



The Obstetrical Society of Philadelphia
To embrace our legacy, foster collegiality, and share expertise to improve the health of women in Philadelphia and beyond

MARCH 2021

Newsletter

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President's Message



"There are two ways of spreading light: to be the candle or the mirror that reflects it."

— Edith Wharton


DONALD DEBRAKELEER, DO
 PRESIDENT: OBSTETRICAL SOCIETY OF PHILADELPHIA

We, as physicians, are in a very important position to lead by example. It has been impressive to see physicians and the whole health care team leading the way during this entire pandemic. From taking the risk of being out there providing care, to being the first in line to receive these very important vaccines and advocate to our patients the safety and necessity of getting vaccinated. We will emerge from this pandemic with more knowledge and ability to handle the next pandemic even better. To put it in perspective, it is estimated that over 100 million people died worldwide from the Influenza pandemic of 1917 versus 2.5 million worldwide from COVID. That is still too many! With the knowledge and technology gained over the last year, however, we can reduce it even further the next time we are faced with such a crisis.

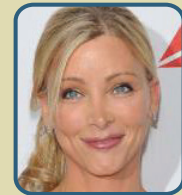
Another way of spreading the light is in respecting others. Whether it is patients, colleagues, or co-workers, we are obligated to lead by example. It is in our vocation to be good listeners, to be compassionate and to be respectful. We have been privileged to hear excellent lectures about fistula repair and its impact in Developing nations, racial disparity in Obstetrics, care of HIV positive pregnant woman, and even how some medical problems have genetic roots over the last two years. This month, we welcome a local surgeon with an international practice and reputation, Dr. Christine McGinn, to speak about transgender surgery techniques and what we may expect to see in the gynecology office. I would recommend you go to Dr. McGinn's website to learn more about her

remarkable life and career prior to the lecture. You may even want to pay \$4.99 to iTunes to watch the documentary, *Trans*, in which she is one of the featured stories.

This is such a critical issue for the gynecologist. More than any other specialty, a major part our specialty is sexuality and gender issues. We must be prepared to talk to our patients and be open to these types of conversations. Dr. McGinn made a very interesting comment when I last spoke with her. We were discussing why there has been such an increase in the prevalence in this type of surgery and her answer was that "we have made people comfortable talking about it". How beautiful is that? Our role and our obligation, as physicians, is to heal and alleviate suffering. The issues of LGBTQ are so significant that teens attempt suicide at six times the rate of non-LGBTQ teens. According to the documentary *Trans*, 41% of transgender patients attempt suicide and an even higher percentage experience sexual assault and violence. We are in a unique position to be providing much needed care to these patients.

Women who experience gender dysphoria may seek our advice on the process of transitioning to male. Transgender women identify as women and want to receive their care where women get their care, which is in the gynecologist's office. We must be prepared to provide both the answers and the care. Please join us on Thursday March 11, 2021 at 7 PM for, what promises to be, an outstanding and interesting lecture from Dr. McGinn. 

Upcoming Lecture



CHRISTINE MCGINN, DO
 CEO, PAPILLON GENDER WELLNESS CENTER

Thursday, March 11, 2021
 7:00 PM

"Transgender Surgery and the Impact on the Gynecology Office"

See page 2 for details.

Join us for our March Zoom meeting when Christine McGinn, DO, will discuss the concepts of Gender Spectrum, Gender Dysphoria, the efficacy and scope of the treatment of Gender Dysphoric individual, and more.

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The Obstetrical Society of Philadelphia

OUR MISSION: "TO EMBRACE OUR LEGACY, FOSTER COLLEGIALITY, AND SHARE EXPERTISE TO IMPROVE THE HEALTH OF WOMEN IN PHILADELPHIA AND BEYOND."



CHRISTINE MCGINN, DO
CEO, PAPILLON GENDER WELLNESS CENTER

Topic: Transgender Surgery and the Impact on the Gynecology Office
Date: Thursday, March 11, 2021
Time: 7:00 PM
Objective: Discussion of the concept of Gender Spectrum, Gender Dysphoria, the efficacy and scope of the treatment of Gender Dysphoric individuals. Review the unique terminology specific to transgender surgery. Understand the role of PCP's in transgender surgical care, review possible complications and postoperative care for the transgender patient.

This will be a Zoom Meeting –
to register click link:

https://us02web.zoom.us/webinar/register/9316145573170/WN_Kax1rAj0T6yJF4eu3DjxFg

an email invitation will also be sent to each member and Emeritus and through a link on the website at www.obphila.org



If you missed our February meeting on Prenatal Diagnosis,
you can still watch it on our website!

<https://obphila.org>





Call For Papers – S. Leon Israel Award

**THE S. LEON ISRAEL AWARD WAS ESTABLISHED TO RECOGNIZE EXCELLENCE
IN RESEARCH IN THE DISCIPLINE OF OBSTETRICS AND GYNECOLOGY.**

The award is open to all current obstetrics and gynecology residents in programs associated with the Obstetrical Society of Philadelphia. **Original research manuscripts not published prior to April 1, 2021 will be accepted for review.**

The resident must be the first author, but not necessarily the only author of the paper. It is expected that the resident will have primary responsibility for the literature review, implementation of the study and final drafting of the discussion section. Review articles will not be accepted. Papers should be written in a scientific format to include title, authors, institution, abstract, introduction, materials and methods, results, and discussion and should conform to the instructions for the American Journal of Obstetrics and Gynecology.

Manuscripts must be received no later than April 1, 2021 to allow adequate time for review. Any manuscripts received after April 1, 2021 will be ineligible for consideration.

Two copies should be submitted. One copy should have all institution and author information removed.

The award and stipend (\$500.00) will be conferred in May 2021.

Manuscripts should be submitted to:
Teri Wiseley, CMM, Executive Secretary via email to
obphila@yahoo.com





Zamo's Pearls

PAUL ZAMOSTIEN, M.D.
PLANNED PARENTHOOD OF SOUTHEASTERN PENNSYLVANIA

This is a sampling of recent editions of *Zamo's Pearls of the Day*. If you would like to be added to the daily email list, or have any of your residents or other colleagues added, contact Paul Zamostien, MD at: pzamo@comcast.net.

A recent randomized study from the United Kingdom:

Among women with symptomatic uterine fibroids, those who underwent myomectomy had a better fibroid-related quality of life at 2 years than those who underwent uterine artery embolization.

* I. Manyonda, PhD et al, *NEJM* 2020;383, pp. 440-451.

A meta-analysis:

Delayed pushing in the second stage in women with uncomplicated, singleton pregnancies and neuraxial analgesia does not affect the mode of delivery, although it reduces the time of active pushing at the expense of a longer second stage.

This prolongation of labor was associated with a higher incidence of chorioamnionitis and low umbilical cord pH.

The authors stated that with this data, delayed pushing cannot be routinely advocated for the management of the second stage.

* D. Di Mascio, MD et al, *AJOG*, August 2020, pp. 189-203.

Across the general population, women have a 5-10% lifetime risk of needing surgery for a suspected ovarian mass and a 1.4% (1 in 70) risk that this mass is cancerous.

– Five simple rules that best predict a malignancy from an ultrasound:

- Irregular solid tumor
- Ascites
- At least four papillary projections
- Irregular multilocular solid tumor with a greatest diameter greater than or equal to 10 cm.
- Very high color content on Doppler exam

– Five simple rules that suggest that a mass is benign:

- Unilocular cyst
- Largest solid component less than 7 mm.
- Acoustic shadows
- Smooth multilocular tumor less than 10 cm.
- No detectable blood flow with Doppler exam

* C. Miller, MD and J. Brown, MD, *Ob. Gyn News*, September 2020, pp. 12-13

Premature ovarian insufficiency (POI) is defined as ovarian function ceasing prior to age 40. When replacing estrogen and progestin in these women, it is appropriate to use higher doses than those used to treat vasomotor symptoms with normal age menopause.

- Recent studies have shown that high-dose transdermal estrogen (one to two 0.1 mg estradiol patches daily) with added oral progestin had more of a positive impact on bone than oral contraceptive formulations with ethinyl estradiol 30 ug.
- Physiologic doses of hormonal therapy are appropriate for women with POI, at least until they reach the normal age of menopause.

* A. Kaunitz, MD, *OBG Management*, November 2020, pp. 17-18.

* L. Carvalho Gazzara, *Menopause* 2020;27, pp. 1110-1116.



A 2019 study looking at fetal movement at term and preterm in third-trimester patients illustrated that fetal movement does not decrease in frequency or strength at term. In this study, only 6% of patients noted decreased strength and 14% decreased frequency of movements at term. Also, 59% reported an increase in strength and 39% reported an increase in frequency of fetal movements at term.

– When a patient calls with decreased fetal movement, advice should be to come and be evaluated, not recommendation of measures like ice water, orange juice, or sugary meal, because it is not supported by the literature.

* H. Florescue, MD, *Ob.Gyn News*, November 2020, p. 8.

A recent study from Denver suggests that oral apixiban (Eliquis - 2.5 mg bid) is a potentially safe, less painful, easier-to-take alternative to subcutaneous enoxaprin for thromboprophylaxis after surgery for gynecologic cancer.

In a blinded, randomized study of 400 women, there was no significant difference between the apixaban and enoxaparin arms with regard to rates of major bleeding events and venous thromboembolic events.

Current guidelines recommend a 28-day course for thromboprophylaxis after surgery for gynecologic cancer.

* S. Guntapalli, MD, *JAMA Netw Open*, 2020;3(6):e207410.

PERIPARTUM CARDIOMYOPATHY:

Delivery is recommended for patients with unstable peripartum cardiomyopathy, but timing depends on the gestational age of the fetus. An attempted vaginal delivery is recommended for patients without an obstetric contraindication, with consideration of cesarean delivery for cases of acute decompensated heart failure.

With medical therapy (i.e. beta blockers, ACE inhibitors or angiotensin receptor blockers, and diuretics), 50-80% of women with peripartum cardiomyopathy ultimately recover to an ejection fraction > 50% at 6 months. Those with a left ventricular ejection fraction < 50% should be advised against pregnancy.

* S. Easter, MD et al, *Contemporary OB/GYN*, January 2021, p. 8.

ADOLPHE PINARD 1844-1934):

Adolphe Pinard was the first to establish the value of a logical and systematic approach to abdominally palpating fetal position. In 1878, he published clear guidelines to determine the presenting part at the pelvic brim, or "pelvic excavation" as he called it. "Placing the hands about 5 or 6 centimeters to the right and left of the median line, the extremities of the fingers being in relation with the anterior curve of the pelvis, he depresses the abdominal wall from above downwards and from before backwards, just grazing over the horizontal rami of the pubes."

Pinard also described maneuvers for external cephalic version and for delivery of the extended leg of the frank breech for extraction.

He was born in the Champagne region of France. As a medical student he served in the Franco-Prussian War. At the Paris Maternite' Hospital, he worked hard to reduce the mainly theoretical teaching philosophy of that time, stressing clinical teaching. He was one of the first practitioners to promote antenatal care and developed the Pinard fetal stethoscope.. He also served as mayor of his home town and later held a seat in the parliament of the Palais Bourbon.

CHRISTIAN GERHARD LEOPOLD (1846-1912):

In 1890, Christian Leopold published a paper stressing the dangers of vaginal examination during pregnancy, and described 4 "manipulations" which came to be called Leopold's maneuvers of obstetric abdominal palpation. Before the exam started, he advised "it is proper to cover the face of the person loosely with some light clean linen.... This is to be done especially when idle students stand about as spectators."

Leopold was born in Meerane, Germany, the son of a doctor. He received his medical degree from the University of Leipzig and, like Pinard, spent time in the Franco-Prussian War. He married Crede's daughter, became chief of the Dresden Lying-in Hospital, and co-authored a number of texts with his father-in-law.

* T. Baskett, *On the Shoulders of Giants; Eponyms and Names in Obstetrics and Gynaecology*, RCOG Press, 1998.



In the general population, self-reported penicillin allergy occurs in 10% of patients, however when tested, fewer than 2% have a proven or true allergic reaction. Penicillin allergy also decreases over time, with up to 80% of patients with a confirmed penicillin allergy losing sensitization 10 years later.

ACOG encourages the consideration of allergy testing in women who self-report a penicillin allergy.

Oral drug challenge is the gold standard for determining true drug allergy. Penicillin allergy testing should ideally occur preconception or at the time of initial allergy reaction. Both skin testing and direct oral challenge testing are safe during pregnancy and should be performed to optimize antibiotic prescribing during pregnancy and labor.

* N. Desravines, MD et al, *Green Journal*, January 2021, pp. 56-61.
* B. Zhang et al, *AJOG*, December 2020, pp. 959-960.

VULVAR MELANOSIS:

Vulvar melanosis is an asymptomatic hyperpigmented macular patch, usually deep brown or black. It is rare to see red, gray, or blue colors in these lesions. If those colors are present, the diagnosis may be more likely to be melanoma. Vulvar melanosis accounts for most pigmented vulvar lesions.

The majority of these lesions (70%) are smaller than 1 cm. The lesion may be poorly demarcated, irregular in outline, and asymmetric in shape. It is most often located along the edges of the labia minora and the vulvar trigone.

It may develop within the lesions of lichen sclerosus and tends to occur premenopausally, in younger women than does vulvar melanoma. It is benign but needs to be biopsied to make the diagnosis.

* UpToDate
* C. Crabtree, MD, *JAMA Dermatology*, August 25, 2020.

A recent study:

Recurrence of cervical cancer in the pelvic cavity and peritoneal carcinomatosis were more common after laparoscopic hysterectomy than after open surgery. Overall survival was similar between the two groups, however.

* G. Bogani et al, *Journal of Minim Invasive Gynecology*, 2020 November doi: 10.1016/j.jmig.2020.08.069.
* J. Remaly, *Ob. Gyn News*, December 2020, p. 19.

The maximum number of oocytes within the ovary occurs at 20 weeks gestation - around 10 million. The majority of the ovarian reserve is lost to atresia rather than to ovulation. At puberty, girls have up to 500,000 oocytes remaining. At the time of menopause, ~100 oocytes remain in the ovary.

Anti-Mullerian hormone (AMH) is produced by the granulosa cells of the preantral and antral follicles in the ovary. Studies have failed to demonstrate that AMH measured once or even longitudinally predicted time to menopause, but AMH is a good estimate of ovarian reserve in counseling patients about outcomes related to infertility interventions.

Current AMH assays cannot detect ovarian reserve during the final stages of perimenopause and you cannot use low or undetectable levels to accurately forecast the time to the final menstrual period. Also, low or undetectable levels of AMH do not exclude the possibility of spontaneous conception.

* L. Verrilli, MD and S. Berga, MD, *Clinical Obstetrics and Gynecology*, December 2020, pp. 720-734.

HIDRADENITIS SUPPURATIVA (HS):

If left untreated, hidradenitis suppurativa in genital areas may lead to genitourinary strictures, scarring, and squamous carcinoma. Typical areas of involvement are the intertriginous sites, including the axillary, vulvar, mammary, inguinal, perianal, perineal, buttock, posterior neck, and panniculus regions.

Premenstrual flares are commonly reported with studies quoting rates from 44-63% of cases. Oral contraceptives may help to ameliorate these premenstrual flares, especially the use of contraception with high estrogen to progesterone ratios and use of less androgenic progestogens, such as norgestimate, desogestrel, and drospirenone. Anecdotal reports support the use of monophasic as opposed to bi- or triphasic formulations.

Spirolactone may also be considered for use in women with premenstrual HS flares because of its antiandrogenic properties.

Other recommendations may include the use of tampons rather than pads to reduce pain, friction, and humidity in the area; smoking cessation; and clipping hair short rather than shaving.

* E. Collier, MPH et al, *AJOG*, January 2021, pp. 54-61.

2020-21 Meeting Schedule



March 11, 2021
Venue TBA

Transgender Surgery and the Impact on the Gynecology Office
Christine McGinn, D.O. Papillon Center for Gender Wellness

April 16, 2021
Venue TBA

President's Night
Equity and the Saga of Mr. Potato Head—An interactive group discussion
Donald J. DeBrakeleer, D.O., Axia Women's Health, Chief, Female Pelvic
Medicine and Reconstructive Surgery, Einstein Health System

Friday, May 7, 2021

Resident Education Day via Zoom
More details to follow shortly!



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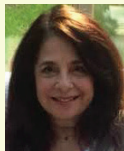


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