



Scientific Tracks & Abstracts



2nd World Congress on
GYNECOLOGY AND OBSTETRICS

May 13-14 , 2019 Tokyo, Japan

Uterine compression sutures are safe and effective in preventing hysterectomy

Werner Stein

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Objective: To examine whether uterine compression sutures are safe and effective in preventing hysterectomy among women with Postpartum Hemorrhage (PPH) and whether early application might reduce the incidence of transfusion.

Methods: Data were reviewed from women treated via uterine compression sutures after cesarean delivery at a university hospital between 2007 and 2016. Objective and subjective data were collected by analyzing medical records and performing telephone interviews. To observe trends during the study period, data from the first 50% of women treated were compared with those from the second 50%.

Result: Overall, 26 cesareans with uterine compression sutures were performed. Two hysterectomies could not be avoided. During 2012-2016, 18 quilting sutures were performed as compared with 8 in 2007-2011, pointing to a more liberal indication. Intensive care was required twice as frequently among the first 13 procedures than among the second 13 procedures (10 vs 5, respectively). A similar observation was made for the use of blood transfusions or clotting activation (9 vs 4, respectively). Three women who desired to have a child subsequently delivered a newborn.

Conclusion: Quilting sutures were found to be a safe and simple technique to prevent hysterectomies in PPH. Morbidity was reduced when the decision to perform sutures was taken early.

Biography

Dr. Werner Stein is a gynecologist from the Medical Centre, Germany. He is specialized in reproductive medicine and his area of interest includes reproductive medicine, obstetrics and gynecology.

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Group A streptococcal infection in obstetrics and gynecology

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Lancefield Group A Streptococcus is an important global pathogen with the ability to cause significant disease and has particular implications in Obstetrics and Gynecology. Five to thirty per cent of the population are asymptomatic carriers. Invasive Group A Strep infection have become a leading cause of maternal mortality worldwide. The incidence and virulence have been increasing for the past 30 years.

There are estimated to be over 75,000 deaths from puerperal sepsis annually. The highest death rates are in Asia, Africa and Latin America. The incidence of infection ranges from 3-10 per 100,000 in North America. There is a twenty-fold increase risk in the risk of invasive infection in pregnancy and post-partum women. Most post-partum infections arise in the first 24-48 hours after delivery, often when the mother has been discharged from hospital. Gynecological invasive disease usually manifests as toxic shock or flesh-eating disease.

This presentation will discuss Invasive Group A streptococcal infections in obstetrics and gynecology. The objectives are:

1. To understand the magnitude of Invasive Group A Strep infections in Obstetrics and Gynecology
2. To develop a clinical awareness and approach to early diagnosis of puerperal sepsis
3. To review principles in management for post-partum sepsis

Biography

Dr. Zaltz is obstetrician and gynecologist-in-chief at Sunnybrook Health Sciences Centre. He is also the chief of the Women's and Babies Program and is associate professor of obstetrics and gynecology at the University of Toronto. He has been on staff at Sunnybrook since 1987. He practices general obstetrics and gynecology, and minimally invasive surgery. He is involved in the gynecological management of women with hereditary breast cancer in conjunction with the breast centre.

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An unusual presentation of eclampsia

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Background: Eclampsia complicates around 1 in 2000 pregnancies and is one of the major causes of maternal death. Nearly 50% of cases can occur without signs and symptoms of pre-eclampsia. This case highlights the issue of rapid onset eclampsia with no previous evidence of pre-eclampsia and the possibility of rapid deterioration.

Case presentation: A 31-year-old primigravida patient presented for induction of labour at 39 weeks from prolonged pre-labour rupture of membranes. The patient had a low risk pregnancy otherwise. She had an isolated blood pressure of 180/105mmHg three hours post commencement of oxytocin. This was effectively treated with oral labetalol. The patient remained asymptomatic of eclampsia throughout, however suddenly progressed to have a two-minute tonic clonic seizure. She was treated with magnesium sulphate and transferred for emergency caesarean section. Intraoperative platelet count decreased to 26 (from 202) prompting a diagnosis of disseminated intravascular coagulation. On day two postpartum the patient developed dizziness and blurred vision. MRI brain demonstrated FLAIR hyperintensity and a diagnosis of posterior reversible encephalopathy syndrome was made. These symptoms resolved spontaneously by discharge.

Conclusion: Eclampsia remains a major cause of maternal mortality and almost 1 in 50 women who suffer an eclamptic seizure will die as a result. This case highlights the potential atypical presentations of eclampsia and the importance of early recognition to avoid potentially fatal eclamptic seizures. As a multidisciplinary team we must be vigilant in our assessment of hypertension or indeed any symptoms of eclampsia to ensure prompt treatment.

Biography

Dr Nicholas Dilley is a senior resident medical officer at in Western Sydney and has previously presented at the International Association for Medical Education. Dr Reena Mohan is a consultant obstetrician and gynaecologist for Western Sydney Local Health District.

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Incidental intravascular leiomyomatosis: A case report and review of the literature

Samara Tahreen Sabur

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Intravascular Leiomyomatosis (IVL) is a rare smooth muscle cell tumour that is histologically benign with metastatic behaviour. The tumour arises from the uterus and grows within the venous system, extending to the inferior vena cava, right-sided cardiac chambers and pulmonary vessels. IVL can be fatal, resulting in thromboembolic events, congestive heart failure and intra-pulmonary leiomyomatosis. There is also a risk of recurrence if the tumour is not completely resected.

Presentation usually occurs after the disease has advanced with symptoms of haemodynamic instability, dyspnoea, palpitations, chest or abdominal pain.² Typically, diagnosis is based on macroscopic description of worm-like tumour projections in the veins and/or microscopic evidence of intraluminal leiomyomas.

We report a case of a 44-year-old woman who underwent a total abdominal hysterectomy and bilateral salpingectomy for simple hyperplasia, diagnosed from uterine curettage performed for menorrhagia. Intraoperatively, increased vascularity and aberrant vessels were noted on the serosal surface. The macroscopic pathology examination was normal, however, the histopathology demonstrated smooth muscle tumours in 2 vessels, consistent with IVL.

The patient underwent computed tomography imaging of the chest and abdomen to rule out metastases and is scheduled for yearly follow-up due to the risk of recurrence. This case highlights a rare but important diagnosis that gynecologists should be suspicious of when abnormal vascularity is seen on the uterus, especially due to the high risk of morbidity and recurrence with IVL. We review the literature and discuss management options for optimal outcomes of this disease.

Biography

Samara Sabur is a junior medical doctor, training in obstetrics and gynecology at the Northern Beaches Hospital in Sydney, Australia. She is currently completing a Master of Public Health through the University of Sydney and is an associate lecturer at the School of Medicine in University of Western Sydney. She has previously presented research at the European Congress of Obstetrics and Gynecology as well as the Australasian Gynecological and Endoscopy Society annual scientific meeting.

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Long acting penicillin use in pregnant females with history of unexplained pre-labor rupture of membranes

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Background: Different mechanisms were proposed for spontaneous rupture of the membranes. Bacteria living in genital tract may ascend through the cervical canal causing localized inflammation producing proteolytic enzymes that can weaken the membranes. Group B Streptococcus colonizes the vaginal and gastrointestinal tracts adhering to vaginal mucosal cells exposing the unborn infant to the risk of vertical transmission causing perinatal and neonatal mortality and morbidity. Penicillins were used in the pooled trials showing benefits of antibiotics in this context.

Objectives: Evaluation of penicillin as a prophylaxis against bacterial colonization and recurrent pre-labor rupture of membranes.

Study Design: Pregnant females with positive past history of unexplained pre-labor rupture of membranes were selected from antenatal clinic from December 2017 to December 2018. Clinical, ultra-sonographic and microbiological examination of vaginal swabs were done. Microbiologically negative females (144) were divided into two groups each of 55 cases: group A received long acting penicillin as monthly I.M injection and group B received placebo. Swabs were repeated monthly till 36 weeks gestation with follow up for occurrence of pre-labor rupture of membranes, or bacterial colonization.

Statistical analysis: Method of randomization: The allocation sequence was generated using permuted block randomization technique with variable block size. Allocation sequence/code 3 was concealed from the person allocating the participants to the intervention arms using sealed opaque envelopes.

Blinding: Double blinded approach was adopted. Masking/blinding was employed to participants, and analysis team. Data were collected and entered to the computer using SPSS program for statistical analysis as numerical or categorical.

Results: Primary outcome is prevention of recurrent Pre-labor rupture of membranes. Secondary outcome is prevention of bacterial colonization, Pre-labor rupture of membranes occurred in 13 cases ($p=0.140$ NS); nine in group B and 4 in group A, although considerable but not statistically significant. Bacterial colonization occurred in 14 cases ($p=0.004^*$); two in group A and 12 in group B, which is statistically significant.

Conclusion: Penicillin was statistically significant in preventing bacterial colonization but not in preventing recurrent pre-labor rupture of membranes.

Key words: Penicillin, bacteria, pre-labor rupture of membranes.

Biography

Dr. Eman Aly Abd El Fattah is a assistant professor of obstetrics and gynecology Alexandria faculty of medicine ,EGYPT since 2015. Lecturer of obstetrics and gynecology at the same faculty since 2012. Doctorate degree in high risk pregnancy and infertility 2012. Researcher in infertility and high-risk pregnancy since 2007. Researcher in feto-maternal medicine since 2002. Master's degree in obstetrics and gynecology 2000. Resident at El-shatby maternity university hospital from 1996 to 2000. Mbbch of medicine 1995.

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Pregnancy after secondary amenorrhea due to pituitary tumor treatment: A case report

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Background: Pregnancy is uncommon occurrence in a woman with pituitary tumor. This tumor interrupts the normal reproductive cycles resulting symptoms of amenorrhea, anovulation and, consequently, infertility. Optimal medical and surgical management of pituitary tumor is often required to restore the reproductive cycle and fertility in this woman.

Aim: To report a case of a patient with pituitary tumor who had pregnancy and resume of menses after surgery and medical therapy.

Case presentation: A 29 years old women, P0A1 presented with amenorrhea for 12 months and headache. Her gynecological ultrasonography presented no abnormalities, her prolactin level was high, and her Luteinizing and follicle hormone was low, imaging studies showed pituitary macroadenoma. She underwent TSSBS and dopamine agonist therapy. She had complete hormonal remission after 3 months prior to surgery, her menses resume, and she was pregnant after 6 months from surgery.

Conclusion: It is important to evaluate amenorrhea with pituitary adenoma patient comprehensively; an optimal medical and surgical management will give possibility of a good outcome.

Biography

Nadya Magfira is a post graduate student at University of Indonesia, Jakarta Indonesia. She is currently completing a Master of Clinical Epidemiologic and is a medical doctor in Krakatau Medical Hospital, Indonesia.

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Successful delivery outcome with Eisenmenger syndrome in low resource setting: A rare case report

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Eisenmenger syndrome is very rare in pregnant women with an incidence of about 3%. It is rarely reported, but it is associated with significant morbidity and mortality of both mother and baby. It is well known that pregnancy poses an immense risk and maternal mortality reached 56% and even in recent reports mortality rate remains unacceptably high (25-30%).

A woman, 35 years old, G3P1A1 36-37 weeks of gestational age (Her Last Menstrual Period- LMP was on 13/07/2017), singleton live head presentation, previous C-section 1 times was referred from clinic due to absent end diastolic on doppler examination to emergency room with complaining of breathless at rest. On examination, peripheral and central cyanosis was noted with presented clubbing finger at upper limb. On further examination, she had a pulse 102/min, BP=127/80mm of Hg, respiratory rate=24/min, oxygen saturation=82 % (on room air), with a raised JVP. On auscultation of the chest bilateral basal crepitations were heard, a pansystolic murmur and loud pulmonary component of second heart sound with no ejection systolic murmur was heard on auscultation. Hemoglobin, leucocyte hematocrit and platelet values were 20.8 g/dL, 50.9%, 5.58x10³ / μ L, 189x10³ / μ L, respectively. Arterial blood gas analysis revealed a pH 7.34, pCO₂ 39, pO₂ 68 and hCO₃ 21 and Base excess -4.5.

Immediately, multidisciplinary care was initiated, and consultant obstetrician was called in and cardiac and anesthesia teams were involved in planning further care. The decision for urgent delivery was taken in view of maternal and fetal condition and an emergency Lower Segment Cesarean Section (LSCS) continued with tubectomy pomeon were done under epidural anesthesia with intra- arterial pressure and Central Venous Pressure (CVP) for monitoring hemodynamic changes. The baby was reported to be doing well with no immediate complications and was shifted to Neonatal Intensive Care Unit (NICU) Patient was shifted to Intensive Care Unit (ICU) for post-operative care, and thromboprophylaxis post-operative day 1. She was discharged on the eighth post-operative day.

Biography

Dalri Muhammad Suhartomo is a specialized doctor from the department of gynecology and obstetrics at the Cipto Mangunkusumo National Hospital, Indonesia. His area of interest includes obstetrics, gynecology, delivery methods etc.

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Special Session



Can metformin limit weight gain in the obese with pregnancy?

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Background: Maternal overweight and obesity is associated with many obstetric complications. Obesity is linked to insulin resistance. Improving insulin sensitivity may therefore account for weight reduction. Metformin was found to be effective in type 2 diabetes and polycystic ovarian syndrome through improving insulin sensitivity. Several studies proved its efficacy in the obese non- pregnant, but its role during pregnancy is not yet well-established. In this study, we are testing the ability of metformin to limit weight gain with pregnancy and therefore reducing complications as gestational Diabetes and hypertension.

Methods: A prospective study was conducted in Alexandria, Egypt. The study was registered in the South African Cochrane Centre under an identification number PACTR201505001142202. Two Hundred participants with a BMI of ≥ 35 Kg/m², pregnant in the early second trimester, were equally divided into two groups; in which group 1 will receive metformin 500 mg twice a day and group 2 will receive placebo. Prior to inclusion, 75 g oral glucose tolerance test, fasting insulin, fasting blood glucose, 1 h and 2 h glucose blood and HbA1C were measured. Both groups were followed up monthly for weight and for pregnancy complications namely gestational diabetes and pre-eclampsia till 36 weeks of pregnancy.

Results: There was a significant difference in the weight gain and the one-hour blood sugar measurement between the two groups, but not in the occurrence of pregnancy complications namely gestational diabetes and hypertension.

Conclusions: Metformin succeeded to limit weight gain the obese with pregnancy.

Biography

Dr. Eman Abd Elfattah is a assistant professor of obstetrics and gynecology Alexandria faculty of medicine ,EGYPT since 2015. Lecturer of obstetrics and gynecology at the same faculty since 2012. Doctorate degree in high risk pregnancy and infertility 2012. Researcher in infertility and high-risk pregnancy since 2007. Researcher in feto-maternal medicine since 2002. Master's degree in obstetrics and gynecology 2000. Resident at El-shatby maternity university hospital from 1996 to 2000. Mbbch of medicine 1995.

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