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Rare Presentation Of SEPTATE Uterus

With Cervical Duplication & Longitudinal Vaginal Septum

INTRODUCTION

The prevalence of uterine anomalies ranges from 1 to 6.2 % . Uterine septum may result in infertility, spontaneous abortion, preterm labor, malpresentation. Although the septum is usually restricted to the uterine corpus , it may extend through the cervix & vagina. This rare variant of septate uterus combined with cervical duplication & a longitudinal vaginal septum has been anecdotally reported although it is not included In the American fertility society classification of mullerian anomalies, it could be successfully treated by excision of complete vaginal septum followed by hysteroscopic metroplasty.

EMBRYOLOGY

The traditional embryologic hypothesis of mullerian development is the fusion of two ducts followed by unidirectional caudal to cranial absorption of intervening septum,. However, the above mentioned anomalies support the bidirectional theory (i.e) absorption of septum proceeds from uterine isthmus into both direction.

CASE REPORT

A 23 Years old nulligravid woman came to our hospital, with two year history of primary infertility.

She got divorced because of infertility. cycles were regular (3/30).No history of dysmenorrhea. She gave a history of dysperuni. Speculum examination showed longitudinal vaginal septum & 2 cervices. USG revealed two uterine cavities. There was no evidence of renal anomaly. Diagnostic laparoscopy confirmed a single smooth uterine cavity with bilateral normal ovaries & tubes. Hysteroscopy confirmed complete uterine cervical vaginal septum. Complete vaginal septum was excised. Double cervix were unified. Transcervical resection of uterine septum done with resectoscope. Her postoperative course was uneventful. She was discharged one day later.

DISCUSSION

Female genital anomalies are a unique subset of congenital malformations. During embryo genesis the uterus, fallopian tubes, cervix, upper two third of vagina develops from the mullerian duct while the lower third of vagina, forms from the ascending sinovaginal bulb. In general the complete formation of the genital tract is dependent on three stages. Organogenesis, fusion & septal resorption. Septate uterus results from the failure of resorption of the midline uterine septum between the 2 fused mullerian duct. The septum divides the uterine cavity & can extend all the way down into the cervical canal.so the uterine cavity may be affected partially or completely depending on the size of the septum. Longitudinal vaginal septum may be associated with septate uterus or uterine didelphy.

However complete septate uterus with the cervical septum & longitudinal vaginal septum is a rare uterine anomaly. The etiology of reproductive failure in patients with septate uterus is not known. Implantation of the placenta over inadequately vascularised septum, distorted uterine cavity with cervical incompetence has been implicated. Literature review showed that there have been a few families in which members are affected with similar müllerian disorders. Anomalies restricted to a single organ system are usually inherited in polygenic multifactorial fashion.

The exact mechanism by which the septate uterus causes pregnancy wastage & infertility is not clear. Some authors believe that septum is composed of fibromuscular tissue & more collagenous & less cellular with poor vasculature & endometrium. This unique tissue may be responsible for the increased incidence of recurrent spontaneous abortions, premature delivery & primary infertility. Some authors found that the septum has the same histological structure as myometrium.

The association of septum & primary infertility may be due to implantation failure because of relative deficiency of estrogen & progesterone receptors before the development of modern operative hysteroscopy surgical techniques needed laparotomy with uterine incision & removal of section of the septum. But now HMP became the procedure of choice. HMP has less perioperative & postoperative morbidity than abdominal procedures & eliminates the need for LSCS. Postoperative Asherman syndrome & PID are negligible.

CONCLUSION

The presence of this unusual anomaly provides information about embryology. Because of the rarity of this condition, there is not yet sufficient evidence to establish consensus regarding management. Resection of the vaginal septum is easily performed. Hysteroscopic resection of uterine septum needs more experience > the union of the two cervixes remains controversial.

CLINICAL TRIALS IN VARIOUS CANCERS

Albumin Bound Paclitaxel for Metastatic Breast Cancer

Dear Friends,

Guru Hospital – We are contacting the Clinical Trial after getting approval from DCGI- Drug controller General of India- New Delhi & Ethics Committee.

1. Albumin Bound Paclitaxel – 260 mg For Metastatic Breast Cancer Protein-bound paclitaxel, also known as nanoparticle albumin-bound paclitaxel or nab-paclitaxel, is an injectable formulation of paclitaxel used to treat breast cancer, lung cancer and pancreatic cancer, among others.

Inclusion Criteria:

- Female patients 18 to 70 years of age (both inclusive) having breast cancer who
- a. Has histologically confirmed diagnosis of breast cancer.
- b. Has metastatic breast cancer
- c. Has failure of combination chemotherapy for metastatic disease or relapse within 6 months of adjuvant chemotherapy.
- Prior therapy should have included an anthracycline unless clinically contraindicated.

Why should we include the patients in clinical trials?

Life expectancy in Metastatic Cancer is counted and Conventional drugs are not able to eliminate all the complaints. The Efficacy & Safety of Newer drugs are already proved in many centres & also these are the First line therapy in routine practice but costly. When we include the patients in those trials, patients will get the world class Standard Treatment with no cost. Treatment with these drugs, generally not available in Insurance Scheme.

Dear friends considering the above facts and to get the maximum benefits to the patients please include eligible patients in above mentioned trials. **Thanks in Advance**

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GET TOGETHER - TEST TUBE BABIES BORN ON SINGLE DAY



A Get Together Function of 15 IVF Babies Delivered in a single day in November 2016 was held at GURU HOSPITAL - MADURAI on 26th March 2017.

GURU HOSPITALS RAMNAD BRANCH 1st YEAR CELEBRATION



Ramnad Honourable Minister Dr. M. Manikandan was the Chief Guest at GURU HOSPITAL Ramnad Branch 1st Year Celebration on 22 April 2017.