

Laparoscopic Ureteric Reimplantation into the Bladder for Ureteric Stricture caused by Endometriosis

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ABSTRACT

A 37-year-old unmarried woman presented with dysmenorrhoea in October 2018. Ultrasound showed a large right endometrioma. Ultrasound of the kidneys showed a right hydronephrotic kidney. Intravenous urogram showed a stricture in the lower right ureter. She underwent a laparoscopic surgery. Dissection showed a stricture in the right ureter near the ureteric tunnel caused by the infiltration by endometriosis. All the endometriosis around the ureter was excised and right ovarian cystectomy was done. The ureter was then reimplanted into the bladder. This video will show the technique of excision of endometriosis around the ureter and reimplantation of the ureter into the bladder.

A Prospective Observational Pilot Study on Intravaginal Dinoprostone in the Medical Management of First Trimester Miscarriage

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ABSTRACT

Introduction: Medical evacuation of miscarriages with misoprostol has been associated with lower cost, high success and patient satisfaction. However, the use of dinoprostone for similar aim has not been studied. **Objective:** To evaluate the outcome of medical evacuation of first trimester miscarriages using dinoprostone. **Methods:** A pilot prospective observational study in a tertiary hospital between April 2018 and April 2019 involving 47 women with incomplete and missed miscarriage ≤ 13 weeks of gestation. Dinoprostone 3mg was inserted into the posterior fornix, twice, 6 hours apart on day-1 followed by similar protocol on day-2. Patients were reassessed clinically and sonographically upon passing out products of conception (POC), at 48h and day-7. Complete evacuation was defined as closed cervical os clinically and endometrial thickness of <15 mm sonographically. Treatment failure was defined as failure to achieve complete evacuation by day-7. **Results:** Overall success rate was 56.5%, being better in incomplete (100%) compared to missed miscarriage (48.8%), $p=0.03$. Those with successful evacuation required dinoprostone at a mean of 8.1mg (Standard Deviation, SD 3.8), i.e., 2.7 tablets (SD 1.3), achieving POC expulsion within a mean 33.3hours (SD 36.6). Mean pain score was 5.5 (SD 1.1) with a mean patient satisfaction score of 8.5 (SD 1.0). Mean drop in haemoglobin was 0.6g/dL (SD 0.3). No major adverse effects reported. **Conclusion:** Medical evacuation of miscarriage using intravaginal dinoprostone is safe and promising, with acceptable success rate and high patient satisfaction. This study supported previous studies suggesting presence of Prostaglandin E2 receptors in the first trimester.