

The Prevalence of Female Sexual Dysfunction among Women with Infertility

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ABSTRACT

Background: Sexual function – the way the body reacts in different stages of the sexual response cycle is an important component of physical and mental health. Female sexual dysfunction (FSD) – defined as a disorder of sexual desire, orgasm, arousal and sexual pain is a highly prevalent and often underestimated problem that results in significant personal distress. Studies have found that sexual concerns were more common in infertile women. The likelihood of FSD in infertile women is an important link that is not fully addressed in our population. **Objective:** The purpose of this study was to explore FSD further, to determine the prevalence of FSD among patients with infertility, and to identify important risk factors that may lead to this problem. **Methodology:** This is a prospective, cross sectional, questionnaire-based study. 84 patients with a history of infertility reviewed in the specialist clinic were recruited from April 2017 to May 2017. Participants were given a self-administered questionnaire in 2 parts – sociodemographic, and the validated Malay-version Female Sexual Function Index (MVFSFI). Results from the sociodemographic questionnaire were run through SPSS version 22 to identify significant risk factors, and MVFSFI scores were used to diagnose FSD itself. **Results:** The majority of participants were between the ages of 30-39 years old, with a mean age of 33.0 years, predominantly Malay, in the middle income group. The prevalence of FSD among women with infertility was 27.3%, comparable to results from previous local studies. FSD was found to be more common among women with primary compared to secondary infertility. Lubrication was the strongest domain involved, closely followed by satisfaction and orgasm, with a prevalence of 87%, 82% and 39% respectively. Women or their spouses above the age of 40 were found to be significant contributing factors. **Conclusion:** FSD is an important issue, affecting 1 in 4 women in our study population. Much research is needed to further determine its significance as a cause or effect of infertility.

Accuracy of Frozen Section in comparison to Full Histology in Endometrial Carcinoma: Initial Experience in the Gynaecological Oncology Unit, Hospital Tengku Ampuan Afzan, Kuantan

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ABSTRACT

Introduction: In endometrial cancer, the depth of myometrial invasion (DOI) is the single most important determinant of nodal spread and disease recurrence. Thus, the ability to determine accurately the DOI will help us to decide on how extensive the surgical staging is going to be. **Objective:** The objective of this preliminary study is to evaluate the accuracy of frozen section in determining the DOI as compared to the full histology. Besides that, we are also evaluating the accuracy of frozen section in determining the cervical stromal invasion. **Materials and Methods:** For all the cases of endometrial carcinoma undergoing surgery, the hysterectomy specimens were sent for intra-operative frozen section evaluation. We reviewed all the intra-operative frozen results and compared it with their corresponding full histology. **Results:** We have a total of 14 cases of endometrial cancer in which intra-operative frozen section were performed. If the depth of myometrial invasion (DOI) reported as more or less than 50%, the positive predictive value (PPV) of a frozen section is 100.0% with the negative predictive value (NPV) of 77.8%. If the DOI of less than 50% further subdivided into less than 50% or no invasion, the PPV drop down to 71.4% with the NPV of only 50%. We also look at the cervical stromal invasion on frozen section and the PPV for cervical stromal invasion is 100% with a NPV of 76.9%. **Conclusion:** The intra-operative frozen section has a reasonably good PPV and NPV to predict the DOI and cervical stromal invasion in endometrial carcinoma. In the centre where the facility for frozen section is available, it should be part of the assessment in women with endometrial carcinoma and the result should be used as guide to determine the extent of surgical staging.