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Abstract Book

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effects on the embryo’s growth and maturity. Performing a surgical procedure prior to IVF is thought to increase its chances of success. Salpingectomy, salpingostomy, surgical management of hydrocolpos and tubal ligation are all frequently performed before commencing IVF. In this presentation, we aim to explore the various surgical options available and present the success rates of each. Methods: We carried out literature searches on MEDLINE, PUBMED and consulted the recent Cochrane Review which included five randomised controlled trials in its analysis. This review analysed the success rates of IVF after surgery in subfertile women. The primary outcome measure in the literature was live birth. Secondary outcomes included an ongoing pregnancy, viable pregnancy and a clinical pregnancy.

Results: We found that performing a laparoscopic salpingectomy prior to IVF was associated with an increased chance of a successful pregnancy. This benefit has been documented many times and the Cochrane review further supports it. Laparoscopic occlusion of the tubes was also shown to improve the odds of clinical pregnancy. In our presentation, we will outline the chances of a successful pregnancy with each potential surgical procedure before IVF.

Conclusion: After statistical analysis of the probabilities of achieving a pregnancy, we recommend women suffering from tubal pathology undergo surgical management prior to commencing an IVF cycle. Through this poster we aim to remind delegates on the current surgical managements available and the success rates associated with each one.

Disclosure of Interest: None Declared

074
CALCICUM GLUCONATE AS A PREVENTIVE THERAPY FOR OVARIAN HYPERSTIMULATION SYNDROME
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Problem Statement: Ovarian hyperstimulation syndrome (OHSS) is an iatrogenic condition and potentially life threatening complication of ovarian stimulation. It complicates almost 33% of stimulated ovarian cycles. It is categorized into mild, moderate, severe and critical forms. Incidence of moderate form varies between 3-6% and severe form between 1-2% of stimulated cycles.

The treatment for OHSS is mainly supportive. Primary and secondary preventive measures form the mainstay of management. Our study aims at evaluating the effectiveness of intravenous infusion of calcium gluconate in reducing the incidence of severe ovarian hyperstimulation syndrome in high risk patients undergoing assisted reproductive techniques.

Methods: We conducted an interventional study in our center from October 2013 to April 2014. Patients included were women attending our clinic between 20 and 40 years of age, with an antral follicle count exceeding 15 and an FSH level between 3-10 mIU/ml, undergoing the long agonist protocol in whom more than 20 oocytes were retrieved. They were given intravenous infusion with 10 ml of 10% calcium gluconate solution in 200 ml normal saline on the day of ovum pick up and continued thereafter on day 1, day 2 and day 3, subsequently.

Results: The incidence of OHSS among stimulated cycles (n=63) after intravenous infusion of calcium gluconate was 19% (n=12)

Among them, there was not a single case of severe OHSS. Incidence of moderate OHSS was less than 3%.

Conclusion: Conclusion OHSS is a well known complication of ovarian stimulation. This can lead to life threatening complications if not recognized early. Calcium gluconate infusion can be an important preventive strategy to reduce the occurrence of OHSS and its complications in high risk patients.

Disclosure of Interest: None Declared

075
THE NEW METHOD OF TREATMENT OF THIN ENDOMETRIUM DURING THE PREPARATION OF PATIENT TO IVF PROGRAM- AN ALTERNATIVE TO A HORMONE THERAPY
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Problem Statement: Thin endometrium can be a cause of failed implantation and reduction of pregnancy rates after IVF procedure during the treatment of infertility. It is considered that the endometrium thickness less than 5-7 mm (during the implantation window) provides minimal chance for successful conception. We did not find in the literature any evidence about the treatment of patients with thin endometrium by using the gas mixture (5% CO2 and 95% N2) for stimulation of development of endometrium to enhance the blood circulation and, as a result, to increase a thickness of basal and functional layers of endometrium. Carbon dioxide in some concentrations is a great vasorelaxant. It was shown that the local effect of the CO2 on the tissues is accompanied by several mechanisms of action: an enhancement of blood flow, an increasing the speed of oxygen consumption by tissue, an enhancement of metabolism in organ tissue, a recovery of sensibility of some receptors, an increasing of reparative processes, and the activation of fibroblasts.

Methods: In our study endometrium thickness (ultrasoundography) was measured three times repeatedly: first time before the inclusion of the patient into the research program, second time during the treatment cycle and the third time during the next cycle after the treatment. Ultrasoundography was performed on the 7th, 11th, 13th, 15th days of the menstrual cycle.Sixty five patients of the fertile age with the diagnosed primary of secondary infertility with sign of thin endometrium, which is not responding to medical treatment, participated in the study. All patients were investigated by laboratory methods before infertility treatment and transvaginal ultrasonography investigation.

Results: During the first ultrasoundography before the gas ablation the thickness of endometrium was in range between 3,1 mm and 5,9 mm in all patients. During the second ultrasonographic investigation after 2 days after the first gas ablation the endometrium thickness increased in different patients by 2,7-3,3 mm, and after 2 days after the second ablation – it was increased on additional 1,8-3,4 mm. After the third ablation endometrium thickness was in range of 7,3-10,8 mm.

Conclusion: In this study we demonstrated that in women with previous repeated unsuccessful stimulation of endometrium by using hormone therapy there is the evident trend of growth of endometrium thickness after treatment with using ablation with gas mixture of Carbone dioxide and nitrogen.

Disclosure of Interest: None Declared

076
VERY RAPID SHRINKAGE OF LARGE UTERINE FIBROIDS BY ULTRASOUND GUIDED HIGH INTENSITY FOCUSED ULTRASOUND ABLATION BASED ON MAGNETIC RESONANCE IMAGING
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Problem Statement: Noninvasive treatment of fibroids has recently emerged as a highly desirable alternative to surgery. Although large fibroids are indicated for laparotomy, increased risk of morbidity related to major surgery has led physicians to seek minimally invasive treatment modalities. Since High Intensity Focused Ultrasound (HIFU) ablation was first reported to be a feasible treatment for uterine fibroids in 2003, numerous clinical studies were actively performed worldwide revealing data that suggest HIFU may be an efficient nonsurgical therapy, reducing the volume of fibroid by delivering intense acoustic sonication energy to induce coagulative necrosis at a focused region of fibroid. We selected patients diagnosed of large fibroids and evaluated the immediate therapeutic effects of ultrasound-guided HIFU (USgHIFU) ablation on large fibroids not feasible for pelviscopy based on MRI imaging.

Methods: Between June 2014 and August 2014, 30 symptomatic patients (mean age, 43±7 years) underwent USgHIFU ablation for large uterine fibroids defined as more than or equal to 8 cm mean diameter at Gangnam St. Peter’s Hospital, Seoul, Korea. Under the guidance of dynamic real-time ultrasonographic imaging, fibroids were ablated using acoustic sonication power output of average 410 W. Exposure time, T1-weighted and T2-weighted MRI imaging of fibroid volume at pre- and post-treatment 24 hours were assessed. Volume was calculated using the ellipsoid formula: D1x D2 x D3 x 0.523 (D1: longitudinal, D2: anteroposterior, D3: transverse). The percentage of decrease in fibroid volume
was calculated by 100 x (pretreatment volume – post treatment volume) / pretreatment volume.

Results: USgHIFU ablation was well tolerated in all patients. The mean exposure time was 1318±779 sec. Uterine fibroids ranged from 8 cm to 21 cm. Mean pretreatment volume of fibroid was 525.3±367.4 cm³. Post-treatment MRI showed statistically significant volume reduction of fibroid. The mean volume of fibroid at 24 hours after procedure was 406.2±304.3 cm³ (P<0.001 compared with pretreatment volume). The absolute difference was 119.2±88.1 cm³ and the percentage of decrease in fibroid volume was 24.1±9.0%. When we performed subgroup analysis in patients with huge uterine fibroid (mean diameter ≥10 cm, n=18), the treatment effect was consistent. Fibroid volume decreased significantly by USgHIFU ablation (703.5±379.8 cm³ to 548.4±321.1 cm³, P<0.001). The absolute difference was 155.1±77.5 cm³ and the percentage of decrease in fibroid volume was 29.1±10.1%.

Image / Graph:

Conclusion: Noninvasive ultrasound-guided HIFU ablation efficiently reduces large fibroids within 24 hours of treatment, and may be a promising therapeutic modality in patients with large fibroids not suitable for minimally invasive surgery.

Disclosure of Interest: None Declared

O77 PRETREATMENT OF UTERINE FIBROIDS USING A SELECTIVE PROGESTERONE RECEPTOR MODULATOR - ULIPRISTAL ACETATE

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Problem Statement: Uterine leiomyomas are common, benign tumours of the female reproductive tract which when complicated, can present with problems of heavy menstrual bleeding including severe anaemia requiring blood transfusion, organ compression with pressure effects on bladder, bowel, ureters and ultimately kidneys, abdominopelvic pain, and subfertility. They are commoner in women of black or Asian ethnicity. Our centre serves a large multi-ethnic population and presentation with large symptomatic uterine fibroids is common creating a significant healthcare burden from recurrent hospital admissions for heavy bleeding requiring transfusion and other symptomatology in a population of women who are acculturally keen to retain their fertility. There are various treatment options available for symptomatic small to moderate sized uterine fibroids, while pharmaceutical treatment has been recommended for small fibroids < 3.0 cm in the absence of structural or histological uterine abnormality, where there is no cavity distortion (NICE guidelines 2007). There are newer pharmaceutical agents that can be used either for pre-treatment prior to definitive vascular interventions or surgery, including the selective Progesterone receptor modulator Ulipristal acetate.

Methods: This is a prospective audit of the pre-treatment of symptomatic uterine fibroids using Ulipristal acetate, particularly large fibroids. There are indications that this preparation is efficacious in the treatment of symptomatic fibroids before hysterectomy or myomectomy irrespective of site and size (Pearl Study). Institutional research and audit board approval was obtained prior to the audit and consent was obtained for imaging and use of the images presented. We audited the effects of this medication in inducing amenorrhoea in women with excessively heavy menstrual bleeding secondary to fibroids, effect on pain and pressure symptoms and size reduction in 52 women with fibroids of varying sizes and sites. We also analysed the effects on the treatment modality – blood loss at surgery, requirement for blood transfusion, planned versus actual treatment undertaken and immediate post-operative or post-treatment complication.

Results: The selective Progesterone receptor modulator Ulipristal, shows promise with beneficial effects in some of the parameters studied. The results are as presented. Conclusion: Currently recommended pre-treatment for symptomatic uterine fibroids are the gonadotrophic hormone release hormone analogues. The introduction of Ulipristal acetate provides another treatment option with possibly less side effects and equal efficacy that may be of benefit.

Disclosure of Interest: None Declared
diagnostic laparoscopy which resulted in left salpingo-oophorectomy. Intraoperative frozen section was performed for all three women.

Conclusion: Xanthogranulomatous salpingo-oophoritis is a rare condition that is often mistaken for ovarian malignancy clinically and radiologically. Salpingo-oophorectomy is the recommended treatment but most women are “over treated” with operations such as hysterectomies that render them infertile. The presence of fever, abdominal pain, identifiable risk factors, MRI characteristics and the use of intra-operative frozen-section may aid in the diagnosis.

Disclosure of Interest: None Declared

P116
SINGLE-PORT (GROVE PORT) LAPAROSCOPIC HYSTERECTOMY WITH EXTRACORPOREAL VAGINAL CUFF CLOSURE VERSUS CONVENTIONAL LAPAROSCOPIC HYSTERECTOMY WITH INTRACORPOREAL VAGINAL CUFF CLOSURE

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Problem Statement: The objective of this study was to evaluate surgical outcomes and complication rates between single-port and three-port laparoscopic hysterectomy with different suture technique of vaginal cuff using conventional straight instruments.Methods: 75 patients who underwent single-port laparoscopic hysterectomy with extracorporeal suture technique and 75 patients who underwent conventional laparoscopic hysterectomy with intracorporeal suture technique from September 2010 through December 2012 were included in the study. The operative video and electronic chart reviews of the 150 patients were done retrospectively. We analyzed the following variables for all the patients: age, body mass index, adhesion, weight of uterus, operative time, vaginal cuff suture time, estimated blood loss, complications, length of hospital stay and postoperative pain. Results: Both groups have no statistically significant differences in estimated blood loss, complication, length of hospital stay and postoperative pain. However, the mean operative time in single-port group was significantly longer than conventional group (98.2±26.0 min VS. 80.2±20.3 min; P=0.02). Vaginal cuff suture time was decreased with experience in both group Conclusion: Surgical outcomes and complication rates seems to be similar in both group. Vaginal cuff suture time wasn’t cause of increased total operative time in single port group. Single port group needs more patients than conventional group for decrease of total operative time.

Disclosure of Interest: None Declared

P117
STUDY FOR USEFULNESS AND SAFETY OF SONOGRAPHY-GUIDED HIGH-INTENSITY FOCUSED ULTRASOUND ABLATION OF UTERINE MYOMA

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Problem Statement: The objective of this study is to evaluate the usefulness and safety of US-guided high-intensity focused ultrasound (HIFU) ablation of uterine myoma.Methods: The study group designed by 27 patients who underwent US-guided HIFU ablation due to uterine myoma between April and October 2013 in St. Peter’s Hospital with Model JC Focused Ultrasound Tumor Therapeutic System. We assessed the differences volume at baseline and 6 months after treatment based on contrast-enhanced T1-weighted image on MRI. Also we evaluated safety of HIFU by presence of complications. Results: Mean age of patients was 40.11 years. We divided 3 groups, below 100, 100-200, above 200cm³

Table 3. Change in Myoma Volume

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Before 6 months after</th>
<th>Reduction Rate (%)</th>
</tr>
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<tbody>
<tr>
<td><strong>Mean contrast-enhanced</strong></td>
<td>225.55±11.81-834.43</td>
<td>64.69±19.13-343.90</td>
</tr>
<tr>
<td><strong>Volume (range)</strong> (n=27)</td>
<td>66.19±35.81-84.26</td>
<td>57.32±19.13-343.90</td>
</tr>
<tr>
<td>Below 100 cm³ (n=11)</td>
<td>149.80±10.94-195.30</td>
<td>58.74±19.34-191.30</td>
</tr>
<tr>
<td>Above 200 cm³ (n=11)</td>
<td>373.90±20.93-834.43</td>
<td>141.59±75.58-343.90</td>
</tr>
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Figure. Contrast-enhanced T1-weighted images, baseline and after 6 Months.

Conclusion: US-guided HIFU treatment appears to be a safe and useful to ablate uterine myoma.

Disclosure of Interest: None Declared

P118
SYMPTOMATOLOGY OF ENDOMETRIOSIS- A PROSPECTIVE STUDY

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Problem Statement: Endometriosis is a common gynaecological condition often diagnosed at surgery and by histology. Efforts to develop a nonsurgical method of diagnosing endometriosis have focused on imaging, biomarkers and patient-reported symptoms. Raised serum CA-125 is advocated for diagnosing endometriosis but is also elevated in ovarian cancer, pelvic inflammatory disease and fibroids. Transvaginal ultrasonography and MRI are useful in diagnosing ovarian endometriosis but cannot image small peritoneal lesions. Utilisation of symptoms typical of endometriosis like dysmenorrhoea, pelvic pain, dyspareunia etc is a simple, cost effective and noninvasive method in diagnosing endometriosis. Hence this study was conducted to analyse all the possible symptoms associated with endometriosis and the strengths of association.Methods: This prospective questionnaire based study was conducted in the department of Obstetrics and Gynaecology, Singapore General Hospital, Singapore between July 2011 and September 2012. A total of 200 women of 21-55 years undergoing surgery for nonmalignant gynaecological conditions were recruited. Women undergoing surgery for acute conditions such as ectopic pregnancy, cyst accidents and malignant gynaecological conditions were excluded. The patients were asked to complete a questionnaire related to symptoms experienced by the patient in the past 12 months. Later the participant’s surgical notes were reviewed and histology reports were traced. All patients with either a surgical or histological diagnosis of endometriosis were allotted to the study group and the rest were allotted to the control group. Data analysis was done and statistical comparisons were made on various symptoms of endometriosis between the two groups. Results: Out of the 200 participants enrolled in the study, 66 (33%) women were found to have endometriosis and 134 (67%) did not have endometriosis. The patients in both groups were homogenous in characteristics. The symptoms recorded for endometriosis and non-endometriosis group are given in Table 1. In comparison with women who did not have endometriosis, more women with endometriosis had significant pain symptoms like dysmenorrhoea (P value .006), pelvic pain (P value .003) and abdominal pain (P value .002). Back pain, dyspareunia and dyschezia were more seen in the endometriosis group but the difference was not statistically