

**EDITORIAL**

<b>Sujata Dalvi</b>	<b>“Global Editorial Convergence: JOGI Connects with Medical Journals Across Borders”</b>
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**MINI REVIEW**

<b>Sunita Tandulwadkar B. Kalpana Deepti Gupta Aishwina Anand</b>	<b>Adoption Service In India- Current Scenario</b> <b>Abstract:</b> Adoption refers to legally taking a child to be taken care of as your own. Adoption and maintenance act guides the process of adoption in our country. CARA is one such body which streamlines the adoption process. Gynaecologists play a crucial role in guiding the couples with infertility visiting the outpatient department for adoption after ruling out their eligibility.
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**ORIGINAL ARTICLES**

**Gynecology**

<b>P. S. Raji Anitha Thomas Dhanya Susan Thomas Vinotha Thomas Ajit Sebastian G. Banupriya Sherin Daniel Annie Jennifer</b>	<b>Compliance to Standards of Colposcopy in an Effort to Reduce the Cervical Cancer Burden: An Audit</b> <b>Abstract:</b> <b>Introduction</b> Colposcopy remains the gold standard as a triage tool for evaluating pre-invasive cervical lesions. A colposcopy scoring system is introduced to minimize inter-observer variation. The National Health Service Cervical Screening Programme (NHSCSP), in collaboration with the British Society for Colposcopy and Cervical Pathology, has published guidelines covering various issues regarding quality assurance in cervical cancer prevention, including the standard requirements for colposcopy services. Our study aimed to assess the colposcopic quality standards and evaluate the concordance of colposcopic findings with cervical biopsy in a tertiary care institution. <b>Materials and Methodology</b> Retrospective data are collected from electronic medical records and colposcopy registers over a period of 5 years (1st January 2018 – 31st
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	<p>December 2022). According to the NHS Cervical Screening Programme Colposcopy and Programme Guidelines 2016, Parameters were recorded. Results were analyzed using SPSS version 21.</p> <p><b>Results</b></p> <p>During the period of 5 years, 437 patients were identified. The mean age was 48.2±11 years. Cytology results were available in 431 (98.6%) women. The main indication of colposcopy was abnormal cervical cytology in 74.1% of patients. High-grade squamous intraepithelial lesion (HSIL) was seen in 20.4% of patients, and atypical squamous cells of unknown significance (ASCUS) in 21.3% of which 56.4% were human papillomavirus (HPV) positive. The colposcopic impression, type of transformation zone (TZ), and Swedes score were documented in 96.6%, 71.1%, and 96.3% cases, respectively. Biopsy was done in 388 (88.7%) patients (cervical intraepithelial neoplasia (CIN I) in 11.4%, CIN II–III in 26.6%, carcinoma in situ in 2.3%, and invasive cancer in 6.9%. The positive predictive value (PPV) of the Swedes' score in predicting lesions CIN2 or more was 64.5%. The correlation of the Swede's score &lt;6 to low-grade biopsies (&lt;CIN II) and score &gt;6 to higher grade biopsies was fair, with a kappa coefficient of 0.3.</p> <p><b>Conclusion</b></p> <p>The subjective nature of colposcopy demands continued audit of individual practice to improve on areas found to be deficient. By using a standardized template for documentation and conducting regular audits, we can identify areas for improvement, better detection of pre-cancer lesions on colposcopy, and engage in continuous professional development.</p>
<p><b>Keerti Dogra Reema Khajuria Ankita Sharma</b></p>	<p><b>Evaluation of Adnexal Masses in Perimenopausal and Postmenopausal Females - A One-year Prospective Observational Study</b></p> <p><b>Abstract:</b></p> <p>Background The prevalence of adnexal masses is 0.17% to 5.9% in asymptomatic and 7.1% to 12% in symptomatic patients. They can be benign or malignant. The initial detection and evaluation of an adnexal mass requires a high index of suspicion, a thorough history and examination and careful attention to subtle historical clues. Timely appropriate laboratory studies like serum cancer markers and radiographic studies are required to make a diagnosis, and finally, histopathological report tells us the exact nature of mass and guides further management.</p>

	<p><b>Methodology</b></p> <p>This prospective observational study was conducted in the Department of Obstetrics and Gynaecology, SMGS Hospital, GMC Jammu, over a period of one year from August 1st, 2023 to July 31st, 2024. The aim of this study was to determine the prevalence of adnexal masses with their related factors in this age group and to evaluate the adnexal mass in perimenopausal and postmenopausal age group. A total of 100 patients of adnexal masses with age&gt;40 years meeting inclusion and exclusion were included in the study. From all patients, history was obtained, clinical examination done followed by blood analysis, tumor markers, ultrasonography findings, CT and MRI findings of pelvic organs wherever applicable was done. Histopathological report was obtained.</p> <p><b>Results</b></p> <p>Adnexal mass was found to be more common in age group 40–50 years (48%). The usual presentation was with symptoms of abdominal pain (76%). Left-sided ovarian mass (41%) was more common than right-sided (32%) or bilateral masses (13%). USG 1 score was reported mostly in subjects with benign mass (67 out of 71), while USG 4 score was reported maximum among malignant mass (19 out of 29). CA-125&lt;35 level was reported maximum among benign mass (68 out of 72), while&gt;35 level of CA-125 was reported maximum among malignant mass (19 out of 28). RMI&lt;200 was found mostly among benign mass (77 out of 79), while RMI&gt;200 was reported maximum in malignant mass (21 out of 21). In our study, each parameter when compared with histopathological report using kappa stats, results were found to be statistically significant (<math>p&lt;0.05</math>). Benign masses were present in 64.2% cases and malignant masses were present in 35.8% cases in perimenopausal age group and 33.3% benign and 66.7% malignant cases were present in postmenopausal age group.</p> <p><b>Conclusion</b></p> <p>Ultrasound and CA-125 are important adjuvants which play vital role in the diagnosis and treatment of adnexal masses in perimenopausal and post-menopausal women. RMI and histopathology findings are in positive correlation. Therefore, it can be concluded that RMI can be used for evaluation of adnexal mass preoperatively and thus guides further management.</p>
<p><b>Pushplata Kumari Minakshi Kumari Madhurima Barik Lilly Varghese</b></p>	<p><b>“Rare but Not Forgotten Five Cases of Swyer Syndrome”: Case Series and Literature Review</b></p> <p><b>Abstract:</b></p>

	<p><b>Introduction</b> Swyer syndrome is a rare condition of complete gonadal dysgenesis due to mutations in the Y chromosome SRY gene, leading to testicular underdevelopment. In this condition individuals present with a female phenotype despite having a male karyotype (46, XY).</p> <p><b>Method and Materials</b> This retrospective review of five cases of Swyer Syndrome at our centre since 2013.</p> <p><b>Results</b> All five patients, raised as girls, presented at 18-31 years with primary amenorrhea; one had hyposmia. Breast development ranged from Tanner stage 1-4 with varying axillary hair. Internal exams showed an infantile uterus and cervix. Imaging revealed small to normal uterus and streak gonads. Elevated serum FSH and low testosterone confirmed the diagnosis (46, XY karyotype). Three patients underwent laparoscopic gonadectomy due to gonadoblastoma risk; two were lost to follow-up. All received Estrogens and Progesterone replacement therapy development of secondary sexual characters.</p> <p><b>Conclusions</b> Swyer syndrome requires high clinical suspicion for diagnosis. Early identification allows timely hormone therapy and consideration of gonadectomy to prevent gonadoblastoma.</p>
<p><b>Poonam Sharma Juhi Suraj Kumar Mishra Rambir Singh</b></p>	<p><b>Multiplex Real-Time PCR-Based Rapid Detection of STI Pathogens and Antimicrobial Resistance Pattern of Prevalent Strains in Tribal Women of District Anuppur Madhya Pradesh</b></p> <p><b>Abstract:</b></p> <p><b>Background</b> Antimicrobial resistance in sexually transmitted infection (STI) pathogens poses a persistent challenge, with resistant strains emerging even as new antibiotics are introduced. The aim of this study was to estimate the prevalence of STI pathogens and antibiotic resistance level in tribal women.</p> <p><b>Materials and Methods</b> Endocervical swab samples were collected from 110 women (aged ≤ 55). Multiplex real-time PCR was performed for the simultaneous detection of 08 STI pathogens in the target population. AST of commonly prescribed antibiotics was performed against most prevalent pathogens by Kirby-</p>

	<p>Bauer disk diffusion method. The statistical analysis was conducted using SPSS Statistics version 20.0.</p> <p><b>Results</b></p> <p>Out of 110, 85.45% of samples tested positive for at least one of the targeted eight STI pathogens. The most common pathogen was detected as <i>Mycoplasma hominis</i> in 67.27% samples followed by <i>Ureaplasma urealyticum</i> (59.09%), <i>Ureaplasma parvum</i> (33.64%), <i>Trichomonas vaginalis</i> (19.14%), Herpes simplex virus 1 &amp; 2, (13.64%), <i>Neisseria gonorrhoeae</i> (8.18%), <i>Mycoplasma genitalium</i> (7.27%), and <i>Chlamydia trachomatis</i> (5.45%). The STIs were more prevalent in age groups 36–41. The antibiotic susceptibility test (AST) results showed that the multidrug-resistant (MDR) rate for <i>Mycoplasma</i> spp. was 100%, and that of <i>Ureaplasma</i> spp. was 45%.</p> <p><b>Conclusion</b></p> <p>The present study showed high frequency of STIs and antibiotic resistance in tribal populations. Real-time PCR is a vital tool for rapidly and accurately detecting STI pathogens, aiding in early and efficient diagnosis for better treatment outcomes. The alarming resistance patterns highlight the urgent need for targeted interventions and updated clinical guidelines to effectively address antimicrobial resistance (AMR) in <i>Ureaplasma</i> spp. and <i>Mycoplasma</i> spp. in this region.</p>
<p><b>Madhuparna Nandi Partha Pratim Sharma Atish Haldar</b></p>	<p><b>The Acceptance and Refusal of Postpartum Intrauterine Devices at a Tertiary Care Center in West Bengal: A Cross-Sectional Study</b></p> <p><b>Abstract:</b></p> <p><b>Background</b></p> <p>The WHO classification of contraceptive effectiveness placed IUCD in the most effective first tier. The family welfare program, in India, has recently emphasized postpartum IUCD insertion to space childbirth, resulting in reducing childbirth-related complications and a small family norm. However, evidence suggests that the acceptability of PPIUCD is still a challenge in developing countries, though in fully informed woman, PPIUCD is a satisfactory method of contraception. Therefore, the present study will try to find out the factors associated with the acceptance and refusal of PPIUCD which is available free of cost, under the National Family Planning Program in India.</p> <p><b>Methods</b></p> <p>This is a cross-sectional study conducted in the Gynecology and Obstetrics Department, over a period of 1 year, from February 2023 to</p>

	<p>January 2024. Women who delivered, either vaginally or by cesarean section were included in the present study. The categorical variables were expressed as frequencies and percentages. A P value of 0.05 was considered significant.</p> <p><b>Results</b></p> <p>Out of 1127 women who delivered and were counseled for PPIUCD as contraception, 32.7% (368) accepted and 67.3% (759) refused it. Of all, 42.5% were from the 20–30 years age group, but acceptance of PPIUCD was seen higher (36.2%) in the 30–40 years age group. The odds of acceptance of PPIUCD were 4.2 times higher in housewives compared to working women [OR = 4.2; 95% CI: 3.2–5.6]. Women with <math>\geq 4</math> ANC checkups in recent pregnancy accepted PPIUCD use by 47.2%. 53.2% of women (404/759) cited unawareness of the method as the main cause of refusal.</p> <p><b>Conclusion</b></p> <p>More antenatal checkups resulted in higher acceptance of PPIUCD. Preference for another method of contraception and not being aware of PPIUCD are the major contributing factors to its refusal.</p>
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**Obstetrics**

<p><b>Krupa Shah Shashikala Bhat Vinutha Vinod A. P. Ashwini Rajeshwari Bhat</b></p>	<p><b>Burden of Obesity in Nullipara with Singleton Pregnancy and Feto-Maternal Outcomes: A Retrospective Cohort Study From South India</b></p> <p><b>Abstract:</b></p> <p><b>Background</b></p> <p>Obesity is surging worldwide among all the age groups. As a result of obesity in reproductive-aged women, an increasing number of pregnancies are being detected with obesity. Optimal health is crucial for healthy mothers, fetuses and neonates. A high body mass index (BMI) poses a unique challenge to obstetricians. This study was conducted to identify the influence of maternal obesity on adverse pregnancy outcomes among nulliparous women with singleton pregnancies.</p> <p><b>Methodology</b></p> <p>A cohort of 642 pregnant women who delivered singleton babies between January 2022 and July 2024 was identified retrospectively. The body mass index was calculated in the first trimester and grouped as underweight, normal, overweight, obese (I), or obese (II) according to the</p>
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	<p>Asia Pacific guidelines. Selected obstetric, perinatal and neonatal adverse outcomes were compared.</p> <p><b>Results</b></p> <p>Compared with pregnancies with a normal BMI, obese pregnancies were significantly more likely to have gestational diabetes mellitus (GDM), hypertension in pregnancy (HIP), caesarean delivery (CD) and macrosomia. Anaemia, low birth weight and growth restriction were less common in the obese group and more common in the underweight group. There was no significant association between threatened abortion, thyroid disorders and preterm deliveries in the study population. The odds of developing GDM were 2.3 (1.63–3.48) and 7.3 (3.79–14.26) for the HIP in the high BMI group. The risk of CD was 1.17 (0.46–2.98), and that of macrosomia was 2.26 (0.92–5.51) in the obese group.</p> <p><b>Conclusion</b></p> <p>Obesity during pregnancy is associated with a significant risk for the fetomaternal dyad. The risk of adverse outcomes increases with increasing obesity. The metabolic changes associated with obesity can be curtailed by physical activity and restriction of weight gain during pregnancy.</p>
<p><b>Ahmed Nofal Dalia Morsi Yousra Alghalban</b></p>	<p><b>Maternal Near-Miss Among Women Admitted to Menoufia University Hospital, Egypt</b></p> <p><b>Abstract:</b></p> <p><b>Purpose</b></p> <p>The aim of this study was to identify Maternal near miss cases among women admitted to Menoufia university hospitals, Obstetrics and Gynecology Department.</p> <p><b>Methods</b></p> <p>This cross-sectional study was conducted in Obstetrics and Gynecology Department, Menoufia University hospital. Egypt. (from the First of February 2023 to the end of January 2024). The study was approved by the ethical committee in the university. Information was collected from patients' files. A checklist was used to collect data from the hospital records of eligible cases.</p> <p><b>Results</b></p> <p>The study included 3392 participants: 3 maternal deaths and 260 Maternal Near-Miss cases. There were 3356 deliveries, 3328 live births. The MNM incidence ratio was 78.13 per 1000 live births and Maternal</p>

	<p>Mortality Ratio was 90.1/100 000 live births. Mortality Index was 1.1%. The leading causes of MNM 1-Obstetric causes: Uterine dysfunction, morbidly adherent placenta and Obstetric hemorrhage.2- Medical causes: Severe preeclampsia, and Neurologic dysfunction.</p> <p><b>Conclusions and Recommendations</b></p> <p>MNM cases are relatively high in incidence relative to maternal mortality. Uterine dysfunction, morbidly adherent placenta, and obstetric hemorrhage were the main direct obstetric causes while the main medical causes were severe pre-eclampsia, neurological dysfunction and severe anemia. The main causes require strict and quick management protocols.</p>
<p><b>H. N. Darshan Vijayan Sharmila Priyanka Yoga Thirunavukkarasu Arun Babu</b></p>	<p><b>Risk Scoring in Pregnancy and Maternal and Perinatal Outcomes: A Prospective Observational Study from a Tertiary Care Institute in South India</b></p> <p><b>Abstract:</b></p> <p><b>Introduction</b></p> <p>High-risk pregnancies refer to conditions that pose significant health risks to the mother, the foetus, or both. These pregnancies are linked to a higher incidence of maternal complications, such as antepartum haemorrhage, postpartum haemorrhage, infections, and an increased need for operative deliveries. Additionally, infants born to high-risk mothers have an increased likelihood of low birth weight, preterm birth, respiratory distress, and a higher risk of neonatal mortality.</p> <p><b>Materials and Methods</b></p> <p>This hospital-based prospective observational study was conducted in the Department of Obstetrics and Gynecology at AIIMS Mangalagiri, a tertiary care institute in South India over a period of two years from January 2023 to January 2025 after obtaining IEC approval. A total of 432 pregnant women were enrolled in study. Each participant was stratified into low, moderate, or high-risk categories using a risk scoring system. The maternal and foetal outcomes of each group were analysed.</p> <p><b>Results</b></p> <p>Among the 432 participants, 97 (22.5%) were classified as high-risk. Higher Cooplund's scores were significantly associated with unfavourable maternal outcomes, including increased hospitalizations, labour inductions, operative deliveries, and intrapartum complications such as prolonged or difficult labour. The high-risk group also experienced a significantly higher incidence of postpartum haemorrhage, puerperal fever, and extended hospital stays. Additionally, adverse foetal</p>

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	<p>outcomes, including preterm birth, low birth weight, low APGAR scores, the need for neonatal resuscitation, NICU admission, and prolonged NICU stays, were significantly more frequent in this group.</p> <p><b>Conclusion</b></p> <p>The high-risk group constituted 97 (22.5%) of pregnant women delivering at our institute, as determined by the risk scoring system. Higher risk scores were significantly associated with adverse maternal and perinatal outcomes, including complications during labour, postpartum, and neonatal care. The early detection of high-risk pregnancies using reliable risk assessment tools enables timely interventions and specialized care, ultimately enhancing the health and well-being of both mother and baby. This study highlights the significance of integrating risk evaluation methods into routine prenatal care to achieve better pregnancy outcomes.</p>
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**CASE REPORTS**

**Gynecology**

<p><b>Matteo Terrinoni Federica Adinolfi Angelo Baldoni Dario Rossetti Gian Carlo Di Renzo</b></p>	<p><b>Lipschütz Ulcer: EBV or Mycoplasma?</b></p> <p><b>Abstract:</b></p> <p><b>Background</b></p> <p>Lipschütz's acute vulvar ulceration is the vulvar manifestation of a systemic pathology. It is first reported in 1912 and is a non-sexually acquired condition characterized by symmetrical genital ulcers. It is an underdiagnosed condition with poor cases described in the literature. The main symptom is pain.</p> <p><b>Case Presentation</b></p> <p>We describe the case report of a 14-year-old patient with painful genital ulcers associated with flu-like symptoms. The gynaecological examination showed the presence of multiple vulvar lesions. The diagnosis of Lipschütz ulcers was a diagnosis of exclusion.</p> <p><b>Conclusion</b></p> <p>This rare condition must not be underestimated because of any psychophysical implication. It is mandatory to reassure the patient and her family of its benign course.</p>
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**Obstetric**

<p><b>Dhanya R. Shenoy Rajalakshmi Ananthanarayanan Vettakkara Kandy Muhammed Niyas Vidyalekshmy R Brinda Sabu Sajith Mohan</b></p>	<p><b>Zika Virus Disease in Pregnancy: A Case Series from the Kerala Outbreak</b></p> <p><b>Abstract:</b></p> <p><b>Background</b></p> <p>Zika virus (ZIKV), a mosquito-borne flavivirus, has emerged as a significant global health concern due to its potential adverse effects on maternal and fetal health. Severe fetal abnormalities, such as microcephaly, were notably linked to previous ZIKV outbreaks, particularly in Brazil. However, the correlation between ZIKV and congenital anomalies in India remains inconclusive.</p> <p><b>Study</b></p> <p>This case series retrospectively analysed pregnant women diagnosed with Zika virus disease (ZVD) at KIMSHEALTH, Thiruvananthapuram, from 2021 to 2024. ZIKV infection was confirmed via ZIKV RT-PCR testing on patient samples. The study identified ten confirmed cases of ZVD in pregnant women. Clinical presentations included maculopapular rash (in all patients), fever, joint pain, non-purulent conjunctivitis, and myalgia. Among these, two infections near term resulted in normal fetal outcomes, one mid-trimester infection led to a normal delivery, six women opted for medical termination of pregnancy (MTP), and one woman experienced a miscarriage.</p> <p><b>Conclusion</b></p> <p>The clinical features of ZVD during pregnancy observed in this cohort were similar to those in the general population. The absence of congenital anomalies suggests a potentially less pathogenic strain of ZIKV in India. However, further studies involving larger populations are required to conclusively determine the risk of congenital Zika syndrome in this region. This study underscores the need for ongoing surveillance and research to fully understand the impact of ZIKV on pregnancy in India.</p>
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**PICTORIAL ESSAY**

<p><b>Kavita Khoiwal Divya Reddy Akash Dhiman Parish Kamdi Jaya Chaturvedi</b></p>	<p><b>Coexistence of Abdomino-pelvic Tuberculosis and Ovarian Malignancy: A Rare Entity</b></p>
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**SHORT COMMENTARY**

<b>Juhi Deshpande</b>	<b>Creating a Safer Tomorrow: Addressing Workplace Violence Against Women in Healthcare Settings</b>  <b>Abstract:</b>  <b>Background</b>  Workplace violence against women in healthcare is a pervasive and alarming issue with far-reaching consequences for individuals, institutions, and society.  <b>Objective</b>  This article aims to highlight the need for a comprehensive approach to address workplace violence, ensuring safer workplaces and promoting women's well-being.  <b>Methods</b>  A multi-faceted strategy is proposed, encompassing enhanced legislation, institutional accountability, gender-sensitive workplaces, education, and community outreach to dismantle the culture of silence.  <b>Conclusion</b>  By adopting a comprehensive approach, we can dismantle the culture of silence, promote a culture of respect and accountability, and create safer workplaces, ultimately upholding the fundamental right to safety and well-being for women in healthcare.
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**LETTER TO THE EDITOR**

<b>Vittorio Unfer</b>	<b>From Ovarian to Endocrine-Metabolic Roots: Aligning PCOS Nomenclature with Pathophysiology</b>
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