



Poster



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Role of soluble e-cadherin in intrauterine growth restriction

Tyutyunnik Victor L

National Medical Research Centre, Russia

Introduction: Syncytiotrophoblast is an epithelial layer that covers the entire surface of villous tree and interacts with maternal blood. Its differentiation from chorionic trophoblasts is providing by cell fusion. Thus, the cell adhesion mechanisms are of particular interest in intrauterine growth restriction studies (IUGR). E-cadherin is a cell adhesion molecule with molecular weight of 120-kDa that is important for epithelial intercellular adhesion. Soluble form (80-kDa) consists of Ca-dependent proteolysis and can reduce cell adhesion.

Objective: The aim was to study the levels of soluble (80-kDa) and transmembrane (120-kDa) forms of E-cadherin in placentas of IUGR and non-IUGR fetuses.

Materials and methods: 38 pregnant women, among them 18 affected by Intrauterine Growth Restriction (IUGR) and 20 control subjects from normal pregnancies. The Western blotting was used for determination the levels of soluble and transmembrane E-cadherin in placentas. Measurement of E-cadherin gene expression was made by real-time polymerase chain reaction CFX96 («BioRad», USA). The statistical analysis was performed with programs AtteStat and OriginPro 8.1.

Results: In IUGR group the level of the transmembrane form of E-cadherin was reduced by 2.5 times and the soluble form by 4.8 times ($p < 0.05$) compared to normal placentas. Their ratio was of 1.6 in the IUGR group and 0.8 in control group (in both cases $p < 0.05$). We studied the expression of the E-cadherin gene CDH1. The level of expression of the E-cadherin gene CDH1 in the placentas from pregnancies with fetal growth restriction was reduced by 1.4 times compared to the control group ($p > 0.05$). The absence of significant differences indicates the possibility of post-translational modification of E-cadherin.

Conclusion: Thus, low levels of soluble E-cadherin in placentas are associated with decreased proliferation and mobility of trophoblast, which may be the cause of placental insufficiency and, consequently, IUGR.

tioutiounnik@mail.ru

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Uterine cavity abnormalities in patients with endometriosis in alexandria: A diagnostic test accuracy study

Eman Aly Abd El Fattah

Alexandria Faculty of Medicine, Egypt

Endometriosis occurs in 10% of women during the reproductive years It has been classified into superficial, deep and ovarian. It commonly presents between 25 and 29 years It is strongly associated with infertility, which is attributed to distorted adnexal anatomy, interference with oocyte development or early embryogenesis or reduced endometrial receptivity. Several studies have suggested an impairment of implantation which may be due to intrinsic deficiencies within the uterus, structural or ultra- structural defects. Endometrial plops are common gynecological disorder whose prevalence is increased in infertile women. The exact pathogenesis of these polyps is not yet known, but the similar pathological characteristics with endometriosis suggest a possible association. Anatomical uterine malformations are also linked to endometriosis. Uterine septum results in colicky uterine peristalsis and increased menstrual regurgitation through the fallopian tubes. Hypoplastic uterus may be also associated. Both hysterosalpingogram and transvaginal ultra- sonography are used to diagnose endometrial lesions but sometimes they are not enough. Hysteroscopy, the gold standard for evaluation of uterine causes of infertility, can detect small lesions that might not otherwise be detected by other methods. In the recent years office hysteroscopy has been preferred to operative hysteroscopy in routine evaluation of the endometrial cavity. Recently 4-D ultrasonography is being used for the same purpose but it is not yet established which is superior. In this study we aim to compare between 4-D ultra- sonography and office hysteroscopy in evaluating uterine cavity in cases with endometriosis.

eman0eman0eman7@Gmail.com

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Accepted Abstracts



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How to simplify the complete fetal echocardiogram to improve the detection rate of congenital heart diseases

Cristiane Zill

Fetal Cardiologist, Brazil

Congenital heart disease (CHD) is the most common birth defect, with an incidence of 6 to 8 per 1000 in all live births Major CHD is a kind of cardiac abnormalities which will have a significant effect on the life of a child and most of them require a surgical procedure in their early life Prenatal diagnosis of critical congenital heart disease improves newborn preoperative survival. Newborns with a postnatal diagnosis are more likely to die of cardiovascular compromise prior to planned cardiac surgery than are those with a prenatal diagnosis. The implications of an improvement in overall newborn survival following prenatal diagnosis could be far-reaching; they support expanded efforts to improve prenatal screening for congenital heart disease during routine obstetric examination, changes in sonographer training, updated recommendations for ultrasound examinations and improved access to fetal echocardiograms. Each of these involves significant time and resources and changes in practice for providers who care for women during pregnancy Diagnostic rates for CHD prior to delivery are suboptimal and influenced by socioeconomic factors. The effect is more notable when advanced views are required to make the diagnosis Complete fetal echocardiogram in a simple way can help improving the detection rate of congenital heart diseases and increased the newborns and children survival.

zill.cristiane@gmail.com

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The sequential embryo transfer compared to blastocyst embryo transfer in IVF cycle
Running head: The sequential embryo transfer

Elham Raisi

Imam Khomeini Hospital Center, Australia

The purpose of this study was to determine the pregnancy rate in the double sequential transfer of embryos on day 2 and on day 5 compared to day 5 alone, in IVF/ET in patients with the three repeated consecutive IVF failures. In this controlled trial, Women scheduled for IVF/ET with the three repeated consecutive IVF failures were randomized to either sequential transfer of embryos on day 2 and on day 5 after ovum pick-up (Group In =60) or blastocyst embryo transfer on day 5 (Group Ian =60) as a control group. The primary outcome measures were the chemical and clinical pregnancy rate. Baseline and cycle characteristics were comparable in both groups. Clinical pregnancy rate was similar in the sequential ET group (40%) compared to the day 5 of embryo transfer group (38.3%) (P value =0.85).It seems that the double embryo transfer doesn't increase the chance of pregnancy rate compared to blastocyst embryo transfer on day 5 in the patients with the three repeated IVF-embryo transfer failures.

Keywords: Repeated implantation failure, blastocysts, day 3 embryo transfer, sequential transfer. randomized clinical trial.

elhamraisi2012@gmail.com

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First trimester post abortal placenta increta: A case report

Marion Ariadne C Burgos

FEU-NRMF Medical Center, Philippines

Introduction: Obstetrical hemorrhage is one the leading causes of maternal morbidity and mortality in our country. It accounts for 298 out of 1,719 women (17.3 %). Obstetrical complications such as hemorrhage may ensue once the placenta adheres into the myometrium and was not noted during placental delivery.

Case Report: This is a case of a 30-year-old, Gravida 3 Para 1 (1021) who had persistent vaginal bleeding post curettage due to missed abortion at 11 weeks age of gestation.

Case Discussion: Differential diagnosis included retained secundines, gestational trophoblastic neoplasia, uterine arteriovenous malformation, and placental accrete syndrome. This could be differentiated by beta human chorionic gonadotrophic hormone and transvaginal ultrasound.

What made the case interesting is the dilemma in the diagnosis. In a case of persistent vaginal bleeding after curettage and with a history of cesarean delivery, one will initially think of placenta accrete syndrome. But then, initial diagnostic tests pointed out to uterine arteriovenous malformation. Due to the dilemma of the service team in clinching the diagnosis for a single disease entity, pelvic magnetic resonance imaging with contrast was done revealing a possible placenta accreta but cannot totally rule out vascular tumor

Since patient was initially desirous of future pregnancy, medical management was started and was scheduled for CT angiography. However, due to persistent vaginal bleeding, she underwent total abdominal hysterectomy. Histopathology result revealed a placenta increta.

Conclusion: In the advent of technology, a wide array of diagnostic modalities can be used to make an appropriate diagnosis. Clinical correlation and a high index of suspicion must be at all times considered above all. No matter how rare the condition, it should still be at the back of our minds.

noiram_burgos@yahoo.com

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A new "Tranexamic acid coated or eluted uterine balloon and co- attached cervical shutter in post-partum haemorrhage", is not merely a tamponade but more

Nasser Kamal Abd El Aal

Menoufia Faculty of Medicine, Egypt

Described herein, a patent pending new combatant in armamentarium against worldwide women life threatening Postpartum Hemorrhage(PPH). It has been entitled "Tranexamic Acid (TXA)- Coated or Eluted Uterine Balloon and its co attached cervical shutter or" Barricade ". It enforces the tamponade effect of currently used non medicated uterine balloons with an additional inbuilt mechanism of local steady release of the antifibrinolytic TXA into uterine cavity that has been evidenced to contribute to haemostasis in cases of PPH. The invention ushers a new era of utilizing the uterine balloon surface coat as a delivery vehicle for TXA. This can be achieved via different techniques including and not limited to matrix coating or eluting of nanoparticulate TXA in the outermost layer of the balloon. TXA coated or eluted balloon replenish non medicated balloons with a therapeutic modality of the TXA related anti-fibrinolysis especially in hemorrhages known to be associated with coagulopathy. This potential for topical application of TXA rather than systemic administration of the drug avails the merit of avoiding TXA related theoretical risk of thromboembolism. Moreover, drug coating of the balloon surface is not limited to TXA, but it may utilize other haemostatics and coagulants like thrombin, fibrinogen and activated F11v as well. Additionally, this invention offers an innovative solution for the technical difficulty of retaining the released drug inside an open hollow uterine cavity and its fast escape through the cervix by the co attached cervical shutter or "Barricade". The latter was designed to provide sustained residency and efficient drug transfer into the uterine cavity, thus contributing to a consistent and efficient TXA delivery at the site of action. Moreover, the cervical shutter exerts an additional function of extra counter pressure on the lower uterine segment which may be the bleeding site in cases of abnormally adherent placenta centers to become trauma- informed that would help this recognition.

Nasserkamal411@gmail.com

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Placenta percreta induced third trimester uterine rupture in an unscarred uterus: A diagnostic dilemma

Samantha Quennie Wanasen-Razon

FEU-NRMF Medical Center, Philippines

Cases of uterine rupture induced by placenta percreta in an unscarred uterus are rare. This is a case of 30-year-old, Gravida 2 Para 1 (1001) Pregnancy Uterine 31 Weeks and 2 days age of gestation with persistent generalized abdominal pain found out to have uterine rupture secondary to placenta percreta. This paper aims to discuss the differential diagnoses for cases of third trimester abdominal pain, the appropriate diagnostic modalities and the best management for such case. Uterine rupture should be considered in the differential diagnosis in all pregnant women who present with acute abdomen even if there are no risk factors. Exploratory laparotomy was done to investigate the cause of the patient's severe abdominal pain on top of intrauterine fetal bradycardia. During the procedure, uterine rupture with massive bleeding was detected; therefore, subtotal abdominal hysterectomy was performed. The patient was discharged without any complications. Pathological analysis of the uterine specimen revealed placenta percreta to be the cause of the rupture.

Samwanasenrazon@gmail.com

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A case study of pregnancy who undergo ante natalcare in obgyn polyclinic puskesmas cilacap tengah 1 in period of january to december 2015

Selly Septina

YARSI University, Indonesia

Anemia in pregnancy occurs when there is decreasing of erythrocytes, hemoglobin quantity, or packed red cell volume below normal rate, which is Hb <11 g/dl. This may be caused by several risk factor related with demographic data in ante natal care medical record. This study aimed to know about presentation of anemia pregnancy in gravid aterm in obgyn policlinic Puskesmas Cilacap Tengah 1 in period of January to December 2015. This is a quantitative descriptive study using ante natal care medical records win Puskesmas Cilacap Tengah 1 during January to December 2015 (12 months data). The result of analyzing medical records is majority of pregnant woman had mild anemia (55, 1%), young adult (79, 8%), in third trimester (50, 6%), multigravida (62, 9%), didn't work (93, 3%), had normal LILA (74, 2%), had normal IMT (51, 7%), and had middle educational status (53, 9%). Several risk factor of anemia pregnancies mentioned in previous theory is appropriate with the result of this study. However, there are several results of this study didn't suitable with the previous theory that may be caused by limitation of this study such as short period of study (only one year) and incompleteness of medical records data of ante natal care.

sellyseptina@gmail.com

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Evaluation of the effect of trans-vaginal ovarian needle puncture on women with polycystic ovary syndrome

Mohamed Mouselhy Farrag
Suez Canal University, Egypt

Introduction: Polycystic Ovary Syndrome (PCOS) is a syndrome of ovarian dysfunction showing cardinal features of hyper-androgenism and polycystic ovarian morphology. Many therapeutic strategies have been used to restore ovulation in women with PCOS who are infertile. Ultrasound-guided transvaginal ovarian needle puncture is a new surgical method used to induce ovulation.

Methods: This prospective interventional study was conducted in a tertiary care hospital and was performed on 54 women with clomiphene resistant PCOS with primary or secondary infertility divided into two groups. Group I Included twenty-seven patients who received aromatase inhibitors (letrozole 2.5mg) twice daily starting from the 2nd day of menstrual cycle for 5 days, and Follicle Stimulating Hormone (FSH) administered with 75 IU daily from cycle day 3 and maintained for up to the 14th day of the cycle. Group II Included twenty-seven patients who underwent ultrasound- guided transvaginal needle ovarian puncture prior to the induction of ovulation by the same protocol used in group I from the next cycle for 3 months. For all patients, serum FSH, LH, and free Testosterone levels were measured on day 3 of the next menses. All patients were monitored in the early and late parts of the follicular phase. The ultrasound data taken from the day 7 of the menstrual cycle was collected and monitored to determine the ovarian response and follicular growth. All patients were monitored for the mean follicular diameter, number of dominant follicles and endometrial thickness on day of hcG administration

Results: The ovulation rate with trans-vaginal ovarian puncture in group II was (84%) which is higher than that in group I (62.5%) with a statistically significant difference. Also, the cumulative pregnancy rate in group II was higher (33.3 %) compared to 15 % in group I. There is a marked decline in LH level in group II which was treated by trans-vaginal ovarian puncture that of group I, and this was reflected on LH/FSH ratio which markedly declined in the group II. Free testosterone showed significant decline in group II.

Conclusion: Ultrasound guided trans-vaginal ovarian needle puncture is an effective method for improving the outcome in women with PCOS who are resistant to clomiphene citrate. It resulted in a significant change in baseline hormonal profile level of LH and serum testosterone.

mouselhy@hotmail.com

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