lethargy or sleepiness, cataracts, hearing loss, and congenital heart disease.

  Additionally, some newborns may present with hepatosplenomegaly, or the enlargement of the liver and spleen. Infected newborns can also appear to have reddish-brown spots on their skin (i.e., petechiae or purpura), a yellowish pigmentation of the skin and eyes (i.e., jaundice), or the "blueberry muffin" rash, which appears as bluish or purplish marks on the baby’s body. Late signs, usually occurring after the age of 2, may include vision impairment or loss, intellectual disability, deafness, and seizures.

- **Panel Discussion** was held based on the previous two topics.

- **Question and Answer session** was held on the previous two cases, the delegates actively participated in the session

- **Dr. Anju Srivastava** had given her overview on **Endometriosis - The controversy continues:** Endometriosis is in the news…again. You may have heard about the recent controversial case reported by the BBC of 23-year-old Hannah Lockhart who had such severe pelvic pain that it was completely disrupting her life, resulting in her seeking a hysterectomy. She isn't alone. But it did stir up a touchy issue. She was refused the procedure because of her age and the fact that she didn't have any children. A hysterectomy would involve the complete removal of her uterus, thus eliminating the possibility of her ever becoming pregnant and giving birth.

  The controversy continues today as many are seeking aggressive treatments and having to choose between not having children and living with debilitating pain. Or worse yet, being denied surgeries because they are of child-bearing age. Becoming informed of all options is the answer. And surgery may not be the answer for everyone. Today we have other options and very often surgery isn't recommended unless there is no viable alternative.

- **Dr. Saudamini Mohapatra** share her perspectives on **Hurdles and Challenges in the Management of infertile Aged Women:** Infertility is a highly complex disorder with significant effects on the couple as a whole. It is important to remember that there can be, and regularly are, multiple causes of infertility. The differential diagnosis for infertility can be extensive, and a thorough workup is required to ensure no harmful disease process is missed.

  Infertility is a devastating diagnosis and should be considered a disease process by all healthcare team members. The best way to improve the physical, emotional, social, and interpersonal stressors of infertility for the patient is to complete an immediate and thorough investigation into both partners. The evaluation is straightforward and can be completed before referral to a fertility subspecialist. This will expedite and enhance the specialist's ability to initiate follow-up studies and treatments. The use of either clomiphene or letrozole with timed intercourse alone can be used to correct a known cause of anovulation but should not prolong the referral to a subspecialist. All primary care providers need to set realistic expectations of the chances of pregnancy and the possibility of complications when counseling couples suffering from infertility.

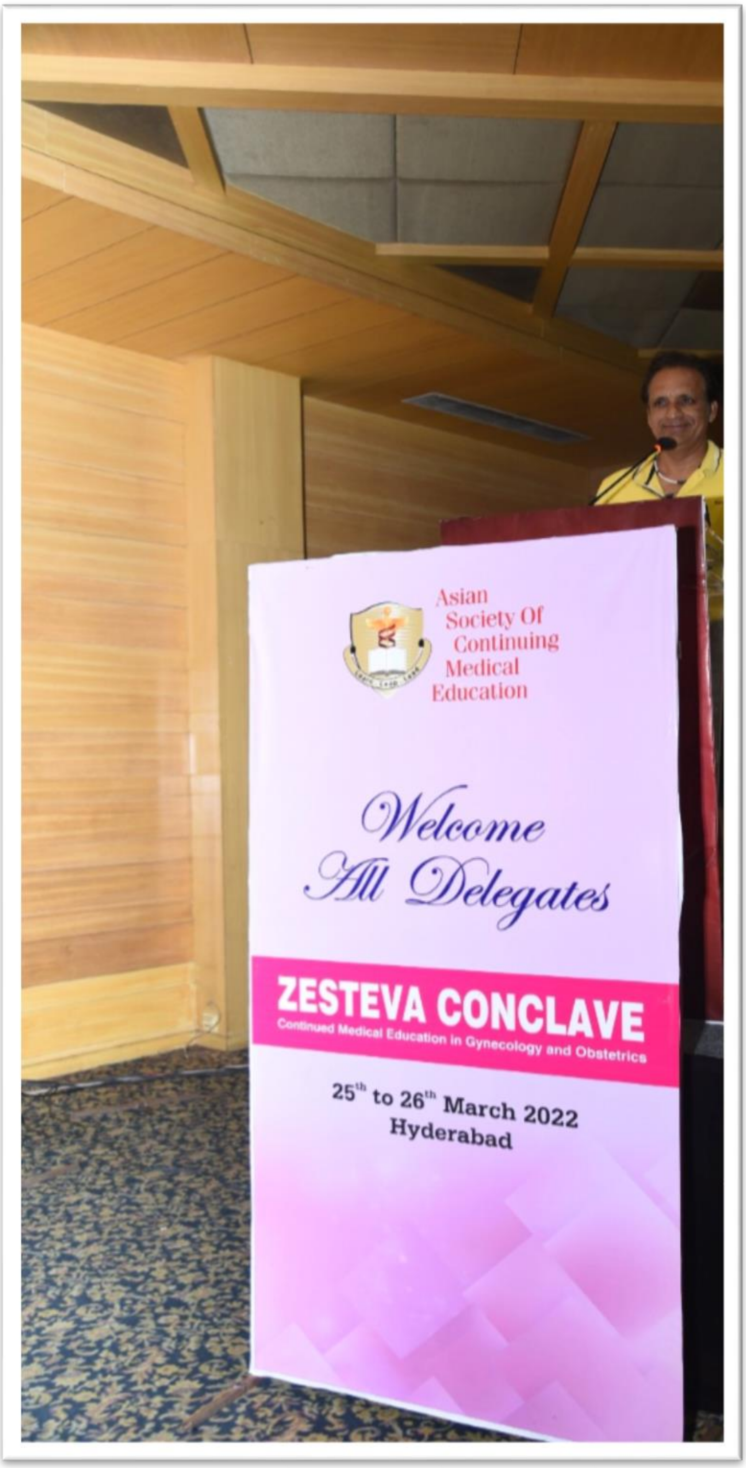
- **Panel Discussion** was held based on the previous two topics.

- **Question and Answer session** was held on the previous two cases, the delegates actively participated in the session

- In this ASCME, Different cases were explained to the audience and the whole case was open for discussion. Audience actively participated in the discussion regarding the management of Infertility, PCOS, High-Risk Pregnancies, Calcium deficiency and related disorders in women health. It was a very interactive session and the delegates thoroughly enjoyed it.

  Participants were keen to share their experience and knowledge and they also provided their critiques and recommendations on the event.

PHOTOS



Welcome to ZESTAVA CONCLAVE

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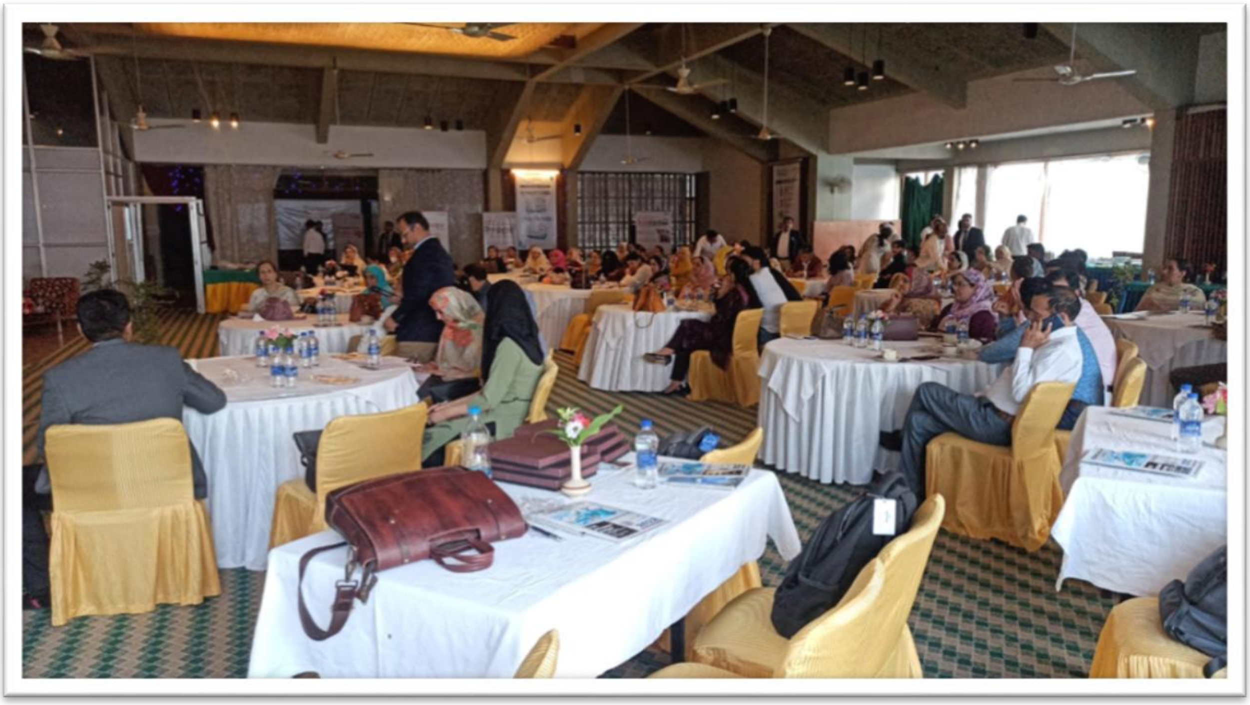
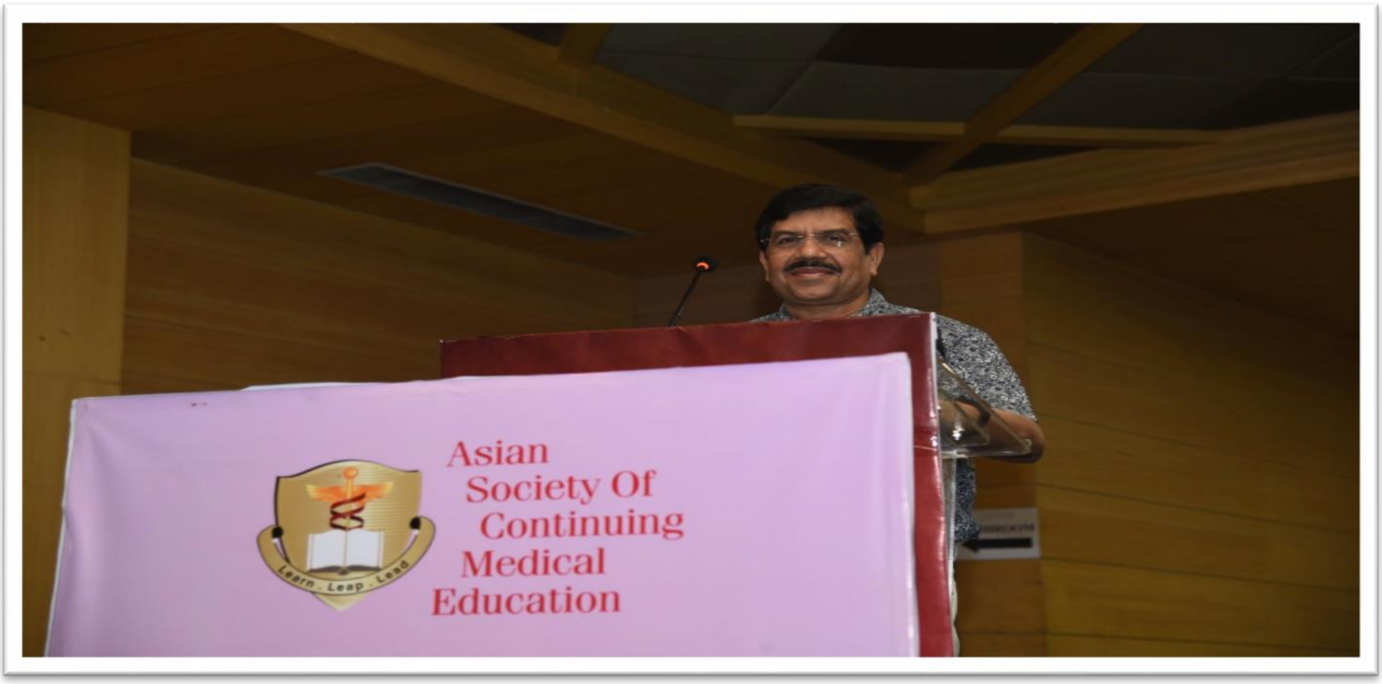


Registration to ZESTAVA CONCLAVE



Panel Dicussion on Managing Gynecological Cancers

PPT Presentation onEndometriosis – The Controversy Continue