

5th Asia Pacific

Gynecology and Obstetrics Congress

August 22-23, 2018 Tokyo, Japan

Scientific Tracks & Abstracts **Day 1**

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Concurrent ART and laparoscopic surgery for intestinal endometriosis**Akira Shirane**

Kurashiki Medical Center, Japan

Objective: The symptoms of intestinal endometriosis are especially severe such as dyschezia. These symptoms negatively effect on the QOL of the women remarkably. Surgeries are considered when medical therapy does not succeed or in the setting of infertility. We evaluated symptoms, surgical procedures, post-operative recurrence and postoperative pregnancy rate.

Setting: Kurashiki Medical Center.

Patients: The cases who were diagnosed with intestinal endometriosis and had surgeries.

Designs: Retrospective cohort study.

Interventions: Laparoscopic low anterior resection of rectum plus alpha over ten years (from January, 2008 to December, 2017).

Result: We have experienced 23 fertility sparing surgeries (33.9 ± 5.24 years old; mean \pm SD) which are observed for more than six months. In 18 cases, patients complain of dyschezia. These symptoms significantly improved after surgery in all cases. Recurrences were found in five out of ten cases without hormone therapy, while no recurrence was found in thirteen cases of hormone (dienogest, LEP)-administrated group. Nine cases had a desired conception and seven were successful (two natural, five ART) in pregnancy and five acquired babies.

Conclusion: Many of patients desired babies before surgeries. However, once they have finished surgical treatments, they tended to hesitate to get pregnant for fear of a recurrence. For patients who try to have fecundity-sparing surgery, doctors should provide education regarding the high risk of recurrence and usefulness of the Assisted Reproductive Technology (ART). Moreover, recently we encourage the patients to have preoperative Oocyte Pick Up (OPU) and embryo freeze preservation because of these benefits: (1) Acquire frozen embryos that are more successful than fresh embryos in pregnancy rate, (2) Provide patients the defined motivations toward surgery, (3) Eradicate concerns of postoperative diminished ovarian reserve and (4) Pregnancy is expected under the improved pelvic environment by surgery.

Biography

Akira Shirane has completed his Doctor of Philosophy from University of Tokyo, majoring in Reproductive Medicine. He is a Medical Director at Kurashiki Medical Center in Japan. He also gained experience in Yaizu City Hospital and Toranomon Hospital. He is having teaching experience in laparoscopic suture and ligation instructor and TLH. His interests include laparoscopic surgery, reproductive medicine, obstetrics and gynecology.

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Cesarean scar pregnancy: A rarity no more? A report of two cases**Denise Elaine A Reyes**

Far Eastern University Nicanor Reyes Medical Foundation, Philippines

Cesarean scar pregnancy is the rarest form of ectopic pregnancy. In the Philippines, little is known about its incidence and occurrence. However, increasing rates worldwide is now being documented and is closely being related to the increasing cesarean section rates. This paper reports two cases of cesarean scar pregnancy who both presented with vaginal bleeding. The first case is a Gravida 6 Para 5 (5005), while the second case is a Gravida 3 Para 2 (2002), who were diagnosed early by ultrasonography but managed differently. The first case was managed by hysterectomy on the other hand; the second case was managed conservatively by laparoscopic excision of the cesarean scar pregnancy. Close follow up with serial beta-hCG monitoring was done for the second case until normalization of its level. This paper intends to raise awareness of the increasing incidence of cesarean scar pregnancy, its pathophysiology, different options in the diagnosis and management. Recommendations were made to decrease the incidence of cesarean section, thereby, lowering the occurrence of cesarean scar pregnancy. The incidence of cesarean scar pregnancy has increased due to early and accurate diagnosis by ultrasonography. Several factors would tend to affect its management, identifying these factors would tailor fit the management according to the needs of the patient.

Biography

Denise Elaine A Reyes has received Doctor of Medicine degree in Far Eastern University Nicanor Reyes Medical Foundation, Philippines. She graduated with the honor of cum laude and is currently having her Obstetrics and Gynecology Residency training in the same institute. She is a strong advocate of women's health and aims to help achieve the World Health Organization's fifth millennium developmental goal which is to improve maternal health.

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Study of prevalence of insulin resistance in polycystic ovarian syndrome**Arati Anand Adhe**

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Introduction: Polycystic Ovarian Syndrome (PCOS) is one of the commonest reproductive health problems in women. Altered metabolism is noticed in PCOS is due to Insulin Resistance (IR). IR has then been proved as crucial in the pathogenesis of PCOS and in appearance of clinical manifestations. Interaction of genetic and environmental factors results in the characteristic metabolic and menstrual disturbances and the final expression of the PCOS phenotype. Current prevalence of PCOS is 4-10% of women attending gynecology clinics but this figure may not reflect the true prevalence because there have been no specific population based studies. Therefore we have conducted the study to know the prevalence of IR in PCOS patients attending our outpatient department. We have also established the relation of BMI with insulin resistance in our study.

Material & Methods: The study was started after the approval from our Institute Ethics Committee. Study design is prospective analytical cohort study. A cohort of 125 diagnosed PCOS patients who attended the clinic from September to December 2017 were selected randomly from our hospital. Subjects are included in study after written informed consent. Statistical analysis was done by SPSS 20.0

Result: The prevalence of insulin resistance in PCOS women attending our clinic by fasting glucose to fasting insulin ratio is 43.2%. In our study prevalence of insulin resistance in lean PCO is 41.7% and 43.6% in obese by taking fasting glucose to fasting insulin ratio in to account. The prevalence of IR in PCO in present study according to HOMA IR 2 is 53.6%. In lean PCO it is 50% and in obese PCO prevalence is 54.5% by HOMA IR2 method.

Conclusion: It was realized that no single study had evaluated possible confounding factors with respect to history, clinical and biochemical parameters on IR. There were numerous studies which evaluated prevalence of IR in PCOS. They have found higher rates of IR in obese PCOS. Hence, investigations to detect IR were prescribed only to women with high BMI. In contradiction to the previous study we have found IR equally important in lean and obese PCO patients irrespective of obesity. We recommend performing endocrinologic work-up, investigation of co-existing hyper-androgenic status and evaluation of IR in all PCOS patients irrespective of obesity. The HOMA model has become a widely used clinical and epidemiological tool and when used appropriately, it can yield valuable data however, as with all models, the primary input data need to be robust and the data need to be interpreted carefully.

Biography

Arati Anand Adhe is a Senior Clinical Associate in P.D. Hinduja National Hospital and Medical Research Centre, India. She has gained 5 years of experience in the field of assisted reproduction. She also has expertise in infertility, obstetrics & gynecology, genetic studies (PGD, PGS) and reproductive endocrinology.

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Validation of the diagnostic performance of IOTA simple rules, logistic regression 2 studies and ADNEX model without CA 125 for discriminating benign and malignant adnexal masses in a tertiary government hospital from April 2015 to April 2017

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Objective: The purpose of this study is to validate the diagnostic performance of International Ovarian Tumor Analysis (IOTA) simple rules: Logistic regression 2 studies and ADNEX model (Assessment of Different NEoplasias in the adneXa) without CA 125 for discriminating benign and malignant adnexal masses in a tertiary government hospital.

Method: This is a descriptive retrospective study of 45 patients with adnexal masses at the time of ultrasound from April 2015 to April 2017. The ultrasound images and videos were collected by 1 fellow as the principal investigator and interpreted by 2 expert sonologists. The ultrasound findings were compared to the histological outcome of the lesion examined in the same center.

Results: 45 women were included. Discriminating malignant lesion from benign lesion using IOTA simple rules has a sensitivity of 94%, specificity of 69%, PPV of 64% and NPV of 95% while Logistic Regression 2 studies (LR2) has a sensitivity of 100%, specificity of 72.41%, PPV of 66.57% NPV of 100%. Among the 3 models, ADNEX model has the highest sensitivity of 100%, specificity of 75%, PPV of 69.56% and NPV is 100% in discriminating malignant from benign lesion.

Conclusion: Proper preoperative diagnosis had helped the clinician in the management plan for the patient. Combination of the 3 IOTA models gives us the highest predictive value in discriminating malignant or benign adnexal masses. Among the 3 IOTA models, ADNEX Model gives us the highest Specificity and Positive predictive value in the diagnosis of malignant adnexal masses. The ADNEX model discriminates well between benign and malignant. The use of ADNEX has the potential to improve triage and management decisions and so reduce morbidity and mortality associated with adnexal pathology.

Biography

Nelinda Catherine Perez Pangilinan is the Section Head of Ob-Gyn Ultrasound, Rizal Medical Center, Philippines. She is the Vice-President of the Philippine Society of Ultrasound in Obstetrics and Gynecology. Her interests include gynecology & obstetrics, gynecologic oncology and reproductive health.

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Prediction of morbid adherent placenta at 11-13 weeks

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The aim is to estimate the diagnostic accuracy of ultrasound in prediction of morbid adherent placenta at 11-13 weeks. This was a prospective study in women attending the first trimester screening test for chromosomal abnormalities. Patient-specific risk was designed, based on the history of previous uterine surgery and placenta position. On the basis of these risks, the population was stratified into high-and-low risk groups for Morbid Adherent Placenta (MAP). High risk group was followed up in a special designed MAP clinic at 11-13, 20-24 and 28-34 weeks. The ultrasound markers used in this study were: Non-visible CS scar, irregularity of the uterine-bladder interface, retro-placental myometrial thickness, presence of intra-placental lacunar spaces, presence of retro-placental arterial/trophoblastic blood flow and 3D power Doppler irregular placental vascularization. The diagnosis was made on three or more than three ultrasound markers. The study population of 22,604 pregnancies at 11-13 weeks was assessed. 1,130, were excluded, because of no pregnancy outcome at the end, or because the pregnancy ended with termination or a miscarriage. The rest 21,474 were assessed at 11-13 weeks for previous uterine surgery and low lying placenta. We excluded 20,176 and 1,298 were assessed as high risk patients and those patients were referred to the MAP clinic at 11-13 weeks. 42 patients did not attend the first appointment and 243 were excluded, because the placenta was high. From the rest 1,013 patients, 14 patients were diagnosed with MAP and 999 patients with no MAP. All of the patients were followed at 20-24, 28-34 weeks and at the time of the delivery. 13 patients were correctly diagnosed with MAP, there was one false positive and 34 patients correctly diagnosed with placenta previa. This study shows the feasibility of first trimester prediction of MAP, by using a combination of patient's history of a previous uterine surgery, placenta position and specific ultrasound markers.

Biography

Jeni Panaiotova has completed her MD degree and took Specialty in Obstetrics and Gynecology in Medical University, Sofia, Bulgaria. She was a Clinical Fellow in King's College Hospital, London. She is a specialist in Obstetrics and Fetal Medicine at Nadezhda Women's Health Hospital in Bulgaria.

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Intimate area reshaping with a new specific HA filler**Dawid Serafin**
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The intervention with dermal filler is indicated in the reshaping of congenital or after weight loss thin labia majora and it is also indicated to improve vaginal defects or complications after episiotomy or spontaneous perineal damage. The growing interest to improve the aesthetic and functional intimate area of women, has lead the research to develop specific resorbable injectables to correct and reshape this specific area. Considering that the hypotrophy or atrophy of labia majora need a volumizing gel (i.e. elasto-plastic rheological features), but also a gel able to preserve a very natural sensation and projection of the skin, it is of interest a new specific formulation of HA filler. The formulation (intense ROSE) presents the advantage to use an ultra-pure HA as raw material (derived from a probiotic bacterium: *Bacillus subtilis*) and especially to use as stabilizer a polymeric cross-linker (PEG). This polymer allows to create gels with important filling effect (i.e. same volume with less amount of gel compared to other HA filler) and to obtain both very natural results and sensation thanks to the thermo-dynamic behavior of the gel and physiological distribution into the skin layers. The author will illustrate his personal approach and results in reshaping this area with this specific new formulation.

Biography

Dawid Serafin is a Specialist of Gynecology and Obstetrics. He is specialized in the treatment of aesthetic gynecology and the treatment of aesthetic problems with hyaluronic acid fillers. He is a Trainer in the field of Aesthetic Gynecology, as well as being a participant, lecturer and author of articles on aesthetic gynecology.

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Hair-thread tourniquet syndrome of labia: A case report

Marella Antonio Bugarin

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Vulvar disease often presents with a variety of lesions and in patients with severe symptoms the lesion is normally excised. Hair tourniquet syndrome is a rare case that involves fibers of hair or thread wrapped around an appendage producing tissue necrosis in the vulva. Its incidence, epidemiology and natural history are unknown. This paper presents hair thread tourniquet syndrome in the vulva, specifically the labia minora in an adolescent female with hypertrophic labia. She presented with labial swelling and initial impression was an infected labial cyst. Under careful examination, there was note of hair strangulating the labial minora. Management involved mechanical release of the strangulation and there was note of immediate improvement in the blood flow to the affected area. Prompt diagnosis and timely management of this condition is important to prevent tissue ischemia, necrosis and unnecessary amputation of the appendage.

Biography

Marella Antonio Bugarin has obtained her Bachelor of Medicine in 2015 at St. Luke's College of Medicine. She took the Physician Licensure exam and qualified in 2015. She is currently Resident of the Department of Obstetrics and Gynecology at St. Luke's Medical Center, Quezon City, Philippines.

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Risk of pregnancy-associated morbidities such as hypertension, diabetes, hypothyroidism and adverse perinatal outcomes in elderly women (age ≥ 35 years) in comparison to controls (age 25 to 30 years)**Swadha Kotpalliwar**

K.J. Somaiya Medical College and Research Centre, India

Objective: To evaluate the risk of pregnancy-associated morbidities such as hypertension, diabetes, hypothyroidism and adverse perinatal outcomes in elderly women (age ≥ 35 years) in comparison to controls (age 25 to 30 years).

Methods: All women delivered in Fernandez hospital in 2015 were eligible for the study. Those with age 35 years or more at conception were considered as cases, for each case a control was chosen matching for date of birth (the immediate next delivery), singleton pregnancy and parity status (primi or multi). The outcomes of the study included adverse pregnancy outcomes (PIH or diabetes or hypothyroidism), delivery outcomes (very preterm (<35 weeks) or C-section or assisted vaginal delivery) and fetal/neonatal outcomes (very low birth weight or LGA or fetal or neonatal death).

Results: Among the 7605 deliveries during the study, 928 mothers are included in the study. Elderly women were likely to have hypertension, diabetes mellitus, hypothyroidism, elective C-section rate and neonatal complications such as earlier gestation at delivery, need for NICU admission, respiratory distress and jaundice. In comparison to controls, elderly women are likely to have adverse pregnancy outcomes ($n=298$, 64.2% vs. $n=171$, 36.9%, $p \leq 0.001$), similar delivery outcomes ($n=365$, 78.7% vs. $n=355$, 76.5%, $p=0.47$) and similar adverse neonatal outcomes ($n=75$, 16.2% vs. $n=84$, 18%, $p=0.48$) as defined in the study. On regression analysis correcting for pre-pregnancy hypertension, diabetes, hypothyroidism, BMI at booking and mode of conception, elderly pregnancy increases the risk of adverse pregnancy outcomes by an Odds of 2.4 (95% CI 1.73 to 3.20).

Conclusion: Elderly women are an increased risk of having adverse pregnancy outcomes, elective C-section, earlier gestational at delivery and increased neonatal morbidities.

Biography

Swadha Kotpalliwar has received her MBBS from Jawaharlal Nehru Medical College in India. She is currently working as a Gynecology and Obstetrician at K.J. Somaiya Medical College and Research Centre in India. She is experienced and well versed with instrumental vaginal delivery, confident in critical decision making in high risk pregnancies and performed many gynecology procedures including abdominal and vaginal.

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Teen contraception: What's best?**Ma Socorro C Bernardino**

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Pediatric and Adolescent Gynecology Society, Philippines

The total fertility rate according to the 2008 National Demographic and Health Survey of the Philippines has shown a decline over the last three decades. However, this decline was noted more in the older age group of women as compared to the constant number of age-specific fertility rates among women age 15 to 19. Almost 26% of women age 15-24 years has begun childbearing. Based on the 2002 Young Adult Fertility and Sexuality Survey study (YAFS), 23% of Filipino youth are already engaged in pre-marital sex with 21% practicing some form of contraception. Condom use is the most commonly employed method of contraception followed by the pill. Contraceptive counseling of adolescents requires knowledge of adolescent physical and psychosocial development. The adolescent needs to be in partnership with the health care provider to make healthy choices, including the postponement of sexual relationships and use of effective methods to lessen the risk of pregnancy and sexually transmitted diseases. Contraceptive methods appropriate to the teenaged population should be safe and free of unpleasant or irreversible side effects. They should also be effective and the method should also be convenient with a long duration of action. The need for non-contraceptive benefits such as suppression of ovarian cysts, dysmenorrhea and menorrhagia may influence a patient's choice. Critical to this issue is that parents may or may not be part of the adolescent's decision in contraceptive use. Issues on confidentiality and accessibility of methods are also relevant to teen contraception counseling.

Biography

Ma Socorro C Bernardino is a Head of Pediatric Gynecology Section at St. Luke's Medical Center-Quezon City in Philippines. She is a President of Pediatric and Adolescent Gynecology Society, Philippines. She is a Fellow in International Federation of Pediatric and Adolescent Gynecology & Philippine Obstetrical and Gynecological Society and also she is Member in Federacion Internationale Gynecologie de Infantile Et Juvenile. Her interests include perinatal, pediatric and adolescent gynecology.

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Clinical classification and treatment of cesarean scar pregnancy**Hongwen Zhang**

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Introduction & Aim: Embryo implantation in a cesarean scar resulting in a Cesarean Scar Pregnancy (CSP) is a special form of ectopic pregnancy. The aim of this article is to present our clinical classification and therapeutic strategy for CSP and to assess the efficacy, safety and social benefits.

Methods: We categorized CSP as either risky or stable. Risky CSP have a high risk of severe hemorrhage and should be treated immediately, while stable CSP patients have neither obvious vaginal bleeding nor significantly elevated serum β -human chorionic gonadotropin (β -hCG). According to the thickness of the myometrial wall between the sac and the bladder and the location of the gestational sac, risky CSP were classified into three types and the thinner myometrial wall type (type-1) was divided into three subtypes. Four treatment categories were applied to the corresponding types and subtypes of CSP. A total of 331 patients with CSP in our hospital were studied. The study group (n=81) was treated based on our classification and optimized treatment system, while the control group (n=250) underwent the conventional methods. We assessed the efficacy, safety and social benefits of our classification and optimized treatment system.

Results: The values of intraoperative blood loss, operative time, hospital stay and hospital cost in the study group were significantly lower than those in the control group ($P<0.05$). Suction curettage was more frequently used in the study group ($P<0.005$).

Conclusion: Our clinical classification system and therapeutic strategy provide an effective and safe way to treat CSP patients resulting in reduced intraoperative bleeding, operative time, hospital days and hospital cost.

Biography

Hongwen Zhang is a Professor in The Second Xiangya Hospital of Central South University and Chief of the Gynecology and Obstetrics Department. He has nearly 40 years of clinical experience. He is skilled in gynecologic inflammation, female diseases, gynecological oncology, ureteroscopy and laparoscopic surgery.

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Primary abdominal pregnancy with incisional hernia with previous two caesarean sections**Parul Nigam**

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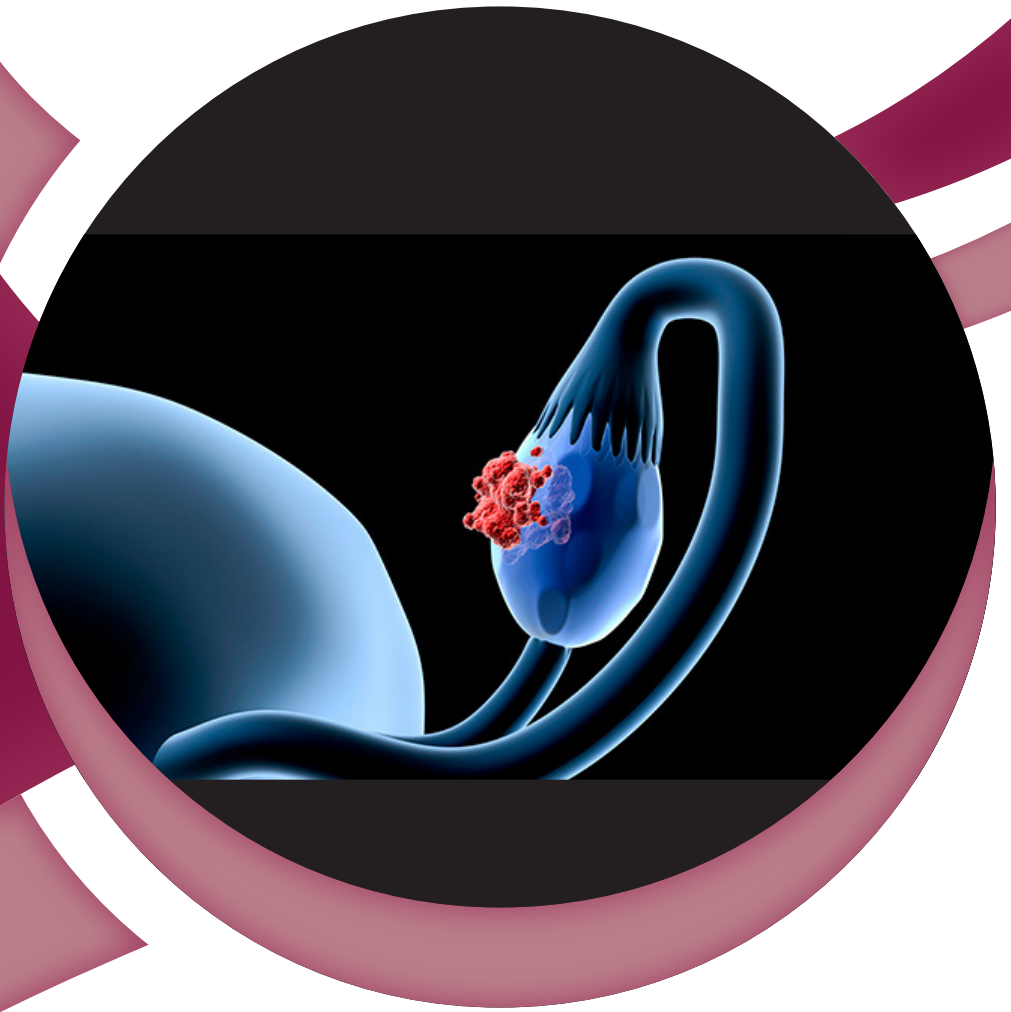
Primary abdominal pregnancy is an extremely rare type of extra uterine pregnancy. It is potentially life threatening form of ectopic gestation with incidence of 1% of all ectopic pregnancies. Most of these pregnancies are terminated earlier due to spontaneous separation from the site of implantation and the patient may present with shock. So, a high index of suspicion is important for making a correct diagnosis especially with GI symptoms and its timely management. We report a case of primary abdominal pregnancy with incisional hernia in 35 years old Gravida 3 para 2 with previous 2 caesarean sections. She presented to us with severe abdominal distension and shock on account of herniation and obstruction of small bowel. She had severe nausea, vomiting and abdominal discomfort. She had not passed stools since last 2 days. She had been admitted earlier in a private nursing home for bleeding per vaginum. Dilatation and curettage was done without any antenatal ultrasound. Urine pregnancy test was positive. But her condition deteriorated after few hours and she was referred to a higher centre. Ultrasound was done which showed grossly dilated bowel loops and 15 weeks size fetus in the abdominal cavity. Emergency laparotomy was done obstructive incisional hernia was found due to previous caesarean section scar. Small bowel was entangled in the hernia sac. A live fetus of about 15 weeks was found trapped between the bowel loops. Placenta was attached to the omentum of the small bowel. Uterus was enlarged- about 10 weeks in size. Bilateral tubes and ovaries were normal. Contents of the hernial sac were reduced. Primary repair of hernia was done. Fetus was removed from the implantation site. There was no bleeding from the site. Patient was transfused two units of blood. Her post-operative period was uneventful and she was discharged satisfactorily on day 7. Hence, ultrasound should always be done to rule out ectopic before termination of pregnancy. Midline vertical incisions are associated with increased incidence of ventral hernia. Complications of hernia like strangulation and ulceration of skin are to be avoided and managed during pregnancy.

Biography

Parul Nigam is a well-known reputed Gynecologist in Jhansi, India with a Post Graduate degree in Obstetrics and Gynecology from world famous King George Medical University Lucknow, India. She has 10 years of experience in the field. She has formal Subspecialty training in Gynecological Endoscopy, Diploma in Gynecology Ultrasound and 1 year certificate course in diabetes. She is currently doing research work in the field of infertility and fetal medicine. Her specialization is in the field of complete women health care solution. She is presently working as a Consultant in Nigam Hospital and St. Jude's Hospital Jhansi.

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Scientific Tracks & Abstracts Day 2

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The use of integrative medicine for the treatment of endometriosis-associated infertility**Olarik Musigavong**

Chaophya Abhaibhubejhr Hospital, Thailand

Integrative medicine is a combination of conventional medicine and alternative medicine for patient treatment. Its use has increased worldwide in recent years. Endometriosis is one of the most common disorders among infertile patients seeking medical advice. Etiology of the association is still unclear, but a number of studies suggest endometriosis alteration of hormonal cells and mediated functions, reduction of oocyte and embryo quality, endocrine and ovulatory abnormality, alteration of peritoneal functions, pelvic distortion and dyspareunia that decreases sexual activities. Nowadays, the medical treatment of conventional medicine does not improve the rate of pregnancy in patients with endometriosis-associated infertility. Chaophya Abhaibhubejhr Hospital has experiences in using Thai integrative medicine in endometriosis-associated infertility patients. Our experiences include the use of the following: Curcumin capsules for post laparoscopic ovarian cystectomy, Plasaplai formula for endometriosis-associated pain, massage therapies for uterine repositioning and herbal diets for lifestyle modification.

Biography

Olarik Musigavong is Assistant Director for Lecturer and Research Affairs of Medical Education Center at Chaophya Abhaibhubejhr Hospital in Prachinburi, Thailand. He has completed his Doctor of Medicine from Faculty of Medicine, Khon Kaen University majoring in Obstetrics and Gynecology. He has also attended professional classes of reproductive medicine, Ramathibodi Hospital in coordination with Mahidol University and Reproductive Surgery training course in Belgium. Furthermore, he has received his Master's degree in the Biotechnology of Human Assisted Reproduction and Embryology from University of Valencia in Spain and lately became a Graduate of Doctor's degree in Philology and Clinical Epidemiology of Faculty of Medicine from Thammasart University.

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Autologous fat grafting to the post mastectomy irradiated chest wall, a way for minimal invasive breast reconstruction: A series of 54 patients**Kais Razzouk**

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Background: Breast reconstruction after total mastectomy and irradiation is a real challenge for the surgical teams. And is a crucial step for the patient in the life after breast cancer. The effect of radiotherapy on the skin often leads to preferring the reconstructions by flaps. However, reconstruction by prosthesis carries a high risk of complications and unsatisfactory cosmetic results. The optimization of skin trophicity by lipofilling and its positive impact on the results of secondary prosthetic breast reconstruction led us to perform an autologous fat grafting prior to secondary implant breast reconstruction after mastectomy and radiotherapy.

Patients & Method: All patients were treated at the same center between 2012 and 2015. They all had a total mastectomy and irradiation. They all had one or more sessions of lipofilling prior to breast implant reconstruction. Patients were followed to collect this data: Postoperative complications, prosthesis removal, cosmetic result and tumor recurrences.

Results: 54 patients were included. The mean pre-pectoral lipofilling session was 1.1 (1-2). The average volume of fat injected is 150 cc (80-250). The average time between the end of treatment and the first session of lipofilling is 20.4 months (3-60). The mean volume of the prosthesis is 400 cc (290-620). The mean follow-up time is 22 months. No local tumor recurrence was reported. One patient had a cutaneous necrosis after lipofilling. Implant explantation was performed in three cases (5.5%). The mean cosmetic result is 4.7 (3.5-5).

Conclusion: Pre-pectoral lipofilling prior to implant breast reconstruction improves the chances of success by optimizing the trophicity of the skin. It significantly reduces the risk of prosthesis explantation. We consider that this technic is a way for a minimal invasive breast reconstruction.

Biography

Kais Razzouk specializes in Gynecological and Breast Surgery at Institut du Sein-Nice Santa Maria, France. He participates in the development of the techniques of oncoplastic in the coverage (care) of breast cancers, an innovative surgical approach allows applying the techniques of plastic surgery to the coverage (care) of breast cancers. He promotes the introduction of lipofilling or greasy cell transplants in the mammary reconstruction.

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Adherence to WHO 2010 recommendations with regard to semen analysis reports in the laboratories of West Bengal

Sujoy Dasgupta

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Statement of the Problem: Semen analysis is an integral part of evaluation of a sub-fertile male. Because a semen result reflects the genital tract health of a man three months prior to collection, there is risk of significant day to day variation. Additionally, the results vary from one laboratory to another. In 2010, the WHO published recommendations on standard reporting of semen analysis. A number of Western studies found the lack of uniformity among the laboratories in assessing and reporting semen samples. Our study looked into the adherence of reporting of semen analysis with the WHO 2010 guidelines.

Methodology: An observational study has been carried out after collecting semen analysis reports from different parts of Eastern India and Bangladesh. The sources of the reports included individual patients presented to subfertility clinics and gynecologists, reports sent by the patients online to their treating doctors and directly from the laboratory. The reports were subsequently analyzed against the standard of semen sample reporting recommended by the WHO, 2010.

Findings: Majority of the laboratories did not follow all the standard points laid down by the WHO. Although all of the laboratories mentioned sperm concentration and morphology, majority of them did not report motility properly. Regarding physical characteristics, there have been discrepancies in reporting pH and viscosity. Very few laboratories used reference values, and among those who the values, large portions were still not using the WHO 2010 criteria. However, most of the laboratories attached to the ART (Assisted Reproductive Technology) clinics performed better in terms of reporting than non-ART laboratories.

Conclusion & Significance: Even more than seven years after publication of WHO 2010 guidelines for semen analysis, majority of the laboratories do not adhere to the all the recommendations. There is need for increased awareness for the laboratory persons in this regard.

Biography

Sujoy Dasgupta is currently working as a Consultant in Reproductive Medicine & Surgery at Genome - The Fertility Centre, Kolkata, India. He has his expertise in evaluation and passion in improving the fertility treatment and reproductive health. He has presented papers and posters in various national and international conferences. He has been invited to deliver lectures in more than 40 conferences at regional, national and international levels. He has, to his credit, 15 research publications at national and international journals and chapter contributions in three text books. He takes keen interest in medical education, particularly for trainee doctors. He has also been involved in "MRCOG Orientation Program" for training the doctors aspiring for MRCOG. His area of interest includes male subfertility, recurrent pregnancy loss, low cost IVF and fertility treatment in sexual dysfunction.

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Recommendation of prophylactic cervical cerclage for IVF pregnancies**AboTaleb Saremi**

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According to increase number of assisted reproduction cycles in the recent years, the related pregnancies those are associated with maternal and perinatal complications arise and premature delivery is increase. Prophylactic cervical cerclage is suitable option for prevention of preterm birth especially in these patients. Good selection of patients for prophylactic cerclage thereby can increase the carry home baby rate and doing this procedure at the ideal time; can decrease fetal wastage up to 90%. In this paper, we want to discuss about the necessity of performing prophylactic cerclage for all of the pregnancies to reach the successful term delivery in the case of "Golden Baby". In our experiences in the Sarem Women's Hospital, appropriate choose of golden time for performing prophylactic cerclage can lead to prevent loss of pregnancy. By comparing the cost and complications of the cerclage with the risk of golden baby pregnancy loss and the estimation of the cost of IVF cycles and the complications or risk of the repeated ovulation induction and also the lower chance of some patients for having a child, this plan might be a cost-benefit and cost-effective plan and should be considered in this kind of high risk pregnancies. Golden Baby pregnancies conceived with the aid of fertility treatment benefited from the prophylactic application of a prophylactic cervical cerclage through vagina especially by MacDonald method that has the lower risk rather than other methods.

Biography

AboTaleb Saremi has received his MD degree from Tehran University, Iran in 1975. He was trained at the Obstetrics and Gynecology Department of Münster University, Germany and got Subspecialty in IVF at Vienna University, Austria from 1981 to 1986 and then participated in complementary Assisted Reproductive Technology (ART) courses in the USA and Australia. His specialization includes laparoscopic surgery and his efforts led to the birth of the first Iranian assisted reproduction baby by Gamete Intra-Fallopian Transfer (GIFT) in 1989. He has founded his first IVF center in Iran in 1993 and received the International Federation of Fertility Societies' (IFFS) 30th Anniversary Recognition Award in 1998. Currently, he is the President of the Sarem Women's Hospital, which he founded in 2006 and also the President of the Sarem Cell Research Center (SCRC) and Sarem Fertility and Infertility Research Center (SAFIR).

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5th Asia Pacific

GYNECOLOGY AND OBSTETRICS CONGRESS

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Human blastocyst hatching success in the IVF cycles: Cell and genetic predictors**Romanov Andrey Yurievich, Makarova Nataliya Petrovna, Burmenskaya Olga Vladimirovna and Dolgushina Nataliya Vitalievna**

National Medical Research Center for Obstetrics, Gynecology and Perinatology Ministry of Healthcare of the Russian Federation, Russia

Background: According to in vitro experiments, up to 75% of morphologically normal human blastocysts cannot spontaneously leave the Zona Pellucida (ZP), which can lead to implantation failure.

Aim: To identify predictors of human blastocyst hatching success in assisted reproduction programs.

Materials & Methods: This prospective case-control study included 83 blastocysts; 36 blastocysts (43.4%) in group of spontaneous hatching and 47 blastocysts (56.6%) in control group. Hatching success assessment was performed after 144-146 hours post fertilization. The expression of cathepsin V (CTSV), GATA binding protein 3 (GATA3) and human Chorionic Gonadotropin Beta (CGB) genes were detected by qRT-PCR (DNA Technology, Russia).

Results & Discussion: The efficacy of spontaneous hatching of human blastocysts is determined not by the quality of the ZP, but by the quality of the blastocysts themselves. The rate of blastocysts with the thickening or other defects of the ZP was similar in the two groups. High-quality embryos have enough adaptation possibilities for the timely release both from the normal and the thickened ZP. The quality of blastocysts on the fifth day of culture by Gardner classification was higher in the group of spontaneous hatching. Expression of CTSV, GATA3 and CGB genes was higher in blastocysts in spontaneous hatching group, which was associated with high ICM and TE quality. This indicates that hatching is a special stage of blastocyst development, characterized by chronological and chrono-genetic determinism. This may be a mechanism that prevents the implantation of a defective embryo with retarded development or other development disorders. The expression of CTSV, GATA3 and CGB genes is lower in low-quality blastocysts, which does not allow them to commit spontaneous hatching and to implant into the endometrium.

Biography

Romanov Andrey Yurievich has obtained his Doctor of Medicine from the Faculty of Fundamental Medicine, Lomonosov Moscow State University, Russia. From September 2012 to October 2015 he has been working as an Assistant Researcher in the Department of Biochemistry and Molecular Medicine, Faculty of Fundamental Medicine, Lomonosov Moscow State University. Currently he is pursuing his Residency in National Medical Research Center for Obstetrics, Gynecology and Perinatology Ministry of Healthcare of the Russian Federation. He is constantly working on developing his practical skills and also performs research on noninvasive methods of improvement effectiveness of assisted reproduction technologies. He regularly participates in scientific meetings on obstetrics, gynecology, perinatology and assisted reproduction technologies.

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Spontaneous broad ligament hematoma following normal vaginal delivery**Dheeraj Yalla, Alka and Usha Rani**
Sri Ramachandra University, India

Broad ligament hematoma is a rare complication following a normal vaginal delivery. We report one such case of a woman who developed this complication within 3 hours of normal vaginal delivery. She is G2P1L1, 38 weeks GA, in active labor. Patient was allowed for spontaneous progression of labor, following which she delivered vaginally. Within 3 hours patient looked clinically very pale with vitals being deranged and complains of inability to void urine, severe perineal pain. On basis of clinical examination and trans-abdominal ultrasound features a diagnosis of right sided broad ligament hematoma was made. Based on patients hemodynamic instability surgical management in the form of obstetric hysterectomy was done. Broad ligament hematoma is a relatively uncommon complication that can occur following a spontaneous vaginal delivery. It can be silent and not cause any obvious vaginal bleeding. Clinical symptoms are vague with persistent perineal pain, urge to defecate, unable to void within first few hours of delivery. Imaging modalities like trans-abdominal ultrasound and MRI can help in confirming the diagnosis. It has been suggested that MRI depicts postpartum hemorrhage even in deep extra-peritoneal regions where the hematoma is clinically non-apparent and in addition it can delineate the extent of the hematoma. Broad ligament hematoma can be managed both conservatively and surgically depending on patient hemodynamic status, size and rate of hematoma expansion. Small non spreading ones can be managed conservatively however larger ones might need internal iliac artery ligation, UAE or even hysterectomy. Our patient was hemo-dynamically unstable after confirmed diagnosis and given the circumstances that the hematoma was expanding we decided on the surgical management i.e. subtotal hysterectomy.

Biography

Dheeraj Yalla is currently pursuing his Post Graduation in MS (Obstetrics and Gynecology) in Sri Rama Chandra Medical College, Chennai. He has completed his MBBS from Andhra Medical College, King George Hospital, Visakhapatnam in 2015. He is currently doing his research on the maternal highly sensitive C reactive protein as predictor of pre-eclampsia.

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