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Kaos J. 40°C threshold for 'heatwave emergency' Kuala Lumpur: The Star Malaysia; [updated 18 March 2016, cited March 2016]. Available from: <http://www.thestar.com.my/news/nation/2016/03/18/heatwave-emergency-threshold/>.

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A Randomized Controlled Trial on the Efficacy and Safety Profile of Single Oral Dose of Fosfomycin tromethamine versus Cefuroxime axetil in the treatment of Asymptomatic Bacteriuria among Pregnant Women

Florida F Taladtd, Sybil Lizanne Bravo

Philippine General Hospital

ABSTRACT

Introduction: Urinary tract infections are one of the most common illnesses among women during pregnancy. The pregnancy-induced physiological and hormonal changes predispose them to develop these kinds of infection. If left untreated, UTI in pregnancy may lead to adverse fetal outcomes. The fosfomycin derivative, Fosfomycin tromethamine, a broad-spectrum bactericidal antibiotic has been approved as an oral single-dose treatment for acute uncomplicated cystitis. **General Objective:** To determine the efficacy and safety profile of a single 3-g dose of Fosfomycin tromethamine versus Cefuroxime axetil in the treatment of asymptomatic bacteriuria among pregnant patients. **Methods:** This is a randomized controlled trial involving 70 pregnant women, on their second to third trimester of pregnancy diagnosed with asymptomatic bacteriuria through urine cultures. Pathogens were tested for sensitivity to both Fosfomycin and Cefuroxime. Each participant was randomly assigned to either Fosfomycin group (n 35) or Cefuroxime group (n 35). Patients were followed-up during and after treatment to check for any side effects. Post-treatment urine cultures were performed a week after treatment. **Results:** The most common isolated pathogen on the two groups was *Escherichia coli* which was present in 64.29%, followed by *Klebsiella pneumoniae* (17.14%) and *Enterococcus faecalis* (10%). Three participants (4.2%) had an unfavorable response to treatment. Fosfomycin showed a 100% eradication rate compared to Cefuroxime which has 91.4% eradication rate (P value 0.18). Presence of drug resistant strains missed during conventional testing due to the heterogeneity of resistance (in vivo resistance) could have caused the difference. The relative risk of nausea is 14 times higher in the Fosfomycin group than in the Cefuroxime group (1.99-100.77). **Conclusion:** There was no statistically significant difference in terms of efficacy between Fosfomycin and Cefuroxime. There is a higher risk of nausea with Fosfomycin than with Cefuroxime. Considering other treatment such as Fosfomycin, may help decrease resistance to the more common antibiotics used in the treatment of ASB in pregnancy.

Acinetobacter Colonization in Normal Labor and Preterm Premature Rupture of Membranes

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ABSTRACT

Objective: Several anecdotal reports suggest that infection with *Acinetobacter baumannii* in pregnancy can result in adverse maternal and neonatal effects. These are preterm premature rupture of membranes (PPROM), ascending infection and chorioamnionitis with fetal effects of prematurity and complications including morbidity and mortality. We conducted a prospective case-control study to determine the maternal and neonatal effects of *Acinetobacter baumannii* infection in pregnant women with PPRM as compared to those with term labor. **Methods:** 104 women with PPRM and 111 women in normal labour had a vaginal swab cultures taken prospectively at the time of admission into the labor room. Neonatal swab cultures were taken from the axilla and ear of the newborn. All swabs were cultured on-to *Acinetobacter* selective agars and incubated for 24 hours at 37°C. All red colonies on CHROMagar, suspected of *Acinetobacter* were sub-cultured and identified by using the VITEK card (ID-GNA, Biomeriux, USA) on VITEK* 2 automated platform. **Results:** Sixteen cases were *Acinetobacter baumannii* positive, including 8 among PPRM (7.69%), and 8 women in normal labor (7.48%). Among the PPRM cases, 4 of the 8 culture positive cases were delivered by a caesarean section, while all 8 of the term women were delivered normally (p value 0.02). None of the pregnant women developed any evidence of sepsis. Four babies of mothers with membrane rupture, and two babies of normal labour mothers had positive cultures. None of the newborns developed sepsis. **Conclusions:** Our data suggests that *Acinetobacter* infection is not associated with adverse pregnancy outcomes, in both normal labour as well as women with premature preterm rupture of membranes.

Perception of Family Sense of Coherence during the Perinatal Period

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ABSTRACT

Objectives: Family sense of coherence has been identified as an important resource that contributes to family resilience and influences positive family functioning and well-being. This study explored childbearing couples' perception of family sense of coherence and strategies that could help strengthen their sense of family coherence during parental transition. **Methods:** A grounded theory was developed to explore childbearing couples' perception of family sense of coherence. A purposive sample of 24 Chinese childbearing couples was interviewed in-depth at the antenatal clinics of a regional hospital. Data were analysed using constant comparison procedures. **Results:** An overarching basic social psychological process of "challenges, communication and compromise" was identified. The pregnancy involved major changes in roles and responsibilities. Both couples attempted to readjust their family lives through the process of open communication and compromise. Couples came to gain a sense of family coherence through changes in their world views concerning their family life, and an appreciation of the positive contributions made by the fetus to the family as a whole. **Conclusions:** The results indicate the fundamental importance of family sense of coherence in enabling childbearing couples to readjust their lives during parental transition. The findings from this study can provide direction for developing culturally sensitive and competent interventions to strengthen family sense of coherence and improve parental and fetal well-being in the Chinese communities.

Caesarean Myomectomy: Case Series

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ABSTRACT

Background: Myomectomy during Caesarean section had been traditionally shunned upon due to risk of unwanted hysterectomy from uncontrolled haemorrhage from myomectomy. However, with careful patients' selection and good surgical management, we were keen to review the surgical, maternal and neonatal outcomes of said surgery. **Methods:** We reviewed 3 medical records of ladies who underwent Caesarean myomectomy in district hospital of Kluang and Putra Specialist Hospital. The medical case notes were reviewed. Mothers' demographics, maternal and neonatal outcomes and surgical details recorded. **Findings:** Madam X, 24 years old primigravida underwent Caesarean myomectomy at 38 weeks gestation for Class 3 fibroid measuring 15 cm at anterior lower segment. Madam Y, 32 years old primigravida, underwent Caesarean myomectomy at 38 weeks gestation. Three Class 5 fibroids sized 1.5 cm, 1.7 cm and 4.2 cm at anterior fundal uterus were removed. Madam Z, 32 years old primigravida, underwent Caesarean myomectomy at 41 weeks gestation. Two Class 5 fibroids measuring 4.5 cm and 1.5 cm removed from anterior uterus. All three operations lasted 45 to 68 mins with blood loss of 300-750 mls. Incision to delivery time was normal at 7-10 mins but prolonged at 22 mins for Madam X as myomectomy performed before delivery. Postoperatively, their haemoglobin dropped 0.5-1.5 g/dl and all mothers were discharged after 42-48 hours post op. Neonatal outcomes were comparable, with birth weight of 2.7-4.1 kg, with good APGAR scores without any NICU admission. **Conclusion:** In experienced surgeon's hand and careful patient selection considering the size and location of the myomas, caesarean myomectomy can be a safe procedure to undertake.

Improving Detection of Missed OASIS using Angle of Episiotomy: Malaysia Experience

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ABSTRACT

Introduction: The incidence of anal sphincter injuries is quoted at 1-2%. In Hospital Kuala Lumpur (tertiary centre) the incidence of OASIS is only 0.14-0.2%. This is much lower than most centres in the world. We undertook this study to find out the incidence of missed OASIS. **Objective:** 1) To assess the rate of missed OASIS 2) To detect missed OASIS using angle of episiotomy. **Methodology:** This is a prospective study. All primigravida who had episiotomy were recruited into this study with their consent. Transperineal ultrasound was done to assess the anal sphincter. **Results:** A total of 216 patients were recruited. There were 38 patients who had ultrasound diagnosis of anal sphincter injury. The incidence of occult OASIS was 17.6%. As the angle of episiotomy increased the risk of OASIS decreased. One hundred and seventy four (80.5%) had angle less than 45. The incidence of OASIS among angle less than 45 was 21.1%. **Conclusion:** Therefore we suggest that episiotomy angle should be measured in all patients who undergo episiotomy. This is to prevent risk of anal incontinence in the future.

Assessing the Effectiveness of Protescal in preventing Post Caesarean Section Hypertrophic Scar and Keloid

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ABSTRACT

Objective: The aim of this study was to evaluate the effectiveness of Protescal in preventing post caesarean section hypertrophic scar and keloid formation. **Method:** This randomized controlled trial was conducted for a period of 6 months from April 2017 until October 2017 involving 90 women that underwent caesarean section, who had no history of previous abdominal surgery and who planned for further pregnancy. They were randomized into two groups. The Protescal group was given Protescal gel which was applied over the uterine incision site and subcutaneous tissue layer prior to skin closure (n=45), whereas in the control group, no Protescal gel was applied (n=45). The primary outcome was to assess the healing of the external scar. **Result:** There were statistically significant difference in incidence of hypertrophic scar between Protescal group and control group (p=0.003). **Conclusion:** Use of Protescal gel was effective for prevention of hypertrophic scar formation following caesarean section.

KEY WORDS:

Caesarean section, Protescal gel, hypertrophic scar, keloid formation

Retroperitoneal Hematoma in a Postpartum Lady – A Case Report

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ABSTRACT

Introduction: Retroperitoneal hematoma, an acute abdomen that need prompt recognition to prevent maternal morbidity and mortality. It may lead to significant bleeds resulting into hypovolaemic shock and maternal collapse. It is easily missed due to rare incidence during pregnancy/postpartum period. Therefore, high clinical suspicion with involvement of multidisciplinary team are essential to achieve desired outcome to maternal wellbeing. **Methods:** We describe a case of Madam A, a 20-year old primigravida with underlying small ventricular septal defect, followed up under combined clinic. She was admitted for preterm labour with underlying urinary tract infection, she was treated with intravenous antibiotic. Her labour progressed and had an uncomplicated vaginal delivery. On day 2 post-natal, she developed left hypochondrial pain and nausea. On following day, she had high grade fever, diarrhoea and left loin pain. On examination, left positive renal punch was demonstrable and there was unexplained drop of haemoglobin level from 10.5 to 7.3 g/dL. FAST scan noted small left pleural effusion 2.3 cm depth with large collection in left peri-nephric region. An urgent computerized tomography imaging revealed large renal pelvis hematoma and left pelvic-ureteric junction obstruction. She was transferred care to urology team in Sarawak General Hospital and a left laparoscopic pyeloplasty was done. **Conclusion:** Diagnosis of a retroperitoneal hematoma requires good clinical skills and multidisciplinary approach. It is a rare complication in obstetrics. High index of suspicion and awareness among obstetricians is important to minimize obstetric morbidity/mortality.

KEY WORDS:

Retroperitoneal, renal pelvis hematoma, postpartum

Abnormal Placentation – Placenta Increta over Upper Segment

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ABSTRACT

Introduction: Placenta increta occurs when chorionic villi penetrates through the decidua basalis into the myometrium. It is associated with massive PPH and maternal mortality if it was missed during the antenatal. Diagnosis is confirmed with hysterectomy histopathology examination. We report a case of focal placenta increta at the left cornua of uterus during an emergency caesarean section for fetal bradycardia. **Case Presentation:** A 36 years old gravida 3 para 1+ 1A at 33+5 weeks of gestation electively admitted for asymmetrical fetal growth restriction with oligohydramnios and abnormal Doppler. She was planned for delivery after completion of antenatal corticosteroids. She had history of ERPOC in 2014 and a lower segment Caesarean Section in 2015 for maternal request. During her stay in ward, she was monitored with daily fetal cardiotocography. She had an episode of unprovoked fetal bradycardia and underwent Category 1 Caesarean Section. After delivery of baby, it was difficult to remove placenta and there was suspicious of succenturiate lobe of placenta accreta. Uterus exteriorized and a diagnosis of placenta increta over left cornua of uterus was made. A subtotal hysterectomy was performed. She made an uneventful recovery and was discharged day 3 after operation. Histopathology examination confirmed placenta increta, with trophoblastic invasion into the myometrium. **Conclusion:** This case demonstrates the importance uterine surgery in association with morbidly adherent placenta and should always raise suspicion when there is difficulty for placenta delivery.

KEY WORDS:

Placenta increta, ERPOC

Arabin Pessary in Women with suspected Cervical Insufficiency: UKM Medical Centre Experience

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ABSTRACT

Objectives: Cervical insufficiency is an obstetrics problem that is diagnosed clinically and the management varies between countries and obstetricians. Arabin pessary is an attractive option to be considered as it is non-invasive, can be done as outpatient and simple to be performed. The aim of this study was to describe the experience of UKM Medical Centre in managing women with suspected cervical insufficiency using Arabin pessary. **Methods:** This is a retrospective observational study involving 35 pregnancies from 32 women who were managed using Arabin pessary for suspected cervical insufficiency. They were diagnosed based on previous history of mid-trimester miscarriage, preterm birth, cervical surgery or short cervical length on ultrasound. The demographic data, characteristics of each pregnancy and maternal and fetal outcomes were documented. **Results:** The majority of women included were Malay (71.9%) with singleton pregnancy (94.3%) and the Arabin pessary insertion was indicated by second trimester miscarriage (39.4%) or preterm birth alone (30.3%). There were more women who had elective insertion of Arabin pessary (74.3%), managed as outpatient (42.9%), received progestogen therapy (74.3%) and had no antenatal complications (57.1%) or vaginal infection (54.3%). The mean gestational age at birth was 34.1 ± 6.7 weeks with 75.8% of live birth with mean weight of 2.5 ± 0.8 kg. Significantly more women who delivered beyond 34 weeks gestation were treated as outpatient (60% vs 30%, p=0.001) and majority of them received progestogen therapy (68%). Majority of babies that were born did not require neonatal intensive care unit admission but it was not statistically significant (81.5% vs 40%, p=0.08). **Conclusions:** Cervical insufficiency treated with Arabin pessary electively resulted in more outpatient management with a rising trend towards requirement for progestogen therapy to lead to birth beyond 34 weeks gestation and good neonatal outcome.

Pulmonary Stenosis after Fetoscopic Laser for Twin with Twin Reversed Arterial Perfusion Sequence (TRAPS)

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ABSTRACT

Introduction: TRAPS is a rare condition, occurring in 1% of monochorionic twin. **Case Presentation:** Madam NJ is a 30 years old lady, G4P3 at 21 weeks of gestation. Scan revealed Acardiac twin with dimension of (8x4) cm and Pump twin with estimated weight of 311grams. Fetoscopic Laser Photocoagulation of placental anastomoses was performed. Four area of anastomoses were photocoagulated. Ultrasound scan done 3 weeks later revealed hypertrophy of Interventricular Septum and ventricles with pericardial effusion. There was neither Pulmonary Stenosis nor Tricuspid Regurgitation. At 27 weeks, the pericardial effusion has resolved. Nevertheless, myocardial hypertrophy persisted. The patient had Caesarean Section at 34 weeks, a baby girl weighing 1.8 kilograms with good APGAR score was delivered. Echocardiography performed 2 months after birth discovered mild Tricuspid Regurgitation, mild Pulmonary Stenosis, stenosis of both branches of Pulmonary Artery and right Ventricular Hypertrophy. **Discussion:** Recent studies revealed that there is a small (2%) increased risk of Pulmonary Stenosis in the recipient twin following Fetoscopic Laser for Twin to Twin Transfusion Syndrome (TTTS). However, Pulmonary Stenosis after laser for TRAPS was cited inconsiderably. We hypothesized that the evolution of "functional" PS in the Pump twin are as the result of two-stage aftermaths. The first stage, which occurs prior to laser therapy, involves increase in the cardiac workload and myocardial hypertrophy of the Pump twin. This is followed by the second stage, which occurs after the laser therapy, whereby the hypertrophied myocardium decreases forward blood flow to the Pulmonary Artery leading to underdevelopment and stenosis of the Pulmonary Artery. **Conclusion:** Pulmonary Stenosis can occur after Fetoscopic laser photocoagulation. It is crucial to be aware of this complication when monitoring these fetuses.

A Tale of Two Eventration

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ABSTRACT

Introduction: Diaphragmatic eventration is a rare condition with abnormal elevation of one or both domes of the diaphragm. Often asymptomatic, a handful may present with an array of symptoms, more pronounced during pregnancy. Though rare, we diagnosed 2 such cases in pregnancy seen in our institution 21 months apart. **Case Presentation:** Case 1: In July 2016, a 35-year-old lady, G3P1+1 at 17 weeks gestation with underlying bronchial asthma, presented with 2 days of upper respiratory symptoms. She was unable to saturate well and needed 3 days of NIV support in ICU. Her chest x-ray showed elevated left hemidiaphragm and her CT Thorax confirmed the diagnosis of left diaphragmatic eventration. She was discharged well after 8 days of admission. She was conservatively managed till term and delivered a healthy baby via elective caesarean section. **Case 2:** A 28-year-old primigravida at 32 weeks, presented in March 2018 with sudden onset of shortness of breath and laboured breathing. Chest examination revealed decreased breath sounds coupled with gurgling of bowel sounds heard in the inframammary, infraaxillary and infra scapular areas bilaterally. Chest X-ray showed elevation of both domes of the diaphragm, with bowel contents moved upward into the thoracic cavity, with visible sharp contours of the bilateral domes of the diaphragm. CT examination confirmed the diagnosis of bilateral eventration. She required NIV support in ICU for 8 days. **Discussion and Conclusion:** Diaphragmatic eventration often goes undiagnosed and it should be considered as one of the differential diagnosis in patients presenting with respiratory difficulties after ruling out more common conditions.

A-0012 Obstetrics

Venofer (Iron Sucrose) versus Cosmofer (Low Molecular Weight Iron Dextran) for the treatment of Maternal Iron Deficiency Anemia (IDA): Evaluation on Maternal and Perinatal Outcomes and Costs

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ABSTRACT

Objective: To compare the efficacy, advantages, side effects and clinical outcome between Venofer and Cosmofer treatment for pregnant women with IDA. **Method:** 40 pregnant women with IDA between 24-38 weeks were randomised equally into two groups. The subjects received dosages of intravenous infusion (IVI) of either Venofer or Cosmofer based on Gansoni formula. Full blood count was measured two weeks post treatment and before their delivery. The study was conducted at Hospital Seberang Jaya, Penang from 5th May 2017 until 4th May 2018. The statistical analysis was performed using SPSS (version 16). **Result:** A mean total of 835 ±150 mg doses of Venofer and 850 ±150 mg doses of Cosmofer were administered. Five minor adverse events was reported in patients receiving Cosmofer and none in Venofer treated patient (p=0.008). The mean haemoglobin (Hb) increment two weeks post treatment was higher among the Venofer group, which was 1.91±0.23 gm/dL from 8.43 ±1.026 gm/dL pre treatment Hb to 10.34 ±0.796 gm/dL among the Venofer group compared to 1.40±0.00 gm/dL from 8.61 ±0.701 gm/dL to 10.01 ±0.711 gm/dL among the Cosmofer group (p=0.088). All subjects from both groups delivered at term. One patient from the Venofer group had post-partum haemorrhage (PPH) but did not require any blood transfusion. Meanwhile, three patients had PPH in the Cosmofer group with one requiring blood transfusion. Otherwise, there was no significant difference in Hb level during delivery admission and the perinatal outcomes for both groups. The Venofer group required longer hospital stay (7±2 days) than the Cosmofer group (5±2 days) (p =0.006). However, the mean cost of hospitalization and medicine was significantly higher in the Cosmofer group (RM147.84 ±22.98) than the Venofer group (RM123.15 ±22.48), (p=0.001). **Conclusion:** Intravenous Venofer is safe and not associated with adverse events, less maternal morbidity and cost saving compared to total dose infusion Cosmofer in pregnant women with iron deficiency anemia. However, larger sample size is needed to give more significant results.

Antibiotic Prophylaxis in Ragged Placental Membranes: A Prospective, Multicentre, Randomized Trial

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ABSTRACT

Background: Ragged placental membranes is not uncommonly reported in midwifery texts and is a distinct entity from the more conspicuous retained placenta. Although the incidence of postpartum endometritis is merely 1-5% after vaginal births, it remains the most common source of puerperal sepsis, contributing up to 1 in 6 cases of maternal mortality in developing countries. Some geographically-removed centres in the country prophylactically administer antibiotics for women with ragged placental membranes after vaginal birth, extrapolating evidence from retained placenta and operative vaginal deliveries. We sought to clarify the rationale of continuation of such practices. **Methods:** This was an open-label, prospective, multicentre, randomized quasi-experimental study. Three hospitals where the current protocol was to administer prophylactic amoxicillin-clavulanic acid served as the sites of recruitment. Women who delivered vaginally beyond 24th weeks of gestation with ragged or retained placenta were invited to participate in the study and randomized into prophylaxis or expectant management by blocks of 10, at a 1:1 ratio. A medication adherence diary was provided and patient followed up at 2 weeks and 6 weeks postpartum. **Results:** 6569 vaginal deliveries were conducted across three centres during the study period, of which 10.9% had ragged membranes. The incidence of endometritis was not significantly raised in women without prophylaxis (0.29% vs 0.90%; $p=0.60$). All cases of endometritis occurred within the first 2 weeks and antibiotic prophylaxis did not ameliorate the severity of endometritis since rates of ICU admission, surgical evacuation and transfusion were comparable. **Conclusion:** Prophylactic use of antibiotics after vaginal delivery in women with ragged placental membranes did not result in a reduction of endometritis. Educating women on the signs and symptoms of endometritis would suffice. Based on the reported incidence of ragged membranes, a change in practice would result in 1,500 less prescriptions of antibiotics per annum in these three centres.

A-0014 Obstetrics

Case Report: On-going Pregnancy following Frozen Embryo Transfer of a Day-7 Euploid Blastocyst

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ABSTRACT

Objectives: This case report describes a successful on-going pregnancy following frozen embryo transfer (FET) of a Day 7 euploid blastocyst. **Case Presentation:** The patient, aged 40 years, who presented with AMA underwent IVF treatment with preimplantation genetic screening (PGS) at Alpha Fertility Centre in October 2017. Following oocyte retrieval, her oocytes were inseminated using PIEZO-ICSI. Morphological assessment was done on Day 3, Day 5, Day 6 and Day 7. To qualify for PGS and cryopreservation, embryos on Day 5 and Day 6 had to be at least 3BB or better using Gardner's Grading system. On Day 7, embryos had to be 4BB or better to qualify. Biopsied cells were analysed using Next Generation Sequencing (Life Technologies, USA). Vitriification was done shortly after biopsy using Cryotec Method (Cryotech, Japan). Fifteen oocytes were retrieved, of which 8 had PIEZO-ICSI. From these, 5 were normally fertilized. No blastocyst was suitable for biopsy on Day 5 and/or Day 6. There was 1 blastocyst suitable for biopsy on Day 7. Euploidy was confirmed on the Day 7 biopsied blastocyst. The patient was prepared for FET on a 6.5-days endometrium. The Day 7 euploid blastocyst survived post-thawed, was morphologically intact, and transferred; resulting in a singleton pregnancy. At the time of writing, the patient is in her 16th week of pregnancy. **Discussion and Conclusions:** Euploid blastocyst cryopreserved on Day 7 has the potential to implant and achieves pregnancy. Potentially slow growing blastocysts on Day 6 should not be discarded but should be observed for one more day.

Torsion of Gravid Uterus in Third Trimester: A Case Report

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ABSTRACT

Objective: Physiological rotation of a gravid uterus is normal in third trimester. However, it is considered pathological if the rotation is beyond 45 degrees, which is extremely rare. Here we report a case of gravid Uterine Torsion. **Case Presentation:** This 29 year-old lady, gravida 3 para 2 at 36weeks gestation with singleton pregnancy, presented to the obstetrical unit with uterine cramping and severe abdominal pain. Obstetrical issue includes two previous lower segment caesarean section (CS) for placenta previa major. Current pregnancy was uneventful till the date of presentation. Upon examination, uterine tenderness was elicited, accompanied with prolonged fetal bradycardia. Preoperative diagnosis was concealed abruption placenta. Since the patient was not in labour, an emergency caesarean section (CS) was carried out. Diagnosis of Uterine torsion was made intraoperatively with torsion up to 360 degree dextrotation. Manual correction and delineation of proper anatomy followed by incision at lower segment for delivery. Baby sustained severe hypoxia and passed away .The patient recovered and was discharged home well on day three post operative day. **Conclusion:** Uterine torsion is extremely rare and make the preoperative diagnosis difficult. Prompt recognition of this condition is necessary for better maternal and neonatal outcome.

Peripartum Hysterectomy in Hospital Miri, Sarawak, Malaysia: A 3 Years Exhaustive Review

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ABSTRACT

Introduction: Peripartum hysterectomy (PH) is an unceasingly uncommon but important treatment for severe major obstetric haemorrhage (MOH). Mean of prevalence from international reports were 1.2/1000 deliveries. There is a lack of national data regarding PH in Malaysia. **Objectives:** To determine the incidence, indications, operative details and associated morbidities as well as maternal and neonatal characteristics. **Methodology:** Record review of peripartum hysterectomy cases from COTDS and delivery data at Miri Hospital, Sarawak from 2015 to 2017. **Results:** Fifteen cases of PH were identified with incidence of 1.02 per 1000 lives birth. Predominant indications were uterine atony (46.7%), and abnormal placentation. Half of the cases had no risk factors beforehand. Significant risk factors included non-nulliparous, uterine fibroid in pregnancy, previous caesarean scars and uterine manipulation procedure(s). Ethnicities comprised of mostly Malay (46.7%), followed by Iban, Melanau, and Kenyah. Patients were young with mean age 31.8 and mean BMI of 27.9 kg/m². The decision for types of hysterectomy were multifactorial with half done as total hysterectomy and 40.0% had internal iliac artery ligation done as an adjunct. There were no maternal mortalities and significant maternal morbidities following PH throughout the study. Youngest baby in the group was born at 33 weeks POA and majority of babies were born term with mean birthweight of 2730 grams. (135). **Conclusion:** The incidence rate for PH in Miri Hospital, Sarawak, Malaysia from 2015-2017 remains comparable to the international incidence rate. There were no maternal mortality or significant maternal and neonatal morbidities following PH. The positive repercussions are multifactorial including young and generally healthy population, adequate expertise and good logistic support.

Detection and Management of Morbidly Adherent Placenta (MAP): Our 5 years Experience

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ABSTRACT

Introduction and Objective: First described nearly 80 years ago, MAP is no longer a rare obstetric event. It is a potential cause of life threatening obstetrics hemorrhage and unintended mortality. This review is targeted to evaluate efficacy of antenatal ultrasound in diagnosis of MAP and its outcome. **Methodology:** This is retrospective data analysis of patients referred for management of suspected MAP in HSB, between January 2013 till December 2017. **Result:** Total of 36 women were diagnosed with MAP (14 accreta, 16 increta, and 6 percreta) with incidence of 0.6 per 1000 pregnancies. The sensitivity of our antenatal ultrasound to diagnose MAP was 64.8%. MRI was never used. All patients underwent a caesarean hysterectomy whereby 25 were performed electively while 11 were done as emergency. An additional bilateral internal iliac artery ligation was performed in 5 patients. Overall mean blood loss was 2.38 L. Two thirds of women required four or more units of packed red-blood-cells. Five patients (13.8%) reported to have bladder injury. No mortality was reported. **Conclusion:** Precise ultrasound evaluation and mapping was vital in ensuring an optimal outcome of morbidly adherent placenta. With availability of skilled gynaecologist and good multidisciplinary team support, we were able to provide a systemic approach in optimizing outcomes in the spectrum of MAP management.

A-0018 Obstetrics

Administration of Clotrimazole prior to Frozen Embryo Transfer (FET) Cycles may Improve Clinical Pregnancy and Implantation Rate in Older Women

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ABSTRACT

Objectives: We hypothesized that the presence of candidiasis whether clinical or sub-clinical may impact negatively on implantation and pregnancy rates in older patients. In this retrospective study, we review the effect of Clotrimazole (Canesten) in the clinical outcome of FET patients 35 years and older. **Methods:** A total of 221 patients with blastocysts screened using Preimplantation-Genetic-Screening (PGS) underwent FET cycles in Alpha Fertility Centre, between July 2016 and January 2018. These patients were divided into 2 groups: 183 patients with 216 euploid blastocysts transferred in the treatment group (Group A), and 38 patients with 46 euploid blastocysts transferred in the control group (Group B). All patients were administered with oestrogen (Progynova) and progesterone (Cyclogest or Crinone 8%) for endometrium preparation. In Group A, patients were given Canesten 500 mg pessary 7 days prior to embryo transfer. The mean age of patients in Group A and Group B were 37.6 and 37.9 respectively. The mean number of blastocysts transferred in both groups was 1.2 each. Clinical pregnancy and number of gestational sacs were determined by ultrasound. **Results:** The implantation rate was significantly higher in patients treated with Canesten (68.1%) compared to those who were not (47.8%; $p < 0.05$). The clinical pregnancy rate also appears to be higher in the treatment group (69.4%) as opposed to the control group (57.9%). However, this difference was not significant ($p = > 0.05$). **Conclusion:** Based on our result, it is suggestive that the use of Canesten pessaries in FET cycles is promising in improving implantation rate and clinical pregnancy rate in older patients.

Posterior Reversible Encephalopathy Syndrome in Pregnancy: Case Report

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ABSTRACT

Objectives: To describe a case of Posterior Reversible Encephalopathy Syndrome (PRES) diagnosed in pregnant women with pre-eclampsia without seizure. **Method:** A 23-year-old in her first pregnancy at 36 weeks of gestation, initially referred for placenta Previa was noted on day of presentation with raised blood pressure and proteinuria 2+. Otherwise, she was asymptomatic. Biochemical profile was normal with 24h urine protein 2391 mg/24h (urine volume 1230 mls). A diagnosis of pre-eclampsia was made and she was given antihypertensive treatment. Blood pressure was within acceptable range. On D3 of admission, she complained of sudden onset of loss of vision, with no other symptoms and her blood pressure was only marginally raised. After ruling out stroke and retinopathy, the impression was severe pre-eclampsia with maternal cortical blindness. Magnesium sulphate was started and emergency caesarean section was done. Magnetic Resonance Imaging (MRI) brain postoperative showed ill-defined hypoattenuating areas at bilateral posterior high parietal and bilateral occipital region, suggestive of PRES. Clinical improvement with complete resolution of visual disturbances was observed with supportive treatment. **Conclusion:** Diagnosing a pregnant woman presenting with hypertension and blindness at term is challenging. The possibilities that must be kept in mind include cerebrovascular hemorrhage, eclampsia, and clinical syndromes like PRES. Clinical improvement always follows the treatment of elevated blood pressure and withdrawal of offending agents. Once properly diagnosed and treated, PRES can present satisfactory progress, especially when associated with an acutely triggered factor, as eclampsia.

Von Willebrand Disease and Placenta Praevia: Sharing of an Experience from Ampang Hospital

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ABSTRACT

Introduction: Von Willebrand disease (vWD) is the most common inherited bleeding disorder worldwide, however, it is the second in Malaysia and most prevalent among the Malay women. Placenta praevia (PP) incidence is also expected to rise, with rising incidence of caesarean sections and increasing maternal age. vWD and PP, both are established risk factors for antepartum haemorrhage, primary and secondary postpartum haemorrhage. **Case Presentation:** We illustrate our case of a 25-year-old primigravida with underlying Type 1 vWD, whom did not require any treatment before pregnancy. In the early pregnancy period, she experienced threatened miscarriage twice, and was treated successfully with desmopressin. At 32 weeks of gestation, the diagnosis of PP major was confirmed. Fortunately, she did not experience anymore bleeding episodes. Her factor levels normalised during the third trimester. A caesarean section was performed at 38 weeks of gestation under central neuroaxial anaesthesia, with an estimated blood loss of 300ml. During the peripartum period, she was given intravenous tranexamic acid, and did not require desmopressin or vWF concentrates. She recovered well postnatally. Her baby was referred to the neonatologists and planned for vWF testing at 6 months of age. Genetic counselling was given to her and her partner regarding the pattern of inheritance. **Discussion and Conclusion:** Early involvement of a multidisciplinary team involving the obstetricians, haematologists, anaesthetists, neonatologists and primary healthcare providers is essential in ensuring good pregnancy outcome in patients with vWD.

"The Tight Vagina": Pregnancies Outcome Post Traumatic Urethrovaginal Stenosis

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ABSTRACT

Introduction: We present a case report of 2 successful pregnancies in a patient with urethrovaginal stenosis following a childhood motor vehicle accident. **Case Presentation:** We describe a patient who sustained pelvic bone fractures and bladder/urethral injury following a motor vehicle accident (MVA) at the age of 3 years, requiring multiple corrective surgeries. She presented to our hospital in 2014, as a 24 year-old primigravida at 37 weeks of gestation with labour symptoms. She was found to have urethral and vaginal stenosis and had an emergency lower segment caesarean section for the reasons of vaginal stenosis and delivered a healthy baby girl weighing 2.6 kg. During her 2nd pregnancy in 2016, she was diagnosed to have an inevitable miscarriage at 18 weeks gestation. There were complications where the head was stuck within the vagina after the body was delivered. Destructive procedure was done to deliver the head. For her third pregnancy, she was diagnosed with cervical incompetence at 14 weeks gestation and underwent laparotomy for cervical cerclage procedure. She underwent elective lower segment caesarean section and bilateral tubal ligation at term. **Discussion and Conclusion:** Vaginal stenosis is typically defined as an inability to insert 2 fingers on examination. Cases of acquired vaginal stenosis could be due to post radiation therapy, post retention of foreign body, female genital mutilation and herbal vaginal pessary insertion. So far there have been no case reports on pregnancy outcomes after a traumatic urethrovaginal stenosis post MVA. Case described above has shown good outcome in pregnancies despite her ordeal since childhood.

Evaluation of Obstetrics Shock Index in Identifying Significant Blood Loss in Primary Post Partum Haemorrhage during Caesarean Section

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ABSTRACT

Objectives: To evaluate usefulness of Obstetrics Shock Index (OSI) during caesarean section in relation to estimated blood loss, the need for blood transfusion and to determine the cut-off point for OSI during caesarean section. **Methods:** A retrospective case-control study involving pregnant women who underwent Caesarean Section at Maternity Unit Hospital Canselor Tunku Mukhriz, Malaysia between 1st November 2014 to 30th November 2017 was conducted. Fifty two cases of primary post partum haemorrhage (Case) and 115 randomly selected controls (Control) were included. OSI were calculated on admission, pre-anaesthesia, post-anaesthesia, during delivery, at 10 minutes post delivery, at 30 minutes post delivery, at end of operation, 4 hours after operation and pre-discharge. **Results:** OSI in Case was 0.93±0.18 (delivery), 0.95±0.22 (10 minutes), 0.90±0.20 (30 minutes), 0.83±0.18 (end of operation), 0.82±0.21 (4 hours). In Control, mean OSI was 0.86±0.18 (delivery), 0.86±0.16 (10 minutes), 0.84±0.17 (30 minutes), 0.8±0.19 (end of operation), 0.72±0.11 (4 hours). In transfused group, OSI recorded >0.9 during delivery (0.96), at 10 minutes (1.06), at 30 minutes (1.01), end of operation (0.9) and at 4 hours post delivery (0.89). In non-transfused patient, all OSI were recorded below 0.9. OSI ≥0.9 during delivery, at 30 minutes post delivery and 4 hours post delivery showed higher specificity and positive predictive value in determining need for transfusion. **Conclusion:** OSI can be used as adjunct tools to recognise massive bleeding, and allow prompt action including consideration of blood product for resuscitation. OSI more than 0.9 correlated well with amount of blood loss and had high specificity for need of transfusion during caesarean section.

The Accuracy of Risanto's Estimated Fetal Weight (EFW) Formula in Determining Birth Weight

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ABSTRACT

Objective: To determine the accuracy of Risanto's formula in estimating fetal birth weight based on symphysis-fundal height. **Method:** This is a cross sectional study conducted in Dr. Sardjito Hospital and 6 affiliated hospitals in Central Java, Indonesia. All pregnant mothers meeting the eligibility criteria were included in the study. Fetal weight estimation was calculated using Risanto's formula, i.e. infant birth weight (grams) = $125 \times$ symphysis fundal height (cm). Birth weights were measured using the same baby scales after calibration. The difference between Risanto's EFW and birth weight was then calculated. Statistical analysis was performed using paired T-test. **Results:** A total of 944 pregnant mothers participated in the study. The average birth weight was 3048.01 grams \pm 390.60 and the average Risanto's EFW is 2961.63 grams \pm 395.05, with the mean difference 86.37 grams. Further analysis showed that 78.1% of the actual birth weight laid between \pm 10% of the estimated fetal weight; while 94.8% laid between \pm 15%; and 99.7% laid between \pm 20%. **Conclusion:** Risanto's EFW is accurate in predicting fetal birth weight.

Southeast Asian Ovalocytosis in Pregnancy: An Interim Analysis on Prevalence of Disease

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ABSTRACT

Introduction: Southeast Asian Ovalocytosis (SAO) is a haemoglobinopathy involving abnormalities in the red cell membrane, resulting in the appearance of ovalocytes rather than the typical biconvex appearance. Also known as hereditary ovalocytosis of Melanesians and stomatocytic elliptocytosis, this condition is believed to be protective against *Plasmodium* infection and inherited in an autosomal dominant fashion. While heterozygotes are largely asymptomatic beyond the neonatal period, homozygous SAO results in fetal anemia, hydrops and are fatal in utero. We sought to clarify the prevalence of this disease in our population. **Methodology:** This was an interim analysis involving 106 patients who were screened with peripheral blood films in pregnancy. Recruitment took place in 10 randomly selected antenatal clinics in Sarawak. Venous blood was drawn, placed in an EDTA tube and fixation on a standard slide with Leishmann staining performed within 2 hours of sampling. The slides were read by a designated pathologist in a central laboratory. **Results:** 104 samples were available for analysis as 2 of the samples were uninterpretable due to the presence of artifacts. The prevalence of SAO was 8.65%, predominantly found in indigenous races (Iban & Bidayuh) and Malays. Although the sample size was not powered to discern the prevalence amongst specific races, none of the patients of Chinese descent were reported as positive for SAO. There was no significant difference in the mean haemoglobin levels (11.38 g/dl \pm 1.05 vs 11.62 g/dl \pm 1.35; $p=0.58$) or mean corpuscular haemoglobin (29.5 \pm 2.8 vs 27.9 \pm 3.03; $p=0.13$) between patients with SAO and controls. **Conclusion:** The prevalence of SAO is significant compared to similar conditions which also result in fetal anemia such as thalassemia. Consideration should be made for targeted prenatal screening and counselling. Screening would not be possible from a full blood count per se.

Laparoscopic Cystectomy in Pregnancy

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ABSTRACT

Introduction: Decades ago, laparoscopic surgery during pregnancy was felt to bear more complications than open surgery. As surgeons gained more experience and documented their outcomes, laparoscopy has become the preferred treatment modality for many surgical diseases in the gravid patient. Laparoscopic Cystectomy during pregnancy should aim to minimize fetal risk without compromising the safety of the mother. Thus, surgeons must be aware of differences in techniques used for pregnant patients to optimize outcomes. **Case Presentation:** Obstetricians often encounter large ovarian cysts in pregnancy. We describe the case of a G1P0 @ 14/52 POA with a 6 cm x 6 cm dermoid cyst which was successfully removed laparoscopically. Cystectomy was performed by usual manner; peeling the cyst with atraumatic grasping forceps. Hemostasis was ensured by the use of bipolar forceps. Following that, a plastic bag is used to facilitate the removal of cyst. Ideally, the bag is placed at the Pouch of Douglas. However, in pregnant uterus, the bag is placed lateral to the uterus in order to reduce manipulation of uterus. **Discussion and Conclusion:** In order to reduce complications such as intraamniotic CO₂ insufflation, decreased uterine blood flow and oxygen delivery, teratogenic effects of anaesthetic drugs, fetal acidosis due to CO₂ pneumoperitoneum, adverse effects of anaesthesia on maternal hemodynamic and acid-base balance. Therefore, the surgery should also be performed with shortest time possible.

KEY WORDS:

Cystectomy; Laparoscopic surgery; cyst in pregnancy

Maternal Obesity and Pregnancy Outcomes – A Cross-sectional Study from the Malaysian National Obstetrics Registry

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ABSTRACT

Objective: It has been reported that Malaysia is the most obese country in Asia. Maternal obesity is associated with adverse pregnancy outcomes and this study aims to see if obesity is associated with adverse pregnancy outcomes among Malaysians. **Method:** This is a 5 year (2010-2015) retrospective cross-sectional study based on data from the National Obstetrics Registry (NOR), which is a clinical database that compiles obstetric data from 13 tertiary hospitals and 1 hospital in the Federal Territory in Peninsular and East Malaysia. A total of 588,533 singleton vaginal deliveries from the participating hospitals were analysed. The subjects were divided into three groups, Normal BMI <24.9, Overweight=BMI 25.0-29.9 and Obese=BMI >30.0. Multiple logistic regression was used to test each outcome variable All probability values were two-sided, and a level of significance of less than 0.05 (p-value < 0.05) was considered as statistically significant. **Result:** 29.6% of mothers were overweight whilst 20.5% of mothers were obese. Highest prevalence of severe obesity was in Indian women at 23.2%. Compared to women with normal BMI and overweight women, the following outcomes were observed in obese women. Emergency Caesarean Section (OR 2.01; 95%CI: 1.97-2.04) p<0.001, Elective Caesarean section (OR 2.31; 95%CI: 2.25-2.38) p<0.001, Macrosomia (OR 4.70; 95%CI: 4.52-4.90) p<0.001 and Shoulder dystocia (OR 2.16; 95%CI: 1.86-2.51) p<0.001. **Conclusion:** To improve outcomes, measures must be taken to promote healthy weight prior to pregnancy.

Obstetric Performance among the 3 Major Ethnic Groups in Malaysia – A Cross-sectional Study from the National Obstetrics Registry

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ABSTRACT

Objective: To date obstetric performance among the different ethnic groups have not been looked at in Malaysia. This study was done to see which of the 3 main ethnic groups had the worst Obstetric performance so that measures can be taken to improve maternal and fetal outcomes. **Methods:** This is a cross-sectional study over a three-year period from 1st January 2013 to 31st December 2015. Data was obtained from the National Obstetrics Registry, Malaysia which is an online database that captures Obstetric data from 14 tertiary hospitals in Peninsular Malaysia and Sabah and Sarawak. All Malay, Chinese and Indian women who delivered during this period were included in the study. Statistical analysis performed using STATA 14.0. Simple logistic regression was used to access the risk group. P value <0.05 was taken as the cut off value of significance. **Results:** There were a total of 410,679 deliveries in the study period. 80.12% of deliveries were from the 3 main ethnic groups in Malaysia namely Malay (70.39%), Chinese (5.49%) and Indian (4.24%). Indian women had an adjusted odds ratio 2.31(95% CI(2.23 to 2.40) for anemia, 1.73(95%CI 1.33 to 2.26) for preeclampsia, 1.31(95%CI 1.25 to 1.38) for Gestational Diabetes Mellitus, 2.50(95% CI 1.90 to 3.29) for Preexisting Diabetes, 1.60 (95% CI 1.39 to 1.86) for intrauterine growth restricted fetus, 1.58(95%CI 1.53 to 1.64) for small gestational age baby, 1.27(95% CI 1.22 to 1.33) for preterm deliveries, 1.90(95% CI 1.84 to 1.96) to have a caesarean section, 1.62(95% CI 1.56 to 1.68) to have a baby with low birth and 1.33(95% CI 1.24 to 1.42) for baby to be admitted to neonatal intensive care unit. **Conclusions:** In this study the Malay women had the best obstetric performance whilst the Indian women had the worst performance. These findings warrant increase attention to this group of women during antenatal, intrapartum and the postpartum period.

A-0028 Obstetrics

Cyclical Pain after Caesarean Section

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ABSTRACT

Introduction: Endometriosis is the presence of endometrial glands and stroma outside of pelvis. Scar endometriosis' prevalence is about 3.5% of all endometriosis cases. It could be due to previous obstetrics and gynaecology procedures with endometrial inoculation into the cutaneous layer. The increasing rate of caesarean section may increase the incidence of it. **Case Description:** The first patient, a 37-year-old lady was referred from the surgical clinic for cyclical right iliac fossa pain and swelling for 2 years after Caesarean section. She had a 3x4 cm fixed, tense swelling at the right angle of her Caesarean scar. Transabdominal scan showed a hypochoic mass beneath cutaneous layer. Wide excision of the mass was done. Histopathological examination showed endometriotic tissue. She had no recurrence of swelling or pain. The second patient was a 36-year-old lady who presented with cyclical right iliac fossa pain and hemoserous discharge with no swelling for 6 months post Caesarean section. She had a thickened skin area over the right angle of scar. A wound exploration and excision of the scar was done. Histopathological examination showed endometriotic tissue. Post treatment she still had cyclical pain requiring analgesia. **Discussion:** The incidence of scar endometriosis will rise with the increasing rate of Caesarean section. Attending doctors should have a high index of suspicion for this diagnosis. Patients are often misdiagnosed for up to 2 years from first occurrence of symptoms. Surgical skills and technique could be improved to prevent inoculation of endometriotic tissue out of endometrium. Post treatment follow-up is needed to ensure recurrence is treated either medically or surgically.

Depression, Anxiety and Stress in Relation to Modes of Delivery

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ABSTRACT

Background: Occurrence and progress of Labour associated with emotional disturbances, namely anxiety, depression and stress, with their psychological changes and their relation to mode of delivery are not clear. Induction of labour and caesarean section (CS) is a common practice in modern obstetrics, its impact on women's psychology and birth experiences is inconclusive. **Objectives:** Tracing psychological changes; anxiety, stress and depression symptoms in women going for spontaneous labour, induction or CS until 6 weeks postpartum period, to identify which group is more prone to develop significant psychological disturbances. **Methodology:** This prospective cohort study conducted on a sample of 541 pregnant women presented for spontaneous labour, induction or elective caesarean section, at the Hospital Tengku Ampuan Afzan, Pahang state, Malaysia. The severity of depression, anxiety and stress symptoms are assessed by using the self-rating Bahasa Malaysia version of the Depression Anxiety and Stress Scales (DASS-21). Each woman assessed in four different occasions; pre-labour/operation, 24 hours postnatal, 2 weeks, and at 6 weeks. **Results:** In the prenatal period, there was no statistically significant difference in the mean score of depression using DASS 21 questionnaire between women coming for labour (4.17±5.28) and elective CS (4.21±5.87). During puerperium; at 24 hour postnatal, 2 weeks and 6 weeks assessments there was no significant difference in depression score among patients with different modes of delivery. The overall scores were (4.23±5.46, 3.26±4.85, 0.78±2.37, 0.18±0.93) for patients going through vaginal delivery, instrumentation, emergency or elective CS. The same trend was found when anxiety and stress were analysed. **Conclusion:** Peripartum psychological disturbances are common. The most prominent symptom is anxiety. Most of the adverse effect will resolve by the end of puerperium. Minority of patients will experience persistent anxiety by the end of 6 weeks postpartum. The Caesarean section and induction of labour does not increase the psychological impact on women peripartum.

Neonatal Clavicular Fracture in Uncomplicated Vaginal Delivery in Hospital Tuanku Jaafar Seremban: A Case Series

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ABSTRACT

Objectives: Neonatal clavicular fracture occurs in 0.2 to 2.3 % of all births. Ironically most cases happen following uncomplicated vaginal deliveries. Majority has no accompanying injuries and heals fast within a week or two. Nevertheless, it is still an important issue to address as it raises concern in parents and also the confidence in those who conduct the deliveries. This can pose as a litigation risk and all possibilities of causes should be thoroughly explained. **Methods/Report:** We describe 4 cases of neonatal clavicular fracture diagnosed from June 2016 until June 2018 in Hospital Tuanku Jaafar Seremban with no complications during delivery. All cases were delivered by trained medical professionals of various experience and grade from midwives to medical officers. All patients had only minor risk factors and had a relatively uncomplicated antenatal history. There were no complications in the notes of all the cases mentioned. However, it was noted that all these cases were augmented for various obstetric reasons. The birth weights ranged from 2.6 kg to 3.6 kg. All cases were not diagnosed at birth. They were diagnosed after an examination of an incomplete Moro's reflex or from a routine chest X-ray done for other medical reasons. Based on this, we draw out the possible ways the fracture can happen to facilitate explanation to family members. **Conclusion:** Clavicular fracture is unpredictable and can be an unavoidable complication of normal delivery.

Medical Management of Miscarriage in the First and Second Trimester of Pregnancy using Misoprostol

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ABSTRACT

Objective: To evaluate the efficacy and effectiveness of medical management of miscarriages with Misoprostol. **Methodology:** This was a prospective study conducted in Hospital Tengku Ampuan Rahimah, Klang, in the year 2017. Patients were recruited from the Early Pregnancy Assessment Unit [EPAU], Daycare clinic or the Gynaecology ward that were diagnosed as either missed or incomplete miscarriage. A total of 25 patients were treated medically during this study period. Data collected using the Microsoft Excel and analysed with the SPSS program. **Results:** Among the 25 patients treated medically, 22 (88%) patients had complete miscarriage which was confirmed clinically and supported by ultrasonographic assessment. Three (12%) patients required a suction & curettage procedure performed for retained products of conception and failure of the medical treatment. Following our protocol for medical management of missed miscarriage; 18 (82%) patients had a successful and complete expulsion of conceptus after the first dose of vaginal Misoprostol 800 mcg and 4 (18%) patients after the second dose of vaginal Misoprostol 800mcg. No serious or adverse side effects was noted during the treatment process. **Discussion and Conclusion:** Medical management of miscarriages up to 13 weeks of gestation with vaginal Misoprostol was shown to be safe, successful and cost effective. A larger study sample is needed to further support our findings.

Stimulation Protocol for Poor Ovarian Response (POR) Patients: Antagonist or Agonist?

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ABSTRACT

Introduction: This is a retrospective analysis comparing outcome of IVF patients with POR stimulated with antagonist (Group A) and Agonist protocol (Group B). **Materials and Methods:** Poor Ovarian Response (POR) can be defined when at least two of the following three features present: i) Advanced maternal age (≥ 40 years) or any other risk factor for POR; ii) A previous poor ovarian response (≤ 3 oocytes with a conventional stimulation protocol); iii) An abnormal ovarian reserve test (i.e. AFC $< 5-7$ follicles or AMH $< 0.5-1.1$ ng/mL). 128 patients in Group A and 23 in Group B aged 38 and below were analysed from January 2016 to April 2018 in Alpha Fertility Centre. Oocyte donation cases were excluded. The mean age of patients for Group A vs Group B was 34.02 vs 33.24 ($p > 0.05$). **Results:** The mean number of oocytes retrieved per patient were 6.0 and 7.9 for Group A and Group B respectively ($p = 0.8550$). Fertilisation rates were 73.1% and 61.5% ($p = 0.0129$) for Group A and Group B respectively. Blastulation rates was 74.4% in Group A and 79.0% in Group B ($p = 0.5266$). The blastocyst utilisation (2PN) / blastocyst formed (2PN) rate for Group A was 51.8% and Group B was 71.4% ($p = 0.0125$). **Conclusions:** For patients below 38 years old, post-ICSI fertilisation rate appears to be higher in Group A; while blastocyst utilisation rate appears to be higher in Group B. Mean number of oocyte retrieved and blastulation rate for the two groups were not statistically different.

Breast Cancer in Pregnancy: A Case Series and Literature Review of Obstetric Outcomes of a Dedicated Obstetric Medicine Clinic in Malaysia

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ABSTRACT

Objectives: Breast cancer is the most common cancer among women and the incidence in pregnancy is on the rise. The objective is to review the obstetric outcomes of these patients who were managed in a dedicated obstetric medicine clinic. **Methods:** This is a 24-month retrospective review of patients with breast cancer in pregnancy who were managed in an Obstetric Medicine clinic in Hospital Kuala Lumpur between January 2016 to December 2017. The patients were identified based on the clinic registry and were followed up till 12months post-delivery. **Results:** We had a total of 23 patients with malignancies in pregnancy which averages to 2 patients per month. 52% of them had the diagnosis established in pregnancy and 17 had breast cancer. The average maternal age was 32 while the average gestation of diagnosis was 18 weeks. Only two patients required termination of pregnancy due to advanced disease. Two patients had radical mastectomy in the first trimester while ten patients had neoadjuvant chemotherapy. 78% of them delivered at term while one was a triplet pregnancy requiring a preterm delivery at 34 weeks. 87% of them delivered vaginally at 37 weeks with an average fetal weight of 2.7 kg. Both the mothers and babies were well up till 12months post-delivery. **Conclusion:** Breast cancer is not uncommon in pregnancy and pregnancy is an opportunistic time to screen. A multidisciplinary dedicated team is essential to achieve good obstetric outcomes since surgery and chemotherapy is not contraindicated in pregnancy.

Cerebral Arteriovenous Malformation in Pregnancy: Management Options and Outcome in a Tertiary Centre

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ABSTRACT

Objective: Cerebral arteriovenous malformation (AVM) is a rare entity with estimated prevalence of 0.01-0.05% in general population. We evaluated the management options and the pregnancy outcome among AVM patients in Universiti Kebangsaan Malaysia Medical Centre (UKMMC). **Methods:** We reviewed the hospital obstetric record during 2010-2017 and reported a case series of six patients with cerebral AVM in pregnancy. **Results:** A total of three patients had two successful pregnancies, two patients had a successful pregnancy, and one unsuccessful pregnancy outcome. Two patients required embolization in view of persistent headache. One patient who was treated with embolization but developed complications and unfortunately succumbed. The other four patients were managed conservatively without any complications. All babies were born at term without neonatal complications. **Conclusions:** Treatment of cerebral AVM in pregnancy should accord with patient's presentation. Each patient requires a tailored and individualised management plan to ensure good pregnancy outcome.

Pregnancy Weight Gain and Low Birth Weight Infants

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ABSTRACT

Objective: The study was conducted to find out the cut-off point of pregnancy weight gain in association with the rate low birth weight infants. **Method:** This is a cross sectional study conducted at Sardjito and 7 affiliated hospitals in the Province of Central Java. A total of 944 pregnant women meeting the eligibility criteria were recruited. Pregnancy weight gain (PWG) was calculated as pre-labor mother weight subtracted by her pre-pregnancy body weight or body weight during the first 12 weeks of pregnancy. Receiver operating characteristic (ROC) curve was used to determine the cut-off point. Infant birth weight (IBW) less than 2500 gram was considered as low birth weight infant. **Results:** PWG and IBW ranged from 2 to 24 kg with the mean and standard deviation 11.35 ± 4.51 kg and 1450 to 4880 grams with the mean and standard deviation 3048.01 ± 390.60 grams respectively. The rate of LBW infant was 5.8%, and the cut off point for PWG was 8 kg. The sensitivity and specificity of the test were 85.45% and 77.50% respectively. The false positive and the false negative were 80.97% and 1.15% respectively, signifying that the PWG greater than or equal to 8 kg gave the probability of getting LBW infant. **Conclusion:** PWG \geq 8 kg gave the possibility of very low rate of LBW infant.

Retrospective Ten Year Comparative Study of Pregnancy Outcomes amongst Adolescents and Adults in a Low-middle-income Country Hospital

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ABSTRACT

Objective: To compare maternal and perinatal outcomes between adolescent and adult pregnant women. **Method:** Records were reviewed through convenience sampling for 396 adolescent primiparous women (age 13-19 years) with singleton low pregnancy, delivered over last 10-years at Aga Khan University Hospital Karachi and adult-women (age 20-25 years) were taken as controls (N=410). Maternal demographics, antenatal-booking-status, body mass index (BMI), gestational age (GA) at booking, mode of delivery and maternal complications were compared between the groups. Comparison of neonatal outcomes included APGAR scores, birth-weight-centiles, neonatal intensive-care-unit admissions, still-birth and neonatal deaths. Pearson χ^2 /Fisher-exact-test and Student t-test/Mann-Whitney U-test were used to test categorical-variables and continuous variables respectively. Neonatal birth weight centiles were calculated through Intergrowth 21st standard-reference chart. P-value < 0.05 was considered statistically significant. **Results:** Fifteen percent of adolescents had <3 antenatal visits compared to 8% of controls ($p=0.01$). Significant difference was observed in GA at booking (17.6 ± 9.62 adolescents v/s. 15.5 ± 8.80 controls $p=0.03$) No difference was observed in booking BMI (23.4 ± 4.77 cases v/s 24.0 ± 4.78 controls; $p=0.25$), BMI at delivery (27.58 ± 6.97 adolescents v/s 28.36 ± 5.10 controls; $p=0.37$) and GA at delivery (38.36 ± 2.24 adolescents v/s 38.56 ± 2.13 reference-group; $p=0.53$). Maternal and neonatal complications between the two groups remained insignificant. Birth-weight centiles were also comparable between adolescent and reference group. **Conclusions:** Maternal and perinatal outcomes in adolescent were found to be comparable to that of adult women. Good antenatal-care, observance of evidence-based protocols, and strong family backing may reduce risks to mothers and their babies in adolescent pregnancies.

Optimizing Outcomes for Patients on Warfarin in Pregnancy: Experience from a dedicated Obstetric Medicine Unit

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ABSTRACT

Objectives: The maternal and fetal morbidity and mortality of patients on warfarin in pregnancy is significant and the objective of this study is to highlight obstetric outcomes of patients managed in a dedicated obstetric medicine unit. **Methods:** This is a 24-month retrospective review of patients on warfarin in pregnancy. The study period was from June 2016 till May 2018. The patients were identified based on the clinic registry. **Results:** A total of 11 patients on warfarin in pregnancy were included, 10 with a single prosthetic valve and one with double prosthetic valve replacement. One patient has an ongoing pregnancy at 13 weeks while 50% of them delivered at term. There was no valve thrombosis although all had caesarean section. 40% required relaparotomy for intraperitoneal bleed at day 5 post-delivery. There were no fetal abnormalities although the miscarriage rate was as high as 50%; with two pregnancy losses at 20 weeks. One fetus had an intracranial bleed at 28 weeks when the mother had an INR of 4. Patients with “tight” two weekly INR reviews had better outcomes. Bleeding was associated with heparin infusion and earlier initiation of warfarin at day 1 post-delivery reduced the incidence of haemorrhage. A narrow APTT ratio of 1.5-2.0 with frequent 4 hourly but smaller dose increments while taking into considerations of APTT trends were associated with better outcomes. Current guidelines do not address these details hence the higher incidence of bleeding post-delivery. **Conclusion:** A revised guideline and setting dedicated obstetric medicine units in Malaysia are essential for improved outcomes.

Diaphragmatic Eventration of the Pregnant Mother: A Report of Two Patients and a Literature Review

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ABSTRACT

Objectives: Diaphragmatic eventration is an uncommon disorder affecting 0.05% of the population. These patients may become symptomatic during pregnancy and the objective is to highlight challenges in diagnosis and management in pregnancy. **Methods:** We report two patients with diaphragmatic eventration in pregnancy whom we managed in Hospital Kuala Lumpur over the last 24 months. The patients' records were reviewed and the patients were followed up post-delivery. **Results:** Case 1 A 37-year-old multip presents with progressively worsening shortness of breath since 24 weeks of pregnancy. She was initially treated as pneumonia without imaging. Her symptoms persisted and only during her second presentation at 27 weeks with respiratory failure was the diagnosis established. She required ICU admission with non-invasive ventilation. Case 2 A 27-year-old primid presents with progressively worsening dyspnea and reduced effort tolerance at 34 weeks of pregnancy. She was breathless at rest and a chest-x-ray confirmed the diagnosis. Both these patients were symptomatic for the first time in pregnancy. One patient had moderate pulmonary hypertension and presented at 24 weeks. The delivery was challenging as the caesarean section was performed at a propped up position with regional anaesthesia. One patient also required intrapartum non-invasive ventilation. The thoracic surgeon was in-standby in case of an emergency correction if the patient required intubation. Their symptoms improved post-delivery and were planned for an elective thoracic surgery. **Conclusion:** Breathlessness in pregnancy should be investigated and imaging is safe in pregnancy. Management of such complex patients should ideally involve a multidisciplinary team as to ensure optimal outcomes.

Ameobic Colitis in Pregnancy

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ABSTRACT

The incidence of Amoebic colitis in pregnancy is rare. Due to its rarity not many literature described this disease in pregnancy. We believe, we are describing the first case of Amoebic colitis in pregnancy in Malaysia. A 27 years-old Malay housewife G3P1+1 at 38 weeks of gestation with one previous caesarean delivery initially presented with acute onset of multiple episodes of watery diarrhoea and abdominal pain for 3 days duration. She denied eating outside food and all her family members were well. She was treated as acute gastroenteritis with intravenous fluid rehydration and empirical antibiotic. She was afebrile and her electrolytes and haematological parameters were within the normal range. Her condition improved after three days and was discharged home. Stool culture result was negative for pathogens. She delivered a healthy baby three days later in district hospital and was discharged the next day. However, she was hospitalized again after 2 weeks postpartum with worsening abdominal pain and persistent watery diarrhoea associated with high grade fever. She was diagnosed with enteric fever in sepsis and intravenous broad spectrum antibiotic was commenced. Her condition deteriorated rapidly and required ventilatory support. Exploratory laparotomy for suspected bowel perforation was performed on the same day. Intraoperative findings showed extensive gangrenous proctocolitis. She underwent a life-saving pancolectomy with ileostomy. Histopathological examination revealed Amoebic colitis. She developed multiple complications postoperatively due to ongoing sepsis. Diagnosing colitis in term pregnancy is challenging. Abdominal pain can easily be mistaken for labour pain and bout of diarrhoea can be due to acute gastroenteritis. Delayed diagnosis often result in severe morbidity or even mortality. Multidisciplinary team approach and intensive monitoring with timely intervention saved the patient's life.

KEY WORDS:

Colitis, Ameoba, pregnancy

Evaluation of Placental Syncytial Knots in a Mother with Gardnerella Vaginalis

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ABSTRACT

Objective: This is a pilot study on human placenta to evaluate the number of syncytial knots in GV infected placenta. **Methods:** This is a prospective study performed from August 2017 until October 2017. A total of 28 placentas, consisting of 11 GV positive and 17 GV negative, were assessed. The slides were stained by hematoxylin and eosin. The ratio of syncytial knots against chorionic villi were determined by assessing 5 areas, comprised of centre and 4 corners at high power magnification (40x), using Olympus microscope BX41. Ratio of the syncytial knots and chorionic villi was obtained. **Results:** Our study showed an increase in syncytial knot formation in GV infected placenta (10/11, 90.9%) while for the control group, 7 samples out of 17 placentas without GV infection showed an increase in syncytial knot formation (7/17, 41.2%). This is statistically significant (p value = 0.0161). **Conclusion:** Our preliminary data shows GV infection is associated with increased syncytial knot formation. We are currently performing a larger study to reinforce the reliability of the data.

The Management and Outcome of Morbidly Adherent Placenta in HSNZ KT: A Two Year Experience

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ABSTRACT

Objective: To analyse the characteristics of patients with morbidly adherent placenta (MAP) who were managed in HSNZ KT. Results of the study will be used to outline the best management strategy in dealing with this devastating condition. **Methods:** Retrospective analysis of case records of women with MAP in 2016-2017, who were treated in HSNZ KT. Demographic characteristics, including age, parity, previous caesarean scar were recorded. Gestation at delivery, methods of diagnosis and mode of surgery were compared. Maternal outcome including mean blood loss, ICU admission and length of stay were analysed. **Results:** Twenty patients diagnosed with MAP were included in this study. The mean age and parity were 35.7 years and 2.35 respectively. 20% had 1 previous scar and 65% had 2 previous scars. Diagnosis of MAP was made by MRI in 13 out of 18 suspected cases, all with histologically confirmed moderate/severe degree of abnormal placentation. 19 patients underwent hysterectomy. Total intraoperative blood loss ranging from 0.1 to 20 litres, and mean of blood transfusion is 8 units of blood. Prophylactic internal iliac artery balloon tamponade is associated with significantly less blood loss. Complications include intraoperative organ/vascular injuries, relaparotomy and DVT. **Conclusion:** Antenatal diagnosis is essential in outlining the best management strategy in patients with MAP. MRI should be performed in cases where MAP is suspected despite negative ultrasound findings. Apart from having previous scar with placenta praevia, history of placenta praevia is also a risk factor of MAP. Prophylactic balloon tamponade should be considered in cases with suspected MAP.

Abducens Nerve Palsy: A Peculiar Manifestation of Pre-eclampsia

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ABSTRACT

Background: Pre-eclampsia manifests with a spectrum of signs and symptoms. Abducens nerve palsy is the rare and not well studied on presentation of pre-eclampsia. **Case Summary:** A 40 year old lady at 31 weeks gestation presented at our centre complaining of worsening blurred and double vision in the left eye for the past three days. She has chronic hypertension on treatment. Her blood pressure on admission was 200/111 mmHg and she had gross proteinuria. Neurological examination revealed horizontal diplopia and limitation of outward movement of the left eye. The rest of the physical examination and blood tests were otherwise unremarkable. Labetolol and magnesium sulphate infusions were started. Doppler ultrasound scan showed reversed end diastolic flow, which indicated foetal compromise. Immediate delivery was indicated and a 1.47 kg baby was born via caesarean section. There was retroplacental clots, and liquor was meconium stained. An Ophthalmology opinion was sought and their impression was that the abducens nerve palsy in this lady was due to raised intracranial pressure secondary to a hypertensive emergency. A CT brain was done which showed no significant findings. Her blood pressure was controlled over the next few days and by day 7 post-delivery, her vision and abducens palsy had recovered. **Conclusion:** Though abducens nerve palsy is a rare complication in hypertensive disorders, it is benign and resolves spontaneously with full recovery once blood pressure is controlled. Imaging is required to rule out other causes of palsy.

Vaccine Hesitancy toward Childhood Immunisation among Antenatal Mothers at National University Hospital Kuala Lumpur

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ABSTRACT

Introduction: To determine the prevalence and associations of vaccine hesitancy toward childhood immunisation among antenatal mothers in an urban Malaysian population. **Methodology:** This was a cross-sectional study of 1081 antenatal mothers at UKMMC between April and November 2017. The Parent Attitudes about Childhood Vaccines (PACV) Survey was translated into Bahasa Malaysia. The prevalence of vaccine hesitancy, socio-demographic characteristics, data about sources of information and reasons for hesitancy were studied. **Results:** Eighty-five (7.9%) antenatal mothers were vaccine hesitant. Ethnicity, religion, highest educational level and employment status were significantly associated with vaccine-hesitancy ($p < 0.05$). Non-Muslim antenatal mothers were 7 times more likely to be vaccine hesitant compared to Muslims antenatal mothers [OR 6.69 (CI: 4.22-10.61)]. Mothers with lower education levels (primary and secondary school) were 4 times more likely to be vaccine hesitant [OR 4.23 (CI: 2.69-6.65)]. Employed mothers were less likely to be vaccine hesitant [OR 0.43 (CI: 0.26-0.69)]. Mothers who sought information from health professionals, health books, family and magazines were less likely to be vaccine hesitant. The fear of adverse side effects of vaccines was the predominant reason given for those who were vaccine-hesitant (58%). **Conclusion:** The prevalence of vaccine hesitancy was lower when compared with other populations. Antenatal mothers who were non-Muslims and had lower educational status were more vaccine hesitant. Mothers who were employed and sought information from health professionals, health books, family and magazines were less vaccine hesitant.

KEY WORDS:

Vaccine hesitancy, PACV, childhood immunisation, antenatal, Malaysia

A Comparison between In-patient and Out-patient Balloon Catheter Cervical Ripening: A Prospective Randomised Controlled Trial in PPUKM

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ABSTRACT

Objective: Aims of this study were to compare the safety and patient's satisfaction in using transcervical Foley catheter as labour induction between outpatient and in-patient care. **Methods:** This was a prospective, randomised controlled trial conducted in UKM Medical Centre from August 2017 until May 2018. Sixty women with low-risk pregnancies were recruited and were randomised into outpatient or inpatient group. Women in the outpatient group were discharged after Foley catheter for cervical ripening inserted, reassuring cardiotocograph tracing, received written information and advised to come on the next morning. For the inpatient group, the women were admitted to ward for Foley catheter cervical ripening and reassessed on the next morning. The labour, maternal and fetal outcomes with patient satisfaction survey were analysed post-delivery. **Results:** The inpatient group has longer median duration (minutes) of oxytocin used [150 (IQR 0.00-345.00) vs. 210 (IQR 0.00-300.00), $p=0.665$], although not statistically significant. There was no difference in the duration from amniotomy to delivery, mode of delivery, delivery within 24 hours of induction, maternal and neonatal outcomes. The outpatient group had significantly lesser time (approximately 18 hours) spent in the hospital prior to delivery, and overall inpatient stay [41(15) vs. 59(16), $p < 0.001$]. Only about a quarter felt significant discomfort throughout the cervical ripening [12% vs. 14.4%, $p=0.892$]. Women in outpatient group were less feeling emotionally alone [8% vs. 40%, $p=0.021$], were able to rest [92% vs. 45.7%, $p=0.001$] and relax [92% vs. 28.6%, $p=0.001$] compared to the inpatient group. About 60% of the inpatient group expressed their wishes to be in the outpatient group next time. **Conclusion:** The outpatient Foley catheter cervical ripening were comparably safe as inpatient settings and it had a better patient satisfaction benefit.

KEY WORDS:

Foley catheter, outpatient, inpatient, induction of labour, cervical ripening, patient satisfaction

The Mahsuri Mystery: A Case Report of a Diagnostic Dilemma for Severe Hypertriglyceridemia induced Pancreatitis in Pregnancy

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ABSTRACT

Objectives: Severe hypertriglyceridemia induced pancreatitis in pregnancy is a rare event that can lead to morbidity and mortality to both mother and fetus. Hypertriglyceridemia may occur in normal pregnancy however it is rarely severe. The clinical presentation of acute pancreatitis in pregnancy is similar to that of the general population. However, the diagnosis, severity and complications of acute pancreatitis should be elucidated as early as possible as the disease will continue to evolve with time. **Report:** We report a patient with severe gestational hypertriglyceridemia that lead to acute pancreatitis. The challenges and dilemma faced in reaching a provisional diagnosis in this patient were mainly due to the rarity of this condition and the nature of her symptoms upon her initial presentation. This patient had no personal or familial history of lipid abnormality nor did she have any similar episode in her previous pregnancy thus making her diagnosis a medical dilemma. The extremely high lipid levels in the patient's blood led to difficulties in processing her blood investigations and rendered her blood unreadable. This also contributed to why there was much unintended delay in this patient's diagnosis. **Conclusion:** Non obstetric causes of acute abdomen should always be considered in a pregnant patient. A multidisciplinary approach is highly recommended when faced with a diagnostic dilemma in obstetric patients. Fetal compromise should be anticipated in ill, obstetric patients, thus making fetal surveillance all the more important, and the need to consider the option and optimum timing of delivery.

An Observational Study on Over-diagnosed Macrosomia in Hospital Seberang Jaya in Year 2017

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ABSTRACT

Background: Fetal macrosomia is defined as birth weight of more than 4 kg or in the 90th percentile for gestational age. It affects 6-10% of newborn. Fetal macrosomia is associated with a number of perinatal and maternal complications such as caesarean delivery and shoulder dystocia. Saddle et al, reported that the rate of caesarean section that was falsely diagnosed with macrosomia is around 42%. **Objective:** There is a problem of increasing number of caesarean section due to over-diagnosed macrosomic baby. This can lead to, increase in number of patients undergoing caesarean section with significant associated maternal and neonatal morbidity, impact on future pregnancies including increased risk of adhered placenta/low lying placenta resulting in postpartum haemorrhage, difficult surgery due to adhesion, limited number of children. This study intends to decrease the number of over diagnose macrosomia that will lead to unnecessary LSCS. The purpose of this study was to explore the correlation between antenatal estimated fetal weights and birth weight upon delivery. **Methodology:** This is a retrospective study analyzing on 117 patients requiring LSCS for suspected macrosomic baby in Hospital Seberang Jaya in year 2017. Delivery census book and patients folders were traced and reviewed. **Results:** Our studies have shown over diagnosed macrosomia which require LSCS was 61%. **Conclusion:** As conclusion, over diagnosed macrosomic baby is high (61%) in our hospital compared to universal standard (42%). Ultrasound and clinical estimation is more superior in predicting estimated fetal weight compared to ultrasound or clinical estimation alone.

An Opportunity to use TeamSTEPPS® to prevent Neonatal Mortality in Emergency C-section for Fetal Distress: A Case Report

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ABSTRACT

Objective: We describe a case of neonatal mortality after emergency C-section for fetal distress and discuss the opportunity to use teamSTEPPS® to improve team work between obstetrics, anaesthetic and paediatric team and C-section response time. **Case Report:** A GIP0A0, 28 year-old, 40+3 weeks of pregnancy was sent from district hospital for fetal compromised and premature rupture of the membrane for 24 hours. During vaginal exam, the cervix was found to be 1 cm dilated with 50% effacement and meconium stained amniotic fluid. It took 106 minutes upon arrival to decide to do emergency C-section. The interval between decision to incision took another 134 minutes. The baby was born with Apgar score of 1 in 1 minute and 4 in 5 minutes. Fourteen and 24 minutes later the baby died because of severe meconium aspiration. **Conclusion:** There was an opportunity to use crew resource management approach using teamSTEPPS® to improve team work between obstetrics, anaesthetic and paediatric team and to decrease response time for emergency C-section. This training used communication, leadership, situational monitoring and mutual support skill to improve patient safety. By practising brief, huddle and debrief that was introduced in teamSTEPPS®, we may work more effectively and safely.

The Association between Pregnancy Weight Gain and Infant Birth Weight

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ABSTRACT

Objective: The study was conducted to find out the association between pregnancy weight gain and infant birth weight. **Method:** This is a cross-sectional study conducted at Sardjito and 7 affiliated hospitals in the Province of Central Java. A total of 944 pregnant women meeting the eligibility criteria were recruited. Pregnancy weight gain (PWG) was calculated as pre-labor mother weight subtracted by her pre-pregnancy body weight or body weight during the first 12 weeks of pregnancy. Infant birth weight (IBW) was taken during the first hour after delivery using the similar baby scale. Simple regression was used for statistical analysis. **Results:** PWG and IBW ranged from 2 to 24 kg with the mean and standard deviation 11.35 ± 4.51 kg and 1450 to 4880 grams with the mean and standard deviation 3048.01 ± 390.60 grams respectively. The association between PWG and IBW was shown with the following equation $Y = 2693.65 + 31.20 X$, where Y was IBW in grams, X was PWG in kg. The R square was 0.129 meaning that the ability of the test to predict the IBW was 13%. **Conclusion:** The association between PWG and IBW was relatively low.

Ping-pong Skull Fracture: Is it always caused by Birth Trauma? A Case Series

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ABSTRACT

Introduction: Depressed skull fracture (DSF), also coined as 'Ping-Pong' fracture is not uncommonly seen in newborn. Although mainly due to iatrogenic trauma, spontaneous fracture is possible due to soft and resilient nature of the skull. Its low incidence makes the pathogenesis, natural history and outcome of DSFs remains unclear. **Case Report:** First case – Patient was delivered via emergency LSCS from a mother known to have Type 2 Diabetes Mellitus, with body mass index (BMI) of 36 kg/m². LSCS was indicated for 2 previous caesareans in labour. Antenatally mother has well control diabetes with appropriate fetal growth. Intraoperatively, adhesiolysis was done to access the lower segment. Upon uterine incision, fetal head was high requiring forceps delivery and gentle fundal pressure. The forceps blades were applied without force. Physical and neurological examination was normal except for indented skull noted at the right parietal region measuring 3x4 cm. Computed Tomography (CT) brain done showed depression of the right parietal bone with a small acute bleed at the left posterior parietal region extending into the left cerebellar tentorium. No active intervention was done and patient was discharged after 5 days of observation. Second case – Patient was delivered via emergency LSCS from 37 years old mother at 40 weeks gestation due to poor labour progress. Mother diagnosed to have gestational thrombocytopenia. Prior to LSCS fetal the head was not engaged with os of 4 cm dilated at right occipito-transverse position. Intraoperatively, the fetus turned to transverse lie and was delivered via breech extraction. Examination of newborn was unremarkable except indentation of right parietal skull bone 5x4 cm. CT brain revealed right fronto-parietal depressed skull with suspicious small interhemispheric subdural bleed. Patient was discharged with no neurosurgical intervention required. **Discussion:** There are no apparent traumas to the fetuses on both cases although instrumental delivery needed. Spontaneous fracture was possible. Largest comparison of 'instrument-associated' and 'spontaneous' group in 68 neonates showed intracranial lesion is more associated with instrumental deliveries, however persistent disabilities are rare.

Predictors of Successful Vaginal Delivery after previous Caesarean Section in a Klang Valley Tertiary Hospital

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ABSTRACT

Objective: To identify predictors of successful trial of labor in women after one caesarean delivery. **Method:** Retrospective observational review from June 2008 until December 2012 of women with one caesarean delivery who delivered at our institution, a tertiary hospital in Klang Valley with delivery rate between 9000-10000 per year with caesarean rate from 25-30%. They were identified from the labour ward registry. Clinical characteristics and intrapartum data were reviewed and analysed using SPSS v 21 to identify predictors of successful VBAC. **Result:** Of 1574 studied, 456 had recurrent indications for caesarean section, while 1119 had non-recurrent indications. The group with recurrent indications for previous caesarean section had less vaginal delivery and more repeat caesarean sections as compared with the group with non-recurrent indications (21.9% and 78.1% vs 46.8% and 53.2%, respectively, p = 0.01). Three women had scar rupture/dehiscence, whom had gone to labour spontaneously. On initial examination, Bishop's score of more than 6 were likely to deliver vaginally. Patients with previous vaginal delivery and spontaneous labour were more likely to have successful VBAC (85.2 vs. 76.4%, p=0.02) and less oxytocin use (49.7% vs. 70.8%, p < 0.0001). **Conclusion:** A spontaneous labour, previous vaginal delivery and a non-recurrent indication for the previous caesarean section are important predictors of VBAC in this cohort of women.

Pleomorphic Rhabdomyosarcoma of the Uterus: The Silent Killer

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ABSTRACT

Objectives: Rhabdomyosarcomas of the uterus are extremely rare heterologous mesenchymal tumours (less than 0.05 cases per 100,000 women). Pleomorphic rhabdomyosarcoma (PRMS) is one of its aggressive variant which presents at advanced stage in postmenopausal women. Here we present a case of PRMS in a patient with no typical symptoms of postmenopausal vaginal bleeding or abdominal pain but only with abdominal mass. **Methods/Results:** A 67 years old lady, presented to us with history of abdominal distention and constitutional symptoms for 3 weeks. On examination, there was a vague mass extending up till right hypochondrium, mobile and no cervical abnormality. Imaging studies noted a large, heterogeneously enhancing mass in the pelvis, with close proximity to bladder and bowel. She underwent surgery 2 weeks later. Intraoperatively, the uterine tumour was highly vascularized, involving part of bladder wall, bowel and mesentery. Laparotomy total abdominal hysterectomy, bilateral salpingoophorectomy, right hemicolectomy, small bowel resection with side to side anastomosis, bladder wall resection, pelvic lymphadenectomy and omentectomy was performed, no residual tumour postoperative. Histopathology result showed PRMS of the uterus (desmin and myogenin positive) with metastases to bladder and caecum. Patient was then referred to Institut Kanser Negara for chemotherapy. However, the tumour had progressed to the lungs with a recurring complex pelvic mass leading to obstructive uropathy. Patient developed urosepsis and hospital acquired pneumonia and succumbed within 5 months from the time of presentation. **Conclusion:** The case shows no matter how subtle the presentation, pleomorphic rhabdomyosarcoma has a remarkably aggressive behaviour with guarded prognosis.

Which Tube should we remove? A Rare Case of Spontaneous Bilateral Tubal Pregnancy

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ABSTRACT

The incidence of ectopic pregnancy is 11 in 100 pregnancies. But the incidence of spontaneous bilateral ectopic pregnancy is even rarer with the reported incidence of 1 in 200000 pregnancies. We report a case of spontaneous bilateral ectopic pregnancy which was detected during surgery. **Case Report:** 29-year-old, nulliparous with history of amenorrhea for 5 weeks presented with per vaginal spotting for 6 days. Self-urine pregnancy test was positive. Her menstrual history was regular. She denied history of pelvic surgery and sexually transmitted infection and was not on any form of contraception. On examination, she was haemodynamically stable. Abdominal and vaginal examinations were unremarkable. Transabdominal scan found no evidence of intrauterine pregnancy and no fluid in the cul-de-sac. Diagnosis of pregnancy of unknown location (PUL) was made. Her baseline B-HCG was 675 mIU/ml and 48 hours B-HCG level was 860 mIU/ml. Diagnostic laparoscopic surgery was performed. Intraoperatively, there were unruptured ectopic pregnancy measuring 2x3 cm and 3x3 cm respectively at the ampulla of each fallopian tube. Uterus and both ovaries were normal. Bilateral salpingostomy was performed. Histo-pathological examination confirmed the presence of chorionic villi in both tubes. **Discussion:** In this case, bilateral linear Salpingostomy was done as both ectopic pregnancy were small, unruptured on both tubes and to preserve the fertility of this patient. Laparoscopic approach is preferred as it reduced postoperative pain, shorter hospital stay and minimal adhesion formation. **Conclusion:** Bilateral tubal pregnancy is rare and it is often diagnosed intraoperatively as the presentation is similar to unilateral ectopic pregnancy. The management depends on the condition of the tube and fertility requirement of the patient.

Herlyn Werner Wunderlich Syndrome

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ABSTRACT

Introduction: Herlyn Werner Wunderlich syndrome is an extremely rare syndrome characterized by a triad of uterus didelphys, obstructed hemivagina and ipsilateral renal agenesis. It is also known as obstructed hemivagina and ipsilateral renal anomaly (OHVIRA), a congenital defect of Mullerian ducts. **Case Report:** An 11-year-old girl was referred from Polyclinic for pelvic mass for investigation. She has underlying epilepsy and bronchial asthma. She attained menarche just a month before her presentation. She complained of lower abdominal pain for 3 days and had associated fever for 1 day. No significant signs demonstrable on physical examination. Transabdominal scan revealed a mass in the pouch of Douglas measuring about 6x6cm with mixed echogenicity resembling a dermoid cyst. Tumour markers were normal. She presented again 1 month later with an abdominal mass at 16-week size. A Computed tomography performed revealed uterine didelphys, obstructed hemivagina and left renal agenesis which was consistent with Herlyn Werner Wunderlich Syndrome. She subsequently underwent an examination under anaesthesia. Drainage of hematocolpos and refashioning of the vaginal septum were done. **Conclusion:** Herlyn Werner Wunderlich syndrome is rare. The diagnosis of such condition could be challenging especially when patient presents with acute abdomen with evidence of pelvic mass.

KEY WORDS:

Herlyn Werner Wunderlich Syndrome, OHVIRA, hematocolpos, uterus didelphys, renal agenesis

The Early Pregnancy Assessment Unit (EPAU) in Hospital Sultanah Nurzahirah (HSNZ) Kuala Terengganu: A Clinical Audit of First Year of Service

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ABSTRACT

Objectives: EPAU is a dedicated service that aims to provide accessible diagnosis, treatment and support service. We conducted this clinical audit to assess effectiveness of the service and identify opportunities for improvement. **Methods:** Retrospective audit study of all women attending the EPAU of HSNZ between 1st January - 31st December 2016. Baseline characteristics and clinical outcomes were extracted from clinical records and assessed. **Results:** As many as 719 women attended EPAU in 2016, with a mean of 60 women/month, the highest attendance was 107 (15%) in March 2016. Two-third of patients were from Kuala Terengganu district. The majority 75% were in reproductive age group of 19 to 35 years. Half of the women, (n=372) self-presented and 18% were referred from Klinik Kesihatan (KK). Though majority (n=476) of these women were in first trimester, the EPAU also saw 134 women in the early second trimester. 15% of the total patients were unsure of their dates upon attendance to EPAU. Thus explained that 65% of all these women presented with per vaginal bleeding, as compared to a very small proportion had abdominal pain (0.2%), passing out product of conception (0.7%) as their primary symptoms. There were 545 women diagnosed with miscarriages, 36 with a pregnancy of unknown location/suspected ectopic pregnancy, 92 patients had viable early pregnancy. **Conclusions:** This dedicated service has shown much favourable response since inception, reducing a significant bulk of patients who were previously admitted to ward for early pregnancy problems. The unit shall increase uptake and utilization of services to other nearby districts health facilities by increasing awareness and access.

Women's Acceptability and Perception on Transvaginal Ultrasound Examination (NMRR 16-1790-32793)

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ABSTRACT

Objective: To establish the acceptability and perception of transvaginal ultrasound (TVU) among women attending Early Pregnancy Assessment Clinic, Hospital Kemaman. **Method:** Women in early pregnancy with viable intrauterine pregnancy were invited to give their opinion on transvaginal ultrasound examination. Information collected were their concern before and after the examination, and their experience during the transvaginal ultrasound. **Results:** A total of 59 women underwent TVU from the total of 62 (95% acceptability). These patients were more relaxed and less worried or tense after the examination compared to before the procedure. This is related to low mean score concerning discomfort (2.95/10) and painful sensation (2.17/10) during the TVU. However, the mean embarrassment score (3.95/10) was higher than other negative feelings. Almost 75% of them felt the experience was better than expected, leading to 100% of them expressing the willingness to undergo repeat TVU in the future. **Conclusion:** Despite the high acceptability rate of transvaginal ultrasound in early pregnancy, majority of the women were concerned about embarrassment during the procedure. Discomfort and painful sensation were reported as slight by most of them, and will not prevent them from undergoing a repeat procedure in the future.

KEY WORDS:

Transvaginal ultrasound, acceptability, early pregnancy

A Rare Case Report of Caesarean Scar Ectopic Pregnancy

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ABSTRACT

Objective: The true incidence of scar ectopic pregnancy has not been determined because so few cases have been reported in the literature. However, the incidence of such cases seems to be on rise in view of increasing number of caesarean section being performed and the use of transvaginal scan that allows early detection of such cases. We report a rare case of a 29 years old G4P3 with 3 previous caesarean deliveries with short interpregnancy interval, diagnosed as leaking caesarean scar ectopic pregnancy with the help of sonography. We present the clinical details and imaging findings followed by discussion of the etiology, pathogenesis, and imaging of this condition. **Method:** Transabdominal sonography supplemented by transvaginal sonography revealed a gestational sac in the anterior myometrium of the lower uterine segment with a significant free fluid in the abdominal cavity. **Result:** Patient underwent laparotomy and excision of trophoblastic tissue with uterine repair and sample was sent for histopathological examination for confirmation. **Conclusion:** Caesarean scar pregnancy which presents about 5% of ectopic pregnancy in women with previous caesarean section is a rare lethal form of ectopic pregnancy where the trophoblasts implant on the niche of the scar. The pregnancy should be terminated upon confirmation of diagnosis in view of the risk of uterine rupture and life-threatening bleeding. It is important that early and accurate diagnosis of caesarean scar pregnancy is obtained in order to avoid complications and preserve fertility.

Choriocarcinoma with Spinal Metastasis: A Case Report

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ABSTRACT

Introduction: Choriocarcinoma is one of the most aggressive forms of gestational trophoblastic disease. Spinal metastasis secondary to choriocarcinoma is very rare. **Case Presentation:** A 19 years old, nulliparous girl, presented with 3 weeks history of lower back pain and bilateral lower limb weakness. On admission, power of bilateral lower limb were 2/5 and reflexes were normal. Her serum beta HCG level was 76418 IU/l with no intrauterine gestation sac. Her condition deteriorated rapidly and became bed bound. MRI spine and abdomen showed left epidural haematoma resulting in significant cord compression at T11-L2 and no evidence of intrauterine or ectopic pregnancy. CT scan showed suspicious presence of a small heterogenous lesion anterior to the right ovary suspicious of primary tumour focus of choriocarcinoma. Also, noted multiple lung nodules representing metastatic choriocarcinoma. After 6 cycles of chemotherapy, she was able to ambulate. CT surveillance post chemotherapy showed resolution of intraspinal lesions. She is currently in tumour remission nine months after diagnosis. **Discussion:** Incidence of choriocarcinoma in Malaysia is up to 2.8 per 1000 pregnancies. The most common sites of metastasis are lungs (94%), vagina (44%) and brain (28%); spine metastasis is rare. Choriocarcinoma metastasis to the spine demonstrates high remission rate with chemotherapy. Spinal decompressive surgery has a limited role and is only considered if there is any progressive worsening of neurological symptoms. In conclusion, we report a rare case of choriocarcinoma metastasis to spine and chemotherapy is the main treatment of choice.

A-0058 Gynaecology

A Rare Case of Primary Amenorrhea: Rathke's Cleft Cyst – A Case Report

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ABSTRACT

Primary amenorrhea is not uncommon encounter in gynaecological practices. It occurs in 1-3% of reproductive age group women. The common causes were anatomical, genetic and hormonal factors. We report a rare case of hypogonadotropic hypogonadism primary amenorrhea due to Rathke's cleft cyst. A 28 years female was referred to our center due to primary amenorrhea. Her height was 137 cm, weight 31 kg with a BMI of 17. Breast development and pubic hair development was Tanner stage 1. Ultrasound examination revealed under developed uterus and ovaries. Her hormonal profile was FSH 0.11 mIU/L, LH 0.17 mIU/L and Estradiol 18, Prolactin 105. Her thyroid function test was normal. Chromosomal analysis showed 46XX with no gross numerical or structural abnormality detected. Clinical examination noted bitemporal hemianopia. MRI showed intracystic nodule measuring 1.6 cm x 1.6 cm x 2 cm at the left posterior aspect of pituitary gland. She was put on hormonal treatment and successfully had withdrawal bleeding after 6 cycles of COCP. She is also co-managed by the Neurosurgical and Ophthalmology teams. Primary amenorrhea incidence is increasing due to better access to health care and public awareness. Rathke's cleft cyst (RCC) is a benign fluid filled cyst in the posterior portion of the anterior pituitary gland and are rarely symptomatic. Mostly patient presented with visual disturbance (47%), diabetes insipidus (21%), amenorrhea and galactorrhea (16%) and panhypopituitarism (11%). Surgical excision is recommended however the recurrence rate reported is around 12.5%. Gynaecologist's ability to recognize pituitary lesion as differential diagnosis of primary amenorrhea is of utmost important.

Ovarian Embryonal Carcinoma with Recurrence to Abdominal Wall

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ABSTRACT

Introduction: Ovarian germ cell tumours (OGCT) are the second largest group of ovarian neoplasms (15-20%) and embryonal carcinoma is an extremely rare type (4% of all malignant OGCT). They are thought to be derived from primitive germ cells of the embryonic gonad and behave differently from the common epithelial ovarian cancer. We report a case of ovarian embryonal cancer with recurrence to the abdominal wall. **Case Report:** Ms X, a 26-year-old lady presented with severe pulling tension abdominal pain, requiring morphine infusion as analgesia. 4 months prior to presentation, she had undergone an emergency ovarian cystectomy for twisted ovarian cyst in a private centre. Examination revealed a superficial abdominal mass measuring 20 weeks-size, fixed and firm at the suprapubic region. Ultrasound showed a superficial mixed heterogeneity mass at the suprapubic region with a normal uterus. CT abdomen / pelvis revealed a large heterogeneously enhancing superficial mass measuring 18 X 15 X 10.3cm involving bilateral rectus muscle. Histopathological examination of the trucut biopsy of the mass and reexamination of the previous cystectomy slide confirmed embryonal carcinoma. Excision of the abdominal wall mass was considered but the possible residual big abdominal defect requiring abdominal flap was deemed too aggressive for a young lady. Adjuvant chemotherapy was hence offered to patient first. **Conclusions:** Ovarian embryonal carcinoma affects young women and the aggressive behaviour meant prompt recognition with high index of suspicion is crucial in these cases.

Metastatic Adenocarcinoma of Right Supraclavicular Lymph Nodes from Primary Ovarian Cancer: A Rare Presentation

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ABSTRACT

Introduction: Extra-abdominal nodal metastasis is a rare occurrence in ovarian cancer. Anatomically, lymphatic spread from ovary will go to pelvic lymph nodes, then through thoracic duct to left supraclavicular lymph nodes. While right supraclavicular lymph nodes metastasis usually result from primary neck or lung malignancies. **Case Presentation:** We report a 28 years-old, single lady who presented to us with progressive distension of abdomen with constitutional symptoms. Examination revealed, a lean lady, with huge abdominal mass, as well as ascites and right supraclavicular lymph nodes enlargement. Imaging with CT scan showed an ovarian mass, with perihepatic nodules, and matted right supraclavicular lymph nodes largest 2.7cm with no other distance metastasis. Histopathology of fine needle aspiration of the right supraclavicular lymph nodes confirmed adenocarcinoma, primary from ovary. She was treated with neo-adjuvant chemotherapy using combination of carboplatin and paclitaxel for 4 cycles, and responded well with tumour shrinkage as well as disappearance of the right supraclavicular lymph nodes, before proceeding with tumour debulking surgery. **Conclusion:** We report a very uncommon case of extra-abdominal nodal metastasis to right supraclavicular lymph nodes from primary ovarian cancer. The challenge of diagnosis may lead to delay in treatment and worsening of prognosis.

Ethics of Artificial Insemination: Can a Sperm Donor 'Contact' his Children?

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ABSTRACT

Objectives: To comment if a child conceived using donated sperm has the right to access identifying information regarding their biological father, does the donor have any corresponding rights? **Methods:** In the UK, legislation protects an unknown donor from being treated as the legal father of the child (HFEA 2008, ss. 38(1) & 41(1)). However in a very recent interesting case of *Re Z (A Child) [2013] EWHC 134 (Fam)*, two gay men, who were biological fathers to 2 children (of 2 lesbian couples) applied leave for (under the Children Act 1989 section 8) for contact and residence orders. Conversely, the lesbian couples contended that it was the intention of Parliament to protect same sex families who had conceived with sperm donors and their status as parents should be exclusive and absolute. Yet, the sperm donors argued that the HFEA 2008 Act did not eradicate their status as genetic parents who might be allowed by the court to play a role in the life of the child. **Results:** The court opined that the men had a good arguable case for contact orders and they were granted leave to make applications for contact orders in respect of the 2 children. **Conclusions:** To allow sperm donors access to their children information would begin a slippery slope towards not only corresponding information rights of the children but also donors' 'parental' interests and subsequent duties.

Mosaicism Rate of Blastocyst is not affected by the Number of Trophectoderm Cells Biopsied for Preimplantation Genetic Testing for Aneuploidy (PGT-A) using High Resolution Next Generation System (hr-NGS)

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ABSTRACT

Objectives: This is a retrospective study to compare the mosaicism rate of blastocysts based on the number of trophoctoderm cells biopsied for PGT-A using hr-NGS in Alpha Fertility Centre, Malaysia from August 2017 to January 2018. **Methods:** A total of 1361 blastocysts from 391 patients (age ranged 18 – 47) which were at least fair graded (Gardner's grading system) had trophoctoderm biopsy and screened for aneuploidy using hr-NGS (Ion Torrent, USA) according to the manufacturer's specifications. Of which, 398 blastocysts had 1-4 trophoctoderm cells biopsied (Group A) and 963 blastocysts had 4-8 trophoctoderm cells biopsied (Group B). The mean age of patients from Group A and B were 31.3 and 30.6 ($p > 0.05$). Chromosomal mosaicism analysis was done using ReproSeq Mosaic PGS v1.1 workflow (Ion Reporter version 5.4). Trophoctoderm biopsies which were tested to have 20% - 80% of aneuploid cells are reported as mosaic blastocysts (PGDIS, 2016). **Results:** The mosaicism rate of blastocysts from Group A and Group B were 17.3% and 15.3% respectively. There was no statistical significance found in mosaicism rate between both groups ($p = 0.370$). **Conclusions:** This study shows no statistical significance in mosaicism rate based on the number of trophoctoderm cells biopsied. Until such understanding is confirmed, we would still practice to obtain at least 5 cells at biopsy.

Blockade of Interleukin-6 Signaling Reduces Immunosuppressive Regulatory T Cells in Ascites of Advanced Epithelial Ovarian Cancer and Improves Chemotherapy Efficacy

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ABSTRACT

Background and Aims: Recurrent epithelial ovarian cancer is often associated with ascites which is resistant to chemotherapy. Malignant ascites may also aid tumour persistence by harbouring immunosuppressive regulatory T cells (Tregs) that render effector T cells (Teff) dysfunctional, as well as inflammatory soluble factors such as interleukin 6 (IL-6). Upregulation of Tregs and IL-6 have been correlated separately with tumour progression and reduced survival in advanced EOC, however their relationship is not well understood. We studied the immunomodulatory effect of IL-6 on Tregs within malignant ascites in-vitro. **Methods:** Peripheral blood mononuclear cells (PBMC) from healthy donors were incubated with media or cell-free ascites from advanced EOC patients for 48 hours. Exogenous IL-6 was used at 50ng/ml to mimic the natural level in ascites. Bioactive IL-6 within the ascites was neutralized with human monoclonal antibody to IL-6, alone or in combination with chemotherapy drug. The frequency and phenotype of Tregs as well as Teff were evaluated. **Results:** We show for the first time that blockade of IL-6 activity in ascites decreases the frequency of Treg, otherwise induced by exogenous IL-6 in media and ascites, and increases the ratio of Teff/Tregs and improves responsiveness to taxane efficacy. **Conclusions:** Antibody blockade of IL-6 specifically within ascites may offer a novel, clinically translatable strategy to increase immune-competence in the local tumour microenvironment, and combined with chemotherapy, may make cytotoxic chemotherapy more effective in advanced/recurrent EOC.

Evaluation of Systematic Pelvic Lymphadenectomy in Endometrioid Adenocarcinoma with Grade 1

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ABSTRACT

Background: The surgical management of early stage of endometrial carcinoma is still debatable despite the recommendation of systematic lymphadenectomy with total hysterectomy and bilateral salpingo-oophorectomy (SLTH-BSO) by the FIGO. This is due to the lack of supporting evidence on the significant improvement of patients' survival years. Considering that suboptimal surgical intervention for these patients may lead to potential short and long term sequelae, it is important to investigate the clinical value of this treatment especially in grade 1 disease. **Aims:** To evaluate the efficacy of SLTH-BSO in determining lymph node involvements in grade 1 Endometrioid adenocarcinoma. **Methodology:** A cross sectional study was conducted in two Gynaecology - Oncology units in Klang Valley from 2014-2017. All patients with preoperative diagnosis of endometrial carcinoma were recruited and underwent total hysterectomy with systematic lymphadenectomy and bilateral salpingo-oophorectomy by two gynaecology surgeons. Data mining from 196 patients was performed on patient's profile (age, race, parity, comorbidity i.e. diabetes mellitus) and histopathology examination (HPE) findings of surgical specimen (type of cancer, histology grading, myoinvasion involvement and lympho-vascular invasion). Statistical analysis was done using IBM SPSS version 22. Descriptive test was used to analyse the demographic data whilst multiple logistic regression test for the correlation between systematic pelvic lymphadenectomy and the various histopathological factors. Two-sided of $p < 0.05$ was considered as statistically significant result **Results:** Complete data was successfully extracted from 150 patients. Median age was 54 (range: 27-80) and 14% was below 40 years. HPE findings from the specimens showed endometrioid adenocarcinoma as the commonest type (83.3%, n=125). From this, 29.8% (n=37) has G1 disease, 56.8% G2 and 13.4% has G3. All patients with G1 disease of this type regardless of the involvement of LVSI or myoinvasion, were found to have negative lymph node. 91.8% (n=34) has myoinvasion < 50% and 83.7% (n=3) has negative LVSI. Two patients were not documented of the LVSI involvement. **Conclusion:** We showed that total hysterectomy and bilateral salpingo-oophorectomy without lymphadenectomy is an acceptable practice for G1 disease in Endometrioid adenocarcinoma however further study needed to get larger sample size to confirm if myoinvasion > 50% or LVSI positive would affect the involvement of lymph node.

Reasons why Conventional Laparotomy Gynaecology Surgeons have a Low Uptake in Advanced Gynaecological Laparoscopic Surgeries

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ABSTRACT

Objective: To rationalize why uptake of advanced laparoscopic gynaecological surgeries are low among conventional open gynaecology surgeons. **Methods:** Case review of difficulties faced by conventional laparotomy surgeons in 1st 50 cases of advanced gynaecological laparoscopic procedures performed in Penang General Hospital and how to overcome the problem that arises intra-operatively. Common struggles will be reviewed in detail so that the approach could be simplified and its uptake could be increased among general gynaecologists. Minor and major problems will be discussed and expert opinions of advanced laparoscopic surgeons will be highlighted, with the aim to overcome the difficulties faced to optimize the outcome while minimizing the probability of operative complications, failure rate and lastly, conversion rate. **Results:** Laparoscopic approach is different from conventional open surgery. Conventional laparoscopy only provides a monocular 2-dimensional view where good hand-eye coordination is of utmost importance. Detailed knowledge of anatomical structures is crucial in performing level 3 and beyond in advanced laparoscopic procedures. Performing frozen pelvis surgeries will require anatomy structure correlation knowledge that are preserved even in cases of frozen pelvis where finding gateways and backdoors are of the utmost importance. Usage of modern energy sources provide effective cutting and haemostasis without tissue charring and thermal injury to surrounding viscera. Pneumoperitoneum complications and tissue retrieval are specific to laparoscopic surgery only. **Conclusion:** Multidisciplinary team effort is needed to maintain an effective laparoscopic team work. Detection of complications is vital to minimize morbidity for the patients while creating an invaluable experience in overcoming the learning curve for advanced laparoscopic procedures.

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Effects of 6-Week Micronutrient Supplementation on Sperm Parameters and Pregnancy Outcomes in Males with Idiopathic Infertility undergoing Fertility Interventions: A Pilot Cohort Study

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ABSTRACT

Objective: To evaluate the effectiveness of the consumption of Profortil[®], a combination of eight micronutrients, on sperm count, sperm motility, and pregnancy outcomes following a fertility intervention among infertile males. **Methods:** A cohort study was undertaken at Seberang Jaya Hospital and Sultanah Bahiyah Hospital. A total of 90 infertile males were enrolled, 52 decided to take two capsules of Profortil[®] daily for a six-week period during 1st September and 30th November 2016. Those who decided not to consume Profortil[®] served as the control group (n=38). Semen analysis and observation of pregnancy outcomes following the fertility interventions were conducted after 6 weeks. **Results:** Despite the consumption of Profortil[®], both groups showed a significant increase in sperm count (p<0.001), but no change in sperm motility after 6 weeks. Although the difference in increment of sperm count between two groups was not significant, more participants who took Profortil[®] achieved a sperm count above 15 million/mL (25% versus 18.4%). The Profortil[®] group demonstrated higher pregnancy rate following the fertility interventions (26.9% versus 18.4%). **Conclusion:** The findings suggest that Profortil[®] could be helpful in improving the sperm parameters and pregnancy outcomes. A longer supplementation duration is likely to be needed, to optimize its effectiveness. However, there is a trend of more patients having sperm count and motility above the WHO-recommended lower limit values for semen analysis, which had a positive impact on the pregnancy outcomes. However, a double-blind, randomized, placebo-controlled study with bigger sample size would be able to support and verify these findings.

Comprehension towards Plagiarism in Academic Assessment among the Undergraduate Nursing Students in a Private University in Kuala Lumpur, Malaysia

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ABSTRACT

Background: Plagiarism has been a very serious problem affecting educational institutions particularly the tertiary educational level. The purpose of this study is to determine the extent of nursing students' comprehension towards plagiarism in academic assessment among the undergraduate nursing students. **Method:** A quantitative, cross-sectional, and descriptive research design was used to conduct the study. The universal sampling method was used for data collection. A total of 80 students (response rate 67%) participated in this study. The study was conducted in a private university located in Kuala Lumpur, Malaysia. The data was collected using 11-items questionnaire. The measurement scale that was used is nominal (affirmative and non-affirmative). **Results:** Overall the findings of the study revealed that the nursing students' comprehension towards plagiarism was above average level, with the mean of 9 (range 4 to 11, SD 3.08). The survey showed that 72.5% (n=58) of the students reported that they have actually read the plagiarism policy, and 88.8% (n=71) of those who attended the Semester 1 briefing session found the briefing useful. Despite this, only 20% (n=16) of the total students have answered all questions correctly in the questionnaire, demonstrating full understanding of plagiarism. **Conclusion:** The findings provide important information for the university to execute the actions that need to be emphasized into in order to curb the act of plagiarism. These findings could also assist the organization to plan strategies and to encourage nursing education faculty to enhance students understanding towards plagiarism. The ultimate aim is to improve nursing standards among nursing students, including ethics in research and education in nursing.

Factors Associated with Female Pelvic Organ Prolapse Recurrence after a Reconstructive Surgery

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ABSTRACT

Objectives: To determine the factors associated with FPOP recurrence after a reconstructive surgery in Asians. **Method:** A retrospective observational study involving 72 women who had prolapse surgery in PPUKM between 2006 and 2017. Demographic, clinical and intraoperative data were obtained from patients' medical records. Main outcome measures were subjective and objective POP recurrence. Data analyzed using the Fishers exact and binary logistic regression test, respectively. **Results:** Of the 72 women who had surgery, 11 were excluded due to missing data, leaving 61. Majority were Malays and Chinese, 39% (n=24). Mean age at surgery was 63.7 (SD 7.7) with mean BMI of 24.4 (SD 4.4) kg/m². Median parity was 4 (IQR 3-5). Preoperatively 88.5% (n=54) were symptomatic and 83.6% had significant FPOP of \geq Grade/Stage 2. At a mean 23.3 (SD 24.3) months postoperatively, 5% (n=3) and 31% (n=19) had subjective and objective recurrence, respectively. Age at surgery and BMI showed a trend towards significant association with objective POP recurrence OR 0.9 (95% CI 0.9 – 1.0); p=0.06 and OR 1.2 (95% CI 1.0 – 1.3), p=0.09 and perioperative complication showed significant association with POP recurrence (p=0.01). Age at follow up, operative duration, level of surgeon, ethnicity and stage of POP preoperatively showed no significant difference in recurrence rate (p=0.1-0.9). **Conclusions:** Perioperative complications seemed to be associated with subjective POP recurrence. BMI and age at surgery may be associated with FPOP recurrence, but did not reach statistical significance. Contrary to the literature we failed to demonstrate the association between higher preoperative POP stage and recurrence.

The Association between Levator Ani Muscle (LAM) Trauma with Sexual Dysfunction, Marital Disharmony and Psychiatric Morbidities

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ABSTRACT

Objective: To assess the association between LAM trauma with sexual dysfunction, marital disharmony and psychiatric morbidities. **Methods:** A cross-sectional study involving 189 sexually active women between May 2017 and April 2018, Assessments included Female Sexual Function Index (FSFI), 'Golombok Rust Inventory of Marital State (GRIMS)' and 'Depression Anxiety Stress Scale (DASS) - 21', clinical interview, ICSPPOPQ and a 4-dimensional translabial pelvic floor ultrasound. Data was analysed using Chi-squared and simple linear regression tests. Statistical significance was set at $p < 0.05$. **Results:** Mean overall FSFI score was 25.2 (SD7.4) and 90 (48.6%) were classified as having sexual dysfunction. Mean score for desire, arousal, lubrication, orgasm, global satisfaction and pain domain were 3.6 (SD1.0), 4.0 (SD1.5), 4.6 (SD1.7), 4.4 (SD1.6), 4.6 (SD1.6) and 4.3 (SD1.6), respectively. A third; 32% (n=60), 53.5% (n=99) and 17.8% (n=33) reported mild to severe depression, anxiety and stress, respectively. Mean depression, anxiety and stress scores were 3.7 (SD3.0), 4.0 (SD2.8) and 4.4 (SD3.6), respectively. Marital disharmony was experienced by 50.3% (n=93). On imaging, LAM avulsion and hiatal overdistension were diagnosed in 17 (9.2%) and 116 (62.7%). LAM avulsion was associated with depression ($p=0.02$), but not with sexual dysfunction, marital disharmony, stress and anxiety (all $p > 0.1$). Significant association remained after controlling for potential confounders ($p=0.02$). Factors such as stress ($p < 0.001$) and marital disharmony ($p=0.02$) also contribute to depression. **Conclusions:** Levator avulsion appeared to be associated with depression but confounded by stress and marital disharmony. There was no significant association between LAM trauma and sexual dysfunction using FSFI as a tool.

Knowledge, Attitude and Perception of Contraception among Undergraduate Medical Students in Universiti Putra Malaysia

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ABSTRACT

Introduction: The incidence of unintended pregnancy and unsafe abortion are significantly high due to the lack of knowledge and negative attitude towards contraception and it can be prevented by effective and appropriate contraceptive knowledge and usage. **Methodology:** This was a cross sectional study using self-reported questionnaires survey that consists of four sections as socio-demographic characteristics information, knowledge towards contraception, attitude towards contraception, and perception of education and training in sexual and reproductive health among medical student. Questions were, distributed among undergraduate medical students in Faculty of Medicine and Health Sciences and analyzed. **Result:** The response rate was 100% and most of the respondents in this study were Malay (64.4%), female (68.3%), single (98.6%) and live in urban area (69.1%). Most of their parents had tertiary education level (father educational level, 63.3%; mother educational level, 50.0%). 56.1% of the respondents had poor level of knowledge and 59.2% of them had negative attitude towards contraception. Regarding the perception on contraception, most of the respondents thought that they did not have enough clinical practice (50.4%) and had training (57.6%) in counseling the patients for family planning service during their clinical posting. There was significant association between gender, place of birth, ethnicity, marital status, father educational status and level of knowledge. There was significant association between place of birth, marital status, and ethnicity and level of attitude. There were a higher percentage of respondents who had poor knowledge and negative attitude towards contraception. There was significant association between gender, place of birth, ethnicity, marital status, and father educational status and level of knowledge. There was significant association between place of birth, marital status, and ethnicity and level of attitude. Assessing the knowledge and attitude of medical students on contraception and their relationship with socio-demographic characteristics and socio-economic factors play a leading role in public health projects which are aimed to combat maternal mortality through reducing unintended pregnancies. **Conclusion:** As considering the future role of undergraduate medical students as family planning educator as well as counselors, it is not only important to determine their knowledge, attitude and perception towards contraception but also should be updated for improvement on the quality of future healthcare on contraception which may lead to further reduction in the number of unintended pregnancy. To change the attitude towards contraception, further increase the level of knowledge of contraception among medical students, collaborated health education and similar studies among health workers are highly recommended.

KEY WORDS:

Contraception, family planning, undergraduate medical students, knowledge, attitude, perception, unintended pregnancy

Live Births from Frozen Embryo Transfer Cycles in Patients with Malformed Uterus – Case Series

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ABSTRACT

Müllerian duct malformations are rare congenital defects of the female reproductive tract, which affects 3% to 5% of women in the general population. These congenital uterine malformations are caused by abnormal fusion of Müllerian duct during embryonic life. These malformations include septate uterus, unicornuate uterus and bicornuate uterus. Pregnancies are usually associated with increased risk of recurrent miscarriages, preterm labours, malpresentations and intrauterine growth restrictions. There had been some studies which suggest that these women should receive corrective surgery before embryo transfer to achieve successful pregnancies. However, we are presenting two patients who were diagnosed with uterine malformation and yet resulted with successful pregnancies from frozen embryo transfer cycles without corrective surgery.

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Pregnancies following Treatment in Hypogonadotrophic Hypogonadism

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ABSTRACT

Introduction: Hypogonadotrophic hypogonadism causes ovulatory disorders resulting in primary amenorrhoea and primary infertility. The incidence of congenital hypogonadotrophic hypogonadism is approximately 1-10:100,000 live births. It can be congenital or acquired. **Case Reports:** *Case 1:* A 27 year old lady was referred for primary infertility of 3 years duration. She was diagnosed as a case of Mullerian Duct Agenesis when she presented with primary amenorrhoea at the age of 18. Her secondary sexual characteristics were well developed with normal external genitalia. Serum levels of LH, FSH, Prolactin, Estradiol and Progesterone (Day 21) were 0.1 mIU/ml, 0.7 mIU/ml, 66.3 mIU/mL, < 5.0 pmol/ml and 0.4 ng/ml respectively. Thyroid function and Karyotyping were normal (46XX). Diagnostic laparoscopy & dye revealed an infantile uterus with no spillage and both ovaries were normal. She was commenced on Progyluton which was followed by a FET IVF cycle. This resulted in a DCDA twin pregnancy. *Case 2:* A 23 year nulliparous lady (married for 2 years) was referred for primary amenorrhoea. Her secondary sexual characteristics were well developed with normal external genitalia. Serum levels of LH, FSH, Prolactin, Estradiol, and Testosterone were 0.4 mIU/ml, 0.6 mIU/ml, 83 mIU/ml, 66.5 pmol/ml and 0.37 nmol/ml respectively. Thyroid function and Karyotyping were normal (46XX). Diagnostic laparoscopy & dye revealed an infantile uterus with bilateral spillage. Both ovaries were small. She was started on a 3 month course of Progyluton for uterine priming. She underwent one cycle of IVF with an antagonist protocol which was successful. **Results:** Both these patients had delivered live babies. **Conclusion:** Women with hypogonadotrophic hypogonadism are obvious candidates for ovulation induction with exogenous gonadotrophins. When an unassisted pregnancy is not achieved, assisted reproductive techniques ranging from intrauterine insemination to in vitro fertilization should be considered.

The Effect of Dienogest on Serum CA-125, Interleukin-6 and P53 Protein among Patient with Endometriosis: Proof of Concept Study

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ABSTRACT

Objective: Aims of this study were to investigate the outcome of endometriosis following dienogest therapy, and dienogest effects on the serum CA-125, IL-6 and p53 protein levels. **Methods:** This was a proof-of-concept, prospective study, conducted in UKMMC, from August 2017 until May 2018. Women with endometriosis were recruited following histological confirmation after surgery. Pain score was assessed using Visual Analogue Scale (VAS) score pre and 3-months post-treatment. CA-125, interleukin-6 and p53 protein concentration in isolated patients' serum was compared between the pre and post-treatment using enzyme-linked immunosorbent assay (ELISA) method. **Results:** A total of 8 out of 15 (53.3%) women recruited were histologically proven for endometriosis and had either moderate or severe endometriosis. These patients received dienogest 2 mg daily for 3 months. There was a significant reduction in the median VAS score for dysmenorrhea [8.0 (IQR 7.25 – 8.00) vs. 2.0 (IQR 0.00 – 2.00), $p=0.011$] after 3 months of treatment. The majority of women (87.5%) experience abnormal menstruation as a side effect of dienogest. There was a significant reduction of serum CA-125 protein concentration levels (median) from 719.6 IU/ml (IQR 182.92 – 3087.5) at baseline to 48.43 IU/ml (IQR 35.37 -57.19) at 3 months post dienogest treatment ($p=0.012$). Also, a significant reduction of serum IL-6 protein concentration level was noted following treatment from the median baseline value of 2.83 (IQR0.94 - 8.39) to the median value of 0.66 (0.26 – 1.64) (p -value= 0.012). No changes noted in the median of serum p53 protein concentration level at baseline and after treatment [2.14 (IQR 1.08 – 4.35) vs. 3.18 (IQR 2.31 – 4.23), $p = 0.401$]. **Conclusion:** Dienogest, in endometriosis, significantly reduced dysmenorrhoea and suppressed inflammatory markers (CA125 and IL6). However, its role in suppression of p53 was still inconclusive.

KEY WORDS:

Dienogest, endometriosis, Visual analogue score (VAS), dysmenorrhoea, serum CA-125, serum interleukin-6 (IL-6), serum p53

Hybrid Simulation Training: A Cost-effective Teaching/Learning Modality for Low-middle Income Countries (LMIC)

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ABSTRACT

Objective: To compare competency of medical students regarding Intrauterine contraceptive-device (IUCD) insertion before and after Hybrid simulation training (HST) and to assess learner satisfaction with this methodology. **Methods:** This quasi-experimental Mixed-Method study was conducted at Aga Khan University, from October 2016 to September 2017 for third-year medical students. Students had interactive session on contraception and were provided with literature/video clip on IUCD-insertion before HST. They were pretested on OSCE-station (IUCD insertion) using simulated patients (SP) and manikin simultaneously. They practiced on manikin and subsequently were post-tested through same OSCE-station. Learner-evaluation of activity was through validated proforma with both, Likert-scale and open-ended questions. **Results:** Out of 90, seventy-three consenting students, completed pre/posttest and evaluation-survey. There was significant increase in pre and post-simulation mean scores for all clinical skills; history-taking (5.1 pretest, 8.8 posttest, $p\leq0.0005$), counseling (40.11 pretest, 57.85 posttest, $p\leq0.0005$), procedural (15.16 pretest, 49.09 posttest, $p\leq0.0005$) and total scores (60 pretest, 115.6 posttest, $p\leq0.0005$), when compared using two-sided Wilcoxon signed rank sum test. Activity was assessed as 'very good' to 'excellent' by 83.5% of participants. Four themes were generated from open ended questions of evaluation-forms; 'Process descriptors', 'Teaching utility', Pedagogic efficacy' and 'Way forward'. **Conclusion:** HST is not only an effective teaching/learning modality with potential to improve competency of medical students, but also relatively cost-effective for LMIC where purchase of high-fidelity simulator may be unfeasible. Although this study may not address long-term students' learning and transferability of competency to real-life situation was not tested but students expressed high satisfaction with this teaching-method.

Fertility Awareness and Parenting Attitudes among Students in Universiti Sains Islam Malaysia (USIM) – A Pilot Study

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ABSTRACT

Objective: Studies have shown women are not aware on the relation between increasing age and declining fertility. Objective of this study is to assess the fertility awareness among Universiti Sains Islam Malaysia (USIM) students. **Methods:** Cross sectional study with convenient sampling forty-eight students from various faculties in USIM using a set of questionnaires that were adapted from other studies. **Results:** The majority 87.5% (42/48) desired to have first child at the age of 25 – 30, while 56.3% (27/48) desired to have the last child at the age of 36 – 40. 56.3% (27/48) want to have more than four children. Presumed behaviour in case of subfertility noted that 93.8% (45/48) would undergo fertility treatment. 52.1% (25/48) would screen for fertility status prior to marriage. 33.3% (16/48) would request their future partner to be screened. 54.2 % (26/48) state that most fertile period for women when she is 20-24 years old and 70.8% (34/48) states slight decrease in fertility at age 35-39. 43.8% (21/48) thought that chance of getting pregnant at age 25-30 is 90-100%. 64.6% (31/48) state the chance of getting pregnant after IVF was thought to be more than 30%. **Discussion & Conclusion:** Most of the respondents overestimate the chance of getting pregnant after ART. Many respondents overestimate the age of most fertile and marked decline in fertility. Lack of fertility awareness and misconception on ART among university students which can lead to involuntary childlessness. Education on fertility issues are important so that reproductive decisions are made based on accurate information rather than incorrect perceptions.

Awareness on Menstrual Cycle and its Associated Disturbances among Undergraduate Students of Universiti Sains Islam Malaysia

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ABSTRACT

Introduction: Menstrual disorders are common among adolescent and reproductive-aged women. Objective of this study is to determine the awareness on menstrual disturbance among USIM undergraduate students. **Methods:** Cross sectional study with convenient sampling fifty students from various faculties in USIM using a set of questionnaires that were adapted from other studies. **Results:** 84% (42/50) students agreed that four to seven days as the normal duration of menses and 28 to 35 days as the normal length of menstrual cycle. However, only 66% (33/50) of students record their menses. Abdominal discomfort, abdominal pain and presence of clots were named as normal symptoms associated with menses. 40% (20/50) of respondents thought that body weight can affect the menstrual cycle. Missed period (69.4%), irregular menstrual cycle (67.3%) and excessive bleeding (59.2%) were among highest menstrual abnormalities which would bring the respondents to seek medical attention. 78% (39/50) of respondents did not think that it is a taboo to talk about menses. **Discussion & Conclusion:** Abnormal menses is an indicator of underlying illness such as polycystic ovaries or endometriosis. Lack of awareness on what constitute a normal cycle may lead to delay in seeking treatment and hence prevention of such complications. This study has shown that majority are aware on what constitute normal menses and majority did not feel that it is a taboo to talk about menstrual cycle. In the event of abnormal symptoms, majority will seek medical attention should it become abnormal.

Non-gestational Choriocarcinoma: A Rare Gynaecological Cancer

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ABSTRACT

This case illustrates a 52 year old, Para 3 Chinese lady, who presented with heavy menstrual bleeding for 12 months. Examination revealed a 16 week size uterus. Ultrasound of the pelvis revealed an intracavitational uterine mass, measuring about 5 x 8 cm, with the base extending less than ½ of the myometrium. Her serum beta hCG was more than 400000 iu/L and kept increasing to more than 600000 iu/L over a 2week duration. Hysteroscopic examination revealed an elongated intrauterine growth. A biopsy was taken from the growth and histopathology examination result confirmed the diagnosis of non-gestational choriocarcinoma. Her whole body CT scan did not reveal any metastasis. The patient underwent a laparotomy with total abdominal hysterectomy with bilateral oophorectomy. A firm polypoidal mass was noted arising from the fundus of the uterus upon cutting the uterus. The second histopathology examination was consistent with non-gestational choriocarcinoma. This is the first of such case encountered in our center.

Quality of Life of Gynaecology Patients and Family Caregivers

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ABSTRACT

Objectives: Cancer survivors have been known to have a chronic illness trajectory. The disease does not only affect the individuals diagnosed with it, but it also has major impact to the family members and relatives especially the caregivers in various aspects. **Methods:** This was a cross sectional study conducted over six months duration from 1st November 2017 to 30th April 2018. The study population consisted of all gynaecology patients and family caregivers in gynaecology clinic and ward in UKMMC. Two questionnaires; EQ-5D-5L questionnaire English version and SF-36 English version was used to assess the general health of both the patients and caregivers. **Results:** There were 203 pairs of patients and caregivers recruited in this study. The median age (years) for patients and caregivers was 63.0 and 41.0 respectively. Most of the patients were diagnosed to have endometrial cancer (41.4%) followed by ovarian cancer (31.5%), cervical cancer (21.2%) and others (6.0%). When compared, all the 8 domains of SF-36 between patients and caregivers, both were affected but the domains of physical functioning, role limitation due to physical health, energy, pain and general health were statistically significantly different between the two groups ($p < 0.000$). **Conclusions:** This study demonstrated that Health Related Quality of Life for both gynaecology patients and their caregivers were markedly diminished. Although management of gynaecological cancer has improved over the past few decades, other therapeutic approaches are needed to improve their QOL and for the caregiver as well.

A Rare Cause of Post-menopausal Bleeding: Vaginal Metastasis from Renal Cell Carcinoma

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ABSTRACT

Objectives: Primary neoplasm of the vagina is rare and thus, vaginal malignancies are commonly metastatic lesions. Common primaries are from cervix, endometrium, breast and colon and less frequently, from the kidney. **Methods:** A patient presented with post-menopausal bleeding was identified and managed. **Results:** A 63-year-old post-menopausal woman, known case of left renal cell carcinoma with nephrectomy done, presented with bleeding vaginal polyp. Histopathological examination (HPE) of the polyp was consistent with metastatic renal cell carcinoma (RCC). **Conclusion:** We report a rare case of renal cell carcinoma with vaginal metastasis. Metastatic vaginal lesion must be considered in patients with background history of renal cell carcinoma.

Is the Blastomere Symmetry at the 4-cell Stage Related to Ploidy? – A Pilot Study

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ABSTRACT

Objectives: Current evidence suggests that IVF implantation and aneuploidy rates are co-related with asymmetry, multinucleation and fragmentation in the cleavage stage embryo. However, most studies were performed before the availability of Time-lapse Imaging (TL). A pilot study was carried out to evaluate the relationship between blastomere symmetry at the 4-cell stage with ploidy. **Methods:** A total of 202 blastocysts which underwent both TL and Pre-implantation Genetic Screening in 2017 were retrospectively analysed. Using the Embryoscope® (Vitrolife), symmetry was graded at the first sign of a clear 4-cell division on Day 2. The diameter of each blastomere was measured by tabulating the mean of 2 lines drawn perpendicularly. A diameter difference of < 25% was considered symmetrical (n=163) and ≥25%, asymmetrical (n=39). Following extended culture to blastocyst stage, trophoctoderm biopsy was performed followed by chromosomal evaluation using Next Generation Sequencing (VeriSeq Protocol, Illumina). **Results:** The euploid, mosaic and aneuploid rate for symmetrical and asymmetrical embryos were 43.6% vs 38.5%, 20.2% vs 10.3% and 36.2% vs 51.3% respectively. Using chi-square test, there was no significant difference between the 2 groups (p=0.15). **Conclusions:** In this study cohort, there is a trend towards higher euploid and mosaic rate in embryos with symmetrical blastomeres. Conversely there is a higher aneuploid rate with asymmetrical blastomeres with percentage difference of 15.1%. However, this is not statistically significant possibly due to the small sample size. The assessment of symmetry of blastomeres at the 4-cell stage embryo using TL can potentially be an indicator of ploidy and mosaicism.

Oral Contraceptives: Knowledge, Awareness and Perception among Women Patients in Obstetrics & Gynaecology Clinic, Hospital Tengku Ampuan Rahimah (HTAR), Klang

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ABSTRACT

Objective: To study and evaluate the knowledge, awareness and perception of oral contraceptives among women. **Methodology:** A cross sectional survey was conducted among the women attending the Obstetrics & Gynaecology clinic in HTAR. Validated questionnaires were distributed from February to April 2018, which consist of four sections; demographic data including age, race, marital status, education level, professional status, knowledge, attitude, and perception towards contraception. The Data was analysed using SPSS programme version 23. **Results:** A total of 378 questionnaires from the respondents were analysed. The completed questionnaires were 352, hence the response rate was 93.1%. Malays (84.4%) were among the highest respondents. Most of them were between 20-30 years of age (45.5%). The mean of the knowledge score was 3.91±1.32. The results showed that 67.3% of them have poor knowledge of contraception (Score ≤ 4). There were good knowledge of contraception (Score ≥ 5) among the unmarried respondents (87.5%). Survey has also shown that among the lower education group (34%) have good knowledge of contraception (p=0.038). The professionals (70.6%) had poorer knowledge score (p<0.05). Overall only 44.7% of the respondents were aware about contraception and 42.9% have negative perception towards contraception. It is also interesting to know that only 34.9% of the professionals have awareness regarding contraception and 49.1% of them have negative perception towards contraception. **Conclusion:** The overall results showed that majority of the women attending the O&G clinic not only have poor knowledge of contraception but also lack of the awareness and negative perceptions towards contraception. Hence improving the knowledge, awareness and perception of various contraceptive methods may improve the quality of life by good practice of family planning thus enhancing maternal health. This needs serious consideration at National level and effective programmes to be implemented.

Improving Access to Fertility Care in a Low Resource Population: An Initial Experience with a Low-cost IVF Model

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ABSTRACT

Objectives: In view of limited public funding, a low-cost IVF (In-vitro Fertilisation) programme called IVFkasih was established to allow more couples to be treated at a younger age with less delay. This is a retrospective study to assess the outcome of this programme. **Methodology:** All 228 IVFkasih cycles that were performed in 2017 was included in this study. All patients regardless of existing ovarian reserve undergo the low stimulation antagonist protocol with a combination of oral letrozole and urinary gonadotrophins. The embryos were cultured to Day 2 stage with extended culture to Day 3 or 5 if necessary. Supernumerary embryos were vitrified. **Results:** The mean age of patients was 34.5 with the majority (83.1%) undergoing their index cycle. The main cause of subfertility was polycystic ovaries with anovulation (26.7%). 90.8% (n=207) of the cycles progressed to egg collection with a mean of 2.8 eggs collected. The average fertilisation rate was 68.4%. 66.2% (n= 137) had fresh embryo transfer, mostly Day 2 stage (65.7%) with a mean of 1.62 embryos transferred. 15.5% (n= 32) had no suitable embryo to be utilised. The clinical pregnancy rate (CPR) was 31.4% with an implantation rate (IR) of 23.9%. The majority of patients (54.6%) were below the age of 38 and this group has the highest CPR (32.7%) and IR (25.3%). **Conclusions:** The majority of patients in this cohort were young and trying IVF for the first time. Low-cost IVF programme is cost-effective and improves access to fertility care in a low resource population.

The Impact of Embryo Morphokinetics on Ploidy and Implantation Rates

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ABSTRACT

Objectives: Dynamic embryo monitoring with time-lapse imaging can potentially improve the selection of embryo(s) for implantation. This study aims to evaluate the relationship between KIDScore™ D5 decision support tool with embryo ploidy and implantation rates. **Methods:** A total of 1391 embryos derived from ICSI cycles from August 2017 to May 2018 were included in this observational study. The morphokinetic development of embryos was examined using the time-lapse system Embryoscope® (Vitrolife). Following extended culture to blastocyst, trophoctoderm biopsy was performed followed by chromosomal evaluation using Next Generation Sequencing (NGS) (VeriSeq Protocol, Illumina). The embryos were then analysed in 3 groups based on the KIDScore™ D5: Low (score 1.0-5.9), Average (score 6.1-7.9) and High (score 8.0-9.9). The linear relationship between KIDScore™ D5 and ploidy as well as implantation rates was analyzed using Pearson test (SAS software v.9.3, USA). **Results:** The euploid rates for embryos with Low, Average and High KIDScore™ D5 were 49.6%, 55.5% and 63.5% respectively ($p < 0.01$). The corresponding rates for aneuploid embryos were 37.1%, 30.7% and 20.5% respectively ($p < 0.01$). Among euploid embryos, the implantation rates for those with Low, Average and High KIDScore™ D5 were 58.3%, 66.1% and 72.4% respectively ($p < 0.01$). **Conclusions:** In this cohort, a higher KIDScore™ D5 is significantly co-related with euploidy. Also, among euploid embryos a higher score is significantly correlated to a higher implantation rate. This study suggests that embryo morphokinetics can play a role in selecting the most optimal embryo(s) in non-NGS cycles and further delineate those euploid embryos post-NGS that has the highest implantation potential.

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The Impact of Morphology of Euploid Blastocysts on treatment Outcome

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ABSTRACT

Objectives: Studies have shown a correlation between morphology and euploidy with poor quality blastocysts having a higher aneuploidy rate. A study to compare pregnancy outcomes after euploid blastocyst transfers with different blastocyst morphology was performed. **Methods:** All vitrified-warmed transfers of euploid blastocysts following Pre-implantation Genetic Screening (Veriseq Protocol, Illumina) between January 2016 – April 2018 were included in this retrospective study. The blastocysts were transferred in an artificially controlled cycle. All blastocysts were divided into three groups – Good (an inner cell mass (ICM) and/or trophoctoderm (TE) grading of A), Fair (B grade ICM and TE) and Poor (C grade in the ICM and/or TE). Clinical pregnancy rates (CPR), implantation rates (IR) and miscarriage rates (MR) were compared between the groups. **Results:** 291 blastocysts were transferred in 273 cycles of which 164 implanted. 138 resulted in ongoing pregnancies or live births while 26 miscarriages were reported. The CPR was 60.0%, 58.41% and 40.0% for Good, Fair and Poor quality blastocysts respectively. Meanwhile, the IR for the three groups were 57.14%, 59.17% and 41.94%. The MR was 19.23%, 16.67% and 0.0%. There was no significant difference among the groups. **Conclusions:** There was a trend towards lower clinical pregnancy and implantation rates when poorer quality blastocysts were transferred. However, poor quality euploid blastocysts are able to implant albeit at a lower rate. As such, all poor quality blastocysts should be considered for biopsy, especially when there are no other blastocysts available.

Live Birth after Transfer of a Vitrified-warmed Euploid Blastocyst derived from Vitrified-warmed Oocyte and Frozen-thawed Testicular Sperm: A Case Report

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ABSTRACT

Objectives: The science of cryopreservation has advanced tremendously. We report a successful live birth of a healthy baby after transfer of a vitrified-warmed euploid blastocyst derived from vitrified-warmed oocytes and frozen-thawed testicular sperm. **Methods:** The patient was a 43-year-old woman with pre-mature ovarian failure while her husband had non-obstructive azoospermia. Intracytoplasmic sperm injection (ICSI) was performed on the vitrified-warmed donor oocytes with frozen-thawed sperm derived from testicular sperm extraction (TESE). She underwent transfer of a vitrified-warmed euploid blastocyst following pre-implantation genetic screening (PGS). **Results:** 30 vitrified donor eggs were warmed. 29 survived with good morphology and were injected with frozen-thawed testicular sperm. 12 fertilized (42.9%). Following extended culture, trophectoderm biopsy was performed on the two suitable blastocysts followed by vitrification. Chromosomal evaluation using Next Generation Sequencing (VeriSeq Protocol, Illumina) was performed which showed no copy number variation in both blastocysts. A controlled protocol was subsequently commenced to prepare the endometrium. One warmed-vitrified euploid blastocyst was transferred in May 2017 but this did not result in a pregnancy. The remaining blastocyst was transferred in August 2017 resulting in a pregnancy and subsequent live birth of a healthy baby girl. **Conclusions:** This is a rare case of a live birth after transfer of vitrified-warmed post PGS euploid blastocyst derived from ICSI with vitrified-warmed oocytes and frozen-thawed testicular spermatozoa. This "triple freezing" and an invasive biopsy procedure on the blastocyst are testament of the integrity of gametes and embryos, and safety following cryopreservation with vitrification.

Is Cleavage Rate Indicative of the Outcome of Blastocyst Transfer? A Retrospective Analysis

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ABSTRACT

Objectives: Previous studies have shown that abnormal (slow or fast) cleaving embryos are associated with low implantation rates. This study was carried out to assess the correlation between the rate of cleavage and the implantation potential of both fresh and vitrified-warmed blastocysts. **Methods:** All blastocyst transferred, both fresh (n=96) and vitrified-warmed (n=454) from the year 2015 to 2017 in women ≤ 40 years old were analysed in this retrospective study. The cleavage rate of Day 3 embryos was divided to 3 groups: Slow (≤ 4 cells), Normal (5-9 cells) and Fast (≥ 10 cells). Following extended culture, the most optimal quality blastocysts (good or fair) were either transferred or vitrified for a subsequent vitrified-warmed transfer. **Results:** The implantation rates of blastocyst(s) transferred fresh from the different groups were 0.0% Slow, 37.2% Normal and 29.4% Fast. For vitrified-warmed blastocyst(s), the implantation rates were: 41.7% Slow, 36.6% Normal and 37.0% Fast. There was no significant difference between the groups. **Conclusions:** Our study suggests that abnormally slow or fast cleavers have similar implantation rates compared to normal cleavers, as long these embryos develop into viable blastocysts suitable for transfer. As such, abnormally slow or fast cleaving embryos should be subjected to extended culture before being considered for transfer or vitrification.

Does Dehydroepiandrosterone (DHEA) Improve IVF Outcomes in Poor Responders?

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ABSTRACT

Objective: To assess effectiveness of DHEA supplementation on IVF outcomes among poor responder women undergoing IVF. **Methods:** Sixteen patients who were diagnosed with POR scheduled to undergo their second intracytoplasmic sperm injection (ICSI)/embryo transfer cycle were enrolled in the study. All enrolled patients had undergone their first ICSI/embryo transfer cycle at least 4 months prior to the current study. All subjects were given DHEA supplementation (25 mg t.i.d.) for at least 3 months prior to their second ICSI/embryo transfer cycle. Statistical analysis of various ovarian response and ICSI outcomes parameter were compared pre and post DHEA. **Results:** In total, 16 women with poor ovarian response were enrolled in the study. The comparative analysis of the results showed a significant increase in the number of good quality of embryo obtained ($p < 0.05$). Moreover, after the treatment with DHEA, there was an increase, though non-significant, in the number of oocytes retrieved, MII oocytes obtained, fertilised and transferrable embryos as well as the pregnancy rate. There was no significant effect of DHEA treatment on the number of days of stimulation and cumulative dose of gonadotrophins used. **Conclusions:** The results showed that DHEA supplementation enhances IVF-ICSI outcome in women with poor ovarian reserve especially in those age 35 and below.

KEY WORDS:

Dehydroepiandrosterone (DHEA), Poor ovarian response (POR), intracytoplasmic sperm Injection, embryos, oocytes

The Effects of Subdermal Etonorgestrel on Body Weight, Blood Pressure, Menstrual and Non-menstrual Adverse Effects between Two BMI Groups

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ABSTRACT

The aim of this study is to describe and compare the effects of subdermal etonorgestrel on body weight, body mass index (BMI), blood pressure (BP) – systolic and diastolic, menstrual, non-menstrual side-effects and to determine overall acceptability of this implant in between two BMI groups: BMI group of ≤ 23.0 and > 23.0 . This is a comparative cross sectional study which was conducted at Lembaga Penduduk dan Pembangunan Keluarga Negara (LPPKN), Kuantan, Pahang from 1st June 2012 until 1st June 2015. All women who had their subdermal etonorgestrel inserted and removed within study period were included. Data on body weight and body mass index, blood pressure, menstrual changes, non-menstrual side effects, and overall acceptability whilst on subdermal etonorgestrel in between two BMI groups (≤ 23.0 and > 23.0) were analyzed. There were 70 women recruited during the study period where 33 of them with BMI of ≤ 23.0 and 37 were BMI of > 23.0 . There was no pregnancy reported. The mean difference of weight gain and BMI increment in both groups were statistically significant ($P < 0.001$). The changes were more in women with BMI > 23.0 . There was no change in systolic blood pressure (SBP) in both groups but diastolic blood pressure (DBP) showed the mean increment is statistically significant in BMI > 23.0 group. These changes, however, were not significant clinically. Out of 70 women, more than 90% of women experienced menstrual disturbances whilst on subdermal etonorgestrel, being amenorrhea and infrequent bleeding commonly reported. Non-menstrual side effects were reported in 25% of women. Fifteen women had removed the implant prematurely due to menstrual disturbances, non-menstrual side effects and weight gain issues. However, the differences were not statistically significant between two studied groups. The study reported more than 80% of women were satisfied with the use of this method of contraception. In conclusion, subdermal etonorgestrel implant is highly effective as a method of contraception in normal, overweight and obese women and its non-contraceptive effects such as on weight gain, menstruation and blood pressure seemed to be comparable.

What is the Optimal Skin Closure Technique for 5 mm Laparoscopic Port-site? – A Systematic Review and Meta-analysis

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ABSTRACT

Background: As laparoscopy has become the access of choice even in complex abdomino-pelvic surgery cases and more abdominal access ports have been used to assist with the surgery, the concern has now diverted into the cosmetic outcome of the skin closure. There are various techniques available, but it is mainly based on the surgeon's preference and ultimately patients' satisfaction and to date, there is no "gold standard" on the technique particularly in small 5 mm laparoscopic port-site. **Objective:** To evaluate the optimal skin closure technique for small 5-mm laparoscopic port site wounds between sutured [subcuticular (SC) or transcutaneous (TC)] and sutureless [Adhesive Skin Tape (ST) or Tissue Adhesive (TA)] method. **Methods:** A total of 1053 papers were identified through electronic search and after screening, 5 studies (all RCT) were included for data synthesis. The PRISMA guidelines for randomised controlled trials were used to examine the quality of the studies. All suitable data were extracted and analysed using Review Manager 5.3 software. **Main Results:** We found a total of five studies comparing sutured (n=367) with sutureless (n=266) techniques. No studies compared closure with non-closure methods. From the studies using sutures, TC has better cosmetic outcome than SC (MD -0.79 [-1.45, -0.13], n=104) & (OR 1.93 [1.29, 2.99], n=118). In sutureless group, ST has comparable cosmesis with TA (OR 0.68 [0.28, 1.64], n=88) but less reported pain (OR 5.75 [1.14, 28.88], n=88). Compared with sutured group, TA has comparable cosmetic outcome (MD -0.8, [-4.44 to 2.84], n=112) and no infection or complication such as hernia were observed in both techniques. Similarly, compared with TC & SC, ST has comparable cosmetic outcome (MD 0.25 [-0.48, 0.98]), n=75) and (MD -0.54 [-1.13, 0.05]), n=75) respectively. Similarly no infection or complications were observed in these methods. Closure time were comparable between sutured group and TA (MD 8.4 [-1.27, 18.07]), n=89) but slightly longer than ST (MD 9.7 [0.9, 18.5]), n=89). **Limitations:** Despite the nature of the randomised included studies, the results of this study are still subjected to confounders relating to clinical and statistical heterogeneity. The studies reported the outcomes differently. **Wider Implications of Findings:** Conventional suturing – TC is still an optimal 5 mm laparoscopic skin closure technique. However, sutureless methods – TA and ST are able to eliminate risk of needle stick injury. The material cost of TA is higher than sutures or ST. Further trials should be conducted to evaluate total cost effectiveness.

Pneumoperitoneum in Postmenopausal Women: A Diagnostic Dilemma

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ABSTRACT

Spontaneous uterus perforation due to pyometra is a rare entity, with incidence of 0.01%-0.05% commonly in elder women. Few reports exist in relation to malignancy of the genital tract, radiotherapy and infection. There have been less than 30 cases reported in the English literature regarding perforation of pyometra resulting pneumoperitoneum. Hereby, we report a case of spontaneous uterine rupture of pyometra that presented as an acute abdomen. A 59 years old lady, para 5 postmenopausal for 6 years presented to the emergency department with acute abdominal pain and abdominal distension for the past 1 week. She was suffering from diabetes, hypertension and diverticular disease. On abdominal examination, the lower abdominal quadrant was tender with rebound tenderness suggesting peritonitis. Ultrasound findings revealed two hypochoic masses at the fundal and posterior part of uterus suggesting degeneration changes of fibroid. This prompted a CT scan which showed features of peritonitis and extra peritoneal air. An exploratory laparotomy was performed under the diagnosis of perforated viscus. Intraoperatively, the abdominal cavity was filled with purulent discharge of 700cc. Other gut structures showed no signs of perforation. The uterus was found to have fundal and posterior perforation with purulent material extruding from the uterine cavity. Extrafascial total abdominal hysterectomy with bilateral salpingo-oophorectomy was performed by the gynaecology team. HPE revealed acute suppurative inflammation of the uterine myometrium with no evidence of malignancy. The clinical diagnosis of rupture of the uterus can be challenging as most of the cases present as initial diagnosis of gastrointestinal perforation.

Study of Effectiveness of Addyzoa in Idiopathic Oligospermia at Hospital Tengku Ampuan Rahimah, Klang

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ABSTRACT

Introduction: Approximately 15% of human couples are infertile and approximately 50% of this is because of male factors. Although overall human fertility does not appear to have declined, there is evidence for a decline in sperm quality and a simultaneous increase in the number of infertile couples for the last few decades. **Objective:** The objective of the study was to evaluate the efficacy of Addyzoa. **Method:** This is a prospective interventional study done in Infertility Clinic HTAR on the effect of Addyzoa on Sperm count in an idiopathic oligospermia from June 2016 – December 2016. Patients were recruited during screening in HTAR's Infertility Clinic. SFA will be reviewed and patient will be counselled before started on Addyzoa for 3 months. Patients were also asked regarding any changes in the libido after taking Addyzoa as well. **Results:** 32 patients were recruited from the HTAR infertility whereby all of them were diagnosed as oligospermia. However only 20 patients completed the treatment and came back for a repeat Seminal Fluid Analysis. There is an increase in the mean baseline of the sperm count between pre and post treatment from 5 to 10 million per mil ($p < 0.05$). About 15% of the patients claimed that they had an increase in libido after taking the treatment. The pregnancy rate in this study is 9.3%. **Conclusion:** The target sample size is 45. The participant recruited was 32 and the dropout rate was 37%. Therefore, the total sample for this study is 20 patients. Thus, there may be bias. However it is shown that Addyzoa has some value in improving the sperm count in patient with idiopathic oligospermia.

Male Infertility: Azoospermia among Male Patients attending Infertility Clinic, Hospital Sultanah Bahiyah, Alor Setar from 2015-2017

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ABSTRACT

Introduction: Azoospermia is the absence of sperm in ejaculated semen. It is the most severe form of male factor infertility and is present in 5% of all investigated infertile couples. Azoospermia is classified as "obstructive" or "non-obstructive". Aetiology of each case needs to be ascertained. The objective of this study is to classify the type of azoospermia and to predict the chance of finding the sperm via surgical retrieval technique based on the clinical, hormonal and histopathological findings. **Methodology:** Data was collected retrospectively from patients with azoospermia attending the Infertility Unit, Hospital Sultanah Bahiyah from 2015 to 2017. **Result:** A total of 43 patients with azoospermia underwent sperm surgical retrieval technique. From this total, 41.86% had obstructive azoospermia, and PESA was the method of choice for sperm retrieval. Whereas the remaining 58.14% who were diagnosed with non-obstructive azoospermia had to undergo TESE. Among those who underwent TESE, sperm was successfully yielded in only 28% of cases. In cases when sperm was not retrieved, HPE results showed two pathological variants that includes germ cell maturation arrest (83.33% of cases) and Sertoli only cell Syndrome (16.67% of cases). High level of FSH did not predict the yield of sperm retrieval. Size of testes correlated well with the number of sperm collected. **Conclusion:** The size of the testis and the FSH level correlate with the chance of sperm yield in TESE in non-obstructive azoospermia.

The Effect of Different IVF Protocols for Women with Endometriosis on their IVF/ICSI Outcomes: A Systematic Review and Meta-analysis

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ABSTRACT

Background: Infertile women with endometriosis who require IVF/ICSI treatment have poorer outcome compared to women without endometriosis. Those with coexisting endometrioma during IVF treatment yield significantly less oocyte during oocyte retrieval procedure despite the need of more stimulation drug. They produce poorer embryo quality that results poor implantation rate. The exact mechanism is however still left unexplained although being widely researched. Various treatment strategies have been investigated to improve the outcomes including stimulation protocol regime. **Objectives:** To compare and analyse the use of various IVF protocols (ultralong, long, antagonist protocols) in women with endometriosis. **Search Methods:** Studies were chosen independently by two researchers. We used several online databases from The Cochrane Register of Controlled Trials (CENTRAL) and the Cochrane Library, MEDLINE, EMBASE, PUBMED, Google Scholar, European Society for Human Reproduction and Embryology (ESHRE) and Science Direct. We also reviewed lists of research articles and review articles. **Selection Criteria:** We included all types of studies (RCT, prospective, and retrospective studies) comparing at least 2 types of IVF protocol (Ultralong, Long, Antagonist, Short protocols) in patients with all stages of endometriosis with or without previous surgeries. **Data Collection and Analysis:** A total of 2667 papers were identified through electronic search and after screening, 13 studies were eligible to be included for data synthesis. The quality of each paper was assessed and scored according to Newcastle-Ottawa Assessment scale. All suitable data were extracted and analysed using Review Manager 5 software. **Results:** We found several studies comparing ultralong vs. long protocol (n= 9), long vs. antagonist (n= 3), ultralong vs. short agonist (n=1). From the meta-analysed data, there are significantly higher CBR in women with ultralong protocol (OR CI 95% 2.23[1.14, 4.38], 773 patients, 8 studies, I²=72%) as reported by the previous meta-analysis. However there is no difference between antagonist and long protocol (OR CI 95% 1.24 (0.75, 2.06) 296 cycles, 3 studies, I²=0%). **Conclusion:** Prolonged pituitary suppression using the GnRH agonists for at a period of at least 3-6 months improved the CPR in patients with endometriosis. However due to the observational nature of some of the included studies, the result of this study is subjected to confounders relating to clinical heterogeneity.

A Review of ART Pregnancy Rate and Live Birth Rate and its Correlation with Woman's Age Factor and Man's Sperm Parameters

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ABSTRACT

Objective: This is a retrospective review of all ART pregnancies in Sunway Fertility Centre over the past three years (2015-2017). Its association of woman's age factor and the sperm parameters was assessed and analysed on the ART pregnancy and live birth rate. **Methods:** All female patients who underwent ART treatment with fresh embryo transfer or frozen embryo transfer were included in this study and categorised into 2 groups (age ≤35 and age >35). Husband semen samples provided during ART treatment were assessed based on the sperm parameters (sperm count and motility) according to the latest criteria (WHO 2010) and categorised into 4 groups (normal, mild sperm problem, moderate sperm problem and severe sperm problem). Intracytoplasmic Sperm Injection (ICSI) with Intracytoplasmic Morphologically Selected Sperm Injection (IMSI) was used for all the ART cases. The total number of couples involved in this study was 246. Patients who did not undergo embryo transfer procedure were excluded. **Results:** The pregnancy rate and live birth rate in women aged ≤35 were significantly higher than women aged > 35, which is 64% versus 38% and 57% versus 29% (P< 0.05). However, there were no significant difference between the four sperm groups on pregnancy rate and live birth rate (P > 0.05). **Conclusion:** The increase in woman's age significantly resulted in proportional reduction of pregnancy rate and live birth rate. Sperm parameters such as sperm count and motility did not have much effect on the ART pregnancy rate and live birth rate.

A Rare Presentation of Endometriosis with Recurrent Ascites which Mislead

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ABSTRACT

Objective: Endometriosis is rarely a cause or manifests as recurrent haemorrhagic ascites, which may mimic ovarian malignancy or infective disease. This case draws attention to this unusual condition, and could present a diagnostic dilemma for attending clinician. **Methods:** We report a case of unusual presentation of endometriosis in a patient who presented with recurrent ascites. **Results:** A 49 years old woman, Para 3 presented with acute abdominal distension, ascites and a slight raised CA 125, raising the suspicion of ovarian malignancy. Otherwise, ultrasound and computed tomography (CT scan) evaluation were negative. Peritoneal tapping draining chocolate and bloody fluid, were negative for tuberculosis and malignancy. Interestingly, she had a similar presentation in 2015 and was treated as gut tuberculosis based on omental biopsy with return as granulomatous inflammation, with negative acid-fast bacilli (AFB) stained. Unfortunately, the ascites recurred after 4 months of completed treatment, for which thorough investigations were repeated to exclude all possibilities be it liver, renal, heart, viral, and autoimmune disease; all results were negative. She was managed conservatively for 2 years, with repeated peritoneal drainage when she was symptomatic. Repeat diagnostic laparoscopy and biopsy performed, noted extensive pelvic adhesions and with few endometriotic spots at lateral pelvic wall. Though these findings were similar to the initial scope done in 2015, this time the final histologic report was compatible with endometriosis. Gonadotrophin releasing hormone (GnRH) analogues were started to manage the symptoms, with good positive effect and to date, her ascites has resolved and not recurred. **Conclusion:** Endometriosis associated with ascites is a rare phenomenon that may mislead physicians, thus resulting in wrong therapy being applied initially. Operative assessment and histologic confirmation is essential for diagnosis, although recognition of the disease presentation sometimes can be challenging, as the eyes do not see what the mind does not know.

Frozen Section: The Gatekeeper for Radical Ovarian Cancer Surgery

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ABSTRACT

Background: The ability to accurately diagnose ovarian malignancy pre-operatively enables the appropriate radical surgery to be performed. Frequently, it involves omentectomy and pelvic and para-aortic lymphadenectomy. Due to the poor specificity of various pre-operative diagnostic approaches, there is a significant proportion of patients who are over-treated when in fact the tumour is benign. Conversely, there are others under-treated or under-staged, and thus require a second surgery. **Objectives:** The main objectives of this study are: 1) To compare the positive predictive value (PPV) and negative predictive value (NPV) of frozen section with other standard diagnostic modalities. 2) To demonstrate the reduction in the over-treatment and under-treatment rate following the incorporation of intra-operative frozen section (IFS). **Methods:** A retrospective observational study on all suspicious ovarian tumours with intra-operative frozen section (IFS) managed in Hospital Tengku Ampuan Afzan from January 2014 until December 2017. The degree of radicality of the surgery was determined by the result of IFS. The performance of various diagnostic methods was compared with full histology. The planned and the actual surgeries performed were evaluated. **Results:** Forty patients were included in this study. The risk malignancy index (RMI) has a positive predictive value (PPV) and negative predictive value (NPV) of 60% and 20% respectively. CT scan has a similar PPV and a marginally higher NPV of 61% and 33% respectively. Combining the RMI and CT scan resulted in almost similar PPV and NPV i.e. 60% and 33% respectively compared to CT scan alone. IFS have the highest PPV of 100% and NPV of 75%. Unnecessary oophorectomy, hysterectomy, omentectomy and nodal dissection were avoided in 9.5%, 9.5% and 23.0% of patients respectively. We were also able to ensure that proper staging hysterectomy and staging omentectomy and nodal dissection were performed in 5.0% and 14.2% of patients respectively. Thus avoiding a second surgery in 19.0% of patients. **Conclusion:** Performing IFS in patients with suspected ovarian malignancy prevents both the risk of overtreatment and unnecessary second surgery. IFS should be the standard of care in managing women with suspected ovarian cancer.

Oral Methotrexate in the Management of Ectopic Pregnancy: A 2-year Experience in Hospital Shah Alam

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ABSTRACT

Objectives: To evaluate the success rate of oral methotrexate in treating ectopic pregnancy in Hospital Shah Alam in the last two years. **Methodology:** This is a prospective observational study on patients with ectopic pregnancy presented to Hospital Shah Alam in the last two years. 30 patients who fulfilled the criteria for medical management and agreeable for frequent and long term outpatient follow up were recruited. All patients received oral methotrexate with the dose of 60 mg given in 3 divided doses every 2 hours using the standard tablet of 2.5 mg. Follow up was done at day 4, day 7 and until bHCG level achieved a level of less than 20 iu/litre. **Results:** 24 patients were successfully treated with oral methotrexate (80%). Five patients needed laparoscopic surgery due to leaking or ruptured tubal pregnancy. One patient had laparotomy and wedge resection for right cornual pregnancy. Of the 24 patients treated medically, three needed a second dose of Methotrexate due to rising HCG level and only one of them failed the medical treatment. The side effects of oral methotrexate were well tolerated by all patients. Predictors for successful medical treatment are the level of HCG<4000 iu/litre, size of mass < 4cm, no abdominal pain during early presentation and decrease of HCG level in between day 4 to day 7 after oral methotrexate. **Conclusion:** The success rate of oral methotrexate is comparable with parenteral methotrexate. Oral methotrexate is a good option for clinical settings which has no specialised equipment to handle cytotoxic drugs.