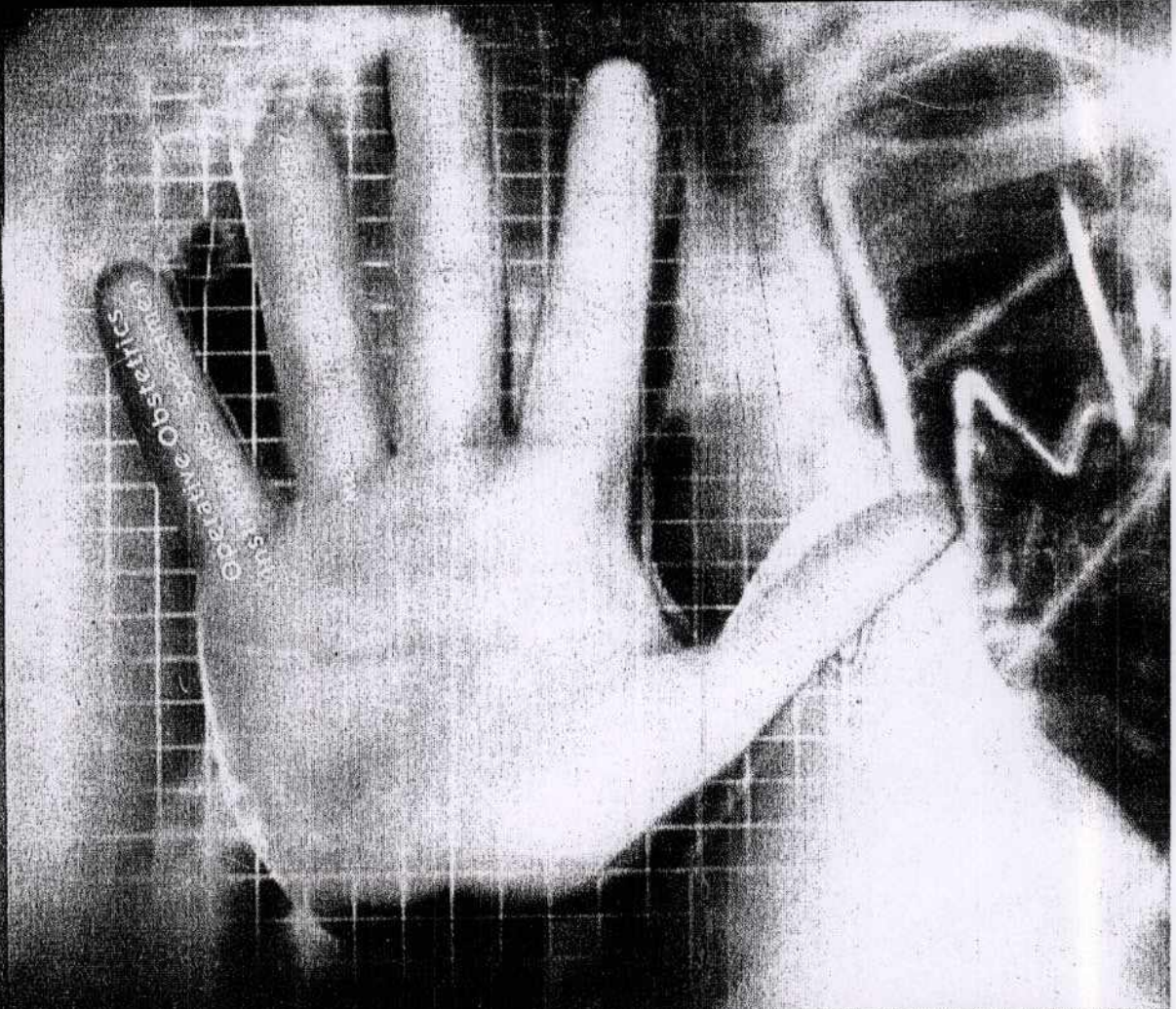


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Obstetrics for Undergraduates

The Five Fingers



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(The Five Fingers)

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THE HISTORY OF THE UNITED STATES

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Preface

As a discipline, obstetrics has gone through an explosion of knowledge and technology supported by evidence, during the last few decades. The emphasis has been on risk approach in pregnancy and labour with a view to identify all high-risk women who need specialized attention, in order to achieve optimal outcome.

It is almost impossible to assimilate this huge volume of factual knowledge and advancement, unless it conforms to recognisable and concise structure. Whatever may be the differences in learning emphasis from the different obstetric teachers, we believe that there is a need for a balanced well-illustrated concise book on obstetrics. Our endeavour has been to provide relevant information in an easy to understand format, structured around the broad five heads (the five fingers). This concise and lucid format with illustrations and recap at the end of each chapter will help students to prepare for the examinations. Additional uptodate evidence based informations are provided as an addendum for the inquisitive minds.

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depends on the size, number and location of the myoma. The incidence of spontaneous abortion, preterm labour and abruptio placenta are increased. Myoma located in the lower uterine segment increase the likelihood of malpresentation, obstructed labour, caesarean birth and postpartum haemorrhage. Rare complications include disseminated intravascular coagulation, spontaneous haemoperitoneum and urinary retention in the first trimester. Foetal anomalies include limb reduction anomalies and head deformation due to compression. Frequent ultrasound examination is advisable to monitor the growth of the myoma, fetal growth and presentation.

Surgical Treatment

During caesarean section, myomas should not be dissected from the uterus because of the increased risk of bleeding and the need for hysterectomy. Subserous pedunculated myomas can be removed. Myomectomy should be undertaken after the completion of involution.

Torsion of the pedunculated leiomyomas is frequent in the postpartum period, because the involuting uterus allows adequate space for the torsion of the pedicle to occur. Puerperal infection can occur in the presence of submucous leiomyomas. In most cases, the leiomyomas shrinks to the pre-pregnant size, and may not be palpable by end of puerperium.

New Therapeutic Modalities

1. Immunotherapy using tumour vaccine (Resan) which triggers specific T cell immune response against uterine myoma.
2. MR guided focused ultrasound (Ex-Ablate system) for destroying targeted tissue – highly focused ultrasound waves are directed to the body which raise the temperature of the tissue leading to destruction.

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