

8th International Conference on

Gynecology and Obstetrics

April 27-28, 2023 | Amsterdam, The Netherlands

Day-1

Scientific Tracks & Abstracts



Sessions

Obstetrics and Gynecology | Pediatric Neurology | Pediatric Cancer

Session Chair

Kaminskaya Tatyana Svyatoslavovna

State Budgetary Healthcare Institution | The Russian Federation

Title: The efficacy and health economics of different treatments for Type 1 Cesarean Scar Pregnancy

Feng Qi | Zhejiang University | China

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The efficacy and health economics of different treatments for Type 1 Cesarean Scar Pregnancy

Feng Qi

Zhejiang University, China

Objectives: To evaluate the efficacy and health economics of four treatments for Type 1 Cesarean Scar Pregnancy (CSP).

Methods: From January 2009 to December 2018, 326 patients diagnosed with type 1 CSP were examined, among whom 31 received ultrasound-guided local injection of methotrexate (local injection group), 160 patients received uterine artery embolization combined with suction aspiration (UAE group), 25 patients received ultrasound-guided suction aspiration (aspiration group) and 90 received ultrasound-guided local injection of lauromacrogol combined with suction aspiration (lauromacrogol group). Clinical data and outcomes were analyzed. The decision tree model was used to compare the economics of four treatments.

Results: The success rate of the local injection group was 71.0% (22/31), which was significantly different from 98.8% (158/160) of the UAE group and 100.0% (90/90) of the lauromacrogol group. The success rate of the aspiration group was 92.0% (23/25), which was significantly lower than that of the lauromacrogol group. The cost-effectiveness ratio was 1,876.53 yuan for the aspiration group, 2,164.63 yuan for the lauromacrogol group, 4,383.56 yuan for the local injection group, and 7,850.81 yuan for the UAE group. The Incremental Cost Effectiveness Ratio (ICER) of the lauromacrogol group to the aspiration group was 5,477.75 yuan, indicating that if the willing to pay of patients was higher than 5477.75 yuan, the lauromacrogol group had a cost-effectiveness advantage in treating Type 1 CSP, compared to aspiration group. On the contrary, aspiration group has a higher cost-effectiveness advantage. The ICER of the lauromacrogol group to the local injection group or the UAE group was both less than 0, indicating that local injection group and UAE group was not cost-effective in the treatment of Type 1 CSP.

Conclusions: For Type 1 CSP, the ultrasound-guided local injection of lauromacrogol combined with suction aspiration and ultrasound-guided suction aspiration, are effective and economical, and the choice between the two can be based on the patient's willing to pay.

Recent publications

1. Zhou W, Feng X, Yu J, Chai Z, Zheng L, Qi F (Corresponding Author). The efficacy of different treatments for Type 2 Cesarean Scar Pregnancy. *Fertil Steril* 2022, 118(2): 407-413.
2. Hong T, Chai Z, Liu M, Zheng L, Qi F (Corresponding Author). The Efficacy and Health Economics of Different Treatments for Type 1 Cesarean Scar Pregnancy. *Front Pharmacol*, 2022, 13: 822319.
3. Qi F, Chai ZY, Liu MM, Zheng LZ, Zhu Y, Chen ZW, Lv WG. Type 2 Cesarean Scar Pregnancy Successfully Treated via Hysteroscopy-Assisted Laparoscopy. *J Minim Invasive Gynecol*, 2019, 26(7): 1273-1281.

Biography

Feng Qi, Doctor of Zhejiang University, Chief Gynecologist of Enze Medical Center, excellent employee of Enze Medical Center, excellent training object of Qinglan Talent Training Project of Enze Medical Center, the first top ten outstanding young physicians of Enze Medical Center, 211 talents of Taizhou City, excellent teacher of Wenzhou Medical University, young member of gynecological tumor professional committee of Zhejiang Anti-Cancer Association. He had visited and studied at the Asian Hysteroscopy Center in Beijing and the Royal Free Hospital in London. He focuses on minimally invasive uterine laparoscopic surgery to preserve fertility function, and was the champion of the 14th Standardized endometriosis Surgery Video Contest of Zhejiang Station.

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Sessions

Obstetrics and Gynecology | Gynecology Surgery | Pediatric Gynecology

Session Chair

Katie P Nguyen

Riverside Community Hospital | USA

Session Introduction

Title: Percutaneous transcatheter uterine artery embolization: A new approach to the treatment of Uterine Fibroids

Mariam Kaviladze | First Moscow State Medical University | Russia

Title: Perinatal and Neonatal outcomes in immigrants from conflict-zone countries: A systematic review and meta-analysis of observational studies

Samira Behboudi-Gandevani | Nord University | Norway

Pediatric Pulmonology | Gynecology & Obstetrics | Pediatric Obstetrics | Pediatric Gynecology | Pediatric Development

Session Chair

Gaafar Mohamed Abdel-Rasoul

Menoufia University | Egypt

Title: Outcomes comparison for benign gynecologic laparotomy before and after Enhanced Recovery After Surgery (ERAS®) implementation in a Philippine Private Tertiary Hospital

Marianne J Real | The Medical City – Institute for Women’s Health | Philippines

Title: Abdominal pregnancy with a live newborn in a low-resource setting : A case report

Olivier Mulisya | FEPSI Hospital | Congo

Title: Implementation of Obstetric and Neonatal emergency care at the social and health animation center in Yaounde (Cameroon) during the year 2022

Michèle Florence Mendoua | University of Yaoundé | Cameroon

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Percutaneous transcatheter uterine artery embolization a new approach to the treatment of Uterine Fibroids

Mariami Kaviladze

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Study objective: Percutaneous transcatheter embolization of the uterine arteries has been used in Obstetric and Gynecological practice since the late 1970s. The founder of the operation in patients with uterine leiomyoma was J.H. Ravina, who in 1994 in France performed the occlusion of the uterine arteries in order to reduce blood loss during subsequent myomectomy.

Aims: Aim of study was improving the reproductive health and quality of life of patients with uterine fibroids through the use of modern minimally invasive technologies.

Materials and methods: 208 patients diagnosed with Uterine Fibroids preparing for surgical treatment underwent uterine artery embolization using two types of embolizates: occlusive coils, particles of polyvinyl alcohol (PVA). Of these, 174 (83%) subsequently underwent myomectomy (72 (34%) planned pregnancy), 34 (17%) underwent radical surgery. Surgical treatment was carried out at various times (from 2 to 7 days) after UAE, both to assess the hemostatic effect and to assess the morphological changes in myomas and perifocal tumors of the myometrium, endometrium and serous membrane.

Results: Intraoperative blood loss decreased by an average of 30%. In all cases, fibroids transformed into a non-proliferating clinical and morphological variant, if it was proliferating. It should be noted that when PVA particles were used, not a single tumor was subjected to necrosis in any case, as well as the preservation of growth zones located perifocal to the myoma in the myometrium and small forming nodes of other myomas. During occlusion with spirals, more pronounced foci of Necrosis affecting the surrounding myometrium were noted.

Conclusion: The use of UAE in uterine myoma is advisable to reduce intraoperative blood loss, or in isolation in somatically severe patients. In patients planning pregnancy, it is advisable to use PVA particles as an embolizate, while in other cases it is necessary to use occlusal coils. Recurrence of fibroids (more precisely, recurrence of fibroid growth during its reverse transformation into a proliferating variant) or the development of new fibroids after UAE is possible.

Reference

1. Rosch J., Dotter C.T., Brown M.J. Selective arterial embolization: A new method for control of hemorrhage. Radiology. 2019.
2. Lumsden M.A. Embolization versus myomectomy versus hysterectomy: which is best, when?. Hum. Reprod. 2020.
3. Hwang G.L., Razavi M.K., Chen B.H. A single center study comparing abdominal myomectomy with uterine artery embolization for treatment of myomas. Obstet. Gynecol. 2020.

Biography

Mariami Kaviladze is a Medical Professional who obtained her education from the prestigious First Moscow State Medical University in Russia. She is a highly skilled practitioner with a passion for providing quality healthcare to patients.

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Perinatal and Neonatal outcomes in immigrants from conflict-zone countries: A systematic review and meta-analysis of observational studies

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Objectives: There are controversies regarding the risk of adverse pregnancy outcomes among immigrants from conflict-zone countries. The aim of this systematic review and meta-analysis was to investigate the risk of perinatal and neonatal outcomes among immigrants from conflict-zone countries compared to native-origin women in host countries.

Methods: A systematic search on the databases of PubMed/MEDLINE, Scopus, and Web of Science was carried out to retrieve studies on perinatal and neonatal outcomes among immigrants from Somalia, Iraq, Afghanistan, Yemen, Syria, Nigeria, Sudan, Ethiopia, Eritrea, Kosovo, Ukraine and Pakistan. Only peer-reviewed articles published in English language were included in the data analysis and research synthesis. Odds ratio and forest plots were constructed for assessing the outcomes of interests using the DerSimonian and Laird, and inverse variance methods. The random-effects model and the Harbord test were used to account for heterogeneity between studies and assess publication bias, respectively. Further sensitivity analysis helped with the verification of the reliability and stability of our review results.

Results: The search process led to the identification of 40 eligible studies involving 215,718 pregnant women with the immigration background from conflicting zone and 12,806,469 native-origin women. The adverse neonatal outcomes of the risk of small for gestational age (Pooled OR = 1.8, 95% CI = 1.6, 2.1), 5-min Apgar score less than 7 (Pooled OR = 1.4, 95% CI = 1.0, 2.1), still birth (Pooled OR = 1.9, 95% CI = 1.2, 3.0), and perinatal mortality (Pooled OR = 2.0, 95% CI = 1.6, 2.5) were significantly higher in the immigrant women compared to the native-origin women. The risk of maternal outcomes including cesarean section (C-S) and emergency C-S, instrumental delivery, preeclampsia and gestational diabetes were similar in both groups.

Conclusion: Although the risk of some adverse maternal outcomes were comparable in the groups, the immigrant women from conflicting zone countries had a higher risk of neonatal mortality and morbidity including SGA, 5-min Apgar score less than 7, still birth, and perinatal mortality compared to the native-origin population. Our review results show the need for the optimization of health care and further investigation of long-term adverse pregnancy outcomes among immigrant women.

References

1. UNHCR. United Nations High Commissioner for Refugees, Global Trends for Forced Displacement in 2019. (2019)
2. Bakken KS, Skjeldal OH, Stray-Pedersen B. Immigrants from conflict-zone countries: An observational comparison study of Obstetric outcomes in a low-risk maternity ward in Norway. *BMC Pregnancy Childbirth*. (2015) 15:163.
3. Castañeda H, Holmes SM, Madrigal DS, Young ME, Beyeler N, Quesada J. Immigration as a social determinant of health. *Annu Rev Public Health*. (2015) 36:375–92.

Biography

Samira Behboudi-Gandevani is a respected academic in the field of Nursing and Health Sciences. She is a faculty member at Nord University, Bodø, Norway, where she continues to advance the field through her research and teaching.

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Outcomes comparison for benign gynecologic laparotomy before and after Enhanced Recovery After Surgery (ERAS®) Implementation in a Philippine Private Tertiary Hospital

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The Medical City-Institute for Women's Health, Philippines

Background: Enhanced Recovery After Surgery (ERAS®), a multidisciplinary approach developed to improve care processes is implemented by The Medical City. This became a vital component in managing gynecologic patients.

Objective: We determined the frequency of compliance to the Enhanced Recovery After Surgery (ERAS®) Guidelines and the difference in outcomes of benign gynecologic surgeries between pre- and post- ERAS implementation, specifically: length of stay, complications, readmission, re-operation, 30-day morbidity, and mortality rate.

Methods: A retrospective chart review of 739 patients in The Medical City subdivided into hysterectomy with or without adnexal surgery, myomectomy, and adnexal surgeries was done (pre-ERAS: January 2015 to March 2017, n=319 and post-ERAS: April 2017 to January 2022, n=420). We excluded patients who were pregnant, pre-operatively admitted in the intensive care unit and underwent emergency surgeries in less than 30 minutes. Data was encoded in the ERAS Interactive Audit System version 4.5.3.3. Analysis was carried out using an Independent T-test, Mann Whitney U test, and Chi-Square test or Test on Proportions.

Results: Across all three surgical procedures, total length of hospital stays, duration from operation to ready for discharge, and length of stay post-operatively were shorter by one day in the post ERAS period ($p < .0001$). Pre-admission education, nutritional status evaluation, oral carbohydrate treatment, and sedative medication prior to anesthesia regardless of route were accomplished frequently during post-ERAS phase ($p < .0001$). Post-ERAS patients were able to tolerate solids in less than 24 hours, significant shorter time to pass flatus and stool without medication, termination of intravenous fluid and foley catheter within 24 hours, and earlier return to mobilization ($p < .033$ to $.0001$). Pre- and post-ERAS periods were comparable in intraoperative compliance, complication, and readmission. There were no reoperation, morbidity, and mortality for both.

Conclusion: ERAS Guidelines showed improved outcomes in length of hospital stay and clinical parameters for compliance.

References

1. Engelman, R.M.; Rousou, J.A.; Flack, J.E.; Deaton, D.W.; Humphrey, C.B.; Ellison, L.H.; Allmendinger, P.D.; Owen, S.G.; Pekow, P.S. Fast-track recovery of the coronary bypass patient. *Ann. Thorac. Surg.* 2021, 58, 1742–1746.
2. Bardram, L.; Funch-Jensen, P.; Jensen, P.; Kehlet, H.; Crawford, M. Recovery after laparoscopic colonic surgery with epidural analgesia, and early oral nutrition and mobilisation. *Lancet* 2019, 345, 763–764.
3. Marx, C.; Rasmussen, T.; Hjort Jakobsen, D.; Ottosen, C.; Lundvall, L.; Ottesen, B.; Callesen, T.; Kehlet, H. The effect of accelerated rehabilitation on recovery after surgery for ovarian malignancy. *Acta Obstet. Gynecol. Scand.* 2020, 85, 488–492.

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Biography

Marianne J Real is graduated from the University of Santo Tomas with a degree in Bachelor of Science Major in Occupational Therapy in 2011. A licensed Occupational Therapist in the Philippines and United States of America, she chose to pursue a degree in Doctor of Medicine from the De La Salle Medical and Health Sciences Institute under a scholarship program. She continued her postgraduate internship from the University of the Philippines – Philippine General Hospital in 2016. In June of 2022, she completed her Obstetrics and Gynecology Residency Training in The Medical City. Currently, she is practicing as an Obstetrician-Gynecologist in her hometown in Laguna, Philippines.

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Abdominal pregnancy with a live newborn in a low-resource setting : A case report

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Abdominal pregnancy is defined as pregnancy anywhere within the peritoneal cavity, exclusive of tubal, ovarian, or broad ligament locations. It is a rare form of ectopic pregnancy with high morbidity and mortality for both the mother and the fetus. Diagnosis can be frequently missed in most poor-resource settings because of poor antenatal coverage, low socioeconomic status in most of the patients as well as lack of adequate medical resources. Clinical diagnosis can be very difficult and ultrasound scan is very helpful during the early stages of gestation but can also be disappointing in the later stages. We report a case of 25 year old woman with severe abdominal pain not amended with any medication. A clinical picture of shock lead to an emergency laparotomy which confirmed the diagnosis of abdominal pregnancy. The ministry of health in developing countries should make an effort to make routine early ultrasound accessible to pregnant women, and the obstetricians should keep in mind the possibility of ectopic pregnancy, irrespective of the gestational age.

Recent publications

1. Nemat AbdulRahman AbdulJabbar, S. Saquib, W.E. Mohammed Talha. Successful Management of Abdominal Pregnancy: two case reports. *Oman Med. J.*, 33 (2) (2018 Mar), pp. 171-175.
2. T. Gure, S. Sultan, R. Alishum, A. Ali, B. Dibaba, I. Usmael, S. Tsegaye. Term abdominal pregnancy with live baby: case report from Hiwot Fana specialized university hospital, eastern Ethiopia. *Int. Med. Case Rep. J.*, 14 (2021), pp. 689-695.
3. A. Siati, T. Berrada, A. Baidada, A. Kharbach. Abdominal pregnancy with a healthy newborn: a new case. *Pan. Afr. Med. J.*, 34 (2019 Sep 16), p. 35.

Biography

Olivier Mulisya is a skilled Medical Practitioner with expertise in Gynecology and Obstetrics. She currently serves at the department of Gynecology and Obstetrics in FEPSI hospital, Butembo, Democratic Republic of the Congo, where she is committed to providing quality healthcare services to his patients..

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Implementation of Obstetric and Neonatal emergency care at the social and health animation center in Yaounde (Cameroon) during the year 2022

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Introduction: International experts have indicated emergency Obstetric and Neonatal care as the tool for effective management of emergencies cases in Obstetrics. This is care reserved for pregnant women, parturients, those who have given birth and incidentally for new-borns with Obstetric pathologies or complications requiring immediate medical treatment and provided 24h/24 and 7j/7. In Cameroon, the maternal mortality ration has experienced a substantial decrease of 40% ranging from 782 deaths in 2011 to 467 per 100,000 births in 2018. However, this rate remains worrying, hence the interest of studying the implementation of Obstetric and Neonatal Emergency Care at the Social and Health Animation Center in Yaounde.

Methods and results: It was a cross-sectional study ranging from September 1st to December 1st 2022; in the obstetrics and gynaecology department of the Social and Health Animation Center during the define period and consenting to participate in the study, adolescents who had obtained a parental consent were registered. The sampling was non- probabilistic of convenience. After obtaining administrative authorizations, the information collected was used in a confidential manner. The data analysis was carried out with the statistical software CSP10 version 7. We registered 1275 pregnant women, 343 patients had an Obstetric complication, a frequency of 26.9%. The age group of 25-30 years was predominant, 30.9%. The majority of women with an Obstetric complication had no contributing personal history, 89.5% but 23 patients had a surgical history, 6.7%. Malaria in pregnancy was the main indirect obstetric complication. Direct obstetric complications were at the top of the list 83.4%. Regarding the indicators, the coverage of emergency obstetrics care needs was satisfactory, 89.4%; 322 were prescribed, 288 were carried out, the maternal fatality rate was 0.58%.

Conclusion: At the end of this work, we observed that emergency Obstetric and Neonatal care are available at the Social and Health Animation Center in Yaounde and their effective implementation is satisfactory according to the indicators set by the World Health Organization. However, an improvement in the coverage of obstetrics care needs by the installation of a blood bank.

Recent publications

1. Binam F., La prise en charge des urgences ; un modèle d'organisation pour les pays en développement, Karthala, 2013, Paris, 164 pp.
2. OMS, 2011 Personnel de santé, infrastructures sanitaires et médicaments essentiels : Statistiques sanitaires Mondiales.
3. UNICEF, WHO, UNFPA. Guidelines for monitoring the availability and use of obstetric services. New York, United Nations Children Fund, 2011.

Biography

Michèle Florence Mendoua is an accomplished academic who obtained her education from the University of Yaounde in Cameroon. With a strong background in her field, she has made significant contributions to the academic community and is dedicated to furthering the pursuit of knowledge.

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