**Ten best papers**

***1. CORONIS Collaborative Group, Abalos E, Addo V, Brocklehurst P, El Sheikh M, Farrell B, Gray S, Hardy P, Juszczak E, Mathews JE, Masood SN, Oyarzun E, Oyiek J, Sharma JB, Spark P Caesarean section surgical techniques (CORONIS): a fractional, unmarsked, randomized controlled trial. Lancet. 2013 Jul 20;382(9888):324-48***

CORONIS was a pragmatic international 2×2×2×2×2 non-regular fractional, factorial, unmasked, randomised controlled trial that examined five elements of the caesarean section technique in intervention pairs. CORONIS was undertaken at 19 sites in Argentina, Chile, Ghana, India, Kenya, Pakistan, and Sudan. Each site was assigned to three of the five intervention pairs: blunt versus sharp abdominal entry; exteriorisation of the uterus for repair versus intra-abdominal repair; single-layer versus double-layer closure of the uterus; closure versus non-closure of the peritoneum (pelvic and parietal); and chromic catgut versus polyglactin-910 for uterine repair. Pregnant women were eligible if they were to undergo their first or second caesarean section through a planned transverse abdominal incision. Women were randomly assigned by a secure web-based number allocation system to one intervention from each of the three assigned pairs. All investigators, surgeons, and participants were unmasked to treatment allocation. The primary outcome was the composite of death, maternal infectious morbidity, further operative procedures, or blood transfusion (>1 unit) up to the 6-week follow-up visit. This paper is of great public health importance as caesarean is a common operation.

***2. Abalos E, Addo V, Brocklehurst P, El Sheikh M, Farrell B, Gray S, Hardy P, Juszczak E, Mathews JE, Naz Masood S, Oyarzun E, Oyieke J, Sharma JB, Spark P*** [***Caesarean section surgical techniques: 3 year follow-up of the CORONIS fractional, factorial, unmasked, randomised controlled trial.***](http://www.ncbi.nlm.nih.gov/pubmed/27155903) ***CORONIS collaborative group, Lancet. 2016 Jul 2;388 (10039):62-72.***

The CORONIS trial was a pragmatic international 2 × 2 × 2 × 2× 2 non-regular fractional, factorial, unmasked, randomised controlled trial done at 19 sites in Argentina, Chile, Ghana, India, Kenya, Pakistan, and Sudan. Pregnant women were eligible if they were to undergo their fi rst or second caesarean section through a planned transverse abdominal incision. Women were randomly assigned by a secure web-based allocation system to one intervention from each of the three assigned pairs. All investigators, surgeons, and participants were unmasked to treatment allocation. In this follow-up study, we compared outcomes at 3 years following blunt versus sharp abdominal entry, exteriorisation of the uterus for repair versus intra-abdominal repair, single versus double layer closure of the uterus, closure versus nonclosure of the peritoneum, and chromic catgut versus polyglactin-910 for uterine repair. This paper is of great public health importance as caesarean is a common operation.

***3.*** [***Sharma JB, Dharmendra S, Jain S, Sharma SK, Singh UB, Soneja M, Sinha S, Vanamail P Evaluation of Gene Xpert as compared to conventional methods in diagnosis of Female Genital Tuberculosis.***](https://pubmed.ncbi.nlm.nih.gov/33256922/) ***.Eur J Obstet Gynecol Reprod Biol. 2020 Dec;255:247-252.***

It was a prospective study conducted over 167 cases of infertile female genital tuberculosis (FGTB) diagnosed on composite reference standard (CRS) (smear for AFB, histopathological evidence of epithelioid granuloma or definite or possible findings of tuberculosis on laparoscopy). All women underwent endometrial biopsy for AFB microscopy, culture, gene Xpert, PCR and histopathology) and laparoscopy and hysteroscopy for diagnosis and prognostication of disease. The results of Gene Xpert were compared with conventional methods in detection of FGTB. The trial showed lower sensitivity (30%) but very high (100%) specificity of Gene Xpert in diagnosis of FGTB suggesting that Gene Xpert should be part of composite reference standard (CRS).

***4. Sharma JB, Kumar R , Singh U , Kumari A , Dharmendra S, Sachani H. Pre -treatment and post treatment positron emission tomography–computed tomography (PET–CT) to evaluate treatment response in tuberculous Tubo-Ovarian masses. European Journal of Obstetrics & Gynecology and Reproductive Biology 264 (2021) 128-134***

It’s a Prospective study on 47 confirmed cases of FGTB with infertility having TO masses. All patients

were subjected to 18F-FDGPET/CT to see the glucose uptake by the TO mass and extent of the disease. Category I treatment under DOTS was given for 6 months. All underwent follow-up of PET/CT to see the response to ATT. Results of pre ATT PET/CT were compared with post ATT PET/CT. If the repeat PET CT after completion of ATT shows persistent mass with increased FDG uptake suggesting persistent disease or resistant disease necessitating further or MDR treatment.

***5. Sharma JB, Deoghare MK, Bhatla N, et al. A comparative study of autologous rectus fascia pubovaginal sling surgery and synthetic transobturator vaginal tape procedure in treatment of women with urodynamic stress urinary incontinence [published online ahead of print, 2020 Jul 3]. Eur J Obstet Gynecol Reprod Biol. 2020;252:349-354.***

To compare short term results of autologous rectus fascia pubovaginal sling surgery withsynthetic transobturator vaginal tape procedure in treatment of female stress urinary incontinence (SUI)

It was a comparative study on 30 women between 25-65 years of age with urodynamic proven SUI who were randomly allocated to autologous rectus fascia pubovaginal sling surgery and synthetic transobturator vaginal tape procedure . Preoperative and postoperative ICIQ (International Consultation on Incontinence Questionnaire) score, urodynamicstudy and serum CRP and IL-6 were done in all cases. Mean operative time was significantly longer (55.60 minutes vs 25.27 minutes, p = 0.001) in group I than group II. The success rate of the two groups was similar but, autologous rectus fascia sling surgery took longer, had more complications and urinary retention as compared to trans-obturator vaginal tape procedure. The rectus fascia sling is free of cost with least complications as it’s from patients own body.

***6. Sharma JB. Sharma's abdominal compartmentalization sign: A new laparoscopic sign for abdomino-pelvic tuberculosis. Indian J Tuberc. 2020 Oct;67(4):578-585.***

“Sharma's compartmentalization sign” appears to be a useful laparoscopic sign in abdomino-pelvic TB and may be an indicator of injury to bowel or other vital structure if surgery is continued. It also guides us to avoid putting second port in adhesions to avoid injury to the bowel.

***7. Sharma JB. Sharma's parachute sign a new laparoscopic sign in abdomino pelvic tuberculosis. Indian J Tuberc. 2021 Jul;68(3):389-395.***

The new sign “Sharma's parachute sign” appears to be a useful laparoscopic sign in abdominopelvic TB. In which ascending colon adherent to anterior abdominal wall along with its mesocolon resembling an open parachute in a case of abdominopelvic TB. It is of immense operative significance as putting a second port of laparoscope on right side can cause injury to ascending colon. Hence, second port on case of FGTB should be put under direct laparoscopic supervision preferably on left side to prevent bowel injury.

***8. Sharma JB, Singh N, Dharmendra S, Singh UB, P V, Kumar S, Roy KK, Hari S, Iyer V, Sharma SK.*** [***Six months versus nine months anti-tuberculous therapy for female genital***](https://www.ncbi.nlm.nih.gov/pubmed/27391900)[***tuberculosis: a randomized controlled trial.***](https://www.ncbi.nlm.nih.gov/pubmed/27391900) ***Eur J Obstet Gynecol Reprod Biol. 2016;203:264- 73***.

This RCT was funded by Central TB Division, MOHFW, Government of India. The trial has proven efficacy of six months anti-tuberculous therapy to be equal to nine months therapy. It was a randomized controlled trial in a tertiary referral center teaching institute on 175 women presenting with infertility and found to have female genital tuberculosis on clinical examination and investigations. There was no difference in the complete clinical response rate (95.3% vs 97.7%, p = 0.441) between 9-months and 6-months groups. Hence, there was no difference in complete cure rate, recurrent rate and pregnancy rate for either 6-months or 9-months of intermittent directly observed treatment short course anti-tuberculous therapy in female genital tuberculosis. The RCT changed practice all over the world and established the efficacy of 6 months therapy and thus saved many thousands of women from longer therapy with toxic medicines as before it women were often given longer treatments for 9 months to 1 year.

***9. Sharma JB, Sneha J, Singh UB, Kumar S, Roy KK, Singh N, Dharmendra S, Vanamail P.*** [***Comparative Study of Laparoscopic Abdominopelvic and Fallopian Tube Findings Before and***](http://www.ncbi.nlm.nih.gov/pubmed/26455527)[***After Antitubercular Therapy in Female Genital Tuberculosis With Infertility.***](http://www.ncbi.nlm.nih.gov/pubmed/26455527) ***J Minim Invasive Gynecol. 2016;23:215-22.***

To study the effect of anti-tubercular treatment (ATT) on the laparoscopic abdominopelvic and fallopian tube findings in female genital tuberculosis (FGBT). Fifty women with infertility and diagnosed with FGTB on laparoscopy, histopathology findings, or endometrial sampling (acid-fast bacilli culture, granuloma on histopathology, positive polymerase chain reaction).

Diagnostic laparoscopy in all women diagnosed with FGTB before and after a 6-month course of ATT. Thus, ATT improves laparoscopic findings in FGTB with infertility. However, advanced fibrotic lesions (eg, pelvic and perihepatic adhesions, bilateral blocked tubes) did not improve with ATT. This study gave the important course of disease with anti-tubercular therapy. This was also of public health importance and helped in prognostication of disease and further planning of treatment regarding ovulation induction (if tubes are patent), in vitro fertilization and embryo transfer (IVF-ET) if tubes are blocked and surrogacy or adoption if endometrium is destroyed (severe grades of Asherman’s Syndrome).

***10. Sharma JB, Roy KK, Pushparaj M, Karmakar D, Kumar S, Singh N.*** [***Increased difficulties and***](http://www.ncbi.nlm.nih.gov/pubmed/21733761)[***complications encountered during hysteroscopy in women with genital tuberculosis.***](http://www.ncbi.nlm.nih.gov/pubmed/21733761) ***J Minim Invasive Gynecol. 2011;18:660-5.***

To retrospectively compare the difficulties encountered and complications of hysteroscopy in women with and without genital TB. Ninety-nine women who underwent hysteroscopy, with or without other procedures, who were found to have genital TB at various investigations and who underwent hysteroscopy during the same period with similar characteristics but without evidence of genital TB.

Difficulties encountered and complications observed were recorded, compared, and analyzed using the c2 and Fisher exact tests.

Hysteroscopy in women with genital TB is associated with difficulty in performing the procedure and with higher rates of complications. This also helped in prognostication of disease and further planning of treatment regarding (IVF-ET) if endometrium is normal or surrogacy or adoption (if endometrium is destroyed or defective like severe grades of Asherman Syndrome.