

Gynecology UPDATE



Editorial

Benefits of treating subclinical hypothyroidism in Indian pregnant women

A recent study aimed to evaluate the impact of treating subclinical hypothyroidism (SCH) on short-term pregnancy outcomes.

This retrospective cohort study analyzed data from 4,526 women with singleton pregnancies who delivered from 2015-2017. SCH was identified by a thyroid-stimulating hormone (TSH) level between 2.5 and 10 mU/mL with normal free thyroxine levels. Among those diagnosed with SCH, some received treatment while others did not... [Read more »](#)

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Practice Update

Efficacy and Safety of Mifepristone as a Non-Surgical Treatment of Uterine Leiomyomas/Fibroids

Uterine leiomyomas, or fibroids, are common benign gynecological tumors that affect many women during their reproductive years. Although surgical removal has traditionally been the primary treatment, pharmacological management—particularly with progesterone receptor modulators like mifepristone (RU 486)—is gaining interest due to its potential to reduce the need for surgery. However, there is limited research on the effectiveness of mifepristone for this purpose... [Read more »](#)



Research Update

Mendelian randomization identifies age at menarche as an independent causal factor for GDM risk

The relationship between age at menarche (AAM) and the risk of gestational diabetes mellitus (GDM) remains unclear. The aim of a Mendelian randomization (MR) analysis was to systematically evaluate the causal relationship between AAM and GDM risk.

This study entailed a genome-wide association study involving individuals of European descent to identify single-nucleotide polymorphisms linked to AAM, estradiol levels, sex hormone-binding globulin (SHBG) levels, and bioavailable testosterone (BioT) levels...[Read more »](#)



Case Report

A Case of an Elderly Immobile Woman with Vaginal Calculus Formation on Exposed Midurethral Sling Mesh

The patient, a 74-year-old G4P4 female, reported new-onset postmenopausal vaginal bleeding characterized by the passage of multiple small clots and sudden vaginal pressure.

Her medical history included a total vaginal hysterectomy and midurethral sling surgery performed 5-7 years before her presentation for postmenopausal bleeding and stress urinary incontinence. She had had four prior vaginal births and was morbidly obese with a BMI of 71.97 kg/m². She suffered from atrial fibrillation – was on apixaban; hyperlipidemia; had a history of breast cancer with unilateral mastectomy; hypothyroidism; pulmonary hypertension; chronic diastolic congestive heart failure; depression; stage 3b kidney failure; and lymphedema.

The initial pelvic exam, limited by her body habitus and mobility, revealed a grey-white, rough mass at the vaginal introitus, firm on bimanual examination, along with a malodorous bloody discharge...[Read more »](#)

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