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E-ABSTRACT BOOK



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**ORAL
PRESENTATION
ABSTRACTS**

(23) A systematic review on reproductive outcomes after surgical treatment of Asherman syndrome

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Introduction: The reproductive outcome of hysteroscopic adhesiolysis in women with Asherman syndrome (AS) has been reported in a number of studies. However, the results are rather variable for a number of reasons. Firstly, there are a number of confounding variables including the severity of AS, the duration of follow up, the co-existence of other infertility factors and the like. Secondly, many of the reported series consisted of small numbers with a relatively wide confidence interval as a consequence.

Objectives: This review was to provide a systemic analysis of currently available literature data on the outcome of hysteroscopic surgery with regard to the various stages of pregnancy.

Methods: We searched PubMed, Web of Science and Cochrane Library in April 2018 without the restriction of language, for studies involving pregnant women after surgery due to AS, including retrospective and prospective studies which reported the obstetric complications in the antenatal, intrapartum or postpartum period and neonatal complication.

Result: A total of 54 studies were identified, consisting of 4953 cases (4640 follow ups), 5 studies were RCT, the other 49 were observational studies. The mean (\pm Std. Error) rate of the following outcomes are: pregnant rate: 47.65 (\pm 3.09)%; live birth: 64.01 (\pm 2.55)%; term delivery: 58.81 (\pm 3.06)%; preterm delivery: 15.23 (\pm 2.71)%; early miscarriage: 22.57 (\pm 1.81)%; ectopic pregnancy: 9.31 (\pm 3.22)%; mid-trimester loss: 16.79 (\pm 2.71)%; stillbirth: 2.68 (\pm 0.68)%; neonatal death: 9.90 (\pm 6.16)%; placenta previa: 6.03 (\pm 2.75)%; placenta abruption: 13.50 (\pm 11.50)%; postpartum haemorrhage: 9.72 (\pm 2.57)%; placenta accrete syndrome: 10.40 (\pm 1.88)%; premature rupture of membrane: 11.65 (\pm 4.24)%; cervical insufficiency: 12.20 (\pm 1.10)%; intrauterine growth restriction: 7.00 (\pm 1.40)%.

Conclusion: The pregnant adverse outcomes are common in women after AS, there is a need for enhanced antenatal surveillance in those women.

(17) Maternal serum biomarker and umbilical cord plasma in the histological chorioamnionitis: Which one is significant?

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Introduction: Microbial invasion in the amnion cavity lead to chorioamnionitis. Clinical chorioamnionitis will increase complication of perinatal and maternal morbidity and mortality. So, it is important to diagnose histological or subclinical chorioamnionitis to decrease those complication, because obstetrics management can be aggressive.

Objective: To identify umbilical cord plasma and maternal serum biomarker related with histological chorioamnionitis.

Material and Methods: A cross sectional study was conducted, including patients with histological chorioamnitis (n=59) and without chorioamnionitis (n=29). Inclusion criteria is woman aterm and preterm with premature rupture of membrane. Maternal serum were taken before delivery for MMP-8 and CRP. Umbilical cord plasma were taken after delivery to examine procalcitonin, IL-6 and CRP. Non parametric and t-test statistical methods were used for analysis.

Result: Histological chorioamnionitis had higher of MMP-8, hsCRP (both maternal serum and umbilical cord plasma) and procalcitonin, but lower of IL-6 than without histological chorioamnionitis. Concentration of MMP-8 showed significantly higher ($p=0.007$; 95% CI 6.38-41.15). Concentration of maternal serum and umbilical cord pasma were not significantly higher ($p=0.45$; 95% CI -0.36 – 2.01) and ($p=0.19$; 95% CI -1.09 – 1.6). Procalcitonin did not show significantly higher ($p=0.44$; 95% CI -0.14 -0.31), neither did IL-6 ($p=0.03$; 95%CI -81.32 – 28.36).

Conclusion: Histological chorioamnionitis related with higer concentration of MMP-8 compare without histological chorioamnionitis. MMP-8 might be used for non invasive prediction of histological chorioamnionitis.

(20) Top quality of three pronuclear (3PN) blastocyst could be considered for transfer: A new paradigm in IVF treatment

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Introduction: Three pronuclei (3PN) zygote is one of the most frequently abnormal fertilization observed in IVF/ICSI technology. Embryos arising from 3PN zygotes are usually discarded as there are concerns about their abnormal chromosomal constitution. However, because in certain cases there are no other embryos available, new information would be valuable to help in the decision about transferring or discarding them. Preimplantation genetic screening (PGS) technology has been applied as a method to select genetically normal embryos for transfer that have the highest implantation potential.

Objectives: In recent study, we aim to analyze the chromosomal constitution of embryos arising from 3PN zygotes and to investigate the relationship between its morphology to its chromosome status.

Methods: Data from 18 consecutive ICSI cycles with 30 3PN zygotes were reviewed during a 6-month period (January-June 2018). Biopsy was performed on day 5/6 which were subsequently screened for chromosomal status by Next Generation Sequencing (NGS) method. The relationship between chromosomal constituent and embryo morphological features at cleavage and blastocyst stage were evaluated.

Results: Of the 30 3PN embryos with NGS results, 33.3 % were chromosomally normal. At the cleavage stage, there were no association between all morphological features and chromosomal status. However, at blastocyst stage, a grade 4 expanded blastocyst had significantly higher euploidy rate than the other grade of expansion (71.4 % 21.7%, $P < 0.05$). As regards to intercellular mass (ICM) and trophectoderm (TE), embryos with grade A ICM and TE had a significantly higher euploidy rate (58.8.1%, $P = 0.001$ and 60%, $P = 0,001$ respectively).

Conclusions: Comprehensive chromosome screening associated with embryo morphology provides an opportunity to consider embryos arising from 3PN zygotes with top quality morphology features for transfer in IVF treatment, when no other embryos from 2PN ICSI zygotes are available.

(28) The use of pictorial blood loss assessment chart as an indicator of heavy menstrual bleeding in Asian women

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Introduction: The decision on whether to treat a woman with heavy menstrual bleeding (HMB) relies on the woman's perception of heaviness of flow and its effect on her wellbeing. However, retrospective recall of the amount of menstrual flow from previous cycles is subjective and non-quantitative. The Pictorial Blood Loss Assessment Chart (PBAC) has been used traditionally as a scoring system, which semi-quantify the amount of menstrual flow.

Objectives: The objective of this study was to evaluate the usefulness and acceptability of the PBAC in Asian women in Hong Kong.

Methodology: This was a prospective study. PBAC scores and haemoglobin levels from women presenting with and without HMB were compared. Their acceptability of completing the PBAC was recorded.

Results: 206 women were recruited. 118 women presented with HMB (HMB group) and 88 had normal menses (non-HMB group). Irrespective of the varieties of brands and sizes of pads being used, the HMB group had significantly higher total PBAC scores (median, range) than the non-HMB group [497 (58-32301) vs 54 (14-180, $p < 0.01$) and lower haemoglobin levels (median, range) [8.6 (4.0-12.9) vs 11.6 (7.0-14.3)g/dL, $p < 0.01$]. 80.5% of HMB group and 11.4% of non-HMB group had PBAC scores of over 100. 97.1% of women indicated completion of PBAC acceptable.

Conclusion: PBAC can be a useful objective tool to differentiate between heavy and normal menstrual bleeding in Asian women, and as an additional indicator of possible HMB to alert women on the need to seek early medical attention.

(26) Randomized controlled trial of tranexamic acid's effect on bleeding length: A study on DMPA users with abnormal uterine bleeding who receive low-dose oral contraceptive pill

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Introduction: Contraceptive injection is the most common contraception used (32%) in Indonesia. Among the contraceptive injections, depomedroxy progesterone acetate (DMPA) is the most effective method with pregnancy rate of 0,3 pregnancy in 100 women annually. Abnormal uterine bleeding (AUB) is a common side effect occurred in DMPA usage leads to the decrease of DMPA continuation rate. This study was conducted to explore the effectivity of tranexamic acid in combination with low dose Oral Contraceptive Pill (OCP) in managing irregular bleeding in DMPA users.

Objective: To find the effect of tranexamic acid on bleeding length for DMPA users who receive low dose OCP.

Methodology: This is a double blind, randomized control trial consisted of two groups. This study was performed in Dr. Kariadi Hospital Semarang, Indonesia. Forty-four subjects were divided into two groups, twenty-two subjects each. Group 1 received 250 mg tranexamic acid four times a day for 5 days and OCP once a day for 28 days, while Group 2 received placebo four times a day for 5 days and OCP once a day for 28 days. Both groups were evaluated for pattern, episodes and end of the bleeding outside menstrual period.

Results: The mean bleeding length was 4.5 ± 3.62 days and 8 ± 6.16 days in group 1 and 2, respectively. These bleeding lengths were significantly different between both groups ($p=0.018$). The percentage of subjects in whom bleeding was stopped during the first week after initial treatment was significantly higher in group 1 than group 2 (77.3% vs 45.5%, $p<0.030$). Furthermore, side effects, such as dizziness and nausea, were not significantly different between both groups ($p=0.185$).

Conclusion: The administration of tranexamic acid significantly reduces the bleeding length in DMPA users who use OCP

Keywords: bleeding length, DMPA, oral contraceptive pill, tranexamic acid

(37) Endometrial cells apoptosis and proliferation correlation in hyperplasia processes

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Introduction: Endometrial hyperplastic processes (EHP) etiology and pathogenesis questions and their malignancy potential - the core of many investigators. Endometrial tissue specific features - memory, plasticity, huge regenerative potential are widening research spectrum with special attention to proliferation and apoptosis processes balance research.

Objectives: The investigation of proliferation markers expression Ki67 and apoptosis p53, bcl-2 in EHP.

Methodology / Process: 66 women endometrial tissue samples aged from 36 to 57 ($47,3 \pm 4,5$ years) were investigated: 52 with verified EHP and 14 healthy with biphasic menstrual cycle. According to proliferative processes differentiation 5 groups were obtained: I - simple hyperplasia without atypical cells - 11 women; II - complex hyperplasia without atypical cells- 18; III - simple hyperplasia with atypical cells - 10; IV - complex hyperplasia with atypical cells - 13 patients; V - control group morphologically unchanged endometrium - 14. Immune histochemical reactions with antibodies to Ki67, bcl-2, p53 (DAKO-Germany) were used.

Results / Outcomes: Ki67 expression was increased along with hyperplastic process progression: relatively low proliferative activity was in I group both in epithelial and stromal cells ($6,34 \pm 1,31\%$ and $1,05 \pm 0,43\%$ respectively). In II, III and IV groups proliferative activity was raising. Ki67 expression in EHP was extremely focal. p53 expression was absent in I and V group, appeared in II group ($8,35 \pm 1,34\%$ and $2,34 \pm 1,09\%$) with maximum in IV group ($56,6 \pm 4,08\%$ and $27,94 \pm 2,31\%$) in both epithelial and stromal cells respectively. bcl-2 witnessed expression changes: EHP type and stage according to color distribution and intensity from group II (5,6 % strong staining (+++), 16,7% - moderate (++), 50,0% - weak (+), staining absence - 27,7% - (0)) to IV (26,7% - strong (+++), 40,0% - moderate (++), 13,3% - weak (+), 20,0% - absence (0)).

Conclusion: In EHP the immune histochemical markers showed mitotic activity increase going along with apoptosis activation. Cells' death programmed processes disorders could be oncological prognosis predictors at EHP.

(22) The effect of time interval of vaginal ring pessary replacement for pelvic organ prolapse on the complications and patient satisfaction: A randomised controlled trial

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Introduction: Vaginal ring pessary is commonly used for treatment of pelvic organ prolapse. Limited data is available on the effect of time interval of ring pessary replacement.

Objectives: This study compared the effect of time interval for vaginal ring pessary replacement on the complication rates and patient satisfaction.

Methodology: The study was a single-blinded, randomized controlled trial with 6 months of follow-up. Women on vaginal ring pessary for treatment of stage I to IV pelvic organ prolapse were randomized to two groups: the 3-monthly group and the 6-monthly group for ring pessary replacement. All women attended a 3 month visit which they were blinded to the changing of ring pessary. The primary outcomes were the complications and patient satisfaction by visual analog score. The secondary outcomes were prolapse symptoms and the change in prolapse stage.

Results: From June 2016 through November 2017, 101 women were screened and 60 were randomly allocated into two groups: 30 to 3-monthly group and 30 to 6-monthly control group. The overall complication rate was significantly lower in the treatment group compared with the control group (10.3% compared with 33.3%, $p=0.033$). For individual complication, there were more cases of vaginal ulceration and vaginitis in the 6-monthly group compared with the 3-monthly group, but it was not statistical significant ($p=0.103$ and $p=0.237$). There was no significant difference in the VAS between two groups ($p=0.713$). There was no significant difference in prolapse-related symptoms and the change in prolapse stage between two groups.

Conclusion: The time interval of 3-monthly ring pessary replacement had the lower the complication rate compared with 6-monthly replacement. There was no significant difference in self-reported symptoms and satisfaction score in both groups.

(38) Effect of acupuncture on improvement of urinary incontinence in Hong Kong Chinese women

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Introduction: Urinary incontinence (UI) is a common complaint in our locality. (Pang et al., 2005) Acupuncture was found to be beneficial to women with kidney asthenia by traditional Chinese Medicine (TCM) and have favourable effects on overactive bladder symptoms. Existing randomized studies were however limited by lack of statistical significance or small sample size. (Paik et al., 2013)

Objectives: To evaluate the effectiveness of acupuncture on improvement of UI in Chinese women up to 24 weeks.

Methodology: This was a single blinded randomized controlled trial. Women suffering from UI were assessed by a registered TCM practitioner. Those diagnosed kidney asthenia were randomized to 2 arms, i.e. acupuncture treatment in addition to supervised pelvic floor exercise (PFE) and bladder retraining advice (BRT); and control group with supervised PFE and BRT. Six sessions of weekly acupuncture treatment were provided. Follow-up visits were arranged every 6 weeks till 24 weeks after acupuncture. Women's subjective assessment on improvement of urinary symptoms and QOL score were assessed by Urinary Distress Inventory (UDI-6), Incontinence Impact Questionnaires (IIQ-7) and bladder diary.

Results: 179 women were approached, with 42 excluded, leaving 137 randomized to acupuncture (69) and control group (68). Background demographics were similar in both arms. 60 (87.0%) and 55 (80.9%) women completed the study in acupuncture and control group respectively. There was significant subjective improvement of UI at 12 weeks in acupuncture group, i.e. 20.9% as very much improved and 59.7% as mildly improved versus 8.3% and 45.0% respectively in control group (p-value < 0.01). No statistically significant differences could be found in QOL score or UI episodes in bladder diary at both 12- and 24-weeks follow-up.

Conclusion: Significant subjective improvement in symptoms of UI could be identified after acupuncture at 12 weeks. However, no significant effect was found at 24 weeks.

**ELECTRONIC
POSTER
PRESENTATION
ABSTRACTS**

(3) Dutta's scoring technique for early detection and management of uterine atony during emergency LSCS

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Objective: To analyze the efficacy of Dutta's score for early detection and management of uterine atony during emergency LSCS and to prevent subsequent Post partum hemorrhage.

Study methods: study was undertaken at GICE, CN at Kalyani, West Bengal, India. Clinical observations were made after placental expulsion for scoring which includes shape and size of uterus, rugosity, tone, placental localization and time of placental expulsion. Score of 0, 1, 2 were given on each observation. Three groups are created depending on scoring – Group A(130)- 8 to10 , Group-B(N-100)-5 to 7 and Group –C(N-70)- <5. Management protocols were formulated in the three groups for prevention of PPH – Group A – Oxytocin 10U (5U IM+ 5U IV 40drops/min in Ringer Lactate 500ml), Group B- Oxytocin 15U (5U IM + 10U IV 40drops/min in Ringer lactate 500ml) + methyl ergometrine (0.25mg IM) + anterior posterior uterine wall compression, Group C – Oxytocin 20 U (5U IM plus 15 U IV 40drops in Ringer Lactate 500 ml) + methyl ergometrine (0.5mg IM) + carboprost (250 mcg IM) + lateral followed by anterior posterior uterine wall compression + compression of isthmus region of uterus + misoprostol 800mg P/R

Results: Following Adoption of Scoring system, Intra and post operative blood loss within 2hr were found to be significantly reduced in group A -69.3% (<300CC), 84.6%(<200CC) and group B-70%(<300cc), 72%(<200CC) . Intra operative blood loss>500cc were also found to be reduce in group A-7.6%, group B-14%. In group C intra operative blood loss >500cc were seen in 47.1 % and post operative -32.9% cases.

Conclusion: Early diagnosis and management of uterine atony during emergency LSCS after adopting Dutta's score was found to be hugely beneficial for prompt diagnosis and management.

Keywords: Uterine atony, Dutta's score, PPH, MMR

(4) Management Of Major Degree Placenta Previa During LSCS Operation– A New Surgical Technique

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Objectives: Evaluation of a new surgical technique (Dutta's) to prevent postpartum hemorrhage due to major degree placenta previa during cesarean section.

Methods: This study was conducted at tertiary care hospital at Kalyani, Durgapur, Nadia, West Bengal, India. 114 cases diagnosed to be having major degree placenta previa, undergoing LSCS operation, were selected for this study. New surgical technique(Dutta's) was adopted in a stepwise manner = delivery of baby > bilateral uterine artery ligation by chromic catgut no-1 suture > injection tranexamic acid (1000mg) IM > injection oxytocin in intravenous infusion(10 units 30 drop /min in 500 ml of 5% dextrose)>delivery of placenta and membranes> checked properly if any tear or laceration in placental site > closure of uterine wound was done after securing bleeding from placental bed.

Results: It was observed from this study that good effectiveness to control bleeding and intra operative blood loss less than 300cc were seen in 89(94.68%) cases. Subtotal cesarean hysterectomy was advocated in 3(3.28%) cases due to failure to control uterine atony. Immediate post operative bleeding less than 200c.c was found in 81 (86.16%) cases. Maternal mortality was found to be absent. Maternal morbidity was seen in 12(12.76%) cases. Subsequent menstrual cycles were found to be normal in 80(87.91%) cases and repeated pregnancy was observed in 26(28.57%) cases indicating non effect on gonadal function.

Conclusion: Dutta's new surgical technique during LSCS for major degree placenta previa was found to be simple, safe and quick procedure. It reduces perfusion pressure, permits time for further steps, thereby avoiding unnecessary ligation of bilateral internal iliac arteries and cesarean hysterectomy. Maternal mortality and morbidity were also found to be reduced. This technique is suitable for rural based hospital in absence of adequate blood transfusion facility.

Keywords: Major degree placenta previa

(12) Non-suture Technique Skin Closure for Caesarean Section – Cases Report

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Introduction: Caesarean section (CS) is the most common abdominal operation performed worldwide. A meta-analysis regards techniques and materials for skin closure in CS showed no conclusive evidence about how the skin should be closed. Staples are associated with similar outcomes in terms of wound infection, pain and cosmesis compared with sutures which both most commonly studied methods for CS. If staples are removed on day3, there is an increased incidence of skin separation and the need for reclosure compared with absorbable sutures (Mackeen et. al., 2012) Wound complications are haematomas, seromas, infection and pain lead to wound dehiscence. Obesity and thick subcutaneous tissue seems to have a direct effect on wound complication rate. Another meta-analysis concerning the impact of subcutaneous tissue suturing at CS, also concluded that this maybe beneficial (V. Pergialiotis et. al., 2017). Any preventive measures to reduce the incidence of wound complications and pain would have a significant impact on national economic health plans. Thus, a new non-suture technique of skin closure is presented.

Presentation of Cases: 10 young pregnant women for CS were consented for this new non-suture skin closure. Mean age 29, BMI 22. A standard CS procedure were carried out and closed till rectus sheath. An absorbable 1/0 suture used to close fat tissue in Z method. Skin was opposed nicely with steri-strip. Wound was covered by water-proof dressing for 10 days. 10 of these patients were followed up after 10 days for inspection. None of them have developed hematoma, seromas or infection. They able to move comfortably without obvious pain at wound site.

Discussion: This new non-suture skin closure method can be a better option to completely avoid foreign material in healing process which reduces risk of infection, pain and keloid formation. However, a larger randomised control trial is needed in future.

(18) Chigger Bite On Vulva: A Case Of Scrub Typhus

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Introduction: Scrub typhus is an uncommon zoonotic disease in Hong Kong. Its presentation ranges from mild to organ failure. It is transmitted by mites ('chiggers') which are found in scrub vegetation. The chigger bite leaves a characteristic eschar which points to the diagnosis. We reported a local woman who presented with a vulval eschar.

Case Report: A 49-year-old carer presented with fever 40°C and a black scab over mons pubis for 3 days. She travelled to Shenzhen 2 weeks before and denied any exposure to vegetation. There was headache, myalgia and low grade fever. She visited her family doctor who prescribed Ampicillin. However, the fever was unremitting. Respiratory examination revealed normal air entry. Thorough examination showed a 2cm painless black scab with necrotic center (eschar) over mons pubis and tender right groin lymphadenopathy. She developed septic shock (blood pressure 80/50mmHg, mean arterial pressure 61mmHg) on the second day requiring inotrope (Dopamine 5ml/hour) and 2L/minute oxygen. Investigation revealed leukopenia ($1.9 \times 10^9/L$), thrombocytopenia ($45 \times 10^9/L$), coagulopathy (INR 1.4) and deranged liver function (Alanine aminotransferase 84 U/L). C-reactive protein was 44 mg/L. There was no growth in blood culture. Serum lactate was 2.2mmol/L. Chest X-ray was clear. Doxycycline was started for the likely diagnosis of Rickettsial infection. Tazocin was given to cover for other possible coinfection. She was jointly managed by Department of Medicine. Weil-Felix test was positive. There was significant increase in titer of indirect fluorescent antibody for *Orientia tsutsugamushi* confirming the diagnosis of scrub typhus. She was discharged after completion of a week course of Doxycycline with improvement of blood profile and discoloration of eschar.

Conclusion: The initial presentation of scrub typhus can be non-specific. The finding of eschar which is common in warm damp areas of body clinches the diagnosis.

(19) Pregnancy With Hemodialysis: A Single Center Experience

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Introduction: Pregnancy in women with chronic renal failure is uncommon. We reported 3 women with successful pregnancy outcome with intensified hemodialysis, fetal surveillance and multidisciplinary approach.

3 Cases: The ages of women were 24, 28 and 34. All were unplanned pregnancies in women with known chronic renal disease. The first woman with end stage renal failure of unknown cause was on peritoneal dialysis before pregnancy. The second woman was diagnosed with hypertensive nephropathy while the third had renal biopsy confirming IgA nephropathy. All of them received joint counselling by obstetricians and nephrologists in the first trimester. The first woman commenced on hemodialysis ever since knowing pregnant. The second and third women were started on hemodialysis at 24 and 18 weeks respectively at frequency of 4 to 5 times a week with duration of 4 hours per session. The predialysis serum urea was maintained below 39.3 mmol/L in the first trimester and was gradually decreased to below 16.6 mmol/L in the third trimester. Anemia was present in all cases requiring Erythropoietin. All had hypertension requiring antihypertensive. Fortnightly growth scan was arranged. Fetal growth restriction was detected from 30 weeks in the third case. Fetal heart rate was monitored in all women during hemodialysis since 30 weeks to detect fetal compromise due to hemodynamic fluctuation. All babies were delivered preterm at 32, 31 and 34 weeks by Caesarean section due to superimposed preeclampsia, placenta abruptio and fetal growth restriction respectively. All babies survived. The birthweights were 1960, 1630 and 1540 grams. Postoperatively, all women were monitored in intensive care unit and received renal replacement therapy.

Conclusion: The success of pregnancy outcome relied on multidisciplinary care with adequate dialysis and intensive fetal monitoring, especially during hemodialysis sessions.

(24) Clinical Significance of Pretreatment Haematological Abnormalities in Cervical Cancer

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Introduction: Haematological abnormalities including anaemia, leukocytosis and thrombocytosis were commonly identified in cancer patients, especially in advance stage malignancy and have been suggested to be poor prognostic factors for solid tumours.

Objectives: The aim of the study is to evaluate the correlation of haematological abnormalities with survival outcome in cervical cancer for our local population

Methodology: It was a retrospective case review carried out at Queen Mary Hospital, the University of Hong Kong, a tertiary gynae-oncology referral center. All women referred to our unit with a diagnosis of cervical cancer between January 2005 and December 2009 were included. Anaemia was defined as haemoglobin level less than 10g/dL, which leukocytosis and thrombocytosis were defined as count $\geq 10 \times 10^9/L$ and $\geq 400 \times 10^9/L$ respectively. Out of the 409 women, 152 women were excluded as either primary treatments were not carried out in our unit or they were referred out within 3 months after treatment.

Results: For the 257 women included, the mean age at diagnosis was 51.8 +/- 14.0 years and 59% presented at early stage (i.e. stage Ia1-Ib1 or IIa1). Majority (96.9%, n=248) were Chinese. The mean follow-up duration and survival were 65.1 +/- 33.2 months and 48.6 +/- 18.4 months respectively. Anaemia was the commonest haematological abnormalities and occurred in 13.7% (n=35); while 12.1% (n=31) and 8.9% (n=23) had leukocytosis and thrombocytosis respectively. In multivariate cox hazard regression analysis, only anaemia and hypoalbuminaemia were independent prognostic factors apart from age and stage of disease. The hazard ratio of having anaemia and hypoalbuminaemia were 2.60 (95% CI 1.46 – 4.62) and 3.84 (95% CI 1.10-13.45) respectively.

Conclusion: In conclusion, anaemia was the only statistical significance haematological abnormalities with prognostic indication. Moreover, malnutrition should be a factor not to be missed in order to optimize the women's condition.

(29) Revisited of Bsml-Polymorphism of the Calcitriol Receptor Gene in Pregnant Women with Placental Dysfunction

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Introduction: The value of pleiotropic effects of calcitriol in the pathogenetic mechanisms of various diseases development, incl. in the development of pregnancy complications, has attracted researches' attention in recent years.

Objectives: To compare of VD-status and frequency of genetic polymorphism Vitamin D receptor (VDR) (Bsml (A> G, rs1544410) in pregnant women with placental dysfunction (PD) and in healthy pregnant women.

Methodology: 56 pregnant women with PD and 40 patients with a physiological pregnancy (control group) during pregnancy 28-32 weeks were examined. The frequency of the Bsml-polymorphism of the VDR gene was determined by polymerase chain reaction; by an enzyme immunoassay of the level of VD in the serum was evaluated.

Result: Bsml-polymorphism with a heterozygous combination of A / G alleles was detected in 68% patients with PD versus 36.10% in the control group. For this type of polymorphism, PD was formed 3.7 times more often (68% vs 36.10%: RR = 2.1, CI 1.0-6.6, OR = 3.7, CI 1.1-13.1). Homozygous carrier in the A-allele in patients with PD (12%) and in healthy pregnant women (16.7%) ($p \geq 0.05$) occurred at the same frequency, the G / G genotype was detected in 20 % pregnant women with PD and in 47.20 % healthy pregnant women, ($p \leq 0.01$). The level of VD in women's serum with PD was significantly lower than in healthy patients (31.40 ± 8.6 VS 43.54 ± 11.20 ng / ml; $p \leq 0.05$).

Conclusions: In carriers of Bsml-polymorphism of the gene of VDR with genotype A / G, pregnancy is complicated by placental dysfunction in 3.7 times more often than in women who do not have this polymorphism. In heterozygous carrier for the A / G-type VDR polymorphism, VD insufficiency or deficiency with PD is associated.

Key words: vitamin D, polymorphism of VDR gene, placental dysfunction

(31) The Relationship between Vitamin D Status and Polymorphism of Vitamin D Receptor Genes in Pregnant Women with Chronic Kidney Disease

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Introduction: Vitamin D (VD) plays some role in the pathogenesis of various diseases. The effect of VD-status (VDS) on the pregnancy course and its complications has been studied, incl. caused by extra genital pathology.

Objective: Determination of VDS, polymorphism of its receptors gene in pregnant women with placental dysfunction (PD) and chronic pyelonephritis (CP).

Methodology: The I group was 56 pregnant women with PD; II group - 31 healthy pregnant women. CP was diagnosed in 42.86% women from group I (group IA). The frequency of BsmI-polymorphism of VD receptors (VDR) was determined by polymerase chain reaction, serum VD level - by the method of enzyme immunoassay.

Results: In pregnant women with CP, the level of VD was lower than in II group (31.08 ± 7.2 VS 45.42 ± 9.67 ng / ml, $p < 0.01$). VD deficiency (VDD) in 8, 3% of women with CP (RR = 2.09, 95% CI 1.8-2.42) was detected; in 25% was insufficient. In healthy women VD insufficiency was in 6.45% (RR = 3.57, 95% CI 1.62-7.88). BsmI-polymorphism of VDR was identified as A/G in 50% of group IA VS 35.48% in the control group, (OR = 2.14 95% CI 1.22-3.76). In these women VDD was diagnosed in two times often (OR = 4.89 95% CI 2.67-8.98). The VDS was optimal in cases with the genotype G/G VDR. All women with VDD had bacteriuria.

Conclusions: The level of VD in pregnant women with PD and CP is lower than in healthy pregnant women. VDD increase the incidence of chronic pyelonephritis in four times. The probability of chronic pyelonephritis in pregnant women with type A/G of VDR polymorphism and VDD is in 5 times higher.

Key words: vitamin D, pregnancy, polymorphism of VDR gene, chronic pyelonephritis.

(32) Gynaecological Single Port Laparoscopic Surgery: Does It Leads To A Satisfied Scar?

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Introduction: Compared to conventional multi-port laparoscopy, single port laparoscopic surgery is associated with reduced post-operative pain and improves scar satisfaction. This initial review explores how patients perceive their scar and pain after single port laparoscopic surgery within the Hong Kong population.

Method: A selective Patient Scar Assessment Questionnaire (PSAQ) was filled in retrospectively by patients 2 months after their operation. First 15 questions related to scar appearance satisfaction with each scored between 1 to 4 with 4 being very satisfied and 1 being very unsatisfied and generated total maximum of 60 points. Further 7 questions related to symptoms caused by the scar such as itching, pain, numbness and overall affect caused by the scar. Each question is scored between 0-3 (0 being not affected at all and 3 being always affected) with a maximum score of 21. A final question was also asked regarding whether they prefer to have a single port laparoscopic operation or a multiport laparoscopic surgery if they were given a choice.

Results: 8 patients underwent single port laparoscopic surgery at Queen Elizabeth Hospital (3 ovarian cystectomies, 2 bilateral ovarian cystectomies, 2 salpingoophrectomies and 1 ovarian cystectomy and ablation of endometriosis). Average age amongst the patients was 34.5 (21-55). The average scar satisfaction from PSAQ was 53.75 out of 60 (45-60) and the average score for symptoms caused by the scar was 1.38 out of 21 (0-5). 100% patient would have preferred single port laparoscopic surgery if they had a choice.

Conclusion: Single port laparoscopic surgery in gynaecology is associated with high satisfaction rate, causes minimal effect on daily life and preferred by patients for both cosmetic and post-operative symptomatic reasons. Further comparison with multi-port laparoscopic surgery should be performed to further establish this finding.

(33) Case Report: Surgical Removal of Retained Placental Tissue by Hysteroscopic Tissue Removal Device

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Introduction: Conventionally, surgical management of retained placental tissues is largely performed using blind dilatation and curettage. Hysteroscopic removal using diathermy loop has shown to be successful with increasing complete removal rates and reducing risk of uterine perforation. However mechanical hysteroscopic tissue removal device has shown to reduce operative time, reduce perforation rate while it is as effective as conventional diathermy loop. In this case report we demonstrate successful removal of retained placental tissue using the hysteroscopic tissue removal device.

Case: A para 2 lady who had an uncomplicated vaginal delivery was found to have persistent lochia at 6 weeks postpartum. Transvaginal ultrasound showed a thin midline with a 1.1x.1.3x 0.6cm echogenic shadow at the right fundus suggestive of retained placental tissue near the right ostia. In view of its position, a diagnostic hysteroscopy under general anaesthetic was performed confirming the presence of the retained placental tissue near the right ostia. Hysteroscopic tissue removal technique using the MyoSure device was chosen as it provided removal under direct vision and reduced risk of perforation compared to blind curettage or conventional loop diathermy. The retained placental tissue was completely removed in 60 seconds of morcellation and total fluid deficit of 500ml of normal saline. Immediately after removing the hysteroscope, blood loss caused by uterine atony occurred. Bleeding was controlled by a combination of transamin, haemobate, uterine massage and syntocinon injection with a total blood loss of 500ml. Post operatively, patient recovered well. Pathology confirmed retained placental tissue and the patient was discharged on day one. Follow-up at 8 weeks showed no further lochia and no retained placental tissue.

Conclusion: Hysteroscopic morcellation via tissue removal device is a feasible technique in removal of retained placental tissue under direct vision. It is especially beneficial to those positioned in areas with high risk of perforation.

(34) Acute Grief Support (AGS) Service Facilitating Woman to go through the Grief Process After Pregnancy Loss

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Introduction: For a woman, pregnancy brings with happiness, joy and hope. However, it is traumatic and devastating to woman and her family if the pregnancy is impending loss. Negative impacts of pregnancy loss will cause physical and psychological problems to the women which may last for many years. Seriously, self-harm behaviour may also be resulted. AGS service is introduced in the department to provide appropriate and imminent grief care and support to the grieved women. The demand of service is increasing in the recent years, from 42 women in 2013 to 95 women in 2017.

Objectives: 1. To assist woman to anticipate and go through the grief process, 2. To assist woman to regain bio-psychosocial wellness

Methodology: A "Patient Satisfaction Survey" on AGS with the use of self-developed questionnaire was conducted in January and February 2018.

Result: Within these two months, 10 feedback forms were returned from the 12 women who has received the AGS service on voluntary basis with response rate of 83.33%. Based on the returned forms, the result was analyzed and categorized into 3 main themes : Care delivered by the AGS Nurses, Farewell to the babies and post-discharge care. All the respondents agreed that AGS nurses could assist them to understand their physical and emotional needs and helped them to ventilate their emotions through care and counselling with effective communication. Besides, they all agreed that continuous support was provided after discharge. In addition, 80% of respondents agreed that post-abortion care was provided to improve their self-care after discharge and the farewell arrangement facilitated the grievous towards their babies.

Conclusion: The AGS team has delivered quality service for the betterment of grieved women and their families. In today's healthcare services, AGS is indispensable for this vulnerable group of clients as to prevent happening of serious incidents.

(36) Acute Grief Support (AGS) Service Helps to Restore the Health of Women with Pregnancy Loss

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Introduction: As realized, the effects of pregnancy loss are traumatic and devastating. The effects may also last for many years. Immediately after loss, the client is in need of support and caring. The “Acute Grief Support (AGS)” service is aimed to provide support and caring for grieved parents immediate after pregnancy loss.

Objectives: 1. To assist woman to anticipate and go through the grief process, 2. To assist woman to regain bio-psychosocial wellness

Method: Retrospective case review was performed on the number of women who had experienced pregnancy loss had received AGS service throughout hospitalization and continuous after discharge. Apart from the number of cases, the effectiveness of the care was evaluated by the identification of complication and number of women who required further treatment.

Result: As reviewed, the demand of AGS service is increasing in recent years, from 42 women in 2013 to 95 women in 2017. Among the 106 women who had received AGS service in 2016, 5 of them were detected with mood problem during phone follow up. They were re-admitted for consulting clinical psychologist or psychiatrist and all of them required drug treatment for their problems. Among these 5 women, one of them was referred to medical team at the same episode of hospitalization for complaining of lethargy, headache and neck pain. Eventually, she was diagnosed of extensive cerebral thrombosis required anticoagulants treatment. This evidenced that the AGS service is effective in helping women not only emotion needs but also physical problem. In turn, it could prevent the progression to serious illnesses.

Conclusion: The result demonstrated clearly that AGS service is significant for women with pregnancy loss. With immediate and continuous care, early detection of complications and immediate treatment will not only to cure but also to prevention happening of serious illness of women.