0010
Spontaneous uterine rupture secondary to pyometra in a cervical cancer patient: a case report
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Pyometra is a rare gynecologic disease entity with an incidence of 0.01–0.5% among all gynecologic patients and 13.6% among elderly gynecologic patients. It is the accumulation of pus within the uterine cavity which is commonly caused by a blockage or compromise in the outflow tract of the uterus. Pyometra in itself is rare, much so is uterine rupture occurring secondary to it. There is no local data available that reported incidence of ruptured pyometra in the Philippines. This is a case of a 63 year old Gravida 5 Para 5 (5–0–0–4), diagnosed case of Cervical Endometrioid Adenocarcinoma Stage IIIb, who was presented with abdominal pain. Computed Tomography Scan of the whole abdomen with intravenous contrast revealed moderate pneumoperitoneum of indeterminate etiology, for which an initial assessment of acute abdomen secondary to ruptured viscus was made. Patient underwent exploratory laparotomy. Intraoperative finding was ruptured pyometra and peritoneal toilette and insertion of drainage were subsequently done. Culture guided antibiotics were administered and patient underwent radiotherapy and brachytherapy after infection was resolved. Spontaneous rupture of pyometra with associated malignancy is a serious medical condition which requires prompt surgical and medical management. However, preoperative diagnosis is difficult despite the presence of advanced imaging techniques, hence high level of suspicion is warranted in identifying this condition. Accurate diagnosis of pyometra prior to rupture may require less invasive management, therefore it is of same importance to identify presence of pyometra even before it leads to its catastrophic complications.

0011
Awareness and practices on adult vaccination of obstetrician-gynecologists in the Philippines
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Background: Adult vaccination is necessary in preventing many infectious diseases. In the female population, the obstetrician-gynecologist is placed at the forefront of health promotion and disease prevention. In 2011, the Philippine Obstetrics and Gynecology Society (POGS) released the Clinical Practice Guidelines on Immunization for Filipino Women.

Objective: This study determined the awareness and practices of OB-GYN specialists on adult vaccination and their perceived hindrances to routine vaccination.

Methodology: A self-administered questionnaire was given to fellows of the Philippine Obstetrics and Gynecology Society. The questionnaire consisted of four sections: 1) demographic characteristics, 2) awareness of the guidelines, 3) vaccination practices, and 4) factors hindering vaccine administration.

Results and Discussion: 95% of the OB-GYNs were aware of Clinical Practice Guidelines on Immunization but only 4% routinely administered all the vaccines. The most commonly administered vaccine was Human Papilloma Virus (HPV) vaccine (42.7%), followed by Influenza virus vaccine (28.1%), and Hepatitis B vaccine (27.3%). There is no significant relationship between the respondent’s age, number of years in practice, place of practice, affiliation with a teaching hospital, or subspecialty training and vaccine recommendation and administration. There is a significant positive relationship between awareness of the practice guidelines and the frequency of recommending the Tetanus-Diphtheria-Pertussis vaccine and Influenza vaccine. Similarly, awareness of the practice guidelines was related to increased frequency of administering the HPV vaccine and the Influenza vaccine. High cost was identified as the most common hindrance to the routine administration of vaccines followed by unavailability of the vaccines.

Conclusion: In the country, there is low rate of vaccine administration by obstetrician-gynecologists. Awareness of the Clinical Practice Guideline on Immunization is a positive predictor of vaccine recommendation and administration. Although cost is an issue, increasing awareness among OB-GYNs though vaccinology courses may help decrease the incidence of several infectious diseases affecting the Filipino women.
Open access surgery via laparotomy for the management of a ruptured corneal ectopic at 17 weeks in a woman with an intrauterine pregnancy at 12 weeks: case report

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Background: Corneal ectopics are very rare and account of 0.1% of the total ectopic pregnancies and is more frequent in women with previous myomectomies. It is generally accepted that, corneal ectopics can get easily missed in the ultrasound scan because they look like intrauterine pregnancies.

Case presentation: We are presenting a case of a 42 year old woman, who had previous hysteroscopic myomectomy for a submucous fibroid and she was 17 weeks on the day of admission to A&E of Northwick Park hospital. Chlamydia check was negative and was spontaneous pregnancy. The booking bloods were normal and antenatal screening for Hepatitis B and C, HIV, Syphilis were negative. 12/40 scan showed an intrauterine pregnancy. She was admitted in A&E due to severe abdominal pain and nausea. She was seen by the A&E consultant who referred the patient to general surgeons for suspected ruptured appendix and to the gynaecology team for possible miscarriage. Her inflammatory markers were raised and her Hb on admission was 110. Due to busy workload, the patient was reviewed the next day by the gynaecology SHO. Abdomen was very tender and there was guarding. Gynae SHO requested a scan which shown an acic fluid and the Hb was dropped from 110 to 95 and then to 65. Patient had also an MRI before theatre which shown intraperitoneal fluid due to bleeding. Patient had a laparotomy due to ruptured corneal ectopic and EBL:2200 ml. She received 2 units of blood. Patient went home in good condition.

Discussion: The reason to submit this poster, is to increase the awareness of clinical staff of the importance of clinical picture and that, ultrasound scans are not always diagnostic and we can’t take always decisions based on the diagnostic tests. It is also important to remember that, corneal ectopics look like intrauterine pregnancies.

Mixed germ cell tumor in androgen insensitivity syndrome: a case report

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Introduction: Androgen insensitivity syndrome (AIS) is a disorder of sexual development characterized by female phenotype with 46XY karyotype. Pathogenesis involves mutation in the androgen receptor gene located on the proximal long arm of the X chromosome at Xq11–12, which results in unresponsiveness of the target organs to androgen stimulation.1,2,3

Case Outline: A 15-year-old female looking adolescent initially presented with a gradually enlarging abdominopelvic mass. Her thelarche and growth spurt occurred at 13 years of age with no development of axillary and pubic hairs. She remained amenorrheic. Breast examination revealed Tanner stage 2. On abdominal examination, a 14 × 14 cm solid non-movable, non-tender mass was noted at the hypogastric area. Her labia majora and minora were well-developed and the urethral and vaginal openings were both patent. Hymen was intact without clitoromegaly. Sonographic studies revealed absence of cervix and uterus. Laboratory tests showed elevated serum levels of luteinizing hormone, elevated follicle stimulating hormone, normal testosterone and low estradiol. Karyotyping showed 46XY. She underwent emergency surgical resection of the mass due to its obstructive effects. Histopathologic examination revealed mixed germ cell tumor - seminoma and yolk sac. Post-operative chemotherapy was instituted.

Conclusion: The diagnosis of AIS is made based on the physical examination findings, endocrine profiling, imaging studies and karyotyping. The presence of undescended testis increases the likelihood of gonadal malignant transformation hence, prophylactic gonadectomy is advocated. If early malignant transformation has occurred, gonadectomy becomes therapeutic. Management of AIS involves multidisciplinary approach involving a gynecologist, oncologist, urologist, pediatrician, endocrinologist, geneticist, pathologist and psychiatrist.

Reversal of organic changes in the pelvis after myomectomy: a case report

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Introduction: Uterine leiomyomas are the most common tumor of the female reproductive tract. Mostly asymptomatic but 20–50% can cause menstrual abnormality, dysmenorrhea, mass per abdomen and pressure symptoms. Treatment varies according to the age and symptoms, myomectomy being the conservative surgery in view of infertility in the past but since this concept has been changed in the recent days as organ preserving surgery is gaining popularity, thus it should
be offered to those who want to preserve the uterus beside age and reproductive status.

Objectives: Share the experiences of huge myoma causing gross compression of the ureter, technical difficulty and reversal of the hydroureter following myomectomy.

Methods: A case report of a lady, 37 years Para 1 with last child birth 14 years back and a huge myoma with gross hydroureter which resolved after myomectomy.

Conclusion: Myomectomy is safe in experienced hands and one should be vigilant from every aspects to avoid complications. Compressive symptoms are transient and resolved though gross after the surgery.

0026
How laboratory accreditation improve the quality of gynaecological cytopathology service: a worldwide experience
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Introduction: Diagnostic cytopathology of gynaecological specimens are important in providing the competent and successful medical care. It allows the laboratory examination of individual cell details from specimens for the purpose of prognosis and diagnosis of different gynaecological diseases. Preparation of good quality cytological smears is vital for differentiating benign from malignant growth. It facilitates the cyto technologists and pathologists in their routine cytology screening for abnormal cells in the gynaecological specimens. Cytopathology laboratories may choose to be accredited under the laboratory accreditation schemes provided by accreditation services of different countries. Laboratories accredited will provide good quality results through internal quality controls and external quality assurance programmes. A study was performed on the accreditation of cytopathology laboratories in different countries. Results of study provide important insights to laboratories for individual choice for accreditation under laboratory accreditation schemes.

Objective: To study how laboratory accreditation improve the quality of gynaecological cytopathology service in the hospital setting.

Methodology / Process: A qualitative study had been performed which involved the comprehensive literature review of documents concerning the accreditation of hospital-based cytopathology laboratories in different countries. Samples of study were obtained in a systematic way to increase the credibility of the results obtained.

Results/Outcomes: Documents concerning the accreditation of cytopathology laboratories were identified and studied. Benefits identified including the assurance that accurate and reliable gynaecological cytopathology service was provided by competent and qualified healthcare professionals; the laboratories were competent for performing certain procedures in the cytopathology examination; a process-based quality management of internationally recognized standard existed in the laboratories.

Conclusion: Accreditation of hospital-based cytopathology laboratories ensures that their materials, products, services, systems and processes of work comply with international standards through the provision of suitable requirements and guidelines. The study provides important insights to different laboratories for individual choice for accreditation in the hospital setting.

0034
Effectiveness of ulipristal acetate
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Introduction: Unplanned pregnancy is a multifactorial problem affecting up to 7% of women. Despite emergency contraception (EC), many still become pregnant requiring termination of pregnancy (TOP). Increased effectiveness of EC and less reliance on TOP has positive benefits on a women’s social mental and physical wellbeing. Studies looking at follicles close to ovulation have shown that levonorgestrel (previously 1st line EC) inhibits 14.6% of follicles where as ulipristal acetate (new 1st line EC) inhibits 58.8 % (Brache 2010) This suggests that ulipristal acetate works closer to ovulation, when risk of pregnancy is highest. This resulted in a change in guidance from the faculty of sexual and reproductive health to offer ulipristal acetate (trade name - ellaOne) as first line of (EC) over levonorgestrel.

Methods: Audit of women, receiving ulipristal acetate as 1st line (EC) was compared to a retrospective audit of women who received levonorgestrel as 1st line.

Results: 662 women received ulipristal acetate, 1 required a TOP. 1397 received levonorgestrel of which 5 required TOP. This is shown below in the table with the failure rate.

<table>
<thead>
<tr>
<th></th>
<th>No. of Women</th>
<th>No. Requiring</th>
<th>TOP</th>
<th>Failure Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ulipristal acetate</td>
<td>662</td>
<td>1</td>
<td></td>
<td>0.0015106</td>
</tr>
<tr>
<td>Levonorgestrel</td>
<td>1397</td>
<td>5</td>
<td></td>
<td>0.0030157</td>
</tr>
</tbody>
</table>

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The odds ratio (of the failure rates) between ulipristal acetate compared to levonorgestrel is 0.50.

(Calculation: Odds Ratio = 0.0015106 / 0.0030157 = 0.50091189).

Conclusion: This demonstrates that the change in faculty guidance is justified and data from studies suggesting ulipristal acetate is more effective than levonorgestrel is reflected in clinical practice.

References:

0044
Case report on double uterus
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The prevalence of Mullerian duct anomalies (MDAs) is 5.5 percent in general population. A didelphys uterus is the least common MDAs and has estimated frequency of 1 in 100,000. It results from abnormal maturation of one Müllerian duct with normal development of the contra lateral one. Preoperative workup and obtaining the correct diagnosis is difficult particularly in teenage as transvaginal sonography is impossible. Although laparoscopic surgery is an appropriate treatment, laparotomy is sometime still indicated. Underlying age and previous surgeries may be in favour of laparotomy.

Case 1: A 18-year old, single, presented with lower abdominal pain and severe dysmenorrhea. She was diagnosed as endometrioma by ultrasound rather than magnetic resonance imaging (MRI). There were no concomitant renal anomalies. The correct diagnosis was obtained during laparoscopy; uterus dydelphus with one blind ended uterus. The cavitated non-communicating left uterus was removed laparoscopically without complication.

Case 2: A 11-year old girl presented with dull, intermitted left lower abdominal pain off and on for 4 months since menarche. Detailed history was unavailable and diagnosis was unclear with imaging study stating that adnexa mass or bicornuate uterus. Although laparoscopy is the best, minilaparotomy was undertaken as she is too young and had large abdominal scar for Hirschprung disease done at two years of age. Removal of left uterus with stenosed cervix was done.

Discussion: Mullerian dysgenesis is uncommon which can lead to diagnostic dilemma (case 1). The detection of uterine anomaly is of great importance and transvaginal sonography offers a reliable diagnostic method in predicting uterine anomalies. MRI interpretation is occasionally misleading. With regard to therapeutic approach, it is concluded individual based surgery is fundamental. Although laparoscopic surgery is the best way, minilaparotomy is still applicable in young girl (case 2) with huge laparotomy scar.

0050
Single dose versus multiple dose antibiotic regimens in elective gynaecologic surgery: results of a clinical controlled trial
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Introduction: Post operative surgical wound infection is a major source of morbidity and mortality. The frequency of post operative infection has been reported to have been high without the use of antibiotic prophylaxis. Short course of antibiotic is as efficacious as longer courses in preventing post operative infections.

Objective: Assess the efficacy of single dose preoperative antibiotic prophylaxis versus multiple dose of antibiotics in prevention of surgical site infection. To determine the incidence of febrile morbidity in both the study groups.

Materials and methods: This was a randomized clinical trial including women undergoing abdominal and vaginal gynaecologic surgery who met the selection criteria. Total of 260 women were recruited in the study and allocated into 2 groups. Group A received prophylactic single dose of 1.5 gm Cefuroxime intravenously 30mins before surgical incision was given. Group B received prophylactic antibiotic dose as well as 1.5 gm of Cefuroxime intravenous, 12 hourly for 48 hours in post operative period. Data was collected for analyses using SPSS version 11.

Results: Due to intraoperative complications 6 patients from group A had to be administered intravenous Cefuroxime intra and/or postoperatively and hence excluded from the study. Postoperatively none of the patients in group A developed any febrile morbidity while 3 (2.3%) women in group B developed febrile morbidity. Overall rate of febrile morbidity was 1.18%. A total of 7 (2.75%) patients developed postoperative surgical site infections. Among them, Two (1.6 %) women from group A and 5 (3.8%) were from group B (p = 0.448).
Conclusion: Single dose prophylactic antibiotic is as effective as multiple dose regimen. There was no significant difference in wound infections and febrile morbidity in both the groups.

0056
Non-puerperal chronic inversion of uterus due to big fibroid uterus in a post menopausal women – a case report
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Introduction: Chronic non puerperal uterine inversion is very rare complication that occurs as a complication of intrauterine especially a big submucous fibroid. It is so rare that many gynecologists may not encounter such a case in their professional carrier.

Description: Here reporting a 58 years widow of lower socio economic status presented to emergency centre of Chittagong medical college Hospital with complaints of sudden protrusion of big mass through introitus in an attempt of defecation of hard stool on the day of admission and history of per vaginal watery discharge for long time and severe anemia. After correction of anemia and under coverage of broad spectrum antibiotic she subsequently underwent vaginal myomectomy followed by vaginal hysterectomy on the same sitting. Pathological examination reveals a fibroid uterus. Patient recovers well.

Conclusion: Chronic puerperal inversion of uterus is rare. Infection should be suspected and appropriate broad spectrum antibiotic begun while planning surgery. An attempt at vaginal restoration and removal is difficult but not impossible. During vaginal hysterectomy care to locate the bladder and distal urinary collecting system is a must. So, high index of suspicion is imperative to limit morbidity and enhance proper management.

Key word: Fibroid uterus, Non puerperal, uterine inversion.

0062
Efficacy and safety of ulipristal acetate (UPA) in Korean patients with symptomatic uterine fibroids: how much volume reduction can actually be expected?
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Introduction: Ulipristal acetate (UPA) is a selective progesterone receptor modulator that is used for the treatment of uterine myomas. This drug is known to effectively control heavy menstrual bleeding and reduce the size of uterine myomas.

Objectives: To investigate the efficacy and safety of ulipristal acetate (UPA) in Korean patients with symptomatic uterine fibroids.

Methodology/process: This retrospective study included 107 patients with symptomatic fibroids including heavy menstrual bleeding. Patients received up to three 3-month courses of UPA 5 mg daily at a single institute between 03/01/2014 and 03/01/2016.

Results / outcomes: After the UPA courses, the rate of amenorrhea was 72.6% and uterine bleeding was controlled in 91.6% of patients. The median change in largest three fibroid volume (cm3) was +13.4% (range, −69% to +358%). Volume decreased by more than 25% in 34.3% of patients and increased by more than 25% in 21.4% of patients. The median change in uterine volume (cm3) was −2.2% (range, −70% to +176%). Serious adverse events (severe uterine bleeding) occurred in two patients. Adverse events occurred in 19% of patients and abnormal uterine bleeding (non-serious), myalgia, and hot flush were the most common adverse events associated with UPA (4 patients, respectively).

Conclusion: Repeated 3-month UPA courses effectively control bleeding and seem to induce amenorrhea well in patients with symptomatic fibroids. However, in the case of uterine myoma volume reduction, it seems that the effect is not as good as the result of the previous reports. Further retrospective studies with larger samples are required to confirm the efficacy and safety of UPA in Asian patients with symptomatic fibroids.

0092
A typical presentation of an infertile patient with fibroid uterus and recurrent convulsion – a rare case report
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Case report: A 32 years old infertile patient married for 5 years and trying for pregnancy for last 4 years. She complained of frequent generalized convulsions for last 1 year and menorrhagia for last 2 year. Clinically, she was anemic and had no gross neurological deficits. Per abdominal examination revealed-24 weeks pregnancy sized non-tender mass which is firm in consistency with well defined margin and irregular surface, clinically diagnosed as fibroid uterus. The diagnosis of grand Mal Epilepsy was made from the history and
Electroencephalogram. The EEG, preoperatively, showed generalized spike and wave rhythm without any focus. Abdominal USG showed uterine fibroid. She was on combination of epanutin and phenobarbitone. Pt also strongly state that she had excessive bleeding during menstruation for last 1 year and with each cycle of menorrhagia she had attack of convulsion. Due to big symptomatic fibroid we decided for myomectomy. She underwent for myomectomy. The removed mass measured 23 cm × 20 cm × 18 cm, with a thickness of about 13 cm. The histopathology report confirmed the diagnosis of leiomyoma with degenerative changes. Anti-epileptic medications were continued. After myomectomy, menorrhagia subsided and no further epileptic attack was occur. After 4 months of operation patient naturally tried for pregnancy for 6 months but failed to conceive. After that, we gave ovulation induction drugs for 4 cycle with letrozol and the patient was conceived. She was in regular antenatal check up. Her pregnancy period was uneventful. At her 38 completed weeks she delivered a healthy female baby by C/S. After myomectomy 5 years passed and the patient had no menorrhagia and no convulsion.

**Conclusion:** Patient with huge fibroid with recurrent epileptic attack really an unusual case report. Convulsion controlled after myomectomy. In literature we found only 2 cases. Now it’s a matter of question that is it a coincidence or have any association?

**0109**

**Relationship between age at last delivery and age at menopause: the Korea National Health and Nutrition Examination Survey**

Jeong-In Choi, Min-Jeong Kim, Hae-Nam Lee

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**Objective:** We used data from the 2011–2013 Korean National Health and Nutrition Examination Surveys (KNHANES) to investigate whether the age at menopause is related to age at last delivery.

**Methods:** This was a cross-sectional study of the data for 714 women who became menopausal within the 3 years preceding the KNHANES.

**Results:** Smoking, exercise, drink, educational level, and income were adjusted in model 1, and the mean ages at menopause were 50.5 ± 0.5, 50.7 ± 0.4, 50.3 ± 0.4, and 49.2 ± 0.5 years (p = 0.0299).

**Conclusion:** Korean women with ≥35 years age at last delivery had younger age at menopause compared with women with <35 years age at last delivery.

**0122**

**A case report on chylolymphaticus variety of mesenteric cyst**

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**Introduction:** Mesenteric cyst are rare with a variable clinical presentation. The clinical presentation is not characteristic and the preoperative imaging although suggestive is not diagnostic. In most cases, the diagnosis is confirmed following surgical exploration.

**Presentation of Case:** We report a case of chylolymphaticus variety of mesenteric cyst occurred in 18 yrs old girl presented with diffuse abdominal pain for 14 days. Physical examination revealed a lump in lower abdomen included left iliac fossa and umbilical region which was tense, tender and slightly mobile. Ultrasonography revealed twisted chocolate cyst probably of left ovarian origin. Following requisite investigations and exploratory laparotomy was undertaken, peroperative revealed a huge cyst 55 cm distal to dudenojejunal flexure abutting the jejuna mesentery & twisted, therefore cyanosed coils of intestine. The cyst contained milky white fluid consistent with chylolymphatic cyst. The cyst was successfully excised. The histology confirmed the diagnosis of chylolymphatic variety of mesenteric cyst. Postoperative period was uneventful.After one month of follow up the patient was doing well.

**Discussion:** The cyst may be asymptomatic or may manifest with lump in lower abdomen, abdominal pain or intestinal obstruction. Our patient was symptomatic with abdominal pain. The confirmation of diagnosis of this lesions is difficult prior to surgical exploration as there are no typical clinical features or characteristics imaging findings.

**Conclusion:** Chylolymphatic cyst is a rare type of mesenteric cysts.In most of the cases the diagnosis is confirmed following surgical exploration and removal of the cyst. Malignant transformation is rare and surgical removal of these cysts is usually curative.

**Keywords:** Laparotomy, Mesenteric Cyst, Chylolymphatic cyst.
**0130**

Rode of 3D power Doppler ultrasound in benign and malignant solid breast masses and prediction of lymph node metastasis

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**Objectives:** To investigate the characteristics of benign and malignant solid breast masses and the vascular indices obtained with 3D power Doppler ultrasound. Besides, we assessed the tumor central region and its outer shell blood flow to predict lymph node metastasis.

**Material and Methods:** Total 136 women (age range, 15–90 years; mean age, 44.9 years) were prospectively evaluated with 3D power Doppler ultrasound. The contralateral breast was also examined. The vascularization index (VI), flow index (FI) and vascularization flow index (VFI) were calculated using Virtual Organ Computer-aided Analysis (VOCAL) software and they were correlated with the final diagnosis.

**Results:** Total 70 malignant tumor and 66 benign tumors were included. The age was significantly older in the malignant group. All vascular indices (VI, FI and VFI) were significantly higher in the malignant group compared to the benign group or the contralateral breast. Besides, the peripheral-to-central ratios of all the vascular indices (VI, FI and VFI) were significantly higher in the lymph node metastasis group than the non-metastasis group.

**Conclusion:** The vascular indices obtained with 3D power Doppler ultrasound seems to be a valuable tool to differentiate the benign or malignant breast mass and may predict lymph node metastasis.

**Interventions:** Prevention and treatment of hemorrhage, hypertensive disorders, infection, medical abortions, timely caesarean section, family planning, spacing, contraception. Routine antenatal care.

**PPH - multiple etiologies, uterine atony main.**

- AMTSL
- Uterotonic drugs
- Blood transfusion facilities

Training - uterine tamponade, compressive sutures and devascularization.

Pregnancy induced hypertension - loading dose MgSO4 4 gm. IM /IV prevent seizures, referral to higher center saves life.

Abortions - WHO – 1 in 8 pregnancy related deaths from unsafe abortions.

- Safe, accessible abortions, post abortion care.
- Misoprostol introduction.
- Emergency contraceptives, safe, decrease illegal abortion rate.

Target specific interventions for specific populations, engage healthcare providers, policy makers.

“Maternal health ecosystem” ensure that women and their families have both the desire for healthcare and ability to access care.

Quality health care, delivery of essential interventions, task shifting, and investigations of maternal death.

Creating desire for care.

Health of nations rests on health of mothers, saving mother’s life is not only intrinsically valuable, the impact extends to her family, community & nation. Mothers are not dying because of disease we cannot treat but because they are not in contact to us in time.

**0140**

Maternal mortality preventable – an obstetrical perspective

Gopa Chowdhury
Rajendra Institute of Medical Sciences, Ranchi, Jharkhand, India

Over half a million women die every year in pregnancy and childbirth.

Common causes globally:

- Hemorrhage
- Sepsis
- Obstructed labor
- Unsafe abortion
- Hypertensive disorders
- HIV

**Interventions:** Prevention and treatment of hemorrhage, hypertensive disorders, infection, medical abortions, timely caesarean section, family planning, spacing, contraception. Routine antenatal care.

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**0159**

Uterine arterio-venous malformation after late abortion: case series

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Kyushu University Hospital, Fukuoka, Japan

**Background:** The uterine arterio-venous malformation (AVM) may cause postpartum massive bleeding. One of the treatments for uterine AVM is the hysterectomy and recently uterine arterial embolization (UAE) is also selected for the patient who want to preserve their fertility. In this retrospective study, we present the case series of 6 patients of acquired uterine AVM after late abortion pregnancy, and evaluated the management for affected cases.

**Material and method:** The 6 cases are included in this study. They were diagnosed as acquired uterine AVM
and managed in our hospital. From their medical records, the clinical characteristics were analyzed. The diagnosis of uterine AVM was made by ultrasonography when the hypoechoic area is noted in the uterine body and color Doppler ultrasonography shows arterial and venous blood flows.

**Result:** The gestational age at abortion ranged 12 to 18 weeks. Three of 6 cases were artificial abortion and the others were intrauterine fetal death. Three cases had the history of surgical procedure for abortion. In all cases, genital bleeding had been continued till 3 to 4 weeks since abortion, so that, they visited at our hospital and diagnosed as uterine AVM. Two cases received UAE for the treatment to prevent massive bleeding. One case needed emergent UAE for massive bleeding. In the other 3 cases, conservative management was selected after informed consent about the risk of bleeding during observation. Within 12 weeks after abortion, ultrasonography showed the abnormal vessels were disappeared without any invasive treatment, such as UAE.

**Conclusion:** In cases that genital bleeding is continued after late abortion, ultrasonographic examination is useful to make a diagnosis of acquired uterine AVM. UAE is effective treatment for uterine AVM but in some cases, conservative management can be selected with close observation.

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**0207**

**Conjoined twin in ectopic pregnancy: a case report**

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**Introduction:** Conjoined twin are twin which physically joined at birth and sharing organs. Ectopic pregnancy is a potentially hazardous condition. Diagnosing ectopic pregnancy requires detailed anamnesis, physical examination, laboratory work up and ultrasound. Once the diagnosis is established emergency explorative laparotomy is recommended to reduce mortality and morbidity of the patient.

**Objective:** This paper to report a case of conjoined twin in ectopic pregnancy.

**Method:** Case Report.

**Results:** A 39 years old woman, gravida 3 para 2 abortus 0, was referred to Aloei Saboe Hospital on 6th July 2016 with chief complain of abdominal pain and amenorrhea since 2 months ago. Abdominal palpation showed all quadrant distention and marked tenderness with rebound. Pelvic examination showed cervical motion pain and bogginess at the posterior cervix. Ultrasonography showed inhomogeneous hyperechoic mass with gestational sac outside uterus and free fluid. Salpingectomy bilateral was performed in emergency laparotomy due to rupture of fallopian tube pars ampularis dextra and found gestational sac inside abdominal cavity with conjoined twin fetus.

**Conclusion:** Conjoined twin in ectopic pregnancy is a rare case. Diagnosis comprehensive examination are needed. Early diagnosis and management establish patient survival.

**Keywords:** Conjoined Twin, Ectopic pregnancy, tubal ruptured, laparotomy.

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**0231**

**Management of myoma—an update**

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Uterine fibroids, myomas are smooth muscle cell tumours and are the most common benign gynaecologic tumour in women of reproductive age. They are often found as part of the investigation of couple with infertility, and their origin is monoclonal. They are rarely found before menarche and usually regress after menopause. They are hormonally responsive. Estrogen & progesterone appear to promote their growth. Local estrogen concentration have been shown to be higher in myomas than in the surrounding myometrium, possibly because of a higher concentration of aromatase & recently scientist found that there are also numerous progesterone receptor present over the fibroid cells. Hormonal responsiveness appears to be greater in submucosal than subserosal myomas. In addition to infertility fibroids can also cause anemia, pelvic pain, pressure symptoms dysmenorrhe & reduced quality of life. Current management consist mainly of surgical or radiologic interventions; options for medical therapy are limited.

Medical therapies have some limitations. Gonadotropin-releasing hormone agonists can be used as bridging or presurgical treatment and create an artificial menopausal state, resulting in reversible reduction of uterine and fibroid volume and aiding in the correction of anemia; GnRH agonists frequently cause hot flashes, and the use of these drugs is approved only for short-term therapy because of safety concerns (loss of bone mineral density). Progestins are often associated with breakthrough bleeding and they may promote proliferation of fibroids. The levonorgestrel-releasing intrauterine system can be used in patients who do not have large uteri, but irregular bleeding is frequent and expulsion of the intrauterine device is more common in women without
fibroids. Mifepristone, selective progesterone receptor modulators (SPRMs) may be useful in treating fibroids. Ulipristal acetate is a potent and selective modulator of progesterone-receptor activity in vitro and vivo.

0246
Uterine artery embolization as a possible options for resolve symptomatic myomas: especially in submucosal myoma
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Objective: The purpose of this study was to evaluate efficacy, safety or complications of uterine artery embolization (UAE).

Design: Retrospective cross sectional study.

Materials and methods: Patients with symptomatic uterine fibroids (n = 141) were treated by bilateral UAE using 350–500 micron polyvinyl alcohol particles. Baseline measures of clinical symptoms and MRI, transvaginal sonography were taken before the procedure was compared to those taken 3,6,12 months after UAE. Also, complications and outcomes were analyzed after procedure.

Results: Reductions in mean uterine volume were 42.2% (p = 0.035) and in dominant fibroid volume 55.4% (p ≤ 0.01). Five (3.5%) of participants had resolved myoma clearly, cannot observed after 6 months follow up by MRI (4 case in submucosal type, 1 case in intramural type). After the procedure, most patients experienced crampy pelvic pain, of variable intensity, which was well managed with standard analgesia protocol. However, three case (2.4%) had severe pain to need re-admission, three case (2.4%) had high fever after procedure, 2 case (1.6%) had persisting amenorrhea after procedure. There were no deaths and no major permanent injuries.

Conclusions: Uterine artery embolization is successful, minimal invasive treatment of uterine fibroids that preserve the uterus, had minimal complications and short hospitalization and recovery.

0266
Cervical ectopic pregnancy - a source of massive haemorrhage during suction evacuation
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Introduction: Ectopic pregnancies are a major course of maternal morbidity and mortality worldwide. Rates are also rising. Cervical ectopic constitute approximately 1% of all Ectopic pregnancies. The diagnosis can be easily missed on ultrasound or mistaken for products of conception in the cervix following a non-continuing pregnancy.

Case: We present the case of a 33 year old gravida 4 para 3. All her deliveries were by Caesarean section. She was referred to our hospital with a history of 15 weeks amenorrhea and vaginal bleeding. Initial diagnosis was non continuing pregnancy. Ultrasound showed a non-continuing pregnancy at 6 weeks. After failed medical evacuation she was offered suction evacuation. This was carried out under general anesthetic but shortly after instrumentation she hemorrhaged 1500mls which was managed conservatively.

Discussion: The patient was reviewed in the early pregnancy clinic 4 weeks later and her BHCG had returned to normal. Repeat ultrasound showed distension of the cervical canal. An MRI was done for further clarification which showed the classic “Hour glass” appearance of the uterus and cervix typical of Cervical Ectopic.

Conclusion: Ectopic pregnancy at unusual sites should be excluded in all amenorrhic women who have had previous abdominal surgery. Although rare Cervical ectopic is well known to cause hemorrhage if suction is attempted. The classic Hour glass sign caused by an over distended cervix is useful in the diagnosis of these cases.

0276
Non-puerperal uterine inversion secondary to acute gastroenteritis
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A 50-year old multiparous patient presented at the emergency department with a 3-day history of vomiting with diarrhea, as well as a bulging vaginal mass. Her past medical history was pertinent for multiple uterine myoma, with resultant heavy menstruation, managed medically.

Discussion: Non-puerperal uterine inversion is very rare, and often occurs as an acute condition following
an episode that induces increased intra-abdominal pressure. Associated risk factors for non-puerperal uterine inversion include presence of uterine myoma (most commonly submucosal) or malignancy. It often presents as a boggy mass protruding from the vagina, often accompanied by bleeding and infection. Care must be taken to distinguish uterine inversion from prolapsed of uterine mass, as erroneous biopsy might result in heavy bleeding. Management is usually surgical, with total abdominal hysterectomy the standard procedure following replacement of the uterus.

On examination, she was acutely ill with pallor. Vital signs were unstable, with low blood pressure and tachycardia. Physical examination was positive for a huge necrotic mass protruding from the vagina (Figure 1), measuring approximately 12 cm, with intermittent active bleeding.

Laboratory investigations revealed leukocytosis and hypersegmentation, as well as elevated CRP. Transabdominal portable ultrasound done (Figure 2) failed to detect presence of uterus intra-abdominally. Abdominal CT confirmed clinical suspicion of uterine inversion (Figure 3).

Due to active bleeding, emergency vaginal myomectomy was done under general anesthesia, followed by laparoscopic uterine replacement using the Haultain technique (Figure 4). Laparoscopic-assisted total hysterectomy was then carried out smoothly and without complication. The patient recovered well and was discharged soon after surgery.

**Conclusion:** The present study provided important data of length, breadth and thickness of the human ovaries from the South Indian population. We believe that this data is important to the Gynaecologists.

**References:**

**0285**

**Evaluation of puberty menorrhagia in a tertiary care centre**

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**Background:** Puberty menorrhagia is defined as excessive bleeding in amount (>80 ml) or in duration (>7 days) between menarche and 19 years of age. Puberty is period during which secondary sexual characteristics develop and capability of sexual reproduction is attained. Discussing menstrual problems with the family members is still considered a taboo in many rural parts of our country causing many young girls to land in complications due to menorrhagia.

**Material and method:** This study was retrospective analysis of 38 patients presenting with puberty menorrhagia requiring inpatient admission to Gynaecology ward, RIMS, Ranchi during June 2015 to May 2016. Data was collected from medical records of patients. Each patient’s record was analysed for demographic profile, duration and severity of symptoms, age of menarche, medical history of tuberculosis, thyroid and haematological disorders. Examination findings, requirement for blood, component therapy and response to treatment were noted. Investigations included exclusion of pregnancy, complete blood count, peripheral smear, blood grouping and typing, coagulation profile, thyroid function tests and transabdominal ultrasonography.

**Results:** Majority of patients (94.7%) belonged to low socioeconomic status. Most of patients (52.6%) were in the age group 14–16 years, 65.8% patients had symptoms duration of less than 6 months. Severe anaemia (haemoglobin less than 6 gm%) was present in 73.6%. More than 90% required blood transfusion and 13% required other blood components.
Anovulatory dysfunctional uterine bleeding was major cause (82%) followed by idiopathic thrombocytopenia and hypothyroidism (both 7.9%). Cyclical progesterone therapy was effective in 81.6% cases. Others required additional tranexamic acid. Follow up in all patients showed improvement of symptoms.

**Conclusion:** Most abnormal bleeding in adolescents is caused by immaturity of the hypothalamic - pituitary ovarian axis resulting in anovulation. Reassurance, counselling of adolescent girls about reproductive physiology, regular follow-up, balanced diet and long term iron therapy go a long way in treatment of puberty menorrhagia.

**0295**
Caesarean scar pregnancy - early detection and management can prevent hysterectomy

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**Introduction:** Caesarean scar pregnancy (CSP) is ectopic pregnancy in which the gestational sac is implanted within the previous caesarean section scar. It can lead to torrential bleeding and hysterectomy. With increasing Caesarean section rate, more CSPs are expected in future.

**Objective:** To explore whether intervention in the early gestation can prevent a hysterectomy and any risk factors or investigation findings can predict the risk of heavy bleeding leading to a hysterectomy.

**Method:** Retrospective review of CSP from 2011 to 2016 was carried out. Risk factors such as gestation, number of previous caesarean section, ultrasound findings, bHCG level at diagnosis and management methods were reviewed. The correlation to heavy bleeding and duration required for complete resolution of CSP were investigated.

**Results:** Total 15 cases of CSP were identified. Mean gestational age at diagnosis was 6.53 weeks with bHCG level 38,280 IU/L. Fetal crown-rump-length was present in 4/15 cases and 11/15 cases had intrauterine sac only. The mean number of previous caesarean section was 1.47. For management, 5/15 cases had intramuscular methotrexate, 8/15 had ultrasound guided intrallesional methotrexate, 1/15 had both method of methotrexate, 1 case resolved spontaneously without treatment. 2/15 needed additional UAE, in which one of them required hysterotomy to excise the CSP. No case required hysterectomy. The mean duration for resolution of CSP was 12.4 weeks (range 3–52 weeks). There was no significant difference in the haemorrhagic risk and time required for resolution between the gestational age (p = 0.536/0.362) and bHCG level (p = 0.608/0.332) at diagnosis, no of previous caesarean section (p = 0.536/0.09) and method of treatment (p = 0.848/0.181).

**Conclusion:** Intervention of scar pregnancy at early gestations prevents hysterectomy. Uterine artery embolization and hysterotomy remain crucial in preventing hysterectomy. Despite best of efforts, no risk factors or bHCG levels can predict subsequent heavy bleeding or the time required for resolution of scar pregnancy.

**0298**
An unusually big cervical fibroid polyp: a case report

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Fibroid Uterus is the most common benign solid tumor in female. Most of fibroids situated in the body of the uterus, cervical myoma account 3% -8% of uterine myoma. Cervical myoma are uncommon in different presentation, resembling inversion of uterus, malignancy & various sizes are reported in literature. A case of big cervical fibroid polyp has been reported here. Patient presented something coming down per vagina with foul smelling discharge. On examinations- there was a hugely enlarged, infected mass about 15 cm × 12 cm which was arising from posterior lip of the cervix & outside the introitus. As the patient was 45 years & had menorrhagia, Non Descend Vaginal Hysterectomy (NDVH) was done without resecting the polyp priorly. Patient was discharged in good condition. Histopathology confirmed the diagnosis and reported leomyoma with areas of degeneration which was mainly composed of involuntary smooth muscle cells & fibrous connective tissue from cervix which probably expelled out as a polyp attached to posterior lip of cervix.

**Key Words:** cervical, fibroid, polyp, non descend vaginal hysterectomy.
0303
Spectrum of endometrial pathology in women with abnormal uterine bleeding
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Introduction: Abnormal uterine bleeding (AUB) is one of the most common causes of hysterectomy in our country. Approximately 40% of hysterectomy specimens reveal no definite organic pathology. This study aims to analyze endometrial pathologies in these patients, and stratify the incidence of pre-malignant and malignant changes according to various age groups. This may aid gynecologists in opting towards a more restrictive approach to surgery, at the same time emphasizing on importance of endometrial sampling in older women.
Objectives: To classify the patients of AUB in terms of the clinical pattern of bleeding and the histopathology report of the endometrial sampling. To stratify and analyse results according to various age groups-reproductive, perimenopausal and post-menopausal.
Methodology: A retrospective age specific comparative analysis of 176 women with AUB who underwent endometrial sampling over a 2-year period from June 2014 till October 2016. Endometrial tissue was collected by endometrial aspiration.
Results/outcomes: The most common clinical presentation was polymenorrhagia (59.7%), followed by menometrorrhagia (33.15%), intermenstrual bleeding (6.8%) and postmenopausal bleeding (9.6%). Women belonging to the perimenopausal age group (40–55 years) represented 73.8% and reproductive age women (15–44 yrs) constituted 41.47% of the total respectively. Disordered proliferative endometrium was the most common finding (21%) and secretory endometrium was the next common (17%). Endometrial polyp was diagnosed in 14.2% of cases. Eighty percent of the endometrial hyperplasia cases were found in the perimenopausal age group (12/15 cases). Of these 66.7% were of simple hyperplasia without atypical features. All the cases of endometrial carcinoma (n = 2) and complex hyperplasia with atypia (n = 1) were in postmenopausal women.
Conclusion: Abnormal uterine bleeding is dysfunctional in origin in most cases, with perimenopausal women being the most commonly affected age group. A significant number show underlying organic pathologies, especially in postmenopausal women, highlighting the importance of endometrial sampling in the evaluation.

0305
A preliminary validation of uterine fibroids symptom and health-related quality of life questionnaire (UFS-QOL) in Chinese women
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Objectives: Uterine fibroids symptom and health-related quality of life questionnaire (UFS-QOL) is a well established tool to assess the health-related quality of life (HRQOL) in women suffered from uterine fibroids. The UFSQOL consisted of 2 parts: symptom severity questions and HRQOL questions with six subscales (concern, activities, energy/mood, control, self-conscious and sexual function), which were combined to produce a general scale score and subscale scores. This study aimed to evaluate the reliability and validity of the Chinese version of UFSQOL in women.
Methods: UFSQOL was translated according to standard procedures. Women aged 18 or above presented to gynaecology clinic with a diagnosis of uterine fibroid were recruited and invited to self-administer UFSQOL, the Short-Form Health Survey (SF-12), pictorial blood loss assessment chart (PBAC), and visual analog scale (VAS) on degree of severity of their fibroid related symptoms. Women’s demographics and biochemical results were recorded; physical examination and ultrasound for size of fibroids were performed. Gynaecologist also filled in VAS to grade the severity of symptoms of women.
Results: 223 Chinese women completed the study. Cronbach’s alpha Coefficients ranged from 0.706 to 0.937 demonstrating a high internal reliability in all subscales. For test–retest reliability, 51 women completed the second UFS-QOL. Intra-class correlation coefficients implied an excellent stability in total symptom score (0.819, P < 0.001), total HRQOL score (0.897, P < 0.001) and other subscales (range 0.721–0.870, P < 0.001). Convergent validity was demonstrated by significant positive correlations of women’s PBAC score, VAS scores of the women and attending gynaecologists to the symptom severity domain of UFS-QOL. Concurrent validity was demonstrated by negative correlation between the symptom severity domain and positive correlation of the QOL domains to the corresponding subscales of SF-12.
Conclusions: The Chinese version of UFS-QoL is valid and reliable for use in women with uterine fibroids. Responsiveness of UFS-QoL will be further assessed.
0310  
HMGB-1 release in ectopic endometrium: role in inflammatory pathway of endometriosis  
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Objective: The aim of the study was to examine the relationship between inflammation by oxidative stress and development of endometriosis by High mobility group box-1 (HMGB-1).  
Design: In-vitro, experimental study using cell culture and molecular-biologic methods.  
Materials and methods: The cultured human endometrial stromal cell (HESC)s were isolated from ectopic endometrium of patients with endometriosis. The HESCs were treated with recombinant HMGB-1 (rHMGB-1). Cell proliferation was assessed by a CCK-8 proliferation assay, cell viability by MTT assay. Cell invasion study was performed treating rHMGB-1. Release of HMGB-1 was measured by western blotting.  
Results: Cell proliferation in Ectopic HESCs were not significant with H2O2 treatment, whereas significantly increased with estradiol. HMGB-1 release was increased according to estradiol & H2O2, by dose dependent fashion, while cell viability was significantly decreased when H2O2 was treated, increasing the release of HMGB-1 at ectopic HESCs. Cell invasion was significantly increased according to rHMGB-1 treatment at ectopic HESCs.  
Conclusion: This study showed that HMGB-1 may play an important role in establishment of endometriosis via inflammatory pathways, especially at the initial development.

0358  
Concordance of Pap smear, colposcopy and histopathology in patients with cervical intraepithelial neoplasia (CIN): retrospective descriptive study  
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Introduction: Cancer cervix a common gynecological cancer, is preventable if detected early. This study was conducted to evaluate the concordance of Pap smear, colposcopy and histopathology in patients with CIN.  
Materials and Methods: Cases with CIN undergoing LLETZ from January 2007 to June 2013 (n = 78). Demographic and clinical data, Pap smear and histopathology report (HPR) following CDB and LLETZ were collected. Reporting of Pap smear (liquid based cytology) was according to Bethesda system (2001). LLETZ was done for CIN-II/III and when discrepancy between biopsy and high grade (HG) cytology. Unpaired-‘t’ test, Pearson’s correlation coefficients and
appropriate univariate/multivariate regression analysis. P value <0.05 was statistically significant.

**Results:** Degree of agreement of Pap Vs CBD showed concordance/discordance of 79.6%/20.3% for HG lesions while 50% concordance for low grade (LG) lesions. Degree of agreement of Pap Vs LLETZ showed concordance/discordance of 80.6%/19.4% for HG lesions and 60%/40% concordance/discordance for LG lesions. Degree of agreement of CBD Vs LLETZ showed concordance/discordance of 98.2%/1.7% for HG lesions while for LG lesions it was 20%/80% concordance/discordance rate. Diagnostic accuracy of Pap vs CBD was similar to Pap Vs LLETZ, 77.9%/79.1% respectively; but for CBD which matched LLETZ HPR was 91.9%.

**Discussion:** This study showed 96.3% HG lesions on CDB in 23-35 yr group and 4 cases in age group 56-65 yrs. Colposcopy findings and CBD could pick only 50 % HG lesions in this age group. Age >/=50 increased possibility of non-diagnosis of carcinoma after adjustment for confounding factors: visibility of SQJ, lesion size and menopausal status. With specificity of 60 % between Pap Vs LLETZ, it is futile to jump to LLETZ without confirming by biopsy. Diagnostic accuracy between CDB and LLETZ was poor in the LG since: HG have larger lesions, easily picked by colposcopist and not affected by inflammation. Low specificity between Pap vs CBD in differentiating LG lesions from metaplasia and failing to detect endocervical lesions; CBD cannot be used independently. Studies show increase of MIC when LLETZ was introduced and the rate of non-diagnosed MIC was 3.8% while this study showed the rate to be 7.69%.

**0386**

**Attitudes and perceptions of family planning among patients and skilled medical providers in the rural community of Axim Government Hospital to help reduce termination of pregnancy rates**

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Lack of access and knowledge about comprehensive reproductive health resources is a major problem among rural communities of Ghana. At Axim Government Hospital, there were over 250 women experiencing termination of pregnancy between the years of 2013–2014. Increased termination rates at this rural hospital is mainly due to lack of knowledge about family planning alternatives within the community. Many women experience an increased morbidity associated with medical and psychological factors associated with termination of pregnancy, without seeking medical assistant. Using a qualitative research methodology, this research inquiry will specifically identify risk factors for termination of pregnancy, indications for therapeutic termination of pregnancy and investigate the reasons for limited implementation of reproductive health education concerning the outcomes of termination of pregnancy. Semi-structured interviews were conducted among patients and health care providers, using a self-administered questionnaire. This study used a total sample of 20 individuals, ten patients and ten health care providers between the ages of 15–54 who were interviewed. Results showed that 67% of health care providers had some religious association with providing reproductive health resources for patients with previous termination, 73% of providers reported lack of access to supplies, and 32% reported they would provide reproductive health care to patients if access to supplies were provided. Among the patients, 54% reported beliefs that contraception would result in infertility, 65% reported lack of knowledge of contraceptive alternatives. Data was analyzed using Microsoft Excel 2010 which included basic calculations of individual characteristics as well as statistical methods to achieve the specific objectives of the study. Implementation which addresses both patient and provider level barriers which exist for women in their reproductive ages would increase rates of contraception access and knowledge of reproductive health in rural communities of Ghana.

**0390**

**Anti-fibrosis effects of decellularized and lyophilized human amniotic membrane on the model of intrauterine adhesion.**

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**Introduction:** Intrauterine adhesion (IUA) is a disease of endometrial fibrosis due to the injury of basal layer of endometrium. The prognosis of IUA is poor especially severe IUA. The mechanism of IUA has not been fully elucidated. Decellularized and lyophilized human amniotic membrane (DL-HAM) has been a promising biomaterial which has widely used in tissue engineering. Does DL-HAM have the preventive effect in IUA?

**Objective:** We aimed to explore the preventive effect of DL-HAM on the model of IUA rats.

**Methodology:** Ninety Sprague–Dawley rats were randomly divided into three groups: control group,
IUA group and IUA + DL-HAM group (n = 30 in each group). In IUA group, endometria of rats were scraped and then uteri were sutured. In IUA + DL-HAM group, DL-HAM was sutured on scraped endometria then sutured uteri. Before scraping and after 3, 7, 14, 21 and 28 days of scraping or transplantation, uteri were cut for histological and immunohistochemical (transforming growth factor β1, (TGF-β1) and matrix metalloproteinase 9, (MMP-9)) evaluation.

**Results:** Uteri of IUA had severer fibrosis (the ratio between endometrial fibrosis and the whole endometrial area) (p 0.05), smaller endometrial glands (p 0.01), higher expression of TGF-β1 (p 0.05) and lower expression of MMP-9 (p 0.05) compared with normal uteri. After transplantation of DL-HAM for 3, 7, 14, 21 and 28 days, the degree of fibrosis was improved (p 0.05), the expression of TGF-β1 was decreased (p 0.05) and MMP-9 increased (p 0.05) compared with related days of IUA. However, there was no difference between the number of endometrial glands in each group and no obvious regenerative endometrial epithelial cells were seen.

**Conclusions:** DL-HAM transplantation could help prevent the formation of fibrosis in the model of IUA rats but the effect of stimulating epithelial growth is limited and need for further research.