



**Royal College of
Obstetricians &
Gynaecologists**

Issue 17 • August 2025

Editor: **Dr. Lalitha N**

NEWSLETTER

India South
International Representative Committee

www.aicrcogsz.com



Dr. Sumana Manohar
South Zone Chairperson



Dr. Deepa Thiagarajamoorthy
Fellow Representative & Treasurer



Dr. Meera V.V. Raghavan
Fellow Representative



Dr. Shameema KV
Fellow Representative



Dr. Deepa Thangamani
Fellow Representative



Dr. Srimathy R
Co-opted Fellow representative



Dr. Uma Mikkilineni
Co-opted Fellow representative



Dr. Arjunan Tamilselvi
Co Opted Fellow Representative



Dr. Lalitha N
Member Representative



Dr. Anbukkani Subbian
Member Representative



Dr. Shravya Manohar
Member Representative

Dear Fellows , Members and Friends

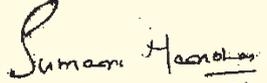
Our newsletter is overdue as we were occupied with organising the 38th AICC RCOG Annual Conference at ITC Grand Chola, Chennai on the 19th, 20th & 21st of September 2025. I cordially invite all of you to participate in this conference, as we represent the largest RCOG group in the country.

After attending the world congresses in Oman and London, we identified relevant topics that should be addressed for our country. The Organizing Committee has worked hard, and I encourage everyone to enjoy the academic and fun memories created.

Dr. Uma Ram, Co-Organizing Chair and AICC RCOG Chair, along with the organizing committee and College officers, contributed to the development of this program. An admission ceremony will be held where over 100 members and fellows will receive their degrees. We are pleased to host more than 25 international faculty members and over 150 national faculty, all of whom will be sharing their expertise. The programme includes breakfast sessions and a dedicated MRCOG session free of cost ,where experts will offer valuable tips and strategies for successfully passing the examination, with a particular focus on Parts 2 and 3.

The Travel fellowship programs offer a two-week observer ship in the subspecialty of each participant's interest & please do visit our website for more information .

With this I conclude and look forward to meeting and greeting all of you.


Dr. Sumana Manohar

ARTIFICIAL INTELLIGENCE IN ASSISTED REPRODUCTION A Game Changer in the Making?



Dr Vani Sundarapandian

MD DGO FRCOG (UK)

Master in Reproductive Medicine (Australia)

Medical Director

Jananam Fertility Centre
Chennai



Introduction

Artificial Intelligence (AI) is increasingly recognized as a transformative force across various domains of healthcare, and its impact in assisted reproductive technology (ART) has been profound. AI has the ability to improve every step of the IVF process, from outcome prediction of an IVF cycle to selecting the blastocyst with the best potential to enhance live birth rates. This article gives an overview of the significant applications of AI in ART. In ART, AI primarily uses natural language processing for data extraction from records, machine learning to analyze big data, and deep learning with the aid of convolutional neural networks for image recognition (sperm, oocytes, and embryos).

Predicting Individualized Treatment Outcomes

By examining large datasets of previous IVF cycles, patient histories, and lifestyle factors, AI systems can generate customized success predictions over three complete IVF cycles (sart.org). Such predictive tools are more accurate and are also essential to prepare couples emotionally and financially before the start of treatment.

Choosing the Correct Starting Dose of Gonadotropins

AI-powered software can also guide fertility specialists to develop tailored treatment plans, optimizing medication dosages and protocols based on a patient's unique profile. The timing of the trigger can be estimated, and the number of oocytes can also be predicted to enable efficient laboratory workflow.

Monitoring Follicular Growth

Follicular growth has been conventionally monitored by serial scans, which are demanding to both patients and medical professionals. AI-integrated software can estimate the single best day to scan based on personalized pre-stimulation data. Based on these scan results—follicular dimensions and estrogen levels—the exact trigger day can also be estimated, saving time and travel for the patient.

Improving Sperm Analysis and Sperm Selection for ICSI

AI's application in sperm evaluation has shown notable improvements in ART processes. Automated AI systems assess sperm motility, morphology, and vitality with remarkable accuracy. While selecting the best sperm for ICSI is still a challenge, recent data regarding specialized software combining artificial vision and artificial intelligence indicate that it can identify, track, and quantify individual sperm motility patterns in real time. This generates a real-time selection choice within a few milliseconds and could effectively assist embryologists during the sperm selection process for ICSI.

Oocyte Analysis

Oocyte analysis and grading, conventionally performed by embryologists, can be improved by using deep learning neural networks which segment the oocyte into the zona pellucida, ooplasm, and perivitelline space. Segmentation enhances images and provides far superior resolution than the human eye.

Embryo Grading, Selection, and Determination of Ploidy

Embryo selection remains one of the most critical stages in in vitro fertilization (IVF). AI-based models, particularly deep learning algorithms, have been developed to analyze thousands of embryo images, offering insights that go beyond embryologists' assessments. Research has demonstrated that AI can accurately assess parameters such as morphology and developmental potential, allowing for the identification of embryos with the highest likelihood of successful implantation and pregnancy.

While grading and selection of the best embryo are successfully done by AI, assessment of embryo ploidy offers a means of non-invasive embryo testing. AI assessment of embryo images—static and time-lapse videos when combined with clinical parameters—improves the predictive value for ploidy determination.

Conclusion

AI in ART is still a work in progress. Nevertheless, it assures better-informed patients, seamless workflow, and a quicker time to pregnancy. On the flip side, there are challenges and perils too, namely breach of confidential data, risk of bias, reduction of human involvement, and also difficulties in implementation. Overall, AI with adequate validation can serve as an invaluable tool in the years to come.

References:

1. Opportunities for artificial intelligence in healthcare and in vitro fertilization. Miloski B. *Fertil Steril*. Vol.120, No 1, 2023
2. Applications of artificial intelligence in ovarian stimulation: a tool for improving efficiency and outcomes. Hariton E et al. *Fert Steril*. Vol.120, No1 July 2023.
3. Predicting personalised cumulative live birth following in vitro fertilisation. Mc Leron D J et al. *Fertility and Sterility®* Vol. 117, No. 2, Feb 2022
4. Optimizing oocyte yield utilizing a machine learning model for dose and trigger decisions, a multicenter prospective study. Canon C et al. *Scientific reports*. 2022.
5. An artificial intelligence platform to optimize workflow during ovarian stimulation and IVF: process improvement and outcome based predictions. Letterie G. et al. *RBMO* Vol 44 Issue 2 2022.
6. Computer software (SiD) assisted real time single sperm selection associated with fertilization and blastocyst formation. Mendizabal Ruiz.G et al. *RBMO* 2022 Oct;45(4):703-711.
7. A robust deep learning-based multiclass segmentation method for analysing metaphase II oocyte images. *Comp meth & prog biomed*. Firuzinia S et al. Vol 201; 2021
8. Deep learning enables robust assessment and selection of human blastocysts after IVF. Khosravi.P et al. *Digital med*. April 2019.
9. Embryo selection through AI versus embryologists A systemic review. Salih M et al. *Human Reprod open*. 2023.
10. Noninvasive genetic screening: current advances in artificial intelligence for embryo ploidy prediction. Jiang S V et al. *Fert Steril*. Vol 120, Issue 2, Aug 2023.

Remembering stalwarts**Prof Indira Ramamurthi
(1920 - 2009)**

Dr. Indira Ramamurthi, wife of the pioneering neurosurgeon Dr. B. Ramamurthi—revered as the Father of Neurosurgery in India—was herself a distinguished medical professional who left a profound impact on the field of Obstetrics and Gynaecology. She was the daughter of the eminent Ayurvedic physician Dr. A. Lakshmipathy and Smt. Rukmani Lakshmipathy, the first woman Health Minister of Tamil Nadu. Growing up in an environment steeped in nationalistic spirit, she witnessed her mother's participation in the Quit India Movement and her interactions with prominent leaders and scholars, which shaped her values of discipline, dedication, compassion, and service.

Among the first three women to graduate in MBBS from Madras Medical College in 1943, Dr. Indira Ramamurthi earned several university awards for her academic excellence. She obtained her MRCOG in 1950, completed her MD (Obstetrics & Gynaecology) in 1953, and was conferred the Fellowship of the RCOG in 1963. She began her career at the Institute of Obstetrics and Gynaecology (IOG), serving as Assistant to Dr. Tampan and Dr. Krishna Menon, and went on to head her Unit from 1965. After retirement, she continued her service for two decades as Head of the Department of Obstetrics and Gynaecology at VHS, Adyar.

Dr. Ramamurthi was known for her unwavering punctuality, emphasis on meticulous history-taking, and insistence on thorough clinical examination as the foundation for accurate diagnosis. A passionate teacher, she stressed the importance of surgical anatomy and attracted students in large numbers to her teaching rounds. Her diligence in record-keeping and long-term follow-up of patients—both in hospital and private practice—was exemplary and continued until her final days.

A meticulous and skilled surgeon, she had expertise in complex procedures such as Wertheim's hysterectomy, radical vulvectomy, and vaginoplasty, while also embracing advancements such as ultrasound and endoscopy. She was a strong proponent of hormone replacement therapy and lifestyle modifications for the prevention of non-communicable diseases, and in 1995, she pioneered the establishment of a dedicated Menopause Clinic.

Her discipline, empathy, and unwavering passion for medicine defined her illustrious career, which spanned over six decades of tireless service to women's health.

**CONTRIBUTOR :****Dr Vidhyalakshmi S, DNB, MRCOG**

Fellowship in reproductive endocrinology

Consultant : Excella Gynecare Women's Speciality Centre,
Saravanampatty, Coimbatore**QUIZ FOR REPRODUCTIVE MEDICINE**

1. In women with hydrosalpinx undergoing IVF, what should be done to improve live birth rates?

- a) Proceed directly with embryo transfer
- b) Perform salpingectomy or proximal tubal occlusion before stimulation
- c) Perform salpingectomy or proximal tubal occlusion before embryo transfer
- d) Aspiration of hydrosalpinx during oocyte retrieval

2. In women with PCOS undergoing IVF, when should hCG trigger be avoided due to the high risk of OHSS?

- a) When serum estradiol (E2) is very low (<500 pg/mL)
- b) When there are ≥ 18 follicles ≥ 11 mm and/or serum estradiol >3500 pg/mL
- c) When the woman is aged >40 years
- d) When there are >15 follicles seen on stimulation scan

3. Which type of fibroid should be removed before embryo transfer to improve IVF outcomes?

- a) Subserosal fibroids of any size
- b) Intramural fibroids >4 cm if not distorting the cavity
- c) Submucosal fibroids (any size) or intramural fibroids distorting the uterine cavity
- d) All fibroids regardless of type and size

4. In an infertile woman with endometrioma, when is surgical removal (laparoscopic cystectomy) recommended before attempting IVF or conception?

- a) Any endometrioma ≥ 3 cm
- b) All endometriomas regardless of size
- c) Symptomatic endometriomas (pain), suspicion of malignancy, or cysts $\geq 3-4$ cm interfering with follicle access during oocyte retrieval
- d) Endometriomas <3 cm with symptoms

5. Which are the recognised indications for ICSI?

- a) Severe deficits in semen quality; obstructive or non-obstructive azoospermia; previous IVF with failed/very poor fertilisation
- b) Unexplained infertility >1 year
- c) PCOS with anovulation
- d) Advanced maternal age >40 years

Answers in Page 17

ACTIVITIES 2024

MRCOG Part 3 Revision courses

MRCOG part 3 Revision courses were held at Chennai in April and October 2024



Critical Care Workshop

Workshop on Obstetric Critical Care was conducted by the RCOG team as part of the RCH ICU Update 2024 on 25th May 2024 at Hotel Le Royal Meridien Coimbatore



CTG workshop

The **CTG workshop** conducted by the RCOG team with Prof Sir Arulkumaran was held on 2nd Aug 2024 as part of the "Labor not Laborious" conference organised at Chennai by OGSSI



Visit by Sims Black Professor 2024

The prestigious Sims Black Professor Prof Tim Draycott was hosted at Chennai on 15th of September 2024 at Hotel Savera where a CME was held which included a talk by the esteemed Professor and a panel involving Senior faculty. On 16th of September 2024 Professor Draycott was at Coimbatore where he held a Simulation lab training session for postgraduates at PSG Institute of Medical Sciences and Research and the afternoon session at Hotel Grand Regent included talks on instrumental delivery and Odon device and a panel discussion on preterm labour



AICC RCOG Annual Conference 2024

The 37th AICC RCOG Annual Conference organised by IRC India East was held at Hotel ITC Royal Bengal at Kolkata during 19th-21st September 2024. The conference had five Pre Congress workshops/masterclasses on Urogynaecology, Preventive Oncology, Obstetric skills, Perinatal Mental Health and Communication skills. The scientific programme included orations, plenary lectures, keynote lectures, symposia and case based discussions delivered by eminent National and International faculty. There was a protest march demanding justice for the victim of the atrocities committed at the RG Kar hospital in Kolkata



RCOG World Congress 2024

The RCOG World congress 2024 was held at Muscat, Oman in October 2024 where over 2,000 delegates and 160 speakers from 85 countries participated.



IRC SZ Conference 2024

The AICC RCOG South Zone Annual Conference was held at Gitam Auditorium at Rushikonda, Vishakapatnam on November 16th & 17th, 2024.

The RCOG IRC India South, AP RCOG Trust, OGSV & GIMSR co hosted this annual Conference with the theme of "INNOVATIONS & SOLUTIONS IN OBGYN PRACTICE".

Two interactive workshops on Obstetric Emergencies & Preventive Oncology were part of the conference. The 5th South Zone Oration was delivered by Prof Dr Suresh Seshadri, Director, Mediscan Systems and pioneer in Fetal Medicine on 16th November 2024



MRCOG Part 3 examinations 2024

The RCOG Part 3 Exams were conducted in all the centres across India in May and November 2024



2025

RCOG Session at AKCOG

The All Kerala Conference of OBG (AKCOG 2025) held at Thiruvananthapuram during February 7,8,9 hosted a special RCOG session on Day 2 with Dr Raneer Thakar, PRCOG, Dr Uma Ram, Prof V.P.Paily, Dr Ajith and Dr Mayadevi Kurup addressing the delegates

DAY 08 - 02 -		
SURVA HALL		
Topic	Presenter	Chairperson
RCOG SESSION		
Why MRCOG for IMG	Dr. Raneer Thakar	Dr V P Paily Dr Mayadevi Kurup Dr Ajith S
DM- Recent Updates	Dr. Uma Ram	
Proch to vault prolapse	Dr.. Usha B Nair	



MRCOG Part 3 Revision Course

The MRCOG part 3 revision course was held on 5th and 6th of April 2025 at Chennai with Ms Rhona Hughes and Ms Nutan Jain as faculty from UK along with faculty from India. 24 candidates participated in the Course and were immensely benefitted by the interactive mock sessions and circuits.



CHENNAI

Obstetricians & Gynaecologists

Gynaecologists

India South International Representative Committee

PRESENTS

PART-3 MRCOG REVISION COURSE

OFFICIAL RCOG UK EXAM COURSE

With Official Faculty from UK and Experienced Part-3 Examiners from India

AUDITORIUM
4TH FLOOR APOLLO CHILDREN'S HOSPITAL IP BLOCK
15, SHAFI MOHAMMED ROAD THOUSAND LIGHTS CHENNAI-6

9AM-5PM

REGISTER NOW

COURSE INCLUDES

OSCE Circuit
Tips & Tricks



MRCOG Part 3 examinations May 2025

The MRCOG Part 3 Exams were held in Chennai in May 2025



RCOG World Congress 2025

The RCOG World congress 2025 was held in London in June 2025 with active participation by the Members and fellows from all over India. The team representing IRC south zone took active part with talks and chairing sessions at the Congress



Activities of the State Societies

ATN RCOG

The Association of Tamil Nadu Members of RCOG (ATNRCOG) was established in 2000 through the pioneering efforts of Dr. Jaishree Gajaraj, Dr. Rekha Kurian, and Dr. Uma Ram. Today, the Association has a strength of 150 members.

ATNRCOG actively organizes workshops across the state as part of OG Society activities and conferences. Obstetric skills workshops have been held at Erode, Salem (TNFOG Conference), Nagercoil, Coimbatore (Labour Congress), Saveetha Medical College, ACS Medical College, Madha Medical College, and Balaji Medical College.

CTG workshops have been conducted at Chettinad Medical College, Madha Medical College, Saveetha Medical College, and through the Madurai and Salem OG Societies.

In addition, clinical meetings are held every alternate month in Chennai, where eminent speakers deliver lectures on important topics and provide the latest updates

The 5th Annual CTG update organised by the ATN RCOG was held on 13th April 2025 at Madras Management Association at Chennai

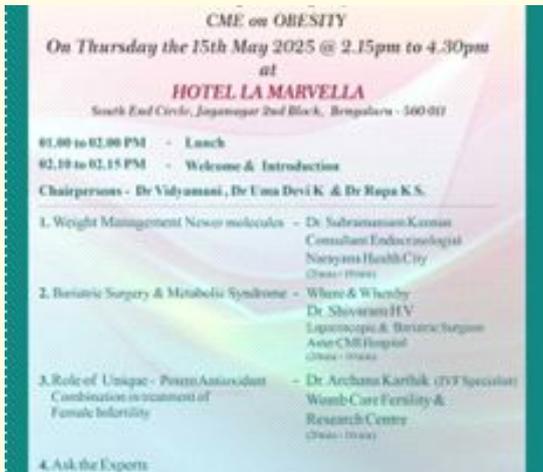


EVENT SCHEDULE		
📅 20 FEB 2025	🕒 02:00 PM - 04:30 PM	
Lunch followed by CME		
SPEAKERS		
1:00 PM	Introduction and Welcome	Dr. Rekha Kurian
1:15 PM - 1:30 PM	Role of lactoferrin and microbionics in pregnancy	Dr. Deepa Thiagarajamurthy
1:30 PM - 1:45 PM	Antenatal care pathway in HBsAg positive mother	Dr. Padmapriya
1:50 PM - 2:15 PM	Torch panel - indication, interpretation and implication	Dr. Mathangi Rajagopalan
2:15 PM - 2:30 PM	Sonographic markers of intrauterine fetal infection	Dr. S Suresh
2:30 PM - 2:45 PM	Recurrent UTI in pregnancy - treatment dilemmas	Dr. Shravya Manohar Dr. Nandhini
2:45 PM - 3:15 PM	Panel discussion on Practical points of infections in pregnancy	Moderator Dr. Shobhana Mahadevan
Panelists	Dr. Dr. Nirmala Jayasankar Dr. S Suresh Dr. Narmatha Dr. Nandhini	

Bangalore (Karnataka) RCOG Trust

BRCOG was founded as a PUBLIC CHARITABLE TRUST on 28th July 2003 by the Trustees Sister Lillian and Dr. Jaya Narendra. The intent of this trust was for the benefit of those Indian Nationals who had trained in the United Kingdom in the field of Obstetrics and Gynecology and have relocated to Karnataka. Member strength currently- 119 and current president-Dr. PadmaLatha Venkataram. BRCOG is widely recognized for its regular academic initiatives and MRCOG training programmes. During 2024–2025, the Chapter successfully conducted a series of academic and community service activities, which included:

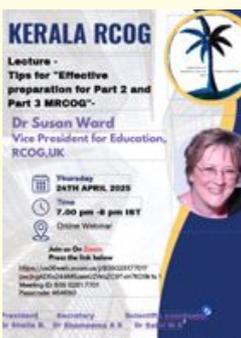
- * Continuing Medical Education (CMEs): 3 physical CMEs and 5 online webinars
- * MRCOG Training: 3 dedicated online MRCOG webinars
- * Community Outreach: HPV vaccination drive for school girls



RCOG Kerala Chapter

RCOG Kerala chapter was formed on Oct 17 2019 with Dr VP Paily as the Founder President and Dr Mayadevi Kurup as the Secretary. The All Kerala Conference of OBG (AKCOG 2025) held at Thiruvananthapuram during February 7,8,9 hosted a special RCOG session on Day 2 with Dr Raneer Thakar, PRCOG , Dr Uma Ram, Prof V.P.Paily, Dr Ajith and Dr Mayadevi Kurup addressing the delegates.

The Chapter regularly organises academic programmes, including Continuing Medical Education (CME) sessions and conferences, which include the well acclaimed "TOGSICON" which was held between 12-13th July 2025 at Thrissur. Online Journal Clubs are held monthly with presentations and discussion of interesting journal articles. Clinical Club Grand Rounds are held every alternate month from April 2025. The first News Letter of RCOG Kerala chapter was released on 29th August 2025. The first Annual Conference of the Chapter is slated for January 3rd and 4th 2026 at Trivandrum.



AP RCOG Trust

AP RCOG TRUST had its very humble beginning in 2019 with just 3 members on board which has expanded to the present strength of 32 RCOG members and fellows. The members have been actively involved in the local CME's – Infertility CME in year 2023, OASI workshops in 2023, 2024. A landmark achievement came in 2024, when the Trust successfully hosted the AICC RCOG South Zone Conference in Visakhapatnam, with the theme "Innovations & Solutions in OBGYN Practice", which was widely acclaimed.

In 2025, the Trust organised the CME "Focus: Fetal Growth" in Vijayawada, which drew an impressive participation of nearly 300 delegates, reflecting its growing academic impact and outreach.



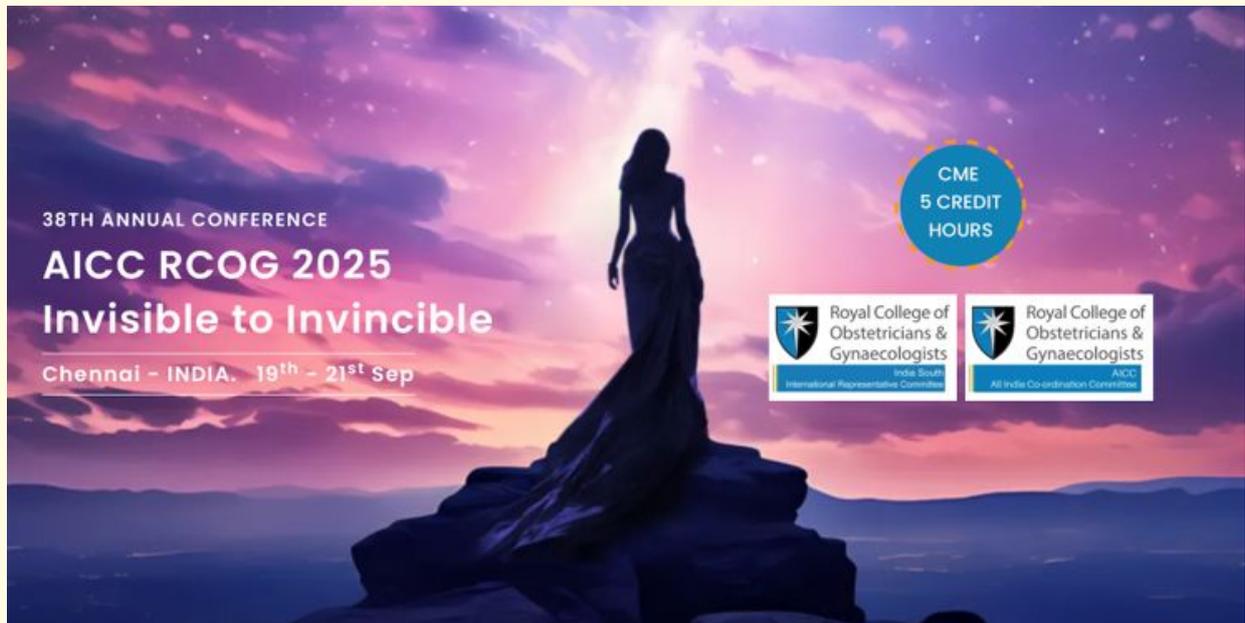
Telangana Chapter

Association of Members and Fellows of RCOG Telangana Chapter was inaugurated on 19th August 2025 at KIMS Hospitals in Secunderabad with Dr Vyjayanthi S as the President, Dr Kameshwari S as the Vice President, Dr Viniitha Puli as the Secretary, Dr Chinmayee Ratha as Treasurer and Dr Aditi Shah as Joint Secretary. The meeting was presided over by Dr B. Bhaskar Rao, KIMS Group of Hospitals. Senior Consultant Dr Evita Fernandez of Fernandez Hospitals and Dr Uma Ram, All India Chair, AICC RCOG graced the occasion by their presence and offered felicitations. Dr Uma Ram gave a talk on "GDM-adapting to Current Evidence" enlightening the audience with the latest evidence on the diagnosis and management of gestational diabetes.



UPCOMING EVENTS

AICC RCOG Annual Conference 2025



The theme for this year, "Invisible to Invincible" highlights the transformative journey in women's health and underscores our commitment to advancing care, innovation, and empowerment. We have meticulously designed a three-day program to ensure a rich and insightful experience for all attendees.

On 19th September, we are hosting Master Classes on: Advanced Critical Care in Obstetrics, Gynae Imaging made easy and Preconceptional Care. These Workshop will focus on practical management that will enhance patient care.

On 20th and 21st September, an exceptional lineup of speakers, orators, and experts will deliver sessions on the latest advancements, groundbreaking research, and best practices in the field of obstetrics and gynecology. The AICC RCOG Annual Conference is a unique opportunity to learn, network, and collaborate with peers and leaders in our field. We look forward to welcoming you to the prestigious ITC Grand Chola, Chennai, where together we will embark on a journey from the invisible to the invincible.



CLICK FOR REGISTRATION LINK

https://www.aicccog2025.com/registration_details.php



Scan for Registration Link

UPCOMING EVENTS

Sims Black Traveling Professorship 2025

Prof Amar Bhide, Consultant in Obstetrics and Fetal Medicine at St. George's Hospital, London, is an internationally recognized clinician, researcher, and educator with expertise in placental physiology, fetal cardiac function, invasive prenatal therapy, and multiple pregnancy. He has authored over 120 peer-reviewed papers, 17 book chapters, and four books, with active research collaborations across Europe. Prof Amar Bhide is visiting India as the Sims Black Professor this year.

He would be delivering lectures and interacting with trainees and post graduates in Bangalore and Kochi in December 2025.



Annual Conference of RCOG Kerala Chapter

The first Annual Conference of the RCOG Kerala Chapter is to be held at Trivandrum on January 3rd, 4th 2026



ANSWERS TO QUIZ

1. Answer: c) Perform salpingectomy or proximal tubal occlusion before embryo transfer

Reference:

- **NICE Fertility Guideline (NG21, 2017):** "Offer salpingectomy, preferably by laparoscopy, to women with hydrosalpinges before IVF treatment because this improves the chance of a live birth."
- **ESHRE 2020 & ASRM 2021:** Salpingectomy or proximal tubal occlusion before embryo transfer improves implantation and live birth rates in IVF.

2. Answer: b) When there are ≥ 18 follicles ≥ 11 mm and/or serum estradiol >3500 pg/mL

Explanation:

- In PCOS, women are at **increased risk of OHSS** due to high follicular recruitment.
- **hCG trigger should be avoided** when:
 - * Follicle count is very high (e.g., ≥ 18 follicles >11 mm)
 - * Serum estradiol is excessively elevated (>3500 pg/mL or equivalent, depending on lab standard).
- In such cases, alternatives include:
 - * **GnRH agonist trigger** (in antagonist cycles)
 - * **Freeze-all strategy** (avoid fresh transfer)

Reference:

- **ESHRE Guideline 2020:** Ovarian Stimulation for IVF/ICSI recommends **avoiding hCG trigger in high-risk patients (PCOS, high follicle number, or very high estradiol)** and using a **GnRH agonist trigger with freeze-all** to prevent OHSS.
- **NICE Fertility Guideline (NG21, 2017 update):** Advises individualising stimulation and avoiding hCG in women at high risk of OHSS, particularly PCOS.

3. Answer: c) Submucosal fibroids (any size) or intramural fibroids distorting the uterine cavity

Explanation:

- **Submucosal fibroids** interfere with implantation and pregnancy rates → **removal is recommended before embryo transfer.**
- **Intramural fibroids that distort the cavity** may also reduce implantation rates → consider removal.
- **Subserosal fibroids** generally do **not affect fertility/IVF outcomes** → no need for removal unless symptomatic.

Reference:

- **NICE Fertility Guideline (NG21, 2017 update):** Submucosal fibroids should be removed to improve pregnancy outcomes.
- **ASRM Practice Committee, Fertil Steril 2017:** Submucosal fibroids negatively impact IVF outcomes; hysteroscopic myomectomy improves live birth rates. Intramural fibroids that distort the cavity may also warrant removal.
- **ESHRE Guideline 2022 (Management of Uterine Fibroids):** Removal of submucosal and cavity-distorting intramural fibroids is recommended before IVF/ET

4. Answer: c) Symptomatic endometriomas (pain), suspicion of malignancy, or cysts $\geq 3-4$ cm interfering with follicle access during oocyte retrieval

Explanation:

- **Not all endometriomas require surgery** — routine removal before IVF is **not recommended**, as it may reduce ovarian reserve.
- Surgery (laparoscopic cystectomy) is considered when:
 - * Severe **pain symptoms** (dysmenorrhea, dyspareunia, chronic pelvic pain)
 - * **Suspicion of malignancy** (e.g., atypical ultrasound features)
 - * **Large cysts ($\geq 3-4$ cm)** that hinder follicle access during oocyte retrieval
 - * Rapidly enlarging cysts or diagnostic uncertainty

Reference:

- **ESHRE Endometriosis Guideline 2022:** Cystectomy of endometriomas $>3-4$ cm may be considered for pain or when access to follicles is compromised; routine removal before ART is not recommended due to risk of reduced ovarian reserve.
- **NICE Fertility Guideline (NG21, 2017 update):** Consider laparoscopic cystectomy for endometriomas ≥ 3 cm to improve chances of natural conception, but balance against risk of ovarian damage.
- **ASRM Committee Opinion (Fertil Steril 2019):** Surgery indicated for symptomatic, suspicious, or large endometriomas interfering with IVF; not routinely for asymptomatic small cysts.

ANSWERS TO QUIZ

5. **Answer: a) Severe deficits in semen quality; obstructive or non-obstructive azoospermia; previous IVF with failed/very poor fertilisation.**

Indications for ICSI**1. Severe deficits in semen quality**

- * Severe oligozoospermia, asthenozoospermia, teratozoospermia
- * Very low sperm counts or motility insufficient for conventional IVF

2. Azoospermia (obstructive or non-obstructive)**3. Previous IVF with failed or very poor fertilisation**

- * ICSI is offered after one or more cycles where standard IVF resulted in no or very low fertilisation.

4. Use of surgically retrieved sperm

- * From epididymal aspiration (PESA/MESA) or testicular biopsy (TESA/TESE).

5. Cryopreserved sperm of limited number/quality

- * e.g., from cancer patients or surgical retrieval.

6. Antisperm antibodies / immunological infertility

- * Where sperm-oocyte interaction is impaired.

7. Certain cases of oocyte donation or preimplantation genetic testing (PGT)

- * To ensure fertilisation with limited or precious oocytes.

References:

- **RCOG / TOG Review (2021):** "Male infertility: pathophysiology, diagnosis and management" – lists severe semen abnormalities, azoospermia with sperm retrieval, and previous fertilisation failure as standard indications.
- **ASRM Practice Committee (2020):** Committee Opinion on the use of ICSI – supports use in severe male factor infertility, surgically retrieved sperm, and previous fertilisation failure; advises against routine use in non-male factor infertility.

ANNOUNCEMENTS

Applications invited for the AICC RCOG South Zone Travelling Fellowship

The AICC RCOG southern zone invites applications from members of RCOG from Telangana, Andhra Pradesh, Karnataka, Kerala, Puducherry and Tamil Nadu for the travelling fellowship. The duration of the fellowship is two weeks and selected applicants would be observers in designated centres of excellence in Fetal medicine, Urogynaecology, Reproductive Medicine, Infertility, Gynaecologic Oncology or Endoscopy.

Details have been posted in the AICC RCOG SZ website

<https://aicrcogsz.com/travelFellowship.php>