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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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Understanding Psychological Distress and Contributory Factors in Long-Stay Obstetric Patients

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ABSTRACT

Introduction: Obstetric patients requiring prolonged hospital stay, defined as admission duration of more than 5 days make up approximately 10-20% of our inpatient obstetric patients. This certainly has an impact on patient psychological distress and contributory factors with the ultimate goal of identifying potential interventions to improve the well-being of obstetric patients requiring prolonged hospitalisation. According to long-stay methodology published by NHS England and NHS Improvement July 2018, patients only become long stay patient after 21 days, so only count days 21 and onwards as long-stay days. However, the methodology only included acute activity, obstetric excluded as maternity beds are generally not available to be repurposed for other admissions, and long stay obstetric patients do not affect the flow from A&E. **Methodology:** Obstetric patients hospitalised for more than five days were given the opportunity to complete a questionnaire anonymously. They were asked to rate their level of distress on the distress thermometer (scale 0-10) and indicate problems they experienced in practical, family, emotional, spiritual and physical domains. Patients were also given the opportunity to make suggestions on how we could improve their experience. **Conclusion:** This study has given us a valuable insight to patient with experience in cases of prolonged hospitalisation. The next phase of this study plans to implement measures to reduce patient distress and strategies to address common problems encountered, particularly in the area of emotional wellbeing.

Depression, Anxiety and Stress in Relation to Mode of Delivery

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ABSTRACT

Introduction: The relationship between emotional disturbances, namely anxiety, depression and stress and mode of delivery is unclear. While induction of labour and caesarean section (CS) are common practices 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 six weeks postpartum period, to identify which group is more prone to develop significant psychological disturbances. **Methods:** This prospective cohort study was conducted on 541 pregnant women who 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 were self-rated using the Bahasa Malaysia version of the Depression Anxiety and Stress Scales (DASS-21). Assessment was performed on four different occasions; pre-labour/operation, 24 hours postnatal, two weeks, and at six 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 hours 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. **Conclusions:** Peripartum psychological disturbances are common and the most prominent symptom is anxiety. Most of the symptoms resolve by the end of puerperium. A minority of patients will experience persistent anxiety by the end of 6 weeks postpartum. Caesarean section and induction of labour do not increase the psychological impact on women.

Tranexamic Acid Usage in Third Stage Labour in Reducing Post-Partum Haemorrhage in High Risk Mothers following a Vaginal Delivery: A Randomised Prospective, Double-Blinded Clinical Trial

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ABSTRACT

Introduction: Postpartum Haemorrhage (PPH) remained the leading cause of maternal morbidity and mortality especially among high risk mothers labouring in low resource settings. Due to lack of strong evidence on the use of tranexamic acid (TXA) as prophylaxis against PPH, we decided to investigate the use in our population which is highly relevant due to the sociodemographic preposition of our mothers. **Objective:** To investigate the efficacy of low dose intravenous (IV) TXA given at third stage labour during vaginal delivery with the clinical objective of preventing postpartum haemorrhage (PPH) among women at high risk of PPH. **Method:** This double-blind clinical trial was conducted in Department of Obstetrics and Gynaecology of Sabah Women and Children's Hospital, Kota Kinabalu over 12 months period (January 2017 to December 2017) whereby women with ≥ 2 risks of PPH were randomly assigned for IV treatment (either TXA or placebo) in addition to prophylactic oxytocin at third stage of vaginal delivery. The primary outcome was to investigate the efficacy of low dose IV TXA given at third stage of labour in preventing PPH (blood loss ≥ 500 ml, measured by Standard Visual Estimation of blood loss. Secondary outcomes related to postpartum blood loss and immediate adverse effects of TXA were analysed as well. **Results:** 140 women with ≥ 2 risks for PPH who underwent vaginal delivery were recruited. Blood loss was significantly lower in the TXA group compared to the placebo group (187 ± 107.7 ml and 323.4 ± 130.4 ml respectively, $p < 0.0001$). Mean drop in haemoglobin was significantly lower in the TXA group (0.63 ± 0.397 g/dL) compared to the placebo group (1.42 ± 0.635 g/dL). **Conclusion:** The use of low dose parenteral TXA significantly reduced postpartum blood loss as well as the drop-in haemoglobin level in high risk population compared to placebo, without severe adverse outcome.

OB-04

There will be more Ectopic Pregnancies in Outer Space

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ABSTRACT

Objective: This is a theoretical discussion on the proposition that there will be more ectopic pregnancies in outer space. **Methodology:** It is envisioned that here on earth with iso-gravity the ruptured follicle at mid-cycle under earth lunar calendar time which gives rise to an ovum which will gravitate and be "imbibed" by the fimbriae and hence begin its journey via the fallopian tubes by ciliary action cushioned by fallopian tubal cells whereby it meets the upwards forward swimming spermatozoa which is nourished by secretions found within the tubes. To what extent the ovum requires or subsists on gravity to eventually implant if fertilized in the endometrium is unknown. It is proposed that in outer space with zero gravity the gravity effect is lost and perhaps ciliary action alone may be insufficient to propel it to the correct place for implantation. In areas where gravity is higher than earth the "weight" of the ovum or blastocyst upon fertilization may accelerate "travel". Travel paths of propulsive spermatozoa may be affected by zero gravity and Newton's Laws hence fertilization may "overshoot" near the fimbriae or undershoot in extra gravity areas or the spermatozoa could float away? **Results:** It is postulated that there will be more ectopic pregnancies in outer space where gravity is not in effect. This is a theoretical aspect which requires study and consideration as humans prepare to travel more in outer space. **Conclusion:** It is theoretically surmised that there will be more ectopic pregnancies in outer space if human beings were to travel and reproduce in the weightlessness of outer space with all the other issues involved. The next question to ask is: how to manage this in outer space?

Pregnancy Outcome in Women with Systemic Lupus Erythematosus treated with Hydroxychloroquine: A 10-year Experience

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ABSTRACT

Objective: To determine the outcomes in pregnant women with Systemic Lupus Erythematosus who received treatment with hydroxychloroquine in Universiti Kebangsaan Malaysia Medical Centre. **Methods:** This was a retrospective study involving all pregnant women with Systemic Lupus Erythematosus who had antenatal follow up and delivery in Universiti Kebangsaan Malaysia Medical Centre between the 1st January 2007 and 1st January 2017. Data collection was performed using medical case notes and laboratory investigations. Study population was categorised into two groups based on the use of hydroxychloroquine during pregnancy. **Results:** There was a total of 82 pregnancies included with 47 (57.3%) in the hydroxychloroquine group and 35 (42.7%) in the non-hydroxychloroquine group. Amongst the hydroxychloroquine users, there were significantly more pregnancies with musculoskeletal involvement ($p=0.03$), heavier mean neonatal birth weight ($p=0.02$) and prolonged duration of pregnancy ($p=0.001$). In the non-hydroxychloroquine users, there were significantly higher rate of recurrent miscarriages ($p=0.003$), concurrent medical illness ($p=0.005$), more pregnancies affected by hypertension ($p=0.01$) and gestational diabetes mellitus ($p=0.01$). Hydroxychloroquine use during pregnancy was protective against hypertension ($p=0.001$) and the gestational age at delivery had significant effect on the neonatal birth weight ($p=0.001$). However, the duration of the disease had significant negative effect on the neonatal birth weight ($p=0.016$). **Conclusion:** The use of hydroxychloroquine led to improved neonatal outcomes due to reduction in the pregnancy complications such as hypertension and diabetes.

OB-06

Maternal and Foetal Outcomes among Women with Precipitated Labour: A Cross-sectional Descriptive Study

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ABSTRACT

Objective: To determine the prevalence of precipitated labour and its association with maternal and foetal outcomes. **Methods:** This was a retrospective study done in Hospital Kuala Lumpur. Women who delivered vaginally within three hours from admission were recruited (1st January 2016 till 31st December 2016) from delivery registry. Records of patients were traced and reviewed. Maternal and foetal outcomes were analysed. **Result:** The prevalence of precipitated labour was 1.9% (240 patients out of 12,379 vaginal births). The mean maternal age was 28.3 ± 4.89 years. The mean gestational age for precipitated labour was 37.6 ± 0.3 weeks. Based on BMI, the majority of them were obese (57%). There were associations with second degree perineal tear (52.1%) followed by first degree perineal tear (47.1%) and 3rd degree tear (0.8%). The mean of estimated blood loss was 307.29 ± 87.85 mls with no significant difference between pre and post-delivery haemoglobin levels. The mean of birth weight was 2.97 ± 0.41 kg. Majority (97.5%) of the newborn had good Apgar scores. There was a significant increased risk of perineal trauma in multiparae. A significant increased risk of poor neonatal Apgar score ($p \leq 0.001$) and neonatal intubation within 24 hours ($p \leq 0.001$) among those with precipitated labour who had induction of labour were seen. **Conclusion:** Among those women with precipitated labour, the majority was obese. The multiparae was associated with increased risk of perineal trauma and those women with induction of labour had increased risk of poor neonatal Apgar score and neonatal intubation within 24 hours.

Caesarean Section by Maternal Request

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ABSTRACT

Introduction: The rate of caesarean section is increasing worldwide and together with this, is the increasing number of surgeries on maternal request. The reported caesarean section rate for maternal request ranges from 2.5% to 7.0% and appeared to be rising, including in Malaysia. Caesarean section rate in the Hospital Kemaman centre is also showing an upward trend, yet the contribution of the maternal request to it was not known. This study was initiated to answer this question **Methods:** This is a retrospective review in of caesarean section by maternal request from January 2016 to December 2018. The characteristics of the women who requested caesarean delivery were analysed and the reasons for such requests were tabulated. **Results:** There were a total of 115 cases of caesarean delivery without medical or obstetrical indication among 3,439 surgeries between 2013 and 2017 giving the rate of 3.3%. Eighty-four cases between 2016-2018 were further analysed which showed 34 (45.9%) of these women had previous caesarean delivery. Opting for Elective repeat caesarean section is an indication in itself for caesarean and needs to be distinguished from caesarean by maternal request. Majority of the women with past history of caesarean section had not attempted vaginal delivery after the said surgery. The most common reasons to request caesarean delivery were the history of subfertility and refusal to undergo vaginal delivery after caesarean section, which made up 70.2% of the cases. **Conclusion:** The results highlighted the burden of delivering babies via caesarean section to women who had no medical or obstetrical indication. Current trend of increasing prevalence of infertility and caesarean delivery are expected to cause higher number of caesarean sections by maternal request.

Umbilical Cord Blood Banking – Do the Donors Know Enough to Make an Informed Choice?

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ABSTRACT

Introduction: Umbilical cord blood (UCB) is a non-invasive, alternative source of hematopoietic stem cells. Despite the immense potential, there seems to be a general lack of knowledge and awareness about UCB banking globally. **Objectives:** This study aimed at assessing the perception of the Malaysian pregnant women with regards to UCB banking and whether they had enough knowledge and awareness to make an informed choice. **Methodology:** Cross-sectional questionnaire-based survey was conducted among 255 pregnant women attending clinics in Kuala Lumpur, with set inclusion and exclusion criteria following ethics approval. **Results:** The mean score of awareness and knowledge was 3.00 ± 2.15 and 4.86 ± 4.01 respectively. Higher age was associated with greater knowledge ($p=0.002$) and having more children was significantly associated with both higher level of awareness ($p=0.018$) and greater knowledge ($p=0.032$). Monthly family income was also significantly associated with both higher level of awareness ($p=0.006$) and knowledge ($p=0.006$). Despite being well educated, only one third of the participants were aware of UCB banking and only 7.9% had good knowledge levels. Contrary to their perception, majority acquired their knowledge through media and friends with only 31.5% getting it from their health care providers. **Conclusion/Summary:** The potential donors in this study had poor levels of awareness and knowledge. As these have a direct effect on the perception and reflected in their choice of UCB banking and donation, it is the duty of the health care professionals to assist them to make an informed choice.

Successful External Cephalic Version Outcomes in Hospital Universiti Sains Malaysia: A Retrospective Observational Study

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ABSTRACT

Introduction: Breech presentation is present in about 3-4% of term pregnancies. Modes of delivery for breech are either caesarean section or vaginal delivery. External Cephalic Version (ECV) is a simple procedure which can be offered to mothers who has no contraindication for vaginal delivery. With successful ECV, patients would have the chance to avoid morbidities associated with caesarean section and vaginal breech delivery. **Objectives:** This study aims to determine the outcomes of ECV, factors contributing to the successful ECV and identifying any perinatal complications associated with successful ECV. **Method:** This is a retrospective study which involves pregnant mothers who delivered at HUSM from 1st January 2012 until 31st December 2017 with breech presentation at term that fulfil the criteria. We reviewed the case folders of patients after tracing via HSIAPPS computer system. **Result:** There were 150 patients in this study who had gone through ECV. Out of the 150 mothers, 91 (60.7%) of them had successful ECV. Of the 91 patients, 80 (87.9%) patients delivered via spontaneous vaginal delivery, five (5.5%) patients delivered with assisted instrumental vaginal delivery, and six (6.6%) patients delivered via caesarean section. Commendably no perinatal complications were seen with successful ECV. Two patients had primary postpartum haemorrhage secondary to uterine atony. Placenta site, types of breech and liquor volume did not significantly affect the success rate of the ECV. **Conclusion:** ECV is a simple and safe procedure with high success rate. Successful ECV patients have high chance to deliver vaginally. There is no significant association between placenta site, types of breech and liquor volume with the success rate of ECV.

Vasa Previa, when its Detection Means Life and Death: A Case Series

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ABSTRACT

Introduction: Vasa previa is a rare condition which occurs when foetal blood vessels that are unprotected by the umbilical cord or placenta run through the amniotic membranes and traverse the cervix near the internal os. Its detection is crucial and a timely decision for caesarean section is inevitably important. **Methods:** We would like to present two cases of vasa previa that occurred at our centre (Hospital Raja Perempuan Zainab II) which were detected only after delivery via caesarean section through the inspection of the placenta. Both cases shared similar presentation which was painless leaking pervaginally associated with fresh blood however ended up with different outcomes, stillbirth and alive new born respectively. **Objectives:** This case series will further discuss on its antenatal diagnosis, earlier detection, ultimate management based on literature reviews and what can be done in future to improve the outcomes of the foetus hence reducing the perinatal mortality rates. **Results:** The gold standard diagnosis of vasa previa is via sonography and it is confirmed if an arterial vessel is visualized over the cervix, either directly overlying the internal os or in close proximity to it, and colour Doppler demonstrates a rate consistent with the foetal heart rate. **Conclusions:** In a case of undiagnosed vasa previa whereby there is a vaginal bleeding or leaking liquor that is inconsistent with the foetal heart rate pattern (bradycardia), vasa previa should be suspected and imminent delivery should be taken.

Administering Methylprednisolone to Treat Osmotic Demyelination Syndrome Resulting from Overcorrection of Hyponatraemia in Hyperemesis Gravidum

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ABSTRACT

Background: Hyperemesis gravidarum is characterized by severe, unrectifiable nausea and vomiting which causes weight loss of more than 5% of prepregnancy weight, associated with dehydration and electrolyte imbalance. One of the rare complications of hyperemesis gravidarum is cerebral pontine myelinolysis, a non-inflammatory osmotic demyelination syndrome (ODS) often caused by rapid correction of hyponatraemia. **Case Presentation:** We describe a 32-year-old woman who was unsure of date, but estimated to be of 12 weeks +4 days, presented with persistent vomiting over a week. During admission, patient appeared to be confused and delirious. As she was in hypotensive shock, rapid fluid resuscitation was performed. Biochemistry assessment on admission revealed hyponatraemia (serum sodium 109mmol/L) and hypokalaemia (serum potassium 1.7mmol/L). She was then managed with slow isotonic infusion with potassium supplementation. Her state of consciousness did not improve and she then developed dysphagia and slurred speech. She also elicited hallucinations with child-like behaviours. Furthermore, MRI was done which confirmed radiological features consistent with diagnosis of ODS. Steroids were administered for 5 days which improved the clinical status of the patient and the biochemical profile. Patient was discharged 14 days after steroid treatment. She was able to eat autonomously, ambulate and spoke coherently. **Conclusion:** This report highlights the unorthodox treatment for ODS using steroid administration. This uncommon case of ODS in hyperemesis gravidarum emphasizes the need for cautious correction of electrolyte imbalance. Physicians should acknowledge the possible fatal consequences of rapid correction of shock in hyperemesis cases.

Shear Wave Elastography of the Endometrium: A Simple Tool to Improve Diagnostic Accuracy of Endometrial Carcinoma from other Benign Endometrial Diseases

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ABSTRACT

Introduction: The incidence of endometrial cancer (EC) is increasing globally and in Malaysia, it rose from 3300/100,000 in 2003 to 4100/100,000 in 2007. **Objectives:** We evaluated the diagnostic value of endovaginal shear wave elastography (SWE) of the endometrium in patients with abnormal uterine bleeding (AUB) in order to reduce the incidence of unnecessary invasive endometrial biopsy. **Methods:** 43 subjects were enrolled, where shear wave elastography ultrasound were performed. There were 24 healthy controls and 19 patients who presented with AUB, where histopathology results were available. SWE average values were elaborated as Emax and Emean where, "E" represents the longitudinal elasticity of a material. These values were described in kilopascal (kPa) unit. Analysis was performed for the SWE values and endometrial thickness (ET). **Results:** The mean age of patients was 58.9 years. Highly significant correlation between the SWE values and ET was present in AUB patients (rs=0.771, p<0.001). Significant difference of ET and SWE values were demonstrated between the control and AUB patients (p<0.05). Amongst the AUB patients, there was also significant difference of SWE values between the malignant and non-malignant diseases, where p=0.01. The SWE cut-off value of ≤82.5kPa (Emean) and ≤103.7kPa (Emax) resulted in 100% sensitivity, 86.8% specificity and 88.4% accuracy. **Conclusions:** Endometrial SWE serves as a clinically applicable diagnostic tool in women with AUB. With cut-off values of Emean 82.5kPa and/or Emax 103.7kPa, EC were excluded from other non-malignant endometrial diseases. This will aid in triaging patients for invasive biopsy procedures.

Single, Double and Triple Modalities of Uterine Sparing Treatment for Primary Postpartum Haemorrhage: A 14-year Retrospective Cohort Study of Efficacy and Short Term Complications

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ABSTRACT

Objective: To evaluate the efficacy of single, double and triple modalities of uterine sparing treatment (UST) for primary postpartum haemorrhage (PPH) in the prevention of Caesarean hysterectomy and to investigate any increase in short-term complications (STC) with the increase in modality of UST used. **Patients and Methods:** This is a 14-year (from April 2006 to February 2019) retrospective study of 221 patients who had undergone UST for PPH in a tertiary hospital in Hong Kong. Patients were followed up for one year. Data was retrieved from hospital database and hospital record. The results were analysed by SPSS system. **Results:** We reported an exponential increase in the number of modalities of UST used and the rate of Caesarean hysterectomy. Single (n = 174) and double (n = 44) modalities of UST prevented 94.3% and 90.9% of Caesarean hysterectomy. All patients with triple (n=3) modalities failed to preserve their uterus. Puerperal sepsis (24.5%) and secondary PPH (13.2%) remained the most common STC. There was no difference in the occurrence of puerperal sepsis (p=0.74), secondary PPH (p=0.23), endometritis (p=0.09), pyometra (p=1) and vascular complications (p=0.35) between those receiving single and double modalities of UST. There was one case of hematometra (2.5% among double modality group) after sequential uterine artery ligation and modified B-lynch suture. **Conclusion:** Our study showed high success rate in controlling PPH for both single and double modalities of UST. There was no significant increase in STC with the increase in number of modalities used. Double modalities of UST should be pushed forward in view of the reassuring efficacy. Caesarean hysterectomy should be seriously considered if one needed to resort to triple modalities.

OB-14

Posterior Placenta Accreta in a Uterus with Previous Scar: A Case Report

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ABSTRACT

Introduction: Placenta Accreta is a term used to describe an abnormal implantation of the placenta to the uterus during gestation. Placenta accreta is considered a severe pregnancy complication that may be associated with massive and potentially life-threatening intrapartum and postpartum haemorrhage. Amongst several risk factors associated with placenta accreta, previous caesarean deliveries have been considered one of the major risk. However, there have been cases of placenta accreta with no known risk factors at all. **Objectives:** The definitive diagnosis of placenta accreta is usually made postpartum on hysterectomy specimens when an area of accretion shows chorionic villi in direct contact with the myometrium and absence of decidua. At this time no antenatal diagnostic technique affords the clinician 100% assurance of either ruling in or ruling out the presence of placenta accreta. **Methods:** In this article, we describe a case of placenta increta at the posterior uterine wall in a woman with two previous lower segment caesarean section scars diagnosed on histopathological examination with no prior clinical suspicion of posterior accreta. **Results:** As the patient in the case reported above had two previous caesarean sections, a discovery of placenta praevia and placenta accreta was not surprising. However, the placenta was found to be attached to the posterior wall of the uterus, instead of on the two previous scars, one would have expected the latter. **Conclusion:** Posterior placenta accreta in a uterus with two previous caesarean section scars is a rare occurrence. However, obstetricians should not rule out any possibilities while diagnosing a placenta accreta clinically. To ensure better planning of the surgery, further investigations (i.e. MRI) would be deemed necessary if there is any doubt on the ultrasound visualisation.

Can Neonatal Birth Weight be predicted using Umbilical Cord Circumference?

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ABSTRACT

Objective: To determine the association between umbilical cord circumference (UCC) and actual foetal weight. **Methods:** This was a prospective study conducted in a tertiary university hospital between January 2018 and October 2018. Participants were obstetric patients planned for an elective caesarean delivery. The umbilical cord circumferences (UCC) were measured on the day of admission by a trained personal and estimated foetal weight was predicted using a formula utilising the value from UCC findings. Subsequently, the actual foetal birth weight was recorded after the delivery of the baby. **Results:** A total of 72 patients were recruited into the study. The mean UCC was 45.20 ± 4.49 mm. Male foetuses had larger UCC (45.57 ± 3.78 mm) as compared to female foetuses (44.86 ± 5.10 mm). The mean estimated foetal weight derived from a formula based on UCC was 3649 ± 0.55 kg. A larger measurement of UCC associated with heavier actual foetal weight. A cut off point of 50mm of UCC was associated with actual foetal weight of 4kg or more. The estimated foetal weight using UCC formula has higher specificity compared to conventional method with no significant difference in the actual foetal weight. **Conclusion:** There was positive correlation between the UCC and the actual foetal weight. Hence, sonographic assessment of the UCC may improve the prediction of foetal weight.

Successful Transabdominal Cervico-Uterine Cerclage during Pregnancy for the Treatment of Cervical Insufficiency: A Case Series

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ABSTRACT

Introduction: Transabdominal cerclage was first described in 1965. This procedure aims to strengthen the cervix by placing a suture at the level of the internal os. The main indications for transabdominal cerclage are a grossly deficient cervix, an absent cervix and previous failed elective vaginal cerclage. Some of the complications of transabdominal cerclage are bleeding from uterine vessels, visceral or major blood vessel injuries and miscarriage. **Objectives:** To describe two successful pregnancy outcomes following transabdominal cerclage in women with disrupted and absent cervix. **Method:** Both patients were followed up from pre pregnancy, antenatal to postpartum period between 2015 till 2017. **Description:** We report two cases of successful transabdominal cerclage. The first case was for a 28, G3P2 at 14+4w who had history of trachelectomy done 1 year earlier for CIN III and adenocarcinoma-in-situ. The second case was for a 29, G2P0+1at 12+3w who had a history of LLETZ done for CIN III. Both operations were done under spinal anaesthesia using Mersilene tapes which were placed at the cervicoisthmic junction and the knots were tied posteriorly in the pouch of Douglas. The patients were discharged well one week after the operation. **Results:** Both patients carried their pregnancy until term and had elective caesarean section done at 37 weeks. **Conclusion:** Transabdominal cerclage, if done by skilled personnel provides excellent and safe outcomes in well-selected patients.

Do Pregnant Women Fast in Ramadan? – Knowledge & Practice among Mothers in Putrajaya

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ABSTRACT

Introduction: Ramadan fasting is obligatory for healthy adult individuals. Exemption from fasting is permitted for women who are pregnant or breastfeeding. The aim of this study was to determine the level of knowledge, attitude and practice of Ramadan fasting among pregnant women in Putrajaya. **Methods:** It was a cross-sectional study done between May and August 2018 (one month after Ramadan) involving pregnant women in Putrajaya. Self-administered questionnaire with back-to-back translations had been developed and given to the women. It was divided into three parts, involving the attitudes, practice and knowledge of the women with regards to Ramadan fasting and their health. The results were analysed using IBM SPSS Statistics V25.0. The study was approved by the Ethics Committee of Universiti Putra Malaysia (JKEUPM). **Results:** 93 respondents participated and 52 (55.9%) of them were multigravida. 63.9% of the respondents were in their third trimester. 88 women (94.6%) fasted in Ramadan and 20 women fasted the whole months of Ramadan (30 days). Half of those who fasted did experienced adverse effects. Among the effects were weakness (24%), headache and dizziness (33%), and vomiting (13%). Majority of them fasted because they felt it is an obligation to them, and they felt embarrassed if people knew they were not fasting. There was significant association between gestational age and practice of fasting. Those in first trimester were more likely to experience unpleasant effects. **Conclusion:** Most of pregnant women in Putrajaya fasted in Ramadan and knowledge level did not influence the practice of Ramadan fasting.

Application of Z-Score among Reported Normal Cardiac Structure on Foetal Echocardiography Assessment

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ABSTRACT

Introduction: Four chamber view in foetal echocardiography is widely used for structural and functional cardiac abnormalities screening but low detection of these anomalies may reduce its value. **Objectives:** To apply Z-score quantification for detection of foetal cardiac abnormalities among the reported normal foetal echocardiography. **Methods:** In this prospective pilot research 30 normal singleton pregnancies between 19 to 35 weeks of gestation were studied. Two-dimensional foetal echocardiography via standard eye-balling visual assessment was performed to acquire the four-chamber view, parameters assessment, and quantitative analysis of the cardiac dimensions. The Z-score were computed for right and left ventricular (RV and LV), aorta (AO), pulmonary artery (PA) diameters against menstrual age (MA) and femoral diaphysis length (FDL). The obtained Z-scores were then compared to the Z-score normogram reference range; categorizing the data within normal range or out of range. **Results:** In RV vs MA, three subjects with Z-score out of the predicted RV diameter range (10%). For LV vs MA, two subjects' Z-score were out of range (6.7%). For AO vs MA, one subject's Z-score was out of range (3.3%). For PA vs MA, all were within range. Otherwise all cardiac dimensions; RV, LV, AO, PA vs subjects' FDL measurements satisfied the respective predicted diameter range. There was a significant difference between left and right ventricles. There was no significant association between CHD and maternal complications (advanced maternal age, gestational diabetes mellitus, SLE and thyroid), $p > 0.05$. **Conclusions:** FDL is a relatively more reliable cardiac parameter compared to MA while the use of Z-score in foetal echocardiography increases precision of evaluation and quantification for detection of foetal cardiac abnormalities.

Case Report of Two Novel Umbilical Cord Dressings using Wondaleaf Adhesive Pouch®

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ABSTRACT

Introduction: Umbilical cord infection (omphalitis) and associated thrombophlebitis, cellulitis or necrotising fasciitis, are common causes of neonatal morbidity and mortality. To mitigate these risks, clean and dry umbilical cord care is usually practiced. However, contamination such as baby's vomitus, urine and faeces, unclean bath water or those inadvertently introduced by the carer, may make such practice difficult. **Objective:** To assess if covering the cord with a single Wondaleaf Adhesive Pouch® (WLAP), a waterproof but vapour permeable transparent polyurethane adhesive dressing with a centrally located non-adhesive pouch, until the cord's detachment can mitigate omphalitis via prevention of environmental contamination. **Methods:** The umbilical cord and its attached cord clamp were sterilised with alcohol wipe, then inserted into the pouch portion of WLAP. WLAP was then adhered to the abdominal skin to create a waterproof seal. The pouch remained in situ until spontaneous cord detachment occurred. The carers of neonates' were educated to closely monitor the umbilical cord for discharges, redness, tenderness and swelling. Daily photographic images were sent via mobile phone to the attending obstetrician for review. **Results:** Two neonates underwent this intervention. Spontaneous cord detachment, and thus removal of WLAP, occurred at six and fourteen days respectively. No adverse events occurred in either neonate. Both parents agreed that WLAP eased the care of the umbilical stump. **Conclusion:** WLAP may be useful as a waterproof umbilical cord dressing, with the advantage of being transparent for direct cord visualisation. Trials to assess its utility in reducing omphalitis and improving ease of cord care is warranted.

Use of Transvaginal Cervical Length Measurement as a Potential Tool in Triaging Threatened Preterm Labour among Malaysian Cohort: A Preliminary Study in Hospital Seberang Jaya

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ABSTRACT

Introduction: Preterm labour poses a significant health and cost impact on health services. Nevertheless, almost 70% women presenting with threatened preterm labour do not progress to delivery until term. Several tests have been used to predict the risk of delivery in women presenting with threatened preterm labour such as actim partus and foetal fibronectin. However, these tests were expensive and not readily available in the government setting. Ultrasound measurement of cervical length has been used as an alternative as it is reproducible and easy to perform without requiring an extra cost. **Objectives:** To measure the cervical length using transvaginal ultrasound in women with threatened preterm labour and its potential in predicting labour within seven days of presentation. **Method:** A total of 25 women who were between 24-36 weeks gestation, presenting with regular and painful uterine contractions, with cervical dilatation of <4cm were examined. Women with rupture of membrane or active labour, defined as cervical dilatation of ≥4cm were excluded. Cervical length was measured using transvaginal scan during admission. **Results:** Twenty-three women were found to have cervical length of more than 2.5cm and none of these women progressed into labour within one week of presentation. Two women had short cervical length of less than 2cm, in which one progressed into labour. Another woman continued her pregnancy for three weeks with progestogen support. **Conclusion:** Transvaginal ultrasound measurement of cervical length showed promising results in triaging women presenting with threatened preterm labour among Malaysian cohort.

The Survey of Clinical Fundal Height Assessment among Obstetrics Practitioners

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ABSTRACT

Background: Clinical fundal height assessment (symphysis-fundal height (SFH), landmark method and finger method) is a common practice among the obstetric practitioners despite lacking evidence on its use. Despite being incorporated into daily practice, surprisingly it lacks strong evidence on standardisation of its technique and lack of data on sensitivity and specificity except for symphysis-fundal height measurement (SFH). **Objective:** This study aims to determine the attitude and practice of the three methods of clinical estimation of fundal height among obstetric practitioners. **Method:** This was a cross-sectional study involving 258 doctors who were practising obstetrics in Malaysia. A validated self-administered questionnaire consisting of background details, and questions on attitude and practice of clinical estimation of fundal height in Google Forms were answered by respondent voluntarily. **Results:** A total of 258 respondents were involved in this survey. The majority (237, 91.8%) agreed that estimating fundal height clinically is important and 230 (89.1%) respondents agreed this should be taught to medical students. There were 230 (89.1%) respondents practising clinical fundal height assessment. There were 173 (67.1%) practising SFH measurement, 135 (52.3%) practising landmark method and 125 (48.4%) practising finger method. The practice was demonstrated to be associated with gender ($p=0.01$), highest degree obtained ($p<0.01$), current place of practice ($p<0.01$) and current post ($p<0.01$). **Conclusion:** Majority obstetrics practitioners agree that clinical fundal height assessment is essential and perform it in their daily practice, however, the methods used vary.

Resuscitative Hysterotomy: Saving Three Lives at Once

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ABSTRACT

Introduction: Recent recommendations to change from perimortem caesarean to resuscitative hysterotomy has its merits. It is recommended to be performed when there is a cardiopulmonary arrest in pregnant women with fundal height of above 20-week size for better resuscitation. This is a case of a 30-year-old primigravida with a monochorionic diamniotic twins pregnancy. She was diagnosed with gestational hypertension on oral anti-hypertensive medication requiring admission twice for uncontrolled hypertension. At around 36 weeks of gestation, she developed eclampsia at home. There was a difficulty in securing her airway from the district setting while stabilizing her for transfer. Upon arrival at the Emergency Department, red alert was activated and was attended by multi-disciplinary team. Attempts at intubation were difficult due to laryngeal oedema and oxygen saturation was only able to maintain around 60% under laryngeal mask airway (LMA). The patient then developed asystole and CPR was commenced. Return of spontaneous circulation obtained after four minutes with two boluses of adrenaline. Subsequently intubation was successful however saturation did not improve. Resuscitative hysterotomy was then decided and performed in red zone. The twins were delivered with Apgar score of 7 at 1minute and 9 at 5minute. Patient was then admitted in ICU for eight days and subsequently to the general ward for another five days. She was discharged well with her twins. **Conclusion:** Prompt decision for resuscitative hysterotomy, not just for refractory cardiopulmonary arrest, as described, should be considered.

Continuation versus Discontinuation of Epidural Infusion in the Second Stage of Labour in Relation to Obstetric Outcomes: A Randomised Controlled Trial

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ABSTRACT

Introduction: It is a common practice to withhold epidural analgesia during the second stage of labour as it has been associated with prolonged second stage and increased instrumental delivery. Some studies disputed this. **Objective:** To assess the obstetric outcomes in relation to continuation versus discontinuation of epidural infusion during the second stage of labour. **Methods:** A preliminary analysis of 119 primigravidae involved in a prospective randomised controlled trial assessing the association between epidural infusion in second stage and intrapartum pelvic floor trauma. Participants were randomised into intervention (continuation of epidural infusion in the second stage of labour) and non-intervention (discontinuation) group in labour. Obstetric and neonatal outcome measures were compared between groups. **Results:** Between May to October 2018, 119 (34%) primigravidae were recruited. 57/119 (47.9%) were excluded, leaving 61 women for analysis. Of these, 31 (50.8%) were randomised into intervention group. Pain score at second the stage of labour and episiotomy rate were significantly lower in the intervention group i.e. 3.5 versus 8.5 ($p<0.01$) and 82.8% versus 100% ($p=0.02$), respectively. Duration of the second stage, delivery mode, perineal injuries and neonatal outcomes were not significantly different between the groups ($p=0.15-0.98$). **Conclusion:** Maintaining epidural infusion in the second stage of labour has the benefit of significant pain relief and lower episiotomy rate, without negative effects on labour progress, mode of delivery, perineal tears, APGAR score and cord blood pH. Discontinuation of epidural anaesthesia at second stage is unlikely to confer any benefits in improving obstetric or neonatal outcomes.

Clinical outcome following Transfer of Blastocysts with Single Chromosome Mosaicism

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ABSTRACT

Introduction: High incidence of blastocyst mosaicism has been reported in preimplantation embryos with Next Generation Screening (NGS) at a rate between 4-24%. At Alpha Fertility Centre, we recently adopted a policy of transferring single chromosome mosaic blastocysts when there are no euploids available or when the likelihood of obtaining an euploid in a future cycle is bleak. **Material & Methods:** Seven patients (mean age: 32.7 years) had elective frozen mosaic blastocyst transfer from January to April 2019. Each patient had one single chromosome mosaic blastocyst transferred. All patients were given detailed counselling and consented prior to transfer. The importance of stringent antenatal confirmation of the chromosome status of the foetus was emphasised to each patient. Beta-hCG was measured by blood test on day 10-14 after transfer and values $>25\text{mIU/mL}$ was considered positive. Clinical pregnancy is defined when a gestational sac is observed by transvaginal ultrasound at 4-6 weeks after transfer. **Results:** Six out of seven patients were tested positive for beta-hCG and gestational sac was confirmed in four patients. Two patients were pending for gestational sac scanning. One patient miscarried at 5+4 weeks of pregnancy. Antenatal chromosomal testing are being carried out accordingly. **Conclusions:** Based on our preliminary experience, the transfer of mosaic blastocysts can result in good pregnancy rates and should be considered in patients in circumstances stated above. Stringent antenatal surveillance for chromosomal status needs to be emphasised.

Gut Microbiota Composition in First and Third Trimester of Pregnancy among Malay Women: A Pilot Study

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ABSTRACT

Introduction: A significant changes between gut microbiota composition in the first and third trimester has been demonstrated but different ethnicity and dietary culture potentially lead to different microbiota composition. Till date, there is still lack of study in various ethnicity including Malay women. **Objective:** To determine the taxonomic distribution of gut microbiota in first and third trimester among Malay women. **Method:** This was a prospective observational study done in two tertiary level hospitals involving 12 pregnant Malay women without any endocrine disorders and not on antibiotic or probiotics within four weeks prior to recruitment. Participants' basic demographic details and anthropometric measurement were obtained. Stool samples in the first and third trimester were collected and prepared for 16S ribosomal ribonucleic acid metagenome analysis. All statistical analyses were carried out using SPSS version 22. Comparative metagenomics analysis was performed using METAGENassist. **Results:** The most abundant phylum during the first and third trimester were Bacteroidetes, Firmicutes, Proteobacteria and Actinobacteria. There were compositional differences at genus level between first and third trimester. Fifteen genera were identified as important contributors to the clustering of microbiota composition. Abundances of Eubacterium and Brevundimonas in the first trimester were 2.95 and 2.44 folds higher than in the third trimester, respectively. There was compositional differences of gut microbiota at the Genus level between women with different body mass index (BMI) group. Women with higher BMI had lower Bacteroidetes and higher Proteobacteria. **Conclusion:** There were different gut microbiota composition at genus level between first and third trimester, and between women with different BMI groups.

Thoracopagus: A Rare form of Conjoined Twins

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ABSTRACT

Introduction: Thoracopagus is a rare type of conjoined twins, which is a rare monozygotic twinning resulting in imperfect fusion of the chest and upper abdomen. These twins have separate limbs and pelvis. The incidence of conjoined twins is 1 per 50,000 to 1 per 200,000 births. The thoracopagus is 1 in 3 million births. Survival of conjoined twins are precarious, most dying during the very early perinatal period or as the result of surgical separation. **Case Report:** 27-year-old, Gravida 2 Para 1 at 15 weeks four days of amenorrhoea presented with per vaginal bleeding for two days. She did not complain of any abdominal pain. Her previous pregnancy was a twin pregnancy and had an uneventful full-term vaginal delivery. She has no family history of twins but her husband's family has history of twins. Transabdominal scan performed revealed two fetuses with ventral fusion from the thorax, upper abdomen till the umbilical cord. They shared a common thoracic and upper abdominal cavity with two hearts, a common liver and two vertebral columns (in opposite directions). There were four pairs of well-developed limbs. A single umbilical cord was noted. However, no heart activity of both foetal heart was noted. The twins were corresponding to 13-15 weeks of gestation. Patient was counselled regarding the scan findings and opted for medical termination of the pregnancy. Gross examination of the foetuses after the termination revealed the findings of thoracopagus conjoined twins. **Conclusion:** Thoracopagus is an extremely rare variant of conjoined twins with ventral fusion from upper abdomen and variable visceral sharing. A timely antenatal diagnosis helps in counselling the parents about poor neonatal outcome and planning medical termination of the pregnancy.

A 2-Year Analysis of the Effectiveness of the Teaching Methods in SALSO

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ABSTRACT

Introduction: SALSO – Sarawak Advanced Life Support in Obstetrics, a training programme that focuses on managing the obstetric emergencies, employs various teaching methods which include short lectures, small-group case-based discussion and hands-on practice sessions. The effectiveness of the training programme has always been our utmost priority and the programme was improvised in 2018 to allow more small-group discussion and hands-on sessions as well as to emphasize on early recognition of obstetric emergencies. **Objective:** To assess the effectiveness of the teaching methods with the analysis of the written pre-, post-test results and viva results for 2017-2018. **Method:** The results of both written and viva assessment in 2017-2018 were analysed with descriptive analysis. Paired sample T-test analysis were performed for written assessment (pre- and post-test) for respective year and their score difference was then analysed with independent T-test. **Results:** Results demonstrated a significant improvement of post-test result for both years with mean score difference of 3.50 ± 3.48 in 2017 and 5.69 ± 3.66 in 2018 ($p < 0.001$). Mean score difference was significantly higher in 2018 ($p < 0.001$). However, mean score for viva in 2018 was 2 marks less than that of in 2017 ($46.65/60 \pm 8.07$ and $44.67/60 \pm 8.89$ in 2017 and 2018 respectively) ($p = 0.005$). **Conclusion:** SALSO has successfully improved the knowledge of participants. Nevertheless, there is always room for improvement in our training programme. Following the results of this analysis, a minor revision to the SALSO programme will be carried out to allow more time for case-based discussion and hands-on sessions.

Evaluation of 2015 Revised FIGO Cardiotocograph (CTG) Classification for Intrapartum Fetal Hypoxia/Acidosis in Hospital Permaisuri Bainun Ipoh

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ABSTRACT

Objectives: To determine the sensitivity and specificity of FIGO 2015 cardiotocograph (CTG) guidelines. To determine the risk factors leading to foetal distress. To ascertain the neonatal outcomes in cases of foetal hypoxia/acidosis. **Method:** This was an observational cross-sectional study, which involved 539 women that delivered in HRPBI between 11th of May 2017 and 10th of June 2017. These women's period of gestation was >37 weeks and delivered either via Caesarean Section or vaginal delivery. CTG tracings prior to delivery were collected and interpreted by independent observers. Following delivery, all these women had the arterial cord blood taken and sent for analysis of cord blood gases. **Results:** The sensitivity of FIGO 2015 CTG classification is 46%, higher compared to NICE 2017 CTG guidelines which is 29.6%. Specificity of FIGO 2015 fared worse at 66.9% compared to NICE 2017 at 87.7%. Intrapartum risk factors that lead to abnormal CTG tracings and foetal hypoxia include, advanced maternal age, primigravida, prolonged rupture of membranes and nuchal cord. Of the 539 babies born, only 14 had an APGAR score <7 . Of these 14, only 2 babies required intubation and ended up with seizures and HIE and both these babies had cord ABG $pH < 7$. **Conclusion:** There is still a lot of room for improvement of CTG classification in order to achieve better sensitivity and specificity. Further studies need to be done to evaluate the role of assessing risk factors and its potential to be incorporated into any future new amendments of CTG classification. Babies born with moderate and mild hypoxia/acidosis usually don't experience severe morbidity.

Simulation Based Training for Shoulder Dystocia: A 3-year Experience

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Intensive Course in Obstetric Emergencies (ICOE)

ABSTRACT

Introduction: Shoulder dystocia remains a common cause for litigation and is associated with significant neonatal morbidity. Training of all health care givers in the field of obstetrics is essential. **Objective:** The aim is to evaluate the outcomes of ICOE in the management of shoulder dystocia. **Methods:** ICOE is an advanced course in obstetric emergencies emphasizing simulation-based training. Since 2014, 147 doctors and 259 midwives have been trained in Malaysia while 317 doctors were trained in the region, namely Laos, Vietnam, Cambodia, Bangladesh, Pakistan, Mongolia and Myanmar. Specific skills related to shoulder dystocia were objectively analysed before and after the course and this included skills on team management, McRoberts manoeuvre, suprapubic pressure and delivery of posterior shoulder. **Results:** Consistency in training was achieved 87% of the time for all ICOE courses in Malaysia and regionally despite having trainers with various experiences and a diverse group of participants. Midwives performed better in team management while doctors needed more training in documentation. Although McRoberts manoeuvre was performed well, health care professionals were not competent in suprapubic pressure and delivery of posterior shoulder. Specialists were more skilled than consultants in managing shoulder dystocia while doctors in the region gained the most from ICOE. Simulation models of various fidelities used in ICOE were effective in ensuring competency of training for shoulder dystocia. **Conclusion:** ICOE has been consistent in ensuring quality of training over the last three years. Training for shoulder dystocia should be focused on team management and suprapubic pressure. Even consultants need regular training and credentialing.

Observational Study on Demographic Factors of Preterm Birth in a Tertiary Hospital in Sabah

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ABSTRACT

Background: Preterm delivery is a common antenatal problem associated with perinatal morbidity and mortality. The preterm labour statistics in Sabah Women's and Children's Hospital (SWACH) for the past three years has been static, with 7.4% (2016), 8.8% (2017) and 8% (2018). Our mean preterm delivery each month is around 80 deliveries for the past 5 years. Up to date, there was still lacking local data to display the risk factors associated with preterm labour in Sabah. **Method:** Observational study was done from February to April 2019 in SWACH to evaluate antenatal women presented with preterm labour between 24w and 36w 6days. Demographic background, obstetrics history and outcome of each case was assessed. **Results:** A total of 88 patients were included in this observational study. Demographically, based on the results obtained, those patients with lower education background (88%) and multiparity (61%) seem to have had preterm labour without previous history of preterm delivery (18%). Patients with diabetes in pregnancy and hypertension disorders in pregnancy accounts for about 24% of preterm labour. Most of our patients who came in for preterm labour, delivered in less than 48hrs (76%) and did not receive tocolysis or magnesium sulphate (80%), and more than 90% had good Apgar score during birth. **Conclusion:** Risk factors in demographic background of antenatal women presented with preterm labour features have higher possibility of preterm labour. Majority of preterm delivery in SWACH falls into later preterm category which have better perinatal outcome. More data collection is required to study for the predictor model of preterm labour for this region.

Management of a Viable Retroperitoneal Abdominal Pregnancy: Case Report of a Two-staged Approach

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ABSTRACT

Introduction: Abdominal pregnancy is a rare form of ectopic pregnancy and the maternal implications are significant. Diagnosis and management of a symptomatic patient is challenging and requires a dedicated multidisciplinary team. We report the successful management of a symptomatic patient with a retroperitoneal pregnancy, who presented with an acute abdomen. **Case Report:** Madam NK was a 35-year-old housewife who had a previous left tubal pregnancy requiring a left salpingectomy. She was in her 4th pregnancy and presented at 10 weeks' period of amenorrhea with an acute abdomen. A decision for laparotomy was made in a nearby tertiary hospital but intraoperatively, she was noted to have a viable abdominal pregnancy and was eventually referred to HKL for further management. We performed a CT angiography and noted that she had a large retroperitoneal haematoma with feeding vessels from the lumbar arteries which were systematically embolised. Her abdominal pain resolved but the foetus was still viable with a crown rump length corresponding to 10 weeks. The pregnancy was retroperitoneal and following a multidisciplinary discussion, we performed a CT guided KCL intra-amniotic administration and she was managed expectantly. Her initial BHCG of 93,099IU on admission normalised after eight weeks while the haematoma reabsorbed after 10 weeks. She remained well and was discharged home four weeks post procedure. **Conclusion:** Abdominal pregnancy is not uncommon, and the management requires a dedicated multidisciplinary team. A two staged approach of embolization and intramniotic KCL administration are viable options and management in experienced centres are essential for optimal outcomes.

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Subacute Combined Degeneration of the Spinal Cord: An Uncommon Presentation of Vitamin B12 Deficiency in Pregnancy

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ABSTRACT

Introduction: Subacute combined degeneration of the spinal cord is a rare, reversible neurological condition. We report a primigravida at 22 weeks of gestation who presented with progressive weakness of her lower limbs which was a diagnostic dilemma. **Case Report:** A 26-year-old teacher presented with progressive weakness of bilateral lower limbs at 22 weeks of gestation. She had a deep venous thrombosis at 11 weeks of pregnancy with a large pedunculated uterine fibroid, requiring treatment dose of low molecular weight heparin. Neurological examination revealed reduced power bilaterally, worsening from 4/5 to 0/5 over the span of one month. Sensation was reduced from L1 to L5 spinal level with hyperreflexia and hypertonia for both lower limbs. Her Babinski was up going bilaterally, suggesting an upper motor neuron lesion. An MRI of the spine was performed and following a multidisciplinary team discussion by the relevant experts, a provisional diagnosis of vitamin B12 deficiency was made despite a normal serum B12 level. She was initiated on parenteral B12 injections and her symptoms progressively improved with time. We delivered her at 37 weeks via an elective caesarean section while she continued to recover from her paralysis until she was able to walk independently four months post-delivery. **Conclusion:** Imaging and interventions are not contraindicated in pregnancy. A multidisciplinary team of experts is crucial in managing patients with complex medical conditions in pregnancy. Subacute degeneration of the cord may be related to B12 deficiency even with a normal serum B12 levels.

Surgical 3rd Nerve Palsy in Preeclampsia: Are we Searching Too Hard in the Haystack?

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ABSTRACT

Introduction: 3rd cranial nerve involvement in pregnancy is uncommon compared to other cranial nerves innervating the eye. Furthermore, a “surgical” presentation of 3rd nerve palsy is even more rare, especially in the context of a “medical” condition like preeclampsia. This distinction is imperative as it determines the algorithm to initiate investigation and deliver prompt treatment. **Objectives:** To describe a woman with severe preeclampsia and surgical 3rd cranial nerve palsy, in the absence of a space-occupying lesion. **Methods:** Retrospective case report and literature review. **Results:** A 25-year-old primigravida presented at 35+4 weeks gestation with dizziness and vomiting, in the absence of focal neurological signs. She was diagnosed as severe preeclampsia and required a caesarean section for foetal compromise, delivering a 1215 g baby girl. Despite adequate blood pressure control, she developed complete right ptosis associated with mydriasis on the second postoperative day. A normal CT brain was followed by CT Angiogram and venogram, where a diagnosis of right middle cerebral artery aneurysm was made. To facilitate pre-operative planning, a cerebral digital subtraction angiography was done which surprisingly contradicted the previous investigation. As a result, MRI of the brain and pituitary was requested to exclude pituitary apoplexy. As all other investigations, including autoimmune screening were normal, she was diagnosed as mononeuritis multiplex secondary to severe preeclampsia. The ocular symptoms persisted but she made a full recovery when reviewed postpartum. **Conclusion:** The traditional approach to a 3rd cranial nerve palsy includes classifying presenting symptoms into medical (pupil-sparing) or surgical (pupillary involvement) causes, with the latter requiring invasive intervention. Despite extensive investigation and imaging, it is apparent that preeclampsia can mimic a “surgical” condition and present with pupillary involvement.

Using Video-Based Feedback during Simulation Training to Teach ISBAR Concept and Team Management in Postpartum Haemorrhage Scenario

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ABSTRACT

Introduction: Simulation-based training had been used to teach emergency management such as Postpartum haemorrhage (PPH) and concept of ISBAR in communication and team management. Providing feedback is a key component in conducting simulation session. We have introduced a video playback technique to provide feedback in ISBAR and PPH scenario simulation. **Objective:** To evaluate the perception of students and opinion on Video-based feedback during simulation session, aiming for incorporating ISBAR concept during PPH management scenario. **Methods:** The students divided into groups of 6 or 7. The scenario was on a PPH involving a medium fidelity manikin. Their performance as a team was video-recorded using trainer’s smartphone for 4 minutes. Then, the trainer conducted a feedback session by replaying the video, emphasizing on ISBAR aspect. After the feedback for 5 minutes, the students will performed again the same scenario. The online survey involved closed ended question with Likert scale and open questions for qualitative analysis, conducted post training. **Result:** 44 students participated and 41 of them responded to the online survey. 34 (83%) strongly agreed that the learning objectives were met. Majority of them agreed that the video-based feedback was beneficial for knowing their mistakes (71%), applying theoretical knowledge (68%), improving their intended skills (68%) and retaining information longer (68%). They were in agreement that the video feedback was better than the traditional lecture-style feedback (mean Likert score 4.5 of 5). Self-rating improved significantly post video-feedback (2.2/5 Likert before, to 3.6 Likert post). **Conclusion:** Video-based feedback is beneficial in Simulation training, especially involving in scenario based skills. It can replace traditional style of lecture feedback.

Foetoscopic Laser Ablation: The Initial Experience

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ABSTRACT

Introduction: Monochorionic pregnancies are at risk of adverse outcomes in pregnancy, which include twin-to-twin transfusion syndrome (TTTS), twin anaemia-polycythaemia sequence (TAPS), twin reversed arterial perfusion sequence (TRAP), selective intrauterine growth restriction (sIUGR) and discordant anomaly. Fetoscopic laser ablation (FLA) of vascular anastomoses have been shown to improve the survival of fetuses with complications from placental vascular anastomoses. **Objectives:** We hereby present our initial experience of foetoscopic laser ablation in three cases of monochorionic pregnancies in Hospital Raja Permaisuri Bainun, Ipoh. **Methods:** Two cases of monochorionic diamniotic (MCDA) pregnancies with TTTS (one with stage III TTTS and sIUGR at 25-week pregnancy, and another with stage II TTTS and sIUGR at 26-week pregnancy) and one case of TRAP sequence were treated with FLA under local anaesthesia. These cases were performed between March and April 2019. **Results:** For cases with TTTS, FLA of vascular anastomoses was completed by employing the Solomon technique to reduce the risks of TAPS, whilst for the case with TRAP sequence, cord occlusion was achieved with laser ablation. There were no intra-operative and immediate post-operative complications for all three cases and all women were discharged well the day after surgery. **Conclusions:** The initial experience of FLA in our centre has shown that the procedure is feasible with low rates of immediate post-operative complications from the procedure.

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Effectiveness of Foetal-Scalp Blood Lactate Sampling (FBS) in Reducing Caesarean Section (CS) Rates in Cases of Suspected Foetal Compromise during Labour – A Retrospective Analysis in Hospital Bintulu, Sarawak, Malaysia

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ABSTRACT

Introduction: In Malaysia, CS rates are rising and presumed foetal compromise is a significant contributing factor (~30%). The specificity of intrapartum CTG in diagnosing foetal acidosis is poor (~50%), while introducing FBS yields ~93% specificity. Yet, the practise of FBS in the local setting is limited to a handful of hospitals. FBS is recommended in many developed nations, due to its purported effectiveness in reducing unnecessary obstetric interventions. **Objectives:** To determine the effect of FBS, in cases of suspected intrapartum foetal compromise, on CS rates in Hospital Bintulu. **Methods:** Retrospective cross-sectional study comparing foetal and maternal outcomes. Study Population comprised of all parturients at Hospital Bintulu between August 2016-January 2017. Data was extracted from the Hospital electronic patient database and results were tabulated in Excel Form, before being translated into SPSS2 for further analysis. **Results:** 309 subjects, with 144 CS (46.6%). 51 (16.5%) FBS performed (28 vaginal deliveries (VD), 23 CS), 17% reduction in CS rate (p=0.24). There was no difference in mean umbilical artery pH (7.29 vs 7.26) (ANOVA p=0.07). There was also no statistical difference between admission to nursery (p=0.54) and durations of maternal and neonatal hospital stay (ANOVA p=0.27 and 0.32 respectively). Only 1 FBS had to be repeated due to clotting. **Conclusions:** Our sample size was relatively small and FBS did not appear to reduce CS rates significantly. However, despite the seemingly modest reductions of FBS on CS rates, its clinical significance in reducing unnecessary CS cannot be underestimated.

The Case for the Robson's Classification (RC) in Analysing and Auditing Caesarean Section (CS) Rates in Malaysia (RCAACSM) – A Retrospective Analysis of Hospital Serdang CS Rates in 2018

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ABSTRACT

Introduction: The Malaysian National Obstetrics Register (NOR), comprising data from 14 tertiary hospitals, revealed CS rates of 25.7% in 2015. A stark discrepancy in CS rates between hospitals exists (16-40%). While the main indications for CS were revealed, patient risk profiles can perhaps be more comprehensively discussed. The RC classifies parturients into 10 groups that are totally inclusive and mutually exclusive. Utilization of the RC may be effective in better understanding and auditing local CS rates. **Objectives:** To demonstrate how the RC can help more effectively analyse and audit local CS rates. **Methods:** Retrospective analysis of all parturients in Hospital Serdang, between January-December 2018, were classified according to RC. Data was captured through monthly PowerPoint presentations and translated to Excel for eventual analysis. **Results:** Total of 9413 total deliveries, with a 25.7% CS rate. Main CS contributory groups include (All Singleton): Term Nulliparous (Spontaneous), Term Nulliparous (Induced) and Term Previous CS (13.1%, 12.4% and 28.8% of total CS, respectively). Notably, CS rates amongst these subgroups (All Singleton) – Term Previous CS (Spontaneous, Induced), Term Nulliparous (Induced) and Preterm (Induced) were (34.2%, 54.9%), 44.5% and 43.4%, respectively. **Conclusions:** In our study, the highest-risk groups for CS were similar to that of most developed nations. However, successful induction rates were significantly different. The standardized adoption of the RC in all Ministry of Health Hospitals, may allow more effective analysis and audit of local CS rates, thus improving patient counselling and clinical decision-making.

Maternal and Foetal Outcome in Pregnancy with Vitamin D Deficiency

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ABSTRACT

Background: Vitamin D deficiency (VDD) is common in Asian pregnant women. Recent research shows adverse pregnancy outcome in VDD. This study was done to see the association of VDD and pregnancy outcome. **Method:** This observational study was carried out in obs/gyne, ZHSWMCH, from January 2017-January 2019. 80 singleton term pregnant women without any complications were enrolled (after informed consent). Vitamin D was estimated for all, 40 in each, Group A=VDD and B=without VDD. Data was filled. Statistical analysis was performed by SPSS version 12, P value <0.001 was taken significant. **Results:** Mean age of group A & B were 24.1±2.3 v/s 24.4±1.6 (p<0.001), and Gestational age was 38.9±4.9 and 39.5±1.3 (p<0.001). Mean serum level vitamin D in A was 20±7.3 and in B 50±15.7. Perinatal outcome was worse in group A, low birth weight (37 (92.5%) v/s 4 (10%), p<0.001), IUGR (8 (20%) v/s 2 (4%), p<0.001), APGAR score was almost similar (7.9±0.7 v/s 7.8±0.8, p=0.401 in 1 minute), but NICU admission for RTI was high in A than B (5 (20%) v/s 1 (2.5%), p<0.001). Maternal outcome was almost similar, NVD 34 (85.0% v/s 34 (85%), p=0.455), C/S (5 (12.5%) v/s 2 (5%), p=0.455), Instrumental delivery (4 (10%) v/s 1 (2.5%), p=0.455), Puerperal pyrexia (4 (10%) v/s 0, p=0.027), But PPH was higher in A than B (5 (20%) v/s 1 (2.5%), p<0.001). No evidence of Preeclampsia or GDM. **Conclusion:** Pregnancy outcome was not favourable in women with VDD. So maternal vitamin D estimation & correction may provide satisfactory foetal and maternal outcome.

Efficient Embryo Selection using Morphokinetic Parameters in Combination with PGT-A

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ABSTRACT

Introduction: The non-invasive embryo assessment method using morphokinetic parameters observed via time-lapse monitoring system to deselect the less developmental potential embryo has been applied in human assisted reproduction clinically. Recently, the effectiveness of morphokinetic parameters as predictors of embryo ploidy status has also been widely explored. **Objectives:** In this study we analysed our first batch of embryos from patients cultured using the time-lapse monitoring incubator. **Methods:** The fertility centre started using Embryoscope+ (Vitrolife) since October 2018. Patients with at least 5 oocytes retrieved had all of their embryos cultured in Embryoscope+ until blastocyst stage. Until March 2019, a total 41 patients came back for their first FET cycle. All patients had freeze all cycle and embryo were thawed and transferred in subsequent FET cycle, in which 15 of them had their blastocysts being biopsied for PGT-A. Patient mean age was 32.3 years old. The mean number of embryo transfer was 1.5. Our criteria of embryo selection for biopsy and freezing were based on KIDScore day-5 and Gardner's morphological grading system. **Results:** Patient who had their embryos cultured and selected for transfer using morphokinetic parameters are generally achieved a CPR of 61% (25/41). Patients who had PGT-A performed in addition to the morphokinetic assessment had a CPR of 73.3% (11/15), with the highest CPR 80% (8/10) observed in patient <35 years old. **Conclusions:** Morphokinetic assessment used in combination with chromosomal screening may ultimately help identify euploid embryos with the highest implantation potential, with up to 80% of clinical pregnancy rate recorded in selected patient population.

Induction of Labour compared to Expectant Management in Term Nulliparas with Prolonged Latent Phase of Labour: A Randomized Controlled Trial

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ABSTRACT

Introduction: There has not been a general consensus on the management of prolonged latent phase. **Objective:** To evaluate induction of labour (IOL) compared to expectant management in nulliparas in prolonged latent phase of labour. **Method:** From 2015 and 2017, nulliparas, ≥ 39 weeks' gestation with prolonged latent phase of labour (persistent contractions after overnight hospitalization), cervical dilation ≤ 3 cm, intact membranes and reassuring cardiotocogram (169 in each arm) were recruited. Participants were randomised to immediate IOL (with vaginal dinoprostone or amniotomy or oxytocin as appropriate) or expectant management (await labour for at least 24 hours unless indicated intervention as directed by care provider). Primary outcome measure was Caesarean delivery. **Results:** 318 women were randomised (159 to each arm). Data from 308 participants were analysed. Caesarean delivery rate was 24.2% (36/149) vs. 23.3%, (37/159), RR 1.0; 95%CI: 0.7, 1.6; $p=0.96$ in IOL vs. expectant arms. Intervention to delivery interval was 17.1 ± 9.9 vs. 40.1 ± 19.8 hours ($p < 0.001$), intervention to active labour 9.6 ± 10.2 vs. 29.6 ± 18.5 hours ($p < 0.001$), active labour to delivery 7.6 ± 3.6 vs. 10.5 ± 7.2 hours ($p < 0.001$), intervention to discharge 2.4 ± 1.2 vs. 2.9 ± 1.4 days ($p < 0.001$) and dinoprostone use was 19.5% (29/149) vs 8.2% (13/159), RR 2.4; 95%CI: 1.3, 4.4; $p=0.01$ in IOL compared with expectant arms respectively. Intrapartum oxytocin use, epidural analgesia and uterine hyperstimulation syndrome, postpartum haemorrhage, patient satisfaction on allocated intervention, during delivery and baby outcome and neonatal outcomes were not significantly different across the trial arms. **Conclusions:** IOL does not reduce Caesarean delivery rates but intervention to delivery and hospital discharge durations are shorter. Patient satisfaction scores are similar. IOL for prolonged latent phase of labour could be performed without detriment to expedite delivery.

Evaluation of Abdominal Circumference as an Indicator in Predicting Shoulder Dystocia

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ABSTRACT

Introduction: Shoulder dystocia (SD) is an obstetric emergency associated with significant neonatal and maternal morbidity. It has a high incidence in Hospital Sungai Buloh ranging from 1.4%-1.6%. Sonographic measurement of abdominal circumference (AC) of >350mm can improve the prediction of shoulder dystocia and is often missed out. **Objective:** To assess shoulder dystocia prediction can be made via sonographic measurement of AC of ≥ 350 mm. **Method:** This is a retrospective case control study, carried out in Perinatal Assessment Center of Hospital Sungai Buloh collected over a period of 2 years (2017-2018). This study analyses outcome of the delivery in 132 patients with $AC \geq 350$ mm complicated with SD and 132 controls with $AC > 350$ mm not complicated with SD matched by gestation. Independent variables analysed were gestational diabetes, AC and body mass index (BMI). Statistical analysis was done using SPSS. **Result:** The incidence of shoulder dystocia in 2017 and 2018 were 1.6%, and 1.4% respectively. Only 16% of infants with $AC > 350$ mm were complicated with SD (OR 1.55, 95%CI 333, 343mm). 29.5% of infants were born to mother with gestational diabetes, most of which was controlled by diet control (OR 2.52). 56.8% of SD were encountered in obese mothers (OR 1.58). **Conclusion:** In this study, sonographic measurement of $AC > 350$ mm is a useful predictor of shoulder dystocia. Further studies are needed to consolidate the findings.

Is Planned Vaginal Delivery for Term Breech an Option? A Prospective 2-year Study

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ABSTRACT

Introduction: After the Term breech trial, most centres recommend planned caesarean section in women with breech presentation at term. The aim of this study is to compare maternal and foetal outcome in term singleton breech deliveries in Hospital Sultan Ismail, Johor during a two-year period as well as factors predicting successful vaginal breech delivery. **Methods:** A prospective study including 295 women with term singleton breech delivery (>37 weeks) was recruited. Maternal and foetal outcomes were reviewed for maternal, labour and foetal outcomes. **Results:** Of the 295 women, vaginal breech delivery was planned in 109 cases (37%) and elective caesarean section in 186 (63%). Eighty-four patients (77%) who had achieved successful vaginal breech delivery. 55 patients (29.5%) in the planned caesarean section due to previous scar. The mean gestational age at delivery of the two groups 38 weeks \pm 2.96. There were no neonatal death. 35 cases (18.8%) in the planned caesarean section group and 28 cases (25%) cases in the planned vaginal group were transferred to neonatal intensive care unit but no statistical significant. However, there were reported higher in neonatal injury in the planned vaginal delivery group. ($p < 0.002$) but no long-term sequelae. Maternal blood loss was significantly higher in the caesarean group. **Conclusion:** Our findings showed high successful rate with vaginal breech delivery with favourable perinatal outcome. Gaining confidence and mastering the art of vaginal breech deliveries can be achieved through education and training.

Bisphenol A: Are Pregnant Women aware of it?

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ABSTRACT

Introduction: Bisphenol A (BPA) is a chemical compound used worldwide in the industrial production of plastic-made products such as food containers. Exposure to BPA increases risk of several endocrine and metabolic disorder. During pregnancy, it may cause small-for-gestational age, adverse action of adipokines and disturbance to the hypothalamo-pituitary axis. **Objective:** To determine the level of awareness of BPA and its negative health effects among pregnant women. **Method:** This is a prospective observational study conducted in Sungai Buloh Hospital from September to August 2017. It involved 120 pregnant women who were in labour with a term singleton pregnancy; without any endocrine disorders. A questionnaire on BPA was completed via face-to-face interview and data was analysed using SPSS v 24. **Result:** The mean age of the participants was 29 years old (SD = 4.88). Seventy (58.3%) women have heard about BPA but, only 47 (39.2%) women knew that BPA is a key building block of plastic. Forty-two (35%) women did not know that BPA can be found in baby feeding bottle. Further, 79 (65.8%) women did not know that exposure to BPA during pregnancy may cause negative health effects to maternal health. This was significantly associated with educational status ($p=0.036$). Fifty-two (43.3%) women did not know exposure to BPA during pregnancy may cause negative health effects to their newborns. This is significantly associated with their income group ($p=0.014$). **Conclusion:** Despite being a health risk, awareness of BPA among the pregnant women are low and effort should be taken to improve this.

Humanitarian Obstetrics and Gynaecology Care for Rohingya's Refugees. A 9-month Experience of O&G Services in Malaysian Field Hospital, Cox Bazar, Bangladesh

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Malaysian Field Hospital Cox Bazar, Bangladesh (May 2018-Feb 2019)

ABSTRACT

Objective: To report the 9 months of experiences of O&G services in Malaysian Field Hospital for the refugees from Rohingya in Cox Bazar, Bangladesh. **Design:** Prospective observational study of the Obstetrics and Gynaecology (O&G) activities in Malaysian Field Hospital. **Population:** All women among the refugees from Rohingya and the local Host who came to Malaysian Field Hospital and who were seen by the Forward Medical Team of Malaysian Field Hospital. **Methods:** Malaysian Field Hospital the only level 3 Hospital in Cox Bazar, Bangladesh. Malaysian Field Hospital accepted all obstetrics and gynaecological referral cases from the level-two facilities and level-one facilities sponsored by other NGOs. We also received patients from our Forward Medical Team. **Result:** From May 2018 to Feb 2019, a total of 1738 O&G patients attended the Malaysian Field Hospital. 968 pregnant women seen with a total of 155 procedures / operations performed. 529 patients were seen during Forward Medical Team. **Conclusion:** Malaysian Field Hospital plays an important role as a referral centre for the refugees from Rohingya and local host in Cox Bazar. Malaysian Field Hospital is the only hospital with ICU facilities and one of the hospitals with blood bank facilities, so most of the complicated cases that required ICU management and blood bank facilities such as eclampsia and obstetric haemorrhage. Malaysian Field Hospital also managed major gynaecological surgeries with the availability of operating theatre and ICU. Continuation of services from the Malaysian Field Hospital is strongly needed for the refugees from the Rohingya and local Host.

Exit or not to Exit? A Review on Delivery of Foetuses with Large Neck Masses

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ABSTRACT

Introduction: Ex-utero intrapartum treatment (EXIT) is a procedure in which foetal airway is secured prior to delivery of placenta in an effort to improve foetal outcomes. **Objective:** The aim is to review the outcomes of foetuses with large neck masses in HKL from January to April 2019. **Method:** We report three cases of large foetal neck masses during the study period. All of them were detected via ultrasound in the third trimester. Foetal MRI was performed between 34-36 weeks to determine the severity of intraoral extension and anticipation of oropharyngeal narrowing to guide the need for an EXIT procedure. The multidisciplinary team included the Maternal-Foetal-Medicine specialist, paediatric anaesthesiologist, otorhinolaryngologist, paediatric surgeons, neonatologist and obstetric anaesthesiologist. The decision for the EXIT procedure was made antenatally based on the ultrasound and MRI findings. **Results:** Ultrasounds were valuable in determining the nature and size of the neck masses. Polyhydramnios and upper airway obstruction can be demonstrated on ultrasound, but MRI can be used as an adjunct to guide the need for EXIT procedures. Based on the MRI, one foetus had intraoral extension with narrowing of oropharyngeal airway, while two other foetuses did not have an airway obstruction and as predicted, only one foetus required an EXIT procedure. All three foetuses had good outcomes and are well. **Conclusion:** EXIT procedure is an essential option for foetuses with large neck masses and antenatal MRI's can be used as an adjunct for anticipation of airway compromise to guide the need for EXIT procedures.

Maternal Obesity and Neural Tube Defects – A Malaysian Perspective

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ABSTRACT

Introduction: Obesity is associated with an increased risk of having a pregnancy affected by neural tube defect (NTD). It is not clear whether this relationship can be observed in the Malaysian setting. **Objectives:** To investigate the relationship between maternal body mass index (BMI) and NTD. **Methods:** This is a single-centre retrospective analysis involving women who delivered a singleton with NTD in 2015, including live birth and termination of pregnancy. Summary data of all deliveries in the hospital was obtained from the National Obstetric Registry. Maternal body mass index (BMI; kg/m²) at the first antenatal visit was obtained and categorised into six groups: underweight (<18.50), normal weight (18.50-24.99), overweight (25-29.99), obesity class I (30-34.99), obesity class II (35-39.99) or obesity class III (≥40). **Preliminary Results:** A total of 13 (0.09%) women had NTD-affected pregnancies, and the most common subgroup was for anencephaly (n=7;0.05%). Among the cases of NTDs, mean age of subjects is 30±4.04. The majority of subjects were Malays (53.8%). Almost 70% of subjects were multiparous and 53.8% are non-diabetes. Average time of booking was 13.08±5.39 weeks. Mean maternal BMI was 26.8±5.25kg/m². The percentages of women categorised as underweight, normal, overweight and obese class I are 7.7%, 38.5%, 30.8% and 23.1% respectively, with the majority (53.9%) of subjects has more than normal BMI. Compared to women with BMI <25, there were no significant difference between age (p=0.638), ethnicity (p=0.372), parity (p=1.000), diabetes status (p=0.050) and time of booking (p=0.488) in women with BMI≥25. This lack of differences in all other maternal characteristics between women with normal and increased BMI could indicate that BMI itself may be the risk factor for NTDs.

Carbetocin versus Syntometrine in the Prevention of Postpartum Haemorrhage among Women with Risk Factors following Vaginal Delivery

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ABSTRACT

Introduction: Postpartum haemorrhage (PPH) is one of the main factors that contribute to maternal morbidity and mortality worldwide. **Objectives:** The aim of this study was to compare the efficacy and safety of carbetocin and syntometrine in the prevention of PPH in patients with at least one risk factor for PPH following vaginal delivery. **Methods:** This study was a double blind randomised controlled study conducted in tertiary centre whereby 140 pregnant women with risk factors of PPH who delivered vaginally. **Results:** The amount of intrapartum blood loss and requirement of additional uterotonic agent was significantly lower in carbetocin group (304.43 ± 192 vs 402.19 ± 265) (15/70 vs 5/70, $p=0.016$). Women who developed PPH (EBL more than 500mL) were also higher in syntometrine group and it was statistically significant (22.9% vs 10%, $p=0.04$). However, there was no significant difference regarding the incidence of major PPH, blood transfusion requirement and haemoglobin differences. There were also lower incidence of drug side effects in carbetocin group compared to syntometrine group (5/70 vs. 23/70). **Conclusions:** This study showed that IM carbetocin is more effective in reducing the intrapartum blood loss. Thus it is beneficial in the prevention of PPH among high-risk pregnant women who delivered vaginally.

Celecoxib versus Mefenamic Acid in the Treatment of Primary Dysmenorrhoea

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ABSTRACT

Introduction: Dysmenorrhoea is a commonly encountered complaint to the general practitioner and gynaecology clinic. Primary dysmenorrhoea is menstrual pain which is not caused by any pelvic pathology whereas secondary dysmenorrhoea is caused by pathology of the pelvis such as endometriosis or pelvic inflammatory disease. Non-steroidal anti-inflammatory drugs (NSAIDs) have anti-inflammatory, analgesic and antipyretic properties. **Objective:** To evaluate the efficacy and tolerability of mefenamic acid and celecoxib in women with primary dysmenorrhoea and to compare the quality of life pre and post treatment. **Methods:** This was a prospective, randomised crossover clinical trial among sexually inactive female age 18-25 years with primary dysmenorrhoea. All eligible women were asked to rate their pain score and answer a validated quality of life questionnaire (EQ-5D-3L) before and after consumption of each medication in two different menstrual cycles. The effectiveness of celecoxib and mefenamic acid in treating primary dysmenorrhoea was compared with regards to reduction in pain score, need for medical leave and the need for rescue therapy. Drug tolerability was determined by comparing the occurrence of the side effect of both drugs. The quality of life score pre and post-treatment was assessed. **Results:** Mefenamic acid had a comparable effect to celecoxib in relieving primary dysmenorrhoea. They were equally tolerable. Both had similar effect in significantly improving quality of life. **Conclusion:** This study demonstrated that mefenamic acid and celecoxib has similar efficacy in improving pain score and quality of life of women with primary dysmenorrhoea.

The Reliability and Validity of Malay Version of Polycystic Ovarian Syndrome Health Related Quality of Life Questionnaire (MAL-PCOSQ)

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ABSTRACT

Background: The Polycystic Ovary Syndrome health related Questionnaire (PCOSQ) is a reliable instrument for measuring the health-related quality of life (HRQoL) in women with polycystic ovary syndrome (PCOS). The aim of this study was to develop a Malay version of PCOSQ (Mal-PCOSQ) to evaluate the HRQoL of Malaysian women with PCOS and to test its reliability and validity. **Methods:** Participants were women who were diagnosed with PCOS attending the gynaecology clinic. Reliability was determined by internal consistency using Cronbach's coefficient alpha and test-retest reliability using intra-class correlation coefficient. Validity was assessed through convergent and discriminant validity. Examining the correlation between similar content on the Mal-PCOSQ and the Short Form 36 version 2 (SF36v2) assessed convergent validity. Whereas the discriminant validity was assessed using the known groups comparison. **Results:** Cronbach's coefficient alpha was over 0.70 for total scale and over 0.60 for each subscale. Known groups comparison support its discriminant validity whereby the Mal-PCOSQ differentiated well between sub-groups of women who differ in PCOS specific symptoms. Convergent validity was consistent with a good positive correlation between related subscales of the two instruments. Women with PCOS in Malaysia scored lowest for weight (3.74) and infertility (3.41) domains indicating worse health in these domains. Body hair (5.42) was the least troublesome for the local population. **Conclusion:** The Mal-PCOSQ is a reliable and valid tool to assess the health-related quality of life among local population. It can be used to objectively assess the HQoL of Malaysian women with PCOS and evaluate their responsiveness to treatment modalities.

Formation of a Double Primary Tumour Registry in Malaysia with One Tumour Gynaecological in Origin

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ABSTRACT

Objective: Foundation with a new special set-up to form a double primary tumour registry in Malaysia was started especially wherein one tumour is gynaecological in origin. The author has personally treated persons with such ailments in at least 12 to 16 occasions (when the gynaecological malignancy occurred, or the next separate discrete tumour event occurred synchronously or metachronously where appropriate referral was made). **Methodology:** Synchronous and metachronous double primary tumours occurring in any one patient in Malaysia should be formally entered with consent into a special new registry in Malaysia. This will enable the collection of data with possible further studies and research of this not uncommon phenomenon not necessary but including tumour tissue/chromosomal studies/others. **Results:** Better collection of data, tumour tissue, chromosomal studies, family linkage studies, epidemiology studies, family screening (where needed) can be enabled. **Conclusion:** Better data accrual will lead to better understanding and knowledge of this predicament which is uncommon but does occur in variance but not in absentia. New syndromes and tumour genetics are waiting to be discovered leading to greater purity of science with better care and better results.

Designing Specific Gynaecological Laparoscopic Equipment for Female Patients with High Body Mass Index (BMI) (Obese) and Thick Abdominal Aprons

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ABSTRACT

Objective: To point out on the need for a different range of gynaecological laparoscopic equipment that are specifically designed for women with high BMI and thick abdominal aprons. **Methodology:** There are few specific and specially designed gynaecological laparoscopic equipment like entry trocars or instruments that are specifically designed for female patients with high BMI. The current standard trocars are too short to allow entry and subsequently working through longer depths of fat tissue. Standard trocars might "peek" out beyond intra-peritoneally the fat layer by clearances of 1 to 3mm. only or none. Entry forces are also different between obese and non-obese patients due to the depth/resistance of fat tissue and overall required travel – length of laparoscopic trocars. Entry trocars will face 1) higher needed entry force and 2) possible deflection of entry trajectories that require 3) traversing through more fat. This can possibly be a potential source of complications. As more force is required trocar heads need to be more robust, aerodynamic and sleeker in design with possibly thicker build to withstand more forces. Anaesthetic complications of pneumoperitoneum and Trendelenburg position are other issues. **Results:** Utilising standard equipment for female patients with high BMI places many restrictions and risks in gynaelaparoscopic surgery. The distance between outer skin and peritoneum is increased. **Conclusion:** Operating laparoscopically in women with high BMI and thick abdominal aprons requires specifically designed and longer trocars in order to reduce entry forces and equipment enforced errors if standard equipment are used.

Semen Parameters in Male Partners of Infertile Couples in Malaysia

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ABSTRACT

Introduction: Male factor is present in 40-50% of infertility cases. Nevertheless, there is still a lack of statistical data on the semen parameters of men in Malaysia. **Objectives:** This study aims to determine quality of semen of male partners of infertile couples, therefore, to identify the contributions of male factor to infertility in Malaysia. **Methods:** Semen analysis performed during fertility consultation in Kuala Lumpur Fertility & Gynaecology Centre, Malaysia from January 2016 to December 2017 were determined by using WHO standard. **Results:** A total of 1998 semen analyses were done, where the majority of patients (68.1%, n=1360) were from the age group 30-39 years old. The patients were from age groups 20-29, 40-49, 50-59 and 60-69 years old represents 9.7% (n=194), 19.1% (n=382), 2.5% (n=50), and 0.6% (n=12) of the population respectively, with an average age of 36 ± 6.2 years old. The mean volume of seminal fluids per ejaculate was 2.5 mL with minimum and maximum volume of 0.01 and 20 mL respectively. A total of 69.3% (n=1385) specimens had normozoospermia, 22.8% (n=455) had oligozoospermia, 1.6% (n=33) had cryptozoospermia and 6.3% (n=125) had azoospermia. Teratozoospermia were the most common abnormalities observed in 88.3% (n=1765) of the cases, and a total of 45.8% (n=916) cases showed to have asthenozoospermia. **Conclusions:** A high rate of teratozoospermia (88.3%) followed by asthenozoospermia (45.8%) and reduced sperm concentration (30.7%) in the semen samples indicates the need of improved public health strategy focusing on primary prevention.

The LGBT Community – What Healthcare Professional Students Think

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ABSTRACT

Introduction: Attitudes towards the LGBT community have always been contentious in many conservative Asian communities. This has resulted in difficulties not just in socio economic interaction but also in access to health care. Perceptions of healthcare personnel towards individuals with a different sexual orientation will have an impact on access and provision of facilities for such marginalized communities. It is important that healthcare personnel have at the very least a neutral perception towards such individuals so that deliveries of services are not compromised. **Objectives:** This study aimed to look at the impressions of students in these professions towards the LGBT community and factors shaping such impressions. **Methods:** This was a questionnaire-based study comprising 200 students from the faculties of Medicine, Dentistry, Pharmacy, Nursing and Physiotherapy. **Results:** Of the students sampled 55 (27.5%) had a positive attitude towards the LGBT community. Impressions towards the community was largely affected by the students philosophy towards life and liberty, their sexual and gender identities and the internet. Religion, ethnicity and role modelling were not significant factors in influencing the students' impressions. **Conclusion:** In order to ensure equity in health care delivery there must be a change in our perceptions towards marginalised communities in our midst. As these seem to be greatly influenced by individual philosophy and the internet appropriate educational intervention in the early stages of education may result in more a more positive and accepting attitude.

A Retrospective Study of Obstetric Anal Sphincter Injury (OASIS) in Hospital USM (1st January 2007-31st December 2016)

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ABSTRACT

Background: To identify the trend of OASIS among women who delivered in HUSM, their sociodemographic data and associated risk factors. **Objective:** By identifying the trend of OASIS among women who delivered in HUSM, risk modification strategies can be done. **Methods:** Retrospective review of women who delivered in HUSM from 1/1/2007-31/12/2016 and sustained OASIS. The control were women who delivered during the same day with the index delivery without OASIS. All eligible 154 cases during the 10-year period and 154 controls were identified giving total of 308 patients. OASIS classified based on Sultan AH, 1999. Statistical analysis performed with SPSS version 22.0. Pearson's chi-square test was used to determine statistical significance. **Results:** Prevalence of OASIS among women who delivered in HUSM during the study period was 0.25%, an increased trend compared to previous study in 1996-2000 (0.16%). Among the OASIS (n=154), 39% (n=60) had 3A, 37% (n=57) and 10% (n=16) had 3B and 3C, and 14% (n=21) had 4th degree perineal tear. Three independent risk factors for OASIS are identified using multivariate analysis; namely primiparity (OR 6.91; 95%CI: 3.54, 13.49; p<0.001), higher infant birth weight >3500 gram (OR 0.40; 95%CI: 0.22, 0.73; p=0.003), and gestational age >40 weeks (OR 1.87, 95%CI: 1.11, 3.16; p=0.020). Area under the curve for the predictive ability of the model was 0.72 (95%CI: 0.68, 0.78) for OASIS. **Conclusion:** Primiparity, higher infant birth weight >3500 gram, and gestational age >40 weeks conferred the highest odds of OASIS among women who delivered in HUSM, with increased trend from 0.16% to 0.25%.

Outcomes of Mixed Urinary Incontinence and Urodynamic Stress Incontinence with Urgency after Mid-Urethral Sling Surgery

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ABSTRACT

Introduction and Objectives: Mixed urinary incontinence (MUI) is defined as symptomatic complaint of involuntary leakage associated with urgency and also with exertion, effort, sneezing or coughing. The paucity of research especially surgical management of MUI limits its best management. **Methods:** This is a retrospective study to determine the outcomes on mixed urinary incontinence after mid-urethral sling surgery with two groups, urodynamic stress incontinence (USI) with urgency and urethral incompetence under stress (SUI-UD) with detrusor overactivity (DO)/detrusor overactivity incontinence (DOI). **Results:** 90 (USI-urgency group) women with preoperative USI and urgency with no demonstrable DO/DOI attained objective cure of 82.2% whilst the remaining 67 (MUI-UD group) women with both preoperative urethral incompetence under stress (SUI-UD) and DO/DOI reported to have objective cure of only 55.2%. Subjective cure was 81.1% and 53.7% respectively. The type of incontinence surgery does not affect the postoperative outcomes in both groups. Demographic factors identified to have a significant negative effect on cure rates were postmenopausal status (p=0.005), prior hysterectomy (p=0.028), pre-operative smaller bladder capacity (p=0.001) and a larger volume of pre-op pad test (p=0.028). A lower mid-urethral closure pressure (MUCP) was significant with post-operative failure of treatment with MUI-UD group (68.8±36.2 cmH₂O vs 51.9±24.7cmH₂O; p=0.033). **Conclusions:** Whilst there is evidence of good cure of stress component of MUI, urodynamic investigation prior to management of MUI could allow a more targeted treatment through more substantiated findings and definition. Presence of DO or DOI on urodynamic resulted in poorer objective and subjective outcome. Future outcome research on surgical mid-urethral sling surgery for the treatment of MUI should focus on a more defined MUI.

Sub Urethral Leiomyoma

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ABSTRACT

Introduction: Sub urethral fibroid is a rare form of leiomyoma. Sub urethral localisation is atypical as leiomyoma appear exclusively in the myometrium, urinary bladder, urethra and renal pelvis. Although it is rare, it is the most common benign tumour found in the vagina and the posterior aspect of the urethra is a common location. The aetiology of the disease is not definitely known. However, the tumour is believed to arise from mullerian and wolffian duct remnants. **Methods:** Case report. **Case Presentation:** A 38-year-old woman, presented with complaints of mass per vaginal for three months. Examination revealed a sub urethral mass 3 by 3cm and MRI showed a well-defined hypointense bilobed mass in the right vagina wall, which may represent a vagina leiomyoma. Under spinal anaesthesia, the tumour was resected via a vertical sub urethral incision. Sub urethral space was sutured and haemostasis secured. Histopathological examination came back as leiomyoma. **Conclusions:** The diagnosis of sub urethral leiomyoma can be challenging as it can be mistaken as pelvic organ prolapse. The key to an exact diagnosis is a solid well circumscribed mass which has normal overlying mucosa and no direct communication with urethra either by radiographic or endoscopy. A good clinical assessment supported by radiological imaging will guide to an accurate diagnosis. A correct diagnosis is paramount to ensure an appropriate management is carried out. A precise delineation and resection of the sub urethral fibroid is crucial to avoid possibility of recurrence and risk of urethral injury.

Recurrent Labia Fusion in a Reproductive Woman: A Case Report

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ABSTRACT

Introduction: Labia fusion is common in prepubertal girls and postmenopausal women. Incidence of labial fusion in prepubertal girls is reported as 0.6-5%. However, it is a rare clinical entity in reproductive-aged women. Only few cases are reported in the literature. It may be related to hypoestrogenism, chronic inflammation or irritation, trauma or underlying skin condition for example lichen sclerosis. **Objectives:** To describe a case of recurrent labial fusion in a reproductive woman and the treatment modalities. **Description:** This is a case of recurrent labia fusion in a 27-year-old woman. She first presented at 24-year-old, prior to sexual debut and adhesiolysis was done using electrocautery. Then, she went on to have a successful vaginal delivery. No recurrence was reported until recently. This time she presented with voiding difficulty and clinical examination showed a complete fusion of labia minora from clitoral hood down to the fourchette with only a small pinhole opening. Labia separation was done using electrocautery under spinal anaesthesia. Post operatively the wound was cared with application of bactigrass and gentle lateral traction to prevent fusion of the labia until reepithelialisation occurs. **Results:** The voiding symptoms resolved, and the patient managed to resume her sexual activity. No recurrence was noted in two months follow up. **Conclusion:** Labia fusion can be treated with adhesiolysis and meticulous wound care.

Human Sperm Survival Test (SpST) for Reprotoxicity Detection in Medical Grade Gloves

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ABSTRACT

Introduction: SpST is the preferred bioassay procedure in quality control and proficiency testing that is practiced in the ART laboratories to make sure that the products used for the culture of gametes and embryos are toxin-free. **Objective:** To investigate the reprotoxicity of different brands of medical grade gloves and establish useful reference data for other laboratories. **Methods:** The gradient-washed sperm samples, (n=10) exhibiting $\geq 90\%$ motility were used in this experiment. Different brands of glove pieces (Nitrile, COATS, Yann Device Copolymer, Gammex Non-Latex and Gammex PF Latex) were assessed for their cytotoxicity. Sperm motility in the culture was evaluated sequentially at 24, 48 and 72 hours after an initial reference observation Sperm motility index (SMI): percentage of progressive motility of test sample/ percentage of progressive motility of control sample at indicated time points. A SMI < 0.85 was considered toxic to the sperms. All statistical analyses were performed with one-way analysis of variance (ANOVA) followed by Bonferonni's test for multiple comparisons. **Results:** Nitrile and Gammex PF Latex gloves showed dramatic decrease of motility and were reprotoxic (SMI = 0.0) after 24 hours. Interestingly, COATS glove (SMI= 0.63) was shown to be toxic after 48 hours. However, Yann and Gammex Non-Latex gloves had an SMI < 0.85 , indicating that they are not reprotoxic. **Conclusions:** Yann and Gammex Non-Latex gloves did not significantly reduce sperm survival and motility as compared to control groups and therefore, they are not detrimental to be used in ART procedures.

XY Females: An Audit of Presentation and Management at PAG Unit of a Tertiary Care Hospital in Kuala Lumpur

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ABSTRACT

Introduction: Females with 46 XY-karyotype is a rare disorder of sex development (DSD) with an incidence of 1 in 20,000. Current knowledge is sparse therefore, every single case is important. **Objective:** To review clinical presentation and management of 46 XY females at the Paediatric & Adolescent Gynaecology (PAG) unit of a tertiary-care-hospital in Kuala Lumpur. **Methods:** This audit reviewed management of female patients carrying 46 XY/mosaics Karyotype, at PAG unit, UKM-Medical-Centre, from Jan 2017-April 2019. Cases were identified from out-patient-unit records. Data was collected on pre-designed proforma and was analysed on SPSS-20. Categorical variables reported as frequency and percentage, while continuous variables as mean/standard deviation (SD). **Results:** All thirteen cases identified, were raised as females with female phenotype external genitalia. Mean age was 24.31 (± 7.2) years. Average height was 161.46 (range, 138-175) cm and BMI was 24.12 (range, 16.3-38.8) Kg/m². Five patients were diagnosed as Swyer's syndrome (Complete Gonadal-Dysgenesis), three were Mixed Gonadal-Dysgenesis and five were Complete Androgen Insensitivity Syndrome (CAIS). Primary amenorrhea was the most frequent clinical presentation (n=10). One patient visited to get infertility-certification for adoption of a child. One patient presented with acute abdomen while one with groin-mass. Ten patients had 46 XY karyotype, two had mosaic 45XO/46XY and one 46XY/46XX. One out of ten histopathology results was malignant (dysgerminoma), three were reported as gonadal-dysgenesis, two as streak gonads, while another two showed testicular tissues. Hormone Replacement Therapy was prescribed to ten and Bone Mineral Density was advised to three patients. **Conclusions:** Early referral to a tertiary centre with experience is crucial in ensuring correct diagnosis, appropriate management and optimal outcomes of this rare DSD.

Peritoneal Tuberculosis in Suspected Ovarian Malignancy: A Case Report

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ABSTRACT

Introduction: Tuberculosis (TB) has been among the top ten causes of death worldwide. Despite being treatable, over 1.3 million infected patients died from the disease. Extra-pulmonary TB continues to be a significant health problem and poses a challenge to the clinician due to its atypical presentation. **Methods:** Case report. **Results:** Case 1: A 45-year-old, para 3 presented with right adnexal mass, left sided pleural effusion and ascites. Pelvic and abdominal ultrasound showed the presence of bilateral ovarian tumour suspicious of malignancy which metastasized to the lungs. Case 2: A 32-year-old, para 2 presented with right lower abdominal pain and abdominal distension for 2 weeks. Examination showed the presence of ascites. CECT thorax, abdomen and pelvis (TAP) showed the presence of right complex adnexal mass, ascites with mesenteric and omental fat thickening suspicious of peritoneal carcinomatosis. Ca125 was raised in both cases. Diagnostic laparoscopy was performed in both cases. Tissue biopsy from the omentum and peritoneal wall showed granulomatous inflammation suggestive of peritoneal TB. Both patients were given a course of anti-TB drugs and they responded well. **Conclusion:** Peritoneal TB comes with various signs and symptoms. It can mimic ovarian or peritoneal malignancy. Women who present with abdominal mass and ascites, may mistakenly be diagnosed as such. This leads to unnecessary laparotomy, radical surgery with bilateral adnexectomy with its associated morbidity. A careful and thorough examination while keeping in mind possible diagnosis of peritoneal TB can prevent patients from unnecessary major surgical intervention. With correct diagnosis, TB responds well to medical treatment alone.

Visual Inspection of Acetic Acid (VIA) to Detect Pre-Cancerous Cervical Cancer in Rural Areas of Sarawak

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ABSTRACT

Introduction: Cervical cancer is still the leading cause of gynaecological cancer in Sarawak. Low awareness on cervical screening and logistic problems are the main reasons for delay in diagnosis, especially in rural areas. Although pap smear screening had been implemented for decades, failure to get early treatment and frequent defaulters are factors that need to be tackled for rural women. **Objectives:** The Sarawak Travelling Women Health Project is aimed to improve pre-cancerous cervical cancer detection in rural areas using the Visual Inspection of Acetic Acid (VIA) method. This project also helps to shorten the duration of follow up and treatment for patients with pre-cancerous lesion of cervix. **Methods:** Cervical screening campaigns outside Kuching areas were conducted from June until December 2018 by the Obstetrics and Gynaecology Department of Universiti Malaysia Sarawak (UNIMAS) in collaboration with Pink and Teal Empower, a Non-Government Organization. VIA was performed for all women below 50 years old. Patients with positive VIA were a colposcopy appointment and cervical biopsies are taken at the clinic. **Results:** During the campaign period, 83 out of 333 women were found to be VIA positive, but only 47 women turned up for the colposcopy. This high number of defaulters is mostly due to logistic reasons. Two cervical biopsies were confirmed as Cervical Intraepithelial Neoplasia (CIN) 2, 15 cases with CIN 1, one case of microglandular hyperplasia while 19 biopsies turned out to be cervicitis. The pickup rate for CIN during the outreach was about 20.4%. **Conclusion:** VIA is useful in low resource area with difficult access to tertiary centres as it enables faster diagnosis for CIN. However, proper training is needed to avoid false positive results and unnecessary intervention. To reduce the rate of defaulters, cervical biopsy for VIA positive women should be done in the field during the same setting.

Pregnancy Outcomes in Women with Fibroids Treated with Ulipristal Acetate (UPA), Myomectomy or Uterine Artery Embolisation (UAE): A Systematic Review

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ABSTRACT

Introduction: Uterine fibroids are the most common benign tumours of the pelvis in women of reproductive age. Fibroids are associated with infertility and a higher risk of spontaneous abortion. **Objectives:** To compare the different treatment modalities of fibroids with regards to pregnancy outcomes. **Methods:** ScienceDirect, PubMed, Web of Science and Cochrane Library databases were thoroughly searched using the key words “ulipristal acetate, myomectomy, uterine artery embolism, fibroid, leiomyoma, leiomyomata, pregnancy, infertility, pregnancy loss, IVF”. Only primary research from 2000 to July 2018 were included. Articles were extracted by two independent reviewers using PRISMA guidelines. **Results:** The articles analysed in our study included three randomised controlled trials, three cohort studies, 31 observational studies, 11 case series and reports after UPA (31 women), myomectomy (1647 women) and UAE (390 women) therapy. Clinical pregnancy rate was highest in women post-myomectomy (52%) followed by post-UPA (41%) and post-UAE (40%). Highest live birth rate was seen after myomectomy (76%) then UPA (60%) and UAE (58%). Pregnancies post-UAE showed the highest number of miscarriages (34%). **Conclusions:** Our study shows that myomectomy remains the gold standard for the treatment of leiomyomata in women who intend for pregnancy. However, UPA and UAE are possible alternatives in women who are contraindicated for surgery.

 GY-16

Ultrasound Guidance versus the "Blind Method" for Intrauterine Catheter Insemination: A Randomised Controlled Trial

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ABSTRACT

Objective: The primary objective of this study was to compare clinical pregnancy rates in intrauterine insemination (IUI) treatment cycles with transabdominal ultrasound guidance during intrauterine catheter insemination (US-IUI) versus the “blind method” without ultrasound guidance (BM-IUI). The secondary objective was to compare whether US-IUI had better patient tolerability and whether US-IUI made the insemination procedure easier for the clinician to perform compared to BM-IUI. **Method:** This was a randomised controlled trial done at the Reproductive Medicine Unit, General Hospital Kuala Lumpur, Malaysia. We included women aged between 25 and 40 years who underwent an IUI treatment cycle with follicle-stimulating hormone injections for controlled ovarian stimulation. **Results:** A total of 130 patients were recruited for our study. The US-IUI group had 70 patients and the BM-IUI group had 60 patients. The clinical pregnancy rate was 10% in both groups ($p > 0.995$) and there were no significant between-group differences in patient tolerability assessed by scores on a pain visual analogue scale ($p = 0.175$) or level of difficulty for the clinician ($p > 0.995$). The multivariate analysis further showed no significant increase in the clinical pregnancy rate (adjusted odds ratio, 1.07; 95% confidence interval, 0.85-1.34; $p = 0.558$) in the US-IUI group compared to the BM-IUI group even after adjusting for potential covariates. **Conclusion:** The conventional blind method for intrauterine catheter insemination is recommended for patients undergoing IUI treatment. The use of ultrasound during the insemination procedure increased the need for trained personnel to perform ultrasonography and increased the cost but added no extra benefits for patients or clinicians.

A Retrospective Observational Study of Management and Outcome Analysis of Abnormal Cervical Smear among Women Referred to Colposcopy in Hospital Tuanku Ja'afar, Seremban

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ABSTRACT

Introduction: Cervical cancer is a preventable disease with proper screening. Cytological examination is the tool of detection of premalignant and malignant changes. **Objectives:** This study analyse the management and outcome of abnormal cervical smears among women had undergone colposcopy examination. **Methods:** This is a descriptive study of 526 women with abnormal smear who were referred for colposcopy clinic, Hospital Tuanku Ja'afar, Seremban; from January 2010 – December 2016. Data was analysed by parametric and nonparametric statistics, using IBM SPSS statistics 24 software. **Results:** Mean age of women in this study was 42.9±12.1. More than half (61.9%), of the women fall in between 31-50 years old and majority belongs to Malay (51%) ethnicity. Atypical glandular cell (28%), Atypical squamous cell (ASC-US +ASC-H) (27.6%) and HSIL (24.7%) are the top three abnormal smears. CIN I, CIN II and CIN III in histo-pathological reading were 22.4%, 21.9% and 14.1% respectively. There are association of LSIL to CIN I in 39.5% of cases. HSIL were associated to CIN III in 34.4%, and 0.8% SCC were detected in HSIL group, (p<0.001). 12.4% of ASC-H turned out to be CIN III. There were significant numbers of women defaulted (32.1%) follow up in this study, (p<0.005). **Conclusions:** We need to raise public awareness on cervical screening and its importance.

Scarless AWE

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ABSTRACT

Introduction: Endometriosis is defined as functional endometrial tissue outside of the uterus. Endometrial implant has been reported seen at unusual sites outside the pelvis such as bowel, appendix, omentum, umbilicus and abdominal wall. Abdominal wall endometriosis (AWE) is a rare condition which showed incidence rate of 0.01 to 1% and it is usually associated with surgical procedure such as caesarean section, laparotomy and laparoscopy. **Case Report:** This is a case report of a 44-year-old woman, para 4, without prior medical or surgical illness presenting with a right inguinal swelling for three years. She was initially presented to Klinik Rawatan Keluarga HUSM due to gradually increasing swelling over right inguinal region and was diagnosed to have right inguinal abscess and was treated with antibiotics. The swelling surprisingly became increased in size and tender during menses. She was then referred to the Surgical Out Patient Department (SOPD) for opinion and further management. Ultrasound done showed a well define solid and cystic mass measuring 3x2 cm at the right inguinal region. A fine needle aspiration cytology (FNAC) done but only yield altered blood. A CT scan was done and showed features in keeping with bilateral round ligament endometriosis. She was then referred to Obstetrics and Gynaecology team for further management. A diagnostic laparoscopy and biopsy done revealed multiple vesicular lesion over the surface of ovaries, posterior part of uterus and round ligament. Excision of right inguinal mass done showed a 4x3cm firm to hard mass with 'chocolate material' inside the mass. HPE result of laparoscopic biopsy and mass excision came back as endometriosis and she was given IM Leuprolide Acetate (lucrin) 3.75mg monthly for six months. **Conclusion:** AWE is very rare but currently the incidence noted to be increasing especially associated with increases rate of surgeries such as caesarean section and hysterectomy. A scarless AWE is a much rarer disorder however with clinical assessment and radio imaging the diagnosis is possible. Surgery and hormonal therapy are the main standard treatment to treat AWE.

Behçet Disease – Is it as Uncommon as we Think?

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ABSTRACT

Introduction: Behçet disease is characterized by recurrent oral ulcers with involvement of any other systemic organs like ocular, skins, genital, gastrointestinal etc. Behçet disease has been reported worldwide, more common in Mediterranean, Middle East and Japan, however this is an uncommon disease in Malaysia. **Objectives:** To raise awareness of possibly of Behçet disease in chronic ulcer. **Methods:** Case report. **Results:** A 22-year-old woman was admitted for the third time for persistent labial ulcer. Despite extensive wound debridement and two courses of antibiotics, the ulcer never healed, with pain and pus discharge from the left labia. Systemic examination showed multiple oral ulcers and an extensive ulcer involving left labia majora and minora, introitus, perineal body and extending towards the gluteal region. Repeated biopsy result showed acute suppurative inflammation. Subsequent multidisciplinary team discussion involving dermatology and infectious disease achieved a provisional diagnosis of Behçet disease. She was then referred to rheumatology team for further management. She was treated with steroid and colchicine. Subsequently her wound improved and was discharged well. **Conclusions:** It is important to consider Behçet disease in women with chronic ulcers especially in those who were not-sexually active. With better understanding and awareness of the disease, appropriate early intervention and prevention of complications can improve the quality of life for patients.

 GY-20

Laparoscopic Partial Bladder Cystectomy for Bladder Endometriosis

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ABSTRACT

This 30-year-old woman first presented in 2005 at 19 years of age with a problem of an endometrioma. She underwent a laparoscopic cystectomy. She was single at that time. Postoperatively, she received three doses of monthly GnRH analogue injection. She was last seen in 2006 and was well. She conceived spontaneously after that and delivered two babies in 2007 and 2010. She was seen again in April 2016 complaining of haematuria and frequency of micturition. She had seen a urologist six months earlier who had done a cystoscopy and found bladder endometriosis. No further surgery was performed, and she was given GnRH analogues for six months. However, her symptoms persisted after completion of the GnRH analogue. Examination and ultrasound showed a large bladder nodule. IVU showed stricture in the upper right ureter. She underwent a combined urology and gynaecology surgery. Stents were first placed in both the ureters. Laparoscopy showed a large bladder nodule which was adherent to the uterus. She also had many small endometriotic nodules. The bladder was released from the uterus. The urologist demarcated the bladder endometriosis using a transurethral resector. The bladder endometriotic nodule was excised laparoscopically and sutured continuously using vicryl 3-0 sutures. She subsequently conceived again and delivered her third child in 2017. This video demonstrates this combined technique of partial cystectomy of the bladder for bladder endometriosis

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.

Non-Gestational Ovarian Choriocarcinoma – A Teenager’s Nightmare

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ABSTRACT

Introduction: The incidence of ectopic pregnancy is about 27 per 1000 pregnancies. On average, about 6-16% will present to an emergency department with first-trimester bleeding and abdominal pain. Presentation with these symptoms, the simultaneous presence of an adnexal mass and an empty uterus makes a urine pregnancy test important to distinguish whether the symptoms are pregnancy related or not. A positive urine pregnancy test (UPT) with the presence of an adnexal mass is not conclusive of ectopic pregnancy. **Methods:** We present two case reports of non-gestational choriocarcinoma (NGOC), which were initially diagnosed as ectopic pregnancy. **Results:** The first case is a 16-year-old girl, with vaginal bleeding and an adnexal mass due to an ovarian choriocarcinoma, she underwent unilateral oophorectomy and received multiple courses of chemotherapy. She is disease free without evidence of recurrence or metastasis after 12 months of follow-up. The second patient is also 16 years old and presented with an acute abdomen. She was diagnosed as a ruptured luteal cyst and underwent partial oophorectomy. When the pathologist diagnosed a choriocarcinoma she received multiple courses of chemotherapy, but thereafter an advanced disease was diagnosed with evidence of distant metastasis. **Conclusion:** When the UPT is positive, an ectopic pregnancy is not the only diagnosis as the rare entity of non-gestational ovarian choriocarcinoma (NGOC) should be considered.

The Concurrent Occult Stress Incontinence Surgery Dilemma – Can a Trial of Pessary Fitting Help us to Decide?

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ABSTRACT

Introduction: The prevalence of occult stress urinary incontinence (SUI) ranges from 6 to 30%. Various methods have been employed during examination or urodynamic testing to demonstrate the presence of occult SUI. Even then, there remains controversy on decision to perform concurrent anti-incontinence procedure at time of surgery. **Objectives:** The aim of the study is to evaluate whether the fitting of vaginal pessaries for women with symptomatic pelvic organ prolapse would provide a measure of severity of occult stress incontinence, to aid decision for concurrent anti incontinence surgery at the time of prolapse repair. **Methods:** We evaluated data from 239 women with pelvic organ prolapse who were fitted with a vaginal ring pessary from 1st January 2013 till 31st December 2017 and retained those pessaries for four months. Data on demography, stage of prolapse, urinary symptoms prior to and four months after pessary fitting was obtained. **Results:** Of the 239 patients who were successfully fitted with ring pessaries, 16.3% SUI prior to the fitting, 89% of these women claim their SUI symptoms improved after. Three women found their symptoms unchanged and only one reported worsening of symptoms. 6.2% percent of women demonstrated occult SUI after pessary fitting but only three found this severe enough to request surgical correction. **Conclusions:** A compulsory short trial of pessary fitting in women with pelvic organ prolapse may be a more representative approach than occult SUI testing during urodynamics alone, in order to guide clinicians on whether a concurrent anti-incontinence procedure is warranted during surgery.

Uterus with Huge Uterine Fibroids: Is there an Alternative to the Use of Power Morcellation in Laparoscopic Surgeries?

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ABSTRACT

Introduction: Power morcellation is used to fragment uterine tissue in laparoscopic hysterectomy and myomectomy. However, uncontained morcellation spreads tissue which can lead to parasitic leiomyomata and upstaging of leiomyosarcoma. It has caused controversy in the United States which led to medical litigation; an undiagnosed sarcoma was morcellated causing dissemination to the peritoneal cavity. It has led to the FDA issuing a warning on its usage in laparoscopic surgeries. **Case Report:** 49-year-old woman, presented with abdominal distension and menorrhagia for four years. She had 28 weeks size fibroid whereas ultrasound showed multiple uterine fibroids, largest measuring 10cm. We downsized the fibroids to 22 weeks size using GnRH analogue. TLHBSO performed and due to the sheer size of the uterus, we were forced to remove it in smaller fragments. We developed a technique, 'powerless morcellation', where an incision is made over the suprapubic region and a blade with long handle is introduced into peritoneal cavity under direct visualization. Uterus brought towards the blade and cut into three spiral fragments which were removed through the vault opening. **Discussion:** Power morcellation works in rotating movement where specimen could spin 'violently' if not done correctly, risking the possibility of dissemination. This could be prevented with the usage of the cost-effective, powerless morcellator where the cutting is controlled by the operator; with the downfall of slower learning curve, like any other laparoscopy skill. **Conclusion:** Hence, powerless morcellation is still feasible for a uterus with huge fibroids as it is more cost effective and minimises the risk of dissemination.

 GY-26

Not all Phenotypic Males have XY Karyotype: A Case Report of 46 XX Male with Primary Infertility

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ABSTRACT

Introduction: The main factor regulating sex determination of an embryo is the sex-determining region Y (SRY), a master regulatory gene located on the Y-chromosome. The presence of SRY causes the bipotential gonads to differentiate into testes. 46 XX in male is rare (1:20,000 males) and SRY positivity is responsible for their condition in approximately 90% of subjects. External genitalia of 46 XX-SRY+ve males appear as normal male genitalia and such cases are diagnosed when they present with small testes and/or infertility after puberty. **Method/Case Presentation:** We report a case of a 32-year-old man presented as a couple being referred for primary infertility. His semen analysis showed azoospermia. He has normal male phenotype with complete masculinization. He had low testicular volume 3cc bilaterally. His hormones level consistent with primary testicular failure. Chromosome studies reported 46XX with SRY translocation at distal end of P arm of one X. **Discussion/Conclusion:** This case is one of the rare cases reported in the literature. It hopes to highlight the value of genetic screening in male with non-obstructive azoospermia whose phenotype does not always concur with the genotype.

Oocyte Retrieval Day and Laboratory Outcome in ART

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ABSTRACT

Introduction: This is a retrospective study to evaluate whether the duration of gonadotropin stimulation will affect the laboratory outcome in an ART cycle. **Methods:** ICSI cycles (n=2033) for patients 38 years and below (mean age: 31.5; Age range: 17-38) using fresh oocytes at Alpha Fertility Centre between July 2016 and April 2019 were analysed. The frequency of a cycle without a utilisable blastocyst (either for freezing, biopsy or transfer), blastulation and blastocyst utilization rate were grouped according to their day of oocyte retrieval (OR): day <9; day 9-11; day 12-14; day 15-17; day 18-20), where Day-1 is the start of gonadotropin administration. **Results:** The incidence of a cycle without a utilisable blastocyst was significantly higher in oocytes retrieved from OR day 15-17 (16.9%, p<0.05) compared to OR day 12-14 (7.5%). However, the blastulation and blastocyst utilization rate were not statistically significant between all groups. The blastulation rate per 2PN for: OR day <9 = 85.7%; OR day 9-11 = 77.4%; OR day 12-14 = 76.8%; OR day 15-17 = 75.0%; OR day 18-20 = 86.0%. Meanwhile, the blastocyst utilization rate per 2PN for: OR day <9 = 60.0%; OR day 9-11 = 45.2%; OR day 12-14 = 46.1%; OR day 15-17 = 45.4%; OR day 18-20 = 54.0%. **Conclusions:** This study suggests that patients with ovarian stimulation more than 15 days tend to have a higher chance of a cycle without a utilisable blastocyst compared to those who has 12-14 days of stimulation. Nonetheless, the blastulation and blastocyst utilisation rate are similar regardless of the oocyte retrieval day.

 GY-28

Clinical outcome of Patients with Recurrent Implantation Failure after ERA

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ABSTRACT

Introduction: This study describes our initial experience with the endometrial receptivity analysis (ERA) on a group of IVF patients with a history of recurrent implantation failure and their clinical outcome after personalized frozen embryo transfer. **Methods:** Sixteen (16) patients with at least two previous failed FETs (of which at least one euploid transfer) who had ERA was included in this study. All patients had FET performed according to the day designated by the ERA result between April 2018 and January 2019 in Alpha Fertility Centre. The mean age of these patients was 34.8 and the mean number of blastocysts transferred were 1.2. All transferred blastocysts were euploid. Clinical pregnancy and number of gestational sacs were determined using ultrasound. **Results:** Based on the ERA results, nine of these patients were Receptive; three were Early-Receptive while the other four were Late-Receptive. The clinical pregnancy rate of these patients with FET performed on the day designated by the ERA was 43.8% (7/16) while the implantation rate was 42.1% (8/19). **Conclusions:** Based on our initial experience with the ERA, a personalized FET using a modified progesterone protocol may improve clinical outcome in patients with recurrent implantation failure. Nevertheless, a larger study is required to validate these results.

Personalized Embryo Transfer Timing in IVF for Patient with Recurrent Implantation Failure

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ABSTRACT

Introduction: In about 80% of women, implantation usually occurred between days 19-21 of the menstrual cycle. However, 3 in every 10 women have a displaced window of implantation. The Endometrial Receptivity Analysis (ERA) examines gene expression in the endometrium to evaluate whether the endometrium is receptive and predicts a woman's personal window of implantation. The goal with the ERA is to determine the ideal timing for embryo transfer for IVF patients with recurrent implantation failure; thereby decreasing the likelihood of implantation failure. ERA was recently made available in Malaysia since 2018. **Objectives:** In this study we presented TMC Fertility Centre's initial experience of using the ERA, helping IVF patients with previous failed cycles to determine a personalized ET timing. **Methods:** A single-centre retrospective study, including 5 patients (1-6 previous failed frozen embryo transfers, FET with good grade embryos) admitted to our IVF unit for a mock cycle prior to their FET cycle. The mock cycle included an endometrial biopsy for the ERA test. The next FET cycle in the study group was adjusted according to the ERA results. **Results:** The ERA showed that four out of five patients have a shifted implantation window. All four patients were found to be pre-receptive (80%), and only one patient was receptive (20%) at the time of endometrium biopsy. Prior to ERA, total of 25 embryos were transferred in 14 cycles of embryo transfer, and no implantation was recorded from all cycles. Following the recommended transfer timing from ERA, 11 embryos were transferred in 7 time-adjusted cycles of FET, resulted in four clinical pregnancies (80%) and 36% (4/11) implantation rate. Currently 60% patient is having on-going pregnancy. **Conclusions:** Our study showed that patients who had recurrent implantation failure with good grade embryos in IVF might have a shifted implantation window. A personalized embryo transfer based on ERA may help improve these patients' chance of having a successful implantation.

 GY-30

Spontaneous Distal Ileum Perforation following Bleomycin, Etoposide and Cisplatin Chemotherapy for Granulosa Cell Tumour of Bilateral Ovaries Stage IC: A Case Report

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ABSTRACT

Background: Granulosa cell tumours (GCT) are rare and role of adjuvant chemotherapy is ill-defined. Traditionally, the regime consists of bleomycin, etoposide and cisplatin (BEP). Bowel perforation with chemotherapy is uncommon. 11 cases had been reported with paclitaxel (Jayakody et al, 2018) while there is 0.3% to 2.4% risk with bevacizumab (avastin package insert). This is the first report of a spontaneous bowel perforation with BEP. **Case Presentation:** A 50-year-old woman, who was two months post-staging laparotomy and total abdominal hysterectomy bilateral salpingoopherectomy (TAHBSO) for GCT of bilateral ovaries and had completed two cycles of etoposide and cisplatin, and six cycles of bleomycin; was admitted for suspected acute intestinal obstruction with severe electrolyte imbalance. X-ray imaging showed a large amount of air under diaphragm. Emergency laparotomy was done. Pneumoperitoneum was noted upon entry and a 1x1cm perforation of the distal ileum (210 cm from the duodeno-jejunal junction and 40cm from the ileo-cecal junction) was seen with surrounding slough and pus. Segmental resection with double barrel stoma formation was performed. She was discharged well after two weeks and her chemotherapy was discontinued. **Discussion:** Role of chemotherapy in Stage I GCT is debatable as the 5-year disease-free survival (DFS) is 89% with surgery alone and risk of relapse depends on factors like mitotic index, age and tumour size. Careful deliberation of each case is required. **Conclusion:** Spontaneous bowel perforation is life-threatening and may occur with BEP regime. Early detection and management is key to reducing morbidity and mortality.

The Impact of Urinary Incontinence on Quality of Life among Patients in UKMMC

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ABSTRACT

Introduction: Urinary incontinence is a socially debilitating condition affecting women's quality of life. Its impact on Malaysian women is yet to be studied. **Objective:** To explore the impact and bother of urinary incontinence on the quality of life of Malaysian women attending UKMMC urogynaecology clinic. **Methodology:** This was a cross-sectional study of 102 women attending diagnosed with urinary incontinence in a tertiary urogynaecology centre between May and October 2018. Validated patient administered Malay and English versions of Incontinence Impact Questionnaire (IIQ-7) and Urogenital Distress Inventory (UDI-6) were utilised to assess impact on quality of life which included physical daily life activities, social activities including travel and entertainment and on emotional health. **Results:** Women with severe symptoms of stress incontinence, urgency, frequency or nocturia were found to have significantly impaired quality of life involving physical ($p=0-0.03$), social life ($p=0-0.03$), entertainment ($p=0-0.03$) and mental health ($p=0-0.02$). Patients with well controlled symptoms reported a better quality of life. Social background such as ethnicity, age, menopausal state, education level, previous instrumental delivery or diagnosis (SUI, UI or mixed incontinence) did not have any significant association with any IIQ-7 or UDI-6 domains. **Conclusions:** Urinary incontinence significantly impairs women's quality of life in regard to daily life, social activities and emotional health. IIQ-7 and UDI-6 questionnaire should be part of clinical assessment in determining the effectiveness of ongoing treatment.

 GY-32

Reproductive Health Knowledge – Gaps that Prevent Healthy Life Choices

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ABSTRACT

Introduction: Reproductive health is a topic often mired in socio cultural norms. In a conservative country such as ours this often impedes effective dissemination of knowledge. This in turn results in poor choices which have dire consequences in the form of unprotected sexual intercourse abandoned babies and rising rates of STI. **Objectives:** The aim of this study was to assess baseline reproductive knowledge and patterns of sexual behaviour in a middle-class suburb in the Klang Valley. **Methods:** This was a questionnaire-based study that was administered with consent. **Results:** 208 subjects took part in the survey, most had education up to Form 5. More than half had never had an exposure to sex-education. Age at first intercourse in those with high risk behaviour was 15. Those in the high-risk behaviour category were more likely to be male. They were less likely to be monogamous, admitted to same sex relationships, sexual worker patronage and were less likely to use a condom. They also admitted to using recreational drugs. Overall 84% knew that unprotected sexual intercourse would increase the risk of HIV/AIDS. Sadly, only 7.6% realized condoms protect against STIs. **Conclusions:** The findings indicate that a conservative socio-cultural background did not prevent high risk activity, this compounded with poor contraceptive and preventive knowledge results in a huge gap that prevents healthy reproductive health decisions.

Subcutaneous Endometriosis Manifests as Multiple Skin Bruises: A Case Report

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ABSTRACT

Introduction and Objectives: Cutaneous endometriosis is defined as presence of endometrial glands or stroma in the skin. It's a rare entity and represents less than 1% of all ectopic endometriosis. We report a case of primary subcutaneous endometriosis, which successfully treated medically with hormonal treatment. **Results:** A 39-year-old, Para 3+2 with no known medical illness, presented with cyclical dysmenorrhoea, dyspareunia and multiple bluish discoloration and swelling on skin during menstruation. The patient has no history of surgical procedure. Examination revealed a multiple purple bruise, of various sizes over the both hands, back, and abdomen. Ultrasound of the pelvis revealed normal study. She was initially investigated for connective tissues disease and Antiphospholipid, but results were negative. There was also no evidence of haemolysis. She was given trial of gonadotropin-releasing hormone analogue (GnRH) injection, which showed complete resolution of presenting symptoms. **Conclusion:** Subcutaneous endometriosis is a rare condition. Diagnosis is often delayed due to its non-specific symptoms and misdiagnosed as dermatological or surgical diseases. Proper history and correlation with clinical findings are much of help. Although no clear guideline for the diagnosis and its management, the primary focus of investigation and treatment should focus for complete resolution of presenting symptoms.

 GY-34

Short Term Outcome of Sacrospinous Fixation versus Extraperitoneal High Uterosacral Ligament Fixation for Apical Support

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ABSTRACT

Introduction: Sacrospinous fixation (SSF) and extraperitoneal High Uterosacral Ligament fixation (HUSL) are two common procedures used as a treatment and prevention of apical prolapse. Recent study has reported that there is no difference in recurrence rate between SSF and HUSL. However, SSF is commonly complicated with buttock pain, while HUSL is reported to have lower ureteric injury rate and buttock pain. **Objectives:** This study aims to evaluate the short-term outcome between SSF and HUSL. The primary outcome was surgical failure at six months, defined as recurrence of prolapse stage 2 or more. The secondary outcome was to evaluate intraoperative factors and to evaluate post-operative complications. **Methods:** A retrospective study conducted at three tertiary hospitals in Pahang. Study population were all Pelvic Organ Prolapse (POP) stage 3 and 4, and surgeries were performed from 2014 to 2018 by the same surgeon. **Results:** The total number of study population is 46, with 23 in SSF group and 23 in HUSL group. Both groups were not statistically different in terms of age, parity, BMI, stage and type of prolapse, duration of operation and analgesia, post-operative urinary retention and length of stay. HUSL has significantly more blood loss as compared to SSF ($p=0.01$). Recurrent prolapse is more likely to occur in the SSF group with predominantly cystocele, odds ratio 1.8 (95% confidence intervals: 1.0, 3.1). OAB and SUI are not significantly different at baseline and at six months follow up. Two cases in the SSF group required repeated surgery. **Conclusions:** Extraperitoneal High Uterosacral Ligament fixation has lower recurrence rate of prolapse but more intraoperative blood loss.

Collision Tumour of Ovary: A Rare Case

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ABSTRACT

Introduction and Objective: Collision tumours mean presence of two adjacent, but histologically distinct tumours without intermixture of cell types. The incidence of this tumour involving the ovary is rare. We present a case of collision tumour histopathological proven, that initially was mistaken as possible malignancy after surgical staging. **Results:** A 47-year-old, nulliparous woman presented with complain of abdominal distention and mild abdominal pain. Her menstrual history was normal and no constitutional symptoms. No family history of malignancy. Examination revealed centrally mass corresponding to 24-week gestation. Ultrasound pelvis showed a multiloculated huge right ovarian tumour, measuring 12x10cm, with features of possible ovarian teratoma. No ascites presence. Tumour markers were normal and computed tomography (CT) scan support the findings of possible ovarian teratoma. She was subjected for exploratory laparotomy, staging and total abdominal hysterectomy and bilateral salphingoophorectomy and to our surprised, intraoperatively suggestive of advance ovarian tumour with multiple deposits on omentum and liver surface. Surgical colleague was called in for help to release the adhesions. However, the final histopathological results confirmed a mucinous cystadenoma of right ovary and mature cystic teratoma of the same ovary. **Conclusion:** Ovarian collision tumours are rare. The possible existence of an ovarian collision tumour should be carefully be examined pre and post-operatively and need histological confirmation as to avoid misdiagnosis of primary malignancy.

Series of Unfortunate Events – A Vaginal Cellular Angiofibroma with Severe Endometriosis

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ABSTRACT

Introduction: Cellular angiofibroma (CA) is a benign mesenchymal tumour in the subepithelial myxoid stromal zone of the vulvovaginal region. It is rare and has only been discovered in 1997. We report first case of CA with co-existing endometriosis. **Case Report:** A 54-year-old, Para 2 has a history of multiple surgeries including cesarean sections, and ovarian cystectomies before she had Total Abdominal Hysterectomy and Bilateral Salphingoophorectomy (TAHBSO). Histopathological examination consistent to endometriosis and therefore she was on GnRH analogue (Lucrine) for one year. She was symptom-free for 18 years, later that she felt vaginal mass which its biopsy consistent with endometriosis. After one year of the initial excision, she presented again with bleeding mass protruding from vagina of which magnetic resonance imaging (MRI) and biopsy revealed cellular angiofibroma with invasion to bladder. Combine and extensive surgery of pelvic exenteration with ileo-conduit, colostomy and reconstruction with plastic, colorectal and urology team performed in stages in order to maintain patient haemodynamics due to highly vascularised tumour. During recuperation period she contracted surgical site infection and multiple intensive care unit admission for sepsis. After numerous antibiotics and rehabilitation, she was finally fit for discharge at day 83. **Discussion:** Although endometriosis rarely recurs after hysterectomy/oopehrectomy, there has been reported cases of endometriosis. Natural history of endometriosis is incompletely understood, the completeness during surgery and ability to totally resect all endometriotic lesions will ensure good future prognosis. To our knowledge, this is the first case that endometriosis is associated with cellular angiofibroma which is unique to this case. The neoplastic cells are positive to both PR and ER (which is similarly seen in endometriosis). **Conclusions:** Cellular angiofibroma is a rare condition and has never been described to be associated with endometriosis.

Intragestational Tissue Aspiration and Methotrexate Instillation for Caesarean Scar Ectopic Pregnancy

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ABSTRACT

Background: Caesarean scar pregnancy (CSP) is defined as when a blastocyst implants on a previous Caesarean scar. Early diagnosis by ultrasonography leads to prompt management which improves the outcome and allowing preservation of fertility. Any delay in treatment can lead to maternal morbidity and mortality. The combination of local methotrexate with simultaneous aspiration of gestational tissues under ultrasound guidance seems optimal. **Case Presentation:** A 32-year-old woman presented with chief complaint of six weeks of amenorrhea with intermittent bleeding per vaginam for two weeks. She was G3P2 with one Caesarean delivery in 2012. Physical examination and per speculum examination were normal. On investigation, urine pregnancy test was positive, other investigations were normal. B-HCG level was 44647 IU/L. Trans-vaginal ultrasound revealed gestational sac within the previous scar. Yolk sac and small foetal pole noted with no foetal heart activity. Intramuscular Methotrexate 50mg administered; however, B-HCG level maintained. Second dose of intramuscular Methotrexate 50mg was given, and B-HCG level was reducing. Patient then presented with bleeding per vaginam and abdominal pain. Pelvic ultrasound shows a larger gestational mass. An ultrasound-guided ectopic fluid aspiration and Methotrexate instillation was done. A transvaginal ultrasound was done a month later revealing significant reduction in gestational mass and the level of B-HCG has dropped. **Discussion:** Early diagnosis of CSP is important as the diagnosis is usually missed. Combination of local Methotrexate and simultaneous aspiration gestational tissue can bring major benefit to patient's outcome. **Conclusion:** Incidence of CSP has been increasing in trend. More local data should be collected and analysed. As demonstrated, infiltration of Methotrexate into the gestation sac under ultrasound guidance is a better option.

Differential Cytokines and Chemokines Genes Expression in Eutopic and Ectopic Endometrial Tissues of Women with Endometriosis

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ABSTRACT

Objective: To investigate selected cytokine and chemokines gene expression level in the eutopic endometrium and ectopic endometriotic tissues of women with endometriosis compared with women without the disease. **Design:** This was a prospective study conducted in the Department of Obstetrics and Gynaecology, UKM Medical Centre from 1st June 2016 to 30th May 2017. **Methods:** A total of 21 participants (10 and 11 samples in the control and endometriosis group respectively) were recruited. The control group had macroscopically normal peritoneum during surgery. All endometrial tissues from both groups were histologically confirmed using the immunohistochemistry method. The gene expression level of the five selected cytokines and chemokines (IL-1 β , IL-6, IL-8, MCP-1 and RANTES) in endometrial and endometriotic tissues were determined using quantitative real time polymerase chain reaction (qRT-PCR). **Results:** A significantly higher mRNA expression of IL-1 β , IL-6, IL-8 and MCP-1 were observed respectively with $p < 0.05$, $p < 0.05$, $p < 0.01$ and $p < 0.0001$ in the endometriotic lesions when compared to matching eutopic tissue. Further analysis during different menstrual cycle showed that only IL-1 was significantly higher during proliferative phase compared to secretory phase. There was no significant difference in the eutopic endometrial mRNA expression of IL-1 β , IL-6 and IL-8 when compared with endometrial mRNA expression from controls. MCP-1 was the only soluble marker found to be both significantly increased in the ectopic endometriotic lesions and its' matching eutopic tissue. It is also increased in both proliferative and secretory phase. No significant difference was observed for RANTES between the two groups. **Conclusion:** This study has demonstrated significant increased mRNA expression of IL-1 β , IL-6, IL-8 and MCP-1 in the endometriotic tissues compared to matching eutopic endometrial tissue, indicating a different inflammatory response in the pelvic cavity of woman with endometriosis.

Identifying Signature Molecular Biomarkers in Endometrioid and Clear Cell Ovarian Carcinoma with Underlying Endometriosis

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ABSTRACT

Objective: The aim of this study is to analyse the mutations of PTEN and PI3K expression, and identification of inflammatory markers (Interleukin-6 and macrophage (CD68)) in endometrioid adenocarcinoma and clear cell carcinoma of the ovary in women with underlying endometriosis. **Methods:** We constructed a tissue microarray (TMA) slides from paraffin blocks of ovarian endometrioid and clear cell carcinomas, collected between 2007 until 2015 from the University Kebangsaan Malaysia Medical Centre Pathology laboratory. There are 19 paraffin blocks in total, which were divided into two groups; i.e., ovarian cancer with endometriosis (n=10) vs ovarian cancer without endometriosis (n=9) following analysis of each patient's medical record. Four markers were used; PTEN (phosphatase and tensin homolog), PI3K (phosphatidylinositol-4,5-biphosphate3-kinase, catalytic subunit alpha), IL-6 (interleukin-6) and CD68 (macrophage). Comparisons were subsequently made in terms of clinicopathological characteristics of the ovarian malignancy, as well as any differences in the above markers expressions between the two groups. **Results:** Expression of PI3K, PTEN interleukin-6 and CD68 were analysed by immunohistochemistry. In ovarian cancer with underlying endometriosis, we found greater loss of PTEN protein expression (100% vs 88.9%, p=0.47) and higher PI3K over expression (80% vs 77.8%, p=1.00). An upregulation of IL-6 expressions was also observed in ovarian carcinoma with endometriosis with mean score of 1.10±0.88 vs 0.78±0.67 (p=0.35). Macrophage (CD68) in contrary was expressed much less in ovarian cancer with underlying endometriosis (percentage of infiltrated cells were 20.67±15.13% vs 11.40±11.8%, p=0.16). **Conclusion:** Ovarian endometrioid adenocarcinoma and clear cell carcinoma with endometriosis expressed greater PTEN inactivation and PI3K mutation. They also demonstrated higher interleukin-6 expression.

GY-40

Utility of Mobile Platform to Enhance Cervical Screening: The ROSE Experience

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ABSTRACT

Introduction: Mobile technology has great potential to empower individuals to access healthcare. Project ROSE (Removing Obstacles to Cervical Screening) explores a cervical screening strategy that integrates a mobile platform that accesses a secured cervical cancer population registry powered by canSCREEN®. **Objective:** To assess utility of a mobile platform for registration, delivery of results and follow-up engagement to collectively enhance the cervical screening pathway. **Method:** Participant registration was done within five community health clinics in Malaysia through the mobile platform and the duration to complete registration was recorded on random days, at random times. Cervical screening test results were sent to participants' mobile phone and telephone surveys were conducted with 1,000 randomly selected participants between ages 30 to 65 years to assess acceptability towards utility of a mobile platform. Participants who had an abnormal result were navigated for follow-up through their mobile phone and data was recorded to assess follow-up engagement. **Results:** Using the mobile platform, the average duration to complete registration was 2.5minutes. Telephone surveys found that 93% of participants preferred the ROSE method to cervical screening because of fast delivery of results, while 86% were because they could receive their results via mobile phone. Among participants who had an abnormal result, 89% engaged in care whereby 67% initiated the call to schedule their own appointment of which 67% called within the same day they received their results. **Conclusion:** The integration of a mobile platform can ease registration in busy clinical settings, optimize results delivery and facilitate follow-up engagement to collectively enhance cervical screening.

Perception and Understanding of a Positive HPV Screening Result Prior to Colposcopy: The ROSE Experience

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ABSTRACT

Introduction: World Health Organization recommends HPV testing as a primary cervical screening method. Although there are many benefits to HPV testing compared to the conventional Pap smear, there are many misconceptions surrounding HPV and testing positive for HPV may present adverse socio-psychological impact among Malaysian women. **Objective:** To explore the perceptions and understanding of a positive HPV screening result among Malaysian women prior to follow-up treatment at a tertiary care hospital. **Method:** Participants were 48 women who had undergone an HPV screening test and tested positive for oncogenic HPV. The test results were sent to participants' mobile phone and participants were referred to a specialist in University Malaya Medical Centre for colposcopy. Prior to colposcopy, participants were given an information sheet that explains a positive HPV test result. Then, participants completed a questionnaire assessing their emotional response towards a positive HPV test result before and after reading the information sheet and their perceived risk of developing cervical cancer. **Results:** Women reported feeling "frightened" (85%), "nervous" (89%), "confused" (83%) and "worried" (96%) upon receiving a positive HPV test result. However, their anxiety levels decreased significantly after reading an information sheet provided to them, whereby 92% found the information sheet to be helpful. Nonetheless, 23% of the participants thought that they had cancer and 19% did not discuss their results with anyone. **Conclusion:** The implementation of HPV testing for cervical screening needs to include extensive health education to address the socio-psychological impact of a HPV positive result.

GY-42

Prevalence and Sociodemographic Correlates of Oro-Anogenital Human Papillomavirus (HPV) Carriage in a Cross-sectional, Multiethnic, Community-based Male Asian Population

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ABSTRACT

Introduction: The incidence rate of male HPV associated cancers have shown a significant increasing trend over the past decades. Addressing the burden of HPV-associated diseases among men is increasingly becoming a public health issue. **Objectives:** The main objective of this study was to determine HPV prevalence among healthy community based Malaysian men. This will assist in strategic planning aimed at reducing the burden of potentially HPV-vaccine preventable diseases. **Methods:** This was a cross-sectional study that recruited 502 healthy males aged 18 to 60 years old via convenience sampling from three community-based clinics in Selangor, Malaysia. Genital, anal and oral samples were collected from each participant and tested for 16 HPV DNA genotypes (14 high-risk (HR) and two low-risk (LR) strains). All participants provided detailed sociodemographic and sexual behaviour data during an interviewer-administered questionnaire. **Results:** The median age at enrolment was 40 years old (IQR: 31-50). The oro-anogenital HPV6/11 prevalence was 2.9% whereas HR-HPV prevalence was 27.6%. The genital HPV prevalence for HPV6/11 was 2.7% while HR-HPV was 18.8%. HPV6/11 prevalence in the anal canal was 1.6% and HR-HPV was 12.7%. For oral cavity, HPV6/11 prevalence was found to be 0.2% and HR-HPV was 0.8%. HPV 18 was the most prevalent genotype detected in all three genitals, anal and oral sites. **Conclusions:** Anogenital HR-HPV is common among Malaysian men while oral HR-HPV infection was uncommon. These findings emphasize the ubiquity of HPV infection and thus the value of population-wide access to HPV prevention.

The Surgical Outcomes and Risk Factors for Failure of Mid-urethral Sling Surgeries in Elderly and Old Age Women with Urodynamic Stress Incontinence

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ABSTRACT

Objective: To study the surgical outcomes and risk factors for failure of three types of mid urethral slings in elderly and old age women with urodynamic stress incontinence (USI). **Materials and Methods:** Single incision sling (Solyx, MiniArc), trans-obturator tape (Monarc), retro-public mid-urethral sling (TVT) were performed amongst three category age groups of women (young <64yr, elderly 65-74yr and old >75yr) with USI. They were followed up for one year. **Results:** Postoperative data was available for 688 women. Overall objective cure rate was 88.2% and subjective cure rate was 85.9% at the end of one year follow up. Objective cure rates were 91.0%, 80.6%, 66.7% and subjective cure rates were 89.2%, 77.6%, 58.3% among young, elderly and old age women respectively. Both objective and subjective cure rates were significantly lower among old age group whilst only objective cure rates were significantly lower in elderly group compared to younger women. Urodynamically lower flow rate, higher post-void residual, smaller cystometric capacity and lower maximum urethral closure pressure were significant with old and elderly group. Urinary distress inventory-6 and incontinence impact questionnaire-7 improved significantly in all groups with significant changes from baseline only in older women. Intrinsic sphincter deficiency (ISD) was significantly associated with failure in older women. The operative time, perioperative complications, and length of hospital stay were no difference. **Conclusion:** MUS surgery is safe for the young and aging patients with USI and demonstrated significant improvement in its outcomes. Objective and subjective cure rates decrease with age and ISD was significantly associated with failure.

Anxiety, Depression and Marital Satisfaction in Women with Hyperemesis Gravidarum: A Comparative Cross-Sectional Study in Hospital Tengku Ampuan Rahimah, Klang, Malaysia

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ABSTRACT

Introduction: Hyperemesis Gravidarum (HG) is a severe form of vomiting that occurs among pregnant mothers. Due to the nature of HG, pregnant mothers may feel burdened by it and questions have been raised about the emergence of psychiatric illness during this period of vulnerability. **Objective:** To determine the association between anxiety, depression and marital satisfaction among patients with HG. **Methods:** Comparative cross-sectional study using Hospital Anxiety and Depression Scale, Mini International Neuropsychiatric Interview and ENRICH-EMS (Evaluation and Nurturing Relationship issues, Communication and Happiness – Marital Satisfaction Scale) were performed. **Results:** There were no differences in the prevalence rate of anxiety disorder among the patient with HG vs. comparative group (9% vs. 3%, $p>0.05$) and depressive disorder in women with HG vs. comparative group (16% vs. 8%, $p>0.05$). There were associations between HG and gravida, history of miscarriage and gestational diabetes ($p<0.05$). After adjustment, only history of gestational diabetes was associated with HG as a protective factor (AOR 0.034 95% CI 0.002-0.181; $p=0.0014$). We found that women with HG tended to score significantly higher than the comparison group for depressive symptoms in HADS-Depression subscale ($p=0.041$). **Conclusion:** Anxiety and depression are more common in women with HG and associated risk factors can be identified. We found no convincing association between HG and anxiety, depression and marital satisfaction, but women with HG significantly reported more depressive symptoms than women who were not diagnosed with HG. Psychiatric evaluation should be considered for women with HG.

The Intense Musculoskeletal, Functional Performance and Cardiometabolic Training (IMPACT) Exercise Intervention in Postmenopausal Singaporean Women: A Pilot Study assessing Feasibility, Safety and Acceptability

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ABSTRACT

Introduction: Menopause predisposes women to low bone mass and increased cardio-metabolic risk. Pharmacological interventions have both troublesome and serious effects. Exercise can reverse bone mass and muscle strength loss, but the evidence is conflicting. The “best” exercise is unclear. **Objectives:** The Intense Musculoskeletal, Functional Performance and Cardiometabolic Training (IMPACT) pilot assessed its feasibility in terms of feasibility, safety and acceptability. **Methods:** Postmenopausal osteopenic/osteoporotic women aged between 50 and 64 who fulfilled the strict inclusion criteria were recruited from Menopause clinics. Participants attended four weeks of twice-weekly, supervised 45-minute sessions comprising resistance training and impact loading exercises. Three sessions of lifestyle coaching were included. At baseline and completion, functional performance, anthropometrics, grip strength, physical activity tracking, spine X-ray and bone mineral density measurements were performed. Validated questionnaires assessed demographics, health status, physical activity, self-management of health and quality of life indices. **Results:** 30/251 women screened eligible due to strict inclusion/exclusion criteria. Six were recruited between March to August 2018. All completed, complying with the study protocol. Participants achieved 98% attendance. Mean age and menopausal age were 57.9 and 48 years, respectively. Majority (83%) were married with children and four were in full-time employment. No adverse events were reported. Majority (83%) rated it a good program. Half suggested a longer program.

Conclusions: This pilot study demonstrated the feasibility of undertaking a high intensity, progressive resistance intervention program in postmenopausal women with low bone mass. While uptake remains a challenge, the findings will be used to guide a randomised controlled trial grant application.

A 5-year Experience with Wertheim’s Hysterectomy in Hospital Sultan Ismail Johor Bahru

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ABSTRACT

Introduction: In Malaysia, cervical cancer is the 2nd most common cancer following breast cancer. Its management is based on clinical staging of the disease. Radical hysterectomy with concurrent chemoradiation is its primary treatment. **Methods/Objectives:** A total number of 113 cases of Wertheim’s Hysterectomy done for early stage cervical cancer from 2010-2014 were retrospectively analysed to evaluate outcomes of the surgery. **Results:** Patients were of an average age of 51-60 years old (36%). 43.4% of them were Malays, followed by Chinese (41.6%) and Indians (6.2%). 40.7% of them were overweight with BMI 23-27.4, 51.3% were menopausal. Presurgery, patients were staged 1A1 (0.9%), 1A2 (5.3%), 1B1 (32.7%), 1B2 (34.5%), 2A1 (12.4%) and 2A2 (14.2%). 63.4% of tumors were 4 cm and below in size. Histologically, 57.1% were squamous cell carcinomas, 28.3% adenocarcinomas, 5.3% adenosquamous carcinoma, 4.4% neuroendocrine, 0.9% clear cell carcinomas, 0.9% sarcomas and 2.7% others. Mean duration of surgery was 3.8 hours. Mean blood loss was 925 mls. Complications were as follows; surgical site infections (14.2%), vessel injury (8%), nerve injury (0.9%), iatrogenic adjacent organ injuries (4.5%) which consists of bladder injury (0.9%), bowel injury (2.7%) and ureteric injury 0.9%. Long term complications include venous thromboembolism (10.6%), lymphedema (2.7%), lymphocyst (9.7%), enterocutaneous fistula (1.8%), rectovaginal fistula (0.9%), urethrovaginal fistula (0.9%), vesicovaginal fistula (1.8%), ureterovaginal fistula (0.9%). 50.4% of patients received concurrent chemoradiation or additional brachytherapy. 18.6% of patients developed local recurrence and 20.4% subsequently developed distant metastases. **Discussion:** Cervical cancers that are detected early has better prognosis. Constant evaluation of our management is important for the Improvement of quality of care for patients.

When should an Omentectomy be part of Surgical Staging in Endometrial Cancer?

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ABSTRACT

Introduction: Omentectomy is performed as part of cytoreductive surgery in advanced endometrial cancer. Occult omental metastasis can be missed and further affect the management and prognosis of patients. **Objectives:** The purpose of the study is to determine the prevalence of occult omental metastasis and the associated risk factors. To evaluate the role of omentectomy in selected high-risk cases of endometrial cancer. **Methods:** A retrospective analysis of patients with endometrial cancer underwent staging surgery from 2012 to 2016. **Results:** Ninety-nine patients were recruited. The rate of omental metastasis was 11.1% with 91% (n=11) had apparent omental nodules and 9% (n=1) had an occult omental disease. All patients with omental metastasis were in stage 3 and 4. All cases of omental metastasis were grade 3 tumours with 10% of occult metastasis. The rate of omental metastasis is significantly higher in grade 3 tumour (35%, p=0.02) compared with a low-grade tumour (2%). Omental metastasis was found in 9.3% high-grade endometrioid, 66% clear cell and 17% papillary serous type tumour, respectively. There was significant statistical relationship between omental metastasis and lymphovascular space invasion (p=0.02), cervical stroma involvement (p=0.001) and lymph node metastasis (p=0.003), but not with depth of myometrial invasion (p=0.93). **Conclusion:** Omentectomy should be performed in stage 3 and 4 disease with no visible omental metastasis, grade 3 tumour, cervical stromal involvement and nodal metastasis to improve the prognosis of the patients.

A Cost Effective and Highly Accurate Cross-Validated Approach in Preventing the Incidence of Thalassaemia Major: Sunfert's Experience

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ABSTRACT

Introduction: Thalassaemia is a common blood disorders in Malaysia, presents a major economic burden to the country. Besides the significant cost in raising a thalassaemia major child, physical and emotional toll on all is also significant. Therefore, pre-conception prevention with PGT-M should be considered for its long-term benefits. Targeted-PCR and sequencing (tPCR) show lower accuracy due to allele drop-out. A high accuracy approach, Karyomapping, requires samples from the couple and a reference (proband or close relative) for phasing the allele of the blastocysts. **Objectives:** To utilise a combined tPCR with Karyomapping approach to achieve high accuracy with lower cost for screening of concurrent single gene disorder detection (SGDD) and aneuploidy. **Methods:** Blastocyst biopsy was performed after IVF. Genetic testing was performed to determine the genotype and karyotype of the blastocysts. Cases with reference were subjected to Karyomapping and cross-validated with tPCR. Cases without reference were genotyped with tPCR approach and one of the resulting genotypes of the blastocysts were used as reference for Karyomapping. Blastocysts that were unaffected and were not aneuploidy were prioritized for transfer. **Results:** Twelve of 14 couples who underwent IVF+PGT-M had embryo transfer, resulting in 10 pregnancies. Cross-validation on Karyomapping was done on six cases and all results were in concordance. Karyomapping was also successfully performed in all couples with and without references. **Conclusion:** On average, a couple requires approximately two IVF cycles to achieve a pregnancy. Concurrent aneuploidy screening and SGDD allows selection of the most optimal blastocyst for implantation, reducing the time to pregnancy.

Post Laparoscopy Pain Reduction Project (POLYPREP): Intraperitoneal Normal Saline Infusion (INSI) and Pulmonary Recruitment Manoeuvre (PRM); in combination VS INSI: A Randomised Controlled Trial

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ABSTRACT

Introduction: Laparoscopic surgery advocates shorter hospital stay, lower rate of wound complication, less postoperative pain. However, post laparoscopic shoulder pain (PLSP) remains significant. Its pathophysiology is not fully understood. Amount of residual CO₂ is significantly correlated to PLSP. Pulmonary recruitment manoeuvre (PRM) and Intraperitoneal normal saline infusion (INSI) is shown to be affective to reduce PLSP. **Objectives:** To identify the most effective preventive measures for PLSP. INSI vs PRM+INSI **Methods:** Randomised controlled trial, single blinded study, study population were women undergoing elective benign laparoscopic gynaecological surgery in UMMC. **Results:** No significant difference in the severity and incidence of PLSP between INSI and (INSI+PRM). No difference in the incidence of nausea and vomiting in both groups. None experienced vomiting after day-2 post operation. The combination of INSI & PRM demonstrates a lower incidence of abdominal distension which suggests that additional PRM had further reduced the residual pneumoperitoneum. **Conclusions:** Combination of PRM and INSI does not show synergistic effects in post laparoscopic shoulder pain reduction. INSI alone shows a lower incidence and severity in PLSP with no serious adverse effects. Routine use of combine intervention is not recommended.

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Tackling the Large and the Broad Ligament Fibroids: The Laparoscopic Algorithm

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ABSTRACT

Introduction: Laparoscopic surgery advocates shorter hospital stay, lower rate of wound complication, less postoperative pain. Most myomectomies are still approached abdominally due to complexity and necessity of extensive suturing for uterine closure. The MIS selection very much predetermined by the myoma characteristics and surgeon expertise. **Objectives:** To display the algorithm which will assist surgeons to predetermine suitability for laparoscopic approach of large fibroids including rare but still found broad ligament fibroids. **Methods:** Video will discuss cases in a series as well as share tips and tricks of surgical management. **Results:** Successful surgeries with good outcome. **Conclusions:** Laparoscopic myomectomy (of big fibroids and broad ligament ones) can be managed quite feasibly when an algorithm is in place. This is beneficial for patients who wish to preserve their reproductive potential.