Successful Pregnancy with Epididymal Spermatozoa and ART

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Mrs X (23 yrs old) and Mr Y (30 yrs old) were referred to us for primary infertility, after having been diagnosed as infertility due to bilateral vasal aplasia. Epididymal aspiration in Jan 1993 yielded 30 million of epididymal spermatoza with 10% active motility. Gamete intra-fallopian transfer (GIFT), was done for wife through laparoscopy unsuccessfully. The second attempt was carried out in Jan 1995. This time, both GIFT and IVF ET (Invitro fertilization) were done with the recovered 18 million active epididymal and testicular spermatozoa. Two embryos in 4 cell and 8 cell stage were transferred into the uterine cavity. Successful intrauterine live gestation was imaged at 5 weeks post transfer. Patient had uneventful pregnancy and delivered a healthy baby boy weighing 2.75 kg by lower segment caesarean section in Oct 1995, for premature rupture of membranes and failed induction of labour. Till date, the mother and baby are doing very well. This is the first reported successful pregnancy in South India with epididymal spermatozoa and ART. In 1995 eight patients have undergone ART with epididymal spermatozoa and we have had one successful pregnancy. Overall fertilization rate has been between. 50-80%. This clearly brings to light the fact that the use of epididymal spermatozoa need not be restricted to ICSI procedures alone, wherein specialized equipments and training are required. It can also be effectively used in conventional ART programme.

A Fatal Case of Puberty Menorrhagia (Aplastic Anaemia)

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Puberty menorrhagia rquiring hospitalization and urgent management is a much under-estimated clinical problem. The majority of these cases are attributed to dysfunctional uterine bleeding. It needs to be emphasised that some proportion have an underlying coagulation disorder which requires elucidation and specific therapy. Idiopathic thrombocytopenic purpura and Von WilleBrand's disease are the more common coagulation disorders associated. This particular case had primary aplastic anaemia which is commonly fatal, death most often being due to infection, bleeding being a contributory factor.

A patient aged 17yrs was admitted with excessive bleeding PV since 5 days, not controlled with hormones.
MENSTRUAL HISTORY Attained menarche 8 months back. The first two menstrual cycles were normal with a moderate flow of 4-5/30 days. Subsequently she had excessive flow 8-12/30 days, associated with clots.

OBSTETRIC HISTORY- she was unmarried

PAST HISTORY – Patient had epistaxis and bleeding from gums 3 months back. No h/o ingestion of cytotoxic drugs or exposure to radiation. She underwent treatment one month back for similar complaints by a local doctor and bleeding was controlled. With recurrence of symptoms in present cycle, she was referred to KIMS, Hubli.

ON EXAMINATION – Patient was restless and toxic. Extreme pallor present, febrile (T-39^{0} C) on admission. Next day morning patient was in semi coma responding only to deep stimuli and was diagnosed as having cerebral haemorrhage.
No lymphadenopathy
RS – Tachypnoea present.
PA – Tenderness and guarding in lower abdomen.

LOCAL EXAMINATION – Bleeding with clots present. A provisional diagnosis of puberty menorrhagia due to bleeding diathesis and septicemia was made.

INVESTIGATIONS – Hb 6 gm% ; Platelets 80,000 cells/ cmm; after giving 2 pints of fresh blood. T C 1,500 cells / cmm; DC N-9% M-1% ESR 140 mm at 1 hr

Peripheral smear – PANCYTOPENIA ; CT 10 MTS; CRT – clot did not retract.

Bone marrow biopsy – BLOOD TAP.

USG – Endometrial thickness 9 mm, fluid in peritoneal cavity, haemorrhagic on aspiration. No splenomegaly.

Fundoscopy showed papilloedema with subhyloid hemorrhage Blood urea 51 mg %. It was concluded that the bleeding was due to primary aplastic anaemia.

Supportive therapy in the form of IV fluid, antibiotics, intermittent nasal oxygen and catheterisation was instituted. Five bottles of fresh whole blood were transfused. Hormones in the form of Inj Proluton depot 500 mg IM and tab Regesterone 5 mg were given.

Inj Hydrocortisone 200 mg 6 Hrly IV and Inj Metadec 25 mg IM were given to stimulate hemopoiesis.

Patient died 3 days and 10 hrs after admission.

Cause of death- Bleeding diathesis with cerebral hemorrhage and septicemia secondary to aplastic anaemia.

"An Unusual case of three Sticks Insertion via Urethra into Bladder to cause abortion".

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Miss N, a 18 years old Tribal unmarried girl came to my Chamber on 09/02/1997 at Alipurdual complaining of pain in abdomen and difficulty in micturition. On enquiry she told that she had missed the period for 2 months and had introduced three small sticks through the opening seven days back.

On Examination	:	Suprapubic region tender, Ut 8 weeks size, Fornix clear, Vagina intact.
On U S G	:	Three 3½ inches long sticks in bladder, Uterus-contains a nine weeks undisturbed pregnancy.
On Routine & M/E of Urine.	:	Plenty of pus cells.
On Blood Examination.	:	TC-9,000, N-70%, L-26%, M-2%, E-2%.
Treatment		Since cystoscopy was not available at this remote place of West Bengal, on consultation with a surgeon, the patient was admitted in a local Nursing Home. Lamanaria tent was applied. After twelve hours sticks were removed by suprapubic cystostomy under GA, and uterus evacuated by suction aspiration at the same sitting.

The drain at space of Retzius was removed after two days and foley catheter was removed on tenth day and patient was discharged in good condition.