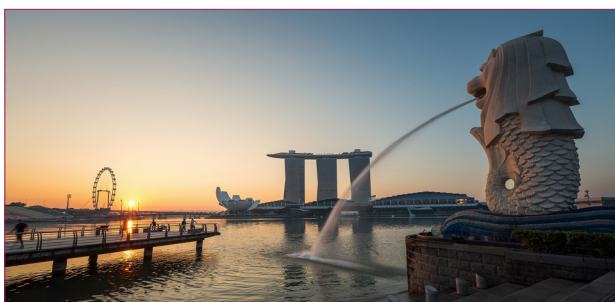


Video Presentation

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Preimplantation genetic testing for aneuploidy: New improvements with non-invasive liquid biopsy technique

Jan Tesarik

Clinica MARGen, Spain

Preimplantation genetic testing for aneuploidy (PGTA) was originally performed by analyzing the first and the second polar body. However, it has later been increasingly performed by sampling trophoctoderm (TE) cells from blastocysts. Recently, there is increasing concern about the reliability of this technique which has actually never been tested sufficiently in animal models and human preclinical studies. The main problems of PGTA using TE biopsy can be resumed as follows: (1) The frequency of aneuploid TE cells does not necessarily reflect that in the inner cell mass (ICM) which will give rise to the future fetus, (2) the distribution of euploid and aneuploid TE cells is not random but rather clonal, making it impossible to obtain reliable information about the frequency of aneuploidy in the whole embryo, and (3) the removal of TE cells is inherently traumatic, can decrease embryo implantation potential and produce long-term effects on the offspring health. Since, in many cases, PGTA is performed in older women, with only few and relatively fragile embryos, the technique based on TE biopsy can lead to an irreparable damage due to accidental embryo destruction or voluntary destruction of viable embryos deemed aneuploid because of a false positive PGTA result. By contrast, PGTA using non-invasive liquid biopsy is based on analysis of cell-free DNA released both from TE and ICM cells to culture medium, thus allowing a more objective ploidy

evaluation of the whole embryo. Here I present the latest data obtained by comparing ploidy evaluation results obtained from cell-free DNA analysis with those obtained by analysis of DNA obtained from whole embryos donated for research from consenting patients. These results show clearly the superiority of non-invasive PGTA based on liquid biopsy (cell-free DNA) from spent culture media over the conventional TE biopsy, with a considerable reduction of interpretation errors.

Speaker Biography

Jan Tesarik obtained his MD degree in 1979 and PhD in 1982. From 1989 he worked at the American Hospital of Paris and achieved the world's first childbirths after round spermatid injection (ROSI) into oocyte cytoplasm. In 1998 he achieved, in Istanbul, the world's first childbirth after oocyte fertilization with spermatids obtained by in vitro spermatogenesis. He developed an original technique for nuclear transfer in mature human oocytes (Rome, 2000) and achieved the first fertilizable human "artificial oocytes" reconstructed from somatic cell nuclei and donor ooplasts (Sao Paulo, 2001). He described beneficial effects of growth hormone on oocyte quality in women of >40 years old. He is author of >400 scientific publications, including 307 highly influential publications listed in Semantic Scholar. At present he is Director of MARGen (Molecular Assisted Reproduction and Genetics) Clinic in Granada (Spain) and coordinates different research projects carried out at the University of Granada.

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Resection hymenal surgery

Ibrahim Mashaal

El- Mahalla General Hospital, Egypt

Hymen is a membrane that partially covers the external vaginal opening consists of fibrous connective tissue. Hymen is the symbol of virginity in all Islamic and Arabian countries and for many millions of families all over the world, so it's very important to be saved and respected. Hymenectomy operation in general cruciate incision done to evacuate chocolate blood under complete aseptic condition. In all hymenal surgery such as Imperforate cerebriiform and microperforated hymen ...only by using a syringe and a scissor. We can leave behind us a normal shaped intact respectable hymen without any kind of complications.

Speaker Biography

Ibrahim Mashaal is 59 years old. He completed his graduation at Tanta school of medicine. He is working as a Consultant in the department of Obstetrics and Gynecology at El Mahalla General Hospital, Egypt. He is a member of Clinical Society of Obstetrics and Gynecology at Mansoura, Egypt. Currently, he is the President of El Mahalla El Kubra and Sammanoud Society of Obstetrics and Gynecology.

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Urogynecology services at Lahore, Pakistan: 2019 update

Hameed N and Muhammad Asghar Ali

University of Health Sciences, Pakistan

The quality of women's life is still not a priority. I shall start from how we started creating awareness amongst the community, primary health care physicians, secondary and tertiary health care providers. The work presented will include the workshops and conferences conducted and papers presented at national and international forum and Urdu translation of commonly used IUGA patient information leaflets. The range of urogynecology problems seen in the last 18 months with a referral center at Lahore, the work done to help out those patients including fistula victims, Pelvic organ prolapse, interstitial cystitis, stress urinary incontinence and its surgical managements, Live videos of surgeries performed will be presented, especially for the patients who have had repeated failed attempts at surgical correction by the ill trained people and the difficulty in winning their confidence for a facility as attractive as a free fistula camp conducted by a highly

skilled group at our Lahore center.

Speaker Biography

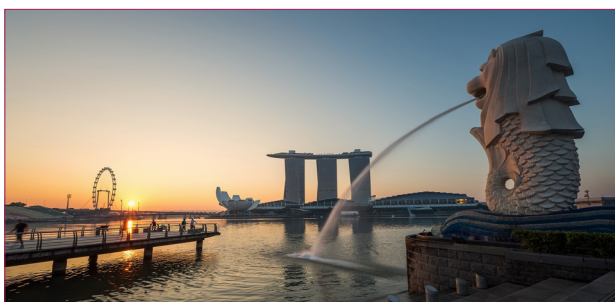
Hameed N started her professional career in 1989. During her tenure at Army Medical College Rawalpindi, she earned various Gold medals in academic performances and COAS Gold Medal as best graduate year 1989. She established urogynecology services in Armed Forces, Pakistan followed by Shalamar hospital, Lahore. In the last two year she has participated in 6 international conferences, two as a speaker, 2 as a workshop organizer and 2 as a participant. She has conducted 3 nationally and 2 internationally accredited workshops at Shalamar Medical College regarding urogynecology and two free fistula camp in collaboration with IUGA and Pakistan National forum on women's health. She holds post for Fellow representative at International representative committee of RCOG in Pakistan. She is actively involved in Urdu translation of patient information leaflets at IUGA website. She is also a member editorial board of PAFMJ and MJSI.

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Accepted Abstracts

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An evidence-based cesarean section for universal use

Michael Stark

New European Surgical Academy, Germany

As most abdominal operations have today endoscopic alternatives, caesarean section will certainly remain the only abdominal operation in the future. Therefore, it is of utmost importance to constantly evaluate its different steps for their necessity and optimal way of performance in order to achieve a unified evidence-based method. The modified Joel-Cohen method results in a shorter incision to delivery time, lower rate of febrile morbidity compared to the traditional Pfannenstiel or longitudinal incisions. Opening peritoneum using bi-digital repeated stretching instead of sharp instruments proved to be safer. The uterus should be opened in the lower segment where less muscle tissue and more fibrous tissue is present. Exteriorization of the uterus makes the uterine wall closing easier and reduce bleedings. Suturing the uterus with one-layer results in stronger scar and reduced pain. Leaving both peritoneum layers open proved in standardized studies to reduce adhesions and result in less need of painkillers and closure should be avoided in any other

surgical disciplines as well, including endoscopy. The fascia being sutured continuously with first knot underneath the fascia prevents irritation in the sub-cutis and only few sutures should be used to close the abdomen. Since the introduction of this modified and simplified method 30 years ago, it has been evaluated by scores of peer-reviewed studies. With no single exception all showed various advantages of this method: shorter operation time, shorter hospitalization, quicker mobilization, less blood loss, lower rate of febrile morbidity, lower costs, and less need for painkillers. In order to standardize this operation, it is important to use constantly the same suture materials, needles and instruments. A big needle is necessary for the uterus, as fewer steps are done which results in less foreign body reaction. The risk of overuse of the cesarean section and possible influences on human evolution will be addressed.

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Improving treatment options and quality of life in breast cancer survivors: International data from fertility preserving options in breast cancer survivors and conservative interventions

Ioannis G Papanikolaou

Humanitas University, Italy

Breast cancer is the most frequent cancer among women. The emphasis on fertility preservation, quality of life and breast-cosmesis related issues have challenged in the last years the Subspecialty of Reproductive Endocrinology and Assisted Reproduction, as well as breast cancer surgery. Fertility preservation before gonadotoxic treatments has motivated scientific community to introduce fertility counselling in breast cancer treatment options. The need for breast conserving surgery, as well as the effort to obtain better cosmesis after surgery has leaded breast surgeons to develop oncoplastic breast conserving surgery. Oncoplastic techniques combine oncologic surgery with plastic surgery techniques. Main objective remains oncologic safety.

Established goals of OPS are to broaden indications of breast conservation towards larger tumors by improving aesthetic outcomes. There is a growing demand to standardize various aspects of OPS for implementation into clinical practice. Current evidence on OPS is based on poorly designed and underpowered studies. Research efforts should focus on Level I evidence assessing oncological and aesthetic outcomes of OPS and obtained survival rates. Fertility preservation must be offered in all young breast cancer patients. Ovarian stimulation protocols vary according to the ER status and the disease stage and biological behavior. Treatment options must be personalized and selected case by case.

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Usefulness of subtraction pelvic MRI in patients with ovarian endometrioma

Hyun Jung Lee and Ji Sun Lee

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To minimize damage of ovarian reserve, it is necessary to evaluate the follicular density in ovarian tissue surrounding the cyst in preoperative image of patients with ovarian endometrioma. Purpose of presented study was to evaluate the usefulness of subtraction pelvic MRI of ovarian endometrioma. A subtracted T1 weighted image (T1-WI) was performed by subtract T1-WI from contrast enhanced T1-WI with exact similarity in all parameters between both sequences of 22 patients with surgically confirmed ovarian endometrioma. To evaluate comparability with normal ovarian tissue, signal to noise ratio (SNR) of ovarian endometrioma which were classified into high signal intensity group and iso-to-low signal intensity group on T2 weighted image were compared with those of normal ovarian tissue. To evaluate effect of contrast enhancement, standardization map was obtained by dividing subtracted T1-WI by contrast

enhanced T1-WI. Visual assessment classified 22 patients with ovarian endometrioma into 16 patients with high signal intensity and 6 patients with iso-to-low signal intensity on T1-WI. Although the SNR of endometrioma with high signal intensity was higher than that with iso-to-low signal intensity, there is no difference of SNR after subtraction (13.72 ± 77.55 versus 63.03 ± 43.90 , $p=0.126$). As the area of affected ovary was smaller than normal ovary, (121.10 ± 22.48 versus $380.51 \pm 75.87\text{mm}^2$, $p<0.001$), however, the mean of pixel number of viable remaining tissue in affected ovary by endometriosis was similar to that of normal ovary (0.53 ± 0.09 versus 0.47 ± 0.09 $p=0.682$). Subtraction technique of pelvic MRI could be useful to evaluate the extent of endometrial invasion to normal ovarian tissue and viable remnant ovarian tissue.

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Promoting demedicalization of management of PCOS in gynecology OPDs through nonmedicinal lifestyle modification regimes – an experience from PGI Chandigarh, India

Singh AJ

PGIMER, India

Quality of life (QOL) of the PCOS patients is poor due to its symptoms. Medicinal treatment for PCOS is not very effective. There is evidence that diet, exercise and lifestyle changes provide relief in PCOS cases. This presentation shares the evidence obtained through an RCT on the effectiveness of two lifestyle modification regimen on QOL of PCOS cases recruited from Gynecology OPD of PGIMER, India. One group of patients were counselled on diet and exercise along with probiotic administration. In second group placebo replaced probiotics. Majority of PCOS cases had obesity, hirsutism, abnormal menstruation, USG changes of polycystic ovaries, hyperinsulinemia, unhealthy lifestyle, more consumption of junk food, low physical activity and uncontrolled eating behavior. Both the interventions were effective. Diet and

exercise alone were effective in improving the LH levels and LH to FSH ratio. Mean LH to FSH ratio reduced significantly more in the probiotic group. Probiotic supplementation had an overall additional benefit in reducing the abdominal fat, LH:FSH ratio, total testosterone, LPS level and menstrual regularity and in preserving gut motility. In probiotic group, menstrual regularity was attained in 31.3% girls as compared to 12.2% in placebo group. In 35% subject's normal ultrasound was attained in probiotic group as compared to 18.2% in the placebo group. Both the groups reported significant improvement in QOL. Thus, simple change in lifestyle involving self-care supported by probiotic intake can easily cure PCOS without consuming hormonal pills.

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Cardiopulmonary life support for pregnant patient

Kulkarni Sadhana Sudhir

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The prevalence of cardiac arrest in pregnant women varies from 1/20,000 to 1/50,000 pregnancies. Hemorrhage, cardiac disorders, amniotic fluid and thromboembolism, sepsis are common causes of arrest. Treatment is challenging and special as it involves two patients, the mother and the fetus. Increased susceptibility in mother is due to physiological changes during pregnancy. Mother poorly tolerates hypoxia as there are changes in airway and increase in oxygen requirement. Basic and advanced cardiac life support algorithms should be implemented; however, the physiologic and anatomic changes of pregnancy require some modifications to these protocols. Early endotracheal intubation by an expert, left lateral tilt, perimortem caesarian section within 5 minutes after detection of

arrest are necessary. Intra myometrial administration of 10 units oxytocin is an effective alternative to intravenous infusion. Which can produce significant cardiovascular collapse. An emergency cesarean delivery kit should be a part of emergency cart in labor room and obstetric ICU. Simultaneously, factors contributing to cardiac arrest should be treated promptly. Consideration of cardiopulmonary bypass can help for amniotic fluid embolism. By saving life of mother, life of neonate can also be saved. Teamwork of obstetrician, Anesthesiologist, neonatologist, cardiologist and sometimes cardiothoracic surgeon is key to success. Cardiac arrest is preventable in at least 50% patients, if the clinical problem is treated in time.

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Miliary tuberculosis presenting as headache in pregnancy

Sandie Christine Tinio and **Pilar Lagman-Dy**

St. Luke's Medical Centre, Philippines

Tuberculosis is an infectious disease caused by the bacillus *Mycobacterium tuberculosis*, and the Philippines remains on the top rank of countries with high disease burden of tuberculosis. Dissemination of the disease is common in immunocompromised patients, but pregnancy itself rarely causes severe immunocompromise to cause dissemination. This is a case of a 29-year-old primigravid at the 27th week of

pregnancy who presented with fever and persistent headache. Chest x-ray findings noted miliary tuberculosis and cranial magnetic resonance imaging reported multiple parenchymal tuberculomas. Anti-Koch's therapy as recommended by the WHO was initiated, and clinical resolution of symptoms was noted within 4 weeks.

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The importance of blood management in childbearing age women

Lau Ching Wa

Blood Transfusion Services, Hong Kong

Iron is a precious resource for all living organisms. In human, it is vital for fetus and infant neurodevelopment, neuronal functions, cardiac muscle and skeletal muscle functions, hormonal synthesis and bodily detoxification. A tight mechanism exists in regulating its uses for different bodily functions, its absorption and its storage. However, there is virtually no excretion mechanism for iron in human other than minimal insensible loss from intestinal mucosal desquamation or sweat. As a matter of factor, iron is recycled inside the body and absorption only takes place to replenish the insensible loss. The total bodily iron in a child bearing age woman is around 45mg/kg (that is 2500mg to 3500mg), two third of them are embedded in the red blood cells, less than 5mg/kg of iron are embedded in various tissues carrying out numerous vital bodily functions, and the remaining of them are stored in the reticulo-endothelial system, namely liver and spleen. Blood loss including physiological menstrual loss and inadequate oral intake are two major causes of iron deficiency in childbearing age women. Many childbearing age women are long standing iron deficient without being diagnosed and never receive appropriate treatment. It would be detrimental if they are undergoing pregnancy, because a normal uncomplicated pregnancy requires up to 1000mg of iron and it could not be possibly provided by the mother.

Fetal growth requires iron throughout the pregnancy; however, the critical neurodevelopment happens in the third trimester where iron is found to be rapidly accumulated in some areas of the brain, notably hippocampus and the surrounding tissues. This process continues throughout the early infancy up to 2 years of age. Numerous studies supported that maternal iron deficiency is a key cause of the development of childhood learning difficulties, speech and language impairment, autism, attention- deficit hyperactivity disorder and more. More importantly, those abnormal neurodevelopment disorders are not reversible by iron supplement after their diagnosis at childhood. This highlights the imperative of adequate iron stores in all childbearing age women. Nevertheless, iron deficiency anemia in childbearing age women are prevalent all over the world, it could be more than 20% in developed areas and even more in developing areas. WHO responded the situation by setting a clear global target of reducing iron deficiency in childbearing age women by 50% in 2025. Thus, it is time for administrators and clinicians to put effort in achieving the target. In conclusion, appropriate management of iron deficiency does not only benefit the health of the childbearing age women, but also the health of our next generation.

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Placenta accreta on woman with complete placenta previa and two previous cesarean section: A case report

Ardiani V, Suhaimi D and Fadila NF

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The incidence of placenta accreta has been increasing along with the number of cesarean section (C-section) taken. The complication of c-section in placenta accreta cases compromises of massive bleeding hence maternal death. A multidisciplinary team approach is required in managing placenta accreta. Importantly, placenta accreta with complete placenta previa. Here we present a case of a woman with placenta accreta along with a complete placenta previa and

two previous cesarean section who complained per vaginal bleeding on 31 weeks of gestation. Placenta Accreta Index (PAI) was 5,5. An elective c-section followed by hysterectomy on 32 weeks of pregnancy was done and a baby weighing of 1920 grams was delivered. Prompt and early surgical decision needs to be made to ensure maternal and fetal survival.

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Obligatory subtotal hysterectomy: Novel strategy for prevention of cervical stump carcinoma

Mohammad Emam and Reda Hemida

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Obligatory subtotal hysterectomy (OSH) is performed when an experienced gynecologist is obligated to perform subtotal hysterectomy not total hysterectomy, due to: Extensive adhesions, Some types of leiomyoma, Peripartum (uncontrollable postpartum haemorrhage, rupture uterus and abnormal Placental adhesions). Total hysterectomy is the golden standard operation when hysterectomy is indicated. Cervical stump carcinoma is a major disadvantage of subtotal hysterectomy (1% to 2%). To pinpoint our experience on performing certain simple and applicable precautions, for prevention of stump cervical carcinoma on performing (OSH). Prospectively, we apply certain precautions on

performing 26 (OSH) in last ten years, including, ablation of endocervical columnar epithelium and transformation zone intraoperatively Then follow up, utilizing cervical screening recommendations, postoperatively with visual inspection with acetic acid (VIA). The prospective evaluation of 26 cases of (OSH), where the precautions mentioned were applied, no report of any case with Squamous intraepithelial lesions or stump cervical carcinoma till now. Morbidity and mortality from precancerous cervical lesions or stump carcinoma can be prevented by adherence to the recommended our novel intraoperative and postoperative precautions.

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